

Youth Researching Resiliency Year Three Evaluation Report



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Introduction

Be the Change Youth Researching Resiliency (YRR) program is a youth-led participatory action research (PAR) project designed by Kings County Behavioral Health (KCBH) and community stakeholders as part of their Mental Health Services Act (MHSA) Innovation (INN) Plan. Counties across the state receive MHSA funding to create fundamental changes to the access and delivery of mental health services, including the development of more comprehensive, innovative, and culturally responsive services for un/underserved individuals and families. Innovation-funded projects, in particular, intend to increase access to mental health services for unserved groups, increase quality of mental health services, and promote interagency and community collaboration.

INN Plan Development

During King County's MHSA-Three-Year Program and Expenditure Plan, Transition Aged Youth (TAY) noted that youth and young adults were not effectively utilizing county mental health services, and felt that if the mental health system moved from a "problem-driven" approach to more of a "strengths-based" approach, more youth were likely to utilize services. In response, these TAY stakeholders, with support from KCBH, designed the *Be the Change* YRR project to understand where there may be opportunities to improve mental health services for youth and young adults, identify their community's strengths and resiliency, and teach the mental health system how to integrate those findings for a more youth-friendly system that includes youth from geographically or culturally isolated rural communities.



INNOVATION (INN)

INN projects are new, creative, mental health practices and approaches that contribute to the learning process in the mental health field. INN projects must be developed within communities through a process that is inclusive and representative, especially of unserved, underserved, and inappropriately served individuals.

In 2015, Kings County Behavioral Health (KCBH) contracted with Resource Development Associates (RDA) to provide a **three-year** evaluation (2015-2018) of the *Be the Change* YRR program. The purpose of the *Be the Change* YRR program was to empower Transition Age Youth (TAY) ages 16-25 to research community resiliency factors and utilize their findings to inform the Kings County mental health system. The goals of the *Be the Change* YRR program evaluation were to help Kings County: 1) measure the impact of the program; 2) support data-driven decisions throughout implementation; and 3) increase knowledge about what works in mental health and youth-specific mental health programs. As the youth researchers studied the resiliency factors of their community, RDA measured the resiliency of the young people as part of their involvement in the program, as well as their impact on the mental health network. The following report provides findings from Year 3, the final year of the evaluation. This report is broken up into three phases that represent each of the three years RDA provided evaluation. The first phase is the evaluation plan phase, the second phase is data collection and analysis, and the final phase is community mental health findings and recommendations.

Phase I: Evaluation Plan

The RDA evaluation team partnered with youth researchers to design a participatory action research (PAR) approach to evaluate the *Be the Change* YRR program. This approach engaged collaboration between key staff and other partners (i.e., service providers, youth) in the design and implementation of the program evaluation.

Evaluation Partners

One of the key partners in this evaluation was the consulting firm Transforming Local Communities (TLC) of Bakersfield, CA. TLC facilitated bi-monthly *Be the Change* YRR program activities and was responsible for training youth researchers in basic research methods, data collection tool development, and mental health related topics. TLC also taught critical public speaking skills and group facilitation methods that allowed the youth researchers to later convey their findings to mental health providers. These partners also provided mentoring, transportation, and additional support outside of the program.

In May of 2016, TLC held a leadership camp for youth to orient them to the project, learn basic research frameworks, and build group rapport. RDA followed up with a Youth Evaluation Summit with youth to design the program evaluation and to collect baseline data. The Youth Evaluation Summit also introduced youth to the purpose of PAR, MHSA innovation, and the project origin.



Participatory Approaches to Evaluation

Understanding Participatory Action Research (PAR)

PAR includes a collection of methodologies and approaches to meaningfully include stakeholders in the evaluation process. PAR approaches aim to increase understanding of a system while simultaneously attempting to create social change.¹ Typically, PAR is utilized with vulnerable populations because it pays special attention to the power dynamics between researchers and participants, and shifts power to the community by emphasizing collaboration and active participant involvement.

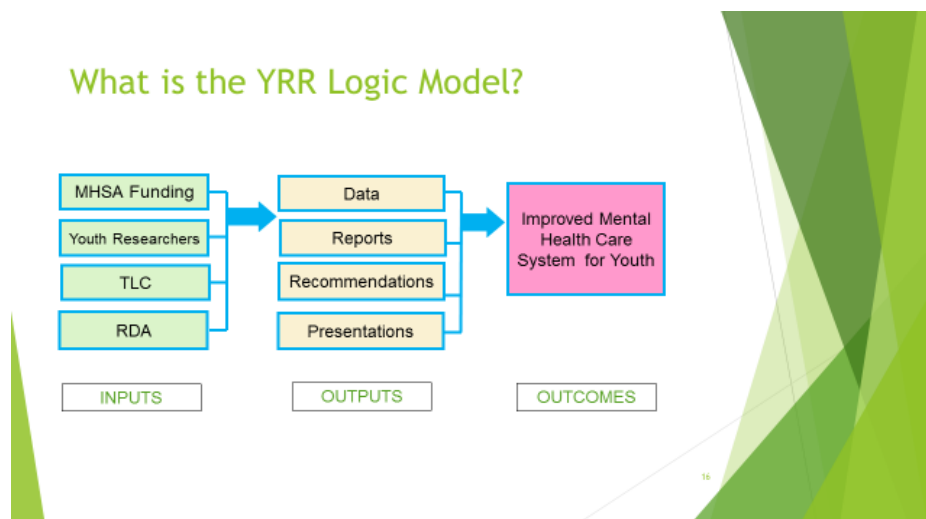
As such, PAR enables community members to be active participants in the full spectrum of research and allows the incorporation of local knowledge in research methodology. The intent of PAR is to transform

¹ Troppe, Marie. Participatory Action Research: Merging the Community and Scholarly Agenda. Denver: Education Commission of the States, 1994. Print.

research from a relationship where researchers *act upon* a community to answer a research question, to one where researchers *work side by side* with community members to define the questions and methods, implement the research, disseminate the findings, and apply them. The goal of this type of evaluation is to influence change in community health, systems, programs, or policies. Community members and research partners work together to combine knowledge and action for social change to improve community health and reduce health disparities.

Be the Change YRR and PAR Evaluation

Since TAY are a vulnerable and underserved population in Kings County, it was most appropriate to utilize a participatory approach in all steps of this project. TLC recruited a culturally diverse group of young adults who wanted to make a difference in their community. These youth either had personal experience of mental health, were interested in becoming mental health providers, or had family members who lived with a mental health issue. Because of our approach to evaluation, RDA ensured the Youth Evaluation Summit was both engaging and participatory, as well as provided an opportunity for collecting baseline data. Youth perspectives were required to understand: 1) why youth do not access services, and 2) how the mental health system could be more “youth-friendly.”



RDA provided historical context of the role of evaluation at the state level, as well as the impact that research plays in policy at the local level. Participants learned about RDA’s role in the evaluation, quantitative and qualitative data collection tools and strategies, and the importance of their role in advocating for mental health change in their community. RDA also presented the basic theory and structure of logic models, and reviewed the *Be the Change* YRR evaluation logic models with the participants (see above).

Evaluation Research Questions

Below are the research questions for the *Be the Change* YRR program evaluation, which were refined and presented to youth during the Youth Evaluation Summit.

Research Questions for <i>Be the Change</i> YRR Program
1. How does playing a lead role in designing and implementing a community-based evaluation of resiliency impact the capacity of youth for leadership and decision-making in the local mental health system?
2. What barriers and challenges identified by TAY are perceived as hindering youth ability to succeed?
3. How does participation in PAR on community-strengths impact youth perceptions of barriers/challenges to success?
4. To what extent are resiliency factors identified by TAY leveraged during the mental health planning process to ensure future programs are strengths based and culturally competent?
5. How do community mental health providers change existing programs as a result of involvement with PAR involved youth?

Phase II: Data Collection & Analysis

Phase II of the *Be the Change* YRR project focused on building youth ability to collect and analyze data from mental health system stakeholders in Kings County.

TLC Trainings and Data Collection Activities

Over the life cycle of this project, TLC facilitated a variety of activities with participants, training them to be researchers, educating them on the local mental health system, and providing them with a wealth of opportunities to collect data from mental health system stakeholders. Youth received background training on mental illness signs and symptoms and suicide prevention, and much more. Youth utilized their knowledge from the TLC trainings to co-design surveys and focus group questions. *Be the Change* YRR youth reviewed archival data and conducted:

- ❖ Intercept Surveys
- ❖ Door-to Door Surveys
- ❖ Key Informant Interviews with Stakeholders
- ❖ Group Interviews/ Focus Groups

One of the largest data collection efforts was conducting intercept and door-to door surveys (with TLC supervision) across the rural and urban areas of Kings County to hear from community stakeholders. Youth interviewed **631 residents** from Armona, Avenal, Corcoran, Hanford, Lemoore, Kettleman City, and Stratford.



"The data we're gathering, it could really help in the community. Our community doesn't have groups like this. This needs to be everywhere."- Youth Participant

After the large data collection efforts, TLC worked with the youth to analyze data from the various stakeholders and started developing findings. Youth received training on triangulating all the data sources, and engaged in discussions with TLC on data outcomes and meanings.

An overview of *Be the Change* YRR activities completed in the first year is provided below. Table 1 does not provide a complete list of all activities completed and is meant to highlight some of the key activities TLC and youth researchers engaged in during Phase II of the program. Please see the Appendix for the list of TLC *Be the Change* YRR activities.

Table 1. TLC Trainings and Data Collection Activities

Dates	Training/Data Collection Activities
May 2016 – July 2016	<ul style="list-style-type: none"> • Attended leadership camp for youth • Conducted focus group and survey training • Completed suicide prevention training • Surveyed the public on mental health issues in Kings County
August 2016 – October 2016	<ul style="list-style-type: none"> • Received interview training • Reviewed teen mental health issues in Kings County • Interviewed Kings County Behavioral Health Director
November 2016 – January 2017	<ul style="list-style-type: none"> • Received Mental Health First Aid training • Participated in data analysis exercise with RDA • Received training in public speaking techniques
February 2017 – April 2017	<ul style="list-style-type: none"> • Engaged in door-to-door data collection on community mental health issues and exceeded their goal of surveying 100 residents, and reached 631 residents from multiple cities in Kings County • Interviewed law enforcement officers, mental health providers, and public officials on mental health systems in Kings County
May 2017 – July 2017	<ul style="list-style-type: none"> • Received a presentation on MHSA planning from KCBH staff • Interviewed expert panel comprised of Avenal Mayor, Mayor Pro-tem, and the Avenal Police Chief • Participated in training provided by RDA on data analysis and data-informed decision making

Youth Data Capacity Building Activities & Experience

RDA conducted youth data capacity building activities to support their roles as researchers. RDA partnered with TLC to determine which activities would best compliment their firm's training and data collection activities. These activities were meant to support youth ability to articulate their findings in preparation for future presentations to KCBH and community stakeholders. Please see below for more information on the activity type and observations.

RDA Activity Descriptions for Data Collection and Analysis Support

Type of Activity	Date of Activity	Activity Description	RDA Observation
Provider Survey Presentation	December 2016	RDA shared the findings from the provider survey in PowerPoint (PPT) format and asked youth their thoughts on the data.	Youth struggled to engage in a conversation about data, particularly when reviewing charts and graphs. This may be more reflective of the activity design and the accessibility of these data as opposed to youth ability to engage with the data in a meaningful way.
Public Speaking	December 2016	TLC determined that public speaking training would best support youth in their facilitation of town halls, and complement their data collection activities. Youth broke into two groups and worked on creating a small presentation on advice to give their peers on public speaking. Youth then presented their advice to the larger group.	Youth demonstrated strong communication skills to discuss, brainstorm, and then present back to a larger group the conclusions their group developed. Youth expressed that they would be able to apply the skills they learned during this activity in the future when they presented to groups as part of public forums.
Provider Survey Interactive Presentation	June 2017	In response to the previous less successful PPT exercise, RDA created an interactive activity to review the provider survey findings from June. This time, youth tried to anticipate the survey answers from the providers and physically took the survey. RDA then revealed how providers actually responded and facilitated with youth about the findings.	Youth were able to think critically about the differences in their responses versus the providers' responses. Youth reflected on the data they gathered from interviews with providers and integrated that understanding into how they responded to the survey questions.
Discovering the Story through Data Analysis	June 2017	The activity was to help youth pull in different components of data to create a story. Participants received three discrete pieces of data in a worksheet, which included: 1) demographics for TAY and providers in Kings County, 2) a map of mental health service locations, and 3) California Health Interview Survey data with information on youth service need in Kings. Youth reviewed the data and reflected on: <ul style="list-style-type: none"> ❖ What do youth in Kings County need? ❖ Who are the providers? ❖ What does the county need? Youth then created a story from the data set.	Overall, youth were a lot more comfortable with reviewing and discussing data. Most youth were able to synthesize the data and create a comprehensive story from the data findings. Furthermore, youth even started creating recommendations from the findings.

RDA Data Collection Activities

Because of our collaborative approach to evaluation, RDA ensured the data collection with youth was both engaging and participatory. The youth researchers had the opportunity to dive deeper into understanding evaluation, quantitative and qualitative data collection tools and strategies, and the importance of their role in advocating for mental health systems change in their community.

The data collection activities RDA facilitated with the youth and the timeframe they were conducted in are displayed below in Table 2.

