San Mateo County
Health Ambassador Program-Youth
Fiscal Year 2017-18 Evaluation Report

A Mental Health Services Act Innovation Project

Prepared by:

Resource Development Associates

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Acknowledgements

We wish to express our appreciation for the contributions from all the agencies, organizations, and individuals who participated in the efforts to develop the Health Ambassador Program-Youth (HAP-Y) to address the mental health needs of youth and young adults living in San Mateo County.

A special thanks to StarVista and the following individuals from the Health Ambassador Program-Youth Cohorts 1-3 whose participation was invaluable to this effort:

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Figure 1: Graduates from HAP-Y Cohorts 1 – 3 (cont. on following page)

Introduction

Project Overview and Learning Goals

The Health Ambassador Program-Youth (HAP-Y) is an Innovation (INN) program under the Mental Health Services Act (MHSA) that is funded by the San Mateo County Behavioral Health Recovery Services (BHRS) department and implemented by StarVista. The MHSA INN project category and primary purpose of the HAP-Y are as follows:

- **MHSA INN Project Category:** Makes a change to an existing mental health practice that has not yet been demonstrated to be effective.
- **MHSA Primary Purpose:** Increase access to mental health services.
- **Project Innovation:** HAP-Y serves as a youth-led initiative where young adults act as mental health ambassadors to promote awareness of mental health, reduce mental health stigma, and increase service access for young people. The HAP-Y Innovation project is the first to offer formal evaluation of a training designed for youth peer educators and its effectiveness and impact on community awareness and stigma, increasing access to mental health services for youth, and addressing systemic changes, as well as supporting youth ambassadors' wellness and recovery.

The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the project on July 28, 2016, and BHRS contracted with StarVista in December 2016 to begin implementing the program. In 2017, BHRS contracted Resource Development Associates (RDA) to evaluate HAP-Y. This report provides findings from the second year of HAP-Y implementation (July 1, 2017 – June 30, 2018). This reporting timeframe includes Cohorts 1-3 of the HAP-Y program.

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

Figure 2: HAP-Y Learning Goals

Learning Goal 1	Learning Goal 2	Learning Goal 3
•To what extent does participating in HAP-Y build the Youth Ambassadors' capacity to serve as mental health advocates?	•How does HAP-Y increase mental health knowledge and decrease mental health stigma?	•How does HAP-Y increase youth access to mental health services?

Project Need

Through the MHSA Community Planning Process (CPP) in San Mateo, the need to increase access to services for youth and young adults emerged. Youth and young adults, especially between the ages of 16-25, commonly experience challenges transitioning into adulthood and are notably underserved in the mental health system. Transition aged youth (TAY) navigate more adult-like challenges without having yet mastered the tools and cognitive maturity of adulthood.[1] Given this, community members advocated adapting the existing Health Ambassador Program (HAP), a program created in the County's Office of Diversity and Equity, for youth participants.

In the original HAP, a program that is currently operating out of BHRS, adult participants with lived experience completed a curriculum to enhance their skills and knowledge about behavioral health. HAP graduates served as a critical liaison to the County by doing outreach, speaking at panels and community events, and teaching psycho-educational classes. The idea for a youth-focused HAP evolved from the recognition that informed youth could take a more proactive role as leaders in their communities; promote health, recovery, and wellness with their peers, families, and communities; and work toward reducing the stigma of mental health and facilitate access to mental health services for youth and young adults.

Project Description and Timeline

HAP-Y engages, trains, and empowers TAY between the ages of 16 and 24 as Youth Ambassadors to promote awareness of mental health and increase the likelihood that young people will access needed mental health services. For this project, Youth Ambassadors receive psycho-educational training to build their own mental health knowledge and advocacy skills. Youth Ambassadors then engage in outreach and educational activities with other young people and deliver mental health presentations in the community. StarVista—a non-profit organization that provides counseling, prevention, early intervention, and education resources throughout San Mateo County—is the lead agency of this initiative. 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 the administration, participant recruitment, and data collection aspects of the evaluation plan.

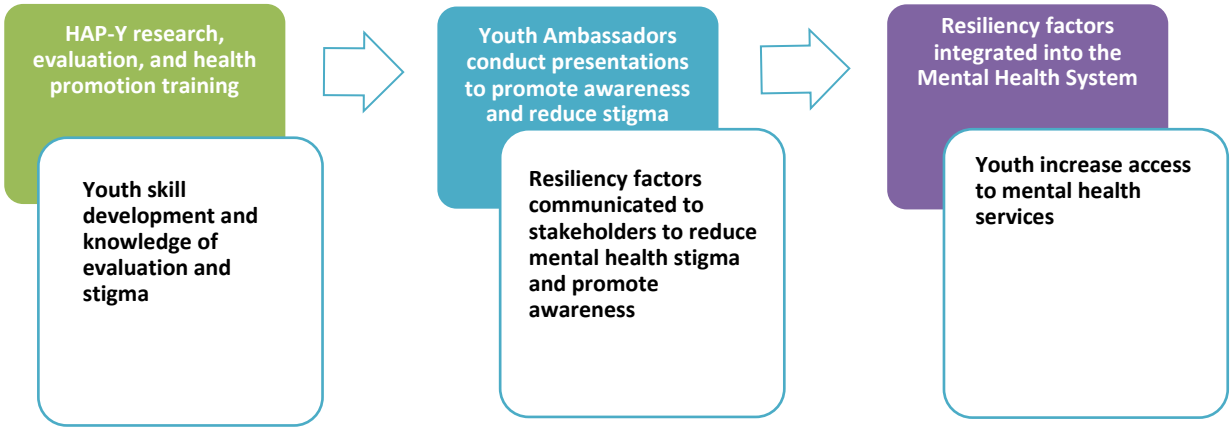
HAP-Y Theory of Change

As is illustrated in the Theory of Change below, HAP-Y is intended to support and influence Youth Ambassadors, youth and community members, and the mental health systems a whole. HAP-Y intends to accomplish this by first training Youth Ambassadors in research and evaluation principles and mental health promotion. The Youth Ambassadors then engage in a series of outreach and educational training activities to promote mental health awareness and reduce stigma with youth, the community, and youth-

[1] Wilens, T., Rosenbaum, J. (2013) Transition Aged Youth: A New Frontier in Child and Adolescent Psychiatry. Child and Adolescent Psychiatry, 52:9. M.

serving adults. As a result of HAP-Y activities, youth increase their access to and participation in mental health services and change their attitudes about mental health. The program design expects that an audience of youth would be more likely to access mental health services and resources if receiving the information by a team of their peers. Further, HAP-Y intends to have a lasting change for individuals directly engaging with the program as well as the community-at-large.

