



San Mateo County Behavioral Health and Recovery Services

MHSA Innovation Final Evaluation Report: Health Ambassador Program – Youth (HAP-Y)

San Mateo County Health Ambassador Program–Youth Final Evaluation Report, 2016-20

A Mental Health Services Act Innovation Project



Prepared by:

Resource Development Associates

December 2020





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Acknowledgments

From HAP-Y Program Coordinator, Brenda Nuñez:

We cannot express enough gratitude to our partners throughout San Mateo County who contributed to the efforts and mission of the Health Ambassador Program for Youth (HAP-Y). Over the last four years, HAP-Y has touched the lives of so many. This program would not have been possible without the advocacy, support, and dedication of the following stakeholders in particular:

- **The Crisis Intervention & Suicide Prevention Center staff** for support in implementation and program planning, including Program Directors Narges Dillon, Islam Hassanein, and Zena Andreani. Additionally, to the CISPC staff who were also a part of program and training facilitation, including Brook Pollard, who delivered important educational presentations for HAP-Y, and Karina Chapa and Vero Polanco, who were both essential parts of programming as facilitators for the WRAP and Photovoice workshop experiences.
- **Community agency and service partners** including Behavioral Health and Recovery Services and the staff at the Office of Diversity and Equity, who provided critical funding, guidance, and support. To other community partners who were essential in programming, including Waynette from Copeland Center, who led the WRAP workshops and reminded participants that they are more than their diagnosis; Claudia Saggese and Karina Marwan, who both served as NAMI Family-to-Family facilitators and did so in such a passionate and empathetic manner; Siavash Zohoory, who facilitated workshops that provided participants the opportunity to explore and understand the power behind their own lived experiences; and Lisa M. Vasquez, for their continued support with outreach and participant recruitment.
- **Educational partners**, including Aspire East Palo Alto Phoenix Academy, Aragon High School, Jefferson High School, Fair Oaks Community Center, and ALAS for granting us space at their locations to host full 14-week programming.
- The team at **Resource Development Associates**, who has collaborated with everyone during this project and also worked directly with HAP-Y participants. Their engagement and communication with us has been exceptional.
- The **Youth Ambassadors**, who are most important of all, and who made this program such a wonderful and empowering experience for all involved. The ambassadors have been amazing leaders in their communities, and it has truly been a privilege to have been part of this journey with them.

A special statement of gratitude to all of the HAP-Y program graduates:

Ali, Aeanne, Albania, Alec, Alejandro, Alex, Alondra, Amanda, Anahi, Andora Fess, Andrea, Angelica, Anna, Anna, Anne, Aobheann, Aolani, Belinda, Brianda, Brandon, Caitlin, Caitlin L, Carlos, Carolina, Catalina, Chelsea, Claire, Clara, Darcy, Dayana, Diana, Diego, Dylan, Emily, Ernesto, Ester, Fen, Florence, Friday, Gabriel, Gabriela, Giovanni, India, Iris, Isabella, Isabella, Jaseryll, Jenna, Jericho, Jessica, John, Jonathan,





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Justin, Karla G., Karla O., Laine, Lauren, Leila, LeMar, Leslie, Louis, Luis, Luis, Luis, Madeline, Megan Michelle, Moises, Morelia, Nayeli, Noel, Odalys, Praise, Preston, Pricila, Rheem, Sara, Sophia, Summer, Tiffany, Vivian, Yanelly, Yoana





Introduction

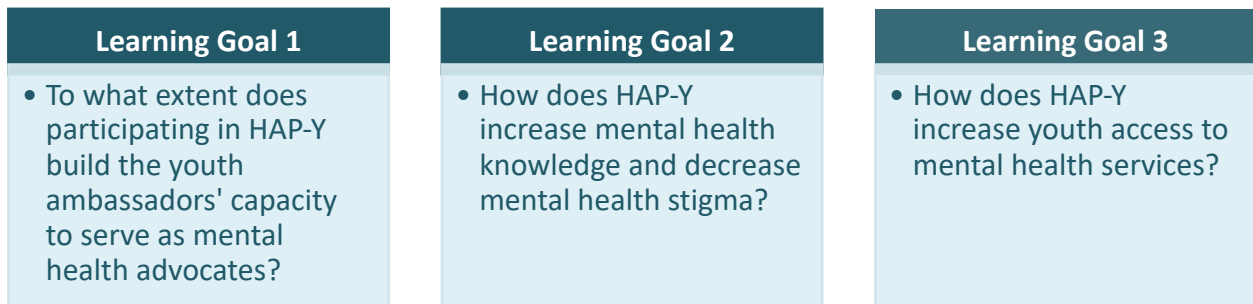
Project Overview and Learning Goals

The Health Ambassador Program-Youth (HAP-Y) was an Innovation (INN) program under the Mental Health Services Act (MHSA). San Mateo County Behavioral Health Recovery Services (BHRS) funded HAP-Y. StarVista, a nonprofit mental health organization based in San Mateo County, administered the program.

- **MHSA INN Project Category:** Makes a change to an existing mental health practice that has not yet proven to be effective.
- **MHSA Primary Purpose:** Increase access to mental health services.
- **Project Innovation:** HAP-Y served as a youth-led initiative where young adults acted as mental health ambassadors to promote awareness of mental health, reduce mental health stigma, and increase access to mental health services among young people. The HAP-Y Innovation project was the first to offer formal evaluation of a program designed for youth peer educators.

In accordance with the requirements for MHSA INN programs, BHRS selected three Learning Goals as priorities for the HAP-Y program. Figure 1 introduces these Learning Goals.

Figure 1: HAP-Y Learning Goals



The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the project on July 28, 2016, and BHRS contracted with StarVista in December 2016. In 2017, BHRS selected Resource Development Associates (RDA) to serve as the evaluation team for three MHSA Innovation Projects, including HAP-Y.

This final report follows three previous annual evaluation reports (2016-17, 2017-18, and 2018-19) that presented year-to-year accounts of HAP-Y program development, program outcomes, and participant experiences. This cumulative evaluation presents cross-cutting findings and “lessons learned” from across the nine cohorts held during the evaluation period.



Project Description

HAP-Y engaged, trained, and empowered TAY as youth ambassadors to promote awareness of mental health, educate their peers about mental health resources, and increase the likelihood that young people in San Mateo County are knowledgeable and comfortable enough to seek out mental health services. Each cohort of youth ambassadors underwent a 14-week psychoeducational training program designed to enhance their knowledge of mental health, communicative best practices, and advocacy skills. Following the training program, the ambassadors engaged in outreach and peer education activities in school- and community-based venues. Most ambassadors conducted their presentations with high school students in classroom settings, but HAP-Y participants also completed their presentations by speaking on discussion panels or serving in other public speaking roles.

StarVista, which provides counseling, prevention, early intervention, and education services for San Mateo County residents, served as the lead agency for HAP-Y. For over 30 years, StarVista has offered mental health services and resources to more than 40,000 people from diverse communities throughout San Mateo County. StarVista was selected through a Request for Proposal (RFP) process to implement and manage the HAP-Y project, including program administration, participant recruitment, and data collection efforts.

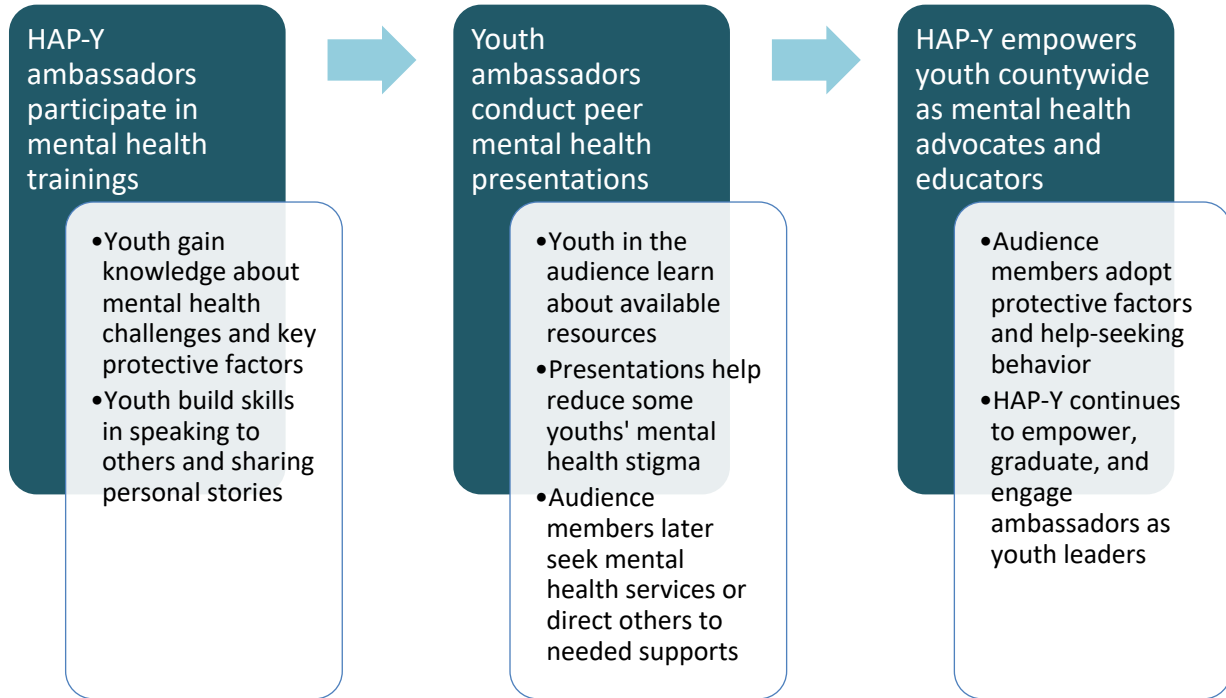
StarVista staff were responsible for providing training, collaborating with outside agencies to provide additional training, and arranging and supporting public presentations for Youth Ambassadors. StarVista also provided transportation and stipends for youth to attend the trainings.

