

San Mateo County Health Ambassador Program–Youth Fiscal Year 2018-19 Evaluation Report

A Mental Health Services Act Innovation Project



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Figure 1: HAP-Y Graduates, Cohorts 4 through 6





San Mateo County Behavioral Health and Recovery Services
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Introduction

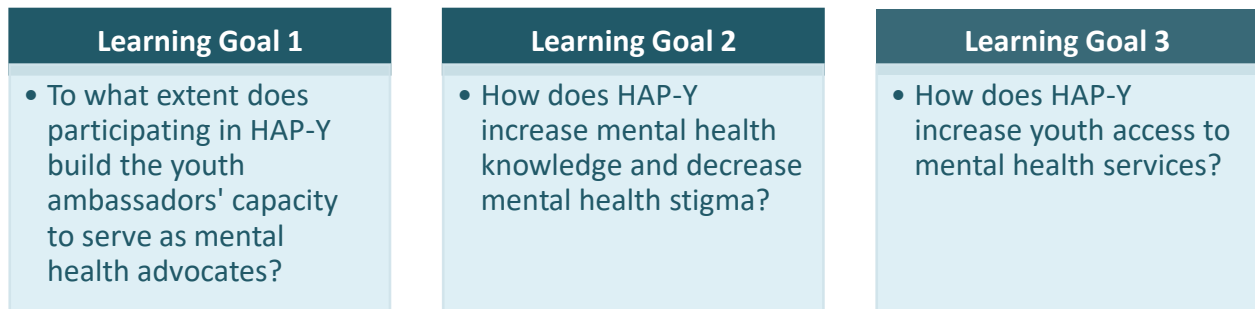
Project Overview and Learning Goals

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

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

In accordance with the requirements for MHSA INN programs, BHRS selected three Learning Goals as priorities for the HAP-Y program. Figure 2 introduces these Learning Goals.

Figure 2: HAP-Y Learning Goals



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

This report provides findings from the third year of HAP-Y implementation (July 1, 2018 – June 30, 2019). This reporting timeframe includes the fourth, fifth, and six cohorts of youth ambassadors.

Project Need

Participants in San Mateo County’s MHSA Community Planning Process (CPP) raised the need for programs that increase access to mental health services for youth and young adults. Young people, especially transition-age youth (TAY, between 16 and 24 years old), commonly experience many different





challenges in the move to adulthood. Many TAY must navigate adult challenges without having yet mastered the tools and cognitive maturity required of adults.¹ At the same time, mental health systems frequently underserve TAY. Given this discrepancy between identified needs and current resources, some CPP participants urged county officials to adapt the existing Health Ambassador Program (HAP) for youths.

HAP is a program created through San Mateo County’s Office of Diversity and Equity, and currently operates out of BHRS. Through HAP, adult participants with lived experiences of mental health challenges undergo training to enhance their skills and knowledge about behavioral health. HAP participants serve as community liaisons and advocates, conducting outreach, speaking at community events, and teaching psychoeducational classes. The CPP participants who called for a youth version of HAP recognized that informed youth could take more proactive roles as community leaders, promote mental health and wellbeing among their peers, families and communities, help to reduce stigma around mental health, and facilitate other young people’s access to mental health services.

*According to the 2015-16
California Healthy Kids Survey,*

29%

*of 11th graders in San Mateo
County had experienced chronic
feelings of sadness or
hopelessness in the past 12
months, and*

13%

*had considered suicide in the
past 12 months.*

Project Description

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

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

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

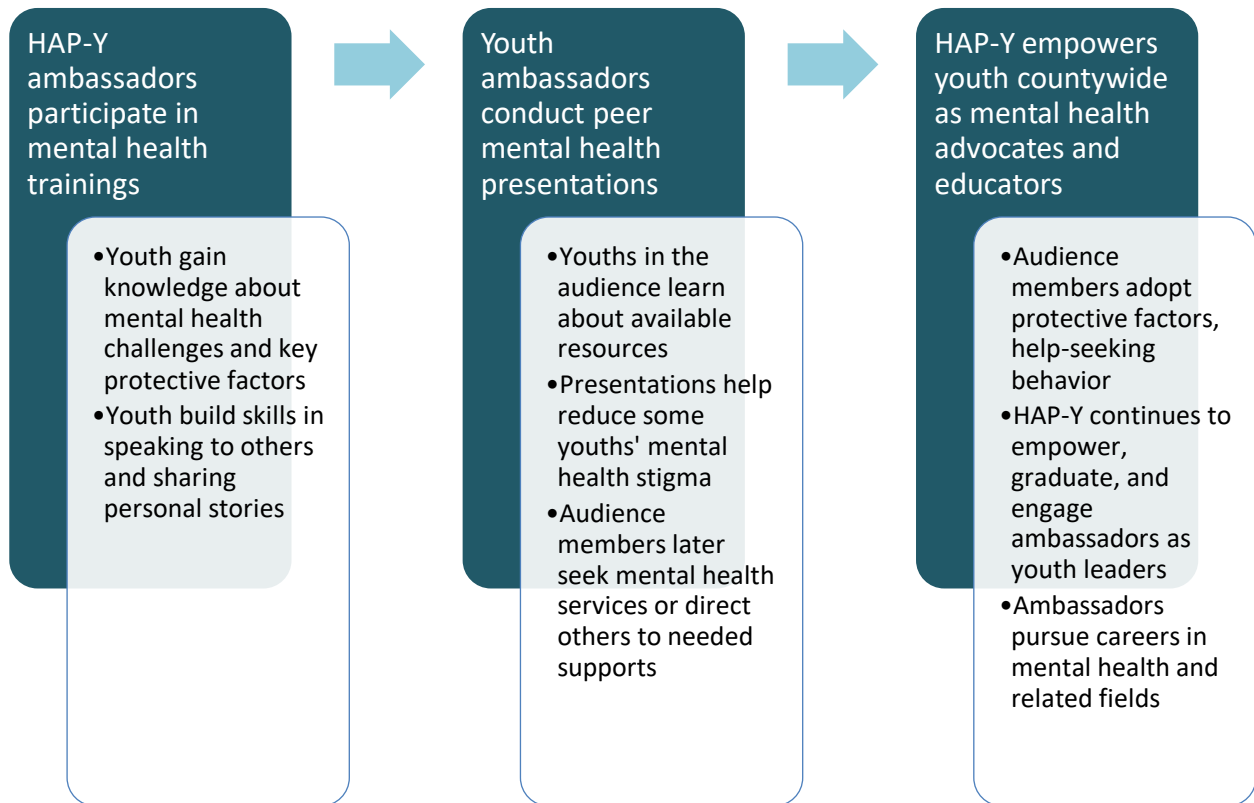


StarVista staff are responsible for providing training, collaborating with outside agencies to provide additional training, and arranging and supporting public presentations for Youth Ambassadors. StarVista also provides transportation and stipends for youth to attend the trainings. Throughout the duration of the program, StarVista staff also engage youth to remain involved and attentive.

HAP-Y Theory of Change

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

Figure 3: HAP-Y Theory of Change





HAP-Y Program Model

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

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

HAP-Y Training Curriculum

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

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

For the 2018-2019 program year, StarVista staff guided youth ambassadors through six different training modules. Four of these programs carried over from the previous year, while the other two were new additions to the training curriculum. Table 1 includes the full slate of training components.