Figure 3: HAP-Y Theory of Change



HAP-Y Program Model

StarVista conducts outreach for HAP-Y through schools, counselors, and social media platforms. Youth who show interest in HAP-Y participation are asked to submit an application and go through a formal interview process conducted by StarVista. StarVista staff are responsible for providing training, collaborating with outside agencies to provide additional training, and arranging and supporting public presentations for Youth Ambassadors. StarVista also provides transportation and stipends for youth to attend the trainings. Throughout the duration of the program, StarVista staff also engage youth to remain involved and attentive in the program. Cohorts are selected based on their interest in availability for the program. Cohorts receive 14 weeks of training and have three months following their training to conduct a community presentation. StarVista partners with youth to identify a location and support the training by either co-presenting or providing individual preparation support. See Appendix and B for the HAP-Y youth application and StarVista youth interview protocol.

HAP-Y Training Curriculum

The following are the trainings StarVista provides to each HAP-Y Cohort. These trainings included psychoeducation and public speaking. The goal of the trainings is to build youth capacity to:

- Outreach and speak at panels and community events on mental health,
- Work with schools and other youth teaching psycho-educational classes,
- Facilitate discussions, and
- Provide resources to increase access to mental health services.

The HAP-Y Training focuses on topics of wellness and recovery and included learning the signs and risks of suicide, suicide prevention, and information on how to access mental health services. The formal curriculum includes Linking Education and Awareness for Depression and Suicide (LEADS), Question, Persuade, Refer (QPR), Wellness Recovery Action Plan (WRAP), and NAMI Family to Family. Outside trainers led the WRAP and Family to Family trainings, and Star Vista leads the LEADS and QPR trainings.[2] These programs are described briefly below.

Figure 4: Programs in the HAP-Y Training Curriculum

NAMI Family to Family is a 12 session educational program for family and friends of people living with mental illness. It is a designated evidence-based program. Research shows that the program significantly improves the coping and problem-solving abilities of the people closest to an individual living with a mental health condition. NAMI Family to Family is taught by NAMI-trained family member.

Wellness Recovery Action Plan (WRAP) is a self-designed prevention and wellness process that anyone can use to get well, stay well and make their life the way they want it to be. It is used extensively by people in all kinds of circumstances, and by health care and mental health systems all over the world to address all kind of physical mental health and life issues. WRAP is listed in the National Registry of Evidence-based Programs and Practices.

Question, Persuade, Refer (QPR) is an approach to confronting someone about their possible thoughts of suicide. It is not intended to be a form of counseling or treatment, instead a means to offer hope through positive action. The three steps include:

(1) Question the person about suicide

(2) Persuade the person to get help

(3) Refer the person to help

Linking Education and Awareness for Depression and Suicide (LEADS) is an informative and interactive curriculum designed to link schools and educators to conversations about suicide and depression. LEADS is set up so that the youth are able to brainstorm and interact with each other.

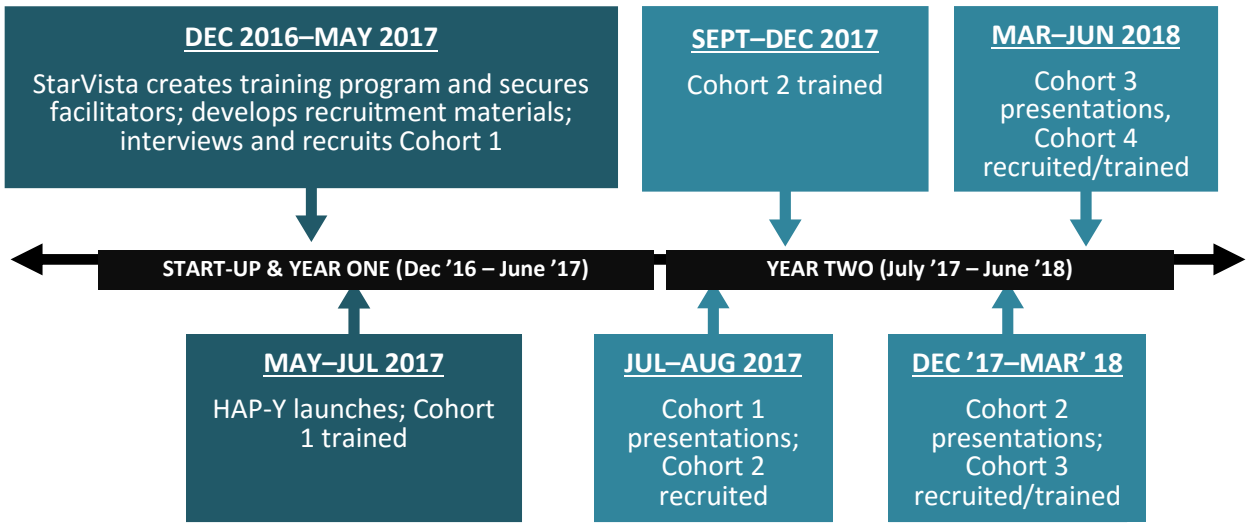
StarVista also conducted trainings with all three cohorts on targeted storytelling. These trainings were designed to build youth capacity to conduct outreach, speak at panels and community events on mental health, work with schools and other youth teaching psycho-educational classes, facilitate discussions or focus groups, provide resources to increase access to mental health services, and decrease stigma through lived-experience presentations. During the orientation and program close of every Cohort, RDA trained Youth Ambassadors on evaluation, data collection tools, and interpreting audience survey results. See Appendix C: Cohort 2& 3 Training Schedule for the Cohort 2 & 3 Training Schedule.

[2] StarVista provided Cohort 1 with a training in Youth Mental Health First Aid (YMHFA), but replaced this training with LEADS for Cohort 2 and all subsequent cohorts. YMHFA is a training for adult relatives, educators, and service providers; whereas LEADS is more appropriate for peer youth mental health education.

Implementation Timeline

Figure 5 illustrates the key activities that the HAP-Y program has undertaken for Cohorts 1-3 of the program.

Figure 5. HAP-Y Implementation Timeline



Evaluation Overview

BHRS contracted Resource Development Associates (RDA) to carry out the evaluation of HAP-Y implementation and outcomes. In order to maximize RDA's role as research partners and fulfill MHSA Innovation evaluation principles, this evaluation uses a participatory action research (PAR) framework. During the first year of the program, Youth Ambassadors worked to create the HAP-Y evaluation plan, which included developing and refining the evaluation questions based on the INN learning goals as well as developing and finalizing the data collection tools. Subsequent Youth Ambassadors participated in activities to build their capacity to understand evaluation and data collection approaches learn about the historical context of the role of evaluation at the state, and the impact that research plays in policy at the local level. Youth Ambassadors also learned about their and RDA's roles in the evaluation, quantitative and qualitative data collection tools and strategies, and the importance of being active members of the evaluation design and process.

The purpose of the HAP-Y evaluation is to help BHRS measure the impact of the program, support data-driven decisions throughout implementation, and increase knowledge about what works in mental health and youth-specific mental health programs. In terms of program impact, the evaluation focuses on the following domains:

1) Changes in leadership capacity and resiliency of the young people;
2) Changes in youth's knowledge and level of stigma related to mental health; and
3) Changes in access to services for youth.