HAP-Y Theory of Change

As is illustrated in the Theory of Change below, HAP-Y was developed to educate and empower youth ambassadors, inform young people across the county, and enhance the county's mental health system in its ability to serve youth. The program design expects that youth audiences are more likely to access mental health services and resources when receiving the information from peers. StarVista staff worked closely with the ambassadors to cultivate their knowledge of mental health, their public presentation skills, and their capacity to serve as community advocates. As such, HAP-Y was meant to create lasting change for individuals who directly engaged with the program, while improving mental health access among young people in the community at large.



Figure 2: HAP-Y Theory of Change



HAP-Y Program Model

1. StarVista conducted outreach for HAP-Y through schools, community-based organizations, social media platforms, and general outreach in the community.
2. Youth who showed interest in HAP-Y participation were asked to submit an application and go through a formal interview process conducted by StarVista staff. StarVista's key criteria for selecting ambassadors included youth who have lived experiences with mental health challenges, as well as youth who were able to commit to the full training program. StarVista staff convened different cohorts in different parts of the county, to ensure a wider geographic and demographic representation of youth ambassadors.
3. Cohorts received 14 weeks of training and then had three months following their training to conduct a minimum of three community presentations. StarVista partnered with youth to identify a location and supported the training by either co-presenting or providing individual preparation support.

See Appendices A and B for the HAP-Y youth application and StarVista youth interview protocol.

HAP-Y Training Curriculum

Over the 14-week training program, StarVista staff presented and coordinated an array of different mental health and suicide prevention trainings for the youth ambassadors. Together, these trainings prepared participants to:



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- Present psychoeducational information to youth in school- and community-based settings;
- Facilitate discussions about mental health care, suicide, and mental health challenges;
- Provide their peers and loved ones with mental health resources;
- Encourage others to seek formal support for mental health challenges; and
- Build confidence and grow their skills in leadership, advocacy, and public speaking.

Across the nine cohorts occurring during the evaluation period, StarVista staff incorporated ambassador feedback into curricular and program planning. For example, during the 2019-20 program year, StarVista discontinued its use of the National Alliance on Mental Illness (NAMI) training based on participant feedback.

HAP-Y Response to COVID-19

HAP-Y pivoted to a virtual training model in the spring of 2020 in response to COVID-19. HAP-Y trainings were conducted remotely, and ambassadors delivered presentations to audiences virtually when possible. With classroom-based audiences not readily accessible, some youth opted to present to smaller groups of family or friends. Overall, limited opportunities for presentations led to program graduates in cohort 9 completing fewer presentations than in past years.

Evaluation Overview

In 2017, BHRS contracted Resource Development Associates (RDA) to carry out the evaluation of HAP-Y's implementation and program outcomes. RDA is an Oakland-based public systems consulting firm that has conducted evaluations of MHSA Innovation Projects in multiple counties throughout California.

HAP-Y's three Learning Goals, introduced in the previous section, provided the core framework for the evaluation. Within this framework, the two major components to the evaluation are as follows:

- The **process evaluation** concerns the implementation of HAP-Y: the extent to which the program operated according to plan, any challenges with implementation, and any major changes to program operations. Lessons from the process evaluation enabled BHRS and StarVista to make real-time adjustments to improve program delivery.
- The **outcome evaluation** component assesses the extent to which HAP-Y activities produced the intended outcomes as outlined in the Learning Goals: building the leadership capacity of youth ambassadors, enhancing youth knowledge and decreasing mental health stigma, and increasing youth access to mental health services.

RDA worked with StarVista and BHRS to launch the HAP-Y evaluation using a Participatory Action Research (PAR) framework. During the first year of the program, HAP-Y youth ambassadors were instrumental in the development of the evaluation plan, and helped to design some of the major evaluation tools. StarVista staff, with support from RDA, introduced each new cohort to the importance of program evaluation during the training sessions. Youth ambassadors continued to serve a critical role in the





evaluation process: they conducted data collection with their peer education audiences and offered insight and reflections to the evaluation team following program completion.

The PAR framework enhanced the cultural competency of data collection methods employed for this evaluation. RDA centers a trauma-informed, culturally sensitive approach to engaging with and gathering information from program participants, particularly with youth-centered or youth-led programs. Our interviewers and facilitators are trained to bring an awareness of their own positionality and biases, as well as to ask questions in a sensitive and trauma-informed manner that gives participants voice and choice. Collaborating with HAP-Y ambassadors and program staff elevated participant voice, with participant input shaping data collection strategies over time.

Data Collection

In order to assess HAP-Y's progress toward its three learning goals, the evaluation team used a mixed-methods approach to program evaluation. This approach includes tracking quantitative measures of impact from the educational presentations, as well as qualitative assessments of youth ambassadors' experiences and the program's major successes and challenges. Using multiple methods also enables a more robust comparison of findings across the different data sources.

This final evaluation report also includes a unique data source: a retrospective survey offered to all HAP-Y program graduates. Respondents included youth ambassadors from each of the first eight HAP-Y cohorts, who graciously shared their perspectives on HAP-Y's longer-term impact as well as recommendations for program improvement as the HAP-Y program continues with other funding sources.

The types of data collection used for the evaluation are briefly described below. They include demographic reporting, the Self-Determination Survey, the Audience Survey, ambassador focus groups, and the HAP-Y Graduate Survey.

Demographic Reporting

The MHSOAC mandates that MHSA Innovation Projects collect data on the demographic backgrounds of program participants, and has a required list of demographic categories that the survey process must include. HAP-Y ambassadors completed a demographic survey at the start of the training program, which a StarVista staff member subsequently uploaded onto a HIPAA-compliant survey platform. Beyond the MHSOAC requirements, the demographic survey included an expanded list of options for sexual orientation and gender identity (SOGI), in order to accommodate a wider range of youth who identify as LGBTQ+. With these revisions, the demographic survey aligned with BHRS' agency-wide initiative to revise its SOGI questions on health intake forms. For a copy of the demographic survey, please see Appendix C.

HAP-Y Self-Determination Survey (Pre/Post)

RDA developed the Self-Determination Survey for the youth ambassadors, who take the same survey at the start of the program and after completing their time with the program. The survey, which was anonymous, required the ambassadors to assess their skills and beliefs in three domains: mental health



advocacy, leadership, and teamwork. Administering the survey at the start and end of the program (“pre” and “post” tests) helped to track how, on average, ambassadors’ self-perceptions changed over the course of their time with HAP-Y. For a copy of the Self-Determination Survey, please see Appendix D.

Audience Survey

To assess the impact of the ambassadors’ peer mental health presentations, a group of youth ambassadors worked with RDA to develop the Audience Survey in the first year of HAP-Y. The ambassadors administered the survey to their audience members following their presentations. This survey used a “post-pre” format: it asked audience members to recall their knowledge and beliefs about mental health before attending the presentation, and compare it to their knowledge after having witnessed the presentation. In addition, the Audience Survey included an option for respondents to leave their contact information if they are experiencing mental health challenges and wanted follow-up contact from StarVista. For a copy of the Audience Survey, please see Appendix E.

Focus Groups with HAP-Y Ambassadors

RDA conducted eight focus groups with current and former HAP-Y youth ambassadors throughout the evaluation period. In addition to cohort-specific focus groups, RDA facilitated two focus groups with HAP-Y graduates. While the evaluation team conducted pre/post focus groups with the majority of cohorts, the evaluation team did not conduct a focus group with participants from cohorts 5 or 7. Several alumni from these cohorts participated in a graduate focus group.

