



# SONOMA COUNTY INDIAN HEALTH PROJECT

## AUNTIES AND UNCLES PROGRAM Local Evaluation Report Native American Population May 2023 - June 2025



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# Executive Summary



The Aunties and Uncles Program of Sonoma County Indian Health Project was developed by a group of Native elders and leaders concerned about mental health and the challenges in addressing depression, anxiety, drug use and suicide primarily in youth, but for all members of the community. This program was recognized in the social research publication, *"Native Vision: A Focus on Improving Behavioral Health Wellness for California Native Americans"* in 2012. Funding from the Mental Health Services Act of 2004, was allocated to support the initiative known today as the California Reducing Disparities Project, administered by the California Department of Public Health. The Aunties and Uncles Program was one of 35 programs funded throughout the state of

California to address mental health stigma, provide education and early intervention for the underserved Native American, African American, Asian and Pacific Islander, Latinx and LGBTQ+ communities.

This evaluation encompasses two years of programming, May 2023 – June 2025, and is specifically focused on the Native Youth Internship, a component of the Aunties and Uncles Program (AUP). The Native Youth Internship is a prevention program utilizing the strategies of group education, mentorship, and skill building in the context of being Native American in today's world. The underpinning philosophy is Culture and Community is Prevention.

AUP offers a cohort of youth, ages 14 – 24 years, the opportunity to be in community, learn about their culture, gain knowledge and skills to support their development into adulthood within a 10-month period. In addition, AUP engages community members of all ages in Talking Circles, Gathering of Native Americans and other cultural community events such as the annual Memorial Gathering, Grad Night, and Family Fun Nights.

Evaluation questions and findings are highlighted below. Greater detail on the program implementation, evaluation framework, and evidence supporting the evaluation findings can be found in the body of this report.

## 1) What was most valuable to the participants' internship experience?

Interns consistently identified two core values to the internship:

- *Belonging.* Youth expressed that they made new friends and felt part of a community that reflected their culture and heritage. The youth felt validated and

this was reinforced by the sense that the program staff and community cared about them. Finally, the internship accepted the youth to be authentically themselves as they felt they were not judged or held to a high and unachievable standard (see attendance).

- *Developing skills that could help them in their future.* Youth valued information and discussion in addressing mental health and substance abuse in their community, enhancing communication skills and knowledge about careers.

## **2) To what extent did knowledge, attitudes, and beliefs regarding holistic wellness, including mental health, among participants change as a result of their internship experience?**

Post-survey results demonstrate significant growth of 40 – 50% in life skills including *goal-setting, mentorship, and career readiness*, as compared to pre-survey results. This indicates that the internship effectively fostered key developmental outcomes.

- Goal setting and achievement (+50.8%)
- Career exploration (+44.1%)
- Mentorship connections (+39.8%)

There were moderate gains of 15 – 30% in *cultural learning and identity, self-care and wellness, leadership and community awareness and engagement*.

- Cultural learning and identity (+16%)
- Leadership practice (+23.4%)
- Community awareness and engagement (+20.1%)
- Self-care and wellness (+27.7%)

## **3) How did the mental health status among TAY AUP participants change?**

Post-survey findings indicate strong gains in hope, optimism and emotional well-being, and connection. All respondents stated having greater positivity, strong belief in possibilities, and greater capacity to give and receive love. Fear about the future and feelings of loneliness were not evident in post-survey data, reflecting enhanced belonging and psychological security. These outcomes suggest that the internship successfully promoted hope, confidence and community belonging – key indicators of youth resilience and ability to thrive. The combination of stable goal orientation, strong faith, and increased optimism reflects a holistic improvement in participants' outlook on life and future direction.

## **4) How did TAY participants' confidence, sense of self and cultural identity change as a result of the Native Youth Internship?**

Overall, the data shows that participants *deepened cultural identity, built supportive networks, and gained skills that contribute to future success and community engagement*.

Nearly all participants reported that their culture gives them strength and helps them feel good about who they are, while connection to cultural traditions increased significantly. These findings suggest that the internship provided meaningful opportunities for *cultural exploration, self-reflection, and connection to ancestral traditions*, reinforcing both personal confidence and collective identity. Participants also expressed their view that this internship is a bridge to college, employment, or leadership opportunities that lean into an interest in future pathways.

#### **5) How engaged were the participants in the internship experience?**

*Participants demonstrated a high motivation for connection and belonging* — strong social dimension, indicating the importance of relational experiences and teamwork. This was supported by reporting in the event logs, intern exit interviews and data indicators. Exit interviews also revealed a desire for fun and meaningful engagement — “learning through doing” and interactive experiences matter.

Attendance data indicated the *challenges of engaging youth who often have competing interests, responsibilities and obligations*. The median of 14 sessions attended by the two-year cohort (70%) shows that most participants were fairly consistent. The threshold measure (44%) shows that almost half of participants met the desired “high exposure” mark ( $\geq 75\%$  of sessions), which is a positive outcome for community-based programs that often face attendance barriers.

Another indicator of engagement was the *return of youth for a second year of internship*. In 2024-25, four youth returned for a second year and were encouraged to take a stronger leadership role among the cohort coming in for their first year.

#### **Conclusion**

The Aunties and Uncles philosophy of Culture and Community is Prevention is solidly demonstrated in the implementation of the Native Youth Internship. The data supports that youth participants value the teachings of traditional ways, being in community and feeling supported in setting goals for their future. As an addendum, as of this writing, there are currently six youth alumni – three in their third year and three in their second year of a cohort of 18 in 2025-26. The fact that some young people choose to return for a second or third year of internship indicates the power of the group, a strong sense of belonging and continuous learning and benefit.

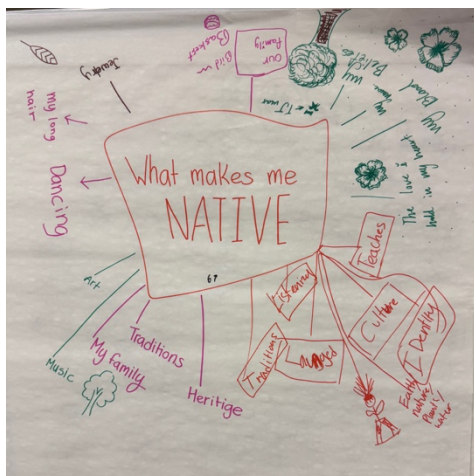
Overall, AUP program participants articulated the power of being connected to community and culture and that culture is prevention. Knowing one’s culture strengthens identity and pride. Common ancestry and history between community members creates an initial bond

and combined with shared understanding builds individual and community resilience. Culture is also seen as a way to carry forth traditions, honor elders and honor self. Native culture is rooted in spirituality and ritual. The Native youth participating in AUP stated they wanted to learn more about their culture, to know who they are, where they come from and to feel the wisdom and support from their ancestors.

Community building among Natives promotes a sense of belonging and supports resilience. AUP community events are inclusive and intergenerationally focused. Elders were acknowledged and honored, children were given space to play and had arts and crafts activities, youth were engaged in a non-judgmental and safe space. Coming together as a community also allowed networking opportunities to meet new community members, for youth to meet other Natives, often elders/mentors, and for the exchange of resources that support family health and culture.

In the local Native community, there is still stigma associated with seeking support from behavioral health professionals. Talking about suicide is difficult and thus goes unaddressed within the community. There is still much need for ongoing programming, both with youth specifically and in the broader community intergenerationally.

Native Youth Internship participants acknowledged the importance of self-care in mental health wellness. Cultural practices, arts, sports, music, hiking and being in nature were cited as activities to help keep them grounded, calm and centered when stressed, anxious or depressed.



In conclusion, the Aunties and Uncles Program integrated a number of culturally based interventions that have shown benefit, such as Gathering of Native Americans and community-cultural connectedness. (Masotti P 2020; Johnson C 2021) The traditional practices that are recognized as important components of healing, including traditional healers, talking circles, ceremonies, sweat lodges, storytelling, drumming, and basket weaving (California Reducing Disparities Project 2012) were specific activities and features in AUP events. For the participants of the

Aunties and Uncles Program, the strength of intergenerational relationships, learning and sharing traditions, honoring elders, celebrating culture, and belonging to community built and supported resilience as evidenced by this collective research and others (Morris SL 2021, Henson M 2017).

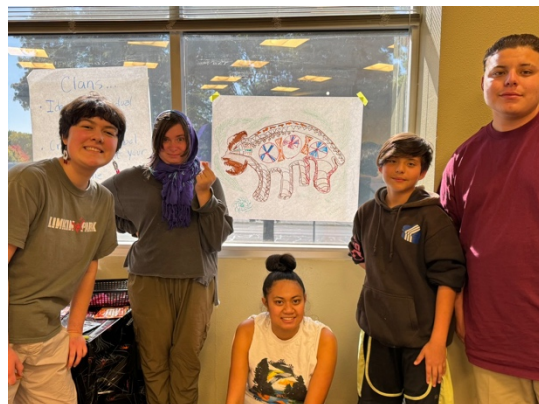


When people are connected to community and culture, they develop a sense of purpose and pride. This resilience is a protective factor for both mental health and physical health. Within Native American families, resiliency is a particularly complex construct in part due to the importance and extent of family and kinship roles. Consisting of a larger social unit, Native American families are defined by how they provide for the youngest and oldest in the human life cycle. Extended family often includes blood relatives and those related by clan, informal adoption, spiritual ties, and other tribal community recognition processes (Goodluck C 2009).



Due to the cultural context that underlies inequities in mental health, cultural connectedness and cultural practices are important foundations for Native wellness. When interventions focus on the individual, they miss the importance of culture as a determinant of health, which for AI/AN cultures includes the risk factor of loss that can be addressed through strengthening connection with culture as a protective factor (Masotti P 2020).

The opportunity to implement and evaluate the Aunties and Uncles Program, a Community-Defined Evidence-Based Practice, was an outcome of the actions of community advocates and forward-thinking policy makers. For the ancestors and future generations, sustaining and expanding culturally-based community-wide mental health prevention, intervention, and treatment programs, such as Aunties and Uncles will address the disparities experienced by many generations. Policy makers, funders and leaders need to keep their minds and hearts open to hear the stories of diversity and self-determination that are not in the traditional boxes built within our ivory towers. This report demonstrates the importance of supporting Native American communities as they draw from their own cultural beliefs and practices to define healing and wellness. Ultimately, the collective impact of this program is immeasurable, as it has supported and reinforced traditional Native American healing practices for the people in this community at a critical time in our history.





# Introduction

The Aunties and Uncles Program (AUP) of the Sonoma County Indian Health Project, Inc. (SCIHP), is a culture based, community-defined evidence practice, that was developed to address three key needs among Sonoma County Native American tribes (Pomo, Wappo, and Coast Miwok) residing in both the county center and the rural and Rancheria settings of Sonoma County.

- 1) Reduce stigma surrounding mental illness
- 2) Support individuals who experience depression, anxiety disorders and post-traumatic stress disorder
- 3) Reduce the risk for suicide and self-harm

The Aunties and Uncles Program was designed to address a number of risk factors for the Native communities residing in Sonoma County, including: isolation and sense of hopelessness; diminishing community connectedness and cultural pride; inadequate coping skills for addressing historical and present-day trauma; mental health stigma and discrimination against individuals with mental illness; and a distrust of health care services, especially those that do not employ culturally-sensitive and appropriate approaches.

The Aunties and Uncles Program integrated multiple culture-based interventions that have shown benefit, such as Gathering of Native Americans and other community gatherings. (Masotti P 2020; Johnson C 2021) Furthermore, AUP incorporated many traditional practices that are recognized as important components of healing, including traditional healers, talking circles, ceremonies, cultural gatherings, teaching about history and cultural traditions. (California Reducing Disparities Project 2012)



## Mental Health Needs of the Native American Community

According to the 2020 U.S. Census, nearly 9.7 million people, or 2.9% of total US population identified as American Indian or Alaska Native (AI/AN) alone or in combination with another race. The U.S. Census reports 3.7 million AI/AN alone (1.1% of the U.S. population) and 5.9 million in combination with other races (1.8% of U.S. population). This is an 86.5% increase in reporting AI/AN population, both alone and in combination, from 2010 to 2020. This can be attributed partially to changes in Census methodology designed to better capture how people self-identify. Over half (50.9%) of the American Indian Native Alaskan population in the U.S. lives in five states, with Oklahoma having the largest population (14.2%), followed by Arizona (12.9%), California (9.9%), New Mexico (9.1%) and Texas (4.8%). However, due to the relative size of this population compared to Caucasians, African Americans, Hispanics/Latinos, and Asian Americans, the unique racial experiences of AI/ANs are often left out of the national discourse concerning health and mental health. This absence contributes to disparities in mental health status and access to services among AI/AN populations.



An important factor in the mental health of AI/ANs is historical trauma, and associated historical losses, that impacts generations of Native communities. Historical trauma is a cumulative emotional and psychological response to years of injustices and discrimination. (California Reducing Disparities Project 2012) Historical events such as forced removals, massacres, and cultural assimilation policies have resulted in intergenerational trauma, where the effects of past traumas are passed down through generations. The ongoing impact of these traumas can manifest in various mental health issues. The impact of trauma is extensive; any

trauma affects not only the victim but their family, friends, and community (USDHHS, 2001). Research among several reservations in the United States and Canada revealed a significant portion of indigenous adolescents and adult caretakers had persistent thoughts of historical losses (Whitbeck, Adams, Hoyt, Chen, 2004) (Whitbeck, Walls, Johnson, Morrisseau, McDougall, 2009) These studies showed evidence that daily and weekly thoughts of historical loss are associated with emotional responses that included sadness,

depression and anger, among others. These historical traumas contributed to continued distrust of the health care system by AI/AN



The loss of ancestral lands, traditions, and cultural heritage can also lead to a sense of historical grief, which is a unique form of mourning experienced by Native Americans due to the loss of their way of life. (Brave Heart, DeBruyn, 1998) (Duran & Duran, Brave Heart, 1998). The impact of this collective trauma is extensive and affects the individual, their family,

friends, and community. The effects of historical trauma among Native Americans include changes in the traditional ways of child rearing, family structure, and relationships. Some observed responses to historical trauma may include signs of overall poor physical and emotional health, such as low self-esteem, depression, substance abuse, and high rates of suicide. (SAMHSA 2014) Policies focused on eradicating Native culture, including forced separation of AI/AN children from parents in order to send them to boarding schools, have been associated with negative mental health outcomes. (USDHHS 2001) Additionally, the socioeconomic consequences of these historical policies, such as forced removal from historic and native land, has resulted in high rates of poverty among AI/AN. Research has repeatedly demonstrated the association of lower socioeconomic status with poor general health and mental health.

Given that many Native people live in stressful environments, there is growing recognition of the negative mental health consequences these conditions have on Native communities. (USDHHS 2001) Furthermore, historical trauma and historical loss contribute to distrust of government agencies and health care systems, discouraging help seeking behavior. Traditional Native communities typically provided strong support networks and a sense of belonging. Disruption of these communities due to historical events and forced assimilation has left many individuals without adequate social support, contributing to feelings of isolation and loneliness. Cultural loss, including the suppression of languages, traditions, and spiritual practices, has led to a sense of disconnection from cultural identity. The loss

of a strong cultural identity can contribute to feelings of alienation, confusion, and identity struggles, affecting mental well-being.

Significant disparities exist in the prevalence of mental health conditions among AI/ANs and other races. While there is not a definitive assessment of the prevalence of depression and other common mental health concerns among all AI/ANs, available data point to disproportionately high rates of depression. According to the CDC, AI/ANs are 50% more likely to experience feelings of worthlessness as compared to non-Hispanic whites, and 60% more likely to report feeling that everything is an effort. (CDC 2021) Approximately 21% of AI/AN adults reported past-year mental illness, compared with 17.9% for the general population. (Whitesell NC 2021) Historical and ongoing experiences of discrimination, marginalization, and inequality can lead to chronic stress and re-traumatization among Native Americans. Prolonged stress has been linked to various mental health issues, including anxiety and depression. The Office of Minority Health report, *Mental Health and American Indians/Alaska Natives* (2016) indicates that American Indian/Alaska Natives are 50% more likely to experience feelings of nervousness or restlessness as compared to non-Hispanic whites, 55% more likely to report feeling of sadness, and twice as likely report feelings of worthlessness and hopelessness compared to non-Hispanic whites' counterpart. Post-Traumatic Stress Disorder, PTSD, has been described as one of the most serious mental health problems faced by American Indian/Alaska Native (AI/AN) populations according to a study by Westermeyer J, et al (2006). Although AI/AN communities have significant intergroup differences (e.g., geography, language, traditional practices) (NIH, 2014), in the aggregate they have a higher risk of experiencing traumatic life events than any other ethnic or racial group and are twice as likely as the general population to develop PTSD (Dickerson & Johnson, 2009). High rates of substance use disorders, post-traumatic stress disorder (PTSD), suicide, and attachment disorders in many AI/AN communities have been directly linked to the intergenerational historical trauma, such as forced removal off their land and government-operated boarding schools which separated AI/AN children from their parents, spiritual practices, and culture. (Office of Minority Health 2017)

North America's Indigenous peoples have disproportionately high rates of suicide deaths, attempts, and ideation. In 2022, suicide was the second leading cause of death for non-Hispanic American Indians/Alaska Natives ages 10–34. (CDC 2022) Furthermore, in 2022, the overall death rate from suicide for American Indians/Alaska Natives was 91% higher than the total population. (CDC 2024) For the same year, the death rate for suicide among adolescent American Indian/Alaska Natives, ages 15–19, was 2.74 times higher than the total population. (CDC 2022) In 2017, the local Native population had three completed



suicides of youth 17–21 years old as reported by SCIHP staff. The Sonoma County report for suicide rates by Race/Ethnicity for the period of 2020-22 is incomplete as the data for Native American Alaskan Indians has been suppressed due to low numbers. SCIHP is aware of four other incidents that the community members and family members believe were incomplete suicides.