Evaluation Methods

RDA developed a mixed-methods evaluation to respond to the INN learning goals listed above.

- The **PAR evaluation design** seeks to engage Youth Ambassadors with the hope that their lived experiences, both as youth and as persons with mental health challenges, may provide a unique perspective on how to better serve and increase youth access to mental health services.
- A **mixed methods** approach allows the evaluation to track quantitative measures of impact from the educational presentations, while also gathering qualitative input on how and why activities and outcomes occurred. Using multiple sources to explore the evaluation questions also enables comparison and corroboration of findings across the data sources.
- The **process evaluation** component explores the extent to which HAP-Y has been implemented as planned and the strengths and challenges the county has experienced in implementation from the perspective of key staff and youth ambassadors. This exploration enables BHRS and StarVista to make real-time adjustments that may improve program delivery.
- The **outcome evaluation** component assesses how HAP-Y—through its community educational presentations—produces changes in access to services and in youth-ambassador health outcomes.

Data Collection

In line with RDA's participatory, mixed methods approach to evaluation, the evaluation includes quantitative and qualitative tools to measure process and outcome indicators in the three evaluation domains: building youth capacity, mental health stigma, and access to services. Below are the data collection methods used to explore the evaluation domains.

Demographic Reporting

Understanding the demographic background of the Youth Ambassadors provides an understanding of who is being served by the HAP-Y program. The demographic form was designed to capture all elements required by the MHSOAC and is completed by the Youth Ambassadors. The forms also include additional categories to the items about sexual orientation and gender identity in order to be inclusive of the diversity of LGBTQ+ identities. The revision of the response options for the items on sexual orientation and gender identity were aligned with BHRS's initiative to revise Sexual Orientation and Gender Identity (SOGI) questions on health intake forms. RDA developed an online format using a HIPAA-compliant version of Survey Gizmo for StarVista staff to enter for new cohorts.

HAP-Y Self-Determination Survey

RDA developed the self-determination for youth to take prior to program start and after program completion. This survey measures leadership skills and building youth capacity prior to program start, and then after the presentations are completed. Due to small and inconsistent sample size, we cannot use the survey data in this report.

Audience Survey

To document the impact of these public mental health presentations on a youth audience, Youth Ambassadors and RDA developed and implemented an audience survey that uses a pre/post mechanism to measure audience attitude changes throughout the presentation specifically around access to resources and mental health stigma. The audience survey includes an additional indicator for access to mental health services; there is an option in the survey for youth to request a follow up from StarVista regarding mental health services.

Focus Groups with Youth Ambassadors

RDA conducted pre and post focus groups with Youth Ambassadors to enable the evaluation team to gather in-depth information from youth implementing HAP-Y. The evaluation team developed a focus group guide to learn from Youth Ambassadors about what is working well and what is challenging about implementation and any suggestions for improvement. The pre-focus group protocol discusses internal stigma, program goals, and participant hopes. The post-focus group discusses program implementation, presentation experiences, and stigma. In Year 2, RDA held five focus groups: pre- and post- focus groups with Cohorts 1 and 2, and a pre-focus group with Cohort 2. Despite many attempts and outreach, we were unable to collect post-focus group data from Cohort 2.

Interviews with StarVista Staff

RDA conducted interviews with StarVista program staff to gather perceptions from program staff about the HAP-Y implementation and outcomes. To facilitate the interview, RDA shared results of the focus groups and audience surveys as a starting point for validating and/or adding to the data gathered up to that point.

Please see Appendices D, E, F, and G for the tools listed above.

Limitations to Methodology and Data Collection

With any evaluation, there can be limitations to methodology and data collection; below are some of the categories where the RDA evaluation team faced limitations evaluating HAP-Y.

Measuring Access to Services

During the evaluation design process, the RDA evaluation team hoped to measure the StarVista crisis call data base to determine if after a HAP-Y presentation there was an increase in phone calls; however, there this is no valid mechanism that can confirm if StarVista crisis calls are due a HAP-Y presentation. RDA used qualitative information reported by Youth Ambassadors to understand their perspective on how their presentations might have increased access to mental health services.

Measuring Audience Stigma

Upon review of the survey data, the RDA evaluation team noted that following the HAP-Y presentation, audience members were slightly more likely to feel *uncomfortable* discussing mental health challenges and to indicate a perception that people with mental health challenges were unstable. It is possible that the design of the survey itself accounts for some of these unexpected results. For most of the survey questions, a higher score on the Likert scale would indicate a positive response to the presentation. However, for these two questions, a *lower* score on the scale would indicate a positive response. In other words, there is a chance that the different wording for these two questions misdirected some audience members to indicate that they felt more stigma around discussing mental health issues, when they meant to mark otherwise. In response to this limitation, RDA explored the open-ended responses to the audience survey in order to gauge audience members' perceptions of persons with mental health challenges and their comfort in discussing mental health issues.

Completing Post-Program Data Collection

Despite several efforts by StarVista and RDA (e.g. targeted outreach and financial incentives to engage), the RDA evaluation team was unable to reach Cohort 2 for post data collection. The program period for Cohort 2 ended in the summer, and many of the youth graduated and left the area, which made it difficult for them to engage in follow-up activities.

Data Analysis

To analyze the quantitative data from audience surveys, RDA examined frequencies and ranges. To analyze qualitative data, RDA transcribed focus group and interview participants' responses to appropriately capture the responses and reactions of participants. RDA thematically analyzed responses from participants to identify commonalities and differences in participant experiences. RDA then triangulated qualitative findings with quantitative findings to develop a complete picture of the extent to which the HAP-Y program goals have been achieved.

Implementation Update

Changes to Innovation Project during Reporting Period

There were no changes to the HAP-Y MHSA Innovation project during FY2017-18.

Key Accomplishments

During FY2017-18, HAP-Y Youth Ambassadors successfully completed their presentations and reached large audiences. Of the 31 participants who graduated from the HAP-Y training program, 28 completed presentations at sites across San Mateo County. In an effort to reach more of their peers, these Youth Ambassadors mostly focused their outreach efforts to their respective schools. From July 2017 through June 2018, Youth Ambassadors conducted 64 presentations across San Mateo County, which reached a total of 1,474 unique individuals.

Table 1: Number of HAP-Y Participants and Audience Members per HAP-Y Cohort

Cohort	Number of HAP-Y Participants	Participants who Completed Presentations	Number of Presentations	Number of Audience Members
1	11	9	9	287
2	10	9	23	365
3	13*	10	32	822
Total	**34**	**28**	**64**	**1,474**

**10 graduates*

Notably, the total number of community members whom the Youth Ambassadors reached is even higher, as some of the Youth Ambassadors from all three cohorts participated in other forms of community engagement, such as speaking on mental health panels or conducting other forms of peer outreach. However, these community engagements did not involve an audience survey, so StarVista was not able to capture a total count of people whom the Youth Ambassadors engaged.