The focus group discussions enabled the evaluation team to gather in-depth information from HAP-Y’s participants, and provide the ambassadors a space to reflect on their experiences following the end of the program. For a copy of the focus group questions, please see Appendix F.

HAP-Y Graduate Survey

This final evaluation report also includes a retrospective survey offered to HAP-Y program graduates. Respondents included youth ambassadors from each of the first eight HAP-Y cohorts, who graciously shared their perspectives on HAP-Y’s longer-term impact as well as recommendations for program improvement as the HAP-Y program continues with other funding sources.

Intended as a complement to the Self-Determination Survey, the Graduate Survey asks about the longer-term impacts of HAP-Y participation, from multiple months to multiple years post-program. For a copy of the Graduate Survey, please see Appendix E.

Data Analysis

To analyze quantitative data from the survey tools, RDA examined frequencies, averages, and ranges of survey responses. To analyze qualitative data, RDA transcribed focus group and interview responses, and analyzed these transcripts to identify major themes, significant outliers, and notable perspectives across participants’ experiences. RDA then synthesized these quantitative and qualitative analyses in accordance with the three Learning Goals that guide the evaluation plan.





Data Limitations

Small sample sizes for “post” Self-Determination Surveys. Logistical difficulties prevented the administration of the Self-Determination Survey to certain cohorts at the close of their respective programs. While some former ambassadors maintained contact with StarVista, others were harder to reach after the end of the program. As such, the number of ambassadors who completed the “post” survey (26) is fewer than half of the number who completed the “pre” survey (78).

Difficulty of surveying audience members in non-school settings. HAP-Y ambassadors participated in a number of presentations, speakers’ panels, and other events in community-based settings outside of school. However, ambassadors were often unable to administer the Audience Survey in these settings. As such, the number of Audience Surveys is an undercount of the total number of people the HAP-Y ambassadors reached during their peer education efforts.

Ambiguous or confusing wording for some Audience Survey questions. The data from 2017-18 suggested that following the presentations, attendees were more likely to report feeling uncomfortable discussing mental health challenges, and more likely to believe that people with mental health challenges were unstable. These results appeared counterintuitive, as HAP-Y was designed to normalize open discussions about mental health challenges. In response, the evaluation team worked with StarVista and a group of former HAP-Y participants to revise the wording to these questions. In February 2019, StarVista staff presented these unexpected survey results to program alumni. These alumni discussed revisions to the audience survey, and recommended rewording these two questions to match the positive framing of the rest of the survey. Cohort 6 was the first group of ambassadors to use the new survey. The results of Cohort 6’s Audience Surveys are more aligned with program expectations—that audience members would feel more comfortable talking about mental health, and be more likely to believe that people with mental health challenges can lead healthy lives. The differences in survey results before and after this change suggests that the previous wording may have skewed the results.

In 2018-19, data analysis revealed that another survey question may have garnered unintended results. The survey asks audience members to check off any issues they have experienced in trying to access mental health care, but leaves no box or option to indicate that the survey-taker has never attempted to access mental health care. As such, it is possible that people in this position would have marked one of the answers, “I did not qualify for services,” understanding that to mean that they did not qualify because they did not need any services. It is thus unclear whether the number of people who indicated that they had experienced this challenge with eligibility is an accurate headcount. This survey question was changed for 2019-20.

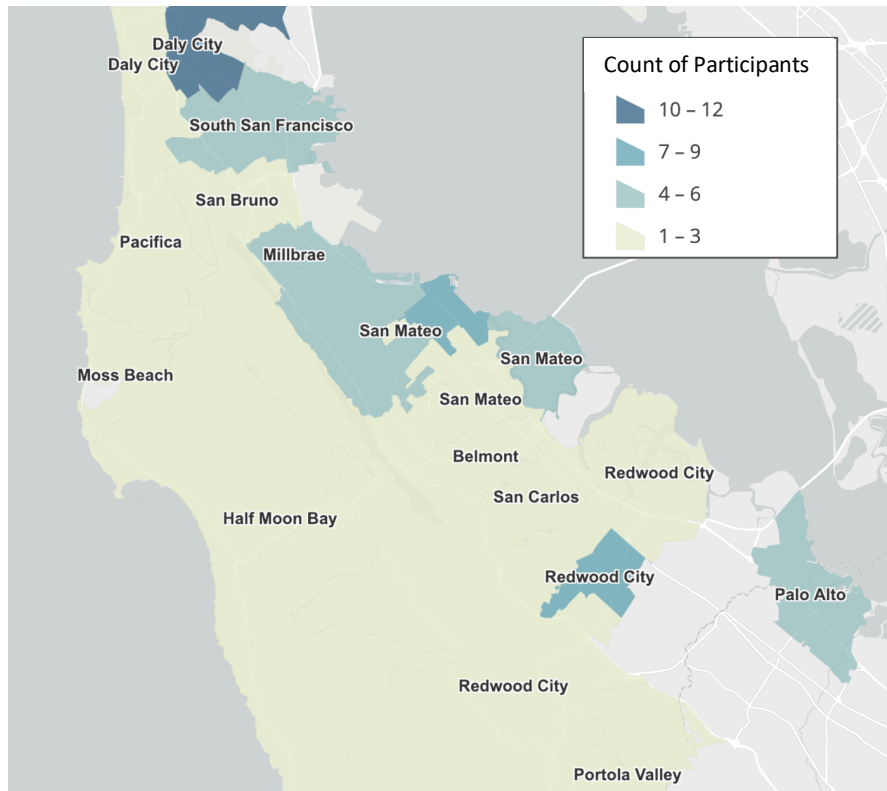


Program Reach and Participants

Geographic Reach

HAP-Y engaged nearly 100 youth ambassadors (n=98) over the course of the multiyear program. Youth enrolling in HAP-Y originated from across San Mateo County, with Figure 3 below showing HAP-Y participation by the zip code of youth ambassadors. Communities shown in darker blue, e.g., Daly City, west San Mateo, and Redwood City, had a higher number of youth participating in HAP-Y.

Figure 3. HAP-Y Participation by Zip Code, 2017-2020 (n=75)¹



Over the course of the project, StarVista expanded HAP-Y into different areas of San Mateo County, achieving a wider geographic representation of young people in the program. For example, in the program’s second year, StarVista’s emphasis on geographic diversity also overlapped with a goal of incorporating youth from historically marginalized communities. Except for cohorts 3, 6, and 9, all cohorts were majority Latinx. In focus groups, several Latinx youth noted the cultural and social barriers in their families that made mental health a taboo topic.

Multiple members of Cohort 6, which was centered in San Mateo, learned about HAP-Y through their participation in LGBTQ+ student organizations or the San Mateo County Pride Center.² For cohorts 7-9,

¹ While most youth did provide their zip code, 23 youth did not provide this information.

² The Pride Center is another MHSA Innovation Project.



HAP-Y engaged youth from across San Mateo County and from the Daly City and South San Francisco regions in particular.

Program Retention

Of the 98 youth who completed a demographic survey and attended an initial training session, 89 went on to complete the full course of HAP-Y training and 69 completed at least one presentation. Table 1 below shows the total number of youth engaged by HAP-Y (“HAP-Y Participants”) and demonstrates program retention as measured by the number of youth who completed the program (“Youth Completing HAP-Y Training”). Table 1 also shows survey completion rates across cohorts as measured by the number of youth who completed a pre-survey, both a pre- and post-survey, and the number of ambassadors who completed the graduate survey.

Table 1. HAP-Y Training and Survey Participation by Cohort³

Cohort	HAP-Y Participants	Youth Completing HAP-Y Training	Youth Completing Pre-Survey	Youth Completing Pre & Post Survey	Youth Completing HAP-Y Graduate Survey
1	11	10	-	-	10
2	10	9	10	-	5
3	13	11	13	6	6
4	13	12	4	4	4
5	7	7	7	4	5
6	13	11	13	8	5
7	9	9	9	1	7
8	16	14	16	-	4
9	6	6	6	3	-
TOTAL	98	89	78	26	46

³ “Participants” refers to the number of youth who completed an anonymous demographic survey during training. Only youth who completed both a pre- and a post- Self-Determination Survey are included. Cohort 9 participants had not completed the program at the time the Graduate Survey was administered.



Participant Characteristics

HAP-Y ambassadors reported diverse identities and backgrounds. Table 2 below describes the demographic characteristics of HAP-Y participants across age, race/ethnicity, sex, gender identity, sexual orientation, health and housing, language preference, education, employment, and income.

