SECTION 1: TITLE PAGE

Implementation Pilot Project: On The Move/LGBTQ Connection

Community Defined-Evidence Project: Oasis Model

Priority Population: LGBTQ[1]

Local Evaluation Time Period: January 1, 2018 – June 30, 2021

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[1] Throughout this document, "LGBTQ" is used as an umbrella term to refer to all gender and sexual minority individuals, including Intersex, Asexual, 2-Spirit, Non-binary, Pansexual, Gender Non-conforming, or other individuals existing outside of the acronym-included identities.

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SECTION 2: EXECUTIVE SUMMARY

LGBTQ Connection, a program of On The Move, exists to foster a healthy, diverse and inclusive community, driven by emerging leaders in the rural and suburban North San Francisco Bay Area. LGBTQ Connection is building an intergenerational community movement in the North Bay fueled by youth and young adult leadership. The program's Youth Leadership Teams (YLTs) empower youth to take action, to identify and prioritize LGBTQ needs and to facilitate a community response, all while building welcoming, dynamic hubs of LGBTQ resources and community.

A. Community Developed Evidence Practice Purpose and Description

LGBTQ Connection's Oasis Model is a prevention and early intervention program that aims to prevent and/or reduce the appearance or severity of depression and anxiety by decreasing isolation, rejection, and distress and increasing community connectedness, peer connectedness, positive self regard, and help-seeking behaviors for LGBTQ young people aged 14- 24. The Oasis model was designed to address the following Phase I priority population strategies: ensuring culturally and linguistically competent services; elevating schools as centers for wellness in the community; building on community strengths to increase the capacity of and empower unserved, underserved, and inappropriately served communities; and, working with parents, foster parents, and families to reduce disparities.

The Oasis Model is a youth-led approach to community organizing in which young people find support and acceptance with other peers and discover their personal agency to make their community safer and more inclusive while also strengthening their own well-being.

The program is comprised of three interconnected core components, with LGBTQ youth experiences, ideas, and leadership at the core of the interventions. The components are:

- **Component 1: Connections to Peers and Appropriate Resources** through peer support groups and resource navigation meant to promote wellness.

- **Component 2: Youth-Led Advocacy Projects** designed by Youth Leadership Teams that identify and prioritize needs and facilitate a community-led response.

- **Component 3: Youth-Informed Workplace/Provider Trainings** meant to increase the ability of community organizations, schools, health systems, faith communities, government and businesses to welcome and serve LGBTQ youth competently.

B. Evaluation Questions

LGBTQ Connection engaged in a three and half year study to measure the impact of its Community Defined Evidence Practice (CDEP), the Oasis Model. The principal research question addressed in this evaluation project was:

"To what extent does the Oasis Model prevent and/or reduce the appearance or severity of depression and anxiety by decreasing isolation, rejection, and distress and increasing community connectedness, peer connectedness, positive self-regard, and help-seeking behaviors for LGBTQ young people aged 14- 24?"

The evaluation design focused on five key outcomes and process evaluation questions:

- **Evaluation Question 1**: To what extent did CDEP participants show *reductions in risk factors?*

- **Evaluation Question 2:** To what extent did CDEP participants *strengthen protective factors?*

- **Evaluation Question 3:** To what extent did the CDEP *increase the capacity of mental health service providers* to appropriately serve LGBTQ youth?

- **Evaluation Question 4:** To what extent was the CDEP *implemented as designed* at each program site?

- **Evaluation Question 5:** To what extent did the CDEP particularly *address the unique cultural, linguistic and contextual needs* of LGBTQ youth?

C. Evaluation Research Design

The Oasis Model evaluation used a mix-methods, non-experimental pre- and post- with single group design. Evaluation of the Oasis Model included quantitative evaluation strategies, including youth and workforce training participant surveys, and qualitative evaluation methods including observations, open-ended survey questions, interviews and focus groups to test assumptions of how program components work in practice; identify and explore unintended outcomes of the program; capture detailed and complex data; and enhance understandings about what aspects of the program have and have not worked as intended.

Evaluation of the Oasis Model considered both how intersectionality contributes to marginalization and to issues of identity and their effects on mental health. First, the evaluation looked at issues of intersectionality to understand how the program targets specific young people for participation in the program. Geography, cultural background, language, and ethnicity all impacted whether or not a LGBTQ youth would participate in programming. Evaluation of the CDEP accounted for whether or not traditionally underserved youth were connected to the program. Evaluation of the CDEP also examined how and if youth were able to integrate all aspects of their identity and how that impacts their wellness and mental health.

D. Key Findings

Evaluation data collected over 3.5 years demonstrates that:

- Participation in the Oasis Model **significantly reduces isolation among youth.** While quantitative analysis demonstrated considerable yet not significant changes, qualitative analysis showed significant, strong changes in isolation. Youth attribute changes in isolation to program strategies that result in new and/or strengthened connections with peers, increased motivation to express themselves and connect to others, and increased involvement in a variety of community and school-based settings and programs.

- Participation in the Oasis Model produces **small reductions in feelings of rejection among youth**; in some cases, rejection was higher for youth after participation. While youth reported less feelings of rejection while attending CDEP activities, they did not report feeling more accepted outside of the program setting.

- Participation in the Oasis Model **significantly reduces distress among youth.** While qualitative analysis did not demonstrate significant changes, quantitative analysis demonstrated statistically significant change in two measures of distress. Youth report lessened symptoms of anxiety, depression and greater feelings of optimism, hope and safety. Youth who did not demonstrate decreased distress after program participation reported that they continued to experience the same levels of depression and anxiety, although symptoms had not gotten worse.

- Participation in the Oasis Model **significantly strengthens peer connectedness among youth;** as demonstrated by both quantitative and qualitative analysis. Youth attribute this change to opportunities to work together on projects and share success, provide mutual accountability, share personal stories through group check-in activities, give and receive support, and acknowledge each other's strengths, accomplishments and personal growth.

- Participation in the Oasis Model **strengthens community connectedness among youth; in most cases significantly**. While quantitative analysis demonstrated considerable yet not significant changes, qualitative analysis showed significant, strong changes in community connectedness. Participation in Youth Leadership Teams was especially impactful on this protective factor.

- Participation in the Oasis Model **strengthens positive self-regard among youth; in most cases significantly.** While quantitative analysis demonstrated considerable yet not significant changes, qualitative analysis showed significant, strong changes in positive self-regard. Youth attributed increased positive self-regard to four key factors: self-acceptance; acceptance by others; opportunities to contribute; skills and capacities.

- Participation in the Oasis Model **strengthens help seeking behaviors among youth only moderately.** About half of young people reported increased willingness to ask for help after participation; most youth who reported increased willingness to ask for help could identify new sources of help they could access through the program.

- Participation, demographic and survey data all confirm that the implementation of Component 3 (Youth-Informed Workplace/Provider Training) **significantly increased the capacity of the mental health and other service systems to appropriately serve LGBTQ youth**.

- The Oasis Model **comprehensively addressed the cultural, linguistic and contextual needs of LGBTQ youth** and serves as a model for other mental health and youth development programs that seek to promote wellness, connection and mobilization among LGBTQ youth, especially in suburban, semi-rural, and rural communities.

E. Conclusions & Recommendations

From these key findings, we can deduce that the Oasis Model is an effective prevention and early intervention program that decreases isolation, rejection, and distress and increases community connectedness, peer connectedness, positive self-regard, and help-seeking behaviors for LGBTQ young people aged 14- 24.

The findings of the Oasis Model evaluation report have important cultural and practical applications. Most importantly, the evaluation reinforces the implementers' belief that involving LGBTQ youth in the design, implementation and evaluation of programs and systems meant to meet their needs will guarantee high levels of participation, innovative strategies that meet "in the moment" needs in the context of current events and trends, as well as highly personal interventions that transform youth's own perceptions of their abilities and roles in the community. LGBTQ youth bring a unique set of experiences, knowledge, interests and passions to their work that cannot be replicated by adults or even non-LGBTQ youth and they should be given opportunities to contribute to all aspects of programming development.

The Oasis Model enhances protective factors for LGBTQ youth through peer connection and opportunities to contribute to their community; each positive experience and strengthened relationship with peers, community and culturally appropriate providers builds momentum in a young person's life towards healing and growth. Growth in protective factors leads to reductions in risk factors on the opposite side of the coin: increasing peer and community connection leads to reduced isolation; increasing positive self-regard through agency leads to reduced distress, and so on and so forth. In all ways, programs and service providers like the Oasis Model and LGBTQ Connection must elevate the strategies, activities and approaches that youth themselves say are healing in order to transform systems and lives.

The Oasis Model evaluation findings can help to improve the implementation of programming for LGBTQ youth in highly practical ways:

- Program delivery strategies must be differentiated for youth in small, rural communities vs. larger, suburban communities. At program sites in rural Calistoga and Sonoma, it became readily apparent that more time and resources would be needed to build relationships, find appropriate host sites and match the right staff personality with the local youth culture. Program implementers should be aware that all of these factors can lead to higher- and lower-tide effects of youth participation and program success marked by seasons of high and low participation.

- Training, accountability, clinical, and wellness support for staff is critical to developing/providing a quality program and to reducing staff turnover and burnout. An essential component of the Oasis Model is that most staff are from the same or similar communities as participants and have been impacted by the same or similar past traumatic experiences and oppressions. Special attention should be paid to supporting these young leaders' personal, interpersonal and professional development.

- LGBTQ populations, especially youth, should be engaged in identifying and/or developing better tools to measure health outcomes. For example, LGBTQ youth leaders designed and implemented focus group and key informant interview protocols that resulted in higher quality data than data produced by other tools over which they had limited influence.

SECTION 3: LITERATURE REVIEW

The North Bay Area is just an hour north of San Francisco, yet remains worlds apart in terms of visibility and community for its estimated 85,000 LGBTQ residents, many of whom remain disconnected or invisible for fear of rejection or for their safety. Napa and Sonoma Counties are well known as wealthy tourist destinations, and more recently, for multiple years of wildfires that have ravaged the area, creating a lasting economic hardship for local residents. The North Bay's Wine Country reputation has created some avenues for LGBTQ visibility and acceptance, albeit mostly for upper class, white tourists whose socioeconomic privilege makes visibility and safety more accessible. For local residents, multiple years of fires, the COVID-19 pandemic, and the fight for racial justice continue to highlight inequities and demonstrate a need for a stronger LGBTQ community as a vital source of health and wellness for LGBTQ young people in the area.

A. Mental Health Issues

North Bay LGBTQ youth are deeply impacted by their positive and negative experiences in their families, schools, and social circles. As a result of oppression and discrimination encountered at home, school, and in their communities, young LGBTQ people are more likely to experience mental health challenges. Rates of depression, suicidality, anxiety, stress, substance use/misuse, low self esteem, and disordered eating are all significantly higher among LGBTQ youth compared to heterosexual/cisgender youth (Kuehnle, 2021).

LGBTQ young people who experience rejecting behaviors from family members are six times as likely to report high levels of depression and eight times as likely to attempt suicide. National research also shows that LGBTQ foster youth have poorer outcomes and face greater risks because of the impact of bias and rejection. (Baams et al., 2019). A study conducted with youth contacting an LGBTQ-focused crisis hotline found that nearly one third of youth contacting the hotline had experienced homelessness. Youth who had experienced homelessness reported higher rates of mental health disorders and suicidality (Rhoades et al., 2018).

Current data demonstrates the growing need for LGBTQ-competent mental healthcare. In a 2020 survey on LGBTQ youth mental health, 42% of respondents seriously considered attempting suicide in the past 12 months, with more than half of transgender and nonbinary youth having seriously considered suicide, and 72% of LGBTQ youth reported symptoms of generalized anxiety disorder in the past two weeks (The Trevor Project, 2021).

At school, LGBTQ students are two to three times more likely to experience bullying, and nearly five times as likely to attempt suicide. Teachers tend to be less likely to intervene when bullying is related to sexual orientation or gender identity, as opposed to bullying due to race, ability, or religion. A national survey of students found that 65% of students heard homophobic language at school (Minero, 2018). LGBTQ Connection's 2013 School Climate Survey had similar findings, with 74% of Napa County middle and high school students reporting hearing homophobic language sometimes or all the time at school. Half (49%) of local LGBTQ students reported being harassed because of their sexual orientation or gender expression. The survey identified several disproportionately disconnected populations within

the local LGBTQ community, including rural residents, people of color, Spanish speakers, and transgender young people. The California Healthy Kids Survey reflects similar findings, with 2017-2019 survey data showing over 60% of non-heterosexual or transgender students reporting chronic sadness/hopelessness, compared to around 30% of heterosexual or cisgender students (CalSCHLS, 2021). Schools are even more hostile for youth of color, where one in five LGBTQ students of color reported bullying based on their race or nationality (GSA Network, 2018).

Due to the COVID-19 pandemic, LGBTQ youth are reporting even higher levels of mental health disparities. Additional questions in The Trevor Project's annual mental health survey found that 70% of respondents reported their mental health has been "poor" most of the time or always during the pandemic. Lack of access to safety while at home during the pandemic only added to the existing stressors in place. In the same survey, more than 80% of LGBTQ youth said that COVID-19 made their living situation more stressful, and only 1 in 3 LGBTQ youth found their home to be LGBTQ-affirming (The Trevor Project, 2021).

B. Community Defined Evidence Practice Need

Aside from the many forms of harassment, discrimination, and alienation LGBTQ young people may experience in the school or family setting, other unique aspects of the North Bay region influence individual experiences. The local geography, racial makeup, history, and lack of youth-friendly resources and gathering spaces contribute to a disconnected setting for LGBTQ young people. The diverse experiences and needs of LGBTQ young people in the North Bay indicate how important services that are youth-driven, relevant, and relatable are for this population.

Geography: The North Bay counties of Napa and Sonoma are home to a vast and rugged landscape, covering 3,463 square miles. Public transportation is limited and known to be unreliable, isolating LGBTQ young people from services or other LGBTQ youth in neighboring communities. The area is comprised of many different suburban, rural, and semi-rural areas that tend to have conservative-leaning values and high proportions of Latinos. Diversity in leadership has increased in these rural areas over the years, but a lack of political attention on the LGBTQ community has contributed to the existence of very limited LGBTQ-specific resources and difficulty in organizing the critical mass needed to create more welcoming spaces for LGBTQ young people.

Race: The North Bay Area is mostly comprised of two dominant cultures, with a large White population and a growing Latinx population. Within the next 10 years, Latinx people will represent over half of the residents in the area. The Latinx population has their own set of needs when it comes to LGBTQ issues, including culturally and linguistically competent services, outreach strategies that target Spanish-speaking households, and trainings for Latinx youth service organizations. Latinx LGBTQ youth face a higher risk of discrimination and violence in schools, where they are more likely to be targeted for their sexual orientation, gender identity, or their racial/ethnic background (Kosciw et al., 2016).

The area is also home to a smaller group of Asian/Pacific Islanders, Asian Americans, and African-Americans, representing around 5% of the population. LGBTQ youth within these ethnic backgrounds are

even more likely to feel isolated because of their underrepresented minority status, and to experience even bigger barriers to overcome as they navigate their adolescent lives. The mostly bicultural setting of the North Bay Area means racial tensions are common. The lack of diversity creates an "us vs. them" environment in which cultural differences create barriers to connection and breed mistrust and misunderstanding between the two racial groups. The intersectionality of race and LGBTQ identity for youth of color puts them at much higher risk for mental health disparities, making them one of LGBTQ Connection's priority populations.

History: The history of the North Bay also indicates a need for more LGBTQ awareness and safety, especially for more vulnerable LGBTQ youth. In Sonoma County in 2013, an 18-year-old gay man was assaulted and robbed by two men who targeted him due to his sexual orientation. In 2014, two Napa middle school students were outed to their parents by the school administration after being disciplined for their public displays of affection. Afterwards, one of the boy's family pulled him out of school and forbid them from contacting the other boy. To show their support for the couple, 300 youth responded by protesting at the school, demonstrating the deep impacts of discrimination on all local youth.

These and many other instances of hate and discrimination towards local LGBTQ people contribute to a historically high suicide rate among LGBTQ youth in the North Bay Area. In 2017, a gender-nonconforming high school student in Sonoma County committed suicide. The student was well-liked and popular, but did not have enough support to confront their mental health issues and feel connected to other LGBTQ young people. Only compounding the tragedy, the media misgendered this young person when reporting the incident in the local paper. This had a lasting impact on other gender-nonconforming and transgender youth by enforcing the notion that their gender identity was not important. Another young LGBTQ person in Sonoma County took her life early in the COVID-19 pandemic, showing that depression and suicidality are local issues that continue to impact young people in the area.

However, the region is also becoming more welcoming for the LGBTQ community in terms of visibility. The response of LGBTQ advocates and allies to the passage of Proposition 8 in 2008 (Defense Of Marriage Act) created momentum for a renewed spirit of community organizing to raise the visibility and gain more widespread acceptance of the LGBTQ community in Napa and Sonoma Counties. With the legalization of gay marriage in 2015, LGBTQ Pride celebrations throughout the counties have grown exponentially; every year since, LGBTQ Connection has sponsored or cosponsored 15-20 Pride events throughout the area. Movements to make schools and youth-serving organizations more inclusive have begun, with many sites committing to ongoing trainings, gender-neutral bathrooms, and designated safe spaces.

Lack of Resources: The North Bay Area is slowly developing youth-friendly, LGBTQ competent services and places where LGBTQ youth feel welcomed. In Sonoma County, LGBTQ-specific programs, most of which were created in the 1990s in response to the AIDS epidemic, face financial issues and lack an adaptable program design to respond to the needs of the younger LGBTQ population. Founders of programs like these have retired without investing in succession planning that would ensure their mission continued. In Napa County, LGBTQ Connection's 2012 Community Survey respondents reported "not knowing how to find an LGBTQ-competent provider" as the number one LGBTQ-specific barrier to

accessing services. LGBTQ Connection has developed and widely implemented LGBTQ Competency Training, which is beginning to shift practitioners' approaches to working with LGBTQ people, but more work is needed to create deep systems change.

C. Community Defined Evidence Practice Approach

The myriad challenges present in the North Bay Area were the driving forces for the birth of LGBTQ Connection, a gathering place for LGBTQ youth and adults. What began as a support group for LGBTQ youth at the peer-led VOICES Youth Center in Napa has since blossomed into a vibrant and dynamic program built on the principles of youth leadership, strengthening underserved communities, and intergenerational learning. While LGBTQ Connection's programs at the VOICES Centers in Napa and Santa Rosa served as excellent service hubs for LGBTQ youth over the first few years, they had limited success in reaching many of the youth in more rural areas. To combat this gap in services, LGBTQ Connection expanded its reach by partnering with local high schools and youth-serving organizations throughout the region to co-locate services where youth already gather. Over the years, the program has worked with local high schools to develop Gay Straight Alliances and expanded services from its centers at VOICES in Napa and Santa Rosa to include locations in Sonoma Valley, Calistoga, Healdsburg, and American Canyon.

LGBTQ Connection's approach of working directly with under-resourced community members and responding to local issues and needs has been documented as a strong approach to effective programs in other areas. As identified in *White Normativity: The Cultural Dimensions of Whiteness in a Racially Diverse LGBT Organization*, demonstrating diversity by hiring a diverse staff is not enough to ensure Whiteness is not the dominant cultural norm (Ward, 2008). Ward emphasizes the importance of listening to local leaders from diverse backgrounds and implementing practices and cultural aspects that align with local marginalized communities, instead of attempting to conform to broader identified best practices for diversity and inclusion (2008, p.582). In *Barriers to Involvement in Nonmetropolitan LGBTQ organizations,* (Pacely et.al., 2016) identifies community involvement as a positive impact on the health of marginalized groups, and thus highlights the importance of understanding the barriers that prohibit an individual's involvement in such organizations (p.117). One barrier that was identified through the study was a perceived lack of diversity within the LGBTQ organization. By working through a justice-oriented lens, LGBTQ Connection seeks to uplift marginalized voices both in hiring practices and in the types of youth targeted through outreach and community engagement.

In *Intersectionality and planning at the margins: LGBTQ youth of color in New York*, the concept of intersectionality is "based on the premise that the impact of oppression varies in degree and nature depending on the intersection of subordination sources such as race and gender" (Irazábel & Huerta, 2016, p.716). Irazábal and Huerta highlight the subtle ways youth of color are told they do not belong in gay spaces, such as the music selections in a jukebox in the case of gay bars in New York City (2015, p.719). In designing LGBTQ Connection's Oasis Model, an intersectional approach means priority is given to the needs of those often overlooked, even in other "gay friendly" spaces in the counties. Since few to no LGBTQ services existed for youth in the broader geographic area, the vision and direction of the program is entirely formed by the youth being served. Other populations often left out who are

centered in the Oasis Model include youth of color, gender non-conforming and transgender people, non-English speakers, youth from systems of care, and youth and families of lower socioeconomic status.

Youth Participatory Evaluation: LGBTQ Connection used a participatory evaluation approach to design and implement evaluation activities. Participatory evaluation is a process in which those who have the most stake in a program are actively involved in the development and implementation of program evaluation. LGBTQ Connection utilized several best practices for participatory evaluation when designing the evaluation plan, such as using participatory approaches at various points throughout the project, building participant evaluation skills early on in the project, and using language and methods that appeal to participants and are useful for the project (Zukoski & Luluquisen, 2002). Designing a participatory evaluation process involving youth takes special consideration. In *Youth/Adult Partnerships in Evaluation,* the importance of preparing for the challenges associated with a youth/adult evaluation partnership is named as a key success indicator. Successful projects were aware of the challenges related to the complexities of working with youth as well as issues related to existing organizational norms and structures (Zeldin et al., 2012, p. 9).

In addition to a participatory evaluation design, LGBTQ Connection also pulled in team-building approaches in program design from the well regarded book, *Five Dysfunctions of a Team* (Lencioni, 2002)*.* This approach involved a five-stage process consisting of building trust, engaging in healthy conflict, establishing commitment, holding each other accountable, and achieving results. Particularly when creating leadership teams associated with LGBTQ Connection's Component 2, the five- month program design was directly pulled from this approach, and often revisited as staff worked through the challenges of building a high-functioning team with youth participants. LGBTQ Connection's approach to youth development was inspired by "Hart's Ladder of Youth Participation" a tool from *Children's Participation: The Theory And Practice Of Involving Young Citizens In Community Development And Environmental Care* (Hart, 2016). The tool focuses on the different levels of engagement one might encounter when working with youth and adults, ranging from young people being manipulated at the bottom of the ladder, to young people and adults sharing in decision-making at the top of the ladder. LGBTQ Connection strived for authentic youth engagement in all of it's programming, and often revisited this tool to ensure youth were not being tokenized and were equal thought partners throughout the evaluation period.

SECTION 4: CDEP PURPOSE, DESCRIPTION & IMPLEMENTATION

A. Community Defined Evidence Practice Purpose

The Oasis Model is a prevention and early intervention program that aims to prevent and/or reduce the appearance or severity of depression and anxiety by decreasing isolation, rejection, and distress and increasing community connectedness, peer connectedness, positive self-regard, and help-seeking behaviors for LGBTQ young people aged 14- 24. The Oasis Model is designed to address the following Phase I priority population strategies: ensuring culturally and linguistically competent services; elevating schools as centers for wellness in the community; building on community strengths to increase the capacity of and empower unserved, underserved, and inappropriately served communities; and, working with parents, foster parents, and families to reduce disparities.

B. Community Defined Evidence Practice Description & Implementation Process

The Oasis Model aims to reduce mental health disparities for LGBTQ youth at three levels of intervention:

- **Individual-focused practice**: Changes knowledge, attitudes, beliefs, practices, and behaviors of individuals. This practice level is directed at individuals, alone or as part of a family, class, or group. Individuals receive services because they are identified as belonging to a population-at-risk.

- **Community-focused practice**: Changes community norms, community attitudes, community awareness, community practices, and community behaviors. They are directed toward entire populations within the community or occasionally toward target groups within those populations. Community-focused practice is measured in terms of what proportion of the population actually changes.

- **Systems-focused practice**: Changes organizations, policies, laws, and power structures. The focus is not directly on individuals and communities but on the systems that impact health. Changing systems is often a more effective and long-lasting way to impact population health than requiring change from every single individual in a community.

The Oasis Model includes both MHSA PEI Direct and Indirect program components:

- **Direct Program Components**: The Oasis Model includes direct prevention strategies to reduce MHSA negative outcomes among people with greater than average risk of mental illness.

- **Indirect Program Components**: The Oasis Model includes early and prompt access to treatment and other mental health services and supports and/or changes in attitudes, common knowledge, and/or behavior that are likely to facilitate access to mental health services. The Oasis Model provides five key indirect MHSA PEI strategies:

o   Timely access to services for underserved populations to improve access among people from underserved populations with risk, early onset, or experience of mental illness.

o   Access and linkage to treatment to improve access and reduce duration of untreated mental illness among people with a serious mental illness.

o   Outreach to increase recognition of early signs of mental illness to engage people who can identify signs and symptoms to help people with risk or early onset of mental illness.

o   Stigma and discrimination reduction to produce changes in attitudes, knowledge, or behaviors to help people with risk, early onset, or experience of mental illness.

o   Suicide prevention to produce changes in attitudes, knowledge, or behavior to help people with risk of suicide as a consequence of mental illness.

The Oasis Model was offered for seven, six-month cycles, with the pilot period launching in January 2018 and the final cycle ending in June 2021. The program intended to serve 210 participants per cycle, with a total of 910 participants over 42 months.

1.   Strategies to Incorporate LGBTQ-specific Knowledge:

All three components of the community defined evidence practice (CDEP) were interconnected, with LGBTQ youth experiences, ideas, and leadership at the core of the interventions. As such, the CDEP was built on cultural, linguistic, and LGBTQ appropriate strategies to reach target youth in their communities.

- **LGBTQ Representative Staff Members**: LGBTQ youth and adult staff are representative of a variety of target populations in sexual orientations; gender identities and expressions; age; ethnic; and language backgrounds. All program staff are LGBTQ identified, ensuring their relatability when working with LGBTQ youth. All staff also have ties to the local community.

- **LGBTQ Youth-Led Community Assessments**: Initial program design, including strategies such as using youth-friendly and youth-authored language throughout the components and using comfortable gathering spots already frequented by youth, was driven by multiple LGBTQ youth-led community assessments, the first of which occurred in 2010 in Napa County. Since then, LGBTQ youth have led multiple school climate surveys focused on LGBTQ youth safety and acceptance, as well as brief community needs assessments to identify and prioritize the needs of their specific communities and develop responses.

- **LGBTQ Youth Engagement in Program Development and Implementation:** LGBTQ youth participants regularly provided program development feedback, debriefing successes and changes after each meeting or activity and participating in focus groups twice per year. Before evaluation activities began, youth were recruited from program sites in Napa and Santa Rosa to take part in a Youth Participatory Evaluation process, where they provided feedback on survey tools and data collection methods. In 2019, youth leaders were again engaged in a YPE process: a 3-part feedback session to review evaluation data gathered to date, provide input on program development priorities, and share their own experiences in the program. This feedback was then used to make adjustments and inform the direction of the CDEP, including prioritization of topics covered in support groups,

focuses for advocacy projects, cultural competency strategies, and the development of content for workforce training. In addition, to further define program standards, LGBTQ youth leaders worked alongside adult staff in multiple day-long retreat settings to refine program standards across all three components, and distill learnings and best program practices from feedback provided by youth and community residents during the pilot period.

LGBTQ youth also led much of the CDEP implementation, bringing their own cultural, language, and life experience to the project. LGBTQ youth assisted in planning and facilitation of youth support groups, provided peer-to-peer health navigation to appropriate resources, and led advocacy projects of their own design and choosing. Youth and community residents who served as panelists during CDEP workforce trainings debriefed with staff to identify successes and challenges from the training, and their feedback was used to refine future training delivery and content.

2. Project Delivery

The Oasis Model project delivery was built on the following staffing plan:

● **Program Director**: The LGBTQ Connection Program Director is responsible for overseeing the ongoing vision, development, implementation, and evaluation of programs and staff in Napa and Sonoma Counties. The Program Director establishes, develops, and maintains collaborative partnerships; designs and implements public relations and marketing activities; manages program budgets and communications with funders; and ensures that program staff are trained and accountable for meeting their program goals and deliverables.

● **Program & Evaluation Manager**: The LGBTQ Connection Program & Evaluation Manager is responsible for implementing and monitoring all program development and evaluation plans. They lead staff efforts to develop and facilitate Youth Leadership Teams and peer support groups, coordinate workforce trainings and workshops, and collaborate with the local evaluator to plan and implement all evaluation activities, including developing research questions, creating data collection instruments, collecting information and data, interpreting and analyzing findings, presenting findings, making recommendations for change, and advocating for use of findings.

● **Program Coordinators**: The LGBTQ Connection Program Coordinators are responsible for recruiting and coaching Youth Leadership Teams, facilitating youth support groups, providing one-on-one coaching and referrals to youth, leading trainings and workshops, and developing community projects alongside youth leaders.

● **Youth Advocates**: The LGBTQ Connection Youth Advocates work directly with Program Coordinators, youth leaders, youth participants, and adult volunteers to support all program activities, including growing a team of youth and creating advocacy projects, socials, and events for youth, their families, youth-serving providers, and the greater community.

● **Youth Leaders:** Youth leaders are volunteers who join a team of other youth leaders for a five-month program cycle. Youth leaders work with Program Coordinators and Youth Advocates to plan and lead

support groups, advocacy projects, and workforce training activities while learning about themselves and forming lasting bonds with their teammates. In general, youth leaders are ages 14-24 and live in Sonoma or Napa Counties.

3. Components & Activities

The Oasis Model is a youth-led approach to community organizing in which young people find support and acceptance with other peers and discover their personal agency to make their community safer and more inclusive while also strengthening their own well-being.

The program was comprised of three interconnected core components, with LGBTQ youth experiences, ideas, and leadership at the core of the interventions. The components are:

- **Component 1: Connections to Peers and Appropriate Resources** through peer support groups and resource navigation meant to promote wellness.

- **Component 2: Youth-Led Advocacy Projects** designed by Youth Leadership Teams that identify and prioritize needs and facilitate a community-led response.

- **Component 3: Youth-Informed Workplace/Provider Trainings** meant to increase the ability of community organizations, schools, health systems, faith communities, government and businesses to welcome and serve LGBTQ youth competently.

Component 1: Connections to Peers and Appropriate Resources

Core Elements:
- A lively, well-attended, centrally located, youth-serving partner organization
- LGBTQ youth resource guide
- Peer-led educational support groups for LGBTQ youth

Length & Duration:
- Offered year round in six-month cycles.
- 1.5 hour support group sessions, held two times per month at regular days and times (for example, 5:00-6:30 pm every 2nd and 4th Thursday), usually in the late afternoon or evening depending on target youth population's preference.
- Health navigation, offered by staff on a drop-in basis, 5-10 hours per week during the regular business hours of the community center and during (or as a follow up to) support group meetings.

Intended Number of Participants: 90 per cycle, 360 unique participants over three years of data collection

Setting: Component 1 takes place within lively, well-attended, centrally located, youth-serving, general (non-LGBTQ exclusive) community centers in rural and semi-rural North Bay Area communities. The

centers offer a variety of education, employment, health and mental health services, depending on location. The centers have a good reputation and credibility among the target youth populations as well as among referring providers and other community members. These centers have a youth-friendly and generally warm environment, and did not necessarily have previous LGBTQ-service experience.

In Napa and Sonoma Counties this component was specifically implemented within youth-serving community centers: VOICES Sonoma in Santa Rosa (a suburban city in Sonoma County, population 175,155), VOICES Napa in Napa (a semi-rural city in south-central Napa County, population 80,416), THE CLUB of Boys and Girls Club in Sonoma Valley (a rural town in southeastern Sonoma County, population 11,054), and UpValley Family Center's school-based office in Calistoga (a rural city in northern Napa County, population 5,311).

Component Description: The Oasis Model partners with youth-focused, general (non-LGBTQ exclusive) community centers to develop a reliable, visible, LGBTQ-competent shared safe space by:

- Training host/partner-organization staff in LGBTQ/youth cultural competency
- Increasing knowledge and access to LGBTQ-competent resources
- Establishing a regularly-occurring, LGBTQ support group

Host/partner organization staff attend a four-hour LGBTQ competency training offered by LGBTQ Connection staff, increasing understanding of LGBTQ identity and language, increasing compassion for LGBTQ youth and their experiences, increasing awareness of specific issues that impact the mental health of LGBTQ youth, increasing confidence in staff's ability to support LGBTQ youth, gaining resource and referral information for LGBTQ youth, and identifying specific mental health resources for LGBTQ youth.

A short-term action plan is developed to identify priority action steps the host/partner organization should take to show their commitment to reach and include LGBTQ youth. Actions are chosen from five domains: allowing for self-identification, respecting confidentiality and privacy, creating inclusive spaces, developing inclusive language habits, and ongoing education.

In order to increase knowledge and access to LGBTQ-competent resources, a local resource guide is drafted (or updated in instances where a previous guide exists). Listed resources include national/regional/local LGBTQ-youth serving hotlines, LGBTQ-experienced and transgender specific physical and mental health care, gay-straight alliances and school clubs, LGBTQ-affirming faith communities, and local LGBTQ-focused youth-serving programs. This guide is regularly updated as service and resource offerings become known. Staff at both the host/partner organization and LGBTQ Connection are trained to access the most current version of the resource guide.

With the help of the host/partner organization, at least one LGBTQ youth leader is recruited to co-facilitate a regularly offered, twice-monthly LGBTQ youth support group with the assistance of an adult staff member. The focus of the support group, "or social" is to bring LGBTQ youth, friends, and allies together to build a sense of community and trust among the youth. Group meetings alternate focus on three themes:

- Sharing personal experiences with peers.

- Gaining reliable information about LGBTQ identity-related educational topics.

- Social meetings allowing the youth to be themselves through fun, casual activities.

Over the last three and a half years, the recruited LGBTQ youth leader(s) prioritized support group topics centered around those three themes and worked with the adult staff member to develop supporting activities, including:

- Personal experience-sharing meetings covered topics including coming out, family acceptance, religion and spirituality, home for the holidays.

- Educational meetings covered topics including dealing with stress, LGBTQ sex education, healthy relationships, LGBTQ history, mindfulness, yoga and exercise.

- Social meetings included game nights, movie nights, park/backyard activities, fashion shows, art projects, etc.

Support groups are co-facilitated by LGBTQ Connection staff and trained youth leaders who are recruited and trained as described further in CDEP Component 2. A standard meeting template agenda guides activity development from start to finish, and: check-in, group agreements, ice breaker, primary theme activity, community announcements, group acknowledgments. Support groups do not follow a set curriculum outside of a list of suggested topics; instead, youth and their adult coaches create activities and discussion topics, often with the support of partner agencies who bring specific areas of expertise around mental health, suicide prevention, and healthy relationships. The standard meeting template for Component 1 can be found in **Appendix A.**

As youth inform staff about physical or mental health needs during individual discussions or support group meetings, staff offer contact information or warm referrals to connect the youth to known LGBTQ-competent resources that could meet their needs.

Demographics of Population Served: Intended participants in Component 1 were LGBTQ youth (LGBTQ Connection defines LGBTQ youth as those who are lesbian, gay, bisexual, transgender, queer, or questioning, and those who use other terms to describe their sexual orientation as something other than 100% heterosexual, and/or their gender as other than cisgender), ages 14-24, from a variety of backgrounds representative of the specific rural and semi-rural North Bay Area communities this component was implemented in (special attention was paid to youths' racial/ethnic, level of foster/probation/mental health systems-involvement, home language, and socioeconomic background—and youth from multiple underserved backgrounds).

