SECTION 1: TITLE PAGE

Implementation Pilot Project: On The Move/LGBTQ Connection

Community Defined-Evidence Project: Oasis Model

Priority Population: LGBTQ[1]

Local Evaluation Time Period: January 1, 2023 – June 30, 2025

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

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SECTION 2: EXECUTIVE SUMMARY

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

A. Community Developed Evidence Practice Purpose and Description

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

The Oasis Model is a youth-led approach to community organizing in which young people find support and acceptance with other peers and discover their personal agency to make their community safer and more inclusive while also strengthening their own well-being. The program is comprised of three interconnected core components, with LGBTQ youth experiences, ideas, and leadership at the core of the interventions. The components are:

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

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

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

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

B. Evaluation Questions

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

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

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

- **Evaluation Question 1**: To what extent did CDEP participants show ***reductions in risk factors?***
- **Evaluation Question 2:** To what extent did CDEP participants ***strengthen protective factors?***
- **Evaluation Question 3:** To what extent did the CDEP ***increase the capacity of mental health service providers*** to appropriately serve LGBTQ youth?
- **Evaluation Question 4:** To what extent was the CDEP ***implemented as designed*** at each program site?
- **Evaluation Question 5:** To what extent did the CDEP particularly ***address the unique cultural, linguistic and contextual needs*** of LGBTQ youth?

C. Evaluation Research Design

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

Evaluation of the Oasis Model considers both how intersectionality contributes to marginalization and to issues of identity and their effects on mental health. The evaluation looks at issues of intersectionality to understand how the program targets young people for participation in the program. Geography, cultural background, language, and ethnicity all impact whether or not a LGBTQ youth will participate in programming. Evaluation of the CDEP accounts for whether or not traditionally underserved youth are connected to the program. Evaluation of the CDEP also examines how and if youth are able to integrate all aspects of their identity and how that impacts their wellness and mental health. More specifically, the

local evaluation uses regression analysis to predict outcomes when considering variables such as racial/ethnic background, LGBTQ identity, age, socioeconomic status, region, and language.

D. Key Findings

Evaluation data collected over two and a half years demonstrates that:

- Participation in the Oasis Model **moderately reduces isolation among youth.** While quantitative analysis demonstrated no significant changes, qualitative analysis showed significant, strong changes in isolation. Youth attribute changes in isolation to program strategies that result in new and/or strengthened connections with peers, increased involvement in helpful activities and greater acceptance and understanding of their individual LGBTQ identities.

- Participation in the Oasis Model **moderately reduces distress among youth.** While quantitative analysis demonstrated considerable but not significant changes, qualitative analysis demonstrated moderate changes in distress. Youth attribute their decreased levels of distress to program elements that impacted their sense of identity, connections and personal agency.

- Participation in the Oasis Model **significantly strengthens peer connectedness among youth** as demonstrated by both quantitative and qualitative analysis. Youth attribute this change to opportunities to work in teams, share personal stories and give and receive support.

- Participation in the Oasis Model **strengthens community connectedness among youth,** in some cases significantly. While quantitative analysis demonstrated significant changes, qualitative analysis showed only moderate changes in community connectedness. Only one-third of youth felt more connected to their school communities.

- Participation in the Oasis Model **significantly strengthens positive self-regard among youth,**. Both quantitative and qualitative analysis demonstrated significant changes in positive self-regard. Youth attributed increased positive self-regard to greater self-acceptance and feelings of acceptance from others, and opportunities to contribute and build their skills and capacities.

- Participation in the Oasis Model **strengthens help seeking behaviors among youth**, in some cases significantly. While quantitative analysis demonstrated significant changes, qualitative analysis documented only moderate changes in youth's willingness to ask for help. Willingness to ask for help was influenced by young people's emotional and cognitive awareness, being able to identify reliable sources of help and having wide networks of support.

- Participation in the Oasis Model **strengthens abilities to cope with rejection among youth,** in some cases significantly. While quantitative analysis demonstrated significant changes, qualitative analysis documented only minor changes in youth's abilities to cope with rejection. Youth who experienced growth cited contributing factors including having a helpful mentor, learning to advocate for themselves, and focusing on positive relationships and the areas of their lives where they have agency to make change.

- Participation in the Oasis Model **strengthens youth's sense of strong personal identity**, in most cases significantly. While quantitative analysis demonstrated significant changes, qualitative analysis

documented only moderate changes in youth's sense of strong personal identity. Hearing about the experiences of peers and staff and sharing their own personal experiences helped youth to better understand and accept their own LGBTQ identities.

- Participation, demographic and survey data all confirm that the implementation of Component 3 **significantly increased the capacity of the mental health and other service systems to appropriately serve LGBTQ youth**. Eighty three percent (83%) of training participants reported significant growth in knowledge, 85% reported significant improvements in their perception of LGBTQ people and 92% were able to identify a change they had committed to making to improve inclusion of LGBTQ people. While workforce training was implemented in all program and evaluation cycles, it was not regularly implemented in target communities where Components 1 and 2 were also implemented, limiting the direct impact on youth served.

- **Adaption of the model for the school setting resulted in lower exposure to program components than desired,** both in duration and frequency of program contacts. It is unclear if school-based delivery adaptations were the driver of lower than anticipated participant numbers in Component 1 activities; youth development professionals across the region report lower participation numbers across most programs since the pandemic.

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

E. Conclusions & Recommendations

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

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

The Oasis Model enhances protective factors for LGBTQ youth through peer connection and opportunities to contribute to their community; each positive experience and strengthened relationship with peers, community and culturally appropriate providers builds momentum in a young person's life towards healing and growth. Growth in protective factors leads to reductions in risk factors on the

opposite side of the coin: increasing peer and community connection leads to reduced isolation; increasing positive self-regard through agency leads to reduced distress, and so on and so forth. In all ways, programs and service providers like the Oasis Model and LGBTQ Connection must elevate the strategies, activities and approaches that youth themselves say are healing in order to transform systems and lives.

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

- Program delivery strategies must be differentiated for youth in school settings vs. community settings. Research conducted by the Pacific Institute for Research and Evaluation has found that while high schools are critical to supporting LGBTQ youth schools' ability to implement new practices is heavily influenced by forces stemming from their surrounding communities and broader society. To significantly shift LGBTQ youth's feelings of safety and connection at school, more time and resources are needed to build relationships with young people and school support staff, identify "champions" among school leaders, and support youth leaders to design and lead projects that change school climate and lessen the impact of discrimination and marginalization present in society on their school communities. Program implementers should be aware that these outside factors can lead to higher- and lower-tide effects of youth participation and program success marked by seasons of high and low participation.
- Training, accountability, clinical, and wellness support for staff is critical to developing/providing a quality program and to reducing staff turnover and burnout. An essential component of the Oasis Model is that most staff are from the same or similar communities as participants and have been impacted by the same or similar past traumatic experiences and oppressions. Over the past two and a half years, both staff and participants have lived through social unrest confronting racism, and increased instances of negative and hateful public discourse and violence against transgender people. Special attention should be paid to supporting these young leaders' personal, interpersonal and professional development.
- LGBTQ populations, especially youth, should be engaged in identifying and/or developing better tools to measure health outcomes. For example, LGBTQ youth leaders designed and implemented focus group and key informant interview protocols that resulted in higher quality data than data produced by other tools over which they had limited influence.

SECTION 3: LITERATURE REVIEW

The North Bay Area is just an hour north of San Francisco, yet remains worlds apart in terms of visibility and community for its estimated 85,000 LGBTQ residents, many of whom remain disconnected or invisible for fear of rejection or for their safety. Napa and Sonoma Counties are well known as wealthy tourist destinations, and more recently, for multiple years of wildfires that have ravaged the area, creating a lasting economic hardship for local residents. The North Bay's Wine Country reputation has created some avenues for LGBTQ visibility and acceptance, albeit mostly for upper class, white tourists whose socioeconomic privilege makes visibility and safety more accessible. For local residents, multiple years of fires, the COVID-19 pandemic, and the fight for racial justice continue to highlight inequities and demonstrate a need for a stronger LGBTQ community as a vital source of health and wellness for LGBTQ young people in the area. With the presiding anti-LGBTQ rhetoric conveyed over various news and social media outlets in regard to LGBTQ rights, a deep divide has developed between LGBTQ+ identifying people and other intersecting communities. The implications of this has increased instances of bullying, discrimination, and overall prejudice that our LGBTQ youth face and has had severe detrimental impacts on their emotional and mental health.

A. Mental Health Issues

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

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

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

At school, LGBTQ students are two to three times more likely to experience bullying, and nearly five times as likely to attempt suicide. Teachers tend to be less likely to intervene when bullying is related to

sexual orientation or gender identity, as opposed to bullying due to race, ability, or religion. A national survey of students found that 65% of students heard homophobic language at school (Minero, 2018).

LGBTQ Connection's 2013 School Climate Survey had similar findings, with 74% of Napa County middle and high school students reporting hearing homophobic language sometimes or all the time at school. Half (49%) of local LGBTQ students reported being harassed because of their sexual orientation or gender expression. The survey identified several disproportionately disconnected populations within the local LGBTQ community, including rural residents, people of color, Spanish speakers, and transgender young people. The California Healthy Kids Survey reflects similar findings, with 2017-2019 survey data showing over 60% of non-heterosexual or transgender students reporting chronic sadness/hopelessness, compared to around 30% of heterosexual or cisgender students (CalSCHLS, 2021). Schools are even more hostile for youth of color, where one in five LGBTQ students of color reported bullying based on their race or nationality (GSA Network, 2018).

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

B. Community Defined Evidence Practice Need

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

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

Race: The North Bay Area is mostly comprised of two dominant cultures, with a large White population and a growing Latinx population. Within the next 10 years, Latinx people will represent over half of the residents in the area. The Latinx population has their own set of needs when it comes to LGBTQ issues,

including culturally and linguistically competent services, outreach strategies that target Spanish-speaking households, and trainings for Latinx youth service organizations. Latinx LGBTQ youth face a higher risk of discrimination and violence in schools, where they are more likely to be targeted for their sexual orientation, gender identity, or their racial/ethnic background (Kosciw et al., 2016).

The area is also home to a smaller group of Asian/Pacific Islanders, Asian Americans, and African-Americans, representing around 5% of the population. LGBTQ youth within these ethnic backgrounds are even more likely to feel isolated because of their underrepresented minority status, and to experience even bigger barriers to overcome as they navigate their adolescent lives. The mostly bicultural setting of the North Bay Area means racial tensions are common. The lack of diversity creates an "us vs. them" environment in which cultural differences create barriers to connection and breed mistrust and misunderstanding between the two racial groups. The intersectionality of race and LGBTQ identity for youth of color puts them at much higher risk for mental health disparities, making them one of LGBTQ Connection's priority populations.

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

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

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

Lack of Resources: The North Bay Area is slowly developing youth-friendly, LGBTQ competent services and places where LGBTQ youth feel welcomed. In Sonoma County, LGBTQ-specific programs, most of which were created in the 1990s in response to the AIDS epidemic, face financial issues and lack an adaptable program design to respond to the needs of the younger LGBTQ population. Founders of programs like these have retired without investing in succession planning that would ensure their mission continued. In Napa County, LGBTQ Connection's 2012 Community Survey respondents reported "not knowing how to find an LGBTQ-competent provider" as the number one LGBTQ-specific barrier to accessing services. LGBTQ Connection has developed and widely implemented LGBTQ Competency Training, which is beginning to shift practitioners' approaches to working with LGBTQ people, but more work is needed to create deep systems change.

C. Community Defined Evidence Practice Approach

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

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

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

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

In addition to a participatory evaluation design, LGBTQ Connection also pulls in team-building approaches in program design from the well regarded book, Five Dysfunctions of a Team (Lencioni, 2002). This approach involves a five-stage process consisting of building trust, engaging in healthy conflict, establishing commitment, holding each other accountable, and achieving results. Particularly when creating leadership teams associated with LGBTQ Connection's Component 2, the five- month program design was directly pulled from this approach, and often revisited as staff worked through the challenges of building a high-functioning team with youth participants. LGBTQ Connection's approach to youth development was inspired by "Hart's Ladder of Youth Participation" a tool from Children's Participation: The Theory And Practice Of Involving Young Citizens In Community Development And Environmental Care (Hart, 2016). The tool focuses on the different levels of engagement one might encounter when working with youth and adults, ranging from young people being manipulated at the bottom of the ladder, to young people and adults sharing in decision-making at the top of the ladder.

LGBTQ Connection strives for authentic youth engagement in all of its programming, and often revisits this tool to ensure youth are not being tokenized and are equal thought partners throughout the evaluation process.

SECTION 4: CDEP PURPOSE, DESCRIPTION & IMPLEMENTATION

A. Community Defined Evidence Practice Purpose

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

B. Community Defined Evidence Practice Description & Implementation Process

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

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

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

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

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

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

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

- Timely access to services for underserved populations to improve access among people from underserved populations with risk, early onset, or experience of mental illness.
- Access and linkage to treatment to improve access and reduce duration of untreated mental illness among people with a serious mental illness.
- Outreach to increase recognition of early signs of mental illness to engage people who can identify signs and symptoms to help people with risk or early onset of mental illness.
- Stigma and discrimination reduction to produce changes in attitudes, knowledge, or behaviors to help people with risk, early onset, or experience of mental illness.
- Suicide prevention to produce changes in attitudes, knowledge, or behavior to help people with risk of suicide as a consequence of mental illness.

The Oasis Model was offered for seven, six-month or nine month cycles, with the pilot period launching in January 2023 and the final cycle ending in June 2025. The program intended to serve 200 participants per cycle.

1. Strategies to Incorporate LGBTQ-specific Knowledge:

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

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

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

LGBTQ Youth Engagement in Program Development and Implementation: LGBTQ youth participants regularly provide program development feedback, debriefing successes and changes after each meeting or activity and participating in focus groups twice per year. Before evaluation activities began in 2017, youth were recruited from program sites in Napa and Santa Rosa to take part in a Youth Participatory Evaluation process, where they provided feedback on survey tools and data collection methods. In 2019, youth leaders were again engaged in a YPE process: a 3-part feedback session to review evaluation data gathered to date, provide input on program development priorities, and share their own experiences in the program. This feedback was then used to make adjustments and inform the

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

LGBTQ youth also lead much of the CDEP implementation, bringing their own cultural, language, and life experience to the project. LGBTQ youth assist in planning and facilitation of youth support groups and lead advocacy projects of their own design and choosing. Youth and community residents who serve as panelists during CDEP workforce trainings debrief with staff to identify successes and challenges from the training, and their feedback was used to refine future training delivery and content.

2. Project Delivery

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

Program Director: The LGBTQ Connection Program Director is responsible for overseeing the ongoing vision, development, implementation, and evaluation of programs and staff in Napa and Sonoma Counties. The Program Director establishes, develops, and maintains collaborative partnerships; designs and implements public relations and marketing activities; manages program budgets and communications with funders; and ensures that program staff are trained and accountable for meeting their program goals and deliverables. The Program Director works with the local evaluator to plan and implement all evaluation activities, including developing research questions, creating data collection instruments, collecting information and data, interpreting, analyzing and presenting findings, making recommendations for change, and advocating for use of findings.

Training and Technical Assistance Director: The LGBTQ Connection Director of Training and Technical Assistance is responsible to coordinate and deliver workforce training and workshops and to work with the local evaluator to plan and implement all evaluation activities, including developing research questions, creating data collection instruments, collecting information and data, interpreting and analyzing findings.

Program Coordinators: The LGBTQ Connection Program Coordinators are responsible for recruiting and coaching Youth Leadership Teams, facilitating youth support groups, providing one- on-one coaching and referrals to youth, and developing community projects alongside youth leaders. Program Coordinators are responsible to work with the local evaluator to implement all evaluation activities, including collecting information and data, interpreting and analyzing findings.

Youth Advocates: The LGBTQ Connection Youth Advocates work directly with Program Coordinators, youth leaders, youth participants, and adult volunteers to support all program activities, including

growing a team of youth and creating advocacy projects, socials, and events for youth, their families, youth-serving providers, and the greater community.

Youth Leaders: Youth leaders are volunteers who join a team of other youth leaders for a six-month program cycle. Youth leaders work with Program Coordinators and Youth Advocates to plan and lead support groups, advocacy projects, and workforce training activities while learning about themselves and forming lasting bonds with their teammates. In general, youth leaders are ages 14-24 and live in Sonoma or Napa Counties.

3. Components & Activities

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

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

- **Component 1: Connections to Peers and Appropriate Resources** through peer support groups and resource navigation meant to promote wellness.
- **Component 2: Youth-Led Advocacy Projects** designed by Youth Leadership Teams that identify and prioritize needs and facilitate a community-led response.
- **Component 3: Youth-Informed Workplace/Provider Trainings** meant to increase the ability of community organizations, schools, health systems, faith communities, government and businesses to welcome and serve LGBTQ youth competently.

Component 1: Connections to Peers and Appropriate Resources

Core Elements:

- A lively, well-attended, centrally located, youth-serving partner organization or a high school campus with a Wellness Center/Program
- LGBTQ youth resource guide
- Peer-led educational support groups for LGBTQ youth

Length & Duration:

- Offered year round in six-month cycles in community settings and nine-month cycles in school settings
- 1.5 hour support group sessions in community settings or at high schools, held two times per month at regular days and times (for example, 5:00-6:30 pm every 2nd and 4th Thursday), usually in the late afternoon or evening depending on target youth population's preference.

- 0.5 hour one on one coaching sessions in school settings, held weekly during lunch break on consistent day each week.
- Health navigation, offered by staff on a drop-in basis, 5-10 hours per week during the regular business hours of the community center or school day and during (or as a follow up to) support group meetings.

Intended Number of Participants: 70 per cycle, 360 unique participants over 2.5 years of data collection

Setting: Component 1 takes place within lively, well-attended, centrally located, youth-serving, general (non-LGBTQ exclusive) community centers and in high schools with well-developed Wellness Centers/Programs in rural and suburban North Bay Area communities. The community and school-based wellness centers offer a variety of education, employment, health and mental health services, depending on location. The centers have a good reputation and credibility among the target youth populations as well as among referring providers and other community members. These centers have a youth-friendly and generally warm environment, and did not necessarily have previous LGBTQ-service experience.

In Napa and Sonoma Counties this component was specifically implemented within youth-serving community centers: VOICES Sonoma in Santa Rosa (a suburban city in Sonoma County, population 175,155), VOICES Napa in Napa (a semi-rural city in south-central Napa County, population 80,416), Casa Grande High School in Petaluma (a rural city in south Sonoma County, population 59,393), American Canyon High School in Napa County (city in southern Napa County, population 21,742), and UpValley Family Center's school-based office in Calistoga (a rural city in northern Napa County, population 5,311).

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

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

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

- Sharing personal experiences with peers.
- Gaining reliable information about LGBTQ identity-related educational topics.

- Allowing the youth to be themselves through fun, casual activities.

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

- Personal experience-sharing meetings covered topics including coming out, family acceptance, religion and spirituality, home for the holidays.
- Educational meetings covered topics including dealing with stress, LGBTQ sex education, healthy relationships, LGBTQ history and mindfulness.
- Social meetings included game nights, movie nights, park/backyard activities, art projects, etc.

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

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

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

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

Outcome: There were a total of 122 youth who attended Component 1 activities from January 2023 to June 2025. Generally, only youth enrolled in an evaluation cohort completed a demographic form due to school data collection restrictions. Youth participating in Component 1 activities were comprised of the following demographics:

- **Age:** 35% were between ages 13-18, 52% between ages 19-24, 13% over 24 years of age (exceptions for age restrictions were made on a case by case basis) (n=105).
- **County:** 75% were from Sonoma County, 25% from Napa County (n=122)
    - In Napa County, 65% were from the American Canyon, 30% from Calistoga, and 5% from other areas in Napa County.
    - In Sonoma County, 70% were from Santa Rosa, 17% from Sonoma Valley, and 13% from other areas in Sonoma County.

Participant Attrition: Youth support groups in Component 1 were designed to be low commitment so that young people could feel free to come and go at their own pace. Participants in Component 1 showed a high level of attrition because of this approach. Of the 277 youth who participated in Component 1 between January 2023 and June 2025, 66% participated only once. Youth chose not to return to services for a variety of reasons. Some of the reasons shared anecdotally from staff observations are:

- The youth got what they needed from attending the group or groups they attended.
- They did not relate with or connect to the topic for that particular group.
- They did not relate to or connect with attendees or staff for that particular group.
- The location of the group was not convenient for their individual needs.
- The time of the group was not convenient for their individual needs.

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

Changes Made to CDEP Components: Group timing and duration was adapted to schools' daily schedule, with some groups meeting for 30 minutes during the school day and others meeting for 90-120 minutes after school. Health navigation services were offered as drop-in services during the school day and usually hosted within a school wellness program.

Component 2: Youth-Led Advocacy Projects

Core Elements

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

Length & Duration:

- 6 month program cycles for community-based Leadership Teams, usually running July through December and January through June

- 9 month program cycle timed to coincide with school semesters for school-based Leadership Teams, usually running September through June..
- 2 hour leadership team meetings for each site, held weekly in the afternoon or evening.

Intended Number of Participants: 20 per cycle, 70 unique over 2.5 years of data collection

Setting: Component 2 also takes place within youth-serving, general (non-LGBTQ exclusive) community centers and high schools with Wellness Centers/Programs in rural and suburban North Bay Area communities (see Component 1 description above).

Additional settings for advocacy projects include locations as identified and prioritized by youth leaders, including locations at their schools and in their community. Successful partners for implementing CDEP Component 2 include local high schools and other community organizations serving local youth (for example, the teen department at the local library).

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

To develop and practice their leadership skills and raise visibility of LGBTQ youth and their needs in the local community, a Youth Leadership Team is 1) recruited, then brought together for 2) team bonding and formation, and 3) assessing the local community to identify and prioritize an advocacy project, and 4) implementing the prioritized advocacy project to create system change..

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

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

Enticing youth-friendly advertising materials are created to announce the formation of the next cycle of the team with local community and youth-serving organizations, schools, social workers, healthcare workers, and other providers. Extra attention is paid to outreach to locations and partner organizations frequented by the target populations. Mandatory informational meeting are held with interested youth before the launch retreat to offer an overview of the Youth Leadership Team experience, explain expectations, assess needs, and begin planning with the youth for accommodations or special support (i.e., transportation, learning, home situation, or language needs). Whether or not they officially join the team to participate in Component 2, team members and other recruits are invited to participate in support group meetings and health navigation from Component 1 as needed. Many youth leaders who participate in Component 2 also participate in health navigation to support their own wellness.

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

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

Team and trust building activities continue over the first few team meetings, along with a preliminary needs assessment to identify unmet community or school needs. Building off the needs assessment, the team learns and uses group decision-making processes to prioritize one of the community needs into an advocacy project. The team defines the project's purpose and objectives, and sets preliminary dates for implementation to be completed within the timeframe of the Youth Leadership Team. This project becomes the primary goal of the team and includes at least one of the following outcomes: increasing peer connectedness, community connectedness, or positive self-regard. The setting for the project—school or community—is also defined by the youth with the support of staff.