Despite higher occurrences and indicators of poor mental health, American Indians/Alaska Natives receive less mental health treatment compared to the total population. (SAMHSA 2025) Native communities' historic negative experiences with mainstream services have contributed to suspicion towards the federal government and health care systems, limiting access to mental health care for many Natives. (Grandbois D 2003) Stigma attached to mental health illnesses is another significant barrier for seeking help among AI/AN populations. Among AI/AN there are high levels of stigma toward accessing and utilizing mental health services, especially in small tight-knit communities. These factors can deter Natives from asking for help or seeking services. Stigma, systemic



discrimination, and physical barriers can occur at both the individual and organization or community level, making it difficult for individuals to access resources and care. When AI/AN individuals do seek mental health services, they often have difficulty finding care that is culturally sensitive and bases diagnosis and treatment on Native American experiences. Mental health service utilization rates for AI/ANs are low, which is likely due to a combination of factors, including stigmatization of mental health, lack of culturally trained providers, and lack of available and relevant services. (SAMHSA 2016).

In Sonoma County, Native Americans in the rural and Rancheria settings have further difficulty accessing mental health services due to economic barriers, lack of transportation, isolation, and lack of culturally appropriate providers. Natives residing in rural areas of Sonoma County may have to travel 90 minutes to two and a half hours to access the Sonoma County Indian Health Project clinic located in Santa Rosa. Due to the far distances rural residents must travel to access services, many wait to access care until mental health needs have reached a crisis point.

## Prevention Strategy: Culture as a Protective Factor



Protective factors, positive conditions in one's life, are universally recognized as supporting psycho-social and emotional wellbeing. Enhancing protective factors have been demonstrated to mitigate risk factors and negative outcomes such as suicide, depression, alcoholism, and addictions. Categories of protective factors positively associated with health and social outcomes for American Indian and Alaskan Native (AI/AN) youth include personal wellness, positive self-image, self-efficacy,

familial and non-familial connectedness, positive opportunities, positive social norms and cultural connectedness. (Henson M 2017) Due to the cultural context that underlies inequities in mental health, cultural connectedness and cultural practices are important foundations for Native wellness. When interventions focus on the individual, they miss the importance of culture as a determinant of health, which for AI/AN cultures includes the risk factor of loss that can be addressed through strengthening connection with culture as a protective factor. (Masotti P 2020) There are many aspects of Native culture that buffer the impact of harmful historical and current circumstances and experiences. (Walters KL 2002; Garrouette EM 2003; Bassett D 2012)

A strong connection to one's cultural or racial identity is associated with positive mental health outcomes for racial/ethnic minorities. (Burnett-Zeigler I 2013) Specific to AI/AN populations, positive self-image, familial, non-familial and cultural connectedness positively influenced substance use, depression, and suicide attempts. (Henson M 2017) AI/AN populations also put more emphasis on a strength-based approach versus a deficiency-based approach, which has been validated by the finding that increasing protective factors is more effective than reducing risk factors in reducing suicide attempts. (Borowsky IW 1999) Native youth participating in a program that included cultural values and a connection to elders showed a significant protective relationship for substance use. (Morris SL 2021)



The Aunties and Uncles Program was designed to address the afore mentioned risk factors for the Native communities residing in Sonoma County, including: isolation and sense of hopelessness; diminishing community connectedness and cultural pride; inadequate coping skills for addressing historical and present-day trauma; mental health stigma and discrimination against individuals with mental illness; and a distrust of health care services, especially those that do not employ culturally-sensitive and appropriate approaches. The Aunties and Uncles Program integrated culture-based interventions that have shown benefit, such as Gathering of Native Americans. (Masotti P 2020; Johnson C 2021) Furthermore, AUP

incorporated many traditional practices that are recognized as important components of healing, including talking circles, community gatherings and ceremonies, and cultural art workshops.





## Community Defined Evidence Practice – Purpose and Description of Aunties and Uncles Program

Initiated in March of 2017, the Aunties and Uncles Program (AUP), a community-defined evidence project (CDEP), was developed in response to a statewide initiative to identify solutions for historically unserved, underserved, and inappropriately served communities in California. The statewide initiative was funded by the Mental Health Services Act (MHSA, or Proposition 63) that was passed in November 2004. Under the California Department of Public Health's Office of Health Equity (CDPH-OHE), the California Reducing Disparities Project (CRDP) established Strategic Planning Workgroups (SPW) for the five priority populations, including Native Americans. The SPWs engaged community members to identify CDEPs and make recommendations for reducing mental health disparities in their communities. This community-based social research culminated in the publication, *"Native Visions: A Focus on Improving Behavioral Health Outcomes for California Native Americans, 2012"*.

AUP was one of five projects funded to implement and evaluate a CDEP for the Native American population in California. CDEPs are an essential strategy for expanding, testing, and replicating practices that are culturally relevant. Community-defined evidence is "a set of practices that communities have used and determined to yield positive results as determined by community consensus over time and which may or may not have been measured empirically but have reached a level of acceptance by the community." (Martinez K 2011) Community-defined evidence is particularly important among Native American communities in California, as the reach of current mental health services has failed to include mental health disparities experienced by these communities. (California Reducing Disparities Project 2012) To reduce disparities for ethnic communities, services need to be provided in a manner that is congruent rather than conflicting with Native cultural norms (USDHHS 2001). While evidence is increasing regarding the importance of resilience, cultural connectedness, and community capacity, mainstream programming and evaluation often focuses on individual illness and risk. (King J 2019) Also, given the great diversity among AI/AN communities, there is a need for assessing diverse approaches. To do this effectively, *Native Visions* recommends that tribes "determine and implement programs and practices that will best serve their communities" and that "Native American specific research and evaluation methods unique to each community" are incorporated. (California Reducing Disparities Project 2012) By honoring these recommendations, CRDP programs, including Aunties and Uncles, provide additional

insight into effective ways to reduce disparities in mental health among Native Americans in California. Following the principles of community-based participatory research, AUP engaged local Native community members in program planning, implementation, and evaluation; encouraged the use of Native American practices; ensured a community-driven evaluation process using mixed methods; and engaged a community advisory council to ensure program and evaluation activities integrate traditional and culturally based approaches.



The Aunties and Uncles Program (AUP) is classified as a prevention and early intervention program that aims to prevent the risk of suicide among transitional-age youth (TAY) by increasing mental health awareness and knowledge, building life-skills and confidence, and strengthening cultural identity and involvement in traditional practices. Employing a community-based participatory research model, AUP

includes all levels of community and partner engagement, including tribal leaders, tribal advisory boards, community members, and Sonoma County Indian Health Project (SCIHP) staff.

The Aunties and Uncles Program had three programmatic strategies:

- 1) Establish an Inter-Tribal Eagle Advisory Council to advise and support the program;
- 2) Offer community-wide, culture-based gatherings that engage community members in health and mental health promotion to reduce stigma; and
- 3) Engage transition-age youth (TAY), ages 14–24 years in a Native Youth Internship focusing on life skills, mental health and holistic wellness embedded in community and culture.

Prior to colonization, Native American communities had their own unique ways of maintaining mental health and wellness that were deeply intertwined with their cultural practices, spiritual beliefs, and social structures. These practices were rooted in a holistic understanding of well-being that encompassed physical, mental, emotional, and spiritual

aspects of health. While practices varied among different tribes and regions, some common elements include the following:

**Cultural Beliefs and Traditions:** Native American societies had rich belief systems and spiritual practices that provided a sense of identity, meaning, purpose, and connection to the world around them. Ceremonies, rituals, and storytelling were essential for passing down cultural knowledge, values, and coping mechanisms for dealing with life's challenges.

**Connection to Nature:** Many Native American cultures had a strong connection to the natural world. Spending time in nature, engaging in activities like hunting, gathering, and farming, and participating in seasonal ceremonies helped foster a sense of harmony and balance with the environment, contributing to overall well-being.



**Community and Social Support:** Native American communities emphasized communal living and interdependence. Strong social networks, extended families, and tribal councils provided support, a sense of belonging, and opportunities for individuals to share their thoughts, feelings, and concerns.

**Traditional Healing Practices:** Native communities had their own healing practices

that combined physical, mental, and spiritual aspects. These could involve the use of herbal remedies, sweat lodges, smudging, and other rituals to cleanse the body and mind.

**Ceremonies and Rites of Passage:** Ceremonies played a crucial role in marking significant life events, transitions, and milestones. These events helped individuals develop a sense of identity, purpose, and connection to their community.

**Artistic Expression:** Art, music, dance, and other forms of creative expression were integral to Native American cultures. These activities provided a means of emotional release, self-expression, and connecting with the spiritual realm.

**Balance and Harmony:** Native American cultures often emphasized the importance of balance and harmony in all aspects of life. This extended to personal relationships, social interactions, and one's relationship with the self and the world.



**Spiritual Leaders and Elders:** Spiritual leaders, medicine people, and tribal elders played a vital role in providing guidance, wisdom, and counseling. They often helped individuals navigate challenges and find a sense of purpose and meaning.

It's important to note that these practices are not only about addressing mental health challenges but also about promoting overall well-being and maintaining a sense of harmony within the community.



The Aunties and Uncles Program (AUP) of the Sonoma County Indian Health Project (SCIHP) is based in Santa Rosa and primarily serves the specific tribes of Pomo, Wappo and Miwok in Sonoma and surrounding counties in Northern California. AUP provides a community-wide outreach and prevention focus, inclusive of all ages (intergenerational) and family members. However, a specific intervention component, the Native Youth Internship, is focused on the engagement of youth and young adults, 14 – 24 years.

The Aunties and Uncles Program originated from the community with the premise that elder family members have a specific role and responsibility in Native culture. Aunties and Uncles are influential and active community members who have wisdom, are trusted and respected, and they can say both difficult and encouraging words to youth and their caregivers. They may have lived experience that is known, active in mental health and/or substance abuse recovery and provide a role-model for those in need. The Aunties and Uncles that support AUP are members of the Eagle Advisory Council, speakers and performers at events,

teachers of cultural practices and life skills, and mentors for the Native Youth Interns. All Aunties and Uncles are provided with ways to contribute to the program and evaluation design and implementation.

Due to geographical barriers and unique tribal differences, many local tribal members do not access mental health services through the central location of AUP in Santa Rosa. Thus, this project seeks also to address the barriers experienced by the AI/AN communities that are in the rural outlying areas of the large county, specifically the coastal communities of the Kashia Rancheria and Manchester Point Arena. A decentralized model of AUP that engages intergenerational family members in healthy activities, connection to culture and promoting community healing, such as Family Fun Nights will reduce the stigma of mental health, promote community education, and increase access to services and support. Since the pandemic of 2019, AUP has offered Adult and Youth Talking Circles on-line via zoom for ongoing engagement and mental health support.

Addressing risk factors such as isolation, a loss of community and cultural pride, negative coping skills in response to extensive exposure to historical and contemporary trauma, AUP provides annual events such as a Memorial Gathering, Wellness Gatherings, GONAs and quarterly Family Fun Nights. These events have become standards in the local Native Community. In addition, community celebrations and acknowledgements include Graduation from school (all levels), Honoring Veteran's (Day), Back-to-School supply give-away, which are supported by all departments at the Sonoma County Indian Health Project clinic. Collectively, these events support community and cultural connectedness, promote wellness and inform the community about the AUP Native Youth Internship.

The Native Youth Internship evolved from the findings of the AUP evaluation report of 2021. Highlights of key findings were as follows:

- 90% of survey respondents felt that talking about emotions is important to Native youth.
- Native youth seek out those who they trust, who are non-judgmental, have lived experiences, and have wisdom. For the majority, Native youth feel supported by adults to succeed (school, career), but don't feel as strongly that adults listen or will talk to them when they are struggling emotionally.
- 60% of the participants stated that suicide remained a taboo subject that is difficult to talk about among community members.
- Over half of the AUP participants (56%) reported improvements in mental health status, specifically with depression and anxiety.



- Over three-quarters of the survey participants cited a high degree of community connectedness in the post-survey.
- Participants identified community and belonging as a valuable benefit of attending AUP activities. Direct quotes stated the importance of intergenerational and kinship (non-blood relatives) relationships in building mental health resilience.
- The value of cultural identity and recognition that culture is prevention was expressed by participants. Specifically, intergenerational relationships, learning from elders and being with other Native Americans were the most frequently repeated themes.

These findings were from a data set collected from 2018 to 2021. The sample of youth contained in this data set had a random and varied exposure to a community focused intervention. In analyzing these results and reviewing the program and evaluation design, the conclusion that a stronger and more consistent model of engagement would provide a more focused evaluation that could indicate specific impact with youth 14 – 24 years. Thus the Native Youth Internship was conceived and developed.



## Native Youth Internship: Program Implementation

The current design of the Native Youth Internship is a 10-month program consisting of 2-sessions per month with an established curriculum designed to incorporate community connection, cultural awareness, and leadership skills. The overall goal of the Native Youth Internship is:

To promote connection to culture and community as a strength and asset in building leadership, maintaining health and wellness and achieving life goals.

The planned and actual cohort consists of local native youth, female and male, ages 14-24 years, with up to 20 participants in each cohort. Program staff conduct outreach presentations to the local high schools, Native Clubs and college campuses prior to the end of the school year in May and throughout the summer at community events and festivals. **(Appendix A: Native Youth Internship Outreach Flyer)** The participants are selected through an application process starting in the summer through the first few weeks of the academic school year. Participants and their parents are invited to an orientation that provides an opportunity to learn about the curriculum, expectations and responsibilities of the program, the local evaluation and sign off on required paperwork. Over the 10 months, August through May, a 20-session curriculum **(Appendix B: 2024-25 Curriculum)** is delivered to achieve the following objectives:

1. Participants will increase knowledge and skills to support their educational and career goals, familial and community relationships, and strengthen sense of self and confidence;
2. Participants will identify opportunities and exercise leadership roles during their internship experience;
3. Participants will improve their communication skills and gain confidence in public speaking;
4. Participants will be able to develop up to three short-term life goals based upon a vision of their future; and
5. Participants will gain knowledge about their heritage and explain how their culture provides strength in maintaining physical, mental and spiritual health.

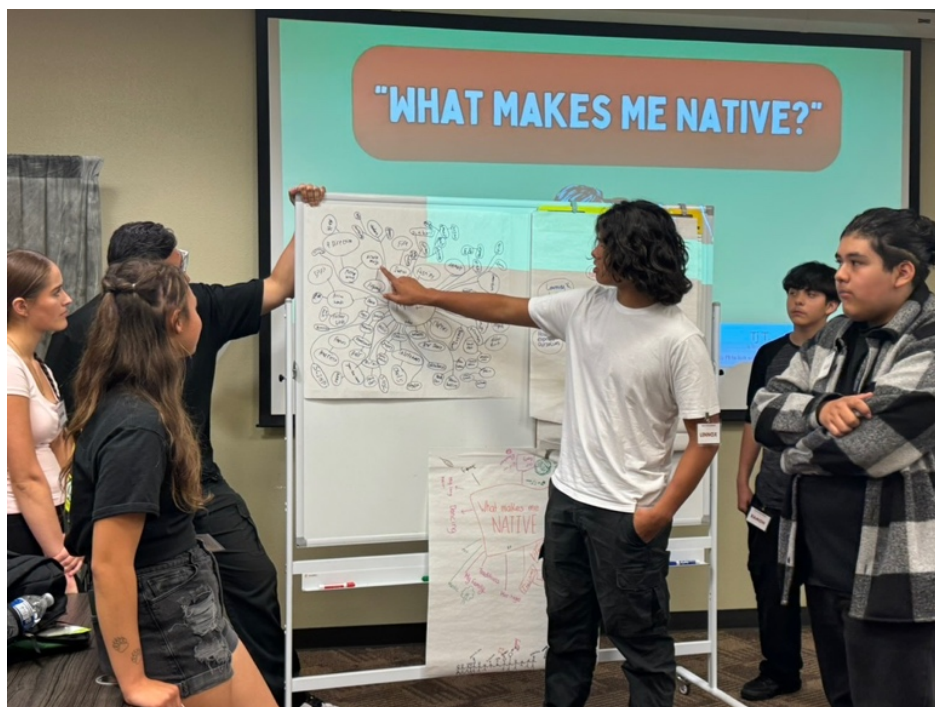


The 10-month curriculum is consistently adapted to meet the needs of the participants. For example, in 2023-24, the curriculum included three sessions on developing skills in digital storytelling. Unfortunately, the youth struggled with completing the work in time allocated. In evaluating the curriculum for 2024-25, the program staff weighed whether giving up 2-3 sessions on critical topics to allocate additional time for digital storytelling would be beneficial. The final decision was to eliminate the digital storytelling workshop as sacrificing additional workshop topics was not viewed favorably.

