# BOARD OF SUPERVISORS AGENDA ITEM REPORT
# AWARDS / CONTRACTS / GRANTS

○ Award ○ Contract ◉ Grant

**Requested Board Meeting Date:** August 13, 2024

* = *Mandatory, information must be provided*

**or Procurement Director Award:** ☐

***Contractor/Vendor Name/Grantor (DBA):**

State of Arizona, Governor's Office of Youth, Faith and Family

***Project Title/Description:**

Arizona Parents Commission on Drug Education and Prevention Grant Program

***Purpose:**

Amendment #2 provides funding for the 2024-2025 fiscal year. The sixth year of this project (third year of this grant) will continue to address youth and parental education regarding mental health and substance use among school-age youth. The program targets communities with high risk factors with particular focus on vulnerable populations (e.g. low socio-economic status, minority groups, and rural areas).

***Procurement Method:**

The grant award was reviewed and signed by PCAO.

***Program Goals/Predicted Outcomes:**

This program aims to increase awareness among youth and parents and provide evidence-based prevention and postvention strategies to address mental health, suicide, and substance use.

***Public Benefit:**

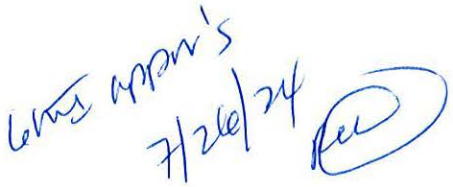
By building awareness and delivering evidence-based programming for parents and youth, the Health Department will be addressing the high rates of suicide, drug overdoses, and substance use in Pima County.

***Metrics Available to Measure Performance:**

Metrics include the following:
- Number and percent of workshop participants exhibiting desired change in awareness, knowledge, attitudes & perception
- Number of individuals in attendance at each training session
- Number of parents/guardians and youth participating as a family unit

***Retroactive:**

Yes. Amendment #2 was not received until June 25, 2024. However, the effective date is July 1, 2024. If not approved, Pima County will not receive the funding, limiting its ability to to address youth mental health issues through the provision of evidence-based training programs.



**THE APPLICABLE SECTION(S) BELOW MUST BE COMPLETED**

**Click or tap the boxes to enter text. If not applicable, indicate "N/A". Make sure to complete mandatory (*) fields**

## Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____

Commencement Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____

☐ Expense Amount $ _____* ☐ Revenue Amount: $ _____

***Funding Source(s) required:** _____

Funding from General Fund? ○ Yes ○ No If Yes $ _____ % _____

Contract is fully or partially funded with Federal Funds? ○ Yes ○ No

**If Yes, is the Contract to a vendor or subrecipient?** _____

Were insurance or indemnity clauses modified? ○ Yes ○ No

*If Yes, attach Risk's approval.*

Vendor is using a Social Security Number? ○ Yes ○ No

*If Yes, attach the required form per Administrative Procedure 22-10.*

## Amendment / Revised Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____

Amendment No.: _____ AMS Version No.: _____

Commencement Date: _____ New Termination Date: _____

Prior Contract No. (Synergen/CMS): _____

○ Expense ○ Revenue ○ Increase ○ Decrease Amount This Amendment: $ _____

Is there revenue included? ○ Yes ○ No If Yes $ _____

***Funding Source(s) required:** _____

Funding from General Fund? ○ Yes ○ No If Yes $ _____ % _____

## Grant/Amendment Information (for grants acceptance and awards)

○ Award ◉ Amendment

Document Type: Grant amendment Department Code: HD Grant Number (i.e., 15-123): 70317

Commencement Date: 07/01/2024 Termination Date: 06/30/2025 Amendment Number: 02

☐ Match Amount: $ _____ ☒ Revenue Amount: $ 199,765.00

***All Funding Source(s) required:** Governor's Office of Youth, Faith and Family (State tax revenue from liquor sales)

***Match funding from General Fund?** ○ Yes ◉ No If Yes $ _____ % _____

***Match funding from other sources?** ○ Yes ◉ No If Yes $ _____ % _____

***Funding Source:** _____

***If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?**

N/A

Contact: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature: _____ Date: 7/22/24

Deputy County Administrator Signature: _____ Date: 29 July 2024

County Administrator Signature: _____ Date: 7/2

**GRANTEE AGREEMENT**
**No. GR-PC-070122-22Y3**

**Between the**

**STATE OF ARIZONA,**
**GOVERNOR'S OFFICE OF YOUTH, FAITH AND FAMILY**

**And**

**PIMA COUNTY HEALTH DEPARTMENT**

Pursuant to Section III, FUNDING INFORMATION of RFGA No. GR-LP-070122-00, the State of Arizona hereby exercises its option to renew Agreement No. GR-PC-070122-22 for a third year of funding. A new award amount for the third year of this Agreement is provided from the Arizona Parents Commission on Drug Education and Prevention Grant Program. Grantee agrees to adhere to the goals, strategies and activities related to Agreement No. GR-PC-070122-22 and the approved, updated grant activities in the Grantee's renewal application for Year Three funding. The attached *Summary of Award – Year 3 Renewal* is incorporated into this Agreement as if fully set forth herein.

**Section 7. PERFORMANCE PERIOD**
The performance period for Year Three grant activities shall be effective July 1, 2024 through June 30, 2025.

**Section 15. AWARD INFO**
Grantor shall provide up to $199,765 as a new contract award amount for reimbursement of Year Three costs approved in the Grantee's renewal application for Year Three funding in accordance with *Attachment A – Year 3 Budget & Scope of Work*, incorporated into this contract in its entirety.

**Section 20. PROGRAM REPORTING**
The Year Three reporting schedule is as follows:

- Quarter 1: October 15, 2024
- Quarter 2: January 15, 2025
- Quarter 3: April 15, 2025
- Quarter 4: July 15, 2025

Except as specifically stated herein, all other terms and conditions of this Agreement remain unchanged.

**IN WITNESS WHEREOF**, the Parties hereto agree to execute this Agreement.

**PIMA COUNTY HEALTH DEPARTMENT**

Adelita Grijalva Date
Chair, Pima County Board of Supervisors

APPROVED AS TO FORM:
Deputy County Attorney 7/18/2024

REVIEWED BY:
Appointing Authority or Designee
Pima County Health Department

**GOVERNOR'S OFFICE OF YOUTH FAITH AND FAMILY**

Tonya Hamilton Date
Director

Travis Price Date
Compliance, Finance and Procurement Manager
Governor's Accounting Office

# State of Arizona
# Governor's Office of Youth, Faith and Family
*Summary of Award – Year 3 Renewal*

| | | | |
|---|---|---|---|
| **1.** ***Type of Award***<br>Grant Award | **2.** ***(Title of Grant)***<br>Arizona Parents Commission on Drug Education and Prevention Grant Program | | **3.** ***Action Type***<br>Year 3<br>Renewal<br>**4. Page 1 of 1** |
| **5.** ***Contract No.***<br>GR-PC-070122-22Y3 | **6.** ***Amendment No.***<br>N/A<br>**9.** ***Effective Date***<br>07/01/2024 | **7.** ***Performance Period***<br>07/01/2024 – 06/30/2025 | **8.** ***Sponsoring Federal Agency***<br>N/A |
| **10.** ***Awarded to:***<br>Pima County Health Department<br>3950 S Country Club Road<br>Tucson, AZ 85714 | **11.** ***Grantee ID***<br>***EIN***: 86-6000543<br>***UEI***: U8XUY58VDQS3 | **12.** ***Grantee's Program Name***<br>Healthy Students, Parents, and Community Engagement (HealthySPACE) program | **13.** ***CFDA No.***<br>N/A<br>**14.** ***FAIN No.***<br>N/A |
| **15.** ***Award Info***<br>**Grant Funding:**<br>$199,765<br>**Grantee Indirect:**<br>10% | **15.** ***Agreement Type***<br>Cost Reimbursement<br>**18.** ***Method of Payment***<br>ACH or Warrant<br>**19.** ***Financial Reporting***<br>Monthly<br>20 days after month end | **16.** ***Program Report Contact***<br>Tori Osmundson<br>Program Administrator<br>State of Arizona<br>Governor's Office of Youth, Faith and Family<br>1700 W. Washington, Suite 230<br>Phoenix, AZ 85007<br>tosmundson@az.gov | **17.** ***Statutory Authority***<br>Arizona Parents Commission on Drug Education and Prevention<br>A.R.S. §14-1604.17 |
| **20.** ***Program Reporting***<br>Quarterly Due Dates:<br><br>October 15, 2024<br>January 15, 2025<br>April 15, 2025<br>July 15, 2025<br><br>The Governor's Office of Youth, Faith, and Family shall provide the forms for the quarterly reports and fiscal narrative report. | **21.** ***Remittance Address***<br>State of Arizona<br>Governor's Accounting Office<br>1700 W. Washington<br>Suite 500<br>Phoenix, AZ 85007<br>grantrfr@az.gov | **22.** ***Grantee Program Contact***<br>Mayra Jeffery<br>Program Manager<br>Pima County Health Department<br>3950 S Country Club Road<br>Tucson, AZ 85714<br>520-724-7906<br>Mayra.jeffery@pima.gov | **23.** ***Grantee Financial Contact***<br>Carl Butler, Jr.<br>Business Operations Manager<br>Pima County Health Department<br>3950 S Country Club Road<br>Tucson, AZ 85714<br>520-724-7843<br>Carl.butlerjr@pima.gov |

**24.** ***Special Conditions***

***The above grant program is approved subject to such conditions of limitations as are incorporated by reference to the subgrantee's contract materials. Contract materials incorporated by reference include:*** The Request for Grant Solicitation document No. GR-PC-070122-00; solicitation amendment(s); subgrantee's response application (including scope of work and exhibits); clarification requests and responses; and countersigned Offer and Acceptance Form, all of which are in the possession of the subgrantee.

The State of Arizona's Uniform Terms and Conditions (Revision No. 10.4) are incorporated into this contract as if fully set forth herein. Copies of this document may be accessed at:
https://spointra.az.gov/sites/default/files/Uniform%20Terms%20and%20Conditions_r10.4_05-23_0.pdf

In the event of any divergence between these contract materials and the Uniform Terms and Conditions, the contract shall control. Grantee warrants that it has read and understands the State of Arizona's Uniform Terms and Conditions (Revision No. 10.4), and agrees to be bound by them in their entirety.

# Attachment Form B1: Line Item Budget

Please provide the original Line Item Budget submitted with the application.

- If there are **not** any changes please reflect updated renewal dates for SFY25
- If there have been modifications to the Line Item Budget since the original application, please **BOLD** each line item that has been modified.
- **Please round budget category totals to the nearest dollar.**
- **Each line item included on the Line Item Budget must be included in the Budget Narrative (Attachment Form B2).**

## Line Item Budget

**Modified** ☒ Yes ☐ No

**Budget period: July 1, 2024 – June 30, 2025**

**BUDGET REPORT**

**Parents Commission**
**FY 2024-2025**
**Year 3**

## Budget Items

| Category | Title | Description | Units | Unit Cost | Direct Cost | Indirect Cost | Total Cost |
|---|---|---|---|---|---|---|---|
| **Personnel** | | | | | | | |
| | **Program Manager** | **Vacant** | **0.5** | **$66,536.00** | **$ 33,268.00** | **$ 3,326.80** | **$ 36,594.80** |
| | Health Educator | Leah Morales | 1 | $ 44,241.60 | $ 44,241.60 | $ 4,424.16 | $ 48,665.76 |
| | Health Educator | **Vacant** | **1** | $ 43,304.00 | $ 43,304.00 | $ 4,330.40 | $ 47,634.40 |
| **Personnel Total** | | | **2.5** | | $ 120,813.60 | $ 12,081.36 | $132,894.96 |
| **Fringe Benefits** | | | | | | | |
| | **Program Manager** | **Actual rate** | **36%** | $ 33,268.00 | $ 11,976.48 | $ 1,197.65 | $ 13,174.13 |
| | Health Educator | **Actual rate** | **36%** | $ 44,241.60 | $ 15,926.97 | $ 1,592.70 | $ 17,519.67 |
| | Health Educator | **Actual rate** | **36%** | $ 43,304.00 | $ 15,589.44 | $ 1,558.94 | $ 17,148.38 |
| **Fringe Benefits Total** | | | | | $ 43,492.89 | $ 4,349.29 | $ 47,842.18 |
| **Travel** | | | | | | | |
| | Local travel for community outreach | Mileage reimbursement | **2290** | **0.655** | $ 1,499.95 | $ 150.00 | $ 1,649.95 |
| | Out of state travel for professional development | Travel, lodging, M&IE | **2** | **2619.05** | $ 5,238.10 | $ 523.81 | $ 5,761.91 |
| **Travel Total** | | | | | $ 6,738.05 | $ 673.81 | $ 7,411.86 |
| **Supplies** | | | | | | | |
| | Office supplies, per FTE | Paper, toner, folders | **2.5** | **$ 240.00** | $ 600.00 | $ 60.00 | $ 660.00 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Presentation supplies | Printed materials, DVDs, booklets | 1 | $ 8,460.00 | $ 8,460.00 | $ 846.00 | $ 9,306.00 |
| **Supplies Total** | | | | | $ 9,060.00 | $ 906.00 | $ 9,966.00 |
| **Other** | | | | | | | |
| | **Cell Phone** | **Monthly Data Plan** | **12** | **$45.00** | $ 540.00 | $ 54.00 | $ 594.00 |
| | **Printing** | **Flyers, brochures, cards, etc.** | **9600** | **$0.10** | $ 960.00 | $ 96.00 | $ 1,056.00 |
| **Other Total** | | | | | $ 1,500.00 | $ 150.00 | $ 1,650.00 |
| **Budget Total** | | | | | $181,604.55 | $ 18,160.45 | $199,765.00 |

Authorized Signature  Date **4/26/2024**

Job Title **Program Manager** Contact Information: **520-724-7906**

# Attachment Form B2: Budget Narrative

Please provide the original Budget Narrative submitted with the application below.

- If there are **not** any changes please reflect updated renewal dates for SFY25.
- If there have been modifications to the Budget Narrative since the original application, please **BOLD** each item that has been modified.
- **Each line item included on the Budget Narrative must be included in the Line Item Budget (Attachment Form B1).**

## Budget Narrative

**Modified** ☒ Yes ☐ No

**Budget period: July 1, 2024 – June 30, 2025**

**Personnel:** A total of **$120,813.60** is requested for personnel costs.

- Pima County Health Department (PCHD) will assign **a Program Manager (vacant) at 50% Full-Time Equivalent (FTE)** to coordinate all activities and ensure achievement of grant goals and objectives. At an annual salary of **$66,536.00** at .50, this cost totals **$33,268.00**.
- PCHD will assign two **Health Educators** (100% FTE), Leah Morales and **(vacant)** to conduct prevention trainings and presentations to both youth and families. Both **Health Educators** have Bachelor's degrees and experience in public health and public speaking. Each **Health Educator** earns an annual salary of **$44,241.60** and **$43,304.00,** respectively.