Table 2: HAP-Y Ambassador Demographics (n=98)⁴

Age: 100% of ambassadors were 24 or younger at the time of survey, with nearly all participants between the ages of 16 and 24.	Language: Almost all (95%) of ambassadors listed English as their primary language, or listed English along with another language.
Race: Roughly 58% of participants identified as Latinx, and 26% identified as white. Except for cohorts 3, 6, and 9, all cohorts were majority Latinx. A slight majority of cohort 3 participants were Asian, a slight majority cohort 6 participants were white, and a majority of cohort 9 participants were non-white.	Ethnicity: A majority of ambassadors (62%) were Mexican/Mexican American/Chicanx, Central or South American, including nearly all of Cohorts 4 and 5. Roughly 12% of participants reported European ethnicity and 9% reported Chinese ethnicity, with the remainder reporting Filipino, African, Korean, Middle Eastern, Native American, or other ethnicity.
Sex at Birth: 73% of ambassadors indicated that they were female at birth. Others were male at birth or declined to answer.	Gender Identity: The majority of ambassadors (69%) identified as cisgender women at the time of survey.
Sexual Orientation: About two-thirds (69%) of ambassadors identified as heterosexual or straight, and 13% identified as bisexual. The other 18% identified as questioning, pansexual, queer, gay/lesbian, or declined to answer.	Education: Most (87%) participants were in high school at the time of survey, including all members of Cohorts 4 and 5. This number may be underreported, as some ambassadors declined to respond.
Health Conditions: 74% of ambassadors reported having no major health issues or declined to answer. The most common reported condition was difficulty seeing.	Employment: 70% of youth reported being students, and one-third (32%) had a part-time or full-time job. A few selected multiple categories.
Housing Status: Nearly all ambassadors indicated that they have stable housing, or are living with friends or family members.	Income: Only 16% of participants answered this question, with all reporting an annual income of \$50,000 or less.

⁴ To comply with HIPAA requirements and to protect the confidentiality of participants, the demographic analysis below only lists categories where there were at least five responses. Some categories have been combined in cases where there were fewer than five responses.





Presentations and Audience Engagement

Table 3 presents key metrics related to HAP-Y audience engagement over the course of the project.⁵ Among the 89 participants who completed the full course of HAP-Y training, **69** youth delivered **229** mental health-focused presentations in their schools and communities. These presentations reached over **3,800** individuals countywide.

HAP-Y ambassadors in cohorts 1-8 delivered in-person presentations to classroom and community audiences. Youth in cohort 9 delivered virtual presentations due to the lockdown directives in San Mateo County in response to the COVID-19 pandemic.

Table 3. HAP-Y Audience Presentations and Surveys by Cohort

Cohort	Youth Completing Presentations	Presentations	Audience Surveys
1	9	9	287
2	9	23	365
3	10	32	822
4	8	41	594
5	5	18	278
6	8	41	459
7	8	29	475
8	6	16	341
9	6	20	267
TOTAL	69	229	3,888

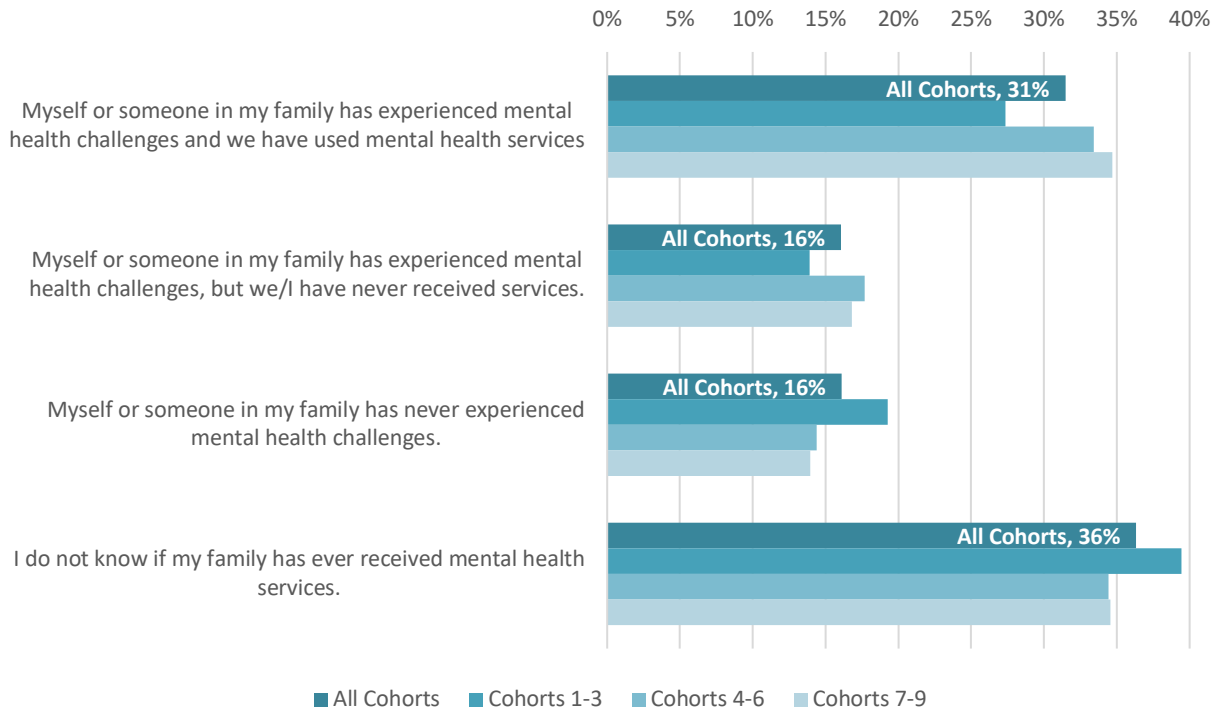
⁵ The total count of completed audience surveys is likely an undercount of the total audience engagement, as not all audience members completed a survey. Additionally, due to the impact of COVID-19, there was a decline in the number of presentations delivered and audience surveys completed in cohort 9.



Audience Lived Experiences

While the audience survey did not solicit any demographic information from respondents, one question asked about the audience member’s personal or familial experience with mental health challenges and mental health services. Figure 4 shows audience responses to this question were generally consistent across cohorts.

Figure 4: Audience Members’ Prior History of Mental Health Challenges and Services (n=3,888)



Nearly half of audience members reported some personal experience with mental health challenges. Across cohorts, 47% of survey respondents indicated that either they or a family member had experienced mental health challenges. Among that subset of respondents, roughly one-third had not received any mental health services in response.

Over one-third of audience members (36%) did not know whether any family members had received mental health services before. This proportion was more than twice the percentage of audience members who responded that neither they nor any family members had ever accessed mental health services (16%). The fact that so many audience members were uncertain about their family’s mental health histories suggests that mental health challenges and mental health care may not have been a common topic of discussion at home for these students.



Final Progress Toward Learning Goals

This section presents the key evaluation findings across the first nine HAP-Y cohorts, separated by the three Learning Goals. A summary of key findings is included below.

Learning Goal 1: Building Youth Capacity

Mental Health Leadership and Advocacy. Participating in HAP-Y provided ambassadors with concrete tools and knowledge to effectively advocate for mental health awareness, contribute to others' learning, and support their own mental health and wellbeing.

Improved Self-Confidence. Youth who participated in HAP-Y reported higher self-confidence, including in measures describing resilience and attitudes about self, after participating in the program.

Community as a Protective Factor. HAP-Y helped foster a sense of community and reduced the isolation that some ambassadors reported feeling, especially those with lived experiences of depression or other mental health challenges.

Mental Health Career Pathways. For many ambassadors, participating in HAP-Y affirmed or inspired their desire to pursue a career in the mental health field, or to integrate mental health concerns into their other career aspirations.

Long-Term Ripple Effects. Ambassadors reported that their participation in HAP-Y has continued to positively impact their own lives and the lives of those around them months, and even years, after program completion.

Learning Goal 2: Enhancing Mental Health Knowledge & Decreasing Stigma

Knowledge about Mental Health and Resources. Across cohorts, the most salient takeaways for audience members were understanding the signs of depression and anxiety and learning that there are helplines and other services available 24/7 to assist individuals who are experiencing mental health crises.

Addressing Stigma. HAP-Y presentations appeared to decrease audience members' stigma around mental health. At the same time, it is still likely that stigma remains an issue for some audience members.



Learning Goal 3: Increasing Youth Access to Mental Health Services

Access to Resources. Many HAP-Y audience members indicated that the presentation had provided them with resources they could use in the future to seek support for themselves, family members, and/or friends.

Long-Term Ripple Effects. Beyond the required presentations, HAP-Y ambassadors shared the knowledge and skills gained from the program with family, friends, and community members. Ambassadors described myriad post-program interactions ranging from educating family members to connecting peers to mental health resources, including peers who disclosed suicide or self-harm ideation.