A major challenge in program implementation occurred in 2023-2024, when the Aunties and Uncles Program experienced a complete staff turnover. The small program team of three and the Behavioral Health Director all resigned within a 12-month period. Instability in staffing continued during that time when two new staff members were hired and left within two to three months to pursue other work. The instability and lack of staff resources caused by staff turnover affected operations of the Native Youth Internship resulting in a lower participant retention rate for the cohort year of August 2024 – May of 2025. Despite efforts to establish consistent and strong relationships, trust and communication was affected resulting in a 60% drop out rate.

The table below illustrates the retention rate over the two-year period of this study. The youth who completed\* 14 or more sessions the 10-month internship, had strong attendance and participation.

<b>Youth Participation</b>	<b>2023-24</b>	<b>2024-25</b>
Enrolled	17	20
Completed*	9	8
Average # of sessions attended	11 of 18	8 of 18
Retention rate	53%	40%



## Evaluation Design

The Aunties and Uncles Program (AUP) evaluation plan originally designed in 2019 incorporated a community-based participatory approach focused on the overall program including community wellness gatherings, cultural workshops, GONA and talking circles. At that time and in subsequent years, an IRB review and approval was obtained from the Office of Statewide Health Planning and Development.

In 2022, AUP developed the Native Youth Internship to refine the intervention working with youth on mental health, wellness and leadership development. Creating a cohort model provided the structure with a consistent, defined exposure and content for the youth participants. This strengthened the fidelity of the program model and increased the validity of the design and implementation of the evaluation. Under the advisement of the program staff and Eagle Council comprised of community members, AUP remained a culturally appropriate and community inclusive mental health prevention and early intervention project. Eagle Council meetings were held quarterly, and at the commencement of every internship cohort year in May, a presentation on the evaluation design, data collection tools, and implementation processes were reviewed. The evaluation focused exclusively

on the Native Youth Internship and incorporated a community-based participatory research methodology to insure cultural relevance and to serve the community of origin.

Since 2022, there have been no changes to the overarching local evaluation questions. (See table on page 20) The mixed-methods evaluation design included both implementation (process) and outcome (impact) measures. The process portion of the evaluation provided insights as to how AUP was being implemented and documented the experiences of those engaged in and participating in the program. The process evaluation also included understanding important contextual factors (organizational capacity, community resources, environmental factors) that are necessary to consider when interpreting findings and making decisions about potential modifications to AUP.

The process evaluation explored several questions, such as: Is AUP serving the intended population? Was AUP being implemented as planned? What are successes and challenges of implementation? Data collected for the process study included event logs documenting the dates, location, and topics discussed at all events and activities; AND sign-in sheets documenting the number of attendees at events.

The primary goal of the outcome evaluation was to determine whether key program outcomes are changing in the anticipated direction (e.g., increase in self-care and help-seeking behaviors, increase in social/cultural connectedness, etc.). These include measures of knowledge, attitudes, and behaviors related to mental health; changes in psychological distress and functioning; and experiences of community and cultural connectedness.

With an expected cohort of 8 – 15 participants per year, the evaluation consisted of 2 years of data collection during the time frame of August 2023 – May 2025. The evaluation is a mixed-methods design with quantitative data (non-experimental: pre-post with single group design/no comparison group) and qualitative data (self-report narrative in exit interviews and third-party observation).

Quantitative outcome data was collected through a local pre/post-survey (**Appendix C1: AUP Local Pre-Survey and Appendix C2: AUP Local Post-Survey**) Pre/baseline measures were administered within the first month of participation and post/follow-up measures were administered at the end of the cohort year in May.

The table below illustrates the five evaluation questions, corresponding indicators and the data collection methods.

Evaluation Question	Indicators	Data Collection Methods
<b>Q1:</b> What was most valuable to the participants' internship experience? (Process)	<ul style="list-style-type: none"> <li>• Participant recall of specific session content and how it impacted them.</li> <li>• Level of engagement with questions and discussion by participants</li> </ul>	<ul style="list-style-type: none"> <li>• Staff observations documented in event logs and debriefing meetings.</li> <li>• Pre-post local surveys</li> <li>• Participant self-report through exit interviews</li> </ul>
<b>Q2:</b> To what extent did knowledge, attitudes, and beliefs (KAB) regarding wellness, including mental health, among participants change as a result of their internship experience? (Outcome)	<ul style="list-style-type: none"> <li>• Increase in resilience, self-care or help-seeking behavior</li> <li>• Ability to identify resources for mental health and substance abuse support</li> <li>• Ability to communicate knowledge gained from internship exposure</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-post local surveys</li> <li>• Participant self-report through exit interviews</li> </ul>
<b>Q3:</b> How did the mental health status among TAY AUP participants change? (Outcome)	<ul style="list-style-type: none"> <li>• Change in self-reported psychological distress/functioning scores</li> <li>• Decrease in mental health symptoms</li> <li>• Increase in confidence and positive outlook</li> </ul>	<ul style="list-style-type: none"> <li>• Pre-post local surveys</li> <li>• Participant self-report through exit interviews</li> </ul>
<b>Q4:</b> How did TAY participants' confidence, sense of self and cultural identity change as a result of the Native Youth Internship? (Outcome)	<ul style="list-style-type: none"> <li>• Increased confidence (both self-report and observed)</li> <li>• Change in cultural identity/ cultural connectedness</li> <li>• Increased involvement in community and cultural activities</li> </ul>	<ul style="list-style-type: none"> <li>• Local pre- and post-survey</li> <li>• Participant self-report through exit interviews</li> </ul>

<b>Q5:</b> How engaged were the participants in the internship experience? (Process)	<ul style="list-style-type: none"> <li>• Number, type and frequency of youth participation</li> <li>• Recidivism rate</li> </ul>	<ul style="list-style-type: none"> <li>• Attendance tracking</li> <li>• Staff observations documented in event logs</li> <li>• Participant self-report at end of each session</li> </ul>
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Data collection of Statewide Evaluation (SWE) core measures and the local survey was initiated August 2023–Sept 2024 for pre-surveys and May 2024–June 2025 for post-surveys. AUP program staff and local evaluation team members were trained according to protocols prior to administering surveys and collecting data. At the internship orientation, participants’ and their parents were provided with an overview of the evaluation, including evaluation questions, methods of data collection and the voluntary nature of the design. In addition, participant rights were provided. For minors, consent forms were signed by the parent/guardian and assent forms signed by the youth. Legal adults signed their own consent forms (**Appendix D: Consent and Assent Forms**). Written and signed consents are obtained by hard copy paper and electronically which are both secured physically or with electronic password.

Participants completed both the SWE and local pre-surveys on a computer tablet or their personal cell phones in a quiet and private room. The two surveys collected data on independent platforms: SWE surveys were administered on *Qualtrics* and the local surveys were on *Alchemer*. Survey participants were instructed that they could skip questions and a trained data collector stayed nearby to answer any questions and to assist with the transition between the first and second survey. After completing both surveys, the participants were provided a gift card for their participation.

Attendance was tracked at every session to determine individual and collective exposure to the intervention. In addition, program staff used event logs (**Appendix E: Event Logs**) to document the details of each internship session, including level of participation, successes and challenges.

Qualitative data provided an opportunity to triangulate the data and either reinforce or challenge the quantitative data findings. Furthermore, qualitative data added a nuanced understanding of how AUP has impacted program participants. The qualitative design of the evaluation is primarily through two data collection methods: 1). Participant self-report through an exit interview conducted individually with the local evaluator at the end of the 10-month internship and 2). Staff observations were documented on event logs at the end of each session. The individual exit interview (**Appendix F: Exit Interview questions**) was

conducted with participants to determine specific areas of the program content that was most valuable to participants (program differentiation and participant responsiveness). Fidelity to the evaluation assured this consistent method of data collection, even with staffing changes and program adjustments.

## Sampling Methods and Size

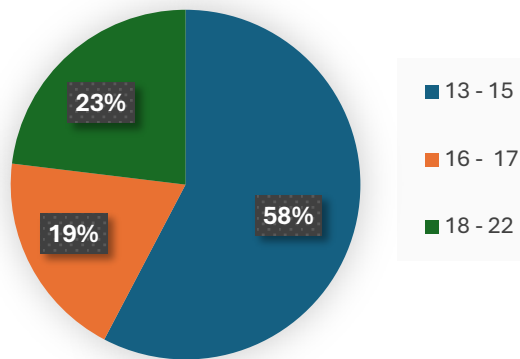
Convenience sampling was chosen to give all participants the opportunity to participate. Participation in the evaluation was voluntary and to maximize our sample size, incentives were provided for those who participated. Participation in the internship was not dependent upon participation in the evaluation. Flexibility was incorporated to accommodate the voluntary nature of participants who either took the surveys and/or provided an interview. This added to the random inclusion of who was represented in the evaluation data. The participation rate in the evaluation ran between 80-90% with attrition corresponding with program completion rates.

In total, data from 26 participants who completed both pre- and post-surveys were used in the analysis. These included 6 adults who were between 18 and 25 years of age and 20 youths who were between 12 and 17 years of age.

## Demographics of Native Youth Internship Participants

Age range	2023-24 Cohort	Percentage	2024-25 Cohort	Percentage
13 – 15	8	47%	7	78%
16 – 17	4	24%	1	11%
18 - 22	5	29%	1	11%

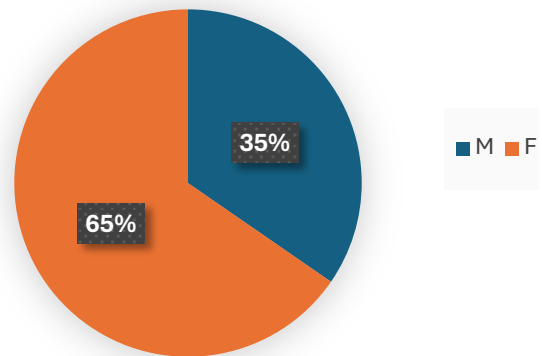
**2023-25 Combined Cohorts  
Age N=23**



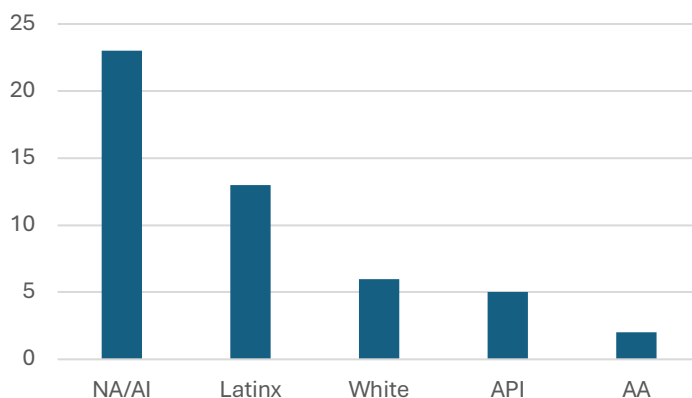
For the two years of study, over half, 58% of the 26 transitional-aged youth were 13 -15 years old, 23% were 18 – 22 years and 19% were 16 – 17 years old. The program seems to attract and retain younger teens.

Enrolled participants in the Native Youth Internship declared their gender resulting in a 2:1 ratio of females to males.

**2023-25 Combined Cohorts  
Gender N=23**



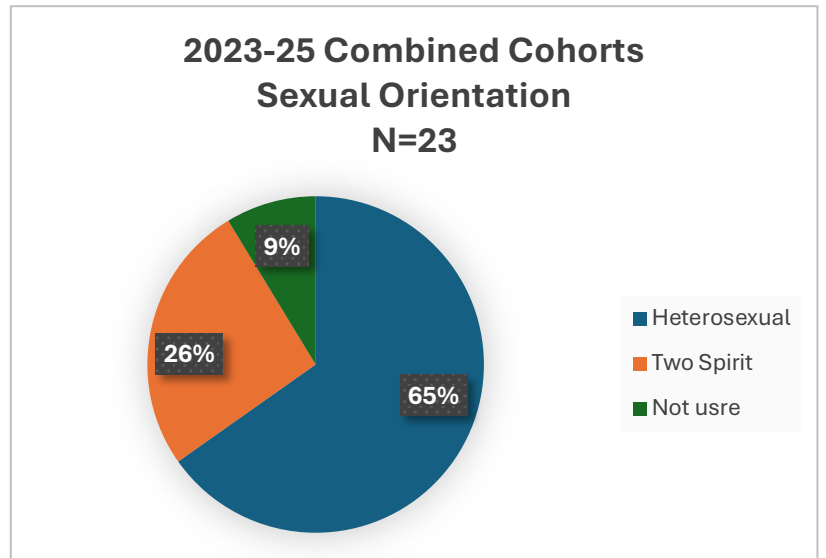
**2023-25 Combined Cohorts  
Race and Ethnic Origin N=23**



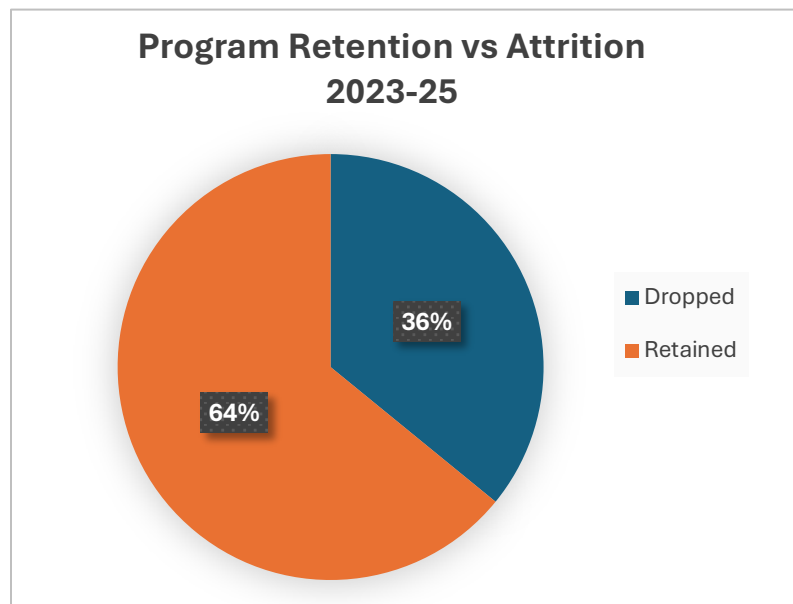
The race and ethnic origin of participants indicates that all were Native American (NA/AI) and that some participants were of multiple ethnic backgrounds as they were allowed to check more than one variable. When asked about tribal identification, 70% were from local Pomo tribes (Cloverdale, Kashia, Manchester Point Arena) and 30% were from tribes out of state.



Sixty-five percent of participants declared their sexual orientation as heterosexual, 26% declared themselves as two-spirit (gay, bisexual, pan-sexual), and nine percent stated that they were uncertain what gender(s) they were attracted to sexually or romantically.



## Description of recruitment, retention vs attrition




During the two years of the evaluation period, 39 participants enrolled in the Native Youth Internship. Of those 39, 14 youth dropped out after 1 – 3 sessions, resulting in a 64% retention rate. Each year of study had very different patterns of enrollment and retention.

In FY 2023-24 19 participants enrolled into the program, with 17 participants (89.5%) remaining enrolled through the

evaluation period, while 2 participants (10.5%) withdrew. However, in FY 2024-25, 20 participants enrolled into the program, with only eight participants completing the program resulting in a 40% retention rate.

## Participant exposure to the intervention

When examining the exposure that participants had to the intervention (Native Youth Internship program), attendance records indicated a moderate to high level of participant engagement. The table below details the mean average, median, range and threshold of greater than 75% participation.

Measure	Definition / Formula	Result	% of 20 Sessions	Interpretation	
Mean	Average number of sessions attended	12.0	60%	Moderate overall participation	
Median	Typical participant's attendance	14	70%	Typical exposure was strong	
Range	Highest – lowest attendance	15	—	Wide variation across participants	
Threshold (≥75%)	Participants attending ≥15 sessions	11 of 25 (44%)	Nearly half achieved high exposure		

When looking at attendance data, it is helpful to consider the **range** and **mean average**. The attendance of 25 participants in 20 sessions offered, ranged from 4 to 19 sessions attended, indicating some participants attending few sessions compared to those who had high level of attendance. The **mean average** of 12 out of 20 sessions, supports that a few participants with low attendance pulled down the average. However, the **median** of 14 sessions attended (70%) shows that most participants were fairly consistent. Finally, the **threshold measure** (44%) shows that almost half of participants met the desired “high exposure” mark (≥75% of sessions), which is a positive outcome for community-based programs that often face attendance barriers.

## Findings from the pre-post surveys

A standard pre-survey is administered in the first month of the internship once a parent consent and youth assent is obtained for those under 18 years and an adult consent for those 18+ years old. This pre-survey collects demographic information and asks about hopes and expectations for their internship, current goals they may have, questions on their awareness and knowledge regarding mental health and the impact on their

community. The pre- and post-survey has an abbreviated series of questions adapted from the Herth-Hope survey to measure youth perspectives on their future.