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

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

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

Demographics of Population Served: Intended participants in Component 2 are LGBTQ youth (LGBTQ Connection defines LGBTQ youth as those who are lesbian, gay, bisexual, transgender, queer,

or questioning, and those who use other terms to describe their sexual orientation as something other than 100% heterosexual, and/or their gender as other than cisgender), ages 14-24, from a variety of backgrounds representative of the specific rural and suburban North Bay Area communities this component was implemented in (special attention was paid to youths' racial/ethnic, level of foster/probation/mental health systems-involvement, home language, and socioeconomic background—and youth from multiple underserved backgrounds).

In Napa and Sonoma Counties, the intended population for Component 2 is youth with intersecting identities, namely youth of color (especially Latinx youth), and White youth; youth involved with the foster care, probation, and/or mental health systems; youth from homes where Spanish, Tagalog, and English are primarily spoken; and youth from families of lower socioeconomic status.

Outcome: There were a total of 116 youth who engaged in Youth Leadership Team activities from January 2023 to June 2025, and an addition 119 youth who attended a Youth Leadership Team meeting. Generally, only youth enrolled in an evaluation cohort completed a demographic form due to school data collection restrictions. Youth on Leadership Teams were comprised of the following demographics:

- **Age:** 88% were between ages 13-18, 8% between 19-24, and 4% over 24 years of age (exceptions for age restrictions were made on a case by case basis) (n=231).
- **County:** 20% were from Sonoma County, 80% from Napa County (n=231).
    - In Napa County, 75% were from American Canyon and 25% from Calistoga.
    - In Sonoma County, 40% were from Santa Rosa, 35% were from Petaluma and 25% were from Sonoma Valley.

Participant Attrition: Although 235 youth attended a Youth Leadership Team meeting during the program implementation period, 116 youth are considered full participants who joined teams. The other 119 youth attended informational sessions only and are not considered Leadership Team program participants. Of the 116 youth who joined teams, 80 youth (or 68%) completed all or most of the full program cycle. Participating in Leadership Teams in Component 2 did have an expectation that youth stay engaged throughout the entire program cycle, but the option to disengage with the team, or "choose out" was presented regularly during the cycle. Offering the option to clearly "choose out" made the option to stay in more significant and increased team cohesion and identity. Additionally, choosing out was seen as good modeling of personal agency, healthy boundaries, and communication. Youth who "chose out" were invited to stay involved with the program through Component 1 and other events and activities. Youth "chose out" for a variety of reasons. Some reasons that were shared with program staff include:

- Youth moved locations or changed schools.
- Youth were not able to get reliable transportation to meetings.
- Youth were not able to commit to weekly meetings.
- Youth had too much school work or school commitments.

- Youth had conflicting extracurricular activities.

A total of 12 advocacy projects were completed throughout the evaluation period.

Changes Made to CDEP Components: After September 2023, launch retreats were eliminated from the program design. Team meeting schedules and duration were adapted to meet schools' daily schedules, with some teams meeting 30 minutes per week during the school day, while others met 1-2 hours. Teams meeting after school or in the evening met for 90-120 minutes each week.

Component 3: Youth-Informed Workplace/Provider Trainings

Core Elements

- Youth-informed provider training on LGBTQ Best Practices

Length & Duration

- 2-4 one-time trainings per site per six-month program cycle
- Training lasts 2-4 hours
- Trainings are offered at times to best fit schedules of youth and family serving professionals, usually 8a-12p or 1p-5p on a Tuesday, Wednesday, or Thursday so as to avoid the lower attendance days of Monday and Friday.

Intended Number of Participants: Approximately 20-50 participants per training, 100 per six-month program cycle, 550 unique over 2.5 years of data collection

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

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

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

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

- Increasing understanding of LGBTQ identities.

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

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

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

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

Outcome: From January 2023 to June 2025, 911 individuals attended LGBTQ Best Practices trainings hosted by LGBTQ Connection. Individuals attended trainings from a variety of affiliations within the public and private sectors of Sonoma and Napa counties, including local government, public schools, mental health workers, youth serving organizations, police departments, social service agencies, and health clinics. Demographic information was only collected for individuals who completed the workshop evaluation at the close of the session. A total of 392 attendees completed an evaluation. The following demographics comprise the training participants:

- **County**: 64% Napa, 36% Sonoma
- **Professional sector**: 30% Behavioral Health; 29% Education; 26% Youth Development; 17% Community Healthcare; 12% Family Support; 7% County Health & Human Services; 6% Community & Economic Development; 6% Housing; 5% Municipal Government; 4% Child Welfare; 4% Criminal Justice; 3% Public Health; 2% Faith/Spirituality; 2% Other (n=363)
- **Race**: 44% Chicanx/Latinx/Hispanic; 41% White; 7% Asian or Asian American;6% Black or African American 3% Native American; 3% Other; 8% declined to answer (n=386)
- **Age:** 73% were between the ages 25-65; 19% between the ages 19-24; 7% between the ages 13-18; and 1.3% are 65+ years old (n=384)
- **Primary language:** 90% English; 9% Spanish; 1% Other (n=387)

- **Gender identity:** 72% Women; 22% Men; 4% Genderqueer; 2% Questioning' 2% Transgender; 1% Other; 3% declined to answer (n=387)
- **Sexual orientation:** 74% Heterosexual; 6% Bisexual; 4% Queer; 3% Lesbian; 3% Gay; 3% Pansexual; 1% Questioning; 4% Other; 7% declined to answer (n=380)

Participant Attrition: Most participants in Component 3 attended one full 4-hour workshop with LGBTQ Connection. When the workshops were offered in 2-hour, two part trainings, some attendees did not attend the second session. Attendance was only taken at the beginning of the workshop so attendee attrition was not measured for this component.

Changes Made to CDEP Components: LGBTQ Connection's original Best Practices training was expanded upon throughout the data collection period to meet the needs of different populations. Additional subject specific trainings were delivered, including LGBTQ Best Practices for Law Enforcement, LGBTQ Medical Best Practices, and LGBTQ School Best Practices.

4. Recruitment

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

- Colorful youth-friendly graphics for digital and paper flyers advertising program activities. Flyers were created using graphic design platform Canva, where content can be created and shared amongst team members. At the planning retreats and throughout the program cycle, staff gave each other feedback on graphics and made adjustments based on the successes or failures of past graphic material.
- Distribution and display of physical flyers at places youth frequent, such as coffee shops, schools, fast food restaurants, parks, and other community events.
- Distribution of digital flyers through LGBTQ Connection's social media platforms. LGBTQ Connection has county specific pages for Napa and Sonoma on Facebook and Instagram, as well as two Discord servers. Flyers were posted on each platform and often promoted using paid advertising. Flyers were often shared by other community partners and individual supporters, creating an even wider digital reach.

- Ongoing E-blasts to LGBTQ Connection's mailing list using Mail Chimp to share upcoming program activities. Recipients were encouraged to share the information with their networks.
- Partnering with school support and wellness staff and advisors to Gay-Straight Alliance Clubs to engage youth on school campuses.
- Sharing upcoming activities with youth, parents, school staff and providers through word of mouth and/or program flyers at community events, trainings, and presentations.
- Creation of monthly calendars outlining program activities for the upcoming months, distributed in-person at community events and digitally through LGBTQ Connection's social media platforms.
- Sharing about upcoming program activities through local media outlets such as radio, newspapers, magazines, and television.
- Past youth participants were encouraged to share program activities with friends and peers, and often helped with recruitment activities as an aspect of leadership development.

Component 3 Recruitment:

Workforce provider training participants were recruited through the following tactics:

- Informational flyers with clearly defined outcomes and intended audience, which were shared on social media platforms, MailChimp E-blasts, and at community events.
- Personal invitations from program staff to community partner organizations and schools . Often staff contacted past trainees and asked them to invite two to three co-workers from their organization to an upcoming training.

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

SECTION 5: LOCAL EVALUATION QUESTIONS

A. Evaluation Questions

The principal research question addressed in this evaluation project was:

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

The evaluation design focused on five key outcomes and process evaluation questions and related indicators, as described in **Appendix B, Table 1.**

- **Evaluation Question 1**: To what extent did CDEP participants show ***reductions in risk factors?*** (Outcome)
- **Evaluation Question 2:** To what extent did CDEP participants ***strengthen protective factors?*** (Outcome)
- **Evaluation Question 3:** To what extent did the CDEP ***increase the capacity of mental health service providers*** to appropriately serve LGBTQ youth? (Outcome)
- **Evaluation Question 4:** To what extent was the CDEP ***implemented as designed*** at each program site? (Process)
- **Evaluation Question 5:** To what extent did the CDEP particularly ***address the unique cultural, linguistic and contextual needs*** of LGBTQ youth? (Process)

B. Changes to Evaluation Questions

No changes were made to evaluation questions.

C. Evaluation Questions Not Answered

All evaluation questions were answered in the final analysis.

SECTION 6: EVALUATION DESIGN & METHODS

A. Evaluation Design

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

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

Youth participant study groups/cohorts for community-based services reflected the six month program cycle (January – June and July – December), with five evaluation periods:

Cycle 1: 1/23-6/23
Cycle 2: 7/23-12/23
Cycle 3: 1/24-6/24
Cycle 4: 7/24-12/24
Cycle 5: 1/25-6/25

Youth participant study group/cohorts for school-based services reflected a 9 month program cycle (September - June), with three evaluation periods.

Cycle 1: 1/23-6/23 (abbreviated 6 month cycle);
Cycle 2: 9/23-6/24
Cycle 3: 9/24-6/25

The intended sample size over the course of the three-year evaluation period was 98 Component 1 participants, 78 Component 2 participants and 330 for Component 3.

1. Strategies to Incorporate LGBTQ-Specific Knowledge

The Oasis Model engages young people in Youth-led Participatory Evaluation (YPE) to gauge the effectiveness of program elements. YPE is an approach that engages young people in evaluating the programs, organizations, and systems designed to serve them. Through YPE, young people conduct

research on issues and experiences that affect their lives, developing knowledge about their community that can be shared and put to use.

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

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

In initial evaluation design work, data collection tools were co-created with youth participants to establish buy-in for evaluation activities. Throughout the evaluation process, LGBTQ youth are invited to give feedback on all evaluation tools after completing them. Feedback is compiled and shared across program sites, and adjustments to tools are made based on feedback.

In youth-friendly language, youth are invited to make an informed decision for themselves around participation in evaluation activities, which encourages their own self-determination and enhances their participation if they opt in. Youth who consent to participate are informed that their feedback would be credited in the final evaluation report, creating a sense of shared ownership over and excitement about participation in evaluation activities.

Much of the ongoing participatory evaluation work is completed by Youth Advocate program staff. Youth Advocates are often former program participants and generally within the age range of the target service population, so they are able to provide input on evaluation activities as both the participant and administrator. Youth Advocate staff develop, facilitate, and refine focus group activities throughout the evaluation, and administer and refine survey tools and data collection processes.

B. Sampling Methods and Size

1. Sampling Method(s)

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

Purposive Sampling: The Oasis Model used purposive sampling when evaluating participation and outcomes for Component 2 participants. Seventy two percent 72%) of Youth Leadership Team members participated in the evaluation as a core component of their engagement in the program.

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

2. Evaluation Participant Recruitment Strategies

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

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

Once youth have been determined to be eligible and willing to participate in the evaluation study, they will be presented with the Informed Consent and/or Assent forms, depending on their age. Staff will present non minor youth with the Informed Consent form and will answer any questions non minor youth have before signing or declining to sign the form.

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

workshop. For online trainings, an evaluation is distributed through a link using the Survey Monkey platform.

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

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

3. Intended Sample Size

An initial sample size of 506 participants was proposed, comprised of 176 youth in Components 1 and 2, and 330 adults in Component 3.

4. Final Sample Size

Final sample size for Components 1 and 2 was 109 participants, with 45 matched pre/post survey participants, and 392 participants in Component 3, for a total sample size of 501 individuals.

5. Demographics of Final Sample

Youth Participant Sample Demographics: Of the 464 youth participating in program activities, 109 youth formally joined the evaluation cohort and at least partially completed evaluation activities. The following demographic information represents the evaluation cohort:

- **Age:** 87% were between ages 14-18, 11% between ages 18-24, and 2% declined to state
- **County:** 64% were from Napa County and 36% from Sonoma County
    - In Napa County, 83% were from American Canyon, 17% from Calistoga
    - In Sonoma County, 42% from Petaluma, 35% were from Santa Rosa and 23% from Sonoma Valley
- **Primary language:** 96% spoke English as their primary language, and 4% spoke Spanish primarily or in addition to English.
- **Race:** 33% White, 26% Latinx/Chicanx/Hispanic, 17% Asian, 6% Black, 1% American Indian/Alaskan Native, 1% Native Hawaiian/Pacific Islander and 13% Multiracial
- **Gender identity:** 38% women, 13% men, 26% transgender, 13% genderqueer/gender fluid/gender nonconforming, 1% two-spirit, 6% unsure, and 2% another gender identity

- **Sexual Orientation:** 25% were bisexual, 3% queer, 25% pansexual, 3% gay, 14% heterosexual, 6% questioning, 7% lesbian, 3% another sexual orientation, and 6% asexual and 9% declined to state.

Training Participant Sample Demographics: For workshop participants in Component 3, 392 adults attending workshops participated in evaluation activities by completing a survey at the close of the workshop; 131 participants responded to a three-month follow-up survey. The following demographics comprise the training evaluation participants:

- **County** : 64% Napa, 36% Sonoma
- **Professional sector**: 30% Behavioral Health; 29% Education; 26% Youth Development; 17% Community Healthcare; 12% Family Support; 7% County Health & Human Services; 6% Community & Economic Development; 6% Housing; 5% Municipal Government; 4% Child Welfare; 4% Criminal Justice; 3% Public Health; 2% Faith/Spirituality; 2% Other (n=363)
- **Race:** 44% Chicanx/Latinx/Hispanic; 41% White; 7% Asian or Asian American;6% Black or African American 3% Native American; 3% Other; 8% declined to answer (n=386)
- **Age:** 73% were between the ages 25-65; 19% between the ages 19-24; 7% between the ages 13-18; and 1.3% are 65+ years old (n=384)
- **Primary language:** 90% English; 9% Spanish; 1% Other (n=387)
- **Gender identity:** 72% Women; 22% Men; 4% Genderqueer; 2% Questioning' 2% Transgender; 1% Other; 3% declined to answer (n=387)
- **Sexual orientation:** 74% Heterosexual; 6% Bisexual; 4% Queer; 3% Lesbian; 3% Gay; 3% Pansexual; 1% Questioning; 4% Other; 7% declined to answer (n=380)

6. Population Representation in Final Sample

The youth participants in the evaluation cohort may not be comparable in demographics to general youth participants, given that complete demographics were only collected when youth enrolled in the evaluation cohort. Age was collected for all youth; participants in Component 2 reflected the evaluation cohort in terms of age, participants in Component 1 did not. County of residence was collected for all youth; participants in Component 1 reflected the evaluation cohort in terms of County of residence, participants in Component 1 did not.

The youth participants in the evaluation cohort were more likely to have participated in multiple services and activities than general youth participants. **Figure 1** below shows the rates of participation by all participants and the evaluation cohort, with evaluation participants most commonly engaging in 2-10 services, and other participants most commonly attending one service.

Figure 1. Youth Participation Rates: All Participants vs Evaluation Cohort

	All Participants	Evaluation Cohort
1 Service	60.0%	1.4%
2-5 Services	25.6%	28.8%
6-10 Services	5.4%	28.8%
11-20 Services	4.7%	26.0%
21-45 Services	3.6%	13.7%
46+ Services	0.7%	1.4%

7. Local Evaluation Attrition

In order to be included in LGBTQ Connection's evaluation cohort, an individual must have attended at least one prior formal program activity, completed an informed consent process, a demographics form, and the Pre Core Measures survey. All 109 participants who comprised this cohort were included in participation and demographic data analysis for this study. To be considered a complete participant in the evaluation cohort, the participant must have engaged with a program activity at least once per month and have completed a post survey towards. Out of the 109 evaluation participants, 45 completed a post survey and are considered complete participants. Youth "chose out" of the study for a variety of reasons. Some of the reasons shared with staff members include:

- Youth moved away or changed schools.
- Youth became unreachable after changing or losing their phone.
- Youth did not come regularly to support groups because they were at a time or location inconvenient for them.
- Youth were not able to get rides to program activities.
- Youth did not connect with the project or focus of the team

8. IRB Approval Status

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

C. Measures & Data Collection Procedures

1. Quantitative & Qualitative Measures

The following narrative outlines how quantitative and qualitative evaluation tools were used to answer process and outcome oriented evaluation questions. Please see **Appendix B, Table 1** for all quantitative and qualitative measures used for the evaluation period.

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

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

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

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

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

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

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

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

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

The evaluation study focused on measuring the level of (1) match between participants and implementers as it relates to racial/ethnic background, LGBTQ identity, age, socioeconomic status, region and language, (2) appropriateness of content, and (3) integration of cultural practices, values and beliefs. Data was collected through focus groups and key informant

interviews. Qualitative data collected through focus groups, key informant interviews, direct program observations and review of program records ere used to assess this outcome.

2. Data Collection Procedures

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

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

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

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

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

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

Non-Minor Youth: Staff presented non-minor youth with the Informed Consent form and the Research Subject's Bill of Rights in-person in-person (as possible), electronically (e-mail) or by mail and provided an oral explanation of the form in-person, by telephone or video conference; both the form and the explanation was provided in the young person's language of choice. The non-minor youth was given the opportunity to consider the information presented and express any questions or concerns. If the consent discussion was held via telephone or videoconference, staff ensured that youth were able to participate in

a private, confidential manner. If a decision to participate was made, the form was then signed and dated by the subject. If an in-person meeting was not possible, youth could provide verbal consent. If youth provided verbal consent in place of written consent, staff documented the time and date the consent discussion took place and whether or not there were any issues. Signed consent forms were safeguarded in a secure filing cabinet.

Minor Youth (ages 12-17): Many LGBTQ minors face physical and psychological risks if parents or guardians find out that they are LGBTQ. Requiring parent or guardian consent in studies with LGBTQ minors can be problematic for participants who have yet to disclose their sexual orientation or gender identity and may jeopardize their welfare and/or violate their privacy (Li and Mutanski, 2018; Macapagel et al, 2016; Prescott et al, 2016). As a result, LGBTQ minors who are not out to their parents are less likely to participate in studies requiring parent or guardian consent and cause a detrimental sampling bias (Li and Mutanski, 2018; Macapagel et al, 2016; Prescott et al, 2016).

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

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

Providing an option for LGBTQ minors (ages 12-17) to waive parent or guardian consent for evaluation participation is also consistent with their rights to participate in the evaluated CDEP. Under California law, a minor who is 12 years of age or older may consent to mental health treatment or counseling services if the minor is mature enough to participate intelligently in services and involvement of the minor's parent or guardian would be inappropriate (California Health and Safety Code §124260). The reason for enacting this law in 2010 was, in part, to eliminate barriers to minors eligible for prevention and early intervention mental health services like those evaluated in CRDP Phase 2.

Before presenting a minor (ages 12-17) with either the Informed Assent or Informed Consent forms, staff discussed potential risks to the young person's housing, safety, and/or well-being if required to obtain informed consent from their parent or guardian. If minors reported significant risk and could be considered "mature minors", parental consent was waived and the young person was able to consent for themselves. Staff presented minor youth with the Informed Consent form and the Research Subject's Bill

of Rights in-person, electronically (e-mail) or by mail and provided an oral explanation of the form in-person, by telephone or video conference; both the form and the explanation were provided in the young person's language of choice. If a decision to participate was made, the form was then signed and dated by the subject. If an in-person meeting was not possible, youth could provide verbal consent. If youth provided verbal consent in place of written consent, staff documented the time and date the consent discussion took place and whether or not there were any issues. Signed consent forms are safeguarded in a secure filing cabinet. Licensed mental health professionals were available to provide guidance on the assessment of risk and maturity of minors.

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

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

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

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

Tool	LGBTQ Connection Youth Program Survey
Timing	Pre/Post Match
Protocol	Administered by Program and Evaluation Manager and Program Coordinators in individual or group settings from January 1, 2023 to June 30, 2023. The pre survey was completed once youth had participated at least twice in program activities in order to build trust and rapport, a proven best program practice. Building rapport took priority over establishing baseline data and ensured long-term youth retention. The post survey was completed at the end of each program cycle. Survey took 10-15 minutes to complete. Surveys were prepopulated with the youth's unique identifier to ensure the young person's privacy. *Changes to Survey Design Based on YPE Input:* No changes were made.
Storage	All data collected was kept in locking file cabinets and in password protected database and computer files. Staff members were granted access to program data on a need-to-know basis.
Training	Youth and adult program staff were trained in confidentiality, survey administration, interview techniques, focus group facilitation, and recording of data. Staff received ongoing coaching and training from the local evaluator as needed. The local evaluator held regular check-ins with staff to monitor data quality and process adherence.

Tool	SWE Core Measures - Adolescent
Timing	Pre/Post Match
Protocol	Administered by Program and Evaluation Manager and Program Coordinators in individual or group settings. The pre survey was completed once youth had participated at least twice in program activities in order to build trust and rapport, a proven best program practice. Building rapport took priority over establishing baseline data and ensured long-term youth retention. The post survey was completed at the end of each program cycle. Survey took 10-15 minutes to complete. Surveys were prepopulated with the youth's unique identifier to ensure the young person's privacy. *Changes to Survey Design Based on YPE Input:* No changes were made.
Storage	All data collected was kept in locking file cabinets and in password protected database and computer files. Staff members were granted access to program data on a need-to-know basis.
Training	Youth and adult program staff were trained in confidentiality, survey administration, interview techniques, focus group facilitation, and recording of data. Staff received ongoing coaching and training from the local evaluator as needed. The local evaluator held regular check-ins with staff to monitor data quality and process adherence.

Tool	Youth Participatory Evaluation - Advocacy Project Impact Focus Group
Timing	Post Only
Protocol	Peer and adult co-facilitated group interviews were held in private meeting spaces for one hour at the end of each evaluation cycle. Participation was voluntary and by invitation to create a representative sample of participants. Discussion questions were developed by the local evaluator in partnership with Youth Advocates. Focus groups were audio recorded, documented on flip charts and in meeting notes. Youth completed a brief, anonymous demographic sheet at the beginning of each group. The Program and Evaluation Manager gathered all audio recordings, flip charts and meeting notes for each focus group and produced a record of the meeting, including a demographic summary of participants. *Changes to Focus Group Design Based on YPE input:* The focus group process was refined throughout the evaluation cycle to most effectively engage youth and elicit thoughtful responses. Changes are detailed in **Appendix D: Evaluation Tools.**
Storage	All data collected was kept in locking file cabinets and in password protected database and computer files. Staff were granted access to program data on a need-to-know basis.
Training	Staff were trained in confidentiality, survey administration, interview techniques, focus group facilitation and recording of data. Staff received ongoing coaching and training from the local evaluator as needed. The local evaluator held regular check-ins with staff to monitor data quality and process adherence.

