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Latino Service Providers' Youth Promotor Program

Final Evaluation Report of Latino Service Providers' Testimonios Project

The Testimonios Project is a mental health stigma reduction and prevention program for bilingual-bicultural Latinx Youth Promotores, ages 16-25, and the Latinx community in Sonoma County.

LATINO
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California
Reducing
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Project

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MENTAL HEALTH SERVICES ACT · PROPOSITION 63 · CALIFORNIA

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Executive Summary

Sonoma County is a mid-sized county in California that has a steadily increasing population of people who identify as Latino or Hispanic (hereby referred to as "Latinx" throughout this report to affirm all people of Latin American descent). The Latinx population in Sonoma County is relatively young and there are reported mental health disparities among both adults and youth as a result of the social determinants of mental health (i.e., stigma, lack of information, language barriers, lack of culturally/linguistically appropriate services, poverty, cost of services and health insurance, and education levels). In addition, there have been a constellation of traumas (i.e., fires, floods, pandemic, and economic and political instability) in Sonoma County that have further complicated and exacerbated mental health distress and disparities.

To overcome the various and complex barriers to mental health care experienced by the Latinx community and address the bilingual-bicultural mental health workforce gap, Latino Service Providers launched an innovative out-of-school time stigma reduction and prevention program called the Testimonios Project, also known as the Youth Promotor Program. The primary goals of the project are to work with the Latinx community to:

- Increase mental health knowledge
- Decrease mental health stigma
- Increase mental health service seeking behaviors
- Increase career readiness and workforce skills
- Increase the number of bilingual-bicultural mental health providers
- Improve mental health outcomes and reduce disparities

To achieve these goals, Latino Service Providers developed a Community-Defined Evidence Practice (CDEP) that is adapted from a *Promotores de Salud* model, the Spanish term for "Community Health Worker". The heart of the Testimonios Project is the identification, recruitment, training, and engagement of bilingual-bicultural mental health Youth Promotores, ages 16 to 25 from Sonoma County. The project uses a youth development framework that is designed to support positive racial and ethnic identity development and improve the mental health and well-being of participating youth. The Youth Promotores are supported and mentored by LSP staff, *Concilio* members, and other Latinx leaders to be effective change agents in Latinx communities. Youth conduct culturally and linguistically responsive *pláticas* (conversations) about mental health in school and community settings, as well as informally with their own families and friends to help break the cycle of stigma and overcome barriers.

The Testimonios Project was implemented during the years of 2017 – 2021, on a cohort cycle (Cohorts 1 - 4), however data was collected only for Cohorts 2, 3 and 4. Staff successfully

enrolled 64 Youth Promotores across all three cohort years into the project. However, seven of these Youth Promotores withdrew due to conflicting family and/or school obligations and one participant did not consent to participate in the evaluation, leaving a total of 56 in the evaluation sample. The evaluation used a mixed-methods design, including an interrupted time series using two Youth Promotor pre and post surveys and a semi-structured in-depth exit interview. The evaluation seeks to answer the following five questions:

- How well is the Testimonios Project being delivered and implemented?
- How does being a Youth Promotor impact the knowledge, skills, attitudes/beliefs, behavior, and confidence of young Latinos?
- Does the Testimonios Project increase the Youth Promotores' and other youth awareness of and desire to pursue careers in mental health or related field?
- How does the Concilio support the development of the Youth Promotores and strengthen the Testimonios Project overall?
- Do mental health pláticas increase participant ease in talking about mental health issues (reduced stigma) and increase knowledge of mental health issues, supports and resources?

The findings from the evaluation show that the Youth Promotor model is effective in a number of ways. The five biggest positive effects on Youth Promotores are noted below along with important takeaways or recommendations.

1) **Increases in Mental Health Knowledge and Positive Attitudes to Services.** Quantitative findings showed significant increases in mental health knowledge among Youth Promotores, which was corroborated by qualitative findings about key-learnings. Youth also disclosed positive attitudes toward seeking mental health services, both in terms of assisting others and seeking it for themselves. Providing a robust mental health training component is essential to the Youth Promotor model and provides a foundation for influencing attitudes to mental health services among youth and those in their network.

2) **Improvements in Psychological Wellness Outcomes.** There were significant reductions in feelings of worthlessness, marginal overall reductions in psychological distress, and marginal improvements in psychological functioning amongst Youth Promotores. This is promising, because the majority of youth indicated in exit interviews that their mental health worsened as a result of the pandemic and/or wildfires. In fact, when given an opportunity to utilize free mental health services coordinated by staff, Youth Promotores in Cohort 4 overwhelming took advantage of the services. This points to the fact that well-coordinated early intervention services may be the key to bridging the gap between positive attitudes toward mental health services among Latinx youth and actual service seeking behaviors that can result in stronger psychological wellness.

3) **Increases in Cultural Connectedness**. There were significant effects on cultural protective factors and cultural connectedness across all cohorts. Other data corroborated this with 97% of youth reporting in exit interviews they felt strongly connected to LSP staff and in

post-surveys 94% indicated they had a "high level of satisfaction" with staff. A smaller number reported feeling connected to Youth Promotor peers (66%) and Concilio members (36%). The feelings of cultural connectedness may help explain the improvements in Youth Promotores' psychological wellness. Using a youth development framework that fosters racial and ethnic identity development and infuses cultural knowledge and practices into the program is ultimately a wise approach for improving the mental health of Latinx youth.

4) **Increases in Workforce Development.** All youth developed at least one workforce skill, and the majority reported they developed several skills simultaneously. The most common skills gained were interpersonal communication skills (82%) and public speaking or presentation skills (68%), which youth indicated was linked to gains in confidence. Nearly half of youth stated outright that they intend to pursue a career in mental health or the health field with 20% of youth deciding this prior to the program and 26% determining this during the internship year. Another 40% said they were unsure but were considering an educational path that could lead to a career in mental health and 14% said they did not want to pursue a career in mental health, thus saving them time and energy in the long run. This data demonstrates that the Youth Promotor model functions as a type of much needed mental health professional "pipeline structure" and is a promising strategy for fostering the future bilingual-bicultural mental health workforce.

5) **Reduction of Stigma**. The most important finding was that the majority of Youth Promotores reported initiating informal conversations about mental health with others, most often their friends (75%) and family members (65%). This led about half of the youth to refer others to mental health services, corroborated by half saying that a key learning was how and when to engage others in empathetic conversations about mental health. This was especially strong for the Cohort 4 Youth Promotores who experienced early intervention services and reported making the greatest number of referrals amongst the three cohorts, demonstrating that early intervention services may bolster stigma reduction efforts. The Youth Promotor model shows great promise as a strategy for reducing stigma within the Latinx community, although more research is needed to determine the effects of the informal conversations, referrals, and *pláticas*.

In summary, the Youth Promotor model implemented by Latino Service Providers shows effectiveness for increasing Youth Promotores mental health knowledge, shaping positive attitudes to mental health, increasing cultural connectedness (and thereby protecting youth mental health), and building the bilingual-bicultural mental health workforce. In addition, the model shows great promise as a strategy for reducing stigma among Youth Promotores and within the Latinx community. Additionally, Community-Based Participatory Research (CBPR) is a highly effective approach for use with Latinx youth, as it allows staff to make consistent program adaptations which is especially important in the context of ongoing crises and traumas (i.e., wildfires, pandemic, economic and political instability) that can impact mental health.

Introduction & Literature Review

Sonoma County's Growing Latinx Population

Sonoma County is a California county in the northern part of the San Francisco Bay Area with about 488,000 residents (U.S. Census Bureau QuickFacts, 2021). The proportion of Sonoma County residents who identify as Latino or Hispanic (hereby referred to as "Latinx" throughout this report to affirm all people of Latin American descent) has steadily increased over the past three decades (see Table 1). Relative to other Bay Area counties, Sonoma County's Latinx population is increasing at a faster rate, growing by 66% over the past 15 years compared to 38% in the other eight counties combined (Sonoma County Economic Development Board, 2017).

Table 1. Population changes among Hispanic/Latino and White residents in Sonoma County

Race	1990	2000	2010	2020
Hispanic or Latino	10%	17%	25%	29%
White (not Hispanic or Latino)	91%	75%	66%	59%

Sources: U.S. Census Bureau; Bay Area Census

The Latinx population in Sonoma County is relatively young, with 33% of its population under the age of 18, compared to 14% of the White population (Sonoma County Economic Development Board, 2017). The median age for Latinx residents in Sonoma County is 27 years old, compared to 49 years old for White residents (Los Cien of Sonoma County, 2019). This is indicative of a strong increase in the number of Latinx community members entering the Sonoma County workforce in the coming years.

In addition, there are an estimated 38,500 residents (about 8%) in Sonoma County who are undocumented immigrants (Public Policy Institute of California, 2014). Most of these undocumented residents are Latinx frontline essential workers who do the following: care for children and elderly parents, clean homes and hotel rooms, cook and serve restaurant meals, maintain grounds and buildings, work in construction, and harvest the grapes that are the backbone of Sonoma County's economy.

Mental Health Disparities in Latinx Communities

Across the U.S., disparities in mental health care for the Latinx population are severe, persistent, and well documented (Aguilar-Gaxiola, et al., 2012). In Sonoma County this is no different. For example, in a consumer perception survey administered by the Sonoma County

Behavioral Health Division (BHD), 44.6% of Latinx survey respondents in Sonoma County rated their mental health, which includes stress, depression and problems with emotions, as "very good" or "excellent", compared to 64.8% of White survey respondents (Sonoma County Behavioral Health Division, 2020). There are also mental health racial differences among young people, with 36% of Latinx 9th graders reporting chronic sadness or hopelessness, compared to 32% of White 9th graders (Sonoma County California Healthy Kids Survey, 2018). Sonoma County's BHD also reports that during fiscal year 2018-2019, a higher proportion of Latinx consumers used the Crisis Stabilization Unit (CSU) than other population groups, pointing to a lack of culturally appropriate prevention and early interventions available to Spanish speaking individuals (Sonoma County Behavioral Health Division, 2020).

Barriers to Mental Health Care for Latinx Communities

According to a California Reducing Disparities Project (CRDP) 2012 Population Report, Latinx community members are severely underserved when it comes to access and utilization of mental health services (Aguilar-Gaxiola, et al., 2012). The President's Commission on Mental Health report from 2003 proclaimed, "The mental health system has not kept pace with the diverse needs of racial and ethnic minorities, often underserving or inappropriately serving them." (The President's Commission on Mental Health, 2003). This statement still stands true, nearly two decades later.

The lack of access and utilization of mental health services by the Latinx population can be tied to three types of barriers: individual barriers, community barriers, and societal barriers. Below we highlight some of these barriers and data specific to the Latinx community in Sonoma County.

1) Individual-Level Barriers to Mental Health Care

Stigma Surrounding Mental Health

Stigma and negative perceptions about mental health make people who identify as Latinx less likely to acknowledge their condition, speak with others about their problems, and avoid getting professional care (Aguilar-Gaxiola et.al., 2012). According to findings by the National Alliance on Mental Illness (NAMI), many Latinx individuals do not seek treatment or talk openly about their mental health issues for fear of being labeled as "weak" or "crazy" or bringing shame or unwanted attention to their family (National Alliance on Mental Illness, 2021).

According to the 2019 Kaiser Santa Rosa Community Health Needs Assessment (CHNA), community stakeholders identified social stigma as it relates to mental health as an ongoing

issue for Sonoma County residents, inclusive of the Latinx population. The CHNA stakeholders also highlighted the need for additional education about the many manifestations of mental health as a way of overcoming stigma (Kaiser Foundation Hospital, 2019).

Lack of Information and Awareness

According to NAMI, Latinx individuals may not easily identify the signs and symptoms of a mental health disorder or recognize that they are experiencing them (National Alliance on Mental Illness, 2021). Limited knowledge or unawareness about how to navigate the mental health system presents an individual barrier to care. They may not know where mental health service access points are, how to obtain a referral, or how to access a bilingual provider (Aguilar-Gaxiola, et al., 2012). This lack of knowledge in some cases is correlated with language, education, and literacy levels, which are discussed more in the societal level barriers section below.

The 2019 Kaiser Santa Rosa CHNA report discussed the need for more educational resources that are translated and written at the appropriate reading level, as well as the creation of more "community health navigator" programs to help residents, inclusive of Latinx community members, navigate the complexities of the mental health system (Kaiser Foundation Hospital, 2019).

Language Barriers

Individuals who are undocumented and/or linguistically isolated may experience unique challenges accessing mental health services. Latinx immigrants who are not proficient in English are less likely to detect the warning signs associated with mental health. Moreover, when literature about mental health services is not in their preferred language, Latinx individuals are less likely to seek and use mental health care (Aguilar-Gaxiola, et al., 2012).

U.S. Census data shows that over 25% of Sonoma County households speak a language other than English at home, of which about 19% speak Spanish (U.S. Census Bureau QuickFacts, 2021). According to the Bay Area Equity Atlas, 30% of Latinx households in Sonoma County were linguistically isolated in 2018, meaning the household had limited English proficiency (Bay Area Equity Atlas, 2019).

2) Community-Level Barriers to Mental Health Care

Lack of Culturally and Linguistically Appropriate Services

Cultural incompatibility is a significant community level barrier to mental health care for the Latinx population. Many mental health providers do not speak Spanish and may lack cultural

responsiveness or humility. The ability of mental health providers to understand mental health disorders from the context of varying Latinx cultures and provide culturally sensitive care that is aligned with cultural values, beliefs, life experiences and family practices is critical (Aguilar-Gaxiola, et al., 2012).

The need for a Spanish speaking bilingual-bicultural mental health workforce is high and many communities, including Sonoma County, lack sufficient pipeline programs to "grow their own" Latinx mental health workforce. Participants in Aguilar-Gaxiola's study reported that there is insufficient communication and alignment among the mental health field, education system, and Latino community to educate youth about careers in mental health, and curriculum that focuses on culturally and linguistically competent skills (Aguilar-Gaxiola, et al., 2012).

According to the Sonoma County Behavioral Health Division's 2020 Cultural Competency Plan, both consumers and providers noted difficulties accessing or supplying services in Spanish. Stakeholders noted that the lack of culturally responsive and bilingual staff resulted in the Latinx community accessing a lower level of care than others or being deterred from accessing care altogether. For example, monolingual Spanish speakers who tried to get counseling were often only offered education opportunities, due to the lack of in-county Spanish speaking clinicians. These limited services were especially true for undocumented residents in Sonoma County, who had limited access to mental health services that were often over-capacity or of inconsistent quality (Sonoma County Behavioral Health Division, 2020).

2) Societal-Level Barriers to Mental Health Care

Poverty

According to Aguilar-Gaxiola et.al., 2012, Latinx families that must focus on the basic necessities of life (e.g., housing, health insurance, medicine, food, transportation) don't often have the time or financial resources to obtain mental health care. Poverty can lead to internalizing disorders (e.g., depression, stress, suicidal ideation) and violence or other criminal activity.

Sonoma County poverty rates vary significantly by ethnicity, with Latinx families disproportionately having lower income. For example, the median household income for those who identified as Latinx in Sonoma County in 2017 was $59,000, as compared to $72,000 for all other groups combined. Similarly, home ownership in Sonoma County for those who are Latinx stands at 38%, while across all races it is 60% (U.S. Census Bureau, American Community Survey, 2013-2017). In addition, while Latinx residents comprise 27.3% of the county population, they accounted for over 40% of Sonoma County's Medi-Cal beneficiaries in 2018, an indicator of poverty (California Department of Health Services, 2018).

Cost of Services and Health Insurance

The financial cost of mental health services is also a structural barrier that affects utilization (Sareen, et al., 2007). This can be in the form of high out-of-pocket costs, high co-pays or deductibles, or high prescriptions costs. Private or public insurance may help to cover some of the costs of mental health services. However, it should be noted that the Latinx population is more likely to be uninsured than their White counterparts, despite implementation of the Affordable Care Act (Kaiser Family Foundation , 2021). For example, Census data shows that 13.4% of people who identify as Latinx (of any race) in Sonoma County lack health insurance, compared to 2.4% of White individuals (U.S. Census Bureau, American Community Survey, 2019). Additionally, only 30% of farmworkers in Sonoma County had U.S.-based health insurance compared to 86% Sonoma County adults overall in 2012 (Moore, Mercado, Hill, & Katz, 2016).

Education Levels

Los Cien, a business, advocacy, and education non-profit active in Sonoma County showed education disparities in their 2019 Latino Scorecard, with only 25% of Latinx children adequately ready for kindergarten compared to 46% of White children (Los Cien of Sonoma County, 2019). The Bay Area Council Economic Institute's 2019 report showed that Latinx individuals in Sonoma County overall have significantly fewer years of education than White, Black, and Asian individuals. Approximately 70% of Latinx individuals in Sonoma County attained a high school diploma or less, compared with 30% of White individuals (Bay Area Council Economic Institute , 2019).

In addition, Sonoma County has experienced multiple natural disasters and events that have interrupted educational progress for students countywide, inclusive of Latinx families. These events include the Tubbs wildfire in 2017, the Kincade wildfire and power shutoffs in 2019, and COVID-19 sheltering in place during much of 2020. The pandemic has had a disproportionate impact on Sonoma County Latinx students' educational progress, as 37% reported not having adequate high-speed internet connection and 24% lacked the appropriate technology devices for distance learning purposes (YouthTruth, 2021). In addition, many did not necessarily have a parent at home to help with online learning (Benefield, 2020). This "digital divide" meant Latinx students were more susceptible to falling behind academically, although the educational impact on Latinx communities due to COVID-19 has not yet been fully realized.

Interrelated Factors and the Social Determinants of Mental Health

It should be noted that all of the three levels of barriers presented above (individual, community, and societal) are interrelated and inextricably linked. Mental health outcomes are influenced by a confluence of factors simultaneously, otherwise known as the social determinants of mental health. Compton, et. al, explain that the social determinants of mental

health are largely the same as the social determinants of chronic physical health conditions (Compton & Shim, 2015). The World Health Organization defines the the social determinants of health as “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.” (World Health Organization, 2021)

As noted in the 2021 YouthTruth report, Sonoma County has faced a constellation of traumas over the past four years: multiple devastating fire events and floods, a pandemic, an experiment in remote schooling, economic and political instability, a national racial justice movement stemming from police killings of Black Americans and local mourning of the police killing of 13-year-old Andy Lopez, a student in Southwest Santa Rosa, an area with a high population of Latinx families. These historical and societal events can further complicate and exacerbate existing mental health disparities. For example, if we look at the COVID-19 pandemic in Sonoma County we see that the Latinx community has been disproportionately affected, with the Sonoma County Department of Health Services reporting that 57% of cases identify as Latinx, while making up just under 30% of the population (County of Sonoma Department of Health Services, 2021). This higher burden of disease has had a negative effect on the mental health and well-being of Latinx families, with an increased rate of stress, anxiety, and depression. The list below outlines some of the fears and/or lived experiences of Sonoma County Latinx residents as we moved through the pandemic.

- Performing frontline work with higher risk of COVID-19 exposure
- Fear of COVID-19 infection and coping with social stigma upon infection
- Losing income from businesses closing or taking time off due to illness or quarantine
- Not being able to pay the rent or buy food, gas, medicine, etc.
- Lack of space to properly isolate at home
- Lack of quiet spaces to study or attend virtual meetings or classes
- Lack of adequate broadband or technology devices for remote learning
- Lack of technology literacy to help children with distance learning
- Fear of taking transit or buses to get to testing sites
- Fear of not having necessary documentation to obtain needed services
- Fear or ongoing suspicion of using government aid
- Lack of understanding of public health information due to language barriers
- Lack of bilingual-bicultural mental health providers or knowledge of how to find one
- Isolation due to social distancing and loss of social support system
- Grief and loss due to loved ones passing away from COVID-19

The list above is not exhaustive, but serves to demonstrate how interlinking factors contribute to mental health distress and eventual disparities for members of the Latinx community.

Overcoming Barriers to Mental Health Care with LSP's Testimonios Project

Latino Service Providers

Latino Service Providers (LSP) is a community based non-profit organization that was founded by Latinx leaders in 1989, formalized as a member organization in 1991 and became a 501c3 in 2014. The mission of LSP is to serve as a bridge across generations in Sonoma County's Latinx communities. They do this by 1) advancing the development of youth leaders; 2) building awareness about health and wellness, culture, and social issues; and 3) advocating for equity across race and ethnicity.

The Testimonios Project: A Community-Defined Evidence Practice

To overcome the barriers to mental health care experienced by the Latinx community, LSP launched an innovative out-of-school time stigma reduction and prevention program called the Testimonios Project. The project builds on the findings from the California Reducing Health Disparities (CRDP) Latino population Phase 1 report, which emphasizes the significant role that culture plays in shaping and influencing how Latinx communities perceive mental health treatment (Aguilar-Gaxiola et al., 2012). The Testimonios Project is considered a Community-Defined Evidence Practice (CDEP), using a set of practices determined to yield positive results that may not have empirical evidence of effectiveness but have reached a level of acceptance within the community (National Network to Eliminate Disparities, 2009). The specific CDEP employed is the *Promotores de Salud* model, discussed below.

The *Promotores de Salud* Model

The Testimonios Project was designed using the *Promotores de Salud* model, which is the Spanish term for "Community Health Workers" (CHW) or lay health workers who provide outreach and services in Spanish speaking communities (Centers for Disease Control and Prevention , 2019). The true origin of the Community Health Worker model is unclear, although some posit the model is based on China's traditional "barefoot doctors" (Lehmann & Sanders, 2007). CHW programs began receiving recognition in Latin America in the 1950s, where they were often used to promote health education and address sexual or reproductive health issues (Perez, Fuentes, & Henriquez, 2010) (Torres & Cernada). References in the U.S. literature about CHW activities are found mostly after the mid-60s (Health Resources and Services Administration, 2007)

There is a growing body of evidence that using *Promotores de Salud* is a successful way to improve Latino health outcomes (Wasserman, Bender, Lee, & Y., 2007). A few of the many examples include evidence that using *promotores* has positive effects on heart disease prevention and treatment adherence (Brownstein, et al., 2005) and evidence that farmworkers with diabetes can better control their glycemic levels with support from promotores (Ingram, et al., 2007). In the space of mental health, there are an increasing number of examples of *promotores* positively influencing mental health service delivery and outcomes in the Latinx community (Waitzkin, et al., 2010) (Stacciarini, et al., 2012) (Moon, Montiel, Cantero, & Nawaz, 2021).

The reason for these successes can be attributed to the fact that, "*promotores* communicate in the language of the people, addresses access barriers that arise from cultural and linguistic differences and lack of trust, and they reduce stigma and incorporate cultural supports that improve health outcomes and help community members cope with stress and adverse events." (The California Endowment, 2011).

Youth Promotor Model

LSP has a history of successful youth engagement in Sonoma County and believes that youth are the bridge to open communication within Latinx family systems. Therefore, LSP staff designed the Testimonios Project as a Youth Promotor model, which is an adaptation of the Community-Defined Evidence Practice (CDEP) *Promotores de Salud* model. LSP staff recruit, train, and compensate Youth Promotores who are from the community, have lived experiences in the community, and reflect the culture and language of the community. Youth Promotores receive extensive training by LSP staff and community partners on the roles and responsibilities of a community health worker. They learn how to be a trusted source of support who can actively listen, hold themselves accountable, and be an effective change agent in Latinx communities.

The impact of *Promotores de Salud* has been researched and documented, but there are few documented reports of the impacts of using Youth Promotores to achieve better health outcomes among Latinos. One newer program of interest includes the Promotorx program run by Planned Parenthood of the Pacific Southwest in the Imperial Valley of California. This program hires and trains young Latinas to provide sexual health education and outreach within their community (Planned Parenthood of the Pacific Southwest, 2020). To our knowledge, LSP will be the first to document the impact of leveraging mental health Youth Promotores to overcome barriers to care and decrease mental health stigma within Latinx communities. The project has come to be known within Sonoma County as the "Youth Promotor Internship Program", rather than as the Testimonios Project. The two main strategies for successful project implementation are described below.

Community *Pláticas*

A core community engagement strategy used by *Promotores de Salud* are *pláticas* (conversations). The Youth Promotores conduct these *pláticas* in school and community settings, as well as informally within their own families and social circles. Aguilar and colleagues described community *pláticas* as meaningful conversations in the form of support groups composed of Spanish-speaking individuals and families with similar life experiences sharing and discovering their place in community life (Aguilar-Gaxiola, et al., 2012). Participants in Aguilar-Gaxiola's study also expressed "the value of *pláticas* that incorporate the testimonials of Latino consumers with successful recovery stories as an inspiration and sign of hope." It is from this line of thinking that the *Testimonios* (Testimonials) Project drew its name with the intention of training Youth Promotores to provide testimonials themselves and inspire community participants to provide their own successful recovery stories.

At the outset of the Testimonios Project, the expectation was that the *pláticas* would help participants learn to recognize that daily mental health stressors are common, how to identify common signs and symptoms of mental illness, and how to navigate opportunities for support and services. These *pláticas* also capture the various perspectives, opinions, and beliefs of youth and adults about mental health. As Youth Promotores provide mental health education and resource information, they also actively listen to participants during the *pláticas* and incorporate this knowledge into their subsequent work.

Out-of-School Time (OST) Latinx Youth Development

The Testimonios Project is an out-of-school time (OST) program that is designed to engage Latinx transitional aged youth and improve their overall mental health and well-being. The youth development framework LSP uses is in line with the guiding principles synthesized by youth development scholars (Erbstein & Fabionar, 2019):

- Cultivate intentionality towards serving Latinx youth and a foundation of care
- Learn about local and regional Latinx communities
- Ensure that the program reflects local Latinx youth and family experiences, interests, and resources
- Support positive racial and ethnic identity development
- Address the effects of both outside and within-group discrimination
- Tailor outreach and programs to regional economic, language, and immigration patterns
- Engage Latinx community members in designing, implementing and assessing programs

LSP achieves much of the aforementioned by employing caring and competent bilingual-bicultural Latinx staff who strive to develop trusting relationships with Latinx youth, their families, and community leaders. Stanton-Salazar and Spina (2003) posit that youth who "make it" out of challenging environments often do so because of the support and guidance received from non-familial adult mentors who support positive racial and ethnic identity development (Stanton-Salazar & Spina, 2003). The need for strong OTS programs is especially pertinent given recent data that shows that in Sonoma County less than 1 in 3 high school students (32%) say there is an adult from school who they can talk to when they need it (YouthTruth, 2021). Culturally responsive OST mentorship and leadership is how LSP positions itself to fully engage, support, and develop Latinx youth.

Workforce Development

The Youth Promotor model is a way to address career readiness among Latinx youth in Sonoma County. Recent YouthTruth survey data shows that a lower proportion of Sonoma County high school students report that their schools are providing the support they need to pursue postsecondary plans as compared to their peers nationally (YouthTruth, 2021).

The Testimonios Project is also a way to address the gap in bilingual-bicultural mental health providers. According to Census data posted by the Bay Area Equity Atlas, the overall healthcare workforce in Sonoma County is 64% White and 20% Latino (Henderson, 2020). In terms of the mental health workforce, a 2014 study by the UCSF Center for Health Professions shows that "the psychology profession continues to be predominately White, but counselors and social workers are more reflective of California's diverse population" (Bates, Blash, & Chapman, 2014). While we don't have access to county level data on the percentage of mental health providers broken down by race and ethnicity, we do know from the Sonoma County Behavioral Health Division that there is a lack of culturally and linguistically appropriate services locally, as noted by consumers and providers who helped inform their 2020 Cultural Competency Plan.

The Testimonios Project is an OST program that helps creates an educational pipeline to nurture the future mental health professional workforce, a noted gap in creating more access for Latinx individuals seeking support and treatment. Aguilar-Gaxiola and colleagues specified the need for a "pipeline structure with content that emphasizes activities that promote career readiness and knowledge, experiential learning, and self-efficacy related to mental health care careers" (Aguilar-Gaxiola, et al., 2012). The Testimonios Project was created with each of these elements in mind: exposing Youth Promotores to careers in mental health, fostering self-efficacy to choose a career in mental health, while also providing broader career readiness regardless of career interests.

Project Purpose & Description

A. Project Purpose

The Testimonios project, a program of Latino Service Providers (LSP) of Sonoma County, is a mental health stigma reduction and prevention project that aims to reduce mental health disparities experienced by Latinx residents in Sonoma County. This includes preventing and reducing the negative outcomes that result from untreated mental illness or individuals with risk or early onset of mental illness. The goals of the project are to work with the Latinx community to:

- Increase mental health knowledge
- Decrease mental health stigma
- Increase mental health service seeking behaviors
- Increase career readiness and workforce skills among youth
- Increase the number of bilingual-bicultural mental health providers
- Improve mental health outcomes and reduce disparities

B. Project Description and Implementation Process

Core Components and Activities

Reducing stigma and mental health disparities in the Latinx population requires strategic messaging that validates community members' beliefs and lived experiences. To this end, the following core strategies were implemented:

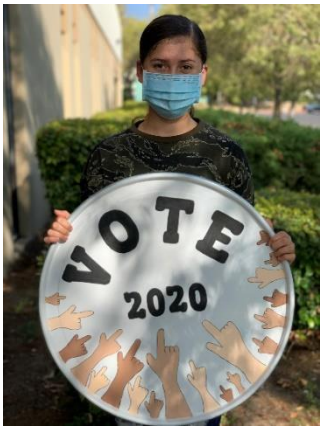
1. **Youth Promotor Engagement and Training**
   The heart of the Testimonios Project is the identification, recruitment, selection, training, and engagement of bilingual-bicultural mental health Youth Promotores, ages 16 to 25 from Sonoma County. This model is an adaptation of the *Promotores de Salud* model, a Community-Defined Evidence Practice (CDEP) that addresses various contributing causes of health disparities. LSP staff recruits and trains Youth Promotores to participate in the 12-month project intervention cycle which runs from May to May of each year. The application process consists of a written application and formal interview with LSP staff and *Concilio* members. Selected youth and their parents and/or guardians are invited to an orientation to learn more

about the project and what their sons and daughters might bring up in conversations at home.

Trainings are organized by LSP staff and delivered by trusted subject matter experts, many of who are Latinx leaders. Training topics include principles of being a Community Health Worker, health inequities, mental health first aid for youth, suicide prevention, LGBTQ best practices, domestic violence and sexual assault, substance abuse, careers in mental health, and artistic expression. Youth Promotores are expected to participate in approximately 124 hours of trainings (including a weekend retreat), meetings and community engagement in one year. They are compensated during the year in the form of quarterly stipends (up to $1600 maximum for the year).

Whenever possible, LSP staff and partnering presenters incorporate Latinx indigenous knowledge and cultural practices as a way of developing positive racial and ethnic identity among youth (an important protective factor). The following examples demonstrate LSP's cultural and linguistic values:

- As much as possible, all written program materials are provided in both English and Spanish.
- When possible, training sessions are delivered orally in Spanish (or with interpretation), as a way of bolstering vocabulary and fostering linguistic pride.
- LSP staff dedicates one month in the YP training curriculum to helping youth learn about cultural practices that include traditional healing practices, art as a form of self-care, and the importance of connecting with the environment.
- LSP staff provides and/or encourages youth and families to share their own cultural foods at special events and celebrations (i.e., Mexican, Central American, or other cultural cuisine).
- Cultural humor, informal storytelling, and music are regularly used and encouraged at meetings and events, as a way of making others feel welcome and building trust and deepening community.
- LSP staff includes a Latina "artist-in-residence" who provides various opportunities for youth to engage in artistic projects centered on the Latinx experience (i.e., painting murals, making buttons, creating infographics, and creating and installing cultural art piece in public places).



Youth Promotora, Cohort 4

In addition, LSP strives to address intersectionality and a wide array of communities (e.g., LGBTQ+, foster youth, undocumented, homeless, etc.) when designing and delivering all trainings. For example, LSP partners with LGBTQ Connection in Sonoma County to offer a youth specific training on LBGTQ identities, so that they understand how to welcome, partner, and advocate for LGBTQ people (including those who are Latinx) in a culturally competent manner.