In Napa and Sonoma Counties, the intended population for Component 1 was youth with intersecting identities, namely youth of color (especially Latinx youth), and White youth; youth involved with the foster care, probation, and/or mental health systems; youth from homes where Spanish, Tagalog, and English are primarily spoken; and youth from families of lower socioeconomic status.

Outcome: There were a total of 355 youth who attended Component 1 support groups from January 2018 to June 2021. Most youth attendees completed an initial demographic form. Youth attending support groups were comprised of the following demographics:

- **Age:** 50% were between ages 13-18, 39% between ages 19-24, 10% over 24 years of age (exceptions for age restrictions were made on a case by case basis) (n=260).

- **County:** 51% were from Sonoma County, 46% from Napa County, and 2.4% from neighboring counties (n=206)
  - In Napa County, 69% were from the City of Napa, 22% from Calistoga, and 9% from other areas in Napa County.
  - In Sonoma County, 75% were from Santa Rosa, 16% from Sonoma Valley, and 9% from other areas in Sonoma County.

- **Disability:** 18% had a disability (n=215).

- **Veteran status:** 0.6% were veterans (n=215).

- **Primary language:** 92% spoke English as their primary language, 20% spoke Spanish primarily or in addition to English (n=215).

- **Race:** 50% were White, 43% Latinx, Chicanx or Hispanic, 10% Asian, 7% American Indian/Alaskan Native, 4% Black, and 2% Native Hawaiian/Pacific Islander (n=213).

- **Gender identity:** 46% were women, 25% men, 19% transgender, 14% genderqueer/gender fluid/gender nonconforming, 10% unsure, and 4% were another gender identity (n=215).

- **Sexual orientation:** 28% were bisexual, 16% pansexual, 16% queer, 14% gay, 14% heterosexual, 10% lesbian, 10% questioning, 4% another sexual orientation, and 1% were asexual (n=207).

- **Socio-economic status:** 58% considered their families to be middle income, 30% low income, and 4% high income (n=142).

Participant Attrition: Youth support groups in Component 1 were designed to be low commitment so that young people could feel free to come and go at their own pace. Participants in Component 1 showed a high level of attrition because of this approach. Of the 348 youth who attended support groups between January 2018 and June 2021, 59% attended only once. Youth chose not to return to groups for a variety of reasons. Some of the reasons shared anecdotally from staff observations are:

- The youth got what they needed from attending the group or groups they attended.

- They did not relate with or connect to the topic for that particular group.

- They did not relate to or connect with attendees or staff for that particular group.

- The location of the group was not convenient for their individual needs.

- The time of the group was not convenient for their individual needs.

While their demographic and participation information is still included in this study, youth participants were not invited to engage in further evaluation activities unless they attended a second group or program activity.

Changes Made to CDEP Components: Groups were sometimes cancelled due to wildfires, COVID-19 shelter-in-place orders, or lack of attendees. Locations of groups changed based on feedback from youth participants. After a one-month pause, groups moved to a virtual platform in April 2020 after shelter-in-place orders were instated in March 2020.

Component 2: Youth-Led Advocacy Projects

Core Elements:
- Youth Leadership Team launch retreat
- Brief, youth-led, community needs assessment
- Weekly team meetings
- Monthly one-on-one meetings with coaches
- Youth-created community advocacy project

Length & Duration:
- 6 month program cycles timed to coincide with school semesters, usually running July through December and January through June.
- 2 hour leadership team meetings for each site, held two times per month at a minimum.

Intended Number of Participants: 20 per cycle, 70 unique over three years of data collection

Setting: Component 2 also takes place within youth-serving, general (non-LGBTQ exclusive) community centers in rural and semi-rural North Bay Area communities (see Component 1 description above). Additional settings for advocacy projects include locations as identified and prioritized by youth leaders, including locations at their schools and in their community. Successful partners for implementing CDEP Component 2 include: local school districts, high schools, middle schools, family resource centers, family-serving community organizations, and other community organizations serving local youth (for example, the teen department at the local library).

Program Description: This component of the Oasis Model empowers young leaders to become involved in issues that directly impact their lives, providing the support and connections necessary for them to work hand-in-hand with school administrators, teachers, agency partners, community leaders, families, and other stakeholders. This empowerment is meant to increase protective factors for the youth, including positive self-regard, peer connectedness, and community connectedness while also increasing feelings of acceptance as a result of their work.

To develop and practice their leadership skills and raise visibility of LGBTQ youth and their needs in the local community, a Youth Leadership Team is 1) recruited, then brought together for 2) team bonding and

formation, and 3) assessing the local community to identify and prioritize an advocacy project, and 4) implementing the prioritized advocacy project to create system change. Youth-Led Advocacy Projects completed over the six program cycles are detailed in **Appendix B, Table 1**.

Each approximate six-month cycle of the Youth Leadership Team follows an outlined process:

As part of a set team schedule for the six-month period, a launch retreat date and closeout date are preselected by staff, with regularly occurring development and planning meetings held at least twice monthly in between the launch and closeout.

Enticing youth-friendly advertising materials are created to announce the formation of the next cycle of the team with local community and youth-serving organizations, schools, social workers, healthcare workers, and other providers. Extra attention is paid to outreach to locations and partner organizations frequented by the target populations. Adults are encouraged to "nominate" youth they believed would be a good fit for the leadership team. Interested youth are instructed to complete an online interest form where they are invited to share about themselves and their interest in joining the team. Mandatory pre-retreat interviews and/or an informational meeting are held with interested youth before the launch retreat to offer an overview of the Youth Leadership Team experience, explain expectations, assess needs, and begin planning with the youth for accommodations or special support (i.e., transportation, learning, home situation, or language needs). Whether or not they officially join the team to participate in CDEP Component 2, team members and other recruits are invited to participate in support group meetings and health navigation from CDEP Component 1 as needed. Many youth leaders who participate in CDEP Component 2 also participate in health navigation to support their own wellness.

Beginning right from the activities of the launch retreat, a coaching/team approach is used to form deep connections and openness among youth leaders and staff—building trust, engaging in healthy conflict, developing commitment, practicing mutual accountability and focusing on clear goals for the team's work. These activities continue in several forms and build on each other throughout the program cycle. The staff members serve as the team's coaches—usually with one lead coach and one Youth Advocate supporting the lead coach, balancing both support and accountability for team members while facilitating group processes to grow as a high functioning team and work towards the culminating project.

Objectives of the launch retreat include: sharing personal stories of identity and life experience, exploring concepts of equity and social justice, developing group agreements for behavior expectations, identifying individual and team strengths and challenges, and beginning to grow excitement for the possibilities of the culminating project.

The team and trust building activities from the retreat continue over the first few team meetings, along with a preliminary needs assessment to identify unmet community needs. Building off the needs assessment, the team learns and uses group decision-making processes to prioritize one of the community needs into an advocacy project. The team defines the project's purpose and objectives, and sets preliminary dates for implementation to be completed within the six-month timeframe of the Youth Leadership Team. This project becomes the primary goal of the team and includes at least one of the

following outcomes: increasing peer connectedness, community connectedness, or positive self-regard. The setting for the project—school or community—is also defined by the youth with the support of staff.

In team meetings held weekly, the youth further plan and implement the project. Project templates, coaching, and facilitation from staff assist youth throughout the process. Through these projects, youth engage with key community stakeholders, collaborate with community-based organizations, connect with institutional decision-makers, and develop additional partnerships and funding to sustain the efforts. In most cases, the advocacy project culminates in a one day "happening" known as the team's performance. After the performance concludes and is evaluated, a final team meeting, called the closeout, occurs to celebrate the conclusion of the team's cycle. At the closeout, the youth take time to evaluate the cycle, celebrate their successes, learn from their challenges, and acknowledge their impact as individuals and as a team.

Using topics and themes identified in the team's brief needs assessment, youth leaders on the team are also invited to rotate responsibilities for co-planning and co-facilitating support group meetings from CDEP Component 1.

Focus on youth's self-agency to create community change also promotes self-agency in meeting their own individual wellness needs. As youth become empowered to change the culture in their own communities, they in turn feel more supported by peers, adults, systems of care, and the community in general, which leads to improved mental health outcomes. This amplifying effect, where the work of each team's project increases visibility of the team and LGBTQ youth needs in the community, increases the success of future cycles of the team.

Demographics of Population Served: Please see description for Component 1. Recruitment of youth was conducted simultaneously online—via website and active social media channels of the project and of partner organizations—and in person, at locations and organizations frequented by youth in school and community, at times most convenient to youth.

Outcome: There were a total of 124 youth who engaged in Youth Leadership Team activities from January 2018 to June 2021. Most youth attendees completed an initial demographic form. Youth on Leadership Teams were comprised of the following demographics:

- **Age:** 62% were between ages 13-18, 33% between 19-24, and 4% over 24 years of age (exceptions for age restrictions were made on a case by case basis) (n=112).

- **County:** 49% were from Sonoma County, 47% from Napa County, and 4% from neighboring counties (n=108).
    - In Napa County, 69% were from the City of Napa, 29% rom Calistoga, and 2% from other areas in Napa County.
    - In Sonoma County, 66% were from Santa Rosa, 28% were from Sonoma Valley, and 6% from other areas in Sonoma County.

- **Disability:** 19% had a disability (n=112).

- **Veteran status:** 0.8% were veterans (n=112).

- **Primary language:** 96% spoke English as their primary language, and 17% spoke Spanish primarily or in addition to English (n=105).

- **Race:** 51% were Latinx, Chicanx or Hispanic, 48% white, 7% American Indian/Alaskan Native, 7% Asian, 4% Black, and 3% Native Hawaiian/Pacific Islander (n=104).

- **Gender identity:** 53% were women, 21% men, 19% transgender, 13% genderqueer/gender fluid/gender nonconforming, 6% unsure, and 2% were another gender identity (n=106).

- **Sexual orientation:** 35% were bisexual, 17% pansexual, 17% queer, 13% questioning, 9% gay, 9% heterosexual, 9% lesbian, and 4% another sexual orientation (n=104).

- **Socio-economic status:** 57% considered their families to be middle income, 31% low income, and 2% high income (n=58).

Participant Attrition: Although 124 youth engaged in Youth Leadership Team activities, 104 youth are considered full participants who joined teams. The other 20 youth attended informational sessions only and are not considered Leadership Team program participants. Of the 104 youth who joined teams, 66 youth (or 63%) completed all or most of the full program cycle. Participating in Leadership Teams in Component 2 did have an expectation that youth stay engaged throughout the entire program cycle, but the option to disengage with the team, or "choose out" was presented regularly during the cycle. Offering the option to clearly "choose out" made the option to stay in more significant and increased team cohesion and identity. Additionally, choosing out was seen as good modeling of personal agency, healthy boundaries, and communication. Youth who "chose out" were invited to stay involved with the program through Component 1 and other events and activities. Youth "chose out" for a variety of reasons. Some reasons that were shared with program staff include:

- Youth moved locations or changed schools.

- Youth were not able to get reliable transportation to meetings.

- Youth were not able to commit to weekly meetings.

- Youth had too much school work or school commitments.

- Youth had conflicting extracurricular activities.

A total of 18 advocacy projects were completed throughout the evaluation period.

Changes Made to CDEP Components: Leadership Teams experienced delays in recruitment and launch times due to wildfires, staff turnover, and challenges securing a regular meeting location. In January 2020, LGBTQ Connection paused Leadership Teams for one program cycle in order to train up new staff and reassess program and outreach strategies. Programming switched from site-based teams to virtual teams in August 2020 to comply with pandemic shelter-in-place orders. Project mentors shifted over time from a formal role to a more informal project consultant position due to the ongoing limited availability of selected project mentors.

Component 3: Youth-Informed Workplace/Provider Trainings

Core Elements
- Youth-informed provider training on LGBTQ Best Practices

Length & Duration
- Three one-time trainings per site per six-month program cycle
- Training lasts four hours
- Trainings are offered at times to best fit schedules of youth and family serving professionals, usually 8a-12p or 1p-5p on a Tuesday, Wednesday, or Thursday so as to avoid the lower attendance days of Monday and Friday.

Intended Number of Participants
Approximately 20-50 participants per training, 100 per six-month program cycle, 550 unique over three years of data collection

Setting: On-site and mutually agreed upon training sites with County Departments and youth and family serving community-based organizations

Component Description: LGBTQ Connection and its youth leaders have developed a highly interactive, youth-informed training program for providers and human service organizations that successfully increases staff and volunteer capacity to welcome and competently serve LGBTQ young people.

Trainings take place in County departments including Mental Health, Child Welfare, Probation and Self-Sufficiency Services, as well as community-based organizations, mental health organizations, and health service providers. In addition, youth and their adult coaches provided training with schools, faith-based organizations, and foster parents so that they can better support the LGBTQ young people in their care. The brief community needs assessment conducted by the youth in CDEP Component 2 serves to inform and prioritize outreach for youth and family serving organizations in need of training. Additionally, as organizations improve their cultural competency or new organizations are discovered through the trainings, they are added to updates of the LGBTQ youth resource guide from CDEP Component 1.

The four-hour training curriculum was designed around the following outcomes for participating providers and youth and family serving professionals:

- Increasing understanding of LGBTQ identities.
- Increasing compassion for LGBTQ people and their experiences.
- Increasing awareness of specific issues that affect the mental health of LGBTQ youth.
- Increasing confidence in the ability to support LGBTQ youth.
- Increasing knowledge of resource and referral information for LGBTQ youth.
- Increasing ability to identify specific mental health resources accessible for LGBTQ people.

Two types of trainings are offered: organizational trainings, where all attendees are from one single organization; and community trainings, where attendees come from a variety of youth and family serving organizations. Community trainings serve to introduce a number of community organizations and professionals to the idea of LGBTQ cultural competency and practice change at the same time. Organizational trainings serve to build momentum for cultural change in LGBTQ competency across one single organization, department, or division.

One of the most impactful components of the training is a panel of local LGBTQ youth who openly share about their personal experiences with identity formation and labeling, provider competency, mental health, community climate, and best practices are explored. Time is set aside for moderated questions and answers from participants.

Demographics of Population Served: Intended participants are youth and family serving professionals and volunteers from County Mental Health, Probation, Child Welfare Services and Juvenile Justice Departments; youth and family serving professionals from community-based organizations; and educators and school staff.

Outcome: From January 2018 to June 2021, 1,258 individuals attended LGBTQ Best Practices trainings hosted by LGBTQ Connection. Individuals attended trainings from a variety of affiliations within the public and private sectors of Sonoma and Napa counties, including local government, elementary, middle and high schools, mental health workers, youth serving organizations, police departments, social service agencies, and health clinics. Demographic information was only collected for individuals who completed the workshop evaluation at the close of the session. A total of 929 attendees completed an evaluation. The following demographics comprise the training participants:

- **County**: 66 % Napa, 23% Sonoma, 13% Other

- **Professional sector**: 27% Mental Health; 22% Youth Development; 19% Criminal Justice; 14% Education; 12% County Health & Human Services; 11% Family Support; 8% Community Healthcare; 7% Municipal Government; 6.% Housing; 3% Community & Economic Development; 2% Community Resources; 2% Faith/Spirituality; 2% Other (n=489)

- **Race:** 45% were White; 38% Chicanx/Latinx/Hispanic; 5% Black or African American; 4% Asian or Asian American; 2% Native American; 3% Other; and 2% declined to answer (n=855)

- **Age:** 75% were between the ages 25-65; 15% between the ages 19-24; 5% between the ages 13-18; and 6% were 65+ years old (n=764).

- **Primary language:** 85% English; 14% Spanish; 2% Other (n=800)

- **Gender identity:** 75% Women; 22% Men; 1% Genderqueer; 1% Other; and 1% declined to answer (n=763)

- **Sexual orientation:** 77% Heterosexual; 7% Bisexual; 3% Lesbian; 3% Gay; 2% Pansexual; 2% Queer; 3% Other; and 4% declined to answer (n=767)

Participant Attrition: Most participants in Component 3 attended one full 4-hour workshop with LGBTQ Connection. Once the program transitioned to a virtual 2-hour, two part training in response to pandemic conditions, some attendees did not attend the second session. Attendance was only taken at the beginning of the workshop so attendee attrition was not measured for this component.

Changes Made to CDEP Components: LGBTQ Connection's original Best Practices training was expanded upon throughout the data collection period to meet the needs of different populations. The training and materials were translated into Spanish, and some trainings were offered in monolingual Spanish or bilingually. Additional subject specific trainings were developed, including LGBTQ Best Practices for Law Enforcement, LGBTQ Medical Best Practices, and LGBTQ School Best Practices. Following the shelter-in-place orders in March 2020, all workshops transitioned to online platforms, with materials distributed digitally beforehand.

4. Recruitment

Components 1 and 2 Participation Recruitment:
Youth program participants for Components 1 and 2 were recruited from Sonoma and Napa counties using a variety of tactics, including hiring program staff who were representative of target populations in racial, socioeconomic, and linguistic backgrounds. Staff were also representative of the target population's sexual orientations, gender identities, and expressions. Before beginning a six-month program cycle, staff met for a one to two day program planning session, where outreach and recruitment strategies for the coming program cycle were developed. Using a combination of learnings from previous cycles and innovative new approaches, staff created outreach plans for program activities. Outreach plans were meant to recruit both program participants and evaluation participants. Recruitment for Component 1 was ongoing throughout the program cycle, while Component 2 recruitment was heavily targeted at the beginning of the program cycle. Recruitment materials and strategies were often delivered in both English and Spanish. The following strategies were used at the beginning of the cycle and regularly throughout the cycle to recruit youth participants:

● Colorful youth-friendly graphics for digital and paper flyers advertising program activities. Flyers were created using graphic design platform Canva, where content can be created and shared amongst team members. At the planning retreats and throughout the program cycle, staff gave each other feedback on graphics and made adjustments based on the successes or failures of past graphic material.

● Distribution and display of physical flyers at places youth frequent, such as coffee shops, schools, fast food restaurants, parks, and other community events.

● Distribution of digital flyers through LGBTQ Connection's social media platforms. LGBTQ Connection has county specific pages for Napa and Sonoma on Facebook, Instagram and Twitter. Flyers were posted on each platform and often promoted using paid advertising. Flyers were often shared by other community partners and individual supporters, creating an even wider digital reach.

● Ongoing E-blasts to LGBTQ Connection's mailing list using Mail Chimp to share upcoming program activities. Recipients were encouraged to share the information with their networks.

- Sharing upcoming activities with youth, parents, and providers through word of mouth and/or program flyers at community events, trainings, and presentations.

- Creation of monthly calendars outlining program activities for the upcoming months, distributed in-person at community events and digitally through LGBTQ Connection's social media platforms.

- Sharing about upcoming program activities through local media outlets such as radio, newspapers, magazines, and television.

- Creating paid audio commercials in Spotify to recruit youth participants to participate in Component 2.

- Past youth participants were encouraged to share program activities with friends and peers, and often helped with recruitment activities as an aspect of leadership development.

- Youth interested in participating in Component 2 were sent an online interest form to gauge interest and learn more about the participants needs. The interest form for Component 2 can be found in **Appendix C.**

Component 3 Recruitment:

Workforce provider training participants were recruited through the following tactics:

- Informational flyers with clearly defined outcomes and intended audience, which were shared on social media platforms, MailChimp E-blasts, and at community events.

- Personal invitations from program staff to community partner organizations. Often staff contacted past trainees and asked them to invite two to three co-workers from their organization to an upcoming training.

Event pages were created on Eventbrite and Facebook, where the training was promoted through paid advertising.

SECTION 5: LOCAL EVALUATION QUESTIONS

A. Evaluation Questions

The principal research question addressed in this evaluation project was:

> "To what extent does the Oasis Model prevent and/or reduce the onset or severity of depression and anxiety by decreasing isolation, rejection, and distress and increasing community connectedness, peer connectedness, positive self-regard, and help-seeking behaviors for LGBTQ young people aged 14-24?"

The evaluation design focused on five key outcomes and process evaluation questions and related indicators, as described in **Appendix B, Table 2.**

- **Evaluation Question 1**: To what extent did CDEP participants show *reductions in risk factors?* (Outcome)

- **Evaluation Question 2:** To what extent did CDEP participants *strengthen protective factors?* (Outcome)

- **Evaluation Question 3:** To what extent did the CDEP *increase the capacity of mental health service providers* to appropriately serve LGBTQ youth? (Outcome)

- **Evaluation Question 4:** To what extent was the CDEP *implemented as designed* at each program site? (Process)

- **Evaluation Question 5:** To what extent did the CDEP particularly *address the unique cultural, linguistic and contextual needs* of LGBTQ youth? (Process)

B. Changes to Evaluation Questions

Changes were made to indicators related to Evaluation Question 1 : "*To what extent did CDEP participants show reductions in risk factors?"* Before the pilot period, LGBTQ Connection removed indicators related to the Youth Advocacy Projects (Component 2) from this section and included them in Evaluation Question 2 related to Protective Factors. This change was more in keeping with the spirit of the Youth Advocacy Projects typically chosen by the Youth Leadership Teams, which tend to focus on building protective factors and not directly on reducing risk factors.

C. Evaluation Questions Not Answered

All evaluation questions were answered in the final analysis.

SECTION 6: EVALUATION DESIGN & METHODS

A. Evaluation Design

The Oasis Model evaluation used a mix-methods, non-experimental pre- and post- with single group design. Evaluation of the Oasis Model included quantitative evaluation strategies, including youth and workforce training participant surveys, and qualitative evaluation methods including observations, open-ended survey questions, interviews and focus groups to test assumptions of how program components work in practice; identify and explore unintended outcomes of the program; capture detailed and complex data; and enhance understandings about what aspects of the program have and have not worked as intended.

Evaluation of the Oasis Model considered both how intersectionality contributes to marginalization and to issues of identity and their effects on mental health. The evaluation looked at issues of intersectionality to understand how the program targeted young people for participation in the program. Geography, cultural background, language, and ethnicity all impacted whether or not a LGBTQ youth would participate in programming. Evaluation of the CDEP accounted for whether or not traditionally underserved youth were connected to the program. Evaluation of the CDEP also examined how and if youth were able to integrate all aspects of their identity and how that impacts their wellness and mental health. More specifically, the local evaluation used regression analysis to predict outcomes when considering variables such as racial/ethnic background, LGBTQ identity, age, socioeconomic status, region, and language.

1. Strategies to Incorporate LGBTQ-Specific Knowledge

The Oasis Model engages young people in Youth-led Participatory Evaluation (YPE) to gauge the effectiveness of program elements. YPE is an approach that engages young people in evaluating the programs, organizations, and systems designed to serve them. Through YPE, young people conduct research on issues and experiences that affect their lives, developing knowledge about their community that can be shared and put to use.

Youth were involved in many aspects of evaluation planning, design, and implementation:

- Developing research questions.
- Identifying the sample and recruiting participants.
- Refining data collection instruments (such as surveys).
- Collecting information, gathering data.
- Interpreting and analyzing findings.
- Making recommendations for change; advocating for use of findings.

In initial evaluation design work, data collection tools were co-created with youth participants to establish buy-in for evaluation activities. During the pilot period, LGBTQ youth were invited to give feedback on all evaluation tools after completing them. Feedback was compiled and shared across program sites, and

adjustments to tools were made based on feedback. In youth-friendly language, youth were invited to make an informed decision for themselves around participation in evaluation activities, which encouraged their own self-determination and enhanced their participation if they opted in. Youth who consented to participate were informed that their feedback would be credited in the final evaluation report, creating a sense of shared ownership over and excitement about participation in evaluation activities.

Because many Youth Leadership Team members were already highly committed to their advocacy projects, much of the ongoing participatory evaluation work was completed by Youth Advocate program staff. Youth Advocates are often former program participants and generally within the age range of the target service population, so they were able to provide input on evaluation activities as both the participant and administrator. Youth Advocate staff developed, facilitated, and refined focus group activities throughout the evaluation, and administered and refined survey tools and data collection processes.

B. Sampling Methods and Size

1. Sampling Method(s)

Stratified Random Sampling: The Oasis Model used stratified random sampling to identify key subgroups in the overall participant population who participated in Component 1. The CDEP used disproportionate sampling fractions within stratums to ensure that evaluators were able to make meaningful inferences for small population groups.

Purposive Sampling: The Oasis Model used purposive sampling when evaluating participation and outcomes for Component 2 participants. Sixty percent (60%) of Youth Leadership Team members participated in the evaluation as a core component of their engagement in the program.

Self-Selection: The Oasis Model used self-selection sampling as part of Component 3. All training participants were given a post-survey and asked to complete it. The CDEP expected that 60% of participants would complete a survey.

2. Participant Recruitment Strategies

Components 1 and 2 Evaluation Recruitment: After initial program recruitment, evaluation participants were recruited through direct communication from program staff. For Component 1, evaluation participants were recruited after they had attended at least one program activity. Participants were invited to participate in evaluation activities in a one-on-one meeting with a program staff already acquainted with the individual. Participants in Component 2 were recruited for evaluation at one of the Youth Leadership Team's initial meetings. This delay in screening after beginning project involvement allowed time for program staff to build relationships with youth that contributed to improved veracity of responses and willingness to participate in multiple evaluation activities. During the screening process, all youth were informed that their participation in the evaluation was voluntary and would not impact their ability to participate in program activities. Individuals who were ineligible or chose not to enter into the study were provided the same level of protection given to study participants, including secure data

storage. In both settings, the evaluation process was explained using a youth-friendly graphic which broke down the main evaluation activities and the intended outcomes of evaluation participation, while making their rights as participants clear. This graphic served as an introduction to the informed consent documents, which were then shared and taken home to be reviewed by the individual and/or their parent/guardian.

Criteria for youth study group inclusion included being age 14-24, self-identifying as LGBTQ, and giving voluntary consent to participation. All genders were included in this study including non-binary gender identities. Criteria for youth study group exclusion included individuals staff identified as at-risk for self-harm, secondary trauma, psychological/emotional harm, or vulnerability, active substance abuse issues, or lack of participation in the intervention activities.

Component 3 Evaluation Recruitment: Workforce training was offered to youth and family serving professionals and volunteers from County Mental Health, Probation, Child Welfare Services and Juvenile Justice Departments; youth and family serving professionals from community-based organizations; educators and school staff; and leadership and staff from local governments. Workshop participants were recruited to the evaluation cohort through an invitation to complete a survey at the end of the workshop. Participants were informed of the training survey and follow-up email survey to be completed three months after the training. For in-person trainings, paper evaluations were distributed at the end of the workshop. For online trainings, an evaluation was distributed through a link using the Survey Monkey platform.

Workforce study group participants' criteria for inclusion was attendance and completion of LGBTQ Connection's four hour "Best Practices Training," voluntary consent to complete the workshop evaluation at the training's completion, and voluntary consent to be contacted again via email three months after completing the workshop. Criteria for exclusion from this study group was anyone who did not complete the training in its entirety.

Key informant interviewees were selected based on their participation or support in Youth Leaders' advocacy or community-building project.

3. Intended Sample Size

An initial sample size of 550 participants was proposed, comprised of 108 youth in Component 1, 42 youth in Component 2, and 330 adults in Component 3. After a pre-pilot period, LGBTQ Connection staff quickly learned that youth participants in Components 1 and 2 often overlapped. As such, the intended sample size was modified to combine participants in Components 1 and 2 into a total of 108 participants, making the final intended sample size 438 individuals.

4. Final Sample Size

Final sample size for Components 1 and 2 was 114 participants, with 80 matched pre/post participants, and 929 participants in Component 3, for a total sample size of 1,043 individuals.

5. Demographics of Final Sample

Youth Participant Sample Demographics: Of the 557 youth participating in program activities, 114 youth formally joined the evaluation cohort and at least partially completed evaluation activities. The following demographic information represents the evaluation cohort:

- **Age:** 54% were between ages 13-18, 41% between ages 19-24, and 4% over 25+ years of age

- **Disability:** 5% had a disability

- **Veteran status:** 1% were veterans

- **County:** 49% were from Napa County, 46% from Sonoma County, and 4% from neighboring counties

    - In Napa County, 66% were from the City of Napa, 32% from Calistoga, and 2% from other areas in Napa County

    - In Sonoma County, 74% were from Santa Rosa, 23% from Sonoma Valley, and 3% from other areas in Sonoma County

- **Primary language:** 95% spoke English as their primary language, and 21% spoke Spanish primarily or in addition to English.

- **Race:** 52% were white, 43% Latinx/Chicanx/Hispanic, 8% American Indian/Alaskan Native, 6% Asian, 4% Black, 2% Native Hawaiian/Pacific Islander

- **Socio-economic status:** 53% considered their families to be middle income, 40% low income, and 3% high income.

- **Gender identity:** 46% were women, 24% men, 22% transgender, 16% genderqueer/gender fluid/gender nonconforming, 7% unsure, and 4% are another gender identity.

- **Sexual Orientation:** 29% were bisexual, 19% queer, 17% pansexual, 12% gay, 11% heterosexual, 9% questioning, 7% lesbian, 5% another sexual orientation, and 1% asexual.

Training Participant Sample Demographics: For workshop participants in Component 3, 929 adults attending workshops participated in evaluation activities by completing a survey at the close of the workshop; 172 participants responded to a three-month follow-up survey. The following demographics comprise the training evaluation participants:

- **County** : 65% Napa, 26% Sonoma, 9% Other

- **Professional sector**: 27% Mental Health; 22% Youth Development; 19% Criminal Justice; 14% Education; 11% Family Support; 12% County Health & Human Services; 8% Community Healthcare; 7% Municipal Government; 6% Housing; 3% Community & Economic Development; 2% Community Resources; 2% Faith/Spirituality; 2% Other (n=489)

- **Race:** 45% were White; 38% Chicanx/Latinx/Hispanic; 5% Black or African American; 4% Asian or Asian American; 2% Native American; 3% Other; 2% declined to answer (n=855)

- **Age:** 75% were between the ages 25-65; 15% between the ages 19-24; 5% between the ages 13-18; and 6% are 65+ years old (n=764)/

- **Primary language:** 85% English; 14% Spanish; 2% Other (n=800)

- **Gender identity:** 75% Women; 22% Men; 1% Genderqueer; 1% Other; 1% declined to answer (n=763)

- **Sexual orientation:** 77% Heterosexual; 7% Bisexual; 3% Lesbian; 3% Gay; 2% Pansexual; 2% Queer; 3% Other; 4% declined to answer (n=767)

6. Population Representation in Final Sample

The youth participants in the evaluation cohort were relatively comparable in demographics to general youth participants, with some notable differences. The most notable difference was a higher rate of youth with a disability and low income youth in the evaluation cohort than the general population of youth served by LGBTQ Connection. **Table 3 in Appendix B** highlights the similarities and differences in demographics in detail.

The youth participants in the evaluation cohort were more likely to have participated in multiple services and activities than general youth participants. **Table 4 in Appendix B** shows the rates of participation by all participants and the evaluation cohort, with evaluation participants most commonly engaging in 11-20 services, and other participants most commonly attending one service.

7. Local Evaluation Attrition

In order to be included in LGBTQ Connection's evaluation cohort, an individual must have attended at least one prior formal program activity, completed an informed consent process, a demographics form, and the Pre Core Measures survey. All 114 participants who comprised this cohort were included in participation and demographic data analysis for this study. To be considered a complete participant in the evaluation cohort, the participant must have engaged with a program activity at least once per month and have completed the Post Core Measures survey towards the end of the six month program cycle. Out of the 114 evaluation participants, 80 completed Post Core Measures and are considered complete participants. Of the 35 youth who did not complete Post surveys, 27 were part of leadership teams and 8 only attended youth support groups. Youth "chose out" of the study for a variety of reasons. Some of the reasons shared with staff members include:

- Youth who were not able to meet the commitment level held by the rest of the Leadership Team. Youth often would aspire to join the team but would lose steam as they navigated mandatory weekly meetings on top of school and other extracurricular activities.

- Youth moved away or changed schools.

- Youth became unreachable after changing or losing their phone.

- Youth did not come regularly to support groups because they were at a time or location inconvenient for them.

● Youth were not able to get rides to program activities.

● Youth did not get along with others on their Leadership Team.

● Youth did not connect with the project or focus of the team

8. IRB Approval Status

The Oasis Model local evaluation plan was granted initial IRB exemption by the Committee for the Protection of Human Subjects in December 2017. In May 2020, LGBTQ Connection submitted a revision to its evaluation protocol to document modifications made to data collection procedures due to COVID-19 pandemic related circumstances. The revision was approved by the Committee for the Protection of Human Subjects in June 2020 and the local evaluation plan maintained its IRB exemption status.

C. Measures & Data Collection Procedures

1. Quantitative & Qualitative Measures

The following narrative outlines how quantitative and qualitative evaluation tools were used to answer process and outcome oriented evaluation questions. Please see **Appendix B, Table 5** for all quantitative and qualitative measures used for the evaluation period.

Q1: To what extent did CDEP participants show *reductions in risk factors?* (Outcome)

The evaluation study focused on measuring the impact of participation in program components on youths' self-reported levels of isolation, rejection, and distress. Both quantitative and qualitative data gathered from pre/post surveys, key informant interviews and focus groups were used to assess this outcome.

Q2: To what extent did CDEP participants *strengthen protective factors?* (Outcome)

The evaluation study focused on measuring the impact of participation in program components on youths' self-reported levels of peer connectedness, community connectedness, positive self-regard, and help seeking. Quantitative and qualitative data gathered from pre/post surveys, key informant interviews, and focus groups were used to assess this outcome.

Q3: To what extent did the CDEP *increase the capacity of mental health service providers* to appropriately serve LGBTQ youth? (Outcome)

The evaluation study focused on measuring the impact of participation in Component 3 on individual providers' knowledge of LGBTQ identities, specific mental health issues, and resources available, as well as their intention to improve their practices to make services more welcoming and inclusive of LGBTQ people. Quantitative and qualitative data gathered from follow-up surveys with both closed and open-ended questions were used to assess this outcome.

Q4: To what extent was the CDEP **implemented as designed** at each program site? (Process)

The evaluation study focused on rating delivery of each program component for appropriate length, duration, demographic features, timing, location, staffing and completion of activities, as well as for quality of delivery. Qualitative data collected through direct program observations and review of program records were used to assess this outcome.

Q5: To what extent did the CDEP particularly *address the unique cultural, linguistic and contextual needs* of LGBTQ youth? (Process)

The evaluation study focused on measuring the level of (1) match between participants and implementers as it relates to racial/ethnic background, LGBTQ identity, age, socioeconomic status, region and language, (2) appropriateness of content, and (3) integration of cultural practices, values and beliefs. Data was collected through focus groups and key informant interviews. Qualitative data collected through focus groups, key informant interviews, direct program observations and review of program records ere used to assess this outcome.

2. Data Collection Procedures

Training of Evaluation/Research Staff: Youth leaders and program staff were trained in confidentiality, survey administration, interview techniques, focus group facilitation, and recording of data. All evaluation team members received ongoing coaching and training from Stephanie Parry, Principal Investigator (PI)/Local Evaluator as needed. The PI held regular check-ins with evaluation team members to monitor data quality and process adherence.

The PI provided a minimum of two hours of data privacy and security training to all staff members and volunteer youth leaders participating as researchers at project inception and at the beginning of each program year thereafter. Training included printed data privacy and security protocols, oral explanation, and a final test for understanding. All new hires were trained before gaining access to personal identifiable data (PID) . All staff and youth volunteers were required to sign a confidentiality statement related to general use, security, and privacy.

Data Security & Confidentiality: All data was safeguarded in the project's office in locking file cabinets within locked rooms and in password protected electronic files that were only accessible by program staff who had signed a confidentiality statement.

All published evaluation findings only included aggregate data that relate to the project's overall goals and evaluation questions. Qualitative data, including direct quotations, were only attributed by participant role, i.e. "youth participant", or "staff member".