Tool	Youth Participatory Evaluation - Focus Groups
Timing	Post Only
Protocol	Peer and adult co-facilitated group interviews were held in private meeting spaces for two hours at the end of each evaluation cycle. Participation was voluntary and by invitation to create a representative sample of participants. Discussion questions were developed by the local evaluator in partnership with Youth Advocates. Focus groups were audio recorded, documented on flip charts and in meeting notes. The Program and Evaluation Manager gathered all audio recordings, flip charts and meeting notes for each focus group and produced a record of the meeting, including a demographic summary of participants. *Changes to Focus Group Design Based on YPE Input:* The focus group activities were refined throughout the evaluation cycle to most effectively engage youth and elicit thoughtful responses. Changes are detailed in **Appendix D: Evaluation Tools.**
Storage	All data collected was kept in locking file cabinets and in password protected database and computer files. Staff were granted access to program data on a need-to-know basis.
Training	Staff were trained in confidentiality, survey administration, interview techniques, focus group facilitation and recording of data. Staff received ongoing coaching and training from the local evaluator as needed. The local evaluator held regular check-ins with youth to monitor data quality and process adherence.

Tool	LGBTQ Best Practices Workshop Evaluation
Timing	Post Only
Protocol	Administered by training facilitators as a paper copy or electronic survey at the end of training and as an email survey three months after training completion. The Program and Evaluation Manager oversaw the entry and compilation of all survey data using Google Forms and SurveyMonkey, two online data collection tools. All surveys were completed anonymously and assigned an identification number to ensure data entry accuracy.
Storage	All data collected was kept in locking file cabinets and in password protected database and computer files. Staff were granted access to program data on a need-to-know basis.
Training	Workshop Presenters were trained in confidentiality, survey administration, and recording of data. Presenters received ongoing coaching and training from the local evaluator as needed. The local evaluator held regular check-ins with staff to monitor data quality and process adherence.

3. Strategies to Incorporate LGBTQ-Specific Knowledge

Formal and informal feedback gathered from youth participants throughout the evaluation period informed changes and improvements to evaluation tools and implementation. Local evaluator Stephanie

Parry worked with staff to redesign elements of the youth participant focus group to make them more youth friendly. During subsequent evaluation cycles, staff continued to record feedback from youth about the implementation of evaluation plan activities so that refinements could continue to be made for future cycles.

4. Data Collection Inventory

The CDEP team faced a number of challenges to consistent, complete data collection during the evaluation period:

- Two highly traumatic events in the spring of 2024 (see External Factors, page 45) led to the team's decision to cancel all survey administration and most focus groups and debrief meetings planned for June 2024.

- Logistical issues, including calling youth out of class or securing private, quiet spaces, hindered survey administration at school sites in all evaluation periods.

- Limited time during school-day programs meant that focus groups and Youth Leadership Team debrief meetings needed to be held after school in order to provide adequate time for planned feedback activities. As a result, many youth enrolled in the evaluation cohort did not attend focus groups and/or debriefs; in some cycles, evaluation activities were canceled due to low attendance and not rescheduled.

A summary of all data collection activities follows in Figures 2 and 3.

Figure 2. Data Collection Activities: Community Based Youth Programs

Evaluation Cycle	Cohort	Pre Survey	Post Survey	YPE Focus Group	YLT Debrief
Cycle 1: 1/23-6/23	Sonoma Valley	●	●	●	●
Cycle 2: 7/23-12/23	Santa Rosa	●	●		
Cycle 3: 1/24-6/24	Santa Rosa	●			
Cycle 4: 7/24-12/24	Santa Rosa	●	●	●	●
Cycle 5: 1/25-6/25	Santa Rosa	●		●	

Figure 3. Data Collection Activities: School Based Youth Programs

Evaluation Cycle	Cohort	Pre Survey	Post Survey	YPE Focus Group	YLT Debrief
Cycle 1: 1/23-6/23	American Canyon	●	●	●	●
	Petaluma	●	●	●	●
Cycle 2a: 9/23-6/24	American Canyon	●		●	●
Cycle 2b: 1/24-6/24	Calistoga	●		●	●
	Petaluma	●		●	●
Cycle 3: 9/24-6/25	American Canyon	●	●	●	
	Calistoga	●	●	●	●
	Petaluma	●	●	●	

C. Fidelity & Flexibility

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

Adherence: Evaluation assesses adherence as it pertains to both participants and program model.

Participants: Impact of program completion or non- completion on participant outcomes.

Program Model: Level of fidelity in implementation of program components as described in program manual; Level of completion of components; Staff qualifications; Language; Location.

Local evaluator reviews program records and rates each component for appropriate length, duration, demographic features, timing, location, staffing and completion of activities.

Exposure: Evaluation considers dosage data including how often, how long and over what period of time a youth is involved in programming in regards to the level of program impact. Specifically, evaluation investigates the level of participation or contact within each program component needed for optimal program impact. Staff use electronic database to track for each participant: # of services offered, # of services attended, length of each service received.

Quality of Delivery: Evaluation assesses whether or not the model was delivered using consistent, quality methods at each program site. Data related to quality is collected through participant surveys and Youth Participatory Evaluation to rate each component for quality of delivery.

Figure 4: Fidelity Assessment Plan

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

1. Adherence to Program Model

Implementation of Components: LGBTQ Connection did not fully implement all three program components during most program cycles (see Figures X and X below). Component 1, Connections to Resources/Health Navigation was delivered during all school and community-based program cycles; however Component 1, Support Groups was not delivered in all school-based program cycles. Component 2, Youth Leadership Teams was delivered in all school and community-based program cycles. Component 3 Training was delivered in all program cycles in Napa and Sonoma Counties, but was not delivered in the CDEP target communities in the majority of program cycles.

Figure 5. Program Delivery by Component: Community Based Programs

Evaluation Cycle	Cohort	Comp 1: Health Nav.	Comp 2: Support Groups	Comp 2: YLTs	Comp 3: Training
Cycle 1: 1/23-6/23	Sonoma Valley	●	●	●	●
Cycle 2: 7/23-12/23	Santa Rosa	●	●	●	●
Cycle 3: 1/24-6/24	Santa Rosa	●	●	●	
Cycle 4: 7/24-12/24	Santa Rosa	●	●	●	
Cycle 5: 1/25-6/25	Santa Rosa	●	●	●	

Figure 6. Program Delivery by Component: School Based Programs

Evaluation Cycle	Cohort	Comp 1: Health Nav.	Comp 2: Support Groups	Comp 2: YLTs	Comp 3: Training
Cycle 1: 1/23-6/23	American Canyon	●	●	●	
	Petaluma	●		●	
Cycle 2a: 9/23-6/24	American Canyon	●	●	●	●
Cycle 2b: 1/24-6/24	Calistoga	●		●	●
	Petaluma	●	●	●	
Cycle 3: 9/24-6/25	American Canyon	●	●	●	
	Calistoga	●		●	
	Petaluma	●	●	●	

Dosage: Overall, youth participants did not receive sufficient exposure to program activities as intended in the program design. Sixty percent (66%) of youth participants in Component 1 engaged in program elements only one time; the intended level of intervention was at least once per month. On average, youth who participated in the program between 2018 and 2021 attended significantly more meetings than youth who participated between 2023-2025, t (124) = 3.23, p = .002. Between 2018 and 2021 on average youth attended 17.4 (SD = 9.36) meetings (range 3-52), while between 2023 and 2025 the average was 12.17 (SD = 7.53) meetings (range 1-30).

Quality of Delivery: All components were delivered with high quality, as evidenced by program participant feedback through surveys and focus groups. Further program quality assessments, including director observations and comprehensive review of program records, including agendas for youth meetings, were not completed as part of this evaluation study.

Participant Responsiveness: Youth and adult participants actively engaged in some program offerings. Over the course of the program implementation period, the CDEP engaged as many or more youth and

adults than planned in Components 2 and 3; however, engagement in Component 1 was 23% lower than expected.

Figure 7. Intended vs Actual Participation (January 2023-June 2025)

	Intended Number of Participants	**Actual** Number of Participants
Component 1	360	277
Component 2	70	116
Component 3	550	911

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

2. Changes to Community Defined Evidence Practice

The CDEP was modified over the course of the data collection period in response to multiple external and internal factors.

a. External Factors

Lingering impact of pandemic isolation: LGBTQ youth, schools and community organizations in Napa and Sonoma Counties continue to struggle to "return to life" after the pandemic. Schools across the region continue to report high levels of chronic absenteeism for all youth and persistent feelings of sadness or hopelessness among youth; community organizations continue to see lower engagement rates among youth. At each CDEP site, program staff had to start from the ground up to build trust with youth, school staff and community partners, grow awareness of the program and establish consistent programming.

Political and social climate: Reflecting the increasingly anti-LGBTQ climate at the national level, Napa and Sonoma Counties are experiencing unprecedented levels of anti-LGBTQ bullying and harassment in schools and in communities. The threats made towards transgender people, immigrants and Black, Indigenous and People of Color during the Trump presidential campaign ignited crippling uncertainty and fear among youth and their families. As the new administration has begun to act on these threats, LGBTQ youth, many whom also identify as immigrants and/or BIPOC, are being targeted by their peers and others, causing many youth to hide their identities or disconnect from any programs or services that may draw attention to themselves at school or to their families. Working in partnership with school staff, the team needed to focus intensely on establishing safe places for youth to gather, quickly responding to any bullying or harassment and proving that they could be trusted by LGBTQ young people.

***Traumatic events directly impacted youth and staff*:** In early 2024, LGBTQ Connection's staff and youth participants were profoundly impacted by two separate traumatic events. First, the accidental death of staff member Jose Luis "JL" Rodriguez in March 2024, devastated his team and all the youth he served

across Napa County. JL was known for his deep connections with young people; his death left a huge hole in the program and in youth's hearts. Later that spring, another Napa County staff member's close friend was a victim of anti-trans gun violence, an event that shook the staff team and youth alike. While they worked through their own grief, Sonoma County-focused staff members stepped in to provide young people support, address the impacts of secondary trauma, and maintain a safe space for youth to express their grief and fears.

b. Internal Program Adjustments

***Adaptation for school-based delivery*:** In response to youth feedback and expressed needs, LGBTQ Connection chose to move most of its CDEP implementation from community sites to schools in 2023 with the goal of increasing youth access to the program. Several adaptations were needed to successfully deliver the program in a school setting. First, the evaluation cycle was changed from six to nine months to mirror the academic year. Second, support groups and Youth Leadership Team meetings were shortened to fit into lunch periods if they could not be held after school. Third, and most importantly, extra time and effort was needed to build trusting relationships with school staff and students, as well as to establish a visible presence on school campuses. Program staff quickly learned that one-on-one meetings were the starting point in schools, and not peer support groups as in community sites, as most youth were not ready to be "out" at school. School social workers and counselors were essential in connecting youth to the program; CDEP staff set up regular check-ins and communication channels with these educators to ensure youth could access resources. At American Canyon High School, the School Wellness Center provided youth and the CDEP team with allies, a safe place to gather and access to other needed services. At Petaluma and Calistoga High Schools, where no formal Wellness Centers exist, staff had to identify adult allies who could help to advocate for space and time on campuses and to hold the schools accountable for responding to ongoing anti-LGBTQ bullying and harassment. On all three school sites, it took at least six months to reach full implementation of Components 1 and 2.

3. Implementation Fidelity Data

Key Findings - Component 1:

- All physical locations were centrally located and accessible to young people in school settings and at the VOICES Youth Center in Santa Rosa.
- The timing and availability of health navigation services varied by site, with services being offering during the school day or after school, and varied in availability, with 2-4 hours per week available at some school sites, and up to 6-8 hours at other school sites. Staff were available to provide health navigation support at the VOICES Center in Santa Rosa up to 20 hours per week.
- The frequency and length of support group meetings varied by site, with some groups meeting weekly, and others meeting every other week. Support groups ranged from 30-90 minutes on school campuses to 2 hours in community locations.
- Support groups and health navigation were delivered by staff members and youth leaders with strong subject matter knowledge.

- Indicators of program completeness were not evident in program record review; it was not apparent that support groups covered the key mental health prevention topics included in the program design (LGBTQ History, Telling Your Story, Healthy Relationships, Inclusive Sex Education).

Key Findings - Component 2:

- All physical locations were centrally located and accessible to young people in school settings and at the VOICES Youth Center in Santa Rosa.
- Program Coordinators and Youth Advocates demonstrated the requisite youth development skills to engage young people in leadership projects, providing coaching in the moment to help youth to develop and express their ideas, organize their work, give and receive feedback and ask for help as needed.
- Youth leaders were engaged in facilitating many aspects of regular team meetings.

Key Findings: Component 3

- Trainers were adequately prepared with a mixture of didactic and hands-on activities to engage a variety of learning styles.
- Trainings were offered throughout Napa and Sonoma Counties, but did not consistently occur in target communities where Components 1 and 2 were being implemented.
- Satisfaction and engagement among training participants was high. To assess participants' satisfaction with the training they received, two questions were used from the LGBTQ Best Practices Workshop Evaluation (Q4a,b). Ninety two percent (92.0%) of training participants reported satisfaction with the program, indicating that the presenters responded to questions in an informative, appropriate and satisfactory manner and that the session was worthy of their time.

D. Data Analyses Plan

1. Quantitative Statistical Analyses

a. Research Questions: Components 1 and 2

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

- Over the course of participation in the Oasis Model, what were the changes in participants' self-reported feelings of each of the risk factors?
- What is the association between the frequency of attendance of meetings and change in each of the risk factors from pre to post survey?
- What is the association between gender identity, sexual orientation, and change in each of the risk factors from the pre to the post survey?

- What is the association between race/ethnicity and change in each of the risk factors from the pre to the post survey?
- After participation in the Oasis Model, what were youths' perceptions of the development of their own protective factors?
- What is the association between the frequency of youths' attendance of meetings and their perception of the development of their own protective factors?
- What is the association between youths' gender identity, sexual orientation, and their perception of the development of their own protective factors?
- What is the association between youths' race/ethnicity and their perception of the development of their own protective factors?
- After participation in the Oasis Model, what were youths' perceptions of the program?
- What is the association between the frequency of youths' meeting attendance and their evaluation of the program?
- What is the association between youths' gender identity, sexual orientation, and their evaluation of the program?
- What is the association between youths' race/ethnicity and their evaluation of the program?

b. Outcome Measures: Components 1 and 2

Outcome measures derived from survey questions asked on both the pretest and the posttest surveys were used to assess change over time in self-reported risk factors associated with mental health. The risk factors of interest for this program evaluation were isolation, feelings of distress, and the impact of feelings of distress. Outcome measures derived from survey questions asked on only the posttest surveys were used to assess participants' perception of the development of their own protective factors and their perception of the program. The protective factors of interest for this program evaluation were peer connectedness, community connectedness, positive self-regard, help seeking, strong personal identity, and ability to cope with rejection. The program evaluation factors of interest were asked on the posttest surveys and included cultural practices, values and beliefs; adherence to program model; quality/participant satisfaction; and language. These outcome measures were assessed as follows:

i. Risk Factors

Isolation. At both the pre and posttest, a subset of participants, who participated in the July to December 2023 or the September 2024 to June 2025 cohorts, completed two questions from the Core Measures Survey (Q7, Q8 on pre/post surveys) regarding feelings of marginalization/exclusion and isolation/alienation from society. At the pretest, the participants were asked to reflect on the past month, while at the posttest they reflected on the past six months. Response options ranged from 1 (*none of the time*) to 5 (*all of the time)*. To calculate participants' feelings of isolation, the two items were averaged. There was no missing data on the isolation items among the cohorts that completed the items.

Distress. At both the pre- and posttest, participants completed three questions asking them how much their fears and worries have affected their school, friends, and home life (Q20-Q22 pre survey; Q16-Q18 post survey). At the pretest, the participants were asked to reflect on the past month, while at the posttest they reflected on the past six months. Response options ranged from *a lot less often than usual* to *a lot more often than usual*. Participants in the integrated data set used a 5-point response option scale, while participants in the program data set used a 7-point response option scale. All responses were scaled to a 5-point scale (i.e., 1 indicates a response of *a lot less often than usual* and 5 indicates a response of *a lot more often than usual* for all participants). To calculate the impact of feelings of distress, participants' responses to the three items were averaged. For participants missing one of the three responses, missing values were imputed using the mean of the answers to the other two questions; participants missing two or more responses were excluded from the analysis.

At both the pre- and posttest, participants completed three questions asking them how much their fears and worries have affected their school, friends, and home life (Q20-Q22 pre survey; Q16-Q18 post survey). At the pretest, the participants were asked to reflect on the past month, while at the posttest they reflected on the past six months. Response options ranged from *a lot less often than usual* to *a lot more often than usual*. Participants in the integrated data set used a 5-point response option scale, while participants in the program data set used a 7-point response option scale. All responses were scaled to a 5-point scale (i.e., 1 indicates a response of *a lot less often than usual* and 5 indicates a response of *a lot more often than usual* for all participants). To calculate the impact of feelings of distress, participants' responses to the three items were averaged. For participants missing one of the three responses, missing values were imputed using the mean of the answers to the other two questions; participants missing two or more responses were excluded from the analysis.

ii. Protective Factors

Peer Connectedness. Three questions asked respondents about whether their feelings of having people who can listen and understand them, with whom they can discuss problems, and with whom they can do enjoyable things had changed in the past 30 days (e.g., "I feel seen and accepted by my peers"; Q23-Q25 post survey). Response options were 1 (*less*), 2 (*about the same*), and 3 (*more*). Responses to the three questions were averaged to create a mean level score of peer connectedness. For participants missing one of the three responses, missing values were imputed using the mean of the answers to the other two questions; participants missing two or more responses were excluded from the analysis.

Community Connectedness. Two questions asked respondents about whether their connection to their community had changed in the past 30 days (e.g., "I feel connected to other people in my community"; Q26-Q27 post survey). Response options were 1 (*less*), 2 (*about the same*), and 3 (*more*). Responses to the two questions were averaged to create a mean level score of community connectedness. All participants completed both community connectedness items.

Positive Self-regard. Five questions asked respondents about whether their feelings about their own value had changed in the past 30 days (e.g., "I have a positive attitude about myself"; Q28-Q32 post survey). Response options were 1 (*less*), 2 (*about the same*), and 3 (*more*). Responses to the five questions were averaged to create a mean level score of positive self-regard. For participants missing one

or two of the five responses, missing values were imputed using the mean of the answers to the other questions; participants missing three or more responses were excluded from the analysis.

Help Seeking. Five questions asked respondents about whether their knowledge of, comfort with, and use of resources had changed in the past 30 days (e.g., "I know where to go for help when I need it" and "I ask trusted adults for help, such as program staff, mentors or teachers, for help when I need it"; Q33-Q37 post survey). Response options were 1 (*less*), 2 (*about the same*), and 3 (*more*). Responses to the five questions were averaged to create a mean level score of help seeking. For participants missing one or two of the five responses, missing values were imputed using the mean of the answers to the other questions; participants missing three or more responses were excluded from the analysis.

Strong Personal Identity. Five questions asked respondents about whether their comfort with their identity had changed in the past 30 days (e.g., "I believe that I am worthy of existing as I am" and "I feel comfortable with my gender identity"; Q43-Q47 post survey). Response options were 1 (*less*), 2 (*about the same*), and 3 (*more*). Responses to the five questions were averaged to create a mean level score of strong personal identity. For participants missing one or two of the five responses, missing values were imputed using the mean of the answers to the other questions; participants missing three or more responses were excluded from the analysis.

Ability to Cope with Rejection. Five questions asked respondents about whether their ability to cope with rejection had changed in the past 30 days (e.g., "I know how to take care of my needs when I feel rejected by others"; Q38-Q42 post survey). Response options were 1 (*less*), 2 (*about the same*), and 3 (*more*). Responses to the five questions were averaged to create a mean level score of ability to cope with rejection. For participants missing one or two of the five responses, missing values were imputed using the mean of the answers to the other questions; participants missing three or more responses were excluded from the analysis.

iii. Program Evaluation

Quality/Participant Satisfaction. Four questions asked respondents about their perception of the quality of the services provided by the organization (e.g., "I got the help I wanted" and "I received services that were right for me"; Q48-Q51 post survey). Response options ranged from 1 (*strongly disagree*) to 5 (*strongly agree*). Responses to the four questions were averaged to create a mean level score of quality/participant satisfaction. For participants missing one of the four responses, missing values were imputed using the mean of the answers to the other three questions; participants missing two or more responses were excluded from the analysis.

Adherence to Program Model. Three questions asked respondents about their perception that the program adhered to the model (e.g., "The location of services was convenient for me" and "Staff spoke with me in a way that I understood"; Q52-Q54 post survey). Response options ranged from 1 (*strongly disagree*) to 5 (*strongly agree*). Responses to the three questions were averaged to create a mean level score of adherence to the program model. For participants missing one of the three responses, missing values were imputed using the mean of the answers to the other two questions; participants missing two or more responses were excluded from the analysis.

Cultural practices, values, and beliefs. Two questions asked respondents about their perception that the program staff respected and were sensitive to their culture and beliefs (e.g., "Staff respected my religious/spiritual beliefs"; Q55-Q56 post survey). Response options ranged from 1 (*strongly disagree*) to 5 (*strongly agree*). Responses to the three questions were averaged to create a mean level score of cultural practices, values, and beliefs. For participants missing one of the two responses, the missing value was imputed using the answer to the other question; participants missing both responses were excluded from the analysis.

Language. Two questions asked respondents about whether the services and written information were available in their preferred language (e.g., "Were the services you received here provided in the language you prefer?"; Q57-Q58 post survey). Response options were 1 (*yes*) and 0 (*no*). The percentage of questions responded *yes* to were calculated, to create a measure of the degree of agreement that services were available in respondents' preferred language. One participant did not respond to the questions regarding language and so was excluded from the analysis.

c. Frequency of meeting attendance: Components 1 and 2

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

d. Attrition: Components 1 and 2

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

e. Statistical Analysis: Components 1 and 2

Paired t-tests were used to estimate the mean difference in risk factors and protective factors between baseline (pre) and follow-up (post) surveys. In addition, we used multiple linear regression to investigate whether frequency of meeting attendance, sexual orientation (heterosexual, bisexual, gay, or other), gender identity (cis, trans, or other), and ethnicity (White, Latinx, or other) were associated with the outcomes of interest. Finally, to evaluate variations in isolation groups by frequency of meeting attendance and identity group, we ran a correlation analysis and a series of one-way analyses of variance.

f. Limitations: Components 1 and 2

The lack of a control group (a group of people who did not participate in this CDEP) prevents us from determining the effectiveness of participating in this program for changing mental health-related risk and protective factors. However, our analysis does provide some indication of whether the program appeared to impact these factors from baseline to post-enrollment. Additionally, individuals with relatively low or high scores on any of the outcome measures at baseline may be less likely to have such extreme values at follow-up, which may not be indicative of a true change in outcomes but rather what is known as "regression to the mean" – this effect could not be accounted for with our pre-post analysis study design. Finally, we did not adjust for multiple comparisons in this analysis, increasing the chance that some of the statistically significant findings were significant by chance, and not representative of a true effect.

g. Outcome Measures: Component 3

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

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

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

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

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

2. Qualitative Analytic Strategies

The local evaluator and the Program and Evaluation Manager formed an ongoing evaluation work group to move from descriptive to inferential analyses in order to build a greater understanding of what elements

of the program, coupled with program delivery methods, made the most difference to young people. The local evaluator and the Program and Evaluation Manager used Excel and other statistical software to test relationships between variables and assumptions made during data analysis. Evaluation work group participants convened quarterly to review program progress and assess data collection accuracy and completeness.