Table 1: Programs in the HAP-Y Training Curriculum²

RETURNING COMPONENTS	PROGRAMS
NEW COMPONENTS	<p><u>NAMI Family to Family*</u></p> <ul style="list-style-type: none"> • 12-session educational program for relatives and friends of people living with mental illness • Focus on how to support someone with mental illness, empathize with people who struggle with mental health challenges, and maintain one’s own wellbeing as a caregiver • Includes comprehensive information on major mental illness, and skills training in problem solving, effective communication, and handling crises <p><u>Wellness Action Recovery Plan (WRAP)*</u></p> <ul style="list-style-type: none"> • Self-designed prevention and wellness practice adaptable to many different circumstances • Trains people to recognize the wellness resources in their life, create daily plans for wellness, recognize one’s major stressors and early warning signs, and plan for crisis events <p><u>Question, Persuade, Refer (QPR)*</u></p> <ul style="list-style-type: none"> • Approach to communicating and supporting people who may be at risk for suicide • Trains people to recognize the warning signs of suicidal ideation, practice active listening, encourage someone at risk to seek help, and help connect them to formal support • Intended as an emergency mental health intervention, not a replacement for clinical services <p><u>Linking Education and Awareness for Depression and Suicide (LEADS)*</u></p> <ul style="list-style-type: none"> • Mental health awareness and suicide prevention curriculum designed for high school students • Intended to increase students’ knowledge of depression and suicide, correct misconceptions about depression and suicide, increase awareness of suicide prevention resources, and improve students’ comfortability with help-seeking behaviors <p><u>LGBTQ 101</u></p> <ul style="list-style-type: none"> • Overview of terminology and concepts related to gender identity, sexual orientation, and LGBTQ+ community members • Emphasis on the importance of culturally affirmative and respectful language • Intended to improve understanding about the linkages between anti-LGBTQ+ discrimination and heightened risk for mental health challenges among LGBTQ+ community members <p><u>Photovoice</u></p> <ul style="list-style-type: none"> • Qualitative method for community-based participatory research • Ambassadors select photographs that serve as the basis for personal storytelling • Designed to empower community members who are marginalized or underprivileged, by elevating personal stories that can build support for social and systemic change • The Photovoice module replaced an earlier training series around storytelling

**Listed in the National Registry of Evidence-based Practices and Policies*

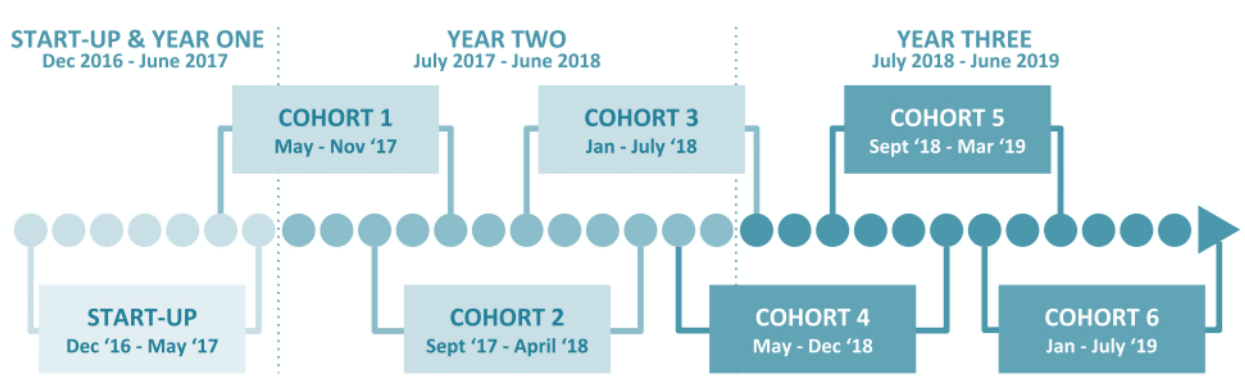
² External trainers led the NAMI Family to Family and WRAP trainings, and StarVista staff facilitated the remaining programs.



Implementation Timeline

Figure 4 illustrates the timeline of key activities that HAP-Y has completed in the past three years of the program. For each of the six cohorts, the first half of the program was devoted to the 14-week training program, and the second half to the ambassadors' presentations.

Figure 4: Timeline of Key HAP-Y Activities since Project Launch



Evaluation Overview

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

The HAP-Y evaluation has many purposes, including:

- Helping BHRS track the progress of the program;
- Measuring the impact of program activities;
- Providing data and analyses to inform further decision-making;
- Offering recommendations for program improvement;
- Generating knowledge about effective practices in mental health peer education; and
- Documenting the program for potential future replication in other jurisdictions.

HAP-Y's three Learning Goals, introduced in the previous section, provide the core framework for the evaluation. The following section of this document will explore the key evaluation findings in response to the questions presented in the three Learning Goals.

There are two major components to the evaluation:

- The **process evaluation** concerns the implementation of HAP-Y: the extent to which the program has operated according to plan, any challenges with implementation, and any major changes to



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program operations. Lessons from the process evaluation enable BHRS and StarVista to make real-time adjustments that could improve program delivery.

- The **outcome evaluation** component assesses the extent to which HAP-Y activities produce the intended outcomes as outlined in the Learning Goals: building the leadership capacity of youth ambassadors, enhancing youth knowledge and decreasing mental health stigma, and increasing youth access to mental health services.

RDA worked with StarVista and BHRS to launch the HAP-Y evaluation using a **Participatory Action Research** (PAR) framework. During the first year of the program, HAP-Y youth ambassadors were instrumental in the development of the evaluation plan, and helped to design some of the major evaluation tools. StarVista staff, with support from RDA, introduce each new cohort to the importance of program evaluation during the training sessions. Youth ambassadors continue to serve a critical role in the evaluation process: they conduct data collection with their peer education audiences, and offer their insight and reflections to the evaluation team at the end of their time with the program.



Evaluation Methods

In order to assess HAP-Y’s progress towards these Learning Goals, the evaluation team uses a **mixed-methods approach** to program evaluation. This approach includes tracking quantitative measures of impact from the educational presentations, as well as qualitative assessments of youth ambassadors’ experiences and the program’s major successes and challenges. Using multiple methods also enables a more robust comparison of findings across the different data sources.

The HAP-Y evaluation includes five main types of data collection, which are briefly described below. These methods have not changed significantly since last year’s evaluation.

Demographic Reporting

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

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

RDA developed the Self-Determination Survey for the youth ambassadors, who take the same survey at the start of the program and after completing their time with the program. The survey, which is anonymous, requires the ambassadors to assess their skills and beliefs in three domains: mental health advocacy, leadership, and teamwork. Administering the survey at the start and end of the program (“pre” and “post” tests) helps to track how, on average, ambassadors’ self-perceptions change over the course of their time with HAP-Y. As with the demographic survey, ambassadors complete a paper copy of the Self-Determination Survey, which StarVista staff then input into SurveyGizmo. For a copy of the Self-Determination Survey, please see Appendix D.

Audience Survey

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



Cohorts 4, 5, and 6 continued to use the Audience Survey that former ambassadors had designed. Program alumni were also instrumental in recommending slight modifications to a few of the survey questions, which the evaluation team implemented between Cohorts 5 and 6. Subsequent sections describe these changes in detail. For a copy of the Audience Survey, please see Appendix E.

Focus Groups with Current and Former Youth Ambassadors

RDA conducted four focus groups with youth ambassadors for this evaluation period: both a “pre” and “post” focus group with Cohort 4, a “post” focus group with Cohort 6, and a reunion focus group that brought together alumni from all six cohorts to date. The evaluation team did not conduct a focus group with participants specifically from Cohort 5, although several Cohort 5 alumni participated in the reunion focus group. These in-person discussions enabled the evaluation team to gather in-depth information from HAP-Y’s participants, and provide the ambassadors a space to reflect on their experiences following the end of the program. For a copy of the focus group questions, please see Appendix F.

Interviews with StarVista Staff

The evaluation team conducted an interview with a StarVista program manager to gather their perspectives on the HAP-Y implementation process, major program successes and challenges, and other observations from the 2018-2019 program year. For a copy of the focus group questions, please see Appendix G.

Data Analysis

To analyze the quantitative data from the Audience Surveys and Self-Determination Surveys, RDA examined frequencies, averages, and ranges of survey responses. To analyze qualitative data, RDA transcribed focus group and interview participants’ responses, and analyzed these transcripts to identify major themes, significant outliers, and notable perspectives across participants’ experiences. The open-ended answers on the Audience Surveys were also subject to a similar thematic analysis, to locate any trends in audience members’ reactions. RDA then synthesized these quantitative and qualitative analyses in accordance with the three Learning Goals that guide the evaluation plan.