Table 2. RDA Data Collection and Activities

Dates	Training/Data Collection Activities
June 2016	<ul style="list-style-type: none"> RDA facilitated focus groups with the youth researchers to assess youth experiences with the Kings County mental health system Youth participants completed the Kings County <i>Be the Change</i> YRR youth survey and the Child Youth Resilience Measure (CYRM), (a validated tool to measure youth change), for the first time, establishing baseline data for the evaluation
December 2016	<ul style="list-style-type: none"> RDA facilitated follow-up focus groups with <i>Be the Change</i> YRR participants Returning <i>Be the Change</i> YRR participants completed follow-up surveys RDA facilitated trainings on data analysis and public speaking with the youth and assessed their level of growth while in the <i>Be the Change</i> YRR program RDA presented the provider survey findings and held a discussion with youth
June 2017	<ul style="list-style-type: none"> RDA re-administered the surveys to returning participants and collected baseline data on youth just beginning the <i>Be the Change</i> YRR program Youth participated in focus groups to assess their level of satisfaction with the <i>Be the Change</i> YRR program RDA facilitated an interactive provider presentation of findings with youth to support discussion Youth received training to analyze data from multiple sources and youth skill development was qualitatively assessed during the training

Phase III: Community Mental Health Education

After a culmination of three years, TLC launched the final phase of the *Be the Change* YRR program: community mental health education. Phase III was designed to share the learnings from the data collection and analysis, and offer community stakeholders recommendations based on the findings.

TLC Community Mental Health Capacity Building

TLC and the youth researchers approached the community mental health education through several strategies: 1) video and radio public service announcements, 2) mental health documentary, and 3) community education meetings. In preparation for these final activities, TLC worked with youth to build their public speaking capacity, and gave them the tools to create their own PSAs and mental health documentary. Below are activities conducted in the final program year to help youth prepare for the community mental health education meetings.

Table 3. TLC Activities Year 3

Dates	Training/Data Collection Activities
August 2017 – October 2017	<ul style="list-style-type: none"> • Attended the International Women’s Writing Guild Summer Conference • Reviewed and analyzed survey and qualitative data • Received video production training • Presented research findings to the planning committee • Created a storyboard and filmed a mental health PSA
November 2017 – January 2018	<ul style="list-style-type: none"> • Finalized mental health PSA • Reviewed teen mental health issues in Kings County • Received video editing training
February 2018 – April 2018	<ul style="list-style-type: none"> • Filmed, edited, and revised documentary • Conducted outreach and engagement for community presentations • Facilitated community presentations
May 2018 – June 2018	<ul style="list-style-type: none"> • Developed findings • Conducted final presentations to cross-county • Created recommendations for the county • Graduated from the program

Public Service Announcements & Mental Health Documentary



In October of 2017, the *Be the Change* YRR program was awarded a SanaMente Mini-Grant, which is a suicide prevention campaign conducted statewide for the Latino community as part of the Each Mind Matters Mental Health Movement. With this grant, TLC integrated SanaMente messaging and resources into their PSAs and the *Be the Change* YRR program's community forums and town hall meetings in the primarily Spanish-speaking communities of the county. Integration included adapting existing program materials into Spanish, incorporating SanaMente materials, and hosting the meetings in Spanish. During the month of May, *Be the Change* YRR program participants launched new Spanish language PSAs and conducted door-to-door SanaMente outreach in the three additional communities. Youth developed culturally appropriate stories, designed

storyboards, and filmed.

PSAs were both aired on the radio and available on YouTube. In addition to the PSAs, TLC took the *Be the Change* YRR team to Warner Brothers to learn how to edit and shoot film for their mental health documentary. Youth learned about recording, cutting scenes, sounds, and layering in sound. Both PSAs and the mental health documentary were presented at the community education meetings described below.

Community Education Meetings

As the youth researchers finalized their data collection, analyzed their results, and articulated their findings, it was time to share that knowledge with the Kings County community at large. Over the course of two months, the *Be the Change* YRR participants planned and facilitated five community meetings across the county and reached over 120 community members (not including minors). Some of their key research findings are presented throughout this section.

Research Finding

Many people in Kings County do not know about available mental health services.



Youth were responsible for designing the meeting agenda, preparing the PowerPoint, working the registration, and facilitating small group discussions (with support from TLC staff). See Table 4 below for meeting information.

Table 4. *Be the Change* YRR Community Meetings

Region	Date	Attendance
Lemoore	April 19, 2018	35
Corcoran	May 1, 2018	34
Stratford	May 9, 2018	21
Hanford	May 14, 2018	11
Avenal	May 23, 2018	20

During these community meetings, youth researchers shared their documentary and PSAs, which included specific mental health data and statistics on community members living in Kings County, and messaging around suicide prevention. In addition to the community-specific findings presented at these locations, youth also shared some of the highlights from their research.

Research Finding

The biggest obstacles to getting mental health support in Kings County are:

1. Negative stereotypes/stigma
2. No money or insurance
3. Not wanting help

According to the youth researchers, community members described the documentary as “eye opening.” Youth also asked participants in the large groups to engage in a “step across the line” activity, in which they would call out a statement like “mental health impacts my family” and audience members would step across the line if that statement applied to them. TLC and youth researchers agreed that this was an extremely powerful activity, and learned that all attendees were impacted by mental health in some way. After this activity, youth and TLC staff led small groups to discuss mental health and stigma and the region-specific findings. Community stakeholders appreciated learning about mental health and county resources.

Research Finding

More than half of the people surveyed said they or a relative has experienced a mental health issue.

Youth Researchers Share Community Meeting Highlights

- ❖ Across all five meetings, attendees shared that they were impacted by mental health.
- ❖ Most community members shared that the educational component of the presentation (e.g. one and four people in California experience mental health issues) was very helpful and needed.
- ❖ In the small group discussion, several community members disclosed their/their family's mental health issues.
- ❖ Community stakeholders requested that *Be the Change* YRR expand their program, continue presentations, and provide more resources for family members.
- ❖ Stakeholders suggested that local schools should be more involved in these discussions, hosting youth presentations, and showing their documentary and PSAs.

RDA Data Collection Activities and Training and Technical Assistance

As the project neared its end, the youth researchers needed more support developing and articulating the key findings from their research, and RDA provided technical assistance to youth that was both engaging and participatory. In addition to follow-up data collection with the youth, RDA conducted youth data capacity building activities to support their presentation and public speaking ability. The youth researchers had the opportunity to reflect on data and the experience to inform how they presented and discussed community findings. Further, youth had an opportunity to create recommendations for KCBH based on their community findings.

The data collection and capacity building activities RDA facilitated with the youth and the timeframe they were conducted in are displayed below in Table 5. An activity chart following this table provides more in-depth detail about the activities and RDA participant observations.

Table 5. RDA Data Collection and Activities for Year 3

Dates	Training/Data Collection Activities
December 2018	<ul style="list-style-type: none"> • RDA facilitated focus groups with the youth researchers to assess youth experiences with the Kings County mental health system • Youth participants completed the Kings County <i>Be the Change</i> YRR youth survey and the CYRM • RDA conducted a second intensive public speaking training with youth, where youth presented their findings
June 2018	<ul style="list-style-type: none"> • RDA facilitated follow-up focus groups with <i>Be the Change</i> YRR participants • Returning <i>Be the Change</i> YRR participants completed follow-up surveys • RDA facilitated a discussion of recommendations with youth on how the county can engage youth in mental health services and reduce stigma

Activity Description

Type of Activity	Date of Activity	Activity Description	RDA Observation
Findings Articulation & Public Speaking	December 2018	TLC determined that RDA should continue working with youth on public speaking to support youth in their facilitation of town halls and complement their data collection activities. RDA synthesized <i>Be the Change</i> YRR data and presented a PowerPoint with highlighted findings. After a large group discussion, youth broke into two groups and worked on creating a small presentation using their own experiences and the findings presented. Youth then presented findings to the larger group.	Youth demonstrated a strong ability to present findings in an accessible manner, with strong communication skills to discuss, brainstorm, and then present back to a larger group the findings that their mini-groups discussed. Youth showed their comfortability with applying the skills they learned during this activity to present compelling findings with personal stories.
Community Meeting Debrief	June 2018	Following the community meetings, RDA facilitated a group discussion to debrief the meetings and highlight key learnings from each meeting. Youth were asked to reflect on their experiences and share learnings.	Youth were able to think critically about the impact their presentations had on audiences. Youth discussed the importance of outreach and engagement, the power of small group activities, and how stigma negatively impacts their community.
Recommendation Development	June 2018	The activity was to help youth think back to the entirety of their experience in the program and develop strategies that would help the county better engage youth and community members around mental health. Youth separated into two groups and developed specific recommendations around the following: <ul style="list-style-type: none"> ❖ Culturally appropriate services ❖ Improving and expanding existing services ❖ Access ❖ Youth program suggestions 	Overall, youth were very comfortable making suggestions based on their research findings, lived experience, and community meeting activities.

Youth Focus Group Findings

Experience with Program Findings

The following findings from the youth focus groups are separated into two sections: 1) youth experience with the *Be the Change* YRR program, and 2) evaluation findings and recommendations from the youth focus groups.

Key Findings on Youth Experience of the *Be the Change* YRR Program

"What did you learn from the program?"

- ❖ I learned how to be confident and present data in front of an audience.
- ❖ We lead group activities with adults and older adults, and they learned from us.
- ❖ It gave me more of an open mind, and to be considerate of people and inspired me to want to help others.
- ❖ Before the program, I was really shy about making friends. But during surveys, it taught me how to communicate with people you don't know at all. It's really helped me make friends.
- ❖ This program really helped me with my college applications and getting jobs.
- ❖ I learned how to ask for what I need, and be professional and polite.
- ❖ In general, I have more knowledge about stigma. It's very valuable for me to refer someone to the documentary, and tell them about resources.
- ❖ We've learned how to video-edit, public speak, listen, collect data, and create a documentary.
- ❖ We felt like we were able to have a voice, that we were important.

"What could be better for future programs like this?"

- ❖ Have groups in individual cities, so it's closer, go right out the door-make it more local. Bring cities together on a quarterly basis.
- ❖ Involve schools, and have program participants collect data with other youth.
- ❖ Expand the program to other counties.
- ❖ Engage more mental health providers through interviews.
- ❖ Provide ongoing mental health training, especially around suicide.

At the end of the program, youth reported having a very positive experience. Many felt that through the course of their time in the program they had developed leadership and communication skills that would help them in the future. Public speaking and meeting new people came up across focus groups as a value added to their everyday lives. In particular, youth felt their involvement developing the ideas behind the PSAs that were culturally relevant to Latino communities, was deeply impactful and exciting. Youth also shared that having the staff from TLC provide mentorship during and outside of the program really

impacted them positively. Youth also reported having personal growth and discovery because of their involvement.



"I want to be a doctor, and we talked about people at hospitals not knowing how to deal with people with mental health issues. When I'm a doctor, I'll know to think about what they're going through."

Youth also described their involvement in data collection, survey development, and data analysis as a fundamental part in their ability to grow as researchers and help their community. Youth enjoyed group rapport-building activities that involved discussions, but some wanted more ongoing mental health training to keep them fresh on the topic. Also, as youth reflected on the program, they wished their respective schools had been more supportive or involved in the community meetings.

Consistent Evaluation Themes

The text box below summarizes the themes that have arisen over the course of Year 1, Year 2, and Year 3 of the evaluation. These themes are described in greater detail in the following section.

Findings across the Three-Year Project Cycle

- ❖ **Access to Mental Health Services:** Youth still largely felt that the only way they could access mental health services was if they had a mental health crisis or were referred by the juvenile justice system.
- ❖ **Experience with Services:** Youth who did access mental health services had challenges relating to the provider and felt that they could be more warm, welcoming, and personal.
- ❖ **Involvement in YRR Program:** Youth shared that they were involved in the YRR program to help people in their community, learn valuable leadership skills, and become better communicators.
- ❖ **Stigma/Fear:** Through their research with community members, youth indicated that stigma and fear of mental health was prevalent, particularly in the Latino community.
- ❖ **Cultural Responsiveness:** Youth learned about cultural barriers to accessing services and expressed that mental health services should be more culturally responsive, particularly bilingual and bicultural.
- ❖ **Integration of Spirituality into Services:** Youth learned from data collection activities that spirituality was very important to many of the mental health consumers they interviewed, and that many providers were not incorporating space for spirituality or religion in mental health services.

Barriers to Accessing Services

Accessing Services

Consistent across the evaluation, youth described that community members have barriers accessing mental health services, and suggested that there were a culmination of issues preventing mental health consumers from getting connected to services. Some of the reoccurring issues are that public transportation is inconsistent and makes getting to appointments difficult. Youth continued to underscore the issue for people living in Avenal and Corcoran to access the services in Hanford, and suggested that services exist outside of Hanford. Suggestions from Year 2 of utilizing Promotores to support access to services persisted into the final year of evaluation. Lastly, youth discussed the need for more mental health after-hours services and felt hospitals and clinics needed more support handling mental health issues.



Youth suggested that the county support consumers by offering ride shares or bus passes, as transportation is a barrier to services.

