

San Mateo County Health Ambassador Program-Youth Fiscal Year 2016-17 Evaluation Report

A Mental Health Services Act Innovation Project



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Introduction

Project Overview

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. HAP-Y is a collaboration between two partner agencies, StarVista and Pyramid. 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.

The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the project on July 28, 2016 and BHRS began implementation in September 2016. In 2017, BHRS contracted Resource Development Associates (RDA) to evaluate HAP-Y using a Participatory Action Research (PAR) approach. The following report provides findings from the first year of HAP-Y implementation, which focused on recruiting and training the first cohort of Youth Ambassadors, as well as designing the evaluation.

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 adulthood¹. 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, adult participants with lived experience completed a set 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

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.

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

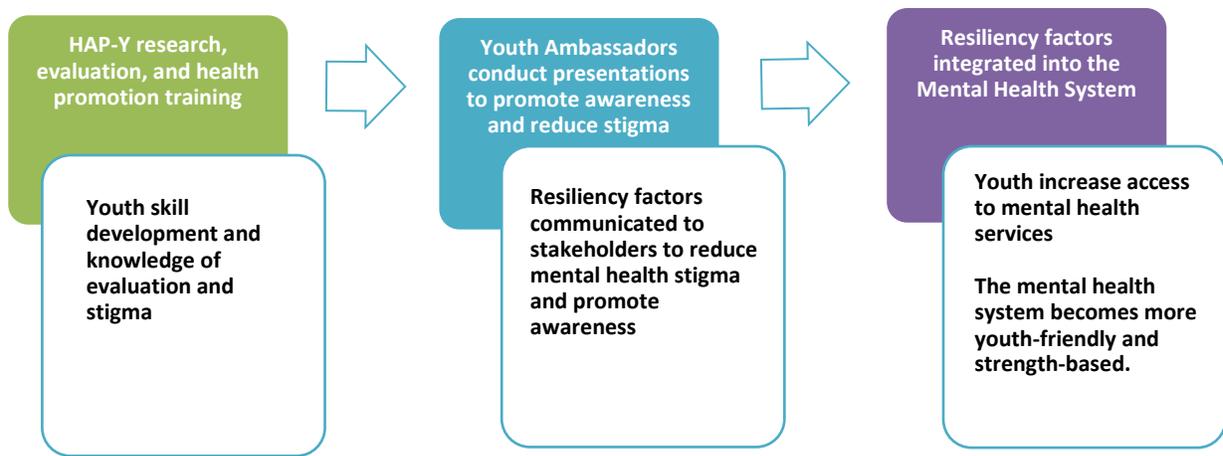


events, and teaching psycho-educational classes. The idea for a youth-focused HAP evolved from the recognition that informed youth could take a more proactive role as leaders in their communities; promote health, recovery, and wellness with their peers, families, and communities; and work towards reducing the stigma of mental health and facilitate access to mental health services for youth and young adults.

Project Description

The HAP-Y engages, trains, and empowers transition age youth (ages 16-25) 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.

Theory of Change



As is illustrated in the Theory of Change model, HAP-Y is intended to support and influence Youth Ambassadors, youth and community members, and the Mental Health System as 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-serving adults. As a result of HAP-Y activities, youth increase their access to and participation in mental health services, and the mental health system becomes more responsive to youth needs. HAP-Y is designed to have a lasting change for individuals directly engaging with the program as well as the community-at-large.

HAP-Y Facilitator

StarVista—a non-profit organization that provides counseling, prevention, early intervention, and education resources throughout San Mateo—is the lead agency of this initiative. For over 30 years,



StarVista has offered mental health services and resources to more than 34,000 people from diverse communities throughout San Mateo. 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. StarVista worked with their community-based partner, Pyramid Alternatives, Inc., to identify, recruit, and provide mental health training to the 11 youth selected as the first cohort of Youth Ambassadors (Cohort 1). Youth who showed interest in HAP-Y participation were asked to submit an application and go through a formal interview process conducted by StarVista. StarVista staff were responsible for providing training in targeted storytelling and for collaborating with outside agencies to provide additional trainings for Youth Ambassadors. Throughout the duration of the program, StarVista staff also engaged youth to remain involved and attentive in the program.

See **Appendix 1** and **Appendix 2** for the HAP-Y application and StarVista interview protocol.

HAP-Y Evaluator

RDA has a long history of providing a full spectrum of mission-driven consultancy services that have lasting impacts across many public systems. As a consulting firm that specializes in participatory approaches to evaluation, RDA collaborates with key partners to design, implement, and evaluate participants' own best ideas. BHRS selected RDA through an RFP process to conduct a participatory evaluation of the HAP-Y project. RDA partnered with Cohort 1 to design the evaluation, data collection methods, and data collection tools to evaluate the impacts of youth's presentations on their audience and the mental health system. RDA worked closely with Cohort 1, providing training and technical assistance to build youth's capacity to understand how the evaluation can support continuous program improvement. The RDA evaluation team also collected baseline data from Youth Ambassadors to measure youth's own change and experiences throughout the program cycle.