Data Limitations

Small sample sizes for “Post” Self-Determination Surveys. Logistical difficulties prevented the administration of the Self-Determination Survey to Cohorts 4 and 5 at the close of their respective programs. In order to collect “Post” survey data for these two cohorts, StarVista staff contacted former ambassadors from these cohorts to complete the survey online via SurveyGizmo, as well as members of Cohort 6 who could not attend the post-program focus group. While some former ambassadors have maintained contact with StarVista, however, others have been harder to reach after the end of the program. As such, the number of ambassadors from Cohorts 4 through 6 who completed the “post” survey (16) is fewer than half of the number who completed the “pre” survey (37). When looking at pre-post



response comparisons, it is important to keep in mind that some of the ambassadors represented in the “pre” group did not complete a “post” survey.

Difficulty of surveying audience members in non-school settings. As explained in later sections, HAP-Y ambassadors participated in a greater number of presentations, speakers’ panels, and other events in community-based settings outside of school. However, ambassadors were often able to administer the Audience Survey in these settings, especially when StarVista was not the planner or organizer of the event. As such, the number of Audience Surveys necessarily is an undercount of the total number of people the HAP-Y ambassadors reached during their peer education efforts.

Ambiguous or confusing wording for some Audience Survey questions. The data from last year suggested that following the presentations, attendees were more likely to report feeling uncomfortable discussing mental health challenges, and more likely to believe that people with mental health challenges were unstable. These results appeared counterintuitive, as HAP-Y is a program designed to normalize open discussions about mental health challenges. In response, the evaluation team worked with StarVista and a group of former HAP-Y participants to revise the wording to these questions. In February 2019, StarVista staff presented these unexpected survey results to program alumni. These alumni discussed revisions to the audience survey, and recommended rewording these two questions to match the positive framing of the rest of the survey. Cohort 6 was the first group of ambassadors to use the new survey. The results of Cohort 6’s Audience Surveys are more aligned with program expectations—that audience members would feel *more* comfortable talking about mental health, and be more likely to believe that people with mental health challenges can lead healthy lives. The differences in survey results between Cohorts 4/5 and Cohort 6 suggests that the previous wording may have skewed the results.

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



Implementation Update

Changes to Innovation Project During Reporting Period

In FY18-19, the California Mental Health Services Oversight and Accountability Commission (MHSOAC) approved Behavioral Health and Recovery Services' request for a one year, no-cost extension for HAP-Y. With the extension, HAP-Y will run through the 2019–2020 fiscal year. This extension year will support the training and peer education activities for the seventh, eighth, and ninth cohorts.

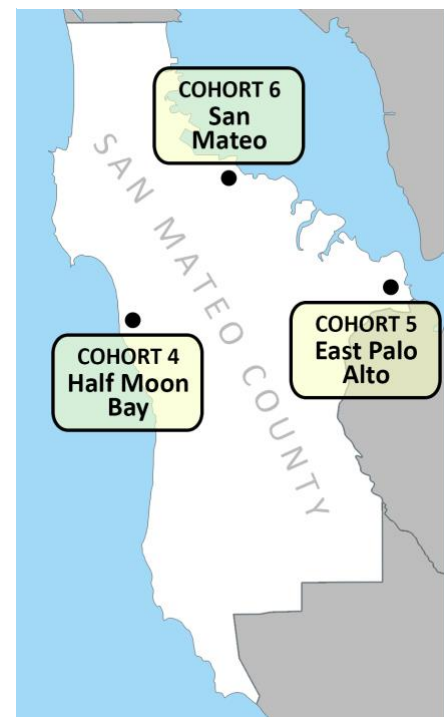
Key Accomplishments

StarVista continued to expand HAP-Y into different areas of San Mateo County, ensuring a wider geographic representation of young people. For the second year of ambassador presentations, StarVista aimed to recruit students from parts of San Mateo County that had not been represented among the first three cohorts. This strategy would help to ensure a wider geographic representation of youths trained to be ambassadors, as well as young people whom the ambassadors engage in their presentations.

Cohorts 4 and 5 represented new areas for program expansion, centered in Half Moon Bay and East Palo Alto, respectively (see Figure 5).³ Half Moon Bay is farther away from the county's major transportation routes, and is thus more isolated from other areas of the county. In turn, East Palo Alto residents are predominantly working-class people of color.

StarVista's emphasis on geographic diversity also overlapped with a goal of incorporating youth from historically marginalized communities. Cohorts 4 and 5 both had a majority of Latina/o/x youths, several of whom noted the cultural and social barriers in their families that made mental health a taboo topic. Multiple members of Cohort 6, which was centered in San Mateo, learned about HAP-Y through their participation in LGBTQ+ student organizations or the San Mateo County Pride Center.⁴

Figure 5: Targeted Recruitment Areas for Cohorts 4, 5, and 6



Ambassadors in Cohorts 4, 5, and 6 presented and spoke to over a thousand young people in a variety of school-based and community-based venues. As Table 2 and Table 3 show, the ambassadors from Cohorts 4, 5, and 6 completed a total of 89 presentations during their time with HAP-Y. In all, 1,331 people completed Audience Surveys after attending one of the presentations. It should be noted that this figure

³ Presentations for Cohorts 1 through 3 were largely centered in the northern and eastern areas of the county: Pacifica, San Bruno, Menlo Park, San Mateo, and Redwood City, e.g.

⁴ The Pride Center is another MHSA Innovation Project.



represents an undercount of people to whom the HAP-Y ambassadors presented, as some ambassadors participated in community-based presentations where it was not possible to administer the survey.

Table 2: Number of Ambassadors, Presentations, and Audience Surveys Completed for Cohorts 4–6

Cohort	HAP-Y Training Participants*	Youth Completing Presentations	Presentations	Audience Surveys
4	14	11	30	594
5	7	5	18	278
6	13	8	41	459
TOTAL	34	24	89	1,331

**Number of youth who completed an anonymous demographic survey during training*

Table 3: Presentation Dates and Presentation Locations for Cohorts 4–6

Cohort	Presentation Dates	Presentation Locations (Partial List)
4	9/19/2018 – 12/10/2018	<ul style="list-style-type: none"> • Half Moon Bay High School • Half Moon Bay Library • College of San Mateo’s Middle College • Family & friends • Skyline Middle College
5	12/19/2018 – 3/18/2019	<ul style="list-style-type: none"> • Aragon High School • Burlingame High School • Eastside College Preparatory School • Skyline College • Woodside High School
6	4/12/2019 – 7/24/2019	<ul style="list-style-type: none"> • Aragon High School • Burlingame High School • El Camino High School • Hillsdale High School • Mill High School • Redwood Continuation High School • Sequoia High School

HAP-Y’s emphasis on countywide geographic representation means that students from a wide range of schools and communities have been able to participate in the presentations. Many HAP-Y ambassadors conduct their presentations at their own schools, or schools in their communities of residence. Because StarVista recruits cohorts in different geographic regions of San Mateo County, the school-based presentations are also geographically dispersed. This broad approach is particularly important in the context of San Mateo County, which has areas that are physically harder to reach and with less robust social service infrastructures than the more densely populated areas of the county. A wide geographic representation also means that the ambassadors’ presentations are more likely to reach students from diverse socioeconomic and racial backgrounds.