Stigma/Fear

One of the key findings from these community meetings and the intercept surveys administered by youth were the stark experiences of mental health stigma during every interaction. Not only did many people surveyed become defensive, but the majority of community members did not understand what mental health meant. After their PSAs and presentation of findings, youth heard feedback that the educational component of the presentation was helpful in having families understand mental health and feel more comfortable speaking out about it. Also, many youth described having adults and older adults become extremely open during intercept surveying and disclose family or personal mental health struggles. They believe that this was many people's first conversation about mental health, and suggested that this continue, but with youth-navigators who could ask people about mental health and connect them to resources.

Youth strongly felt that community members were able to disclose and feel safe because they were talking to youth. Youth recommended using advertisements by and from community leaders and peers to help reduce stigma. They specifically suggested that the county create doorhangers, and advertise in rural communities, gas stations, restrooms, and in-person house to house. They also suggested that mental health staff be mindful of language and avoid using stigmatizing language. Instead, use approaches like asking, "Are you feeling sad, tired, lonely? If so, come visit this group."



Youth recommend creating youth-run workshops targeted to families about signs and symptoms of mental health, what to do, and where to go.

Integrating Spirituality

Consistent to our findings in previous years, youth expressed the importance of integrating spirituality in mental health recovery. Based on their research, youth believed that many providers did not incorporate

religion or spirituality into mental health services, but instead focused on medication. Similarly, they felt that churches and faith-based groups could use mental health training and support to bridge the gap between the two.



Youth recommend that the County partner with churches and spiritual leaders to facilitate mental health support groups and activities that promote connectivity.

Culturally Appropriate Services

From their experience conducting community meetings, youth felt that Kings County communities across the region would benefit from community-led mutual support groups that were culturally responsive and appropriate. Kings County has a large Latino community, and youth believed that being more culturally responsive would mean that the mental health system should provide more services in Spanish and hire more staff that are bilingual and bicultural. However, outside of being linguistically competent, youth shared that making programs more dynamic, engaging, and inclusive of family members would be a step in the path to being more culturally responsive to the Latino community.



Youth recommended including family members in outreach, programming, and dialogue about mental health to promote cultural competency.

Experience with Providers

Despite the charge of this project to better connect youth and providers, youth felt there was a disconnect between their work and their influence on mental health providers. While there were several providers interviewed by youth over the course of the project, many youth commented that providers did not attend the community meetings and were unsure how to reach them. Youth continued to believe that providers presumed they were doing a better job than they actually were. Some youth identified a lack of resources, staff, and time as a barrier for providers in service delivery. Focus group participants also wondered if younger providers would be a better fit to serve youth. Youth also suggested that providers solicit input from youth and survey them about their program experiences so that providers can make program adjustments to better address the needs of the youth they serve. Youth also suggested that providers should be placed in all schools-which would help some of the access problems of transportation.



To increase connection between providers and youth, youth recommended that mental health providers conduct outreach and communicate with youth through their preferred means, which may include text messaging or social media (e.g. Instagram, Snap Chat, and Twitter).

Final Survey Findings

The following section describes the data about the youth participants from the *Be the Change* YRR project.

Evaluation & Data Collection Activities

The evaluation of the *Be the Change* YRR program involved collecting baseline and follow-up data every six months, both quantitatively and qualitatively through surveys, focus groups, and participant observation with youth researchers. These data were used to evaluate changes in participant growth and resiliency throughout the life of the program. RDA administered the Kings County *Be the Change* YRR youth survey to understand youth leadership capacity, social skills, and experiences with the mental health system. We also administered the Child and Youth Resilience Measure (CYRM) to measure resilience and recovery over the duration of the program. Lastly, several focus groups were conducted with the youth to hear firsthand about their experiences with the mental health system and participant observation with the youth by engaging in skill development exercises with them to assess their level of skill development over time.

Baseline Data Results

During the Youth Evaluation Summit, RDA collected baseline data in the form of two surveys and one focus group to measure starting points of the youth participants and their perspectives of the mental health system.

Be the Change YRR Youth Survey and Focus Group Findings

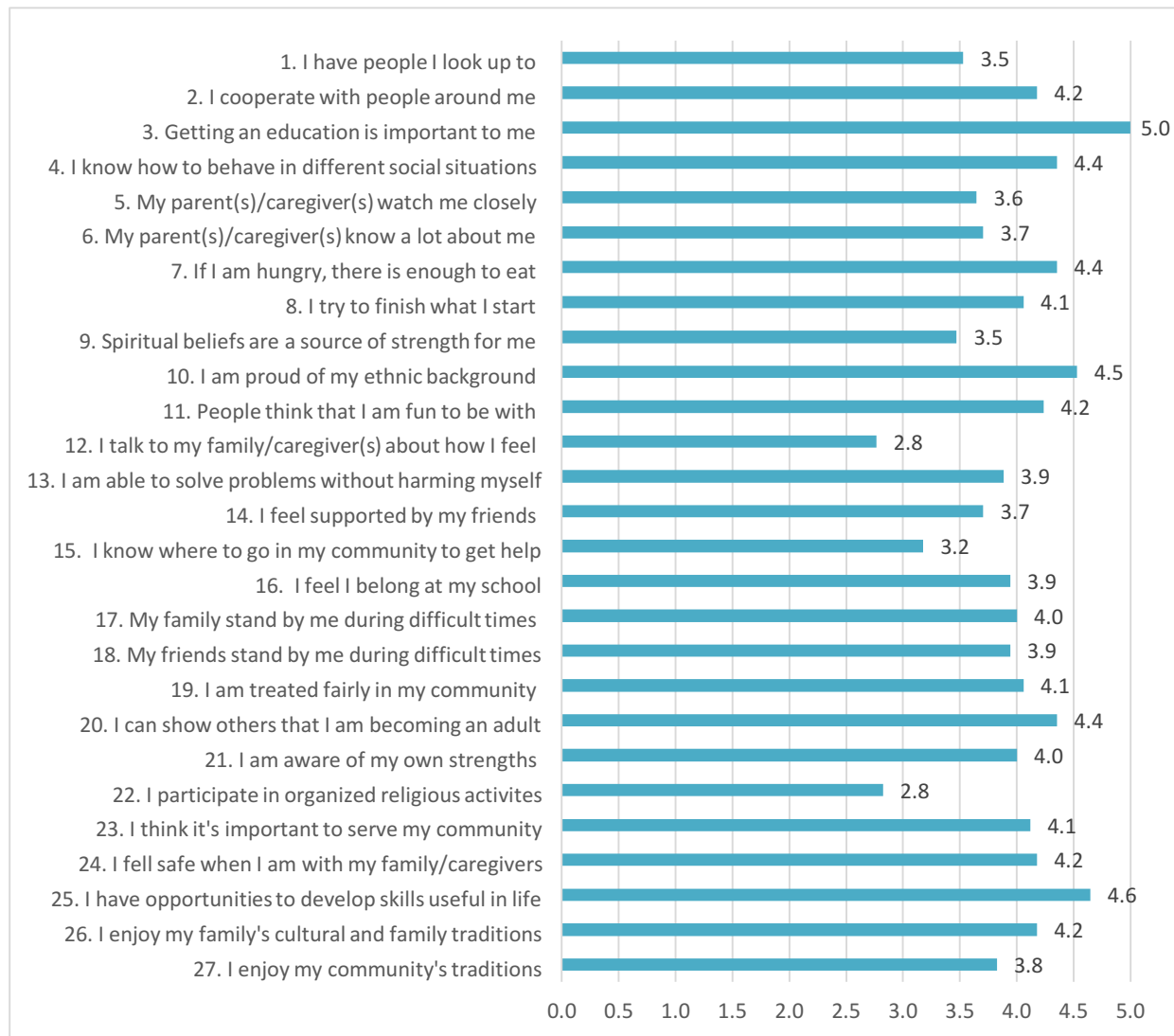
From the *Be the Change* YRR youth survey and focus group, RDA learned that young adults believed that, while providers wanted to do a good job, they were not meeting the needs of youth/ Please see highlights from the findings below.

Key Findings from Baseline Data Focus Groups & Surveys

- ❖ **Accessing Mental Health Services:** Youth largely felt that the only way they could access mental health services was if they had a mental health crisis or were referred by the juvenile justice system. Participants felt that the current mental health system was not adequately meeting the needs of youth, and nearly 70% of YRR participants did feel comfortable accessing the mental health system in Kings County.
- ❖ **Experience with Services:** Youth who did access mental health services had challenges relating to the provider and felt that they could be more warm, welcoming, and personal. Surveys revealed that youth believe the current mental health system needs to be more sensitive to the cultural and ethnic backgrounds of youth.
- ❖ **Support System:** Youth indicated that their primary supports came from outside the mental health system in the form of coaches, teachers, and case managers.
- ❖ **Involvement in YRR Program:** Youth shared that they were involved in the YRR program to help people in their community, learn valuable leadership skills, and become better communicators.

Baseline Resiliency Scale Findings

RDA utilized the CYRM to assess youth challenges as well as resources youth may use to overcome challenges they encounter. The CYRM contains 27 items that youth were asked to rate how well each item represents them on a scale of 1-5, one being low and 5 being high. Findings below reveal that, overall, most youth rated themselves highly, which indicates that either youth scored themselves highly and/or TLC recruited a resilient and confident group of youth. Regardless, because of the initial high rating during the baseline, our later findings show small changes in resiliency.

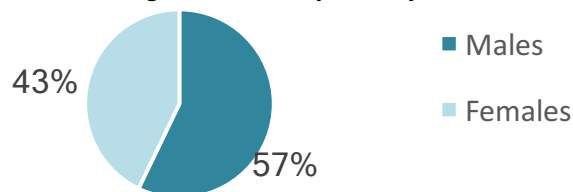


Participant Demographics

Who Are the Youth Researchers?

Youth researchers were selected from a cross section of the community to represent isolated cultural and geographic communities. More *Be the Change* YRR participants are male as compared to female. Of the 21 youth currently participating in the *Be the Change* YRR program, 12 are males and 9 are females.

Figure 1. *Be the Change* YRR Participants by Gender



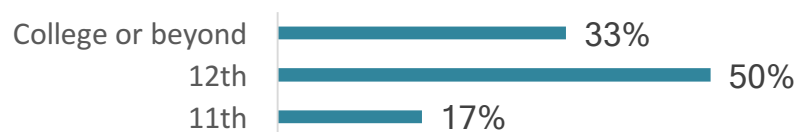
More *Be the Change* YRR participants categorize their race as Latino (n=8, 67%) as compared to any other race, followed by Other (n=4, 33%).

Figure 2. *Be the Change* YRR Participants by Race



The average age of *Be the Change* YRR participants is 19 years old, the minimum age is 16 years old, and the maximum age is 26 years old. The largest proportion of *Be the Change* YRR participants are in the 12th grade (n=6, 50%), followed by 11th grade (n=4, 33%), and college (n=2, 17%)².

Figure 3. *Be the Change* YRR Participants by Grade Level



² Please note: the number of participants demographic information is reported for differs across categories because the data on demographics was gathered from multiple data sources, including the YRR youth survey, CYRM, and participant information provided by TLC. Sixteen participants completed the program, while 12 participants completed the surveys issued by RDA.

Be the Change YRR Youth Survey 2017-2018

As part of the final data analysis activities, the RDA evaluation team reviewed the responses from youth from the *Be the Change* YRR youth survey when they began the program (baseline) and every six months. This survey allowed youth to measure how they perceive the level of support they receive from their community and family members, their level of proficiency with empowering themselves and other youth accessing mental health resources, and their capacity to be leaders. The key findings from the youth survey are reported below and demonstrate their self-assessed level of growth while in the program. Youth were asked to rate the level of support they receive from their community/family and empowerment skill proficiency through a series of questions on a scale ranging from 1 (lowest level) to 4 (highest level) and their leadership capacity on a scale from 1 (lowest level) to 5 (highest level). Below we report the average scores across the categories measured at program start and after one year to 18 months of participation in the *Be the Change* YRR program. Across these categories, youth reported that they grew their skills in all three areas during their time of participation in the *Be the Change* YRR program, and average self-scores increased by 3-14% for all three categories (see Table 6). It is important to note that the young people started with a high level of skill, and so it is not uncommon to see minor changes overtime.

Table 6. Youth Reported Growth in the *Be the Change* YRR Youth Survey



14% increase

Personal Support / Resiliency

This category of questions asks youth to reflect on how their personal experiences have helped them gain the resiliency to support their own wellbeing. Questions asked youth to reflect on whether their experiences with mental health have helped them become stronger, to consider whether they developed a sense of pride and positivity towards themselves, and to rate the level of support they receive from their friends and family.



4% increase

Learning and Sharing Empowering Practices

This category asks youth to rate the extent to which they feel empowered to advocate for the needs of youth in their communities and in the mental health arena. It also asks youth if their involvement in *Be the Change* YRR has helped them strengthen their skills for navigating challenges and experiencing personal growth. Questions in this category ask if youth believe that their involvement has helped them get more involved in their community, build skills to help them in the future, represent youth needs in mental health, and contribute to their community.