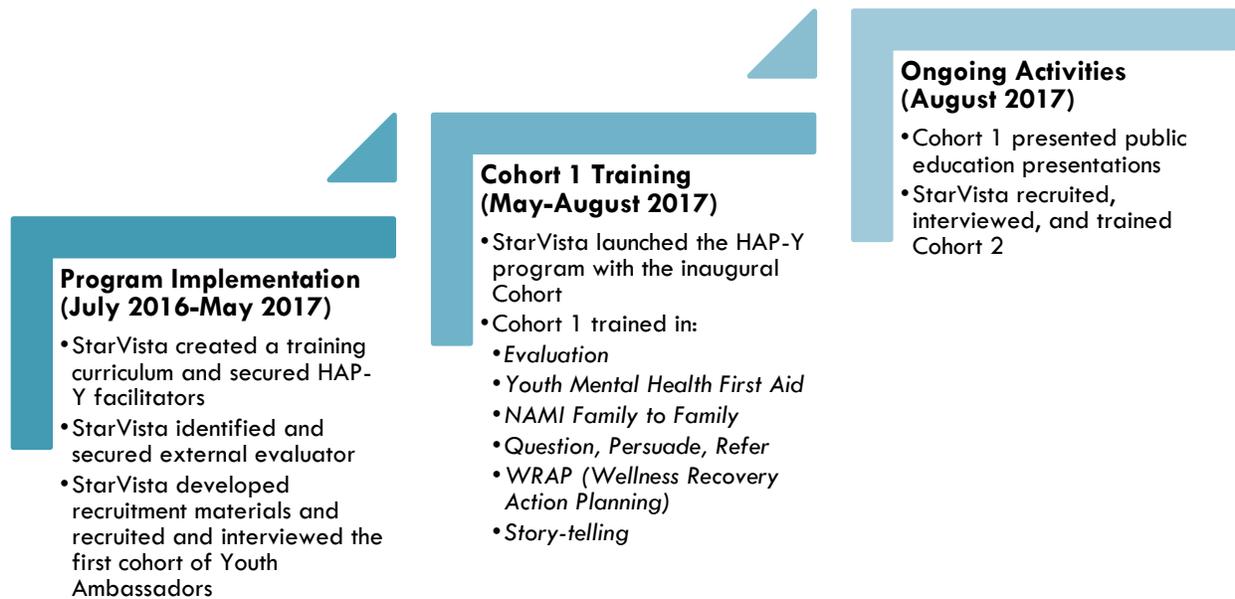
Project Timeline and Implementation Update

In the current reporting period, BHRS successfully implemented the HAP-Y, including a competitive procurement process for facilitation and evaluation services, developing the training curriculum, recruiting Youth Ambassadors, and training the first cohort. The first year of HAP-Y primarily focused on launching the program and training the first cohort of youth ambassadors.

In Fiscal Year 2016-17, StarVista undertook a number of foundational activities related to the implementation of HAP-Y (see Figure 2). StarVista created a training curriculum and secured HAP-Y facilitators to lead the trainings. Concurrently, StarVista developed recruitment materials and recruited and interviewed the first cohort of Youth Ambassadors. From May through August, StarVista and its partner training agencies trained Cohort 1 of the HAP-Y. Simultaneously, RDA developed the evaluation training and baseline data collection tools. In the coming year, HAP-Y will focus on delivering outreach and educational presentations as well as recruiting Cohort 2.



Figure 1. HAP-Y Key Activities and Accomplishments



Evaluation Overview and Learning Goals

Evaluation Purpose

The purpose of the HAP-Y evaluation is to help San Mateo County: 1) measure the impact of the program; 2) support data-driven decisions throughout implementation; and 3) increase knowledge about what works in mental health and youth-specific mental health programs. As the youth participants promote mental health resources, RDA measures the leadership skills and resiliency of the young people as part of their involvement in the program as well as their impact on the mental health network.

Evaluation Approach and Learning Goals

As previously mentioned, HAP-Y takes an innovative approach to engaging young adults in self-advocacy roles to collectively impact their community’s mental health. As such, the evaluation design was intended to mirror that innovation. In order for youth participants to truly “*meaningfully engage in evaluation*” the evaluation concepts needed to be interesting, accessible, and relevant to their goals. Furthermore, the Youth Ambassadors needed to feel inspired by the impact that HAP-Y might have on the mental health system and transform that spirit into an evaluation plan. To that end, the HAP-Y evaluation employs a mixed-methods, Participatory Action Research (PAR) approach to respond to the INN learning goals, listed below.



HAP-Y Learning Goals

Learning Goal 1: To what extent does participating in HAP-Y build the Youth Ambassadors' capacity to serve as mental health advocates?

Learning Goal 2: How does HAP-Y increase mental health knowledge and decrease mental health stigma?

Learning Goal 3 : How does HAP-Y increase youth access to mental health services?

Learning Goal 4: How does HAP-Y influence the mental health system?

PAR is a unique orientation to research, which equitably involves all partners in the research process and recognizes the unique strengths that each brings.² Because this evaluation seeks to engage Youth Ambassadors with the hope that their lived experiences, both as youth and as persons with mental illness, may provide a unique perspective on how to better serve and increase youth access to mental health services, the RDA evaluation team believed that PAR would be the most appropriate approach to measure their progress.

The intent of PAR is to transform research from a relationship where researchers *act upon* a community to answer a research question to one where researchers *work side-by-side* with community members to define the questions and methods, implement the research, disseminate the findings, and apply them. Through the active participation of community members in the full spectrum of research, PAR offers a protective element for communities who may have been stigmatized and/or harmed historically, and encourages trust between researchers and community members to mitigate these historical experiences. Participation of community members also helps to incorporate local knowledge into the evaluation and strengthens the capacity of communities to effect change in community health, systems, programs, and policies.

RDA approached this evaluation with a belief that in order to have youth engaged as Youth Ambassadors, they should have a meaningful role in determining *how* HAP-Y success is measured. In every interaction with the Youth Ambassadors, RDA evaluators sought to create an agenda that paired youth-friendly activities with the evaluation curriculum. The Youth Ambassadors continuously participated in activities to build their capacity to understand evaluation and data collection approaches.