2. **Community Outreach and Engagement**

All Youth Promotores are bilingual and bicultural and live in Sonoma County; therefore, they can engage the local Latinx community in natural gathering places, offer information in Spanish, interact in a culturally appropriate and acceptable manner, and gain the trust of individuals and families. In essence, Youth Promotores are powerful ambassadors who help decrease stigma surrounding mental health by actively engaging with family members, friends, and others in their social network about mental health topics and make referrals to community resources when needed.

LSP staff and Youth Promotores members use a variety of community outreach and engagement strategies to reach Latinx audiences in Sonoma County. For example, they:

- Design and create culturally and linguistically appropriate materials that promote mental health in the Latinx community
- Engage in informal one-to-one conversations with people in their social network
- Deliver formal presentations and *pláticas*
- Table and present at community-wide events
- Post and pass out tangible promotional materials (i.e., flyers, brochures, stickers, buttons, incentive items, and infographics).
- Post on LSP's social media platforms (Facebook, Instagram, and YouTube)
- Speak to local news media outlets (English and Spanish radio, TV, and newspapers)
- Design and create community art projects in Latinx neighborhoods

Above: Youth Promotor, Cohort 2

Staff ensure that all community outreach and engagement efforts and messages are tailored to the Sonoma County Latinx community, meaning they are bilingual and consistent with the education and literacy levels of the audience. For example, Youth

Promotores often conduct *pláticas* or tabling events in Spanish and in places where community members feel safe (i.e., schools, club meetings, community centers, parks, etc.), which is essential for discussing sensitive topics related to mental health.

3. **Mental Health Workforce Development**

Workforce development is embedded into the project in multiple ways. For example, mental health professionals are guest speakers at meetings and trainings, giving Youth Promotores insight into the field of mental health. At the end of the year a *Concilio* member provides a specific training on job seeking skills with pointers for resumes, cover letters, and interviews. In addition, LSP staff and *Concilio* members mentor and coach Youth Promotores throughout the year on how to refine and improve the following leadership skills:

- Presentation and public speaking
- Interpersonal communication
- Time and priority management
- Project management
- Teamwork or groupwork

The Youth Promotores also choose a specific project group or "track" for the duration of the year. The project groups consist of between four to ten Youth Promotores who design and implement a project of their choice related to mental health. Examples of project groups include *Apoyo Emocional* (Emotional Support), Stomp the Stigma, Emergency Preparedness, Domestic Violence and Substance Abuse, and Youth Promotores *Verdes* (Environment). Throughout the year, Youth Promotores are empowered to take the lead on their projects, stimulating professional growth. Ultimately the Testimonios Project strives to strengthen the career readiness of the Youth Promotores and nurture the next generation of bilingual-bicultural providers.

4. ***Concilio* Member Engagement**

The project engages a community *Concilio* (voluntary community advisors) as an additional key component. The *Concilio* is comprised of up to 12 Latinx leaders in mental health, healthcare, education, media, business, and community-based non-profits. *Concilio* members understand the cultural risks and barriers that Latinx individuals face and may have lived experience that drives their passion. The *Concilio* has the specific role of advising the project's direction, conducting outreach as needed into the schools

and community-based locations for *pláticas*, mentoring the Youth Promotores, and reviewing and disseminating evaluation findings. The recruitment of *Concilio* members is framed as a community engagement strategy led by LSP staff and supported by existing *Concilio* membership. There are no set terms for *Concilio* membership however, at least one year of participation is encouraged for content and relationship continuity.

Additional Project Components

There were two significant additional components that LSP staff added to the project during the data collection period. Because these components were added after the development of the local evaluation questions, the evaluation questions do not specifically address these newer components. However, LSP staff considers these added components critical developments, therefore we will refer to them in specific areas of this report.

1. **Addition of Youth Promotor Leads**

   After the pilot year of the project, LSP staff decided to integrate a leadership component into the program by creating a specific role called a "Youth Promotor Lead". The role is an opportunity for selected Youth Promotores to complete an additional year with the following responsibilities: perform administrative tasks, assist with evaluation activities, mentor Youth Promotores and assist them with their group projects. Youth Promotor Leads must fill out an application and be selected for this special role. LSP staff select between two to six Youth Promotor Leads for each cohort year.

Above: YP Lead, 2021

2. **Addition of Early Intervention Services**

   The project was originally designed to be a stigma reduction and prevention program. However, there were a constellation of traumatic events (i.e., fires, floods, pandemic, and economic and political instability) that occurred in Sonoma County throughout the course of this project that affected the Youth Promotores mental health and wellbeing.

   Due to the ongoing and cumulative psychological distress caused by these events, LSP staff decided to add an 'Early Intervention' component to the project during Cohort 4. Staff secured in-kind support from a local mental health provider (Side by Side Community Counseling) that specializes in serving transitional age youth up to age 25. Youth Promotores were given the opportunity to sign up for up to five counseling sessions, free of charge.

Populations Served

The primary population that the project seeks to reach is Latinx transitional aged youth (16 to 25 years) in Sonoma County. Staff successfully enrolled 64 Youth Promotores from Sonoma County across three cohort years into the project, which exceeded the goal of 60. However, seven of these Youth Promotores withdrew due to conflicting family and/or school obligations and one participant did not consent to participating in the evaluation, leaving a total of 57 Youth Promotores in the participant sample (see Table 2).

The secondary populations served by the project were those within the Youth Promotores social network: parents, caregivers, siblings, other family members, peers, classmates, and colleagues. Some of these individuals are low-wage essential workers, undocumented immigrants, and monolingual Spanish speakers in Sonoma County. In addition, LSP staff offered Youth Promotores opportunities to table at community events and provided opportunities for them to present mental health information to the Spanish speaking community.

Demographic information about the primary and secondary populations can be found in the next section, Evaluation Design and Methods.

Implementation Process

The aforementioned core components and activities were implemented during the years of 2018 – 2021, on a cohort cycle (Cohorts 2, 3, and 4) (see Table 2). Cohort 1 was the pilot year for the project and is not included in this evaluation. The graphic on the following page shows the 18-month delivery timeline for the annual cohort cycle.

Table 2. Testimonios Cohort Cycle Timeline and Number of Youth Promotores

Cohort	Years (May to May)	YP Enrolled	YP Withdrew	YP Participants	YP Leads
Cohort 1	2017 – 2018	*Pilot year - no evaluation data collected*			
Cohort 2	2018 – 2019	21	3	18	2
Cohort 3	2019 – 2020	22	2	20	3
Cohort 4	2020 - 2021	21	2	19	2
TOTAL		**64**	**7**	**57**	**7**

Source: LSP Administrative Tracking Spreadsheet

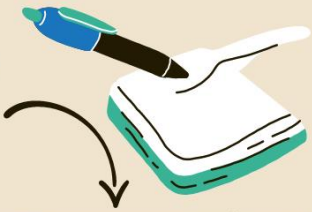
YOUTH PROMOTOR PROGRAM

Delivery Timeline

18 Month Annual Cohort Delivery Cycle
for Latino Service Provider Staff Implementing the
Youth Promotor Program

January - April

- Recruitment (Jan - Feb)
- Interviews (Feb - April)
- Selection (April)
- Orientation "Noche de Padres y Amigos" (April)
- Pre-surveys collected (April)



May - August

- YP Training/Meetings (once a month)
- Community Health Worker (CHW) course (June - Aug)
- In-person Weekend Retreat (Aug)

September - December

- YP Training/Meetings (once a month)
- Suicide Prevention training and events (Sept)
- YP Project Group planning (Sept - Oct)
- Mid-year Evaluations of YP (Nov - Dec)
- Winter Celebration (Dec)
- Begin recruitment (Dec)

January - May

- YP Training/Meetings (once a month)
- YP Project Groups implementation (Jan - May)
- Post-surveys collected (April - May)
- Exit interviews (April - May)
- End-of-Year Celebration (May)

"The trainings helped me realize that I need to be okay with myself internally before I'm able to help someone else."

Youth Promotora, 18 years old

Local Evaluation Questions

LSP staff and the local evaluator designed the Testimonios Project evaluation plan using a Community-Based Participatory Research (CBPR) approach, therefore multiple stakeholders were involved in the design and selection of the local evaluation questions for the project, including LSP staff and board of directors, local evaluator, CRDP Latinx Technical Assistance Provider (TAP), and *Concilio* members. These stakeholders selected the following five evaluation questions:

1. How well is the Testimonios Project being delivered and implemented?
2. How does being a Youth Promotor impact the knowledge, skills, attitudes/beliefs, behavior, and confidence of young Latinos?
3. Does the Testimonios Project increase the Youth Promotores' and other youth awareness of and desire to pursue careers in mental health or related field?
4. How does the *Concilio* support the development of the Youth Promotores and strengthen the Testimonios Project overall?
5. Do mental health pláticas increase participant ease in talking about mental health issues (reduced stigma) and increase knowledge of mental health issues, supports and resources?

Evaluation Question Modifications

In March 2020 (during Cohort 3) LSP staff and local evaluator modified evaluation question number one, from "*What makes Testimonios effective in increasing awareness about mental health in the local Latino community?"* to the current question, "*How well is the Testimonios Project being delivered and implemented?"* The reason for this change was that the staff and local evaluator intended for question number one to be a process evaluation question and were concerned that it could easily be mis-interpreted as an outcome evaluation question and used to evaluate the same elements as question five.

Evaluation Design & Methods

A. Design

The evaluation of the Testimonios Project used a mixed-methods design. The California Health and Human Services Agency's Committee for the Protection of Human Subjects (CPHS) determined that the evaluation was exempt and approved the exemption in 2017.

The quantitative design is an interrupted time series using two Youth Promotor pre and post surveys (see Appendix A. Statewide Evaluation (SWE) Survey and Appendix B. Pre-Post Local Survey) administered at the beginning and end of each cohort year to measure changes on a variety of measures due to the intervention. Three cycles of pre-post data were collected from three distinct cohorts.

The qualitative design was a combination of grounded theory and Community-Based Participatory Research (CBPR). The grounded theory qualitative study sought to understand how the Youth Promotores interpreted their experiences in the Testmonios program and what meaning they attributed to their experiences. To accomplish this, we conducted semi-structured in-depth exit interviews with all Youth Promotores who consented. LSP staff, local evaluator, TAP, and select *Concilio* members developed a qualitative instrument that consisted of five primary objectives and 15 guiding questions that aligned with the local evaluation questions (see Appendix C. Youth Promotor Exit Interview Guiding Questions).

A Community-Based Participatory Research (CBPR) qualitative design was used in a few ways. First, *Concilio* members were given the opportunity to review and provide feedback on the overall project design, evaluation questions, and instruments at the start of the project and in subsequent meetings. Secondly, the incorporation of Youth Promotor Leads into the project allowed staff to gain input from the young people who have gone through the program. Youth Promotor Leads assisted the staff and local evaluator with evaluation activities, including decision making and/or implementing any changes to data collection efforts. Finally, LSP staff and Youth Promotor Leads collected qualitative data from Youth Promotores at the end of each meeting or training by soliciting “glows and grows”. These informal conversations provided real-time feedback for staff to make any adjustments to the program.

Additional process data was collected to assess and contextualize outcomes. The following instruments pertain to this category: a community participant survey (see Appendix D. Community Participant Survey), and *Concilio* Member end-of-year survey (see Appendix E. Concilio Member Survey), mid-year performance evaluations with Youth Promotores (see Appendix F. Youth Promotor Mid-Year Performance Evaluation), Youth Promotores tracking spreadsheet, Youth Promotores event logs (see Appendix G. Youth Promotores Event Logs), focus groups with LSP staff, and evaluator observations of program activities.

B. Sampling Methods and Size

Criteria and Recruitment of Youth Promotores

The criteria set by LSP for an individual to become a Youth Promotor are as follows: bilingual (English/Spanish), bicultural (Latinx), between the ages of 16 to 25, living in Sonoma County, and willing to commit to one year. Youth who are going to turn 16 or 26 within the cohort

year are eligible to participate. Also, immigration status is not a criterion, and both documented and undocumented young people are eligible.

Project participants are actively recruited annually by Latino Service Providers staff between December and February of each cohort year. Staff deliver presentations at high schools across Sonoma County and two universities (Sonoma State University and Santa Rosa Junior College), where they explain the requirements and terms of the project to students in individual classrooms, club groups, and at school health fairs. A Community-Based Participatory Research (CBPR) approach to recruitment is used in that referrals to the program also come from *Concilio* members and Youth Promotor alumni who refer their friends and family members. In addition, participant referrals come from school counselors, teachers, professors, and from staff or students in other youth programs.

Sampling Methods and Size

The annual Testimonios Project cohort size is small, and the sample size goal was 60 Youth Promotores (20 per cohort). For this reason, LSP staff and evaluator elected a convenience sampling method and included 100% of each cohort in the evaluation. Staff successfully enrolled 64 Youth Promotores across all three cohort years into the project, which exceeded the goal of 60. However, seven of these Youth Promotores withdrew due to conflicting family and/or school obligations and one participant did not consent to participating in the evaluation, leaving a total of 56 participants in the evaluation sample (see Table 3). Due to the overall small sample size (N=56) and the small size of matched samples (less than 20 per cohort), there are limitations of statistical power for the quantitative analysis.

Table 3. Testimonios Cohort Cycle Timeline and Size of Sample

Cohort	Years (May to May)	YP Enrolled	YP Withdrew	YP non-consent to evaluation	Total Evaluation Sample
Cohort 2	2018 – 2019	21	3	1	17
Cohort 3	2019 – 2020	22	2	0	20
Cohort 4	2020 - 2021	21	2	0	19
TOTAL		**64**	**7**	**1**	**56**

Source: LSP Administrative Tracking Spreadsheet

Youth Promotores Demographics

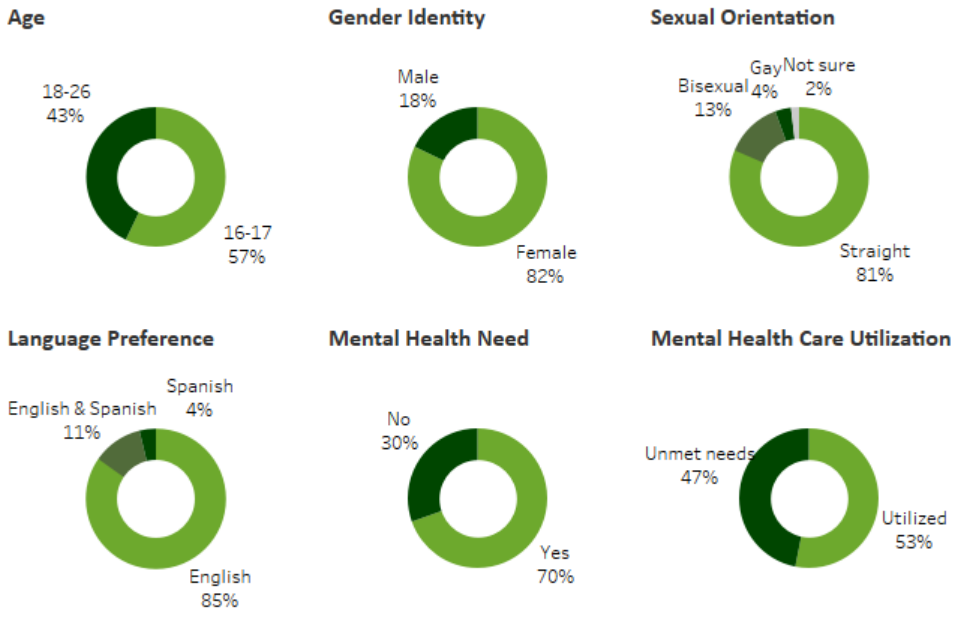
The Youth Promotores in the sample are a good representation of Latinx youth in Sonoma County in terms of geographic location. The 56 participants in the sample represented 10 traditional public high schools out of 18 high schools countywide (55%), and one out of the 12 alternative high schools in the county (8%). All geographic areas of the county were represented (North, South, West, and Central) in the sample.

Among those who provided their demographic information, 32 (57%) were between 16 and 17 years old and 24 (43%) were 18 or older. The sample veered on the side of having more female (82%) representation than the wider Latinx young adult population, with only 18% male and no other gender identity response options selected (i.e., trans, nonbinary, or intersex). Regarding sexual orientation, the majority identified as heterosexual or straight (81%), while 19% selected bisexual, gay, or not sure (see Figure 1).

All participants (100%) were bilingual (English and Spanish), since it was a requirement for participation. However, upon asking about language preference, 85% indicated they were more comfortable speaking English, 11% were equally comfortable in English and Spanish, while 4% preferred speaking Spanish. When asked if they had a mental health need, the majority (70%) responded 'yes' and of that group, 53% indicated they utilized mental health care while 47% did not, pointing to unmet mental health needs. It is important to note that the 56 participants in the sample represent a small percent of all youth in Sonoma County and their experience is not intended to be causal in nature and results should be interpreted with caution.

Above: Cohort 3 youth; Mi Futuro Conference at Sonoma State, January 2020

Figure 1. Demographics of Youth Promotores



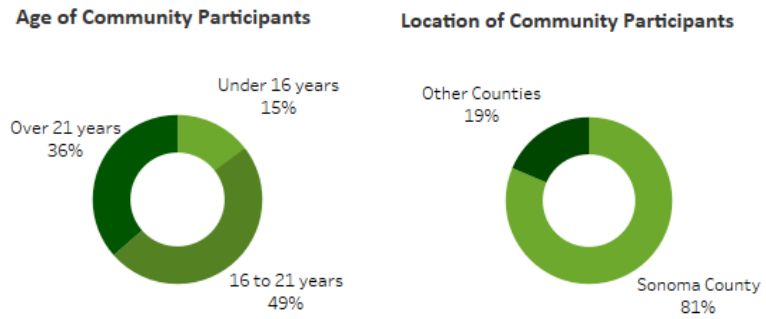
Source: Statewide Evaluation Survey, N=32-56

Community Participant Demographics

Youth Promotores in Cohorts 2, 3, and 4 presented mental health information at 78 distinct community events across all three cohort years. LSP collected 438 surveys from participants at 29 community events. Over half of the community participants were youth under age 21 (64%), and the majority lived in Sonoma County (81%) (see Figure 2). The 19% from other counties can primarily be attributed to virtual presentations during the pandemic attracting participants from outlying areas.

Above: *Family members of YP at an orientation meeting, 2019*

Figure 2. Age and Location of Testimonios Community Participants 2017-2020



Source: Community Participant Survey, N=384-403

C. Data Collection Procedures and Measures

Data Collection Procedures and Modifications

As noted previously, the Testimonios Project is a based on an annual cohort cycle. Youth Promotores were accepted into the program in May of each year followed by an orientation event for youth and their family members. The orientation included an overview of the evaluation, and they were asked to sign the consent (adults ages 18 and over) or assent (youth ages 16 or 17) form outlining evaluation activities and confidentiality policies. The local evaluator assigned each consenting/assenting Youth Promotor a participant identification (PID) number and stored this information in a password protected spreadsheet. During an in-person session at a computer lab, each participating Youth Promotor was provided their PID, the local pre-survey (Survey Monkey link), and the SWE survey (Qualtrics link). The post-surveys were collected the following May in person using the same procedure.

Exit interviews were conducted in-person by the local evaluator with each Youth Promotor in April and May at the conclusion of each cohort year. The local evaluator asked for permission to audio record the interview, which was identified only by PID, stored on a password protected computer, and transcribed. All audio recordings were destroyed at the end of the data collection cycle.

When the COVID-19 pandemic hit at the end of Cohort 3, LSP staff and local evaluator modified several data collection procedures to meet safety guidelines, as well as assuage fear within the Latinx community, which experienced a disproportionate burden of COVID-19 cases. LSP made the following modifications:

- Collecting consent/assent forms digitally via Qualtrics
- Administering pre-post surveys digitally (local evaluator sends individual emails to Youth Promotores with PID and survey links)
- Conducting exit-interviews virtually via Zoom

Statewide Evaluation (SWE) Measures

The Core SWE measures are noted below and can be found in Appendix A. Statewide Evaluation (SWE) Survey. The measures are comprised of four distinct surveys: Adult Pre, Adult Post, Adolescent Pre, and Adolescent Post.

Cultural Connectedness was measured in three subscales: *Cultural Connectedness, Cultural Protective Factors, and Cultural Risk Factors.* The first subscale *Cultural Connectedness* was measured using four items on a 5-point Likert scale ranging from 1 as "strongly disagree" to 5 as "strongly agree." The sum of the four items was used as a composite index to indicate the level of cultural connectedness. A higher score means stronger cultural connectedness. *Cultural Protective Factors* was measured using two items on a 5-point Likert scale ranging from 1 as "none of the time" to 5 as "all of the time." The sum of the two items was used as a composite index to indicate the level of cultural protective factors that could range from 4 to 20. A higher score is indicative of more protective factors. *Cultural Risk Factors* was measured using two items on the same 5-point Likert scale as *Cultural Protective Factors*. However, in this scale, a higher score means more risk factors, implying that a lower score is indicative of a better outcome.

Psychological Distress was measured using six screening items in the Kessler 6 (K6) measure that asks about the frequency of negative emotions such as feeling nervous or worthless (Kessler, et al., 1996). Frequency was scaled from 0 as "none of the time" to 4 as "all of the time." The items were summed to calculate the total raw scores that could range from 0 to 24. A higher score indicates a greater level of psychological distress. Participants were classified into three groups: low-level (0-4), moderate-level (5-12), and severe-level (13 or above) psychological distress. Both the total raw scores and the levels were used for analysis.

Psychological Functioning was measured using a set of items from the Sheehan Disability Scale (SDS) (Leon, Olfson, Portera, Farber, & Sheehan, 1997). The adult version included four domains and the adolescent version included three domains. This measure asked the participants how often their negative emotions interrupted their normal functioning in their life in those domains. Responses ranged from "not at all" coded as 0, "some" coded as 1, to "a lot" coded as 2. The average of the items was used for further analysis that also could range from 0 to 2.

Perceived Discrimination was measured using 11 items asking how often they experienced discrimination and/or disrespect in their day-to-day life. Responses ranged from "never" coded as 0, "less than once a year" coded as 1, "a few times a year" coded as 2, "a few times a month" coded as 3, "at least once a week" coded as 4, to "almost every day" coded as 5. The average of the items was used for further analysis that also could range from 0 to 5.

Program Satisfaction and Post-Intervention Adjustment was asked after the intervention to evaluate their subjective satisfaction about the intervention and their adjustment in life. Adults (ages 18 and over) were asked to indicate their level of agreement with 20 statements about their satisfaction with Latino Service Provider staff. Youth (ages 16-17) were asked to indicate their level of agreement with 11 statements about their satisfaction with the services and staff. Additionally, youth were asked to indicate their level of agreement with 11 items about their adjustment in their life, such as "I am better at handling daily life". Responses ranged from strongly disagree to strongly agree (1 to 5), but we present the percentage alone in the results section.

Local Evaluation Measures

Pre-Post Measures were developed by the local evaluator and LSP staff to measure the participants' changes in their *Experience, Knowledge,* and *Confidence* about mental health care before the intervention and after the intervention. The items belonging to the three subscales and the scales were different across cohorts (i.e., 5-point Likert scales for Cohort 2 & 4 and 4-point Likert scales for Cohort 3). Individual items are listed in the results. The measures can be found in Appendix B. Pre-Post Local Survey. This Appendix contains surveys for cohorts 2, 3, and 4.

Community Participant Measures were developed by the local evaluator and LSP staff to measure changes in *Knowledge* after community participants attended a presentation or *plática* provided by *Youth Promotores.* Responses were measured using two items asking what level of knowledge they had before the presentation, and to what degree they learned new information about mental health. Responses ranged from "none to a little" coded as 1, "some" coded as 2, and "a lot" coded as 3. The average of the items was used for further analysis that also could range from 1 to 3. The community participant survey can be found in Appendix D. Community Participant Survey.

Exit Interviews with Youth Promotores were developed by the local evaluator and LSP staff to measure nuanced changes in knowledge, attitudes, and behaviors of the Youth Promotores that may not have been captured in the pre-post surveys. The qualitative survey instrument consisted of 15 questions to assess: level of overall satisfaction, key learnings, experiences delivering education to the Latinx community, development of professional

skills, change in confidence, change in career interests, and experiences with the *Concilio*. Additional questions were added in the last two cohort years about their attitude towards seeking services, their experience with early intervention treatment sessions, and specific challenges related to wildfire and/or the COVID-19 pandemic. The exit interview tool can be found in Appendix C. Youth Promotor Exit Interview Guiding Questions.

Additional Process Measures were also collected by LSP staff to track and record program data. These instruments included: *Concilio* member tracking spreadsheet and end-of-year survey (see Appendix E. Concilio Member Survey), Youth Promotor attendance tracking spreadsheet, social media tracking spreadsheet, event logs (see Appendix G. Youth Promotores Event Logs), and mid-year performance evaluations with Youth Promotores to track workforce development skills and goals (see Appendix F. Youth Promotor Mid-Year Performance Evaluation). These measures were used in an iterative way to assess and contextualize outcomes.

D. Fidelity and Flexibility

Adherence was measured using local evaluation tracking spreadsheets that focused on capturing the following data: number of Youth Promotores enrolled and basic demographic information, number that withdrew, number and type of event (training, meeting, presentation or *plática* and whether in-person or virtual), social media touches, and evaluation data captured (event logs, pre-post surveys, community participant surveys, mid-year evaluation, and exit interviews). Any significant deviations, modifications, and/or omissions to program implementation or evaluation activities were reviewed by staff and local evaluator and the *Concilio* (as needed). Changes were reported on a quarterly basis to Office of Health Equity (OHE) staff.

Exposure was measured via LSP administrative tracking spreadsheets, which captured the dates and length of trainings/meetings/community events and the attendance of Youth Promotores at each of these events. LSP staff updated the spreadsheet on a weekly basis and reported any notable changes to local evaluator and the *Concilio* (as needed).

Quality of Delivery was captured using formative evaluation methods and a CBPR approach to explore which components of the project worked well and which needed adjustment. For example, LSP staff trained Youth Promotor Leads to complete event logs after each meeting, training, or community event. Part of the event log included a qualitative “plus” and “delta” (Cohort 2) or “glows” and “grows” (Cohort 3 and 4) section to note what worked and what needed improvement. This data often led to rich conversations between LSP staff and Youth Promotor Leads, who made decisions together about how to strengthen and adjust the program. Additionally, the community participant survey included an open-ended question to

solicit feedback about how participants felt about the *plática* delivered by Youth Promotores. Local evaluator and staff shared this data with Youth Promotores, which contributed to their professional growth and provided another touchpoint for program improvement. Finally, LSP staff and local evaluator reviewed exit interview themes at the end of every cohort year, which provided staff input on how to adjust the program for maximum impact.

As mentioned previously, Sonoma County experienced an unusual burden of crises throughout the data collection period including: three wildfires, power-shutoffs, a flood, the COVID-19 pandemic, political unrest, and the ongoing anti-immigrant sentiment. The COVID-19 pandemic had the biggest impact on the project, affecting recruitment, data collection, and program implementation procedures. LSP staff, local evaluator, Latinx Technical Assistance Provider (TAP) and OHE staff worked collaboratively during this time to balance fidelity and flexibility.

E. Data Analysis Plan Implemented

For each quantitative measure, the composite scores (e.g., sums or averages) were used for analysis based on the guidelines. Only matched samples were used for pre and post comparisons. Paired t-tests were conducted to compare the sum or average scores between pre and post. McNemar tests were used to determine whether the changes in the levels of psychological distress were statistically significant. Given the small size of matched samples (less than 20 per cohort), being marginally significant ($p<.10$) is also presented in the output.

For qualitative measures, raw data was collected from each Youth Promotor exit interview, and content analysis was conducted using a grounded theory approach (i.e., allowing themes to emerge from the data). The local evaluator and a second rater used interrater reliability methods to determine the level of agreement for identifying themes and coding a set of transcripts from Cohort 2. Once interrater reliability was greater than 80%, a coding scheme was finalized and used for subsequent cohorts. Codes were identified and compared across cohort years to develop major theme categories and sub-categories. Qualitative data was then synthesized to answer the evaluation questions.

Quantitative and qualitative data was triangulated by local evaluator and LSP staff during regular meetings dedicated to data interpretation. Local evaluator and staff looked for and noted any divergences and convergences between the pre-post survey data, the qualitative themes, and other process measures, including focus groups with LSP staff. Observing the similarities and differences between the data sources helped to increase confidence in our findings. When divergences were observed, a discussion took place to determine if any program modifications might be necessary.

Results

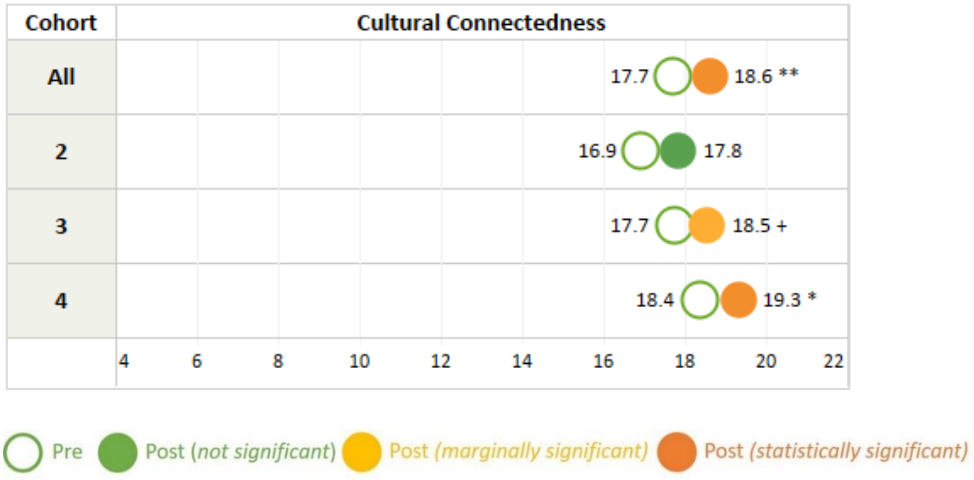
A. Quantitative Data Findings

The quantitative findings are presented below, beginning with the Statewide Evaluation (SWE) measures and followed by the local evaluation measures. Please note that pre and post score means and standard deviations for the five SWE measures (cultural connectedness, cultural protective factors, cultural risk factors, psychological distress, and psychological functioning) and the local measures (experience, knowledge, and confidence) are presented in the meta-analysis data table in part D of this report.

Cultural Connectedness

In comparison to pre scores, post scores of *Cultural Connectedness* were statistically greater overall (17.7→18.6) and found to be statistically significant at a p value of < .01. All cohorts showed an increased value for Cultural Connectedness, with Cohort 3 and Cohort 4 showing statistically significant results (see Figure 3).