3% increase

Leadership Capacity

This category of questions takes a straight forward approach that asks youth to assess their level of ability in key areas that support leadership:

- Teamwork
- Decision making
- Communication
- Planning
- Adaptability
- Mentoring and team support
- Problem solving

Child and Youth Resilience Measure Final Results

The CYRM assesses youth challenges, as well as resources youth may use to overcome challenges they encounter. For this evaluation, we used the CYRM as a second measure of each *Be the Change* YRR participant's baseline resilience level and compared it to their CYRM scores after six months of program participation. The CYRM contains 27 items that ask youth to rate how well each item represents them on a scale from 1 (lowest level) to 5 (highest level). The CYRM has shown to be a reliable and valid measurement tool of resilience as indicated in several peer-reviewed journals.³

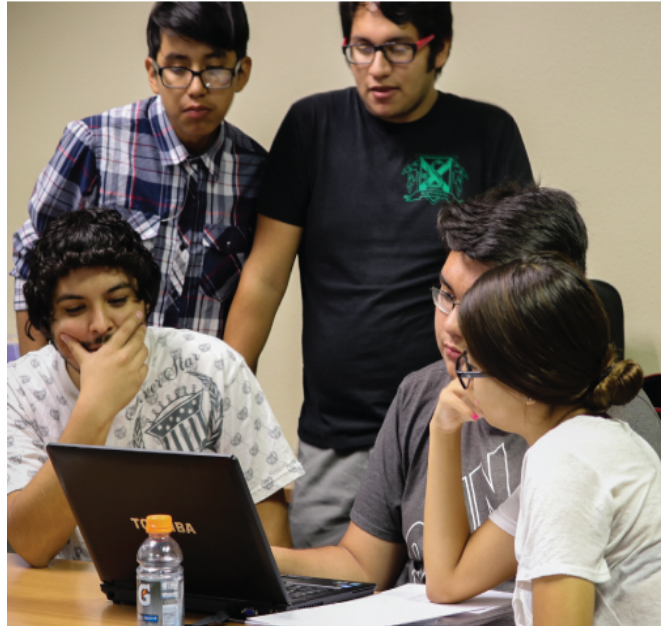
RDA analyzed data from the CYRM about how youth scored themselves on various elements of resiliency, and compared their baseline scores with the scores after participating in at least two CYRM surveys. Youth reported that they increased their skills in coping with challenges, being leaders, and communicating to their support networks. They also reported increased connection to their community and growth in self-esteem and personal awareness. The table below highlights increases youth reported after participating in the *Be the Change* YRR program for one year or up to 18 months.

Table 7. Highlighted Areas of Growth in Resiliency

Communication	1%	I talk to my family/caregiver(s) about how I feel
Coping Skills	1%	I am able to solve problems without harming myself or others
	6%	I try to finish what I start
Leadership Capacity	11%	I have opportunities to show others that I am becoming an adult and can act responsibly
Self Esteem and Awareness	3%	I am proud of my ethnic background
	3%	I am aware of my own strengths
	10%	I feel I belong at my school
Connection to Community and Peers	2%	I am treated fairly in my community
	14%	My friends stand by me during difficult times
	3%	I participate in organized religious activities

³ <http://www.resilienceproject.org/research/resources/tools/33-the-child-and-youth-resilience-measure-cyrm>

Although some increases may seem slight (1-2%), this may be due to limitations imposed by the 1-5 measurement scale. The youth average resiliency score of 4 out of 5 at the start of the program left them with limited room to report growth over the course of the program due to their initial high self-reported resiliency. Based on site observations overtime, it is apparent that youth who were part of the initial cohort demonstrated an increase in confidence, leadership skills, and overall understanding of mental health. Additionally, youth who responded to three CYRM questionnaires and were in the *Be the Change* YRR program for at least 18 months reported greater increases in resiliency overall as well as increased scores across more elements of resiliency. Although this was a small group of only six youth, their responses suggest that resiliency may increase as youth participate in *Be the Change* YRR over time.



Year Three Recommendations

As RDA wrapped up the final year of the evaluation, youth made recommendations regarding what youth in Kings County needed for their mental health and recovery. Youth suggested that the County:

Year Three Recommendations

- ❖ Meet with School District Administrators to discuss the findings and show them the *Be the Change* YRR Documentary
- ❖ Outreach to parents and teachers and present the *Be the Change* YRR program PSAs in all schools during the school day
- ❖ Conduct more community meetings to share educational information about mental health and local resources
- ❖ Advocate for funding that ensures that there are therapists in each school site
- ❖ Increase outreach for bilingual and bicultural staff by ensuring that job/volunteer/peer support announcements are in Spanish as well as English
- ❖ Introduce children and young people to mental health related jobs and career pathways
- ❖ Develop a Promotora model for youth and train community members in providing educational/awareness services about mental health within the community
- ❖ Continue groups like *Be the Change* YRR, but hold groups in individual cities and bring everyone together to share experiences and results from findings and research
- ❖ Continue to disperse the *Be the Change* YRR documentary, PSAs, posters, and online videos to maintain awareness of mental health services in Kings County
- ❖ Increase the amount of youth services and programming
- ❖ Incorporate space for religious/spiritual beliefs in mental health treatment
- ❖ Create other locations for services outside of Hanford to better cover the county
- ❖ Hire younger providers to better connect with youth
- ❖ Provide more targeted outreach to Latino and undocumented communities for services

Conclusion

This project began with an important set of questions. **Can you take youth from a vulnerable community, train them in mental health research and data collection, learn about the barriers impacting youth, and have them influence and teach their mental health system to better support youth?** The answer is a resounding yes. RDA over time watched as youth who were too shy to speak become full-blown youth researchers who presented with conviction about what was needed in their community. What the youth researchers found was that one key reason young people do not go to mental health services is due to mental health stigma. Instead of training providers to be more youth-friendly, youth and TLC took the approach to train their community to be more aware and accepting of mental health in an effort to reduce stigma.

Is it possible to shift the paradigm of approaching mental health with youth from disorder to resiliency? The answer to this question is also yes. The young people who first designed this project felt that the underlying issue of youth accessing mental health services was a focus on deficit and not resiliency. Through youth development, connecting with community, and mentorship from adults who truly cared about them, RDA learned that these youth blossomed and became an example of resiliency for their community. They were thoughtful in their approach to recommendations, many are committed to continuing to work in the mental health field, and all remain interested in supporting the overall mental health of their communities, which is testimony of a successful end to a three year journey.

Appendix A. TLC Staff Summary of *Be the Change* YRR Activities

Staff Instructions

Please take a moment to fill in a description of the following activities that you completed with *Be the Change* YRR participants. The activities listed below are activities that we know you completed with youth but would like a little more detail to understand the activity in greater depth. For each activity listed below, please provide a brief synopsis of the activity by indicating who facilitated the activity, providing a brief description of the activity, the purpose of the activity, and the skills you believe youth developed from completing the activity.

Activities Completed

Leadership Skills Kick-off Training (May 13th and 14th)

Facilitator(s): Dixie, Lisa, Sandra, Heather, Craig, and Bobby

Description (3-4 sentences):

Youth engaged in a day and a half of leadership activities focused on team building, trust, cultural sensitivity, and communication skills; additionally, they learned the goals and objectives of Be The Change and explored the different types of data collection activities in which they would be involved.

Activity purpose or objective (1-2 sentences):

Help youth get to know one another and the TLC team; build a strong sense of team; explore the boundaries of trust; help youth identify barriers that might keep them from fully participating in Be The Change and help them stretch their comfort zone.

Skills youth developed (1-2 sentences):

Youth learned (1) ways of communicating that include confrontation with respect and without put-downs; (2) to recognize how cultural background can impact perspectives and how to handle diverse attitudes and opinions with respect; and (3) to confront their own fears through low ropes and trust building activities.

Focus Group Training/Intercept Survey Training (June 11th)

Facilitator(s): Dixie, Lisa & Sandra

Description (3-4 sentences):

Facilitators modeled a focus group with youth and then deconstructed it. Youth had the opportunity to practice facilitation skills. In the second part of the meeting, the group worked to finalize an intercept survey and learned the basic protocol for approaching individuals and administering the survey.

Activity purpose or objective (1-2 sentences):

Develop skills that will allow youth to co-facilitate focus groups as part of the Be The Change data collection process.

Skills youth developed (1-2 sentences):

As part of the focus group training, youth learned how to (1) develop focus group questions; (2) facilitate discussion without interjecting their own perspectives and opinions; (3) validate respondents while ensuring that the discussion remains on topic; (4) validate differing points of view. As part of the construction of the intercept survey, youth learned how to ensure that survey items are not ambiguous, and learned how to keep questions short and focused on specific learning objectives.

Intercept Surveying (June 17th)

Facilitator(s): Lisa, Sandra & Karina

Description (3-4 sentences):

Corcoran youth were given field training in how to conduct intercept surveys, and collected surveys at Burnham Smith Park in Corcoran.

Activity purpose or objective (1-2 sentences):

Build skills in order to continue collecting surveys in Corcoran and other communities throughout Kings County.

Skills youth developed (1-2 sentences):

Youth learned how to approach people, how to “pitch” the survey, how to ask for clarification when provided with answers that were ambiguous or unclear, and how to handle hostility or rudeness in survey-takers. They also learned the importance of writing responses accurately and clearly.

Survey Administration (June 30th)

Facilitator(s): Lisa, Sandra & Karina

Description (3-4 sentences):

Hanford youth collected intercept surveys at the Farmer’s Market in Hanford.

Activity purpose or objective (1-2 sentences):

Build a county-wide database focused on knowledge of and public perception about mental health services in Kings County.

Skills youth developed (1-2 sentences):

Youth learned how to approach people, how to “pitch” the survey, how to ask for clarification when provided with answers that were ambiguous or unclear, and how to handle hostility or rudeness in survey-takers. They also learned the importance of writing responses accurately and clearly.

Survey Debrief/Discussion of Signs of Suicide (July 1st)

Facilitator(s): Dixie, Lisa, Sandra, Karina

Description (3-4 sentences):

The TLC team debriefed the field survey experience with youth and engaged in troubleshooting situations that posed dilemmas for youth. Discussion regarding concerns youth had about how to deal with depression and anxiety in their friends and schoolmates.

Activity purpose or objective (1-2 sentences):

Refine survey administration skills

Skills youth developed (1-2 sentences):

Troubleshooting difficult situations during field research, including how to refer individuals for service when surveying leads to personal stories and questions about access to services.

Survey Administration (July 9th)

Facilitator(s): Lisa, Sandra & Karina

Description (3-4 sentences):

Sandra surveyed with youth at the Save Mart in Corcoran; Lisa and Karina surveyed with youth at Hidden Valley Park in Hanford.

Activity purpose or objective (1-2 sentences):

Build a county-wide database focused on knowledge of and public perception about mental health services in Kings County.

Skills youth developed (1-2 sentences):

Youth continued to build upon their survey skill set.

Survey Administration (July 30th)

Facilitator(s): Dixie, Sandra & Karina

Description (3-4 sentences):

After debriefing survey experiences in the field and continuing to troubleshoot, youth learned how to code surveys, and were given a presentation regarding how data are entered into a database and how data are analyzed.

Activity purpose or objective (1-2 sentences):

Build youth's understanding of how data are coded, entered, and analyzed.

Skills youth developed (1-2 sentences):

Youth learned coding skills.

Survey Administration (August 4th)

Facilitator(s): Sandra, Karina

Description (3-4 sentences):

Youth collected surveys at the Burnham Smith Park in Corcoran.

Activity purpose or objective (1-2 sentences):

Achieve a minimum of 100 completed surveys for the community of Corcoran.

Skills youth developed (1-2 sentences):

Continued skills-building in survey administration.

Survey Administration (August 12th)

Facilitator(s): Sandra

Description (3-4 sentences):

Youth collected surveys at the COST Less grocery store in Corcoran.

Activity purpose or objective (1-2 sentences):

Achieve a minimum of 100 completed surveys for the community of Corcoran.

Skills youth developed (1-2 sentences):

Continued skills building in survey administration.

Mental Health First Aid Training, Part 1 (August 13th)

Facilitator(s): Cela Nichols (KCBH), Dixie, Sandra

Description (3-4 sentences):

In Part 1 of Mental Health First Aid training, youth learned facts about mental illness, how to identify depression, and ways to deal with stress and anxiety.

Activity purpose or objective (1-2 sentences):

To learn the steps for dealing with people who may be suffering from a mental health issue; to extrapolate from this information in order to craft messages for the community.

Skills youth developed (1-2 sentences):

Recognize mental health symptoms.

Inter-rater Reliability/Protocol Development (August 20th)

Facilitator(s): Dixie & Lisa

Description (3-4 sentences):

Youth learned about interrater reliability through coding. Youth were introduced to early findings from the Corcoran survey, and specifically learned how to compare demographic outcomes from the survey with the demographic profile of the community, to ensure that all groups are appropriately represented. They also learned how to categorize responses and look for similar patterns across multiple responses (for example, to look at how stigma might influence response patterns). Youth also began creating questions for key informant interviews.

Activity purpose or objective (1-2 sentences):

To learn how to ensure that demographic groups within a particular community are appropriately represented in a community survey. To learn how to craft open-ended interview questions.

Skills youth developed (1-2 sentences):

Learn how to categorize responses and to spot similar patterns across multiple responses. To learn how to craft interview questions in a way that engage participants in discussion rather than allowing for yes/no responses.

Building a Community Story (August 27th)

Facilitator(s): Dixie and Heather

Description (3-4 sentences):

Youth watched a film, The Road Back, about teens dealing with depression. They were asked to list community risk and protective factors they've identified within their own communities, and to story board a PSA that could be used to educate people in their communities about mental health stigma and access to resources.