First, RDA provided historical context of the role of evaluation at the state level as well as the impact that research plays in policy at the local level. Youth Ambassadors 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. Then, the Youth Ambassadors worked to create the

² National Institutes of Health, Office of Behavioral and Social Sciences Research. (2015). Community-Based Participatory Research. Retrieved from: https://obssr.od.nih.gov/scientific_areas/methodology/community_based_participatory_research/

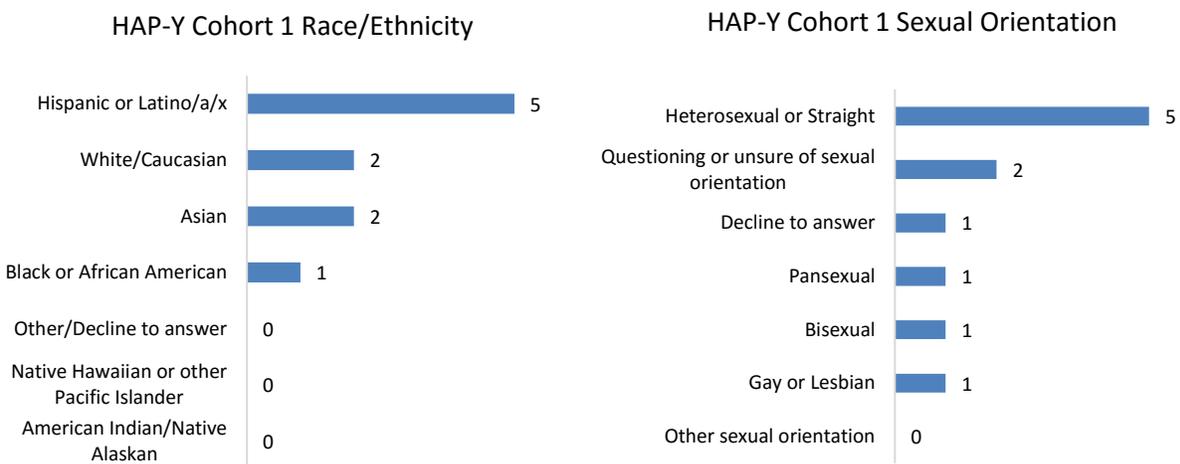


HAP-Y evaluation plan, which included developing and refining the evaluation questions based on the INN learning goals as well as developing and finalizing the data collection tools.

Youth Ambassadors Recruitment and Training

Demographics

Eleven young adults (ages 16-25) participated in the inaugural cohort of the HAP-Y. Youth were recruited to represent a diverse cultural background (e.g., White, Latino, African American, Filipino, Pacific Islander, and Native American), gender identities, and sexual orientations. Youth with lived experience were encouraged to apply. This section describes the Youth Ambassador demographics.



Half of participants (50%) identified as Hispanic or Latino/a/x. Twenty percent (20%) of participants identified as White/Caucasian, 20% identified as Asian, and 5% identified as Black or African American.³ All participants' preferred language was English. Seventy percent (70%) of participants identified as female, 10% identified as male, and 20% identified as gender fluid or gender neutral. Half of Youth Ambassadors (50%) identified as heterosexual or straight, 20% as questioning, 10% as pansexual, 10% as bisexual, 10% as gay or lesbian, and 10% declined to answer.⁴ Fifty percent of participants reported having less than a high school diploma, 20% having a high school diploma or GED, 20% as having some college, and 10% as having a bachelor's degree. The majority of participants (60%) were employed part-time. Additionally, at least nine Youth Ambassadors were individuals with lived experience.

HAP-Y Training

The original HAP training model was adapted to make the process and curriculum appropriate for HAP-Y youth participants. Youth were provided psychoeducational training as well as training on conducting data analysis and public speaking. The purpose of the training is to build youth capacity to:

³Race/ethnicity information was only available for 10 youth.

⁴Sexual orientation data sum to greater than 100% as one youth provided more than one response.



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

The HAP-Y Training primarily focused 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 curricula used included Youth Mental Health First Aid, 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 led the Youth Mental Health First Aid and QPR trainings. These programs are described briefly below.

<p>Family-to-Family is a 12-session educational program for family and friends of people living with mental illness. It is a designated evidenced-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 members who have been there.</p>	<p>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 kinds of physical, mental health and life issues. WRAP has been studied extensively in rigorous research projects and is listed in the National Registry of Evidence-based Programs and Practices.</p>	<p>Youth Mental Health First Aid is designed to teach family, teachers, peers, and health and human services workers how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. The course introduces common mental health challenges for youth, reviews typical adolescent development, and teaches a 5-step action plan for how to help young people in both crisis and non-crisis situations.</p>	<p>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. There are three simple steps to follow:</p> <ol style="list-style-type: none"> 1) Question the person about suicide 2) Persuade the person to get help 3) Refer the person to help
<p>NAMI Family to Family </p>	<p>Wellness Recovery Action Plan </p>	<p>Youth Mental Health First Aid </p>	<p>Question, Persuade, Refer </p>

StarVista also conducted trainings on targeted storytelling 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 or focus groups, provide resources to increase access to mental health services, and decrease stigma through lived-experience presentations.

RDA trained Youth Ambassadors on data collection, including developing data tools, collecting data, and conducting analysis. RDA provided training throughout the course of the project to ensure that youth were engaged in the data evaluation process for the duration of the program.

See **Appendix 3** for the Cohort 1 Training Schedule.

Collaborative Evaluation Planning

RDA worked with the Youth Ambassadors to collaboratively design the HAP-Y evaluation. First, RDA facilitated discussions with the Youth Ambassadors, which invited them to think critically about what types of change they wanted to make and how they would they measure that change. This approach



allowed Youth Ambassadors to envision what kind of impact their presentations might have, and think about how they would successfully measure this change.

After a review of the learning goals and draft evaluation questions, RDA incorporated the feedback from Youth Ambassadors, which informed a series of exercises to design the data collection tools.