Figure 3. Change in Cultural Connectedness Reported by Youth Promotores

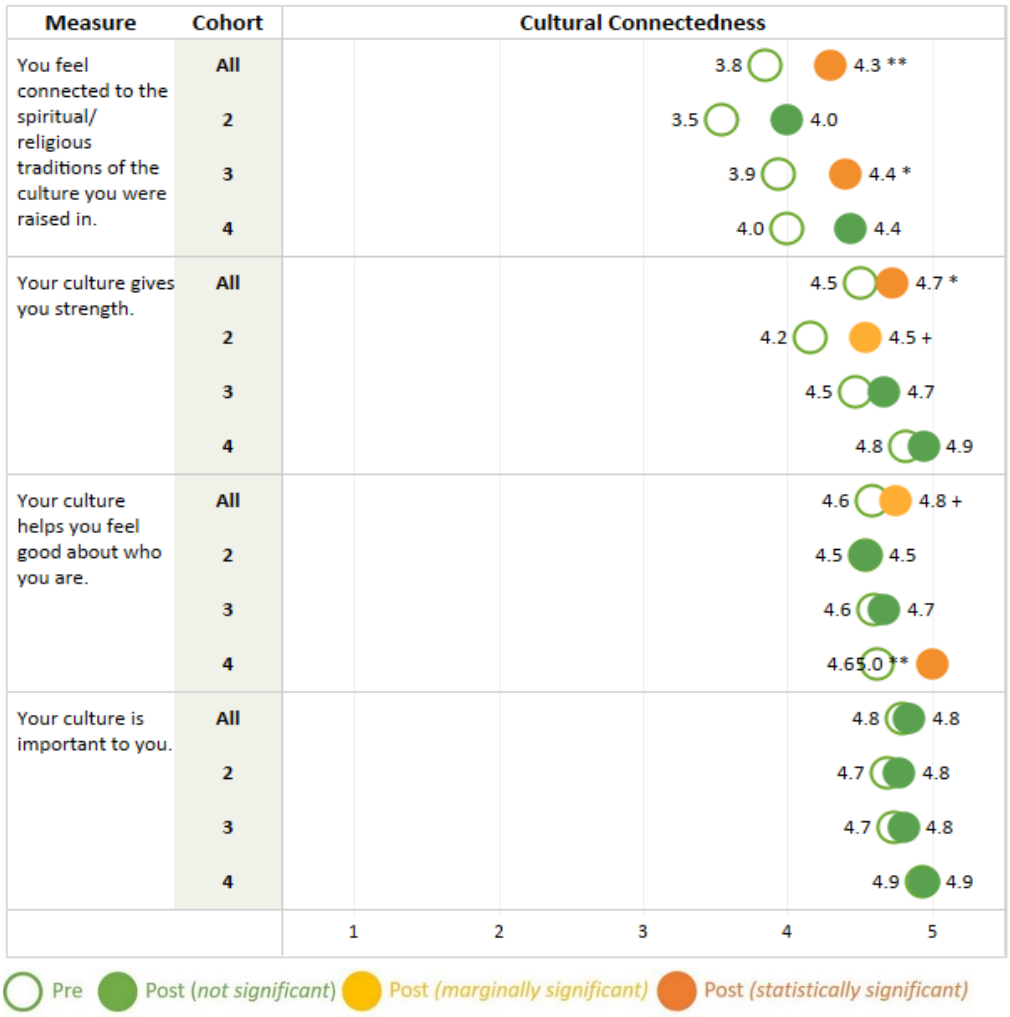


*Source: CRDP Statewide Evaluation Survey; N=44 (Cohort 2=13; Cohort 3=15; Cohort 4=16). Asterisks and a plus sign indicate statistical significance at +p<.10. *p<.05. **p<.01. ***p<.001.*

Next, the four items in *Cultural Connectedness* were individually analyzed. For the overall sample, the greatest increases were found in the item "You feel connected to the spiritual/religious traditions of the culture you were raised in" (see Figure 4). The average of this item increased from 3.8 to 4.3 between pre and post. Also, this item had the lowest scores across cohorts at pre. In addition, there was a statistically significant change in the item "Your culture gives you strength (4.5→4.7)" and there was a marginally significant change in the item "Your culture helps you feel good about who you are (4.6→4.8)." There

was no significant change in the item "Your culture is important to you" as this item was already highly rated at pre (4.8) giving little room to increase.

Figure 4. Change in Cultural Connectedness Reported by Youth Promotores (Four Items)

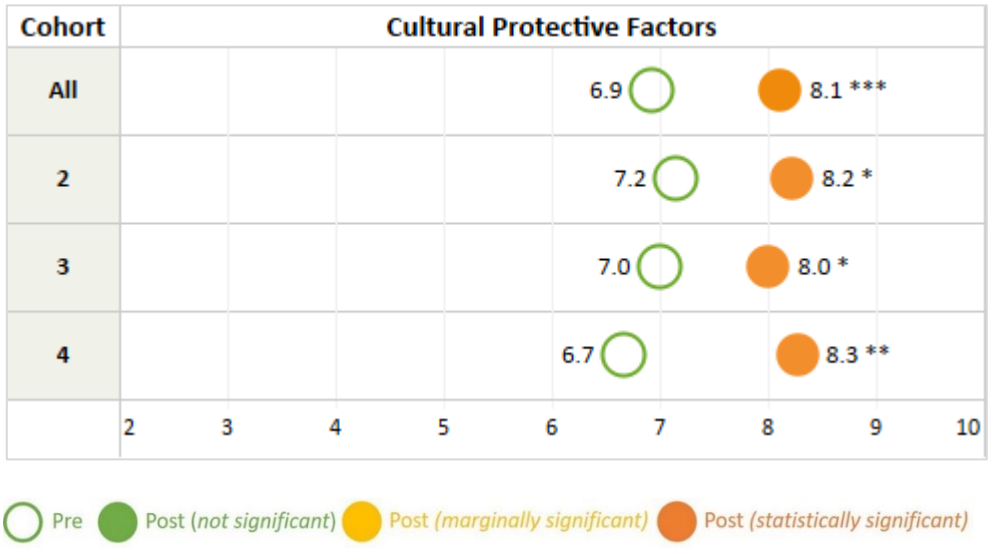


*Source: CRDP Statewide Evaluation Survey; N=44 (Cohort 2=13; Cohort 3=15; Cohort 4=16). 1=strongly disagree; 2=disagree; 3=neutral; 4=agree; 5=strongly agree. Asterisks and a plus sign indicate statistical significance at +p<.10. *p<.05. **p<.01. ***p<.001.*

Cultural Protective Factors

The participants showed significant increases in *Cultural Protective Factors* after the intervention across all cohorts (see Figure 5), with an overall difference for the sample from 6.9 to 8.1 at post.

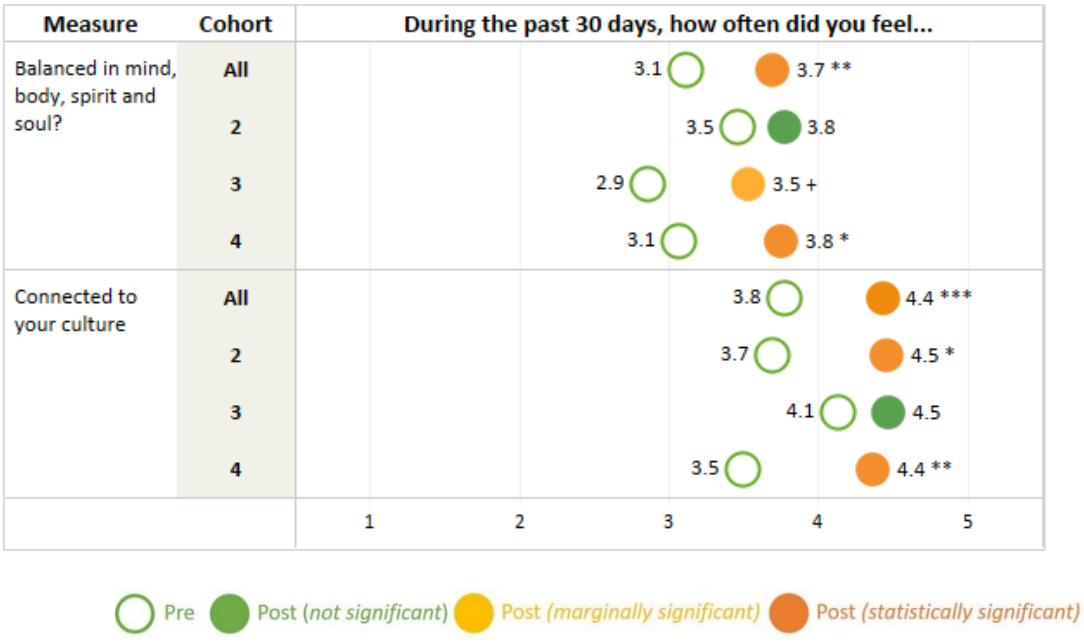
Figure 5. Change in Cultural Protective Factors Reported by Youth Promotores



*Source: CRDP Statewide Evaluation Survey; N=43 (Cohort 2=13; Cohort 3=15; Cohort 4=15). Asterisks and a plus sign indicate statistical significance at +p<.10. *p<.05. **p<.01. ***p<.001.*

Cultural Protective Factors consists of two items below in Figure 6. Both items showed increased values for the sample overall at statistically significant values. These findings indicate that participants report feeling more balanced in mind, body, spirit, and soul, and more connected to their culture after the intervention.

Figure 6. Change in Cultural Protective Factors Reported by Youth Promotores (Two Items)

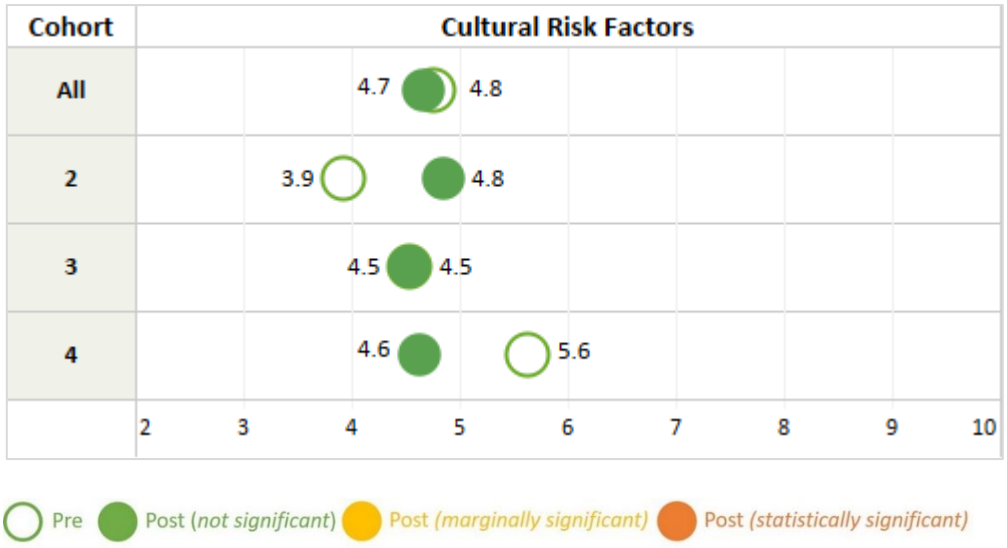


*Source: CRDP Statewide Evaluation Survey; N=43-44 (Cohort 2=13; Cohort 3=15; Cohort 4=15-16). 1=none of the time; 2=a little of the time; 3=some of the time; 4=most of the time; 5=all of the time. Asterisks and a plus sign indicate statistical significance at +p<.10. *p<.05. **p<.01. ***p<.001.*

Cultural Risk Factors

There were no significant changes in *Cultural Risk Factors*, as seen in Figure 7.

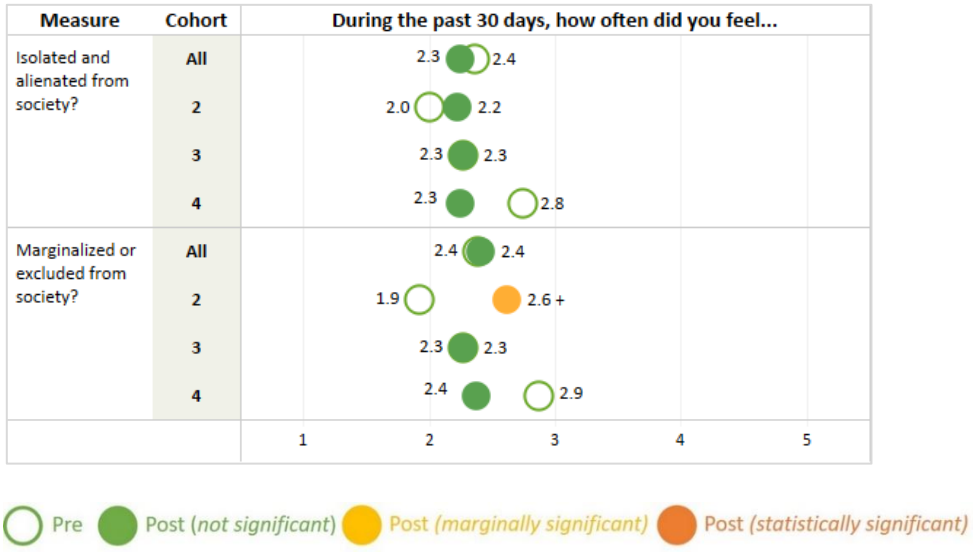
Figure 7. Change in Cultural Risk Factors Reported by Youth Promotores



*Source: CRDP Statewide Evaluation Survey; N=44 (Cohort 2=13; Cohort 3=15; Cohort 4=16). 1=none of the time; 2=a little of the time; 3=some of the time; 4=most of the time; 5=all of the time. Asterisks and a plus sign indicate statistical significance at +p<.10. *p<.05. **p<.01. ***p<.001.*

There were no significant changes in the individual items belonging to Cultural Risk Factors except that Cohort 2 participants felt more marginalized or excluded from society after the intervention (1.9→2.6) (see Figure 8). This could be largely due to the anti-immigrant sentiment that gained momentum during 2018 under the previous federal administration.

Figure 8. Change in Cultural Risk Factors Reported by Youth Promotores (Two Items)

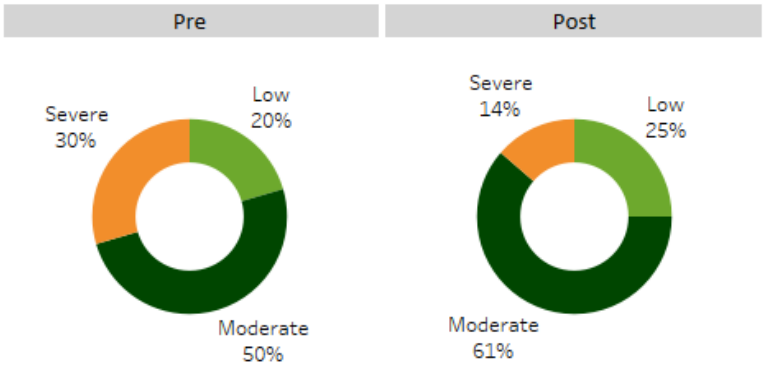


*Source: CRDP Statewide Evaluation Survey; N=44 (Cohort 2=13; Cohort 3=15; Cohort 4=16). 1=none of the time; 2=a little of the time; 3=some of the time; 4=most of the time; 5=all of the time. Asterisks and a plus sign indicate statistical significance at +p<.10. *p<.05. **p<.01. ***p<.001.*

Psychological Distress

As a sample overall, out of 44 participants, 20% were classified into the low-level symptoms group, while 30% were classified into the severe-level symptoms group and 50% were classified into the moderate-level symptoms group before the intervention (see Figure 9). After the intervention, 25% showed low-level symptoms, while 14% showed severe-level symptoms and 61% showed moderate-level symptoms. These changes were not statistically significant based on the McNemar test.

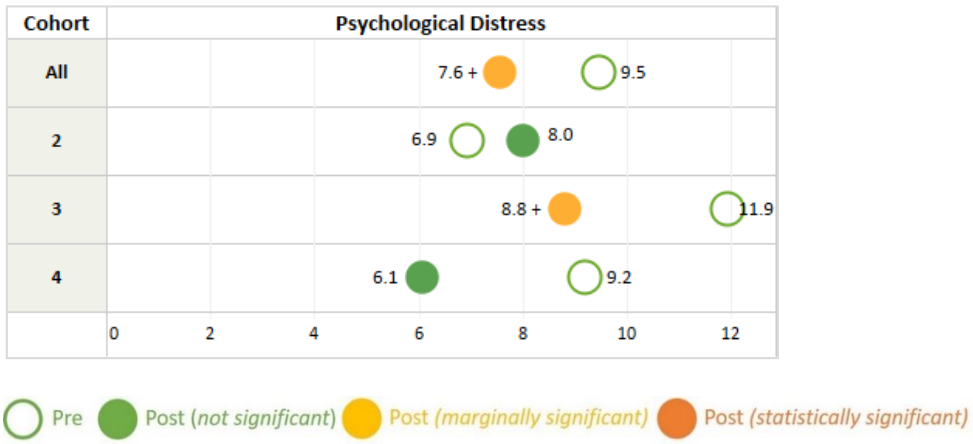
Figure 9. Level of Psychological Distress Reported by Youth Promotores



Source: CRDP Statewide Evaluation Survey; N=44. Results by cohort are not presented as the number of participants in each combination is too small.

When the total raw scores were compared between pre and post, overall participants showed lower levels of psychological distress at post (9.5→7.6, *p*<.10) (see Figure 10). The greatest level of decrease was seen in cohort 3 participant results (11.9→8.8, *p*<.10).

Figure 10. Change in Psychological Distress Reported by Youth Promotores



*Source: CRDP Statewide Evaluation Survey; N=44 (Cohort 2=13; Cohort 3=15; Cohort 4=16). Asterisks and a plus sign indicate statistical significance at +p<.10. *p<.05. **p<.01. ***p<.001.*

Results on individual items in *Psychological Distress* are presented in Figure 11 below. A significant decrease in psychological distress across all cohorts is found in feeling worthless (1.2→0.6, $p<.01$) and a marginally significant change is seen in feeling restless or fidgety (2.1→1.7, $p<.10$). Other significant changes can be found in feeling hopeless or feeling nervous among Cohort 3 participants, and feeling restless or fidgety, feeling depressed, or feeling worthless among Cohort 4 participants.

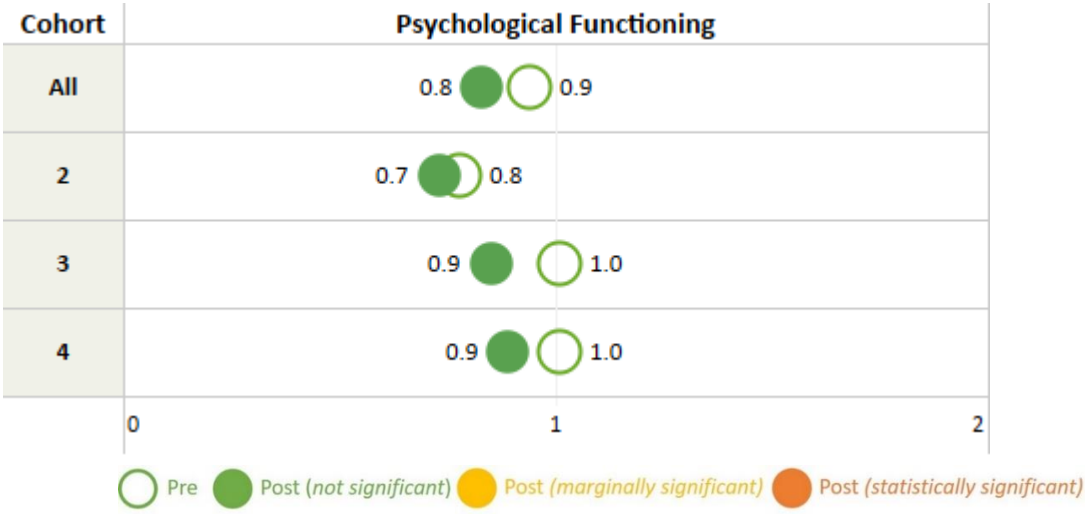
Figure 11. Change in Psychological Distress Reported by Youth Promotores (Six Items)

*Source: CRDP Statewide Evaluation Survey; N=44 (Cohort 2=13; Cohort 3=15; Cohort 4=16). 0=none of the time; 1=a little of the time; 2=some of the time; 3=most of the time; 4=all of the time. Asterisks and a plus sign indicate statistical significance at +p<.10. *p<.05. **p<.01. ***p<.001.*

Psychological Functioning

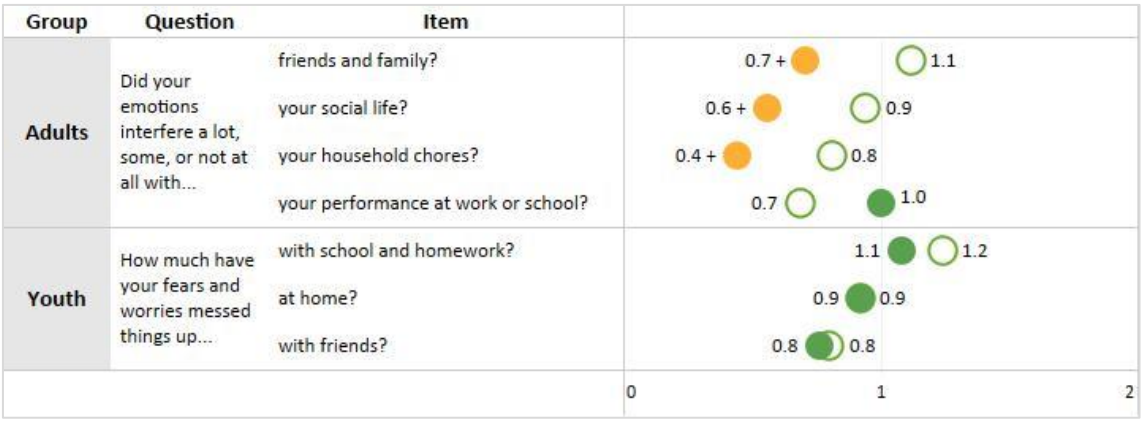
Next, results on *Psychological Functioning* are shown in Figure 12. Although small decreases are seen, there were no significant changes in *Psychological Functioning* across all cohorts overall. However, there are marginally significant changes seen in adult Youth Promotores in their emotions interfering with their friends and family, social life, and household chores (see Figure 13).

Figure 12. Change in Psychological Functioning Reported by Youth Promotores



*Source: CRDP Statewide Evaluation Survey; N=42 (Cohort 2=12; Cohort 3=15; Cohort 4=15). 0=not at all; 1=some; 2=a lot. Asterisks and a plus sign indicate statistical significance at +p<.10. *p<.05. **p<.01. ***p<.001. Results for individual items are not presented as the measure differed by age and the number of participants in each cohort was too small (<10).*

Figure 13. Change in Psychological Functioning Reported by Youth Promotores (Seven Items)

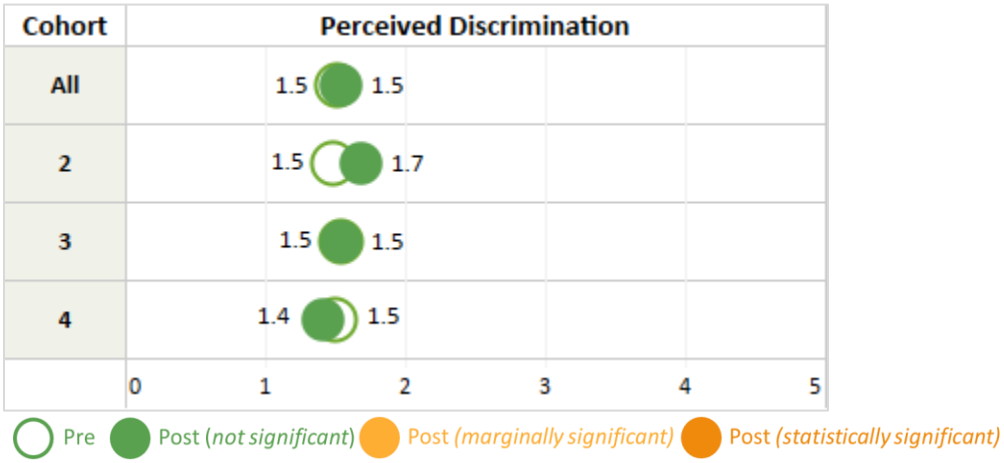


Source: CRDP Statewide Evaluation Survey; *N=38-42 (Adults=13-17; Youth=25). 0=not at all; 1=some; 2=a lot. Asterisks and a plus sign indicate statistical significance at +p<.10. *p<.05. **p<.01. ***p<.001. Results for individual items are not presented as the measure differed by age and the number of participants in each cohort was too small (<10).*

Perceived Discrimination

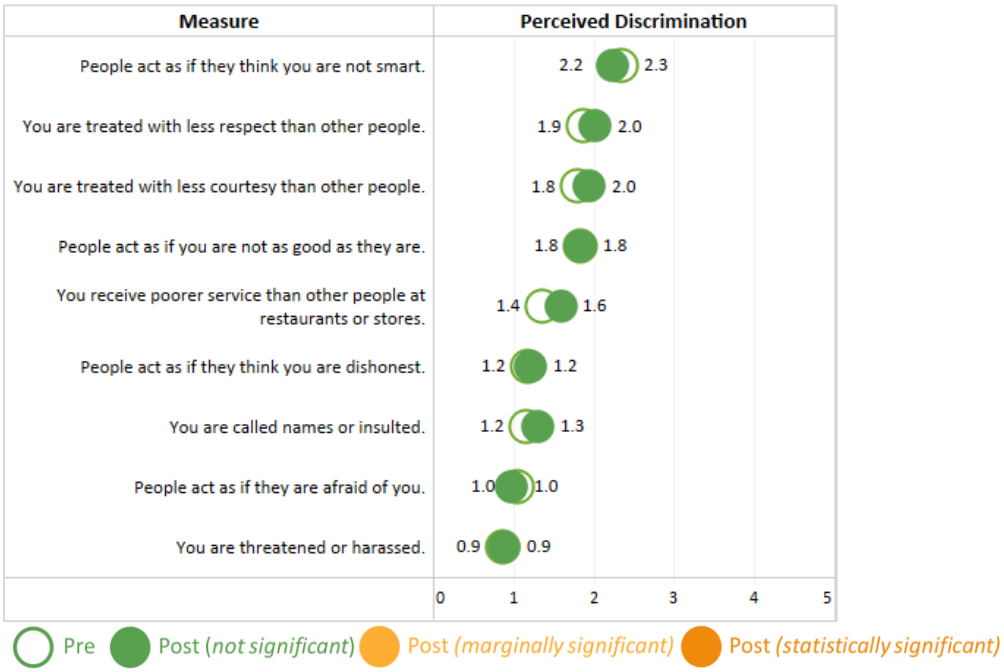
Next, results on *Perceived Discrimination* are presented in Figures 14 and 15. Although small decreases are seen, there were no significant changes in *Perceived Discrimination* across all cohorts overall.

Figure 14. Change in Perceived Discrimination Reported by Youth Promotores



Source: CRDP Statewide Evaluation Survey; N=44 (Cohort 2=13; Cohort 3=15; Cohort 4=16). 0=never; 1=less than once a year; 2=a few times a year; 3=a few times a month; 4=at least once a week; 5=almost every day.

Figure 15. Change in Perceived Discrimination Reported by Youth Promotores (Nine Items)



Source: CRDP Statewide Evaluation Survey; N=43-44. 0=never; 1=less than once a year; 2=a few times a year; 3=a few times a month; 4=at least once a week; 5=almost everyday

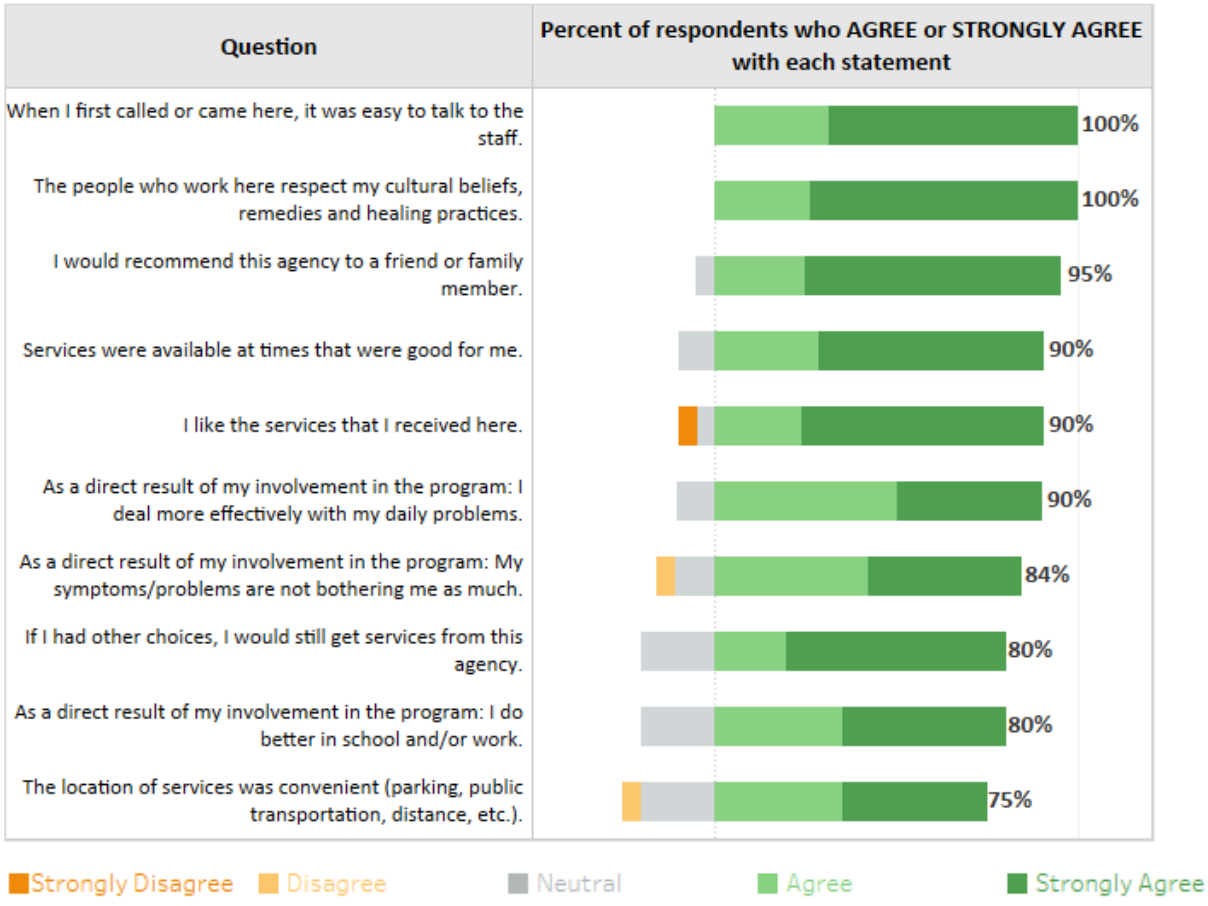
Participant Satisfaction and Post-Intervention Adjustment

Participants completed post-test items about their level of satisfaction and adjustment in life. Analysis was conducted separately for adolescent participants (ages 16-17) and those who were adults (18 to 26), as the items on adolescent and adult post-tests were different.

Adult Satisfaction with Services Overall

Ten items consisted of questions about satisfaction with services overall (see Figure 16). The highest level of satisfaction among adult participants was related to the ease of talking to staff and respect for cultural beliefs, remedies, and healing practices. The item with the lowest level of satisfaction was for the location of services. All ten items had 75% or more of respondents agreeing or strongly agreeing with the statement, indicating a high level of satisfaction with services overall.