Inferential analyses conducted included:

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

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

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

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

- **Ensuring reliability and validity in the data analysis and in the findings:** The work group began by looking at outliers and thinking through possible explanations for their existence. Next the team looked at possible researcher effects, noting how the interaction between the interviewer and interviewee was influenced by the personal characteristics of both parties, including differences in age, gender, education, background, and language. The team triangulated focus group and interview data with survey and participation data to confirm validity of findings. Finally, the team used their own experiences to further test validity of findings.

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

3. Data Triangulation

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

SECTION 7: RESULTS

A. Quantitative Data Findings

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

The next analysis attempted to answer Research Question 2: ***Over the course of participation in The Oasis Model, what were the changes in participants' self-reported feelings of each of the outcome measures?***

Impact of Program on Risk Factors

As can be seen in Table 1, at pretest participants reported moderate levels of feelings of distress and isolation (the scores are on a 5-point scale where 3 corresponds with "some of the time"). They, on average, reported that the impact of the feelings of distress was about the same as usual (the scores are on a 5-point scale ranging from "a lot less than usual" to "a lot more than usual").

Our first set of analyses attempted to answer Research Question 1: ***Over the course of participation in the Oasis Model, what were the changes in participants' self-reported risk factors?*** To address this question, we ran a series of paired sample *t*-tests, examining the change in feelings of distress, isolation, and the impact of feelings of distress from pretest to posttest. In these analyses, negative scores indicate that youth reported *lower* levels of risk factors at the posttest than at the pretest.

In the unadjusted analysis, on average, youth reported feelings of distress that were 0.13 lower at posttest than at pretest. However, this difference was not statistically significant ($p = .20$). Isolation scores, which were only available for the 20 youth who participated in the July to December 2023 and September 2024 to June 2025 cohorts, similarly did not significantly change from pretest to posttest ($p = .41$). Finally, the mean change in the impact of feelings of distress was negative but was not statistically significant ($p = .73$).

Table 1. Comparison of youths' reported risk factors at pretest and posttest

Outcome Measure	*N*	Pretest mean (*SD*)	Posttest mean (*SD*)	Estimate (post-pre score)	95% CI (lower)	95% CI (upper)	*p*-value
Feelings of Distress	45	2.76 (0.69)	2.62 (0.77)	-0.14	-0.05	0.33	.15
Isolation	20	2.50 (1.13)	2.67 (0.92)	0.17	-0.25	0.63	.41
Impact of Feelings of Distress	43	3.08 (0.94)	3.02 (0.94)	-0.06	-0.29	0.40	.73

* $p < .05$, ** $p < .01$, *** $p < .001$

The second set of research questions, **What is the association between the frequency of meeting attendance, race/ethnicity, gender identity, and sexual orientation and change in each of the risk**

factors from the pre to the posttest survey?, centered around the question of whether or not youth reported different changes in their risk factors depending on their own program attendance rates and membership in identity groups.

Before testing this research question, we first examined youth's program participation rates. Overall, 13% of youth participated in only Component 1, 9% participated in only Component 2 and 78% participated in both Components 1 and 2. On average, youth attended 12.17 (*SD* = 7.53) meetings (range 1-30).

To explore the second set of research questions, we first ran a series of two linear regression models predicting respondents' feelings of distress and their perceptions of the impact of feelings of distress at posttest. In each model, the predictors included respondents' frequency of attendance, race/ethnicity, gender identity, sexual orientation, and baseline score. The results of those regressions are shown in Table 2. The b statistics presented in Table 2 represent the estimated change in the risk factor (i.e., the dependent variable) for every one-unit increase in the predictor, controlling for all of the other predictors. For the categories of race/ethnicity, gender identity, and sexual orientation, the statistic indicates how the group compares to the reference group. For example, the statistic of -0.02 associated with Latinx indicates that Latinx respondents, on average, reported feelings of distress scores that were 0.02 points lower than White respondents (although the confidence interval includes zero and thus indicates that the difference is not statistically significant).

In the model predicting feelings of distress at the posttest survey, there was one statistically significant relationship. A one point increase in pretest feelings of distress was associated with a 0.63 point change in the mean posttest feelings of distress ($p < .001$), controlling for frequency of meeting attendance, race/ethnicity, gender identity, and sexual orientation. This means that those who felt more distressed at pretest had greater feelings of distress at posttest, on average, after adjustment for covariates. The other predictors in the model were not significant. In other words, the change in youths' reported feelings of distress from pretest to posttest did not vary based on their frequency of meeting attendance, race/ethnicity, gender identity, or sexual orientation. Table 3 provides the unadjusted average change in feelings of distress from pretest to posttest by identity group. As can be seen, the reported change in feelings of distress across the different race/ethnicity groups, different gender identity groups, and different sexual orientation groups is relatively similar.

Looking next at the model predicting the impact of feelings of distress at the posttest survey, there was a significant impact of sexual orientation on the change in the impact of feelings of distress. Specifically, controlling for the other variables in the model, compared to their straight peers, youth who identified as bisexual and who identified as something other than bisexual or straight reported a greater change in the impact of feelings of distress. Table 3 presents the average change in the impact of feelings of distress for the three groups of youth. As can be seen, the youth who identified as straight experienced a larger drop in the impact of feelings of distress from pre- to posttest than youth in the other two groups. This suggests that (controlling for the frequency of meeting attendance, race/ethnicity, and gender identity) after doing the program straight youth found that their fears and worries had relatively less of an impact on their

school, friends, and home life than their peers who do not identify as straight. However, given the small sample size, this finding should be interpreted with caution.

Table 2. Regression models predicting feelings of distress and impact of feelings of distress

	Feelings of Distress	Impact of Feelings of Distress
Predictor	*b (95% CI)*	*b (95% CI)*
Frequency of meeting attendance	0.01 (-0.02, 0.04)	0 (-0.03, 0.03)
Race/Ethnicity		
Latinx (n = 12)	-0.02 (-0.56, 0.52)	-0.06 (-0.74, 0.61)
Other (n = 18)	-0.03 (-0.50, 0.43)	0.25 (-0.31, 0.82)
White (n = 15)	ref	ref
Gender Identity		
Trans (n = 14)	0.06 (-0.48, 0.60)	0.18 (-0.46, 0.82)
Other (n = 12)	-0.24 (-0.77, 0.30)	0.34 (-0.29, 0.97)
Cis (n = 20)	ref	ref
Sexual Orientation		
Bisexual (n = 9)	0.30 (-0.50, 1.10)	0.95* (0.01, 1.89)
Other (n = 33)	0.45 (-0.27, 1.17)	0.92* (0.05, 1.80)
Straight (n = 4)	ref	ref
Baseline scores		
Feelings of distress	0.63*** (0.33, 0.94)	
Impact of feelings of distress		0.04 (-0.23, 0.31)

Note. ref = reference group against which other values in the category are compared. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 3. Average change in feelings of distress and impact of feelings of distress from pretest to posttest, by identity group

	Change in Feelings of Distress		Change in Impact of Feelings of Distress	
Identity Group	*M*	*SD*	*M*	*SD*
Race/Ethnicity				
White (n = 15)	-0.13	0.59	0.20	1.29
Latinx (n = 12)	-0.11	0.70	-0.40	0.98
Other (n = 18)	-0.13	0.67	-0.05	1.07
Gender Identity				
Cis (n = 20)	-0.10	0.56	-0.12	1.22
Trans (n = 14)	-0.13	0.57	-0.14	1.22
Other (n = 12)	-0.16	0.86	0.14	0.87
Sexual Orientation				
Straight (n = 4)	-0.53	0.78	-0.58	0.63
Bisexual (n = 9)	-0.09	0.37	0.21	1.23
Other (n = 33)	-0.08	0.68	-0.07	1.14

Given the small sample of respondents with both pre and posttest isolation data, we were not able to run a linear regression predicting change in isolation scores. We were, however, able to run a series of three one-way analyses of variance (ANOVAs) examining whether, on average, respondents' feelings of isolation changed from pre- to posttest as a function of their race/ethnicity, gender identity, or sexual orientation. The average change in feelings of isolation from pre- to posttest by identity group are presented in Table 4. ANOVA results indicated that there were, on average, no statistically significant differences in the change in reported feelings of isolation based on respondents' race/ethnicity, gender identity, or sexual orientation. Further, a correlation analysis indicated that the change in feelings of isolation from pre to posttest was not related to the number of days of program attendance ($r = .26$, $p = .27$).

Table 4. Average change in feelings of isolation from pretest to posttest, by identity group

	Change in Feelings of Isolation	
Identity Group	*M*	*SD*
Race/Ethnicity		
White (n = 7)	0.07	0.67
Latinx (n = 5)	0.70	0.76
Other (n = 8)	-0.06	1.15
Gender Identity		
Cis (n = 9)	0.39	0.49
Trans (n = 7)	0.07	0.79
Other (n = 4)	-0.13	1.80
Sexual Orientation		
Straight (n = 3)	-0.17	0.76
Bisexual (n = 5)	0.50	0.61
Other (n = 12)	0.13	1.07

As an ad-hoc exploratory analysis, we ran a series of independent sample *t*-tests to investigate two other factors that may have influenced the impact of the program on the risk factors: the year the program was delivered, and the format of the program. The average reported change in risk factors, by the timing and format of the program, is reported in Table 5.

The year of the program was not significantly related to the change in youths' risk factors over the course of the program. As can be seen in Table 5, youth who participated in 2023 did not significantly differ from youth who participated in 2024-25 in terms of their change in their feelings of distress ($p = .61$), the impact of their feelings of distress ($p = .92$), or their feelings of isolation ($p = .09$).

The format of the program was related to the change in the impact of youths' feelings of distress. Youth who attended a community-based program reported a greater decrease in the impact of feelings of distress than youth who attended a school-based program, $t(42) = 2.36$, $p = .02$, $d = 0.80$. In other words, compared to youth who attended a school-based program, youth who attended a community-based

program said that between the pretest and posttest their fears and worries had less of an impact on their school, friends, and home life. The format of the program was not significantly related to the youths' reported change in feelings of distress ($p = .48$) or isolation ($p = .10$).

Table 5. Average change in risk factors, by component of the program

Component of Program	Change in Feelings of Distress *M (SD)*	Change in Impact of Feelings of Distress *M (SD)*	Change in Feelings of Isolation *M (SD)*
Timing			
2023	-0.09 (0.68)	-0.05 (1.23)	-0.67 (1.61)
2024-25	-0.19 (0.58)	-0.08 (0.95)	0.32 (0.73)
Format			
School-based	-0.17 (0.61)	0.18 (0.20)	0.34 (0.25)
Community-based	-0.02 (0.72)	-0.68 (0.89)	-0.50 (1.35)

Protective Factors

To address the research question, **After participation in the Oasis Model, what were youths' perceptions of the development of their own protective factors?**, we first calculated the participants' perceptions of their own change in the five targeted protected factors: peer connection, community connectedness, positive self-regard, help seeking, strong personal identity, and ability to cope with rejection. The questions asked participants to indicate whether they believed each protective factor was lower, about the same, or higher than it had been 30 days before. As such, any means that are above 2 indicate that, on average, youth reported that they believed the protective factor had increased over the past 30 days. As can be seen in Table 6, all of the protective factor means were statistically significantly larger than 2, indicating that the youth reported, on average, that their protective factors significantly developed during the course of the program. Specifically, at the posttest, youth reported that they believed that their peer connectedness, community connectedness, positive self-regard, help seeking, strong personal identity, and ability to cope with rejection had all significantly increased in the previous 30 days while they were participating in the program.

Table 6. Youths' reports at posttest of the change in their protective factors over the past 30 days

Protective Factor	*M*	*SD*	*p*-value
Peer Connectedness	2.57	0.48	<.001***
Community Connectedness	2.46	0.54	<.001***
Positive Self-Regard	2.16	0.43	.01**
Help Seeking	2.35	0.49	<.001***
Strong Personal Identity	2.37	0.49	<.001***
Ability to Cope with Rejection	2.42	0.45	<.001***

Note. *p*-value reflects a one sample t-test comparing the scale mean to 2, which represents a response that the participants thought their protective factor remained *about the same* during the past 30 days. Statistically significant values indicate that the participants reported that they significantly improved in the domain over the course of the program. * $p < .05$, ** $p < .01$, *** $p < .001$

To address the research questions, **What is the association between the youths' frequency of attendance, race/ethnicity, gender identity, and sexual orientation and their perceptions of the development of their own protective factors?** we ran a series of linear regressions. The results of those regressions are shown in Table 7. None of the variables predicted changes in any of the six protective factors. In other words, controlling for the other variables in the model, respondents' perceptions of the development of their own protective factors was not related to their meeting attendance rates, race/ethnicity, gender identity, or sexual orientation. Table 8 presents the average reported change in protective factors, split by identity group. As can be seen, the means do not significantly differ between the different groups; regardless of youth's race/ethnicity, gender identity, or sexual orientation, participants reported that their own protective factors developed.

Table 7. Regression models predicting youths' reports at posttest of the change in their protective factors over the past 30 days

Predictor	Peer Connectedness *b (95% CI)*	Community Connectedness *b (95% CI)*	Positive Self-Regard *b (95% CI)*	Help Seeking *b (95% CI)*	Strong Personal Identity *b (95% CI)*	Ability to Cope with Rejection *b (95% CI)*
Frequency of Meeting Attendance	0.01 (-0.01, 0.01)	0.00 (-0.02, 0.03)	-0.01 (-0.03, 0.01)	0 (-0.02, 0.02)	0 (-0.02, 0.02)	0 (-0.02, 0.02)
Race/Ethnicity						
Latinx (n = 12)	-0.12 (-0.51, 0.27)	0.01 (-0.43, 0.46)	-0.17 (-0.53, 0.20)	0.07 (-0.35, 0.48)	0.06 (-0.37, 0.49)	-0.16 (-0.54, 0.21)
Other (n = 18)	0.04 (-0.31, 0.39)	0.22 (-0.18, 0.62)	-0.02 (-0.35, 0.31)	-0.15 (-0.52, 0.22)	0.03 (-0.36, 0.41)	-0.16 (-0.49, 0.18)
White (n = 15)	ref	ref	ref	ref	ref	ref
Gender Identity						
Trans (n = 14)	0.18 (-0.21, 0.57)	-0.03 (-0.47, 0.41)	-0.04 (-0.40, 0.32)	0.13 (-0.27, 0.54)	0.13 (-0.30, 0.55)	0.09 (-0.28, 0.46)
Other (n = 12)	0.00 (-0.40, 0.39)	-0.26 (-0.71, 0.19)	-0.16 (-0.53, 0.21)	-0.03 (-0.44, 0.39)	-0.01 (-0.44, 0.42)	0.01 (-0.37, 0.38)
Cis (n = 20)	ref	ref	ref	ref	ref	ref
Sexual Orientation						
Bisexual (n = 9)	-0.37 (-0.98, 0.23)	-0.20 (-0.89, 0.48)	0.09 (-0.47, 0.65)	-0.36 (-0.99, 0.27)	-0.24 (-0.89, 0.42)	-0.31 (-0.88, 0.27)
Other (n = 33)	-0.23 (-0.77, 0.32)	0.05 (-0.57, 0.66)	0.06 (-0.45, 0.56)	-0.11 (-0.69, 0.46)	-0.16 (-0.76, 0.43)	-0.05 (-0.57, 0.46)
Straight (n = 4)	ref	ref	ref	ref	ref	ref

Note. ref = reference group against which other values in the category are compared. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 8. Youths' reports at posttest of the change in their protective factors over the past 30 days, by identity group

	Peer Connectedness	Community Connectedness	Positive Self-Regard	Help Seeking	Strong Personal Identity	Ability to Cope with Rejection
Identity group	*M* (*SD*)	*M* (*SD*)	*M* (*SD*)	*M* (*SD*)	*M* (*SD*)	*M* (*SD*)
Race/Ethnicity						
White (n = 15)	2.58 (0.32)	2.33 (0.45)	2.21 (0.32)	2.37 (0.54)	2.33 (0.40)	2.51 (0.38)
Latinx (n = 12)	2.44 (0.66)	2.38 (0.51)	2.06 (0.43)	2.42 (0.50)	2.38 (0.49)	2.33 (0.54)
Other (n = 18)	2.65 (0.43)	2.61 (0.61)	2.20 (0.51)	2.28 (0.45)	2.39 (0.58)	2.40 (0.43)
Gender Identity						
Cis (n = 20)	2.48 (0.58)	2.48 (0.50)	2.19 (0.45)	2.31 (0.47)	2.34 (0.47)	2.34 (0.47)
Trans (n = 14)	2.74 (0.40)	2.57 (0.62)	2.21 (0.49)	2.44 (0.51)	2.46 (0.56)	2.51 (0.42)
Other (n = 12)	2.50 (0.33)	2.29 (0.50)	2.07 (0.31)	2.31 (0.52)	2.31 (0.48)	2.43 (0.46)
Sexual Orientation						
Straight (n = 4)	2.75 (0.32)	2.50 (0.58)	2.13 (0.60)	2.54 (0.24)	2.54 (0.43)	2.50 (0.35)
Bisexual (n = 9)	2.41 (0.40)	2.28 (0.36)	2.19 (0.27)	2.14 (0.46)	2.27 (0.30)	2.20 (0.40)
Other (n = 33)	2.59 (0.51)	2.50 (0.57)	2.16 (0.45)	2.38 (0.51)	2.37 (0.54)	2.47 (0.46)

To address the research question, **After participation in the Oasis Model, what were youths' perceptions of the program?** we examined participants' responses to questions about Quality/Participant Satisfaction; Adherence to Program Model; Cultural Practices, Values, & Beliefs; and the Language of Services Provided. Overall, participants had very positive views of the program. As can be seen in Table 9, participants generally strongly agreed that the program was high quality, adhered to the program model, and respected participants' own cultural practices, values, and beliefs.

Table 9. Youths' average ratings of the program, by evaluation component

Program Evaluation Component	*M*	*SD*
Quality/Participant Satisfaction	4.49	0.63
Adherence to Program Model	4.53	0.56
Cultural Practices, Values, & Beliefs	4.51	0.56

Note: Scores range from 1 (*strongly disagree*) to 5 (*strongly agree*).

To determine whether the program met youths' language needs, respondents answered questions about the language of the services and the written information. All of the respondents (100%) said that both the services and the written information was available in their preferred language.

To address the research questions, **What is the association between the youths' frequency of attendance, race/ethnicity, gender identity, and sexual orientation and their evaluation of the program?** we ran a series of three separate linear regression models predicting respondents' agreements that the program was high quality, adhered to the program model, and respected participants' own cultural practices, values, and beliefs. Results of the regression models are presented in Table 10. Looking across all three models, none of the predictors were statistically significant. In other words, as can be seen by examining the means in Table 11, respondents' agreement that the program was high quality, adhered to the program model, and respected participants' own cultural practices, values, and beliefs did not vary significantly based on their own frequency of attendance, race/ethnicity, gender identity, or sexual orientation.

Table 10. Regression models predicting youths' evaluation of the program

Predictor	Quality/Participant Satisfaction *b (95% CI)*	Adherence to Program Model *b (95% CI)*	Cultural Practices, Values, and Beliefs *b (95% CI)*
Frequency of Meeting Attendance	-0.01 (-0.03, 0.01)	-0.01 (-0.03, 0.02)	0.01 (-0.02, 0.04)
Race/ethnicity			
Latinx (n = 12)	0.22 (-0.25, 0.69)	0.34 (-0.12, 0.81)	-0.02 (-0.57, 0.54)
Other (n = 18)	0.01 (-0.40, 0.42)	0.02 (-0.38, 0.43)	-0.04 (-0.51, 0.43)
White (n = 15)	ref	ref	ref
Gender Identity			
Trans (n = 14)	0.19 (-0.26, 0.64)	0.13 (-0.33, 0.58)	0.13 (-0.40, 0.65)
Other (n = 12)	0.30 (-0.16, 0.76)	0.10 (-0.36, 0.55)	0.18 (-0.35, 0.72)
Cis (n = 20)	ref	ref	ref
Sexual Orientation			
Bisexual (n = 9)	-0.49 (-1.21, 0.23)	-0.13 (-0.84, 0.57)	-0.53 (-1.36, 0.29)
Other (n = 33)	-0.34 (-0.98, 0.30)	0.25 (-0.38, 0.88)	0.01 (-0.72, 0.74)
Straight (n = 4)	ref	ref	ref

Note. ref = reference group against which other values in the category are compared. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 11. Youths' evaluation of the program, by identity group

	Quality/Participant Satisfaction		Adherence to Program Model		Cultural Practices, Values, and Beliefs	
Identity Group	*M*	*SD*	*M*	*SD*	*M*	*SD*
Race/Ethnicity						
White (n = 15)	4.44	0.56	4.40	0.57	4.50	0.65
Latinx (n = 12)	4.65	0.42	4.72	0.40	4.45	0.69
Other (n = 18)	4.47	0.65	4.50	0.64	4.50	0.62
Gender Identity						
Cis (n = 20)	4.40	0.53	4.44	0.45	4.32	0.73
Trans (n = 14)	4.53	0.66	4.57	0.71	4.57	0.62
Other (n = 12)	4.65	0.49	4.61	0.57	4.63	0.48
Sexual Orientation						
Straight (n = 4)	4.81	0.24	4.42	0.57	4.50	1.00
Bisexual (n = 9)	4.25	0.55	4.17	0.36	4.00	0.58
Other (n = 33)	4.54	0.57	4.63	0.58	4.59	0.56

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

a. Knowledge of Subject Area:

To assess change in knowledge, we used 4 questions from the LGBTQ Best Practices Workshop Evaluation (Q3a,c,e,f) regarding growth in understanding of LGBTQ identities, mental health issues and LGBTQ-specific resources. Eighty three percent (83%) of training participants reported significant growth in knowledge of the subject matter presented in the workshop, demonstrated by a growth of 3.0 or more.

b. Perception of LGBTQ People:

To assess change in training participants' perceptions of LGBTQ people, we used 2 questions from the LGBTQ Best Practices Workshop Evaluation (Q3b,d) regarding compassion towards and confidence in serving LGBTQ people. Eighty five percent (85%) of training participants reported significant improvements in their perception of LGBTQ people, demonstrated by a growth of 3.0 or more.

c. Improved Inclusion of LGBTQ People:

To assess participants' we used 1 question from the LGBTQ Best Practices Workshop Evaluation (Q7) regarding changes trainees or their teams have committed to making to improve inclusion of LGBTQ clients. Survey answers were coded with common themes and summarized. Ninety two percent (92%) of survey respondents were able to identify a change they had committed to making to improve inclusion of LGBTQ people. Trainees reported that they would make changes to their practices regarding: 26% Asking and Respecting Preferred Names & Pronouns; 20% Showing Visible Displays of Support for LGBTQ clients; 8% Creating Safe and Welcoming Spaces; 7% Being More Inclusive Overall; 7% Attending More Trainings and/or Continue Learning; 6% Using Gender Neutral Language; 5% Better Awareness; 5% Being More Open Minded; 5% Sharing LGBTQ-Inclusive Resources; 4% Not Assuming SOGI; 4% Using Appropriate Language; 4% Making Forms More Inclusive; 3% Being More Understanding; 3% Changing organizational policies or procedures1% Training Peers; 1% Connecting people to LGBTQ resources0.6% Creating or Updating a Program Offering To Be LGBTQ Specific or LGBTQ-Inclusive; 0.6% Adding Non-Gender Bathroom; 0.6% Addressing homophobia; 0.3% Doing LGBTQ-Inclusive Outreach; 7% Other.