The evaluation questions included:

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

See **Appendix 4** for a copy of the evaluation plan.

Measuring Mental Health Knowledge, Stigma, and Access

Over three data work sessions, Cohort 1 and RDA developed an audience survey tool to capture the impact of the HAP-Y educational presentations.

In the first data work session, RDA provided background on the role of evaluation and data, both as a concept and as an integral component of HAP-Y. RDA then presented the evaluation questions to the Youth Ambassadors to have participants help determine how to best answer the evaluation questions. Part of this process included group brainstorms, where the Youth Ambassadors were encouraged to examine what “reducing stigma” meant to them personally and how this concept connected to improved mental health outcomes for young adults.

As a result of these conversations, Cohort 1 opted to design a pre/post survey assessing the audience's knowledge prior to and after the HAP-Y presentation to determine whether the presentation (a) increased audience knowledge of mental health, (b) reduced audience level of mental health stigma, and (c) increased access to mental health services.

Simultaneously, RDA utilized different techniques to “demystify” evaluation. For example, to highlight the importance of evaluation and support self-advocacy development, RDA invited the Youth Ambassadors to evaluate every data work session. At the end of each meeting, Youth Ambassadors were asked “what worked” and “what didn't work”. The Youth Ambassadors were able to articulate their preferred learning styles, activities and approaches they enjoyed, and how the data work sessions could be improved. In subsequent meetings, the RDA evaluation team incorporated feedback from the group to further illustrate how evaluation can be useful.

With youth's input, RDA created the first iteration of the pre/post audience survey tool and in the following meeting presented the survey to Cohort 1. During the second data work session, the RDA evaluation team solicited feedback from Cohort 1 to ensure the survey questions used accessible



language, could be answered by an audience, and mapped back to the evaluation questions. After receiving feedback from Cohort 1 about survey accessibility and user-design, RDA created the final draft. In the third and final work session, RDA presented the final version of the survey and incorporated youth feedback prior to finalizing the tool. The audience survey tool will be administered to audiences once the Cohort 1 completes their training schedule and conducts their educational presentations.

Measuring Youth Ambassador Growth and Development

RDA measured growth and development within the Youth Ambassadors through individual and group surveys. An individual survey was given to HAP-Y participants at the beginning of the HAP-Y program and again at the end of the training period. The group survey was administered orally, and HAP-Y participants answered the questions together. In order for a response to be logged, it was necessary for the participants to reach a consensus on the question. While youth actively participated in the group survey exercise, they asked to change the way in which their input was gathered to allow for differing perspectives. At the end of year 1, in lieu of the group survey, RDA conducted a focus group with Youth Ambassadors to debrief and learn about youth's experience in the program. During the focus group, youth discussed their change in knowledge and skills, comfort around discussing mental health, and leadership skills gained. RDA also asked youth about their thoughts on the training and curriculum and any changes they felt may help future cohorts.

StarVista Staff Perspectives

RDA also worked directly with StarVista staff throughout the first year of the project. Initial discussions focused on developing a shared understanding of the project and evaluation. Subsequent conversations focused on learning about StarVista staff's experience, changes they saw in participants, and lessons learned throughout the year.

Preliminary Outcomes

Given that the first year of HAP-Y implementation focused on recruitment and training of Youth Ambassadors, preliminary data are only available to answer the first evaluation question:

- 1. To what extent does participating in HAP-Y build the Youth Ambassadors' capacity to serve as mental health advocates?**

RDA measured Youth Ambassadors' change in knowledge and stigma through individual and group surveys. The individual survey had 24 questions grouped by the following categories: *mental health advocacy*, *leadership*, and *teamwork*. The group survey had 22 questions with the same categories as the individual survey. For the group survey, Youth Ambassadors collectively answered the survey questions.



Fourteen participants completed the individual pre-survey and 11 individuals completed the individual post-survey. Respondents measured their reaction to questions based on the following Likert Scale measurements: 1) not at all true, 2) a little bit true, 3) mostly true, and 4) very true.

Mental Health Advocacy

The first section of the Youth Ambassadors' survey measured self-determination of mental health advocacy. This section included the following statements:

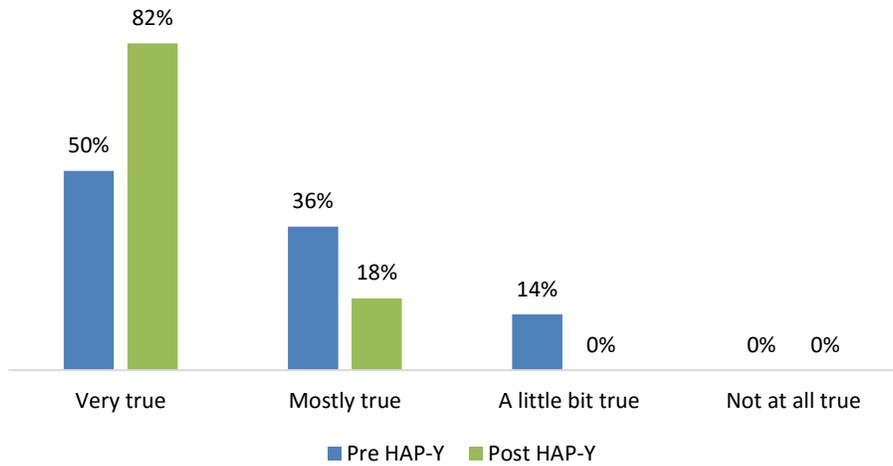
Mental Health Advocacy - Self	Mental Health Advocacy - Group
1. I am comfortable talking about mental health.	1. We are comfortable talking about mental health.
2. I am interested in learning more about mental health.	2. We feel confident in pursuing our goals.
3. I have a positive attitude about myself.	3. Our personal experiences should be included in the planning of mental health programs.
4. I have the courage to say difficult things.	4. We respect each other's background and stories.
5. My involvement in this project is important.	5. Our presence here is important.
6. I feel that I am part of a community.	6. We can make a positive change for our communities.
7. I can contribute to other people's learning about mental health.	