Figure 16. Adult Youth Promotores Satisfaction with Overall Services (Ten Items)

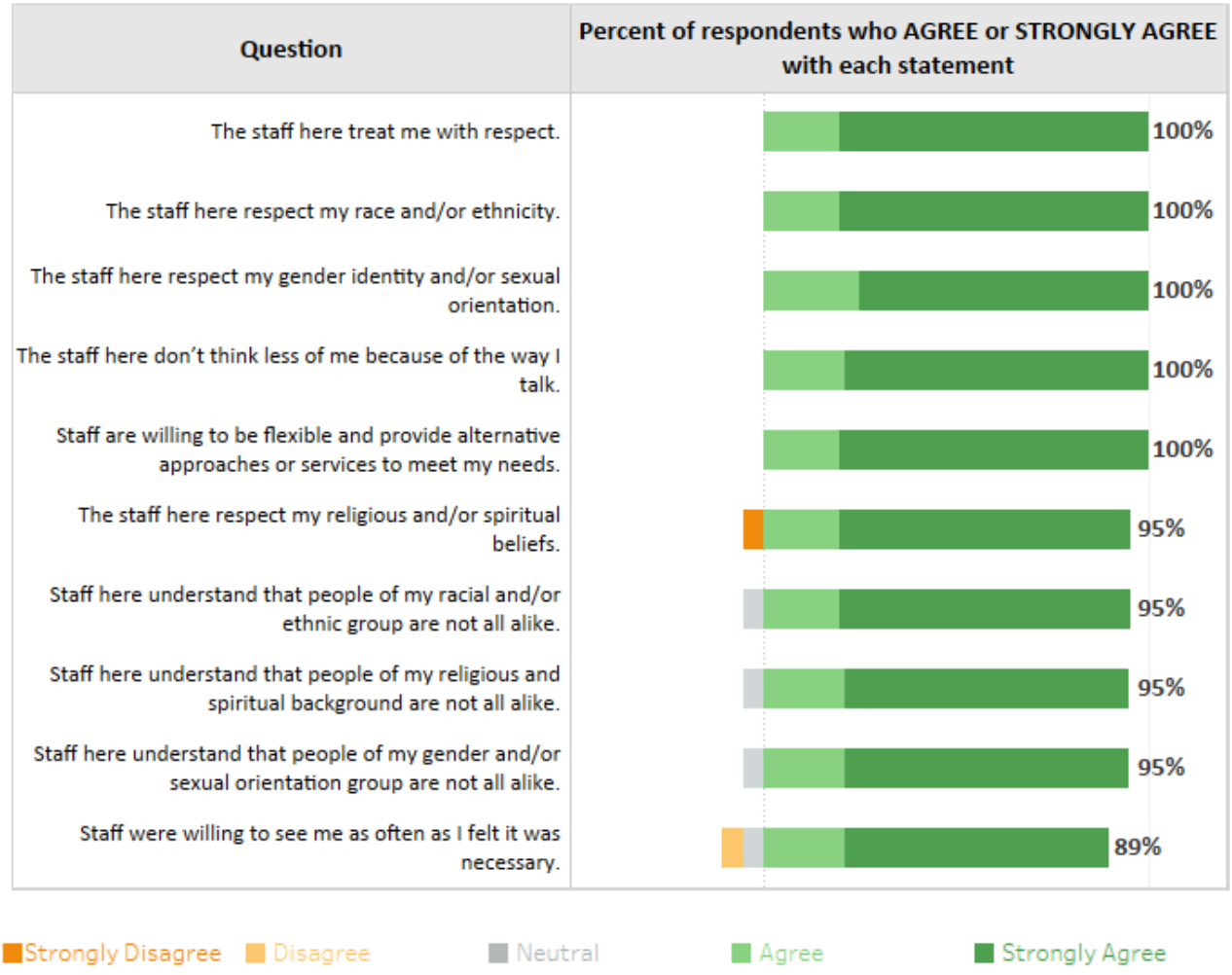


Source: CRDP Statewide Evaluation Survey; N=19-21. Percentages on the right side of the bars indicate the percentages of respondents who AGREE or STRONGLY AGREE with each statement.

Adult Satisfaction with Staff

Ten items related to level of satisfaction were specific to their interactions with staff (see Figure 17). All ten of these items had between 89% to 100% (average of 96.9%) of respondents agreeing or strongly agreeing with the statement, indicating an overall high level of satisfaction with the Testimonios staff. The item with the highest level of dissatisfaction was "staff being willing to see me as often as I felt it was necessary", with 11% of adult participants feeling dissatisfied in this area.

Figure 17. Adult Youth Promotores Satisfaction with LSP Staff (Ten Items)



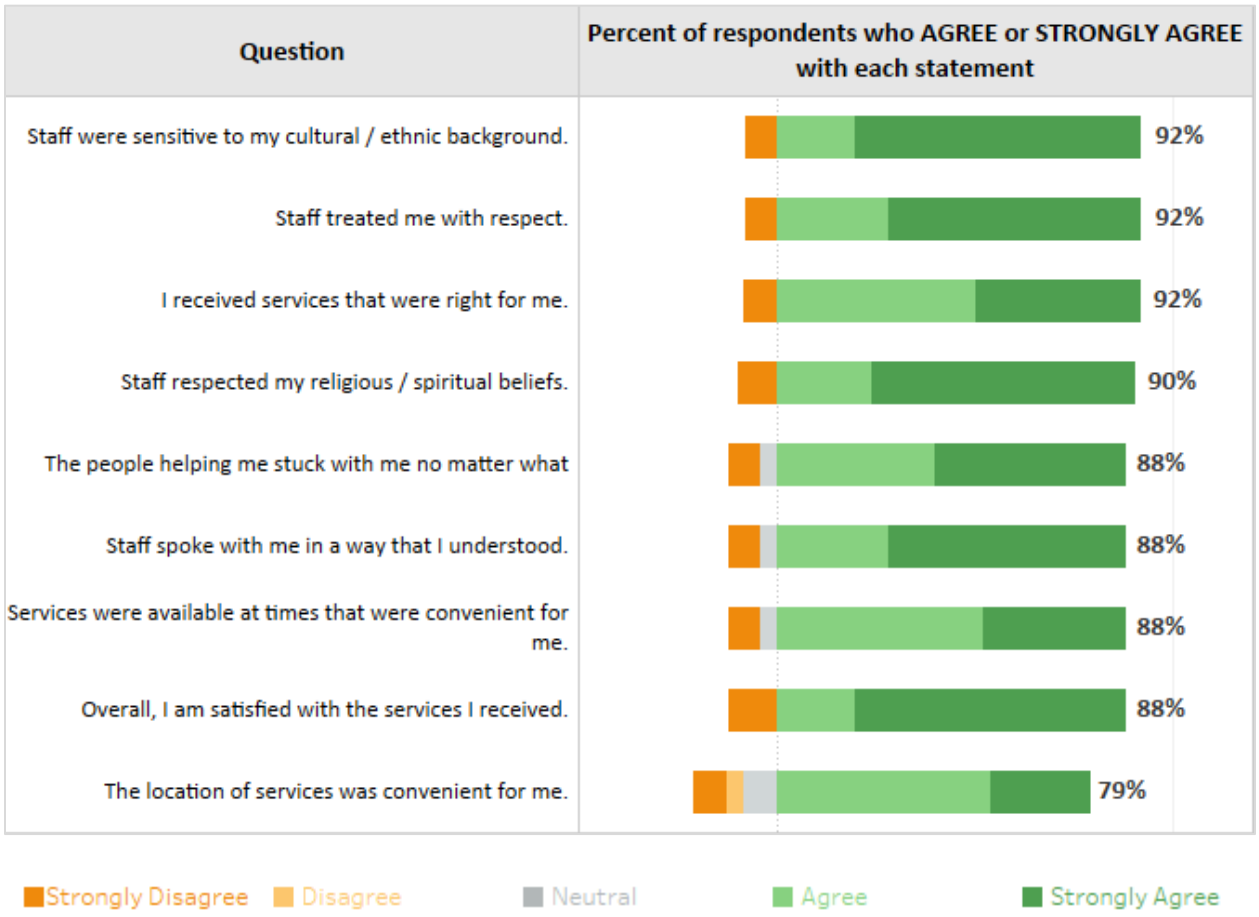
Source: CRDP Statewide Evaluation Survey; N=19-21. Percentages on the right side of the bars indicate the percentages of respondents who AGREE or STRONGLY AGREE with each statement.

Adolescent Satisfaction with Services Overall and Staff

Nine items related to level of youth satisfaction with services overall (see Figure 18). All items showed a level of satisfaction between 79% and 92% (average of 88.5%) of adolescent

respondents answering in agreement or strong agreement with the statement, indicating an overall high level of youth satisfaction with the program. The four items specific to satisfaction with LSP staff show an average of 90.5% respondents in agreement or strong agreement with the statement. The item with the highest dissatisfaction (21%) was the location of services, which was similar for adults.

Figure 18. Adolescent Youth Promotores Satisfaction with Overall Services and Staff (Nine Items)



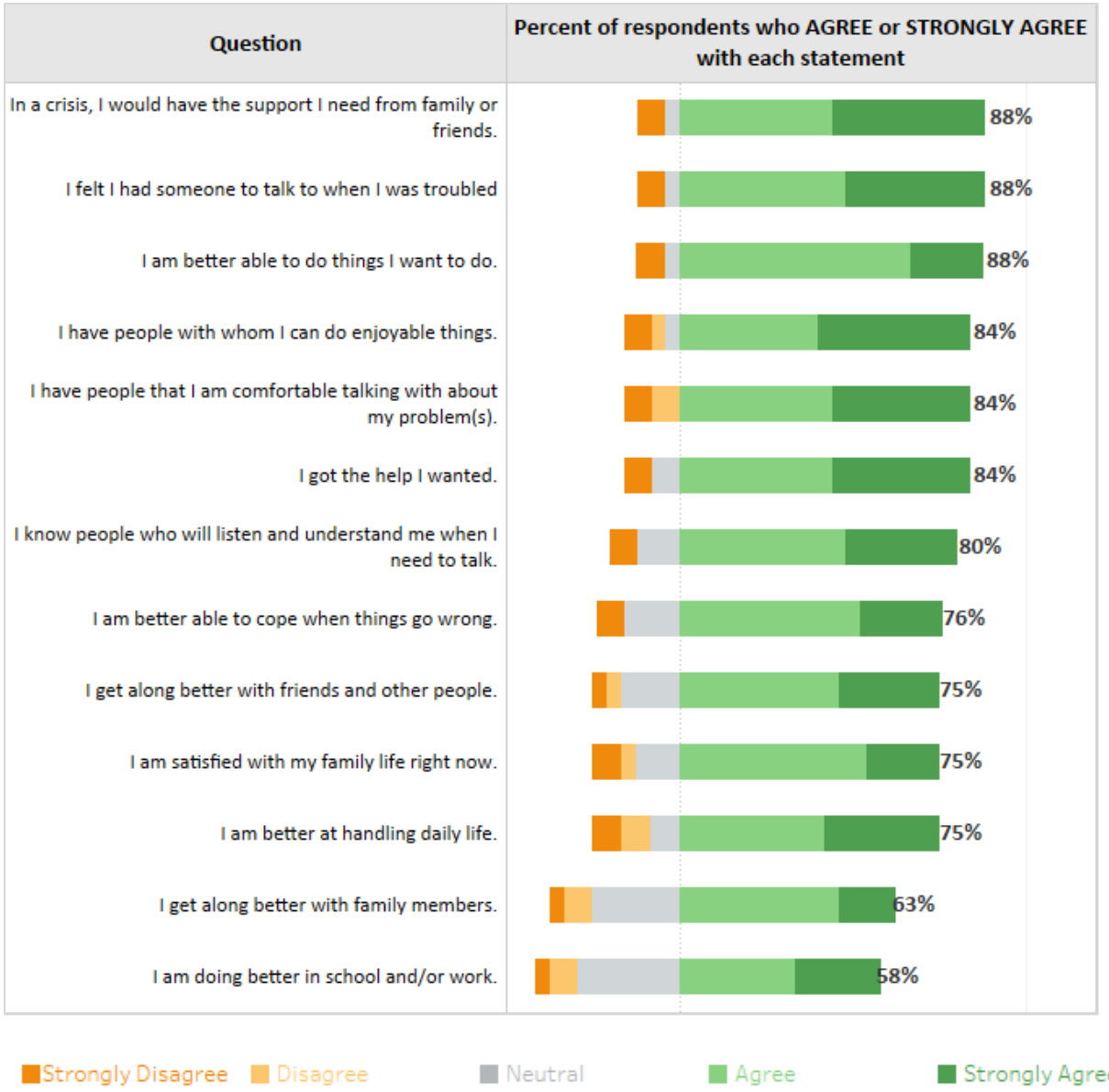
Source: CRDP Statewide Evaluation Survey; N=21-25. Percentages on the right side of the bars indicate the percentages of respondents who AGREE or STRONGLY AGREE with each statement.

Adolescent Post-Intervention Adjustment

Thirteen items related to how youth adjusted and adapted their lives at the end of the Testimonios Project intervention (see Figure 19). All items had between 58% and 88% (average of 72.5%) of respondents answering in agreement or strong agreement, demonstrating an overall high level of positive adjustment. The items with the highest level of adjustment were about getting support in a crisis, having someone to talk to when troubled,

and being better able to do things. The items with the lowest level of positive adjustment were: doing better in school and/or work and getting along better with family members.

Figure 19. Adolescent Post-Intervention Adjustment (13 Items)



Source: CRDP Statewide Evaluation Survey; N=24-25. Percentages on the right side of the bars indicate the percentages of respondents who AGREE or STRONGLY AGREE with each statement.

Local Evaluation Measures

Local Pre-Post Measures

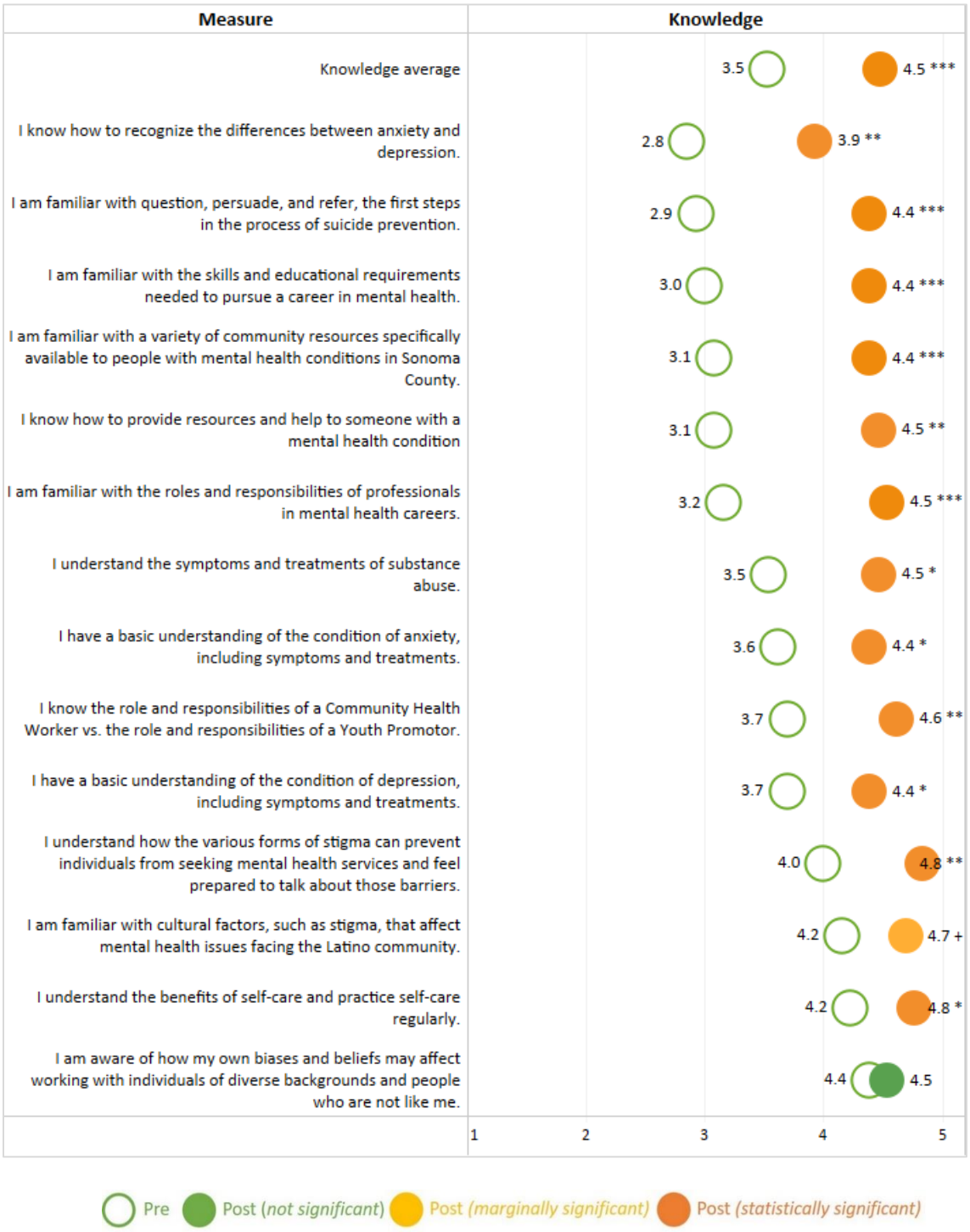
As the items and scales were different across the cohorts, the results are summarized by cohort in this section.

Cohort 2

The overall average of the *Knowledge* subscale went up to 4.5 at post from 3.5 at pre, and was found to be highly significant at the $p < .001$ level (see Figure 20). Examination of results specific to individual subscale items showed increases between pre and post and found to be statistically significant. Only one item that was already high at pre was found to not show meaningful differences. These results imply that the intervention contributed to improvements of knowledge on mental health care. In particular, participants showed big improvements on knowledge about how to help someone with a mental health condition, knowledge on the differences between depression and anxiety, and knowledge on symptoms and treatments of substance abuse.

Cohort 2 Youth Promotores at a community event in 2018

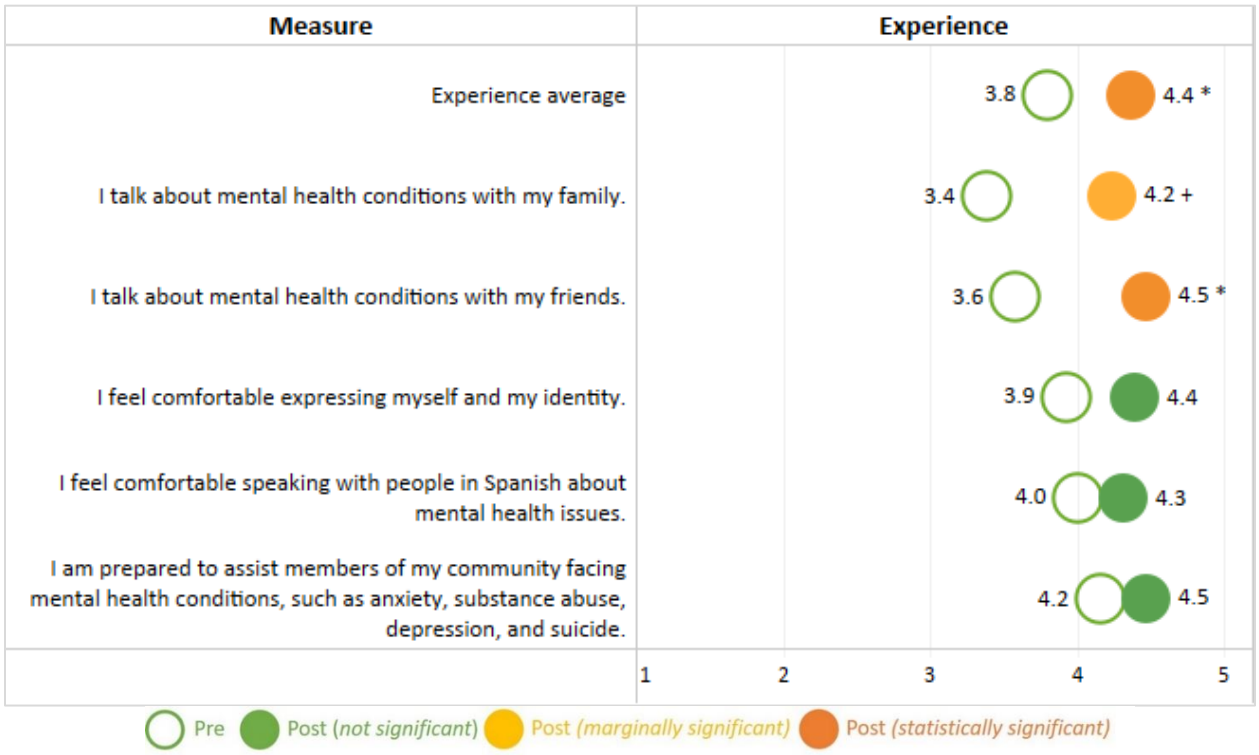
Figure 20. Cohort 2 Changes in Knowledge Reported by Youth Promotores (14 items)



*Source: Local Evaluation Survey; N=12-13. 1=strongly disagree; 2=disagree; 3=neutral; 4=agree; 5=strongly agree. Asterisks and a plus sign indicate statistical significance at +p<.10. *p<.05. **p<.01. ***p<.001.*

Participants also showed significant improvements in the *Experience* subscale at a statistically significant level of $p < .05$ (see Figure 21). The average went up to 4.4 at post from 3.8 at pre. Examination of individual scale items showed that averages of most items increased, with statistically significant findings found in the items referring to discussing mental health conditions with family and friends.

Figure 21. Cohort 2 Changes in Experience Reported by Youth Promotores (Five items)



*Source: Local Evaluation Survey; N=13. 1=strongly disagree; 2=disagree; 3=neutral; 4=agree; 5=strongly agree. Asterisks and a plus sign indicate statistical significance at +p<.10. *p<.05. **p<.01. ***p<.001.*

The average scores for *Confidence* items are presented in Figure 22 below. Overall, the average scores of *Confidence* at pre were higher than those in the other subscales. The average score of *Confidence* was 4.1 at pre and it went up to 4.6 at post. All items in the *Confidence* subscale showed increases that were at least marginally significant. These results imply that even when the Cohort 2 participants were confident at pre, their confidence increased even more after the intervention.

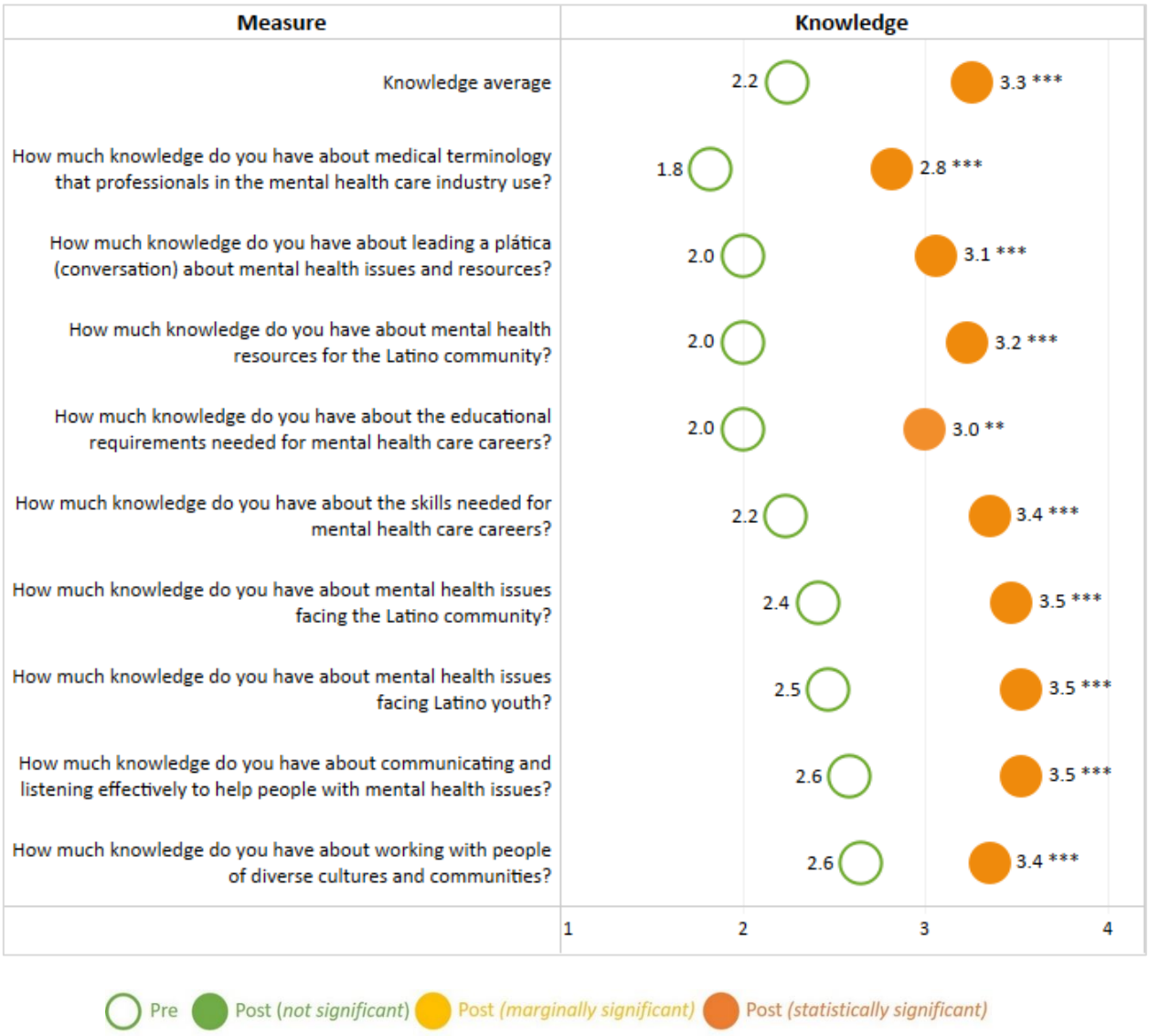
Figure 22. Cohort 2 Changes in Confidence Reported by Youth Promotores (Eight items)

*Source: Local Evaluation Survey; N=13. 1=strongly disagree; 2=disagree; 3=neutral; 4=agree; 5=strongly agree. Asterisks and a plus sign indicate statistical significance at +p<.10. *p<.05. **p<.01. ***p<.001.*

Cohort 3

The composite average scores of *Knowledge* increased from 2.2 at pre to 3.3 at post among Cohort 3 participants (see Figure 23). All individual items of Knowledge also significantly went up. Similar to the Cohort 2 results, the greatest increases were found in the item about knowledge on mental health resources and knowledge on skills needed for mental health careers. *Note: the cover page of this report features a photo of Cohort 3 in 2019.*

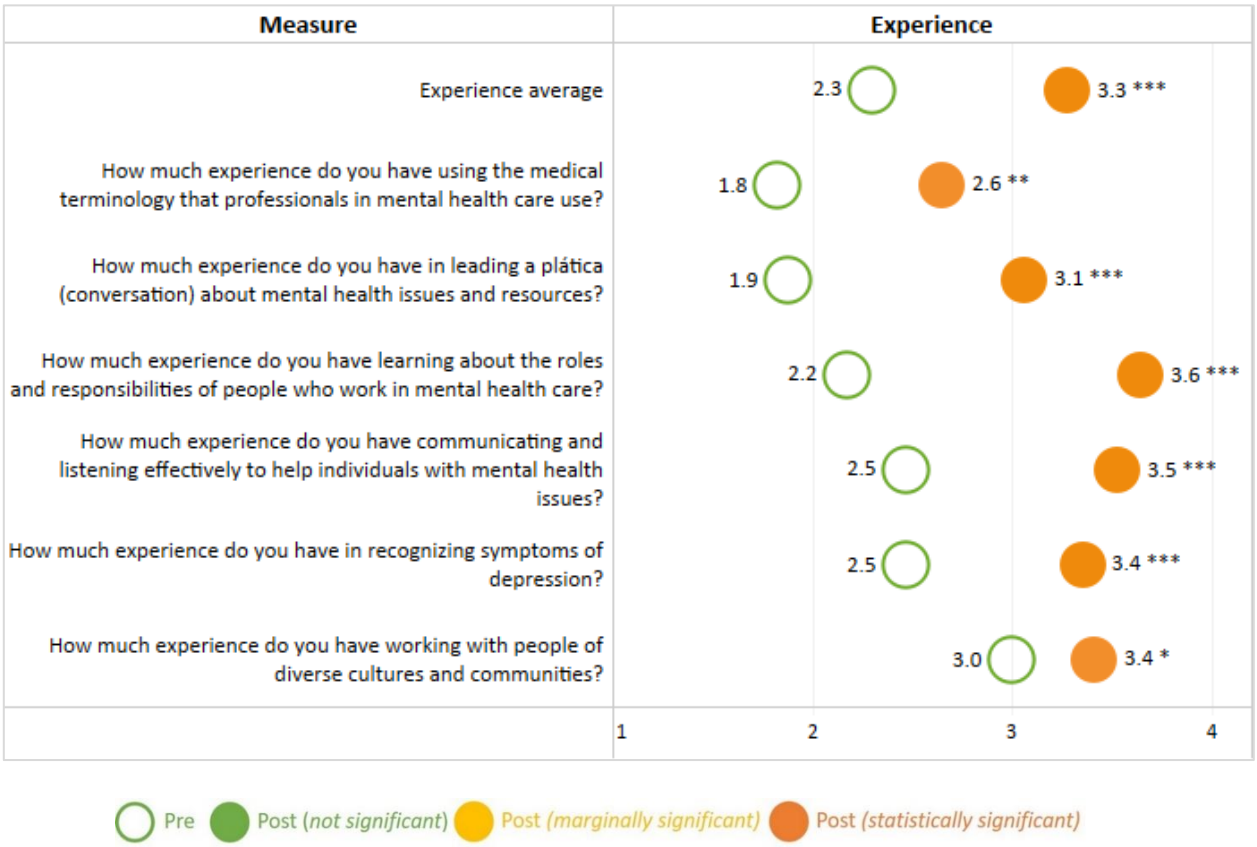
Figure 23. Cohort 3 Changes in Knowledge Reported by Youth Promotores (Nine items)



*Source: Local Evaluation Survey; N=17. 1=none; 2=little; 3=some; 4=a lot. Asterisks and a plus sign indicate statistical significance at +p<.10. *p<.05. **p<.01. ***p<.001.*

The participants in Cohort 3 also showed improvements in *Experience*. The greatest improvement was found in the item about their experience learning about the roles and responsibilities of people working in mental health care (see Figure 24 below).

Figure 24. Cohort 3 Changes in Experience Reported by Youth Promotores (Six items)

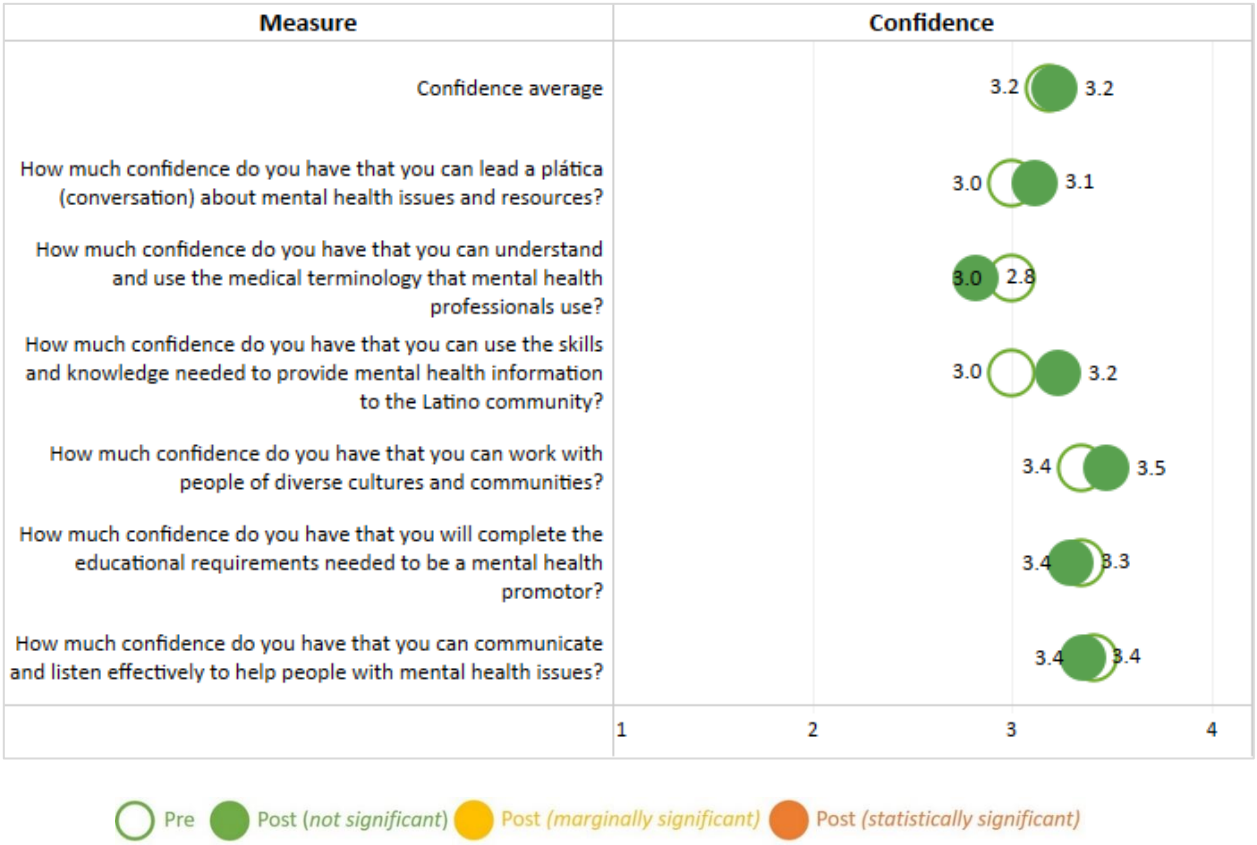


*Source: Local Evaluation Survey; N=17. 1=none; 2=little; 3=some; 4=a lot. Asterisks and a plus sign indicate statistical significance at +p<.10. *p<.05. **p<.01. ***p<.001.*

Cohort 3 Youth Promotores and LSP staff tabling at a community event, 2019

Unlike the previous two measures, there were no significant changes in *Confidence* between pre and post, as seen in Figure 25. This may have to do with the fact that the survey tool used a 4-point scale, which wasn't as sensitive as a 5-point scale.