Participants are asked about their expectations for the 10-month internship. The following chart identifies the major themes, description and representative quotes from participant responses.

Native Youth Internship Participant Expectations (pre-survey)		
Theme	Description	Representative Quotes
<b>Learning and Personal Growth</b>	Many participants hope to <i>learn new things, gain life skills, and grow personally</i> . This includes learning about themselves, “adulting,” and becoming better versions of themselves.	<ul style="list-style-type: none"> <li>• “Learn more about adulting and rethinking a lot things in life to be a better version of myself.”</li> <li>• “To learn new things and change the way I think about different problems in the world.”</li> </ul>
<b>Leadership Development</b>	Participants expressed a strong interest in <i>building leadership and role model</i> qualities; several mentioned wanting to improve communication and leadership skills for the future.	<ul style="list-style-type: none"> <li>• “To work more on my leadership skills.”</li> <li>• “Learn some leadership skills and meet new people.”</li> <li>• “I expect I will learn how to become a better role model and help people.”</li> </ul>
<b>Connection and Community</b>	Many participants expressed they wanted to <i>build relationships, meet new people, and connect with others</i> , especially within Native and peer communities.	<ul style="list-style-type: none"> <li>• “To meet new people and help me get into a college.”</li> <li>• “I hope to bring people together and make even the smallest differences.”</li> <li>• “Building connections.”</li> </ul>
<b>Cultural Identity and Native Roots</b>	Several comments highlight the importance of <i>learning more about Native culture and history and connecting to their roots</i> .	<ul style="list-style-type: none"> <li>• “Also to get deeper in my native roots.”</li> <li>• “Learning more about native history.”</li> </ul>

Native Youth Internship Participant Expectations (pre-survey)		
Theme	Description	Representative Quotes
		<ul style="list-style-type: none"> <li>“To learn more about leadership and grow along with other natives.”</li> </ul>
<b>Enjoyment and Engagement</b>	Some participants expressed wanting the experience to be <i>fun</i> , <i>hands-on</i> , and engaging while they learn.	<ul style="list-style-type: none"> <li>“I hope that it is fun and hands on.”</li> <li>“To learn and have fun.”</li> </ul>
<b>Future Orientation and Life Skills</b>	A few participants see this as a step toward <i>college</i> , <i>career readiness</i> , and <i>life skills development</i> .	<ul style="list-style-type: none"> <li>“To meet new people and help me get into a college.”</li> <li>“My expectation is to continue having more communication skills that would help me in the future.”</li> </ul>

When provided with multiple-answer multiple-choice questions on identifying their current life goals, 87% of the participants wanted to improve their public speaking skills. This was followed by 61% wanting to learn more about their culture. Just over 50% wanted to learn about time management and gain confidence in taking a leadership role.

Value	Pre-survey	Post-survey	Change (post-pre)	Interpretation
Improve public speaking skills	87.0%	92.3%	+5.3%	Slight improvement in communication confidence
Learn more about my culture and heritage	60.9%	76.9%	+16.0%	Stronger cultural identity and pride
Gain confidence in taking a leadership role	52.2%	38.5%	-13.7%	Decrease may reflect increased self-awareness of leadership challenges

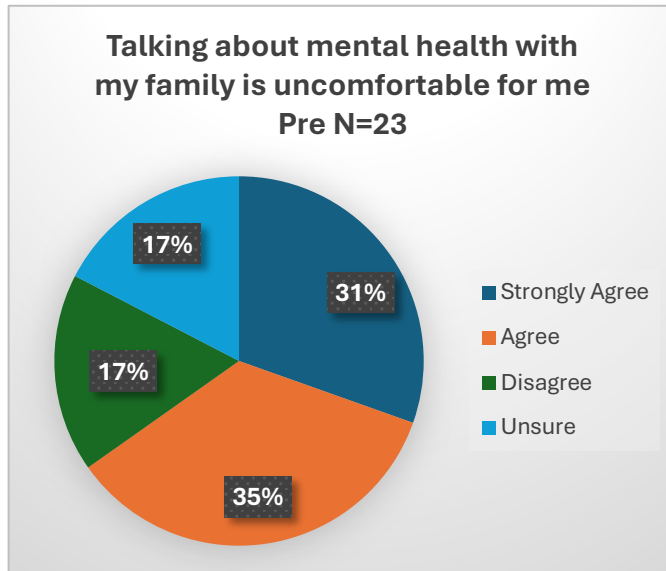
Learn about time management	52.2%	38.5%	-13.7%	Lower post-score may indicate greater recognition of time management needs
Gain experience that will help me get a good job	47.8%	46.2%	-1.6%	Meet expectations for real world skill alignment
Strengthen life skills for adulthood	34.8%	46.2%	+11.4%	Growth in maturity and independence
Practice leadership skills	30.4%	53.8%	+23.4%	Provided meaningful opportunities to practice leadership
Be a role model for the youth in my community	30.4%	46.2%	+15.8%	Improved sense of responsibility and influence
Improve both written and verbal communication skills	30.4%	38.5%	+8.1%	Slight improvement in communication skill development
Value	Pre-survey	Post-survey	Change (post-pre)	Interpretation
Learn about community resources	30.4%	61.5%	+31.1%	Major gain in knowledge and how to access local resources
Learn about setting and achieving goals	26.1%	76.9%	+50.8%	Largest gain – strong growth in setting and achieving goals
Learn and practice self-care for wellbeing	26.1%	53.8%	+27.7%	Increased awareness and ability to practice self-care for wellness

Improve the conditions in my community	26.1%	46.2%	+20.1%	Growth and recognition in civic responsibility and community impact
Meet adults who can be mentors	21.7%	61.5%	+39.8%	Substantial increase in relating to and establishing relationships with adults
Develop a strong social network for support	17.4%	38.5%	+21.1%	Strengthened peer support and social bonds
Learn more about career options	17.4%	61.5%	+44.1%	Exceeded expectations in knowledge regarding careers, requirements and supports

## Increase in Mental Health Knowledge and Confidence

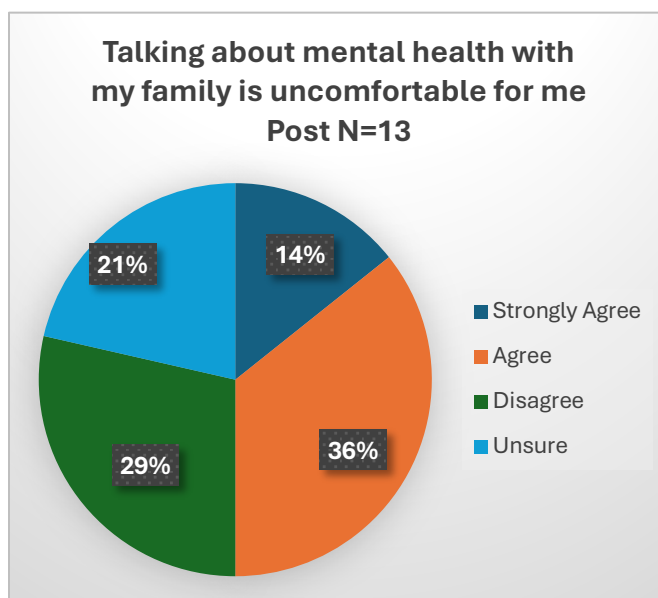
In both the pre- and post-surveys, Native Youth Internship participants were asked a series of questions regarding mental attitudes, beliefs, knowledge and confidence in addressing mental health among their friends, family members and community.

### Talking About Mental Health



#### Key findings:

- After participation in the program, participants report a reduced discomfort in talking about mental health with their family members.
- Those that strongly agreed that it was uncomfortable to talk about mental health with family dropped from 31% to 14%.
- Those that disagreed with the statement that it was uncomfortable to talk about mental health with family members increased from 17% to 29%.

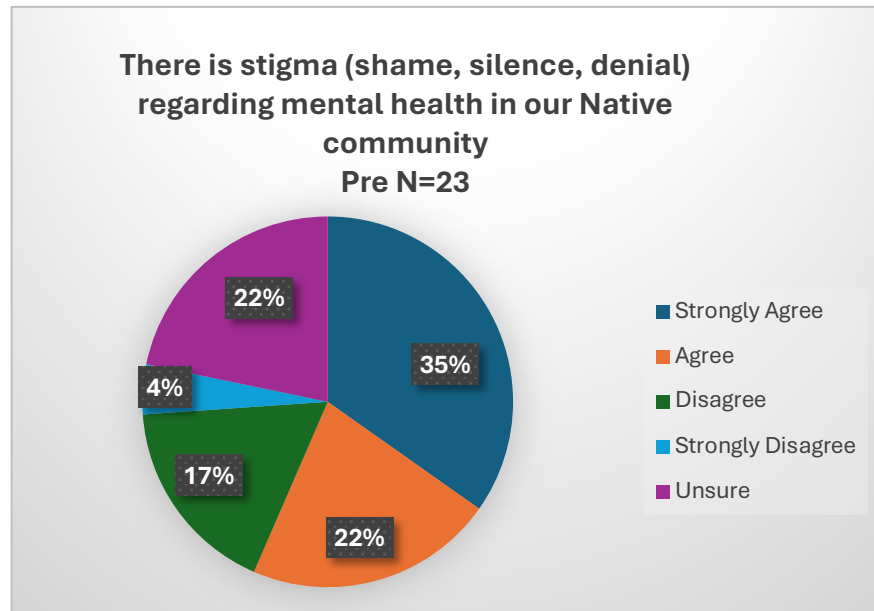


#### Conclusion:

There was a positive shift toward openness and comfort in family conversations about mental health after completing the internship.

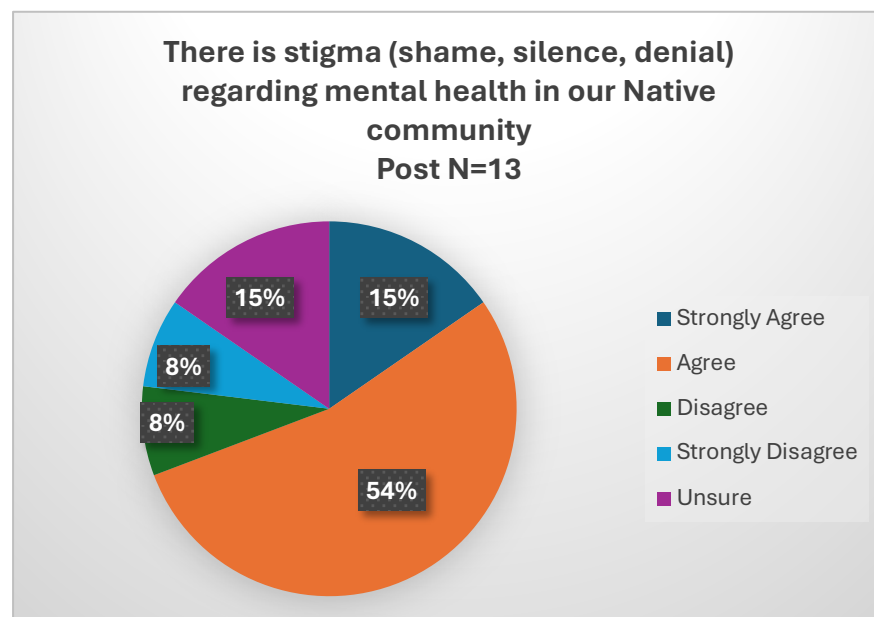


## Awareness of Mental Health Stigma in Community



### Key finding:

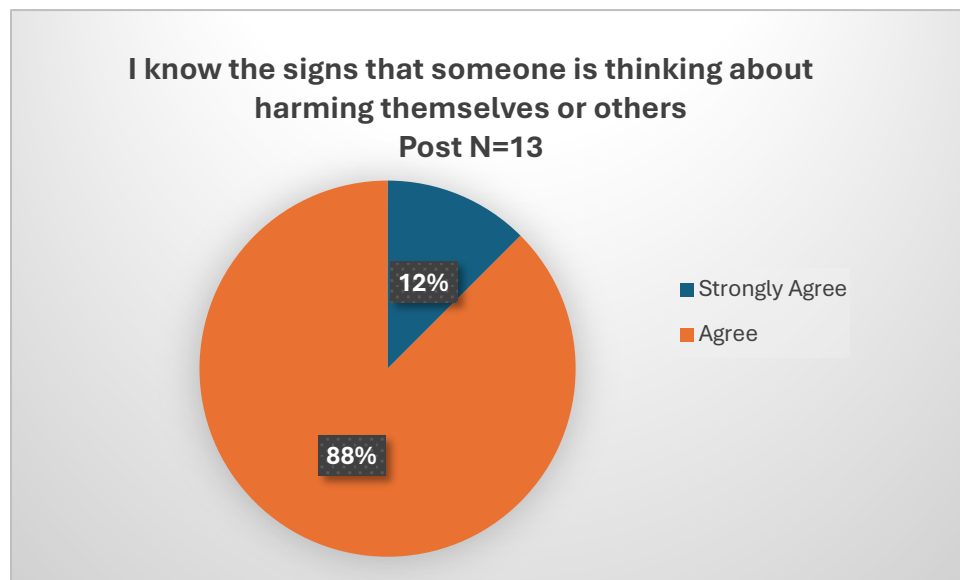
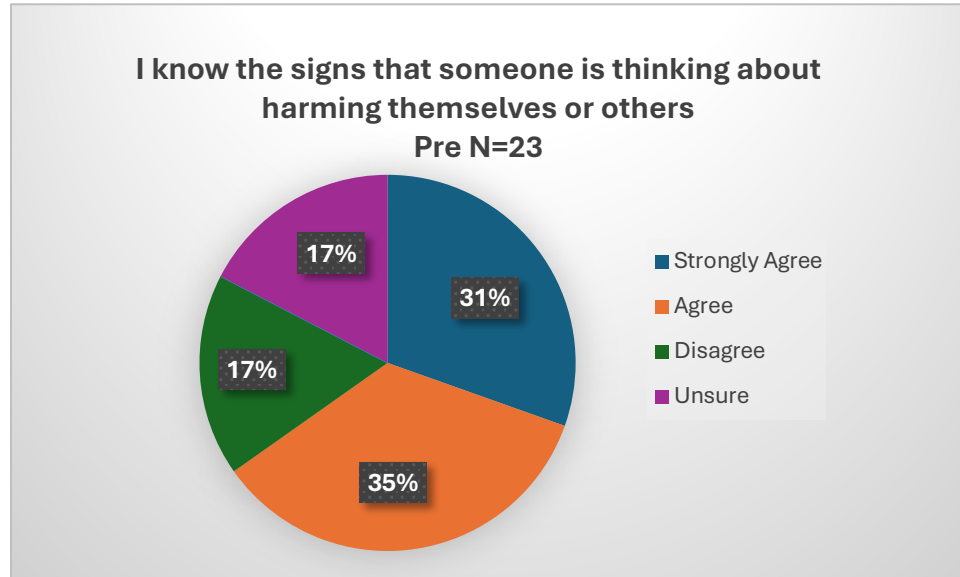
- The data from the pre- and post-surveys indicated that the overall recognition of mental health stigma in the Native community remains high, 57% pre- vs 69% post (combined strongly agree and agree).



### Conclusion:

Participants continue to acknowledge stigma surrounding mental health exists in their Native community, though perhaps with less intensity and more nuance. The opportunity to have conversations and potential for change in the community may be indicated.