Ambassadors participated in an array of presentations outside of high schools, which helped to spread peer mental health education and knowledge of HAP-Y in other venues. As ambassadors had the freedom to choose where to conduct their presentations, several program participants opted to conduct their mental health peer education outreach to youth in other venues. For instance, some individual participants presented to members of a youth Bible study group, to library patrons, and to members of a local Police Athletic League. Some members of Cohort 6 were able to synchronize their presentations with community events for Mental Health Awareness Month in May 2019, such as serving as panelists for a discussion about the suicide prevention documentary *The S Word*. Other ambassadors opted to conduct their presentations with middle school students, out of a conviction that this information was necessary for youth earlier than high school age. In all, these other presentation venues ensured that a wider range of youth would receive information about mental health resources, and learn more about common misconceptions regarding mental health and suicide.

StarVista staff recruited HAP-Y alumni to participate in additional peer education and speaking opportunities. Some former HAP-Y program participants have maintained contact with StarVista staff, and during this program year StarVista began soliciting HAP-Y alumni to continue serving as panelists or speaking at community events when the opportunity arises. Because StarVista is well established in San Mateo County, the staff in charge of HAP-Y were able to redirect opportunities discovered through other StarVista programs and present them to former ambassadors. In another case, organizers of a nearby Asian American Pacific Islander youth mental health conference reached out to StarVista specifically looking for a representative of HAP-Y to speak at the event. That is, there has been a gradual increase in community members' recognition of HAP-Y as a local youth mental health initiative, which stands to increase with each successive community-facing speaking opportunity.

StarVista made additional improvements to the HAP-Y training curriculum. As mentioned in the Introduction, StarVista staff made two changes to the training program for this year's ambassadors. The previous module on storytelling was replaced with Photovoice, a similar program that uses photography to enhance the ambassadors' personal storytelling skills. In addition, StarVista added a workshop on LGBTQ 101, to educate ambassadors on the diversity of gender identities and sexual orientations, as well as the elevated risk of mental health challenges that many LGBTQ+ people face due to forms of discrimination, alienation, or mistreatment.

Implementation Lessons

HAP-Y ambassadors find the interactive and activity-based trainings, such as WRAP and Photovoice, most meaningful. When asked to recall the most impactful and memorable parts of the training program, multiple ambassadors specifically mentioned the Wellness Recovery Action Plan and Photovoice sessions. Ambassadors cited WRAP as a useful tool to manage their own stress and map out strategies for self-care and wellbeing. In turn, the Photovoice activities were particularly important in bringing cohort members together, as the ambassadors demonstrated trust and vulnerability with one another in sharing personal stories. As a whole, ambassadors appreciated the interactive components of the trainings: those involving actionable skills and strategies, and those that encouraged community-building between cohort members. On the other hand, some ambassadors found it harder to absorb all the information from the



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lecture-based trainings. As with last year, ambassadors have suggested that the NAMI Family to Family training be replaced with a mental health curriculum with more interactive components, such as NAMI's Peer to Peer training module.

HAP-Y ambassadors have been key in making changes to the training curriculum and evaluation tools.

HAP-Y not only provides youth ambassadors with rigorous training on mental health advocacy; the program also helps empower its participants to improve the experience of future HAP-Y cohorts. As StarVista staff note, HAP-Y ambassadors have been vocal in sharing their feedback about the training program. In turn, StarVista staff have incorporated the ambassadors' concerns and considerations in making updates to the training program. In response to ambassadors' input, staff are currently exploring the possibility of switching out NAMI Family to Family for a more youth-friendly curriculum, and are looking into adding a training component of cultural humility and cultural awareness. As well, the youth ambassadors have been instrumental in updating the data collection and evaluation tools. As mentioned earlier, former program participants helped to revise the wording of a few Audience Survey questions when the preliminary survey results included some unexpected, if not counterintuitive, outcomes.

Strong rapport between the StarVista program staff and the ambassadors enhances the ambassadors' overall experience of the program. Multiple ambassadors cited the guidance and support from StarVista staff as one of the highlights of the program. These youth valued the mentor-mentee relationship that they were able to build with program staff, beyond a strictly supervisory role. Youth participants also praised the staff's ability to balance the training and educational aspects of the program with a focus on self-care. Since the trainings covered difficult topics, and the presentations could be intimidating, youth participants appreciated the space and time to tend to their personal safety and wellbeing.



Consumer Population Served

Youth Ambassador Demographics

Between Cohorts 4, 5, and 6, 34 youth ambassadors completed a demographic survey. Similar to last year (Cohorts 1, 2, and 3), youth of color comprised the majority of program participants. However, Latina/o/x participants made up a larger proportion of all ambassadors (68% this year vs. 50% last year), as did participants of Mexican descent (59% vs. 35%), participants still in high school (94% vs. 68%), and participants who identified as cisgender women (88% vs. 59%). Conversely, participation among Asian American youth and cisgender male youth fell compared to last year’s cohorts.

The full demographic results across this year’s cohorts are presented below.

Table 4: HAP-Y Ambassador Demographics for Cohorts 4, 5, and 6 (n=34)

Age: 100% of ambassadors were 24 or younger at the time of survey, with nearly all participants between the ages of 16 and 24.	Language: Almost all (94%) of ambassadors listed English as their primary language, or listed English along with another language.
Race: About two-thirds (68%) of participants identified as Latinx, and 26% identified as white. Most of Cohorts 4 and 5 were Latinx, and a slight majority of Cohort 6 participants were white.	Ethnicity: A majority of ambassadors (59%) were Mexican/Mexican American/Chicanx, including nearly all of Cohorts 4 and 5. No more than three youth identified with any other ethnicity.
Sex at Birth: 88% of ambassadors indicated that they were female at birth. Others were male at birth or declined to answer.	Gender Identity: Nearly all ambassadors (88%) identified as cisgender women at the time of survey, including all 14 members of Cohort 4.
Sexual Orientation: About two-thirds (68%) of ambassadors identified as heterosexual or straight, and 18% identified as bisexual.	Education: Nearly all (94%) of participants were in high school at the time of survey, including all members of Cohorts 4 and 5.
Health Conditions: 62% of ambassadors reported having no major health issues. The most common reported condition was difficulty seeing (18%).	Employment: At the time, three-quarters of youth (76%) reported as students, and 29% had a part-time job. A few selected both categories.
Housing Status: All ambassadors indicated that they have stable housing, or are living with friends or family members.	Income: Only seven ambassadors answered this question; all seven respondents reported an annual income of \$50,000 or less.

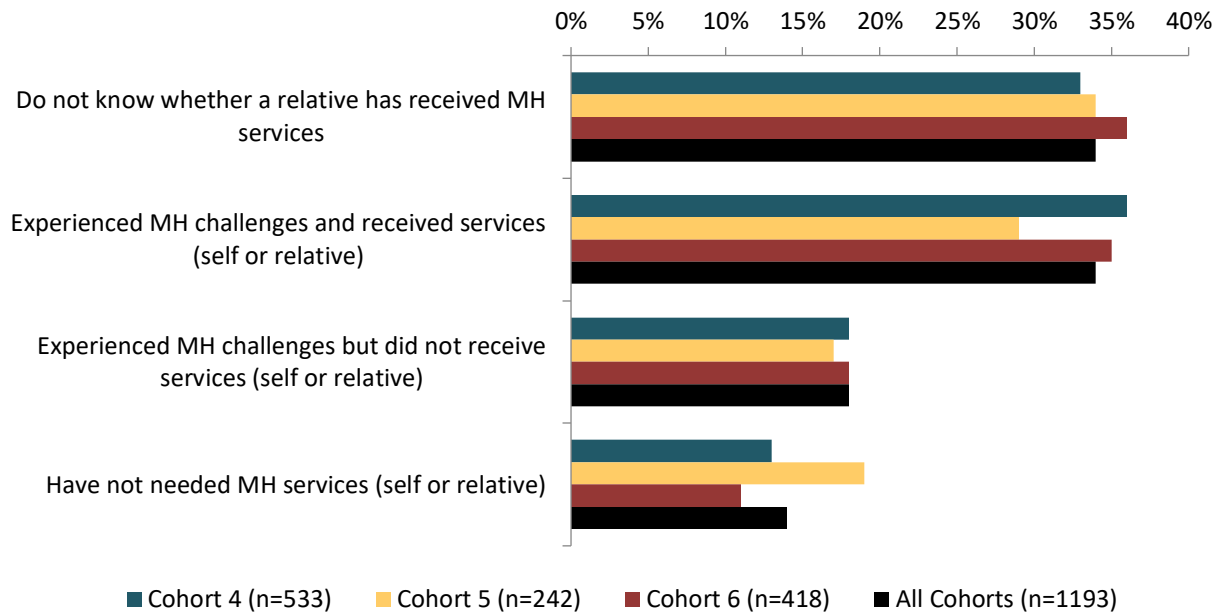
Note: To comply with HIPAA requirements and to protect the confidentiality of participants, the demographic analysis below only lists categories where there were at least five responses. Some categories have been combined in cases where there were fewer than five responses.