**Fringe Benefits:** A total of **$43,492.90** is requested for fringe benefits.

- The request is based on actual expenditures for FICA, Unemployment, employer-paid health insurance premiums, workers' compensation, life insurance, Arizona State Retirement System employer contributions, and employer-paid dental insurance premiums for existing employees.

**Travel:** A total of **$6,738.05** is requested for travel costs.

- Funding is requested for employee mileage reimbursement for travel to community training sites **and outreach events**. PCHD projects a total of **2,290** miles traveled for 2.5 staff **(two 100% FTE Health Educators, and one 50% FTE Program Manager)** for the full fiscal year**,** reimbursed at the state-approved rate of **$.655** per mile, for a total of $1,499.95. Additional travel funding is requested for travel, per diem, and lodging for **2** staff to attend out-of-town conferences that have not been determined at this time**.** PCHD is calculating a projected cost of **$5,238.10 for** out-of-town conferences.

**Supplies:** A total of **$9,060** is requested for supplies.
Request is based on the following projections:

- Strengthening Families Program will require supplies such as paper, pens, certificates, DVDs, and other office supplies calculated at **$6** per family, for 35 families served in one year, for a total of **$210**.
- Question Persuade Refer Gatekeeper Training requires booklets, among other office supplies, calculated at **$5** per participant, for a total of **450 (300 adults and 150 youth)** participants served in one year, for a total cost of **$2,250**.
- Mental Health First Aid trainings require specific materials, handbooks, and certificates, **calculated at $30 per person**, for **200 participants**, for a total **cost** of **$6,000.**
- HealthySPACE will require general office and outreach supplies such as paper, toner, and folders for printing of materials such as flyers, posters, and employee business cards, projected at **$20** per **month over 12 months** for a total of **$600**.

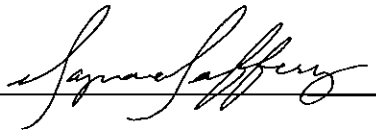
**Other:** A total of $1,500 is requested for other.

- **One employee cell phone with a monthly data plan of $45 over one year for a total cost of $540.00.**
- **Marketing and recruitment materials (e.g. flyers, brochures, advertisements, etc.) at $0.10 per unit for 9,600 units, for a total cost of $960.00.**

**Indirect Cost:** A total of $18,160.45 is requested for indirect costs.

- Indirect cost is calculated at 10% of $181,604.55, the total direct costs, for a total of $18,160.45. (Since Pima County receives less than $35 million in direct Federal awards it is not considered a major local government under 2CFR200, Appendix V, B.5. Therefore, Pima County develops a central services cost allocation plan in accordance with Appendix V and an indirect cost proposal under Appendix VII, but does not submit it for federal approval.)

**Grant Total**: The above line-item totals equate to a grand total of $199,765.00 requested for the Healthy SPACE project budget for FY **2024-2025**.

Authorized Signature  Date 4/29/2024

Job Title Program Manager Contact Information: 520-724-7906

# APPLICATION PROGRAM NARRATIVE REQUIREMENTS

## A. Scope of Work (300 points)

### 1. Executive Summary (250 word limit)

Provide a one-page narrative summary of the proposed program that includes a concise overview of the program goals, objectives, methods to be used and collaboration efforts. Provide the following:

A. State the name of the proposed program, describe specific target population, strategy/approach, outcomes, cost per participant-direct cost and indirect cost.

B. Clearly indicate whether the organization is in the rural, tribal or urban/county/statewide category. Select the category that is most appropriate for your program. Each organization applying to the Arizona Parents Commission on Drug Education and Prevention Grant Program shall apply for ONLY ONE category. Each organization applying for the Parents Commission Grant shall only submit one application.

The Pima County Health Department (PCHD) proposes to continue the Healthy Students, Parents, and Community Engagement (HealthySPACE) program, a substance misuse prevention and stigma reduction campaign in the Urban/County category. HealthySPACE established the framework and built community and stakeholder rapport as a successful program that has increased family communication and involvement, and improved awareness of the risks/harms of substance use, as evidenced by participant responses in retrospective surveys during the first 3 years of the program.

HealthySPACE utilizes Strategy One and Strategy Four of the Arizona Prescription Drug Misuse and Abuse Toolkit to promote safe storage and disposal of prescription medications and increase education and public awareness about prescription drug misuse and abuse. Additionally, HealthySPACE carefully and intentionally incorporates the framework of Trauma Informed Approach within every presentation, training, and interaction with the public, stakeholders, and participants by using language that describes trauma in a way that reduces stigma, builds trust, is accessible and understandable, and eliminates judgement. In doing so, HealthySPACE staff engage in ongoing research and training on best-practices around trauma-informed approaches.

HealthySPACE will target Pima County communities that are located inside census tracts with high social vulnerability, youth and parents/caregivers involved, or at high risk of involvement, in the child welfare system; and school leaders/staff, parents/caregivers, and other children's providers who operate in these communities that are underserved or over-burdened. Social vulnerability is identified by using the Social Vulnerability Index (SVI) as defined by the CDC. The direct cost per participant is $260.12, and $26.01 indirect cost.

### 2. Needs/Resources (1,500 word limit)

This component creates a foundation for the application by focusing on: problem identification; the targeted individuals or groups to be reached; other individuals or groups who will play a role in the development or implementation of the program; the relevant risk and protective factors/assets; the gathering and analysis of data that will establish the needs to support the identified problem; and the identification of other resources currently directed toward the identified problem.

Provide a narrative response to each of the following:

A. State the problem or issue addressed in this application.
B. Has your organization completed a formal Community Needs Assessment? If yes, please submit a copy of the finalized document. If no, please submit the community needs assessment(s) utilized to inform your organization about the stated problem or issue. The Center for Disease Control and Prevention (2018) defines a community needs assessment as a systematic process for gathering, analyzing, and reporting data and information about the characteristics, capacity, needs, and concerns of a community.[5]
C. Provide a detailed description of how you will assess parent/caregiver engagement in your community.
D. Based on the stated problem, what group(s) of people or communities will the application be targeting, i.e. your target population. How many people do you plan to deliver this program to including the number of adults to be served directly (unduplicated), the number of youth to be served directly (unduplicated), and the target number of families to be served? Define what constitutes a family. Also, project the number of adults to be impacted indirectly and the number of youth to be impacted indirectly.
E. Identify the external team. Who will you work with in the community? How will they impact your program? Draft letters of support or draft Memorandum of Understanding (MOU), which define the formal agreements including individual or agency involvement and specific roles and responsibilities, must be included with the application. Examples of collaborative partnerships could include the following:

[5] Centers for Disease Control and Prevention (2018). Community health assessment and health improvement planning. Retrieved from: https://www.cdc.gov/publichealthgateway/cha/index.html

- The program will utilize a subcontractor to provide a service(s) in which there will be an exchange of grant funds to pay for that service.
- Programs identify a partner where grant funds will not exchange hands, but in order for the program to be viable, a service will be provided or there is an agreement to work together.

F. Identify other individual groups (or key stakeholders) involved in the development and/or implementation of the proposed project.

G. Identify the risk factors and protective factors that are most relevant to the stated problem and the target population. (See Attachment B: for samples of risk and protective factors.[6])

H. Identify the sources of the data, how that data was collected, and how that data relates to and validates the identified risk factor(s), protective factor(s), and problem(s) in the community. Include relevant Arizona Youth Survey (AYS) data from your community (if available) and your county. The AYS is a biennial survey of 8th, 10th, and 12th grade students enrolled in publicly-funded schools in Arizona. The survey contains questions about risk and protective factors, drug use, and delinquency among other topics. The data can be found at h ttp://www.azcjc.gov/Data/Arizona-Youth-Survey

I. What resources (federal, state, local) in your community and/or within your organization are currently being directed toward the stated problem? How will the proposed program support those efforts or enhance existing prevention programs?

J. Provide detailed information about coalitions and providers engaged in substance use prevention work in your community and county.

K. Describe your current efforts of collaboration with local coalitions / other community programs addressing similar problems/issues in the community.

**L.** Identify the internal team. Who are the individuals within the applicant's organization involved in the development and implementation of the program and what are the specific roles of these individuals?

**SECTION 2: NEEDS AND RESOURCES:**

A. In 2021, the leading cause of death in Pima County for youth 13-19y/o was accidental overdose involving fentanyl. Twenty-one youth lost their lives in 2021 to accidental overdose, a 50% increase from 2020, and 163% increase from 2019. All twenty-one accidental overdoses in those aged 13-19 in 2021 involved fentanyl. Additionally, in 2020, eleven minors died by suicide. This was another historical high in Pima County, and a 57% increase from the previous calendar year.

B. The 2021 Community Health Needs Assessment (CHNA) is partially published. Preliminary data identified four leading priorities: substance use disorders, access to care, social determinants of health, and mental/behavioral health. The last completed CHNA from 2018 is attached.

C. Parent/caregiver involvement will be measured through pre- and post-surveys distributed during presentations, attendance, and participation during multi-week programs.

D. Targeted populations include youth at risk of substance use and those who serve them. Specific populations include: targeted communities based on high social vulnerability as defined by CDC's Social Vulnerability Index; child welfare-involved youth and their parents/caregivers; youth-serving agencies, including schools, and individuals in a position to support primary prevention and intervention to reduce substance use.

HealthySPACE aims to reach the following number of individuals for specific programming:
- The Rise of Fentanyl presentation: 120 adults, 200 youth
- Adult Mental Health First Aid: 80 adults
- Youth Mental Health First Aid: 60 adults
- Question, Persuade, Refer (QPR) Gatekeeper Training: 80 adults
- Strengthening Families Program (SFP): 30 families
- NAMI Ending the Silence: 120 youth
- Stress Management: 100 adults, 80 youth

In total, programming aims to directly reach 900 unduplicated individuals (430 youth, 470 adults). Additionally, the program aims to serve a minimum of 120 families, directly or indirectly. A family is defined as a group with at least one caregiver over the age of 18, and at least one dependent under the age of 18. Iff all individuals reached discussed the material shared with them, HealthySPACE will indirectly reach an additional 325 youth, 367 adults.

E. The National Alliance on Mental Illness in Southern Arizona (NAMISA) will assist in implementing and scheduling of their curriculum, Ending the Silence. NAMISA has a multitude of existing relationships with Pima County schools, allowing for HealthySPACE programming to reach new individuals and groups.

An MOU with Intermountain Health Center was drafted during the previous term of the HealthSPACE project. Intermountain Health Center has also provided PCHD with a Letter of Support for this application to continue the HealthySPACE program. Intermountain Health Center is an integrated health care and child welfare organization, which provides services to children, adults, and families throughout Arizona. Intermountain will help HealthySPACE to recruit and/or co-facilitate for the various programs, such as Strengthening Families Program, as well as facilitate a trauma-informed approach when providing additional support and resources to families. Intermountain serves foster youth and their caregivers and will assist the HealthySPACE program in engaging these populations. Intermountain will also aid with linkage to care for program participants.

HealthySPACE will continue to collaborate with the juvenile court, school, and detention center to provide substance misuse, stigma reduction, and positive coping strategies trainings to justice-involved youths and their families.

HealthySPACE works with the Pima County Superintendent's Office as well as various school districts (i.e., Tucson Unified School District (TUSD), Flowing Wells Unified School District, public and charter schools), to offer substance use prevention skills and education directly to youth and their families. Davis Bilingual Elementary Magnet School, part of TUSD, serves many Spanish-speaking youth and families who have benefited from bilingual sessions of the Strengthening Families Program offered by HealthySPACE. Davis Bilingual has also provided support in the HealthySPACE program and the Parents Commission Grant application.

F. Partnership with Pima County Schools Superintendent's Office allows HealthySPACE programming to reach additional audiences. Utilizing the Superintendents Office's extensive knowledge and contacts throughout the county's educational facilities will provide greater reach of HealthySPACE programming. Additionally, existing relationships with various community public and charter schools will allow for linkage to targeted populations for engagement in HealthySPACE.

HealthySPACE also has leveraged the expertise of a full-time Community Mental Health & Addiction (CMHA) Epidemiologist to provide data-driven assessment of priorities pertaining specifically to our jurisdiction. This allows the program to respond immediately to concerning trends and changing demographics. For example, data-driven response informs the HealthySPACE program to prioritize substance use education around illicit fentanyl versus prescription medication misuse, as previously carried out, while continuing to promote safe medication disposal.

HealthySPACE additionally receives referrals internally from other PCHD programs, such as Women, Infants, and Children (WIC), Racial and Ethnic Approaches to Community Health (REACH), and CMHA Case Managers who serve individuals at highest risk of overdose.

G. Risk factors for negative health impacts, considering the local situation and population, include stress, isolation, family conflict, inconsistent discipline or low levels of parental monitoring, low family cohesion and communication, and intergenerational trauma,such as parents/caregivers who have experienced adverse childhood experiences themselves. Protective factors include parental nurturing and attachment, parental resilience, social connections, social and emotional competence, a sense of safety at home and with family, parents who monitor and enforce family rules, and youth who do well in school.

H. The Arizona Youth Survey (AYS) collects information from Pima County students allowing for identification of specific attitudes and behaviors of our local community. Based on the 2020 AYS, 33% (2,514) of Pima County 12th graders reported using any substance in the past 30 days. Of these 12th graders, 39% (988) stated they used to deal with school stress. Other common reported reasons include dealing with parent and family stress (39%) and feeling sad/down (37%). In addition, 12% of Pima County 8th graders report using any substance in the past 30 days, with the most common reason being dealing with parent and family stress (44%). In contrast, among the 12th graders who had not used a substance in past 30 days, 62% reported they choose not to use because their parents would be disappointed. Other common reasons noted for not using a substance in the past 30 days include: harm to their body (59%), the illegality/potential to be arrested (51%), and parents would take away privileges (50%). Attitudes and behaviors measured in Pima County youth demonstrate the importance of building on protective factors involving parental nurturing and attachment, parental monitoring and enforcement of rules, knowledge of risks/harms of substance use, social connections, while also mitigating risk factors including stress and trauma.

I. Under Arizona's Prescription Drug Overdose Prevention Program, a state IGA funded by CDC and SAMHSA, PCHD has expanded its partnership with regional hospitals, service providers, adult and juvenile detention centers, among others, to offer case management services to individuals at highest risk of overdose due to a brief period of abstinence (post-release from an inpatient facility or jail, for example). The funding also supports bio-surveillance and research of overdose and suicide trends, procurement/coordination/distribution of fentanyl test strips and Narcan to priority areas and agencies, as well as Narcan administration and de-stigmatization training.