At the beginning of Cohort 1, 64% of Youth Ambassadors (n=9) felt that it was “very true” that they were comfortable talking about mental health, and 36% (n=5) responded “mostly true”. At the end of Cohort 1, 91% of Youth Ambassadors (n=10) felt that it was “very true” that they were comfortable talking about mental health, and one youth (9%) responded “mostly true”. Due to the small sample size, percentage change may seem exaggerated.

Another notable finding is that in the beginning of Cohort 1, 50% of Youth Ambassadors (n=7) felt it was “very true” that they were part of a community and at the end of Cohort 1, 82% of respondents (n=9) felt it was “very true” that they were part of a community.



"I feel that I am part of a community."



As a group, there was consensus that everyone felt it was “very true” that they can make a positive change for the community. One of the tenets of participatory evaluation is to empower community members to be active members of research and evaluation. It is important for youth to feel they are a part of a community and to feel comfortable engaging in that community to make a change.

Leadership

The second section of the individual survey measured Youth Ambassadors’ self-determination of their leadership skills. This section included the following statements:

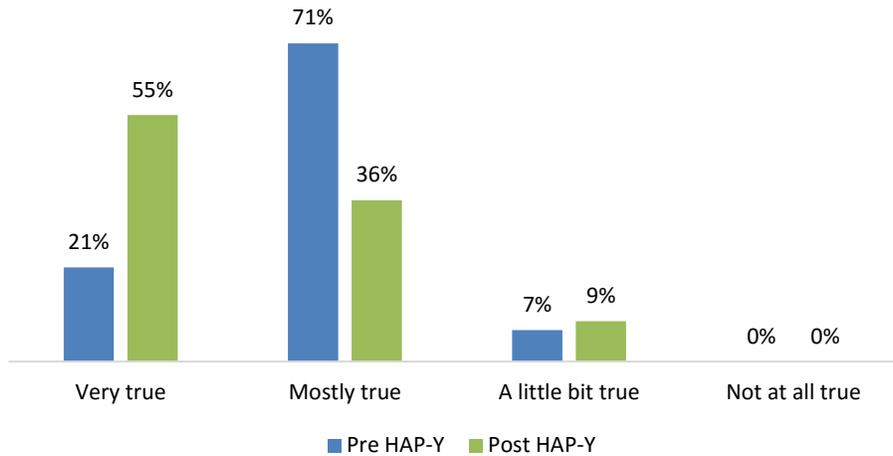
Leadership - Self	Leadership - Group
1. I know things that I do well.	1. We are able to learn and grow together.
2. My opinion is important.	2. We are able to agree and disagree effectively.
3. I am comfortable speaking up.	3. We are capable of completing tasks and doing our best.
4. I am capable of learning from my mistakes.	4. We can create plans together to achieve our goals.
5. If I mess up, I try again.	5. We are inclusive of individuals from different background.
6. I can gain professional skills from this project.	6. Our participation will get us more involved in our community.
7. I am able to make a plan to achieve my goals.	7. We hold each other accountable.
8. I can finish something that I have started.	

One of the goals of the HAP-Y is to empower youth. At the beginning of Cohort 1, 21% of Youth Ambassadors (n=3) felt it was “very true” that they were comfortable speaking up. At the end of Cohort 1, 55% of participants (n=6) felt it was “very true” that they were comfortable speaking up. As a group, there was consensus that all felt it was “very true” that they were able to agree and disagree effectively



and that the group holds each other accountable. These findings indicate that Cohort 1 felt comfortable speaking up and engaging in productive disagreement and group growth.

"I am comfortable speaking up."



When asked to gauge their response to the question “my opinion is important,” 29% of respondents in the individual pre-survey (n=4) felt this was “very true”. At the end of the program, 55% of Youth Ambassadors (n=6) felt this was a very true statement. In the group post-survey, there was consensus that all felt it was very true that they are inclusive of individuals from different backgrounds. These findings indicate that the HAP-Y youth are gaining comfort in speaking up and voicing their opinion. Being comfortable speaking up and giving voice to one’s thoughts are integral components to empowerment, particularly for individuals from diverse or vulnerable backgrounds.

Teamwork

The third section of the individual survey measured Youth Ambassadors’ teamwork skills. This section included the following statements:

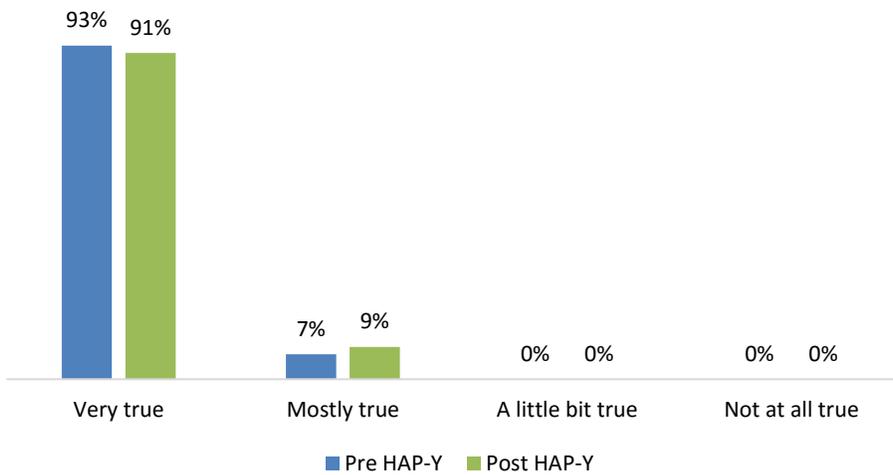
Teamwork - Self	Teamwork - Group
1. I work well on my own.	1. We are confident in our ability to work cooperatively as part of a group.
2. I aim to understand the other person’s point of view.	2. We can make decisions together.
3. I listen to other people’s opinions.	3. We encourage and support each other.
4. I support team members to participate and contribute.	4. We hear each other out.
5. I can make decisions as part of a group.	5. We communicate with each other about decisions, changes, and updates on the project.
6. I can speak up for myself in a group.	6. We are capable of learning from each other.
7. I am willing to learn from others.	