StarVista staff ensured that HAP-Y would cover the entirety of San Mateo County, to ensure youth participation from geographically and demographically diverse communities. For one, StarVista gathered students from across the county to serve as Youth Ambassadors, with a priority of recruiting youth of color who had lived experiences with mental health challenges. Furthermore, the Ambassadors conducted presentations across San Mateo County to reach a broad population of youth audiences.

As mentioned above, most of the presentations conducted were at high schools, but some HAP-Y participants also conducted presentations at non-profit organizations and colleges. See Table 2, on the following page, for the full list of presentation sites and cities.

Table 2: HAP-Y Presentation Locations

Cohort	Presentation Date Range	Number of Presentations	Cities
1	7/13/17 to 11/13/17	• Burlingame High • Jefferson High • San Mateo High • Sequoia High • Taylor Middle • Youth Home	• Daly City • Millbrae • Redwood City • San Mateo • South San Francisco
2	12/20/17 to 4/2/18	• Aragon High • Capuchino High • Counseling Group • Jefferson High • Mid-Peninsula High • Oceana High • San Mateo High • Summit Prep High • Woodside High	• Daily City • Menlo Park • Pacifica • San Bruno • San Mateo • Woodside
3	5/3/17 to 7/19/18	• Crystal Springs Upland High • El Camino High School • Mills College • Mills High • Skyline Middle College	• Hillsborough • Menlo Park • Millbrae • Oakland • Pacifica • San Bruno • South San Francisco • Woodside

StarVista made improvements to the Youth Ambassador training curriculum. The Youth Mental Health First Aid training was replaced with LEADS, Linking Education and Awareness for Depression and Suicide (LEADS), because it is designed for youth, unlike Youth Mental Health First Aid which is for adults serving youth. LEADS is an informative and interactive curriculum designed to link schools and educators to conversations about suicide and depression. The LEADS training introduces terms used throughout the 14 weeks of HAP-Y, and is set up so that the youth are able to brainstorm and interact with each other before diving into definitions and examples.

Consumer Population Served

HAP-Y Cohorts 1-3 Demographics

The RDA evaluation team collected demographic information from each of the three HAP-Y cohorts that were active during Year 2.[3] A total of 34 individuals participated in trainings for Cohorts 1 through 3: 11 in Cohort 1, 10 in Cohort 2, and 13 in Cohort 3.[4]

Across all three cohorts, the majority of participants (68%) in the Ambassador program were high school students. A majority (59%) identified as cisgender women, and about three-quarters of participants (71%) identified as heterosexual or straight. Most Ambassadors were people of color (85%), with half of all participants identifying as Latinx, and about one-quarter identifying as Asian. The most common ethnicity reported was Chicanx or Mexican (35% of all participants).

[3] *Note on reporting:* To comply with HIPAA requirements and protect the confidentiality of participating individuals, the tables below only present data for response categories with at least five responses. Where fewer than five responses were received, some categories have been combined.

[4] As mentioned earlier, 31 of the 34 participants graduated from the HAP-Y training, and 28 of the 31 graduates participated in the peer mental health presentations.

Table 3, on the following page, includes a summary of the demographic data from all three cohorts.

The makeup of the HAP-Y cohorts reflected StarVista's emphasis on recruiting and training Ambassadors of color—particularly Latinx students—to reach more students of color across the county. Relative to the population of San Mateo County as a whole, HAP-Y participants included a higher proportion of Latino/a/x participants (50% of participants, vs. 25% of all county residents or 33% of county youth) and a slightly lower proportion of white participants (fewer than 30% of participants, vs. 41% of all county residents or 34% of county youth). The percentage of Asian and Asian American participants (26%) was consistent with San Mateo County's demographics: 27% of all county residents or 22% of county youth.[5]

[5] Sources: County of San Mateo, *County of San Mateo 2015 – 2017 Profile,* <<https://www.smcgov.org/sites/smcgov.org/files/documents/files/County_Profile_2015_17.pdf>>; "All Data: San Mateo County," 2016 demographic data, *Kidsdata.org*, <<https://www.kidsdata.org/region/4/san-mateo-county/results>>

Table 3: HAP-Y Participants' Demographic Background, Cohorts 1 through 3 (n=34)

Age: All HAP-Y participants were between the ages of 16 and 24 at the time of reporting. Most participants were on the lower end of this age range, as the majority of participants were still enrolled in high school.

Language: Nearly all HAP-Y participants reported that English is the primary language spoken in their households.

Race: The majority of HAP-Y participants in Cohorts 1-3 (85%) identified as nonwhite, with half of participants (50%) identifying as Latina/o/x. About one-fourth (26%) of participants were Asian or Asian American. Other responses included white, black, and another racial identity.

Ethnicity: Slightly over one-third of participants (35%) identified as Mexican, Mexican American, or Chicana/o/x. Eighteen percent of respondents identified as Central American, which included Nicaraguan and Salvadoran. The Asian American participants, who comprised the next largest ethnic groups, identified as either Chinese American or Filipina/o. Other responses included Middle Eastern, African, and European.

Sex: The majority of participants (68%) reported their assigned sex at birth as female, and the remaining participants reported their assigned sex at birth as male or declined to answer.

Gender Identity: The majority of participants (59%) identified as cisgender women, and 21% identified as cisgender men. The remaining participants either reported another gender identity or declined to answer.

Sexual Orientation: Just under three-fourths of HAP-Y participants (71%) identified as straight or heterosexual. The remaining participants identified with another sexual orientation (gay/lesbian, bisexual, pansexual, questioning or unsure) or declined to answer.

Disability Status: Most respondents reported having no disability. Slightly over one-third of participants (35%) reported having a disability. The most common disability was difficulty seeing (21% of participants).

Education: The majority (68%) of participants were in high school at the time of reporting. Most of the remaining participants either had some college education or had earned their high school diploma or GED without attending college.

Employment: Most participants (68%) reported their profession as students; and 32% of participants reported part-time employment. Some participants double-counted themselves as students, and as either employed or unemployed.

Housing: Nearly all participants reported that they either have stable housing or live with family or friends.

Income: Most participants declined to answer this question, which is understandable as the majority of participants reported that they were in high school, and only 32% reported employment. Less than one-fifth (18%) of participants reported an individual annual income between $0 and $24,999.

Veteran Status: No respondents reported being a veteran; all participants either stated that they were not a veteran or declined to answer the question.

Progress Toward Learning Goals

This section discusses key evaluation findings across the first three HAP-Y cohorts according to the three identified learning goals of building youth capacity, increasing mental health knowledge and decreasing mental health stigma, and increasing access to mental health services. This section includes information gathered from the pre- and post-focus groups with Youth Ambassadors, Key Informant Interviews with StarVista, and the Audience Survey administered at the educational presentations.

Summary of Key Findings

Learning Goal 1: Building Youth Capacity

- **Leadership Development**: HAP-Y Ambassadors developed civic leadership and public speaking skills through preparing and leading their peer presentations, gaining and disseminating knowledge about mental health issues and resources.
- **Personal Empowerment:** Participation in HAP-Y helped several ambassadors learn skills to better take care of their own mental health, to connect friends and family to resources, and to confront the stigma around mental health in their own families.