   Other Parents Commission grantees in Pima County also engage in substance use prevention activities, with which PCHD frequently collaborates. These other grantees have varying approaches, such as targeting specific to region, age, or agency affiliation. This collaborative approach allows for a wide reach throughout our community.

J. The Substance Use Prevention Collaboration group meets monthly to share organizational updates, grant opportunities, and relevant trends. This collaboration group has representation from the local Regional Behavioral Health Authority (RBHA), multiple public behavioral health clinics, harm reduction agencies, hospitals, non-profits, academia, and law enforcement. The Community Prevention Coalition (CPC) meets monthly to discuss multi-disciplinary projects aimed at substance use prevention in the community. Similar representation is seen at the CPC as is at the Substance Use Prevention Collaboration group. CPC also has separate sub-committees that CMHA participates in, including the Medication Abuse Prevention Initiative Collaborative (MAPIC) aimed at reducing prescription drug misuse and Parents Education and Communities of Concern (PEACOC) aimed specifically at youth prevention and parent engagement.

K. PCHD is a central contributor to the aforementioned coalitions; for example, PCHD is the central storage and distribution point for Narcan and uses these different coalitions/collaborations to increase the community's accessibility to this life-saving

intervention. Additionally, PCHD has been involved in projects aimed at prioritizing at-risk populations for drug take back events, needle disposal, and education. PCHD also provides intelligence on major trends on fatal and non-fatal overdoses within the county. These data inform local providers to respond by increasing outreach and providing timely interventions. Public Health Alerts are one way that PCHD informs providers and first responders/law enforcement on heightened rates of drug overdose deaths in the local community.

L. Program Manager (10% FTE) will oversee all activities related to the grant.
Program Coordinator (75% FTE) will coordinate all activities and ensure achievement of grant goals and objectives.
Two Program Specialists (100% FTE) are in the process of recruitment. These positions will be trained in the proposed curricula and facilitate delivery to priority areas and populations.

**3. Strategies/Approaches (1,500 word limit)**

This component identifies and describes the intervention chosen to reach the stated goals and objectives. These strategies and approaches can be programs that have already been proven effective in addressing the identified problem/needs, or they can be adaptations or strategies selected from effective programs that are backed up by evidence-based research or evidence- informed research related to the particular problem/need and target population/area being addressed. The terms "evidence-based" and "evidence-informed" are defined differently in different contexts.[7]

Evidence-based practices are approaches to prevention or treatment that are validated by some form of documented scientific evidence. This includes findings established through controlled clinical studies, but other methods of establishing evidence are valid as well. Evidence-based programs use a defined curriculum or set of services that, when implemented with fidelity as a whole, has been validated by some form of scientific

6 Department of Health & Human Services (2019). Strong & Thriving Families: 2019 Prevention Resource Guide. Retrieved from https://www.childwelfare.gov/pubPDFs/guide_2019.pdf

7 Department of Health & Human Services: Children's Bureau (2021): Evidence-Based Practice. Retrieved from h ttps://www.childwelfare.gov/topics/management/practice-improvement/evidence/ and FRIENDS National Resource Center for Community-Based Child Abuse Prevention (2021). Evidence-Based Practice in CBCAP. Retrieved from https://friendsnrc.org/evaluation/matrix-of-evidence-based-practice/

evidence. Evidence-based practices and programs may be described as "supported" or "well-supported", depending on the strength of the research design.

Evidence-informed practices use the best available research and practice knowledge to guide program design and implementation. This informed practice allows for innovation while incorporating the lessons learned from existing research literature. Ideally, evidence-based and evidence-informed programs and practices should be responsive to families' cultural backgrounds, community values and individual preferences.

Research has identified a number of evidence-based and evidence-informed programs and practices that are relevant to the prevention of substance use and abuse. Federal registries, national registries and websites provide more detailed information about particular programs. Applicants are encouraged to evaluate the level of evidence available for any specific program, as well as to consider its appropriateness for specific families and communities. Provide documentation and/or website links that identify your evidence based or evidence informed program.

We want to see programs that serve underserved communities or communities at high risk for entry into the foster care system. Underserved populations include those who face barriers in accessing and using resources and services, and includes populations underserved because of rural location, religion, sexual orientation, gender identity, underserved racial and ethnic populations, and populations underserved because of special needs (such as language barriers, disabilities, or age).[8]

An Applicant's program should include the following programming requirements:

- Seventy-five percent (75%) of funded parent/caregiver and youth programs must be evidence-based. Twenty-five percent (25%) of funded supplemental programming or curriculum can be evidence-informed.
- Follow-up workshops/booster sessions facilitated within one year following the initial workshop
- If a school-based or youth-focused program is being used, the curriculum must include detailed strategies for parental/caregiver participation with the program.
- Utilization of peer-to-peer program components as an additional service to further engage youth and their caregivers in ongoing use of program resources, home application of program strategies, and application of alcohol, tobacco, and other drugs (ATOD) risk reduction strategies.
- Curriculum focused on prevention of and the risks associated with using Opioids, Fentanyl, vaping, alcohol and/or Marijuana.
- Engagement of youth and their parents or caregivers in joint drug prevention planning.
- Implementation of youth engagement activities (active engagement of youth in coalition activities, youth leadership components, etc.).
- Inclusion of one or more strategies from Arizona's Prescription Drug Misuse and Abuse Initiative. The Arizona Prescription Drug Misuse and Abuse Initiative Toolkit provides the roadmap to move communities beyond that initial awareness concerning prescription drug misuse and abuse into action and then to

8 Violence Against Women Reauthorization Act of 2013 (2013). PUBLIC LAW 113–4—MAR. 7, 2013. Retrieved from https://www.govinfo.gov/content/pkg/PLAW-113publ4/pdf/PLAW-113publ4.pdf; Federal Emergency Management Agency (2021). Glossary. Retrieved from https://www.fema.gov/about/glossary/u

outcomes. For more information visit h
ttps://goyff.az.gov/content/arizona-rx-drug- t oolkit.

An Applicant's evidence-based or evidence-informed program should also incorporate the Trauma-Informed Care (TIC) Approach by including it as part of a substance abuse curriculum, programming, classes or trainings. According to SAMHSA, TIC is a strengths-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment. Being "trauma-informed" refers to the delivery of behavioral health services including an understanding of trauma and an awareness of the impact it can have across settings, services, and populations.[9]

Points will be given in the scope of work category based on how well an applicant incorporates the eight programming requirements listed above:

Points will be given in the scope of work category based on how well an applicant incorporates the TIC approach into their strategy for addressing the stated need in their community (i.e. does the curriculum, programming, classes or trainings meaningfully incorporate a TIC approach).

**Provide a narrative response to each of the following:**

A. Describe how your program incorporates the Trauma-Informed Care Approach to your curriculum, programming, classes or trainings.
B. Describe the strategies/approaches or proven effective program that will be used to meet the goals and objectives.
C. Explain how the selected strategies/approaches or proven effective program fit with the identified problem/need and will lead to achieving the stated goals and objectives.
D. Describe the program strategies/approaches connected to the selected risk/protective factors.
    - Describe how dependent variables such as parent/caregiver education, income levels, and a family history of alcohol, tobacco, and other drugs are identified to address key risk and protective factors. Describe how support services and resources are identified and provided for parents/caregivers impacted by these variables.
E. If adapting a proven effective program to meet your needs, community norm or differing cultures, explain how the core elements of the original research-based intervention will be maintained.
    - Structure (how the program is organized and constructed).
    - Content (the information, skills, and strategies of the program).
    - Delivery (how the program is adapted and implemented).
F. Explain how the selected strategies/approaches or proven effective program applies to the targeted population and explain how the selected strategies/approaches or proven effective programs are culturally competent/culturally diversified, age appropriate and gender responsive.
G. Provide a response to the following questions, as applicable:

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9 Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

- Describe your strategies for engaging youth and adults together in a way that gives families time to practice skill building. Describe any steps to conduct family drug prevention planning.
- Identify and describe any adult and/or youth peer-to-peer component to be utilized. These efforts should enhance, rather than replace, your proposed evidence-based or evidence informed program implementation.
- Identify and describe any youth engagement components to be utilized.
- Identify and describe the use of one or more strategies from Arizona's Prescription Drug Misuse and Abuse Initiative as a part of your comprehensive program.

**STRATEGIES/ APPROACHES**

A. Understanding the neurological relationship between trauma and substance misuse is a key component of a comprehensive drug education campaign. Accordingly, HealthySPACE's presentation materials increase awareness of how developing trusting relationships, addressing biological stressors, and learning coping mechanisms can help to reframe and release trauma, mitigate risk, and build resiliency. As part of this topic, it is important to offer linkages to recovery for those individuals and families impacted by trauma, whether or not this impact is revealed during prevention awareness activities. As part of Pima County's longstanding partnership with Arizona's prescription drug misuse and abuse initiatives, HealthySPACE has established a robust Referral to Treatment Task Force and an online resource directory called Pima Helpline.

   Incorporating trauma-informed approaches into presentations is key to promoting interactions that validate individual's experiences and promote a safe space in which community members, parents, and youth can practice communication about substance misuse and engage in prevention planning. Therefore, all HealthySPACE staff complete at least 1 hour of training in Trauma-Informed Care/Approaches, at least once annually.

B. To date, PCHD has educated more than 1,500 parents and youth on substance use prevention, stigma reduction, family skills training, suicide prevention, and healthy coping strategies using evidence-based and evidence-informed curricula which have resulted in desirable and reinforcing outcomes based on retrospective surveys.

   HealthySPACE offers both Youth and Adult Mental Health First Aid (MHFA) evidence-based courses designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) or another adult who is experiencing a mental health or addiction crisis. Youth MHFA is primarily designed for adults who regularly interact with youth and Adult MHFA is designed for adults that interact with other adults. This evidence-based curriculum is proven to increase knowledge of the signs, symptoms, and risk factors of mental illnesses and addictions. Individuals trained in the program are more likely to help an individual in distress, and less likely to have negative attitudes and perceptions of individuals with mental illnesses.

   Question, Persuade, Refer (QPR) Gatekeeper Training for suicide prevention is an evidence-based training that is heavily and tested and peer-reviewed. This training equips professionals and lay persons on being able to identify someone who is in-crisis or is suicidal, ask the individual clearly and directly about suicidal intent and intervene by persuading and providing the individual resources to potentially save a life.

   Strengthening Families Program is an evidence-based family skills training program for parents/caregivers and their youth ages 7-17. This 11-week curriculum utilizes video clips and updated materials that additionally educate on anger management, the harmful impact of alcohol and drugs on the developing teen brain, and mindfulness. The original format, developed in 1982, has been replicated by multiple agencies, taught in over 36 countries, and is demonstrated to have positive and protective family outcomes against youth alcohol and drug use.

   Research has shown that NAMI's Ending the Silence for students is effective in improving

knowledge and attitudes in youth about mental health conditions. This presentation equips participants to identify warning signs, facts and statistics, and ways to find help for themselves and friends.

The Rise of Fentanyl training curricula and materials were developed in-and-by our home state, using the latest data and trends to inform the approach. Through collaboration with substance use prevention coalitions throughout Arizona, as well as within partnerships with the Arizona Health Care Cost Containment System, Health Choice, Arizona High Intensity Drug Trafficking Area, and Compass Evaluation and Research, these resources are designed to prevent and reduce overdoses and build healthier communities across Arizona.

C. **and D.** The youth and adult presentations from the Rise of Fentanyl toolkit are designed to strengthen community and family norms against substance abuse and increase awareness of supports and resources available to families and individuals. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth (Beyers et al., 2004; Iannotti et al., 1996; Yamaguchi and Kandel, 1984), and correcting false assumptions of widespread use is a protective factor.

MHFA training addresses multiple risk factors associated with family conflict, mental illness, bullying, neglect or other stressors. This training builds skills necessary to identify when an individual is in mental health distress or crisis and provides tools and resources so the layperson can assist. Over one third of youth participating in the AYS cited "feeling sad or down" and "deal[ing] with stress from family and/or school" as a reason for their substance use. Data from Mental Health America, a non-profit organization studying national trends in mental health, indicates that 59.6% of youth who experienced a major depressive episode in Arizona during 2021 did not receive any mental health services. Additionally, the pandemic brought on a significant amount of physical and mental health impacts. Specifically, essential workers were more than three times as likely to have been diagnosed with a mental health disorder since the pandemic started than those who are not (25% vs. 9%) according to APA's Stress in America survey. More than half of essential workers said they relied on a lot of unhealthy habits to get through the pandemic. MHFA teaches individuals to identify and assist those experiencing a mental health crisis in their communities. This creates a culture of support, rather than forcing youth to rely on the isolating and dangerous practice of self-medication.

E. Adaptations occurred in the delivery of all programs to meet the challenges and needs encountered during the COVID-19 pandemic. As such, all trainings and presentations offered by HealthySPACE are available in both virtual (live webinar) or in-person formats. HealthySPACE will continue offering virtual formats of all curricula as we move into the post-pandemic era as we have encountered desirable outcomes, increased reach, and positive feedback from offering services in this modality.

F. All of the proposed activities are available in both English and Spanish. The materials also are tailored to different age groups. Where allowable, to sustain fidelity of the program, PCHD makes minor adaptations in the delivery and/or interactive activities to ensure relevance to diverse audiences. PCHD also includes the latest trends observed and reported by CMHA's dedicated epidemiologist, in order to accurately inform participants on the health of the local community as it pertains to overdose and suicide injuries.

G.

- Strengthening Families Program (SFP) is an evidence-based family skills training program that requires the participation of both parent/caregiver and youth aged 7-17. During the lesson, families work together to practice the skills, which they continue practicing at home as part of assigned skills building homework assignments. During the practice sessions, parents engage with only other adult parents/caregivers briefly while youth practice skills and engage in discussion with their peers in a separate group. SFP has lessons that discuss substance use prevention and refusal skills. During these lessons, parents/caregivers and their youth establish drug prevention plans that promote alcohol and drug-free social environments for youth, as well as encourage youth to choose friends that share in pro-social activities and norms.
- In addition to the peer-to-peer components mentioned as part of the SFP program above,

NAMI's Ending the Silence program is developed by youth for youth. The training includes videos that were created by High School students engaging with their peers. Participants have the opportunity to share their experiences. Additionally, a young presenter participates in every session to share their story of hope.