In addition, three months after training events, participants were asked to complete a follow-up survey regarding the changes they actually made since attending the trainings to improve their practices when working with LGBTQ clients. Ninety six percent (96%) of 131 follow-up survey respondents were able to identify a change they had made to improve inclusion of LGBTQ people. Trainees reported that they had made changes to their practices regarding: 70% Using Gender Neutral Language; 66% Asking and Respecting Preferred Names and Pronouns; 57% Showing Visible Displays Of Support For LGBTQ Clients; 48% Sharing LGBTQ-Inclusive Resources; 29% Making Forms More Inclusive; 29% Attending More Trainings and/or Continuing Learning; 14% Doing LGBTQ-Inclusive Outreach; 5% Creating or Updating a Program Offering To Be LGBTQ Specific or LGBTQ-Inclusive; 4% Making a Change To Organizational Policy or Practice Guidelines; 14% Other.

B. Qualitative Data Findings

1. Impact on Risk Factors (Evaluation Question 1)

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

Risk Factor: Isolation. ***Significant Reduction.*** Almost all (30/33) of youth focus group attendees who self-reported high or moderate levels of isolation before program participation reported significantly decreased levels of isolation after participation in Components 1 and/or 2. Youth described several common factors that contributed to their initial level of isolation, including low quality relationships with their peers, mental illness, disinterest and apathy, discrimination and harassment, unsettled life circumstances such as homelessness, and confusion or uncertainty about their own identity. Youth reported decreased levels of isolation after participation, citing new and/or strengthened connections with peers, increased motivation to express themselves to others and connect, increased motivation and agency

to become more involved in school and/or community and deeper understanding and acceptance of their individual LGBTQ identities.

Risk Factor: Distress. ***Moderate Reduction.*** The majority of youth focus group attendees who self-reported high or moderate levels of distress before program participation demonstrated moderately decreased distress after participation in Components 1 and/or 2. Youth described several common factors that contributed to their initial level of distress, including disconnection from peers, fear, anxiety, depression, over commitment, confusion about their LGBTQ identity, and lack of control over their circumstances. Youth reported moderately decreased levels of distress after participation, citing decreased anxiety and increased hope, peace, clarity, and feelings of safety.

Youth attribute their decreased levels of isolation and distress to program elements that impacted their sense of identity (discussed below), connections and personal agency to make change in their lives.

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

> "When I came here, I had basically come in looking for community and friendship. I remember the first walk I had with [staff member] Wilder, we clicked immediately. It was nice to not have to do it alone, to have people I could go to for advice." *Youth Participant*
>
> "When I started with the club, my true colors started coming out. I got to show who I am because I was surrounded by people who are like me and I felt safe in that." *Youth Participant*
>
> "Before, I didn't really have anything to do. I would just lie in bed, on my phone, not socializing. Now, I am getting into being in a group, doing something after school, doing fun stuff with other people. I kept coming because it's fun, hanging out, learning all this stuff. I can be myself and be open to other people instead of being isolated in my room and not having anyone who relates to me." *Youth Participant*
>
> "At the beginning of coming here, I was angry, but I couldn't do anything about it. And I think not being able to do anything about it was self-imposed. I was angry at everyone in my life, I was very lonely, I felt like I was stuck with a piece of wood in my mouth and I couldn't say anything or do anything. Watching us all interact and learning from everyone, I felt like I was in the role of pupil, I have learned so much from this half a year, it imparted a lot of wisdom on me. I feel a lot of peace. I am on a journey, and I am alone, but I have you guys and I can return home whenever I need. I can ask you to talk whenever I need you. I am more at peace and more accepting of where I am." *Youth Participant*
>
> "Before, I was a church kid in bondage. I was held captive to my trauma. I have a long ways to go, but I am on a decent path now and I have a community and queer solidarity and I don't feel so alone." *Youth Participant*

Personal Agency: Becoming involved in the program provided youth with opportunities to grow skills and take risks that led to a stronger sense of personal agency. Youth did not indicate what/if program strategies or specific activities contributed to their increased sense of control or ability to make change in their lives. Youth applied their agency outside of the CDEP to other aspects of their lives and were able to

advocate for their own needs.

"When you know you are not alone and that we are doing this whole queer thing together, it makes me think that we can be the change we want to see , that we can make the world a better place for ourselves and for others because we care." *Youth Participant*

"I felt like there were a lot of things outside of my control and a lot of things I didn't know how to change about myself. I know I was a very mean person, almost aggressive. When I was in 3rd, grade, I would write in my journal every day, 'I am angry, I hate everyone in this room and I don't know why.' It is all about overcoming a struggle, I have been able to overcome my struggle and make a journey and find a place for myself in this society. Figuring out why I was angry and what I was angry about really helped." *Youth Participant*

"The club has given me a purpose and a legacy to live up to. Before I found the club, I didn't know what to do, I didn't know what opportunities are there. Now, I know I could do much better, I need to get up and realize my potential and see what is in front of me." *Youth Participant*

"I felt more powerless at the start of the year. Now I have more advocacy and I am more confident. It was fun to talk to the principal, I can articulate my opinions and speak about things that I think need to be changed and that give me discomfort in the system. And I can be like,' I want this to change, and I expect there to be actionable change.' And that I have the power to do that is something that this club facilitated through the advocacy and resources it symbolizes." *Youth Participant*

2. Impact on Protective Factors (Evaluation Question 2)

In youth focus groups, CDEP participants showed significant growth in peer connections and positive self-regard, moderate growth in help seeking behaviors and strong sense of identity; and minor growth in community connectedness and ability to cope with rejection.

Protective Factor: Peer Connectedness. *Significant Growth.* The majority (71/73) of comments made by youth in focus groups and Youth Leadership Team project debrief interviews reflected growth in peer connectedness among participants of Components 1 and/or 2. Of those youth who provided information on their peer connectedness before participation, 73.4% reported low peer connectedness, 24.5% reported moderate levels of peer connectedness and 2.0% reported high levels of peer connection. Regardless of their starting point, 96% of youth reported significant growth in the number of peer connections in their lives as well as the strength of those connections. Youth attribute this change to the opportunities to work together on projects, create group agreements, share personal stories through group check-in activities, give and receive support, and acknowledge each other's strengths, accomplishments and personal growth.

"Before I was properly in this program, I felt like a child compared to my peers, I felt more immature or slower than everyone else and I didn't have a place. I didn't understand anything going on and couldn't engage. After I got more involved, I feel like this person flying the plane, the people behind me are helping me guide the plane. It is weird that I can put myself out there, but I feel fine because I have people behind me encouraging me, and I can keep working towards my goals. At some point, I realized that people care about me and that I am not invisible…that I am noticeable, and that I want to make an impact on people. I realized that the things I do matter, maybe somebody remembers me and needs me." *Youth Participant*

"When it comes to issues like coming out, it used to be really hard to talk to my family. I didn't know anyone to talk to. Now I have everyone here to talk to, it is a lot easier." *Youth Participant*

"Having this outlet and people that are able to create it is such a liberating feeling -- that we have these allies and people to look up to. Seeing that we have many people, even if they are joining late in the year, this club holds a significance in this school and the club is expanding through the events that take place." *Youth Participant*

"At the beginning of this wonderous journey, I was out for blood, I wasn't connected. I feel nurtured and safe in a community with youthful gay people. I am opening up with other people, I am really shy. I am learning that it is not a crime to talk to other people to try to get to know them." *Youth Participant*

"If I suddenly stop coming, someone might notice and question it, they might worry. Maybe my friends or [staff member] Genesis would notice. That helped me get out the way and realize that my existence matters. I think everyone should realize that people do care." *Youth Participant*

Protective Factor: Community Connectedness. ***Moderate Growth.*** About two-thirds (31/48) of comments made by youth in focus groups and Youth Leadership Team project debrief interviews reflected some growth in community connectedness among participants of Components 1 and/or 2. However, only one third (34%) of youth who participated in school-based services reported feeling more connected to their school communities. Only a few youth described their level of community connectedness prior to program participation; instead, youth described the changes they felt in acceptance from their schools, communities and families as a positive movement from whatever baseline they began from.

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

Visibility: Participating in large, visible events, posting LGBTQ symbols around school and building more of a presence at the VOICES Youth Center in Santa Rosa contributed to youth's sense of being seen and accepted in the community.

"I definitely felt more comfortable walking by and seeing the poster by a classroom and seeing pride stickers." *Youth Participant*

"Mostly, what changed [about how I feel about the community] was the parade itself. It made me really happy to see so many people get together to celebrate Pride, it made me feel more accepted." *Youth Participant*

"Having a foundation of presence in the Center makes it a more welcoming space for new people." *Youth Participant*

Relationships with Adult Mentors: Several youth reported that having adult mentors who were older and more experienced than them provided them a wider support system within the community. Youth shared that supportive relationships with adult mentors also helped them to build stronger connections to peers and family.

"Having queer adults is important to see role models in positions of success. It's not so often that we get to see queer older people who are doing things out in the world. It is important to surround ourselves with role models who are queer so that we can know we can make something of ourselves." *Youth Participant*

"I believe that this space is good for queer individuals and kids that need a space they don't have to conform to. This space is very supporting for people who can't be as out as they can. When you have struggles, you can talk, it is important to have queer adults that we can look up to and talk to. I like that we have this as a safe space where we can go to for guidance so that we can help ourselves and others." *Youth Participant*

"I have a better connection with my stepmom now, we got really close. We talked a bit in here about communication, which is something I have struggled with so much, from the fear of judgement." *Youth Participant*

Inclusivity & Support in School Community: Youth who felt more connected to their school communities attributed positive changes to teachers who were outwardly supportive of their student clubs and to projects to raise visibility on campuses, which included designing and putting up posters, buttons and stickers. The majority of youth did not report increased connections to their school communities; instead youth focused on a lack of safety, bullying and homophobia that often went unchecked by teachers and other school leaders.

"At our first club rush, a math teacher came up to the table and said, 'I am very supportive of this club. If you ever need anything, I have an open room.' Having teachers who validate the LGBTQ club is nice." *Youth Participant*

"There are so many times in a classroom environment that homophobia of all sorts is being thrown around. It's not only action that can be harmful, inaction can also be harmful. There are a lot of times when people are calling other people certain things or shouting out random things in the middle of class and teachers' inaction to correct that behavior makes me feel not welcomed in that environment. Saying that we are inclusive of all isn't just saying, it is also action." *Youth Participant*

"Things might have changed a little bit, but it isn't a very widespread change. Not enough to change the perspective of the student body as a whole." *Youth Participant*

"I think the general consensus among the student body is that they don't look into this club or the things we have to provide because of the stigma and their preconceived perceptions of what it is supposed to be like. I think that there is good work we are doing, but I wish the truth of what we are doing is conveyed more." *Youth Participant*

Connection with Allies: Youth considered leaders from schools and community organizations who hosted or supported their projects as allies, including school Wellness Centers, youth organizations and community libraries.

"We learned that we have a new ally, the Wellness Center. It is the first baby step we will take as we become more known through the high school." *Youth Participant*

"The library feels pretty accepting, knowing that they were welcoming to us coming to do the pronoun workshop. They want to help us with future projects as well. They are good at supporting the queer community." *Youth Participant*

Protective Factor: Positive Self-Regard. *Significant Growth.* The majority (36/37) of comments made by youth in focus groups and Youth Leadership Team project debrief interviews reflected growth in positive self-regard among participants of Components 1 and/or 2. Youth attributed increased positive self-regard to four key factors.

Self-Acceptance: Participation supported many youth to more fully accept themselves. Group and individual discussions allowed them to explore, express and integrate their own identities and to address internalized homophobia.

"Before, I was just trying to understand how I fit into the [school] dynamic, I was figuring stuff out and trying to make myself a part of the bigger environment. Now, I feel more rooted, this is the stuff I know about myself and am expressing. I feel like I am more of an established existence. Now that I am more integral in who I am I am able to express myself more integrally. I am tweaking and changing myself to fit in better, in a positive way, that make me feel more like myself in this environment. I want to find more footholds, work on bettering myself now that I feel more secure as I work towards my goals. This is a process, keeping my integrity, and taking more risks now that I feel more safe and secure and that I am in charge of my own destiny." *Youth Participant*

"The program showed me to be myself, and say what I want." *Youth Participant*

Acceptance by Others: Youth reported that receiving positive feedback from others, feeling welcomed and supported, and building relationships with peers and adults helped them to become more open, expressive, and willing to share their identity and experience with others.

"I feel more confident in myself that I used to be. I used to be more closed off, I didn't ask for help with anything, I didn't reach out to any people, I didn't really talk to anybody Being here has really helped improved that. I know I have people I can rely on and who can support me. I have been able to work on things and slowly move towards being the person that I want to be." *Youth Participant*

"Talking to more people I didn't know, having those discussions, made me more comfortable talking about how I feel." *Youth Participant*

"I was scared. Now I am calm, a bit different, happy. Before I would get judged and had a hard time expressing my true self." *Youth Participant*

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

"This place has helped me open up and be more open to doing things like this, to filling up my schedule and not doing completely nothing all the time. In the future, I want to do more things that make me uncomfortable. Joining GSA first, and then getting introduced to this, made me more willing to volunteer in my other classes for projects." *Youth Participant*

"LGBTQ Connection gave me a platform, more trusted adults in my life, new people." *Youth Participant*

"It felt good, I had a fun time making the posters. It was exciting and fun. I liked being able to express my feelings towards the situation in artistic form." *Youth Participant*

Skills and Capacities: Building skills and capacities for leadership increased youth's positive self-regard. Youth reported building specific leadership skills through their advocacy projects and group structures, including self-advocacy, communication, group facilitation, conflict resolution, organization and socialization.

"There has been a lot of personal development that has happened in the past 6 months. Having Connections in the wings, being there for me, has helped a lot in shaping who I am." *Youth Participant*

"Working on the project gave me a better ability to advocate for myself. It has built my self-confidence." *Youth Participant*

Protective Factor: Help Seeking. *Moderate Growth.* About two thirds (45/71) of comments made by youth in focus groups and Youth Leadership Team project debrief interviews reflected growth in willingness to ask for help after participation in Components 1 and/or 2. Willingness to ask for help was influenced by several factors:

Emotional/Cognitive Awareness: Youth were able to identify when their problems were too much for them to handle on their own. Youth indicated noticing changes in anxiety levels, obsessive thoughts, seeing that the problem was impacting others and trying multiple, unsuccessful strategies for solving their problems.

Having Reliable Sources of Help: Over half of youth's comments about increased willingness to ask for help related to having reliable people to ask for help. They characterized reliable people as being open, empathetic, understanding and patient; not judgmental, and showing up time over time.

Wide Networks of Support: Youth place high priority on not being a burden on others, having a wide support system, including LGBTQ Connection staff, makes it easier to ask for help.

"I feel more confident in myself that I used to be. I used to be more closed off, I didn't ask for help with anything, I didn't reach out to any people, I didn't really talk to anybody. Being here has really helped improve that. I know I have people I can rely on and who can support me. I have been able to work on things and slowly move towards being the person that I want to be." *Youth Participant*

"Before I had a lot of issues, I would rather fail than ask for help. But now I realize the importance of getting that help from someone who has the answer." *Youth Participant*

"I have this thing with independence, it made it hard to ask for help. Now I have people I can ask for help, they won't judge me or pity me if I ask for help." *Youth Participant*

"When it comes to teachers and stuff, I recognize that they only care or notice when my grades are slipping, as soon as my grades are back, the compassion or care is gone. [LGBQ Connection staff member] JL always made the time for me and made me feel validated. He made it clear that even if I as doing okay on the outside, he understood that I wasn't necessarily okay on the inside." *Youth Participant*

"My whole social situation has changed, I am not around the same people I was then. The people I rely on are much different now. And the friends I didn't rely on before I can rely on now because I have grown much closer to them. With a lot of the people here, I feel like I could also rely on them. I feel really respected and I can trust these people. Before this, I didn't ask for help. I have had a very macho upbringing -- boys don't ask for help, boys when they get hurt don't cry, but I feel like I have been able to allow myself to be more emotional and to ask for help. And the way I have been asking for help has been

more healthy. I don't make my friends be my therapist. I bring these issues up to them, but I don't overwhelm them. The first time I asked for help was the hardest it ever was. It was when I was at my absolute lowest -- so, so, so low. In comparison, everything has been an upward climb. It gets easier every time you do it, you just have to start." *Youth Participant*

"I feel like I have more people to ask for help. I don't put all of my issues on my friends, I know we have a support group, so it takes it off my friends." *Youth Participant*

"I didn't have as big of a support system, now I feel comfortable with people to talk to, like [LGBTQ Connection staff] Sol and Wilder about things that are troubling me. Before I had a couple of friends, but now I have a much larger support system." *Youth Participant*

"This is helped me talk more and tell my family what I need. We have seen bits of healthy and unhealthy relationships here, it has helped me see that I have an unhealthy relationship with a family member." *Youth Participant*

Protective Factor: Ability to Cope with Rejection. ***Minor Growth.*** Less than half (8/19) of comments made by youth in focus groups and Youth Leadership Team project debrief interviews reflected growth in their abilities to cope with rejection. rejection after participation in Components 1 and/or 2. Youth who experienced growth cited contributing factors that included having a helpful mentor, taking action and/or advocating for themselves, choosing to redirect their energy to affirming relationships, and focusing on the areas of their lives where they have agency to make change. Youth who did not experience growth in their abilities to cope with rejection described feeling powerless, vulnerable and isolated from adults and others who should stand up for them.

"I don't want to waste my time trying to change people's minds, what will it matter in 20 years if they said something about how I dressed? [LGBTQ Connection staff member] helped me think about what I was going to do when people gave me weird looks when I was running the LGBTQ table during club rush, smile it away. What I learned from him was don't try to change things when no one is willing to be changed." *Youth Participant*

" I realized that the people I have here are better than my family. My family is not queer accepting, so it's like, why settle for less? I value myself more, I am not willing to compromise myself as much." *Youth Participant*

"I realized that all my emotions were misplaced. I realized that those who experience this prejudice are at fault, that's not where they problems are. It is within the people who are going to choose to be homophobic, there are not things that I can change about that. I had to take time to realize that I shouldn't focus on these emotions, I should be challenging the people who are negative." *Youth Participant*

"I feel uncomfortable when someone is targeted, but I feel I should say something, but I am too afraid to speak out about it. Recently, in PE, we were doing a card activity, and I pulled a bad one. And a kid said, 'That's why you are gay'." *Youth Participant*

Protective Factor: Strong Sense of Identity. ***Moderate Growth.*** The topic of identity did not surface often in focus groups and Youth Leadership Team project debrief interviews; when it did, 12/14 comments made by youth reflected growth in youth's strong sense of identity. Hearing about the

experiences of peers and staff and sharing their own personal experiences in support groups, one-on-one coaching and Youth Leadership Team meetings helped youth to better understand and accept their own LGBTQ identities. Coming out to other youth in safe environments helped to build confidence and helped youth to see they were not alone.

"There was a tendency that I carried over with me to deny my experiencing my queer identity and pushing it down and not allowing myself to be part of the community. It felt like it was something I tried to hide and suppress. Coming here and doing these things made me reflect that I am part of a community and that there are a lot of people who take a lot of pride in who they are and that this something that they value and cherish about themselves. Just being able to see other people carry their queer identity as part of their identity has helped me to come to terms with a part of myself I should be able to acknowledge and be proud of instead of just shoving it away." *Youth Participant*

"Six months ago, I was pondering, trying to figure out who I was, trying to figure out how to express that. Now I have figured so much out, who I am , who I want to be. Before I was by myself, not doing anything about it. That has changed. Coming to LGBTQ Connection has helped." *Youth Participant*

"Before I was internalizing homophobia that was stopping me from being comfortable with my identity. I have learned to accept myself, I have been reborn, and I can start being more comfortable expressing myself. Finding my people, and knowing that people are going through something similar and it can be overcome." *Youth Participant*

"At the start of this, I was still in the early phases of being trans. I was trans for a little bit, but I wasn't really discovering myself, I felt like I had to act within the confines of cisgender roles, either it be very masculine man or very feminine female. I was stuck being that way. Now that I have broken through the concept of gender roles, I feel like I can really be myself and show people things I like without it not feeling like it wasn't a fit. Before, I was coming here but I didn't feel a part of it, I was passively here. With more structure, I felt like I could be an active part in this group." *Youth Participant*

"Working on the project, I discovered that I am nonbinary. I feel a lot better about myself, my brain is a lot less active. Now it's a manageable active. I don't feel like my brain is out of my body." *Youth Participant*

"I am the type of person who keeps to myself. I was learning about LGBTQ and all things under the umbrella, and being confused and trying to figure out these things for myself. It was hard. Now, since I went to club there are a lot more people who are just like me and I don't have to put so much pressure into deciding exactly where I fit. I can just be under the umbrella, at the Q for questioning. Having supporting, understanding people around me helped me figure out where I want to be and to be calm. I feel more calm than I did." *Youth Participant*

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

As noted in previous sections, the CDEP provided a best practice, 4-hour cultural competency training (the program's recommended dosage) to a total of 911 individuals in Component 3. Of these 911 individuals, 392 completed workshop and demographic surveys.

A total of 363 training participants identified the sector in which they work on their post-workshop

survey. Workshop participants are from the following sectors, demonstrating the broad reach of the cultural competency training across youth-serving systems in Napa and Sonoma Counties.

Figure 8. Workforce Development Trainees by Sector

Sector	Professionals Served
Behavioral Health	109
Education	105
Youth Development	95
Community Healthcare	61
Family Support	44
County Government	26
Community & Economic Development	22
Housing	20
City Government	17
Child Welfare	16
Criminal Justice	15
Other	12
Public Health	11
Faith/Spirituality	6

Component 3 training served both LGBTQ professionals from the priority population and providers with multilingual capacity. Twenty six percent (26%) of workshop attendees identified as LGBTQ+. Although diverse sexual orientations were represented by workshop participants, only 7% of attendees identified as transgender or gender non-conforming. Ten percent (10%) of workshop attendees speak Spanish or another language primarily.

Improved Inclusion of LGBTQ People: As detailed in the Quantitative Analysis, 92% of survey respondents were able to identify a change they had committed to making to improve inclusion of LGBTQ people. Trainees reported that they would make changes to their practices regarding:
26% Asking and Respecting Preferred Names & Pronouns; 20% Showing Visible Displays of Support for LGBTQ clients; 8% Creating Safe and Welcoming Spaces; 7% Being More Inclusive Overall; 7% Attending More Trainings and/or Continue Learning; 6% Using Gender Neutral Language; 5% Better Awareness; 5% Being More Open Minded; 5% Sharing LGBTQ-Inclusive Resources; 4% Not Assuming SOGI; 4% Using Appropriate Language; 4% Making Forms More Inclusive; 3% Being More

Understanding; 3% Changing organizational policies or procedures1% Training Peers; 1% Connecting people to LGBTQ resources; 0.6% Creating or Updating a Program Offering To Be LGBTQ Specific or LGBTQ-Inclusive; 0.6% Adding Non-Gender Bathroom; 0.6% Addressing homophobia; 0.3% Doing LGBTQ-Inclusive Outreach; 7% Other.