Learning Goal 2: Increasing Mental Health Knowledge and Decreasing Stigma

- **Information on Accessible Resources:** The HAP-Y presentations increased audience members' knowledge about where to access mental health care resources, including resources available on evenings and weekends.
- **Relatable and Engaging Presentations:** The presenters' personable styles and well-organized information helped many audience members reduce their stigma around discussing the topic of mental health issues.
- **Ongoing Challenges of Stigma:** Audience members were more likely to report that they *knew how and where* to get mental health services than being *comfortable seeking services*. This might point to the persistence of stigma as a barrier to accessing mental health resources.

Learning Goal 3: Increasing Youth Access to Mental Health Services

- **Audiences Informed How to Take Action:** Many audience members noted that the presentation prepared them to seek mental health care for themselves, or to help connect family and friends to mental health care.
- **Audience Members Requested Care:** Over 40 audience members utilized the presentations to request follow-up mental health resources thorugh StarVista.

Learning Goal 1: Building Youth Capacity

Leadership Development and Personal Empowerment

HAP-Y Ambassadors gained a breadth of skills through their participation, both growing as civic leaders and learning how to better help themselves and their loved ones with mental health challenges. When HAP-Y Ambassadors were asked to reflect on why they joined the program, youth shared that the motivating factors to join HAP-Y included:

- Developing skills to lead their own support groups;
- Building their overall confidence and improving social skills; and
- Strengthening their education around mental health for their future career paths.

Many youth ambassadors shared that because of their own lived experience and family experience with mental health challenges, they wanted to be better equipped at helping young people in their community navigate resources. Other youth shared that their friends would often approach them with serious issues, and they did not always have the skills or know the resources to help them.

> *I joined HAP-Y because I myself suffer from mental health issues. When I was first starting to suffer, I had friends who didn't really know what to do. So I want to be the friend who knows what to do, and who helps out and opens up the conversation about mental health.*
>
> -HAP-Y Youth Ambassador

According to HAP-Y demographic data, (52%) of the Youth Ambassadors identify as Latina/o/x. During focus groups across cohorts, many of these youth shared the desire to decrease stigma and shame from their communities. One youth described their intention of joining the program to help educate their family members who expressed fear and stigma about mental health, because of their family dynamics.

> *I'm Mexican, and in my community mental illness is seen as weak. In my family, both sides have a history of mental illness, anxiety, and depression. One side of my family wants to talk about it, and the other side feels it is shameful and does not talk about it.*
>
> -HAP-Y Youth Ambassador

At the end of the program, Youth Ambassadors reported having a very positive experience. Many felt that through the course of their time in the program they had developed leadership and communication skills that would help them in the future. Public speaking and meeting new people came up across several focus groups as a value added to their everyday lives. In particular, youth felt their involvement in presenting to their peer audiences around mental health was very powerful for their own mental health. Youth also reported having personal growth and more connectedness with others because of program involvement. Youth especially appreciated having the opportunity to meet frequently and get to know one another through the group exercises facilitated by StarVista. Further, many youth believed

that the learning about their own wellness and mental health coping strategies was a large benefit of the program.

StarVista staff reported continuous growth and development of Youth Ambassadors. Staff observed many youths' desire to stay connected to the field of mental health and recounted examples of HAP-Y youth becoming active advocates in their community. For example, one of the graduates from Cohort 1 is now working as a Case Manager at StarVista. A graduate from Cohort 3 successfully completed the 40-hour WRAP facilitator training and is now co-facilitating WRAP workshops with the HAP-Y Program Coordinator for Cohort 4. Another youth from Cohort 3 is currently working on a podcast where they speak about their own experience of living with a mental health condition and hopes to also create a short documentary where members of the Latino community are able to speak about mental health and what mental health means in that community. Another youth participated in promoting the county's Tech Suite Innovation project by making a video advocating for the services this funding would provide in their community.

> *I found the topic of mental health and wellness, and what we need to do individually in order to keep us well, was really helpful to me personally.*
>
> -HAP-Y Youth Ambassador

Learning Goal 2: Increasing Mental Health Knowledge and Decreasing Mental Health Stigma

As described in the *Implementation Update* section above, during FY2017-18, 28 participants from the first three HAP-Y cohorts conducted peer mental health education presentations to a total of 1,474 audience members across San Mateo County. These peer education presentations were tailored to both components of Learning Goal 2: *increasing knowledge* about mental health issues and resources and *reducing stigma* that audience members might feel surrounding mental health (including discussing mental health issues, seeking help themselves, or helping to connect others to mental health resources). HAP-Y participants presented their audiences with fundamental knowledge about depression and suicidal ideation, demonstrated techniques in how to engage friends and family about mental health, and provided some concrete resources for audience members to use or pass along, such as a youth-led suicide prevention online chatroom. Moreover, the youth-led peer education model helps to reduce audience members' stigma by empowering youth to: normalize open dialogue about mental health, encourage their peers that seeking help is not shameful, and model best practices of sharing information and resources with their communities.

> *[The presentation] informed me on the fact that I can get help.*
>
> – Audience member for HAP-Y Cohort 1
>
> *I learned that depression was treatable, [and]…ways to cope with and treat stress and mental illnesses.*
>
> – Audience member for HAP-Y Cohort 3

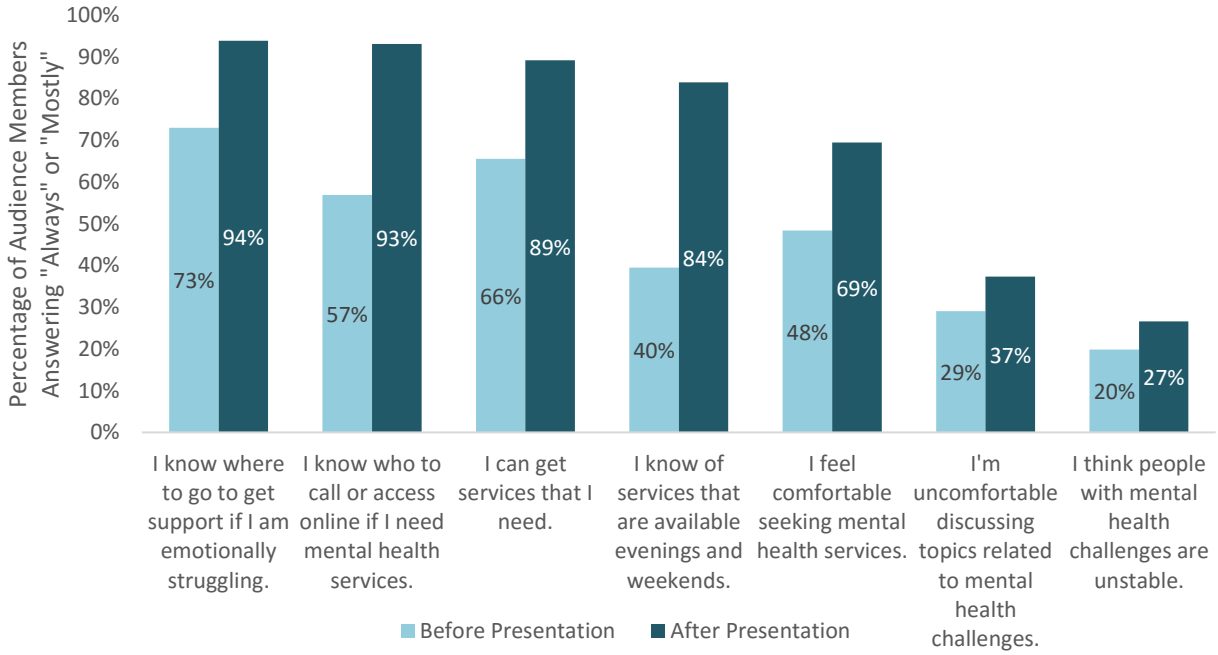
Findings from the HAP-Y audience survey results are presented in Figure 6, which shows the percentage of audience members that reported that the survey