- The programs that have youth engagement components are as follows: SFP, NAMI Ending the Silence, Rise of Fentanyl, and Stress Management. The last three are offered either virtually or in-person during in-school class periods and aim at decreasing stigma and incidence of substance use while increasing education and awareness of positive coping strategies and resistance to drug use.
- Rise of Fentanyl supports Strategy One and Strategy Four of the Arizona Prescription Misuse and Abuse Toolkit as it incorporates education around prescription and illicit pills as well as safe storage and disposal of medication. Additionally, PCHD practices Strategy Five by enhancing assessments and referrals to substance abuse treatment in two ways. 1) CMHA Case Managers support individuals at high risk of overdose and provide linkages to care. 2) The Pima Helpline is a web-based resource for mental health education and to search for local behavioral health and treatment providers. Both services are promoted by the HealthySPACE program as additional support and resource for program participants as appropriate.

# Arizona Parents Commission on Drug Education & Prevention Grant
# SFY25 Year 3 Renewal Application
# Sustainability Plan

Please provide the original Sustainability Plan submitted with the application below.

- If there have been modifications to the approved Sustainability Plan since the original application, please **BOLD** each item that has been modified.

## Sustainability Plan

**Modified** ☒ Yes ☐ No

**A.** PCHD administers $57 million in state, federal, and private grant funds and operates public health clinics designed to serve the over one million residents of Pima County. As part of Pima County government PCHD has robust policies and procedures governing personnel, procurement, internal controls, risk management and conflicts of interest. PCHD has served low income and health-disparate families for decades, innovating new programs and approaches to improve health equity.

With over 330 full-time employees, PCHD has the capacity to allocate existing human resources to support new initiatives while also having the advantage of professional recruitment and on-boarding of new staff to provide dedicated personnel for a new project or program. Coupled with existing expertise in physical health, mental health, and addiction initiatives, including tobacco, alcohol, and drugs, this department is well positioned for implementation of a successful project.

PCHD has successful experience in rapid implementation, budget management, and leveraging resources. For example, the Communities Putting Prevention to Work (CPPW) grant was a $15.75M CDC grant to address the needs of disadvantaged youth and families, particularly minority-majority populations. The program was led by a strong coalition from the UA College of Public Health, Carondelet Health Network, YMCA of Southern Arizona, Community Food Bank, and United Way. As a "stimulus act" project, CPPW had to be implemented quickly to meet the goal of expanding employment and moving significant funds into the local economy. The program directly generated 75 FTE positions across multiple sectors.

The Coordinated School Health Program was initiated in July of 2011, and serves 85 schools in ten
(10) school districts across Pima County annually. Most of these districts include populations with a high percentage of low-income and high-risk students, including minority students. The program supports schools in creating meaningful, site-specific action plans that result in sustainable change in ten health-related areas. In the 2017-2018 school year, 45,800 youth were served through this program and 62 of the schools served were classified under Title 1 status.

The PCHD is one of 299 local health departments that have achieved national accreditation through the Public Health Accreditation Board since the organization launched in 2011 and was among the first four counties in Arizona to reach this achievement.

**B.** PCHD intends to recruit participants through grassroots and faith-based community networks, ministries, and peer-to-peer driven social media. These methods tap into deeper motivations like community activism, restorative justice, and personal lived experience to drive participation.

Nevertheless, participation in evening activities for students and working adults often requires provision of food as a physical necessity, and incentives are very useful for motivating attendees to participate in follow-up surveys, dedicate leisure hours, or overcome shyness and fear

surrounding either attendance at drug prevention events, or opening up and sharing with a group of people.

PCHD will work with community sponsors to secure donations for gift cards, food, and other incentives. PCHD will augment these resources by cultivating partnerships with

- Faith-based and grassroots groups willing to organize potluck meals in conjunction with trainings or snacks donated by constituents.
- Schools/districts willing to sponsor evening meals or after-school snacks to accompany activities (several schools contributed this resource in the past for programs such as Healthy Family Healthy Youth and the Arizona Serve Community Schools initiatives)
- Health department funds

**C.** Pima County has a dedicated Grants Management and Innovation (GMI) Department, which provides the fiscal management functions detailed under section F below. GMI also supports PCHD in implementation tracking and programmatic monitoring. The contracting process provides fiscal and programmatic oversight through reporting and subrecipient monitoring. Qualifications and tasks for key staff are outlined in Section A.2.L, and resumes, job descriptions, and an organization chart are included with Exhibit D.

**D./E.** No external subcontractor is proposed for this application.

**F.** A noted inherent challenge with this grant is the unallowability of incentives or food to help motivate participation in activities. While PCHD has a strategy to overcome this challenge, we would welcome a partnership with the Governor's office to engage corporate sponsors and donors to support the statewide response to the opioid epidemic by contributing gift cards and event sponsorships.

PCHD leverages the support of a dedicated epidemiologist for data-driven response and targeted outreach for substance use and suicide prevention. Priority populations and geographic areas correlate with a prioritization of individuals with high SVI. Additionally, PCHD leverages its community collaboration and partnerships for disseminating time-sensitive data alerts and to mobilize resources outreach to intended populations and high burden areas.

PCHD has hired two **Health Educators** to assist with the promotion of the Arizona Rx Misuse and Abuse Toolkit, a component of the HealthySPACE program. These **Health Educators** will receive certification to cross-train community members in order to facilitate presentations to their peers on prescription and counterfeit drug misuse and encouragement of proper storage and disposal of medications. **Health Educators** are required to have a moderate level understanding and experience/education in the field of psychology/behavioral health/substance use.

**G.** Pima County administers grants on a cost reimbursement basis. The GMI Grant Accountant and Compliance Specialist reviews, audits, analyzes, and reconciles financial transactions, including accounting entries, cash flow reporting, monitoring allowable costs, preparing reimbursement requests, maintenance of fiscal records, audit assistance, and fiscal compliance monitoring. Pima County uses AMS Advantage to manage financial, procurement, budgeting, and reporting functions; time and effort is allocated and certified in the ADP payroll system. GMI supports PCHD in implementation tracking and programmatic monitoring efforts.

**H.** PCHD has several examples of successful, ongoing programs that began under grants, including the Pedestrian and Bicycle Safety Program, which provides practical education and resources at local elementary and middle schools. This program was established with grant funding from the Governor's Office of Highway Safety, and all associated staff instructional time

continues to be funded by PCHD with grant funds used only for bike helmets. PCHD intends to continue this program to maintain sustainability, once grant funds are depleted.

Funding from the Public Health National Center for Innovations (PHNCI) in 2017 allowed Pima County to implement the Mothers in Arizona Moving Ahead (MAMA) program. The MAMA program intends to break the cycle of poverty by focusing on individual and systems-level changes that improve health outcomes and financial stability for mothers and children in poverty. Nearly half of the women served by this program were un- or under-employed (46.9%), and 40.8% lived in unsafe or unstable housing when entering the program. Internal evaluation based on participant survey responses demonstrated the MAMA project appeared to facilitate improvements in participants' social support systems, amount of perceived stress, and overall functioning. In addition to targeted health education and linkage to care through PCHD, the MAMA program provides Getting Ahead Workshops, evidence-informed curriculum that focuses on skill building to get mothers ahead of poverty. Approximately 96% of participants stated that Getting Ahead was helpful in their lives. PCHD continues to deliver Getting Ahead workshops and offer technical assistance in partnership with the Community Services Employment Training Department through a combination of private foundation and departmental funds.

# Attachment Form C: Staff Overview

Please provide the original Staff Overview submitted with the application.

- If there are **not** any changes please reflect updated renewal dates for SFY25.
- If there have been modifications to the Staff Overview since the original application please **BOLD** each section that has been modified.

**Staff Overview** **Modified** ☒ Yes ☐ No

Describe staff accountabilities and qualifications - both programmatic and fiscal. List how much time each person will spend on the project. Please note if personnel are working on the grant but will be funded by other sources. This form may be reproduced with word processing software or another form may be created that contains all the information requested.

| STAFF MEMBER | BACKGROUND AND EXPERTISE OF STAFF |
|---|---|
| Name: **Vacant**<br><br>Title: **Program Manager**<br><br>What percent of time will be spent on this project: **50%** | Minimum Qualifications: A Bachelor's Degree plus 4 years of related experience managing public health programs. Or- 2 years of experience as a Pima County Public Health Program Coordinator or related management/supervisor/coordinator level classification.<br>Job Duties: Oversee grant deliverables ensuring objectives and metrics are reached. Develop strong community partnerships. Collaborate in various coalitions related to community mental health and substance use in Pima County. Manage and organize delivery of community trainings and events. Help evaluate program activities. Supervise staff. |
| Name: Leah Morales<br><br>Title: **Health Educator I**<br><br>What percent of time will be spent on this project: 100% | Leah Morales has been a Program Specialist at the Pima County Health Department's Community Mental Health and Addiction Program (CMHA) for **2 years** and has served as a trainer/presenter/facilitator for all CMHA programs. She also has over **five** years of working in health education outreach positions. Prior to her work at the Health Department, she served on an opioid monitoring system, which focused on identifying patients that would be at a higher risk for over-utilizing opioids, and assisted in creating intervention methods. Leah earned a Bachelor's of Public Health from the University of Arizona. |
| Name: **Vacant**<br><br>Title: **Health Educator II**<br><br>What percent of time will be spent on this project: **100%** | Minimum Qualifications: A bachelor's degree plus 2 years of health education experience. Or- 2 years experience as a Pima County Health Educator.<br>Job Duties: Research and evaluation of best practices in order to assist in development of educational and promotional materials. Assist in development of marketing techniques and materials for health education programs. Develop and maintain effective working relationships with outside agencies, groups, and community members. Participate in health education activities including facilitation |

| | |
|---|---|
| | of presentations and trainings. Conduct program evaluations and ensure fidelity. |
| Name: **Vacant**<br><br>Title: **Mental Health First Aid Coordinator**<br><br>What percent of time will be spent on this project: **Unfunded** | Minimum Qualifications: A Bachelor's degree plus 3 years of experience coordinating, monitoring, and/or administering program activities or providing professional level administrative support for a program or specialized work unit. Or- 4 years experience with Pima County in a professional administrative classification.<br>Job Duties: Development of program goals and objectives for grants. Coordinate activities with other departments and the public. Maintain strong partnerships and collaborations across teams/agencies. Track, analyze, and report on key program evaluation metrics required by grant. Increase awareness and utilization of program resources and services through community outreach and education. Organize and deliver presentations/trainings. Assess, monitor, and evaluate activities. |
| | |

# Attachment Form E (EXHIBIT L) - Implementation Plan

Please provide the original Implementation Plan submitted with the application.

- If there are **not** any changes please reflect updated renewal dates for SFY25.
- If there have been modifications to any section of the Implementation Plan since the original application please **BOLD** each section that has been modified.

## Implementation Plan

**Modified** ☒ Yes ☐ No

The following form may be reproduced with word processing software or another form may be created that contains all the information requested.

| STRATEGY | KEY TASK | ACTIVITIES | PERSON RESPONSIBLE | BY WHEN | AS MEASURED BY |
|---|---|---|---|---|---|
| Rise of Fentanyl | Use Rise of Fentanyl curriculum and materials to facilitate workshops to parents of school age children, community members, essential workers, civil service, and hospitality staff. | Schedule and conduct one (1) community presentations for adults per month. | **Program Manager and Health Educators** | **June 30, 2025** | Retrospective surveys, attendance, event schedules |
| Fentanyl: A Killer Among Us | Use Fentanyl: A Killer Among Us curriculum and materials to facilitate workshops to middle school and high school students. | Schedule and conduct **three (3)** school presentations for youth per **quarter**. | **Program Manager and Health Educators** | **June 30, 2025** | Retrospective surveys, attendance, event schedules |
| Mental Health First Aid (MHFA) | Use Adult Mental Health First Aid curriculum and materials to facilitate trainings to professional and service providers in behavioral health, public health, law enforcement, first responders, essential workers, civil service, and hospitality staff. | Schedule and conduct two (2) AMHFA certification training for adults per quarter. | **Program Manager, Health Educators, MHFA Coordinator, and PCHD MHFA Certified Instructors** | **June 30, 2025** | Pre/post surveys, attendance, event schedules |

| | | | | | |
|---|---|---|---|---|---|
| Youth Mental Health First Aid (YMHFA) | Use Youth Mental Health First Aid curriculum and materials to facilitate trainings to parents of school age children, community members, and teachers. | Schedule and conduct two (2) YMHFA certification training for adults per quarter. | **Program Manager, Health Educators, MHFA Coordinator, and PCHD YMHFA Certified Instructors** | **June 30, 2025** | Pre/post surveys, attendance, event schedules |
| Question, Persuade, Refer (QPR) Gatekeeper Training for Suicide Prevention | Use QPR Gatekeeper curriculum and materials to facilitate trainings to parents of school age children, community members, teachers, service providers, essential workers, civil service, and hospitality staff. | **Schedule and conduct one (1) QPR certification training for adults per month.** | **Program Manager, Health Educators, and QPR Certified Instructors** | **June 30, 2025** | Pre/post surveys, attendance, event schedules |
| **Question, Persuade, Refer (QPR) Gatekeeper Training for Suicide Prevention for Youth** | **Use QPR Gatekeeper curriculum and materials to facilitate trainings to middle and high school aged youth.** | **Schedule and conduct two (2) QPR certification training for youth per quarter.** | **Program Manager, Health Educators, and QPR Certified Instructors** | **June 30, 2025** | **Pre/post surveys, attendance, event schedules** |
| Strengthening Families Program (SFP) | Use SFP curriculum and materials to facilitate trainings to families including at least one parent/caregiver and at least one child (aged 7-17). | Schedule and conduct **one (1)** 11-week cohort of SFP for families per **quarter**. | **Program Manager and Health Educators** | **June 30, 2025** | Pre/post surveys, attendance, event schedules |
| Stress Management | Use Stress Management curriculum and materials to facilitate trainings to parents of school age children, community members, teachers, service providers, middle school and high school students, essential workers, civil service, and hospitality staff. | Schedule and conduct one (1) community presentations for adults, and one (1) for youth per month. | **Program Manager and Health Educators** | **June 30, 2025** | Retrospective surveys, attendance, event schedules |

# Attachment Form D (EXHIBIT K) - Goals, Outcome Objectives and Performance Measures

Please provide the original Goals, Outcome Objectives and Performance Measures submitted with the application.

- If there are **not** any changes please reflect updated renewal dates for SFY25.
- If there have been modifications to any section of the Goals, Outcome Objectives and Performance Measures since the original application please **BOLD** each section that has been modified.

**Goals, Outcome Objectives and Performance Measures** **Modified** ☒ Yes ☐ No

In the table below, state the goal(s) that will address the identified problem/need. Use a continuation sheet if necessary. The following table may be reproduced with word processing software to replicate the number of tables to match the proposed program's number of goals.