All individual subjects were issued a unique identification number to be used in all data analysis to protect their privacy. The PI ensured that data collected from focus groups and interviews did not contain information that might identify individuals by not recording names in written notes and requesting that participants refrain from using names or other identifiers during voice recorded meetings. All transcriptions of voice recorded meetings omitted names or other identifiers.

Youth Study Group: Orientation & Informed Consent: Once youth were determined to be

eligible and willing to participate in the evaluation study, they were presented with the
Informed Consent and/or Assent forms, depending on their age. All informed consent tools used
in the evaluation can be found in **Appendix D,** including a youth-friendly graphic to help
explain the process.

Non-Minor Youth: Staff presented non-minor youth with the Informed Consent form and provided an oral
explanation of the form; both the form and the explanation were provided in the young person's language
of choice. The non-minor youth was given the opportunity to consider the information presented and
express any questions or concerns. Staff engaged youth in a conversation to check for understanding of
the form. If a decision to participate was made, the form was then signed and dated by the subject. A copy
of the consent form and Research Subject's Bill of Rights was given to the subject. Signed consent forms
were safeguarded in the program office and will be retained for at least three years after the end of the
study.

Minor Youth (ages 12-17): Many LGBTQ minors face physical and psychological risks if parents or
guardians find out that they are LGBTQ. Requiring parent or guardian consent in studies with LGBTQ
minors can be problematic for participants who have yet to disclose their sexual orientation or gender
identity and may jeopardize their welfare and/or violate their privacy (Mustanski, 2011; Mustanski &
Fisher, 2016; Flores et al., 2017). As a result, LGBTQ minors who are not out to their parents are less
likely to participate in studies requiring parent or guardian consent and cause a detrimental sampling bias
(Mustanski, 2011; Mustanski & Fisher, 2016; Flores et al., 2017).

Excluding this population of LGBTQ minors from the evaluation, especially for a CDEP focusing on
LGBTQ youth, would limit our understanding of CDEP effectiveness for the population arguably in the
greatest need of those services and for whom limited PEI mental health evaluation data currently exists.
For these reasons, informed consent procedures included an option for minors (ages 12-17) who reported
significant risk, and were mature enough, to waive parent or guardian consent and consent for
themselves.

Where parent or guardian permission is not reasonable, federal regulations permit waiver of this
requirement, provided an alternate mechanism for protecting participants be in place. Circumstances
considered potentially appropriate for such a waiver include child abuse, health issues for which
adolescents may legally seek services without parental consent (such as family planning and treatment for
sexually transmitted diseases), and research that involves minimal risk and in which the participants are
mature enough to understand and participate intelligently in the consent process. Several IRB-approved
studies on sexual and gender minority youth asking survey questions related to sexual behavior, sexual
health, and substance use have operated with parent or guardian consent waivers under these parameters
(for examples see Mustanski, 2011; Mustanski & Fisher, 2016; Flores et al., 2017).

Providing an option for LGBTQ minors (ages 12-17) to waive parent or guardian consent for evaluation
participation is also consistent with their rights to participate in the evaluated CDEP. Under California
law, a minor who is 12 years of age or older may consent to mental health treatment or counseling
services if the minor is mature enough to participate intelligently in services and involvement of the
minor's parent or guardian would be inappropriate (California Health and Safety Code §124260). The

reason for enacting this law in 2010 was, in part, to eliminate barriers to minors eligible for prevention and early intervention mental health services like those evaluated in CRDP Phase 2.

Before presenting a minor (ages 12-17) with either the Informed Assent or Informed Consent forms, staff discussed potential risks to the young person's housing, safety, and/or well-being if required to obtain informed consent from their parent or guardian. If minors reported significant risk and were determined to be mature enough to understand and participate intelligently in the consent process, parent or guardian consent was waived and the minor could consent for themselves. Licensed mental health professionals among the Oasis Model's paid and volunteer staff were available to provide guidance on the assessment of risk and maturity of minors.

If the minor did not report significant risk or could not be considered mature enough to understand and participate intelligently in the consent process, they were required to obtain a signed Informed Consent form from their parent or guardian and to sign the Informed Assent form. In this case, the procedure for obtaining Informed Consent and Assent remained consistent with the general procedures described herein.

Staff presented minors meeting the above criteria with an Informed Consent form and provided an oral explanation of the form; both the form and the explanation were provided in the young person's language of choice. The minor youth was given the opportunity to consider the information presented and express any questions or concerns. Staff engaged youth in a conversation to check for understanding of the form.

The Informed Consent form included a section for the minor to affirm their request to waive parental consent. The Informed Consent form also included a section for the administering staff to verify their determination that the youth is mature enough to understand and participate intelligently in the consent process and agreement of potential risk if parent or guardian consent was required. If the minor decided to participate and provided consent, the participant and the administering staff signed and dated the form. The participant received a copy of the Informed Consent form and the Participant Bill of Rights for Non-Medical Research.

Workforce Training Study Group: Orientation & Informed Consent: Once Workforce Training Study Group participants were determined to be eligible and willing to participate in the evaluation study, they were presented with a survey and given an opportunity to ask questions for clarification. Because the survey was given anonymously, Workforce Training Study Group participants provided their consent to join the study by filling out the survey.

Changes to Informed Consent Due to Pandemic Response: The local evaluation team explored available options for secure, electronic completion of a written and signed consent form for the CDEP, including Adobe Sign and DocuSign. Unfortunately, both platforms presented significant technology and access barriers that could not be overcome by the majority of participants. The team determined that, given the minimal risk posed to participants, obtaining verbal consent from participants as detailed below was the most reasonable strategy to ensure the enrollment of as many youth as possible in the study who would otherwise be eligible.

Non-Minor Youth: Staff presented non-minor youth with the Informed Consent form and the Research Subject's Bill of Rights in-person (as possible), electronically (e-mail) or by mail and provided an oral explanation of the form in-person, by telephone or video conference; both the form and the explanation was provided in the young person's language of choice. The non-minor youth was given the opportunity to consider the information presented and express any questions or concerns. If the consent discussion was held via telephone or videoconference, staff ensured that youth were able to participate in a private, confidential manner. If a decision to participate was made, the form was then signed and dated by the subject. If an in-person meeting was not possible, youth could provide verbal consent. If youth provided verbal consent in place of written consent, staff documented the time and date the consent discussion took place and whether or not there were any issues. Signed consent forms were safeguarded in a secure filing cabinet.

Minor Youth: Consistent with previously exempted procedures, before presenting a minor youth with either the Informed Assent or Informed Consent forms, staff discussed potential risks to the young person's housing or safety, should they be required to obtain informed consent from their parent or guardian. If minors reported significant risk and could be considered "mature minors", parental consent was waived and the young person was able to consent for themselves. Staff presented minor youth with the Informed Consent form and the Research Subject's Bill of Rights in-person, electronically (e-mail) or by mail and provided an oral explanation of the form in-person, by telephone or video conference; both the form and the explanation were provided in the young person's language of choice. If a decision to participate was made, the form was then signed and dated by the subject. If an in-person meeting was not possible, youth could provide verbal consent. If youth provided verbal consent in place of written consent, staff documented the time and date the consent discussion took place and whether or not there were any issues. Signed consent forms are safeguarded in a secure filing cabinet.

Youth who did not report significant risk or who could not be considered "mature minors" were required to obtain an Informed Consent form from their parent or guardian and to complete the Informed Assent form. Staff were available to meet with parents/guardians in-person (as possible), by telephone or video conference to provide an explanation of the Informed Consent form and the Research Subject's Bill of Rights in the parents' language of choice. If an in-person meeting was not possible, parents could provide verbal consent. If parents provided verbal consent in place of written consent, staff documented the time and date the consent discussion took place and whether or not there were any issues. Staff followed the same procedures to obtain Informed Assent from nonminor youth. Signed consent forms are safeguarded in a secure filing cabinet.

Data Collection Tools: Special attention was paid to minimize the number and frequency of data collection activities in order to guard the privacy of youth participants as well as the integrity of the Youth Participatory Evaluation model. The local evaluation team used the following tools and strategies to collect and track evaluation data. All tools can be found in **Appendix E**.

Tool	Electronic Database
Timing	Continuous
Protocol	All Program Coordinators kept daily service logs of interactions with participants, including service tendered, duration and outcomes of efforts. Participation data was entered into the LGBTQ Connection data system within one week and audited monthly by the Program and Evaluation Manager. The Program Director and the Program and Evaluation Manager kept paper and electronic files and produced a quarterly summary of all activities and related outcomes.
Storage	Electronic database was an AirTable based system stored on a password protected encrypted server. AirTable offers the following security features: SOC 2 compliance; transmission of information between device and servers is protected using 256-bit TLS encryption; at rest, AirTable encrypts data using AES-256; record-level revision history that shows a visual activity feed of the changes made to each record, system implements user level security. All data collected was kept in locking file cabinets and in password protected computer files. Staff was granted access to program data on a need-to-know basis.
Training	All staff were trained by the database developer on system functionality and by the Program and Evaluation Manager on data entry protocols. Data was audited monthly for accuracy and completeness to determine training needs, which were addressed by the Program and Evaluation Manager and the local evaluator. Staff also received training in confidentiality and data security.

Tool	Demographic Form
Timing	Continuous
Protocol	Administered by Program and Evaluation Manager and Program Coordinators in individual or group settings. Staff entered demographic information into the project database and the database assigned each youth a unique identifier to be used for survey and other qualitative data collection.
Storage	All data collected was kept in locking file cabinets and in password protected database and computer files. Staff members were granted access to program data on a need-to-know basis.
Training	Youth and adult program staff were trained in confidentiality, survey administration, interview techniques, focus group facilitation and recording of data. Staff received ongoing coaching and training from the local evaluator as needed. The local evaluator held regular check-ins with staff to monitor data quality and process adherence.

Tool	SWE Core Measures - Adolescent
Timing	Pre/Post Match
Protocol	Administered by Program and Evaluation Manager and Program Coordinators in individual or group settings. The pre survey was completed once youth had participated at least twice in program activities in order to build trust and rapport, a proven best program practice. Building rapport took priority over establishing baseline data and ensured long-term youth retention. The post survey was completed at the end of each program cycle. Survey took 10-15 minutes to complete. Surveys were prepopulated with the youth's unique identifier to ensure the young person's privacy. In the original evaluation plan, it was anticipated that Youth Leadership Team members would be involved in administering Core Measure Surveys and co-leading focus groups. During the pilot period, it was determined that program staff and Youth Advocates who serve as paid interns would administer these two evaluation tools. This change better protected youth participants' confidentiality and offered more in-depth opportunities for training and staff development. *Changes to Survey Design Based on YPE Input:* Pre and post surveys were edited with youth participants prior to and throughout the evaluation period. Changes focused on making language more youth/young adult friendly, asking additional questions. and redesigning the survey to be colorful and easier to read. Changes are detailed in Appendix B: Evaluation Tools. *Changes to Survey Administration Due to Pandemic Response:* Pre-and post-surveys were administered in-person (as possible) in individual or group settings, by mail and/or electronically using AirTable. If surveys were administered by mail or using AirTable, staff verified that youth had a safe, private space to complete the survey that maintained their safety and confidentiality.
Storage	All data collected was kept in locking file cabinets and in password protected database and computer files. Staff members were granted access to program data on a need-to-know basis.
Training	Youth and adult program staff were trained in confidentiality, survey administration, interview techniques, focus group facilitation, and recording of data. Staff received ongoing coaching and training from the local evaluator as needed. The local evaluator held regular check-ins with staff to monitor data quality and process adherence.

Tool	Youth Participatory Evaluation - Advocacy Project Impact Focus Group
Timing	Post Only
Protocol	Peer and adult co-facilitated group interviews were held in private meeting spaces for one hour at the end of each evaluation cycle. Participation was voluntary and by invitation to create a representative sample of participants. Discussion questions were developed by the local evaluator in partnership with Youth Advocates. Focus groups were audio recorded,

	documented on flip charts and in meeting notes. Youth completed a brief, anonymous demographic sheet at the beginning of each group. The Program and Evaluation Manager gathered all audio recordings, flip charts and meeting notes for each focus group and produced a record of the meeting, including a demographic summary of participants. *Changes to Focus Group Design Based on YPE input:* The focus group process was refined throughout the evaluation cycle to most effectively engage youth and elicit thoughtful responses. Changes are detailed in **Appendix E: Evaluation Tools.** *Changes to Focus Group Administration Due to Pandemic Response*: If an in-person meeting was not possible, focus group meetings were held via video conferencing using either Zoom or Google platforms provided with secure subscription services.
Storage	All data collected was kept in locking file cabinets and in password protected database and computer files. Staff were granted access to program data on a need-to-know basis.
Training	Staff were trained in confidentiality, survey administration, interview techniques, focus group facilitation and recording of data. Staff received ongoing coaching and training from the local evaluator as needed. The local evaluator held regular check-ins with staff to monitor data quality and process adherence.

Tool	Advocacy Project Mentor Interview
Timing	Post Only
Protocol	The local evaluator interviewed project mentors in person or over the phone at the end of the evaluation cycle. Interviews were audio recorded and documented in meeting notes. The Program and Evaluation Manager gathered all audio recordings, and meeting notes for each interview and produced a record of the meeting.
Storage	All data collected was kept in locking file cabinets and in password protected database and computer files. Staff were granted access to program data on a need-to-know basis.
Training	The local evaluator is skilled in conducting key informant interviews and followed best practices in data documentation.

Tool	LGBTQ Best Practices Workshop Evaluation
Timing	Post Only
Protocol	Administered by training facilitators as a paper copy or electronic survey at the end of training and as an email survey three months after training completion. The Program and Evaluation Manager oversaw the entry and compilation of all survey data using Google Forms and SurveyMonkey, two online data collection tools. All surveys were completed anonymously and assigned an identification number to ensure data entry accuracy.

Storage	All data collected was kept in locking file cabinets and in password protected database and computer files. Staff were granted access to program data on a need-to-know basis.
Training	Workshop Presenters were trained in confidentiality, survey administration, and recording of data. Presenters received ongoing coaching and training from the local evaluator as needed. The local evaluator held regular check-ins with staff to monitor data quality and process adherence.

Tool	Youth Participatory Evaluation - Focus Groups
Timing	Post Only
Protocol	Peer and adult co-facilitated group interviews were held in private meeting spaces for two hours at the end of each evaluation cycle. Participation was voluntary and by invitation to create a representative sample of participants. Discussion questions were developed by the local evaluator in partnership with Youth Advocates. Focus groups were audio recorded, documented on flip charts and in meeting notes. The Program and Evaluation Manager gathered all audio recordings, flip charts and meeting notes for each focus group and produced a record of the meeting, including a demographic summary of participants. *Changes to Focus Group Design Based on YPE Input:* The focus group activities were refined throughout the evaluation cycle to most effectively engage youth and elicit thoughtful responses. Changes are detailed in **Appendix E: Evaluation Tools.** *Changes to Focus Group Administration Due to Pandemic Response*: If an in-person meeting was not possible, focus group meetings were held via video conferencing using either Zoom or Google platforms provided with secure subscription services.
Storage	All data collected was kept in locking file cabinets and in password protected database and computer files. Staff were granted access to program data on a need-to-know basis.
Training	Staff were trained in confidentiality, survey administration, interview techniques, focus group facilitation and recording of data. Staff received ongoing coaching and training from the local evaluator as needed. The local evaluator held regular check-ins with youth to monitor data quality and process adherence.

3. Strategies to Incorporate LGBTQ-Specific Knowledge

Formal and informal feedback gathered from youth participants throughout the pilot period informed changes and improvements to the Local Evaluation Plan as revised and submitted to the Office of Health Equity in October 2018. Changes included a full color graphic redesign of survey instruments (including Pre/Post Core Measures) and demographic forms. Additionally, local evaluator Stephanie Parry worked with Youth Advocate staff to redesign elements of the youth participant focus group to make them more youth friendly. During subsequent evaluation cycles, staff continued to record feedback from youth about the implementation of evaluation plan activities so that refinements could continue to be made for future cycles.

C. Fidelity & Flexibility

Evaluation of the CDEP examined the following fidelity and adherence dimensions:

Table 1. Fidelity Assessment Plan

Dimension	Criteria	Measurement Tool	Protocol
Adherence	Participants: impact of program completion (6 month cycle) or non-completion on participant outcomes Program Model: level of fidelity in implementation of Youth Leadership Practices; 3 core elements; educational support group topic menu, navigation and provider follow-through --Level of completion of components --Staff qualifications --Language --Location	Evaluator Observation	Local evaluator reviewed program records and directly observed and rated each component for appropriate length, duration, demographic features, timing, location, staffing and completion of activities
Exposure	Evaluation considered dosage data including how often, how long and over what period of time a youth was involved in programming in regards to the level of program impact. Specifically, evaluation investigated the level of participation or contact within each program component needed for optimal program impact.	Electronic database	Staff used electronic database to track for each participant: # of services offered, # of services attended, length of each service received
Quality of delivery	Evaluation assessed whether or not the model was delivered using consistent, quality methods at each program site.	Post Core Measures - Adolescent Survey Evaluator Observations Youth Participatory Evaluation	Post Core Measures Survey was administered by Program Coordinators and Evaluation & Program Manager Local evaluator directly observed and rated each component for quality of delivery Youth participated in focus groups and other YPE activities to provide feedback on quality

Dimension	Criteria	Measurement Tool	Protocol
Participant responsiveness	Evaluation measured how engaged participants were in the program services	Evaluator Observations	Local evaluator directly observed and rated each component for quality of delivery

1. Adherence to Program Model

Implementation of Components: LGBTQ Connection fully implemented all three program components during program cycles 1 and 2 (July 2018-June 2019) in all four target communities. In cycle 3 (July – December 2019), all three program components were delivered in three of four target communities as intended, although program delivery was interrupted by wildfires and public safety power outages in both Napa and Sonoma Counties. During cycle 4 (January 2020-June 2020), Component 2 (*Youth-Led Advocacy Projects*) was suspended for program development purposes described in subsequent sections of this report. Components 1 *(Connections to Peers and Appropriate Resources)* and 3 (*Youth-Informed Workplace/Provider Trainings*) were offered on a very limited basis during Cycle 4 as staff worked to move to online platforms. All three components were implemented in program cycles 5 and 6 using virtual platforms with participation from three of four target communities.

Dosage: Overall, youth and adult participants received sufficient exposure to program activities as intended in the program design. Thirty seven percent (37%) of youth participants in Component 1 *(Connections to Peers and Appropriate Resources)* participated in program elements at least once per month, the intended level of intervention; 73% of youth participants in Component 2 (*Youth-Led Advocacy Projects*) regularly participated in team meetings and coaching sessions; 73% of adult training participants completed a four hour training.

Quality of Delivery: Components 2 and 3 were delivered with high quality, as evidenced by program observations and participant feedback through surveys and focus groups. The highly flexible program design of Component 1, coupled with multiple changes in staffing and experience levels, contributed to observed inconsistency in the quality of program delivery. In cycles 4-6, program leaders worked to provide more structure to Component 1 by creating a formative assessment structure specific to the support group element, a team-based planning process for selecting and developing support group topics and activities, and provided extensive coaching to both Youth Advocate staff members and youth leaders to ensure these peer leaders were equipped to address emerging needs and meet expectations for consistent quality.

Participant Responsiveness: Youth and adult participants actively engaged in program offerings. Over the course of seven program cycles, the CDEP engaged as many or more youth and adults than planned in all three Components.

Table 2. Intended vs Actual Participation (January 2018-June 2021)

Intended Number of Participants	Actual Number of Participants

Component 1	360	355
Component 2	70	104
Component 3	550	1,258

Youth and adult participants reported high levels of satisfaction with program delivery, as evidenced in survey data and focus groups, as well as the number of peer-referrals to services that resulted in new youth joining Components 1 and 2, as well as the recruitment of community members and agencies for involvement in Component 3.

2. Changes to Community Defined Evidence Practice

The CDEP was modified over the course of seven program cycles in response to multiple external and internal factors.

a. External Factors

*Wildfires***:** LGBTQ Connection and On The Move have been deeply impacted by wildfires, public safety power shut offs, and mandatory evacuations over several years. In 2017, the Tubbs, Nuns, and Atlas fires tore through Sonoma and Napa Counties, evacuating program staff and participants, closing down schools, and essentially shifting the entire program focus into disaster response. Prior to the fires, full CDEP implementation was planned to begin in fall of 2017 at two established sites and two expansion sites. Not all four program sites were up and running as planned in the fall. Already established sites and new expansion sites all had program delays due to the fires. The program prioritized disaster response to normal program/CDEP implementation. These delays completely prevented normal programming for two weeks of the fall semester and hampered full program implementation for an additional three weeks. These delays shifted the fall 2017 program cycle into a pre-pilot period instead of a pilot period, and caused differing degrees of trauma on program staff and participants. For these reasons, formal data collection did not begin until January 2018.

In 2019, additional fire weather impacted program activities. During the month of October, the local electrical utility announced it would initiate unprecedented public safety power shut offs across much of Napa and Sonoma counties, lasting 3-5+ days due to "red flag" fire danger weather. In addition to power shut offs, Sonoma County experienced widespread evacuations due to the Kincade Fire. Both of these disaster situations closed local program sites for several days and disrupted regular program activities including outreach and program engagement for several weeks in order for staff to prioritize the safety of themselves and their families, and then later offer disaster recovery support. All program sites were impacted with Sonoma Valley and Calistoga sites most disrupted by repeated public safety power shut offs weeks before and after the Kincade Fire. To accommodate these disaster situations, the program was forced to cancel or relocate outreach and program activities, further impacting program participation in 2019.

The LNU Lightning Complex fire in 2020 caused an additional period of uncertainty, public safety power shut offs, and program disruptions, although the impact of these fires on programming was not as evident

as prior years due to COVID-19 and shelter-in-place orders, which had already shifted all of LGBTQ Connection's programming to virtual platforms. However, multiple years of severe fire weather has had an ongoing impact on program staff and participants, as evidenced by varying program participation levels and staff turnover.

While ongoing wildfires have been a challenge to program implementation, they have also shaped LGBTQ Connection and On The Move as trusted sources of community support in times of natural disasters. On The Move was able to leverage relationships built over years of effective program operations in order to assist in the recovery of under-resourced LGBTQ community members. The organization was able to mobilize and disburse immediate funding to community because of pre-existing trusting relationships with funders and a strong internal infrastructure, connect with program participants and other LGBTQ people in the immediate hours and days after disaster struck, and continue supporting immediate disaster needs of LGBTQ people and the community's long-term recovery.

COVID-19: The COVID-19 pandemic had a huge impact on program delivery and daily operations. After the shelter-in-place orders were mandated in mid-March 2020, program staff quickly pivoted to disaster response mode, first ensuring that staff and participants were safe. Utilizing their role as trusted messengers, LGBTQ Connection staff used social media platforms, text messages and phone calls to communicate current safety protocols and assess community needs. Many regular participants engaged in weekly phone call or text check-ins with staff for ongoing communication related to needs and supports. Staff quickly shifted program activities to virtual platforms, responding to an immediate need for social connection shared by many LGBTQ community members. From March 15th, 2020 to June 2021, almost all program activities were delivered virtually. The following describes how each component changed due to COVID-19.

Component 1: Support groups were offered through Zoom or Google video conferencing platforms. Support groups stopped being location specific and were open to all participants from Sonoma, Napa, or surrounding counties. For consistency, groups began to be offered weekly on the same day and time. Topics were shared and promoted weeks in advance to encourage engagement.

Component 2: Leadership Teams were run remotely starting in August 2020. Instead of location specific teams, teams were open to all participants from Sonoma, Napa, and surrounding counties. Retreats, weekly meetings and final projects were all facilitated through Zoom or Google platforms.

Component 3: LGBTQ Connection's four-hour Best Practices trainings were offered on Zoom as two, two-hour sessions, with all materials and activities converted to virtual platforms. Materials were distributed beforehand as digital packets, and staff were thoughtful about how to keep participants engaged on Zoom through a variety of activities and learning styles.

Evaluation protocols: As all three components shifted to virtual platforms, so did evaluation procedures. For Components 1 and 2, following an updated IRB approval, demographics and Pre/Post Core Measures survey were conducted using an online form linked through the secure digital database AirTable. Informed Consent processes were updated as well to allow for verbal consent to suffice, as sending and

signing secure documents was not accessible for all participants. For Component 3, training participants were sent a link to a workshop evaluation in Survey Monkey instead of a paper evaluation.

Staff turnover**:** LGBTQ Connection has experienced a fairly high degree of staff turnover related to hiring younger adult staff who are pursuing higher education, building their careers, navigating living in areas with high costs of living like Napa and Sonoma Counties, and facing stressors including multiple years of natural disasters. Staff turnover meant there was regularly a need to spend time training new staff, who were hired to grow into their roles rather than being overqualified. Training time often impacted programming by slowing down program engagement, losing relationships with youth that were established with previous staff, and building new relationships with community partners.

b. <u>Internal Program Adjustments</u>

Evaluation Improvements**:** Initial changes were made to evaluation tools to reflect youth language and culture. Youth were recruited from program sites in Napa and Santa Rosa to take part in an initial Youth Participatory Evaluation process, where they provided feedback on survey tools and data collection methods. Changes were made to informed consent processes to make them more youth friendly, and youth participants met to design a youth-friendly focus group. Throughout the evaluation cycles, youth participants were invited to give feedback on all survey tools after completing them. Feedback was recorded and summarized by staff and adjustments to tools were made based on youth feedback.

Justice League**:** In April 2020, LGBTQ Connection staff recruited a team of eight youth leaders to form a participatory evaluation process team, called the "Justice League." The team met for four times for two hours during May 2020, where they reviewed participation data and other evaluation findings and shared their own interpretations of the data while relating it to their own experiences in the program. They made recommendations for each component of programming. After the four meetings, LGBTQ Connection staff reviewed the team's feedback and decided to immediately implement a number of program adjustments based on what was shared. These adjustments include offering two cross-County virtual Leadership Teams that each had a specific focus (community building and advocacy/systems change), exploring the option of gaining high school or college credit for completing a semester on a Leadership Team, and making youth socials in Component 1 more specialized to specific populations. A full summary of the Justice League findings can be found in **Appendix F.**

Cycle Four Leadership Team Pause**:** Due to staff turnover and lower than expected participation in Components 1 and 2, LGBTQ Connection staff decided to take program cycle 4 off from running Leadership Teams to reassess practices and procedures. This time was used in part to convene the Justice League as described above, and was also used to strengthen collaborative work processes between staff. This programming pause combined with working from home due to COVID-19 allowed for staff to utilize digital meeting platforms to create better systems of accountability and communication. Daily, staff would use the messaging platform Slack to communicate work hours and ask for help or feedback on projects. Weekly, staff would meet for two hours to work together on different work areas, including evaluation, graphics and agendas for youth socials, leadership team coaching, and general topics outside of the other specific work areas. These regular meetings helped to create higher levels of fidelity to program models across program components.

Satellite Site Program Refinement: At both Calistoga and Sonoma Valley program sites, recruitment and retention were an ongoing challenge. Calistoga and Sonoma Valley are both smaller, more isolated communities: Calistoga has a population of approximately 5,000 residents and is at the northernmost end of Napa County, opposite the county seat of Napa, population 79,000; Sonoma Valley, population 11,000, is at the southeast end of Sonoma County, compared to the county seat of Santa Rosa, population 180,000.) Between program-wide challenges like wildfires and COVID-19, the site specific challenges of building a new program in a small town, staff turnover and program-connected youth graduating and moving away, LGBTQ Connection struggled to maintain consistency at both sites. A major learning from program implementation was the importance of having staff who were familiar with the local community, with pre-established relationships or a good understanding of the landscape. Calistoga's program site at the Junior/Senior High school was fairly well attended at first, but over time as youth cycled through the program it became challenging to recruit new youth, who were perhaps distrusting of unfamiliar staff or were not comfortable being in a visible LGBTQ program in their small community. In Sonoma Valley, a physical program site was difficult to establish. Several locations were tried, mostly across town from the local high school, and transportation was an ongoing challenge for some youth. After a group of nine active program participants in Sonoma Valley graduated and moved away for college, the program was never able to gain the same level of interest from younger youth. A new initiative was started to develop a program site on the high school campus, but with COVID-19, the project was delayed indefinitely.

3. Implementation Fidelity Data

Over the course of the evaluation study, the local evaluator conducted a total of 16 program observations of all three program components, in addition to multiple program observations during the pilot period that informed program development.

Table 3. Program Observations: Cycles 1-6

Community	Component 1	Component 2	Component 3
Calistoga	1	0	0
Napa	1	2	1
Santa Rosa	2	1	0
Sonoma	1	1	0
Cross County	2	3	1
Total	7	7	2

In each observation of Components 1 and 2, a detailed rating tool developed by the evaluator in partnership with program staff was used to assess the quality and completeness of program delivery, as well as level of participant engagement in the intervention. Component 3 was rated using a different metric based on program completeness and participant engagement. **Tables 6 and 7 in Appendix B** show fidelity assessment findings for Components 1 and 2, respectively. Key findings below provide a

summary of fidelity assessment data gathered through observations of Components 1 and 2. A summary of fidelity assessment data of Component 3 follows after.

Key Findings - Component 1:

- All physical locations were centrally located and accessible to young people. Host sites could be made more LGBTQ-friendly with the addition of more LGBTQ-focused visuals and environmental cues.

- The quality and skill level of facilitation and coaching offered by Youth Advocates and youth leaders varied greatly across sites and program cycles. While this is to be expected with youth-led programming, the variability in facilitators' abilities to design and lead effective activities and discussions of complicated topics impacts program implementation fidelity. Quality of facilitation may be improved with the development of a standardized curriculum and additional time spent preparing for group activities with the assistance of a veteran facilitator.

- Support groups and health navigation were delivered by staff members and youth leaders with strong subject matter knowledge.

- Support groups and health navigation were delivered with particular skill around youth's cultural, language and individual identities. In all program observations, facilitators used appropriate, affirming language in keeping with the program design.

- Many indicators of program completeness were not evident in program observations; most importantly, it was not apparent that support groups covered the key mental health prevention topics included in the program design. In several observations, it appeared that staff had not prepared a complete agenda with a clear purpose, activities with sufficient intensity to meet learning goals, or plans for alternate activities should new issues or interests emerge.

Key Findings - Component 2:

- All activities were offered in safe, accessible facilities and were supported by positive, warm environments. When the program transitioned to virtual gatherings, staff worked with youth participants to access the technology and platforms needed to attend meetings. In video meetings, not all youth participants appeared to have functional cameras; staff allowed youth to provide input using "chat" and read youth's comments to the group to ensure that they were included. This method of using the chat was specifically supportive of young people without private spaces in their homes who were not comfortable with family members or housemates overhearing discussions.

- Program Coordinators and Youth Advocates demonstrated strong group facilitation skills that supported their efforts to build relationships among youth and to engage youth in hands-on activities and project planning.

- Almost half of observed Youth Leadership Team meetings happened without a clear agenda and stated outcomes. Staff may have developed an agenda beforehand, but did not share it with

participants to ensure understanding and to build buy-in and agreement around expectations and intended outcomes.

- While Program Coordinators and Youth Advocates demonstrated strong subject matter knowledge, the lack of a clear agenda and a variety of activities in many observed meetings impacted the level to which youth participants engaged with each other and with the project.

- Program Coordinators and Youth Advocates demonstrated the requisite youth development skills to engage young people in leadership projects, providing high quality coaching in the moment to help youth to develop and express their ideas, organize their work, give and receive feedback and ask for help as needed.

- Youth leaders did not co-facilitate all observed meetings, an essential element of Component 2. Program records indicate, however, that youth leaders were engaged in facilitating many aspects of regular team meetings.

Key Findings: Component 3

- Trainers were adequately prepared with a mixture of didactic and hands-on activities to engage a variety of learning styles.

- Trainers covered all topics on the workshop agenda, although not all materials were explored in detail.

- Satisfaction and engagement among training participants was high. To assess participants' satisfaction with the training they received, two questions were used from the LGBTQ Best Practices Workshop Evaluation (Q4a,b) Ninety eight percent (98.0%) of training participants reported satisfaction with the program, indicating that the presenters responded to questions in an informative, appropriate and satisfactory manner and that the session was worthy of their time.

4.   Formative Evaluation Methods

During Cycle 4 (January-June 2020), the local evaluation team led a three-part Youth Participatory Evaluation process that engaged current and past youth participants in helping to assess the impact of the CDEP to date, further define essential program components and create recommendations for program development. Key research questions for YPE included:

- Youth Leadership Teams - Are we doing enough, too much, or not the right things at all?

- Mental Health Challenges - What are the causes and what can we do to better support youth?

- Rejection - What are the sources and what can we do to better support youth?

- Engagement - How do we get and keep youth engaged? How much is enough?

Youth were guided through multiple discussions and hands-on activities to review program data, identify key themes, reflect on their own experiences and apply their shared learning to create specific program improvements detailed in previous sections herein.

Throughout the pilot and six program cycles, the program team, including Youth Advocates, reviewed program participation, focus group, survey and program observation data quarterly to develop training strategies and plan for program and recruitment growth and enhancement.

D. Data Analyses Plan

1. Quantitative Statistical Analyses

   a. <u>Research Questions: Components 1 and 2</u>

To evaluate Components 1 and 2 of the Oasis Model, we asked the following research questions:

- What are the demographics of participants who enrolled in but did not complete the program?

- Over the course of participation in the Oasis Model, what were the changes in participants' self-reported feelings of each of the outcome measures?

- What is the association between the frequency of attendance of meetings and change in each of the outcome measures from pre to post survey?

- What is the association between sexual orientation, gender identity, and change in each of the outcome measures from pre to post survey?

- What is the association between ethnicity and change in each of the outcome measures from pre to post survey?

- What is the association between participation in Leadership Teams and feelings of community connectedness and positive self-regard?

   b. <u>Outcome Measures: Components 1 and 2</u>

Outcome measures derived from survey questions asked on both the baseline and follow-up surveys were used to assess change over time in self-reported risk factors and protective factors associated with mental health. The outcomes of interest for this program evaluation include three risk factors for poor mental health, specifically isolation, rejection, and distress, and three protective factors, including community connectedness, peer connectedness, and positive self-regard. These outcome measures were assessed as follows:

RISK FACTORS

Isolation. To assess change in isolation between baseline through 6 month follow-up, we used two questions from the Core Measures Survey (Q7, Q8 on pre/post surveys) regarding feelings of marginalization/exclusion and isolation/alienation from society. These survey answers were recoded from 0 ("none of the time") to 4 ("all of the time") and summed together to create one measure of isolation that ranges from 0 to 8. If participants were missing the answer to one of the two questions, the response for the missing item was imputed using the response to the non-missing survey question. Participants who did not respond to either question were excluded from analyses of the isolation outcome.

Rejection. To evaluate change in feelings of rejection from baseline through 6 month follow-up, we again used two survey questions, one which asks respondents how much various people in their lives accept or reject their gender and another which asks respondents how much those people accept or reject their sexual orientation (Q57 and Q58 pre-survey; Q44 and Q45 post-survey). The respondents were asked to describe these feelings of acceptance/rejection for 12 types of people, including parents/guardians, siblings, extended family, and friends. (The sub-question marked "other," allowing respondents to fill-in an additional person type for the two questions was excluded from this analysis.) For each of the remaining 11 types of people about whom participants are asked, responses were recoded from 0 ("totally accept") to 4 ("totally reject"), and the mean was taken over all 11 responses for both rejection-related questions (up to 22 responses in total) to create a measure that ranges from 0 to 4. Responses of "don't know" were considered to be missing. If participants were missing 12 or more of the 22 responses across the two survey questions, they were excluded from analyses of the rejection outcome.