HAP-Y Audience Members & Lived Experiences

Across Cohorts 4, 5, and 6, 1,331 people who attended a HAP-Y ambassador’s presentation completed an Audience Survey. While this anonymous survey does not solicit any demographic information from respondents, one question concerns the audience member’s personal or familial experience with mental health challenges and mental health services. As Figure 6 shows, audience responses to this question were generally consistent across all three cohorts.

Figure 6: Audience Members’ Prior History of Mental Health Challenges and Mental Health Services, Organized by Cohort



A majority of audience members have some personal experience with mental health challenges. Across all three cohorts, 52% of survey respondents indicated that either they or a family member had experienced mental health challenges. Among that subset of respondents, one-third had not received any mental health services in response.

Over one-third of audience members (34%) do not know whether any family members have received mental health services before. This proportion was more than twice the percentage of audience members who responded that neither they nor any family members had ever accessed mental health services (14%). The fact that so many audience members were uncertain about their family’s mental health histories suggests that mental health challenges and mental health care may not have been a common topic of discussion at home for these students. Because they are designed to reduce audience members’ stigma, HAP-Y presentations could help encourage some youth to speak up about mental health within family settings.



Progress Toward Learning Goals

This section presents the key evaluation findings for HAP-Y cohorts 4, 5, and 6, separated by the three Learning Goals. A summary of key findings is included below.

Learning Goal 1: Building Youth Capacity

Mental Health Knowledge and Tools. Participating in HAP-Y provides ambassadors with concrete tools and knowledge to support their own mental health and wellbeing, as well as help their peers and loved ones.

Confidence to Speak About Mental Health. Many HAP-Y ambassadors gain the self-assurance to speak up about difficult matters, and/or challenge other people’s misconceptions about mental health.

Community as a Protective Factor. HAP-Y helps reduce the isolation that some ambassadors feel, especially those with lived experiences of depression or other mental health challenges.

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

Learning Goal 2: Enhancing Mental Health Knowledge & Decreasing Stigma

Knowledge about Mental Health and Resources. Most audience members found the HAP-Y presentations useful and expressed high levels of satisfaction with both the presentation and the presenters. Following the presentation, nearly all audience members reported that they knew where to access help for their mental health struggles.

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

Mixed Levels of Engagement in Presentations. Students’ interest in, and engagement with, the presentations varied between different classrooms, schools, and venues.

Learning Goal 3: Increasing Youth Access to Mental Health Services

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

Long-Term Ripple Effects. Youth ambassadors continue to share their knowledge about mental health resources following their participation in the program, which increases the likelihood that other youths will seek support for their own mental health challenges.



Learning Goal 1: Building Youth Capacity

Mental Health Knowledge and Tools

Participating in HAP-Y provides ambassadors with concrete tools and knowledge to support their own mental health and wellbeing, as well as help their peers and loved ones. Because many HAP-Y ambassadors have lived experiences of mental health challenges, the program is well suited to help these participants build resilience and practice self-care. For example, several participants noted how they had found the training on Wellness Recovery Action Plans (WRAPs) useful for the wider stresses in their own lives. One

“For me, [participating in HAP-Y] helped break the stigma at home. My stepdad is not open-minded about mental health. We would talk about it at the dinner table. He had something happen to him and he realized that mental health was affecting him. My mom and I were able to get him help.”

–Ambassador from Cohort 4

former ambassador noted that they had created a WRAP when working on their college applications, as they had found the experience to be incredibly burdensome. Several ambassadors also appreciated the emphasis on self-care during the training sessions, which covered difficult and sensitive topics. This focus on emotional self-awareness had made ambassadors more cognizant of their own stress levels and the need to advocate for their own wellbeing on a regular basis.

In addition, several ambassadors noted that they had joined the program because they had family members or friends with mental health challenges, and wanted to learn how to support their loved ones more effectively. This was especially important for ambassadors whose families carry a lot of stigma or misunderstanding around mental health, and families whose cultural practices have historically disregarded clinical mental health services.

After participating in HAP-Y, youth ambassadors have the skills to assess how many different factors in their communities contribute positively and/or negatively to residents’ mental health. Former youth ambassadors who participated in the HAP-Y alumni focus group worked in small groups to identify major risk factors and protective factors for mental health in their peer circles and communities. The alumni’s collaborative efforts revealed a sophisticated, multidimensional analysis of what community elements can worsen residents’ mental health, and what can help residents cope with stress, heal from trauma, or build resilience. All of the small groups named risk factors and protective factors at multiple social scales of analysis, from personal and interpersonal factors (such how people discuss mental health) to structural and institutional factors (such as public policy, monetary resources, or systemic inequalities). Table 5 contains a summary of HAP-Y alumni responses in this activity. While these analytical skills are not solely attributable to what the alumni learned or experienced through HAP-Y, many alumni asserted that participating in HAP-Y had been crucial in developing their understanding about both mental health challenges and mental health resources.



Table 5: Notes from HAP-Y Alumni Activity (Brainstorming Local Risk Factors and Protective Factors)

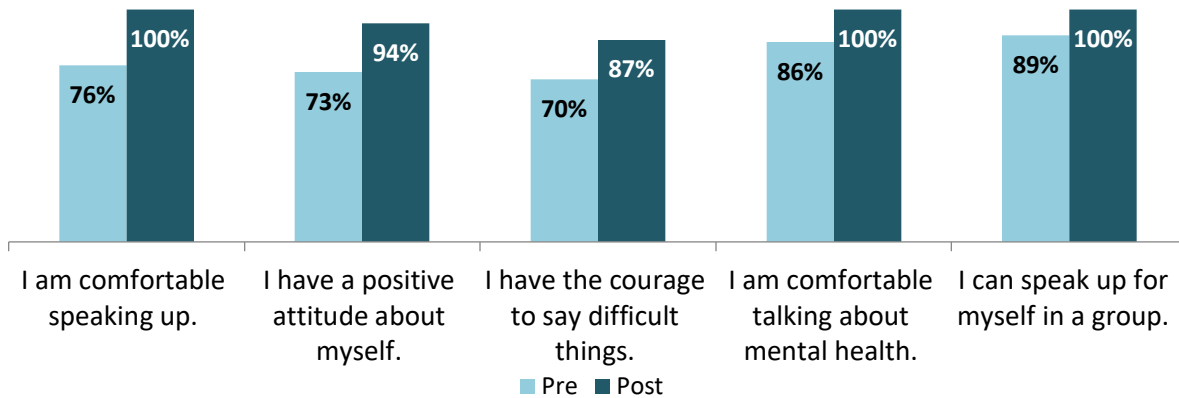
	Risk Factors	Protective Factors
Individual/Interpersonal Factors	<ul style="list-style-type: none"> • Academic stress and school pressures • Alcohol and/or drug use • Bullying and cyberbullying • Disabilities or other health conditions • Discriminatory behaviors (based on racism, sexism, homophobia, etc.) • Family members with mental health challenges • Major life changes (e.g. loss of a loved one) • Misinformation about mental health • Personal or familial beliefs about mental health and suicide • Social media pressures • Unhealthy relationships (family, friendships, dating) 	<ul style="list-style-type: none"> • Having a crisis plan • Having a mentor • Help-seeking behavior • Hobbies and outlets for self-expression (art, music, journaling, etc.) • Positive outlook and self-esteem • Resilience and coping skills • Strong support systems and positive relationships with others • Therapy
Community-level Factors	<ul style="list-style-type: none"> • Absence of easy-to-access information about mental health • Community climate/environment (such as societal patterns of stigma around mental health) • Faith-based communities that disregard or dismiss mental health care • School climates that reinforce student stress about academic performance 	<ul style="list-style-type: none"> • Community-based mental health outreach, events, and programming • Community mental health and service providers, like StarVista • Community support systems • Crisis hotlines and online chatrooms • Faith-based communities that support and advocate for mental health care • Health classes in schools • Peer education programs like HAP-Y • Spaces where marginalized or vulnerable community members can gather
Structural Factors	<ul style="list-style-type: none"> • Discriminatory policies and practices • Financial stressors, such as high costs of living, housing prices, or low income • Gaps in local mental health resources or access to mental health care • Healthcare insurers that does not cover mental health care 	<ul style="list-style-type: none"> • Access to quality mental health resources for all community members • Inclusive and nondiscriminatory policies and practices • Public mental health agencies, like BHRS • Standardized mental health curricula in schools, and resources for school-based mental health services and supports