Figure 25. Cohort 3 Changes in Confidence Reported by Youth Promotores (Six items)

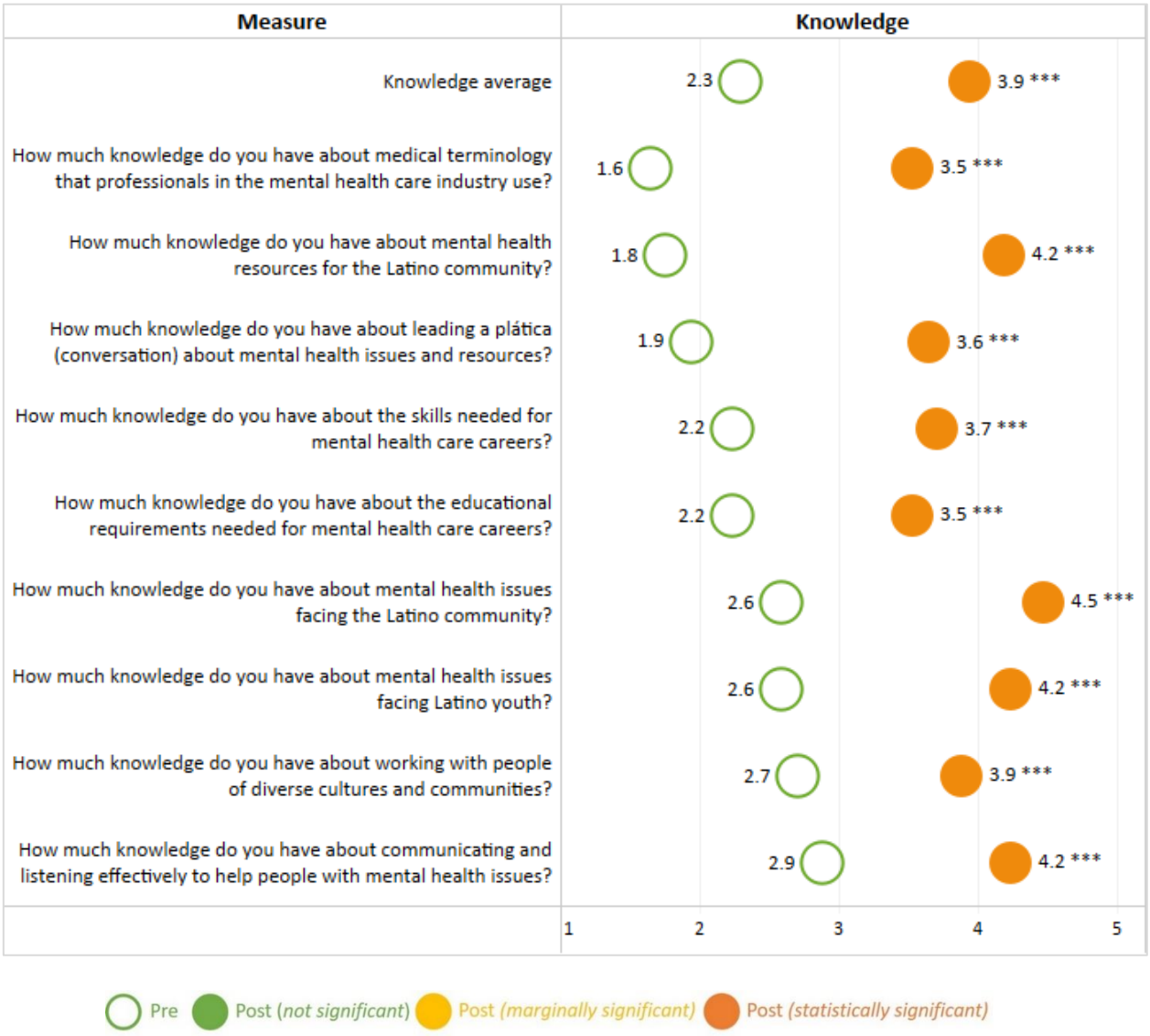


*Source: Local Evaluation Survey; N=17. 1=none; 2=little; 3=some; 4=a lot. Asterisks and a plus sign indicate statistical significance at +p<.10. *p<.05. **p<.01. ***p<.001.*

Cohort 4

Participants in Cohort 4 also showed significant improvements in *Knowledge* (see Figure 26). Similarly, the greatest increase was found in the item about knowledge on mental health resources in the community. Large increases were also found in the items on knowledge about medical terminology and knowledge about mental health issues facing the Latino community.

Figure 26. Cohort 4 Changes in Knowledge Reported by Youth Promotores (Nine items)



*Source: Local Evaluation Survey; N=17. 1=no; 2=slightly; 3=moderately; 4=very; 5=extremely. Asterisks and a plus sign indicate statistical significance at +p<.10. *p<.05. **p<.01. ***p<.001.*

The average and all individual items in *Experience* showed significant improvements (see Figure 27). For example, the pre-score about leading a conversation about mental health issues and resources was 1.6 at pre, but this increased to 3.4 at post. The participants showed improvements in their experiences about using medical terminology (1.8→3.4) and learning the roles and responsibilities of people working in mental health care (2.3→4.0).

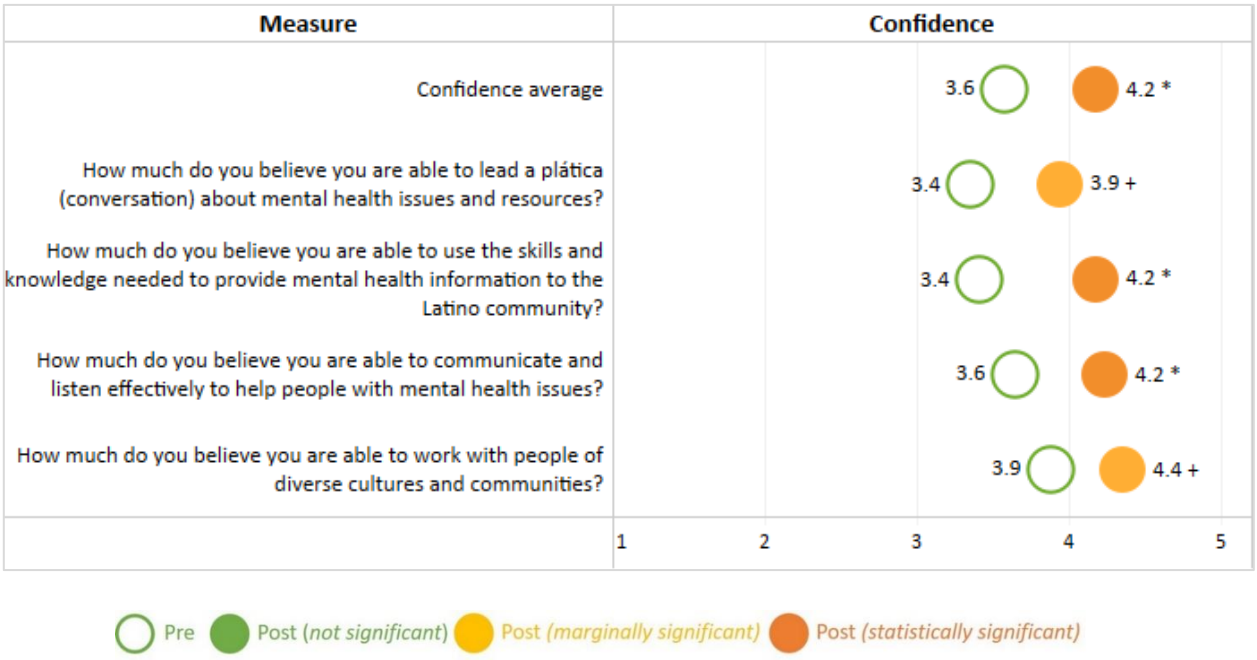
Figure 27. Cohort 4 Changes in Experience Reported by Youth Promotores (Six items)

*Source: Local Evaluation Survey; N=17. 1=no; 2=slightly; 3=moderately; 4=very; 5=extremely. Asterisks and a plus sign indicate statistical significance at +p<.10. *p<.05. **p<.01. ***p<.001.*

Cohort 4 Youth Promotores at a community event, 2020

All *Confidence* items as well as the total average also went up (see Figure 28).

Figure 28. Cohort 4 Changes in Confidence Reported by Youth Promotores (Four items)



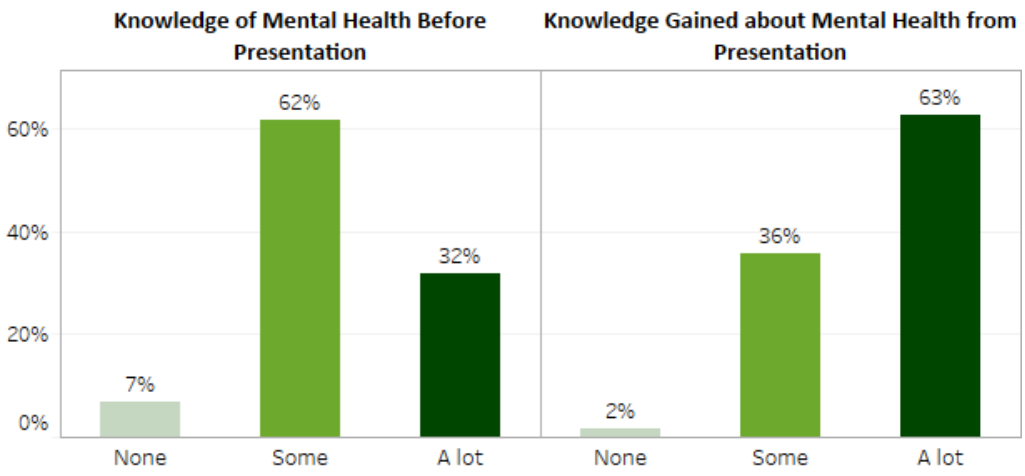
*Source: Local Evaluation Survey; N=17. 1=no; 2=slightly; 3=moderately; 4=very; 5=extremely. Asterisks and a plus sign indicate statistical significance at +p<.10. *p<.05. **p<.01. ***p<.001.*

Community Participant Measures

Youth Promotores conducted mental health *pláticas* and presentations in school and community settings and collected surveys at the end of the event using a bilingual survey tool. A total of 438 surveys were collected at the end of 29 distinct presentations (cohort 2 had 5 presentations with a n =124; cohort 3 had 5 presentations with a n =123; cohort 4 had 19 presentations with a n =191). It is important to mention that over the course of the three cohort years, the community participant survey instrument changed based on technical assistance LSP staff and the local evaluator received from the CRDP Latinx Technical Assistance Providers (TAP). For this reason, the sample sizes vary considerably.

Ninety-four percent of community participants reported that they had a some or a lot of knowledge going into the *pláticas,* while 98% said they gained some or a lot of knowledge because of their participation (see Figure 29). When asked about the most interesting or useful part of the *plática,* the top responses were learning about self-care (44%), community resources (33%) and signs and symptoms (25%) (see Figure 30).

Figure 29. Community Participant Knowledge about Mental Health Before and After Pláticas



Source: Local Community Participant Survey, N=297-314

Figure 30. Community Participants Selections on Most Interesting Aspect of Pláticas

Source: Local Community Participant Survey, N=425

Community participants in Cohort 2 were also asked how comfortable they would be talking about mental health with different people after a mental health *plática*. The 119 participants who responded selected a family member (83%), friend (75%), doctor (55%), counselor (44%), or clergy member (40%).

Community Outreach and Engagement Measures

According to administrative tracking spreadsheets, Youth Promotores participated in a total 78 community events (health fairs, workshops, presentations, and *pláticas*) across all three

cohort years; 47 of these were in-person and 31 were virtual. Youth Promotores created infographics, flyers, and social media posts to promote these events. Whenever possible, the *plática* was recorded and posted on LSP's YouTube channel for public viewing. Table 4 shows the successively increasing reach that the Youth Promotores had via social media, which makes sense given the switch to virtual program delivery. The wildfires and pandemic emergencies also required specific outreach, another reason for the higher numbers in Cohort 4.

Table 4. Total Annual Social Media Touches by Cohort

Cohort	Facebook "reaches"	Instagram "likes"	YouTube Videos	TOTAL
Cohort 2	14,988	496	0	15,484
Cohort 3	9,797	1,336	14	11,147
Cohort 4	29,231	2,608	28	31,867
TOTAL	**54,016**	**4,440**	**42**	**54,498**

Source: LSP Social Media Tracking Spreadsheet

Concilio Measures

LSP staff and local evaluator administered an end-of-year survey to Concilio members in Cohort 2 to assess how members were engaging, perceived impact, and barriers to participation. All eight participating Concilio members took the survey (seven women and one man). However, the majority didn't respond to the email with the survey link, therefore data was collected via oral conversation by phone and manually entered by the local evaluator into Survey Monkey*. The data in Table 5 below show that the majority participated in Youth Promotor training, support, and mentorship (88%).

Table 5. *Concilio* Member Engagement with the Testimonios Project

Concilio Member Engagement Categories	N	%
Youth Promotor training and mentorship	7	88%
Outreach and recruitment	4	50%
Evaluation subcommittee	4	50%

Source: Concilio End-of-Year Survey for Cohort 2, N=8

When the eight Concilio members were asked "How much of an impact do you feel you made?", one indicated they felt they had minimal impact (12%), three felt they had some

impact (38%), four felt they had moderate impact (50%), while nobody felt they had a high impact (0%). When asked about the barriers that prevented them from fully engaging, the top three responses included time commitment problems (88%), shifting work priorities (38%), and scheduling conflicts (25%).

* The end-of-year *Concilio* survey was shortened and administered at the end of Cohort 3, however the response rate was poor (22%) and nearly all the *Concilio* members were the same as the previous year. For this reason, LSP staff and local evaluator chose to discontinue using this tool and rely on in-person conversations with *Concilio* members for feedback.

Additional Measures

LSP's Testimonios Project tracking spreadsheet tabulated applications received, the number of Youth Promotores participating, hour completed, and meetings/trainings and community events held by LSP. Table 6 shows that Cohort 4 held more meetings and trainings, but Youth Promotores overall completed fewer hours than previous years. This makes sense given the pandemic restricting opportunities for in-person community engagement. On average, youth completed 84 hours during the internship year, although there was a wide variation in how many hours an individual would complete based on their availability and other factors.

Table 6. Youth Promotores (YP) Participation Data

Cohort	Appli-cations Received	YP Selected	YP Leads Selected	Total Hrs. Completed	Avg. Annual Hours/YP	Meetings, Trainings, or Community Events Held
Cohort 2	20	18	2	1,615	85	66
Cohort 3	35	20	3	1,983	86	77
Cohort 4	50	19	2	1,715	82	116
TOTAL	**105**	**57**	**7**	**5,313**	**84**	**259**

Source: LSP Administrative Tracking Spreadsheet; Note: One YP from Cohort 2 didn't consent to participating in the evaluation thus the evaluation sample is 56, while the overall participant size is 57.

B. Qualitative Data Findings

The qualitative methods consisted of semi-structured in-depth interviews with Youth Promotores (see Appendix C. Youth Promotores Exit Interview Guiding Questions). The five objectives of the in-depth interviews were to understand: 1) Youth Promotores' overall level of satisfaction and constructive feedback they may have had for program improvement; 2) how the program impacted Youth Promotores' knowledge, skills, attitudes/beliefs,

behavior, and confidence; 3) how the *Concilio* impacted Youth Promotores' experience; 4) the career interests of Youth Promotores and how the program may have changed them; and 5) how Youth Promotores interacted with the Latinx community during the program, including formal and informal conversations and their perception about the outcome of those conversations. It should be noted that while the overall evaluation sample was 56, two YP from Cohort 2 opted out of the exit interview, bringing the sample size for this section of the report to 54.

Youth Promotor Satisfaction

During the exit interviews, Youth Promotores were asked to rate their experiences (on a scale from one to five) with the overall project and the training component of the project. Table 7 shows that the average rating for the overall project and the trainings was consistently around 4.6, demonstrating an overall high level of satisfaction. Table 8 shows that Youth Promotores who are adults (ages 18-26) provided a slightly higher rating than adolescents.

Table 7 and 8. Youth Promotores Average Rating of Overall Project and Trainings Combined

Cohort	N	Avg. Rating
Cohort 2 (2018 – 2019)	15	4.58
Cohort 3 (2019 – 2020)	20	4.60
Cohort 4 (2020 – 2021)	19	4.58
TOTAL	54	4.59

Age Group	N	Avg. Rating
Adults (18-26)	24	4.65
Adolescents (16-17)	30	4.55

Source: Exit Interviews, N=54, Rating Scale of 1t 5 (1 = low, 5 = high)

The most frequent constructive criticism provided by 28% of Youth Promotores was related to COVID-19 social distancing requirements that forced the program to become virtual in Cohort 3 and 4. The next two most cited pieces of feedback were to provide more depth on certain topics (i.e., substance use, child abuse, PTSD, suicide) (19%), and to ensure that presenters are as engaging as possible (17%).

Overview of Primary Themes and Sub-Themes

As noted previously in the evaluation design and methods section, local evaluator and staff used a grounded theory approach to conduct content analysis. Primary themes emerged, and from within that, sub-themes were identified. Table 9 shows the primary themes and sub-themes, broken down by each cohort as a way of looking for trends across the three years of data collection. Green text indicates a stronger response (70% or more of youth brought it up

in their interview), while red text indicates a weaker response (40% or less). Please not that Table 9 does not contain an exhaustive list of all the sub-themes that emerged from the data.

Table 9. Primary Themes and Sub-Themes from Exit Interviews by Cohort year

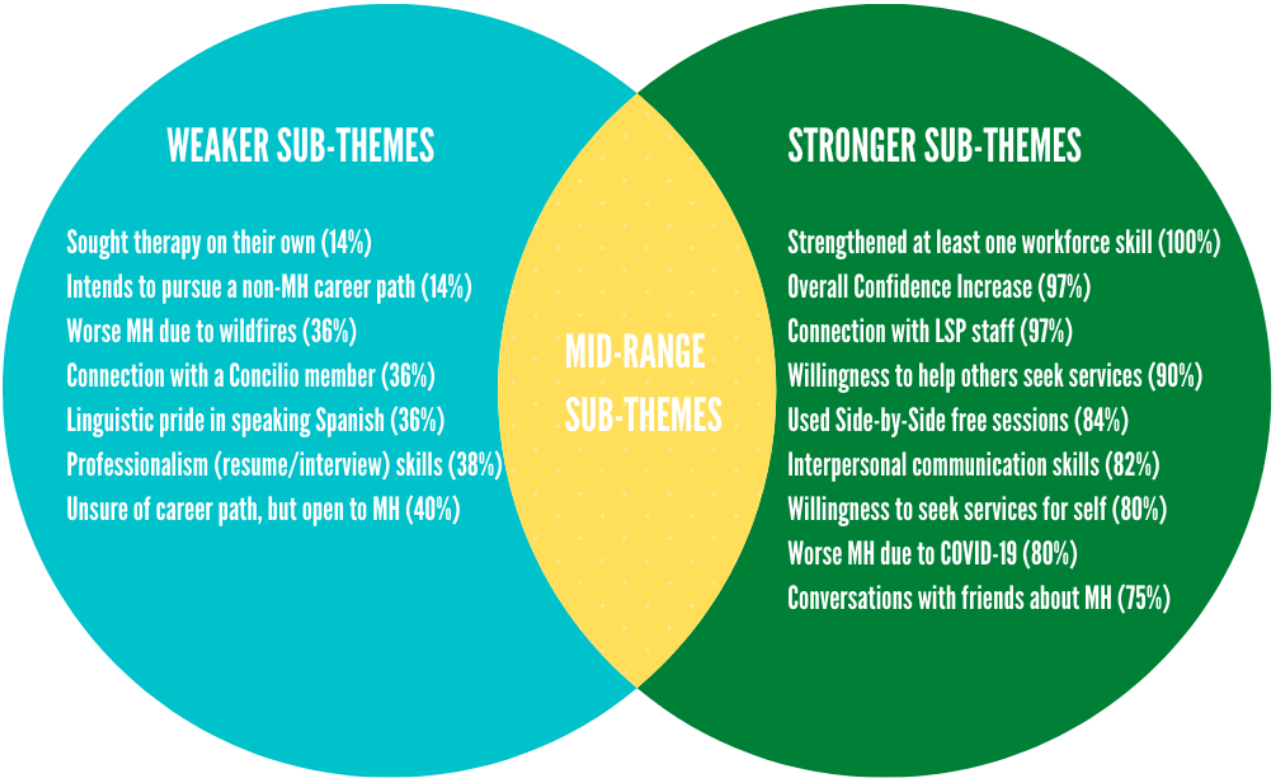
Primary Themes	Sub-themes	Cohort 2 (n=15)	Cohort 3 (n=20)	Cohort 4 (n=19)	AVG. (n=54)
Most Beneficial Trainings	Suicide Prevention	73%	60%	53%	62%
	Mental Health First Aid	47%	50%	68%	55%
	Community Health Worker Course	27%	65%	37%	43%
Key Learnings	Breadth of MH resources	100%	50%	47%	66%
	MH stigma among Latinos	40%	60%	74%	58%
	Self-care skills	73%	40%	37%	50%
	MH communication/empathy skills	53%	45%	47%	48%
	MH affects everyone	47%	65%	21%	44%
Informal Conversations about MH	Conversations about MH with Friends (receptive)	60%	90%	74%	75%
	Conversations about MH with Family (receptive)	40%	70%	84%	65%
Attitude to Seeking MH Services	Willingness to help others seek MH services (positive attitude)	Not asked	90%	89%	90%
	Willingness to seek MH services for self (positive attitude)	Not asked	80%	79%	80%
Autonomy to use and refer MH services	Referred others to MH services	47%	30%	57%	45%
	Sought out therapy services on own	7%	20%	16%	14%
	Used Side-by-Side free sessions (Cohort 4 only)	NA	NA	84%	84%
	Positive experience with Side-by-Side sessions (Cohort 4 only)	NA	NA	68%	68%
Confidence Increase	Increased overall due to participation	100%	95%	95%	97%
	MH knowledge	100%	50%	47%	66%
	Self-care or support seeking	73%	40%	37%	50%
Workforce skills	Strengthened at least one workforce skill	100%	100%	100%	100%
	Interpersonal communication	93%	75%	79%	82%

Primary Themes	Sub-themes	Cohort 2 (n=15)	Cohort 3 (n=20)	Cohort 4 (n=19)	AVG. (n=54)
	Public speaking/presentation skills	87%	55%	63%	68%
	Professionalism (resumes, interviews)	33%	50%	32%	38%
Career Interests	Intends to pursue MH career or health career	40%	50%	47%	46%
	• Decided on this before program	*20%*	*20%*	*20%*	*20%*
	• Decided on this during program	*20%*	*30%*	*27%*	*26%*
	Unsure, but open to educational pathway that may lead to MH career	47%	20%	38%	40%
	Intends to pursue a non-MH career path	13%	30%	15%	14%
Concilio	Concilio is an important part of program	53%	75%	42%	57%
Cultural Connectedness	Connection with LSP staff	100%	95%	95%	97%
	Connection with YP peers	80%	65%	53%	66%
	Connection with Concilio member	53%	40%	16%	36%
	Linguistic pride in speaking Spanish	40%	15%	53%	36%
Wildfire and Pandemic Impacts	Increased autonomy for self-care	NA	55%	74%	65%
	Internship led to meaningful engagement, interaction, and routines	NA	55%	42%	49%
	Worse MH from wildfires	NA	60%	11%	36%
	Worse MH from COVID-19	NA	75%	84%	80%

Source: Exit Interviews, N=54; Green text indicates stronger response (70% or more of YP); Red text indicates weaker response (40% or less of YP), Black text indicates mid-range response (41% to 69%). Note: this presentation of sub-themes in not exhaustive, only those most salient are included here.

Figure 31 highlights the stronger and weaker sub-themes and the subsequent average percentage across all three cohorts. It should be noted that Cohort 2 (2018-2019) did not experience any major crisis, and was the only year that the program functioned in-person for the whole duration. Cohort 3 (2019-2020) experienced the Kincade Fire, historic flooding in West Sonoma County, and the beginning of the COVID-19 pandemic, resulting in two months of virtual programming and interruptions in the fall of 2020. Cohort 4 (2020-2021) was entirely virtual and experienced the pandemic and the economic turbulence associated with it, the political instability after the murder of George Floyd, and the August Complex Fires (including the Walbridge, Meyers, and Glass Fires in Sonoma County). These events undoubtedly contributed to variations in how youth experienced the program. We will now look at each of the primary themes in more depth.

Figure 31. Weaker and Stronger Sub-Themes with Average Percentages Across Cohorts



Source: Exit Interviews, N=54; Text in the green circle indicates the strongest response (70% or more of YP); Text in the blue circle indicates weaker response (40% or less of YP), Text in the yellow area indicates mid-range response (41% to 79%)

Most Beneficial Training

As a tandem to the question about rating the training portion of the program, Youth Promotores were asked which of the mental health trainings they found to be most beneficial. The top five responses among the 54 Youth Promotores interviewed were: suicide prevention certification (62%), mental health first aid for youth certification (55%),

community health worker course (43%), LGBTQ+ training (33%), and the domestic violence/sexual assault training (22%).

> *"I remember specifically at the suicide prevention training the presenter was saying how one of the biggest fears of people is to ask someone who is going through something, 'hey, have you thought about killing yourself?' because people are always scared to have that conversation. Over time I learned there are certain barriers that you might be scared to cross but crossing that barrier might make the difference in the long haul and I found out with some of my friends by talking to them. Initially I felt scared to ask but I think overall with this program it really made it clearer about how and when to ask them."*
>
> Youth Promotora, 21 years old
> Cohort 3

Key Learnings

Youth were asked about any key learnings or take-aways that they felt they gained from participating in the program. The top answer (66%) was the breadth of mental health resources that were available to the community which they had no idea existed prior to the program (See Table 10). Many expressed gratitude for now knowing the resources and being able to refer friends and family when needed. Over half of the Youth Promotores (58%) talked about mental health stigma in the Latinx community as their key take-away, especially when encountering that stigma within their own families and social circles. There were also strong themes of self-care and support seeking (50%) and having empathetic conversations about mental health (48%) with others. Many of these themes were interrelated.

Table 10. Youth Promotores Key Learnings or Take-Aways (multiple often given)

Key Learnings / Take-Aways	N	%
The breadth of mental health resources available	34	66%
Mental health continues to be stigmatized in Latinx community	32	58%
Self-care and support seeking are important	26	50%
How to have empathetic conversations about mental health	26	48%
Mental health is a broad topic and affects everyone	24	44%
There are mental health disparities and lack of access for some	20	37%
How to advocate and organize for change in the community	13	24%

Source: Exit Interviews, N=54

"I was feeling terrible every single day and it got to the point where I was just feeling really low. But it's not something my mom would ever talk about. She's like, oh, why are you sad? Your struggles are nothing compared to mine… And one day I actually broke down and started crying in front of my entire family. I've never seen any of my family cry, and that was the first time they'd ever seen me cry. Cause it's just not something we talk about. And I guess taking care of myself was not something that was ever my priority… So, I guess my biggest take-away is just to take care of myself… And that if I need to talk to someone that I can and I should."

Youth Promotora, 19 years old
Cohort 4

Informal Conversations about Mental Health

The exit interview also consisted of a question about any 'informal conversations' about mental health that Youth Promotores may have initiated and if the people in those conversations were receptive to the topics. Unsurprisingly, the group that Youth Promotores had the most success engaging with in informal conversations about mental health were their close friends (see Table 11). Many shared that they learned how to engage in more empathetic conversations with friends and check-in with them more often than prior to the program. Also, in sharing with friends about what they were doing with the program (either in-person or by posting on their social media), they were able to initiate deeper conversations about mental health topics such as anxiety, depression, or suicidal ideation.

Table 11. Youth Promotores' Receptive Conversations about Mental Health

Receptive Conversations	N	%
Close friends	41	75%
Family members	36	65%
Teachers	8	15%
Classmates / Acquaintances	5	9%
Colleagues	2	4%

Source: Exit Interviews, N=54

"I have changed how I speak to people. If my friends tell me they are not feeling right emotionally, then I've been able to help them and not just tell them, "Oh, it's going to be okay", but actually help them take the steps to feel better. I learned that you should listen, not tell them how to feel. I will listen and let them share their feelings and then give input if I can."

Youth Promotora, 16 years old
Cohort 2

In terms of engaging family, 65% of Youth Promotores had success engaging with family members around mental health, while 20% said they attempted to engage family members but found them to be unreceptive or dismissive, and the other 13% did not disclose

information about engaging with family. Youth spoke about how the program helped them understand the importance of having these conversations and gave them the confidence to refer others to therapy services (see Table 12). Many spoke about how destigmatizing mental health is a gradual process, and that change is slow but they are witnessing it happening in their own families. Some youth even reported that family members have begun to refer others in their lives to therapy, creating a "ripple effect".

> *"A couple of weeks ago, my mom was talking to my aunt in Mexico. She was letting her know she should go to counseling, maybe get help or something. She was telling my aunt, oh, [name of YP] encouraged me to take [name of sibling] to the counselor and that helped him. So, I want to pass that along and maybe it can help you. And it doesn't mean that you have a mental problem, but it could help you and you're able to talk and everything."*
>
> Youth Promotora, 17 years old
> Cohort 4

There was a sub-theme of Youth Promotores advocating on behalf of siblings or cousins who were struggling with mental health challenges, demonstrating that they are paving the way for more accepting attitudes within the family. Also, several Youth Promotores in Cohort 4 said having *pláticas* virtually via Zoom made it easier to involve and engage family members in these conversations.

Table 12. Number of YP Actively Referring Others

YP Referring Others to Services	N	%
Cohort 2 (2018 – 2019)	8	47%
Cohort 3 (2019 – 2020)	6	30%
Cohort 4 (2020 – 2021)	11	57%
Total	**25**	**46%**

Source: Exit Interviews, N=54

> *"I talked to my mom about it. I had this incident with my brother, he was really depressed, and my mom started asking me questions. A lot of Latino parents, at least in my opinion, think mental health isn't a big issue until they start realizing what their kids are going through. When it comes to their family is when they start realizing it. So, my mom started asking me all these questions about what to do. I know how to help people, I guess in a sense, like try and talk to them. I just gave my mom the best information I could."*
>
> Youth Promotor, 18 years old
> Cohort 4

Attitude to Seeking Resources

Youth Promotores in Cohort 3 and 4 (N=39) were asked if they would be willing to help a friend or family member seek resources if they were having a mental health challenge and 90% responded that they would. They were also asked if they would seek mental health support for *themselves* if they were going through a hard time and 80% said they would. A smaller number (11%) expressed doubts about their willingness to seek therapy for themselves due to reasons such as thinking their problems aren't that bad, feeling they can handle it on their own, or fear of what their family might say.

Autonomy to Use and Refer to Resources

Autonomy in this case is defined as the capacity to do things on one's own. In terms of using mental health resources, 14% of Youth Promotores (primarily from Cohort 2 and 3) disclosed that they sought out therapy on their own, which was either something they had already been doing or a new behavior as a result of the program. It is interesting to compare this to the positive attitude Youth Promotores indicated they have toward seeking services (80% said they would seek services when needed). This points to the fact that many didn't feel they needed it or perhaps didn't have enough motivation to overcome some of the barriers mentioned above. In this regard, directly coordinating these services for youth proved necessary, which is what LSP did for Cohort 4.