Learning Goal 1: Building Youth Capacity

Mental Health Leadership and Advocacy

Participating in HAP-Y provided ambassadors with concrete tools and knowledge to effectively advocate for mental health awareness, contribute to others’ learning, and support their own mental health and wellbeing. As Figure 5 shows, HAP-Y ambassadors reported an improved sense of efficacy regarding mental health advocacy and leadership, with the figure illustrating ambassadors’ self-reported change between the pre- and post-program Self-Determination Survey. Notably, the two indicators that saw the largest increase between the pre- and post-survey relate to advocacy for self and others. Both of these indicators (“I am comfortable speaking up”; “I can speak up for myself in a group”) increased by eleven percentage points when analyzing cohort results collectively.

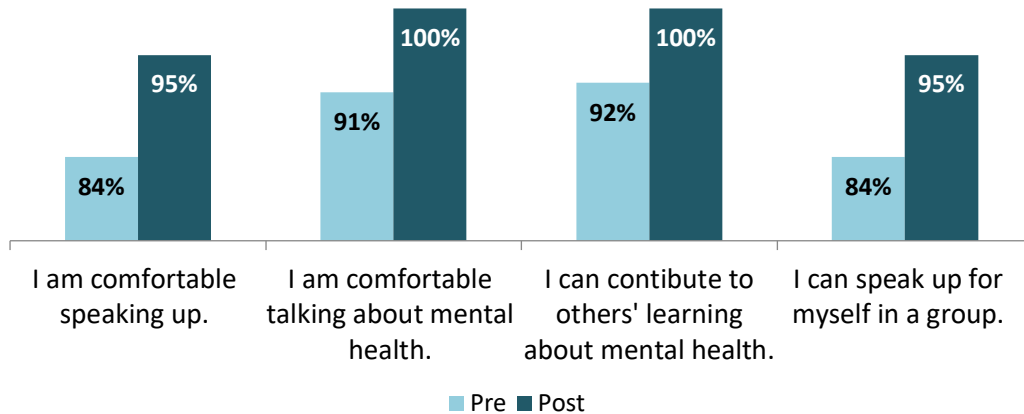
This increase corresponds to the ways in which HAP-Y graduates talked about how the program prepared them to engage proactively as mental health educators and advocates with their families, friends, and broader social networks. For example, one HAP-Y graduate shared that the experience “helped me give advice about what therapy means [to] my dad. Sometimes older men think that therapy means that something is bad, but I can talk about it in a way [that normalizes it].”

Because many HAP-Y ambassadors had lived experiences of mental health challenges, the program also helped participants build resilience and practices around self-care. For example, several participants noted how they had found the training on Wellness Recovery Action Plans (WRAPs) useful for the general stresses in their own lives. One former ambassador noted that they had created a WRAP when working on their college applications, as they had found the experience to be incredibly burdensome. Several ambassadors also appreciated the emphasis on self-care during the training sessions, which covered



difficult and sensitive topics. This focus on emotional self-awareness made ambassadors more cognizant of their own stress levels and the need to advocate for their own wellbeing on a regular basis.

Figure 5. Pre/Post Changes in Participants’ Self-Reported Mental Health Advocacy Skills (n=26)
 (Percentage of ambassadors who responded “mostly true” or “very true”)



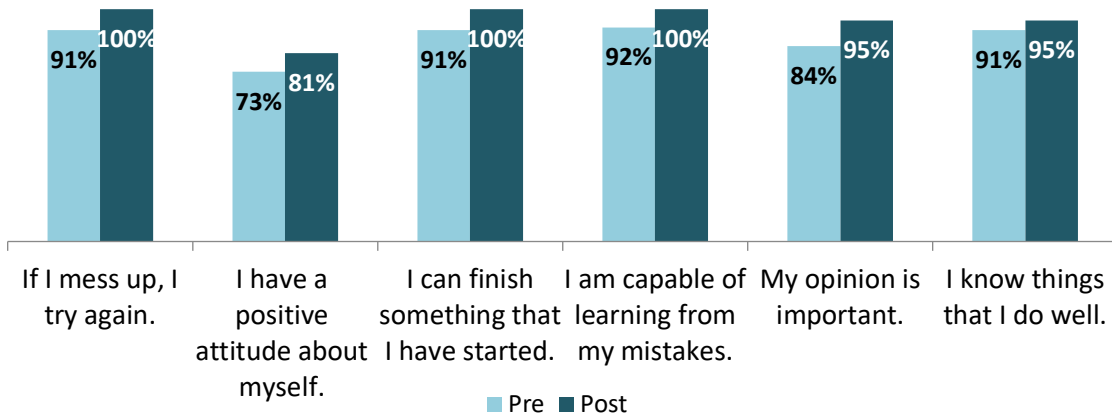
Improved Self-Confidence

Youth who participated in HAP-Y reported higher self-confidence, including in measures describing resilience and attitudes about self, after participating in the program. Figure 6 below describes the areas where these increases were observed. While ambassadors generally reported in the pre-survey that they had high perceptions of self-confidence (e.g., “My opinion is important”; “I know things that I do well”) and self-efficacy (e.g., “I can finish something that I have started”; “I am capable of learning from my mistakes”), it is notable that each of these indicators increased between the pre- and post-surveys across cohorts as a whole.

Increased levels of confidence helped HAP-Y alumni to continue advocating for the importance of mental health awareness even after they completed their presentations. Several ambassadors noted that by the end of the program, they felt knowledgeable and confident enough to challenge their friends and relatives who hold misconceptions about mental health, or who say things that could be taken as insensitive. Importantly, these ambassadors also noted the importance of having empathy when challenging others: the goal was not to belittle the other person, but to share helpful knowledge and prevent the spread of potentially harmful beliefs.



Figure 6. Pre/Post Changes in Participants’ Self-Confidence/Self-Efficacy (n=26)
 (Percentage of ambassadors who responded “mostly true” or “very true”)



Community as a Protective Factor

“The biggest thing that has stayed with me is having a support system. [HAP-Y] made me realize how important that is.”

–HAP-Y Graduate

HAP-Y helped reduce the isolation that some ambassadors reported feeling, especially those with lived experiences of depression or other mental health challenges. HAP-Y participants noted that cohorts often became close-knit over the course of the program, and that many ambassadors developed bonds with one another. Some ambassadors described that they had not previously had an opportunity to discuss their own mental health challenges with peers, and discovered through HAP-Y that they were not the only ones experiencing those struggles.

Notably, one of the largest pre/post increases across the Self-Determination Survey was observed in the indicator that asked participants about their sense of belonging to a community. There was an increase of 11 percentage points in youth who agreed that they are a part of a community. Powerfully, the largest shift came from those who reported that this was “very true.” The number of youth who agreed that this was “very true” increased from 48% to 76%.⁶

⁶ The overall pre/post change remains 11 percentage points, as it includes those who responded “mostly true” or “very true” in both the pre- and post-surveys.



Mental Health Career Pathways

For many ambassadors, participating in HAP-Y affirmed or inspired their desire to pursue a career in the mental health field, or to integrate mental health concerns into their other career aspirations. While BHRS and StarVista did not plan for this as a program goal, many HAP-Y participants exited the program with goals to pursue careers as mental health practitioners, social workers, service providers, or similar professions. Some of these ambassadors started the program with some interest in a career in mental health, which strengthened over the course of the program; others discovered a newfound passion in HAP-Y that they wish to keep pursuing in the future.

Measuring Impact

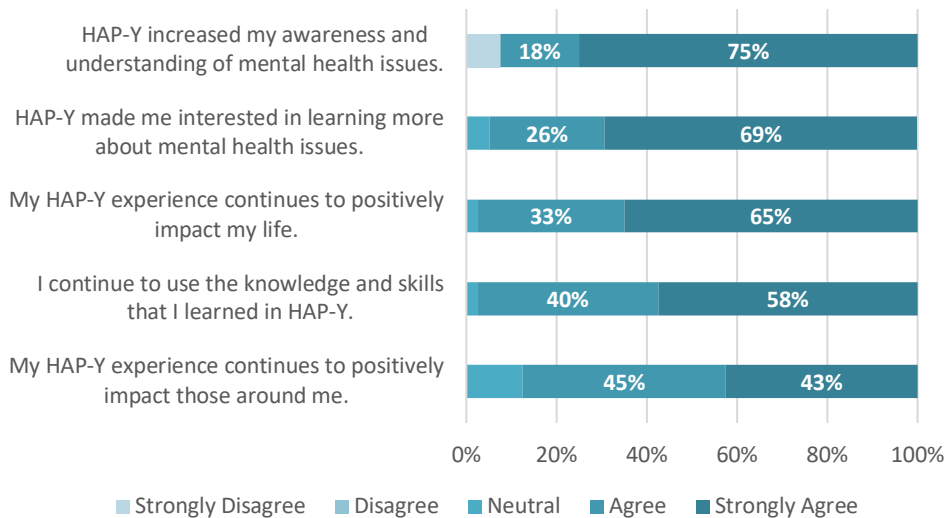
58% of ambassadors said that they are considering a mental health-related career as a result of their participation in HAP-Y in San Mateo County.