Confidence to Speak About Mental Health

Many HAP-Y ambassadors gain the self-assurance to speak up about difficult matters, and/or challenge other people’s misconceptions about mental health. As Figure 7 shows, HAP-Y participants reported some of the highest gains on the Self-Determination Survey for questions about confidence, self-esteem, and comfort with advocacy. About three-quarters (73%) of participants reported having a positive attitude about themselves at the start of the program, which rose to nearly all (94%) of respondents after the program ended. The percentage of respondents who have the courage to say difficult things similarly rose from 70% to 88%. By the end of their participation, 100% of respondents indicated that they felt comfortable speaking up, an increase from 76% upon starting HAP-Y.

Figure 7: Largest Pre-Post Gains on the Self-Determination Survey, Cohorts 4–6
 (Percentage of ambassadors who responded “mostly true” or “very true”)



Ambassadors became more confident in their presentation skills over the course of multiple presentations. During their first presentation(s), the ambassadors discovered where they needed to do additional preparation and adjusted for their subsequent peer education engagements. In addition, several ambassadors recalled that their first presentations helped them to overcome their initial fright:

“[HAP-Y] got me thinking more about mental health in my everyday life, the words we use, and how that can influence stigma. [It] made me nudge my friends when they say stigmatizing things, and also, how to address when people casually say, ‘I want to kill myself, this work is so hard.’”
 –Former HAP-Y Ambassador

they realized that the experience was not as daunting as they had anticipated, or they received positive feedback from audience members who spoke with them afterwards. (It is also important to read the Audience Survey results in this context, as it is possible that some survey respondents would respond more positively to ambassadors who were conducting their second or third presentation as opposed to their first attempt.)

These increased levels of confidence help HAP-Y alumni to keep advocating for the importance of mental health awareness even after they complete their presentations. Several ambassadors noted





that by the end of the program, they felt knowledgeable and confident enough to challenge their friends and relatives who have misconceptions about mental health, or who say things that could be taken as insensitive. Importantly, these ambassadors also noted the importance of having empathy when challenging others: the goal was not to belittle the other person, but to share helpful knowledge and prevent the spread of potentially harmful beliefs.

Community as a Protective Factor

HAP-Y helps reduce the isolation that some ambassadors feel, especially those with lived experiences of depression or other mental health challenges. StarVista staff and HAP-Y participants both note that cohorts often become close-knit over the course of the program, and that many ambassadors develop close bonds with one another. Some ambassadors have not had the opportunity to discuss their own mental health challenges with peers, and discover through HAP-Y that they are not the only ones around them experiencing those struggles. In addition, several of the training sessions invite ambassadors to share difficult life experiences with one another, and that shared vulnerability helps to build deeper bonds of trust, respect, and appreciation.

HAP-Y cohorts could serve as a community for youths who had no other outlets to discuss mental health with others in a comfortable setting. For instance, StarVista staff suggested that Cohort 4 was the largest to date in part because it was centered in the coastal area of Half Moon Bay, further removed from the county’s urbanized areas and major transportation routes. Many of the ambassadors who made up that cohort were looking for a safe space to convene with their peers, and to seek mutual support for the issues that they had been dealing with in their own lives.

“[HAP-Y] introduced me to amazing people. It made me feel like I’m not alone. You can feel the authenticity with this group...[being here] makes me feel comfortable in my own skin.”

–Ambassador from Cohort 4

“[My favorite part was] the sense of caring and community that HAP-Y brought...for a while I thought nobody cared, but it turned out that everybody cared.”

–Former HAP-Y Ambassador

Mental Health Career Pathways

For many ambassadors, participating in HAP-Y affirms their desire to pursue a career in the mental health field, or to integrate mental health concerns into their other career aspirations. While BHRS and StarVista did not plan for this as a program goal, many HAP-Y participants exit the program with goals to pursue careers as mental health practitioners, social workers, service providers, or similar professions. Some of these ambassadors start the program with some interest in a career in mental health, which strengthens over the course of the program; others find a newfound passion in HAP-Y that they wish to keep pursuing afterwards. HAP-Y participants with other professional aspirations still acknowledge the importance of HAP-Y in shaping their future goals, noting the importance of mental health awareness and





education for teachers, artists, scientists, policymakers, and advocates. Simply put, many former HAP-Y participants acknowledge how important the program has been in helping them better understand themselves and what they want to do in life.

“I want to go into something in mental health or the medical field. HAP-Y made me realize I’m passionate about this and I can relate with people who are going through things.”

–Ambassador from Cohort 6

“Because of HAP-Y, I also joined the StarVista teen chatline and continue to assist those with crises.”

–Former HAP-Y Ambassador

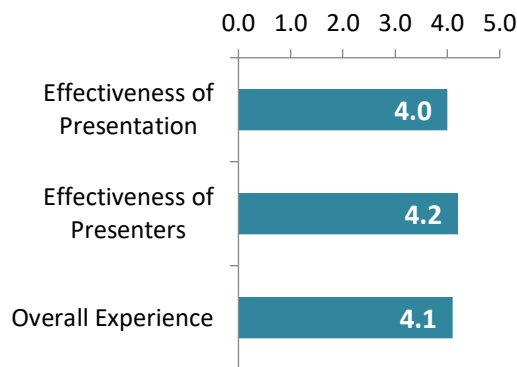
Learning Goal 2: Enhancing Mental Health Knowledge and Decreasing Stigma

Knowledge about Mental Health and Resources

Most audience members found the HAP-Y presentations useful and expressed high levels of satisfaction with both the presentation and the presenters. Across all three cohorts, 78% of audience members indicated that they had found the presentation useful, versus 10% of survey respondents who did not find

the presentation useful. (The remaining respondents declined to answer the question.) As Figure 8 shows, the audience members deemed the effectiveness of both the presentation and presenters as “very good,” with average reviews of 4.0 and 4.2 out of 5, respectively.