Three months after training events, as detailed in the Qualitative Analysis, 96% of follow-up survey respondents were able to identify a change they had made to improve inclusion of LGBTQ people. Trainees reported that they had made changes to their practices regarding: 70% Using Gender Neutral Language; 66% Asking and Respecting Preferred Names and Pronouns; 57% Showing Visible Displays Of Support For LGBTQ Clients; 48% Sharing LGBTQ-Inclusive Resources; 29% Making Forms More Inclusive; 29% Attending More Trainings and/or Continuing Learning; 14% Doing LGBTQ-Inclusive Outreach; 5% Creating or Updating a Program Offering To Be LGBTQ Specific or LGBTQ-Inclusive; 4% Making a Change To Organizational Policy or Practice Guidelines; 14% Other.

4. CDEP Implemented as Designed (Evaluation Question 4)

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

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

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

Match of Participants to Implementers: CDEP implementers closely matched youth participants' identities in terms of key demographics, including age, region, primary language, gender identity, sexual orientation, race and income level. For example, 40% of program staff are under age 25, and 47% of program staff are Spanish speakers. Program staff share similar gender identities (33.3% women, 20% men, 27% transgender) with youth.

Appropriateness of Program Strategies: In focus groups, youth were asked to define the elements of their identities that were of most importance to them and then to rate how the program strategies and delivery matched up with their own unique preferences, identities and needs. The following discussion highlights youth's input in focus groups, as well as key post-survey questions that relate to specific identity elements detailed below.

Preferences for Engagement: Youth expressed that the CDEP's strategies met their unique needs and

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

> "Doing the check-ins every session really does help with mental health. All of the staff is open and available for checking in and I felt really comfortable doing that with the staff." *Youth Participant*

Youth expressed that program activities addressed mental health issues in ways that felt comfortable to them, including group check-ins at the beginning of every session, open discussions about mental health, wellness activities and connections to LGBTQ-friendly mental health services. Youth reported that staff established welcoming, safe, confidential environments and relationships that allowed them to access additional mental health supports when needed.

> "[Staff members] always made themselves available for check-ins. There was a lot of mental health collaging, even at the queer writing workshop, the act of writing and expression opened us up for more mature conversations." *Youth Participant*
>
> "We are always given resources, it's a great avenue to see what services they provide. They offer us solutions." *Youth Participant*

Youth also acknowledged that they appreciated the communication channels the CDEP used to keep them informed and engaged in program activities. On school campuses, the used of Good Classroom and regularly scheduled in person meetings let them successfully work as teams and problem solve issues.

Age & Maturity: Youth agreed that the program strategies are mostly appropriate for the CDEP's targeted age range, 14-24 years old, although their perspectives varied based on their self-identification as a "younger" or "older youth". High school students confirmed that the program would be appropriate, and highly beneficial for middle school students. Those who identified as young adults felt that the staff understood their needs.

> "My fourteen year old self would say, 'That's really dope.'" *Youth Participant*
>
> "If my younger self were here, I would be ecstatic because my childhood gay experience, I always knew I was gay. But also I would be so confused, because I couldn't wrap my head around queerness related to gender until 9th grade, I didn't know what it was or understand it. But I would have been so happy to learn. And so happy to be around such cool people." *Youth Participant*
>
> "I am a young adult, but it felt like everyone understood young adults." *Youth Participant*

Sexual Orientation & Gender Identity: Youth reported that program strategies were supportive of their gender expression and an absence of judgement among staff and peers allowed for gender fluidity as they explored and developed their own identities. Youth affirmed the program's consistency in supporting the use of preferred pronouns and names within all program gatherings. Youth Leadership Team members

voiced appreciation for projects focused on gender expression, including pronoun advocacy workshops for community organizations and LGBTQ community members and advocating for gender neutral bathrooms, locker rooms and sports.

In multiple focus groups, youth offered suggestions for program improvements related to gender identity including: (1) More time for deeper discussions about youth's struggles and questions; (2)Incorporate activities that support youth to learn to use clothing to express their gender identity, such as group trips to thrift stores and learning about LGBTQ clothing designers; (3) Facilitate discussions and presentations about body dysphoria, LGBTQ beauty standards and body image, and how those topics/issues impact them; and, (4) Address stigma around the trans experience.

"LGBTQ C allows for fluidity in identity. I have noticed that when people switch names or pronouns, you are very accommodating. Some people have a hard time with it but you are quick to it." *Youth Participant*

"The first couple of weeks of the club, I was like, 'Yeah, I am queer but I don't know how to express it.' Or like, we can all relate on certain struggles. I have gained more like, 'I am gender fluid and I can dress feminine and not be a girl.' Finding other people who are like you makes how comfortable with yourself blossom and bloom." *Youth Participant*

"We were asked to be respectful of pronouns and of ourselves. We only do this in our club. They are respectful where we want to use our pronouns and when." *Youth Participant*

"Going back to gender dysphoria, there are a lot of good aspects about being queer, but there are also a lot of hard things, especially in a high school environment. The hard things are where we find ourselves looking for connection. While it should be a place where people can feel welcomed and happy, it should also open the floor for people to talk about the not so great things that they experience, and not be afraid for sharing the things they have experienced in the classroom or at home. We should be able to discuss those things." *Youth Participant*

"The pronoun advocacy workshop and talking about navigating pronoun misgendering is all an important part of queer mental health" *Youth Participant*

"It would be interesting if Connections offered opportunities for youth to go thrifting and try different clothes. Putting some intentionality into helping us find our own gender, to help people get out of their shell and think about their gender identity." *Youth Participant*

"The trans experience is isolating, you can go for a long time it being suppressed or not expressed or being accepted, especially in the school environment, people don't know where to start, it can be harmful. It would be helpful to have space to talk about steps if people don't know how to alleviate the pressure." *Youth Participant*

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

Language: Youth focus group participants reported that the CDEP was delivered in their preferred language and that staff model respectful, inclusive language, including body language that was quickly

adopted by youth participants. Youth appreciated opportunities to talk about the language they use to define themselves and suggested more discussions around LGBTQ terminology.

In most cases, staff delivered programming in English only. Although youth said that their preferred language was English, they would like to see more bilingual capacity to draw in Spanish speakers.

> "Body language is loud and proud. It makes me feel better about the future." *Youth Participant*
>
> "We were respectful of pronouns and chosen names. It felt nice knowing that my identity would be respected here and that this is a space where we can talk about it openly." *Youth Participant*
>
> "I feel like language is such a huge part of queer culture, it would have been a good topic for a discussion day. Having relevant lingo. It would be fun to learn where words came from." *Youth Participant*
>
> "At the beginning you asked what words we use to describe ourselves, how we define ourselves. It was a discussion that I found really valuable because we live in a digital age where different kinds of language gets communicated so quickly so I would also value more discussion of the kinds of language we use to describe ourselves." *Youth Participant*

In post surveys, 100% of youth respondents indicated that CDEP delivery met their language needs overall; 100% said services were provided in their preferred language; 100% reported that written information was available in their preferred language.

Youth Culture: Throughout CDEP program cycles, youth participants discussed elements of youth culture that are particularly important to their identities, including humor, the use of memes, and social media to communicate and connect, as well as the importance of "fun". According to focus group participants, CDEP activities often meet their needs for fun; staff and peer leaders do well at incorporating games, movie nights and hands-on activities that promote humor and entertainment. Participants reported that the CDEP was not as successful at incorporating social media or memes into programming, and asked for help to understand social media and how to navigate it as an LGBTQ youth.

Art & Music: Youth reported that the CDEP used art, movies and music at times in both Components 1 and 2 to support engagement, but not consistently across cohorts. Youth reported that they would prefer that the CDEP incorporate more music and art-based activities into gatherings.

Ethnicity: Youth focus group participants commented that it was helpful to see other Latinx individuals in the program as participants and staff and made them feel more comfortable with their own sexual and gender expression. In post surveys, 80.0% of youth respondents said that staff were sensitive to their cultural or ethnic background; 15.6% said that the question was not applicable to them; and 4.4% of youth were undecided on whether or not staff were sensitive to their cultural or ethnic background.

LGBTQ History and Culture: Youth focus group participants reported that the CDEP offered them many opportunities to learn more about LGBTQ culture, but that more could be done to teach about LGBTQ history. Youth discussed the usefulness of the personal stories shared by staff and their peers to learn

about the diversity of the LGBTQ community and to build connections. They suggested that the program add discussions, presentations and activities that would highlight local and national LGBTQ history, compare how queer people are treated in politics and the media, and strategies for educating their peers through classroom presentations and casual conversations.

Religion/Spirituality: Religion and spirituality is an important part of some youth's identities but focus group participants reported that it was not a topic they covered with the CDEP. Youth shared that it would be helpful to talk about different forms of religion and how they intersect or conflict with LGBTQ values. In post surveys, 86.4% of youth respondents said that staff respected their religious/spiritual beliefs; 9.1% said that the question was not applicable to them; and 4.5% of youth were undecided on whether or not staff respected their religious/spiritual beliefs.

Youth Satisfaction: The extent to which youth were satisfied with the CDEP was demonstrated through youth's survey responses. In post surveys, 91.1% of youth respondents reported high levels of satisfaction with the CDEP on multiple indicators; 97.8% of youth reported overall satisfaction with the services they received; and, 91.3% of youth reported that services were accessible in terms of location and scheduling.

C. Synthesis of Findings

In our adjusted quantitative analysis to evaluate the association between the frequency of meeting attendance, sexual orientation, gender identity, race/ethnicity and change in each of the outcome measures, we did not find any statistically significant findings related to participation rates or associations between gender identity, or race/ethnicity and any of the outcome measures. This may partially be due to the small sample size, leaving us unable to detect meaningful differences in mental health outcomes among these small groups.

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

1. Impact on Risk Factors (Evaluation Question 1)

Figure 9. Triangulation of Outcomes Data: Risk Factors

Risk Factor	Quantitative Analysis	Qualitative Analysis
Isolation	On average, among the subset of participants who completed the isolation measures, isolation scores did not significantly change from baseline survey to the up survey ($p = .41$). At both time points, on average participants reported moderate levels of isolation. We also found that there were, on average, no statistically significant differences in the change in	Youth reported significantly decreased levels of isolation after participation, citing new and/or strengthened connections with peers, increased motivation to express themselves to others and connect, and increased motivation and agency to become involved in a variety of community and school-

Risk Factor	Quantitative Analysis	Qualitative Analysis
	reported feelings of isolation based on how often participants attended the program or on respondents' race/ethnicity, gender identity, or sexual orientation.	based settings and program, and deeper understanding and acceptance of their individual LGBTQ identities.
Distress	On average, youth reported feelings of distress that were lower at posttest than at pretest, although the difference was not statistically significant ($p = .20$) The change in youths' reported feelings of distress from pretest to posttest did not vary based on their frequency of meeting attendance, race/ethnicity, gender identity, or sexual orientation. It is noteworthy that a one point increase in pretest feelings of distress was associated with a mean increase of 0.63 in the feelings of distress score at posttest ($p < 0.001$), indicating that those who reported being more in distress at pretest had greater feelings of distress at posttest, on average, after adjusting for covariates. In terms of the *impact* of their feelings of distress, youth reported, on average, the impact did not significantly change from pretest to posttest ($p = .73$). At both time points, participants reported that the impact of their feelings of distress was "about the same as usual." When we looked at differences based on identity groups, we found that (controlling for the frequency of meeting attendance, race/ethnicity, and gender identity) straight youth reported a greater decrease in the impact of their feelings of distress than non-straight youth. In other words, after participating in the program, straight youth found that their fears and worries had relatively less of an impact on their school, friends, and home life than their peers who do not identify as straight. Given the small sample size, however, this finding should be interpreted with caution. The format of the program was also related to participants' reports. Compared to youth who attended a school-based program, youth who attended	Youth reported moderately decreased levels of distress after participation, citing increased hope, peace, clarity, and feelings of safety. Youth attribute their decreased levels of distress to program elements that impacted their sense of identity, connections and personal agency to make change in their lives.

Risk Factor	Quantitative Analysis	Qualitative Analysis
	a community-based program said that between the pretest and posttest their fears and worries had less of an impact on their school, friends, and home life	

Findings:

(1) Participation in the Oasis Model **moderately reduces isolation among youth.** While quantitative analysis demonstrated no significant changes, qualitative analysis showed significant, strong changes in isolation. Youth attribute changes in isolation to program strategies that result in new and/or strengthened connections with peers, increased motivation to express themselves to others and connect, increased involvement in a variety of community and school-based settings and programs, and greater acceptance and understanding of their individual LGBTQ identities.

(2) Participation in the Oasis Model **moderately reduces distress among youth.** While quantitative analysis demonstrated considerable but not significant changes, qualitative analysis demonstrated moderate changes in distress. Youth who participated in community-based programs reported that their fears and worries had less of an impact on their functioning than did youth who participated in school-based programs. Youth attribute their decreased levels of distress to program elements that impacted their sense of identity, connections and personal agency to make change in their lives.

2. Impact on Protective Factors (Evaluation Question 2)

Figure 10. Triangulation of Outcomes Data: Protective Factors

Risk Factor	Quantitative Analysis	Qualitative Analysis
Peer Connected-ness	On average, youth reported that their feelings of peer connectedness were *significantly higher* by the end of the program ($p < .001$). At the posttest, they reported that their feelings of peer connectedness had significantly increased over the past 30 days. We also found that youths' perception of the development of their feelings of peer connectedness was not related to their program participation rates, race/ethnicity, gender identity, or sexual orientation. In other words, regardless of how often they attended the program or their social identity, participants reported that their feelings of	Youth reported significant growth in peer connection. Of those youth who provided information on their peer connectedness before participation, 73.4% reported low peer connectedness, 24.5% reported moderate levels of peer connectedness and 2.0% reported high levels of peer connection. Regardless of their starting point, 96% of youth reported significant growth in the number of peer connections in their lives as well as the strength of those connections. Youth attribute this change to opportunities to work together on projects, create group agreements, share personal stories through group check-in activities, give and receive support, and acknowledge

	peer connectedness developed to a similar extent.	each other's strengths, accomplishments and personal growth.
Community Connected-ness	On average, youth reported that their feelings of community connectedness were *significantly higher* by the end of the program ($p < .001$). At the posttest, they reported that their feelings of community connectedness had significantly increased over the past 30 days. We also found that youths' perceptions of the development of their feelings of community connectedness was not related to their participation rates, race/ethnicity, gender identity, or sexual orientation. In other words, regardless of how often they attended the program or their social identity, participants reported that their feelings of peer connectedness developed to a similar extent.	Youth reported moderate growth in community connectedness, but only 34% of youth who participated in school-based services reported feeling more connected to their school communities. Youth correlated community connectedness with feelings of increased visibility of LGBTQ youth, relationships with adult mentors, inclusivity and support in their school community and connections with allies.
Positive Self-Regard	On average, youth reported that their feelings of positive self-regard were *significantly higher* by the end of the program ($p = .01$). At the posttest, they reported that their feelings of positive self-regard had significantly increased over the past 30 days. We also found that youths' perceptions of the development of their feelings of positive self-regard was not related to their participation rates, race/ethnicity, gender identity, or sexual orientation. In other words, regardless of how often they attended the program or their social identity, participants reported that their feelings of positive self-regard developed to a similar extent.	Youth reported significant growth in positive self-regard. Youth attributed increased positive self-regard to four key factors: self-acceptance; acceptance by others; opportunities to contribute; skills and capacities.
Help Seeking	On average, youth reported that their help seeking skills were *significantly higher* by the end of the program ($p < .001$). At the posttest, they reported that their help seeking skills had significantly increased over the past 30 days.	Youth reported moderate growth in help seeking behaviors. Willingness to ask for help was influenced by young people's emotional and cognitive awareness, being able to identify reliable sources of

	We also found that youths' perceptions of the development of their help seeking skills was not related to their participation rates, race/ethnicity, gender identity, or sexual orientation. In other words, regardless of how often they attended the program or their social identity, participants reported that help seeking skills developed to a similar extent.	help and having wide networks of support.
Ability to Cope with Rejection	On average, youth reported that their ability to cope with rejection was *significantly higher* by the end of the program ($p < .001$). At the posttest, they reported that their ability to cope with rejection had significantly increased over the past 30 days. We also found that youths' perceptions of the development of their ability to cope with rejection was not related to their participation rates, race/ethnicity, gender identity, or sexual orientation. In other words, regardless of how often they attended the program or their social identity, participants reported that their ability to cope with rejection developed to a similar extent.	Youth reported minor growth in their abilities to cope with rejection. Youth who experienced growth cited contributing factors that included having a helpful mentor, taking action and/or advocating for themselves, choosing to redirect their energy to affirming relationships, and focusing on the areas of their lives where they have agency to make change. Youth who did not experience growth in their abilities to cope with rejection described feeling powerless, vulnerable and isolated from adults and others who should stand up for them.
Strong Personal Identity	On average, youth reported that their sense of a strong personal identity *significantly higher* by the end of the program ($p < .001$). At the posttest, they reported that their sense of a strong personal identity had significantly increased over the past 30 days. We also found that youths' perceptions of the development of their sense of a strong personal identity was not related to their meeting attendance rates, race/ethnicity, gender identity, or sexual orientation. In other words, regardless of how often they attended the program or their social identity, participants reported that their sense of a strong personal identity developed to a similar extent.	Youth reported moderate growth in their sense of strong personal identity. Hearing about the experiences of peers and staff and sharing their own personal experiences helped youth to better understand and accept their own LGBTQ identities. Coming out to other youth in safe environments helped to build confidence and helped youth to see they were not alone.

Findings

(1) Participation in the Oasis Model **significantly strengthens peer connectedness among youth** as demonstrated by both quantitative and qualitative analysis. Youth attribute this change to opportunities to work together on projects, create group agreements, share personal stories through group check-in activities, give and receive support, and acknowledge each other's strengths, accomplishments and personal growth. Growth in peer connectedness was not related to program participation rates or youth's social identity.

(2) Participation in the Oasis Model **strengthens community connectedness among youth,** in some cases significantly. While quantitative analysis demonstrated significant changes, qualitative analysis showed only moderate changes in community connectedness. Only one-third of youth felt more connected to their school communities. Growth in community connectedness was not related to program participation rates or youth's social identity.

(3) Participation in the Oasis Model **significantly strengthens positive self-regard among youth,**. Both quantitative and qualitative analysis demonstrated significant changes in positive self-regard. Youth attributed increased positive self-regard to four key factors: self-acceptance; acceptance by others; opportunities to contribute; skills and capacities. Growth in positive self-regard was not related to program participation rates or youth's social identity.

(4) Participation in the Oasis Model **strengthens help seeking behaviors among youth**, in some cases significantly. While quantitative analysis demonstrated significant changes, qualitative analysis documented only moderate changes in youth's willingness to ask for help. Willingness to ask for help was influenced by young people's emotional and cognitive awareness, being able to identify reliable sources of help and having wide networks of support. Growth in health seeking behaviors was not related to program participation rates or youth's social identity.

(5) Participation in the Oasis Model **strengthens abilities to cope with rejection among youth,** in some cases significantly. While quantitative analysis demonstrated significant changes, qualitative analysis documented only minor changes in youth's abilities to cope with rejection. Youth who experienced growth cited contributing factors that included having a helpful mentor, taking action and/or advocating for themselves, choosing to redirect their energy to affirming relationships, and focusing on the areas of their lives where they have agency to make change. Growth in youth's abilities to cope with rejection was not related to program participation rates or youth's social identity.

(6) Participation in the Oasis Model **strengthens youth's sense of strong personal identity**, in most cases significantly**.** While quantitative analysis demonstrated significant changes, qualitative analysis documented only moderate changes in youth's sense of strong personal identity. Hearing about the experiences of peers and staff and sharing their own personal experiences helped youth to better understand and accept their own LGBTQ identities. Growth in youth's sense of personal identity was not related to program participation rates or youth's social identity.

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

Participation, demographic and survey data all confirm that the implementation of Component 3 **significantly increased the capacity of the mental health and other service systems to appropriately serve LGBTQ youth**. Across Napa and Sonoma Counties, 911 systems professionals, 109 of whom work in the behavioral health sector, completed a four hour training, demonstrating a broad, deep penetration of youth-oriented service systems. Eighty three percent (83%) of training participants reported significant growth in knowledge, 85% of training participants reported significant improvements in their perception of LGBTQ people and 92% of survey respondents were able to identify a change they had committed to making to improve inclusion of LGBTQ people.

4. CDEP Implementation as Designed (Evaluation Question 4)

The Oasis Model was not implemented fully as designed in terms of levels of participant engagement and exposure and adherence to the program model.

According to participation data, the Oasis Model engaged as more youth and adults than planned in Components 2 and 3, but not in Component 1. Youth did not receive sufficient exposure to program activities as intended in the program design, as documented in participation data.

Program records indicate that LGBTQ Connection did not fully implement all three program components during most program cycles. Implementers were faced with many challenges to full fidelity in program delivery, mostly due to barriers presented when adapting the model for school-based delivery. Limited time to meet with youth during the school day meant that delivery strategies had to be constantly modified to meet changing conditions.

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

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

The appropriateness of program strategies and delivery was echoed in the quantitative analysis of post-core survey day: 91.1% of youth respondents reported high levels of satisfaction with CDEP on multiple indicators; 97.8% of youth reported overall satisfaction with the services they received.

SECTION 8: DISCUSSION & CONCLUSION

A. Discussion and Interpretation of Findings

LGBTQ Connection has identified 12 key findings that together define the success of its model over three and a half years of program implementation.

(1) Participation in the Oasis Model **moderately reduces isolation among youth.** While quantitative analysis demonstrated no significant changes, qualitative analysis showed significant, strong changes in isolation. Youth attribute changes in isolation to program strategies that result in new and/or strengthened connections with peers, increased motivation to express themselves to others and connect, increased involvement in a variety of community and school-based settings and programs, and greater acceptance and understanding of their individual LGBTQ identities. Change in isolation was not related to program participation rates or youth's social identity.

(2) Participation in the Oasis Model **moderately reduces distress among youth.** While quantitative analysis demonstrated considerable but not significant changes, qualitative analysis demonstrated moderate changes in distress. In state and national surveys, LGBTQ youth report experiencing high levels of emotional distress (see, for example, recent California Healthy Kids survey data from CalSCHLS; https:calschls.org). Therefore, the finding that youth reported moderately lower levels of distress after participating in the program is particularly notable.

Youth who participated in community-based programs reported that their fears and worries had less of an impact on their functioning than did youth who participated in school-based programs. Youth attribute their decreased levels of distress to program elements that impacted their sense of identity, connections and personal agency to make change in their lives. Change in distress was not related to program participation rates or youth's social identity.

(3) Participation in the Oasis Model **significantly strengthens peer connectedness among youth** as demonstrated by both quantitative and qualitative analysis. Youth attribute this change to opportunities to work together on projects, create group agreements, share personal stories through group check-in activities, give and receive support, and acknowledge each other's strengths, accomplishments and personal growth. Growth in peer connectedness was not related to program participation rates or youth's social identity.