## Knowledge of Signs of Suicide and Harm

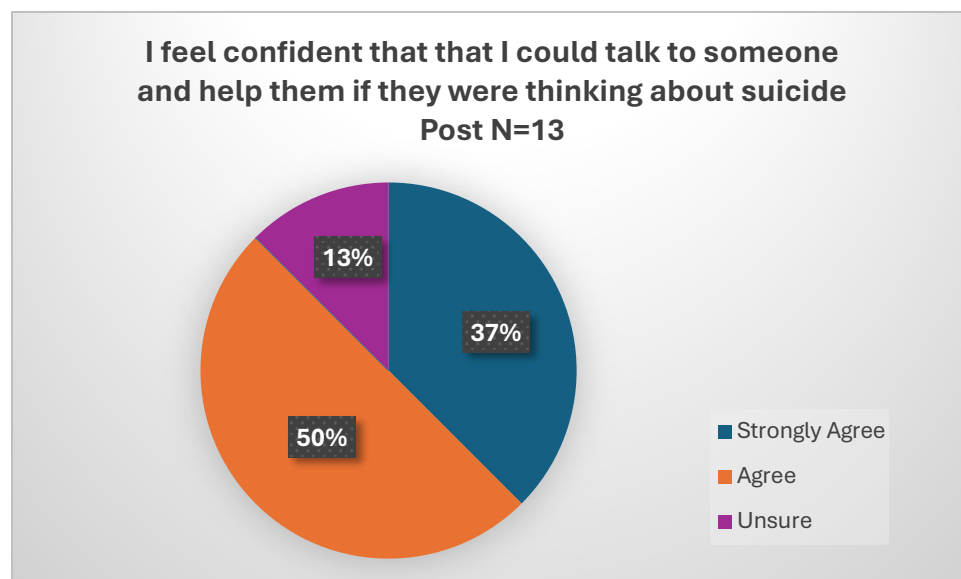
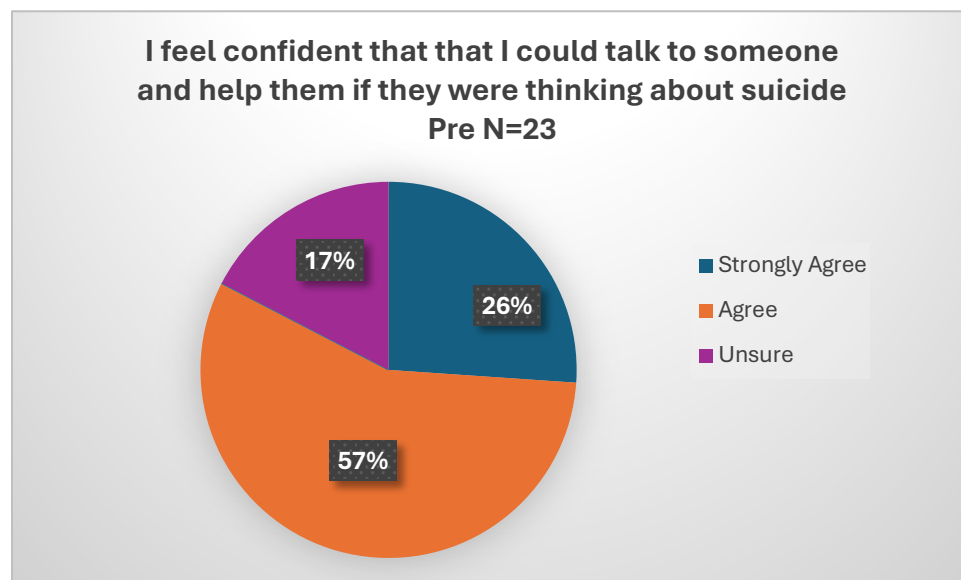


### Key finding:

- The post-survey indicates 100% of survey respondents are confident that they know the signs that someone is thinking of harming themselves or others. This is an increase from 66% of those who had a strong level of confidence and elimination of the 34% who expressed lack of confidence in the pre-survey.

**Conclusion:** As indicated by the post-survey data, participants indicated a significant increase in confidence regarding the warning signs of suicide or harm. This may reflect a strong educational impact of the internship program.

## Confidence Talking About Suicide

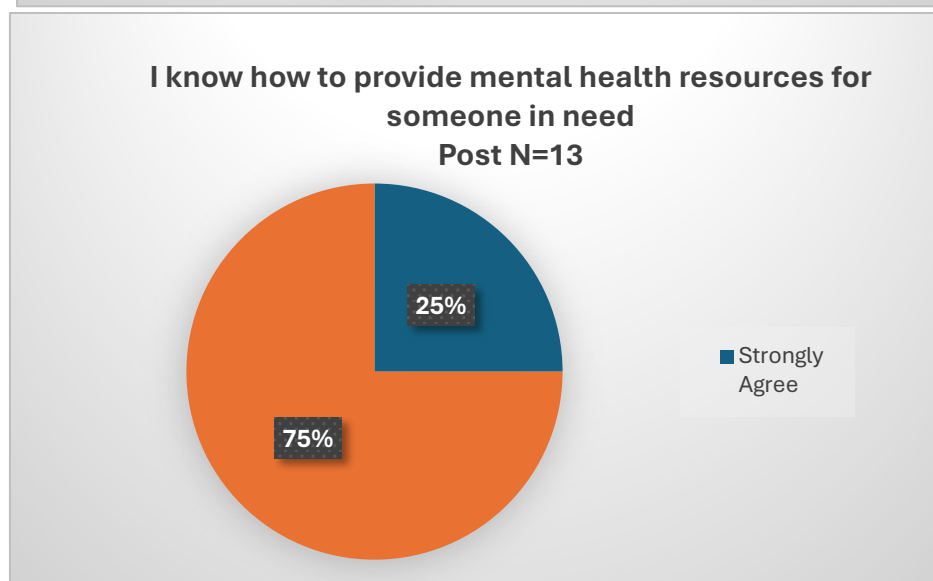
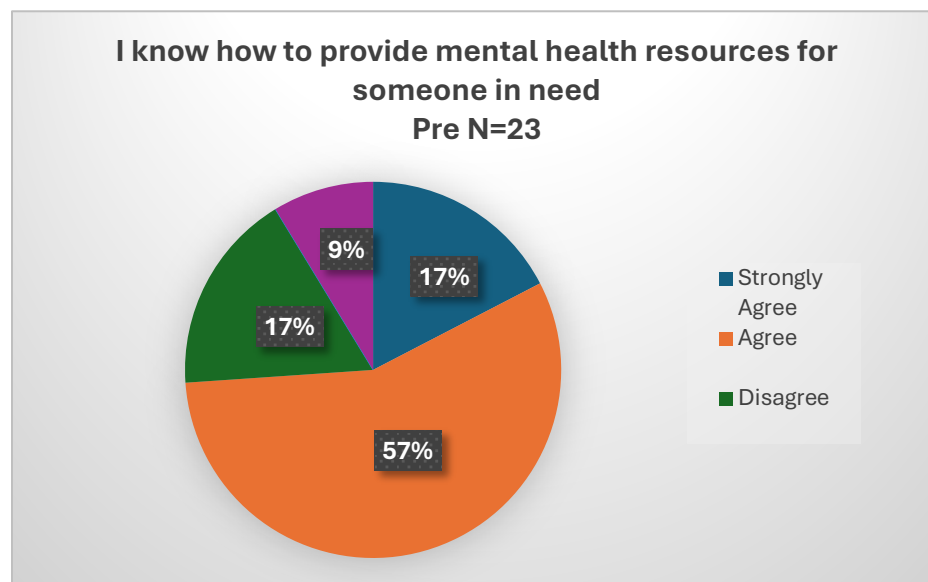


### Key Findings:

- The post-survey data indicates a gain in confidence of participants in talking to and helping someone thinking of suicide with an increase of 26% to 37% from pre- to post-survey.
- There was a decrease in uncertainty in participants as indicated by the pre-survey results at 17% to 13% in post-survey results.

**Conclusion:** The survey comparison indicated that most participants already felt capable of helping someone with suicidal ideation, but that following participation in the internship, the confidence was reinforced with skills and readiness as indicated by the reduction in uncertainty and increase in overall agreement with the statement.

## Providing Mental Health Resources



### Key findings:

- The total percentage of participants who Agree or Strongly Agree rose from 74% pre- to 100% post-, indicating universal confidence in knowing how to connect others to mental health resources in the community.
- In the post-survey, both disagree and unsure responses dropped to 0% suggesting that participants completing the internship had no doubt they could help someone in need access mental health services.

### Conclusion:

After participating in the internship, all respondents reported a high level of confidence in their knowledge and ability to provide mental health resources to those in need, marking a significant shift in awareness and preparedness.

## Reflections on Culture, Wellness and Future

The following series of questions in the pre- and post-survey encouraged the participants to look inward and consider their views on culture and connection, resilience and optimism, their future and overall wellness.

### Cultural Identity and Connection

<b>Statement: “At Present...”</b>	<b>Pre: Agree + Strongly Agree</b>	<b>Post: Agree + Strongly Agree</b>	<b>Change</b>
<b>Your culture gives you strength</b>	78.3%	84.6%	<b>+6.3%</b>
<b>Your culture is important to you</b>	91.3%	84.6%	<b>-6.7%</b>
<b>Your culture helps you feel good about who you are</b>	78.2%	84.6%	<b>+6.4%</b>
<b>You feel connected to the spiritual/religious traditions of your culture</b>	56.5%	69.2%	<b>+12.7%</b>

Overall, participants started the internship with a high level of value in their culture. This was consistent in the post-survey results as noted in slight increases in agreement that their culture gives them strength and it makes them feel good about themselves. However, there was a slight decrease from pre- to post-survey response to the statement “Your culture is important to you.” A significant increase in participants reporting that they felt connected to spiritual/religious traditions in their culture, suggesting a validation of participating in a Native focused program with other Native youth and instilling more cultural pride.



## Perception of Internal Wellness vs External Social Exclusion

<b>Statement: In the past 30 days, how often did you feel...</b>	<b>Pre: “All + Most of the Time”</b>	<b>Post: “All + Most of the Time”</b>	<b>Change</b>
<b>...connected to your culture?</b>	52.1%	90.8%	<b>+38.7%</b>
<b>...balanced in mind, body, and spirit?</b>	56.5%	47.7%	<b>-8.8%</b>
<b>...marginalized or excluded from society?</b> (reverse indicator)	26.0%	15.4%	<b>-10.6%</b>
<b>...isolated or alienated from society?</b> (reverse indicator)	26.1%	15.4%	<b>-10.7%</b>

In comparing the pre- and post-survey results, a significant share of participants who felt connected to their culture “all or most of the time” rose sharply from 52% to 90.8%. This indicates that the internship may have had a strong impact on fostering cultural belonging and pride – a key goal of the program.

There was a small drop in participants feeling balanced in mind, body and spirit that may be attributed to an increased awareness of participants who were asked to reflect on this holistic check-in at the beginning of every internship session.

Participants reported a notable decrease in feeling marginalized, excluded, isolated or alienated from society. A reported decrease in 10.6% feeling this way (reverse indicator) may indicate an increase in participants’ sense of belonging, validation and inclusion within the space provided by the internship.

## Hope, Optimism and Emotional Wellbeing

Statement	Pre: Agree + Strongly Agree	Post: Agree + Strongly Agree	Change
I have a positive outlook toward life	65.2%	84.6%	<b>+19.4%</b>
I have short and/or long-range goals	77.3%	76.9%	<b>-0.4%</b>
I feel all alone ( <i>negative indicator</i> )	8.6%	0.0%	<b>-8.6%</b>
I can see possibilities in the midst of difficulties	73.9%	84.6%	<b>+10.7%</b>
I have a faith that gives me comfort	82.6%	84.7%	<b>+2.1%</b>
I feel scared about my future ( <i>negative indicator</i> )	34.7%	0.0%	<b>-34.7%</b>
I can recall happy/joyful times	86.9%	84.6%	<b>-2.3%</b>
I have deep inner strength	68.1%	61.6%	<b>-6.5%</b>
I am able to give and receive caring/love	78.3%	92.3%	<b>+14.0%</b>
I have a sense of direction	56.5%	69.2%	<b>+12.7%</b>
I believe that each day has potential	73.9%	84.6%	<b>+10.7%</b>
I feel my life has value and worth	81.8%	84.7%	<b>+2.9%</b>

### Findings:

Post-survey findings indicate strong gains in hope, optimism and emotional well-being, and connection. All post-survey respondents stated having greater positivity, strong belief in possibilities, and greater capacity to give and receive love. Fear about the future and feelings of loneliness both dropped to zero, reflecting enhanced belonging and psychological security. These outcomes suggest that the internship successfully promoted hope, confidence and community belonging – key indicators of youth resilience and ability

to thrive. The combination of stable goal orientation, strong faith, and increased optimism reflects a holistic improvement in participants' outlook on life and future direction.

## Exit Interview: Questions and Findings

For the two-year cohort, a total of ten exit interviews were conducted at the end of the internship year. The following standard questions were asked:

- What skills did you feel you were able to develop during your Native Youth internship?
  - How do you think these skills will help you into adulthood?
- How has your participation in the internship affected your mental health? (improved, stayed the same or did not help)
  - Based upon your experience with the Native Youth internship, would you be more likely to access mental health services for yourself?
  - Would you be more likely to refer others for mental health services?
- Over the past year, think how you have changed. How has the internship helped you grow? (positive and critical?)
- What could be improved in the internship? Was there any topics that were not covered that you wish were covered?
- Would you be interested in returning next year as a second year participant? If so, is there a role you could take that you could practice some of your leadership skills gained? If not, can you suggest what second year participants could do to exercise their leadership skills?

## Key Findings from Exit Interviews

**Communication & confidence grew noticeably.** Youth repeatedly named communication as the most valuable session; they report speaking up more, being “not as shy,” and finding it easier to share opinions in teams and with peers/family.

**Leadership in small, supported doses.** Youth valued low-stakes leadership (peer outreach, presenting, facilitating short activities) and want more youth-led segments (e.g., digital storytelling, culture/arts mini-workshops, “roses & thorns”).

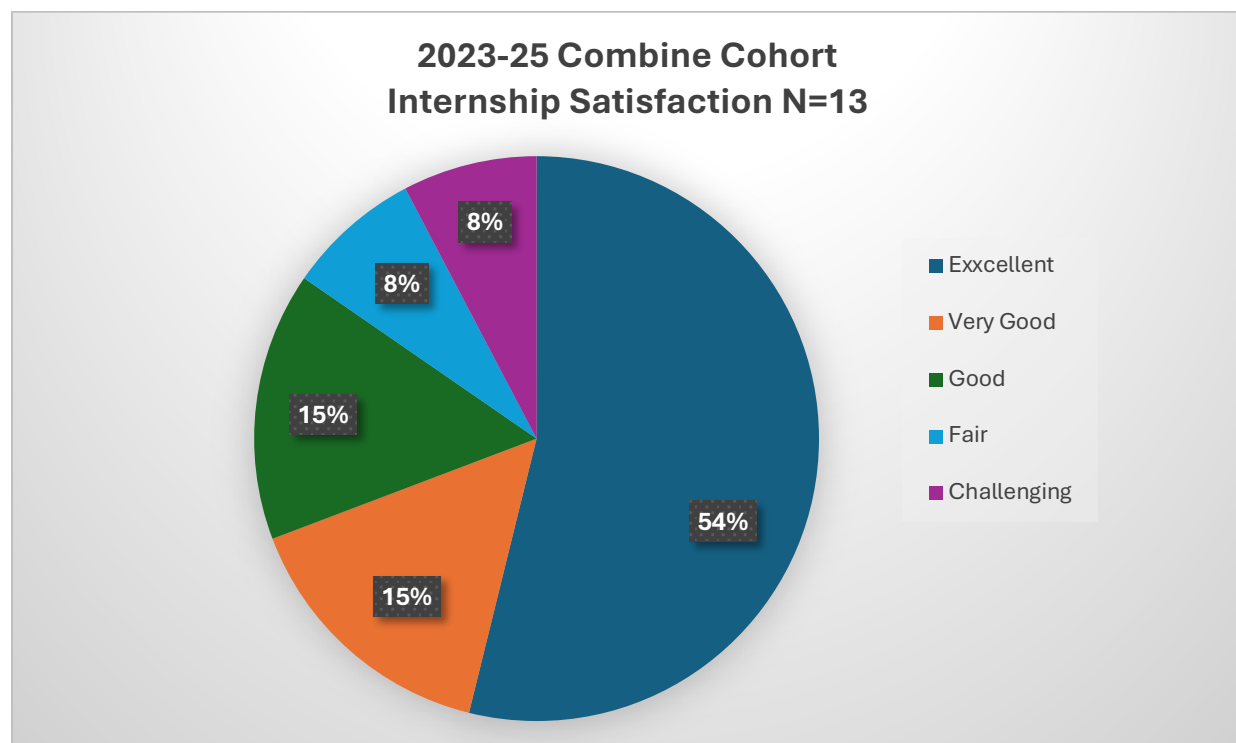
**Mental-health literacy and safety skills.** Narcan and suicide-prevention content was called out as directly useful for themselves and friends; several youths connected this to real-life needs.

**Program structure as a protective factor.** The internship provided rhythm, a safe place, and a reason to show up; perfect attendance and twice-monthly cadence were motivating.

**Culture as identity, belonging, and strength.** Youth appreciated learning about Native history, being in community, art projects, drumming/storytelling, and welcoming others to feeling grounded and morally guided; culture = “good medicine”, “taking healthy risks”, and “walking in a good way”.

**Barriers & negative impacts.** Transportation and work/school schedules led to missed sessions. Staff resignations and poor transition was felt and youth would have benefited from intentional processing.

**Conclusion:** The reported gains map to the internship’s objectives: stronger communication, leadership practice, short-term goals, and promoting culture as a protective factor in building wellness.



Overall, 69% of the survey respondents stated they were very satisfied with their internship experience. A small percentage felt the internship was challenging. The following

programmatic recommendations may be considered to improve engagement, provide more personalized experiences and opportunities for all levels of participation.

## Program Recommendations

### Double-down on interactive + youth-led design

- Front-load trust builders: circle check-ins, icebreakers, “roses & thorns.”
- Add a rotating **youth mini-lesson** slot (3–5 min) for art, music, language, culture, coping skills, etc. (second-years or volunteers curate/coach).
- Utilized more multi-media in educational lessons; expressive-arts workshop, film, music

### Keep and deepen mental health & safety content

- Repeat **suicide-prevention** annually (most effective when Youth Promotores from Latino Service Providers presented) and keep **Narcan** training as a staple; add **stress/anxiety skills** practice (brief techniques each session).

### Formalize a make-up pathway (reduce attrition)

- Create a **Peer Ambassador** system: assign a volunteer at session end to text the missed youth with a warm “we miss you,” share a 1-page recap + short video, then a 5-minute huddle next session. Offer small gift-card stipends for Ambassadors.
- Post materials in one predictable place (QR link/tree); consider short recap reels.

### Increase high-touch support

- Offer **brief 1:1s** each month (5–10 minutes) for goal check-ins or referrals.
- When staff changes occur, run a **processing circle** to honor relationships and name feelings; this was requested implicitly by youth.