Teamwork - Self	Teamwork - Group
8. I follow through on commitments to my teammates.	7. We try to understand each other’s perspectives. 8. We acknowledge that each person has a strength. 9. We are able to forgive each other.

A notable finding from the teamwork section was in response to the question, “I listen to other people’s opinions.” At the beginning of Cohort 1, 93% of participants (n=13) felt this was “very true” and at the end of Cohort 1, 91% of respondents (n=10) felt it was “very true.” In the group post-survey, there was group consensus that all respondents felt it was very true that they try to understand each other’s perspectives. These findings indicate that Cohort 1 is supportive of listening to potentially different opinions and works towards understanding each other’s perspectives.

“I listen to other people’s opinions.”



In response to the question, “I work well with others,” 57% of respondents (n=8) felt this was a very true statement at the beginning of the program. At the end of the program, 45% of respondents (n=5) felt this was a very true statement. Despite this reduction, as a group there was consensus that the following were very true statements: “We encourage and support each other”, “We hear each other out”, and “We acknowledge that each person has a strength.” These findings indicate that individually, participants may periodically find it challenging to work well with others, but as a group they are supportive of one another.



Implementation Lessons

The curriculum should be interactive to best connect with youth.

Youth Ambassadors shared that one of the main challenges during the training was connecting with the curriculum. Youth reported that the training provided by the NAMI was particularly challenging to engage with because of its lecture style format. Youth discussed that having more interaction would make it easier to stay focused for the duration of the training.

“They could have engaged us, done activities. I don’t work well with lecture style, so I like different things. I was reading ahead and highlighting. It was two hours of talking.”

-Youth Ambassador

In response to this reported challenge, StarVista staff worked with the NAMI facilitator to update the training to be more engaging for youth. Staff worked with the NAMI trainer to include videos, worksheets, and speakers into every session. While the curriculum will remain true to NAMI fidelity, StarVista staff used the feedback to make the training more accessible and engaging for future cohorts.

Running the program during the summer is challenging.

StarVista staff and Youth Ambassadors shared that it was challenging to run the program during the summer months. Youth shared that it was challenging and stressful to attend all the training sessions during the summer due to vacation, work, and other obligations. Scheduling HAP-Y presentations was also a challenge of running the program during the summer. Schools are one of the target audiences for HAP-Y presentations and thus presentations could not be scheduled during the summer vacation. Because of this, no presentations were completed during the Year 1 reporting period. Youth shared that staff were flexible and created alternative opportunities for youth to conduct public education around mental health, such as making a video about the HAP-Y program.

Next Steps and Plans for Years 2 and 3

In the next two years of the program, StarVista will recruit new youth to participate as Cohort 2 and Cohort 3 Youth Ambassadors. Youth Ambassadors will receive psychoeducation training and conduct public education presentations. StarVista will incorporate the lessons learned from the first year of the program, including making the training more engaging for Youth Ambassadors. Additionally, the Youth Mental Health First Aid training will be replaced with Youth for Youth.

In Year 1, preliminary data were only available to answer the first evaluation question—to what extent does participating in HAP-Y build the Youth Ambassadors’ capacity to serve as mental health advocates. In the next two years of the program, RDA will expand its evaluation to measure how HAP-Y influences mental health knowledge and mental health stigma, youth access to mental health services, and the mental health system as whole.



Appendix 1: HAP-Y Application



Health Ambassador Program for Youth

DESCRIPTION:

Health Ambassador Program-Youth (HAP-Y) is a new program established by StarVista in partnership with Pyramid Alternatives. 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 **4/24**. 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?

2. What language(s) other than English do you speak? Would you need interpretation services to participate in the program?
3. What location would be most convenient for you to attend trainings (check all that apply)?
 - Redwood City
 - San Mateo



San Mateo County Behavioral Health and Recovery Services
MHSA Innovation Evaluation – Health Ambassador Program-Youth

- Half Moon Bay
 - North County
4. What qualities do you possess that will make you successful as a Health Ambassador?
 5. How have you, your family, or your community been affected by mental health and behavioral health challenges?
 6. How does becoming a health ambassador fit with your personal and professional goals?



Appendix 2: 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 3: Cohort 1 Training Schedule

HAP-Y Cohort 1 Training Schedule: May 2017 – August 2017

Date	Training Topic
Wednesday, May 3	HAP-Y Orientation
Monday, May 8	Resource Development Associates
Wednesday, May 10	Youth Mental Health First Aid, Part 1
Monday, May 15	Youth Mental Health First Aid, Part 2
Wednesday, May 17	NAMI Class 1
Monday, May 22	Youth Mental Health First Aid, Part 3
Wednesday, May 24	NAMI Class 2
Monday May 29	<i>Holiday</i>
Wednesday May 31	NAMI Class 3
Monday, June 5	QPR
Wednesday, June 7	NAMI Class 4
Monday June 12	WRAP, Part 1
Wednesday, June 14	NAMI Class 5
Monday, June 19	WRAP, Part 2 and Resource Development Associates
Wednesday, June 21	NAMI Class 6
Monday, June 26	WRAP, Part 3
Wednesday, June 28	NAMI Class 7
Monday, July 3	WRAP, Part 4
Wednesday, July 4	NAMI Class 8
Monday, July 10	WRAP, Part 5
Wednesday, July 12	NAMI Class 9
Monday, July 17	WRAP 6
Wednesday, Jul 19	NAMI Class 10
Monday, July 24	WRAP 7
Wednesday, July 26	NAMI Class 11
Monday, July 31	WRAP 8
Wednesday, August 2	Presentation and Outreach
Monday, Aug 7	Story Circle
Wednesday, Aug 9	Presentations/Graduation