## Attachment Form D (EXHIBIT K) – Goals, Outcome Objectives and Performance Measures

**Goal No.1:** To decrease incidence of youth substance use, depression, and delinquency by increasing parent/caregiver involvement and knowledge of family management skills.

**Rationale (How does this goal address the identified problem/need and selected risk/protective factors?): Unintentional injuries, including fentanyl overdoses, remain the leading cause of death for youth aged 1-19 in Pima County. In 2023 there were 13 fatal overdoses in this age range, which is a 63% increase from 2022.** Research confirms that well-trained parents/caregivers help youth avoid substance use and have better life outcomes; creating strong and loving relationships, **increasing protective factors**, nurturing resiliency, building stronger communication and problem-solving skills, and increasing knowledge of resources.

**Targeted Outcome(s) (Check all that apply):**

| | | |
|---|---|---|
| ☒ Parental Stress | ☒ Adult Attitudes of Youth Substance Use | ☐ Parent/Caregiver knowledge of the impact of trauma |
| ☒ Family Cohesion | ☒ Youth Perception of Parental Attitudes of Youth Substance Use | ☒ Parent/Caregiver understanding of the risk of trauma associated with youth substance use |
| ☒ Family Management | ☒ Adult Perception of Risk/Harm of Youth Substance Use | ☐ Impact of trauma-informed care strategies |
| ☒ Family Connectedness | ☒ Youth Perception of Family Involvement | ☒ Other (Family communication, Youth outcomes in school, Youth perception of safety) |
| ☒ Family Involvement | ☒ Youth Perception of Risk/Harm of Substance Use | |
| ☒ Family Conflict | ☒ Youth Perception of Family Cohesion | |

**OUTCOME OBJECTIVE(s) pertaining to this goal:**

1.1 By June 30, 2025, parents/caregivers participating in the Strengthening Families Program will show a 10% increase in family communication, as measured by pre vs. post survey analysis.

1.2 By June 30, 2025, parents/caregivers participating in the Strengthening Families Program will show a 10% increase in knowledge of dangers of substance use among youth, as measured by pre vs. post survey analysis.

1.3 By June 30, 2025, parents/caregivers participating in the Strengthening Families Program will show a 10% increase in parenting skills, as measured by pre vs. post survey analysis.

| Performance Measure(s) | Definition(s) include data source | Tools/process for collection | Explain how the performance measure demonstrates progress |
|---|---|---|---|

| | | | |
|---|---|---|---|
| | | | **towards the goal** |
| Number and percent of parents/caregivers exhibiting desired change in family communication. | The number and percent of parents/caregivers who have exhibited the desired change (10% increase) in family communication during the reporting period (Data Source – Self-report data through pre vs. post survey analysis). | A pre survey will be administered to all adult participants during Week 1 of the Strengthening Families Program. This will be followed by a post survey which will be administered to all adult participants during the 11th week of the Strengthening Families Program. | A desirable change in family communication after participation in the program will increase protective factors, including contributing to safe and nurturing family relationships, increasing family cohesion, and decreasing family conflict. |
| Number and percent of parents/caregivers exhibiting desired change in knowledge of dangers of substance use among youth. | The number and percent of parents/caregivers who have exhibited the desired change (10% increase) in knowledge of dangers of substance use among youth during the reporting period (Data Source – Self-report data through pre vs. post survey analysis). | A pre survey will be administered to all adult participants during Week 1 of the Strengthening Families Program. This will be followed by a post survey which will be administered to all adult participants during the 11th week of the Strengthening Families Program. | During the program, each family unit (parents/caregivers and youth) will work together to create their own rules against drug use. Following the program, a desirable change in parent/caregiver knowledge of dangers of substance use among youth is indicative of an increase in perceptions of risk/harm of youth substance use. This will also increase protective factors through parental/caregiver monitoring, supervision, and enforcement of rules against substance use. |
| **OUTPUT OBJECTIVE(s) pertaining to this goal:**<br><br>1.4 By June 30, 2024, 10% of graduated parents and caregivers participating in the Strengthening Families Program will exhibit sustained changes following three months from their participation, as measured by 3-month follow-up survey analysis.<br><br>1. 5 By June 30, 2025, provide the Strengthening Families Program to at least 35 parents/caregivers as measured by attendance at the first class. | | | |
| Number of families directly served. | The number of families that attend and engage in the first class of the Strengthening Families Program during the reporting period. Online engagement is defined as regularly having camera on and/or interacting via | An attendance sheet will be circulated at each class and completed by each individual attending the class, if in person. Attendance will be taken by the program facilitators via online participant list and engagement of individuals, if delivered virtually. | Thirty-five new and unique parents/caregivers, as measured by attendance, will gain skills and resources that enable them to strengthen family management skills through the Strengthening Families Program, which is proven to decrease incidence of youth substance use, depression, and delinquency. |

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| | chatbox/unmuting selves (Data Source –Attendance Logs). | | |

**Goal No. 2:** To increase awareness and education of substance use and its adverse health impacts, including the high risk of overdose.

**Rationale (How does this goal address the identified problem/need and selected risk/protective factors?): In 2023, there was a total of 510 unintentional fatal overdoses in Pima County, which is an 11% increase from the previous year.** Illicit fentanyl is a highly lethal substance that is often disguised to look like prescription medication. To counteract these trends, this goal intends to increase education around fentanyl, prescription medication misuse, safe medication disposal, the importance of having conversations about fentanyl with youth and adults, harm reduction techniques, signs of an overdose, and how to use/obtain Narcan and other available resources. With this knowledge, youth and adults can build resiliency and confidence to communicate about substance use, support, and/or treatment.

**Targeted Outcome(s) (Check all that apply):**

- ☐ Parental Stress
- ☐ Family Cohesion
- ☐ Family Management
- ☒ Family Connectedness
- ☒ Family Involvement
- ☐ Family Conflict
- ☒ Adult Attitudes of Youth Substance Use
- ☐ Youth Perception of Parental Attitudes of Youth Substance Use
- ☒ Adult Perception of Risk/Harm of Youth Substance Use
- ☐ Youth Perception of Family Involvement
- ☒ Youth Perception of Risk/Harm of Substance Use
- ☐ Youth Perception of Family Cohesion
- ☒ Other (Youth resistance, knowledge of resources, confidence in communicating with peers/adults.)

**OUTCOME OBJECTIVE(s) pertaining to this goal:**

2.1 By June 30, 2025, adult community members, including parents/caregivers and teachers, participating in the Rise of Fentanyl presentation will demonstrate a 10% increase in awareness of risk/harm of illicit fentanyl, as measured by retrospective post survey analysis.

2.2 By June 30, 2025, youth participating in the Fentanyl: A Killer Among Us presentation will demonstrate a 10% increase in awareness of risk/harm of illicit fentanyl, as measured by retrospective post survey analysis.

| Performance Measure(s) | Definition(s) include data source | Tools/process for collection | Explain how the performance measure demonstrates progress towards the goal |
|---|---|---|---|
| Number and percent of adults exhibiting desired change in awareness of risk/harm of illicit fentanyl. | The number and percent of adults who have exhibited the desired change (10% increase) in awareness of risk/harm of illicit fentanyl during the reporting period (Data Source – Self-report data through retrospective | A retrospective post survey will be administered to all adult participants at the end of each presentation. | A desirable change in awareness of risk/harm of illicit fentanyl after participation in the presentation demonstrates a change in attitudes and awareness of the risk/harm of substance use, particularly as it relates to fentanyl and its high toxicity. |

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| | post survey). | | |
| Number and percent of youth exhibiting desired change in awareness of risk/harm of illicit fentanyl. | The number and percent of youth who have exhibited the desired change (10% increase) in awareness of risk/harm of illicit fentanyl during the reporting period (Data Source – Self-report data through retrospective post survey). | A retrospective post survey will be administered to all youth participants at the end of each presentation. | A desirable change in awareness of risk/harm of illicit fentanyl after participation in the presentation demonstrates a change in attitudes and awareness of the risk/harm of substance use, particularly as it relates to fentanyl and its high toxicity. |
| **OUTPUT OBJECTIVE(s) pertaining to this goal:**<br><br>2.3 By June 30, 2025, increase awareness of substance use prevention and risk/harm of illicit fentanyl by providing the Rise of Fentanyl presentation, as measured by attendance of at least **200** adults, including parents/caregivers and teachers.<br><br>2.4 By June 30, 2025, increase awareness of substance use prevention and risk/harm of illicit fentanyl by providing the Fentanyl: A Killer Among Us presentation, as measured by attendance of at least **275** youth. | | | |
| Number of individuals directly served. | The number of adults attending a Rise of Fentanyl presentation during the reporting period. Online engagement is defined as regularly having camera on and/or interacting via chatbox/unmuting selves (Data Source – Attendance Logs). | An attendance sheet will be circulated at each presentation and completed by each individual attending the class, if in person. Attendance will be taken by the presenter via online participant list, if delivered virtually. | By expanding substance use education in order to combat concerning trends surrounding illicit fentanyl, we will increase the number of community members with an awareness of the risk/harm of illicit fentanyl. Those who attend a Rise of Fentanyl presentation tend to share learned knowledge with peers, proliferating awareness of illicit fentanyl, substance use, and its adverse health impacts. |
| Number of individuals directly served. | The number of youth attending a Fentanyl: A Killer Among Us presentation during the reporting period (Data Source – Attendance Logs). | An attendance sheet will be circulated at each session and completed by each individual attending the class, if in person. Attendance will be taken by the presenter via online participant list, if delivered virtually. | By expanding substance use education in order to combat concerning trends surrounding illicit fentanyl, we will increase the number of community members with an awareness of the risk/harm of illicit fentanyl. Those who attend a Fentanyl: A Killer Among Us presentation tend to share learned knowledge with peers, proliferating |

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| | | | awareness of illicit fentanyl, substance use, and its adverse health impacts. |

**Goal No. 3:** To increase awareness and capacity to acknowledge signs and symptoms of mental health distress, including recognition of signs of suicide in youth.

**Rationale (How does this goal address the identified problem/need and selected risk/protective factors?): In 2023 there was a total of 215 suicide deaths in Pima County, 8 of them between the ages of 12-19 years old.** Increasing education and awareness around mental health, including substance use and suicide, decreases stigma and promotes healthy and safe environments that encourage individuals to seek and/or offer help to someone in distress. This distress can stem from adverse childhood experiences (ACEs), which contributes to risk factors for substance use, mental health challenges, and suicide.

**Targeted Outcome(s) (Check all that apply):**

| | | |
|---|---|---|
| ☐ ☐ Parental Stress | ☐☒ Adult Attitudes of Youth Substance Use | ☒ Other (Youth mental health, adult perception of youth mental health conditions and coping strategies, knowledge of available resources, confidence to seek help) |
| ☐ ☐ Family Cohesion | ☐☐ Youth Perception of Parental Attitudes of Youth Substance Use | |
| ☐ ☐ Family Management | ☒ Adult Perception of Risk/Harm of Youth Substance Use | |
| ☐ ☐ Family Connectedness | ☐☐ Youth Perception of Family Involvement | ☐ |
| ☐ ☐ Family Involvement | ☐☐ Youth Perception of Risk/Harm of Substance Use | ☐ |
| ☐ ☐ Family Conflict | ☐☐ Youth Perception of Family Cohesion | ☐ |

**OUTCOME OBJECTIVE(s) pertaining to this goal:**

3.1 By June 30, 2025, adult community members, including parents/caregivers and teachers, participating in Youth Mental Health First Aid (YMHFA) course will demonstrate a 10% increase in ability to recognize signs and symptoms of mental health or substance use challenges that may impact youth, as measured by pre vs. post survey analysis.

3.2 By June 30, 2025, adult community members, including parents/caregivers and teachers, participating in QPR Gatekeeper training will demonstrate a 10% increase in confidence in ability to recognize warning signs of suicide, as measured by pre vs. post survey analysis.

3.3 By June 30, 2025, adult community members, including parents/caregivers and teachers, participating in QPR Gatekeeper training will demonstrate a 10% increase in confidence in ability to help a suicidal person, as measured by pre vs. post survey analysis.

3.4 By June 30, 2025, increase awareness and capacity to acknowledge signs and symptoms of mental health distress by providing the YMHFA course as measured by attendance of at least 100 adults, including parents/caregivers and teachers.

3.5 By June 30, 2025, increase awareness and capacity to acknowledge warning signs of suicide **and confidence in ability to help a suicidal person** by providing the QPR Gatekeeper training as measured by attendance of at least **300** adults, including parents/caregivers and teachers.

| Performance Measure(s) | Definition(s) include data source | Tools/process for collection | Explain how the performance measure demonstrates progress towards the goal |
|---|---|---|---|
| Number and percent of adults exhibiting desired change in ability to recognize signs and | The number and percent of adults who have exhibited the desired change (10% increase) in ability to recognize signs | A pre survey will be administered to all participants prior to the YMHFA course. This will be | A desirable change in the ability to recognize signs and symptoms of mental health or substance use challenges that |

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| symptoms of mental health or substance use challenges that may impact youth. | and symptoms of mental health or substance use challenges that may impact youth during the reporting period (Data Source - Self-report data through pre vs. post survey analysis). | followed by a post survey which will be administered to all participants at the end of the YMHFA course. | may impact youth will increase the incidence of individuals engaging in early treatment and reduce stigma around substance use and mental health. |
| Number and percent of adults exhibiting desired change in confidence in ability to recognize warning signs of suicide. | The number and percent of adults who have exhibited the desired change (10% increase) in ability to recognize warning signs of suicide during the reporting period (Data Source - Self-report data through pre vs. post survey analysis). | A pre survey will be administered to all participants at the beginning of the QPR Gatekeeper training. This will be followed by a post survey which will be administered to all participants at the end of the QPR Gatekeeper training. | A desirable change in the confidence level of an individual's ability to recognize warning signs of suicide supports the training's ability to enable and empower participants to recognize signs of distress and intervene to save a life. This will decrease stigma, and increase protective factors that promote safety and communication around mental health and substance use. |
| Number and percent of adults exhibiting desired change in confidence in ability to help a suicidal person. | The number and percent of adults who have exhibited the desired change (10% increase) in confidence in ability to help a suicidal person during the reporting period (Data Source - Self-report data through pre vs. post survey analysis). | A pre survey will be administered to all participants at the beginning of the QPR Gatekeeper training. This will be followed by a post survey which will be administered to all participants at the end of the QPR Gatekeeper training. | A desirable change in the confidence level of an individual's ability to help a suicidal person supports the training's ability to enable and empower participants to recognize signs of distress and intervene to save a life. This will decrease stigma, and increase protective factors that promote safety and communication around mental health and substance use. |
| Number of individuals directly served. | The number of individuals attending the YMHFA course during the reporting period. Online engagement is defined as regularly having camera on and/or interacting via chatbox/unmuting selves (Data Source – Attendance Logs). | An attendance sheet will be circulated at each course and completed by each individual attending the course, if in person. Attendance will be taken by the instructor via online participant list and engagement of individuals, if delivered virtually. | By expanding mental health and suicide prevention training opportunities in order to combat concerning trends around youth suicides, we will increase the number of adult community members (including parents/caregivers and teachers) that are YMHFA certified. YMHFA is an evidence-based curriculum proven effective in teaching adults how to recognize and respond to mental health and substance use challenges in youth. |
| Number of individuals directly served. | The number of individuals attending the QPR Gatekeeper training during the reporting period. Online engagement is | An attendance sheet will be circulated at each training and completed by each individual | By expanding mental health and suicide prevention training opportunities in order to combat concerning trends |

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|---|---|---|---|
| | defined as regularly having camera on and/or interacting via chatbox/unmuting selves (Data Source – Attendance Logs). | attending the training, if in person. Attendance will be taken by the trainer via online participant list and engagement of individuals, if delivered virtually. | around youth suicides, we will increase the number of community members (including parents/caregivers and teachers) that are QPR Gatekeeper certified. QPR Gatekeeper is an evidence-based curriculum proven effective in increasing knowledge and confidence in recognizing the warning signs of suicide and intervening to help save a life. |

**Goal No. 4:** To increase awareness and capacity to acknowledge signs and symptoms of mental health distress in oneself and other adults, and find help and resources.