### Tune frequency & cadence

- Consider an **optional 3rd touch** some months (virtual skill lab or study hall) for youth who asked for “three times per month,” without increasing total hours for all.

### Belonging cues at the door

- Play youth-chosen **entry music** (collect favorite songs at intake).
- Visual welcome: agenda slide, photo roll of recent wins, rotating youth artwork.

### **Second-year leadership track**

- Menu of roles: micro-facilitator (check-ins), culture/arts lead, logistics/Peer Ambassador captain, digital-storytelling mentor, guest presenter; modest stipends tied to role fulfillment.

### **Outreach & bridges to community**

- Leverage **Native Clubs/career fairs** and quick **pizza-after-school** huddles; partner with **SRJC Intertribal Student Union** for cross-recruitment and co-events. (Youth already engaging there; aligns with program goals.)

## **Conclusion**

The Aunties and Uncles philosophy of Culture and Community is Prevention is solidly demonstrated in the implementation of the Native Youth Internship. The data supports that youth participants value the teachings of traditional ways, being in community and feeling supported in setting goals for their future. As an addendum, as of this writing, there are currently six youth alumni – three in their third year and three in their second year of a cohort of 18 in 2025-26. The fact that some young people choose to return for a second or third year of internship indicates the power of the group, a strong sense of belonging and continuous learning and benefit.

Overall, AUP program participants articulated the power of being connected to community and culture and that culture is prevention. Knowing one's culture strengthens identity and pride. Common ancestry and history between community members creates an initial bond and combined with shared understanding builds individual and community resilience. Culture is also seen as a way to carry forth traditions, honor elders and honor self. Native culture is rooted in spirituality and ritual. The Native youth participating in AUP stated they wanted to learn more about their culture, to know who they are, where they come from and to feel the wisdom and support from their ancestors.

Community building among Natives promotes a sense of belonging and supports resilience. AUP community events are inclusive and intergenerationally focused. Elders were acknowledged and honored, children were given space to play and had arts and crafts activities, youth were engaged in a non-judgmental and safe space. Coming together as a



community also allowed networking opportunities to meet new community members, for youth to meet other Natives, often elders/mentors, and for the exchange of resources that support family health and culture.

In the local Native community, there is still stigma associated with seeking support from behavioral health professionals. Talking about suicide is difficult and thus goes unaddressed within the community. There is still much need for ongoing programming, both with youth specifically and in the broader community intergenerationally.

Native Youth Internship participants acknowledged the importance of self-care in mental health wellness. Cultural practices, arts, sports, music, hiking and being in nature were cited as activities to help keep them grounded, calm and centered when stressed, anxious or depressed.

## Key Program Elements

- 1) Hiring staff from the community is an asset to the program's implementation and success. A local Native not only brings cultural knowledge and history, but also familiarity with practices, and pre-existing relationships with community members. The familial relationships go beyond immediate and blood relations. This is exemplified by the use of terms such as cousin, auntie and uncle used affectionately to relate to others where close relationships have been built. The pre-existing relationships in the community are a strength, creating greater trust and connectivity, allowing staff to move into and throughout various tribes and Rancherias.
- 2) Sustained program activity and visibility is important to building trust and a sense of reliability in the community. Native Americans have experienced breakdowns in trust when offerings are made and then taken away, such as the breaking of historical treaties.
- 3) Listening and responding to tribal needs is foundational for programs that are culturally responsive. Ongoing communication and engagement with tribal councils, administrators and educators have been vital to addressing mental health disparities among local Native tribes.

- 4) Intergenerational events and activities honor the culture by including the whole family. Family is the foundation for community. The benefits of community building were supported by the evaluation findings.



In conclusion, the Aunties and Uncles Program integrated a number of culturally based interventions that have shown benefit, such as Gathering of Native Americans and community-cultural connectedness. (Masotti P 2020; Johnson C 2021) The traditional practices that are recognized as important components of healing, including traditional healers, talking circles, ceremonies, sweat lodges, storytelling, drumming, and basket weaving (California Reducing Disparities Project 2012) were specific activities and features in AUP events. For the participants of the Aunties and Uncles Program, the strength of intergenerational relationships, learning and sharing traditions, honoring elders, celebrating culture, and belonging to community

built and supported resilience as evidenced by this collective research and others (Morris SL 2021, Henson M 2017).

When people are connected to community and culture, they develop a sense of purpose and pride. This resilience is a protective factor for both mental health and physical health. Within Native American families, resiliency is a particularly complex construct in part due to the importance and extent of family and kinship roles. Consisting of a larger social unit, Native American families are defined by how they provide for the youngest and oldest in the human life cycle. Extended family often includes blood relatives and those related by clan, informal adoption, spiritual ties, and other tribal community recognition processes (Goodluck C 2009).



Due to the cultural context that underlies inequities in mental health, cultural connectedness and cultural practices are important foundations for Native wellness. When interventions focus on the individual, they miss the importance of culture as a determinant of health, which for AI/AN cultures includes the risk factor of loss that can be addressed through strengthening connection with culture as a protective factor (Masotti P 2020). The opportunity to implement and evaluate the Aunties and Uncles Program, a Community-Defined Evidence-Based Practice, was an outcome of the actions of community advocates and forward-thinking policy makers. For the ancestors and future generations, sustaining and expanding culturally-based community-wide mental health prevention, intervention, and treatment programs, such as Aunties and Uncles will address the disparities experienced by many generations. Policy makers, funders and leaders need to keep their minds and hearts open to hear the stories of diversity and self-determination that are not in the traditional boxes built within our ivory towers. This report demonstrates the importance of supporting Native American communities as they draw from their own cultural beliefs and practices to define healing and wellness. Ultimately, the collective impact of this program is immeasurable, as it has supported and reinforced traditional Native American healing practices for the people in this community at a critical time in our history.



## References

- Goodluck C, Willetto A. 2009, Oct. *Seeing the Protective Rainbow: How Families Survive and Thrive in the American Indian and Alaska Native Community*. Annie E. Casey Foundation.
- Bassett D, Tsosie U, Nannauck S. (2012). "Our Culture Is Medicine": Perspectives of Native Healers on Posttrauma Recovery Among American Indian and Alaska Native Patients. *The Permanente Journal*, 16 (1), 19–27.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3327107/>
- Borowsky IW, Resnick MD, Ireland M, Blum RW. 1999. Suicide attempts among American Indian and Alaska native youth: Risk and protective factors. *Archives of Pediatrics and Adolescent Medicine* 153 (6):573-580.
- Bureau of Justice Statistics. 2000. *Sourcebook of criminal justice statistics, 1999*.  
<http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=1451>
- Burnett-Zeigler I, Bohnert KM, Ilgen MA. 2013. Ethnic identity, acculturation and the prevalence of lifetime psychiatric disorders among Black, Hispanic, and Asian adults. *U.S. Journal of Psychiatric Research*, 47 (1):56–63.
- California Reducing Disparities Project. 2012. *Native Vision: A Focus on Improving Behavioral Wellness for California Native Americans*.
- Center for Disease Control. 2019. *Triable Suicide Prevention*.  
<https://www.cdc.gov/suicide/programs/tribal/index.html>
- Center for Disease Control. 2021. *Summary Health Statistics: National Health Interview Survey: 2018*. Table A-7. <https://www.cdc.gov/nchs/nhis/shs/tables.htm>
- Curtin SC, Hedegaard H. 2019. *Suicide rates for females and males by race and ethnicity: United States, 1999 and 2017*. NCHS Health E-Stat.
- Garrouette EM, Goldberg J, Beals J, Herrell R, Mainson SM, AI-SUPERPFP Team. 2003, Apr. Spirituality and attempted suicide among American Indians. *Soc Sci Med* 56 (7):1571-1579.
- Goldsmith SK, Pellmar TC, Kleinman AM, Bunney WE. 2002. *Reducing Suicide: A National Imperative*. Washington, DC: National Academies Press.
- Grandbois D, Yurkovich E. 2003. Policy issues restricting American Indian Rural mental health services. *Rural Mental Health Journal*, Winter:20-25.



Henson M, Sabo S, Trujillo A, Teufel Shone N. 2017, Apr. Identifying Protective Factors to Promote Health in American Indian and Alaska Native Adolescents: A Literature Review. *Journal of Primary Prevention* 38 (1-2):5-26.

Johnson C, Begay C, Dickerson D. 2021, Apr. Final Development of the Native American Drum, Dance, and Regalia Program (NADDAR), a Behavioral Intervention Utilizing Traditional Practices for Urban Native American Families: A Focus Group Study. *Behavior Therapist* 44 (4):198-203.

King J, Masotti P, Dennem MA, Hadani S, Linton J, Lockhard B, Bartgis J. 2019. *The Culture is Prevention Project: Adapting the cultural connectedness scale for multi-tribal communities*. <https://natap.pire.org/>

Martinez, K. 2011, May. Best Practices and the Elimination of Disparities: The Connection. Lecture, National Policy Summit to Address Behavioral Health Disparities within Health Care Reform, San Diego, CA.

Masotti P, Dennem J, Hadani S, Banuelos K, King J, Linton J, Lockhart B, Patel C. 2020. The Culture is Prevention Project: Measuring Culture as a Social Determinant of Mental Health for Native/Indigenous Peoples. <https://natap.pire.org/>

Morris SL, Hospital, MM, Wagner EF, Lowe J, Thompson MG, Clarke R, Riggs C. 2021. SACRED connections: a university-tribal clinical research partnership for school-based screening and brief intervention for substance use problems among Native American Youth. *Journal of Ethnic & Cultural Diversity in Social Work*, 30 (1):149-162.

Office of Minority Health. 2017. *Mental Health and American Indians/Alaska Natives*. <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=39>

Ogunwole S. 2006, Feb. *We the people: American Indians and Alaska Natives in the United States*. Census 2000 Special Reports.

Smith LT. 1999. *Decolonizing Methodologies: Research and Indigenous Peoples*. London, England: Zed Books.

Substance Abuse and Mental Health Services Administration. 2014. *Fact sheet: Historical trauma*. HHS Pub SMA-14-4866.

Substance Abuse and Mental Health Services Administration, Tribal Technical Advisory Committee, Indian Health Services, National Indian Health Board. 2016. *National Tribal Health Agenda*. Rockville, MD: SAMHSA.

U.S. Census Bureau. 2012, Jan. *The American Indian and Alaska Native Population: 2010*. Census Briefs C2010BR-10

US Department of Health and Human Services. 1999. *The Surgeon General's call to action to prevent suicide*.

U.S. Department of Health and Human Services. 2001. *Mental Health: Culture, Race, and Ethnicity—A Supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Services, Office of the Surgeon General.

Walters KL, Simoni J. 2002. Substance use among American Indians and Alaska Natives: Incorporating culture in an “indigenist” stress-coping paradigm. *Public Health Rep.* 117 Suppl 1:S104-117

Whitesell NR, Beals J, Crow CB, Mitchell CM, Novins DK. 2021. Epidemiology and etiology of substance use among American Indians and Alaska Natives: risk, protection, and implications for prevention. *Am J Drug Alcohol Abuse* 38 (5):376-82.





## SONOMA COUNTY INDIAN HEALTH PROJECT

## APPENDICES

## APPENDIX A: Native Youth Internship Outreach Flyer



**SONOMA COUNTY INDIAN HEALTH PROJECT, INC.**

# **NATIVE YOUTH INTERNSHIP PROGRAM**

**APPLY  
NOW**

**AUGUST 2023-MAY 2024**

**TO APPLY EMAIL: AUPEVENTS@SCIHP.ORG**

- Native youth 14-24 years old can apply
- Trainings on leadership, communication, public speaking
- Teachings on Native History & Self Identity
- Mental Health Skills & Self Care
- Exposure to careers and colleges
- Each participant will receive certificate, letter of recommendation and other incentives



**SPACE IS LIMITED**

For questions please contact the Aunties & Uncles Program:  
Email: AUPEVENTS@SCIHP.org or call Carolyn at (707) 521-4559

## APPENDIX B: 2024-25 Curriculum

### SEPTEMBER

#### Sept 10: Welcome & Vision Boards

- Kick off the year by building vision boards to set goals and intentions.

#### Sept 24: “What Makes Me Native?”

- Identity Workshop
- Interactive session exploring personal and tribal identity in modern times.
- Clapper Sticks

### OCTOBER

#### Oct 8: Native Innovators Through History

- Learn about Indigenous inventors, leaders, and changemakers.

### NOVEMBER

#### Oct 22: Medicine Wheel in Daily Life

- Connect the traditional teachings of the Medicine Wheel to emotions, routines, and relationships.
- Pumpkin Painting

### DECEMBER

#### Nov 12: Speak Up! Everyday Communication Skills

- Role-playing how to handle tough conversations and speak with confidence.

#### Nov 26: Rez Talk: Humor, Storytelling & Public Speaking

- Using Native humor and stories to engage others — with optional open mic!

### JANUARY

#### Dec 10: Healthy Mind, Strong Body

- Culturally rooted physical and mental wellness strategies.

#### Dec 24: Digital Boundaries & Protecting Your Peace Online

- How to stay mentally safe and empowered on social media.

#### Jan 14: Dream It, Plan It: Goal Setting That Works

- Set personal, academic, and community goals using Indigenous frameworks.

#### Jan 28: Rez Résumés: Telling Your Story for Jobs & Opportunities

- Learn how to write a résumé that highlights your strengths, cultural skills, and future goals even if you’ve never had a job before.

## FEBRUARY

### Feb 11: Beadwork & Business: Creative Side Hustles

- Learn how Native teens are turning art into income.

### Feb 25: Missing Voices: MMIWG2S & Youth Advocacy

- Learn about the issue and how to raise awareness safely and respectfully.

### March 11: Money Smarts 101

- Budgeting, saving, and understanding money — Native youth style.

### March 25: Finding Your Path: Strengths & Career Exploration

- Interactive assessments and journaling to help discover passions and careers.

### April 8: Rez to Reality: Native Youth Career Panel

- Hear from young professionals who are walking both cultural and career paths.

### April 22: College Isn’t the Only Way: Exploring All Paths

- Vocational trades, apprenticeships, art, and entrepreneurship.

### May 13: “I Am the Future” Project Showcase

- Youth present projects, digital stories, or performances reflecting what they’ve learned.

### May 27: Celebration & Closing Circle

2ND & 4TH WEDNESDAY

4:00-6:00 PM

Community Room

Please contact us if you cannot attend a meeting:

Kolby 707-521-4684

Candace 707-521-4559

Tj 707-521-4533

[aupevents@scihp.org](mailto:aupevents@scihp.org)

## APPENDIX C1: AUP Local Pre-survey

### 2023 Pre-Survey - Aunties and Uncles Wellness Survey

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#### Respondent Information

1) Participant ID \*

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#### Introduction to Survey

Thank you for taking this survey. The purpose of this survey is to get your views and personal status on leadership, wellness and what contributes to supporting your growth and well-being. Completing this survey should take about 10-15 minutes and your responses are anonymous and confidential. We will ask you to complete a second survey at the end of your internship. Your participation in this evaluation is voluntary and if you decline, this does not affect your participation in the Aunties and Uncles Youth Internship program. If you have any questions about this survey or the evaluation, please text Julie Kawahara at 707-799-0908 or email: JAKawahara@gmail.com.

Your identify is protected and we encourage you to respond honestly and completely. Please let the staff know if you have any questions while you are taking this survey.

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## Demographics: How you identify

The following questions provides information so that we can describe the Youth Internship group by age, tribal affiliation, gender (preferred pronoun) and sexual orientation.

### *2) What is your age?\**

- ☐ 14 - 15 years
- ☐ 16 - 17 years
- ☐ 18 - 20 years
- ☐ 21+ years

### *3) What is your race and ethnic origin? (Mark all that apply)\**

- ☐ Native American/American Indian or Alaska Native (Please specify tribal affiliation/tribal membership): \_\_\_\_\_
- ☐ Black or African American
- ☐ Latino or Hispanic: \_\_\_\_\_
- ☐ Asian: \_\_\_\_\_
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other - Write In: \_\_\_\_\_
- ☐ Refused
- ☐ Don't know

*4) Gender identity is how individuals perceive themselves and what they call themselves, whether male, female, a blend of both or neither. A person's gender identity can be the same or different from their sex assigned at birth.*

*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
- ☐ Trans woman/Trans female
- ☐ Genderqueer/Gender non-conforming
- ☐ Non-binary (not exclusively male or female)
- ☐ Intersex (between male and female)
- ☐ Two Spirit
- ☐ Third Sex
- ☐ I am not sure about my gender identity
- ☐ I do not have a gender/gender identity
- ☐ My gender identity is: \_\_\_\_\_
- ☐ I do not wish to answer this question

*5) Sexual orientation is different from gender identity and is about whom you're attracted to and want to have romantic relationships with. Examples of sexual orientation are gay, lesbian, bisexual, asexual, and heterosexual. Some people are straight and are attracted to people of another gender. Other people are gay or lesbian and are attracted to people of the same gender.*

*What is your sexual orientation? Choose all that apply\**

- ☐ Straight/heterosexual
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ Queer
- ☐ Pansexual (I am attracted to all genders)
- ☐ 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: \_\_\_\_\_
- ☐ I do not wish to answer this question

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## Youth Internship Expectations and Desires

The next couple of questions are to get your thoughts on what you would like to accomplish during this year's Youth Internship.