In Cohort 4 Youth Promotores talked openly about the stress, social isolation, depression, and anxiety they were experiencing due to the pandemic, prompting staff to add the component of early intervention services. LSP established an MOU with a local mental health provider to offer five free sessions to any Youth Promotor that wanted therapy. Eighty-four percent of Cohort 4 youth took advantage of this opportunity, with 32% saying it was their first time trying out therapy and 68% reporting a positive experience. Several of the Youth Promotores also noted the race or ethnicity of their therapist, and that it was helpful (or would have been more helpful) to have a Latinx therapist. Table 11 shows that Cohort 4 reported making more overall referrals to mental health services than previous cohorts. Going through the therapeutic process themselves may have helped some Cohort 4 participants feel more confident referring others.

> *"We were so fortunate to get Side-by-Side therapy. It was so awesome that they did that because now we can truthfully say that we've done it. It's different to say it and never have done it yourself, you know? I really enjoyed my therapy sessions and personally they helped me a lot. So, I'd be very likely to encourage someone, and it'd be very genuine."*
>
> Youth Promotora, 21 years old
> Cohort 4

Changes in Confidence

Below: Cohort 3 YP at a community event in 2019

When asked if their confidence had increased in any way because of participating in the program, 96% of the Youth Promotores answered affirmatively. When probing a little further, it was clear that many of the gains in confidence were directly related to the increases in workforce skills, specifically the interpersonal communication skills. Aside from that, 63% of youth spoke about an increase in confidence as it relates to mental health knowledge and navigating community resources, while 48% mentioned an increase in confidence pertaining to their ability to practice self-care or seek support when needed. A small number of Youth Promotores from Cohort 4 qualified their gains in confidence by saying it only "slightly increased", due to the restrictions resulting from the COVID-19 pandemic.

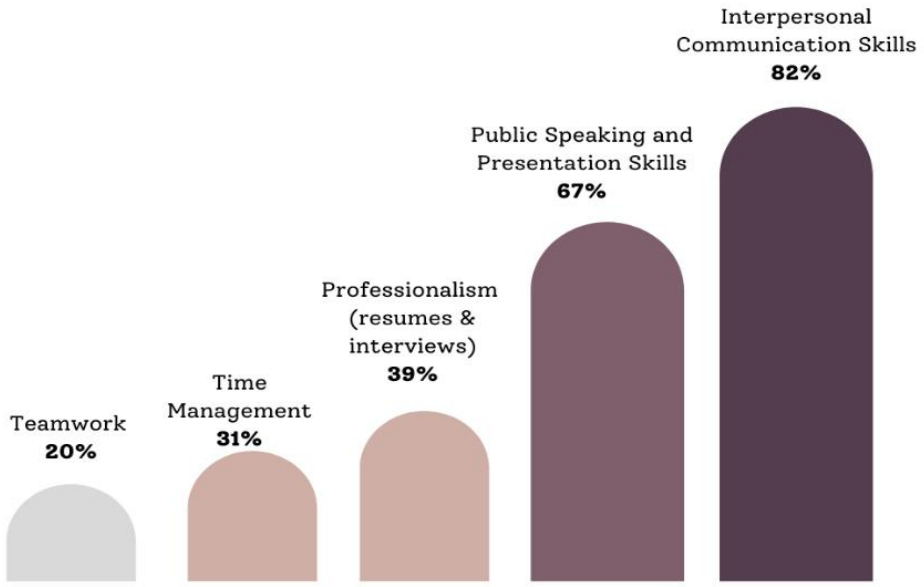
> *"Growing up, I never really talked about how I felt. I never realized that holding it in made it a lot worse, but now I understand that it's okay to not be okay and really let it out if needed. It's okay if you need to cry or have those days where you can't do anything or want to give up. I gained the confidence to talk about myself and how I might not be okay."*
>
> Youth Promotor, 16 years old
> Cohort 2

It should also be noted that youth gain confidence as they mature, so some increases in confidence may not be causal in nature and results should be interpreted with caution. As one Youth Promotor in Cohort 4 pointed out, "*As I'm getting older, I just get naturally more confident*."

Workforce Skills

All Youth Promotores (100%) said they developed at least one professional skills by participating in the program, with the majority reporting they developed multiple skills simultaneously. When asked about which professional or workforce skills they gained, the majority (82%) of Youth Promotores cited interpersonal communication skills (see Figure 32). Youth often spoke about how the program gave them many opportunities to find their "voice" and created a safe space for them to go outside of their comfort zone to build new relationships. The second most frequently cited skill by youth was public speaking and presentation skills (67%), which makes sense in the context of delivering *pláticas* and presentations to the Latinx community.

Figure 32. Percent of Youth Promotores Reporting Gains in Specific Workforce Skills



Source: Exit Interviews, N=54

Impact on Youth Promotores Career Interests

Youth were asked in exit interviews about their career interests and if the program caused those interests to change. Nearly half (46%) stated outright that they intend to pursue a career in mental health (i.e., clinical psychologist, LCSW, MFT) or the health field (i.e., medicine, nursing, public health). Amongst those youth, 20% said they had decided this prior to the program and the internship simply strengthened their resolve to pursue a career in mental health or health, while the other 26% determined this as a result of going through the program. In this regard, the program is creating a net gain of future bilingual-bicultural mental health professionals.

Cohort 2 Youth Promotores, 2019

Forty percent of youth said they were not completely sure of their educational or career path, but said that the program caused them to consider an educational pathway that might lead to a career in mental health (i.e., psychology, sociology, human services, human development, art therapy, social work, public health, etc.). Another 14% said that they intend to pursue something entirely other than mental health or health, with 9% of those saying the program had a negative effect on their desire to pursue a career in mental health, thus saving them time and energy in the long run. These youth spoke about how hearing from professionals in the field helped to clarify that it was not a good fit for them in terms of work-life balance and the emotional toll of the work.

> *"I definitely feel that the Testimonios Project inspired me to pursue a career in mental health. The program helped me clarify the options that I have in the field of mental health. Before I thought that there were only specific and limited careers I could go into, but now I see that it's a very broad topic with a lot of career opportunities that haven't been a thing in the past."*
>
> Youth Promotora, 17 years old
> Cohort 3

Cohort 4 Youth Promotores with staff and Concilio, 2021

Impact of the *Concilio* on Youth Promotores

Youth Promotores were asked if they thought the *Concilio* was an important part of the program, and 57% indicated it is an important element. Further conversation revealed that 35% of youth were impacted by an individual *Concilio* member, while 24% didn't know what or who the *Concilio* was, pointing to a need for more opportunity for interaction.

> *"He was a new Concilio member, and I had a conversation with him that was impactful to me. I know firsthand how it feels when you're in a position where a lot of people think you're not gonna make it, but when someone's there and points it out, it really makes a difference. Seeing someone that resembles your skin color it's like 'if I did it, so can you'."*
>
> Youth Promotora, 23 years old
> Cohort 3

Cultural Connectedness

Many Youth Promotores reported that the program increased their sense of feeling culturally connected, even though there was no distinct question asking for this information. For example, 35% said that their bilingualism (Spanish-English) improved due to working with LSP staff and peers to deliver presentations and *pláticas* or table at community events in Spanish. Many talked about the benefit of learning new vocabulary related to mental health, so that they could use it later with their families or in their careers. Some also spoke about feeling confidence, purpose, and belonging in being able to speak Spanish while educating or serving the Latinx community, especially when parents or elders were present.

Another 26% of Youth Promotores said that the program itself, tailored to Latinx young people, contributed to their overall sense of cultural belonging. Nearly all Youth Promotores (97%) said they felt deeply supported and inspired by the LSP staff, who encouraged them to grow, take healthy risks, and practice self-care every step of the way.

> *"I learned Spanish when I was younger, but then I tried to hide it because I felt like I shouldn't speak it, like it was wrong. But with this, I felt really empowered speaking Spanish because I can help people. I understand them. I understand their needs and I'm able to communicate with them better."*
>
> Youth Promotor, 21 years old
> Cohort 4

> *"I was inspired by Lupe, who is Mexican, and she made it. I want to be like her, she's a bad ass. It encourages me to do something like that. She [Lupe] saw something in me that I didn't realize I had. It had a big impact on my life."*
>
> Youth Promotora, 19 years old
> Cohort 2

> *"As a person of color I realized, why are most of my teachers white? And my friends, they're white, I don't have a lot of friends that are Latino. With LSP I found a place where I can relate to others, and they understood what it meant to be Latino. And the majority are first-generation, so it was very helpful. LSP reunites people who thought they were by themselves, and they get that confidence and go out into the community and express that confidence to others."*
>
> Youth Promotora, 18 years old
> Cohort 4

Over half (65%) also cited their fellow Youth Promotores as being a supportive element that helped them feel more culturally connected and less isolated. Additionally, 35% said they were impacted by a *Concilio* member, although it should be noted that youth in Cohort 4 had less opportunity for interaction with the *Concilio* due to the pandemic.

Impact of Ongoing Crises

Due to the ongoing crises (e.g., fires, pandemic, political unrest) that took place over the data collection period, LSP staff and local evaluator added a guiding question to the exit interviews for Cohort 3 and 4 to assess how the crises impacted Youth Promotores. Table 13 shows that crisis with the biggest impact on youth mental health was the COVID-19 pandemic, with 80% reporting worsening mental health. The sub-themes related to stress from the pandemic were social-emotional isolation (56%), negative financial consequences for family or self (28%), negative impact on education (26%), infection with COVID-19 and resulting quarantine/recovery (21%), and negative impact on physical health or body image (15%). Staff also noted that Youth Promotores, for the first time, really noted in mid-year evaluation conversations that they had to financially support their families by taking on more hours at work or even getting a second job because of the pandemic, which reduced the number of hours they were able to devote to the internship.

In terms of resiliency, 64% said their ability to practice self-care increased out of necessity, 49% said participating in the internship helped to overcome social-emotional isolation, 23% expressed that the pandemic increased their capacity to help others because the need was so great, and 13% said that their overall gratitude for life increased due to the hardships endured. In addition, LSP staff observed Youth Promotores adapt to the challenges outside of their control (i.e., fires and pandemic) by coming up with innovative and creative ways to keep their projects going, even when they couldn't do so in-person. This was a testimony to their resiliency.

> *"I learned that a lot of things happen that are out of our control. Being a Youth Promotora, we got training on how to take care of ourselves, as well as how we need to put ourselves first sometimes"*
>
> Youth Promotora, 18 years old
> Cohort 3

Table 13. Youth Promotores Reporting Decrease in Mental Health due to Crises

Worsening Mental Health due to:	N	%
COVID-19 pandemic	31	80%
Wildfires (Kincade, Walbridge, Glass)	14	36%
Political unrest / anti-immigrant sentiment	6	15%

Source: Exit Interviews, N=39 (Cohort 3 and 4 only)

Above: BLM protest in Santa Rosa, CA in July 2020
(Youth pictured here are not LSP's Youth Promotores)

Cohort 4 youth were clearly struggling, and LSP staff went the extra mile to partner with a local service provider who provided in-kind support to give youth five free counseling sessions. In the end, 84% of youth participated in these services which was surprising given that 80% of youth said they would seek out services for *themselves* if they were struggling. What this shows is that offering free mental health services and helping youth navigate directly to these services may help overcome any barriers they may have (i.e., stigma, financial concerns, confusion about insurance, transportation, etc.). Sustaining this early intervention component is a promising way for LSP to deepen their work around the goal of destigmatizing mental health in the Latino community.

C. Synthesis and Overall Presentation of Findings

The five local evaluation questions are presented below with answers using a triangulated approach with our mixed methods evaluation findings.

1. How well is the Testimonios Project being delivered and implemented?

This question will be answered both in terms of fidelity dimensions (adherence, exposure, and quality of delivery) as well as through the lens of summative outcomes (improvements to psychological wellness).

Adherence and Exposure: The Testimonios Project graduated 64 participants from the program (57 Youth Promotores and 7 Youth Promotor Leads), surpassing the original goal of 60 (see Table 2). The number of applications received has successively increased, demonstrating increasing awareness about the program among school-age youth. Youth Promotores participated in a total of 259 trainings, meetings, community events, and all Youth Promotores combined completed over 5,300 hours of service, averaging 84 hours per Youth Promotor (see Table 6). Although the original goal was for each Youth Promotor to complete 124 hours per year, staff found this was not realistic or possible given various constraints and have since changed this to 80 hours. The most notable constraint was the pandemic, which caused some youth to take on extra hours at work or get a second job to be able to financially support their families, leaving less time for completing internship hours.

Youth Promotores collected 438 surveys from 29 unique presentations or *pláticas and* made over 54,000 social media touches (see Table 4). In addition, 76% of Youth Promotores report having informal conversations about mental health with close friends, and 67% successfully engaged informally with family members (see Table 11). While there were no set goals for

how many Latinx community members would be exposed to the intervention, LSP staff report feeling satisfied with the amount of people that the Youth Promotores reached.

There were three significant *program modifications*:

1) At the beginning of Cohort 2, LSP staff added a *Youth Promotor Lead* component to further leadership and professional growth for select Youth Promotor alumni. The program enrolled and graduated 7 Youth Promotor Leads in all three cohort years.
2) During Cohort 3, the pandemic caused LSP staff to modify program delivery and data collection procedures to be entirely virtual, which continued through the rest of Cohort 4.
3) During Cohort 4 LSP staff added an *early intervention* component to address the psychological distress caused by multiple crises experienced over the year (pandemic, wildfires, and political unrest). A local mental health provider specializing in serving transitional aged youth provided up to 5 free virtual counseling sessions for all Youth Promotores who were interested, and 84% received the services.

Quality of Delivery: Youth Promotores reported a high level of satisfaction, averaging about 4.6 for each cohort (see Table 7). SWE post survey data shows that adult Youth Promotores had a slightly higher degree of satisfaction (average of 96.9%) than adolescent Youth Promotores (average of 90.5%) (see Figures 17 and 18). This is corroborated by Youth Promotor program ratings, which shows adults giving a slightly higher rating compared to adolescents (see Table 8).

Additionally, LSP staff remained committed throughout all cohort years to using a CBPR approach and engaged regularly with Youth Promotor on how to strengthen and adjust the program. Staff and Youth Promotor Leads capture “glows” and “grows” from Youth Promotores at the end of monthly meetings whenever possible. Qualitative data from mid-year evaluations and exit interviews also provided a rich source of annual feedback for staff and local evaluator. For example, in Cohort 4 Youth Promotores talked openly about the stress, social isolation, depression, and anxiety they were experiencing due to the pandemic, prompting staff to add the component of early intervention services. Staff said that they were particularly proud of consistently delivering a quality program, despite the hurdles presented from wildfires and the pandemic:

"I think we did a really good job of adapting to the new environment that we were thrown into and so were the Youth Promotores. They understood the situation and we tried to provide as much support as possible. And something we really tried our best to do was listen to them and take in their feedback and make changes according to that feedback. So, when they are saying, 'we want to build community and get to know each other', we were like ok, let's make sure they are part of the design. Not that they weren't before, but it was more important this past year because we were constantly changing and adapting." – LSP Staff Member

Two significant issues staff brought up that may have affected program delivery were 1) internet connectivity at the LSP office, which was often spotty during virtual meetings or events; and 2) program growth and staff capacity. The latter issue became more of a concern in Cohort 4 when the program garnered more funding from other sources, adding 22 additional Youth Promotores and "tracks" (using the same model and structure as CRDP) but not more personnel. Staff reported feeling exhausted at the end of Cohort 4, both from the sheer numbers of youth they were responsible for developing and the gravity of the pandemic that required constant attention and program adaptation.

"I feel really, really tired. We've had conversations about how to modify things and ask for support or delegate, so that we can continue to do this work because it's exhausting and it's really overwhelming with just the two of us." – LSP Staff Member

To this end, LSP is working on a ensuring a stable internet connection given the switch to virtual programming in 2020. LSP staff also hired a part-time Program Coordinator in 2020 to assist with administrative tasks and support the staff overseeing the Youth Promotor Program. Continuing to address these needs will strengthen staff morale and help prevent potential burnout and turnover, leading to better program outcomes.

Summative Outcomes: Improvements in Psychological Wellness

When asked if they had a mental health need, the majority (70%) of Youth Promotores responded 'yes' and of that group, 53% indicated they utilized mental health care while 47% did not, pointing to unmet mental health needs (see Figure 1). One of the most important findings relates to marginal improvements in psychological distress among Youth Promotores. When the total raw scores were compared between SWE pre and post, participants show lower levels of psychological distress at post overall (9.5→7.6, $p<.10$) (see Figure 10). Results of analysis on individual items show a significant decrease in psychological distress across all cohorts is found in 'feeling worthless' (1.2→0.6, $p<.01$) and a marginally significant change is seen in 'feeling restless or fidgety' (2.1→1.7, $p<.10$) (see Figure 11). *Psychological functioning*

saw marginal gains for adult Youth Promotores (see Figure 13). Additional data from the *Adolescent Post-Intervention Adjustment* measures shows that 72.5% of adolescent Youth Promotores positively adjusted their lives, particularly in being able to get support from family or friends in a crisis, having someone to talk to when troubled, and being better able to do things (see Figure 19).

It should be noted that psychological wellness was impacted by the various crises endured throughout this data collection period (i.e., fires, pandemic, political unrest) and our Youth Promotores reported worsening mental health due to the crises (see Table 13). SWE data show the greatest level of decrease in psychological distress was among Cohort 3 participants (11.9→8.8, p<.10) (see Figure 10). However, at the time Cohort 3 post-surveys were collected, pandemic shelter-in-place orders were in effect and the program had become virtual. In exit interviews, many Youth Promotores spoke about isolation, depression, and the disappointment of not being able to attend end-of-year celebrations or ceremonies. In this regard, the significant improvement in psychological distress in the Cohort 3 post-data was surprising and can perhaps be attributed to other factors (i.e., training on mental health and self-care principles, belief that the pandemic would be a short-lived crisis, natural maturing process of individuals, and/or resiliency developed from previous crises or trauma). In fact, Cohort 3 Youth Promotores also reported in exit interviews an increase in resiliency, with 55% stating their ability to practice self-care improve because of the crises experienced during the cohort year.

2. *How does being a Youth Promotor impact the knowledge, skills, attitudes/beliefs, behavior, and confidence of young Latinos?*

Overall, Youth Promotores who go through the program experience positive gains in all the elements listed in this question. The supporting evidence for each element is highlighted below.

Knowledge: Local evaluation survey data show a significant increase in Youth Promotores' knowledge about mental health across all cohorts: Cohort 2 (3.5→4.5, p<.001), Cohort 3 (2.2→3.3, p<.001), and Cohort 4 (2.3→3.9, p<.001) (see Figures 20, 23, and 26). The most frequent response given by Youth Promotores about their key take-away from the year was about the breadth of mental health resources that are available with 66% citing this. Other key take-aways (i.e., knowledge) can be found in Table 10.

Workforce skills: All Youth Promotores (100%) said they developed at least one workforce skill by participating in the program. When asked about which professional or workforce skills they gained, the majority (82%) of Youth Promotores cited interpersonal communication skills

(see Figure 32). Other skills developed included: public speaking and presenting, professionalism, time management, teamwork, and online management skills.

Attitudes/Beliefs: One of the most significant findings related to attitudinal changes was in terms of how connected they felt to their Latinx culture. In comparison to SWE pre scores, post scores of *Cultural Connectedness* were statistically greater across the three cohorts combined (17.7→18.6, $p<.01$) (see Figure 3). The participants also showed significant increases in *Cultural Protective Factors* after the intervention across all cohorts (6.9→8.1, $p<.001$) (see Figure 5). This is corroborated in the exit interview data, with most participants reporting an increase in cultural connection and belonging, either by connecting with LSP staff (94%), fellow Youth Promotores (66%), Concilio members (36%), or through developing their Spanish language skills (36%) (See Table 9). An additional positive finding related to attitude was the willingness to seek resources, with 90% of Youth Promotores saying they would be willing to help someone else seek resources and 80% stating they would be willing to seek services for themselves if needed.

Behavior: Youth Promotores engaged with a variety of people in their lives about mental health topics, with 75% reporting they initiated informal conversations with close friends and 65% saying they spoke with family members (see Table 11). These conversations sometimes led to informal referrals, with 46% stating they referred someone in their lives to mental health resources. Cohort 4 had the highest percentage of youth reporting that they made referrals (57%) (see Table 12).

Confidence: Most of the Youth Promotores, 97%, indicated in exit interviews that their confidence increased in some way during the internship year. In the local pre-post results, there are modest gains in confidence for two cohorts: Cohort 2 (4.1→4.6, $p<.01$) and Cohort 4 (3.6→4.2, $p<.05$) (see Figures 22 and 28), while Cohort 3 didn't change at all. In speaking with Youth Promotores, it became clear that most of these improvements in confidence were related to gains in workforce skills development or gains in mental health knowledge. Particularly noteworthy is that 63% explicitly stated that they gained confidence in practicing self-care or seeking support during challenging times. However, it is important to mention that these results should be interpreted with caution, as youth naturally gain confidence as they mature.

3. *Does the Testimonios Project increase the Youth Promotores' and other youth awareness of and desire to pursue careers in mental health or related field?*

Among all cohorts, 46% stated an interest in pursuing a career in mental health or the health field, of which 20% had made that decision prior to enrolling in the program demonstrating that the program has a net positive effect (26%) on developing the future mental health workforce. Furthermore, data from the local evaluation survey show a significant increase in Youth Promotores' *experience* across all cohorts: Cohort 2 (3.8→4.4, $p<.05$), Cohort 3 (2.3→3.3, $p<.001$), and Cohort 4 (2.3→3.8, $p<.001$) (see Figures 21, 24, and 27). This experience leading *pláticas,* using medical terminology, learning about mental health careers, communicating with individuals who have mental health challenges, recognizing signs and symptoms, and working with people of diverse cultures will support those who choose to pursue a career in mental health.

Nine percent of Youth Promotores said that the program had a negative effect on their desire to pursue a career in mental health which was not what was expected. Some youth enter the program in an exploratory mode with a slight interest in mental health, but upon hearing from professionals in the field about the real struggles and challenges of the work they decide it's not a good match for them. Even though this is not the intended outcome (to turn young people away from the field of mental health), early exploration is critical in terms of making an informed career choice that meets their needs. It's important that the bilingual-bicultural mental health workforce be fully ready for the realities of this type of work which will sustain a long-term career.

4. *How does the Concilio support the development of the Youth Promotores and strengthen the Testimonios Project overall?*

Concilio members supports the development of Youth Promotores by providing formal training and/or participating in informal mentorship activities. In an end-of-year Concilio survey, 88% indicated that they assisted in this way (see Table 5). When Youth Promotores were asked if they felt the *Concilio* was important, 57% said yes and 35% went on to say how they were impacted by an individual *Concilio* member through training or mentorship. Surprisingly, 24% didn't know what or who the *Concilio* was, pointing to a need for more opportunity for engagement. Other ways that the *Concilio* strengthens the Testimonios Project is by assisting LSP staff with outreach and recruitment of new Youth Promotores or participating on the evaluation subcommittee. Fifty percent of *Concilio* members indicated that they participated in each of these areas (see Table 5). When asked about their overall level of impact, 88% of *Concilio* members felt they had either "some" or "moderate" impact in whatever way that they engaged.

5. *Do mental health pláticas increase participant ease in talking about mental health issues (reduced stigma) and increase knowledge of mental health issues, supports and resources?*

As noted previously, local pre-post data show a significant increase in Youth Promotores' *knowledge* about mental health across all cohorts. This strong increase in knowledge enabled youth to deliver effective presentations and *pláticas* to the Latinx community, which led to large gains of knowledge among community participants, with 63% gaining "a lot" and 36% gaining "some" knowledge (see Figure 29). Community participants cited self-care strategies, community resources, and signs and symptoms as being the most useful things they learned about (see Figure 30).

In exit interviews, 58% of Youth Promotores said one of their key take-aways was that mental health continues to be stigmatized in the Latinx community. Another 48% said a critical learning was in how to engage in empathetic conversations about mental health (see Table 10). When asked who they engaged in these types of conversations, the majority said either close friends (75%) or family members (65%) (see Table 11). Additionally, 46% said they referred someone in their life to mental health services, demonstrating a high capacity to break the cycle of stigma by initiating empathetic conversations with the people in their lives.

Above: Cohort 2 Youth Promotores with LSP staff after delivering a community plática, 2019

D. Meta Analysis Data

Measure Name	Modified Y/N	Pre Score Mean	Pre Score SD	Pre N	Post Score Mean	Post Score SD	Post N	Correlation between pre and post	Cohort	Age group
Cultural Connectedness	N	17.73	2.15	44	18.61	1.81	44	0.63	Combined	Combined
Cultural Connectedness	N	16.92	1.94	13	17.85	2.12	13	0.55	2	Combined
Cultural Connectedness	N	17.73	2.67	15	18.53	1.89	15	0.76	3	Combined
Cultural Connectedness	N	18.38	1.59	16	19.31	1.2	16	0.29	4	Combined
Cultural Connectedness	N	17.75	1.89	4	19.25	1.5	4	-0.44	2	Adult
Cultural Connectedness	N	16.56	1.94	9	17.22	2.11	9	0.73	2	Youth
Cultural Connectedness	N	17.33	3.45	6	18.67	1.63	6	0.81	3	Adult
Cultural Connectedness	N	18	2.24	9	18.44	2.13	9	0.84	3	Youth
Cultural Connectedness	N	18.22	1.72	9	19.11	1.27	9	0.33	4	Adult
Cultural Connectedness	N	18.57	1.51	7	19.57	1.13	7	0.17	4	Youth
Cultural Protective Factors	N	6.93	1.55	43	8.16	1.31	43	0.25	Combined	Combined
Cultural Protective Factors	N	7.15	1.41	13	8.23	1.42	13	0.27	2	Combined
Cultural Protective Factors	N	7	1.69	15	8	1.65	15	0.49	3	Combined
Cultural Protective Factors	N	6.67	1.59	15	8.27	0.8	15	-0.21	4	Combined
Cultural Protective Factors	N	7.75	1.89	4	9.25	1.5	4	-0.44	2	Adult
Cultural Protective Factors	N	6.89	1.17	9	7.78	1.2	9	0.6	2	Youth
Cultural Protective Factors	N	7	2.45	6	8.5	1.64	6	0.75	3	Adult
Cultural Protective Factors	N	7	1.12	9	7.67	1.66	9	0.27	3	Youth
Cultural Protective Factors	N	6.67	1.58	9	8.33	0.71	9	0.22	4	Adult
Cultural Protective Factors	N	6.67	1.75	6	8.17	0.98	6	-0.66	4	Youth
Cultural Risk Factors	N	4.75	2.13	44	4.66	1.66	44	0.29	Combined	Combined
Cultural Risk Factors	N	3.92	2.06	13	4.85	1.52	13	0.42	2	Combined
Cultural Risk Factors	N	4.53	1.6	15	4.53	1.64	15	0.37	3	Combined
Cultural Risk Factors	N	5.63	2.39	16	4.63	1.86	16	0.25	4	Combined
Cultural Risk Factors	N	4.25	1.89	4	5.5	1.73	4	0.46	2	Adult
Cultural Risk Factors	N	3.78	2.22	9	4.56	1.42	9	0.4	2	Youth

Measure Name	Modified Y/N	Pre Score Mean	Pre Score SD	Pre N	Post Score Mean	Post Score SD	Post N	Correlation between pre and post	Cohort	Age group
Cultural Risk Factors	N	4.5	0.84	6	3.83	1.33	6	0.09	3	Adult
Cultural Risk Factors	N	4.56	2.01	9	5	1.73	9	0.47	3	Youth
Cultural Risk Factors	N	5.44	2.96	9	4.44	1.59	9	0.06	4	Adult
Cultural Risk Factors	N	5.86	1.57	7	4.86	2.27	7	0.65	4	Youth
Psychological Distress	N	9.45	6.14	44	7.57	4.25	44	0.25	Combined	Combined
Psychological Distress	N	6.92	5.06	13	8	4.2	13	0.38	2	Combined
Psychological Distress	N	11.93	6.19	15	8.8	4.78	15	0.37	3	Combined
Psychological Distress	N	9.19	6.33	16	6.06	3.49	16	-0.03	4	Combined
Psychological Distress	N	8	7.12	4	8.25	5.8	4	0.65	2	Adult
Psychological Distress	N	6.44	4.3	9	7.89	3.7	9	0.13	2	Youth
Psychological Distress	N	9.67	3.08	6	7.67	4.32	6	-0.48	3	Adult
Psychological Distress	N	13.44	7.4	9	9.56	5.18	9	0.52	3	Youth
Psychological Distress	N	7.67	6.75	9	5.67	3.67	9	-0.26	4	Adult
Psychological Distress	N	11.14	5.61	7	6.57	3.46	7	0.24	4	Youth
Psychological Functioning	N	0.94	0.47	42	0.83	0.55	42	0.39	Combined	Combined
Psychological Functioning	N	0.78	0.44	12	0.73	0.53	12	0.4	2	Combined
Psychological Functioning	N	1.01	0.42	15	0.85	0.58	15	0.16	3	Combined
Psychological Functioning	N	1.01	0.55	15	0.89	0.56	15	0.54	4	Combined
Psychological Functioning	N	0.67	0.76	3	0.81	0.83	3	0.7	2	Adult
Psychological Functioning	N	0.81	0.34	9	0.7	0.45	9	0.14	2	Youth
Psychological Functioning	N	1.08	0.38	6	0.68	0.49	6	0.24	3	Adult
Psychological Functioning	N	0.96	0.45	9	0.96	0.63	9	0.19	3	Youth
Psychological Functioning	N	0.81	0.59	8	0.68	0.46	8	0.44	4	Adult
Psychological Functioning	N	1.24	0.42	7	1.14	0.6	7	0.5	4	Youth
Local Experience	Y	3.80	0.60	13	4.37	0.43	13	-0.34	2	Combined
Local Experience	Y	2.30	0.57	17	3.27	0.37	17	0.46	3	Combined
Local Experience	Y	2.34	0.47	17	3.78	0.53	17	0.46	4	Combined
Local Knowledge	Y	3.53	0.47	13	4.48	0.38	13	0.01	2	Combined
Local Knowledge	Y	2.24	0.46	17	3.26	0.41	17	0.51	3	Combined

Measure Name	Modified Y/N	Pre Score Mean	Pre Score SD	Pre N	Post Score Mean	Post Score SD	Post N	Correlation between pre and post	Cohort	Age group
Local Knowledge	Y	2.29	0.57	17	3.94	0.55	17	0.37	4	Combined
Local Confidence	Y	4.11	0.56	13	4.61	0.26	13	0.11	2	Combined
Local Confidence	Y	3.19	0.56	17	3.22	0.49	17	0.49	3	Combined
Local Confidence	Y	3.57	0.79	17	4.18	0.66	17	0.08	4	Combined

Discussion & Conclusion

The findings from the evaluation show that the Youth Promotor model is effective. The five biggest positive effects on Youth Promotores were found in the following areas: 1) mental health knowledge and positive attitudes; 2) psychological distress and psychological functioning 3) cultural protective factors and cultural connectedness; 4) development of a well-prepared future bilingual-bicultural mental health workforce; and 5) reduction in stigma through informal mental health conversations and referrals. Data also show that the program delivery is of quality and that LSP's consistent use of a Community-Based Participatory Research (CBPR) approach yields significant results.

Major Findings

Increase in Mental Health Knowledge and Positive Attitudes toward Services

The program provides an extensive amount of mental health training and ongoing support for identifying signs and symptoms, understanding community resources, and self-care techniques to reduce distress and improve functioning. In fact, findings show significant increases in Youth Promotores' mental health knowledge across all three cohorts, with qualitative data showing the strongest take-away amongst all three cohorts combined was the breadth of mental health resources available.

Additionally, youth attitudes towards the idea of seeking mental health services when needed proved to be a strong positive theme, both in terms of assisting others and seeking it for themselves. This increase in knowledge of services and openness towards the idea of seeking mental health services help may have contributed to improvements in psychological wellness noted in the next section. Providing a robust mental health training component is essential to the Youth Promotor model and provides a foundation for influencing attitudes.