Activity purpose or objective (1-2 sentences):

To learn how to build a story board. This is a foundational step in learning how to eventually film YouTube videos and PSAs.

Skills youth developed (1-2 sentences):

Youth learned how to story board a PSA.

Mental Health First Aid Training, Part 2 (September 10th)

Facilitator(s): Cela Nichols (Kings County Behavioral Health), Sandra

Description (3-4 sentences):

Youth received Mental Health First Aid training from KCBH.

Activity purpose or objective (1-2 sentences):

Youth learn about drug addiction, most common drug use and how it affects the brain. Youth also learned to recognize symptoms of some drug use.

Skills youth developed (1-2 sentences):

Youth learned about the different agencies that provide help for drug treatment and how to refer people to services.

Survey Administration (September 17th)

Facilitator(s): Dixie, Karina

Description (3-4 sentences):

Youth collected surveys at Recovery Fest in Hanford.

Activity purpose or objective (1-2 sentences):

Achieve a minimum of 200 surveys from the community of Hanford.

Skills youth developed (1-2 sentences):

Youth continued to refine survey administration skills.

Developing a Marketing Avatar (September 24th)

Facilitator(s): Dixie, Heather

Description (3-4 sentences):

Youth were taught how to develop an avatar—a character that people in their community could relate to that could become the focal point of a public information campaign and/or the subject of a video or PSA. They were also asked to use interview questions developed as a group to interview someone their age, someone their parents' age, and someone their grandparents' age about their attitudes toward mental health and mental health services for teens.

Activity purpose or objective (1-2 sentences):

**To use marketing techniques to begin to develop ways to do outreach and education in the community.
To practice interviewing with members of their community.**

Skills youth developed (1-2 sentences):

Development of an avatar; basic marketing principles. Interviewing practice.

Interviews/Youth Team Building Skills (October 15th)

Facilitator(s): Dixie, Sandra

Description (3-4 sentences):

Youth were issued audio recorders at the previous session and taped their interviews. They shared their recordings and the facilitators used this opportunity to help them supportively critique themselves and each other.

Activity purpose or objective (1-2 sentences):

To enhance interview skills.

Skills youth developed (1-2 sentences):

Practice in interviewing and critiquing interviews.

Risk Factor Poker/Review Focus Groups (October 22nd)

Facilitator(s): Dixie, Lisa

Description (3-4 sentences):

Youth learned about risk and protective factors in community, school, family and peer group through a game. Youth were invited to create a chart of risk factors they had overcome, identify the skills they had developed in dealing with these risk factors, and how the skills they developed will assist them in reaching their aspirations.

Activity purpose or objective (1-2 sentences):

To learn about risk and protective factors in the environment and how they influence mental health, with the ultimate goal of making protective factors a focal point in raising community awareness.

Skills youth developed (1-2 sentences):

Learning to identify risk and protective factors; determining how to incorporate this information into community messages.

Interview with Behavioral Health Provider (October 28th)

Facilitator(s): Dixie

Description (3-4 sentences):

Three youth participated in an interview with Mary Ann Ford Sherman, director of Behavioral Health.

Activity purpose or objective (1-2 sentences):

To gather data about the goals of Behavioral Health in addressing the needs of transition age youth in Kings County.

Skills youth developed (1-2 sentences):

Interview skills.

Survey Administration (October 29th)

Facilitator(s): Dixie

Description (3-4 sentences):

Youth conducted intercept surveys at Freedom Park in Hanford.

Activity purpose or objective (1-2 sentences):

To complete a minimum of 200 surveys in the city of Hanford.

Skills youth developed (1-2 sentences):

Continued development of interview skills.

Interviewing Skills/Elevator Speech (November 5th)

Facilitator(s): Dixie and Heather

Description (3-4 sentences):

Youth debriefed the interview with Mary Ann Ford Sherman, developed a list of professionals who should be interviewed as part of the data collection process, and developed elevator speeches about the project to use when asking for interviews or describing the work they are doing.

Activity purpose or objective (1-2 sentences):

To develop a comprehensive list of key informants to be interviewed; to develop and practice effective elevator speeches.

Skills youth developed (1-2 sentences):

Public speaking

Development of Leadership Camp (November 12th)

Facilitator(s): Dixie, Karina

Description (3-4 sentences):

Prepared agenda for the upcoming recruitment and leadership camp; practiced facilitating sessions.

Activity purpose or objective (1-2 sentences):

To build skills to expand the number of group participants with new recruits and build the agenda for a team-building leadership camp.

Skills youth developed (1-2 sentences):

Group facilitation skills

MH Recovery Graduation (November 14th)

Facilitator(s): Dixie

Description (3-4 sentences):



Five youth attended a youth meeting on the Tachi-Yokut Rancheria to recruit youth to Be The Change.

Activity purpose or objective (1-2 sentences):

Provide a presentation to Rancheria youth with the purpose of recruiting teens to Be The Change.

Skills youth developed (1-2 sentences):

Public speaking.

MH Recovery Graduation (November 15th)

Facilitator(s): Dixie

Description (3-4 sentences):

Four youth attended the Mental Health Recovery Court Graduation.

Activity purpose or objective (1-2 sentences):

To hear the stories of individuals who have been through the court system and the mental health system of care; to meet and invite providers, judges, and others to be key informant interviews for Be the Change.

Skills youth developed (1-2 sentences):

Practicing the elevator speech in inviting people to be interviewed.

RDA (December 3rd)

Facilitator(s): RDA staff, Sandra & Karina

Description (3-4 sentences):

RDA conducted a focus group and worked with youth.

Activity purpose or objective (1-2 sentences):

Learn about the youth's progress in Be The Change.

Skills youth developed (1-2 sentences):

Youth learned to interpret data from provider surveys.

Data Presentation/Christmas Party (December 17th)

Facilitator(s): Dixie, Sandra & Karina



Description (3-4 sentences):

Review survey results from the surveys that were collected from Corcoran. Christmas party.

Activity purpose or objective (1-2 sentences):

Youth were able to see the outcomes from data collected in one Kings County community.

Skills youth developed (1-2 sentences):

Interpreting survey data.

Leadership Camp (January 15th)

Facilitator(s): Dixie, Lisa, Sandra, Karina, Craig Porter, Robert Sherill

Description (3-4 sentences):

Team leadership activities and program introduction/description; incorporation of newly recruited Be The Change participants.

Help youth get to know one another and the TLC team; build a strong sense of team; explore the boundaries of trust; help youth identify barriers that might keep them from fully participating in Be The Change and help them stretch their comfort zone.

Skills youth developed (1-2 sentences):

Youth learned (1) ways of communicating that include confrontation with respect and without put-downs; (2) to recognize how cultural background can impact perspectives and how to handle diverse attitudes and opinions with respect; and (3) to confront their own fears through low ropes and trust building activities.

Interview Behavioral Health Provider (February 11th)

Facilitator(s): Lisa, Sandra, Heather

Description (3-4 sentences):

Youth interviewed a Behavioral Staff member regarding MH services that are available for youth. Youth took notes and presented on their findings.

Activity purpose or objective (1-2 sentences):

Youth learned about MH services i.e. which services are found to be more effective, what keeps people from receiving services and what service are available specifically to youth.

Skills youth developed (1-2 sentences):

Interviewing skills; summarizing and reporting back.**Interview Kings County Sheriff (February 25th)**

Facilitator(s): Dixie, Sandra

Description (3-4 sentences):

Youth interviewed the Kings County Sheriff and then debriefed the information.

Activity purpose or objective (1-2 sentences):

Youth learned how law enforcement deals with people who are suspected to have a mental health problem, the impact on officers, and how the mental wellbeing of officers is addressed by the department.

Skills youth developed (1-2 sentences):

Interview skills; summarizing and reporting back.**Interview with Mental Health Provider (March 4th)**

Facilitator(s): Dixie, Heather

Description (3-4 sentences):

Interview with Crystal Hernandez of Champions.

Activity purpose or objective (1-2 sentences):

Interview local mental health providers to determine what services are available, how they are accessed, and efforts to provide outreach into the community.

Skills youth developed (1-2 sentences):

Interview skills; summarizing and reporting back.**Interview with Probation Officer (April 1st)**

Facilitator(s): Lisa, Sandra, Karina

Description (3-4 sentences):

Interview with Jody Huddleston of Probation; recap of data collected to date; scheduling of final survey days.

Activity purpose or objective (1-2 sentences):

Interview agencies impacted by clients dealing with mental health issues.

Skills youth developed (1-2 sentences):

Interview skills; summarizing and reporting back.

Intercept Surveys (April 21st)

Facilitator(s): Karina, Sandra

Description (3-4 sentences):

Youth collected surveys at the Lemoore Pizza Fest.

Activity purpose or objective (1-2 sentences):

Meet goal of obtaining 100 surveys from the community of Lemoore.

Skills youth developed (1-2 sentences):

Survey administration skills.

Door to Door Surveys/Recovery Home Tour (April 22nd)

Facilitator(s): Dixie, Karina, Sandra

Description (3-4 sentences):

Youth collected surveys door-to-door in the community of Armona. They also made a site visit to Samuel's House, a residential facility for men, most of whom have co-occurring disorders. Youth were able to hear the stories of three residents, including one who was 24 years of age.

Activity purpose or objective (1-2 sentences):

Meet goal of obtaining 30 surveys from the community of Armona.

Skills youth developed (1-2 sentences):

Door-to-door survey administration skills.

Door to Door Surveys (May 6th)

Facilitator(s): Dixie, Karina, Sandra

Description (3-4 sentences):

Youth collected surveys door-to-door in the community of Stratford.

Activity purpose or objective (1-2 sentences):

Meet goal of obtaining 30 surveys from the community of Stratford.

Skills youth developed (1-2 sentences):

Door-to-door survey administration skills.

Door to Door Surveys (May 11th)

Facilitator(s): Dixie, Karina, Sandra

Description (3-4 sentences):

Youth collected surveys door-to-door in the communities of Kettleman City and Avenal.

Activity purpose or objective (1-2 sentences):

Meet goal of obtaining 30 surveys from the community of Kettleman City and 60 from the community of Avenal.

Skills youth developed (1-2 sentences):

Door-to-door survey administration skills.

Attendance at IWWG Conference (July 4th - July 14th)

Facilitator(s): Dixie, Karina

Description (3-4 sentences):

Six female youth attended the International Women's Writing Guild's seven-day annual Summer Conference at Muhlenberg College in Allentown, Pennsylvania.

Activity purpose or objective (1-2 sentences):

Provide skills-building opportunities in social advocacy writing and public speaking.

Skills youth developed (1-2 sentences):

Crafting memoir and social advocacy pieces; reading from the podium.

Reviewing and Analyzing Survey Data and Qualitative Data (July 24th)

Facilitator(s): Lisa, Sandra

Description (3-4 sentences):

Youth reviewed and analyzed statistical data from survey results that were collected throughout the project. Youth reviewed and analyzed qualitative data extracting major themes and topics related to mental health from transcripts of three different interviews. Youth also selected some topics that will be presented at the MH planning meeting scheduled for 8/8/2017.

Activity purpose or objective (1-2 sentences):

Participation in qualitative and quantitative data analysis.

Skills youth developed (1-2 sentences):

Youth learned to “read” survey results that were presented in SPSS format. Youth compared county wide survey outcomes to data from individual cities/towns. Youth also learned to identify main points from key informant interviews.

Video Production Training (July 29th)

Facilitator(s): Dixie, Lisa, Mathew

Description (3-4 sentences):

Youth were given a brief historical account of the history of the motion film and were taught basic terminology of filming. Youth learned to set up the tripod, camera, and microphone. Youth filmed and edited a short clip. Youth created a private YouTube channel and posted their work.

Activity purpose or objective (1-2 sentences):

To teach youth to produce and edit PSA’s and mini-documentaries that will be used in upcoming community meetings.

Skills youth developed (1-2 sentences):

Use film development as part of information dissemination; increased knowledge of MHSA.

Data Presentation (August 5th)

Facilitator(s): Dixie, Sandra

Description (3-4 sentences):

Youth created qualitative and quantitative charts from survey and interview data that would be used for the presentation in the planning committee presentation on August 8th. Youth also agreed on the recommendations that were provided to the planning committee.

Activity purpose or objective (1-2 sentences):

Learn how to generate graphs using SPSS survey data, pull main concepts from conducted interviews.

Skills youth developed (1-2 sentences):

Youth learned to create graphs, identify main ideas and concepts, provide recommendations.

Presenting to the Planning Committee (August 8th)

Facilitator(s): Dixie, Lisa, Sandra, Karina

Description (3-4 sentences):

Youth presented the findings to the planning committee.

Activity purpose or objective (1-2 sentences):

Present findings to the committee.

Skills youth developed (1-2 sentences):

Youth presented the information to the committee. Youth practiced public speaking and provided suggestions to improve the health of TAY.

Video Production Training (August 19th)

Facilitator(s): Dixie, Lisa, Mathew

Description (3-4 sentences):

Debrief of the presentation of August 8th. Youth continued to work on storyboard and filmed their practice PSAs

Activity purpose or objective (1-2 sentences):

Teach youth to produce and edit their own film that will be used to create a mini-documentary for upcoming community meetings, and PSAs for general distribution. Received constructive criticism to improve both public speaking and presentation etiquette.