6) What expectations do you have for this year long internship?\*

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*7) Select at least three goals you would like to accomplish for yourself during this internship. (You can select more than three)\**

- ☐ Improve public speaking skills
- ☐ Learn about community resources
- ☐ Gain confidence in taking a leadership role
- ☐ Learn about time management
- ☐ Learn about setting and achieving goals
- ☐ Improve both written and verbal communication skills
- ☐ Learn more about my culture and heritage
- ☐ Meet adults who can be mentors
- ☐ Learn and practice self-care for wellbeing
- ☐ Develop a strong social network for support
- ☐ Practice leadership skills
- ☐ Strengthen life skills for adulthood
- ☐ Improve the conditions in my community
- ☐ Be a role model for the youth in my community
- ☐ Gain experience that will help me get a good job
- ☐ Learn more about career options

[ ] Other - Write In (Required): \_\_\_\_\_ \*

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## Mental Health

Aunties and Uncles program recognizes how emotional health can affect our daily lives. The past few years have been challenging: COVID infections in our family and community, drug and alcohol abuse, fires and evacuations from our homes, loss of jobs and resulting stress. The internship will address how we experience mental health challenges and how we can respond in a healthy way.

Please answer the following questions by whether you strongly agree, agree, disagree, strongly disagree or if you are unsure.

*8) Talking about mental health with my family is uncomfortable for me.\**

☐ Strongly Agree    ☐ Agree    ☐ Disagree    ☐ Strongly Disagree    ☐ Unsure

*9) There is stigma (shame, silence, denial) regarding mental health in our Native community.\**

☐ Strongly Agree    ☐ Agree    ☐ Disagree    ☐ Strongly Disagree    ☐ Unsure

*10) Suicide in our Native community is a concern for me.\**

☐ Strongly Agree    ☐ Agree    ☐ Disagree    ☐ Strongly Disagree    ☐ Unsure

*11) Suicide among my friends and family is a concern to me.\**

☐ Strongly Agree    ☐ Agree    ☐ Disagree    ☐ Strongly Disagree    ☐ Unsure

12) *I know the signs that someone is thinking about harming themselves or others.\**

☐ Strongly Agree    ☐ Agree    ☐ Disagree    ☐ Strongly Disagree    ☐ Unsure

13) *I feel confident that I could talk to someone and help them if they were thinking about suicide.\**

☐ Strongly Agree    ☐ Agree    ☐ Disagree    ☐ Strongly Disagree    ☐ Unsure

14) *I know how to provide mental health resources for someone in need.\**

☐ Strongly Agree    ☐ Agree    ☐ Disagree    ☐ Strongly Disagree    ☐ Unsure

15) *I understand the benefits of self-care and practice self-care regularly.\**

☐ Strongly Agree    ☐ Agree    ☐ Disagree    ☐ Strongly Disagree    ☐ Unsure

16) *I am able to share my practice of self-care with others and encourage them to practice their own self-care.\**

☐ Strongly Agree    ☐ Agree    ☐ Disagree    ☐ Strongly Disagree    ☐ Unsure

**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 or 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.**

17) *At present...*

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>I am Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
Your culture gives you strength	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Your culture is important to you	( )	( )	( )	( )	( )
Your culture helps you to feel good about who you are	( )	( )	( )	( )	( )
You feel connected to the spiritual/religious traditions of the culture you grew up in	( )	( )	( )	( )	( )

*18) During the past 30 days, how often did you feel...*

	<b>All of the time</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>None of the time</b>
...connected to your culture?	( )	( )	( )	( )	( )
...balanced in mind, body, and spirit?	( )	( )	( )	( )	( )
...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 your family, school, and friends)?	( )	( )	( )	( )	( )
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## Wellness and Support

19) Below are a number of statements. Read each statement and check which describes how much you agree with that statement right now.

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree Nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
I have a positive outlook toward life	( )	( )	( )	( )	( )
I have short and/or long range goals	( )	( )	( )	( )	( )
I feel all alone	( )	( )	( )	( )	( )
I can see possibilities in the midst of difficulties	( )	( )	( )	( )	( )



I have a faith that gives me comfort	()	()	()	()	()
I feel scared about my future	()	()	()	()	()
I can recall happy/joyful times	()	()	()	()	()
I have deep inner strength	()	()	()	()	()
I am able to give and receive caring/love	()	()	()	()	()
I have a sense of direction	()	()	()	()	()
I believe that each day has potential	()	()	()	()	()
I feel my life has value and worth	()	()	()	()	()

## Leadership

The following questions are for you to self-evaluate where you feel you are in various leadership skills: Communication, life-skills, confidence.

*20) Communication skills are important in my relationship with family and friends, interacting with teachers, co-workers and elders in my community.\**

☐ Strongly agree      ☐ Agree      ☐ Disagree      ☐ Strongly disagree      ☐ Not sure

*21) I am not afraid to ask questions.\**

☐ Strongly agree      ☐ Agree      ☐ Disagree      ☐ Strongly disagree      ☐ Not sure

*22) When working in groups, I often take the lead.\**

☐ Strongly agree      ☐ Agree      ☐ Disagree      ☐ Strongly disagree      ☐ Not sure

*23) I hesitate to ask questions when in a group.\**

☐ Strongly agree      ☐ Agree      ☐ Disagree      ☐ Strongly disagree      ☐ Not sure

*24) When working in groups, I notice when another person is holding back and I encourage them to participate.\**

☐ Strongly agree      ☐ Agree      ☐ Disagree      ☐ Strongly disagree      ☐ Not sure

*25) When working in groups, my leadership style is...\**

☐ I like to build agreement with the whole group (Consensus).

☐ I know best, so I usually make the decisions

☐ I listen to other's input and make the decision for the group

☐ I form a small group to make a decision for the larger group

☐ I trust everyone to do their part, so I don't take the lead

☐ I encourage others to be knowledgeable and participate in the decision-making process

☐ Other - Write In (Required): \_\_\_\_\_ \*

*26) I am able to manage my time to meet deadlines.\**

☐ Strongly agree      ☐ Agree      ☐ Disagree      ☐ Strongly disagree      ☐ Not sure

*27) I am able to set short and long term goals.\**

☐ Strongly agree    ☐ Agree    ☐ Disagree    ☐ Strongly disagree    ☐ Not sure

*28) I am able to develop action steps and complete them to achieve my goals.\**

☐ Strongly agree    ☐ Agree    ☐ Disagree    ☐ Strongly disagree    ☐ Not sure

*29) I can find the resources I need to accomplish the things I want to do.\**

☐ Strongly agree    ☐ Agree    ☐ Disagree    ☐ Strongly disagree    ☐ Not sure

*30) I am a punctual person.\**

☐ Strongly agree    ☐ Agree    ☐ Disagree    ☐ Strongly disagree    ☐ Not sure

*31) I am confident and comfortable in most situations.\**

☐ Strongly agree    ☐ Agree    ☐ Disagree    ☐ Strongly disagree    ☐ Not sure

*32) I am aware when I am feeling stressed or emotionally challenged and I work to resolve those feelings.\**

☐ Strongly agree    ☐ Agree    ☐ Disagree    ☐ Strongly disagree    ☐ Not sure

*33) I recognize self-destructive behavior in myself or others and I know an appropriate way to respond.\**

☐ Strongly agree    ☐ Agree    ☐ Disagree    ☐ Strongly disagree    ☐ Not sure

*34) I understand the inter-relationship between physical, emotional, spiritual and mental health (Wellness Wheel).\**

☐ Strongly agree    ☐ Agree    ☐ Disagree    ☐ Strongly disagree    ☐ Not sure

35) *I feel confident that there is an adult that I can talk to if I need support.\**

☐ Strongly agree      ☐ Agree      ☐ Disagree      ☐ Strongly disagree      ☐ Not sure

## Aunties and Uncles Activities

36) *Have you ever taken part in any Aunties and Uncles activities?*

☐ Yes

☐ No

37) *What type of activity or activities? Please select all that apply.*

☐ Suicide prevention training

☐ Other type of training (please list):

\_\_\_\_\_ \*

☐ Friday Family Fun Night

☐ Memorial Gathering

☐ Wellness Gathering

☐ Native Club at my school

☐ Cultural Workshop(s): \_\_\_\_\_ \*

☐ Other (please list): \_\_\_\_\_ \*

☐ Youth Wellness Series on Zoom (virtual)

## Thank You!

Thank you for taking time to complete this survey.

## APPENDIX C2: AUP Local Post-Survey

### 2023-24 Post-Survey - Native Youth Internship

#### Respondent Information

1) Participant ID \*

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#### Introduction to Survey

Thank you for taking this post-survey for the Native Youth Internship that ended in May 2024. This survey is the same survey that you took at the beginning of the internship, with a few exceptions. We will be comparing your responses to both surveys, individually and as a group. Your identity will remain confidential and anonymous. The purpose of these surveys is to get your views and personal status on leadership, wellness and what contributes to supporting your growth and well-being. Completing this survey should take about 10-15 minutes. Your participation in this evaluation is voluntary and if you decline, this does not affect your status or ability to participate next year. If you have any questions about this survey or the evaluation, please contact Julie Kawahara at 707-799-0908 or email: [JAKawahara@gmail.com](mailto:JAKawahara@gmail.com).

Your identify is protected and we encourage you to respond honestly and completely. Please let the staff know if you have any questions while you are taking this survey.

## Youth Internship Experience and Satisfaction

The next couple of questions are to get your perspective on how you experienced the internship and what benefits did you feel you received.

*2) How would you rate your overall experience with the internship? 5 Stars is most excellent and 1 Star is challenging/not good.\**

Challenging, not good

☐ Challenging      ☐ Fair      ☐ Good      ☐ Very Good      ☐ Excellent

Excellent

**3) Why did you rate the internship program the way you did?\***

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*4) What skills did the internship help you improve or strengthen? Check all that apply.\**

- ☐ Improve public speaking skills
- ☐ Learn about community resources
- ☐ Gain confidence in taking a leadership role
- ☐ Learn about time management
- ☐ Learn about setting and achieving goals
- ☐ Improve both written and verbal communication skills
- ☐ Learn more about my culture and heritage
- ☐ Meet adults who can be mentors
- ☐ Learn and practice self-care for wellbeing
- ☐ Develop a strong social network for support
- ☐ Practice leadership skills
- ☐ Strengthen life skills for adulthood

- ☐ Improve the conditions in my community
- ☐ Be a role model for the youth in my community
- ☐ Gain experience that will help me get a good job
- ☐ Learn more about career options
- ☐ Other - Write In (Required): \_\_\_\_\_ \*

5) How did the internship help you with your short-term goals?\*

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## Mental Health

Aunties and Uncles program recognizes how emotional health can affect our daily lives. The past few years have been challenging: COVID infections in our family and community, drug and alcohol abuse, fires and evacuations from our homes, loss of jobs and resulting stress. The internship will address how we experience mental health challenges and how we can respond in a healthy way.

Please answer the following questions by whether you strongly agree, agree, disagree, strongly disagree or if you are unsure.

6) *Talking about mental health with my family is uncomfortable for me.\**

☐ Strongly Agree    ☐ Agree    ☐ Disagree    ☐ Strongly Disagree    ☐ Unsure

7) *There is stigma (shame, silence, denial) regarding mental health in our Native community.\**

☐ Strongly Agree    ☐ Agree    ☐ Disagree    ☐ Strongly Disagree    ☐ Unsure



8) *Suicide in our Native community is a concern for me.\**

☐ Strongly Agree    ☐ Agree    ☐ Disagree    ☐ Strongly Disagree    ☐ Unsure

9) *Suicide among my friends and family is a concern to me.\**

☐ Strongly Agree    ☐ Agree    ☐ Disagree    ☐ Strongly Disagree    ☐ Unsure

10) *I know the signs that someone is thinking about harming themselves or others.\**

☐ Strongly Agree    ☐ Agree    ☐ Disagree    ☐ Strongly Disagree    ☐ Unsure

11) *I feel confident that I could talk to someone and help them if they were thinking about suicide.\**

☐ Strongly Agree    ☐ Agree    ☐ Disagree    ☐ Strongly Disagree    ☐ Unsure

12) *I know how to provide mental health resources for someone in need.\**

☐ Strongly Agree    ☐ Agree    ☐ Disagree    ☐ Strongly Disagree    ☐ Unsure

13) *I understand the benefits of self-care and practice self-care regularly.\**

☐ Strongly Agree    ☐ Agree    ☐ Disagree    ☐ Strongly Disagree    ☐ Unsure

14) *I am able to share my practice of self-care with others and encourage them to practice their own self-care.\**

☐ Strongly Agree    ☐ Agree    ☐ Disagree    ☐ Strongly Disagree    ☐ Unsure

**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 or 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.**

*15) At present...*

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>I am Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>
Your culture gives you strength	( )	( )	( )	( )	( )
Your culture is important to you	( )	( )	( )	( )	( )
Your culture helps you to feel good about who you are	( )	( )	( )	( )	( )
You feel connected to the spiritual/religious traditions of the culture you grew up in	( )	( )	( )	( )	( )

*16) During the past 30 days, how often did you feel...*

	<b>All of the time</b>	<b>Most of the time</b>	<b>Some of the time</b>	<b>A little of the time</b>	<b>None of the time</b>

...connected to your culture?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...balanced in mind, body, and spirit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...marginalized or excluded from society (in other words, made to feel unimportant, or like your thoughts, feelings, or opinions don't matter)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...isolated and alienated from society (in other words, feeling alone, separated from, cut off from the world beyond your family, school, and friends)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Wellness and Support

17) Below are a number of statements. Read each statement and check which describes how much you agree with that statement right now.

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree Nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
I have a positive outlook toward life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have short and/or long range goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel all alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can see possibilities in the midst of difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a faith that	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

gives me comfort					
I feel scared about my future	()	()	()	()	()
I can recall happy/joyful times	()	()	()	()	()
I have deep inner strength	()	()	()	()	()
I am able to give and receive caring/love	()	()	()	()	()
I have a sense of direction	()	()	()	()	()
I believe that each day has potential	()	()	()	()	()
I feel my life has value and worth	()	()	()	()	()

## Leadership

The following questions are for you to self-evaluate where you feel you are in various leadership skills: Communication, life-skills, confidence.

*18) Communication skills are important in my relationship with family and friends, interacting with teachers, co-workers and elders in my community.\**

☐ Strongly agree    ☐ Agree    ☐ Disagree    ☐ Strongly disagree    ☐ Not sure

*19) I am not afraid to ask questions.\**

☐ Strongly agree    ☐ Agree    ☐ Disagree    ☐ Strongly disagree    ☐ Not sure

*20) When working in groups, I often take the lead.\**

☐ Strongly agree    ☐ Agree    ☐ Disagree    ☐ Strongly disagree    ☐ Not sure

*21) I hesitate to ask questions when in a group.\**

☐ Strongly agree    ☐ Agree    ☐ Disagree    ☐ Strongly disagree    ☐ Not sure

*22) When working in groups, I notice when another person is holding back and I encourage them to participate.\**

☐ Strongly agree    ☐ Agree    ☐ Disagree    ☐ Strongly disagree    ☐ Not sure

*23) When working in groups, my leadership style is...\**

☐ I like to build agreement with the whole group (Consensus).

☐ I know best, so I usually make the decisions

☐ I listen to other's input and make the decision for the group

☐ I form a small group to make a decision for the larger group

- ☐ I trust everyone to do their part, so I don't take the lead
- ☐ I encourage others to be knowledgeable and participate in the decision-making process
- ☐ Other - Write In (Required): \_\_\_\_\_ \*

*24) I am able to manage my time to meet deadlines.\**

- ☐ Strongly agree      ☐ Agree      ☐ Disagree      ☐ Strongly disagree      ☐ Not sure

*25) I am able to set short and long term goals.\**

- ☐ Strongly agree      ☐ Agree      ☐ Disagree      ☐ Strongly disagree      ☐ Not sure

*26) I am able to develop action steps and complete them to achieve my goals.\**

- ☐ Strongly agree      ☐ Agree      ☐ Disagree      ☐ Strongly disagree      ☐ Not sure

*27) I can find the resources I need to accomplish the things I want to do.\**

- ☐ Strongly agree      ☐ Agree      ☐ Disagree      ☐ Strongly disagree      ☐ Not sure

*28) I am a punctual person.\**

- ☐ Strongly agree      ☐ Agree      ☐ Disagree      ☐ Strongly disagree      ☐ Not sure

*29) I am confident and comfortable in most situations.\**

- ☐ Strongly agree      ☐ Agree      ☐ Disagree      ☐ Strongly disagree      ☐ Not sure

*30) I am aware when I am feeling stressed or emotionally challenged and I work to resolve those feelings.\**

- ☐ Strongly agree      ☐ Agree      ☐ Disagree      ☐ Strongly disagree      ☐ Not sure



31) *I recognize self-destructive behavior in myself or others and I know an appropriate way to respond.\**

☐ Strongly agree      ☐ Agree      ☐ Disagree      ☐ Strongly disagree      ☐ Not sure

32) *I understand the inter-relationship between physical, emotional, spiritual and mental health (Wellness Wheel).\**

☐ Strongly agree      ☐ Agree      ☐ Disagree      ☐ Strongly disagree      ☐ Not sure

33) *I feel confident that there is an adult that I can talk to if I need support.\**

☐ Strongly agree      ☐ Agree      ☐ Disagree      ☐ Strongly disagree      ☐ Not sure

## Aunties and Uncles Activities

34) *Have you ever taken part in any Aunties and Uncles activities?*

☐ Yes

☐ No

35) *What type of activity or activities? Please select all that apply.*

☐ Suicide prevention training

☐ Other type of training (please list): \_\_\_\_\_

\*

☐ Friday Family Fun Night

☐ Memorial Gathering

☐ Wellness Gathering

☐ Native Club at my school

☐ Cultural Workshop(s): \_\_\_\_\_ \*

☐ Other (please list): \_\_\_\_\_ \*

☐ Youth Wellness Series on Zoom (virtual)

*36) Are you interested in returning to the internship next year?\**

☐ Yes

☐ No

☐ Not Sure

*37) May we contact you with text messages this summer for future events, gatherings and opportunities?\**

☐ Yes, please!