Over half (58%) of program graduates agreed that they are considering a mental health-related career because of HAP-Y. Of those who reported that HAP-Y influenced them to pursue a mental health-related career pathway, 71% said they are considering a career in psychology or psychiatry, 64% a career in social work, and 57% a career as a therapist.⁷

Long-Term Ripple Effects

Ambassadors reported that their participation in HAP-Y has continued to positively impact their own lives and the lives of those around them for months, and even years, after program completion. Figure 7 below describes the responses of HAP-Y graduates when asked about the longer-term impacts of program participation on their understanding of and interest in mental health issues, the ongoing application of the knowledge and skills they learned in HAP-Y, and any perceived positive impact(s) that their participation in HAP-Y continues to have in their own lives or in the lives of friends or family.

Figure 7. HAP-Y Graduate Survey Responses (n=46)



⁷ Respondents were able to select multiple options.





Learning Goal 2: Enhancing Mental Health Knowledge and Decreasing Stigma

Knowledge about Mental Health and Resources

Across cohorts, the most salient takeaways for audience members were understanding the signs of depression and anxiety and learning that there are helplines and other services available 24/7 to assist individuals who are experiencing mental health crises. Most audience members found the HAP-Y presentations useful and expressed high levels of satisfaction with both the presentation and the presenters. Across all cohorts, 88% of audience members indicated that they had found the presentation useful.

“I have depression and [the presentation] made me feel like I wasn’t alone. I learned more about services I can access.”

–HAP-Y Audience Member

Despite the impact of COVID-19 on the ability of ambassadors in cohorts 8 and 9 to deliver presentations, audience members for cohorts 7, 8, and 9 shared positive feedback in line with audience members of the first six cohorts. For example, audience members who completed an Audience Survey for cohort 8’s presentations reported that they found the presentations helpful particularly for the insights around how to talk with friends or family members who have suicidal or self-harm ideation. One audience member writes, “[I learned] the signs of a person who is trying to harm or kill themselves.” Others expressed new learnings around common mental health challenges, including depression and anxiety. Another audience member shared that “I honestly didn’t know what anxiety really was” and that the presentation “helped me learn about the symptoms.”

Addressing Stigma

Measuring Impact

After attending a HAP-Y presentation, **74% of audience members** reported that they would feel comfortable seeking mental health services.

Only half (51%) reported feeling comfortable seeking services prior to the presentation.

HAP-Y presentations appeared to decrease audience members’ stigma around mental health. Audience members reported that after attending the presentation, they would feel more comfortable seeking out mental health services. Several audience members wrote in the open-ended comments that by learning more about mental health and mental illness, they were more informed and less likely to pass judgment on individuals who may be struggling with mental health challenges.

At the same time, it is likely that stigma remains an issue for some audience members. After the presentation, nearly all audience members reported that they knew where to get support for mental health challenges (94%). However, fewer audience members indicated that they felt *comfortable* seeking mental health resources (74%), even though audience members’

comfort levels rose on average after the presentation. While these figures represent a sizeable majority of audience members, it is still noteworthy that more audience members felt knowledgeable about available mental health resources than those that would feel comfortable accessing those same resources or services. These data suggest that stigma around mental health may remain a challenge for some students in San Mateo County, including those who otherwise found the presentation to be informative.



Learning Goal 3: Increasing Youth Access to Mental Health Services

Access to Resources

Many HAP-Y audience members indicated that the presentation had provided them with resources they could use in the future to seek support for themselves, family members, and/or friends. As mentioned in the previous section, many audience members noted that they appreciated how ambassadors shared specific resources that were easy and free to access, such as crisis hotline numbers and a peer-run youth chatroom. These resources could serve as points of entry for youth to seek out longer-term mental health services.

A small portion of Audience Survey respondents indicated that they were experiencing a mental health challenge, and requested individual follow-up support from StarVista. StarVista staff noted that most students who do leave their contact information ultimately do not respond to StarVista’s efforts to contact them. Moreover, StarVista was not able to track the completion rate of follow up contacts, or whether a follow up call results in the student being connected to mental health supports. As such, it is difficult to gauge accurately how many of these survey requests result in access to formal services.

Long-Term Ripple Effects

Beyond the required presentations, HAP-Y ambassadors shared the knowledge and skills gained from the program with family, friends, and community members. Ambassadors described myriad post-program interactions ranging from educating family members to connecting peers to mental health resources, including peers who disclosed suicide or self-harm ideation. Among those who completed the HAP-Y Graduate Survey—which included a cross-sample of participants from the first eight cohorts—88% of respondents agreed that their participation in HAP-Y continues to positively impact those around them.

Measuring Impact

Of the 88% of HAP-Y graduates who agreed that their participation in HAP-Y “continues to positively impact those around me,” 90% shared a personal anecdote describing how they continue to share the knowledge and resources they learned from HAP-Y.

Most of those ambassadors shared personal anecdotes describing how they continue to share the knowledge and resources from HAP-Y with the people in their lives, including teachers, parents, friends, and classmates. The majority of graduates shared that they use the knowledge they learned to dismantle stigma or negative attitudes about mental health with the people in their lives. Others described how they are able to support their siblings’ or friends’ management of mental health challenges. One ambassador discussed being able to support her friend who was experiencing a panic attack by using one of the breathing techniques she learned in HAP-Y. Overall, HAP-Y ambassadors continue in their role long after they graduate from the program, showing up as mental health leaders and ambassadors who promote self-care and community care information and strategies.



Conclusion

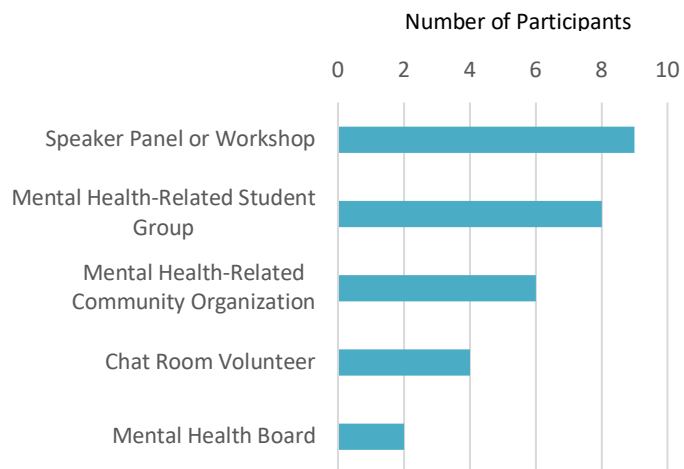
Across all HAP-Y cohorts, ambassadors provided input and feedback via cohort focus groups, reunion focus groups, and surveys. True to the purpose of MHSA Innovation projects—providing funding to incubate novel behavioral health strategies and approaches—the following are the guiding “lessons learned” culled from the multi-year San Mateo County HAP-Y pilot. These lessons illustrate the relational impact of the Innovation project and provide insights for ongoing program adjustments moving forward.

Lesson 1. Training youth as mental health advocates and leaders in San Mateo County resulted in a multiplier effect: participants continued to initiate mental health conversations even after they completed the program. These conversations crossed generational and cultural boundaries and occurred at the individual, family, and community levels.

Not only did HAP-Y empower ambassadors to lead and engage in a greater number of mental health-focused conversations, it shaped the quality and content of those conversations. As one HAP-Y graduate shared, “HAPY continues **to influence the language I use when speaking about mental illness** around others, as I have learned how to speak compassionately and respectfully about mental health issues.” Another participant described how HAP-Y empowered them to support and educate both friends and family: “My friend one day had suicidal thoughts and I knew to provide him lots of support, motivational thoughts, but **most importantly I knew that I needed to [connect him to] a professional.** Together, we were able to find a therapist he could talk [to at] his school’s health center. I’m also now able to educate my Latino family on mental health which they weren’t so open to before.”

In addition to informal, interpersonal conversations on mental health, some ambassadors continued to engage in mental health conversations in formal spaces in their communities. Figure 8 illustrates ways in which HAP-Y graduates continued to engage in mental health-focused spaces in their schools and communities.

Figure 8. Post-Program Community Involvement



Lesson 2. Youth participating in an evidence-based mental health training program can apply the tools and strategies they learn to their own mental wellbeing and self-care praxis.

A vignette shared time and again by HAP-Y ambassadors over the course of the evaluation period was how often they used the knowledge and skills they gleaned from HAP-Y in their day-to-day interactions, including self-care activities. Multiple program graduates reported that **they apply self-care frameworks**



from HAP-Y in their personal lives, such as by practicing journaling, establishing relational boundaries, or engaging in mindfulness activities.