items were true for them "most of the time" or "all of the time." Overall, audience members reported that the HAP-Y presentations were largely successful in enhancing their knowledge about mental health issues and resources. However, results indicate that many audience members may still exhibit some degree of stigma around talking about mental health or seeking help for mental health issues.

Information on Accessible Resources

HAP-Y presenters successfully increased audience members' knowledge of where and how to access mental health services. Following the presentations, the vast majority of audience members (89%) indicated that they always or mostly knew that they had the ability to access mental health services if needed; compared to 66% of the audience beforehand. There was a similar rise in the percentage of audience members who always or mostly knew *where* to access services if they were emotionally struggling, from 73% to 94%. Individual write-in survey responses indicated that the presenters had assured that mental health challenges were treatable, and that audience members could seek help in times of need.

Figure 6: Percentage of Audience Members That Reported "All of the Time" or "Most of the Time" Before and After HAP-Y Presentations, for HAP-Y Cohorts 1 through 3 (n=1,474)



Relatable and Engaging Presentations

The HAP-Y participants' well-structured, informative presentations and personable presentation styles led to audience members' high levels of satisfaction and helped to reduce some audience members' stigma around discussing mental health. Over three-quarters of audience members (77%) indicated that they found the presentation useful, compared to only 12% of audience members who did not find the

presentation useful. Moreover, audience members rated both the presentation and presenters with an average of approximately 4 out of 5, indicating high levels of approval. When prompted to explain why they found the presentation useful, several audience members commented that the presentations emphasized the importance of the presentation topics, addressed misinformation around mental health, and presented difficult issues in a forthright manner. In doing so, the presentation materials helped to reduce audience members' stigma in considering and discussing the topic of mental health. Similarly, individual survey responses praised the HAP-Y presenters for helping to reduce the stigma around discussing mental health issues and making the audience feel more comfortable with difficult subject matters. Some comments highlighted how some presenters had made the presentation more accessible by sharing their personal experiences with mental health care.

Ongoing Challenges of Stigma

While HAP-Y presenters reduced audience members' stigma around mental health issues, stigma may still serve as a barrier to seeking mental health services. Following the presentation an additional 21% of respondents indicated that they always or mostly felt comfortable seeking mental health services, an increase from 48% to 69% of the audience. Some individual write-in survey responses, which asked audience members what they had found most useful, also highlighted the presenters' efforts to destigmatize mental health issues. Several audience members praised the presenters for assuring those with mental health issues that they were not alone in their struggles. Other respondents, who had not themselves experienced mental health challenges, indicated that the presentation had informed them on how stigma can deter people from talking about their mental health issues. In other words, the HAP-Y presentations helped challenge the stigma that audience members might feel in accessing mental health services, and to better understand the stigma that people who face mental health challenges might feel in sharing their experiences.

I feel reassured knowing that getting anxiety is normal.

– Audience member for HAP-Y Cohort 1

[The presentation s]howed me that stigma is just a thing we can all change to prevent suicide.

– Audience member for HAP-Y Cohort 2

[The presentation] helped me understand why people don't want to say anything about depression.

– Audience member for HAP-Y Cohort 3

While the above results are positive, it is also notable that the proportion of participants who said they *knew how and where* to access mental health care services was higher than the proportion who said they would *feel comfortable seeking mental health services*. This discrepancy might be interpreted in two ways: one, it might suggest that while knowledge of mental health resources was quite high after the presentation, stigma around mental health remains a barrier to seeking mental health services. Alternatively, it is possible that audience members who did not feel they needed mental health services responded that they would not feel comfortable seeking services.

When comparing their knowledge and attitudes before and after the presentation, a slightly higher proportion of audience members said that after the presentation they feel uncomfortable discussing mental health challenges; and think that people with mental health challenges were unstable. These results are counterintuitive, as the HAP-Y presentation encourages open dialogue about mental health and seeks to destigmatize people with mental health challenges. As mentioned in the methodology limitations section above, one possible explanation for these results is the design of the survey itself. However, it is important to consider alternative explanations why audience members might feel more uncomfortable in discussing mental health challenges or believe people with mental health challenges are unstable following the presentation. Many audience members who otherwise expressed approval of the presentation indicated their desire to know more about topics that the presentation had briefly covered, such as depression, anxiety, and other mental health issues, as well as more specific advice on how to engage peers who are suicidal. Some audience members suggested that the presenters slow down their delivery, and/or contain fewer words on each PowerPoint slide, so that the audience had more time to absorb the key points from the presentation. In this sense, it is possible that the introductory information provided in the HAP-Y presentations made respondents feel less comfortable in speaking on more complex topics than what was provided in the presentation itself.

> *[The presenter was] very well spoken, was very educational and [did a] very good job of making a sensitive topic easy to talk about.*
>
> – Audience member for HAP-Y Cohort 2
>
> *[The presentation was] easier to understand for it was a student [who had experience with mental health care] sharing with everyone.*
>
> – Audience member for HAP-Y Cohort 2
>
> *[The presentation] was…straightforward which is really helpful as opposed to conversations that try not to directly address the taboo subjects.*
>
> – Audience member for HAP-Y Cohort 3

Learning Goal 3: Increasing Youth Access to Mental Health Services

As mentioned earlier, while HAP-Y does not directly connect San Mateo County youth to mental health services, the program's theory of change offers that the peer education model will increase the likelihood that audience members access mental health services when needed or help others in their social circles connect to mental health services. That is, presenting youth audiences with concrete mental health resources, providing resources for youth to engage with their family and friends, and reducing audience members' stigma around mental health care all help to create a wider network of young people who are cognizant of and comfortable with the resources available to them.