Distress. Distress was operationalized in two ways, both of which were used to assess change from baseline through 6 month follow-up. One measure of distress was calculated using questions based on the Kessler 6-Item and Psychological Distress Scale (Q34-Q39 pre survey; Q9-Q14 post survey). The Kessler 6 score measures an individual's psychological distress (e.g., feelings of nervousness and hopelessness) over the previous 30-day period; this score ranges from 0 to 24 (California Health Interview Survey, 2010). To calculate a participant's Kessler 6-Item distress score, six survey questions were coded from 0 ("none of the time") to 4 ("all of the time"), and the sum was taken over all six items. For individuals missing no more than half of the distress-related survey questions, missing values to one or more questions were imputed using the individual's mean, calculated by taking the mean over the non-missing items for each individual (Shrive et al., 2006). Participants missing more than half of the Kessler 6 items were excluded from the analysis.

A second index of distress was calculated using a group of three questions asking respondents how much fears and worries have affected school, friends, and home life. Responses to each of these three questions were recoded from 0 ("not at all") to 2 ("a lot"), and the sum was taken over all three items. For individuals missing one of the three responses, missing values were imputed using the mean of answers to the other two questions; participants missing two or more responses were excluded from the analysis.

PROTECTIVE FACTORS

Community Connectedness. One survey question asked respondents to describe how connected they have felt to their culture in the past 30 days; this question was used to measure change in feelings of community connectedness from baseline through 6 month follow-up (Q5 pre/post surveys). Responses to this question were recoded from 0 ("none of the time") to 4 ("all of the time") prior to analysis.

Peer Connectedness. Four survey questions asked respondents about their feelings of having people who can listen and understand them, with whom they can discuss problems, and with whom they can do enjoyable things (Q40-43 post surveys). Responses to each of the four questions were recoded from 0 ("strongly disagree") to 4 ("strongly agree") and summed to create an index measure of peer connectedness that ranged from 0 to 16. If participants did not answer two or more of the four questions they were excluded from any analysis related to peer connectedness; otherwise, missing values were imputed using the mean of the non-missing responses to the questions used to construct this index.

Positive self-regard. A series of four questions (Q1-Q4 pre/post surveys) asked participants about their feelings about their culture. Responses to each of the four questions were recoded from 0 ("strongly disagree") to 4 ("strongly agree") and summed to create an index of positive self-regard at both pre and post survey, ranging from 0 to 16. If participants did not answer two or more of the four questions they were excluded from any analysis of change in positive self-regard from baseline to 6 month follow-up; otherwise, missing values were imputed using the mean of the non-missing responses to the questions used to construct this index.

c. <u>Frequency of meeting attendance: Components 1 and 2</u>

Dates entered in the Entry Participant Services field were used to derive variables describing frequency of meeting attendance (restricted to unique combinations of dates and activity types) and to determine Youth Leadership Team participation. Frequency of meeting attendance was calculated by counting the number of meetings attended between the first date of engagement through the date of the post survey (including the first engagement and post survey dates). When duplicate dates appeared in the Entry Participant Services field, they were counted each time they appeared, when associated with different activities on the same day.

For individuals with both pre and post surveys, Youth Leadership Team participation was determined by considering the dates from first date of engagement with services at LGBTQ Connection through post survey date, looking for activities that involved the phrase "Youth Leadership Team" between (and including) the first date of engagement with LGBTQ Connection through the date of the first survey. Attendance at Youth Leadership Team informational meetings was excluded as a measure of Youth Leadership Team participation. Any participants who did not have a post survey date were considered to have participated in Youth Leadership Team if there was any appearance of appropriate Youth Leadership Team meeting type, regardless of the date of engagement.

d. <u>Attrition: Components 1 and 2</u>

Respondents may have participated in more than one cycle of the CDEP. To understand the effectiveness of the intervention over a 6-month period, we only used survey data from the first cycle in which each individual completed a pre survey. One respondent had only a post survey as their first survey, and in that case we used data from the second cycle of participation (the first cycle in which that participant completed a pre survey). Three other respondents joined their first cycle as it was ending and took a pre survey then, but waited to take the post survey until they completed the subsequent cycle (those participants were enrolled for slightly longer than one cycle).

Participants who completed a pre survey but did not complete a post survey during that same cycle were considered lost to follow-up, for purposes of answering Research Question 6. However, even among participants who completed a post survey during the cycle, if they did not answer the survey completely they may have been included from specific analyses according to missingness thresholds described for each outcome measure. For the unadjusted analyses, individuals were included if they took a pre and post survey and answered the relevant questions comprising each outcome measure at both time points. For the adjusted analyses, individuals were included if they took a pre and post survey, answered the relevant

questions comprising each outcome measure at both time points, and had complete covariate responses (race/ethnicity, sexual orientation, gender identity, Youth Leadership Team participation, and frequency of meeting attendance. Thus, adjusted and unadjusted analyses include different number of participants, as noted in results tables.

e. Statistical Analysis: Components 1 and 2

Paired t-tests were used to estimate the mean difference in risk factors and protective factors between baseline (pre) and 6-month follow-up (post) surveys. In addition, we used multiple linear regression to investigate whether participation in Youth Leadership Teams, frequency of meeting attendance, sexual orientation (heterosexual, bisexual, gay, or other), gender identity (cis, trans, or other), and ethnicity (White, Latinx, or other) were associated with the mental health-related outcomes of interest, after adjusting for baseline mental health-related risk or protective factors. Demographic characteristics (e.g., sexual orientation, gender identity, and ethnicity) from the baseline survey were compared descriptively between participants who completed the program and those who did not.

f. Limitations: Components 1 and 2

The lack of a control group (a group of people who did not participate in this CDEP) prevents us from determining the effectiveness of participating in this program for changing mental health-related risk and protective factors. However, our analysis does provide some indication of whether the program appeared to impact these factors from baseline to 6 months post-enrollment. Further, as participation in various components of the CDEP (e.g., participation in Leadership Teams or frequency of meeting attendance) was not randomized, we are limited in our ability to make causal claims about those specific components; those who chose to participate in Youth Leadership Teams are likely to be different from those who did not, according to factors we did not measure and control for in this analysis. Additionally, individuals with relatively low or high scores on any of the outcome measures at baseline may be less likely to have such extreme values at follow-up, which may not be indicative of a true change in outcomes but rather what is known as "regression to the mean" – this effect could not be accounted for with our pre-post analysis study design. Finally, we did not adjust for multiple comparisons in this analysis, increasing the chance that some of the statistically significant findings were significant by chance, and not representative of a true effect.

g. Outcome Measures: Component 3

Knowledge of Subject Area: To assess change in knowledge, we used 4 questions from the LGBTQ Best Practices Workshop Evaluation (Q3a,c,e,f) regarding growth in understanding of LGBTQ identities, mental health issues and LGBTQ-specific resources. Survey answers were recoded from 0 ("Strongly Disagree") to 4 ("Strongly Agree") and averaged by participant to create one measure of growth in knowledge that ranges from 0-4.

Perception of LGBTQ People: To assess change in training participants' perceptions of LGBTQ people, we used 2 questions from the LGBTQ Best Practices Workshop Evaluation (Q3b,d) regarding compassion towards and confidence in serving LGBTQ people. Survey answers were recoded from 0 ("Strongly Disagree") to 4 ("Strongly Agree") and averaged by participant to create one measure of improved perception of LGBTQ people that ranges from 0-4.

Satisfaction with Training: To assess participants' satisfaction with the training they received, we used 2 questions from the LGBTQ Best Practices Workshop Evaluation (Q4a,b) regarding presenter skill and overall usefulness of the training.. Survey answers were recoded from 0 ("Strongly Disagree") to 4 ("Strongly Agree") and averaged by participant to create one measure of satisfaction from 0-4.

Improved Inclusion of LGBTQ People: To assess participants' changes in inclusion of LGBTQ people, we used one question from the LGBTQ Best Practices Workshop Evaluation (Q7) regarding changes trainees or their teams have committed to making to improve inclusion of LGBTQ clients. Survey answers were coded with common themes and summarized.

In addition, three months after training events, participants were asked to complete a follow-up survey regarding the changes they actually made since attending the trainings to improve their practices when working with LGBTQ clients.

2. Qualitative Analytic Strategies

The local evaluator and the Program and Evaluation Manager formed an ongoing evaluation work group to move from descriptive to inferential analyses in order to build a greater understanding of what elements of the program, coupled with program delivery methods, made the most difference to young people. The local evaluator and the Program and Evaluation Manager used Excel and other statistical software to test relationships between variables and assumptions made during data analysis. Evaluation work group participants convened quarterly to review program progress and assess data collection accuracy and completeness.

Inferential analyses conducted included:

The evaluation team used the qualitative analysis framework described by O'Connor and Gibson in their Step-by-step Guide to Qualitative Data Analysis, using manual analysis qualitative data (2003).

- **Organizing the data:** Focus group and interview data was organized by question/topic across evaluation cycles into simple charts that allowed the team to view all data at once.

- **Finding and organizing ideas and concepts:** The evaluation work group identified specific words or ideas that appeared frequently in interview responses, paying attention to the words and expressions used frequently by the interviewees that might have a different cultural context or meaning, sound different than how they would express themselves; examined unexpected responses and stories; and then organized these ideas into categories.

- **Building overarching themes in the data:** The evaluation team grouped categories into themes that helped to begin to develop meaning.

- **Ensuring reliability and validity in the data analysis and in the findings:** The work group began by looking at outliers and thinking through possible explanations for their existence. Next the team looked

at possible researcher effects, noting how the interaction between the interviewer and interviewee was influenced by the personal characteristics of both parties, including differences in age, gender, education, background, and language. The team triangulated focus group and interview data with survey and participation data to confirm validity of findings. Finally, the team used their own experiences to further test validity of findings.

- **Finding possible and plausible explanations for findings:** The evaluation work group concluded its qualitative analysis by summarizing findings and themes and engaging in a discussion of expected outcomes, surprises in the findings and a comparison of their findings to other similar studies.

a. Youth Participatory Evaluation:

During the pilot period and again in Program Cycle 4, the local evaluator and Program and Evaluation Manager provided youth leaders compiled data from the various data collection methods for analysis and interpretation. Youth Advocates and Youth Leaders were engaged in group discussions to apply their own experiences to summarized evaluation data to ensure that youth-voice and perspective is at the center of all inferences and assumptions.

Youth Advocates and Youth Leadership Team members reviewed all findings and provided final input in September and October 2021. The local evaluator and the Program & Evaluation Manager guided discussions around data quality, additional data needs and an analysis of the meaning of the data points individually and as a whole. Specific data summarized included sample size, demographic variables including language, age, racial/ethnic group, gender identity, sexual orientation, geography and income, and participation data. Outcome data was also summarized for each measure, with standard deviation reported for each score.

3. Data Triangulation

Quantitative and qualitative data was gathered from a variety of sources including surveys, focus groups, key informant interviews and program records, and audiences, including youth and adult participants. This mixed methods approach was used to corroborate findings and to compensate for any weaknesses in the data by the strengths of other data, thereby increasing the validity and reliability of the results.

SECTION 7: RESULTS

A. Quantitative Data Findings

1. Demographics Differences by Attrition

First, we attempted to determine the demographics of participants who enrolled in but did not complete the program. The table below provides descriptive statistics for each of the covariates included in the subsequent analyses, as well as age of participants, in years (age was not included as a covariate in our t-tests or regression models, per the analysis plan).

Table 4. Differences in demographic characteristics and CDEP participation between those who completed only a pre survey and those with both pre and post surveys

	Took pre and post surveys (N=80)	Lost to follow-up (no post) (N=34)	Overall (N=114)
Race/Ethnicity			
White	22 (27.5%)	13 (38.2%)	35 (30.7%)
Latino	45 (56.3%)	11 (32.4%)	56 (49.1%)
Other	11 (13.8%)	6 (17.6%)	17 (14.9%)
Missing	2 (2.5%)	4 (11.8%)	6 (5.3%)
Gender Identity			
Cis	48 (60.0%)	18 (52.9%)	66 (57.9%)
Trans	22 (27.5%)	12 (35.3%)	34 (29.8%)
Other	9 (11.3%)	1 (2.9%)	10 (8.8%)
Missing	1 (1.3%)	3 (8.8%)	4 (3.5%)
Sexual Orientation			
Heterosexual	9 (11.3%)	3 (8.8%)	12 (10.5%)
Bisexual	19 (23.8%)	8 (23.5%)	27 (23.7%)
Gay	11 (13.8%)	6 (17.6%)	17 (14.9%)
Other	35 (43.8%)	13 (38.2%)	48 (42.1%)
Missing	6 (7.5%)	4 (11.8%)	10 (8.8%)
Age (years)			
Mean (SD)	17.6 (3.06)	18.7 (3.42)	17.9 (3.20)
Median [Min, Max]	17.0 [12.0, 25.0]	18.0 [13.0, 26.0]	17.0 [12.0, 26.0]
Missing	3 (3.8%)	1 (2.9%)	4 (3.5%)
Youth Leadership Team Participation			
Mean (SD)	0.600 (0.493)	0.735 (0.448)	0.640 (0.482)
Median [Min, Max]	1.00 [0, 1.00]	1.00 [0, 1.00]	1.00 [0, 1.00]
Frequency of Meeting Attendance			
Mean (SD)	17.4 (9.36)	11.4 (6.22)	15.6 (8.96)
Median [Min, Max]	17.0 [3.00, 52.0]	10.5 [2.00, 25.0]	15.0 [2.00, 52.0]

We then used chi-square tests for independence to assess differences between sexual orientation, gender identity, race/ethnicity, and YLT participation between participants who completed both pre/post surveys and those who were lost to follow up. This analysis helps to determine whether there are significant

differences between those who completed the study and contributed to the outcomes analyses, and the general population of people who were eligible for the study overall, whether or not they participated in the entire 6-month CDEP. As seen in the table on the next page, no statistically significant differences were found with respect to these demographics between the two groups.

Table 5. Chi square tests for independence, to assess differences in baseline values between those who completed only a pre survey and those with both pre and post surveys.

Demographics	Chi-square statistic	p-value	Degrees of freedom
Sexual orientation	0.51	0.92	3
Gender identity	2.51	0.29	2
Race/ethnicity	3.86	0.15	2
YLT participation	1.35	0.24	1

We then looked at the correlation (measure of the strength of the linear relationship between two variables) between the outcome scores at baseline (pre) and 6 month follow up (post), among all participants who completed both pre and post surveys. Correlation between pre and post scores ranged from low (e.g., Rejection) to moderate (e.g., Kessler 6, peer connectedness, and positive self-regard). None of the outcome measures had a high degree of correlation between overall pre and post scores matched by participant.

Table 6. Correlation of baseline and follow-up outcome measures, matched by participant

	n	Correlation coefficient (Pearson)
Isolation	79	0.39
Rejection	46	0.21
Kessler 6	79	0.60
Distress	77	0.47
Community connectedness	80	0.52
Peer connectedness	27	0.70
Positive self-regard	80	0.64

Next, we compared the mean values of the baseline outcome measures between the group with pre surveys only (lost to follow up) and the group with both pre and post surveys. Based on the point estimates, on average, each baseline outcome measure had a higher value in the group of participants who took a pre survey only, when compared with the group that completed the 6 months of follow up and also took a post survey.

Table 7. Means of outcome measures at baseline (for participants who took both a pre and post survey)

	Overall (N=114)			Observations in pre survey only (N=34)			Observations in pre and post survey (N=80)		
	n	Mean	SD	n	Mean	SD	n	Mean	SD
Isolation	113	3.31	2.19	34	3.76	2.31	79	3.11	2.12
Rejection	105	0.38	0.46	30	0.54	0.44	75	0.32	0.45
Kessler 6	113	12.53	5.77	34	12.76	5.50	79	12.42	5.91
Distress	111	3.46	1.79	34	3.56	1.78	77	3.42	1.80
Community connectedness	114	2.34	1.24	34	2.65	1.23	80	2.21	1.23
Peer connectedness*	39	12.08	3.06	12	13.08	2.31	27	11.63	3.27
Positive self-regard	114	10.72	3.05	34	10.84	3.25	80	10.67	2.98

* Have fewer responses for the peer connectedness outcome because it was not asked on earlier versions of the survey.

We then assessed whether there were statistically significant differences in the baseline values of the outcome measures when comparing those who completed the 6 months of follow up and those who were lost to follow up. Based on the t-tests comparing the group who only took pre surveys (n = 34) with the group that had both pre and post surveys (n = 80), none of these differences were statistically significant except for the rejection score at baseline, which was an average of 0.22 points higher for participants lost to follow-up compared to those who completed the pre and post surveys (p = 0.03). In summary, those retained in the study through the post survey were more likely to have a lower rejection score at baseline than those who did not complete the study. (Note: not all of the 80 individuals had complete information for every outcome measure; of participants were missing outcome values for a particular measure they were excluded from the t-test.)

Table 8. Mean differences in baseline values between those who were lost to follow-up (completed a pre survey only) and those who completed both a pre and post survey

Outcome measure	Estimate (pre only vs. both pre & post)	95% CI (lower)	95% CI (upper)	p-value
Isolation	0.65	-0.27	1.58	0.16
Rejection	0.22	0.03	0.41	0.03
Kessler 6	0.34	-1.96	2.64	0.77
Distress	0.14	-0.59	0.88	0.70
Community connectedness	0.43	-0.07	0.94	0.09
Peer connectedness	1.45	-0.42	3.33	0.12
Positive self-regard	0.18	-1.12	1.48	0.79

2. Impact on Risk and Protective Factors (Evaluation Qs 1 and 2)

The next analysis attempted to answer Research Question 2: *Over the course of participation in The Oasis Model, what were the changes in participants' self-reported feelings of each of the outcome measures?* In this unadjusted analysis, on average, rejection scores were 0.18 points higher at follow-up than at baseline, and this difference was statistically significant (p = 0.04). This was surprising, as a higher rejection score indicates that participants were more likely at the 6-month follow up survey to say that people in their lives rejected (vs. accepted) their gender or sexual orientation. However, on average Kessler 6 scores (a measure of psychological distress) were 1.30 points lower at 6-month follow-up when

compared to baseline, and this difference was again statistically significant (p = 0.02). Conversely, on average peer connectedness scores were 1.05 points *higher* at 6-month follow up compared to baseline in this unadjusted analysis (p = 0.03), a sign of significant improvement in peer connectedness for participants over the course of the program. For the other four outcome measures, the mean changes in scores between baseline and follow-up were not statistically significant. Based on our point estimates of the mean difference in scores, feelings of isolation and feelings of distress were on average lower at follow-up than at baseline and community connectedness and feelings of positive self-regard were higher at follow-up than at baseline.

Table 9. Unadjusted pre-post differences in six outcome measures (paired t-test results) for all observations with non-missing outcome values at pre and post

Outcome measure	Estimate (mean of post-pre score)	95% CI (lower)	95% CI (upper)	p-value
Isolation	-0.22	-0.72	0.28	0.40
Rejection	0.18	0.01	0.36	0.04**
Kessler 6	-1.30	-2.42	-0.19	0.02**
Distress	-0.35	-0.76	0.06	0.09
Community connectedness	0.15	-0.11	0.41	0.25
Peer connectedness	1.04	-0.08	1.99	0.03**
Positive self-regard	0.39	-0.18	0.96	0.18

$**p<0.05$

As an ad-hoc exploratory analysis, we also looked at the mean baseline scores and change in outcome measures from baseline to 6-month follow-up for participants in the Youth Leadership Team program, stratified by gender identity, sexual orientation, and race/ethnicity

Table 10. Mean baseline outcome measures and difference in means from baseline to 6-month follow-up for YLT participants, stratified by gender identity, sexual orientation, and race/ethnicity

	Isolation			Rejection			Kessler 6			Distress			Community connectedness			Peer connectedness			Positive self-regard		
	n	Baseline mean (SD)	Estimated difference at follow-up (95% CI)	n	Baseline mean (SD)	Estimated difference at follow-up (95% CI)	n	Baseline mean (SD)	Estimated difference at follow-up (95% CI)	n	Baseline mean (SD)	Estimated difference at follow-up (95% CI)	n	Baseline mean (SD)	Estimated difference at follow-up (95% CI)	n	Baseline mean (SD)	Estimated difference at follow-up (95% CI)	n	Baseline mean (SD)	Estimated difference at follow-up (95% CI)
Gender Identity																					
Trans/Other	23	3.57 (-2.45)	-0.65 (-1.43, 0.13)	11	0.26 (-0.27)	0.03 (-0.18, 0.23)	22	14.77 (-4.37)	-1.64 (-3.29, 0.02)	21	3.95 (-1.36)	-0.14 (-0.74, 0.46)	23	2.52 (-1.16)	0.13 (-0.31, 0.57)	8	9.25 (-4.33)	1.38 (-1.03, 3.78)	23	10.61 (-3.00)	0.62 (-0.4, 1.65)
Cis	24	3.38 (-1.74)	-0.25 (-0.89, 0.39)	14	0.16 (-0.24)	0.36 (-0.06, 0.79)	24	13.00 (-6.11)	-1.11 (-3.49, 1.28)	24	3.62 (-1.61)	-0.83 (-1.57, -0.1)	24	2.08 (-1.28)	0.04 (-0.38, 0.46)	9	12.22 (-2.17)	1.00 (-1.49, 3.49)	24	10.42 (-3.19)	0.33 (-0.94, 1.61)
Sexual Orientation																					
Bi/Gay	19	3.05 (-2.22)	-0.26 (-1.06, 0.54)	11	0.07 (-0.09)	0.34 (-0.21, 0.89)	19	13.79 (-7.04)	-2.87 (-5.82, 0.07)	18	3.83 (-1.42)	-1.11 (-1.94, -0.28)	19	2.21 (-1.47)	0.05 (-0.39, 0.49)	11	11 (-2.83)	2.36 (0.41, 4.32)	19	10.68 (-2.91)	0.47 (-0.89, 1.84)
Other*	25	3.6 (-2.04)	-0.48 (-1.18, 0.22)	14	0.32 (-0.28)	0.12 (-0.09, 0.33)	24	13.46 (-3.79)	-0.42 (-1.8, 0.96)	24	3.58 (-1.56)	-0.08 (-0.64, 0.47)	25	2.32 (-1.11)	0.16 (-0.3, 0.62)	6	10.5 (-5.01)	-1.00 (-2.76, 0.76)	25	10.28 (-3.37)	0.49 (-0.65, 1.64)
Race/Ethnicity																					
BIPOC	32	3.91 (-2.16)	-0.62 (-1.23, -0.02)	16	0.24 (-0.29)	0.3 (-0.07, 0.68)	31	14.39 (-5.61)	-1.47 (-3.29, 0.35)	30	3.93 (-1.53)	-0.53 (-1.13, 0.06)	32	2.31 (-1.28)	-0.03 (-0.44, 0.37)	10	9.9 (-4.12)	2.6 (0.63, 4.57)	32	10.5 (-2.94)	0.39 (-0.71, 1.48)
White	14	2.43 (-1.65)	-0.07 (-1.02, 0.87)	8	0.12 (-0.13)	0.08 (-0.18, 0.34)	14	12.43 (-4.86)	-1.5 (-4.1, 1.1)	14	3.57 (-1.4)	-0.71 (-1.48, 0.05)	14	2.29 (-1.2)	0.43 (0.13, 0.73)	6	12.67 (-2.07)	-0.83 (-3.17, 1.51)	14	11.14 (-2.57)	0.43 (-0.52, 1.38)

* Other includes heterosexual orientation in this table

From the table on the previous page, we can see that in general, isolation, Kessler 6, and distress scores all decreased on average from baseline survey to the 6-month follow up survey, across all gender identity, sexual orientation, and racial/ethnic categories. However, the rejection score, on average, actually increased from the baseline to 6-month follow-up survey across all categories. All three of the protective factors, on the other hand, had an increase in scores, on average, from baseline to follow-up, across each of the demographic categories. Overall, this is evidence that the CDEP has generally had the hypothesized impact for participants, on average.

Next, we used a multiple linear regression to answer the following research questions: ***What is the association between (a) the frequency of meeting attendance, (b) sexual orientation, gender identity, and (c) race/ethnicity, and change in each of the seven outcome measures from the pre to the post survey?*** The results of this regression are shown in the table on the next page. On average, there were statistically significant findings in a few of the measures. First, people who identified as gay, were significantly more likely to report reduced isolation scores from baseline to 6-month follow up, when compared with straight/heterosexual participants, controlling for gender identity, race/ethnicity, Youth Leadership Team participation, and baseline isolation score. Isolation scores at 6-month follow up were an average of 2.17 points lower for those who identified as gay (95% CI 4.02 – 0.32 points lower), compared to heterosexual participants. A similar trend was found for people who identified as an "other" sexual orientation compared to heterosexual participants, though this finding was not statistically significant at the level of $\alpha < 0.05$. We also found that a one point increase in baseline isolation score was associated with a 0.36 unit change in the mean isolation score at follow-up ($p < 0.01$), controlling for frequency of meeting attendance, sexual orientation, gender identity, race/ethnicity, and Youth Leadership Team participation. This means that those who felt more isolated at baseline had higher isolation scores at follow-up, on average, after adjustment for covariates.

For each additional meeting attended, on average participants had a mean increase of 0.20 in their Kessler 6 score at follow-up ($p < 0.05$), controlling for frequency of meeting attendance, gender identity, race/ethnicity, Youth Leadership Team participation, and baseline Kessler 6 score. This was surprising, as a higher Kessler 6 score indicates a higher level of individual psychological distress. It is noteworthy that a one point increase in baseline Kessler 6 score was associated with a mean increase of 0.40 in the Kessler 6 score at follow-up ($p < 0.01$), controlling for frequency of meeting attendance, sexual orientation, gender identity, race/ethnicity, and Youth Leadership Team participation. This means that those who reported being more in distress at baseline had greater feelings of distress at follow-up, on average, after adjustment for covariates. Similarly, a one point increase in the baseline distress score (for the other outcome measure of distress) was associated with a mean increase of 0.46 in that distress score at follow-up ($p < 0.01$), again controlling for frequency of meeting attendance, sexual orientation, gender identity, race/ethnicity, and Youth Leadership Team participation. However, none of the other results related to that distress measure were statistically significant in this analysis.

Despite the finding in the unadjusted analysis, there were no statistically significant associations in the adjusted analysis related to the rejection outcome measure.

Table 11. Adjusted estimates for pre-post differences in outcome measures, for all observations with pre and post outcome measures and complete covariate responses

	Isolation	Rejection	Kessler 6	Distress	Community connectedness	Peer connectedness	Positive self-regard
Frequency of meeting attendance	0.001 (-0.07, 0.07)	-0.02 (-0.06, 0.03)	0.20** (0.03, 0.38)	-0.02 (-0.10, 0.06)	-0.004 (-0.04, 0.03)	-0.06 (-0.34, 0.22)	-0.06 (-0.16, 0.04)
Sexual orientation							
Bisexual	-1.32 (-2.92, 0.28)	0.08 (-0.60, 0.77)	0.40 (-2.89, 3.68)	0.13 (-1.23, 1.49)	-1.00** (-1.85, -0.15)	2.22 (-1.36, 5.80)	-0.43 (-2.59, 1.74)
Gay	-2.17** (-4.02, -0.32)	-0.15 (-1.06, 0.75)	-1.98 (-5.60, 1.65)	-0.45 (-1.98, 1.07)	-0.52 (-1.46, 0.43)	1.52 (-2.94, 5.97)	0.94 (-1.42, 3.30)
Other	-1.43* (-3.06, 0.20)	0.12 (-0.62, 0.87)	1.23 (-2.05, 4.52)	0.39 (-0.96, 1.75)	-0.70 (-1.55, 0.15)	-0.81 (-5.89, 4.28)	-0.18 (-2.35, 2.00)
Straight	*ref*	*ref*	*ref*	*ref*	*ref*	*ref*	*ref*
Gender identity							
Trans	-0.06 (-1.23, 1.11)	-0.15 (-0.69, 0.39)	-0.77 (-3.22, 1.69)	0.19 (-0.85, 1.22)	0.36 (-0.27, 0.99)	1.98 (-1.60, 5.56)	0.80 (-0.78, 2.38)
Other	0.92 (-0.56, 2.40)	-0.23 (-1.21, 0.74)	0.85 (-2.31, 4.01)	0.09 (-1.19, 1.37)	0.10 (-0.69, 0.88)	1.03 (-3.12, 5.17)	-0.50 (-2.48, 1.48)
Cis	*ref*	*ref*	*ref*	*ref*	*ref*	*ref*	*ref*
Race/ethnicity							
Latinx	-0.40 (-1.53, 0.74)	0.27 (-0.29, 0.83)	0.98 (-1.42, 3.37)	-0.14 (-1.12, 0.84)	-0.27 (-0.85, 0.31)	0.78 (-3.23, 4.79)	-0.26 (-1.72, 1.20)
Other	-0.38 (-1.86, 1.10)	-0.01 (-0.72, 0.69)	1.64 (-1.44, 4.72)	0.32 (-0.94, 1.57)	0.14 (-0.64, 0.92)	0.51 (-3.51, 4.52)	-0.01 (-1.98, 1.97)
White	*ref*	*ref*	*ref*	*ref*	*ref*	*ref*	*ref*
YLT Participation							
Yes	0.23 (-1.13, 1.58)	0.28 (-0.39, 0.95)	-1.38 (-4.42, 1.66)	0.23 (-1.07, 1.54)	0.11 (-0.60, 0.82)	-0.57 (-4.50, 3.36)	0.70 (-1.10, 2.50)
No	*ref*	*ref*	*ref*	*ref*	*ref*	*ref*	*ref*
Baseline scores							
Isolation	0.36*** (0.14, 0.58)						
Rejection		0.57 (-0.39, 1.52)					
Kessler 6			0.40*** (0.23, 0.57)				
Distress				0.46*** (0.24, 0.68)			
Community connectedness					0.47*** (0.28, 0.67)		
Peer connectedness						0.73*** (0.40, 1.06)	
Positive self-regard							0.63*** (0.42, 0.84)
Observations	72	44	72	70	73	24	73

* p<0.1;   **p<0.05;   ***p<0.01   ref = reference group, against which other values in the category are compared; YLT = Youth Leadership Team

When it came to community connectedness, people who were bisexual had significantly lower community connectedness scores at the 6-month follow up than at their baseline survey, when compared to heterosexual participants and controlling for frequency of meeting attendance, gender identity, race/ethnicity, Youth Leadership Team participation, and baseline community connectedness score. Community connectedness scores at 6-month follow up were an average of 1.00 points lower for bisexual participants (95% CI 1.85 – 0.15 points lower), compared to heterosexual participants.

There were no statistically significant findings related to associations between gender identity, or race/ethnicity and any of the outcome measures. This may partially be due to the small sample size, leaving us unable to detect meaningful differences in mental health outcomes among these small groups. Sensitivity analyses to collapse gender identity categories into "trans/other" vs. "cis" and collapse racial categories into "BIPOC/multi" vs. "white" did not change any of the trends found in the more detailed model, however, and did not improve statistical significance for any of the coefficients.

Importantly, like with 3 of the 4 risk factors, each of the protective measures found that those who felt more connected at baseline had greater feelings of connectedness at the 6-month follow-up survey, after adjustment for covariates. In each case, these findings were statistically significant at the level of $p<0.01$. A one point increase in the baseline community connectedness score was associated with a mean increase of 0.47 points (95% CI 0.28 – 0.82 point) at follow-up, a one point increase in the baseline peer connectedness score was associated with a mean increase of 0.73 points (95% CI 0.40 – 1.06 points) at follow-up, and a one-point increase in the baseline positive self-regard score was associated with a mean increase of 0.63 points (95% CI 0.42 – 0.84 point) at follow-up, when controlling for frequency of meeting attendance, sexual orientation, gender identity, race/ethnicity, and YLT participation. Ultimately, this may indicate that participants who were already doing moderately well at baseline were more likely to thrive and improve under this program, compared to those with lower rates of connectedness and positive self-regard at baseline (i.e., this program works better as a preventive strategy than a rescue strategy).

As a last step, we attempted to answer the research question: *What is the association between participation in Leadership Teams and feelings of community connectedness and positive self-regard?* We did this by adding Youth Leadership Team participation as a covariate in the multiple linear regression outlined above; the results related to these two specific outcome measures are presented in the table below.

Table 12. Adjusted estimate for pre-post differences in community connectedness and positive self-regard, by Youth Leadership Team Participation (N = 70)

YLT Participation	Community connectedness	Positive self-regard
Yes	0.11 (-0.60, 0.82)	0.70 (-1.10, 2.50)
No	*ref*	*ref*

ref = reference group, against which other values are compared; YLT = Youth Leadership Team

Though not displayed in the table, these estimates of the effect of Youth Leadership Team participation on the change in community connectedness and positive self-regard between baseline and 6-month follow-up were adjusting for frequency of meeting attendance, sexual orientation, gender identity, race/ethnicity, and baseline community connectedness or positive self-regard scores. Analysis was only run for participants with both pre and post outcome measures for these two outcomes, and complete

covariate responses to the relevant demographics. No statistically significant associations were found between Youth Leadership Team participation and these outcomes.

3. Impact on Capacity of Mental Health Service Providers (Evaluation Q3)

   a. Knowledge of Subject Area:

To assess change in knowledge, we used 4 questions from the LGBTQ Best Practices Workshop Evaluation (Q3a,c,e,f) regarding growth in understanding of LGBTQ identities, mental health issues and LGBTQ-specific resources. Ninety three percent (93%) of training participants reported significant growth in knowledge of the subject matter presented in the workshop, demonstrated by a growth of 3.0 or more.

   b. Perception of LGBTQ People:

To assess change in training participants' perceptions of LGBTQ people, we used 2 questions from the LGBTQ Best Practices Workshop Evaluation (Q3b,d) regarding compassion towards and confidence in serving LGBTQ people. Ninety eight percent (98%) of training participants reported significant improvements in their perception of LGBTQ people, demonstrated by a growth of 3.0 or more.

   c. Improved Inclusion of LGBTQ People:

To assess participants' we used 1 question from the LGBTQ Best Practices Workshop Evaluation (Q7) regarding changes trainees or their teams have committed to making to improve inclusion of LGBTQ clients. Survey answers were coded with common themes and summarized. Ninety one percent (91%) of survey respondents were able to identify a change they had committed to making to improve inclusion of LGBTQ people. Trainees reported that they would make changes to their practices regarding: 20% Asking and Respecting Preferred Names & Pronouns; 16% Showing Visible Displays of Support for LGBTQ clients; 11% Creating Safe and Welcoming Spaces; 9% Sharing LGBTQ-Inclusive Resources; 8% Not Assuming SOGI; 8% Using Appropriate Language; 6% Being More Inclusive Overall; 5% Attending More Trainings and/or Continue Learning; 5% Using Gender Neutral Language; 4% Being More Open Minded; 4% Making Forms More Inclusive; 3% Training Peers; 2% Better Awareness; 2% Creating or Updating a Program Offering To Be LGBTQ Specific or LGBTQ-Inclusive; 1% Being More Understanding; 1% Adding Non-Gender Bathroom; 0.2% Addressing homophobia; 0.4% Doing LGBTQ-Inclusive Outreach; 3% Other.

In addition, three months after training events, participants were asked to complete a follow-up survey regarding the changes they actually made since attending the trainings to improve their practices when working with LGBTQ clients. Ninety two percent (92%) of follow-up survey respondents were able to identify a change they had made to improve inclusion of LGBTQ people. Trainees reported that they had made changes to their practices regarding: 50% Showing Visible Displays Of Support For LGBTQ Clients; 43% Sharing LGBTQ-Inclusive Resources; 75% Using Gender Neutral Language; 64% Asking and Respecting Preferred Names and Pronouns; 22% Making Forms More Inclusive; 36% Attending More Trainings and/or Continuing Learning; 12% Doing LGBTQ-Inclusive Outreach; 11% Making a Change To Organizational Policy or Practice Guidelines; 7% Creating or Updating a Program Offering To Be LGBTQ Specific or LGBTQ-Inclusive; 5% Other.