Figure 8: Audience Survey Respondents’ Satisfaction with HAP-Y Presentations, Cohorts 4–6 (n=1,137; Score out of 5)



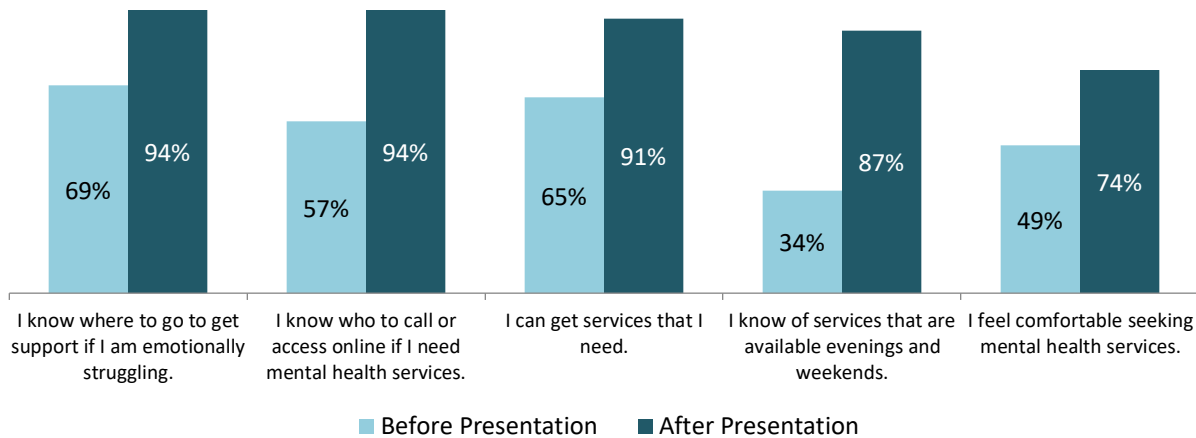
Those who found the presentation to be a positive experience offered a variety of reasons. Many of these explanations mirror common positive feedback from last year’s presentations: students thought the issue was important in general, felt better equipped to help people in their lives, learned unexpected things about mental health and suicide, and felt less alone in dealing with their own mental health challenges. In turn, most of the audience members who did not find the presentation useful expressed that they already knew the information

presented, or wanted the presentation to cover additional or different topics. That is, few audience members denied the fundamental importance of the topic matter, even if they had other objections.



Following the presentation, nearly all audience members reported that they knew where to access help for their mental health struggles. The HAP-Y presentations provide concrete information about mental health resources available to young people in San Mateo County, including crisis hotlines and StarVista’s peer-run online chatroom for youth. As Figure 9 shows, prior to the presentation, about two-thirds of audience members knew how to find mental health supports, and slightly more than one-half knew where to find phone- or online-based services. Following the presentation, over 90% of audience members indicated that they now knew about these resources. Over the course of the presentation, the number of audience members who were aware of services on weekends and evenings more than doubled, from 34% to 87%.

Figure 9: Percentage of Audience Members who Responded “Mostly True” or “Very True,” Cohorts 4-6 (n=1,331)



Many audience members indicated a desire to know more about mental health following the presentation. Multiple Audience Survey responses listed additional topics related to mental health that they wished the presentation had covered, or that they wanted to explore further. For instance, many survey responses expressed curiosity in learning more about the link between depression and anxiety; several other respondents wanted to know more about the environmental and physiological factors behind depression. While the HAP-Y presentations are necessarily limited in time and scope, it is nonetheless a positive sign that these peer education efforts compel some students to want to know more about mental health and related matters.

Audience Survey respondents indicated they wanted more information on:

- *What happens when you call a crisis hotline*
- *StarVista’s programs and services*
- *Common risk factors for suicidal thoughts*
- *Anxiety and other mental health challenges*
- *Suicidal behavior vs. other forms of self-harm*
- *Where to access affordable mental health services*
- *Opportunities to volunteer or get involved*

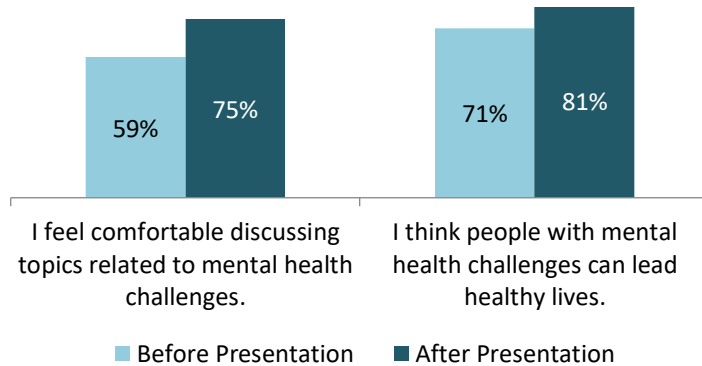




Addressing Stigma

HAP-Y presentations appear to decrease audience members’ stigma around mental health. Audience members reported that after attending the presentation, they would feel more comfortable talking about mental health, and be more likely to believe that people with mental health challenges can lead healthy lives (see Figure 10). Several audience members wrote in the open-ended comments that by learning more about mental health and mental illness, they are more informed and less likely to pass judgment on individuals who may be struggling with mental health challenges.

Figure 10: Audience Survey Responses After Changes in Wording (Cohort 6, n=459)
 [% answering “Mostly True” or “Very True”]



“[I learned] not to be so judgmental of people with mental illnesses.”

–Audience Member for Cohort 6

At the same time, it is still likely that stigma remains an issue for some audience members. As Figure 9 above demonstrates, after the presentation nearly all audience members reported that they knew where to get support for mental health challenges. However, slightly fewer audience members indicated that they felt *comfortable* seeking mental health resources

(74%), even if audience members’ comfort levels rose on average over the course of the presentation. Cohort 6 audience results similarly show that three-quarters of audience members felt comfortable discussing mental health challenges following the presentation. While these figures represent a sizeable majority of audience members, it is still noteworthy that more audience members felt knowledgeable about available mental health resources than those that would find it easy to access these resources, or even talk about mental health. These data suggest that stigma around mental health remains a challenge for some students in San Mateo County, including those who otherwise found the presentation to be informative.



Mixed Levels of Engagement in Presentations

Students’ interest in, and engagement with, the presentations varied between different classrooms, schools, and venues. HAP-Y ambassadors across multiple cohorts reported witnessing a wide array of responses among students in their audience. Some ambassadors recalled students personally thanking them after the presentations; others remembered that many audience members seemed uninterested or

“I remember sitting there freshman year [during a mental health lesson] and no one really cared...The culture [can be troubling] at my school. I feel like no matter what we do, it’s like teenagers...not taking it seriously.”

–Ambassador from Cohort 6

restless during the presentations; others experienced both attentive and inattentive audiences. While Audience Survey data indicate overall high levels of satisfaction and appreciation among attendees, it is nonetheless likely that some audience members did take the presentation less seriously than their peers did.

HAP-Y ambassadors offered nuanced assessments of these varied levels of audience engagement. Some participants suggested that they had more success

presenting to student clubs, such as health and wellness clubs or LGBTQ+ organizations, whose members are self-selected and who may be more receptive to the topic matter. Many ambassadors presented to freshmen classes, and some of these ambassadors expressed concern that some audience members may not yet have the maturity or life experiences to see the presentation as important.



Learning Goal 3: Increasing Youth Access to Mental Health Services

Access to Resources

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

A small portion of Audience Survey respondents indicated that they were experiencing a mental health challenge, and requested individual follow-up support from StarVista. StarVista staff noted that most students who do leave their contact information ultimately do not respond to StarVista’s efforts to contact them. Moreover,

StarVista has not tracked the completion rate of follow up contacts, or whether a follow up call results in the student being connected to mental health supports. As such, it is difficult to gauge accurately how many of these survey requests result in access to formal services.

Long-Term Ripple Effects

Youth ambassadors continue to share their knowledge about mental health resources following their participation in the program, which increases the likelihood that other youths will seek support for their own mental health challenges. As indicated in the findings for the first Learning Goal, many former ambassadors found their time in HAP-Y to be enriching, or even transformative. Many program alumni continue to serve as mental health advocates in informal and formal roles alike. StarVista staff maintain

“In the community, [HAP-Y works] bit by bit, or [it has] a ripple effect. Hopefully, you teach others [after participating in the program].”

–Ambassador from Cohort 6

“[The presentation had] good starting-level ways for everyone to try to help, [and provided] informational resources.”