Collectively, ambassadors’ personal reflections underscore **heightened resilience, self-awareness, and an understanding of the critical nature of self-care**. For example, one ambassador shared that “I’ve learned to notice the signs of when I might be entering a moment of crisis.” Another added, “I have been able to take care of my mental health better. HAP-Y taught me coping skills for anxiety and depression and ways to care for myself. I usually take out the binder I was given and read through some of the lessons we went through on mental health.”

These individual anecdotes are reflected in the data: 98% of HAP-Y graduates who completed the graduate survey reported that their participation in the program continues to positively impact them. In both the surveys and focus groups, graduates provided an abundance of examples of how they put HAP-Y training concepts into practice. Whether these examples discuss mental health, self-appreciation, or conflict resolution, HAP-Y ambassadors demonstrated that self-care strategies bolster mental wellbeing and enhance resilience. Finally, the insights and experiences shared by participants emphasize a greater takeaway, which is that evidence-based mental health educational programs for youth can yield long-term dividends by modeling and normalizing tools for self-care praxis.

“HAP-Y taught me about self-worth. I now know that focusing on myself is just as important as caring for others. I am in a healthier state of mind.”

–HAP-Y Graduate

“I love how much we talk about self-care as a serious topic rather than a hot buzzword. Making me think in each session about what I will do for self-care has helped me to continue to practice that in my own life.”

–HAP-Y Graduate

Program and Funding Continuation

San Mateo County BHRS presented interim HAP-Y outcomes to stakeholders, the MHSA Steering Committee, and the MHSARC in 2019. During this meeting, BHRS provided an update on progress toward program learning goals, client outcomes, and a proposed sustainability plan. The sustainability plan included a request of \$250,000 ongoing MHSA funds, beginning in FY 2020-21. An estimated 40 members of the public attended the presentation and had the opportunity to ask questions and provide public comment.

The MHSA Steering Committee made a motion to approve a one-year no cost extension of HAP-Y for FY 2019-20. Additionally, the idea to fund HAP-Y using MHSA one-time unspent funds as an interim solution was presented at this meeting, with the intention to incorporate the ongoing project sustainability into the FY 2020-23 MHSA Three-Year Plan Community Program Planning process. The Plan to Spend was developed in collaboration with stakeholders during two MHSA Steering Committee meetings and input sessions with the MHSARC Older Adult, Adult, and Youth Committees, as well as the Contractor’s Association, the Office of Consumer and Family Affairs/Lived Experience Workgroup and the Peer Recovery Collaborative.



San Mateo County Behavioral Health and Recovery Services

MHSA Innovation Final Evaluation Report: Health Ambassador Program – Youth (HAP-Y)

In October 2019, the MHSA Steering Committee reviewed the draft Plan to Spend and provided comments. In November, the MHSARC held a public hearing, closed the 30-day public comment period, reviewed the public comments, and subsequently voted to submit the plan to the Board of Supervisors for approval. The final Plan to Spend was submitted and approved by our Board of Supervisors in April 2020.

During the FY 2020-23 MHSA Three-Year Plan Community Program Planning process, the COVID-19 pandemic transpired. Given the significant revenue decrease projections expected due to the pandemic, it is unlikely that San Mateo County will be able to fund any new programs or expansions, including HAP-Y past FY 2021-22. At the MHSA Steering Committee in February 2021, BHRS will work with stakeholders on a plan to utilize reserves for possible sustainability of this and other programs.

As mentioned above, preliminary project outcomes were presented to stakeholders, the MHSA Steering Committee and the MHSARC in 2019. The final report will be presented to these same groups in May 2021 as part of the FY 2020-21 MHSA Annual Update, posted on the San Mateo County MHSA website, BHRS blog and disseminated to the over 2,000 local MHSA subscribers. There are no current plans to present to other counties but BHRS is open to this possibility.

Finally, StarVista and BHRS worked with RDA to identify and develop infrastructure for ongoing reporting purposes. These conversations engaged stakeholders in program sustainability planning to ensure HAP-Y's ongoing compliance with County and State reporting requirements.



Appendix A: HAP-Y Application



STAR VISTA Health Ambassador Program for Youth

DESCRIPTION:

Health Ambassador Program-Youth (HAP-Y) is a new program established by StarVista. We are looking for youth health ambassadors who are passionate about serving communities that have been affected by mental health challenges, interested in raising awareness, and increase access to behavioral health services. Interested youth will participate in trainings focusing on mental wellness. After completion of training, Health Ambassadors will be community agents ready to help others in the community through information sharing or providing referrals when appropriate. Stipend of up to \$700 will be provided for youth who complete the training program. Public transportation passes and child care are available upon request. **People who have family, communities or they themselves have been affected by mental health challenges are highly encouraged to participate.**

REQUIREMENTS:

Be between the ages of 16 to 24.
Able to commit to 70+ hours of training.
Participation in community events.

GENERAL RESPONSIBILITIES:

Training

Participate in the entire training program. Training will be focused on topics of mental wellness. Some of the trainings cover the common challenges in mental wellness, learning the signs and risks of suicide, suicide prevention, and information on access to mental health services. Snacks and light refreshments will be provided at each training.

Community Involvement

After completing required training, health ambassadors will have the opportunity to represent HAP-Y in community events such as health fairs, outreach events, and trainings. Opportunities to receive pay will be available.

PLEASE EMAIL APPLICATION TO: hapy@star-vista.org

OR

PLEASE MAIL APPLICATION TO:

StarVista Crisis Center, Attn: HAP-Y
610 Elm Street, Suite 212
San Carlos, CA 94070

Please submit applications by 12/14. Selected applicants will be contacted for interview. Any applications received after this date will be considered for the next round.





PERSONAL INFORMATION:

NAME:

DATE OF BIRTH:

AGE:

GENDER IDENTITY:

ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

DO YOU PREFER TO BE CONTACTED BY PHONE, TEXT OR EMAIL?

SCHOOL (IF APPLICABLE):

NOTE: PARENTAL PERMISSION REQUIRED FOR PARTICIPATION FOR THOSE UNDER 18.

BACKGROUND INFORMATION:

1. List any jobs or extracurricular activities that you are currently involved in or participated in previously.

Job/Activity	Description of involvement	How long have you been or were you involved?

1. What language(s) other than English do you speak? Would you need interpretation services to participate in the program?
2. Our next training program will be in San Mateo, Does this location work for you? If no, please enter most convenient location for you.
3. What qualities do you possess that will make you successful as a Health Ambassador?
4. How have you, your family, or your community been affected by mental health and behavioral health challenges?
5. How does becoming a health ambassador fit with your personal and professional goals?



Appendix B: StarVista HAP-Y Interview Protocol

Start by describing the program (combination of trainings and outreach)

Applicant Name:

Interviewer:

1. Tell us a little about yourself and why you are interested in participating in a program focusing on mental health?
2. What is something you hope to get out of participating in this program?
3. How do you feel about representing the program at community events like health fairs or in classroom presentations?
4. Tell us about a time you worked in a team: what were some challenges and what were some things that made is successful?
5. How do you think this will fit with your other commitments? How will you manage your time?
6. Our meetings would be in the afternoon starting at 4:30 starting in September lasting for 13 weeks. Do you expect any challenges to regular participation in the program? (For example: do you have transportation, any scheduling conflicts? Will you need vouchers?)
7. If you are under 18, have you discussed this program with your parents? Are they supportive? Would it be ok for us to contact them?
8. How did you hear about the program?
9. What do you think are your strengths and areas you are working to improve?
10. Why do you think it's important for young people to learn more about mental health?
11. Think about a teacher you liked, what made them effective?
12. What are you most proud of?
13. How would your friends describe you? (If more experienced, how would your supervisor describe you)?
14. What 3 words would you choose to describe yourself?



Appendix C: HAP-Y Demographic Form

Thank you for joining the Health Ambassador Program for Youth. This form will help us understand who is attending the trainings and part of the program. The questions are voluntary. Thank you for your time!

Team Member First and Last Initial & DOB:	
Zip code:	

1. What is your age category?

- 0-15
- 16-25
- 26-39
- 40-59
- Age 60 and above
- Decline to answer

2. What is your preferred language?

- English
- Spanish
- Mandarin
- Cantonese
- Russian
- Vietnamese
- Tagalog
- Hindi
- Farsi
- American Sign Language
- Other: _____
- Decline to answer

3. How do you define your race?
(check all that apply)

- American Indian/Native Alaskan
- Asian
- Black or African American
- Hispanic or Latino/a/x
- Native Hawaiian or other Pacific Islander
- White/Caucasian
- Other: _____
- Decline to answer

4. How do you define your ethnicity?
(check all that apply)

Hispanic Ethnicity:

- Caribbean
- Central American: _____
- Mexican/Mexican-American/Chicano/a/x
- Puerto Rican
- El Salvadorian
- South American: _____

Non-Hispanic Ethnicity:

- African
- Asian Indian/South Asian
- Cambodian
- Chinese
- Eastern European
- European
- Filipino
- Middle Eastern
- Vietnamese
- Japanese
- Korean
- Other: _____
- Decline to answer



5. What is your assigned sex at birth?

- Male
- Female
- Intersex
- Decline to answer

6. What is your current gender identity?

- Cisgender Man
- Cisgender Woman
- Trans Man
- Trans Woman
- Genderqueer
- Two-Spirited
- Questioning or unsure of gender identity
- Another gender identity: _____
- Decline to answer

7. How do you identify your sexual orientation?

- Gay or Lesbian
- Heterosexual or Straight
- Bisexual
- Questioning or unsure of sexual orientation
- Queer
- Pansexual
- Asexual
- Two-Spirited
- Another sexual orientation: _____
- Decline to answer

8. Do you have any of the following disabilities or health conditions? (check all that apply)

A disability is defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness.