B. Qualitative Data Findings

5. Impact on Risk Factors (Evaluation Question 1)

In focus groups, youth participants showed significant reduction in isolation, minor reduction in rejection and moderate reduction in distress.

Risk Factor: Isolation. *Significant Reduction.* Almost all (31/33) of youth focus group attendees who self-reported high or moderate levels of isolation before program participation demonstrated significantly decreased levels of isolation after participation in Components 1 and/or 2. Youth described several common factors that contributed to their initial level of isolation, including loss of relationships due to coming out and/or general conflict, not having enough people to rely on for help, communication barriers, mental illness, issues with addiction, disinterest and apathy, negative family beliefs, lack of trust, and the physical separation caused by pandemic restrictions. Youth reported significantly decreased levels of isolation after participation, citing new and/or strengthened connections with peers, increased motivation to express themselves to others and connect, and increased involvement in a variety of community and school-based settings and programs.

Risk Factor: Rejection. *Minor Reduction.* The majority (9/11) of youth focus group attendees who self-reported feelings of rejection before program participation demonstrated only minor changes in their level of feelings of rejection after participation in Components 1 and/or 2. Youth described several common factors that contributed to their initial level of feelings of rejection, including family beliefs and behaviors, lack of self-acceptance, cultural norms, and homophobia among peers. Youth reported minor decreases in their level of feelings of rejection, citing greater trust in their peers, more willingness to openly express their LGBTQ identity and improved relationships with family members. While youth reported less feelings of rejection while attending CDEP activities, they did not report feeling more accepted outside of the program setting.

Risk Factor: Distress. *Moderate Reduction.* The majority (35/39) of youth focus group attendees who self-reported high or moderate levels of distress before program participation demonstrated moderately decreased distress after participation in Components 1 and/or 2. Youth described several common factors that contributed to their initial level of distress, including disconnection from peers and helpful resources, fear, anxiety, depression, over commitment, confusion about their LGBTQ identity, and a lack of structure in their daily lives, especially after most school campuses, organizations and businesses were shuttered in response to COVID-19 restrictions. Youth reported moderately decreased levels of distress after participation, citing lessened symptoms of anxiety, depression and greater feelings of optimism, hope and safety. Youth who did not demonstrate decreased distress after program participation reported that they continued to experience the same levels of depression and anxiety, although symptoms had not gotten worse.

Youth attribute their decreased levels of isolation, rejection and distress to program elements that impacted their connections, personal agency, and their own understanding and acceptance of their LGBTQ identity.

Connection: Youth experiencing depression and anxiety found relief from their symptoms by building connections through support groups and participation in Youth Leadership Teams. In both settings, youth reported that personal connections with CDEP staff increased their levels of trust and facilitated their connections with their peers and with helpful resources.

> "I was completely lost and full of rage. No one liked me and everyone made fun of me at school because of who I am. But when I found this group, I felt wanted and loved. I made a lot of cool new friends."
> *Youth Participant*
>
> "At first I couldn't talk to anyone at all, I was really isolated. My communication skills had gone down by a lot. This calms me down, helps me relax." *Youth Participant*
>
> "I was scared to talk to people, I felt overwhelmed. After a few months, I see them as people I can trust, like family. If I have a problem, I know that they will help me with what I am going through." *Youth Participant*
>
> "I used to shut down and not speak to anyone until I started to feel better. I started to involve myself with others and do something about what was making me feel depressed. Now I don't feel so depressed, like I don't need so much help anymore." *Youth Participant*

Personal Agency: Becoming involved in a Youth Leadership Team provided youth with opportunities to grow skills and experience success. Youth reported that the regular meeting structure, mutual accountability practices, and taking on responsibilities led to feelings of hope, control and ability to bring about change in their lives. Youth applied their agency outside of the CDEP to other aspects of their lives and were able to advocate for their own needs.

> "Before I joined [Youth Leadership Team], I was struggling with mental illness, a past drug addiction, depression and self-harm. I had a couple of suicide attempts. It made me feel very lonely and depressed, believing that at any moment I could break. When I joined the YLT, I felt courage inside to stay standing tall and proud, and to stay strong from whatever comes my way. The mental illness is now calmer, I still get the itch to try drugs, but the feelings are less now. I got rid of the obituary I wrote for my funeral, I threw it in the river." *Youth Participant*
>
> "I felt genuinely lost. I was horribly depressed and isolated. So I thought, why not join a group where I can make change and meet good people? Now I feel like one big puzzle piece in something bigger than myself. It has helped me better define my edges and given me more confidence in myself. I feel like I can help and create something good. One thing I went to the group about was I had a healthcare provider not honor my pronouns, openly and to my face. It took me a while to process that, but they gave me courage to file a report." *Youth Participant*
>
> "I was free falling, I wasn't doing well in my classes, I had zero structure in my life. Now I am more organized, more structured. Youth Leadership Team gave me an end goal that other people were relying on me, and the weekly meetings kept me on track. I got better at time management." *Youth Participant*
>
> "Even on my bad days, I know they are going to pass and there will be blue sky at some point. I didn't feel that way a while ago." *Youth Participant*

Understanding and Acceptance of LGBTQ Identity: Hearing about the experiences of peers and staff and sharing their own personal experiences in support groups, one-on-one coaching and in Youth Leadership Team meetings helped youth to better understand and accept their own LGBTQ identities. Coming out to other youth in safe environments helped to build confidence, lessened feelings of rejection and helped youth to see they were not alone. In addition, youth were able to integrate their LGBTQ identity with their ethnic/cultural background.

> "It was hard for me to choose who I was or even think about it because my culture plays a big part of it

As someone who is Mexican, I can either choose what I want to do and have my parents kick me out forever or just do as my culture tells me do. My Youth Leadership Team coach was the first person I met who was part of the community and a person of color; that played a huge role. I saw it as something as you can be this, and still have your culture with you. You don't have to remove one thing and keep one thing. You get to choose the parts you want." *Youth Participant*

"I was not out, I had no friends. The only socialization I had was at program. Time was going by so slow, I felt like the future was not possible, I didn't believe in the future. It was really scary. Now, all my pieces are falling into place. I came out and I have friends who I trust, and people who care about me. I am looking forward to the future, I am looking forward to it. I am seeing an endocrinologist and I never believed this all could happen." *Youth Participant*

"I had been out as 'bi' for a while, but I wasn't part of the LGBTQ community. Joining the Youth Leadership Team helped me come out of my egg and get a taste of the world and to explore who I was."
Youth Participant

6. Impact on Protective Factors (Evaluation Question 2)

In youth focus groups, CDEP participants showed significant growth in peer connections, community connectedness and positive self-regard and moderate growth in help seeking behaviors.

Protective Factor: Peer Connectedness. *Significant Growth*. The majority (138/146) of comments made by youth in focus groups and Youth Leadership Team project debrief interviews reflected significant growth in peer connectedness among participants of Components 1 and/or 2. Of those youth who provided information on their peer connectedness before participation, 50.8% reported very low peer connectedness, 36.9% reported moderate levels of peer connectedness and 12.3% reported high levels of peer connection. Regardless of their starting point, youth reported significant growth in the number of peer connections in their lives as well as the strength of those connections. Youth attribute this change to the opportunities to work together on projects and share success, provide mutual accountability, share personal stories through group check-in activities, give and receive support, and acknowledge each other's strengths, accomplishments and personal growth. In addition, Youth Leadership Team members reported feeling closer to peers who attended the events and project presentations hosted by teams. The opportunity to openly share their work, identity and knowledge outside of the program and receive support from their peers changed the way youth felt about their relationships.

> "I was scared to talk to people, I felt overwhelmed. After a few months, I see them as people I can trust, like family. If I have a problem, I know that they will help me with what I am going through." *Youth Participant*
>
> "I have been used to keeping things to myself and trying to deal with my own problems. Since joining YLT, I am more comfortable and open talking to people about myself. Especially when we do check-ins, I like knowing how we are all doing." *Youth Participant*
>
> "I have always talked with my friends and checked in on them. The times I was more negative and down, I would isolate myself. It has been different. The big impact was, before, I believed that I wasn't a good enough friend. But now I realize I was too harsh on myself and now it is better to remember that I know that I am not alone and everything I have gone through someone else has probably gone through, too. I am more confident reaching out and asking questions, I have learned that no question is stupid and that your voice might give someone else a voice who is not being heard or is not loud enough. My coach would have us be open with what we are feeling and what we need. It has made our group so close, we have become a little family." *Youth Participant*
>
> "Working on this project helped me to recognize the individual strengths of the people on my Youth Leadership Team and it also helped me feel more connected to my team members." *Youth Participant*
>
> "We were brought a lot closer than we would have been, the project turned out well because of our relationships. I feel more comfortable working in teams with people I don't know as well. Reinforces trust -- you have to trust that people will get stuff done." *Youth Participant*
>
> "There was a point where I thought this team was either going to fall apart or pull together as a team. I was glad that the second thing happened. You kept showing up every week, and communicating about it and then all of a sudden you were a team. I saw you all pull together at the last minute to create an awesome event that each of you had an equal part in creating. Lifting each other up, but also lifting up the community. I saw the change." *Youth-Led Advocacy Project Mentor*

Protective Factor: Community Connectedness. *Significant Growth.* The majority (85/90) of comments made by youth in focus groups and Youth Leadership Team project debrief interviews reflected significant growth in community connectedness among participants of Components 1 and/or 2. Only a few youth described their level of community connectedness prior to program participation; instead, youth described the changes they felt in acceptance from their communities and families as a positive movement from whatever baseline they began from.

Participation in Youth Leadership Teams was especially impactful on community connectedness; youth reported learning about others' experiences through the community assessments they conducted as part of their advocacy projects, which contributed to greater feelings of connection as youth became more aware of the community around them. Positive response from peers and family members to the presentations of their advocacy projects and to their team-hosted events also contributed to youth's feelings of connectedness and acceptance in the community. Overall, youth reported that the information and resources teams provided were well received by the community. However, when they had low attendance at their events or performances or specific people, such as a parent or friend, did not accept their invitation, they felt less connected.

Youth correlated increased community connectedness with increased feelings of acceptance in five key areas.

Visibility: Hosting large, visible events contributed to youth's sense of being seen and accepted in the community. Youth observed that people who attended their panels, trainings and events took resources and stickers and posted them in their schools and offices. Youth said that being out in front of groups of community members and educators changed how they felt about their role in the community as important, visible contributors and resources.

"I wasn't just seen as a student, but also as an advocate. I feel like an advocate." *Youth Participant*

"Now everyone knows you. You were at a large event, putting on a large event on the first weekend of Pride. People saw you." *Youth Participant*

"I made it easier for others [to ask for help] in that they saw that there were others like them, you know. They're struggling with questioning themselves and who they are. They see a group that is out in their community that might encourage them to speak to someone about what they're feeling and provide them someone to speak to." *Youth Participant*

Relationships with Family & Adult Mentors: While many youth reported continued feelings of isolation and rejection from their families, others were encouraged by the positive response to their projects from parents and adults they view as mentors. Even youth whose own parents did not attend their events were heartened by other youth's families who did attend.

"It made me able to see just how supportive my friends were, because I have a bunch of adult family friends and they all saw me. But they were extremely supportive and were like, 'We saw you. We're so proud of you.'" *Youth Leadership Team Participant, reflecting on participation in a parade float*

"Having an event I could bring my sister to, or my partner, it connected them to the community and gave them a little taste of what I was doing and of my community. It gave me individual acceptance, but I felt like they accepted my community, too. Which was important to me. My goal is that my community would be hand in hand, with unity, self-acceptance, and my family and friends accepting me and the community." *Youth Participant*

"This was the first event where I witnessed parents supporting their children at an event. Parents want to cheer their kids on and be present." *Youth Advocacy Project Mentor*

"Seeing Latino parents here supporting their kids, I could never imagine my parents supporting me. People were actually taking their time to point out things and wanted to see the art." *Youth Leadership Team Participant, reflecting on participation in an art show*

Inclusivity & Support in School Community: Youth Leadership Team members whose projects focused on school-based projects all reported increased trust and connection in adults, especially teachers and school administrators. Youth felt supported by the teachers and administrators who attended their panel trainings and were able to identify changes in school climate as a result of their projects.

> "I was surprised by how many people came, that in itself made me see how many teachers were trying to make school more welcoming. It was very comforting." *Youth Participant*
>
> "I was surprised by the number of people who came and how enthusiastic they were. One of the heads of school emailed me to ask if our team would be part of a youth activist panel. It was good to be part of something that didn't use to be important in the past but is now." *Youth Participant*
>
> "It gave me hope with my school community. As a senior, I wanted to leave something behind, the fact that I got to be a part of this and that my school was willing to adopt the things we shared in our presentation was powerful." *Youth Participant*
>
> "I saw teachers who were supportive, I saw teachers I can go to. It was nerve racking that they saw me on the panel, but it was a good positive thing." *Youth Participant*

Engagement of Community: Youth reported overwhelmingly positive views of the community's support of and engagement in their advocacy projects, which influenced how they feel about their role in the community. As youth found ways to help their LGBTQ and general community by providing information and opportunities to connect and, by sharing their own stories, they began to see themselves as critical members with voices needing to be heard.

> "The main thing I feel is proud. I am proud because we worked really hard and we did a good job and we gave people a lot of good information. I also feel that we helped our community, that is an act of self love. I made this community safer for myself and my peers." *Youth Participant*
>
> "We thought that not that many people were going to show. We started to see crowds and crowds of people. People were crying during the youth's spoken word performance." *Youth Participant*
>
> "I realized that in the community, I have a voice and I can speak my mind about things I can't speak about at home. I feel like I now have a voice and can speak out for the community." *Youth Participant*

Connection with Allies: Youth considered leaders from various community organizations who supported their projects as allies, as well as elders with whom they hosted joint events. Through their projects, youth said they had opportunities to meet and speak with various community leaders, to ask for help from partner organizations to put on events and resource fairs, to educate themselves on issues, and to ask their project mentors to open doors for them. Youth who worked alongside LGBTQ seniors to host intergenerational events reported feeling more connected to their community and gained a sense of the history of LGBTQ people in the region.

> "I have an interest in doing this type of work in my future. Now I feel like I have resources and people I can go to make that happen. Having this as a connection to get into this kind of work, this is the kind of help I would ask for." *Youth Participant*
>
> "I feel better at networking and reaching out to people." *Youth Participant*
>
> "Although only one of the LGBTQ seniors showed up, I think this project still helped to strengthen the bond between LGBTQ people of different generations. Even just reaching out to the seniors to invite them helped me feel more connected to them, and I appreciated the feedback from the senior who showed up who said that she really enjoyed the event and being with the youth." *Youth Participant*

Protective Factor: Positive Self-Regard. *Significant Growth.* The majority (123/127) of comments made by youth in focus groups and Youth Leadership Team project debrief interviews reflected significant growth in positive self-regard among participants of Components 1 and/or 2. Youth attributed increased positive self-regard to four key factors.

Self-Acceptance: Participation in Youth Leadership Teams and support groups supported many youth to more fully accept themselves. Youth expressed that the check-in process used in group settings and one-on-one meetings with their coaches helped them to be more aware and accepting of their emotions. Group and individual discussions allowed them to explore, express and integrate their own identities and to address internalized homophobia. Project mentors also reported that youth appeared to accept themselves more, demonstrating increased openness and confidence.

"I have grown a lot through being part of this group. I used to not be comfortable in my own skin, with who I am. But I have grown to love myself and who I am, which is really, really big. It is nice to be around people who understand you and to be part of such a good community." *Youth Participant*

"Before joining the Youth Leadership Team, I was still learning about my own identity and to accept myself. I am still on that path to self acceptance, but I am getting there. Before getting anyone else's validation, you have to validate your own existence." *Youth Participant*

"I am finding my voice, uniquely, and learning to have more confidence in what I say to express myself. Youth Leadership Team helps me to be more in touch with my mind and my feelings through check-in. What helps me find my voice is that it is a safe space, I can say what I want without judgement, even as I figure it out." *Youth Participant*

"I am more comfortable being myself in a group, I find myself being my true, full self. I am going to stay out here and not go back in my shell. It really helped me to reveal myself. I feel better now, I have more knowledge, it feels like home here with family." *Youth Participant*

"Things are changing now, but it is a slow process, even if it is a heavy process. I am starting to come out of the closet. I feel more comfortable starting to come out." *Youth Participant*

"For everyone who participated, they are more willing to express themselves, participate. Little by little, that is what matters." *Project Mentor*

"Everyone walked away feeling their own success in their own way. Everyone was able to not just talk about LGBTQ identity, but other parts of themselves. It was very elevated." *Project Mentor*

Acceptance by Others: Youth reported that receiving positive feedback from others, having their preferred pronouns honored, feeling welcomed and supported, and building relationships with peers and adults helped them to become more open, expressive, and willing to share their identity and experience with others. Participation in Youth Leadership Teams provided youth opportunities to connect with other in a structured environment with consistent, positive relationships that built youth's confidence in their abilities to relate to others.

> "Being a part of an accepting community, and doing a project where I saw so many adults open to the idea of the training made me feel a lot better about myself." *Youth Participant*
>
> "Being part of this group has helped me a lot. I am surrounded by people who are very accepting and don't care about gender and sexual orientation. This is my first time being part of a group like this, planning and creating projects, I was so happy with how that turned out. It was fun to perform in front of people." *Youth Participant*
>
> "I still live in a Catholic household and am isolated. After I joined the group and the Youth Leadership Team, I feel like I can express myself more and travel and meet people who accept me for who I am. People being more supportive of me helped me to come out and express myself more. Now that I have done that, I can be myself more completely." *Youth Participant*

Opportunities to Contribute: Helping others through peer support or participation in youth advocacy projects contributed significantly to youth's positive self regard. Youth reported that working on project teams made them feel more powerful, influential and comfortable trying new things and speaking their minds. Many youth reported finding their voice through participation in the CDEP.

> "All I care about doing is helping the community and being a part of it. The project helped open up the door for me to get involved more. It gave me something to work towards and instead of just being a member, I am an active part of the community helping others. Helping others makes me feel good about myself." *Youth Participant*
>
> "Sharing my story multiple times now, I am not as afraid to share it out so much. I can see I am having an impact." *Youth Participant*
>
> "I knew I had a voice, but I didn't know how to use it. The event made me more aware of how I speak in front of others. I felt like I got to understand where I want my voice to go in the future." *Youth Participant*
>
> "I am more confident with my role in the community after so many projects and connections. I am more comfortable talking with people and taking initiative." *Youth Participant*

Skills and Capacities: Building skills and capacities for leadership increased youth's positive self-regard. Youth reported building specific leadership skills through their advocacy projects and group structures, including goal setting and planning, public speaking, event planning, accountability, time management, delegation, taking initiative, follow through, group facilitation and communication with peers, adults and providers. Trying new things, learning to share their ideas, and working on real world projects contributed to youth feeling more capable and able to make a difference in their communities. Youth shared that they are more independent, motivated, determined and willing to use their voices to advocate for themselves and others because of their work on their leadership teams.

"I never thought I would do something like this, it was the first time for me. I knew I could do it when I got up to speak." *Youth Participant*

"[Youth Leadership Team] has taught me how to be strong, to be disciplined. I haven't missed a single meeting, I can't believe I did it. I would do anything for here, this my safe, respectful community. I got bullied at school for being trans, I would rather be here. I have learned self-discipline and feel more comfortable for the future. Now I can get to school and to work on time." *Youth Participant*

"I feel more connected to myself and also being part of a team, seeing first hand what it takes to organize things, to get things going in a community. I have always wanted to do things on my own, being on the project I am more comfortable with my skills, my abilities to do it. It was a good test, I proved a lot to myself." *Youth Participant*

Protective Factor: Help Seeking. *Moderate Growth.* Feedback provided by youth through focus groups and Youth Leadership Team project debrief interviews indicated that about half of young people increased their willingness to ask for help after participation in Components 1 and/or 2. Willingness to ask for help was influenced by the level of trust youth felt with program staff and participants, their peers and with family members, as well as by their own perceptions of asking for help as a burden on others. Most youth who increased their willingness to ask for help could identify new sources of help they could access through the program.

Youth who practiced asking for specific help to accomplish their advocacy projects were more willing to ask for help in other areas of their lives. Other youth already felt that they were adept at asking for help and did not need to grow in their willingness, these youth provided specific examples of how they actively sought out the help of family, friends and program staff when needed.

Some youth also believe that their projects made it easier for other youth to ask for help by giving them peer role models who are willing to struggle publicly and question themselves, as well as by creating safe spaces where youth are encouraged to ask for help.

"When I joined YLT, I was really going through it. There were all kinds of rumors going around school about me, I was socially outcast. I felt like everyone was against me, that my ideas weren't being supported, that I wasn't being supported. Then I came to YLT, and I felt an immense amount of support, there were people behind me. So I was able to communicate my thoughts better to be able to ask for help." *Youth Participant*

"I didn't really ask for help before coming to LGBTQ Connection because I had no one to go to at the time. After I started going to the program, I started to make new friends and meet new people and had more outlets to go to and get that help from." *Youth Participant*

"I am not big on asking for help. I only have a short list of people to ask for help, and even then I feel bad about it. The program has not added anyone to my list." *Youth Participant*

"The amount I ask for help hasn't changed. My personal philosophy is that I don't ask for help -- other people should ask me for help instead. That hasn't really changed for me. I don't like asking for help and would prefer to help others." *Youth Participant*

"[Asking for help] has become easier. Youth Leadership Team teaches you to speak up and ask for things. It is easier to ask for help after you have gone through it." *Youth Participant*

"I have never asked for help, but with YLT, I had to learn to rely on adults for help. I had to learn to communicate. It got easier to work with my principal. It isn't as intimidating to go to an adult and ask for help. I know what to expect." *Youth Participant*

"It is scary to ask for support from adults, I feel like I will get lectured. It is intimidating to me. [Program Coordinator] Eduardo acted as a coach, not as a teacher or guardian or someone over me. He made it seem okay to ask for support, I am now more comfortable at giving adults a second chance." *Youth Participant*

"Since I was younger, I have always done things on my own. When I was little, I helped my dad fill out immigration papers. I have always been very independent. So it was good to get support from my coach and other staff when I needed to talk about my sexuality. They created a space that made it easy to ask for help." *Youth Participant*

7. Impact on Mental Health Service Providers (Evaluation Question 3)

As noted in previous sections, the CDEP provided a best practice, 4-hour cultural competency training (the program's recommended dosage) to a total of 1,258 individuals in Component 3. Of these 1,258 individuals, 929 completed workshop and demographic surveys. An additional 2,084 individuals engaged in 1-3 hour training or technical assistance sessions where surveys were not collected. **Table 8 in Appendix B** identifies the various types of training opportunities offered by LGBTQ Connection along with total hours and attendees for each subject.

A total of 680 training participants identified the sector in which they work on their post-workshop survey. Workshop participants are from the following sectors, demonstrating the broad reach of the cultural competency training across youth-serving systems in Napa and Sonoma Counties.

Table 13. Workforce Development Trainees by Sector

Sector	Professionals Served
Mental Health	129
Community Healthcare	37
Education	65
Youth Development	107
Criminal Justice	94
Faith/Spirituality	8
Family Support	48
Community & Economic Development	11
City Government	33
Housing	27
Other	121

Component 3 training served both LGBTQ professionals from the priority population and providers with multilingual capacity. Almost 25% of workshop attendees identified as LGBTQ or did not feel comfortable sharing their sexual orientation on the workshop evaluation. Although diverse sexual orientations were represented by workshop participants, less than 2% of attendees identified as transgender or gender non-conforming. Over 15% of workshop attendees speak Spanish or another language primarily, and even more attendees possess some level of multilingual capacity, as demonstrated by the 22% of workshop attendees who attended a bilingual or Spanish language training. Attendees across all sectors, from mental health to education to youth development, serve LGBTQ individuals. If an estimated 10% of the population is LGBTQ, a general estimate can be made that workshop attendees are better equipped to support at least 10% of the population they serve.

Improved Inclusion of LGBTQ People: As detailed in the Quantitative Analysis, 91% of survey respondents were able to identify a change they had committed to making to improve inclusion of LGBTQ people. Trainees reported that they would make changes to their practices regarding: 20% Asking and Respecting Preferred Names & Pronouns; 16% Showing Visible Displays of Support for LGBTQ clients; 11% Creating Safe and Welcoming Spaces; 9% Sharing LGBTQ-Inclusive Resources; 8% Not Assuming SOGI; 8% Using Appropriate Language; 6% Being More Inclusive Overall; 5% Attending More Trainings and/or Continuing Learning; 5% Using Gender Neutral Language; 4% Being More Open Minded; 4% Making Forms More Inclusive; 3% Training Peers; 2% Better Awareness; 2% Creating or Updating a Program Offering To Be LGBTQ Specific or LGBTQ-Inclusive; 1% Being More Understanding; 1% Adding Non-Gender Bathroom; 0.2% Addressing homophobia; 0.4% Doing LGBTQ-Inclusive Outreach; 3% Other.

Three months after training events, as detailed in the Qualitative Analysis, 93% of follow-up survey respondents were able to identify a change they had made to improve inclusion of LGBTQ people. Trainees reported that they had made changes to their practices regarding: 50% Showing Visible Displays Of Support For LGBTQ Clients; 43% Sharing LGBTQ-Inclusive Resources; 75% Using

Gender Neutral Language; 64% Asking and Respecting Preferred Names and Pronouns; 22% Making Forms More Inclusive; 36% Attending More Trainings and/or Continuing Learning; 12% Doing LGBTQ-Inclusive Outreach; 11% Making a Change To Organizational Policy or Practice Guidelines; 7% Creating or Updating a Program Offering To Be LGBTQ Specific or LGBTQ-Inclusive; 5% Other.

8. CDEP Implemented as Designed (Evaluation Question 4)

This evaluation question is answered in Section 6.D. Fidelity and Flexibility.

9. CDEP Ability to Address the Unique Cultural, Linguistic and Contextual Needs of LGBTQ youth (Evaluation Question 5)

To assess the extent to which the CDEP addresses the unique cultural, linguistic and contextual needs of LGBTQ youth, we used demographic data for participants and direct service staff, Youth Participatory Evaluation focus group data gathered as part of Components 1 and 2, as well as questions from the SWE Post-Core Measures survey. Specifically, the process evaluation focused on the match between participants and implementers in key demographic areas; participants' perceptions of the appropriateness of the program strategies as they relate to their intersectional identities; and participants' overall satisfaction with the program.

Match of Participants to Implementers: As detailed in **Table 9, Appendix B,** CDEP implementers closely matched youth participants' identities in terms of key demographics, including age, region, primary language, gender identity, sexual orientation, race and income level. For example, 69% of program staff are under age 25, and 62% of program staff are Latinx/Chicanx/Hispanic, compared to 89% and 44% of youth, respectively. Program staff share similar sexual orientations as program participants, such as queer, bisexual, and gay identities, and many staff share similar transgender, gender fluid, or cisgender identities.

Appropriateness of Program Strategies: In focus groups, youth were asked to define the elements of their identities that were of most importance to them and then to rate how the program strategies and delivery matched up with their own unique preferences, identities and needs. The following discussion highlights youth's input in focus groups, as well as key post-survey questions that relate to specific identity elements detailed below. Categories are listed from the most mentioned by youth to the least mentioned; for example, "Preferences for Engagement" was mentioned 31 times by youth in focus groups, while "Religion/Spirituality" was mentioned 4 times.

Preferences for Engagement: Youth expressed that the CDEP's strategies met their unique needs and preferences overall for how they want to be communicated with and engaged in services. Youth reported that the CDEP's established, consistent rituals and group structures, including check-ins, acknowledgements, icebreakers, close outs, and the establishment of agreements and norms, helped to support their full engagement in both Component 1 and 2 activities.

> "Acknowledgments are very refreshing, not something you usually do with your friends. It gives you a chance to be grateful and think about what went well." *Youth Participant*

Multiple youth expressed that program activities, including support groups and advocacy project teams, did not directly address mental health issues, which was their preference. Instead, they preferred that they were able to ask for resources and support through one-on-one consultations with their coaches. Youth reported that individual coaches established welcoming, safe, confidential environments and

relationships that allowed them to access additional mental health supports when needed.

> "Mental health wasn't directly addressed, but this feels like a safe space to talk about it if needed. I don't need to talk about it myself, but this would be an open and accepting place to do so." *Youth Participant*
>
> "If I have a problem at home or during school, my coach or some of my other classmates can help me understand what is best for me. Or if I need help from them, to let them know. It is a good way to share your problems. We keep it confidential and to ourselves." *Youth Participant*

Finally, some youth would prefer that the program used different and/or additional forms of social media geared towards specific age and interest groups, such as SnapChat, for communication and engagement around program activities and individual contact.

Age & Maturity: Youth agreed that the program strategies are mostly appropriate for the CDEP's targeted age range, 14-24 years old, although their perspectives varied based on their self-identification as a "younger" or "older youth".

First, younger youth appreciated that CDEP strategies mix youth of varying ages and value the opportunity to interact with older youth. However, some older youth report that they would prefer to socialize with youth their same age.

> "Even though we are all different ages, we all connect and share problems we have at school or at home. It is good to learn from people who are a different age from you and to share and give each other advice." *Youth Participant*
>
> "I am the only college age person, it is cool, but I wish there were more people in my age group." *Youth Participant*

Second, while most youth felt that program activities are appropriate for youth of all ages, some older youth reported that not all program elements may be appropriate for younger youth, ages 14-15. For example, older youth were unsure that younger youth would have understood the mature topics they chose to discuss in support groups and advocacy project team meetings. However, older youth also reported that being involved in the program from an early age would have supported their personal development.

> "If I came as a 14 year old, I would have been very excited because I was at the beginning of questioning everything about myself, except for my gender identity. When I got to high school, something shifted and I started looking at things and love differently. It would have been good to join earlier to ask more questions and get more answers because there are only so many answers that my parents and grandparents can give. So hearing from someone closer to my age who has gone through what I have gone through would have been beneficial when I was younger." *Youth Participant*

Finally, youth reported that they felt welcomed, understood and supported in CDEP activities, regardless of their age.

> "I am now 25, I was on the older side when I was on the Youth Leadership Team. I felt a lot of support from the coaches, they understood where I was coming from and they wanted to integrate my experience as an older young person into the program." *Youth Participant*
>
> "I am on the younger side, I felt very included. It wasn't weird that I was younger, I felt like people were actually happy to hear what I had to say." *Youth Participant*

Sexual Orientation & Gender Identity: Youth reported that program strategies were highly supportive of their gender expression and allowed for gender fluidity as they explored and developed their own identities. In all focus groups, youth repeatedly discussed the CDEP's practices around asking youth for their preferred pronouns that led to universal feelings of acceptance and respect. In addition, youth reported an absence of judgement among staff and peers around gender fluidity: by asking all youth to share their pronouns as part of the check-in ritual in each gathering, the CDEP allows for youth to present themselves in whatever way they prefer at any point.

> "[Sharing pronouns] is how I slowly came out to my group. I started with a nickname, then I changed my pronouns, and then my name. I didn't want to be dramatic, that would be scary, being able to be fluid was less nerve wracking." *Youth Participant*
>
> "We have an environment where it is safe enough to experiment with [gender] presentation or expression. So if you want to present differently, or not use the same pronouns as before, we have a safe environment to test that out." *Youth Participant*
>
> "It is very empowering and beautiful to see someone become who they have always been. That lets me know I can, too." *Youth Participant*

Youth did not provide in-depth input on whether or not program activities were supportive of or in alignment with their sexual orientation.

Language: Youth focus group participants reported that the CDEP was delivered in their preferred language and that staff model respectful language that was quickly adopted by youth participants.

> "Sarcasm is king as a teenager, it is nice to be with people who don't want to communicate negatively or sarcastically all the time." *Youth Participant*
>
> "Language is respectful for all identities." *Youth Participant*

In most cases, staff delivered programming bilingually in both Spanish and English, except in cases where participants did not speak Spanish at all. In those cases, the program was delivered in English only. Youth view the program's capacity in both Spanish and English as an asset that creates more opportunities for connection among participants, inclusion of monolingual family members, and cultural identity.

> "We switch between languages, it adds to the community feel of it." *Youth Participant*
>
> "I can invite [my family] to events and they can see it and not just from my biased perspective, they can be able to understand it. It is a positive thing that I can include my mom and my family." *Youth Participant*

In post surveys, 96.1% of youth respondents indicated that CDEP delivery met their language needs overall; 92.2% of youth reported that staff spoke with them in a way that they understood; 100% said services were provided in their preferred language; 99.0% reported that written information was available in their preferred language.

Youth Culture: Throughout CDEP program cycles, youth participants discussed elements of youth culture that are particularly important to their identities, including the use of memes, video games and the Internet to communicate and connect, as well as the importance of "fun". According to focus group participants, CDEP activities often meet their needs for fun; staff and peer leaders do well at incorporating games and hands-on activities that promote humor and entertainment. Participants reported that the CDEP was not as successful at incorporating memes, video games or social media platforms like SnapChat and Fortnite, which they said are popular among their peers.

Art & Music: Youth reported that the CDEP used art and music at times in both Components 1 and 2 to support engagement. However, youth reported that they would prefer that the CDEP incorporate more art-based activities into gatherings.

Ethnicity: Youth focus group participants were not able to determine whether or not the CDEP matched their ethnic background. One youth mentioned that it was helpful to see Latinx individuals serve as coaches. In post surveys, 69.6% of youth respondents said that staff were sensitive to their cultural or ethnic background; 19.6% said that the question was not applicable to them; and 9.8% of youth were undecided on whether or not staff were sensitive to their cultural or ethnic background.

LGBTQ History/Community: Youth focus group participants reported that the CDEP offered them opportunities to learn more about LGBTQ history and community, which they saw as an important piece of their identity. Youth discussed that attending Pride events together, learning about the history of drag shows and hearing personal experiences from coaches and project mentors contributed to their sense of connection.

Family: Three of four youth who identified family as an important part of their identity also reported that the CDEP did not directly address family as a topic of learning or interest. However, this was not an issue for youth, you do not believe that family should be a focus for the CDEP.

Religion/Spirituality: Like family, religion and spirituality is an important part of some youth's identities but is not a topic they did discuss or would like to cover with the CDEP, as reported in youth focus groups. In post surveys, 58.8% of youth respondents said that staff respected their religious/spiritual beliefs; 31.4% said that the question was not applicable to them; and 9.8% of youth were undecided on

whether or not staff respected their religious/spiritual beliefs.

Youth Satisfaction: The extent to which youth were satisfied with the CDEP was demonstrated through youth's level of engagement in programming and through their survey responses. Over the seven (7) program cycles, all youth evaluation cohort members attended multiple activities; youth developers interpret youth participation as "voting with their feet", repeat or regular attendance points towards satisfaction with programming. In post surveys, 87.3% of youth respondents reported high levels of satisfaction with the CDEP on multiple indicators; 94.2% of youth reported overall satisfaction with the services they received; 95.2% of youth reported that staff treated them with respect; and, 76.3% of youth reported that services were accessible in terms of location and scheduling.

C. Synthesis of Findings

In our adjusted quantitative analysis to evaluate the association between the frequency of meeting attendance, sexual orientation, gender identity, race/ethnicity, and Youth Leadership Team participation and change in each of the 7 outcome measures over the 6 months of follow-up, we did not find many statistically significant changes. There were no statistically significant findings related to associations between gender identity, or race/ethnicity and any of the outcome measures. This may partially be due to the small sample size, leaving us unable to detect meaningful differences in mental health outcomes among these small groups.