Appendix 4: San Mateo BHRS HAP-Y Evaluation Plan

Introduction

The Healthy Ambassador Program-Youth (HAP-Y) was developed as part of the San Mateo County Behavioral Health Recovery Services (BHRS) Mental Health Services Act (MHSA) three-year Innovation plan. Innovation programs seek to increase access to mental health programs for underserved groups, increase quality of services and outcomes, and promote interagency collaboration. In alignment with the Innovation regulations, the HAP-Y serves as a youth-led initiative, where young adults act as mental health ambassadors to promote awareness of mental health, increase service access for young people, and reduce mental health stigma. Resource Development Associates (RDA) was selected by BHRS to provide an evaluation of the HAP-Y.

The INN plan sets forth two learning questions and project goals:

- 1) **Building youth capacity and engagement to reduce stigma.**
- 2) **Increasing youth access to mental health services.**

The HAP-Y evaluation incorporates the youth ambassadors as research partners to work with RDA throughout the course of the project. Youth Ambassadors will work with RDA to design the evaluation and tools as well as collect, analyze, and interpret data. RDA plans to work with the youth at each stage of the evaluation and build their capacity to:

1. Design and implement program and evaluation;
2. Incorporate the use of data to inform program improvement; and
3. Ensure the program and evaluation meet their intended objectives.

RDA's approach to evaluation is collaborative throughout all stages, and provides continuous opportunity for BHRS and its stakeholders to build capacity for evaluation and engage in continuous program improvement.

Program Background

What does HAP-Y do?

The HAP-Y seeks to engage and empower transition age youth (ages 16-25) as mental health ambassadors to promote awareness of mental health and increase the likelihood that young people will access needed mental health services. For this project, the youth ambassadors will receive training to build their own mental health knowledge and advocacy skills and then engage in outreach and educational activities with other young people as well as participate in advocacy efforts (e.g. committees, advisory groups, panel discussions).



Who is supporting the health ambassadors?

StarVista, a non-profit organization that provides counseling and prevention and early intervention education resources throughout San Mateo, is the lead agency of this initiative. StarVista will identify, recruit, and provide mental health training intended to build youth capacity to reduce stigma and increase youth access to mental health services. StarVista will work with their community-based partner, **Pyramid Alternatives, Inc.** to recruit youth to participate through a variety of outreach methods to be implemented throughout the regionally diverse communities of San Mateo County. Youth who want to participate in the program will submit an application and go through a formal interview process, similar to a job interview. HAP-Y participants will receive training on mental health related topics including recovery and resiliency, mental health stigma, suicide intervention skills, and mental health resources in San Mateo County. Participants will also receive. **Resource Development Associates (RDA)**, a consulting firm specializing in participatory approaches to evaluation, will provide training on assessing and implementing a variety of research methods that youth, in partnership with RDA, will use to collect program data, perform analysis, and identify key research findings.

What are the health ambassadors program activities?

The youth health ambassadors will be trained in **Youth Mental Health First Aid, Question Persuade Refer, Wellness Recovery Action Plan, NAMI Family to Family, and targeted story-telling** that builds their capacity to:

- ❖ Outreach and speak at panels and community events on mental health
- ❖ Working with schools and other youth teaching psycho-educational classes
- ❖ Facilitate discussions or focus groups
- ❖ Provide resources to increase access to mental health services

Youth health ambassadors will provide 1) educational outreach presentations to other youth and youth-serving adults, and 2) participate in other mental health advocacy efforts, such as advisory boards, steering committees, and other mental health stakeholder initiatives.

The youth ambassadors will also learn approaches to decrease stigma through lived-experience presentations, which may include digital storytelling and Photovoice.

What does this program hope to accomplish?

HAP-Y intends to **prepare youth ambassadors** to increase their knowledge and perceptions about mental health and concepts of recovery and resiliency. Additionally, the program seeks to support their ability to respond to an individual experiencing a mental health crisis as well as understanding the appropriate community supports that ultimately help improve the youth access to services for those at risk of developing a serious mental illness.



By preparing youth to engage in outreach, education, and advocacy efforts, HAP-Y seeks to **increase knowledge about youth mental health**, including recovery and resiliency; **decrease the stigma associated with mental health**; and **increase youth access to mental health services**.