**Rationale (How does this goal address the identified problem/need and selected risk/protective factors?): Since 2011, Pima County has had a higher suicide mortality rate (per capita) than the state of Arizona and the United States. In 2023 there was a total of 215 suicide deaths in Pima County.** Barriers to treatment often stem from stigma, which can prevent or delay an individual from getting early intervention and support. Many of the adults that currently suffer from mental health or substance use issues are parents, caregivers, or teachers themselves. It is these adults who play the role of primary preventionists to the youth they raise and educate. With early support and treatment, adults can help protect youth from many adverse childhood experiences, and properly equip them with the tools and protective factors needed to become resilient and confident adults.

**Targeted Outcome(s) (Check all that apply):**

| | | |
|---|---|---|
| ☐ ☒ Parental Stress | ☐ Adult Attitudes of Youth Substance Use | ☒ Other (Adult mental health, adult perception of mental health conditions, adult perception of mental health coping strategies, knowledge of available resources, confidence to seek help) |
| ☐ ☐ Family Cohesion | ☐ Youth Perception of Parental Attitudes of Youth Substance Use | |
| ☐ ☐ Family Management | ☐☐ Adult Perception of Risk/Harm of Youth Substance Use | |
| ☐ ☐ Family Connectedness | ☐☐ Youth Perception of Family Involvement | |
| ☐ ☐ Family Involvement | ☐☐ Youth Perception of Risk/Harm of Substance Use | ☐ |
| ☐ ☐ Family Conflict | ☐☐ Youth Perception of Family Cohesion | ☐ |
| | | ☐ |
| | | ☐ |

**OUTCOME OBJECTIVE(s) pertaining to this goal:**

4.1 By June 30, 2025, adult community members participating in Adult Mental Health First Aid (AMHFA) course will demonstrate a 10% increase in ability to recognize signs and symptoms of mental health or substance use challenges that may impact other adults, such as parents/caregivers or teachers, as measured by pre vs. post survey analysis.

4.2 By June 30, 2025, adults participating in the Stress Management presentation will demonstrate a 10% increase in confidence in ability to manage stress, as measured by retrospective post survey.

4.3 By June 30, 2025, increase awareness and capacity to acknowledge signs and symptoms of mental health distress by providing the AMHFA course, as measured by attendance of at least 100 adults.

| 4.4 By June 30, 2025, increase awareness and capacity to acknowledge signs and symptoms of mental health distress and practice positive coping strategies by providing the Stress Management presentation, as measured by attendance of at least **200** adults. | | | |
|---|---|---|---|
| **Performance Measure(s)** | **Definition(s) include data source** | **Tools/process for collection** | **Explain how the performance measure demonstrates progress towards the goal** |
| Number and percent of adults exhibiting desired change in ability to recognize signs and symptoms of mental health or substance use challenges that may impact other adults. | The number and percent of adults who have exhibited the desired change (10% increase) in ability to recognize signs and symptoms of mental health or substance use challenges that may impact other adults during the reporting period (Data Source - Self-report data through pre vs. post survey analysis). | A pre survey will be administered to all participants prior to the AMHFA course. This will be followed by a post survey which will be administered to all participants at the end of the AMHFA course. | A desirable change in the ability to recognize signs and symptoms of mental health or substance use challenges that may impact other adults will increase the incidence of individuals engaging in early treatment and reduce stigma around substance use and mental health. |
| Number and percent of adults exhibiting desired change in confidence in ability to manage stress. | The number and percent of adults who have exhibited the desired change (10% increase) in confidence in ability to manage stress during the reporting period (Data Source - Self-report data through retrospective post survey). | A retrospective post survey will be administered to all participants at the end of the Stress Management presentation. | A desirable change in confidence in ability to manage stress will increase the incidence of individuals engaging in early treatment and reduce stigma around mental health. |
| Number of individuals directly served. | The number of individuals attending the AMHFA course during the reporting period. Online engagement is defined as regularly having camera on and/or interacting via chatbox/unmuting selves (Data Source – Attendance Logs). | An attendance sheet will be circulated at each course and completed by each individual attending the course, if in person. Attendance will be taken by the instructor via online participant list and engagement of individuals, if delivered virtually. | By expanding mental health and substance use prevention training opportunities in order to combat concerning trends around unintentional and undetermined overdose deaths, we will increase the number of adult community members that are AMHFA certified. AMHFA is an evidence-based curriculum proven effective in teaching adults how to recognize and respond to mental health and substance use challenges in other adults. |
| Number of individuals directly served. | The number of individuals attending the Stress Management presentation | An attendance sheet will be circulated at each presentation and completed by each individual | By expanding mental health training opportunities, we will increase the number of adult community members |

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|---|---|---|---|
| | during the reporting period. Online engagement is defined as regularly having camera on and/or interacting via chatbox/unmuting selves (Data Source – Attendance Logs). | attending the presentation, if in person. Attendance will be taken by the presenter via online participant list, if delivered virtually. | that are able to acknowledge signs and symptoms of mental health distress, practice positive coping strategies, and find help and resources. |

**Goal No. 5:** Increase awareness and capacity to acknowledge signs and symptoms of mental health distress in youth, practice positive coping strategies, and find help and resources.

**Rationale (How does this goal address the identified problem/need and selected risk/protective factors?): Approximately 1 in 6 youth in the U.S. experience problems related to mental health every year. In 2023, a total of 8 youth between the ages of 12-19 died by suicide in Pima County. Research shows that** mental health distress can stem from adverse childhood experiences (ACEs), which contributes to risk factors of suicide and substance use. Increased education and awareness around mental health contributes to a decrease in stigma and an increase in trust and communication, which nurtures an environment that promotes health and safety and encourages individuals in distress to obtain needed support.

**Targeted Outcome(s) (Check all that apply):**

| | | |
|---|---|---|
| ☐☐ Parental Stress | ☐☐ Adult Attitudes of Youth Substance Use | ☒ Other (Youth mental health, youth perception of mental health conditions, youth perception of mental health coping strategies, knowledge of available resources, confidence to seek help) |
| ☐☐ Family Cohesion | ☐☐ Youth Perception of Parental Attitudes of Youth Substance Use | ☐ |
| ☐☐ Family Management | ☐☐ Adult Perception of Risk/Harm of Youth Substance Use | ☐ |
| ☐☐ Family Connectedness | ☐☒ Youth Perception of Family Involvement | ☐ |
| ☐☐ Family Involvement | ☐☐ Youth Perception of Risk/Harm of Substance Use | ☐ |
| ☐☐ Family Conflict | ☐☐ Youth Perception of Family Cohesion | |

**OUTCOME OBJECTIVE(s) pertaining to this goal:**

**5.1 By June 30, 2025, youth community members participating in QPR Gatekeeper for Youth training will demonstrate a 10% increase in confidence in ability to recognize warning signs of suicide, as measured by pre vs. post survey analysis.**

**5.2 By June 30, 2025, youth community members participating in QPR Gatekeeper for Youth training will demonstrate a 10% increase in confidence in ability to help a suicidal person, as measured by pre vs. post survey analysis.**

**5.3 By June 30, 2025, youth participating in Stress Management presentation will demonstrate a 10% increase in confidence in ability to manage stress, as measured by retrospective post survey analysis.**

| Performance Measure(s) | Definition(s) include data | Tools/process for collection | Explain how the performance measure |
|---|---|---|---|

| | source | | demonstrates progress towards the goal |
|---|---|---|---|
| **Number and percent of youth exhibiting desired change in confidence in ability to recognize warning signs of suicide.** | **The number and percent of youth who have exhibited the desired change (10% increase) in ability to recognize warning signs of suicide during the reporting period (Data Source - Self-report data through pre vs. post survey analysis).** | **A pre survey will be administered to all participants at the beginning of the QPR Gatekeeper for Youth training. This will be followed by a post survey which will be administered to all participants at the end of the QPR Gatekeeper for Youth training.** | **A desirable change in the confidence level of an individual's ability to recognize warning signs of suicide supports the training's ability to enable and empower participants to recognize signs of distress and intervene to save a life. This will decrease stigma, and increase protective factors that promote safety and communication around mental health and substance use.** |
| **Number and percent of youth exhibiting desired change in confidence in ability to help a suicidal person.** | **The number and percent of youth who have exhibited the desired change (10% increase) in confidence in ability to help a suicidal person during the reporting period (Data Source - Self-report data through pre vs. post survey analysis).** | **A pre survey will be administered to all participants at the beginning of the QPR Gatekeeper for Youth training. This will be followed by a post survey which will be administered to all participants at the end of the QPR Gatekeeper for Youth training.** | **A desirable change in the confidence level of an individual's ability to help a suicidal person supports the training's ability to enable and empower participants to recognize signs of distress and intervene to save a life. This will decrease stigma, and increase protective factors that promote safety and communication around mental health and substance use.** |
| Number and percent of youth exhibiting desired change in confidence in ability to manage stress. | The number and percent of youth who have exhibited the desired change (10% increase) in confidence in ability to manage stress during the reporting period (Data Source - Self-report data through retrospective post survey analysis). | A retrospective post survey will be administered to all participants at the end of the Stress Management presentation. | A desirable change in confidence in ability to manage stress will increase the incidence of individuals engaging in early treatment and reduce stigma around mental health. |

**OUTPUT OBJECTIVE(s) pertaining to this goal:**

**5.4 By June 30, 2025, increase awareness and capacity to acknowledge warning signs of suicide by providing the QPR Gatekeeper for Youth training as measured by attendance of at least 150 youth.**

**5.5 OUTPUT: By June 30, 2024, increase awareness and capacity to acknowledge signs and symptoms of mental health distress and practice positive coping strategies by providing the Stress Management presentation, as measured by attendance of at least 100 youth.**

| | | | |
|---|---|---|---|
| **Number of individuals directly served.** | **The number of individuals attending the QPR Gatekeeper for Youth training during the reporting period. Online engagement is defined as regularly having camera on and/or interacting via chatbox/unmuting selves (Data Source – Attendance Logs).** | **An attendance sheet will be circulated at each session and completed by each individual attending the presentation, if in person. Attendance will be taken by the presenter via online participant list and engagement of individuals, if delivered virtually.** | **By expanding mental health and suicide prevention training opportunities in order to combat concerning trends around youth suicides, we will increase the number of community members are QPR Gatekeeper for Youth certified. QPR Gatekeeper for Youth is an evidence-based curriculum proven effective in increasing knowledge and confidence in recognizing the warning signs of suicide and intervening to help save a life.** |
| Number of individuals directly served. | The number of individuals attending the Stress Management presentation during the reporting period. Online engagement is defined as regularly having camera on and/or interacting via chatbox/unmuting selves (Data Source – Attendance Logs). | An attendance sheet will be circulated at each presentation and completed by each individual attending the class, if in person. Attendance will be taken by the presenter via online participant list and engagement of individuals, if delivered virtually. | By expanding mental health and suicide prevention training opportunities in order to combat concerning trends around youth suicides, we will increase the number of youth community members that are able to acknowledge signs and symptoms of mental health distress, practice positive coping strategies, and find help and resources. |

## Arizona Parents Commission on Drug Education & Prevention Grant
## SFY25 Achievement of Goals, Outcome Objectives and Performance Measures

Complete the table below by filling in the goals and objectives listed in your approved Exhibit E. Then explain in further detail addressing the questions below.

| | |
|---|---|
| **Goal 1:** To decrease incidence of youth substance use, depression, and delinquency by increasing parent/caregiver involvement and knowledge of family management skills. | Goal completed? ☒ Yes ☐ No |
| **Objective 1:** By June 30, 2024, parents and caregivers participating in the Strengthening Families Program will show a 10% increase in family communication, as measured by pre vs. post survey analysis. | Objective completed? ☒ Yes ☐ No |
| **Objective 2:** By June 30, 2024, parents and caregivers participating in the Strengthening Families Program will show a 10% increase in knowledge of dangers of substance use among youth, as measured by pre vs. post survey analysis. | Objective completed? ☐ Yes ☒ No |
| **Objective 3:** By June 30, 2024, parents and caregivers participating in the Strengthening Families Program will show a 10% increase in parenting skills, as measured by pre vs. post survey analysis. | Objective completed? ☐ Yes ☒ No |
| **Objective 4:** By June 30, 2024, 10% of graduated parents and caregivers participating in the Strengthening Families Program will exhibit sustained changes following three months from their participation, as measured by 3-month follow-up survey analysis. | Objective completed? ☐ Yes ☒ No<br>*While the desired 10% sustained changes have not been met, there are two cohorts that will not have graduated and had the opportunity to complete the 3-month follow-up survey by the end of this FY. Out of 36 parents/caregivers that participated in SFP this FY, only 2 families completed the 3-month follow-up survey, and only 1 of the 2 answered the question regarding sustained changes. Based on the results of the pre and post surveys for 10% change in all other categories, we believe this goal will have been met with a larger sample size.* |
| **Objective 5:** By June 30, 2024, provide the Strengthening Families Program to at least 35 parents/caregivers as measured by attendance at the first class. | Objective completed? ☒ Yes ☐ No |
| **Objective 6:** By June 30, 2024, increase retention of parents/caregivers participating in the Strengthening Families Program, as measured by an 80% completion rate for families that attended the first class (or 28 of 35 parents/caregivers). **(Wellington not tracking)** | Objective completed? ☐ Yes ☒ No<br>*Although the target goal of 28 of 35 parents/caregivers graduating the program was not met, retention of families increased this FY from the previous year, and attendance rates of graduating families were higher.* |