Skills youth developed (1-2 sentences):

Film development as part of information dissemination; increased knowledge of MHSA.

Data Presentation (Sept 2nd)

Facilitator(s): Dixie, Sandra, Karina and Mathew

Description (3-4 sentences):

Youth reviewed previous film training and completed the mini clips that were started during the previous training session. Youth drafted mental health interview questions geared towards peers, college students, and youth in recovery. Youth also created a laundry list of the logistical needs for the upcoming community meetings.

Activity purpose or objective (1-2 sentences):

Teach youth to produce mini documentary for upcoming community meetings, and PSAs for general distribution. Adapt interview questions geared towards different types of groups, depending on their experience with mental health. Plan the upcoming community meetings.

Skills youth developed (1-2 sentences):

Youth learned to: film and edit clips, create protocols tailored to specific groups and plan the logistics for upcoming community events.

Youth participated in reviewing data

Presenting to the Planning Committee (September 30th)

Facilitator(s): Dixie & Sandra

Description (3-4 sentences):

Youth redesigned a protocol for individuals in treatment. Youth conducted an interview with an adult with a history of mental illness (Borderline Personality Disorder) who is on medication for his condition and is a patient at Kingsview. Youth analyzed data from transcripts of previous interviews in order to identify speaking points for upcoming presentations.

Activity purpose or objective (1-2 sentences):

Create protocols, practice interview skills, and analyze qualitative data.

Skills youth developed (1-2 sentences):

Youth used the protocol to conduct the interview and analyzed qualitative data.

Creating the PSA (November 13th)

Facilitator(s): Dixie, Sandra, & Mathew

Description (3-4 sentences):

Youth were interviewed on film. Youth were asked questions regarding their experiences with Be The Change. Youth volunteered for specific roles (i.e. director, interviewer) for future filming jobs, and were set up as teams.

Activity purpose or objective (1-2 sentences):

Capture youth responses on film that will be used for the public service announcements at each of the communities.

Skills youth developed (1-2 sentences):

Filming, interviewing skills and using troubleshooting techniques to create public service announcements. Youth participated in reviewing data.

Story Boarding (November 18th)

Facilitator(s): Dixie & Sandra

Description (3-4 sentences):

Youth reviewed the PSAs they filmed during previous sessions and deconstructed them for content and structure. Youth articulated the themes they wanted their PSAs to convey. They separated into three groups and each group was responsible to storyboard the PSA they will be shooting in future sessions.

Activity purpose or objective (1-2 sentences):

Create PSAs.

Skills youth developed (1-2 sentences):

Youth learned to critique the content and structure of their films in order to make improvements.

RDA Visit (December 2nd)

Facilitator(s): Dixie, Lisa & RDA staff

Description (3-4 sentences):

Youth practiced presenting the main findings of survey data and participated in a focus group lead by RDA.

Activity purpose or objective (1-2 sentences):

Improve public speaking skills, and focus on delivering major data points.

Skills youth developed (1-2 sentences):

Public speaking, extracting the findings of the survey data.

Story Boarding (December 15th)

Facilitator(s): Dixie

Description (3-4 sentences):

Youth filmed an interview with Sheriff Robinson, sections of which will be used in the mini-documentary.

Activity purpose or objective (1-2 sentences):

Continue filming clips from key stakeholders that will be included in the BTC documentary.

Skills youth developed (1-2 sentences):

Interviewing and filming skills.

Story Boarding (December 16th)

Facilitator(s): Dixie, Sandra & Mathew

Description (3-4 sentences):

Youth finalized storyboarding and filmed their final videos for the public service announcements. Two groups completed films for the video and the third group completed storyboard and drawings for an animated PSA.

Activity purpose or objective (1-2 sentences):

Finalizing PSAs.

Skills youth developed (1-2 sentences):

Filming, creating scripts and working as a group.

Film Critique/Editing (January 6th)

Facilitator(s): Dixie & Sandra

Description (3-4 sentences):

Youth selected various data points they would like to see included in the documentary. Youth came up with ideas and finalized the storyboard for the documentary. Youth deconstructed the filming methods used in a sample documentary to consider how best to film segments of the documentary.

Activity purpose or objective (1-2 sentences):

Make decisions on the most relevant data pieces to be included in the documentary and find creative ways to include them. Film editing.

Skills youth developed (1-2 sentences):

Film storyboarding and editing

Film Critique/Editing (January 13th)

Facilitator(s): Dixie, Sandra & Mathew

Description (3-4 sentences):

Youth reviewed the PSAs and decided where there were changes needed, including re-filming and changing the script. Testimonials were completed with the youth who had not completed one previously. Youth edited films from testimonials and re-filmed portions of the PSAs.

Activity purpose or objective (1-2 sentences):

Critique PSAs and refilm segments, as necessary

Skills youth developed (1-2 sentences):

Film critique/editing

Film Critique/Edit /Conduct Interview/Generate Spanish PSAs (February 10th)

Facilitator(s): Dixie, Mathew & Sandra

Description (3-4 sentences):

Youth conducted another round of editing of the testimonials and the documentary script. Youth also critiqued and deconstructed the PSAs and suggested additional edits. Youth generated ideas for the

Spanish radio PSAs and were photographed in various areas of the City of Hanford for the documentary. Youth also conducted and filmed an interview with a former Behavioral Health staff member.

Activity purpose or objective (1-2 sentences):

Film and script editing. Create Spanish radio PSAs that will resonate with the Latino community. Continue building on interviewing skills.

Skills youth developed (1-2 sentences):

Film and script editing. Creating radio PSAs for a specific population. Filming and conducting interviews.

Conduct/Film Interview (February 16th)

Facilitator(s): Dixie & Karina

Description (3-4 sentences):

Youth filmed and interviewed a mental health provider.

Activity purpose or objective (1-2 sentences):

Improve interviewing and filming skills. Capture additional data from a different source for the documentary.

Skills youth developed (1-2 sentences):

Interviewing, filming, and editing skills.

Film Critique/Editing (February 17th)

Facilitator(s): Dixie, Lisa & Mathew

Description (3-4 sentences):

Youth reviewed and provided feedback to improve the PSAs. Youth filmed an interview with a mental health provider and then edited it to include the most important pieces in the documentary. Youth also continued with the editing of previous interviews and made changes to the script for the documentary.

Activity purpose or objective (1-2 sentences):

Critique PSAs and select segments from a film interview to be included in the documentary. Improve script and video content to the documentary.

Skills youth developed (1-2 sentences):

Film critique/editing/interviewing.

Film Critique/Script Writing (March 5th)

Facilitator(s): Dixie, Mathew & Sandra

Description (3-4 sentences):

Youth recommended a few changes to the documentary and re-filmed one of the PSAs. Youth continued to work on the script for the Spanish radio PSAs. Youth were filmed describing the most important thing they have learned from Be The Change. These pieces will be incorporated into the documentary.

Activity purpose or objective (1-2 sentences):

Critique the documentary and PSAs. Improve Spanish radio PSAs scripts.

Skills youth developed (1-2 sentences):

Improve radio and film PSAs & the documentary.

Film Critique/Script Writing/Event Planning (March 20th)

Facilitator(s): Dixie, Mathew & Sandra

Description (3-4 sentences):

Youth made suggestions to improve the documentary and one of the filmed PSAs. Youth continued to work on the scripts for the Spanish radio PSAs. Youth started planning the first community meeting.

Activity purpose or objective (1-2 sentences):

Improve the documentary and the Spanish PSAs scripts. Plan for the upcoming community meeting.

Skills youth developed (1-2 sentences):

Script writing & improvement/event planning.

Voice Recording (March 26th)

Facilitator(s): Dixie, Mathew, Karina & Sandra

Description (3-4 sentences):

Ten youth traveled to Bakersfield by train to a professional recording studio to record the Spanish PSAs and the complete the voiceover for the animated English PSA. Youth were given tips to improve their acting and voice projection when recording.

Activity purpose or objective (1-2 sentences):

Record the Spanish Radio PSA's and complete the voiceover for the English animated PSA.

Skills youth developed (1-2 sentences):

Voice recording.

Film Critique/Community Meeting Planning (April 7th)

Facilitator(s): Dixie, Mathew & Sandra

Description (3-4 sentences):

Youth critiqued the documentary and discussed the final edits. Youth began planning for the first community meeting. Youth created a tentative agenda and assigned duties and responsibilities for those who were scheduled to attend. Youth selected survey data and decided on the method they will use to disseminate the data. Finally, they generated questions for group discussions and the "walk the line" activity, both are activities included as part of the community meeting.

Activity purpose or objective (1-2 sentences):

Film and script editing to improve the documentary. Prepare and plan for upcoming community meeting.

Skills youth developed (1-2 sentences):

Film and script editing. Event planning.

Community Meeting (April 19th)

Facilitator(s): Dixie, Lisa, Sandra & Karina

Description (3-4 sentences):

Youth facilitated a community meeting. Youth, worked the registration table, child care area, and food area. Youth completed a PowerPoint presentation that included data from the community. Lastly, youth facilitated small groups discussions.

Activity purpose or objective (1-2 sentences):

Youth provided information about Be The Change and had open discussions around stigma using the survey data as a reference.

Skills youth developed (1-2 sentences):

Event facilitation.

Community Meeting Debrief/Improve Presentation Skills (February 17th)

Facilitator(s): Dixie & Sandra

Description (3-4 sentences):

Youth debriefed the community meeting. Youth also practiced the PowerPoint presentation.

Activity purpose or objective (1-2 sentences):

Improve presentation skills and improve planning methods.

Skills youth developed (1-2 sentences):

Presentation & public speaking skills/event planning.

Community Meeting -Corcoran (May 1st)

Facilitator(s): Dixie, Sandra & Karina

Number of attendees: 34 (not including minors)

Description (3-4 sentences):

Youth facilitated a community meeting. Youth worked the registration table, child care area, and food area. Youth completed a PowerPoint presentation that included data from the community and conducted an activity as a segment to group discussions. Lastly, youth facilitated small groups discussions.

Activity purpose or objective (1-2 sentences):

Youth provided information about Be The Change and had open discussions around stigma using the survey data as a reference.

Skills youth developed (1-2 sentences):

Event facilitation.

Community Meeting -Stratford (May 9th)

Facilitator(s): Dixie, Sandra & Karina

Number of attendees: 21 (not including minors)

Description (3-4 sentences):

Youth facilitated a community meeting. Youth worked the registration table, child care area, and food area. Youth completed a PowerPoint presentation that included data from the community. Lastly, youth facilitated small group discussions.

Activity purpose or objective (1-2 sentences):

Youth provided information about Be The Change and had open discussions around stigma using the survey data as a reference.

Skills youth developed (1-2 sentences):

Event facilitation.

Community Meeting -Hanford (May 14th)

Facilitator(s): Dixie, Sandra & Karina

Number of attendees: 11

Description (3-4 sentences):

Youth facilitated a community meeting. Youth worked the registration table, child care area, and food area. Youth completed a PowerPoint presentation that included data from the community. Lastly, youth facilitated small group discussions.

Activity purpose or objective (1-2 sentences):

Youth provided information about Be The Change and had open discussions around stigma using the survey data as a reference.

Skills youth developed (1-2 sentences):

Event facilitation.

Community Meeting -Avenal (May 23rd)

Facilitator(s): Dixie, Sandra & Karina



Number of attendees: 20 (not including minors)

Description (3-4 sentences):

Youth facilitated a community meeting. Youth worked the registration table, child care area, and food area. Youth completed a PowerPoint presentation that included data from the community. Lastly, youth facilitated small groups discussions.

Activity purpose or objective (1-2 sentences):

Youth provided information about Be The Change and had open discussions around stigma using the survey data as a reference.

Skills youth developed (1-2 sentences):

Event facilitation.

Appendix B. Child and Youth Resilience Measure (CYRM)

DIRECTIONS Listed below are a number of questions about you, your family, your community, and your relationships with people. These questions are designed to help us better understand how you cope with daily life and what role the people around you play in how you deal with daily challenges. There are no right or wrong answers.

SECTION A:

Please complete the questions below.

1. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Transgender male
- ☐ Transgender female
- ☐ Genderqueer
- ☐ Other

2. What is your age? _____

3. What is the highest level of education you have completed? (e.g. 8th grade, 12th grade, college etc.)

4. What is your housing situation?

- ☐ Living with friends
- ☐ Living with family/relatives/partner
- ☐ Living alone
- ☐ Living in a shelter/residential treatment setting/group home
- ☐ Other: _____

4. How long have you lived with in your housing situation? _____

5. How many times have you moved homes in the past 5 years? _____

6. **Please describe who you consider to be your family** (e.g., 1 or 2 biological parents, siblings, friends on the street, a foster family, an adopted family, etc.).
7. **People are often described as belonging to a particular racial group. To which of the following group(s) do you belong? (Mark or check the one(s) that best describe(s) you.**
- a. Aboriginal or Native
 - b. South Asian (e.g., *East Indian, Pakistani, Punjabi, Sri Lankan*)
 - c. South-East Asian (e.g., *Cambodian, Indonesian, Laotian, Vietnamese*)
 - d. West Asian to Middle Eastern (e.g., *Armenian, Egyptian, Iranian, Lebanese*)
 - e. Asian (e.g., *Korean, Chinese, Japanese*)
 - f. Black (e.g., *African or Caribbean descent*)
 - g. White or European
 - h. Filipino
 - i. Latin American (e.g., *Mexican, South American, Central American*)
 - j. Other (please specify): _____
 - k. Mixed Race (please list all groups that apply): _____
8. **People are often described as belonging to a particular ethnic or cultural group(s). (For example, Chinese, Jamaican, German, Italian, Irish, English, Ukrainian, Inuit, East Indian, Jewish, Scottish, Portuguese, French, Polish, Vietnamese, Lebanese, etc.) To which ethnic or cultural group(s) do you see yourself belonging? Please list as many groups as you want.**

SECTION B:

To what extent do the statements below describe you? Circle one answer for each statement.