Conversely, qualitative analysis revealed minor to significant change in all 7 outcome measures. A comparison of data sources follows.

1. Impact on Risk Factors (Evaluation Question 1)

Table 14. Triangulation of Outcomes Data: Risk Factors

Risk Factor	Quantitative Analysis	Qualitative Analysis
Isolation	On average, isolation scores were 0.22 points *lower* at 6-month follow-up when compared to baseline, (p = 0.40) across all gender identity, sexual orientation, and racial/ethnic categories Isolation scores at 6-month follow up were an average of 2.17 points lower for those who identified as gay (95% CI 4.02 – 0.32 points lower), compared to heterosexual participants. A similar trend was found for people who identified as an "other" sexual orientation compared to heterosexual participants, though this finding was not statistically significant at the level of α<0.05. We also found that a one point increase in baseline isolation score was associated with a 0.36 unit change in the mean isolation score at follow-up (p < 0.01), controlling for frequency of meeting attendance, sexual orientation, gender identity, race/ethnicity, and YLT participation. This means that those who felt more isolated at baseline had higher isolation scores	Youth reported significantly decreased levels of isolation after participation, citing new and/or strengthened connections with peers, increased motivation to express themselves to others and connect, and increased involvement in a variety of community and school-based settings and programs.

Risk Factor	Quantitative Analysis	Qualitative Analysis
	at follow-up, on average, after adjustment for covariates.	
Rejection	On average, rejection scores were 0.18 points *higher* at follow-up than at baseline, and this difference was statistically significant (p = 0.04). This was surprising, as a higher rejection score indicates that participants were more likely at the 6-month follow up survey to say that people in their lives rejected (vs. accepted) their gender or sexual orientation.	Youth reported small decreases in their level of feelings of rejection, citing greater trust in their peers, more willingness to openly express their LGBTQ identity and improved relationships with family members. While youth reported less feelings of rejection while attending CDEP activities, they did not report feeling more accepted outside of the program setting.
Distress	In general, Kessler 6 and distress scores *decreased* from baseline survey to the 6-month follow up survey, across all gender identity, sexual orientation, and racial/ethnic categories. on average

Kessler 6 scores (a measure of psychological distress) were 1.30 points *lower* at 6-month follow-up when compared to baseline, and this difference was statistically significant (p = 0.02).

It is noteworthy that a one point increase in baseline Kessler 6 score was associated with a mean increase of 0.40 in the Kessler 6 score at follow-up (p < 0.01), indicating that those who reported being more in distress at baseline had greater feelings of distress at follow-up, on average, after adjustment for covariates. Similarly, a one point increase in the baseline distress score (for the other outcome measure of distress) was associated with a mean increase of 0.46 in that distress score at follow-up (p < 0.01). However, none of the other results related to that distress measure were statistically significant in this analysis.

On average, distress scores were 0.55 points *lower* at 6-month follow-up compared to baseline in this unadjusted analysis and this difference was statistically significant (p = 0.04), a sign of moderate reduction in distress for participants over the course of the program across each of the demographic categories. | Youth reported moderately decreased levels of distress after participation, citing lessened symptoms of anxiety, depression and greater feelings of optimism, hope and safety. Youth who did not demonstrate decreased distress after program participation reported that they continued to experience the same levels of depression and anxiety, although symptoms had not gotten worse. |

Findings:

(1) Participation in the Oasis Model **significantly reduces isolation among youth.** While quantitative analysis demonstrated considerable yet not significant changes, qualitative analysis

Risk Factor	Quantitative Analysis	Qualitative Analysis

showed significant, strong changes in isolation. Youth attribute changes in isolation to program strategies that result in new and/or strengthened connections with peers, increased motivation to express themselves to others and connect, and increased involvement in a variety of community and school-based settings and programs.

(2) Participation in the Oasis Model produces **small reductions in feelings of rejection among youth**; in some cases, rejection was higher for youth after participation. While youth reported less feelings of rejection while attending CDEP activities, they did not report feeling more accepted outside of the program setting.

(3) Participation in the Oasis Model **significantly reduces distress among youth.** While qualitative analysis did not demonstrate significant changes, quantitative analysis demonstrated statistically significant change in two measures of distress. Youth report lessened symptoms of anxiety, depression and greater feelings of optimism, hope and safety. Youth who did not demonstrate decreased distress after program participation reported that they continued to experience the same levels of depression and anxiety, although symptoms had not gotten worse.

2. Impact on Protective Factors (Evaluation Question 2)

Table 15. Triangulation of Outcomes Data: Risk Factors

Risk Factor	Quantitative Analysis	Qualitative Analysis
Peer Connected-ness	On average, peer connectedness scores were 1.05 points *higher* at 6-month follow up compared to baseline in this unadjusted analysis (p = 0.03), a sign of significant improvement in peer connectedness for participants over the course of the program across each of the demographic categories. Those who felt more connected at baseline had greater feelings of connectedness at the 6-month follow-up survey, after adjustment for covariates. Ultimately, this may indicate that participants who were already doing moderately well at baseline were more likely to thrive and improve under this program, compared to those with lower rates of connectedness and positive self-regard at baseline (i.e., this program works better as a preventive strategy than a rescue strategy).	Youth reported significant growth in peer connection. Of those youth who provided information on their peer connectedness before participation, 50.8% reported very low peer connectedness, 36.9% reported moderate levels of peer connectedness and 12.3% reported high levels of peer connection. Regardless of their starting point, youth reported significant growth in the number of peer connections in their lives as well as the strength of those connections. Youth attribute this change to the opportunities to work together on projects and share success, provide mutual accountability, share personal stories through group check-in activities, give and receive support, and acknowledge each other's strengths, accomplishments and personal growth.
Positive Self-Regard	On average, positive self-regard scores were 0.39 points *higher* at 6-month follow up compared to baseline in this unadjusted analysis (p = 0.18), a sign of modest improvement in positive self-regard for participants over the course of the program across each of the demographic categories.	Youth reported significant growth in positive self-regard. Youth attributed increased positive self-regard to four key factors: self-acceptance; acceptance by others; opportunities to contribute; skills and capacities.
Help Seeking	Help seeking was not considered in the quantitative analysis.	Youth reported moderate growth in help seeking behaviors. About half of young people increased their willingness to ask for help after participation in Components 1 and/or 2. Willingness to ask for help was influenced by the level of trust youth felt with program staff and participants, their peers and with family members, as well as by their own perceptions of asking for help as a burden on others. Most youth who increased their willingness to ask for help could identify new sources of help they could access through the program. Youth who practiced asking for specific help to accomplish their advocacy projects were more willing to ask for help in other areas of their lives. Other

			youth already felt that they were adept at asking for help and did not need to grow in their willingness.

Findings

(1) Participation in the Oasis Model **significantly strengthens peer connectedness among youth** as demonstrated by both quantitative and qualitative analysis. Youth attribute this change to opportunities to work together on projects and share success, provide mutual accountability, share personal stories through group check-in activities, give and receive support, and acknowledge each other's strengths, accomplishments and personal growth.

(2) Participation in the Oasis Model **strengthens community connectedness among youth,** in most cases significantly. While quantitative analysis demonstrated considerable yet not significant changes, qualitative analysis showed significant, strong changes in community connectedness. Participation in Youth Leadership Teams was especially impactful on this protective factor.

(3) Participation in the Oasis Model **strengthens positive self-regard among youth,** in most cases significantly. While quantitative analysis demonstrated considerable yet not significant changes, qualitative analysis showed significant, strong changes in positive self-regard. Youth attributed increased positive self-regard to four key factors: self-acceptance; acceptance by others; opportunities to contribute; skills and capacities.

(4) Participation in the Oasis Model **strengthens help seeking behaviors among youth only moderately.** About half of young people increased their willingness to ask for help after participation; most youth who increased their willingness to ask for help could identify new sources of help they could access through the program.

3. Impact on Mental Health Service Providers (Evaluation Question 3)

Participation, demographic and survey data all confirm that the implementation of Component 3 **significantly increased the capacity of the mental health and other service systems to appropriately serve LGBTQ youth**. Across Napa, Sonoma and neighboring Counties, 1,258 systems professionals, 129 of whom work in the mental health sector, completed a four hour training and an additional 2,084 professionals and community members engaged in 1-3 hour training or technical assistance, demonstrating a broad, deep penetration of youth-oriented service systems. 93.3% of training participants reported significant growth in knowledge, 97.8% of training participants reported significant improvements in their perception of LGBTQ people and 91.3% of survey respondents were able to identify a change they had committed to making to improve inclusion of LGBTQ people.

4. CDEP Implementation as Designed (Evaluation Question 4)

The Oasis Model was implemented fully as designed in terms of levels of participant engagement and exposure, and to large extent as designed in terms of quality of delivery and adherence to the program model.

According to participation data, the Oasis Model engaged as many or more youth and adults than planned in all three Components, with a total participation of 1,613 members of its target audiences. Overall, youth and adult participants received sufficient exposure to program activities as intended in the program design, as documented in participation data.

Program records indicate that all three Components were offered during 6 of 7 program cycles, but not at all four planned program sites. Implementers were faced with many challenges to full fidelity in program delivery. Multiple interruptions to programming, including three major wildfires, a global pandemic and changes in staffing meant that delivery strategies had to be constantly modified to meet changing conditions. In program observations, Components 2 and 3, the most structured elements of the program, were delivered with high quality and adherence. Component 1 was designed to be highly flexible, however program observation data indicated that delivery of Component 1 could be strengthened by additional guidance, training and support of emerging staff and volunteer leaders.

5. CDEP Ability to Address the Unique Cultural, Linguistic and Contextual Needs of LGBTQ youth (Evaluation Question 5)

According to focus group data, the Oasis Model comprehensively addressed the cultural, linguistic and contextual needs of LGBTQ youth. CDEP implementers closely matched youth participants' identities in terms of key demographics, allowing youth participants to see themselves reflected in the make-up of the implementation team. Youth reported that program strategies were appropriate for them in terms of preferences for engagement, age and maturity, language, and youth culture, among other factors.

The appropriateness of program strategies and delivery was echoed in the quantitative analysis of post-core survey day: 87.3% of youth respondents reported high levels of satisfaction with CDEP on multiple indicators; 94.2% of youth reported overall satisfaction with the services they received.

SECTION 8: DISCUSSION & CONCLUSION

A. Discussion and Interpretation of Findings

LGBTQ Connection has identified 9 key findings that together define the success of its model over three and a half years of program implementation.

(1) Participation in the Oasis Model **significantly reduces isolation among youth.** While quantitative analysis demonstrated considerable yet not significant changes, qualitative analysis demonstrated significant, strong changes in isolation. Youth attribute changes in isolation to program strategies that result in new and/or strengthened connections with peers, increased motivation to express themselves to others and connect, and increased involvement in a variety of community and school-based settings and programs.

(2) Participation in the Oasis Model produces **small reductions in feelings of rejection among youth**; in some cases, rejection was higher for youth after participation. In the evaluation design, rejection was measured based on youth's perceptions of rejection from discrete and specific relations, i.e. close family, who were not necessarily involved with the Oasis Model work. While youth reported less feelings of rejection while attending CDEP activities, they did not report feeling more accepted outside of the program setting. Further analysis by program staff and youth leaders suggests that many youth participants come out as LGBTQ or change their pronouns during their involvement in the program, creating significant potential for increased rejection from family and friends. As one youth related, "the more steps you take to affirm who you are, the more everything that doesn't affirm you hurts." These experiences, along with raised awareness around the occurrence of microaggressions and bias among youth, may also contribute to feelings of rejection.

(3) Participation in the Oasis Model **significantly reduces distress among youth.** While qualitative analysis did not demonstrate significant changes, quantitative analysis demonstrated statistically significant change in two measures of distress. Youth report lessened symptoms of anxiety, depression and greater feelings of optimism, hope and safety. Youth who did not demonstrate decreased distress after program participation reported that they continued to experience the same levels of depression and anxiety, although symptoms had not gotten worse.

(4) Participation in the Oasis Model **significantly strengthens peer connectedness among youth,** as demonstrated by both quantitative and qualitative analysis. Youth attribute this change to opportunities to work together on projects and share success, provide mutual accountability, share personal stories through group check-in activities, give and receive support, and acknowledge each other's strengths, accomplishments and personal growth.

(5) Participation in the Oasis Model **strengthens community connectedness among youth,** in most cases significantly. While quantitative analysis demonstrated considerable yet not significant changes, qualitative analysis showed significant, strong changes in community connectedness. Participation in Youth Leadership Teams was especially impactful on this protective factor.

(6) Participation in the Oasis Model **strengthens positive self-regard among youth,** in most cases significantly. While quantitative analysis demonstrated considerable yet not significant changes, qualitative analysis showed significant, strong changes in positive self-regard. Youth attributed

increased positive self-regard to four key factors: self-acceptance; acceptance by others; opportunities to contribute; skills and capacities.

(7) Participation in the Oasis Model **strengthens help seeking behaviors among youth only moderately.** About half of young people increased their willingness to ask for help after participation; most youth who increased their willingness to ask for help could identify new sources of help they could access through the program.

(8) Participation, demographic and survey data all confirm that the implementation of Component 3 **significantly increased the capacity of the mental health and other service systems to appropriately serve LGBTQ youth**. Across Napa, Sonoma and neighboring Counties, 1,258 systems professionals, 129 of whom work in the mental health sector, completed a four hour training and an additional 2,084 professionals and community members engaged in one to three hour training or technical assistance, demonstrating a broad, deep penetration of youth-oriented service systems. 93.3% of training participants reported significant growth in knowledge, 97.8% of training participants reported significant improvements in their perception of LGBTQ people and 91.3% of survey respondents were able to identify a change they had committed to making to improve inclusion of LGBTQ people.

(9) The Oasis Model **comprehensively addresses the cultural, linguistic and contextual needs of LGBTQ youth** and serves as a model for other mental health and youth development programs that seek to promote wellness, connection and mobilization among LGBTQ youth, especially in suburban, semi-rural, and rural communities. This also extends to the successful engagement of youth in the program's participatory evaluation research.

From these key findings, we can deduce that the Oasis Model is an effective prevention and early intervention program that decreases isolation, rejection, and distress and increases community connectedness, peer connectedness, positive self-regard, and help-seeking behaviors for LGBTQ young people aged 14- 24.

B. Cultural Importance and Value of Findings

For program providers interested in serving LGBTQ youth more appropriately and effectively, several culturally important lessons learned should be noted:

● Involving LGBTQ youth in the design, implementation and evaluation of programs and systems meant to meet their needs will guarantee high levels of participation, innovative strategies that meet "in the moment" needs in the context of current events and trends, as well as highly personal interventions that transform youth's own perceptions of their abilities and roles in the community. LGBTQ youth bring a unique set of experience, knowledge, interests and passions to their work that cannot be replicated by adults or even non-LGBTQ youth and should be given opportunities to contribute to all aspects of programming development.

● The Oasis Model evaluation highlights the importance of honoring youth culture and LGBTQ culture and history in programming for LGBTQ youth. Throughout the program model, community activism and gatherings, key parts of LGBTQ history and culture, emphasized what it takes to create LGBTQ safe spaces.

- LGBTQ youth respond positively to the Oasis Model's intersectional approach of hiring staff of similar identities and centering outreach and program design around intersecting marginalized identities, creating environments that allowed youth to be themselves, to mutually affirm their identities, and to discuss their full selves, including experiences and identities they have been unable to discuss in other venues. Youth also shared that because of their participation in the program that they "made friends that they would not have otherwise."

- Investing in training created and led by LGBTQ identifying staff and youth results in a high return on investment in efforts to create more affirming culture, policies and practices in agencies intending to serve LGBTQ youth and community.

C. Practical or Theoretical Importance of Findings

The Oasis Model evaluation findings can help to improve the implementation of programming for LGBTQ youth in highly practical ways:

- Program delivery strategies must be differentiated for youth in small, rural communities vs. larger, suburban communities. Research from "Movement Advancement Project" on rural communities and LGBTQ people discusses how smaller communities feel a multiplied impact of strengths and challenges due to "increased visibility of difference", "ripple effects" of acceptance and rejection, "fewer alternatives" if something isn't a good fit, and "less support structure" (2019). At program sites in rural Calistoga and Sonoma, it became readily apparent that more time and resources would be needed to build relationships, find appropriate host sites and match the right staff personality with the local youth culture. Program implementers should be aware that all of these factors can lead to higher- and lower-tide effects of youth participation and program success marked by seasons of high and low participation.

- Training, accountability, clinical, and wellness support for staff is critical to developing/providing a quality program and to reducing staff turnover and burnout. An essential component of the Oasis Model is that most staff are from the same or similar communities as participants and have been impacted by the same or similar past traumatic experiences and oppressions. Over the past three years, both staff and participants faced natural disasters, social unrest confronting racism, and increased instances of negative and hateful public discourse and violence against minorities. Special attention should be paid to supporting these young leaders' personal, interpersonal and professional development.

- LGBTQ populations, especially youth, should be engaged in identifying and/or developing better tools to measure health outcomes. For example, LGBTQ youth leaders designed and implemented focus group and key informant interview protocols that resulted in higher quality data than data produced by other tools over which they had limited influence.

D. Potential Limitations

The lack of a control group (a group of people who did not participate in this CDEP) prevents us from determining the effectiveness of participating in this program for changing mental health-related risk and protective factors. However, our analysis does provide some indication of whether the program appeared to impact these factors from baseline to 6 months post-enrollment. Further, as participation in various components of the CDEP (e.g., participation in Leadership Teams or frequency of meeting attendance) was not randomized, we are limited in our ability to make causal claims about those specific

components; those who chose to participate in Youth Leadership Teams are likely to be different from those who did not, according to factors we did not measure and control for in this analysis. Additionally, individuals with relatively low or high scores on any of the outcome measures at baseline may be less likely to have such extreme values at follow-up, which may not be indicative of a true change in outcomes but rather what is known as "regression to the mean" – this effect could not be accounted for with our pre-post analysis study design. Finally, we did not adjust for multiple comparisons in this analysis, increasing the chance that some of the statistically significant findings were significant by chance, and not representative of a true effect.

On a very practical level, the reliability of the findings of this evaluation report have most likely been greatly influenced by multiple, unprecedented, confounding factors, most significant of which are the widespread trauma and isolation among youth caused by the COVID-19 pandemic and resultant social distancing mandates. Neither data collection methods nor youth's own personal experience allow researchers to separate the impacts of the pandemic from youth's perceptions of the prevalence of risk and protective factors in their lives before, during or after program participation.

E. Critical Learnings

The Oasis Model enhances protective factors for LGBTQ youth through peer connection and opportunities to contribute to their community; each positive experience and strengthened relationship with peers, community and culturally appropriate providers builds momentum in a young person's life towards healing and growth. Growth in protective factors leads to reductions in risk factors on the opposite side of the coin: increasing peer and community connection leads to reduced isolation; increasing positive self-regard through agency leads to reduced distress, and so on and so forth. In all ways, programs and service providers like the Oasis Model and LGBTQ Connection must elevate the strategies, activities and approaches that youth themselves say are healing in order to transform systems and lives.

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Appendix A: Youth Group Template

Youth Group Meeting Template

Site: ☐ Calistoga   ☐ Napa   ☐ Santa Rosa   ☐ Sonoma

YG Date:		Style:	☐ Educational ☐ Storytelling ☐ FUN
Lead (Colead):		Theme:	☐ Mental Health ☐ Sexual Health ☐ Healthy Relationships ☐ LGBTQ Hxstory ☐ Other: _____
Purpose & Outcomes:			

Time	Lead	Activity	Materials & Notes
		Check In •	(Feelings based question Check In)
		Evaluation & Group Agreements •	
		Optional Warm Up Activity •	
		Main Activity •	
		Announcements •	
		Acknowledgements & Clean Up •	

Appendix B: Tables

Table 1. Youth-Led Advocacy Projects: 2018-2021

Project Title	Eval Cycle	Team Members	Team Location	Intended Audience	In-person, Zoom, or Hybrid	Intended Outcomes
"Under the Sea of Diversity" Pride Parade contingent	Pilot (Jan-June 2018)	6	Santa Rosa	General Community	In-person	Recruit a group of community members to march in the Sonoma County Pride parade as the LGBTQ Connection contingent. Create signs and decorations for participants with an underwater theme to promote diversity and visibility.
Rose Ball Drag Show & Dance	Pilot (Jan-June 2018)	7	Sonoma Valley	Youth Community	In-person	Host a first of it's kind youth dance and drag show in Sonoma Valley. Provide a safe space to promote self-expression and give young people an opportunity to learn about and/or engage in drag as a historical and cultural performance art.
Napa Youth Pride Dance	Pilot (Jan-June 2018)	7	Napa	Youth Community	In-person	Partner with local library to host a youth Pride dance where LGBTQ youth and allies can dance and spend time together in a fun and safe setting.
Pride Family Picnic	Pilot (Jan-June 2018)	6	Calistoga	General Community	In-person	Host Calistoga's first ever Pride event, a family-friendly picnic in a park to promote visibility and acceptance.
Happy HoliGAYS	Cycle 1 (Aug-Dec 2018)	9	Santa Rosa	General Community	In-person	Partner with Santa Rosa Jr College to host an intergenerational community resource fair and potluck, creating a welcoming space for

						those who may be disconnected at the holidays.
Rainbow flag campaign	Cycle 1 (Aug-Dec 2018)	10	Sonoma Valley	School	In-person	Work with school administration to change school flag policy to allow for a rainbow flag to be displayed on the flagpole.
NVUSD School Training	Cycle 1 (Aug-Dec 2018)	10	Napa	General Community	In-person	Host a multicultural holiday posada to create a safe space where families of a variety of identities can share food and build community.
Calistoga Lighted Tractor Parade	Cycle 1 (Aug-Dec 2018)	5	Calistoga	General Community	In-person	Build a first-ever LGBTQ-themed float for Calistoga's annual holiday tractor parade while sharing resources and queer holiday cheer with spectators.
Heels for Healing Drag show & 'zine	Cycle 2 (Jan-June 2019)	8	Santa Rosa	General Community	In-person	Create a 'zine and amatuer drag show to raise awareness about human trafficking. Distribute zine, perform drag show and raise funds for local survivors at Sonoma County Pride.
Through Our Eyes Art Show	Cycle 2 (Jan-June 2019)	5	Sonoma Valley	General Community	In-person	Curate an art show at the Sonoma Community Center featuring LGBTQ artists and performances.
Drop the Mic Youth Open Mic	Cycle 2 (Jan-June 2019)	7	Napa	Youth Community	In-person	Host an open mic event for youth where self expression and creativity are encouraged in a safe and supportive space.
Calistoga's a Drag	Cycle 2 (Jan-June 2019)	3	Calistoga	General Community	In-person	Produce Calistoga's first drag show, with both amatuer and seasoned performers.
Welcome to	Cycle 3	8	Santa	General	In-person	Host a holiday gathering

the Gayborhood	(Aug-Dec 2019)		Rosa	Community		with food, resources, and an open mic to get to know community members and create an inclusive holiday event.
Holiday Self Care Booth	Cycle 3 (Aug-Dec 2019)	8	Napa	General Community	In-person	Use the Napa Farmers Market as a way to promote self care during the holidays by passing out resources and stress balls.
Gay-me Night	Cycle 5 (Aug-Dec 2020)	8	Program-wide	General Community	Zoom	To distract from the stressors of COVID-19, host an all ages virtual game night.
LGBTQ Awareness Training	Cycle 5 (Aug-Dec 2020)	8	Program-wide	Schools	Zoom	Create content, promote and facilitate a training for school staff and administration on LGBTQ awareness and best practices.
"The Picture Day Fiasco" Children's Book	Cycle 6 (Jan-June 2021)	8	Program-wide	General Community	Zoom	Write and illustrate a children's book promoting gender expression, focusing on a young child with supportive parents.
LGBTQ&A	Cycle 6 (Jan-June 2021)	8	Program-wide	General Community	Zoom	Host a virtual panel on Zoom for parents and community members, featuring LGBTQ individuals sharing their experiences.

Table 2. Oasis Model Evaluation Questions and Indicators

Evaluation Question	Indicators
To what extent did CDEP participants show *reductions in risk factors?* (Outcome)	# of referrals provided for mental health, substance abuse, domestic violence, sexual assault, primary care, non-health care services, social/cultural enrichment programs (1.1) # of youth who attend support groups (1.2) Frequency of attendance (1.3) # of youth who report decreased risk factors --isolation (1.4) --rejection (1.5) --distress (1.6)
To what extent did CDEP participants *strengthen protective factors?* (Outcome)	# of referrals provided for mental health, substance abuse, domestic violence, sexual assault, primary care, non-health care services, social/cultural enrichment programs (2.1) # of youth who attend support groups (2.2) Frequency of attendance (2.3) # of youth who participate in Leadership Teams (2.4) # of projects completed (2.5) # of youth who report increased protective factors --peer connectedness (2.6) --community connectedness (2.7) --positive self-regard (2.8) --help seeking (2.9) # of youth and adult community leaders who report increased feelings of acceptance from project target populations (2.10)
To what extent did CDEP increase the capacity of mental health service providers to appropriately serve LGBTQ youth? (Outcome)	# and type of workforce gaps in the mental health workforce (3.1) # and type of training and technical assistance completed (3.2) # of providers who attend training by sector (3.3) % estimates of individuals served by priority population and multilingual capacity (3.4) # of providers who report increased knowledge of LGBTQ identities, specific MH issues, and resources available (3.5) # of providers who intend to make at least one change in practices (3.6)

To what extent was the CDEP implemented as designed at each program site? (Process)	Adherence to Program Model (4.1) --Level of completion of components --Staff qualifications --Language --Location Quality (4.2)
To what extent did CDEP particularly address the unique cultural, linguistic and contextual needs of LGBTQ youth? (Process)	# of youth who attend multiple activities (5.1) Did participants match implementers' (5.2) --Racial/ethnic background --LGBTQ-identity --Age --Socio-economics --Region --Language Was content appropriate for participants' (5.3): --Age, maturity, intellectual development of participants --Region --LGBTQ identity --Gender Did CDEP recognize cultural practices, values & beliefs (5.4) Was CDEP offered with appropriate language(5.5) Quality/Participant Satisfaction (5.6)

Table 3: Population Representation in Sample

Demographic characteristic	Program population	Evaluation cohort	Finding
Age	46% are ages 13-18, 43% are ages 19-24, 11% over 24	62% are ages 13-18, 33% are ages 19-24, 4% over 24 years	Evaluation participants tend to be younger than general participants
Location by county	46% are from Napa County, 51% are from Sonoma County, and 2.4% are from neighboring counties	47% are from Napa County, 49% are from Sonoma County, and 4% are from neighboring counties	Participants are represented fairly evenly across counties in both general and evaluation cohorts
Disability status	13% have a disability	25% have a disability	A higher amount of participants in evaluation have a disability than those in the general population
Veteran status	0.3% are veterans	0.9% are veterans	There are very few veterans

			in either general or evaluation cohorts
Primary language	94% speak English as their primary language, 20% speak Spanish primarily or in addition to English	95% speak English as their primary language, and 21% speak Spanish primarily or in addition to English	A similar level of English and Spanish speakers are represented in both cohorts
Gender identity	14.5% are genderqueer/gender fluid/gender nonconforming, 24.3% are men, 9% are unsure, 18.8% are transgender, 47.8% are women, 3.5% are another gender identity	16.4% are genderqueer/gender fluid/gender nonconforming, 23.6% are men, 7.3% are unsure, 21.8% are transgender, 45.5% are women, 3.6% are another gender identity	Gender identities are represented similarly across both cohorts
Sexual orientation	1.6% are asexual, 30.5% are bisexual, 11.4% are gay, 14.6% are hetersexual, 10.2% are lesbian, 17.4% are pansexual, 14.9% are queer, 9.5% are questioning, 3.7% are another sexual orientation	0.9% are asexual, 28.7% are bisexual, 12% are gay, 11% are hetersexual, 6.5% are lesbian, 16.7% are pansexual, 18.5% are queer, 9.3% are questioning, 4.6% are another sexual orientation	There are slightly higher rates of hetersexual population in the general population, slightly lower rates of lesbians and slightly higher rates of queer identitifed indidivuals in the evaluation cohort
Race	5.5% are American Indian/Alaskan Native, 8.3% are Asian, 51% are white, 2.4% are Native Hawaiian/Pacific Islander, 44% are Latinx, Chicanx or Hispanic, 4.7% are Black	7.9% are American Indian/Alaskan Native, 6.1% are Asian, 51.8% are white, 1.8% are Native Hawaiian/Pacific Islander, 43% are Latinx/Chicanx/Hispanic, 4.4% are Black	Racial demographics are primarily white and Latinx/Chicanx/Hispanic across both cohorts.
Income level	28% consider their families to be low income, 59% consider their families to be middle income, 2% consider their families to be high income	40% consider their families to be low income, 53% consider their families to be middle income, and 3% consider their families to be high income	There were a higher rate of low income families in the evaluation cohort than in the general population group

Table 4. Youth Participation Rates: All Participants vs Evaluation Cohort

	All Participants	Evaluation Cohort
1 Service	51.5%	0.0%
2-5 Services	21.0%	7.6%
6-10 Services	8.1%	17.8%
11-20 Services	8.6%	32.2%
21-45 Services	7.6%	23.7%
46+ Services	3.3%	18.6%

Table 5. Evaluation Plan

Evaluation Question	Indicators	Measurement Tools
To what extent did CDEP participants show *reductions in risk factors?* (Outcome)	# of referrals provided for mental health, substance abuse, domestic violence, sexual assault, primary care, non-health care services, social/cultural enrichment programs (1.1) # of youth who attend support groups (1.2) Frequency of attendance (1.3) # of youth who report decreased risk factors --isolation (1.4) --rejection (1.5) --distress (1.6)	(1.1/1.2/1.3) Attendance Demographics captured in Electronic Data System (Gender, Age, LGBTQ status) (1.4/1.5) SWE Core Measures Pre/Post (1.6) SWE Core Measures Pre/Post (1.6) Youth Participatory Evaluation - Focus Group
To what extent did CDEP participants *strengthen protective factors?* (Outcome)	# of referrals provided for mental health, substance abuse, domestic violence, sexual assault, primary care, non-health care services, social/cultural enrichment programs (2.1) # of youth who attend support groups (2.2) Frequency of attendance (2.3) # of youth who participate in	(2.1) SWE Access (Service Referral) Tracking Tool (2.1/2.2/2.3/2.4) Attendance Demographics captured in Electronic Data System (Gender, Age, LGBTQ status) (2.5) Project Records (2.6) SWE Core Measures Pre/Post (2.6/2.7/2.8) Youth Participatory

	Leadership Teams (2.4) # of projects completed (2.5) # of youth who report increased protective factors --peer connectedness (2.6) --community connectedness (2.7) --positive self-regard (2.8) --help seeking (2.9) # of youth and adult community leaders who report increased feelings of acceptance from project target populations (2.10)	Evaluation - Advocacy Project Impact Focus Group (2.7) SWE Core Measures Pre/Post (2.9) Youth Participatory Evaluation - Focus Group (2.10) Youth Participatory Evaluation - Advocacy Project Impact Focus Group (2.10) Project Mentor Key Informant Interview
To what extent did CDEP increase the capacity of mental health service providers to appropriately serve LGBTQ youth? (Outcome)	# and type of workforce gaps in the mental health workforce (3.1) # and type of training and technical assistance completed (3.2) # of providers who attend training by sector (3.3) % estimates of individuals served by priority population and multilingual capacity (3.4) # of providers who report increased knowledge of LGBTQ identities, specific MH issues, and resources available (3.5) # of providers who intend to make at least one change in practices (3.6)	(3.1) SWE Core Outcomes Workforce Development Tracking Tool, Q1 (3.2) SWE Core Outcomes Workforce Development Tracking Tool, Q1,1a,1b (3.3) Attendance Demographics captured in Electronic Data System (Profession, Agency Affiliation, Gender, LGBTQ status) (3.4) SWE Core Outcomes Workforce Development Tracking Tool, Q4,5 (3.5/3.6) LGBTQ Best Practices Workshop Evaluation
To what extent was the CDEP implemented as designed at each program site? (Process)	Adherence to Program Model (4.1) --Level of completion of components --Staff qualifications --Language --Location Quality (4.2)	(4.1) Local evaluator reviews program records and directly observes and rates each component for appropriate length, duration, demographic features, timing, location, staffing and completion of activities (4.2) SWE Core Measures - Post (4.2) Local evaluator directly observes and rates each component for quality of delivery

To what extent did CDEP particularly address the unique cultural, linguistic and contextual needs of LGBTQ youth? (Process)	# of youth who attend multiple activities (5.1) Did participants match implementers' (5.2) --Racial/ethnic background --LGBTQ-identity --Age --Socio-economics --Region --Language Was content appropriate for participants' (5.3): --Age, maturity, intellectual development of participants --Region --LGBTQ identity --Gender Did CDEP recognize cultural practices, values & beliefs (5.4) Was CDEP offered with appropriate language(5.5) Quality/Participant Satisfaction (5.6)	(5.1) Attendance Demographics captured in Electronic Data System (Gender, Age, LGBTQ status) (5.2/5.3) Youth Participatory Evaluation: Focus Group (5.3/5.4/5.5/5.6) SWE Core Measures - Adolescent Post (5.6) Youth Participatory Evaluation: Focus Group

Table 6. Fidelity Assessment Program Observations: Component 1

Component 1: *(Connections to Peers and Appropriate Resources)*			
Standard	**Overall Score (1-4)**	**Indicator**	**Average Score (1-4)**
Physical Environment	**3.4**	Location is safe and accessible to youth (transportation, ADA, well-lit)	4.0
		Location is clean and inviting	3.8

		Location includes LGBTQ and youth positive messages/images	2.7
		Tone is set with music, visuals, etc.	3.0
		Energy in the room feels positive	3.4
Staff Qualifications : Facilitation & Coaching Skills	**3.0**	Asks clarifying follow-up questions that evoke self-reflection, clarity, insight and action	2.8
		Engages in active listening while youth are speaking	3.5
		Uses body language, facial expressions and approach that show deep respect to participants	3.4
		Self manages to be fully present, withhold judgement and refocus when needed	3.3
		Builds a solid foundation with clear agenda and purpose, adequate planning and prework	2.3
		Paces activities appropriately, starts and ends on time	3.4
		Focuses group attention through verbal and non-verbal language	2.3
Staff Qualifications : Subject Knowledge	**3.5**	Is prepared for the meeting/activity with agenda and prep work completed	3.3
		Demonstrates knowledge of topic presented	3.5
		Is able to respond to participants' questions	3.7
Staff Qualifications : Positive Youth Development	**3.0**	Demonstrates skill in choosing appropriate activities and in adapting, during the session, when the activity must be changed	2.7
		Involves youth in expressing ideas, making suggestions for improvement and encourages youth to determine the direction of the activity and their own learning	2.4

		Encourages youth to reflect on their level of involvement and make suggestions on how to increase that level	2.3
		Fosters a sense of connectedness by encouraging and nurturing positive relationships among young people	3.0
		Protects and appreciates the need for confidentiality	3.8
		Demonstrates appropriate boundaries with young people	3.6
Staff Qualifications: Language, Culture & Diversity	**3.7**	Affirms and respects each youth's culture, religion, home language and family values in all verbal and non-verbal exchanges	3.8
		Accepts youth representing all dimensions of diversity (gender, race, culture, ability, sexual orientation, socio-economic status, family configuration, religion)	3.8
		Uses language that is respectful and bias-free	3.6
		Speaks with youth in their own language whenever possible	3.9
Completion of Components: Support Groups	**3.0**	Follows standard agenda (sign in, demographics, check in, agreements, ice breaker, main topic, announcements, evaluation, check out, acknowledgements)	3.0
		Topics are alternating fun and serious	2.8
		Topics are pre-planned for the cycle	2.3
		Topic includes at least one of these areas: Inclusive sex education; Healthy relationships; LGBTQ history; Telling your story	2.8
		All YLT members facilitate at least once	2.5
		2 staff or experienced facilitators in building	3.7
		Food is healthy, inclusive of dietary restrictions, and within budget ($20)	3.0

		Space is left clean and in order	
			4.0

Table 7. Fidelity Assessment Program Observations: Component 2

Component 2: *(Youth Led Advocacy Projects)*			
Standard	**Overall Score (1-4)**	**Indicator**	**Average Score (1-4)**
Physical Environment	**3.0**	Location is safe and accessible to youth (transportation, ADA, well-lit)	3.9
		Location is clean and inviting	3.9
		Location includes LGBTQ and youth positive messages/images	2.4
		Tone is set with music, visuals, etc.	1.6
		Energy in the room feels positive	3.3
Staff Qualifications: Facilitation & Coaching Skills	**3.2**	Asks clarifying follow-up questions that evoke self-reflection, clarity, insight and action	3.3
		Engages in active listening while youth are speaking	3.4
		Uses body language, facial expressions and approach that show deep respect to participants	3.7
		Self manages to be fully present, withhold judgement and refocus when needed	3.4
		Builds a solid foundation with clear agenda and purpose, adequate planning and prework	2.3
		Paces activities appropriately, starts and ends on time	2.9
		Focuses group attention through verbal and non-verbal language	3.7

Staff Qualifications : Subject Knowledge	**3.2**	Is prepared for the meeting/activity with agenda and prep work completed	2.6
		Demonstrates knowledge of topic presented	3.4
		Is able to respond to participants' questions	3.4
Staff Qualifications : Positive Youth Development	**3.4**	Demonstrates skill in choosing appropriate activities and in adapting, during the session, when the activity must be changed	3.0
		Involves youth in expressing ideas, making suggestions for improvement and encourages youth to determine the direction of the activity and their own learning	3.3
		Encourages youth to reflect on their level of involvement and make suggestions on how to increase that level	3.6
		Fosters a sense of connectedness by encouraging and nurturing positive relationships among young people	3.2
		Protects and appreciates the need for confidentiality	4.0
		Demonstrates appropriate boundaries with young people	3.0
Staff Qualifications : Language, Culture & Diversity	**3.9**	Affirms and respects each youth's culture, religion, home language and family values in all verbal and non-verbal exchanges	3.7
		Accepts youth representing all dimensions of diversity (gender, race, culture, ability, sexual orientation, socio-economic status, family configuration, religion)	4.0
		Uses language that is respectful and bias-free	3.9
		Speaks with youth in their own language whenever possible	4.0
Completion of Components: Youth Leadership Teams	**3.5**	Had an agenda with purpose and outcomes	2.2
		Food is healthy, inclusive of dietary restrictions, and within budget	3.8
		Has a lead and support staff	3.7

		2 staff or experienced facilitators in building	4.0
		Space is left clean and in order	4.0

Table 8. Training Completed

Training Type	Hours	Attendees
LGBTQ Best Practices (4-hour training)	197	1258
LGBTQ Best Practics for Law Enforcement	12	195
LGBTQ Best Practices (Spanish)	8	33
LGBTQ Medical Best Practices	5.5	343
LGBTQ Schools Best Practices	47.5	595
LGBTQ Youth Best Practices	43	329
LGBTQ Technical Assistance	178.5	589

Table 9. Demographics of Youth Participants vs Direct Service Staff

Demographic characteristic	Program population	Direct Service Staff	Finding
Age	46% ages 13-18 43% ages 19-24 11% ages 25+	69% ages 18-24 31% ages 25+	While the program population is younger, the majority of staff are within the same age range as program participants.
Region	46% Napa County 51% Sonoma County 2.4% Other counties	54% Napa County 46% Sonoma County	Direct service staff and program population are represented fairly equally across both counties.
Primary language	94% primary English, 20% primary Spanish or in addition to English	54% primary English, 54% primary Spanish or in addition to English	Direct service staff comprise a larger group of bilingual English/Spanish speakers than program participants.
Gender identity	47.8% women 24.3% men 18.8% transgender 14.5% genderqueer/gender fluid/gender nonconforming, 9% unsure	46.2% women 38.5% male 23% transgender 15% genderqueer/gender fluid/gender nonconforming	Direct service staff and program population are represented fairly equally in terms of gender, with slightly more men and transgender people in direct service.