–Audience member from Cohort 4

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

–Audience member from Cohort 6

contact with many alumni across the former cohorts, and have recruited former ambassadors to speak on discussion panels or share their experiences in other venues. With a growing number of alumni interested in participating in additional mental health-related activities, HAP-Y may have a greater *indirect* role in helping more youth learn where to find mental health resources, or encouraging them to seek mental health services for themselves or others.



Systemic Barriers

There are larger structural barriers in San Mateo County’s mental health system that could impede audience members’ efforts to seek clinical services after the presentation. While ambassador presentations inform audience members about available resources and encourage help-seeking behavior, HAP-Y alone cannot resolve other systemic issues that prevent people from accessing care. Among respondents who reported that they had previously attempted to access mental health services:

- 79 people stated that it had taken too long to be seen after having a crisis;
- 62 could not find services that fit their schedule;
- 42 could not find any appointments at all; and
- 31 people noted that there were not enough services to meet their needs.

While 251 respondents reported having no trouble accessing services, it is likely that some youth who seek mental health access following the HAP-Y presentations will encounter some of these barriers.

In addition, students’ access to or knowledge of on-campus mental health resources can vary across schools. Ambassadors from Cohort 6, who attended several high schools in and around San Mateo, noted that mental health resources were not consistent across different schools, nor were students’ awareness of available resources. While some ambassadors praised their schools for having a sufficient number of mental health counselors and widely publicizing student mental health resources, other ambassadors observed that their schools have comparative fewer clinical staff, or had done a poorer job of raising student awareness about the mental health supports available on campus. Because many students might first seek help for mental health through their schools, this inconsistency in accessibility and awareness could prevent some youth from accessing needed services in a timely fashion.

“[At my school] we have counselors and wellness groups, [but] these are not publicized and no one knows about them.”

–Ambassador from Cohort 6



Recommendations

Cultivate opportunities to involve HAP-Y youth in decision-making related to mental health. Current and former HAP-Y ambassadors are excellent candidates to serve in leadership roles in mental health decision-making spaces. Similar to the County’s Health Ambassador Program for adults, HAP-Y should also explore partnerships with BHRS to connect HAP-Y youth with opportunities to join County steering committees and commissions. For example, youth could join the Mental Health and Substance Abuse Recovery Commission or one of the Office of Diversity and Equity’s Health Equity Initiatives.

Integrate education on mental health careers as part of the training program. Although expanding mental health career pathways was not an original aim of the HAP-Y program, HAP-Y has helped several ambassadors consider or reinforce their decision to pursue a career in mental health. Because of this trend, HAP-Y should look for ways to include additional information about mental health professions and career tracks during the trainings. This could include presentations or question-and-answer sessions with StarVista clinicians or other invited guests, especially later in the trainings when ambassadors have a foundation of knowledge about mental health.

Continue to explore additional updates to the training program, such as adding NAMI Peer to Peer and/or a unit on cultural humility. HAP-Y staff have demonstrated their receptiveness to ambassadors’ feedback about what training components they found less engaging, such as NAMI Family to Family’s lecture-based format. Because StarVista’s contract with BHRS includes the NAMI Family to Family curriculum, it is worth exploring whether StarVista could use another evidence-based program that is better suited for a youth audience. In addition, staff have expressed interest in implementing a training on cultural humility: as HAP-Y outreach and recruitment has emphasized reaching youth in communities of color, it would be useful for ambassadors to build capacity in understanding how sociocultural trends and structural inequalities shape community perspectives on mental health.

Strategize with ambassadors about the best venues for their presentations. During this program year, multiple ambassadors noted that some of their audiences seemed less engaged, especially freshmen classes. At the same time, it is important that ambassadors reach out to youth who may not have been exposed to this information beforehand. It will help for StarVista staff to relay some of these past challenges to ambassadors who are getting ready to do their presentations, and to work with ambassadors to brainstorm classes, student clubs, and community-based venues where youth are most likely to be receptive to the materials.

Track follow-up contact attempts in StarVista’s data system. As mentioned, StarVista does not have a mechanism to keep track of follow-ups for people who requested via the Audience Survey that StarVista contact them regarding a mental health challenge. Tracking that information could help to connect individuals to needed services more quickly, and could also provide valuable data on HAP-Y outcomes. For instance, keeping track of case notes from an initial screening call could provide more insight into which youth are more inclined to reach out for help after attending an ambassador’s presentation.



Conclusion

This evaluation presents two major takeaways from the 2018-2019 program year for HAP-Y.

1. HAP-Y's deepest and most significant impact is the empowerment of its youth ambassadors.

Youth who have served as HAP-Y ambassadors are nearly unanimous in reflecting on the program as an enriching and meaningful experience. HAP-Y provides its ambassadors with a platform to strengthen multiple skillsets: participants gain extensive knowledge on mental health challenges and mental health care; receive guidance and experience in public speaking, community advocacy, and peer leadership; and grow their communication and active listening skills. Many ambassadors have lived experiences with mental health challenges, and HAP-Y has helped to reduce feelings of isolation and stigma among ambassadors who find out that they're not alone in these struggles.

Perhaps most importantly, participants' capacity to spread awareness and help others does not end once their presentations are complete. HAP-Y provides its ambassadors with lasting skills development, and after two years of program operations StarVista has graduated six cohorts of youth who can continue to serve as peer educators and advocates. It is also clear that HAP-Y motivates or affirms many ambassadors' decisions to pursue a career in mental health. In short, the depth and breadth of experience that ambassadors gain is one of HAP-Y's most palpable achievements.

2. It is difficult to isolate HAP-Y's specific role in increasing youth access to mental health services.

HAP-Y ambassadors, in both formal and informal settings, spread valuable knowledge about mental health challenges and easily accessible mental health resources. Even though only a small fraction of audience members requests a follow up contact from StarVista, it stands to reason that HAP-Y's presence has had a positive effect on the number of youth who call a crisis hotline, visit StarVista's online chatroom, or seek clinical services. However, there is no mechanism to quantify these outcomes. Some audience members may immediately try to access these resources, while others could take time before needing to draw upon this knowledge.

HAP-Y has played an important role in presenting many local youth with accessible, age-appropriate information about mental health, and has spread awareness about easy-to-access mental health supports. However, insofar as HAP-Y does not require a direct handoff or connection to therapy services, there are necessarily other factors at play in someone's decision to seek clinical services. It is helpful to think of HAP-Y as a valuable component in a broader mental health system for young people in San Mateo County. HAP-Y's long-term success is contingent on the ability of that broader system to serve young people from all communities and backgrounds.



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?



Appendix B: StarVista HAP-Y Interview Protocol

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

Applicant Name:

Interviewer:

1. Tell us a little about yourself and why you are interested in participating in a program focusing on mental health?
2. What is something you hope to get out of participating in this program?
3. How do you feel about representing the program at community events like health fairs or in classroom presentations?
4. Tell us about a time you worked in a team: what were some challenges and what were some things that made it 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?



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13. How would your friends describe you? (If more experienced, how would your supervisor describe you)?

14. What 3 words would you choose to describe yourself?



Appendix C: HAP-Y Demographic Form

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

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

1. What is your age category?

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

2. What is your preferred language?

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

3. How do you define your race?

(check all that apply)

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

4. How do you define your ethnicity?

(check all that apply)

Hispanic Ethnicity:

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

Non-Hispanic Ethnicity:

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



5. What is your assigned sex at birth?

- Male
- Female
- Intersex
- Decline to answer

6. What is your current gender identity?

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

7. How do you identify your sexual orientation?

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

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

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

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

9. What is your highest level of education?

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

10. What is your current employment status?

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

11. What is your current housing status?

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

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

12. What is your individual annual income?

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

13. Are you a veteran?

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



Appendix D: HAP-Y Self-Determination Survey 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 E: Health Ambassador Program Youth Audience survey

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

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

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

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

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

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



Was this presentation helpful for you?

Yes No

If yes, please share why: _____

What is something we could do better?

What do you need more information about?

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

1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent

How would you rate the effectiveness 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?



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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?