Increase in Psychological Wellness Outcomes

Results of summative outcomes for psychological wellness of Youth Promotores show marginal overall reductions in psychological distress, with significant reductions in feelings of worthlessness. There are marginal improvements for adult Youth Promotores in terms of psychological functioning. This is promising, because the majority of youth indicated in exit interviews that their mental health worsened as a result of the pandemic and/or wildfires. It is worth repeating here that Sonoma County has experienced a constellation of traumas over the past four years that have complicated and exacerbated existing mental health disparities,

especially among young people (YouthTruth, 2021). In fact, when given an opportunity to utilize free mental health services coordinated by staff, Youth Promotores in Cohort 4 overwhelming took advantage of the services. This points to the fact that well-coordinated early intervention services may be the key to bridging the gap between positive attitudes toward mental health services and actual service seeking behavior to get support.

Increase in Cultural Connectedness

Another major finding was in the area of cultural connectedness and belonging. Data show statistically significant effects across all cohorts on cultural protective factors, both in terms of feeling balanced in mind, body, spirit and soul, and feeling more connected to culture after the intervention. Additionally, quantitative data show significant increases in cultural connectedness across all cohorts, with a particularly strong effect on feeling more connected to spiritual and religious traditions and culture giving strength. Other data corroborated this with 97% of youth reporting in exit interviews they felt strongly connected to LSP staff and in post-surveys 94% indicated they had a "high level of satisfaction" with staff. Additionally, 66% felt a strong connection with fellow Youth Promotor peers and 36% felt connected to a Concilio member. This finding is in line with research that shows non-familial adult mentors who support positive racial and ethnic identity development make a significant impact on young people's advancement (Stanton-Salazar & Spina, 2003). It's also worth noting that a number of Youth Promotores (36%) reported feeling linguistic pride when speaking Spanish at community events organized by LSP.

In Spanish there is a saying, "*la cultura cura"* (culture cures), meaning one's wellbeing can be healed through cultural connectedness and a sense of belonging (i.e., language, food, dance, art, spiritual or religious traditions, or other forms of expression). LSP partners with Latinx leaders (i.e., staff, *Concilio*, other presenters) who are willing to share their personal journeys with Youth Promotores and act as mentors and role models for cultural self-expression, self-care, and achieving one's goals. The Youth Promotores in turn feel seen and encouraged by Latinx leaders who look like themselves and come from similar backgrounds. The gains in cultural protective factors and cultural connectedness may help explain the previous findings of improvements in Youth Promotores' psychological wellness. This data validates that the use of a youth development framework that fosters racial and ethnic identity development and infuses cultural practice and indigenous knowledge (Erbstein & Fabionar, 2019) has an impact on youth mental health outcomes and is a wise approach.

Increase in Workforce Development

Findings show the program is helping to build a well-prepared bilingual-bicultural mental health workforce. All youth developed at least one workforce skills (most commonly interpersonal and/or public speaking and presentation skills), and many developed more than one. Many youth linked their gains in professional development with their increase in confidence. Nearly half of youth stated outright that they intend to pursue a career in mental health (i.e., clinical psychologist, LCSW, MFT) or the health field (i.e., medicine, nursing, public health), with 20% of youth deciding this prior to the program and 26% determining this during the internship year. Another 39% said they are unsure but would consider an educational path that could lead to a career in mental health. This is most likely due to the significant increase in experience as it relates to mental health careers and learning medical terminology, as seen in the quantitative data.

There is a need for improved career readiness among students in Sonoma County (YouthTruth, 2021), as well as a need for culturally responsive bilingual-bicultural mental health providers (Sonoma County Behavioral Health Division, 2020). The data show that the Youth Promotor model functions as a type much needed "pipeline structure" with activities that promote career readiness and knowledge and experiential learning about mental health careers. Essentially, it's an important strategy for Sonoma County to "grow our own" bilingual-cultural mental health workforce. More research is needed to determine how many of the Youth Promotores graduates go on to actually secure degrees in behavioral health or the allied health field and how many become licensed clinicians or providers in the community.

Reduction of Stigma

In terms of stigma reduction, the most important finding was that the majority of Youth Promotores initiated informal conversations with people in their social circles, most notably close friends and family members. These conversations led about half of Youth Promotores to informally refer people in their social circles to mental health services. Additionally, about half of the Youth Promotores said a key take-away from the program was how and when to initiate empathetic conversations about mental health with others. This was especially strong for the Cohort 4 Youth Promotores who experienced early intervention services and reported making the greatest number of referrals amongst the three cohorts, demonstrating that these types of services may bolster stigma reduction efforts.

Data from the plática community participant surveys shows that over half reported learning "a lot", with the biggest areas of learning pertaining to self-care, mental health resources, and

signs and symptoms. This points to the fact that Youth Promotores are getting through to the audience and communicating in ways that resonate with them. More research is needed to determine the long-term effect of these conversations and whether Latinx community members ultimately take action after a referral from a Youth Promotor. However, in a preliminary way it aligns with other research showing that *Promotores de Salud* can have a significant effect on Latinx populations (Wasserman, Bender, Lee, & Y., 2007) (Brownstein, et al., 2005) (Ingram, et al., 2007). Our combined results demonstrate that the Youth Promotor model shows great promise in addressing stigma in the Latinx community, with youth skillfully engaging others in conversations about mental health and referring to services.

Quality and Effectiveness of Program

Data show that the program delivery is of quality, as evidenced by the high satisfaction levels of both Youth Promotores and community participants. Results from SWE post-surveys and exit interviews show that adult Youth Promotores (ages 18 to 26) rate the program slightly higher than adolescents (ages 16-17). This may be correlated to the life stage of the older Youth Promotores (i.e., job searching, graduating from college, applying to transfer, etc.) and therefore may have more points of contact with LSP staff and spend more time receiving additional support. Further research should be done to determine the causes and conditions that lead to slight differences in satisfaction among adolescent and adult Youth Promotores and how to achieve higher rates of satisfaction among adolescents. In the meantime, LSP staff may want to consider allocating slightly more staff time and energy to working with the adolescents to support their development and ensure their specific needs are being met.

Finally, findings also show that LSP's consistent use of a Community-Based Participatory Research (CBPR) approach is highly effective. Using this approach helped the staff to balance fidelity with flexibility, get critical feedback from Youth Promotores, and make consistent program improvements. This was particularly important given the successive crises that occurred throughout the data collection period (i.e., wildfires, pandemic, political unrest) and the need to continually address mental health distress and disparities within the Latinx community.

Limitations of Findings

There are several limitations for this evaluation worth mentioning.

1) Better alignment between LSP's evaluation questions and all the selected measures is warranted. The SWE core measures were not considered when the evaluation questions

were developed, thus it was challenging to easily integrate all of the SWE findings into the 'Synthesis and Overall Presentation of Findings' section.

2) We had an overall small sample size (N=56) and a small size of matched samples (less than 20 per cohort) and reported out marginal significance (p<.10) for SWE and local pre-post data. Although the sample size is low, results show effectiveness is high. In this regard, issues related to efficiency should be considered for those who may be interested in replicating this model.

3) There were changes to survey instruments that made analysis difficult. For example, the local pre-post survey was modified from a 5-point Likert scale to a 4-point scale, then back to a 5-point which is why we reported results by each cohort year in that section. The number of items per section of the survey also changed from year to year, as well as the wording of some questions (most importantly for the confidence domain). It would have been preferable to have consistency between each year for ease of analysis and interpretation. Also, the Community Participant survey tool changed within Cohort 2 and again in Cohort 3, making analysis across all years difficult and it was noted by staff and local evaluator that measuring the true impact of the program on Community Participants was extremely challenging (i.e., figuring out the right questions, capturing data, making accurate interpretations).

Conclusion and Takeaways

In this evaluation, we examined the effectiveness of the Latino Service Providers' Youth Promotor Program (The Testimonios Project). The heart of the Testimonios Project is the identification, recruitment, training, and engagement of bilingual-bicultural mental health Youth Promotores, ages 16 to 25. This model is an adaptation of *Promotores de Salud*, a Community-Defined Evidence Practice (CDEP) that addresses various contributing causes of health disparities. We selected five evaluation questions and collected mixed-methods data during the years of 2018 – 2021 on a cohort cycle of 56 Youth Promotores (Cohorts 2, 3 and 4) to answer the questions.

The findings from the evaluation show that the Youth Promotor model is effective in a number of ways. The five biggest positive effects on Youth Promotores are 1) increases in mental health knowledge and positive attitudes to mental health services; 2) improvements in psychological wellness outcomes; 3) increases in cultural connectedness; 4) increases in workforce development; and 5) reduction of stigma. Important takeaways and recommendations are listed below.

Key Takeaways

1) Providing a robust mental health training component is essential to the Youth Promotor model. This knowledge provides a foundation for influencing attitudes toward mental health services, both among youth and those in their social networks.

2) Providing well-coordinated early intervention services may be the key to bridging the gap between positive attitudes toward mental health services among Latinx youth and actual service seeking behaviors that can result in stronger psychological wellness.

3) Using a youth development framework that fosters racial and ethnic identity development and infuses cultural knowledge and practices throughout the program is ultimately a wise approach for working with Latinx youth and improving their mental health.

4) The Youth Promotor model functions as a type of much needed mental health professional "pipeline structure" and is a promising strategy for fostering the future bilingual-bicultural mental health workforce.

5) The Youth Promotor model shows great promise as a tool for reducing stigma within the Latinx community. Early intervention services may bolster stigma reduction efforts as well, with youth more likely to make referrals as a result of experiencing services. More research is needed to determine the effects of these informal conversations and referrals.

6) The use of a Community-Based Participatory Research (CBPR) is a highly effective approach for use with Latinx youth, especially in a context of ongoing crises and traumas (i.e., wildfires, pandemic, economic and political instability) that negatively impact mental health. It allows for a balance of fidelity with flexibility and the ability to make consistent program adaptations.

References

Aguilar-Gaxiola, S., Loera, G., Méndez,, L., Sala, M., Latino Health Council, & Nakamoto, J. (2012). *Community-Defined Soultions for Latino Mental Health Care Disparities: California Reducing Disparities Project, Latino Strategic Planning Workgroup Population Report.* Sacramento: UC Davis.

Bates, T., Blash, L., & Chapman, S. (2014). *Diversity in California's Mental Health Workforce and Education Pipeline.* University of San Francisco: Center for the Health Professions.

Bay Area Census. (2010). *Sonoma County Decennial Census Data*. Retrieved from http://www.bayareacensus.ca.gov/counties/SonomaCounty70.htm

Bay Area Council Economic Institute . (2019). *North Bay Fire Recovery: Building a More Resilient and Inclusive Economy.*

Bay Area Equity Atlas. (2019). *Bay Area Equity Atlas: Linguistic Isolation in Sonoma County by ancestry* . Retrieved from https://bayareaequityatlas.org/

Benefield, K. (2020, July 19). Latino families in Sonoma County struggle with both distance learning, COVID-19 risks. *Press Democrat*.

Brownstein, J., Bone, L., Dennison, C., Hill, M., Kim, M., & Levine, D. (2005). Community health workers as interventionists in the prevention and control of heart disease and stroke. *American Journal of Preventive Medicine*, 29: 128–133.

California Department of Health Services. (2018). *Medi-Cal Enrollees and Beneficiaries Served in CY 2018 by Race/Ethnicity*. Retrieved from https://www.dhcs.ca.gov/dataandstats/statistics/Pages/Medi-Cal-Certified-Eligibles.aspx

Centers for Disease Control and Prevention . (2019, September 17). *Promotores de Salud/Community Health Workers*. Retrieved from Centers for Disease Control and Prevention : https://www.cdc.gov/minorityhealth/promotores/index.html

Compton, M. T., & Shim, R. S. (2015, October 22). *The Social Determinants of Mental Health.* Retrieved from Psychiatry Online: https://focus.psychiatryonline.org/doi/full/10.1176/appi.focus.20150017

County of Sonoma Department of Health Services. (2021). *County of Sonoma Emergency Readiness, Respoonse and Recovery*. Retrieved from https://socoemergency.org/

Erbstein, N., & Fabionar, J. O. (2019). Supporting Latinx Youth Participation Out-of-School Time Programs. *Afterschool Matters*.

Health Resources and Services Administration. (2007). *Community Health Worker National Workforce Study.* U.S. Department of Health and Human Resources.

Henderson, J. (2020, May 20). *Bay Area Equity Atlas*. Retrieved from Sonoma County Latinx Workers are Overrepresented in Frontline Positions: https://bayareaequityatlas.org/FrontlineWorkerSonoma

Ingram, M., Torres, E., Redonodo, F., Bradford, G., Wang, C., & O'Toole, M. (2007). The Impact of Promotoras on Social Support and Glycemic Control Among Members of a Farmworker Community on the US-Mexico Border. *The Diabetes Educator*, 33 (Supplement 6): 172S–178S. .

Kaiser Family Foundation . (2021, July 16). Retrieved from KFF : https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-coverage-by-race-and-ethnicity/

Kaiser Foundation Hospital. (2019). *Community Health Needs Assessment Report.* Santa Rosa : Kaiser Foundation Hospital Board of Director's Community Health Committee .

Kessler, R. C., Berglund, P. A., Zhao, S., Leaf, P. J., Kouzis, A. C., Bruse, M. L., & Schneier, M. (1996). The 12-month prevalence and correlates of serious mental illness (SMI). *Mental Health*, 5600.

Lehmann, U., & Sanders, D. (2007). *Community health workers: What do we know about them? The state of the evidence on programmes, activities, costs, and impact on health outcomes of using community health workers.* World Health Organization.

Leon, A. C., Olfson, M., Portera, L., Farber, L., & Sheehan, D. (1997). Assessing Psychiatric Impairment in Primary Care with the Sheehan Disability Scale. *The International Journal of Psychiatry in Medicine*, 93-105.

Los Cien of Sonoma County. (2019). *2019 Sonoma County Latino Scorecard.*

Moon, K. J., Montiel, G. I., Cantero, P. J., & Nawaz, S. (2021). Addressing Emotional Wellness During the COVID-19 Pandemic: the Role of Promotores in Delivering Integrated Mental Health Care and Social Services. *Preventing Chronic Disease*, 18:200656.

Moore, K. L., Mercado, J., Hill, J., & Katz, S. C. (2016). Disparities in Health Insurance Coverage and Health Status Among Farmworkers, Sonoma County, California, 2013–2014. *Preventing Chronic Disease*, 13:150519.

National Alliance on Mental Illness. (2021). Retrieved from Hispanic/Latinx: https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Hispanic-Latinx

National Network to Eliminate Disparities. (2009). *Community Defined Evidence Project (CDEP): Preliminary Quantitative and Qualitative Findings.* The University of South Florida.

Perez, M., Fuentes, L., & Henriquez, S. (2010). *Advancing Reproductive Justice in Immigrant Communities: Promotoras/es de Salud as a Model.* National Latina Institute for Reproductive Health.

Planned Parenthood of the Pacific Southwest. (2020, September 24). *Planned Parenthood of the Pacific Southwest, Inc.* . Retrieved from The Promotorx Programs: https://www.plannedparenthood.org/planned-parenthood-pacific-southwest/blog/the-promotorx-programs

Public Policy Institute of California. (2014). *Undocumented Immigrants in California* . Retrieved from https://www.ppic.org/publication/undocumented-immigrants-in-california/

Race Counts. (2021, July 16). *Race Counts*. Retrieved from https://www.racecounts.org/city/santa-rosa/

Sareen, J., Jagdeo, A., Cox, B. J., Clara, I., ten Have, M., Belik, S.-L., . . . Stein, M. B. (2007). Perceived Barriers to Mental Health Service Utilization in the Unitied States, Ontario, and the Netherlands. *Psychiatric Services*, Mar;58(3):357-64.

Sonoma County Behavioral Health Division. (2020). *Cultural Competency Plan FY '20-'21.* Sonoma County Department of Health Services .

Sonoma County California Healthy Kids Survey. (2018). *Sonoma County California Healthy Kids Survey Analysis (unpublished). Assessment and Epidemiology Team. Sonoma.*

Sonoma County Economic Development Board, H. (2017). *Hispanic Demographic Trends.* Santa Rosa.

Stacciarini, J.-M. R., Rosa, A., Ortiz, M., Munari, M. B., Uicab, G., & Balam, M. (2012). Promotoras in mental health: a review of English, Spanish, and Portuguese literature. *Family and Community Health*, 92-102.

Stanton-Salazar, R. D., & Spina, S. U. (2003). Informal mentors and role models in the lives of urban Mexican-origin adolescents. *Anthropology & Education Quarterly*, 34(3), 231-254.

The California Endowment. (2011). *The Promotor Model: A Model for Building Healthy Communities, A Framing Paper .*

The President's Commission on Mental Health. (2003). *Achieving the Promise: Transforming Mental Health Care in America Report.*

Torres, I. M., & Cernada, G. P. (n.d.). *Sexual and reproductive health promotion in Latino populations: Parteras, promotoras y poetas: Case studies across the Americas.* Baywood Publishing Co.

Twombly, E. C., Holtz, K. D., & Stringer, K. (2012). Using Promotores Programs to Improve Latino Health Outcomes: Implementation Challenges for Community-based Nonprofit Organizations. *Journal of Social Services Research*, 305–312.

U.S. Census Bureau. (2013-2017). *American Community Survey*. Retrieved from https://www.census.gov/programs-surveys/acs

U.S. Census Bureau. (2019). *American Community Survey*. Retrieved from Selected Characteristics of Health Insurance Coverage: https://data.census.gov/cedsci/

U.S. Census Bureau QuickFacts. (2021). *QuickFacts: Sonoma County California*. Retrieved from https://www.census.gov/quickfacts/fact/table/sonomacountycalifornia

Waitzkin, H., Getrich, C., Heying, S., Rodrıiguez, L., Parmar, A., Willging, C., . . . Santos, R. (2010). Promotoras as Mental Health Practitioners in Primary Care: A Multi-Method Study of an Intervention to Address Contextual. *Journal of Community Health*, 316–331.

Wasserman, M., Bender, D., Lee, S., & Y., D. (2007). Use of Preventive Maternal and Child Health Services by Latina Women: A Review of Published Intervention Studies. *Medical Care Research and Review*, 64 (1): 4–45.

Wikipedia. (2021, September 15). *Promotora*. Retrieved from https://en.wikipedia.org/wiki/Promotora

World Health Organization. (2021). *Social determinants of health*. Retrieved from https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

YouthTruth. (2021). *YouthTruth Leading through Listening in Sonoma County.*

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Appendices

Appendix A. Statewide Evaluation (SWE) Survey

Adult PRE

ID:
__ __ - __ __ - __ __ __
Priority Pop Code *IPP Code* *CDEP Participant Code*

ADULT VERSION (18+)
PRE

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	I am 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.	☐	☐	☐	☐	☐

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?	☐	☐	☐	☐	☐
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.*)	☐	☐	☐	☐	☐

9. Do you currently have health insurance coverage? (check one)

☐ **Yes (GO TO Q10)** ☐ **No** ☐ **Refused (GO TO Q11)** ☐ **Don't Know (GO TO Q11)**

Did you have health insurance coverage in the past 12 months?
☐ Yes ☐ No ☐ Refused ☐ Don't Know **(GO TO Q11)**

	Yes	No	Refused	Don't Know
10. Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?	☐	☐	☐	☐

	Yes	No	Refused	Don't Know
11. During the past 12 months, did you take any prescription medications, such as an antidepressant or an antianxiety medication, almost daily for two weeks or more, for an emotional or personal problem?	☐	☐	☐	☐

12. Because of problems with your mental health, emotions, nerves or your use of alcohol or drugs, was there ever a time during the past 12 months when you FELT LIKE YOU MIGHT NEED to see a…	Yes	No	Refused	Don't Know	NA
a. Traditional helping professional like a culturally-based healer, religious/spiritual leader or advisor	☐	☐	☐	☐	☐
b. Community helping professional such as a health worker, *promotor*, peer counselor, or case manager	☐	☐	☐	☐	☐
c. Primary care physician or general practitioner	☐	☐	☐	☐	☐
d. Mental health professional such as a counselor, therapist, psychologist, psychiatrist or social worker	☐	☐	☐	☐	☐

13. In the past 12 months, because of problems with your mental health, emotions or your use of alcohol or drugs	Yes	No	Refused	Don't Know	NA
a. HAVE YOU SEEN a traditional helping professional like a culturally-based healer, religious/spiritual leader or advisor	☐	☐	☐	☐	☐
b. HAVE YOU SEEN a Community helping professional such as a health worker, *promotor*, peer counselor, or case manager	☐	☐	☐	☐	☐
c. HAVE YOU SEEN a Primary care physician or general practitioner	☐	☐	☐	☐	☐
d. HAVE YOU SEEN a Mental health professional such as a counselor, therapist, psychologist, psychiatrist or social worker	☐	☐	☐	☐	☐

If YES to Q13c OR 13d GO TO Q14. Otherwise, GO TO Q19

GO TO Q19

14. Did you seek help for your mental or emotional health or for an alcohol or drug problem? (*Circle one*)	*Yes Mental/Emotional Health Problem*	*Yes Alcohol-Drug Problem*	*Yes Both Mental & Alcohol-Drug Problems*	*Refused*	*Don't Know*

15. In the past 12 months, how many visits did you make to a mental health professional (counselor, therapist, psychologist, psychiatrist or social worker) for problems with your mental or emotional health, alcohol-drug problem, or both? Do not count overnight hospital stays.

_____ # of visits

	Yes	No	Refused	Don't Know
16. Are you still receiving treatment for these problems from one or more of these providers?	☐	☐	☐	☐
	GO TO Q19	GO TO Q17	GO TO Q19	
17. Did you complete the full course of treatment? In other words, you ended treatment when your counselor, therapist, psychologist, psychiatrist or social worker told you it was ok to end?	☐	☐	☐	☐
	GO TO Q19	GO TO Q18	GO TO Q19	

18. What is the **MAIN REASON** you are no longer receiving treatment? (Circle ONE only)
    - ☐ Got better/No longer needed
    - ☐ Not getting better
    - ☐ Wanted to handle the problem on own
    - ☐ Had bad experiences with treatment
    - ☐ Lack of time/transportation
    - ☐ Too expensive
    - ☐ Insurance does not cover
    - ☐ Other (Specify) _____
    - ☐ Refused
    - ☐ Don't Know

Instructions: Here are some reasons people 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.

	Agree	Disagree	Refused	Don't Know
19. You were planning to or already getting help from a…				
a. Traditional helping professional such as a culturally-based healer, religious/spiritual leader or advisor	☐	☐	☐	☐
b. Community helping professional such as a health worker, *promotor*, peer counselor, or case manager	☐	☐	☐	☐
20. You did not know of or have never heard of these types of mental health professionals (e.g. counselor, therapist, psychologist, etc.)	☐	☐	☐	☐
	GO TO Q34	GO TO Q21	GO TO Q34	

	Agree	Disagree	Refused	Don't Know
21. You didn't feel comfortable talking with them about your personal problems.	☐	☐	☐	☐
22. You didn't think you would feel safe and welcome because of your…				
a. limited English	☐	☐	☐	☐
b. race/ethnicity	☐	☐	☐	☐
c. age	☐	☐	☐	☐
d. religious or spiritual practice	☐	☐	☐	☐
e. gender identity	☐	☐	☐	☐
f. sexual orientation	☐	☐	☐	☐

	Agree	Disagree	Refused	Don't Know
23. You were concerned about the cost of treatment.	☐	☐	☐	☐
24. You didn't have time (because of job, childcare, or other commitments).	☐	☐	☐	☐
25. You had no transportation, or the program was too far away, or the hours were not convenient.	☐	☐	☐	☐
26. You didn't think you needed mental health counseling or treatment at the time.	☐	☐	☐	☐
27. You thought you could handle the problem on your own.	☐	☐	☐	☐
28. You didn't think mental health counseling or treatment would help.	☐	☐	☐	☐
29. You were concerned that getting mental health treatment or counseling might cause your neighbors or community to have a negative opinion of you.	☐	☐	☐	☐
30. You were concerned that getting mental health treatment or counseling might have a negative effect on your job.	☐	☐	☐	☐
31. You were concerned that the information you gave the counselor might not be kept confidential.	☐	☐	☐	☐
32. You were concerned that you might be admitted to a psychiatric hospital.	☐	☐	☐	☐
33. You were concerned that you might have to take medicine.	☐	☐	☐	☐

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
34. … nervous?	☐	☐	☐	☐	☐
35. … hopeless?	☐	☐	☐	☐	☐
36. … restless or fidgety?	☐	☐	☐	☐	☐
37. … so depressed that nothing could cheer you up?	☐	☐	☐	☐	☐
38. … feel that everything was an effort?	☐	☐	☐	☐	☐
39. … worthless?	☐	☐	☐	☐	☐

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)

☐ **A Lot** ☐ **Somewhat** ☐ **Not At All**

NOW, think about the one month, within the past 12 months, when you were at your worst emotionally.

Did your emotions interfere a lot, some, or not at all with your…	A Lot	Some	Not At All	Refused	Don't Know
41. …performance at work or school?	☐	☐	☐	☐	☐
➡ *Check here if not working and not in school during the past 12 months* ☐					
42. …household chores?	☐	☐	☐	☐	☐
43. …social life?	☐	☐	☐	☐	☐
44. …relationship with friends and family?	☐	☐	☐	☐	☐

45. The above items are often used to describe how emotions affect people's lives. To what extent do the above questions (Q41-Q44) match how you would describe the negative effect of emotions on your life? (Check one)

☐ **A Lot** ☐ **Somewhat** ☐ **Not At All**

46. How old are you?

☐ between 18 and 29 years of age
☐ between 30 and 39 years of age
☐ between 40 and 44 years of age
☐ between 45 and 49 years of age
☐ between 50 and 64 years of age
☐ 65 or older years of age

47. **VERSION 1**

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):_____
☐ Refused
☐ Don't Know

48. 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

49. What is your preferred language? _____

50. Were you born:
☐ Inside the U.S.
☐ Outside the U.S.
☐ Refused
☐ Don't Know

51. What are the first 3 digits of your ZIP Code? _ _ _ ☐Unstable housing/ no ZIP code ☐ Refused ☐ Don't Know

52. 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
☐ Refused
☐ Don't Know

53. About how many years have you lived in the United States? [*For less than a year, enter 1 year*]
Number of years_____ ☐ Not Applicable

Gender Identity Instructions: We use terms like "male" or "female" or "trans" as a short-hand way to capture the gender of individuals. We fully understand, however, that people use a wide range of labels – some prefer other terms such as Genderfluid, Agender, Enby, Androgynous, etc. 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.

54. When I was born, the person who delivered me (e.g., doctor, nurse/midwife, family members), thought I was a:
Choose the one best answer.
☐ Male/Boy
☐ Female/Girl
☐ Intersex (they were unsure about my sex at birth)
☐ I am not sure about my sex assigned at birth
☐ My assigned sex at birth (please specify):_____
☐ I do not wish to answer this question

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

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

Sexual Orientation Instructions: Everyone has a sexual orientation. Some people are straight and are attracted to people of another gender. For example, a straight woman is attracted to men and prefers to date or have sex with men. Other people are gay or lesbian and are attracted to people of the same gender. For example, a gay man is attracted to other men and prefers to date or have sex with other men. Still other people are bisexual and are attracted to both men and women. Some people are attracted to people of all genders including those who do not define their gender within the binary "male or female" framework. Others are unsure about their attractions or are just not attracted to anyone. Just to be clear, who you are attracted to and prefer to date or have sex with is called sexual orientation.

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

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

a. In your day-to-day life how often have any of the following things happened to you? (Would you say almost every day, at least once a week, a few times a month, a few times a year, less than once a year, never?)

	Almost everyday	At least once a week	A few times a month	A few times a year	Less than once a year	Never
You are treated with less courtesy than other people.	☐	☐	☐	☐	☐	☐
You are treated with less respect than other people.	☐	☐	☐	☐	☐	☐
You receive poorer service than other people at restaurants or stores.	☐	☐	☐	☐	☐	☐
People act as if they think you are not smart.	☐	☐	☐	☐	☐	☐
People act as if they are afraid of you.	☐	☐	☐	☐	☐	☐
People act as if they think you are dishonest.	☐	☐	☐	☐	☐	☐
People act as if you are not as good as they are.	☐	☐	☐	☐	☐	☐
You are called names or insulted.	☐	☐	☐	☐	☐	☐
You are threatened or harassed.	☐	☐	☐	☐	☐	☐

b. What do you think was the <u>main</u> reason for this/these experience(s)? Would you say…?

- ☐ Your race or ethnicity
- ☐ Your gender
- ☐ Your skin color/tone
- ☐ Your sexual orientation
- ☐ Your language or accent
- ☐ Your religion
- ☐ Your immigration status
- ☐ Other (Please specify)_____
- ☐ Don't know
- ☐ Refused

Adolescent PRE

ID:
__ __ - __ __ - __ __ __
Priority Pop Code *IPP Code* *CDEP Participant Code*

ADOLESCENT VERSION (12-17)
PRE

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	I am 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.	☐	☐	☐	☐	☐

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

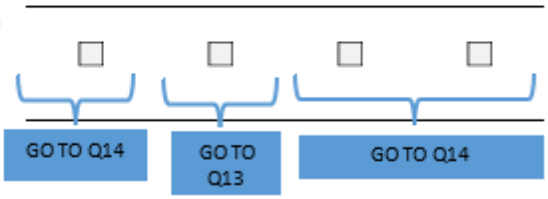
About how often during the past 30 days did you feel…	All of the time	Most of the time	Some of the time	A little of the time	None of the time
5. …connected to your culture?	☐	☐	☐	☐	☐
6. …balanced in mind, body, spirit and soul?	☐	☐	☐	☐	☐
7. …marginalized or excluded from society? *(In other words, made 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.)*	☐	☐	☐	☐	☐

	Yes	No	Refused	Don't Know
9. In the past 12 months did you THINK YOU NEEDED HELP for emotional or mental health problems, such as feeling sad, anxious, or nervous?	☐	☐	☐	☐

	Yes	No	Refused	Don't Know
10. In the past 12 months, have YOU RECEIVED any psychological or emotional counseling from any of the following…				
a. Traditional helping professional such as a culturally-based healer, religious/spiritual leader or advisor?	☐	☐	☐	☐
b. Community helping professional such as a health worker, promotor, or peer counselor?	☐	☐	☐	☐

	Yes	No	Refused	Don't Know
11. In the past 12 months, have YOU RECEIVED any psychological or emotional counseling from someone AT SCHOOL, such as a school counselor, school psychologist, school therapist, school social worker?	☐	☐	☐	☐
	GO TO Q12	GO TO Q14		

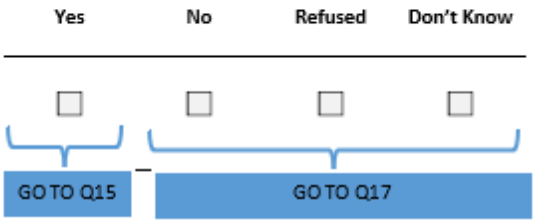
12. Are you still receiving psychological or emotional counseling from someone AT SCHOOL?



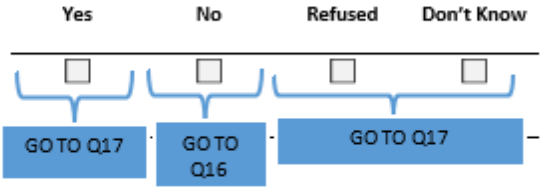
13. If not, what was the **MAIN REASON** you stopped psychological or emotional counseling AT SCHOOL? (Please select **ONE** main reason.)

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

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?