	3.5% another gender identity		
Sexual orientation	30.5% bisexual 17.4% pansexual 14.9% queer 14.6% heterosexual 11.4% gay 10.2% lesbian 9.5% questioning 3.7% another sexual orientation 1.6% asexual	38.5% queer 30.8% bisexual 23.1% gay 7.7% lesbian	Direct service staff have a higher representation of queer and gay identities than program population. There is a wider array of identities represented in the program population.
Race	51% White 44% Latinx/ Chicanx/Hispanic 8.3% Asian 5.5% American Indian/Alaskan Native 4.7% Black 2.4% Native Hawaiian/Pacific Islander	61.5 % Latinx/Chicanx/ Hispanic 30.8% white 7.7% Asian	There was a higher representation of Latinx/Chicanx/Hispanic individuals and a lower representation of white individuals within direct service staff than among youth participants. There was a more diverse range of identities amongst the program population.
Income level	59% consider their families to be middle income 28% consider their families to be low income 2% consider their families to be high income	62% consider their families to be middle income 38% consider their families to be low income	Direct service staff and program population share fairly similar income levels

Appendix C: YLT Recruitment Tool

Fall 2020 Youth Leadership Team Interest Form

Introduction:

Our program is fueled by the leadership of youth & young adults that live in the communities we serve! Each semester we recruit interested and motivated youth to join our youth leadership teams (YLTs), which run in 5 month cycles with home-bases in Napa, Santa Rosa, Calistoga or Sonoma. This semester, these teams will be meeting virtually to maintain social distancing practices. Without a transportation barrier, we can have cross county teams!

The YLT is a team of LGBTQ (lesbian, gay, bisexual, transgender, and queer) youth ages 14-24 that creates events and advocates for change in partnership with LGBTQ Connection. YLT gives youth the opportunity to learn how to be a part of a team and to be community leaders. If you know a youth that would benefit from being on this team, nominate them. If you're a youth, apply here!

We will have two cross-county teams this year: a community connection team that will work on a project centered around community building and creating inclusive spaces; and a community change team that will work on a project centered around advocacy and systems change. In response to the needs of the current moment, both team's projects will include racial justice as a primary focus.

If you are in Napa County and have questions, contact Stephanie Ramirez, stephanie@lgbtqconnection.org or 707-251-9432.

If you are in Sonoma County and have questions, contact Isamar Alamilla, isamar@lgbtqconnection.org or 707-273-1277.

Each team meets once a week for 5 intensive months. That intensity is what we've found that it takes to come together as a team and organize impactful projects and events for our community. These projects bring people together across generations and cultures to build a stronger, more vibrant, and more inclusive LGBTQ community.

Program Commitment:

For Fall 2020 participants will need to commit to the dates outlined in the interest form. If there is a schedule conflict, contact your county coordinator to determine if YLT is right for you. Any changes made to the dates listed will be agreed upon with youth leadership team members during regular meetings. Secure a spot on the team & RSVP via the interest form. Those that fill out the interest form or contact the county

program coordinators will be notified about next steps in the

process. So excited for you to join us!

Sincerely,
Fernando, Isamar, and Stephanie
Youth Leadership Team Coaches

* Required

Activity	Description	Team Babadook	Team Unicorn
		Date & Time	Date & Time
Informational Session	General information session about expectations and dates	Tuesday, January 12th, 3-5pm	Friday, January 22nd 1-3pm
Retreat	A gathering to grow meaningful connections with each other and develop the team's dynamic	Saturday, January 30th, 11am-1pm	Saturday, January 30th, 11am-1pm
Meetings	Weekly meetings to identify, plan, and execute a final community project of the group's choosing	TBD by the group's preferences and needs	TBD by the group's preferences and needs
Community Event	The final advocacy project or event	TBD by Youth Leaders	TBD by Youth Leaders
Closing Retreat	A time to celebrate and reflect on all of the team's hard work over the cycle	TBD	TBD

Join us in creating a stronger LGBTQ community!

1.   First Name & Last Name*

_____

2.   Gender Pronouns *

( ) She/ Her

( ) He/ Him

( ) They/

( ) Them

Other: _____

3.   Birthday *

_____

4.   Age *

_____

5.   Are you in school? If so, what school? *

_____

6.   Phone Number (with areacode)

_____

7.   Email Address *

_____

8.   Full Home Address (street, city, & zip code) *

_____

9.   If you identify as LGBTQ+, are you out to your family? If for some reason we need to contact them, we want to respect your safety & privacy. *

Mark only one oval.

( ) Yes

( ) No

( ) Does not apply

( ) Other: _____

10.   Emergency Contact - First Name & Last Name *

_____

11.   Emergency Contact- Relationship to You (Guardian, Social Worker, Family Member, etc.) *

_____

12.   Emergency Contact- Phone Number (with area code) *

_____

13.   Any Allergies, Medications, or other relevant Medical Information? *

_____

14.   Youth Leadership Team of Interest (please pick one) *

Mark only one oval.

◯ Community Connection Team

◯ Community Change Team

◯ I'm not sure

15.   In order to be a part of a Youth Leadership Team, participants MUST attend an informational session, the team retreat, and all agreed upon time commitments. *

Mark only one oval.

◯ I think I can make it to ALL the commitments for my city's team!

◯ I think I can make it to MOST of the commitments for my city's

◯ team!   I think I can make it to SOME of the commitments for

◯ my city's team.

    I can't make it to ANY of the commitments right now, but I'm interested in the next cycle of the Youth Leadership Team.

◯ I'm not sure. I would like to talk to a coach about these commitments ASAP.

16. Why do you want to join the Youth Leadership Team? What do you hope to get out of being a part of this team? *

_____

_____

_____

_____

_____

17. How did you hear about the Youth Leadership Team? *

_____

Appendix D: IRB Materials

Local Evaluation Recruitment Tool

Why Participate in Our Evaluation?

So we can get better at what we do. (With your feedback.)

Help us discover what's "magic" about what we do so we can start programs in more communities.

Be part of a project making history in California!

What Are We Trying To Do With Our Programs?

INCREASE
Friendships
Belonging
Confidence

DECREASE
Aloneness
Rejection
Sadness, Helplessness & Worry

In What Ways Might You Get Involved?

Focus Groups & Group discussions

Surveys about your your life, Health & Participation

Sign-in Sheets that help us measure your participation

Your participation is optional. You will not be treated any differently if you opt out of the evaluation.
If you do choose in, your responses will be kept confidential.
By signing below, you consent to participate in our evaluation:

_____   _____
Signature   Date

University Hall
1 LMU Drive, Suite 4725
Los Angeles, CA 90045-2659

Tel 310.568.6634
www.lmu.edu

Psychology Applied Research Center

PARENT CONSENT TO PARTICIPATE – 12 to 17 Years of Age
California Reducing Disparities Project Phase 2 Statewide Evaluation
Principal Investigator: Dr. Cheryl Grills, Loyola Marymount University (LMU)

The California Reducing Disparities Project is a statewide project to improve mental health services. Oasis Model is one of 35 programs funded by this project. The Psychology Applied Research Center in Los Angeles is doing a study of the project. The California Department of Public Health funds the study, which it will use to report on the usefulness of programs like Oasis Model. Your child can be in the study because they will be in Oasis Model. If your child takes part in the study, they will be one of about 150 people for Oasis Model and 9000 statewide.

If you say yes to the study, your child will take two surveys. One survey when your child starts Oasis Model. Another survey at the end of the program. The surveys ask about your child's mental health, services they have used or need for mental health, alcohol or drugs, and what your child thinks about Oasis Model. The survey also asks for details like your child's age, gender, and sexual orientation. One example of a question is, "In the past 12 months, did you think you needed help for emotional or mental health problems, such as feeling sad, anxious or nervous?" Another example is, "About how often during the past 30 days did you feel nervous?" The first survey should take 15 minutes. The second survey should take 10 to 15 minutes. Both surveys should take 25 to 30 minutes. Program staff can read questions and help your child fill out the surveys if they need help.

Being in the study is optional. You and your child will not be paid or receive any direct benefits. Saying no will not affect your child being in Oasis Model. If you say yes to the study, your child will take two surveys. You can ask questions before you decide if you want your child to be in the study.

The surveys asks some questions that may cause discomfort. They can choose to not answer for any reason. Your child can withdraw from the study at any time by saying, "I do not want to be in the study anymore." Nothing bad will happen if your child withdraws. Withdrawing will not affect your child being in Oasis Model.

If your child feels upset after they do the survey, On The Move/LGBTQ Connection can refer them to support services. If you want more support, you can contact Dr. Cheryl Grills at LMU, 310-338-3016.

To protect your child's data, paper surveys are stored in locked file cabinets and destroyed once put on computers. Computer data is stored on secure servers. However, there is a small chance of a data security break that could cause loss of privacy. The law requires us to report child abuse, elder abuse, or plans to for someone to hurt themselves or others.

If you have any questions, you can contact On The Move/LGBTQ Connection at
_____. You can also contact Dr. Cheryl Grills at LMU, 310-338-3016 or cheryl.grills@lmu.edu. If you want to know more about your child's rights in research, contact the Committee for the Protection of Human Subjects, 916-326-3660 or cphs-mail@oshpd.ca.gov. You will also get a copy of the Participant's Bill of Rights for Non-Medical Research.

Signing below [or clicking the yes button below] means that:
- I understand all of the above information.
- I have received the Participant's Bill of Rights for Non-Medical Research.
- I consent to my child being in the study.

Youth's Name: _____

LMU|LA
Bellarmine College
of Liberal Arts

parc

Psychology Applied Research Center

University Hall
1 LMU Drive, Suite 4725
Los Angeles, CA 90045-2659

Tel 310.568.6634
www.lmu.edu

INFORMED ASSENT FORM – 12-17 Years of Age
Principal Investigator: Dr. Cheryl Grills, Loyola Marymount University (LMU)
California Reducing Disparities Project Phase 2

This Oasis Model Program is part of a statewide project to improve mental health services. Oasis Model is one of 35 programs funded by this project. The Psychology Applied Research Center in Los Angeles is doing a study of the project. The California Department of Public Health funds the study, which it will use to report on the usefulness of programs like Oasis Model. You can be in the study because you will be a part of Oasis Model. If you take part in the study, you will be one of about 150 people for Oasis Model and 9000 statewide.

If you say yes to the study, you will take two surveys. One survey when you start Oasis Model, and another survey at the end of the program. The surveys ask about your mental health, services you have used or need for mental health, alcohol or drugs, and what you think about Oasis Model. The survey also asks for details like your age, gender, and sexual orientation. One example of a question is, "In the past 12 months, did you think you needed help for emotional or mental health problems, such as feeling sad, anxious or nervous?" Another example is, "About how often during the past 30 days did you feel nervous?" The first survey should take 15 minutes. The second survey should take 10 to 15 minutes. Both surveys should take 25 to 30 minutes. Program staff can read questions and help you fill out the surveys if you need help.

Being in the study is optional. You will not be paid or get any direct benefits. Saying no will not affect you being in Oasis Model. If you say yes to the study, you will take two surveys. You can ask questions before you decide if you want to be in the study.

The surveys ask questions that may cause discomfort. You can choose to not answer. You can withdraw from the study at any time. You can withdraw by saying, "I do not want to be in the study anymore." Nothing bad will happen if you withdraw. Withdrawing will not affect you being in Oasis Model.

If you feel upset after you do the survey, On The Move/LGBTQ Connection can refer you to support services. If you want more support, you can contact Dr. Cheryl Grills at LMU, 310-338-3016.

To protect your data, paper surveys are stored in locked file cabinets. Paper surveys are destroyed once put on computers. Computer data is stored on secure servers. However, there is a small chance of a data security break that could cause loss of privacy. The law requires us to report child abuse, elder abuse, or plans to hurt yourself or others.

If you have any questions, you can contact On The Move/LGBTQ Connection at 707-251-9432 x205. You can also contact Dr. Cheryl Grills at LMU, 310-338-3016 or cheryl.grills@lmu.edu. If you want to know more about your rights in research, contact the state of California, 916-326- 3660 or cphs-mail@oshpd.ca.gov. You will also get a copy of the Participant's Bill of Rights.

Signing below [or clicking the yes button below] means that:
- I understand all of the above information.
- I have received the Participant's Bill of Rights.
- I agree to be in the study.

Your Signature: _____   Date: _____

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INFORMED CONSENT FORM – 18+ Years of Age
California Reducing Disparities Project Phase 2 Statewide Evaluation
Principal Investigator: Dr. Cheryl Grills, Loyola Marymount University (LMU)

The California Reducing Disparities Project is a statewide project to improve mental health services. Oasis Model is one of 35 programs funded by this project. The Psychology Applied Research Center in Los Angeles is doing a study of the project. The California Department of Public Health funds the study. The study will be used to report on the usefulness of programs like Oasis Model. You can be in the study because you will be a part of Oasis Model. If you take part in the study, you will be one of about 150 people for Oasis Model and 9000 statewide.

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Signing below [or clicking the yes button below] means that:
- I understand all of the above information.
- I have received the Participant's Bill of Rights for Non-Medical Research.
- I consent to being in the study.

Signature: _____   Date: _____

Verbal Consent Obtained (if participant is unable to provide written consent): ☐Yes   ☐No

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www.lmu.edu

INFORMED CONSENT FORM – 12-17 Years of Age
California Reducing Disparities Project Phase 2 Statewide Evaluation
Principal Investigator: Dr. Cheryl Grills, Loyola Marymount University (LMU)

The California Reducing Disparities Project is a statewide project to improve mental health services. Oasis Model is one of 35 programs funded by this project. The Psychology Applied Research Center in Los Angeles is doing a study of the project. The California Department of Public Health funds the study. The study will be used to report on the usefulness of programs like Oasis Model. You can be in the study because you will be a part of Oasis Model .If you take part in the study, you will be one of about 150 people for Oasis Model and 9000 statewide.

If you say yes to the study, you will take two surveys. One survey when you start Oasis Model. Another survey at the end of the program. The surveys ask about your mental health; services you have used or need for mental health, alcohol or drugs; and what you think about Oasis Model. The survey also asks for details like your age, gender, and sexual orientation. One example of a question is, "Did you seek help for your mental or emotional health or for an alcohol or drug problem?" Another example is, "About how often during the past 30 days did you feel nervous?" The first survey should take 15 minutes. The second survey should take 10 to 15 minutes. Both surveys should take 25 to 30 minutes. Program staff can read questions and help you fill out the surveys.

Being in the study is optional. You will not be paid or receive any direct benefits. Saying no will not affect you being in Oasis Model. If you say yes to the study, you will take two surveys. You can ask questions before you decide if you want to be in the study.

The surveys ask some questions that may cause discomfort. You can choose to not answer for any reason. You can also withdraw from the study at any time by saying, "I do not want to be in the study anymore." Nothing bad will happen if you withdraw. Withdrawing will not affect you being in Oasis Model.

If you feel upset after you do the survey, the On The Move/LGBTQ Connection can refer you to support services. If you want more support, you can contact Dr. Cheryl Grills at LMU, 310-338-3016.

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Signing below [or clicking the yes button below] means that:
    I understand all of the above information.
    I have received the Participant's Bill of Rights for Non-Medical Research.
    I consent to being in the study.

Signature: _____   Date: _____

Verbal Consent Obtained (if participant is unable to provide written consent): Yes   ☐No

Appendix E: Local Evaluation Tools

<u>**Changes Made to Tools:**</u>

Pre/Post Core Measures:
Initial changes made following YPE session prior to pilot period:

Original:	Change Made:
Throughout survey: "Refused" option	"Decline"
Q41-43: "Messed things up"	"Negatively impacted"
Q56: "I am not attracted to anyone romantically"	"Aromantic (I am not attracted to anyone romantically)"
Q54: "When I was born, the person who delivered me (e.g.,doctor, nurse/midwife, family members), thought I was a:"	"What was the sex assigned to you at birth?"
Q45: "In the past 6 months, have you done any volunteer work or community service that you have not been paid for?"	"In the past 6 months, have you done any unpaid volunteer work or community service?"
Q57 & 58:	Add "don't know" option
Q59 & 60:	Added "spiritual community"

The following table shows common issues identified through youth feedback following survey administration, and the changes made to the tools based on this feedback

Issue:	Solution:
Culture questions are unclear to youth- Many are unsure what culture to refer to, and none of them think of LGBTQ culture	Added examples to the description before the culture questions. Added an additional qualitative question to allow youth to name the culture they were thinking of when responding
Q40 & 44 are also confusing to many	Additional qualitative measures were added to both questions to give youth the opportunity to respond in their own words with how they would describe certain emotions
Youth did not like seeing "ID number" on the survey	Changed title to not have the word "adolescent" & ID number- using pre-printed post-its on each survey to uphold anonymity

Additional questions were added to strengthen the evaluation:

- In P2, Q16-17 were added to the Post survey: "Because of my participation in LGBTQ Connection, I feel more comfortable in my gender identity/sexual orientation"
- In P3 Q45-48 were added to the pre survey in order to measure peer connectedness, as these questions were already being asked on the post

YPE Focus Group Agenda: The YPE focus group is made up of three main activities. While the first activity remained the same throughout the evaluation period, the second and third activities were refined based on youth feedback. Youth advocates and program staff would make changes to activities or agendas based on the success or failure of the activity to elicit thoughtful responses from the youth participants. All three activities were altered to accommodate COVID-19 protocols and allow for the focus group to be conducted online using Zoom and Mural. Two versions of the YPE focus group agenda are included to demonstrate these changes throughout the evaluation period.

Advocacy Project Mentor Interview: Staff and youth participants decided the conversation would be more impactful if the separate tools were combined- the mentor interview and the youth interview- into one cohesive conversation so that the youth could hear about the impact of their project from an outside/adult perspective, and the mentor could learn more about the impact of the project on the youth. Additional changes were made to accommodate COVID-19 protocols and allow for the interview to be conducted via Zoom. Two versions of the advocacy project mentor interview are included to demonstrate these changes throughout the evaluation period.

<table>
<tr><td>CODE:
Date:</td><td align="right">INITIAL SURVEY
ADOLE.V.8.19.19 (1217)-PRE</td></tr>
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Culture means many different things to different people but it is something that is usually shared by a relatively large group of people. For some it refers to customs and traditions. For others, it brings to mind their heritage and way of life. It can refer to beliefs, values and attitudes, your identity, and common history and membership in a group. The next questions are about your culture.

At present...	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. Your culture gives you strength.	O	O	O	O	O
2. Your culture is important to you.	O	O	O	O	O
3. Your culture helps you to feel good about who you are.	O	O	O	O	O
4. You feel connected to the spiritual/religious traditions of the culture you were raised in.	O	O	O	O	O

4a. When you were thinking about culture, what culture or community were you thinking of?

_____

Instructions: The next questions are about how you have been feeling during the past 30 days.

About how often during the past 30 days did you feel...	All of the time	Most of the time	Some of the time	A little of the time	None of the time
5. ...connected to your culture?	O	O	O	O	O
6. ...balanced in mind, body, spirit and soul?	O	O	O	O	O
7. ...marginalized or excluded from society? *(In other words, made to feel unimportant, or like your thoughts, feelings, or opinions don't matter.)*	O	O	O	O	O
8. ...isolated and alienated from society? *(In other words, feeling alone, separated from, cut off from the world beyond your family, school, and friends.)*	O	O	O	O	O

Instructions: The next questions are about the past 12 months.

In the past 12 months...	Yes	No	Decline	Don't Know
9. Did you THINK YOU NEEDED HELP for emotional or mental health problems, such as feeling sad, anxious, or nervous?	O	O	O	O
10. Have YOU RECEIVED any psychological or emotional counseling from any of the following...	O	O	O	O
a. Traditional helping professional such as a culturally-based healer, religious/spiritual leader or advisor?	O	O	O	O
b. Community helping professional such as a health worker, promotor, or peer counselor?	O	O	O	O
11. Have YOU RECEIVED any psychological or emotional counseling from someone AT SCHOOL, such as a school counselor, school psychologist, school therapist, school social worker?	O GO TO Q12	O DETOUR GO TO Q14	O DETOUR GO TO Q14	O DETOUR GO TO Q14

If you have received counseling AT SCHOOL in the past 12 months...	Yes	No	Decline	Don't Know
12. Are you still receiving psychological or emotional counseling from someone AT SCHOOL?	O DETOUR GO TO Q14	O GO TO Q13	O GO TO Q14	O GO TO Q14

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13. If not, what was the MAIN REASON you stopped psychological or emotional counseling AT SCHOOL? (Please select ONE main reason.)

O The counselor, therapist, psychologist, psychiatrist or social worker said I finished and/or met my goals	O Had bad experiences with counselor, therapist, psychologist, psychiatrist or social worker	O The counselor, therapist, psychologist, psychiatrist or social worker did not understand my problem
O I ended it because I got better/I no longer needed services	O Couldn't get appointment	O I felt discriminated against
O School ended	O Not getting better	O I did not want to go anymore
O Hours not convenient	O Didn't have time	O Wanted to handle the problem on my own
O I changed schools	O Other *(Specify)* _____	

	Yes	No	Decline	Don't Know
14. In the past 12 months, have YOU RECEIVED any psychological or emotional counseling from someone OUTSIDE OF SCHOOL, like a counselor, therapist, psychologist, psychiatrist or social worker?	O GO TO Q15	O GO TO Q17	O GO TO Q17	O GO TO Q17

If you have received counseling OUTSIDE OF SCHOOL in the past 12 months…	Yes	No	Decline	Don't Know
15. Are you still receiving psychological or emotional counseling from someone OUTSIDE OF SCHOOL?	O GO TO Q17	O GO TO Q16	O GO TO Q17	O GO TO Q17

16. What was the MAIN REASON you stopped psychological or emotional counseling OUTSIDE OF SCHOOL? (Please select ONE main reason.)

O The counselor, therapist, psychologist, psychiatrist or social worker said I finished and/or met my goals	O Had bad experiences with counselor, therapist, psychologist, psychiatrist or social worker	O The counselor, therapist, psychologist, psychiatrist or social worker did not understand my problem
O I ended it because I got better/I no longer needed services	O Couldn't get appointment	O Didn't have transportation
O Insurance did not cover	O Not getting better	O I felt discriminated against
O Too expensive	O Didn't have time	O I did not want to go anymore
O School ended	O I moved	O Wanted to handle the problem on my own
O Hours not convenient	O Other *(Specify)* _____	

In the past 12 months…	Yes	No	Decline	Don't Know
17. Did you receive any professional help for your use of alcohol or drugs?	O	O	O	O
18. Have you take any medication because of difficulties with your emotions, concentration, or behavior?	O	O	O	O

Instructions: Here are some reasons youth/teens have for NOT seeking help from a mental health professional such as a counselor, therapist, psychologist, psychiatrist or social worker, even when they think they might need it. Even if you are receiving help now, do you agree or disagree with the following reasons why you might not seek help from a mental health professional?

	Agree	Disagree	Decline	Don't Know
19. You were planning to or are already getting help from…				
a. Traditional helping professional such as a culturally-based healer, religious/spiritual leader or advisor	O	O	O	O
b. Community helping professional such as a health worker, *promotor*, peer counselor, or case manager	O	O	O	O
20. You didn't know these types of mental health professionals existed.	O GO TO Q34	O GO TO Q21	O GO TO Q21	O GO TO Q21

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	Agree	Disagree	Decline	Don't Know
21. You didn't feel comfortable talking with them about your personal problems.	O	O	O	O
22. You didn't think you would feel safe and welcome because of your…				
a. limited English	O	O	O	O
b. race/ethnicity	O	O	O	O
c. age	O	O	O	O
d. religious or spiritual practice	O	O	O	O
e. gender identity	O	O	O	O
f. sexual orientation	O	O	O	O
23. You thought you could solve your issue on your own.	O	O	O	O
24. You thought your issue wasn't serious enough.	O	O	O	O
25. You thought your friends would find out.	O	O	O	O
26. You didn't want to talk to a stranger about your issue.	O	O	O	O
27. You were worried that your family and others in the community may think differently about you.	O	O	O	O
28. You didn't know where to go for help.	O	O	O	O
29. You felt embarrassed about what you were going through.	O	O	O	O
30. You were worried that your peers and others in school may think differently about you.	O	O	O	O
31. You didn't have time because of after-school activities and other commitments.	O	O	O	O
32. It was too expensive.	O	O	O	O
33. You didn't have transportation to get there.	O	O	O	O

Instructions: The next questions are about how you have been feeling during the past 30 days.

During the past 30 days, how often did you feel…	All of the time	Most of the time	Some of the time	A little of the time	None of the time
34. … nervous?	O	O	O	O	O
35. … hopeless?	O	O	O	O	O
36. … restless or fidgety?	O	O	O	O	O
37. … so depressed that nothing could cheer you up?	O	O	O	O	O
38. … feel that everything was an effort?	O	O	O	O	O
39. … worthless?	O	O	O	O	O

40. The above items are often used to describe experiences with mental or emotional distress. To what extent do the above questions (Q34-Q39) match how you would describe those experiences? (Check one)

     O **A lot (GO TO Q41)**   O **Somewhat (GO TO Q40a)**   O **Not At All (GO TO Q40a)**

40a. What words would you use to describe experiences with mental or emotional distress? _____

_____

Okay, you just told me about how you have been feeling the past 30 days. Now I want to know how much your fears and worries have messed things up. In other words, how much have they stopped you from doing things you want to do?

How much have your fears and worries messed things up with…	A Lot	Some	Not At All
41. …school and homework?	○	○	○
42. … friends?	○	○	○
43. … home?	○	○	○

44. The above items are often used to describe how emotions affect people's lives. To what extent do the above questions (Q41-Q43) match how you would describe the negative effect of emotions on your life? (Check one)

○ **A lot** DETOUR **(GO TO Q45)**   ○ **Somewhat (GO TO Q44a)**   ○ **Not At All (GO TO Q44a)**

44a. What words would you use to describe the negative effect of emotions on your life? _____

_____

Instructions: Please tell us if the following statements are true for you right now.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Not Applicable
45. I know people who will listen and understand me when I need to talk.	○	○	○	○	○	○
46. I have people that I am comfortable talking with about my problem(s).	○	○	○	○	○	○
47. In a crisis, I would have the support I need from family or friends.	○	○	○	○	○	○
48. I have people with whom I can do enjoyable things.	○	○	○	○	○	○

	Yes	No	Decline	Don't Know
49. In the past 6 months, have you done any volunteer work or community service that you have not been paid for?	○	○	○	○

50. How old are you? Write in age: _____

51. What is your race and ethnic origin? *Select only one race category and specify your ethnic origin*

○ American Indian or Alaska Native

○ Black or African American: Please specify your ethnic origin(s):_____

○ Latino, Hispanic, or Spanish: Please specify your ethnic origin(s):_____

○ Asian: Please specify your ethnic origin(s):_____

○ Native Hawaiian or Other Pacific Islander: Please specify your ethnic origin(s): _____

○ White: Please specify your ethnic origin(s):_____

○ Other Race: Please specify your race and ethnic origin(s):_____

○ Multi-Racial Please specify your origin(s):_____

○ Decline

○ Don't Know

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52. How well can you speak the English language?

    ○ Fluently

    ○ Somewhat fluently; can make myself understood but have some problems with it

    ○ Not very well; know a lot of words and phrases but have difficulties communicating

    ○ Know some vocabulary, but can't speak in sentences

    ○ Not at all

53. What is your preferred language? _____

54. Were you born:

    ○ Inside the U.S.

    ○ Outside the U.S.

    ○ Decline

    ○ Don't Know

55. What are the first 3 digits of your Zip Code? _ _ _ ○ Unstable housing/no ZIP code ○ Decline ○ Don't Know

56. Have you ever spent time in a temporary settlement area for refugees or displaced persons or been held at ICE facilities?

    ○ Not Applicable

    ○ Yes

    ○ No

    ○ Decline

    ○ Don't Know

57. About how many years have you lived in the United States? [For less than a year, enter 1 year]
    Number of years_____ ○ Not Applicable (I've only lived in the United States)

To help us understand you personally, please tell us the term that you personally prefer to describe your gender. There are no right or wrong answers to these questions. Please be honest and answer as you really think and feel.

58. When I was born, I was labeled a: Choose the one best answer.

○ Male/Boy	○ I am not sure about my sex assigned at birth
○ Female/Girl	○ My assigned sex at birth (please specify):_____
○ Intersex (they were unsure about my sex at birth)	○ I do not wish to answer this question

59. When it comes to my gender identity, I think of myself as: Choose all that apply.

○ Man/Male	○ Non-binary (not exclusively male or female)
○ Woman/Female	○ Two Spirit
○ Transgender/Trans	○ Intersex (between male and female)
○ Trans man/Trans male	○ I am not sure about my gender identity
○ Trans woman/Trans female	○ I do not have a gender/ gender identity
○ Genderqueer/Gender non-conforming	○ My gender identity is (please specify):_____

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Please tell us the term that you personally prefer to describe your sexual orientation.

60. What is your sexual orientation? Choose all that apply.

O Straight/heterosexual	O Asexual (I am not attracted to anyone sexually)
O Gay	O Aromantic (I am not attracted to anyone romantically)
O Lesbian	O I am not sure who I am attracted to sexually
O Bisexual	O I am not sure who I am attracted to romantically
O Queer	O Something else: _____
O Pansexual/Non-monosexual (I am attracted to all genders)	O I do not wish to answer this question

61. How much do the following people in your life accept or reject your gender? Choose the one best answer.

	Totally reject	Somewhat reject	Neutral	Somewhat accept	Totally accept	Not applicable	Don't Know
Parents/Guardians	O	O	O	O	O	O	O
Siblings	O	O	O	O	O	O	O
Extended family	O	O	O	O	O	O	O
Children	O	O	O	O	O	O	O
Friends	O	O	O	O	O	O	O
Partner(s)	O	O	O	O	O	O	O
Coworkers	O	O	O	O	O	O	O
Neighbors	O	O	O	O	O	O	O
Medical providers	O	O	O	O	O	O	O
Spiritual Community	O	O	O	O	O	O	O
Mental health providers	O	O	O	O	O	O	O
Other: _____	O	O	O	O	O	O	O

62. How much do the following people in your life accept or reject your sexual orientation? Choose the one best answer.

	Totally reject	Somewhat reject	Neutral	Somewhat accept	Totally accept	Not applicable	Don't Know
Parents/Guardians	O	O	O	O	O	O	O
Siblings	O	O	O	O	O	O	O
Extended family	O	O	O	O	O	O	O
Children	O	O	O	O	O	O	O
Friends	O	O	O	O	O	O	O
Partner(s)	O	O	O	O	O	O	O
Coworkers	O	O	O	O	O	O	O
Neighbors	O	O	O	O	O	O	O
Medical providers	O	O	O	O	O	O	O
Spiritual Community	O	O	O	O	O	O	O
Mental health providers	O	O	O	O	O	O	O
Other: _____	O	O	O	O	O	O	O

CODE:

Date:

ADOLE.V.6.4.19 (1217)-POST

Culture means many different things to different people but it is something that is usually shared by a relatively large group of people. For some it refers to customs and traditions. For others, it brings to mind their heritage and way of life. It can refer to beliefs, values and attitudes, your identity, and common history and membership in a group. The next questions are about your culture.