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| **Goal 2:** To increase awareness and education of substance use and its adverse health impacts, including the high risk of overdose. | Goal completed? ☒ Yes ☐ No |
| **Objective 1:** By June 30, 2024, adult community members, including parents/caregivers and teachers, participating in the Rise of Fentanyl presentation will demonstrate a 10% increase in awareness of risk/harm of illicit fentanyl, as measured by retrospective post survey analysis. | Objective completed? ☒ Yes ☐ No |
| **Objective 2:** By June 30, 2024, youth participating in the Fentanyl: A Killer Among Us presentation will | Objective completed? ☐ Yes ☒ No |

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| demonstrate a 10% increase in awareness of risk/harm of illicit fentanyl, as measured by retrospective post survey analysis. | *While the desired 10% change in awareness of the risk/harm of illicit fentanyl was not met, Quarter 3 results show a 9.8% change, which is significantly higher than Quarters 1 and 2 (6.8% and 5.9% respectively). The positive percent change showed movement in the preferred direction.* |
| **Objective 3:** By June 30, 2024, increase awareness of substance use prevention and risk/harm of illicit fentanyl by providing the Rise of Fentanyl presentation, as measured by attendance of at least 160 adults, including parents/caregivers and teachers. | Objective completed? ☒ Yes ☐ No |
| **Objective 4:** By June 30, 2024, increase awareness of substance use prevention and risk/harm of illicit fentanyl by providing the Fentanyl: A Killer Among Us presentation, as measured by attendance of at least 225 youth. | Objective completed? ☒ Yes ☐ No |

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| **Goal 3:** To increase awareness and capacity to acknowledge signs and symptoms of mental health distress, including recognition of signs of suicide, in youth. | Goal completed? ☒ Yes ☐ No |
| **Objective 1:** By June 30, 2024, adult community members, including parents/caregivers and teachers, participating in Youth Mental Health First Aid (YMHFA) course will demonstrate a 10% increase in ability to recognize signs and symptoms of mental health or substance use challenges that may impact youth, as measured by pre vs. post survey analysis. | Objective completed? ☒ Yes ☐ No |
| **Objective 2:** By June 30, 2024, adult community members, including parents/caregivers and teachers, participating in QPR Gatekeeper training will demonstrate a 10% increase in confidence in ability to recognize warning signs of suicide, as measured by pre vs. post survey analysis. | Objective completed? ☒ Yes ☐ No |
| **Objective 3:** By June 30, 2024, adult community members, including parents/caregivers and teachers, participating in QPR Gatekeeper training will demonstrate a 10% increase in confidence in ability to help a suicidal person, as measured by pre vs. post survey analysis. | Objective completed? ☒ Yes ☐ No |
| **Objective 4:** By June 30, 2024, increase awareness and capacity to acknowledge signs and symptoms of mental health distress by providing the YMHFA course as measured by attendance of at least 100 adults, including parents/caregivers and teachers. | Objective completed? ☐ Yes ☒ No *Although the target number of attendees has not been met, we have another YMHFA training scheduled before the FY is over (June), so we will be closer to this goal. However, even with the June training, we will not reach 100 attendees, due to the 30 person per training maximum. We are currently at 57% of this goal, and are hoping to reach at least 75% before the end of this FY.* |
| **Objective 5:** By June 30, 2024, increase awareness and capacity to acknowledge warning signs of suicide by providing the QPR Gatekeeper training as measured by attendance of at least 180 adults, including parents/caregivers and teachers. | Objective completed? ☒ Yes ☐ No |

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| **Goal 4:** To increase awareness and capacity to acknowledge signs and symptoms of mental health distress in oneself and other adults, and find help and resources. | Goal completed? ☒ Yes ☐ No |

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| **Objective 1:** By June 30, 2024, adult community members participating in Adult Mental Health First Aid (AMHFA) course will demonstrate a 10% increase in ability to recognize signs and symptoms of mental health or substance use challenges that may impact other adults, such as parents/caregivers or teachers, as measured by pre vs. post survey analysis. | Objective completed? ☒ Yes ☐ No |
| **Objective 2:** By June 30, 2024, adults participating in the Stress Management presentation will demonstrate a 10% increase in confidence in ability to manage stress, as measured by retrospective post survey. | Objective completed? ☒ Yes ☐ No |
| **Objective 3:** By June 30, 2024, increase awareness and capacity to acknowledge signs and symptoms of mental health distress by providing the AMHFA course, as measured by attendance of at least 100 adults.<br>10% increase in confidence in ability to help a suicidal person, as measured by pre vs. post survey analysis. | Objective completed? ☒ Yes ☐ No |
| **Objective 4:** By June 30, 2024, increase awareness and capacity to acknowledge signs and symptoms of mental health distress and practice positive coping strategies by providing the Stress Management presentation, as measured by attendance of at least 150 adults. | Objective completed? ☒ Yes ☐ No |

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| **Goal 5:** Increase awareness and capacity to acknowledge signs and symptoms of mental health distress in youth, practice positive coping strategies, and find help and resources. | Goal completed? ☒ Yes ☐ No |
| **Objective 1:** By June 30, 2024, youth participating in the National Alliance on Mental Illness (NAMI) Ending the Silence presentation will demonstrate a 10% increase in mental health awareness and coping strategies, as measured by retrospective post survey analysis. | Objective completed? ☒ Yes ☐ No |
| **Objective 2:** By June 30, 2024, youth participating in Stress Management presentation will demonstrate a 10% increase in confidence in ability to manage stress, as measured by retrospective post survey analysis. | Objective completed? ☒ Yes ☐ No |
| **Objective 3:** By June 30, 2024, increase awareness and capacity to acknowledge signs and symptoms of mental health distress and practice positive coping strategies by providing the NAMI Ending the Silence presentation, as measured by attendance of at least 150 youth. | Objective completed? ☒ Yes ☐ No |
| **Objective 4:** By June 30, 2024, increase awareness and capacity to acknowledge signs and symptoms of mental health distress and practice positive coping strategies by providing the Stress Management presentation, as measured by attendance of at least 100 youth. | Objective completed? ☒ Yes ☐ No |

*** Please give a detailed justification under question #3 below that supports this answer.**

1. How has your program impacted and met the needs of the community? Who from the community was involved with the program and how did they support your program?

    a. Our program has delivered Rise of Fentanyl and Fentanyl: A Killer Among Us to over 700 Pima County residents (315 more individuals than our FY goal of 385). Even though 2023 saw a record-breaking number of fentanyl overdose deaths (304 lives lost), we strongly believe that our outreach and education efforts have

created positive change in our community, and is obviously needed. In the past two years, our program has provided fentanyl and overdose prevention education to nearly 2,200 individuals, and with that many directly served persons comes thousands and thousands of indirectly served using the same 2 PowerPoint presentations. We have also delivered MHFA, YMHFA, and QPR to 660 people (to date) so far in just this FY, which is 65 more individuals than the previous FY, and makes the total number of people trained in mental health first aid and suicide-prevention 1,255 in just two years. We can see the positive influence of our program in the decrease in suicide fatalities in Pima County last year, and hear it in the testimonies of those who have been MHFA and QPR certified. The mental health, substance use, overdose/suicide prevention, and harm reduction education doesn't stop with the aforementioned trainings. The Strengthening Families Program, Stress Management and NAMI Ending the Silence presentations serve to further our efforts to make Pima County safe for all of its residents, young and old. Countless parents, teachers, families, youth, and community members of all ages have shared their appreciation and the effectiveness of our program. We are humbled and inspired by these reactions and the ripple effects we see in our community year after year.

b. We have partnered with the majority of Pima County schools and school districts (charter, alternative, and private schools included), universities and community colleges, and a multitude of education advancement programs. We are members of over 15 coalitions, including several committees, subcommittees, and workgroups, that include professional as well as volunteer adults and youth in the community. This number continues to grow every year as we join and create new coalitions, task forces, and partnerships. Over the years, we have worked with a variety of faith-based, non-profit, private sector, inter-governmental, tribal, and behavioral health organizations that serve youth and/or families. Some key partners this year included: PCHD's Youth and Schools program; University of Arizona's TACO (Team Awareness Combating Overdose) student-led drug education program; Tucson Police, Sheriff, and Fire Departments/EMTs; several school districts such Tucson Unified, Amphi, and Flowing Wells; Pima County Natural Resources, Parks and Recreation; Pima County Schools Superintendent's Office; Tucson Indian Center; Pima County Juvenile Court; and many more.

2. Who was the target audience? What was the total number of direct individuals and/or families served by the program during the past year?

   a. The target audience included general population youth and adults, but prioritized high-risk and underserved communities, youth aged 7 and up, and adults who work with or care for youth, including parents/caregivers, teachers/school personnel, mentors, and counselors/therapists who work with youth and families.

   b. As of April 24th, 2024, 2,505 individuals (youth and adults) have been directly served by our program this FY.

3. Explain the accomplishments of the program relating back to the original application's goals, outcome objectives and performance measures by providing data (numbers and percent) for objectives.

   - Goal 1: To decrease incidence of youth substance use, depression, and delinquency by increasing parent/caregiver involvement and knowledge of family management skills.

- Outcome Objectives:
  - By June 30, 2024, parents and caregivers participating in the Strengthening Families Program will show a 10% increase in family communication, as measured by pre vs. post survey analysis. – EXCEEDED
    - Quarter 1 (Q1): No data
    - Q2: 11.1% change
    - Q3: 65.7% change
    - Q4: TBD
  - By June 30, 2024, parents and caregivers participating in the Strengthening Families Program will show a 10% increase in knowledge of dangers of substance use among youth, as measured by pre vs. post survey analysis. – NOT MET
    - Q1: No data
    - Q2: 6.7% change
    - Q3: 0.9% change
    - Q4: TBD
  - By June 30, 2024, parents and caregivers participating in the Strengthening Families Program will show a 10% increase in parenting skills, as measured by pre vs. post survey analysis. – NOT MET
    - Q1: No data
    - Q2: 4.0% change
    - Q3: 5.4% change
    - Q4: TBD
  - By June 30, 2024, 10% of graduated parents and caregivers participating in the Strengthening Families Program will exhibit sustained changes following three months from their participation, as measured by 3-month follow-up survey analysis. – NOT MET
    - Q1: No data
    - Q2: No data
    - Q3: 0% change
    - Q4: TBD
  - By June 30, 2024, provide the Strengthening Families Program to at least 35 parents/caregivers as measured by attendance at the first class. – EXCEEDED (103%)
    - Q1: 17 adults
    - Q2: No data
    - Q3: 19 adults
    - Q4: TBD
  - By June 30, 2024, increase retention of parents/caregivers participating in the Strengthening Families Program, as measured by an 80% completion rate for families that attended the first class (or 28 of 35 parents/caregivers). – NOT MET
    - Goal was not met, but movement was in the preferred direction.

- Goal 2: To increase awareness and education of substance use and its adverse health impacts, including the high risk of overdose.

- Outcome Objectives:
  - By June 30, 2024, adult community members, including parents/caregivers and teachers, participating in the Rise of Fentanyl presentation will demonstrate a 10% increase in awareness of risk/harm of illicit fentanyl, as measured by retrospective post survey analysis. – EXCEEDED
    - Q1: 13.1% change
    - Q2: 8.2% change
    - Q3: 13.7% change
    - Q4: TBD
  - By June 30, 2024, youth participating in the Fentanyl: A Killer Among Us presentation will demonstrate a 10% increase in awareness of risk/harm of illicit fentanyl, as measured by retrospective post survey analysis. – NOT MET
    - Q1: 6.8% change
    - Q2: 5.9% change
    - Q3: 9.8% change
    - Q4: TBD
  - By June 30, 2024, increase awareness of substance use prevention and risk/harm of illicit fentanyl by providing the Rise of Fentanyl presentation, as measured by attendance of at least 160 adults, including parents/caregivers and teachers. – EXCEEDED (195%)
    - Q1: 135 adults
    - Q2: 105 adults
    - Q3: 81 adults
    - Q4: TBD
  - By June 30, 2024, increase awareness of substance use prevention and risk/harm of illicit fentanyl by providing the Fentanyl: A Killer Among Us presentation, as measured by attendance of at least 225 youth. – EXCEEDED (174%)
    - Q1: 225 youth
    - Q2: 76 youth
    - Q3: 18 youth
    - Q4: TBD

- Goal 3: To increase awareness and capacity to acknowledge signs and symptoms of mental health distress, including recognition of signs of suicide, in youth.
  - Outcome Objectives:
    - By June 30, 2024, adult community members, including parents/caregivers and teachers, participating in Youth Mental Health First Aid (YMHFA) course will demonstrate a 10% increase in ability to recognize signs and symptoms of mental health or substance use challenges that may impact youth, as measured by pre vs. post survey analysis. – EXCEEDED
      - Q1: 25.1% change
      - Q2: 14.7% change
      - Q3: No data
      - Q4: TBD
    - By June 30, 2024, adult community members, including

parents/caregivers and teachers, participating in QPR Gatekeeper training will demonstrate a 10% increase in confidence in ability to recognize warning signs of suicide, as measured by pre vs. post survey analysis. – EXCEEDED
    * Q1: 41.8% change
    * Q2: 35.1% change
    * Q3: 45.5% change
    * Q4: TBD

- By June 30, 2024, adult community members, including parents/caregivers and teachers, participating in QPR Gatekeeper training will demonstrate a 10% increase in confidence in ability to help a suicidal person, as measured by pre vs. post survey analysis. – EXCEEDED
    * Q1: 18.1% change
    * Q2: 19.5% change
    * Q3: 21.6% change
    * Q4: TBD

- By June 30, 2024, increase awareness and capacity to acknowledge signs and symptoms of mental health distress by providing the YMHFA course as measured by attendance of at least 100 adults, including parents/caregivers and teachers. – TBD
    * Q1: 24 adults
    * Q2: 35 adults
    * Q3: 0 adults
    * Q4: TBD

- By June 30, 2024, increase awareness and capacity to acknowledge warning signs of suicide by providing the QPR Gatekeeper training as measured by attendance of at least 180 adults, including parents/caregivers and teachers. – EXCEEDED (284%)
    * Q1: 181 adults
    * Q2: 50 adults
    * Q3: 22 adults
    * Q4: TBD