In addition to survey questions about knowledge of available resources, the Youth Ambassadors who helped to design the audience survey included a question that allows respondents to indicate whether they are in need of mental health support, and whether they would like a follow-up contact to be connected to services. That way, the peer education presentations could also directly connect youth with acute issues to needed services. Findings from the HAP-Y audience survey results are presented below.

Audiences Informed How to Take Action

HAP-Y presenters were successful in raising audience members' awareness of specific mental health resources, including phone and web-based services, as well as services available on evenings and weekends. The audience survey responses discussed in Learning Goal 2 demonstrated increases in all of the survey questions regarding audience members' knowledge of available resources. Individual write-in survey responses cited concrete resources that the presenters had introduced, such as a peer online chatroom for teenagers and suicide prevention hotlines. These parts of the HAP-Y presentations likely account for the substantial increase in audience members' knowledge of particular available resources.

> *It was great to hear of a chat room run by teens.*
>
> – Audience member for HAP-Y Cohort 1
>
> *[The presentation] gave me better ways to call suicide hotlines.*
>
> – Audience member for HAP-Y Cohort 3

Many audience members indicated that, following the presentation, they were more equipped to seek mental health care for themselves or to help family and friends with mental health challenges. When prompted to write why they had found the presentation useful, several individual audience members remarked that they could use their newly acquired knowledge to connect themselves or others to mental health services if necessary. Many audience members noted that they had experienced anxiety or depression before, and the presentation had helped them to feel more comfortable in seeking help in the future. Other audience members noted that they could better help friends or family members who had experienced mental health challenges. Youth Ambassadors shared that they were approached after presentations about resources and continued to connect their peers with mental health resources long after the presentations were completed.

> *I have a friend that has depression. It is nice to know what to do/say if she starts acting suicidal.*
>
> – Audience member for HAP-Y Cohort 2
>
> *I found resources to help get used to talking about my problems.*
>
> – Audience member for HAP-Y Cohort 3

Audience Members Requested Care

Three percent of audience members indicated that they were experiencing a mental health problem and requested individual follow-up support. The audience survey included an option for respondents to write down their contact information if they wanted StarVista to follow up with additional mental health resources. Forty-five audience members opted to include their personal information to receive support in accessing mental health care.

Implementation Lessons

During the second year of HAP-Y implementation, StarVista, Youth Ambassadors, and the RDA Evaluation team gleaned learnings, and this section provides a discussion of implementation lessons learned.

Trainings

What worked?

Youth Ambassadors highlighted the importance of learning about different mental health symptoms and diagnoses, strategies to both identify and intervene when someone is experiencing a mental health crisis and building their own coping mechanisms as key training topics that should remain.

> *I felt that teaching us and training us in a group gives us knowledge and answers a lot of questions. [Mental health] is a big topic in today's society among high school students and now we are able to inform a lot of these topics and answer questions they are afraid to ask.*
>
> -HAP-Y Youth Ambassador

In terms of training modality, Youth Ambassadors liked the opportunity to connect with their peers and engage in activities around their own mental health and coping strategies. Participants appreciated activities focused on group cohesion and youth development where youth partnered with each other and did work. Youth also appreciated the mentoring and support given by StarVista staff, and the continued engagement after they completed the program.

What could improve?

Youth Ambassadors strongly preferred activity-based learning to the lecture style of some of the trainings like NAMI. In particular, youth felt the materials from NAMI training were outdated and difficult to engage. Participants recommended making these trainings more interactive and discussion based.

Presentations

What worked?

According to the youth ambassadors, many of their audience members described the presentation as "eye opening." Youth shared that many of their peers had some knowledge about mental health, but did know specific resources or how to approach someone in a mental health crisis. Many participants shared that they received the most positive feedback around suicide prevention language and approaches from their peers. Additionally, several youth said they felt very prepared to talk about the prevalence of mental illness and suicide because of their QPR training.

What could improve?

Across focus groups, Youth Ambassadors shared that they both wanted more opportunity to prepare for their presentations and would also like for the presentations to integrate their perspectives.

Specifically, Cohorts wanted to practice presentations, refine their delivery and presentation style, and develop interactive elements with their audiences. Several youth suggested replacing one of the current NAMI trainings with additional time to prepare for the educational presentations.

Participants also wanted talking points on mental health language and shared that they want to be approachable when talking to community members yet also clearly demonstrate their knowledge.

> *You have to be approachable to talk about something really serious and be empathetic about someone's crisis and you need to make a quick impression that you know what you are talking about… it's a lot of information. It would have been helpful to have a little more structure in the information to give out to a group of people.*
>
> -HAP-Y Youth Ambassador

Currently, youth are presenting a PowerPoint designed by StarVista Staff; some Youth Ambassadors appreciated having the materials developed in advance, but others wanted more of role in the development of materials to have more ownership of the presentation and select information that would speak most to their peers. Several youth called out the importance of their WRAP training and wanted to integrate that training into their presentations, specifically to share coping strategies and how to approach triggers. Additionally, some youth suggested tailoring the presentations for younger audiences to smaller group settings, because their younger audiences seemed intimidated to ask questions in a large group.

Evaluation

What worked?

StarVista and youth reported that the evaluation activities were engaging and informative, and generally helped their understanding and connection to their project design. RDA provided opportunities for youth to review data from previous cohorts and discuss the findings to help make the project more concrete.

What could be improved?

StarVista staff and RDA faced challenges trying to meet with Cohort 2 to collect post-group data. Many of this particular Cohort had completed the program and were not responsive to data collection engagement efforts. StarVista and RDA partnered to determine how to alleviate this in the future, and now will include data collection as part of the program to ensure better participation as well as other options like surveys and phone calls. Because of some of these challenges engaging youth in data collection, the findings from the youth- self-determination survey could not be analyzed due to low numbers that could skew results. Future Cohorts will have less intensive data collection activities that don't rely on completion from all participants for analysis. In addition to challenges to post data collection, the audience survey may not

have not accurately reflect youth's attitude towards stigma and may need to be revised for future audiences.

Conclusion

Overall, Year 2 of HAP-Y successfully engaged stakeholders across the county and provided them with education on mental health as well as resources. While the program may benefit from new strategies to better measure access and accurately determine if stigma was reduced, the program did achieve its goal of building youth capacity and reaching mostly youth audiences.

In Year 3 of the HAP-Y program, StarVista will recruit new youth to participate as Cohorts 5 and 6. Youth Ambassadors will continue to receive psychoeducation training and conduct public education presentations. StarVista is also hoping to re-engage past Cohorts annually and have them all get to know each other and continue to incorporate the lessons learned from the first years of the program into the final year.