	Not at All	A Little	Some -what	Quite a Bit	A Lot
1. I have people I look up to	1	2	3	4	5
2. I cooperate with people around me	1	2	3	4	5
3. Getting an education is important to me	1	2	3	4	5
4. I know how to behave in different social situations	1	2	3	4	5
5. My parent(s)/caregiver(s) watch me closely	1	2	3	4	5
6. My parent(s)/caregiver(s) know a lot about me	1	2	3	4	5
7. If I am hungry, there is enough to eat	1	2	3	4	5
8. I try to finish what I start	1	2	3	4	5
9. Spiritual beliefs are a source of strength for me	1	2	3	4	5
10. I am proud of my ethnic background	1	2	3	4	5
11. People think that I am fun to be with	1	2	3	4	5
12. I talk to my family/caregiver(s) about how I feel	1	2	3	4	5
13. I am able to solve problems without harming myself or others (for example by using drugs and/or being violent)	1	2	3	4	5

14. I feel supported by my friends	1	2	3	4	5
15. I know where to go in my community to get help	1	2	3	4	5
16. I feel I belong at my school	1	2	3	4	5
17. My family stand by me during difficult times	1	2	3	4	5

18. My friends stand by me during difficult times	1	2	3	4	5
19. I am treated fairly in my community	1	2	3	4	5
20. I have opportunities to show others that I am becoming an adult and can act responsibly	1	2	3	4	5
21. I am aware of my own strengths	1	2	3	4	5
22. I participate in organized religious activities	1	2	3	4	5
23. I think it's important to serve my community	1	2	3	4	5
24. I feel safe when I am with my family/caregivers	1	2	3	4	5
25. I have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others)	1	2	3	4	5
26. I enjoy my family's/caregiver's cultural and family traditions	1	2	3	4	5
27. I enjoy my community's traditions	1	2	3	4	5

Thank you for taking this survey!

Appendix C. Kings County *Be the Change* YRR Youth Survey

Kings BE THE CHANGE YRR Youth Survey

Thank you for taking our survey!

Kings County Behavioral Health (KCBH) has hired Resource Development Associates (RDA), a consulting firm, to look at how participation in evaluation promotes resiliency and builds capacity for continuous mental health program improvement. This survey is a chance to share your opinions about how things are working for youth in your county. Your answers are private. Some questions might bring up personal issues that could make you feel a little bit emotionally uncomfortable either during the survey or afterwards.

Before you start, we want to make sure you know:

- You do not have to participate in the survey;
- If you choose not to participate, your involvement in the BE THE CHANGE YRR evaluation will not be impacted;
- We will not ask for your name;
- You can decide to stop the survey at any time;
- You can skip any questions that you don't want to answer; and
- We really appreciate hearing from you!

These questions are about your experience and opinions about providers in youth-serving programs and the mental health system.

1. **How important do you think the following statements are for youth –serving mental health providers (e.g. counselors, therapists, psychiatrist, and psychologist)?**

	Not important at all	A little bit important	Moderately important	Very important
Mental health providers communicate with youth in a way they can understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health providers believe in the ability of young adults to get better and be successful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health providers talk to youth about how what they've been through in their lives has affected them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mental health providers include youth in decisions about their mental health treatment (e.g. treatment goals).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health providers tells youth about other programs that might be helpful for them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. When you think about the current mental health system, in your opinion, how true are these things? Please mark the box that matches with how true each statement is to you.

	Not at all true	A little bit true	Mostly true	Very true
The mental health system provides opportunities for youth to give feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I need help emotionally, I feel comfortable accessing the mental health services in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The mental health system offers services that meet the needs of Kings county youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The mental health system is youth-friendly and easy to navigate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health staff are sensitive to youth's cultural/ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Not at all true	A little bit true	Mostly true	Very true
My personal experiences with mental health have helped me become a stronger person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I have a lot to be proud of.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a crisis, I have the support I need from family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a positive attitude toward myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Do you participate in any of these kinds of programs? If there is another program that is not in the list, you can write it in the open box.

	Yes	No
Programs to help me succeed in school	<input type="checkbox"/>	<input type="checkbox"/>
After-school programs like sports, art, or music programs	<input type="checkbox"/>	<input type="checkbox"/>
Job training or internship programs	<input type="checkbox"/>	<input type="checkbox"/>
Therapy or counseling	<input type="checkbox"/>	<input type="checkbox"/>
Mentoring programs	<input type="checkbox"/>	<input type="checkbox"/>
Activities at church or temple	<input type="checkbox"/>	<input type="checkbox"/>
Activities to help my community (volunteering)	<input type="checkbox"/>	<input type="checkbox"/>
Other (write in here):	<input type="checkbox"/>	<input type="checkbox"/>

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

	Not at all true	A little bit true	Mostly true	Very true
I am comfortable talking to mental health providers about how they can provide better services for TAY.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The BE THE CHANGE YRR project helps me to feel more confident in pursuing my goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident in my ability to work cooperatively as part of a group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think youth's personal experiences should be included in planning of mental health programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My involvement in the BE THE CHANGE YRR team has helped me in putting together plans for activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The BE THE CHANGE YRR Team helps me get more involved in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My involvement in the BE THE CHANGE YRR project, helps me build skills that will help me in my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe my input on mental health programs is helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of my personal strengths and use them to contribute to my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. On a scale of 1-5, with 5 being the most positive, how would rank your overall ability in these leadership skill areas?

	1	2	3	4	5
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision-Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentoring and team support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem- Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix D. Focus Group Protocol

BE THE CHANGE YRR Participant Focus Groups

Introduction

Hello, my name is _____ from Resource Development Associates (RDA). We are working with Kings County Behavioral Health to learn more about the BE THE CHANGE YRR program you are participating in, including your thoughts about the program, and anything that would make the program better. Specifically, we want to hear your thoughts on:

- How the program is going so far, including:
 - Your experiences in the program and activities
 - Your experiences with staff
 - How you feel the program has impacted you
 - What makes it easier or harder for you to be successful in the program

As a facilitator, my aim is to make sure that you have the opportunity to share your thoughts and ideas honestly, and respectfully, and that everyone has an equal chance to participate. I would like to state the following guidelines before we begin.

Guidelines

- Respect each other's opinions
- There are no "right" or "wrong" answers
- Step up/step back – allow everyone an equal chance to participate
- What is said in the room stays in the room

Everything you share with us today is anonymous—what is said in this room will not be linked to you in any way. We are taking notes, but will not include names with what is said. Your participation in this discussion will not affect your participation in the BE THE CHANGE YRR program in any way.

Are there any other questions before we begin?

Re-Introduction

1. **What activities have you participated in through Be the Change/YRR since we last saw you in December? [keep list of what they did and probe about specific activities]**
 - a. How did you like those activities?
 - b. What types of things did you learn from those experiences?

Decision Making and Communication

2. **How were the activities that you participated in selected?**
 - a. Do you and other Be the Change members have input on selecting activities? Please share an example.
 - b. Do you feel comfortable making suggestions? Why or why not?
 - c. Do you have the opportunity to give feedback? Please share an example.
3. **How do staff let you know about program updates and future activities? (e.g. text messages, emails)**
 - a. Does this type of communication work for you?
 - b. If not, what other forms of communication would be more effective?

Participant Goals, Skill Development, and Activities

4. **Thinking back to when you decided to participate in this program, what did you hope to get out of participating?**
 - a. Has your participation in the program helped you obtain those goals?
 - b. What have you accomplished? What has been helpful?
 - c. What gets in the way of you obtaining those goals?
 - d. Is there anything that staff could do more of to better support you in obtaining those goals?
5. **What makes it hard for you to participate in the program?**
 - a. What if anything could be done to make it easier for you to participate?
6. **If you were to think about one thing that really stands out to you, that you learned from this program, what would that be? [allow all to respond]**
7. **If you were to think about a skill that you developed from participating in this program, what would it be?**
 - a. How do you see yourself using that skill in the future?
8. **What if any activities that you did not do as part of this program, do you wish could be included in the future?**
 - a. Why do you think including those activities into this program would help youth?

Participant Experiences

- 9. Can you describe the most positive experience you have had in the program so far?**
 - a. What made that experience stand out to you?
 - b. How often do you have positive experiences like that in this program?

- 10. Can you describe any negative experiences or anything you haven't liked about the program so far?**
 - a. Do you have any suggestions for how the BE THE CHANGE YRR program could improve this?

- 11. How would you describe your relationship with BE THE CHANGE YRR program staff?**
 - a. How, if at all have they made an effort to get to know you?
 - b. To what extent do you feel supported by them?
 - c. What if anything, do you wish they would change?

- 12. Would you recommend this program to a friend?**
 - a. Why or why not?

- 13. Is there anything else you would like to share with me about your experiences in the Be the Change project?**

Thank you very much for your time!

Appendix E. Provider Survey

Kings BE THE CHANGE YRR Provider Survey

Thank you for taking our survey!

Kings County Behavioral Health (KCBH) has hired Resource Development Associates (RDA), a consulting firm, to look at the impact of youth participation in evaluation on their ability to inform and improve the mental health system. This survey is a chance to share your opinions about how things are working for the youth you serve in Kings County. Your answers are private, and we will not ask for your name.

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

	Not at all true	A little bit true	Mostly true	Very true
Through my work, I help young adults improve their lives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My schedule is so full, that I have trouble making time to incorporate evidence-based practices in my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make changes to my approach of administering services for youth based on their cultural needs and feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I incorporate space for conversation about religious/spiritual beliefs in my sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The time I am required for clerical tasks competes with my availability to provide mental health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions are about your experience with the larger Mental Health System.

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

	Not at all true	A little bit true	Mostly true	Very true
Care is well coordinated for young adults receiving mental health services at my facility, meaning that referrals within and between mental health programs are smooth and seamless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health care at my facility is youth-centric and recovery oriented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Extended hours (early morning, evening, and/or weekend appointments) are available at my site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My facility offers best practices in mental health treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our office is sensitive to the cultural/ethnic backgrounds of our youth and have staff reflective of the community being served.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Not at all true	A little bit true	Mostly true	Very true
I am involved in actions to improve patient access in my practice/clinics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe youth's input on mental health programs is helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am receptive to making changes to better serve youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe the young adults I'm serving can recover from mental health issues and live a productive life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Open Ended Questions

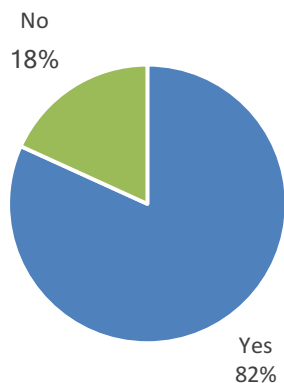
7. When thinking about the mental health services available in Kings County to support young adults, what aspects do you think are working well?

8. In your opinion, what are the barriers that prevent young adults from receiving mental health services in Kings County?

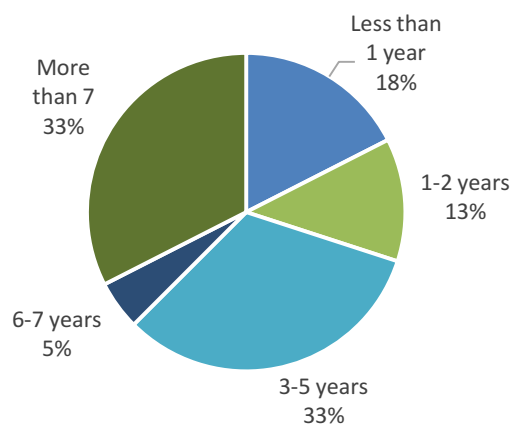
9. When thinking about the mental health services currently available to young adults in Kings County, what additional services are most needed to improve the existing system?