Evaluation Overview

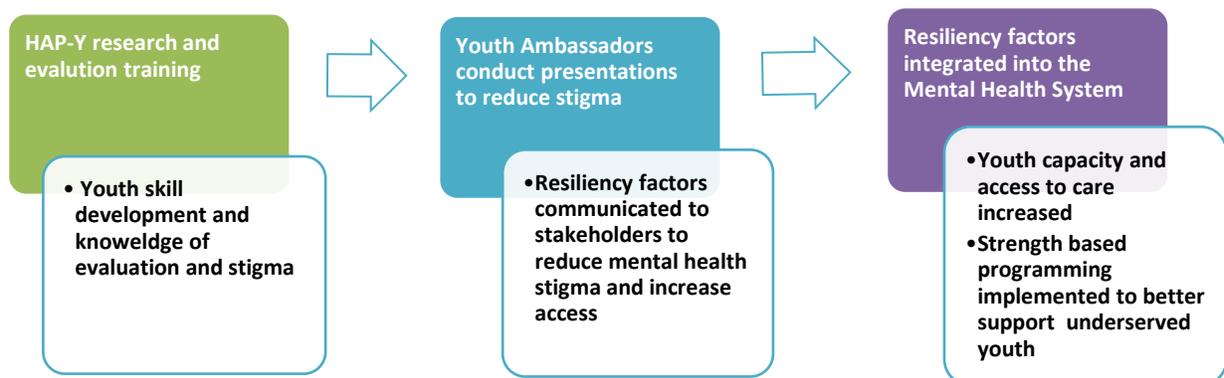
BHRS retained RDA to evaluate the efficacy of the HAP-Y program in obtaining its desired outcomes. RDA's evaluation tools have been designed to answer the following three evaluation questions:

Evaluation Questions

1. To what extent does participating in HAP-Y build the youth ambassadors' capacity to serve as mental health advocates?
2. How does HAP-Y increase mental health knowledge and decrease mental health stigma?
3. How does HAP-Y increase youth access to mental health services?
4. How does HAP-Y influence the mental health system?

RDA will be responsible for developing data collection methods with youth in the form of surveys, focus groups, and other documentation to discover the impacts of the HAP-Y on their audiences and the mental health system. RDA will also collect baseline data from youth ambassadors to evaluate changes throughout the life of the program. **Error! Reference source not found.** below provides a simplified illustration of the theory of change that is believed to result from successful implementation of the HAP-Y program.

Theory of Change



Measurable Goals

RDA will partner with youth to design the evaluation to measure their progress. RDA will be responsible for working with youth to identify and co-create data collection tools as well as creating and recommendations from the information gathered together. The table below includes possible data collection methods that the HAP-Y intends to answer through the data collection activities by each of the program goals.



Increase Knowledge of Services and Reduce Stigma of Mental Health Issues

Types of measures to determine mental health knowledge and stigma	Who is responsible for Tool Development?
Youth Ambassador Pre/Post Tests (group and individual; Appendix e)	RDA
Audience surveys (Appendix f), quantitative, and other qualitative data measures	RDA and Youth Ambassadors
Focus groups with Youth Ambassadors (Appendix g)	RDA



Increase Access to Mental Health Services

RDA will partner with StarVista, Pyramid Alternatives Inc., and the Youth Ambassadors to measure the increase in access to services RDA plans on co-creating tools and methods with youth, HAP-Y providers, and BHRS. However, below is a list of the types of measures RDA will be tracking.

Types of measures to determine an increase in access to mental health services.	Where will this information be found?
The number of youth asking for a follow up call after a HAP-Y presentation.	HAP-Y follow-up forms
The number of youth who reach out for help to gain access to mental health services.	HAP-Y call logs
The baseline number of calls a community resource line (e.g. crisis hotline) receives annually.	Resource line call log
The number of calls to a community resource line for services in the week following a presentation compared to the baseline.	Resource line call log
The number of new calls to a community resource line/provider (e.g. crisis hotline).	Resource line call log/ Provider in-take forms



Influence the Mental Health System



RDA will partner with StarVista, Pyramid Alternatives Inc., and the Youth Ambassadors to measure how the HAP-Y program influences the mental health system. RDA plans on co-creating tools with youth. However, below is a list of the types of measures RDA will be tracking.

Types of questions to assess how the HAP-Y program influenced the mental health system.	How might these questions be answered?
What activities did the youth conduct?	HAP-Y focus groups, staff interviews
How were the youth received?	HAP-Y focus groups, staff interviews
What did the youth accomplish?	HAP-Y focus groups, staff interviews, BHRS

Data Analysis

RDA will begin our analysis by organizing and cleaning data collected during surveys and focus groups. To evaluate qualitative data, focus group participants' responses will be transcribed so that participants' responses and reactions are appropriately captured. RDA will then thematically analyze responses from participants to identify any recurring themes and key takeaways from the focus groups. To analyze the quantitative data, we will conduct both descriptive and inferential statistics, as appropriate, to describe the outcomes, as well as to identify if changes across time are statistically significant.

RDA will triangulate qualitative findings with quantitative findings to develop a complete picture of the extent to which the HAP-Y program goals have been achieved. Utilizing mixed methods allows the evaluator to not only identify the correlation between program participation and outcomes but also to identify the strengths and challenges associated with the program from the participants' perspective. This allows program staff to make real-time adjustments to the program and further to reevaluate changes that may need to be made to the program in the future.

Reporting

On an annual basis, RDA will draft reports that provide a comprehensive understanding of the implementation and impact of the HAP-Y project to date as well as comply with new MHSA Innovation component regulations. The report will include an update about the progress of HAP-Y implementation and related process indicators, preliminary outcome measures, and recommendations for actionable program improvements as well as guidance for using data to further refine the program model. These reports will be shared with the youth ambassadors to support continuous quality improvement and solidify their role as research partners.



Appendix e: 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.	<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"/>



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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We feel confident in pursuing our goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our personal experiences should be included in the planning of mental health programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We respect each other’s background and stories.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our presence here is important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We can make a positive change for our communities.	<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
We are able to learn and grow together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are able to agree and disagree effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are capable of completing tasks and doing our best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We can create plans together to achieve our goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are inclusive of individuals from different backgrounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our participation will get us more involved in our community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We hold each other accountable.	<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
We are confident in our ability to work cooperatively as part of a group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We can make decisions together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We encourage and support each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We hear each other out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We communicate with each other about decisions, changes, and updates on the project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are capable of learning from each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We try to understand each other’s perspectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We acknowledge that each person has a strength.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are able to forgive each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Appendix f: 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 g: 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?