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

Applicant Name:	**Interviewer:**

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

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: Cohort 2& 3 Training Schedule

HAP-Y Schedule Winter 2018

Week 1

Thursday January 25 4:30-6pm Orientation

Week 2

Monday January 29 –4:30-6pm RDA

Thursday February 1- 4:30-7pm LEADS

Week 3

Monday February 5 4:30-7 QPR

Thursday February 8 WILL NOT MEET

Week 4

Monday February 12 –4:30-7pm NAMI 1

Thursday February 15 4:30-6:30pm WRAP 1

Week 5

Monday February 19 HOLIDAY

Thursday February 22 –4:30-6:30pm WRAP 2

Week 6

Monday February 26 –4:30-6:30pm NAMI 2

Thursday March 1 –4:30-6:30pm WRAP 3

Week 7

Monday March 5 –4:30-6:30pm NAMI 3

Thursday March 9- 4:30-6:30pm WRAP 4

Week 8

Monday March 12 –4:30-6:30 pm NAMI 4

Thursday March 15 - 4:30-6:30pm WRAP 5

Week 9

Monday March 19 4:30-6:30 pm NAMI 5

Thursday March 22 4:30-6:30pm WRAP 6

Week 10

Monday March 26 - 4:30-6:30 NAMI 6

Thursday March 29- 4:30-6pm WRAP 7

Week 11

Monday April 2 –4:30-6:30pm Outreach and Presentations

Thursday April 5- WRAP 8

Week 12

Monday April 9 – NAMI 8

Thursday April 12 –4:30-6pm LGBTQ+ presentation

Week 13

Monday April 16 – Story Circle 4:30-7pm

Thursday April 19- Presentations 4:30-7pm

Week 14

Monday April 23- 4:30-6:30 NAMI 9 + Graduation Certificates

Community Presentation Deadline: July 23, 2018

Appendix D: HAP-Y Self-Determination Survey 2017

Part 1: Individual 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.	❑	❑	❑	❑
I am interested in learning more about mental health.	❑	❑	❑	❑
I have a positive attitude about myself.	❑	❑	❑	❑
I have the courage to say difficult things.	❑	❑	❑	❑
My involvement in this project is important.	❑	❑	❑	❑
I feel that I am part of a community.	❑	❑	❑	❑
I can contribute to other people's learning about mental health.	❑	❑	❑	❑

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

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

Part 2: Group Survey

Mental Health Advocacy	Not at all true	A little bit true	Mostly true	Very true
We feel comfortable talking about mental health.	❑	❑	❑	❑
We feel confident in pursuing our goals.	❑	❑	❑	❑
Our personal experiences should be included in the planning of mental health programs.	❑	❑	❑	❑
We respect each other's background and stories.	❑	❑	❑	❑
Our presence here is important.	❑	❑	❑	❑
We can make a positive change for our communities.	❑	❑	❑	❑

Leadership	Not at all true	A little bit true	Mostly true	Very true
We are able to learn and grow together.	❑	❑	❑	❑
We are able to agree and disagree effectively.	❑	❑	❑	❑
We are capable of completing tasks and doing our best.	❑	❑	❑	❑
We can create plans together to achieve our goals.	❑	❑	❑	❑
We are inclusive of individuals from different backgrounds.	❑	❑	❑	❑
Our participation will get us more involved in our community.	❑	❑	❑	❑
We hold each other accountable.	❑	❑	❑	❑

Teamwork	Not at all true	A little bit true	Mostly true	Very true
We are confident in our ability to work cooperatively as part of a group.	❑	❑	❑	❑
We can make decisions together.	❑	❑	❑	❑
We encourage and support each other.	❑	❑	❑	❑
We hear each other out.	❑	❑	❑	❑
We communicate with each other about decisions, changes, and updates on the project.	❑	❑	❑	❑
We are capable of learning from each other.	❑	❑	❑	❑
We try to understand each other's perspectives.	❑	❑	❑	❑
We acknowledge that each person has a strength.	❑	❑	❑	❑
We are able to forgive each other.	❑	❑	❑	❑

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.	☐1 ☐2 ☐3 ☐4 ☐NA	☐1 ☐2 ☐3 ☐4 ☐NA
I know who to call or access online if I need mental health services.	☐1 ☐2 ☐3 ☐4 ☐NA	☐1 ☐2 ☐3 ☐4 ☐NA
I know of services that are available evenings and weekends.	☐1 ☐2 ☐3 ☐4 ☐NA	☐1 ☐2 ☐3 ☐4 ☐NA
I can get services that I need.	☐1 ☐2 ☐3 ☐4 ☐NA	☐1 ☐2 ☐3 ☐4 ☐NA
I'm uncomfortable discussing topics related to mental health challenges.	☐1 ☐2 ☐3 ☐4 ☐NA	☐1 ☐2 ☐3 ☐4 ☐NA
I think people with mental health challenges are unstable.	☐1 ☐2 ☐3 ☐4 ☐NA	☐1 ☐2 ☐3 ☐4 ☐NA
I feel comfortable seeking mental health services.	☐1 ☐2 ☐3 ☐4 ☐NA	☐1 ☐2 ☐3 ☐4 ☐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 of this presentation?	☐1	☐2	☐3	☐4	☐5
How would you rate the effectiveness of the presenters?	☐1	☐2	☐3	☐4	☐5
Overall, my experience with the presentation was:	☐1	☐2	☐3	☐4	☐5

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 (Pre-Program Evaluation)

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.**

Interview Guide

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: Staff Protocol

Staff Key Informant Interview Protocol

Introduction

Thanks for making the time to join us today. My name is _____ and this is _____. As you know, 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.

Today, we are going to talk about the implementation of the Healthy Ambassadors Program with Youth and what the program achieved, and where the program is growing. This conversation will be focused on activities that were conducted with Cohorts (X X) so that we can include this in our Year X report. We will have follow-up conversations about the next set of Cohorts. While your name will not be attached to the answers you provide in the interview, because of the size of your program, it may be possible to identify you as the source of certain information. We hope you will feel comfortable sharing candidly about your experiences, but please let me know if there are any sensitive comments that you would like us to be especially careful about when writing up the summary of the conversation.

Do you have any questions before we begin?

Background

1. First off, can you share your title and role at your organization? What are your responsibilities with the HAP-Y program?

2. What is the purpose of the HAP-Y program? What are you seeking to accomplish? (prompt: project goal, impact on community, etc.)

Program Activities and Implementation

3. Please take us through the youth's experience of the HAP-Y program, from orientation to presentations.

4. How did you select the curriculum and activities used with the youth? What types of activities did youth engage in? (prompt: curriculum, skill building, communication, teamwork).

5. What kind of skills did youth gain from these activities? How were these activities received?

6. How, if at all, did the program build youth capacity to reduce community mental health stigma? What did the youth accomplish? What change did you see?

7. How did the Youth Ambassadors in Cohort X increase youth access to mental health services? (E.g. Did StarVista get more requests for follow-up phone calls? Did you get more phone calls to your access/crisis line?)

8. What worked well about Cohort X of the HAP-Y program? What has been successful about the program? How are you measuring success?

9. What, if any, were the barriers to program success? (prompt: What did you need more of? What did you need less of? Timing? Resources? Etc.,)

10. What would you change for Cohort X and beyond? (curriculum, training)?

Conclusion

11. What advice would you give someone who was trying to implement a Health Ambassador Program in their community?

12. Do you have anything else to add?