☐ No thank you!

## Thank You!

Thank you for completing this survey. Your responses help the staff to improve the program and a summary report allow us to understand how this experience supports Native youth and young adults. We have much gratitude for you and your participation.

*38) Would you like to stay connected to hear about summer opportunities and the option to return next year?*

☐ Yes

☐ No

☐ If yes, please leave your contact information:

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## APPENDIX D: Consent Forms



Psychology Applied Research Center

University Hall  
1 LMU Drive, Suite 4725  
Los Angeles, CA 90045-2659

Tel 310.568.6634  
www.lmu.edu

### **PARENT CONSENT TO PARTICIPATE – 12 to 17 Years of Age** **California Reducing Disparities Project Phase 2 Statewide Evaluation** **Principal Investigator: Dr. Cheryl Grills, Loyola Marymount University (LMU)**

The California Reducing Disparities Project is a statewide project to improve mental health services. Aunties and Uncles Project is one of 35 programs funded by this project. The Psychology Applied Research Center in Los Angeles is doing a study of the project. The California Department of Public Health funds the study, which it will use to report on the usefulness of programs like Aunties and Uncles Project. Your child can be in the study because they will be in Aunties and Uncles Project. If your child takes part in the study, they will be one of about 140 people for Aunties and Uncles Project and 9000 statewide.

If you say yes to the study, your child will take two surveys. One survey when your child starts Aunties and Uncles Project. Another survey at the end of the program. The surveys ask about your child's mental health, services they have used or need for mental health, alcohol or drugs, and what your child thinks about Aunties and Uncles Project. The survey also asks for details like your child's age, gender, and sexual orientation. One example of a question is, "In the past 12 months, did you think you needed help for emotional or mental health problems, such as feeling sad, anxious or nervous?" Another example is, "About how often during the past 30 days did you feel nervous?" The first survey should take 15 minutes. The second survey should take 10 to 15 minutes. Both surveys should take 25 to 30 minutes. Program staff can read questions and help your child fill out the surveys if they need help.

Being in the study is optional. You and your child will not be paid or receive any direct benefits. Saying no will not affect your child being in Aunties and Uncles Project. If you say yes to the study, your child will take two surveys. You can ask questions before you decide if you want your child to be in the study.

The surveys ask some questions that may cause discomfort. They can choose to not answer for any reason. Your child can withdraw from the study at any time by saying, "I do not want to be in the study anymore." Nothing bad will happen if your child withdraws. Withdrawing will not affect your child being in Aunties and Uncles Project.

If your child feels upset after they do the survey, the Sonoma County Indian Health Project can refer them to support services. If you want more support, you can contact Dr. Cheryl Grills at LMU, 310-338-3016.

To protect your child's data, paper surveys are stored in locked file cabinets and destroyed once put on computers. Computer data is stored on secure servers. However, there is a small chance of a data security break that could cause loss of privacy. The law requires us to report child abuse, elder abuse, or plans to for someone to hurt themselves or others.

If you have any questions, you can contact Kurt Schweigman, MPH at the Sonoma County Indian Health Project at 707-521-4550. You can also contact Dr. Cheryl Grills at LMU, 310-338-3016 or [cheryl.grills@lmu.edu](mailto:cheryl.grills@lmu.edu). If you want to know more about your rights in research, contact the Committee for the Protection of Human Subjects, 916-326-3660 or [cphs-mail@oshpd.ca.gov](mailto:cphs-mail@oshpd.ca.gov). You will also get a copy of the Participant's Bill of Rights for Non-Medical Research.

Signing below [or clicking the yes button below] means that:

- I understand all of the above information.
- I have received the Participant's Bill of Rights for Non-Medical Research.
- I consent to my child being in the study.

Youth's Name: \_\_\_\_\_



**INFORMED ASSENT FORM – 12-17 Years of Age**  
**Principal Investigator: Dr. Cheryl Grills, Loyola Marymount University (LMU)**  
**California Reducing Disparities Project Phase 2**

This Aunties and Uncles Project is part of a statewide project to improve mental health services. Aunties and Uncles Project is one of 35 programs funded by this project. The Psychology Applied Research Center in Los Angeles is doing a study of the project. The California Department of Public Health funds the study, which it will use to report on the usefulness of programs like Aunties and Uncles Project. You can be in the study because you will be a part of Aunties and Uncles Project. If you take part in the study, you will be one of about 140 people for Aunties and Uncles Project and 9000 statewide.

If you say yes to the study, you will take two surveys. One survey when you start Aunties and Uncles Project. Another survey at the end of the program. The surveys ask about your mental health, services you have used or need for mental health, alcohol or drugs, and what you think about Aunties and Uncles Project. The survey also asks for details like your age, gender, and sexual orientation. One example of a question is, "In the past 12 months, did you think you needed help for emotional or mental health problems, such as feeling sad, anxious or nervous?" Another example is, "About how often during the past 30 days did you feel nervous?" The first survey should take 15 minutes. The second survey should take 10 to 15 minutes. Both surveys should take 25 to 30 minutes. Program staff can read questions and help you fill out the surveys if you need help.

Being in the study is optional. You will not be paid or get any direct benefits. Saying no will not affect you being in Aunties and Uncles Project. If you say yes to the study, you will take two surveys. You can ask questions before you decide if you want to be in the study.

The surveys ask questions that may cause discomfort. You can choose to not answer. You can withdraw from the study at any time. You can withdraw by saying, "I do not want to be in the study anymore." Nothing bad will happen if you withdraw. Withdrawing will not affect you being in Aunties and Uncles Project.

If you feel upset after you do the survey, Sonoma County Indian Health Project can refer you to support services. If you want more support, you can contact Dr. Cheryl Grills at LMU, 310-338-3016.

To protect your data, paper surveys are stored in locked file cabinets. Paper surveys are destroyed once put on computers. Computer data is stored on secure servers. However, there is a small chance of a data security break that could cause loss of privacy. The law requires us to report child abuse, elder abuse, or plans to hurt yourself or others.

If you have any questions, you can contact Sonoma County Indian Health Project at \_\_\_\_\_. You can also contact Dr. Cheryl Grills at LMU, 310-338-3016 or [cheryl.grills@lmu.edu](mailto:cheryl.grills@lmu.edu). If you want to know more about your rights in research, contact the state of California, 916-326-3660 or [cphs-mail@oshpd.ca.gov](mailto:cphs-mail@oshpd.ca.gov). You will also get a copy of the Participant's Bill of Rights.

Signing below [or clicking the yes button below] means that:

- I understand all of the above information.
- I have received the Participant's Bill of Rights.
- I agree to be in the study.

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**INFORMED CONSENT FORM – 18+ Years of Age**  
**California Reducing Disparities Project Phase 2 Statewide Evaluation**  
**Principal Investigator: Dr. Cheryl Grills, Loyola Marymount University (LMU)**

The California Reducing Disparities Project is a statewide project to improve mental health services. Aunties and Uncles Project is one of 35 programs funded by this project. The Psychology Applied Research Center in Los Angeles is doing a study of the project. The California Department of Public Health funds the study. The study will be used to report on the usefulness of programs like Aunties and Uncles Project. You can be in the study because you will be a part of Aunties and Uncles Project. If you take part in the study, you will be one of about 140 people for Aunties and Uncles Project and 9000 statewide.

If you say yes to the study, you will take two surveys. One survey when you start Aunties and Uncles Project. Another survey at the end of the program. The surveys ask about your mental health; services you have used or need for mental health, alcohol or drugs; and what you think about Aunties and Uncles Project. The survey also asks for details like your age, gender, and sexual orientation. One example of a question is, "Did you seek help for your mental or emotional health or for an alcohol or drug problem?" Another example is, "About how often during the past 30 days did you feel nervous?" The first survey should take 15 minutes. The second survey should take 10 to 15 minutes. Both surveys should take 25 to 30 minutes. Program staff can read questions and help you fill out the surveys.

Being in the study is optional. You will not be paid or receive any direct benefits. Saying no will not affect you being in Aunties and Uncles Project. If you say yes to the study, you will take two surveys. You can ask questions before you decide if you want to be in the study.

The surveys ask some questions that may cause discomfort. You can choose to not answer for any reason. You can also withdraw from the study at any time by saying, "I do not want to be in the study anymore." Nothing bad will happen if you withdraw. Withdrawing will not affect you being in Aunties and Uncles Project.

If you feel upset after you do the survey, the Sonoma County Indian Health Project can refer you to support services. If you want more support, you can contact Dr. Cheryl Grills at LMU, 310-338-3016.

To protect your data, paper surveys are stored in locked file cabinets and destroyed once put on computers. Computer data is stored on secure servers. However, there is a small chance of a data security breach that could cause loss of privacy. The law requires us to report child abuse, elder abuse, or plans to hurt yourself or others.

If you have any questions, you can contact Kurt Schweigman, MPH at the Sonoma County Indian Health Project at 707-521-4550. You can also contact Dr. Cheryl Grills at LMU, 310-338-3016 or [cheryl.grills@lmu.edu](mailto:cheryl.grills@lmu.edu). If you want to know more about your rights in research, contact the Committee for the Protection of Human Subjects, 916-326-3660 or [cphs-mail@oshpd.ca.gov](mailto:cphs-mail@oshpd.ca.gov). You will also get a copy of the Participant's Bill of Rights for Non-Medical Research.

Signing below [or clicking the yes button below] means that:

- I understand all of the above information.
- I have received the Participant's Bill of Rights for Non-Medical Research.
- I consent to being in the study.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Verbal Consent Obtained (if participant is unable to provide written consent): Yes No

**California Health and Human Services Agency  
Committee for the Protection of Human Subjects  
Participant's Bill of Rights for Non-Medical Research**

You have been asked to participate in a research study, or to consent for someone else to participate. This is a summary of your rights. Before you decide whether to participate, the researcher must:

- Tell you, without any misleading information, what the study is about and why it is being done.
- Tell you what the researcher will do during the study and what you will be asked to do.
- Tell you about any risks or discomforts you might experience because of your participation.
- Tell you about any benefits you might receive from participating.
- Tell you about any other choices that may be as good as or better than participating in the study, and the risks and benefits of those choices.
- Give you a chance to ask questions about the study and the procedures in it, before and during the study.
- Tell you that even if you agree now, you can still decide anytime later not to participate. Any choice you make now or later will not affect any services you receive.
- Tell you that you may refuse to answer any question.
- Tell you that deciding whether to participate is completely up to you, without any pressure for you to say "Yes" or sign anything.
- Give you a copy of the consent form after you sign it and a copy of this Bill of Rights.
- Tell you how to obtain results of the study when they are available if you want to know.

*(Revised 06/29/2018)*

## APPENDIX E: Event Logs

### Aunties & Uncles Event Log

Event Title: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Type of event:

- ☐ Family Fun Night
- ☐ Gathering (Memorial Gathering, Wellness Gathering)
- ☐ Meeting
- ☐ Outreach Activity (community event, media interview, health fair, etc.)
- ☐ Presentation
- ☐ Talking Circle
- ☐ Training
- ☐ Workshop

Description of event: \_\_\_\_\_

# of Native Youth present:

# of Community members present:

(For outreach events: estimate number of community members by counting materials distributed)

# of mental health materials (brochures, flyers, wristbands, self-care bags, buttons, etc.)

Shared:

Description of Materials shared/distributed at event:

Behavioral Health Therapist/Counselor Present:

Successful elements of the event:

Areas to improve:

Submitted by: \_\_\_\_\_



## **Policy and Procedures**

The following activities related to Aunties & Uncles Program should be recorded with an event

log to document and evaluate program activities with a notation to what worked (successes)

and what didn't (improvements). Activities include:

- Family Fun Night
- Workshop
- Gathering (Memorial Gathering, Wellness Gathering)
- Outreach Activity (community event, media interview, health fair, etc.)
- Presentation
- Training

### **Procedure: (how, when and who)**

Aunties & Uncles program staff will be trained annually on the procedures of how to complete an event log (time, place, content). Aunties & Uncles staff can contact the Local Evaluator at 707-799-0908 if they have any questions.

Aunties & Uncles program staff will be the primary party responsible for completing the event log and assuring the Evaluator receives a copy within one week of the event. In the situation that an Aunties & Uncles program staff cannot attend the event, he/she will notify the Local Evaluator to assure data is collected.

Event logs can be completed electronically on a computer or written hard copy and stored in designated secure manner.

Event log information will be used by Program Staff and the Local Evaluator for reporting to the Office of Health Equity, the Statewide Evaluator and in the local evaluation report for stakeholders.

### **Specific Instructions:**

- a. Event title should include the name of the group, event and/or topic. Location is place, not necessarily address.
- b. Check the type of event in appropriate box.
- c. Description of event can be brief, but try to illustrate what was purpose of event (larger context), who the event was intended for.
- d. State the number of Aunties & Uncles program staff present and list names of who attended/participated/presented. First names are fine unless there are more than one YP who share the same first name (e.g. Maria, Jessica)
- e. State number of community members present. If there are none, place a zero or N/A. If you cannot count the numbers present or do not have a sign in sheet to

count, estimate the numbers or count the number of materials distributed (have a count of materials before you start the event and count materials after event - the difference is the amount you distributed. This number is OK for estimate of number of people the Aunties & Uncles program staff encountered).

f. List all the materials that were shared at the event.

g. Note your observations of what went well and what could have been improved.

h. Sign off on event log and secure on server.

## APPENDIX F: Exit Interview Protocol and Questions

### Exit Interview Protocol

#### Purpose

The Exit Interviews are designed to collect qualitative data from the youth who participated in the Native Youth Internship program measuring gains in knowledge, skills and changes in beliefs, attitudes about themselves (personal growth) and their future. The exit interview will also seek to obtain feedback on the youth's experience, including what was valuable and beneficial as well as what could be improved. The data collected will be analyzed in conjunction with the quantitative data collected in the pre- and post-surveys.

#### Procedure

- 1) The Exit interviews will be conducted by the staff and evaluator of AUP. Interviews are to be conducted with the youth individually in-person or on zoom. Youth should be in a safe and private setting to be able to answer with confidence.
- 2) Interviews should take 45 – 60 minutes, depending upon the responses of the youth.
- 3) Youth should be told that their participation is voluntary. They will receive a gift card for their participation.
- 4) If the interview is conducted in-person, assure there is privacy and that you will not be interrupted. If the interview is conducted on zoom, request to record the interview with OtterAI (transcription) or recording on zoom (you will have to transcribe).
- 5) Prior to starting, ask the youth if they have any questions and if they would like to start.
- 6) Read each question, asking if the youth needs any clarification. If youth hesitates, consider provide prompts, but be careful not to lead the youth with a response.
- 7) Once completed, thank the youth and let them know that they will receive a gift certificate at the final session (or in the mail).

#### Questions:

1. What leadership skills did you feel you were able to develop during your Native Youth internship? (goal setting, confidence, communication skills, knowledge – prompts)
  - a. How do you think these skills will help you into adulthood?

2. Were you able to attend other Aunties and Uncles events? (provide prompts: family fun nights, cultural workshops, Memorial Gathering) Which of those activities did you find most beneficial? Why?
  - a. Were you able to support any other activities in the community? Which ones and what was your role? How was that experience for you?
3. How has your participation in the internship affect your mental health? (improved, stayed the same or did not help)
  - a. Based upon your experience with the Native Youth internship, would you be more likely to access mental health services for yourself?
  - b. Would you be more likely to refer others for mental health services?
4. Over the past year, think how you have changed. How has the internship helped you grow? (positive and critical?) (relationships, mood, academics, involvement in community, more confidence, increase spirituality). Were there other activities or experiences that may have lead to positive changes for you in this past year?
5. What could be improved in the internship? Were there any topics that were not covered that you wish were covered?
6. Would you be interested in returning next year as a second year participant? If so, is there a role you could take that you could practice some of your leadership skills gained? If not, can you suggest what second year participants could do to exercise their leadership skills?
7. Based upon your experience with the Native Youth internship, would you be likely to refer someone participate in this program? Can you suggest additional youth we should reach out to specifically? What would be the best way to reach out to potential participants? (i.e. presentations to classrooms, Native Clubs, social media?)