15. Are you still receiving psychological or emotional counseling from someone OUTSIDE OF SCHOOL?



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

☐The counselor, therapist, psychologist, psychiatrist or social worker said I finished and/or met my goals	☐Had bad experiences with counselor, therapist, psychologist, psychiatrist or social worker	☐The counselor, therapist, psychologist, psychiatrist or social worker did not understand my problem
☐ I ended it because I got better/I no longer needed services	☐Couldn't get appointment	☐Didn't have transportation
☐Insurance did not cover	☐Not getting better	☐I felt discriminated against

☐Too expensive ☐Didn't have time ☐I did not want to go anymore

☐School ended ☐I moved ☐Wanted to handle the problem on my own

☐Hours not convenient ☐Other (Specify) _____

	Yes	No	Refused	Don't Know
17. In the past 12 months, did you receive any professional help for your use of alcohol or drugs?	☐	☐	☐	☐
18. During the past 12 months, have you take any medication because of difficulties with your emotions, concentration, or behavior?	☐	☐	☐	☐

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	Refused	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	☐	☐	☐	☐
b. Community helping professional such as a health worker, *promotor*, peer counselor, or case manager	☐	☐	☐	☐
20. You didn't know these types of mental health professionals existed.	☐	☐	☐	☐

GO TO Q34 | GO TO Q21

	Agree	Disagree	Refused	Don't Know
21. You didn't feel comfortable talking with them about your personal problems.	☐	☐	☐	☐
22. You didn't think you would feel safe and welcome because of your…				
a. limited English	☐	☐	☐	☐
b. race/ethnicity	☐	☐	☐	☐
c. age	☐	☐	☐	☐
d. religious or spiritual practice	☐	☐	☐	☐
e. gender identity	☐	☐	☐	☐
f. sexual orientation	☐	☐	☐	☐
23. You thought you could solve your issue on your own.	☐	☐	☐	☐
24. You thought your issue wasn't serious enough.	☐	☐	☐	☐

25. You thought your friends would find out.	☐	☐	☐	☐
26. You didn't want to talk to a stranger about your issue.	☐	☐	☐	☐
27. You were worried that your family and others in the community may think differently about you.	☐	☐	☐	☐
28. You didn't know where to go for help.	☐	☐	☐	☐
29. You felt embarrassed about what you were going through.	☐	☐	☐	☐
30. You were worried that your peers and others in school may think differently about you.	☐	☐	☐	☐
31. You didn't have time because of after-school activities and other commitments.	☐	☐	☐	☐
32. It was too expensive.	☐	☐	☐	☐
33. You didn't have transportation to get there.	☐	☐	☐	☐

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?	☐	☐	☐	☐	☐
35. … hopeless?	☐	☐	☐	☐	☐
36. … restless or fidgety?	☐	☐	☐	☐	☐
37. … so depressed that nothing could cheer you up?	☐	☐	☐	☐	☐
38. … feel that everything was an effort?	☐	☐	☐	☐	☐
39. … worthless?	☐	☐	☐	☐	☐

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)

☐ A Lot ☐ Somewhat ☐ Not At All

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 for you. 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 …	A Lot	Some	Not At All
41. …with school and homework?	☐	☐	☐
42. …with friends?	☐	☐	☐
43. …at 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 ☐ Somewhat ☐ Not At All

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

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

47. **VERSION 1**
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):_____
□ Refused
□ Don't Know

48. 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

49. What is your preferred language? _____

50. Were you born:
□ Inside the U.S.
□ Outside the U.S.
□ Refused
□ Don't Know

51. What are the first 3 digits of your ZIP Code? _ _ _ □Unstable housing/ no ZIP code □ Refused □ Don't Know

52. 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
□ Refused
□ Don't Know

53. About how many years have you lived in the United States? [*For less than a year, enter 1 year*]
Number of years_____ □ Not Applicable

Gender Identity Instructions: We use terms like "male" or "female" or "trans" as a short-hand way to capture the gender of individuals. We fully understand, however, that people use a wide range of labels – some prefer other terms such as Genderfluid, Agender, Enby, Androgynous, etc. 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.

54. When I was born, the person who delivered me (e.g., doctor, nurse/midwife, family members), thought I was a:
Choose the one best answer.
□ Male/Boy
□ Female/Girl
□ Intersex (they were unsure about my sex at birth)
□ I am not sure about my sex assigned at birth
□ My assigned sex at birth (please specify):_____
□ I do not wish to answer this question

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

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

Sexual Orientation Instructions: Everyone has a sexual orientation. Some people are straight and are attracted to people of another gender. For example, a straight woman is attracted to men and prefers to date or have sex with men. Other people are gay or lesbian and are attracted to people of the same gender. For example, a gay man is attracted to other men and prefers to date or have sex with other men. Still other people are bisexual and are attracted to both men and women. Some people are attracted to people of all genders including those who do not define their gender within the binary "male or female" framework. Others are unsure about their attractions or are just not attracted to anyone. Just to be clear, who you are attracted to and prefer to date or have sex with is called sexual orientation.

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

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

a. In your day-to-day life how often have any of the following things happened to you? (Would you say almost everyday, at least once a week, a few times a month, a few times a year, less than once a year?)

	Almost everyday	At least once a week	A few times a month	A few times a year	Less than once a year	Never
You are treated with less courtesy than other people.	☐	☐	☐	☐	☐	☐
You are treated with less respect than other people.	☐	☐	☐	☐	☐	☐
You receive poorer service than other people at restaurants or stores.	☐	☐	☐	☐	☐	☐
People act as if they think you are not smart.	☐	☐	☐	☐	☐	☐
People act as if they are afraid of you.	☐	☐	☐	☐	☐	☐
People act as if they think you are dishonest.	☐	☐	☐	☐	☐	☐
People act as if you are not as good as they are.	☐	☐	☐	☐	☐	☐
You are called names or insulted.	☐	☐	☐	☐	☐	☐
You are threatened or harassed.	☐	☐	☐	☐	☐	☐

b. What do you think was the main reason for this/these experience(s)? Would you say…? Check one only.

- ☐ Your race or ethnicity
- ☐ Your gender
- ☐ Your skin color/tone
- ☐ Your sexual orientation
- ☐ Your language or accent
- ☐ Your religion
- ☐ Your immigration status
- ☐ Other (Please specify)_____
- ☐ Don't know
- ☐ Refused

Thank you for taking time to complete this questionnaire. Did any of the questions above upset you? Please check one.

- ☐ Yes
- ☐ No

If any of the above questions upset you and you want to talk to someone about it, here is a list of referrals for support services.

Adult POST

ID:
03 - 03 - ___ ___ ___
Priority Pop Code *IPP Code* *CDEP Participant Code*

ADULT VERSION (18+)
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	I am 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.	☐	☐	☐	☐	☐

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?	☐	☐	☐	☐	☐
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 of your family, school, and friends.*)	☐	☐	☐	☐	☐

Instructions: 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
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** ☐ **Somewhat** ☐ **Not At All**

Think about 1 day in the past 30 days when you were at your worst emotionally.

Did your emotions interfere a lot, some, or not at all with your…	A Lot	Some	Not At All	Refused	Don't Know
16. …performance at work or school?	☐	☐	☐	☐	☐
Check here if not working or in school during the past 12 months ☐					
17. …household chores?	☐	☐	☐	☐	☐
18. …social life?	☐	☐	☐	☐	☐
19. …relationship with friends and family?	☐	☐	☐	☐	☐

20. The above items are often used to describe how emotions affect people's lives. To what extent do the above questions (Q16-Q19) match how you would describe the negative effect of emotions on your life? (Check one)

☐ A Lot ☐ Somewhat ☐ Not At All

Instructions: Please answer the following questions based on the services you have received so far. Indicate if you Strongly Agree, Agree, are Neutral, Disagree, or Strongly Disagree with each of the statements below. If the question 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 the program.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
21. I like the services that I received here.	☐	☐	☐	☐	☐	☐
22. If I had other choices, I would still get services from this agency.	☐	☐	☐	☐	☐	☐
23. I would recommend this agency to a friend or family member.	☐	☐	☐	☐	☐	☐
24. The location of services was convenient (parking, public transportation, distance, etc.).	☐	☐	☐	☐	☐	☐
25. Staff were willing to see me as often as I felt it was necessary.	☐	☐	☐	☐	☐	☐
26. Services were available at times that were good for me.	☐	☐	☐	☐	☐	☐
27. When I first called or came here, it was easy to talk to the staff.	☐	☐	☐	☐	☐	☐
28. The staff here treat me with respect.	☐	☐	☐	☐	☐	☐
29. The staff here don't think less of me because of the way I talk.	☐	☐	☐	☐	☐	☐
30. The staff here respect my race and/or ethnicity.	☐	☐	☐	☐	☐	☐
31. The staff here respect my religious and/or spiritual beliefs.	☐	☐	☐	☐	☐	☐
32. The staff here respect my gender identity and/or sexual orientation.	☐	☐	☐	☐	☐	☐
33. Staff are willing to be flexible and provide alternative approaches or services to meet my needs.	☐	☐	☐	☐	☐	☐
34. The people who work here respect my cultural beliefs, remedies and healing practices.	☐	☐	☐	☐	☐	☐
35. Staff here understand that people of my racial and/or ethnic group are not all alike.	☐	☐	☐	☐	☐	☐
36. Staff here understand that people of my gender and/or sexual orientation group are not all alike.	☐	☐	☐	☐	☐	☐
37. Staff here understand that people of my religious and spiritual background are not all alike.	☐	☐	☐	☐	☐	☐

As a direct result of my involvement in the program:

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
38. I deal more effectively with my daily problems.	☐	☐	☐	☐	☐	☐
39. I do better in school and/or work.	☐	☐	☐	☐	☐	☐
40. My symptoms/problems are not bothering me as much.	☐	☐	☐	☐	☐	☐

	Yes	No	Refused	Don't Know
41. Were the services you received here in the language you prefer?	☐	☐	☐	☐
42. 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?	☐	☐	☐	☐

a. In your day-to-day life how often have any of the following things happened to you? (Would you say almost everyday, at least once a week, a few times a month, a few times a year, less than once a year?)

	Almost everyday	At least once a week	A few times a month	A few times a year	Less than once a year	Never
You are treated with less courtesy than other people.	☐	☐	☐	☐	☐	☐
You are treated with less respect than other people.	☐	☐	☐	☐	☐	☐
You receive poorer service than other people at restaurants or stores.	☐	☐	☐	☐	☐	☐
People act as if they think you are not smart.	☐	☐	☐	☐	☐	☐
People act as if they are afraid of you.	☐	☐	☐	☐	☐	☐
People act as if they think you are dishonest.	☐	☐	☐	☐	☐	☐
People act as if you are not as good as they are.	☐	☐	☐	☐	☐	☐
You are called names or insulted.	☐	☐	☐	☐	☐	☐
You are threatened or harassed.	☐	☐	☐	☐	☐	☐

b. What do you think was the <u>main</u> reason for this/these experience(s)? Would you say…? Check one only.

- ☐ Your race or ethnicity
- ☐ Your gender
- ☐ Your skin color/tone
- ☐ Your sexual orientation
- ☐ Your language or accent
- ☐ Your religion
- ☐ Your immigration status
- ☐ Other (Please specify)_____
- ☐ Don't know
- ☐ Refused

Adolescent POST

ID:
03 - 03 - ___ ___ ___
Priority Pop Code *IPP Code* *CDEP Participant Code*

ADOLESCENT VERSION (12-17)
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	I am 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.	☐	☐	☐	☐	☐

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
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 of your family, school, and friends.*)	☐	☐	☐	☐	☐

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
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** ☐ **Somewhat** ☐ **Not At All**

Okay, you just told me about how you have been feeling during the past 30 days. Now I want to know how much your fears and worries have messed things up for you. 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 ...	A Lot	Some	Not At All
16. ...with school and homework?	☐	☐	☐
17. ...with friends?	☐	☐	☐
18. ...at home?	☐	☐	☐

19. The above items are often used to describe how emotions affect people's lives. To what extent do the above questions (Q16-Q18) match how you would describe the negative effect of emotions on your life? (Check one)

☐ **A Lot** ☐ **Somewhat** ☐ **Not At All**

ADOLESCENT VERSION **POST**

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 Latino Service Providers. 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 Latino Service Providers.

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

	Yes	No
42. Were the services you received here provided in the language you prefer?	☐	☐
43. 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?	☐	☐

a. In your day-to-day life how often have any of the following things happened to you? (Would you say almost everyday, at least once a week, a few times a month, a few times a year, less than once a year?)

	Almost everyday	At least once a week	A few times a month	A few times a year	Less than once a year	Never
You are treated with less courtesy than other people.	☐	☐	☐	☐	☐	☐
You are treated with less respect than other people.	☐	☐	☐	☐	☐	☐
You receive poorer service than other people at restaurants or stores.	☐	☐	☐	☐	☐	☐
People act as if they think you are not smart.	☐	☐	☐	☐	☐	☐
People act as if they are afraid of you.	☐	☐	☐	☐	☐	☐
People act as if they think you are dishonest.	☐	☐	☐	☐	☐	☐
People act as if you are not as good as they are.	☐	☐	☐	☐	☐	☐
You are called names or insulted.	☐	☐	☐	☐	☐	☐
You are threatened or harassed.	☐	☐	☐	☐	☐	☐

b. What do you think was the main reason for this/these experience(s)? Would you say…? Check one only.

- ☐ Your race or ethnicity
- ☐ Your gender
- ☐ Your skin color/tone
- ☐ Your sexual orientation
- ☐ Your language or accent
- ☐ Your religion
- ☐ Your immigration status
- ☐ Other (Please specify)_____
- ☐ Don't know
- ☐ Refused

Thank you for taking time to complete this questionnaire. Did any of the questions above upset you? Please check one.

Yes	No
☐	☐

Appendix B. Pre-Post Local Survey

Cohort 2

This is the local pre-post survey used for Cohort 2. It contained 31 questions and was scaled on a 5-point Likert scale with five response options: strongly agree, agree, neutral, disagree, and strongly agree.

COHORT 2 Local Pre-Post		
Domain	**Question**	**Text**
Knowledge	1	I know the role and responsibilities of a Community Health Worker vs. the role and responsibilities of a Youth Promotor.
Knowledge	2	I know how to provide resources and help to someone with a mental health condition
Knowledge	3	I am familiar with a variety of community resources specifically available to people with mental health conditions in Sonoma County.
Knowledge/Attitude	4	I understand how the various forms of stigma can prevent individuals from seeking mental health services and feel prepared to talk about those barriers.
Knowledge/Attitude	5	I am aware of how my own biases and beliefs may affect working with individuals of diverse backgrounds and people who are not like me.
Knowledge	6	I am familiar with cultural factors, such as stigma, that affect mental health issues facing the Latino community.
Knowledge	7	I understand the symptoms and treatments of substance abuse.
Knowledge	8	I am familiar with question, persuade, and refer, the first steps in the process of suicide prevention.
Knowledge	9	I have a basic understanding of the condition of depression, including symptoms and treatments.
Knowledge	10	I have a basic understanding of the condition of anxiety, including symptoms and treatments.
Knowledge	11	I know how to recognize the differences between anxiety and depression.
Knowledge	12	I am familiar with the roles and responsibilities of professionals in mental health careers.
Knowledge	13	I am familiar with the skills and educational requirements needed to pursue a career in mental health.
Attitude	14	I can work with a diverse group of people.
Attitude	15	I feel comfortable expressing myself and my identity.
Knowledge/ Behavior	16	I understand the benefits of self-care and practice self-care regularly.
Behavior	17	I am able to share my practice of self-care with others and encourage them to identify actions to take in their own self-care practice.
Attitude	18	I feel comfortable speaking with people in Spanish about mental health issues.
Attitude	19	I can confidently communicate and listen effectively to people with mental health issues.
Behavior	20	I talk about mental health conditions with my friends.
Behavior	21	I talk about mental health conditions with my family.
Attitude	22	I feel confident recognizing symptoms of depression.
Attitude	23	I am confident in creating a presentation.
Attitude	24	I am confident doing a presentation about mental health.
Attitude	25	I feel confident I could refer someone to mental health services in the community.
Attitude	26	I feel confident that I can lead a conversation about mental health.
Attitude	27	I can demonstrate competency as a Youth Promotor.
Behavior	28	I am prepared to assist members of my community facing mental health conditions, such as anxiety, substance abuse, depression, and suicide.
Attitude	29	I will most likely use my experience as a Youth Promotor later in life.
Behavior	30	I intend to work in the health/mental health field.
Attitude	31	I would recommend the Youth Promotor internship to others.

Cohort 3

This is the local pre-post survey used for Cohort 3. It contained 24 questions and was scaled on a 4-point Likert scale with four response options: none, a little, some, and a lot.

COHORT 3 Local Pre-Post

Domain	Question	Text
PID	1	YP unique identifier (two numbers given to you by local evaluator)
Pre/post	2	Are you taking the pre (beginning of program) or post (end of program) survey at this time?
Experience	3	How much experience do you have learning about the roles and responsibilities of people who work in mental health care?
Experience	4	How much experience do you have using the medical terminology that professionals in mental health care use?
Experience	5	How much experience do you have communicating and listening effectively to help individuals with mental health issues?
Experience	6	How much experience do you have working with people of diverse cultures and communities?
Experience	7	How much experience do you have in leading a plática (conversation) about mental health issues and resources?
Experience	8	How much experience do you have in recognizing symptoms of depression?
Knowledge	9	How much knowledge do you have about mental health issues facing Latino youth?
Knowledge	10	How much knowledge do you have about mental health issues facing the Latino *community*?
Knowledge	11	How much knowledge do you have about mental health resources for the Latino community?
Knowledge	12	How much knowledge do you have about working with people of diverse cultures and communities?
Knowledge	13	How much knowledge do you have about communicating and listening effectively to help people with mental health issues?
Knowledge	14	How much knowledge do you have about medical terminology that professionals in the mental health care industry use?
Knowledge	15	How much knowledge do you have about the skills needed for mental health care careers?
Knowledge	16	How much knowledge do you have about leading a plática (conversation) about mental health issues and resources?
Knowledge	17	How much knowledge do you have about the educational requirements needed for mental health care careers?
Confidence	18	How much confidence do you have that you can use the skills and knowledge needed to provide mental health information to the Latino community?
Confidence	19	How much confidence do you have that you will complete the educational requirements needed to be a mental health promotor?
Confidence	20	How much confidence do you have that you can communicate and listen effectively to help people with mental health issues?
Confidence	21	How much confidence do you have that you can work with people of diverse cultures and communities?
Confidence	22	How much confidence do you have that you can understand and use the medical terminology that mental health professionals use?
Confidence	23	How much confidence do you have that you can lead a plática (conversation) about mental health issues and resources?
Open Ended	24	(Optional): Is there anything specific you would like to tell us about how your experience, knowledge or confidence changed (or didn't change) while participating in the program?

Cohort 4

This is the local pre-post survey used for Cohort 4. It contained 31 questions and was scaled on a 5-point Likert scale with five response options: none, slightly, moderately, very, and extremely.

COHORT 4 Local Pre-Post		
Domain	**Question**	**Text**
PID	1	YP Identification Number (number given to you by our evaluator):
Pre/Post	2	Are you taking the pre (beginning of program) or post (end of program) survey at this time?
Experience	3	How much experience do you have learning about the roles and responsibilities of people who work in mental health care?
Experience	4	How much experience do you have using the medical terminology that professionals in mental health care use?
Experience	5	How much experience do you have communicating and listening effectively to help individuals with mental health issues?
Experience	6	How much experience do you have working with people of diverse cultures and communities?
Experience	7	How much experience do you have in leading a plática (conversation) about mental health issues and resources?
Experience	8	How much experience do you have in recognizing symptoms of depression?
Knowledge	9	How much knowledge do you have about mental health issues facing Latino youth?
Knowledge	10	How much knowledge do you have about mental health issues facing the Latino community?
Knowledge	11	How much knowledge do you have about mental health resources for the Latino community?
Knowledge	12	How much knowledge do you have about working with people of diverse cultures and communities?
Knowledge	13	How much knowledge do you have about communicating and listening effectively to help people with mental health issues?
Knowledge	14	How much knowledge do you have about medical terminology that professionals in the mental health care industry use?
Knowledge	15	How much knowledge do you have about the skills needed for mental health care careers?
Knowledge	16	How much knowledge do you have about leading a plática (conversation) about mental health issues and resources?
Knowledge	17	How much knowledge do you have about the educational requirements needed for mental health care careers?
Confidence	18	How much do you believe you are able to use the skills and knowledge needed to provide mental health information to the Latino community?
Confidence	19	How much do you believe you are able to communicate and listen effectively to help people with mental health issues?
Confidence	20	How much do you believe you are able to work with people of diverse cultures and communities?
Confidence	21	How much do you believe you are able to lead a plática (conversation) about mental health issues and resources?

LATINO
Service Providers

Youth Promotor (YP) Exit Interview
Administer at the end of the cohort year in April or May

Date: xx
Interviewer: xx
YP Unique Identifier: 3-3-xx

Objectives:
To understand how the program impacts:
1) your overall level of satisfaction and any constructive feedback you may have
2) how the program impacted your knowledge, skills, attitudes/beliefs, behavior, and confidence
3) how the Concilio impacted your experience
4) your career interests
5) your interactions with the Latinx community during the program, including formal and informal conversations and your perception about the outcome of those conversations.

Purpose and Process: (Script) *The purpose of the interview is to understand your journey as a Youth Promotor and how it impacted you as an individual. The conversation should be about 30 minutes. Your responses will be reported collectively with the other YPs in your group, so that your responses are anonymous. Also, we hope that you don't hold back with your answers -- we very much value what you have to say about the project. Anything and everything that you say is only going to empower the next cohort. For example, our retreats and monthly meetings have improved because of input provided by previous YPs in their exit interviews. Also, anything you say is not taken personally, we want to hear all your input, both positive and constructive.*

Audio Recording Consent: (Script) *We would like to record this interview using audio recording to assist with the accuracy of your responses. If we use something you said, your name would not be connected to the statement and simply be reported as something said by a Youth Promotor. The audio files will be stored in a password protected file that only I will have access to, and the files will be destroyed at the end of the YP Internship Program in 2021.*

1) Do I have permission to record this interview? Yes ____ No_____
2) Do I have permission to use quotes from you in any evaluation reports? Yes ____ No_____

Getting Started: (Script) *Thank you. Before we get started, do you have any questions about the process? Great, let's get started. I'm going to start the recording by saying the date and your YP unique identifier number and then I'll start by asking the first question. Here we go…*

Questions for Youth Promotor (YP)

1. Think about your overall year as a YP from start to finish, from the orientation up until this point. Now that you have completed the year-long YP Internship program, how would you rate your **overall experience** from 1 - 5, with 1 being lowest and 5 being highest? And why would you give it this rating?

2. Think about all the training given to you as a YP this year (ex. CHW course, Mental Health First Aid, QPR Suicide Prevention, Domestic Violence and Substance Abuse, and many, many others). How would you rate your overall experience with the **training** provided to you as a Youth Promotor, on a scale from 1 - 5, with 1 being low and 5 being high. And why would you give it this rating?

3. And staying on the topic of training, which **training opportunities were the most beneficial** or impactful to you as a YP in raising awareness about mental health in the community? Why?

4. As a YP, what were your **most important take-aways** about mental health from this year? What do you feel you really learned?

5. Did you get to participate in any **community events** as a YP? Which ones? How was that experience for you?

6. Were you able to help facilitate or lead any **presentations, workshops, or *pláticas*** with the community? Which ones? What did you talk about? How was that experience for you?

    Probe A: What did you observe from the audience of your presentations and pláticas? How did the audience respond to your presentation?

7. Did you have any mental health conversations, or **informal pláticas**, with friends or family independently of formal program activities? Can you share some details of that conversation? How did it get started?

8. Did you improve or develop any **professional skills** because of the YP internship?

9. Do you feel that being part of this internship helped you gain **confidence**? If so, in what way?

   Probe: What support or experience helped increase your confidence in that area?

10. We are interested in learning about your **career interests** and how they may or may not have changed this year.

    A) What kind of career are you interested in pursuing?

    B) Did your career interest change in any way since the beginning of the program, or did it stay the same?

    C) If it changed, was there something that caused your career interests to change?

    D) Do you think you can apply your experience as a YP to your future career?

11. The next question is about the **Concilio and the YP Leads.** Just to refresh your memory, the Concilio is a group of mentors and trainers that are chosen by LSP staff to help support the YP. Concilio members give presentations at monthly meetings or are present at some YP events. YP leads are YP alumni who are selected by LSP staff to provide extra support to the YP through the year.

    - Did you have the opportunity to connect with any Concilio members?
    - What about YP Leads, did you have interaction with any of them?
    - Do you feel that the Concilio and YP Leads are an important part of the YP Internship Program? Why or why not?

12. Based upon your experience as a YP, how likely are you to help a **friend or family member seek therapy** if they were having a mental health challenge? How likely are you to seek therapy for yourself if you were having a mental health challenge?

13. One opportunity for all YP this year was to receive up to 5 therapy sessions with **Side-by-Side counseling**. Did you participate in that? If you did, would you be willing to share more about how that experience was for you?

14. Take a few minutes to think about the **specific challenges that took place this year** related to the COVID-19 pandemic. This could include social distancing due to shelter in place orders, distance learning issues, financial strain in the family, mental health challenges, physical challenges from lack of exercise or not eating well, and then of course there are those of us who went through the process of being infected and healing from the coronavirus. In addition, we experienced two fires, a tense election season, and the social justice marches/protests. It was a complex and challenging year for many people for many different reasons.

    A) If you are willing to share, can you tell me how the COVID-19 pandemic or those other elements (fires, election, social justice uprising) affected you personally, either directly or indirectly?

    B) Do you feel that you coped with the challenges differently because of your training as a YP? If you can think of one, please share a story that best demonstrates this change because of your YP training. Why is this story significant to you?

    C) Could LSP staff have done anything differently in response to the pandemic that would have helped you?

15. Is there **anything else** you'd like to share with me today about your experience as a YP or the YP Internship that didn't come up yet in our conversation?

That concludes our interview. Thank you so much for being open and sharing all your thoughts. This will help us to highlight the important work of LSP and the Youth Promotores. Thank you!

Appendix D. Community Participant Survey

Community Participant Presentation/Plática Survey

Title of Presentation or *Plática*:
Date:
Location:

Thank you for attending Latino Service Provider's conversation about mental health services hosted by Youth Promotores. This short 6 question survey will help us understand how this conversation did or did not impact you. *Gracias por asistir a la conversación de Latino Service Providers sobre los servicios de salud mental organizada por Youth Promotores. Esta breve encuesta de 6 preguntas nos ayudará a comprender cómo le afectó o no esta conversación.*

1) What is your age? *¿Cual es tu edad?*
   - ☐ Under 16 years / *Menor de 16 años*
   - ☐ 16-21 years / *16 - 21 años*
   - ☐ Over 21 years / *Mas de 21 años*

2) What county do you live in? *En que condado vives?*
   - ☐ Sonoma County / *El Condado de Sonoma*
   - ☐ Other (please specify) / *Otro (por favor especifique*): _____

3) Before today's conversation, what level of knowledge did you have about mental health services in Sonoma County? *Antes de la conversación de hoy, ¿qué nivel de conocimiento tenía sobre los servicios de salud mental en el condado de Sonoma?*
   - ☐ None to a little / *Ninguno o un poco*
   - ☐ Some / *Algún*
   - ☐ A lot / Mucho

4) To what degree did you learn new information about mental health services in Sonoma County?*¿Hasta qué punto aprendió hoy nueva información sobre los servicios de salud mental en el condado de Sonoma?*
   - ☐ I didn't learn anything new / *No aprendí nada nuevo*
   - ☐ I learned a little bit / *Aprendí un poco*
   - ☐ I learned a lot / *Aprendí mucho*

5) For you, what were the most interesting or useful aspects of today's presentation? *Para usted, ¿cuáles fueron los aspectos más interesantes o útiles de la presentación de hoy? (comprobar todo lo que se aplica)*

6) Do you have any other feedback with us you'd like to share? *¿Tiene algún comentario con nosotros que le gustaría compartir?*

Thank you for taking our survey! *Gracias por tomar nuestra encuesta!*

Appendix E. Concilio Member Survey

Concilio Member End-of-Year Survey

1. Cohort year of service:

2. How did you engage as a Concilio member this past year? What are your areas of interest?
   - ☐ Outreach and recruitment of Youth Promotores
   - ☐ Youth Promotor training, support and mentorship
   - ☐ Assisted with program evaluation and design
   - ☐ Other (please specify):

3. How satisfied are you with your level of participation as a Concilio member in your area of interest?
   - ☐ Very satisfied
   - ☐ Somewhat satisfied
   - ☐ Neutral
   - ☐ Somewhat dissatisfied
   - ☐ Very dissatisfied

4. Did you experience any of the following barriers in participating as a Concilio member? (check all that apply):
   - ☐ Time commitment
   - ☐ Schedule conflict
   - ☐ Shifting work priorities
   - ☐ Unsure of my role within the Concilio
   - ☐ Content was not relevant or of interest to me
   - ☐ Did not feel that I was actively contributing
   - ☐ Did not engage with Youth Promotores or wanted to participate in another way
   - ☐ Other (please specify):

5. Is there some form of expertise you hoped to offer but did not get the opportunity to do so?
   - ☐ No, I feel that I offered my expertise to my satisfaction
   - ☐ Yes, I would have liked to:

6. Are you interested in continuing your membership with the Concilio next year?
   - ☐ Yes (please provide contact information):
   - ☐ Unsure at this time
   - ☐ No, the reason is because:

7. Is there anything else you'd like to say about your experience as a Concilio member that didn't come up in the survey?
   - ☐ No
   - ☐ Yes, I'd like to add:

Appendix F. Youth Promotor Mid-Year Performance Evaluation

Cohort 4

Youth Promotor Intern Information	
Name:	Date:

Title: Youth Promotor	Project:	Review Period: 04/2020 - 12/2020

Internship Review: *Ratings: Exceeds Expectations (E); Meets Expectations (M); Needs Improvement (N); Unsatisfactory (U)*	
YP Role Knowledge - Understands key Youth Promotor duties and performs the duties as trained and directed by the Program Manager. Seeks support and direction from the Director of Programs and Program Manager when needed. (Refer to Youth Promotor description.)	
Attendance – Arrives on zoom or in person on time and provides notice of missing meetings. Turns in quarterly stipends in on time with required work.	
Presence- Participates and engages in conversations. Keeps camera on when possible. Asks questions and provides comments.	
Communication/Listening Skills – Communicates clearly and accurately both verbally and in writing as appropriate for the position. Listens attentively and without judgment to others and asks questions when communication is not clear.	

Contribution and Encouragement:

1.

2.

Goals for the remainder of the internship:

1.

2.

Next Steps:

1.

2.

Side By Side	Check if Yes
Signed up for session:	
Has MH provider; doesn't want/need referral	

Verification of Review: *By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.*	
YP Intern Signature:	Date:
Program Manager Signature:	Date:

Open Ended Conversation Categories	Check if Yes
Doing well overall, no particular struggles mentioned	
Struggling with academic life (courses, homework, college applications)	
Struggling with personal relationships (family member, significant other, friend)	
Struggling with pandemic/social distancing/online reality	
Recently lost a loved one (processing grief)	

Appendix G. Youth Promotores Event Logs

Youth Promotor Event Log

1. Title of event:
2. Date of event:
3. Location of event (city and specific place):
4. Type of event (check all that apply):
    - ☐ YP Training
    - ☐ YP Meeting
    - ☐ YP Outreach activity (community event, media interview, health fair, etc.)
    - ☐ YP Platica or Presentation
    - ☐ Other (please specify)

5. Description of event:
6. Number of people present:
   _____Youth Promotores
   _____Concilio Members
   _____Members of the Public

7. List the Youth Promotores who participated in training, meeting, outreach or presented mental health information (if intended for the whole cohort, write "whole cohort"):
8. Approximate number of materials shared or distributed at event:
   _____Brochures
   _____Flyers
   _____Wristbands/bracelets
   _____Self-care bags
   _____Buttons
   _____Other (please specify):

9. Were platica/presentation evaluation surveys given out to and collected from participants?
    - ☐ If yes, how many? _____
    - ☐ No

10. In your perspective as a Youth Promotor Lead, what were the successful elements of the event?

11. In your perspective as a Youth Promotor Lead, what were areas to improve?

12. Glows from the YP ("Glows" are something that went well, something that made your heart smile, something you want to lift up, something that demonstrates the power of the team, or something that you want to celebrate because it glows). Write N/A if not done.

13. Grows from the YP ("Grows" are something we can strengthen, something that didn't work out so well and it's an opportunity for growth, something we can improve for next time, something that speaks to the event/program specifically (partnerships, location, structures, etc.). Write N/A if not done.

14. Name of YP Lead or staff submitting event log:

Latino Service Providers' Youth Promotor Program

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