At present...	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. Your culture gives you strength.	○	○	○	○	○
2. Your culture is important to you.	○	○	○	○	○
3. Your culture helps you to feel good about who you are.	○	○	○	○	○
4. You feel connected to the spiritual/religious traditions of the culture you were raised in.	○	○	○	○	○

4a. When you were thinking about culture, what culture or community were you thinking of? _____

During the past six months, how often did you feel...	All of the time	Most of the time	Some of the time	A little of the time	None of the time
5. ...connected to your culture?	○	○	○	○	○
6. ...balanced in mind, body, spirit and soul?	○	○	○	○	○
7. ...marginalized or excluded from society? *(In other words, made to feel unimportant, or like your thoughts, feelings, or opinions don't matter.)*	○	○	○	○	○
8. ...isolated and alienated from society? *(In other words, feeling alone, separated from, cut off from the world beyond your family, school, and friends.)*	○	○	○	○	○

During the past six months, how often did you feel...	All of the time	Most of the time	Some of the time	A little of the time	None of the time
9. ... nervous?	○	○	○	○	○
10. ... hopeless?	○	○	○	○	○
11. ... restless or fidgety?	○	○	○	○	○
12. ... so depressed that nothing could cheer you up?	○	○	○	○	○
13. ... feel that everything was an effort?	○	○	○	○	○
14. ... worthless?	○	○	○	○	○

15. The above items are often used to describe experiences with mental or emotional distress. To what extent do the above questions (Q9-Q14) match how you would describe those experiences? (Check one)

   ○ A lot (GO TO Q16)   ○ Somewhat (GO TO 15a)   ○ Not At All (GO TO 15a)

15a. What words would you use to describe experiences with mental or emotional distress?

Because of my participation in LGBTQ Connection...	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Not Applicable
16. I feel more comfortable with my gender identity.	○	○	○	○	○	○
17. I feel more comfortable with my sexual orientation.	○	○	○	○	○	○

Okay, you just told me about how you have been feeling during the past six months. Now I want to know how much your fears and worries have impacted you negatively. In other words, how much have they stopped you from doing things you want to do?

How much have your fears and worries negatively impacted …	A Lot	Some	Not At All
18. … school and homework?	O	O	O
19. … friends?	O	O	O
20. … home?	O	O	O

21. The above items are often used to describe how emotions affect people's lives. To what extent do the above questions (Q18-Q20) match how you would describe the negative effect of emotions on your life? (Check one)

      O A lot (GO TO Q22)   O Somewhat (GO TO Q21a)   O Not At All (GO TO Q21a)

21a. What words would you use to describe how emotions affect people's lives?

_____

Instructions: Please help our make our program better by answering some questions. Please answer the questions based on the services, program or activities connected to LGBTQ Connection. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the statement is about something you have not experienced, check the box for Not Applicable to indicate that this item does not apply to you.
Please note: the word "service" stands for any program activities or events connected to LGBTQ Connection.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Not Applicable
22. Overall, I am satisfied with the services I received.	O	O	O	O	O	O
23. The people helping me stuck with me no matter what	O	O	O	O	O	O
24. I felt I had someone to talk to when I was troubled	O	O	O	O	O	O
25. I received services that were right for me.	O	O	O	O	O	O
26. The location of services was convenient for me.	O	O	O	O	O	O
27. Services were available at times that were convenient for me.	O	O	O	O	O	O
28. I got the help I wanted.	O	O	O	O	O	O
29. Staff treated me with respect.	O	O	O	O	O	O
30. Staff respected my religious / spiritual beliefs.	O	O	O	O	O	O
31. Staff spoke with me in a way that I understood.	O	O	O	O	O	O
32. Staff were sensitive to my cultural / ethnic background.	O	O	O	O	O	O
33. I am better at handling daily life.	O	O	O	O	O	O
34. I get along better with family members.	O	O	O	O	O	O
35. I get along better with friends and other people.	O	O	O	O	O	O
36. I am doing better in school and/or work.	O	O	O	O	O	O
37. I am better able to cope when things go wrong.	O	O	O	O	O	O
38. I am satisfied with my family life right now.	O	O	O	O	O	O
39. I am better able to do things I want to do.	O	O	O	O	O	O
40. I know people who will listen and understand me when I need to talk.	O	O	O	O	O	O

Page 3 of 3	POST SURVEY

41. I have people that I am comfortable talking with about my problem(s).	O	O	O	O	O	O
42. In a crisis, I would have the support I need from family or friends.	O	O	O	O	O	O
43. I have people with whom I can do enjoyable things.	O	O	O	O	O	O

	Yes	No
44. Were the services you received here provided in the language you prefer?	O	O
45. Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available in the language you prefer?	O	O

46. How much do the following people in your life **accept or reject your gender**? Choose the one best answer.

	Totally reject	Somewhat reject	Neutral	Somewhat accept	Totally accept	Not applicable	Don't Know
Parents/Guardians	O	O	O	O	O	O	O
Siblings	O	O	O	O	O	O	O
Extended family	O	O	O	O	O	O	O
Children	O	O	O	O	O	O	O
Friends	O	O	O	O	O	O	O
Partner(s)	O	O	O	O	O	O	O
Coworkers	O	O	O	O	O	O	O
Neighbors	O	O	O	O	O	O	O
Medical providers	O	O	O	O	O	O	O
Spiritual Community	O	O	O	O	O	O	O
Mental health providers	O	O	O	O	O	O	O
Other: _____	O	O	O	O	O	O	O

47. How much do the following people in your life **accept or reject your sexual orientation**? Choose the one best answer.

	Totally reject	Somewhat reject	Neutral	Somewhat accept	Totally accept	Not applicable	Don't Know
Parents/Guardians	O	O	O	O	O	O	O
Siblings	O	O	O	O	O	O	O
Extended family	O	O	O	O	O	O	O
Children	O	O	O	O	O	O	O
Friends	O	O	O	O	O	O	O
Partner(s)	O	O	O	O	O	O	O
Coworkers	O	O	O	O	O	O	O
Neighbors	O	O	O	O	O	O	O
Medical providers	O	O	O	O	O	O	O
Spiritual Community	O	O	O	O	O	O	O
Mental health providers	O	O	O	O	O	O	O
Other: _____	O	O	O	O	O	O	O

Date:	**YOUTH PARTICIPANT DEMOGRAPHICS**
	10.9.18

Contact Information:

First & Last Name: _____   Pronouns: _____   Address:_____

Birthdate: __/__/__   Other Names: (Chosen, nicknames, aliases?) _____   _____

Phone Number: _____   Email:_____

Primary Language: ### Veteran:

O English   O Spanish   O Yes

O American Sign Language   O Another language: _____   O No

Please Indicate Disability Type (if none, leave blank):

O Vision   O Deaf/Hearing Impaired   O Physical/mobility

O Mental Illness   O Learning   O Developmental

O Chronic health condition   O Another disability: _____

Sex Assigned at Birth:

O Male   O Female

O Decline to answer   O Intersex

Gender Identity (check all that apply):

O Man   O Genderqueer/gender fluid/GNC   O Decline to answer

O Woman   O Questioning/unsure/exploring

O Transgender   O Another Gender Identity: _____

Sexual Orientation (check all that apply):

O Gay   O Lesbian   O Heterosexual/straight

O Queer   O Bisexual   O Questioning/unsure

O Pansexual   O Another sexual orientation: _____   O Decline to answer

O Asexual

Race (check all that apply):

O American Indian/Alaskan Native   O Asian   O White

O Native Hawaiian/Pacific Islander   O Chicanx/Latinx/Hispanic   O Don't Know

O Black/African American   O Another Race: _____   O Decline to Answer

Ethnicity (check all that apply):

O African	O Cambodian	O Caribbean
O Central American	O Chinese	O Cuban/Cuban-American
O Eastern European	O European	O Filipino
O Guamanian or Chamorro	O Hmong	O Mexican, Mexican-American, Chicano
O Korean	O Laotian	O Japanese
O Middle Eastern	O Mien	O Puerto Rican
O Samoan/Am Samoan	O South American	O Vietnamese
O Another Ethnicity: _____		O Decline to Answer

Growing up, did you consider yourself or your family to be..

O High Income Level   O Middle Income Level   O Low Income Level

O Decline to Answer

LGBTQ Connection - CRDP YPE Focus Group
April 2018

Notes to Facilitators

9.   If you are not leading the activity, watch the group for people who haven't spoken up or who have checked-out. Find a space to engage them.
10.   Avoid saying "we" when referring to the program. "We" makes it feel like you are asking youth to criticize YOU - and they will probably not be willing to do it.
11.   Don't offer judgments about the program, the focus group, or the activities. Let youth draw their own conclusions.

Introductions & Opener - 20 minutes

Check-In
Context of what we are doing today - part of the evaluation process you all agreed to help us with. Focus group is to help LGBTQ:
Learn what is working for youth
Learn what is changing for youth - are youth less stressed and more connected?
Improve our program
Help other organizations learn how to best support LGBTQ youth
Agenda- how it works, what will happen with info, set the intentions and tone
Agreements- confidentiality, take care of your needs, move up/move back
Energy Booster Activity

Session 1: Cultural Competency - 30 minutes

Learning Question: Did the program fit youth's culture, language and age?
Context to SHARE: For programs to be effective, they have to match the "culture" and interests of the people who are participating. For example, you might not want to have a Chinese-speaking coach work with Spanish-speaking youth. Or it might not work to have someone who only likes country music teach a jazz class. And you wouldn't want to ask college students to practice writing their "ABCs". All that to say, the way programs are done need to match the people who participate.

Activity: Culture Assessment - *Group Brainstorm + Assessment* *(20 minutes)*

Culture means different things to different people. On the table you, will find a bunch of sticky notes with words that describe elements of culture. Pick out the ones that are important to you and put them up on one of the chart papers on the wall. You can add words/ideas by writing them on a sticky note and adding them to the list:
Our cards will have these words
Start some music while they are writing and moving around the room
Read them all out loud, check for agreement and understanding for any new cards youth added or any "gray" areas like "Internet", etc.
So now we want to know if LGBTQ Connection's programs matched up with your "culture" and interests.

Give each participant a marker and ask them to come place their "scores" on each area of culture:

Put a "+" next to the areas LGBTQ Connection did well in.

Put a "o" next to things you didn't see happen.

Put a "-" next to the things LGBTQ Connection didn't do well in -- where errors or oversights were made.

Ask for clarification and/or examples. NOTES: Avoid saying "we" in this section. Don't ask about program improvement yet -- just focus on getting their examples and experiences out.

Where there is disagreement (mixture of +/o/-) **ask them to share about their experience**

Where there is lots of agreement - **ask for 1 or 2 examples**

If there is agreement around age and language being represented for the people present, ask hypothetical language and age questions- "what if a 14 yr old were here, what do you think they would say?"

What ideas do you have about how LGBTQ Connection could do better to really connect with youth and meet them where they are?

Summarize what you heard from youth and announce break and next session

Break - 5 minutes

Before beginning next session: Shake it out!
(Demonstrate first, then do it)

Session 2: Distress - 20 minutes

Learning Question: Did the program help youth to deal with the pressures and stresses of being a LGBTQ Youth?

Context to SHARE: One of LGBTQ Connection's key goals is to help youth cope with stress and anxiety. In this next activity, we want to learn from you about what stresses you out, how you deal with stress and how LGBTQ Connection may have helped.

Activity: Discussion & Poll

What makes you feel pressured or stressed? (everyone answers)

Record on flipchart or whiteboard

Clarify what people mean by general topics. For example - if they say "school" follow-up with a question about what about school makes them stressed. This will help us to learn if this is an issue for LGBTQ youth or just youth in general.

Have everyone stand up and demonstrate with your arms your scale -- top most stressed you have ever been, bottom is you are super chill.

Think back to the time before you got connected to LGBTQ Connection. Show me with your hand your level of stress. For example if your stress/pressure was really high -- stretch your hand way up.

Where are you now? (ask them to adjust their hands)

If they changed their stress level indicator -- ask them to share what happened -- what made a different positively or negatively?

DON'T OMIT THIS QUESTION: If your stress level didn't change, from then to now, was there ever a time that it moved up or down in the last few months? What happened?

Recorder takes notes on people's responses
Where would you like your stress/pressure level to be?
What do you do on your own to help deal? (People can sit down if they want)
How does participating in LGBTQ Connection help you cope with stress, both in the moment and overall?
What are ways LGBTQ Connection could help you to deal with stress better?
Recorder takes notes on people's responses
Summarize what you heard from youth and announce break and next session

Break/Activity (if needed)- 5 minutes

Before beginning next session: Quick debrief with your neighbor -- what's your number right now -- 5 AMAZING, 1 Not good
(If youth are on the lower side, do an energy booster to get people a little more positive)

Session 3: Help Seeking - 20 minutes

Learning Question: Are youth more willing to look for help?
Context to SHARE: LGBTQ Connection's other key goal is to help youth be more comfortable asking for help when they need it. In this next activity, we want to learn from you about who you ask for help, what kind of help you need and then to see if anything is changing for you.

Activity 1: Sticky Note Wall - pass out stacks of blue and yellow sticky notes & pens/pencils

Who do you turn to when you need help or support?
Ask youth to write one idea per blue sticky note
Ask youth to put stickies on the wall -- they can group them as they go. Make sure they are spread out on wall.
Read out all sticky notes in each group, give each group a written "title" that summarizes the cards in the group.
What kind of support do you ask for?
Ask youth to write one idea per yellow sticky note. If they ask for the same support from different people, make as many yellow stickies as they need.
Examples: Money, ride, listen to me
Ask youth to put the yellow stickies on the wall next to the person/category that youth go to for support.
Read out all sticky notes. Ask for more detail, i.e. "What kind of advice do you ask your friends for?"
> **Activity 2: Group Discussion**
How have things changed for your since coming to LGBTQ Connection?
Do you ask different people for help? How so?
Has the type of help you ask for changed? How so? Can you please give an example?

Do you feel any differently about asking for help? Is it harder or easier to ask for help? Why?(everyone answers)
Recorder takes notes on people's responses
Summarize what you heard from youth and check for agreement.

Closing - 5 minutes

Do a quick Plus - Delta of the focus group
Acknowledgments - Be sure to thank them for openly sharing, giving input, etc.
Group photo
Treats & social time

LGBTQ Connection - CRDP YPE Focus Group
November 2020 - Zoom

Notes to Facilitators
- If you are not leading the activity, watch the group for people who haven't spoken up or who have checked-out. Find a space to engage them.
- Avoid saying "we" when referring to the program. "We" makes it feel like you are asking youth to criticize YOU - and they will probably not be willing to do it.
- Don't offer judgments about the program, the focus group, or the activities. Let youth draw their own conclusions.
- **Make sure sharing of screen is enabled, that all youth have video cameras and access to computers**
- **Ask youth to have paper and markers available**

Introductions & Opener - 15 minutes (*3:05-3:20*)

5 mins: Check-In: Name, pronouns, number
2 mins: Context of what we are doing today - part of the evaluation process you all agreed to help us with. Focus group is to help LGBTQ:
Learn what is working for youth
Learn what is changing for youth - are youth less stressed and more connected?
Improve our program
Help other organizations learn how to best support LGBTQ youth
2 mins: Agenda- how it works, what will happen with info, set the intentions and tone
Vague description: Activity to get to know each other, three activities, break in the middle, finish with acknowledgements, pluses & deltas
Use of phones and/or computers, video cameras, chat box
2 mins: Agreements- confidentiality, take care of your needs, move up/move back, Be present
5 min: Ice breaker activity- Something from creative facilitation - pass the ball, name game.

Youth Advocates sign off for first activity

Session 1: Cultural Competency (Identity Match!)- 30 minutes (*3:20-3:50*)

Learning Question: Did the program fit youth's culture, language and age?
Context to SHARE: For programs to be effective, they have to match the identities and interests of the people who are participating.

Facilitation Note: Youth will need access to a computer or iPad for this activity
Activity: Identity Assessment - *Group Brainstorm + Assessment (20 minutes)*

F1 SETS UP MURAL ACTIVITY: Identity means different things to different people. We will explore what parts of identity are important to you using Mural. Click this link:
https://app.mural.co/t/lgbtqconnection6207/m/lgbtqconnection6207/1605552282907/2967ed5ed

9dee81ddfa394fcfb7f2c83d75638f6 to sign on to Mural. Once you are on mural, zoom out in the lower right corner to 32%. You should now see a "whiteboard" area and a wordbank of colorful squares below. (make sure everyone is there.) Once I put on music, you will move the cards that are important to your identity up onto the whiteboard area. If something is missing that is important to your identity, you can add words/ideas by writing them on the blank notes in the word bank.

Our cards will have these words

Start some music while they are working on the project

Read them all out loud, check for agreement and understanding for any new cards youth added or any "gray" areas-*So everyone knows they were heard*

Group cards in themes as needed- group memes together, etc- ** draw borders around cards before scoring**

So now we want to know if LGBTQ Connection's programs matched up with your identity and interests

You will now use click on the "draw" icon on the left side of the mural page. Use any of the drawing tools to place your "scores" on each area of culture:

Put a "+" next to the areas LGBTQ Connection did well in.

Put a "o" next to things you didn't see happen.

Put a "-" next to the things LGBTQ Connection didn't do well in -- where errors or oversights were made.

F2 LEADS DISCUSSION- Ask for clarification and/or examples.

NOTES: Avoid saying "we" in this section. Don't ask about program improvement yet -- just focus on getting their examples and experiences out. Be sure to touch on age, language, and gender expression.

Where there is disagreement (mixture of +/o/-) **ask them to share about their experience** - *Look for ones that have significance to the program- food, art, spirituality, etc*

Where there is lots of agreement - **ask for 1 or 2 examples**

If there is agreement around age and language being represented for the people present, ask hypothetical language and age questions- OR if age, language or gender expression is not included, be sure to add and discuss-

Follow-up questions:

"How is the online/virtual experience going for you?" "Does it match up with your identity"

"Do you feel like LGBTQ Connection allows for fluidity in identity?"

"If your 14 yr old self were here, what do you think they would say?"

"Is LGBTQ Connection's language respectful of all identities? Is it youth friendly?"

"Has anyone else had that experience? Did anyone else have a different experience?"

Summarize what you heard from youth and announce next session- "So what is heard you say was…"

Youth Advocates Rejoin

Session 2: Distress (Picture This!)- 30 minutes (*3:50-4:20*)

Learning Question: Did the program help youth to deal with the pressures and stresses of being a LGBTQ Youth? Is the program helping youth have better coping skills?

F1 Context to SHARE: One of LGBTQ Connection's key goals is to help LGBTQ youth feel less lonely, anxious and depressed. We know that being LGBTQ can magnify these feelings sometimes. In this next activity, we want to learn from you about what makes you feel sad or

anxious, if things are getting any better for you and whether or not being a part of LGBTQ Connection is helping. We are really looking to see what parts of being LGBTQ create extra stress or anxiety in your life, and if being a part of LGBTQ Connection has helped lessen these things at all. Does this make sense to you all? (Elaborate if needed… give an example if needed: I feel really isolated at school because I don't know other LGBTQ people. Coming to LGBTQ Connection helped me feel more connected because I met other people who identified like me.)

Activity: Image Comparison (Isamar)

Share collage of stock photos/memes that are numbered on the screen.
As a large group: If you have recently joined us, think back to how you were doing before you got involved in LGBTQ Connection. If you have been with us for years, think back to about 6 months ago. Pick an image off the screen that represents how you were feeling or coping at the time.
If things have changed for you in the last few months, pick another image that represents where you are now.
Facilitator show through example
As a large group - What happened in your life that influenced that change? How much did being involved in LGBTQ Connection have to do with that change?
Share your images with the group- briefly describe where you were at then and where you are at now
What happened in between?
Follow-up Questions as needed:
"Can you be more specific?"
"Was there a specific skill you learned that helped you?"
Curiosity and specifics
"Has the change you experienced as part of LGBTQ Connection

3.   Summarize what you heard from youth and announce break and next session.
5 minute BREAK?

Session 3: Support seeking - 30 minutes (*4:20-4:50*)

Learning Question: Are youth more willing to look for help?
Context to SHARE: LGBTQ Connection's other key goal is to support youth to be more comfortable asking for help when they need it. In this next activity, we want to learn from you about who you ask for help, what kind of support you need and then to see if anything is changing for you.

F1 will do network of care activity, F2 will do the discussion in break out rooms, F3 to help take notes in the breakouts

Activity 1: Network of Care Activity

Ask participants to get out a piece of paper and 2 different colored markers/pens. Share this slide and ask them to draw the 3 concentric circles on their paper.

Explain that we are going to try to document each youth's "Network of Care" -- the people or organizations we turn to when we need help or support

Ask youth to write in the people and organizations who are important to them in the different levels using a colored marker or pen. Give them examples of family and friends, people they know from school or work, organizations, anyone they have met at LGBTQ Connection

Ask youth to use a different colored marker/pen to write down the different kinds of help/support they ask from people in each circle

Activity 2: Group Discussion in Break Out Rooms

Ask youth to quickly share their drawings

Ask youth to imagine that they had done this activity a year ago.

Would any of the names or organizations be different? How so?

Would any of the requests for help/support be different? How so?

Do you feel any differently about asking for help? Is it harder or easier to ask for help? Why?(everyone answers)

Summarize what you heard from youth and check for agreement.

Closing - 10 minutes - Come back to Large Group (*4:50-5:00*)

8.   Do a quick Plus - Delta of the focus group

9.   Zoom Photo

10.   Acknowledgments - Be sure to thank them for openly sharing, giving input, etc

YLT Advocacy Project Impact Focus Group
Project Mentor/Youth Interview 2019

Cohort: _____   Date: _____

Mentor: _____ Role: _____

Project:

Begin by summarizing the Protective Factors that needed to be strengthened.
(Help-seeking behaviors, Social/Peer connections, Community connections, Positive self-regard)

<u>Mentor:</u>
    How well did the project address increasing help-seeking behaviors?

<u>Youth:</u>
Did the project make it easier for you to ask for help? Did it make it easier for others to ask for help?

<u>Mentor:</u>
How well did the project address increasing social/peer connections? How well did the project address increasing community connections?

<u>Youth:</u>
How did working on the project increase your connection to others?

<u>Mentor:</u>
How well did the project address increasing positive self-regard?

<u>Youth:</u>
How did working on the project impact or grow your opinion of yourself?
<u>Mentor:</u>
What immediate impact did the project have? What (if any) sort of a long-term impact will the project have on families and children in your community?
<u>Youth:</u>
How did the project impact your community?
<u>Mentor:</u>
To what extent did the project create more welcoming community/school/families for youth?
<u>Youth</u>
How did working on the project impact feelings of acceptance?
How did working on the project impact your relationships and your team?
How will your participation in Youth Leadership Team improve your role in the community?

YLT Advocacy Project Impact Focus Group

Project Mentor/Youth Interview 2020

Site: Date:

Youth Leaders: Project Mentor:

Press record on ZOOM

Establishing Context:
1) What were the purpose and outcomes you agreed upon for your project?
2) What was your project and its main parts?
3) What outside people or groups did you partner with to make it happen?

Measuring Impact:
We're now going to explore the impact of your project on these three areas.
(**Share the questions with youth, ask them to write their answers, and be ready to share out. RECORD their answers on Google Doc using bullet points**)

4) How did the work on your project change how you feel about yourself? Do you see yourself differently?
5) How did the work on your project change your relationships with other youth? Do you feel more connected to your peers?
6) How did the work on your project change the way you feel about your community/school?
7) Does your community/school seem more welcoming to LGBTQ youth because of your work?

Reflecting on Virtual Teams:
8) Cross-County: how was that for you? (did it make a difference to how you felt about the project or its impact?)
9) Working as a virtual team: how was that for you? (relationships, communication, coaching, technology)
10) What would you do differently next time, given that we will probably have to stay virtual?

Closing

Acknowledgements

	LGBTQ BEST PRACTICES
Date:	V.9.30.19 Workshop Evaluation

Please take a few minutes to help us improve our future workshops and events.

What did you learn in this workshop?	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I have a better understanding of LGBTQ identities.	O	O	O	O	O
2. I have more compassion for LGBTQ people & their experiences.	O	O	O	O	O
3. I am more aware of specific issues that affect the mental health of LGBTQ youth & LGBTQ seniors.	O	O	O	O	O
4. I am more confident in my ability to support LGBTQ people.	O	O	O	O	O
5. I gained knowledge of resource and referral information for LGBTQ people.	O	O	O	O	O
6. I can identify specific mental health resources accessible for LGBTQ people.	O	O	O	O	O

How did we do?	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
7. The presenter(s) responded to questions in an informative, appropriate and satisfactory manner.	O	O	O	O	O
8. Overall, the session was worth my time.	O	O	O	O	O

9. Which portion of the workshop did you find most useful? Why?

10. What, if anything would have made the training better?

11. What is one change you or your team has committed to making to improve your inclusion of LGBTQ clients?

12. For those who work in the public/non-profit/private sector, what is your area of focus (leave blank if not applicable):

O Mental Health   O Community Healthcare   O Education   O Youth Development   O Criminal Justice

O Faith/Spirituality   O Family Support   O Community/Economic Development   O Housing

O City Government   O Other: _____

PRESENTATION PARTICIPANT DEMOGRAPHICS

Please note, LGBTQ Connection requests the following demographics as required by projects funded by California's Mental Health Services Act (MHSA). Your responses will be kept anonymous and are used to help improve programs and services.

Age:

O 13-18   O 19-24   O 25-65   O 65+

Primary Language:

O English   O Spanish
O American Sign Language   O Another language: _____

Veteran:

O Yes
O No

Please Indicate Disability Type (if none, leave blank):

O Vision   O Deaf/Hearing Impaired   O Physical/mobility
O Mental Illness   O Learning   O Developmental
O Chronic health condition   O Another disability: _____

Sex Assigned at Birth:

O Male   O Female
O Decline to answer   O Intersex

Gender Identity (check all that apply):

O Man   O Genderqueer/gender fluid/GNC   O Decline to answer
O Woman   O Questioning/unsure/exploring
O Transgender   O Another Gender Identity: _____

Sexual Orientation (check all that apply):

O Gay   O Lesbian   O Heterosexual/straight
O Queer   O Bisexual   O Questioning/unsure
O Pansexual   O Another sexual orientation: _____   O Decline to answer
O Asexual

Race (check all that apply):

O American Indian/Alaskan Native   O Asian   O White
O Native Hawaiian/Pacific Islander   O Chicanx/Latinx/Hispanic   O Don't Know
O Black/African American   O Another Race: _____   O Decline to Answer

Ethnicity (check all that apply):

O African   O Cambodian   O Caribbean
O Central American   O Chinese   O Cuban/Cuban-American
O Eastern European   O European   O Filipino
O Guamanian or Chamorro   O Hmong   O Mexican, Mexican-American, Chicano
O Korean   O Laotian   O Japanese
O Middle Eastern   O Mien   O Puerto Rican
O Samoan/Am Samoan   O South American   O Vietnamese
O Another Ethnicity: _____   O Decline to Answer

LGBTQ Best Practices Follow-Up Survey

Thank you for attending one of LGBTQ Connection's recent LGBTQ Best Practices workshops! As part of an effort to measure the workshop's effectiveness, you are invited to respond to this brief follow up survey. We would really appreciate your input and the survey usually takes less than 3 minutes to complete.

1. Your Name:

2. County

☐ Napa

☐ Sonoma

☐ Other (please specify)

3. Organization (Professional and/or Volunteer Affiliation)

4. What changes have you made since attending the LGBTQ Best Practices Training to improve your practices when working with LGBTQ clients?
(check all that apply)

☐ Showing visible displays of support for LGBTQ clients (rainbow stickers, flags, etc)

☐ Sharing LGBTQ-inclusive resources

☐ Using gender neutral language

☐ Asking and respecting preferred names & pronouns

☐ Making forms more inclusive

☐ Other (please specify)

☐ Attending more trainings or looking for more resources

☐ Doing LGBTQ-inclusive outreach

☐ Made a change to organizational policy or practice guidelines

☐ Created or updated a program offering to be LGBTQ specific or LGBTQ-inclusive

5. Take a few minutes to tell us about one of these changes. Why did you make a change? What difference has it made?

6. Is there anything else you'd like to share with us?

7. If you are requesting follow up from us, please give us your best contact information:

Appendix F: Justice League Summary

Justice League
— Improving LGBTQ Connection —

Justice League Work

- May 2020 - Napa-Sonoma Youth Leadership Team: 8 current and former YLT members from Napa, Sonoma and Santa Rosa
- Four, 2-hour Zoom meetings in May
- Shared experiences and observations of the program
- Created recommendations & solutions to improve the program

Research Questions

- Youth Leadership Teams - Are we doing enough, too much, or not the right things at all?
- Mental Health Challenges - What are the causes and what can we do to support youth better?
- Rejection - What are the sources and what can we do to support youth better?
- Engagement - How do we get and keep youth engaged? How much is enough?

YLTs: Background Data

Cross-site Participation
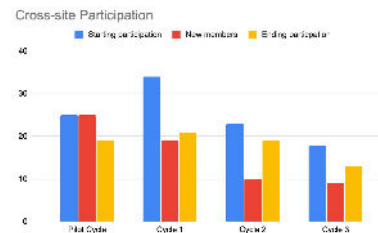
YLTs: Background Data

	Pilot Cycle	Cycle 1	Cycle 2	Cycle 3
Santa Rosa	March in Pride Parade	Happy HoliGAYS	Human Trafficking zine/drag show	Welcome to the Gayborhood
Sonoma	Rose ball drag show	Raise the pride flag at school	Through our eyes Art Show	Queer office space on campus
Napa	Pride dance	NVUSD Teacher training	Open mic	Stress balls at farmers market
Calistoga	Pride family picnic	Tractor Parade	Pride drag show	n/a

YLTs: Areas for Growth

- More intentional skill building
- Course credit option
- More fun, less school-like
- More clear expectations & individual coaching
- More team building outside of regular YLT meetings
- Make the project feel like less of a burden
- Coaches skills and abilities make a real difference

YLTs: Solutions

Team Membership: Small, diverse team from varied "sources"
- 7-10 people with different backgrounds
- Find people through schools and flyers in local hotspots, visit GSAs
- Interview process for 2nd Tier YLT
- Incentives: tassel or graduation pin for participation
- School credit, community service and/or job reference for being part of the team. Paid internship for 2nd Tier YLT.

Roles: Shared Responsibility & Decision Making
- Coaches should be college-aged or post-college, culturally sensitive, LGBTQ+, approachable
- Coaches as COACHES, not leaders; goal should be to facilitate bridge between intention and action.
- Coaches should be responsible for outreach, building connections, managing budgets
- Youth should be responsible for outreach, budget decisions, delegating work, constructing project. Youth would commit to two of these aspects to make it more manageable

YLTs: Solutions

Structures: Build relationships that support work, frequent interactions
- Meet every 2 weeks, have weekly check-ins for reminders, encouragement, offer support/resources OR meet every week - 1-1 1/2 hours, option to call in
- Do a monthly network meeting (over Zoom) across all the sites
- Split YLT into 2 different groups based on experience and interest

Projects: community connection vs community change
- *Community Connection* (entry level): focus on teamwork and building skills, projects focused on program outreach/engagement
- *Community Change* (advanced level): focus on longer-term projects that can't be accomplished in the 5 month cycle, could be cross-county, depending on the number of people involved. Focus on making change in the community, training for businesses and teachers

Mental Health Challenges: Areas for Growth

- Resilience & coping skills
- Dealing with/avoiding conflict with unsupportive families
- Connections with peers
- Social anxiety
- Learning to ask for help

Mental Health Challenges: Solutions

Coping Skills & Resiliency:
- Socials-sized event to learn coping skills
- Zine with local resources & tips
- Classes/training on specific skills before/after socials or YLT meetings

Unsupportive families
- Promoting self-love and self-worth
- Support groups, anonymous Q&A, panel or presentation for parents
- Outreach for parent support led by other accepting parents
- Youth-made pamphlet-"what I wish you knew"
- Resources/books for parent education

Mental Health Challenges: Solutions

Connections with Peers
- More LGBTQ assemblies/education at schools
- More ways to connect outside of YLT-speed friending, healthy outings (movies, dinner, hikes, etc)
- Group games on Zoom
- Cross county activities

Social anxiety
- Structured events to hang out with people so that you don't have to figure the logistics/invitations of getting together with other people

Learning to ask for help
- Scenarios/role play
- Trans-youth advocacy project/training (SF Community Health Center)
- Tools for helping trans youth request pronouns from teachers; for asking for support from PE teachers

Rejection: Areas for Growth

Families
- More opportunities for families to ask questions
- Safe spaces for families to learn and to change their opinions

School
- Visibility & representation of LGBTQ youth
- Teacher awareness/education on how to support youth
- Homophobic and hate speech
- Bathrooms and Locker Rooms that are respectful of LGBTQ youth

Medical/Mental Health Providers
- Cultural competency
- Respectful use of pronouns and chosen names
- Providers using their LGBTQ training

Rejection: Solutions

YLT
- Legitimize and connect YLT to schools by offering school credit
- Project ideas:
  - What I Wish you Knew About Me pamphlets/video for schools, families and healthcare
  - Make school events more LGBTQ-inclusive
  - Letters to families about the impact YLT members are having

Socials
- Connect mental health and school staff to socials
- Survey youth to find out interests
- Advertise more on social media
- Hold socials in new locations

Trainings
- Make trainings mandatory for organizations/schools - engage unions to request training
- Create peer parent network to connect parents to training/supports

Engagement: Background Data

Engagement at Socials (ADD DATES)
- **261** total youth at socials
- **151** only attended once
- **29** attended twice
- **17** attended three times
- **8** attended **4** times
- **55** attended 5 or more times

Engagement: Areas for Growth

Reaching New Youth
- Visibility in places youth gather
- Youth willing to invite their friends
- Compelling, youth-friendly materials
- More events that are low commitment, social

Retaining Youth
- More youth-based social media, including Remind app
- More connection with GSAs & QSAs, cross-promoting groups and events
- Plus/Deltas at all meetings
- Promoting future activities at meetings

Engaging Youth in Virtual Services
- Work across counties
- Phone calls/texts from staff and peers
- Deal with discomfort around video meetings (avatars, group gaps, etc)
- Use humor/videos to promote events

Engagement: Socials Areas for Growth

- **Target Audience:** College vs. younger high school mixed groups make it difficult to relate across age spans. People tend to section off into the group they are comfortable with. People don't know how/why they belong
- **Timing & Scheduling:** Every other week schedule makes its difficult to to commit (carve out the time). Need to combine with activities (school, etc.) where youth already are.
- **Awareness:** People don't know about them (don't check Facebook, need more personal invitations). Youth (even YLT members) don't know about the virtual meetings. Social media is not getting the message out.

Engagement: Socials Solutions

Targeted by Age Groups & Interests
- Youth (14-18)
  - Right after school, could partner with GSAs, do them offsite (not at school)
  - Focus on life skills (getting ready to live on your own), relationships with parents, community service, outings/activities, board games, video games
- Youth (18-24)
  - Focus on navigating life and work, college skills, opportunities to help in the community, art, activities (films, movies, books)

Timing & Scheduling
- Weekly meetings
- (Napa) Hosting meetings in the evenings (4 - 5-ish)
- (Santa Rosa) hosting meetings closer to when school gets out (3 - 4ish)
- More programming in summer/holidays

Outreach/Awareness (Jessie)
- Fun, light-hearted events in summer when youth aren't stressed about school, more likely to attend and then they are connected and will attend in the fall
- Flyers in places teens frequent & posters around schools
- Text message to remind people to attend- Remind
- Word of mouth