- Difficulty seeing
- Difficulty hearing, or having speech understood
- Other communication challenges: _____
- Limited physical mobility
- Learning disability
- Developmental disability
- Dementia
- Chronic health condition
- Other disability or health condition: _____
- None
- Decline to answer

9. What is your highest level of education?

- Less than high school diploma
- High school diploma or GED
- Some college
- Vocational or trade certificate
- Associate's Degree
- Bachelor's Degree
- Graduate Degree
- Decline to answer

10. What is your current employment status?

- Full time employment
- Part time employment
- Unemployed and looking for work
- Unemployed and not looking for work
- Retired
- Student
- Decline to answer

11. What is your current housing status?

- I have stable housing
- I am staying with friends or family
- I am living in a shelter or transitional housing
- I am homeless
- Other housing status: _____
- Decline to answer

Complete questions 12 & 13 if you are 18 years old and over

12. What is your individual annual income?

- 0-\$24,999
- \$25,000- \$50,000
- \$50,001- \$75,000
- \$75,001- \$100,000
- Above \$100,000
- Decline to answer

13. Are you a veteran?

- Yes, I am a veteran
- No, I am not a veteran
- Decline to answer



Appendix D: HAP-Y Self-Determination Survey

In your opinion, how true are these things? Please mark the box that matches with how true each statement is to you.

Mental Health Advocacy	Not at all true	A little bit true	Mostly true	Very true
I am comfortable talking about mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am interested in learning more about mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a positive attitude about myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the courage to say difficult things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My involvement in this project is important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I am part of a community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can contribute to other people’s learning about mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Leadership	Not at all true	A little bit true	Mostly true	Very true
I know things that I do well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My opinion is important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am comfortable speaking up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am capable of learning from my mistakes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I mess up, I try again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can gain professional skills from this project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to make a plan to achieve my goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can finish something that I have started.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teamwork	Not at all true	A little bit true	Mostly true	Very true
I work well on my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I work well with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I aim to understand the other person’s point of view.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I listen to other people’s opinions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I support team members to participate and contribute.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can make decisions as part of a group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can speak up for myself in a group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am willing to learn from others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I follow through commitments to my teammates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Appendix E: Health Ambassador Program Youth Audience survey

Thank you for listening to our presentation today! Please use the scale below to rate your level of knowledge before and after the presentation:

1 = No	2 = Sometimes	3 = Most of the time	4 = All of the Time	NA = Not Applicable						
		For the check boxes in the left column, please rate your knowledge/feelings Before Presentation:	For the check boxes in the left column, please rate your knowledge/feelings After Presentation:							
I know where to go to get support if I am emotionally struggling.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> NA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> NA
I know who to call or access online if I need mental health services.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> NA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> NA
I know of services that are available evenings and weekends.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> NA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> NA
I can get services that I need.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> NA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> NA
I'm uncomfortable discussing topics related to mental health challenges.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> NA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> NA
I think people with mental health challenges are unstable.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> NA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> NA
I feel comfortable seeking mental health services.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> NA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> NA

Which of the following statements about what your family/loved ones has experienced is true? *Select one*

- Myself or someone in my family has experienced mental health challenges and we have used mental health services.
- Myself or someone in my family has experienced mental health challenges, but we/I have never received services.
- Myself or someone in my family has never experienced mental health challenges.
- I do not know if my family has ever received mental health services.

If you've ever attempted to get mental health services: – *Select multiple*

- I did not qualify for any services
- It took too long to be seen after I had a crisis
- The hours of services do not match with my schedule
- The appointments are always full
- There were not enough services available
- I had no problems getting into services
- Other _____ (please write in)



Was this presentation helpful for you?

Yes No

If yes, please share why: _____

What is something we could do better?

What do you need more information about?

Please use the following scale to rate your level of satisfaction.

1 = Poor

2 = Fair

3 = Good

4 = Very Good

5 = Excellent

How would you rate the effectiveness 1 2 3 4 5
of this presentation?

How would you rate the effectiveness 1 2 3 4 5
of the presenters?

Overall, my experience with the 1 2 3 4 5
presentation was:

Are you experiencing a mental health problem? Would like a follow up call, text, or email about getting mental health support? If so, please provide the appropriate information below, and someone from our team will follow up with you.

Name: _____

Phone Number: _____

Email Address: _____

Please contact me by:

Text Message Email Phone Call



Appendix F: Focus Group Protocol

County of San Mateo BHRS Innovation HAP-Y / Focus Group Protocol

Date	
FG Type/Size	
Location	
Facilitator	

Introduction

Thanks for making the time to join us today. My name is _____ and this is _____. We are with a consulting firm called Resource Development Associates and we are here to help the County of San Mateo Behavioral Health and Recovery Services Department with the Health Ambassador Program – Youth. I will be facilitating our talk today and _____ will take notes, but we won't use your name unless we specifically ask if we can use your comment as a quote.

The purpose of these projects is to learn more about your experience in the program. This is **your** process and **your** opportunity to make your voice heard about your experience.

This is your conversation, but part of my job as facilitator is to help it go smoothly and make sure that everyone has a chance to say what's on their mind in a respectful way. We have a few guidelines to help us do that. Please:

- Put your phone on silent and don't text
- Engage in the conversation – this is your meeting!
- Limit "side conversations" or "cross talk" so that everyone can hear what is being said
- And remember, there are no "wrong" or "right" opinions: please share your opinions honestly and listen with curiosity to understand the perspective of others

Does anyone have any questions before we begin? **Raise your hand if you've ever been part of a focus group.**

Introductions

1. How did you learn about HAP-Y?
2. By joining HAP-Y, what impact are you hoping to have on the community? What impact are you hoping that HAP-Y has on you?

Skills and training

3. What skills/knowledge do you **currently** have that you think will help you with the HAP-Y program? (prompt: public speaking, leadership, knowledge of mental health)
4. What skills/knowledge **are you hoping to gain** that will help you with the HAP-Y program? (prompt: public speaking, leadership, knowledge of mental health)



Stigma

5. When you think of mental health, what words come to mind?
6. Do you feel comfortable talking about mental health with friends and family?

Knowledge

7. If you or a friend was experiencing a mental health challenge, what would you do? Who would you talk to? Where would you go?
8. Is evaluation important? Why or why not?



Appendix G: HAP-Y Graduate Survey

1) Please select your Cohort from the options below.

2) Please select your response to each statement below (respondents select from “strongly disagree,” “disagree,” “neutral,” “agree,” or “strongly agree.”

- Participating in HAP-Y increased my awareness and understanding of mental health issues.
- I am interested in learning more about mental health issues because of my experience with HAP-Y.
- My participation in HAP-Y continues to positively impact my life.
- My participation in HAP-Y continues to positively impact those around me.
- I continue to use the knowledge and skills that I learned in HAP-Y.
- I am considering a career in a mental health-related field because of my participation in HAP-Y.

3) In what ways has your participation in HAP-Y continued to positively impact your life? Please provide 1-2 specific examples.

4) In what ways has your participation in HAP-Y continued to positively impact those around you (e.g. parents, friends, siblings, classmates, or others)?

5) In what ways do you continue to use what you learned in HAP-Y?

6) Which of the following mental health-related careers are you considering? Please select all that you are considering as a result of your HAP-Y experience.

Case Manager

Clinician

Psychologist/Psychiatrist

Social Worker

Therapist

Other (please list):: _____

7) Since participating in HAP-Y, how have you continued to be involved with mental health issues in your community? Please select each group or activity you have participated in.

Mental Health Board/Other Mental Health Advisory Board

Mental Health-Related Student Group/Club

Mental Health-Related Community Organization

Chat Room Volunteer (e.g. On Your Mind)

Speaker Panel or Workshop (e.g. delivered an additional mental health-related presentation)

Other (please list):: _____

8) What suggestions do you have for improving the topics and trainings you participated in during HAP-Y?

9) Do you have any suggestions for additional topics or trainings that HAP-Y could offer to participants?

10) Is there anything else you would like to share about your experience with HAP-Y?