Appendix F. Provider Survey Results

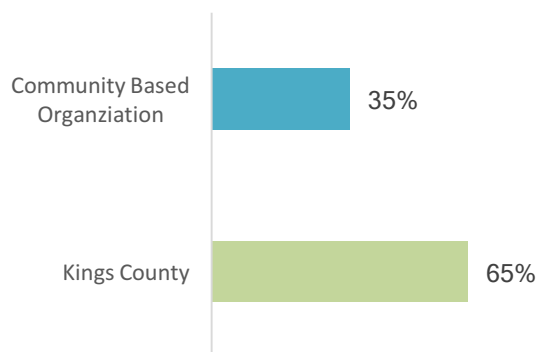
Serve Youth in Mental Health System



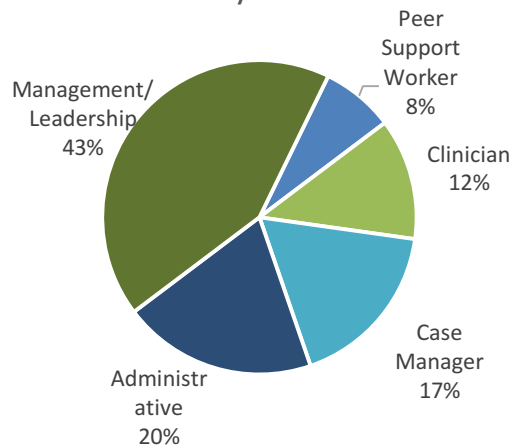
Years in Current Role



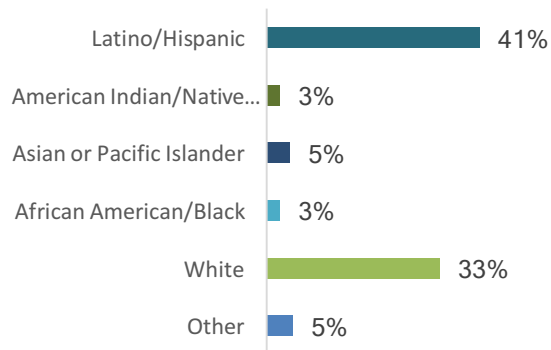
Agency/Organization Type



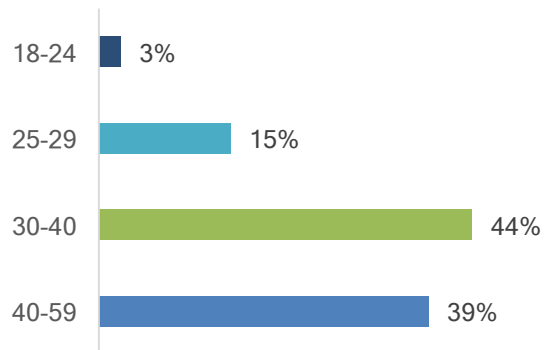
Role in Mental Health Service Delivery for Youth



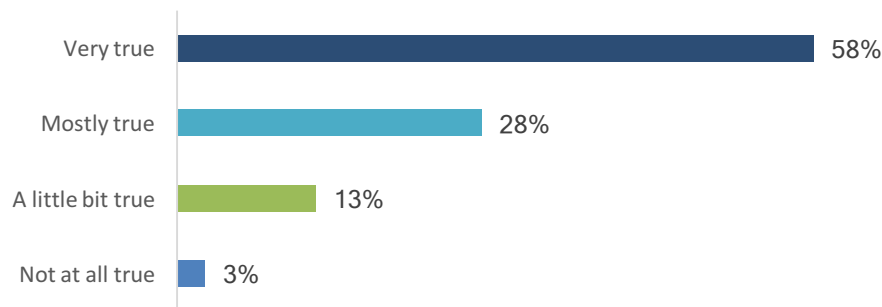
Provider Race/Ethnicity



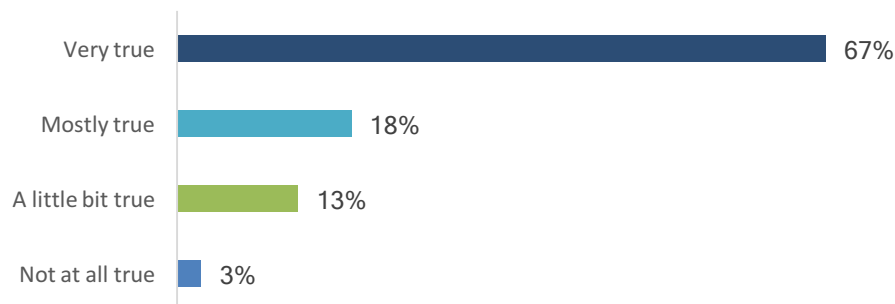
Provider Age Range



Through my work, I help young adults improve their lives.



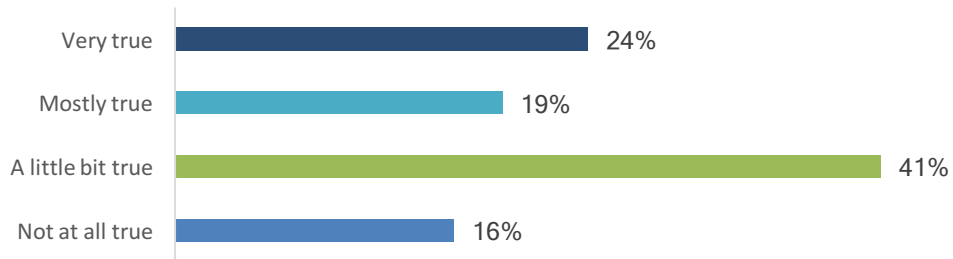
I do my best to provide individualized care for each youth.



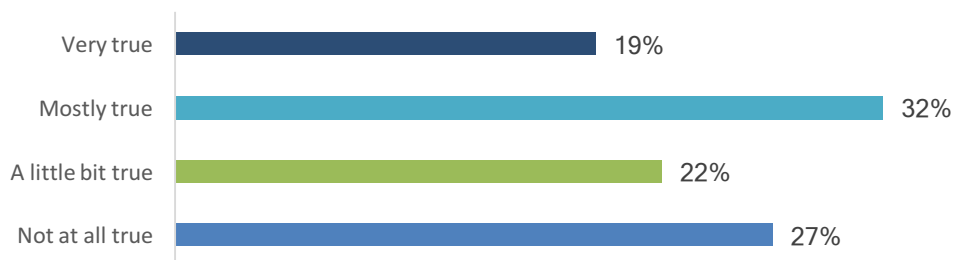
I make changes to my approach of administering services for youth based on their cultural needs and feedback.



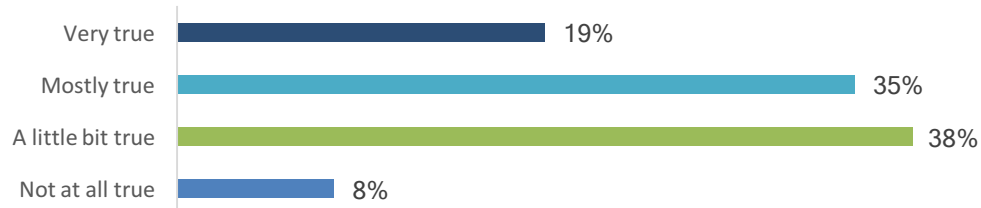
I incorporate space for conversation about religious/spiritual beliefs in my sessions.



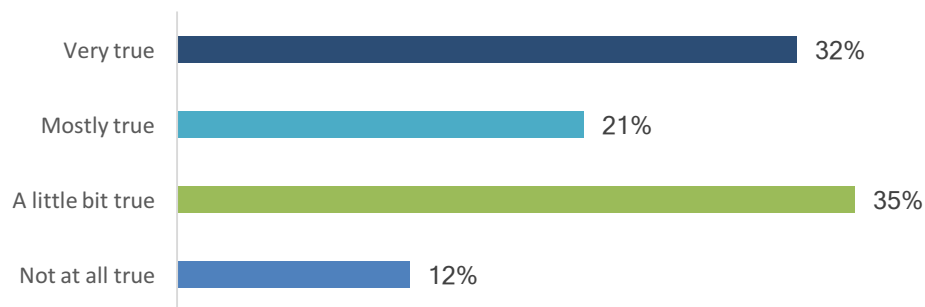
The time I am required for clerical tasks competes with my availability to provide quality mental health care.



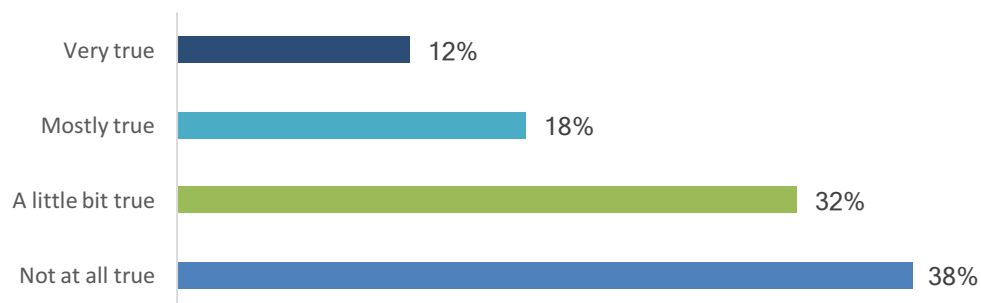
Care is well coordinated for young adults receiving mental health services at my facility, meaning that referrals within and between mental health programs are smooth and seamless.



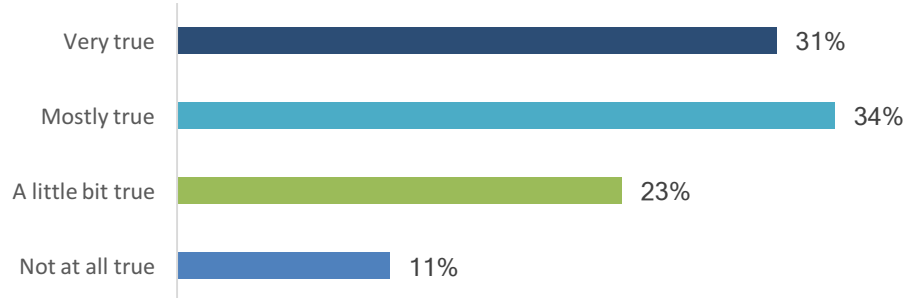
Mental health care at my facility is youth-centric and recovery oriented.



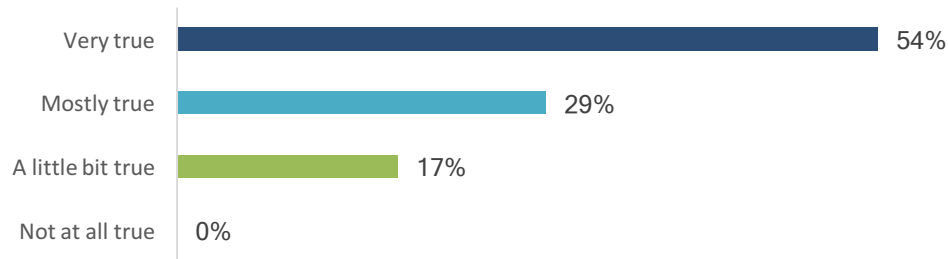
Extended hours (early morning, evening, and/or weekend appointments) are available at my site.



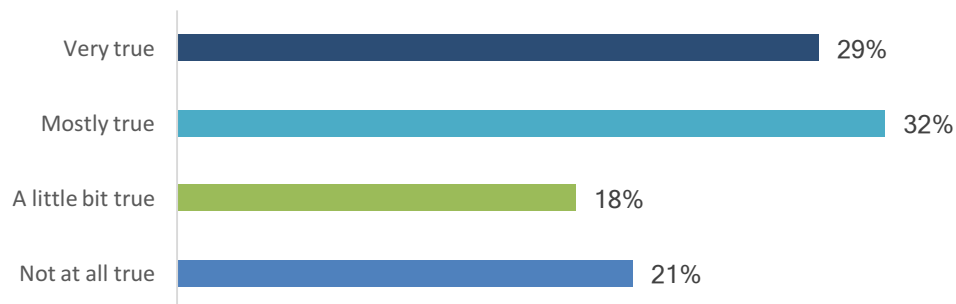
My facility offers best practices in mental health treatment.



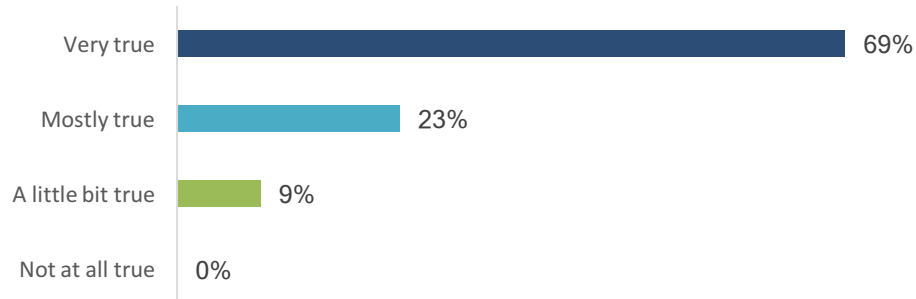
Our office is sensitive to the cultural/ethnic backgrounds of our youth and have staff reflective of the community being served.



I am involved in actions to improve patient access in my practice/clinics.



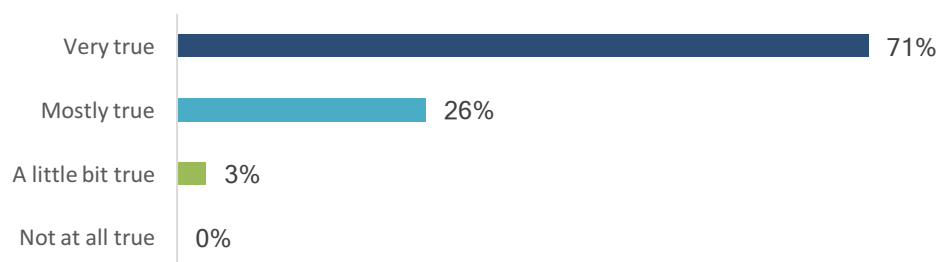
I believe youth's input on mental health programs is helpful.



I am receptive to making changes to better serve youth.



I believe the young adults I'm serving can recover from mental health issues and live a productive life.



I believe youth's input on mental health programs
is helpful.