(4) Participation in the Oasis Model **strengthens community connectedness among youth,** in some cases significantly. While quantitative analysis demonstrated significant changes, qualitative analysis showed only moderate changes in community connectedness. Only one-third of youth felt more connected to their school communities, citing bullying and harassment that goes unchecked by adults as a driving factor. Growth in community connectedness was not related to program participation rates or youth's social identity.

(5) Participation in the Oasis Model **significantly strengthens positive self-regard among youth,**. Both quantitative and qualitative analysis demonstrated significant changes in positive self-regard. Youth attributed increased positive self-regard to increased positive self-regard to greater self-acceptance and feelings of acceptance from others, and opportunities to contribute and build

their skills and capacities. Growth in positive self-regard was not related to program participation rates or youth's social identity.

(6) Participation in the Oasis Model **strengthens help seeking behaviors among youth**, in some cases significantly. While quantitative analysis demonstrated significant changes, qualitative analysis documented only moderate changes in youth's willingness to ask for help. Willingness to ask for help was influenced by young people's emotional and cognitive awareness, being able to identify reliable sources of help and having wide networks of support. Growth in health seeking behaviors was not related to program participation rates or youth's social identity.

(7) Participation in the Oasis Model **strengthens abilities to cope with rejection among youth,** in some cases significantly. While quantitative analysis demonstrated significant changes, qualitative analysis documented only minor changes in youth's abilities to cope with rejection. Youth who experienced growth cited contributing factors that included having a helpful mentor, taking action and/or advocating for themselves, choosing to redirect their energy to affirming relationships, and focusing on the areas of their lives where they have agency to make change. Growth in youth's abilities to cope with rejection was not related to program participation rates or youth's social identity.

(8) Participation in the Oasis Model **strengthens youth's sense of strong personal identity**, in most cases significantly**.** While quantitative analysis demonstrated significant changes, qualitative analysis documented only moderate changes in youth's sense of strong personal identity. Hearing about the experiences of peers and staff and sharing their own personal experiences helped youth to better understand and accept their own LGBTQ identities. Growth in youth's sense of personal identity was not related to program participation rates or youth's social identity.

(9) **Youths' program attendance rates were not related to their change in risk factors, self-reported growth in protective factors, or evaluation of the program.** This finding was initially surprising; we had assumed that youth who attended more meetings would make greater improvements and report higher satisfaction with the program. Interestingly, however, these findings largely mirror the findings from the 2018-2021 evaluation period; attendance rates were not related to decreases in risk factors or increases in protective factors during in the initial evaluation study. More research is needed to understand why attendance rates do not seem to impact the outcomes associated with the program. It may be that the number of meetings youth attend is not a good measure of their engagement with the program; informal contacts among participants and with program staff that reduce risks and promote protective factors but are not "counted" as official meeting times may also influence youth outcomes. It may also be that youth attendance records may not be entirely accurate; group facilitators report that sign in sheets sometimes get skipped. Regardless of the underlying cause, it is positive that youth who are involved in the program generally report that they are strengthening their protective factors.

(10) Participation, demographic and survey data all confirm that the implementation of Component 3 **significantly increased the capacity of the mental health and other service systems to appropriately serve LGBTQ youth**. Across Napa and Sonoma Counties, 911 systems professionals, 109 of whom work in the behavioral health sector, completed a four hour training, demonstrating a broad, deep penetration of youth-oriented service systems. Eighty three percent (83%) of training participants reported significant growth in knowledge, 85% of training participants reported significant improvements in their perception of LGBTQ people and 92% of

survey respondents were able to identify a change they had committed to making to improve inclusion of LGBTQ people. While workforce training was implemented in all program and evaluation cycles, it was not regularly implemented in target communities where Components 1 and 2 were also implemented, limiting the direct impact on youth served.

(11) **Adaption of the model for the school setting resulted in lower exposure to program components than desired,** both in duration and frequency of program contacts. It is unclear if school-based delivery adaptations were the driver of lower than anticipated participant numbers in Component 1 activities; youth development professionals across the region report lower participation numbers across most programs since the pandemic.

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

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

B. Cultural Importance and Value of Findings

For program providers interested in serving LGBTQ youth more appropriately and effectively, several culturally important lessons identified through evaluation from 2018-2025 should be noted:

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

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

- LGBTQ youth respond positively to the Oasis Model's intersectional approach of hiring staff of similar identities and centering outreach and program design around intersecting marginalized identities, creating environments that allowed youth to be themselves, to mutually affirm their identities, and to discuss their full selves, including experiences and identities they have been unable

to discuss in other venues. Youth also shared that because of their participation in the program that they "made friends that they would not have otherwise."

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

C. Practical or Theoretical Importance of Findings

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

- Program delivery strategies must be differentiated for youth in school settings vs. community settings. Research conducted by the Pacific Institute for Research and Evaluation has found that while high schools are critical to supporting LGBTQ youth schools' ability to implement new practices is heavily influenced by forces stemming from their surrounding communities and broader society. To significantly shift LGBTQ youth's feelings of safety and connection at school, more time and resources are needed to build relationships with young people and school support staff, identify "champions" among school leaders, and support youth leaders to design and lead projects that change school climate and lessen the impact of discrimination and marginalization present in society on their school communities. Program implementers should be aware that these outside factors can lead to higher- and lower-tide effects of youth participation and program success marked by seasons of high and low participation.

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

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

D. Potential Limitations

The lack of a control group (a group of people who did not participate in this CDEP) prevents us from determining the effectiveness of participating in this program for changing mental health-related risk and protective factors. However, our analysis does provide some indication of whether the program appeared to impact these factors from baseline to post-enrollment. Further, as participation in various components

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

E. Critical Learnings

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

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Appendix A: Program Materials

Youth Support Group Agenda Template

Title:	Social Title			Canva Link	Social Idea for Today:
Date:		Time:	3:30 PM - 5:30 PM		
Location:		Site:	Site Name		
Address:	123 Rainbow Road, Party City, CA 95476				
Style:		Theme:			Agreements:
Reach:	Estimated Youth Attending		Age Range:		Don't yuck my yum
Lead:					Parachute Mind
Colead:					Vegas Rule
Materials Needed:					1 Diva, 1 Mic
10x Item A, 10x Item B, 10x Item C.					Take care of your needs
					R-E-S-P-E-C-T
Purpose:					
Outcomes:					

Time:	Lead:	Activity:	Notes:

Announcements:

Pluses	Deltas

Youth Support Group Sample Agenda

Title:	Meditation Station 2			Canva Link	Social Idea for Today:
Date:		Time:	3:30 PM - 5:30 PM		Discuss benefits of meditation, participate in guided meditation, discuss pluses and deltas, what came up for the youth during meditation
Location:	Sonoma County	Site:	Voices Sonoma		
Address:	714 Mendocino Ave				
Style:	Vulnerabiity	Theme:	Mental Health		Agreements:
Reach:			Age Range:	18 - 20	Don't yuck my yum
Lead:	Joy				Parachute Mind
Colead:	Elliot				Vegas Rule
Materials Needed:					1 Diva, 1 Mic
Guided meditation video/podcast, fake candles, blankets, pillows, meditaiton introduction doc					Take care of your needs -- emphasize this one
					R-E-S-P-E-C-T
Purpose:	Give youth tool for grounding and checking in with their bodies				All feelings are welcome
Outcomes:	Youth have practiced tool for self regulation				

Time:	Lead:	Activity:	Notes:
3:30-3:35	Elliot	Check-in: Name & pronouns, how is your day going & what orients you Go over agreements	Guide youth through closing their eyes and thinking of what they orient toward for grounding
3:35-3:45	Joy	Introduction: Explain purpose of the group, introduce Vipassana & Body Scan Vipassana, allow for choose-in or choose out, any questions & pick which meditation they want to do, offer additions to agreements now that they have more info on the group	Body Scan Vipassana or Vipassana . Meditation Doc
3:45-4:00	Elliot	Activity: Guided Meditation Offer youth to get comfortable in the space, blankets, pillows, stuffies, light fake candles and turn off the lights	offer to let youth have their own candle each during the meditation
4:00-4:10	Elliot	5-10minute Re-orienting/Self Care Break: Offer option to get a drink of water, bathroom break, or snacks before we start the discussion	this provides a container for practicing taking care of our needs
4:10-4:45	Joy & Elliot	Discussion: What feelings and thoughts came up for you during the meditation? Was it uncomfortable or comfortable? What did you like or dislike? How were you feeling before the meditation vs. after the meditation? Remember there are no wrong answers. What tools from this practice can you take with you in everyday life? Has anyone tried this before? What are some misconceptions we might have had about meditation and have those thoughts changed?	Discuss the difference between thoughts & feelings Allow for silence
4:45-5:15	Elliot	Announcements: -Remind youth that LGBTQ Connections is here for MH support, etc. -Ask for a volunteer to help water the garden next week -Announce what craft we are doing next week -Option to do another meditation if there's time before we clean up Acknowledgments Clean up: Ask youth to take anything they left, throw away any trash, wash their mugs, etc.	Remember to make announcements before we do acknowledgments

Pluses	Deltas

Calistoga Junior/Highschool LGBTQ Best Practices
August 13, 2025
9:00-11:00 AM
2 Hour Training

Objectives we will accomplish with our training:

- Have a better understanding of LGBTQ identities.
- Have more compassion for LGBTQ youth.
- Be more aware of specific issues that affect the mental health of LGBTQ youth.
- Be more confident in their ability to support LGBTQ youth.
- Gain knowledge of resource and referral information for LGBTQ youth, families, caregivers.
- Be able to identify specific mental health resources accessible for LGBTQ youth, families, caregivers.
- Facilitate discussion and practice scenarios pertaining to issues students are facing in classrooms and on campus in Calistoga specifically

Time	Item	Lead
8:45 - 9:00	Arrive - set up the room.	All
9:00 - 9:10	I. Welcome - Sign ins, introductions, etc. (10m) • Sol to provide an overview of the training and what to expect. • Staff will just introduce themselves by position and pronouns since we will go greater in depth later. Overview - Outcomes, agenda, agreements (5m)	All
9:10 - 9:25	II. Stars Empathy and Awareness Activity (15 min) • Participants have stars in their folders. • Follow the activity script • Debrief with questions listed in the script	Kylee
9:25 - 9:35	III. Paired discussions (10m) • Why is it hard for some people to address LGBTQ issues (for the population you serve?) • Why is it still important that we do?	Sol
9:35 - 10:05	IV. SSOGIE / Spectrums / Vocab: (30m)	Kylee/Jess

	• Pronouns	
10:05-10:15	• How culture and identity affect youth • Issues youth face at home and at school	Sol
10:15- 10:20	Debrief w/ Neighbor & Share Out (5m) • Talk to a neighbor about something they've learned so far in the training.	Kylee
10:20- 10:35	X. Best Practices/ABCs Overview (15m) • Youth Mental Health • Resources	Sol
10:35-10:55	XI. Scenario Discussion and Learning (30 min) • Break the group into pairs and give scenarios to each team. • Scenarios created with Calistoga admin prior to the training • Allow for them to discuss their scenarios and share strategies/thoughts with the group (15 min) • ACTION! (15m)	Jess
10:55 -11:00	XV. Evaluations & closing (15m) • How LGBTQ Connection can support you. • Any questions/comments? • Stay connected to the issues • Evaluation	Sol

Youth Leadership Team Recruitment Flyer

Appendix B: Evaluation Questions, Indicators, Plan

Table 1. Oasis Model Evaluation Plan

Evaluation Questions	Indicators	Measurement Tools
To what extent did CDEP participants show ***reductions in risk factors?*** (Outcome)	# of youth referred for mental health, substance abuse, domestic violence, sexual assault, primary care, non-health care services, social/cultural enrichment programs # of youth who attend support groups Frequency of attendance # of youth who report decreased risk factors --isolation --distress	**Attendance & Demographics** captured in AirTable Electronic Data System (Gender, Age, LGBTQ status) **Pre/Post Integrated SWE Core Outcomes Survey** (Adolescent Version). SWE core measures participant survey integrated with local evaluation survey questions. **Focus Group/Youth Participatory Evaluation:** Peer and adult co-facilitated group interviews held in private meeting spaces. Participation is voluntary and by invitation to create a representative sample of participants. Discussion questions are developed by evaluation consultant in participation with staff and youth leaders. Focus groups are audio recorded, documented on flip charts and in meeting notes.
To what extent did CDEP participants ***strengthen protective factors?*** (Outcome)	# of youth referred for mental health, substance abuse, domestic violence, sexual assault, primary care, non-health care services, social/cultural enrichment programs # of youth who attend support groups Frequency of attendance # of youth who participate in Leadership Teams # of projects completed # of youth who report increased protective factors --peer connectedness --community connectedness --positive self-regard --help seeking	**Attendance & Demographics** **Pre/Post Integrated SWE Core Outcomes Survey** (Adolescent Version) **Focus Group/Youth Participatory Evaluation** **Project Impact Survey:** Discussion-based tool completed by Youth Leadership Teams to measure impact of advocacy projects on individuals and changes in environment.

Evaluation Questions	Indicators	Measurement Tools
	–ability to cope with rejection –strong personal identity # of youth and adult community leaders who report increased feelings of acceptance from target populations due to advocacy projects	
To what extent did CDEP increase the capacity of mental health service providers to appropriately serve LGBTQ youth? (Outcome)	# and type of training and technical assistance completed # of providers who attend training by sector % estimates of individuals served by priority population and multilingual capacity # of providers who report increased knowledge of LGBTQ identities, specific MH issues, and resources available # of providers who intend to make at least one change in practices	**Training Survey:** Measures adults' growth in knowledge of LGBTQ-related diversity issues and terminology, best practices and available resources, as well as intentions to change practices. Administered at the end of training and three months after training completion.
To what extent was the CDEP implemented as designed at each program site? (Process)	Adherence to Program Model (4.1) --Level of completion of components --Staff qualifications --Language --Location Exposure: --# of services offered, --# of services attended, --length of each service received. Quality Participant Responsiveness Program Differentiation	**Attendance & Demographics** **Pre/Post Integrated SWE Core Outcomes Survey** (Adolescent Version) **Focus Group/Youth Participatory Evaluation** **Evaluator observations**

Table 2. Oasis Model Survey Data Dictionary

PRE LGBTQ-C Integrated Q# (7/23-6/25)	PRE PROGRAM (1/23-6/23)	POST LGBTQ-C Integrated Q# (7/23-6/25)	POST PROGRAM (1/23-6/23)	Question	Pre Indicator	Post Indicator
7	NA	7	1	…marginalized or excluded from society? (In other words, made to feel unimportant, or like your thoughts, feelings, or opinions don't matter.)	Isolation	Isolation
8	NA	8	2	…isolated and alienated from society? (In other words, feeling alone, separated from, cut off from the world beyond your family, school, and friends.)	Isolation	Isolation
Header 13-18	Header 1-7	Header 9-14	Header 4-10	During the past 30 days, how often did you feel…		NA
13	1	9	4	nervous?	Distress	Distress
14	2	10	5	hopeless?	Distress	Distress
15	4	11	7	restless or fidgety?	Distress	Distress
16	5	12	8	so depressed that nothing could cheer you up?	Distress	Distress
17	6	13	9	that everything was an effort?	Distress	Distress
18	7	14	10	worthless?	Distress	Distress
Header 19-22	NA	Header 15-18	Header 11-14	During the past 30 days…	NA	NA
19	8	15	11	Did these feelings occur more often than is usual for you, about the same as usual or less often than usual?	Distress	Distress
20	9	16	12	Did these feelings negatively impact school or work?	Distress	Distress
21	10	17	13	Did these feelings negatively impact friends?	Distress	Distress
22	11	18	14	Did these feelings negatively impact family?	Distress	Distress
		23	15	I feel seen and accepted by my peers.		Peer connectedness
		24	16	I have people with whom I can do enjoyable things.		Peer connectedness
		25	17	I know people who will listen and understand me when I need to talk.		Peer connectedness
		26	18	I feel connected to other people in my community.		Community connectedness
		27	19	I feel like I belong in my community		Community connectedness
		28	20	I have a positive attitude about myself.		Positive self-regard
		29	21	I see myself as a skilled person.		Positive self-regard
		30	22	I am able to do things I want to do.		Positive self-regard
		31	NA	I am able to handle daily life.		Positive self-regard

PRE LGBTQ-C Integrated Q# (7/23-6/25)	PRE PROGRAM (1/23-6/23)	POST LGBTQ-C Integrated Q# (7/23-6/25)	POST PROGRAM (1/23-6/23)	Question	Pre Indicator	Post Indicator
		32	23	I can adapt in the face of challenges.		Positive self-regard
		33	24	I can identify when I have a problem that is bigger than I can solve on my own.		Help Seeking
		34	25	I know where to go for help when I need it.		Help Seeking
		35	26	I ask family or friends for help when I need it.		Help Seeking
		36	27	I ask trusted adults for help, such as program staff, mentors or teachers, for help when I need it.		Help Seeking
		37	28	I ask health professionals, such as therapists, doctors, or crisis lines, for help when I need it.		Help Seeking
		38	29	I know how to take care of my needs when I feel rejected by others.		Ability to Cope with Rejection
		39	30	I can find safe spaces to be if I feel rejected or uncomfortable in my home.		Ability to Cope with Rejection
		40	31	I can separate myself emotionally from people who don't accept me.		Ability to Cope with Rejection
		41	32	I can identify people who accept and support me when I feel rejected by others.		Ability to Cope with Rejection
		42	33	I focus on relationships that are healing and helpful.		Ability to Cope with Rejection
		43	34	I believe that I am worthy of existing as I am.		Strong Personal Identity
		44	35	I feel comfortable with my gender identity.		Strong Personal Identity
		45	36	I feel comfortable with my sexual orientation.		Strong Personal Identity
		46	37	I feel comfortable expressing my identity.		Strong Personal Identity
		47	38	I can see my identity reflected in my community.		Strong Personal Identity
		48	45	Overall, I am satisfied with the services I received.		Quality/Participant Satisfaction
		49	47	I got the help I wanted.		Quality/Participant Satisfaction
		50	NA	I felt I had someone to talk to when I was troubled		Quality/Participant Satisfaction

PRE LGBTQ-C Integrated Q# (7/23-6/25)	PRE PROGRAM (1/23-6/23)	POST LGBTQ-C Integrated Q# (7/23-6/25)	POST PROGRAM (1/23-6/23)	Question	Pre Indicator	Post Indicator
		51	46	I received services that were right for me.		Quality/Participant Satisfaction
		52	37	The location of services was convenient for me.		Adherence to Program Model
		53	38	Services were available at times that were convenient for me.		Adherence to Program Model
		54	39	Staff spoke with me in a way that I understood.		Adherence to Program Model
		55	43	Staff respected my religious / spiritual beliefs.		Cultural Practices, Values & Beliefs
		56	44	Staff were sensitive to my cultural / ethnic background.		Cultural Practices, Values & Beliefs
		57	48	Were the services you received here provided in the language you prefer?		Language
		58	49	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?		Language
28				How old are you?	Demographics	
29				What is your race and ethnic origin?	Demographics	
31				What is your preferred language?	Demographics	
33				What are the first 3 digits of your ZIP code?	Demographics	
36				When I was born, I was labeled a: (gender identity)	Demographics	
37				When it comes to my gender identity, I think of myself as	Demographics	
38				What is your sexual orientation?	Demographics	

Appendix C: IRB Materials

LMU|LA
Bellarmine College of Liberal Arts

Psychology Applied Research Center

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

Tel 310.568.6634
www.lmu.edu

INFORMED ASSENT FORM – 12-17 Years of Age

Principal Investigator: Dr. Cheryl Grills, Loyola Marymount University (LMU)
California Reducing Disparities Project Phase 2

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

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

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

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

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

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

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

Signing below [or clicking the yes button below] means that:

- I understand all of the above information.
- I have received the Participant's Bill of Rights.
- I agree to be in the study.

Your Signature: _____ Date: _____

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Los Angeles, CA 90045-2659

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INFORMED CONSENT FORM – 12-17 Years of Age

California Reducing Disparities Project Phase 2 Statewide Evaluation
Principal Investigator: Dr. Cheryl Grills, Loyola Marymount University (LMU)

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

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

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

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

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

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Signing below [or clicking the yes button below] means that:

- I understand all of the above information.
- I have received the Participant's Bill of Rights for Non-Medical Research.
- I consent to being in the study.

Signature: _____ Date: _____

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

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INFORMED CONSENT FORM – 12-17 Years of Age

California Reducing Disparities Project Phase 2 Statewide Evaluation
Principal Investigator: Dr. Cheryl Grills, Loyola Marymount University (LMU)

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

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

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

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

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

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

Signing below [or clicking the yes button below] means that:

I understand all of the above information.
I have received the Participant's Bill of Rights for Non-Medical Research.
I consent to being in the study.