- Goal 4: To increase awareness and capacity to acknowledge signs and symptoms of mental health distress in oneself and other adults, and find help and resources.
    - Outcome Objectives:
        - By June 30, 2024, adult community members participating in Adult Mental Health First Aid (AMHFA) course will demonstrate a 10% increase in ability to recognize signs and symptoms of mental health or substance use challenges that may impact other adults, such as parents/caregivers or teachers, as measured by pre vs. post survey analysis. – EXCEEDED
            * Q1: 18.9% change
            * Q2: 11.7% change
            * Q3: 20.4% change
            * Q4: TBD

        - By June 30, 2024, adults participating in the Stress Management

presentation will demonstrate a 10% increase in confidence in ability to manage stress, as measured by retrospective post survey. – EXCEEDED
    * Q1: 13.2% change
    * Q2: 28.9% change
    * Q3: 22.4% change
    * Q4: TBD

- By June 30, 2024, increase awareness and capacity to acknowledge signs and symptoms of mental health distress by providing the AMHFA course, as measured by attendance of at least 100 adults. – TBD based on upcoming training
    * Q1: 20 adults
    * Q2: 46 adults
    * Q3: 25 adults
    * Q4: TBD

- By June 30, 2024, increase awareness and capacity to acknowledge signs and symptoms of mental health distress and practice positive coping strategies by providing the Stress Management presentation, as measured by attendance of at least 150 adults. – EXCEEDED (347%)
    * Q1: 56 adults
    * Q2: 113 adults
    * Q3: 298 adults
    * Q4: TBD

- Goal 5: Increase awareness and capacity to acknowledge signs and symptoms of mental health distress in youth, practice positive coping strategies, and find help and resources.
    - Outcome Objectives:
        - By June 30, 2024, youth participating in the National Alliance on Mental Illness (NAMI) Ending the Silence presentation will demonstrate a 10% increase in mental health awareness and coping strategies, as measured by retrospective post survey analysis. – EXCEEDED
            * Q1: 26.7% change
            * Q2: 5.9% change
            * Q3: 5.8% change
            * Q4: TBD

        - By June 30, 2024, youth participating in Stress Management presentation will demonstrate a 10% increase in confidence in ability to manage stress, as measured by retrospective post survey analysis. – EXCEEDED
            * Q1: 32.2% change
            * Q2: 14.8% change
            * Q3: 29.3% change
            * Q4: TBD

        - By June 30, 2024, increase awareness and capacity to acknowledge signs and symptoms of mental health distress and practice positive coping strategies by providing the NAMI Ending the Silence presentation, as measured by attendance of at least

150 youth. – EXCEEDED (136%)
  * Q1: 73 youth
  * Q2: 94 youth
  * Q3: 127 youth
  * Q4: TBD

- By June 30, 2024, increase awareness and capacity to acknowledge signs and symptoms of mental health distress and practice positive coping strategies by providing the Stress Management presentation, as measured by attendance of at least 100 youth. – EXCEEDED (382%)
  * Q1: 41 youth
  * Q2: 267 youth
  * Q3: 63 youth
  * Q4: TBD

4. If goals, outcome objectives, and performance measures were not met, provide a detailed explanation; including contributing factors and solutions for the next grant year.

   a. The goal of the Strengthening Families Program "to decrease incidence of youth substance use, depression, and delinquency by increasing parent/caregiver involvement and knowledge of family management skills" is marked "Yes" despite the following "not met" objectives, because our program did *increase parent/caregiver involvement and knowledge* overall. 36 new parents/caregivers enrolled and participated this FY, and graduating families were consistent in attendance and engagement over the 11-week program. We were also fortunate enough to have families who have graduated the program in the past join us for another cohort (not included in the FY numbers) because they reported they enjoyed it so much and wanted either a refresher, to involve new family members, participate in the group format with other families, etc. Due to the extremely low survey response rate, which continues to be a challenge for our team each FY, we do not get an accurate depiction of the percentage change in parent/caregiver knowledge of dangers of substance use among youth, learned parenting skills, and sustained change via the pre and post surveys. Because we need survey data to evaluate the effectiveness of the program, our team will continue to distribute and collect pre and post surveys. However, due to the lack of 3-month follow up survey responses, we have decided to eliminate the 3-month survey in the next FY. We will continue supporting graduating families over the 3 months following graduation via verbal/written communication, and providing appropriate referrals and supplemental materials as needed. Regarding retention rates (numbers of families who enroll and graduate the program), our team has tried several incentive methods over this FY – providing only a few gift cards to participants via random drawings during lessons/check-ins; providing a weekly gift card drawing for participating families; and providing gift cards for each family that participates in both the weekly lesson and check-in, every week. As we have only three cohorts to reference, each with a different incentive method, we do not have sufficient data to prove one method more effective than the others. Therefore, we will continue providing weekly gift cards to all families who attend both of the week's lesson and check-in (as funding permits), in order to provide families an opportunity to afford participating in key activities taught throughout the program (e.g. weekly family dinners, My Time, rewards for positive behaviors, etc.). We will reevaluate at the end of the next FY. We will also eliminate the percentage of retention goal in order to focus more on the success and content of the program, and less on numeric goals.

b. Our substance use, fentanyl, and overdose prevention education goal "to increase awareness and education of substance use and its adverse health impacts, including the high risk of overdose" is marked "Yes" despite not reaching the percentage change goal for Fentanyl: A Killer Among Us" for a few reasons. Our program was able to educate 703 adults and youth in just one FY, and the Q3 data for the youth presentation shows a 9.8% change which is *very* close to our 10% goal. Also, while survey data can provide some insight, it simply cannot encompass the overall impact of the program. For example, several youth who participated in the Fentanyl: A Killer Among Us presentation reported less than a 10% change in awareness of the risks/harms of fentanyl. Perhaps this is a good thing! If youth already have some of this knowledge going into the presentation, that means they are being educated prior to the presentation, they are retaining the information, sharing it with others, and hopefully making better and more informed decisions because of it. That's the goal! We also need to take into account that many of the youth we presented to were in settings that might influence their answers (or lack thereof) – peers are nearby, they are being "forced" to participate by their teachers/parents, they want to rush through the survey so they can get to the next class, they want to appear as if they know more than they do, etc.

c. Our goal "to increase awareness and capacity to acknowledge signs and symptoms of mental health distress, including recognition of signs of suicide, in youth" is marked "Yes" despite not meeting the attendance goals of the YMHFA training for a couple of reasons. The percentage change for those individuals who did attend the YMHFA training was much higher than the 10% goal, and the training falls under the same goal as QPR which had incredible success in both percentage change and attendance. Although our team has another couple of months before the end of this FY, we do not anticipate reaching the 100 attendees goal. This is due in part to losing two MFHA instructors this FY, and the need to train at least one replacement staff. It is also important to note that there was an incredible increase in YMHFA instructors throughout Pima County over the last FY which likely affected our program. Due to new instructor requirements (need to provide a YMHFA training within a specific time frame after getting certified), many Pima County residents received YMHFA trainings from outside organizations, rather than through our program. We must also recognize how difficult it can be for individuals to dedicate 8 hours to the training in their already busy lives. In the upcoming FY, we plan to have at least two to three FT dual-certified MHFA instructors to help us reach our program's goals going forward.

d. The Adult MHFA goal of 100 attendees will be reached by the end of the FY.

5. Please provide information on the outcomes achieved for participants of your program during the last year. This should include providing information specific to your program evaluation.

a. This year we added three open-ended, short answer questions to our post/retrospective surveys asking participants what they enjoyed about the presentation/training/program, what they liked the least, and any feedback for our program and/or recommendations for future presentations/trainings/programs. This allowed us to not only evaluate numbers and percentages, but the quality of our program and staff. Each of our presentations/trainings/programs is consistently updated and tailored based on data, trends, and audience feedback.

The results obtained from these three questions are invaluable, and were overall incredibly positive. Below are some of these responses (because we have *thousands* of surveys, these responses were pulled randomly).

Question, Persuade, Refer:

* "This came at a perfect time for me. Thank you!"
* "I liked hearing people talk about a 'controversial' topic like suicide because I feel like very many people experience moments of high stress of crisis and can relate, and not feel like they're alone."
* "I could see a genuine effort and commitment to inform and educate the community about the reality of suicide. Great presentation, thanks!"
* (RE: what they liked best) "How explicit and direct you have to be. Made me feel *much* more confident to speak up."

Rise of Fentanyl / Fentanyl: A Killer Among Us:

* "The fact that they have to tell us the rise of fentanyl – it's surprising how as the years go on, the streets are just going to get more dangerous."
* "So many resources that will help this situation. Thank you for this info!"

Strengthening Families Program:

* "I love the different topics that helped me incorporate into my parenting. I love the different ways I can talk to my son. We really enjoyed it all. We learned a lot! Thank you!"

Stress Management:

* (RE: what they liked best) "The presentation itself, about managing our stress, I learned more than I thought. I love this!"

NAMI Ending the Silence:

* "Telling us we're not alone, and giving us warning signs."
* "Anyone could do anything even if you have mental health difficulties."

b. One of the most common things participants comment on – via surveys, emails, conversations at outreach events, feedback provided second-hand by partners who work with those who have people who have participated in our program, etc. – is how vital the information they received really is to their lives and community. They share their personal experiences with mental health, suicide, fentanyl, overdoses, Narcan, and concerns about their families and loved ones. It is such an honor, for these individuals to feel comfortable enough to have these conversations with us and amongst one another. This is probably the surest sign that what our program works so hard to do is actually helping.

c. The partnerships we have created and maintained also reflect the success of, and need for, the programming we provide. When organizations want to associate with our program, want to work alongside us, and promote the work we do, that really shows us that we are holding ourselves to a high standard and being recognized for it.

6. Was your program on track according to your implementation plan? If not, explain why?

   a. Yes

7. Were changes necessary to achieve program success during the contract period? If so, what were the changes and why were they necessary? Include changes to program curriculum, budget, or program beneficiaries.

a. As previously mentioned, our team tried a few incentive changes for SFP this FY in an effort to improve recruitment, participation, and retention. In previous years, $25 gift cards were given to (new and unique) families for each week that they attended both the lesson and check-in, for the entire 11 weeks of their cohort. This gave families the ability to earn up to $275 in gift cards! This was in addition to all SFP supplies being mailed to their house, saved cost on travel or other expenses that come along with in-person classes (all 11 weeks were provided via Zoom), a family graduation certificate, all SFP DVDs and other toys/activities for families to use during My Time following graduation, the time and contribution of two SFP facilitators, etc. (all free of charge to participants). While it was amazing to be able to provide families with the $25 gift cards, we considered the possibility that we were "over incentivizing" and/or incentivizing the wrong thing. The focus seemed to be on the money, rather than the value, goals, and quality of the program. Although we knew we were risking lower attendance without the gift cards, it was our hope that we would recruit families that were most interested in the program itself, which could also improve retention/graduation percentages. Our team provided three SFP cohorts this FY, and tried three different incentive approaches:

    - During the first cohort of this FY (Fall 2023) facilitators held three unannounced drawings for a $25 gift card during the SFP session for all families present. There was one winning family per drawing (a total of 3 gift cards were given over the 11 weeks).
    - During the second cohort of this FY (Winter 2024) facilitators held drawings for the $25 gift cards nearly every week, but skipped a few weeks in order to keep the drawings random. In addition, each graduating family received a $25 gift card.
    - During the current / third cohort of this FY (Spring 2024), we have returned to the original format – giving all families who are present at both of the week's lesson and check-in a $25 gift card.

    It is important to note that all recruitment methods did *not* mention gift cards (flyers, social media posts, outreach events, etc.). We feel it is safe to say that this could have played a role in the registration, attendance, and retention rates for each of the cohorts. Although each cohort turned out to be relatively small, there was not a significant difference in this year's number of sign-ups / graduating families. Furthermore, the attendance rates this FY year were consistent, regardless of the number / method of gift card distribution. We also found that the number of responses to interest forms and registration for a specific cohort did not change significantly from last FY (2022-2023).

b. Although there were updates to our remaining presentations/trainings, most changes were either to update data/stats (e.g. suicide fatality numbers in MHFA and QPR, overdose fatality numbers in ROF and FAKAU), or to tailor the presentation/trainings to a particular audience. These modifications were primarily made to the Stress Management presentations, and did not change the overall objectives / results (e.g. the addition of interactive activities for more audience participation; more specific types of stressors listed / discussed related to the particular audience, like teachers, parents, students, etc.).

8. Were there any staff changes during the year? If so, how did it impact the overall success of the program?

a. MHFA instructor Andrea Altamirano retired in early February of this year (2024), which was a significant loss for our team. She was the primary instructor for both Adult and Youth Mental Health First Aid, and had been for many years. This not only left us with one relatively new MHFA instructor – Program Specialist, Adriana Laigo – but forced us to have to focus a good amount of time on organizing and reaching out to Andrea's contacts, getting Program Specialist Leah Morales trained as a AMHFA instructor (she has not yet given a AMHFA training, and still needs to be crossed trained in YMHFA), and re-strategizing recruitment and implementation of MHFA trainings in order to reach our FY individuals served deliverable goals. Also, due to internal (PCHD) policies and procedures, we have not been able to recruit/hire someone to replace Andrea. We are still working hard to provide enough AMHFA and YMHFA trainings before June 30th, and have been collaborating with external instructors as much as possible.

b. Our team will also be losing Adriana Laigo in early May of this year. She is our primary AMHFA, YMHFA, and QPR trainer, as well as one of two SFP facilitators, ROF/FAKAU and Stress Management presenters. The same policies and procedures that have prevented us from filling Andrea's position apply to Adriana's position, and we do not have an estimated date for a replacement. This will be another significant loss for our team and will no doubt affect our team's abilities to reach our goals.

c. Finally, the structure of the Parents Commission grant team will be changing before/during the 24-25 FY. A new Program Manager will be taking over the grant, and we will no longer have a Program Coordinator position. The effect of this transition really depends on a number of factors (the experience of the new PM, the fact that the PM will be in charge of two grants rather than just one as is the case with the PC currently in charge, necessary training(s) for the new PM, etc.) That being said, our team has been understaffed several times over the last two grant cycles, and it has not prevented us from reaching/exceeding each of our goals. We have been diligent and proactive in our plans going forward, and are confident in the long-term success of the upcoming FY (24-25).

9. Please provide information regarding any challenges and/or other reasons for not expending current grant funds.

a. The team does not have any concerns for expending current Parents Commission grant funds. According to the most recent available expenditures reports, as of April 11th, 2024, Pima County Health Department had expended $144,579.28, which is 72.37% of the 75% target expense rate. Despite experiencing a few months of staffing shortages, Pima County Health Department was able to stay on track with expenditures by utilizing other staff to support the functions of the Parents Commission Grant funded program. We anticipate being fully expended by the of the current program period, June 30th, 2024.