Signature: _____ Date: _____

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

Witness Signature if Verbal Consent was Obtained: _____ Date: _____

Figure 1: Informed Consent Flow Chart

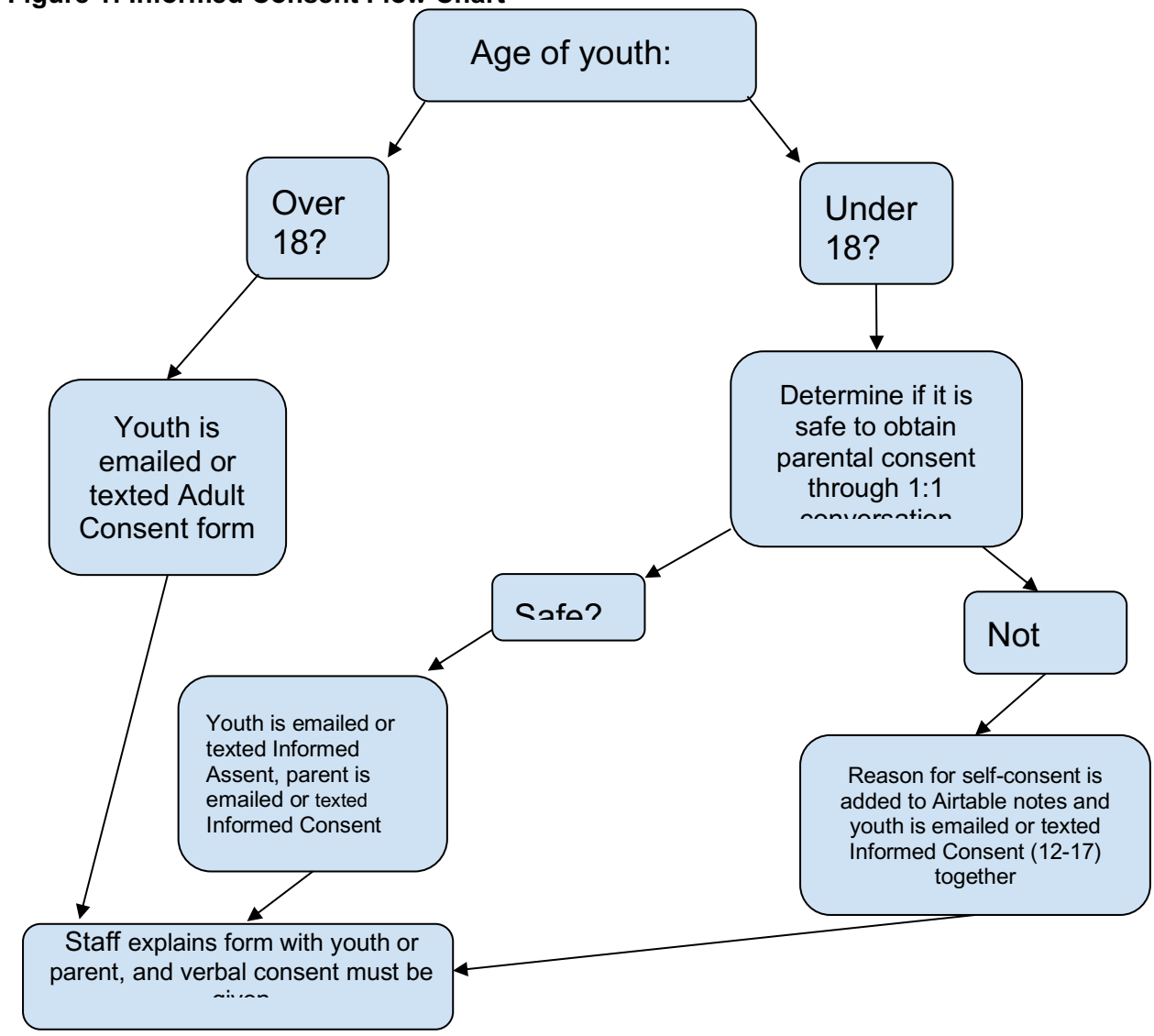

Figure 2: Evaluation Recruitment Flier

Appendix D: Evaluation Tools

LGBTQ Connection Youth Pre-Survey/Screener 2022-23

* Youth Identifier:

During the past month, 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
...nervous?	○	○	○	○	○
...hopeless?	○	○	○	○	○
...lonely or disconnected?	○	○	○	○	○
...restless or fidgety?	○	○	○	○	○
...so depressed you have trouble enjoying your favorite activities?	○	○	○	○	○
...that everything is an effort?	○	○	○	○	○
...worthless?	○	○	○	○	○

Thinking about questions 1-7 together, did these feelings occur more often in the past month than is usual for you, about the same as usual, or less often than usual? (If you never have any of these feelings, select “about the same as usual”).

- ○ A lot more than usual
- ○ Somewhat more than usual
- ○ A little more than usual
- ○ About the same as usual
- ○ A little less often than usual
- ○ Somewhat less often than usual
- ○ A lot less often than usual

Thinking about questions 1-7 together, how much did these feelings stop you from doing things you want to do? How much have these feelings negatively impacted....

	A lot more than usual	Somewhat more than usual	A little more than usual	About the same as usual	A little less often than usual	Somewhat less often than usual	A lot less often than usual
...school or work?	○	○	○	○	○	○	○
...friends?	○	○	○	○	○	○	○
...family?	○	○	○	○	○	○	○

LGBTQ Connection Youth Post Survey 2022-23

* Youth Identifier:

During the past month, 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
...left out or like your thoughts, feelings, or opinions didn't matter?	○	○	○	○	○
...isolated from others?	○	○	○	○	○

Thinking about questions 1 and 2 together, did these feelings occur more often in the past month than is usual for you, about the same as usual, or less often than usual? (If you never have any of these feelings, select "about the same as usual").

- ○ A lot more than usual
- ○ Somewhat more than usual
- ○ A little more than usual
- ○ About the same as usual
- ○ A little less often than usual
- ○ Somewhat less often than usual
- ○ A lot less often than usual

During the past month, 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
...nervous?	○	○	○	○	○
...hopeless?	○	○	○	○	○
...lonely or disconnected?	○	○	○	○	○
...restless or fidgety?	○	○	○	○	○
...so depressed you have trouble enjoying your favorite activities?	○	○	○	○	○
...that everything is an effort?	○	○	○	○	○
...worthless?	○	○	○	○	○

Thinking about questions 4-10 together, did these feelings occur more often in the past month than is usual for you, about the same as usual, or less often than usual? (If you never have any of these feelings, select "about the same as usual").

- ◯ A lot more than usual
- ◯ Somewhat more than usual
- ◯ A little more than usual
- ◯ About the same as usual
- ◯ A little less often than usual
- ◯ Somewhat less often than usual
- ◯ A lot less often than usual

Thinking about questions 4-10 together, how much did these feelings stop you from doing things you want to do? How much have these feelings negatively impacted....

	A lot more than usual	Somewhat more than usual	A little more than usual	About the same as usual	A little less often than usual	Somewhat less often than usual	A lot less often than usual
...school or work?	◯	◯	◯	◯	◯	◯	◯
...friends?	◯	◯	◯	◯	◯	◯	◯
...family?	◯	◯	◯	◯	◯	◯	◯

LGBTQ Connection Youth Post Survey 2022-23

After being a part of the LGBTQ Connection community:

	More	About the same	Less	Does not apply
I feel seen and accepted by my peers.	◯	◯	◯	◯
I have people with whom I can do enjoyable things.	◯	◯	◯	◯
I know people who will listen and understand me when I need to talk.	◯	◯	◯	◯
I feel connected to other people in my community.	◯	◯	◯	◯
I feel like I belong in my community.	◯	◯	◯	◯
I have a positive attitude about myself.	◯	◯	◯	◯
I see myself as a skilled person.	◯	◯	◯	◯

I am able to do things I want to do.	○	○	○	○
I can adapt in the face of challenges.	○	○	○	○
I can identify when I have a problem that is bigger than I can solve on my own.	○	○	○	○
I know where to go for help when I need it.	○	○	○	○
I ask family or friends for help when I need it.	○	○	○	○
I ask trusted adults for help, such as program staff, mentors or teachers, for help when I need it	○	○	○	○
I ask health professionals, such as therapists, doctors, or crisis lines, for help when I need it.	○	○	○	○
I know how to take care of my needs when I feel rejected by others.	○	○	○	○
I can find safe spaces to be if I feel rejected or uncomfortable in my home.	○	○	○	○
I can separate myself emotionally from people who don't accept me.	○	○	○	○
I can identify people who accept and support me when I feel rejected by others.	○	○	○	○
I focus on relationships that are healing and helpful.	○	○	○	○
I believe that I am worthy of existing as I am.	○	○	○	○
I feel comfortable with my gender identity.	○	○	○	○
I feel comfortable	○	○	○	○

with my sexual orientation.	○	○	○	○
I feel comfortable expressing my identity.	○	○	○	○
I can see my identity reflected in my community	○	○	○	○

LGBTQ Connection Youth Post Survey 2022-23

How was your experience with LGBTQ Connection?

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Not Applicable
The location of the services was convenient for me.	○	○	○	○	○	○
Services were available at times that were convenient for me.	○	○	○	○	○	○
Staff spoke with me in a way that I understood.	○	○	○	○	○	○
Staff treated me with respect.	○	○	○	○	○	○
Staff respected my religious/spiritual beliefs.	○	○	○	○	○	○
Staff were sensitive to my cultural/ethnic background.	○	○	○	○	○	○
Overall, I am satisfied with the services I received.	○	○	○	○	○	○
I received services that were right for me.	○	○	○	○	○	○
I got the help I wanted.	○	○	○	○	○	○

Were the services you received here provided in the language you prefer?

- ○ Yes
- ○ No

Was written information available in the language you prefer?

- ○ Yes
- ○ No

ID:
Pop. IPP Part. Code

ADOLESCENT VERSION (12-17) PRE

STOP

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 the primary culture you identify with, specifically the culture that influences your beliefs and values and how you act.

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

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

_____

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.)*	☐	☐	☐	☐	☐

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

In the past 12 months…	Yes	No	Decline	Don't Know
9. Did you THINK YOU NEEDED HELP for emotional or mental health problems, such as feeling sad, anxious, or nervous?	☐	☐	☐	☐
10. 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?	☐	☐	☐	☐
11. Have YOU RECEIVED any psychological or emotional counseling from someone AT SCHOOL, such as a school counselor, school psychologist, school therapist, school social worker?	☐	☐	☐	☐
12. Have YOU RECEIVED any psychological or emotional counseling from someone OUTSIDE OF SCHOOL, such as a counselor, therapist, psychologist, psychiatrist or social worker?	☐	☐	☐	☐

ADOLESCENT VERSION PRE

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
13. … nervous?	☐	☐	☐	☐	☐
14. … hopeless?	☐	☐	☐	☐	☐
15. … restless or fidgety?	☐	☐	☐	☐	☐
16. … so depressed that nothing could cheer you up?	☐	☐	☐	☐	☐
17. … that everything was an effort?	☐	☐	☐	☐	☐
18. … worthless?	☐	☐	☐	☐	☐

Okay, you just told us about how you have been feeling the past 30 days. Now we want to know how normal this is for you and how much how much your fears and worries have messed things up. In other words, how much have they stopped you from doing things you want to do? (If you never have any of these feelings, select "about the same as usual)

During the past 30 days…	A lot more than usual	Somewhat more than usual	About the same as usual	Somewhat less than usual	A lot less than usual
19. Did these feelings occur more often than is usual for you, about the same as usual or less often than usual?	☐	☐	☐	☐	☐
20. Did these feelings negatively impact your school or work?	☐	☐	☐	☐	☐
21. Did these feelings negatively impact your relationships with your friends?	☐	☐	☐	☐	☐
22. Did these feelings negatively impact your relationship with your family?	☐	☐	☐	☐	☐

The next questions are about your health during the past 30 days.

23. Would you say that in general your health is?				
☐ Excellent	☐ Very good	☐ Good	☐ Fair	☐ Poor

24. Now, thinking about your *physical health*, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?		
☐ Number of Days _____	☐ None	☐ Don't know/Not sure

25. Now, thinking about your *mental health*, which includes stress, depression and problems with emotions, , for how many days during the past 30 days was your mental health not good?		
☐ Number of Days _____	☐ None	☐ Don't know/Not sure

26. During the past 30 days, for about how many days did poor *physical or mental health*, keep you from doing your usual activities, such as self-care, work or recreation?		
☐ Number of Days _____	☐ None	☐ Don't know/Not sure

In this last section, would you please take a few moments to tell us about yourself?

27. In the past 6 months, have you done any volunteer work or community service that you have not been paid for?			
☐ Yes	☐ No	☐ Decline	☐ Don't know/Not sure

ADOLESCENT VERSION PRE

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

29. What is your race and ethnic origin? *Select only one race category; select your ethnic origin(s).*

☐ American Indian or Alaska Native				
☐ Black or African American. Check your ethnic origin(s):				
	☐ African American ☐ Caribbean ☐ Egyptian	☐ Kenyan ☐ South African ☐ Ghanaian	☐ Nigerian ☐ Ethiopian ☐ Decline to state	☐ Don't know ☐ Other Black or African American. Please specify: _____
☐ Latino, Hispanic, or Spanish. Check your ethnic origin(s):				
	☐ Mexican/Chicano ☐ Salvadoran ☐ Guatemalan ☐ Dominican	☐ Honduran ☐ Puerto Rican ☐ Cuban ☐ Peruvian	☐ Chilean ☐ Colombian ☐ Nicaraguan ☐ Decline to state	☐ Don't know ☐ Other Latino. Please specify: _____
☐ Asian. Check your ethnic origin(s):				
	☐ Afghan ☐ Bangladeshi ☐ Burmese ☐ Cambodian ☐ Chinese ☐ Filipino	☐ Hmong ☐ Indian (India) ☐ Indonesian ☐ Japanese ☐ Korean ☐ Laotian	☐ Malaysian ☐ Pakistani ☐ Sri Lankan ☐ Taiwanese ☐ Thai ☐ Vietnamese	☐ Decline to state ☐ Don't know ☐ Other Asian. Please specify: _____
☐ Native Hawaiian or Other Pacific Islander. Check your ethnic origin(s):				
	☐ Samoan ☐ Guamanian	☐ Tongan ☐ Fijian	☐ Decline to state ☐ Don't know	☐ Hawaiian or Pacific Islander. Please specify: _____
☐ Multi-Racial. Check all that apply and specify your ethnic origin(s):				
	☐ White. Please specify: _____ ☐ Black or African American. Please specify: _____ ☐ Latino, Hispanic or Spanish. Please specify: _____ ☐ American Indian or Alaska Native. Please specify: _____		☐ Asian. Please specify: _____ ☐ Native Hawaiian or Other Pacific Islander. Please specify: _____ ☐ Decline to state ☐ Don't know	
☐ White. Please specify your ethnic origin(s):_____				
☐ Other Race. Please specify your race and ethnic origin(s):_____				
☐ Decline to answer				
☐ Don't Know				

30. 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

31. What is your preferred language? _____

ADOLESCENT VERSION PRE

32. Were you born:

☐ Inside the US	☐ Outside the US	☐ Decline to Answer	☐ Don't know

33. What are the first 3 digits of your ZIP code?

☐ The first 3 digits of my Zip code are __ __ __	☐ Unstable housing/ no ZIP code	☐ Decline to Answer	☐ Don't know

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

☐ Not Applicable	☐ Yes	☐ No
☐ Decline to Answer	☐ Don't know	

35. About how many years have you lived in the United States? [For less than a year, enter 1 year]

☐ I have lived in the United States for about _____ year(s).	☐ 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.

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

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

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

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

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

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

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

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, please let a staff member know.

ADOLESCENT VERSION PRE

32. Were you born:

☐ Inside the US	☐ Outside the US	☐ Decline to Answer	☐ Don't know

33. What are the first 3 digits of your ZIP code?

☐ The first 3 digits of my Zip code are __ __ __	☐ Unstable housing/ no ZIP code	☐ Decline to Answer	☐ Don't know

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

☐ Not Applicable	☐ Yes	☐ No
☐ Decline to Answer	☐ Don't know	

35. About how many years have you lived in the United States? [For less than a year, enter 1 year]

☐ I have lived in the United States for about _____ year(s).	☐ 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.

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

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

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

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

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, please let a staff member know.

ADOLESCENT VERSION POST

Okay, you just told me about how us have been feeling the past six months. Now I want to know how normal this is for you and how much how much your fears and worries have messed things up. In other words, how much have they stopped you from doing things you want to do? (If you never have any of these feelings, select "about the same as usual)

During the past six months…	A lot more than usual	Somewhat more than usual	About the same as usual	Somewhat less than usual	A lot less than usual
15. Did these feelings occur more often than is usual for you, about the same as usual or less often than usual?	☐	☐	☐	☐	☐
16. Did these feelings negatively impact your school or work?	☐	☐	☐	☐	☐
17. Did these feelings negatively impact your relationships with your friends?	☐	☐	☐	☐	☐
18. Did these feelings negatively impact your relationships with your family?	☐	☐	☐	☐	☐

The next questions are about your health during the past 6 months.

19. Would you say that in general your health is?				
☐ Excellent	☐ Very good	☐ Good	☐ Fair	☐ Poor

20. Now, thinking about your *physical health*, which includes physical illness and injury, for how many days during the past six months was your physical health not good?		
☐ Number of Days _____	☐ None	☐ Don't know/Not sure

21. Now, thinking about your *mental health*, which includes stress, depression and problems with emotions, , for how many days during the past 6 months was your mental health not good?		
☐ Number of Days _____	☐ None	☐ Don't know/Not sure

22. During the past 6 months, for about how many days did poor *physical or mental health*, keep you from doing your usual activities, such as self-care, work or recreation?		
☐ Number of Days _____	☐ None	☐ Don't know/Not sure

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 LGBTQ Connection. Indicate if you Strongly Disagree, Disagree, are Undecided, Agree, or Strongly Agree with each of the statements below. If the statement is about something you have not experienced, check the box for Not Applicable to indicate that this item does not apply to you. Please note: the word "service" stands for any program activities or events connected to LGBTQ Connection.

After being a part of the LGBTQ Connection community:	More	About the same	Less	Does not apply
23. I feel seen and accepted by my peers.	☐	☐	☐	☐
24. I have people with whom I can do enjoyable things.	☐	☐	☐	☐
25. I know people who will listen and understand me when I need to talk.	☐	☐	☐	☐
26. I feel connected to other people in my community.	☐	☐	☐	☐
27. I feel like I belong in my community	☐	☐	☐	☐
28. I have a positive attitude about myself.	☐	☐	☐	☐
29. I see myself as a skilled person.	☐	☐	☐	☐
30. I feel confident that I can accomplish my goals.	☐	☐	☐	☐
31. I am able to handle daily life.	☐	☐	☐	☐
32. I can adapt in the face of challenges.	☐	☐	☐	☐
33. I can identify when I have a problem that is bigger than I can solve on my own.	☐	☐	☐	☐
34. I know where to go for help when I need it.	☐	☐	☐	☐
35. I ask family or friends for help when I need it.	☐	☐	☐	☐
36. I ask trusted adults for help, such as program staff, mentors or teachers, for help when I need it.	☐	☐	☐	☐
37. I ask health professionals, such as therapists or doctors, for help when I need it.	☐	☐	☐	☐
38. I know how to take care of my needs when I feel rejected by others.	☐	☐	☐	☐
39. I can find safe spaces to be if I feel rejected or uncomfortable in my home.	☐	☐	☐	☐
40. I can separate myself emotionally from people who don't accept me.	☐	☐	☐	☐
41. I can identify people who accept and support me when I feel rejected by others.	☐	☐	☐	☐
42. I focus on relationships that are healing and helpful.	☐	☐	☐	☐
43. I believe that I am worthy of existing as I am.	☐	☐	☐	☐
44. I feel comfortable with my gender identity.	☐	☐	☐	☐
45. I feel comfortable with my sexual orientation.	☐	☐	☐	☐

ADOLESCENT VERSION POST

After being a part of the LGBTQ Connection community:	More	About the same	Less	Does not apply
46. I feel comfortable expressing my identity.	☐	☐	☐	☐
47. I can see my identity reflected in my community.	☐	☐	☐	☐

How was your experience with LGBTQ Connection?	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Not Applicable
48. Overall, I am satisfied with the services I received.	☐	☐	☐	☐	☐	☐
49. I got the help I wanted.	☐	☐	☐	☐	☐	☐
50. I felt I had someone to talk to when I was troubled.	☐	☐	☐	☐	☐	☐
51. I received services that were right for me.	☐	☐	☐	☐	☐	☐
52. The location of services was convenient for me.	☐	☐	☐	☐	☐	☐
53. Services were available at times that were convenient for me.	☐	☐	☐	☐	☐	☐
54. Staff spoke with me in a way that I understood.	☐	☐	☐	☐	☐	☐
55. Staff respected my religious / spiritual beliefs.	☐	☐	☐	☐	☐	☐
56. Staff were sensitive to my cultural / ethnic background.	☐	☐	☐	☐	☐	☐

	Yes	No
57. Were the services you received here provided in the language you prefer?	☐	☐
58. 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?	☐	☐

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, please let a staff member know.

Youth Participatory Evaluation: Culture/Distress/Help Seeking Focus Group (2023-24)

Introductions & Opener - 10 minutes

1. Check-In
2. Context of what we are doing today - part of the evaluation process you all agreed to help us with. Focus group is to help LGBTQ:
    a. Learn what is working for youth
    b. Learn what is changing for youth - are youth less stressed and more connected? c. Improve our program
    d. Help other organizations learn how to best support LGBTQ youth
3. Agenda- how it works, what will happen with info, set the intentions and tone 4. Agreements- confidentiality, take care of your needs, move up/move back 5. Energy Booster Activity

Session 1: Cultural Competency - 30 minutes Learning Question: Did the program fit youth's culture, language and age?

Context to SHARE: For programs to be effective, they have to match the identities and interests of the people who are participating.

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

1. Identity means different things to different people. On the table you, will find a bunch of sticky notes with words that describe elements of identity. Pick out the ones that are important to you and put them up on one of the chart papers on the wall. You can add words/ideas by writing them on a sticky note and adding them to the list:
    a. Start some music while they are writing and moving around the room
    b. Read them all out loud, check for agreement and understanding for any new cards youth added or any "gray" areas
2. So now we want to know if LGBTQ Connection's programs matched up with your identity and interests.
    a. Give each participant a marker and ask them to come place their "scores" on each area of culture:
        i. Put a "+" next to the areas LGBTQ Connection did well in.
        ii. Put a "o" next to things you didn't see happen.
        iii. Put a "-" next to the things LGBTQ Connection didn't do well in -- where errors or oversights were made.
3. Ask for clarification and/or examples. **NOTES: Avoid saying "we" in this section. Don't ask about program improvement yet -- just focus on getting their examples and experiences out.**
    a. Where there is disagreement (mixture of +/o/-) **ask them to share about their experience**
    b. Where there is lots of agreement - **ask for 1 or 2 examples**
    c. If there is agreement around age and language being represented for the people present, ask hypothetical language and age questions- "what if a 14 yr old were here, what do you think they would say?"

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

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

Break - 5 minutes

Session 2: Distress - 20 minutes

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

Context to SHARE: One of LGBTQ Connection's key goals is to help LGBTQ youth feel less lonely, anxious and depressed. We know that being LGBTQ can magnify these feelings sometimes. In this next activity, we want to learn from you about what makes you feel sad or anxious, if things are getting any better for you and whether or not being a part of LGBTQ Connection is helping. We are really looking to see what parts of being LGBTQ create extra stress or anxiety in your life, and if being a part of LGBTQ Connection has helped lessen these things at all.

Activity: Image Comparison

1. Spread images over the table (or on the floor in the middle of the circle) where everyone can reach them.
    a. Think back to how you were doing before you got involved in LGBTQ Connection. Pick on image off table that represents how you were feeling or coping at the time.
    b. If things have changed for you over the last 6 months, pick another image that represents where you are now.
    c. If more than one person wants to use a particular image, just stand next to each other.
2. Quickly divide into two groups -- make sure that youth who are sharing an image are together.
    a. Take 2 minutes to describe where you were and where you are now. What changed? If nothing changed, why do you think things aren't getting better? (everyone answers).
    b. What happened in your life that influenced that change? How much did being involved in LGBTQ Connection have to do with that change?
    c. Has the change you experienced as part of LGBTQ Connection influenced any other parts of your life?
3. What are ways LGBTQ Connection could help you to deal with stress, loneliness, anxiety and/or depression better?

i. Recorder takes notes on people's responses

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

Break/Activity (if needed)- 5 minutes

Session 3: Help Seeking - 20 minutes

Learning Question: Are youth more willing to look for help?

Context to SHARE: LGBTQ Connection's other key goal is to help youth be more comfortable asking for help when they need it. In this next activity, we want to learn from you about who you ask for help, what kind of help you need and then to see if anything is changing for you.

Activity 1: Sticky Note Wall - pass out stacks of blue and yellow sticky notes & pens/pencils

1. Who do you turn to when you need help or support?

a. Ask youth to write one idea per blue sticky note

b. Ask youth to put stickies on the wall -- they can group them as they go. Make sure they are spread out on wall.

c. Read out all sticky notes in each group, give each group a written "title" that summarizes the cards in the group.

2. What kind of support do you ask for?

a. Ask youth to write one idea per yellow sticky note. If they ask for the same support from different people, make as many yellow stickies as they need. *Examples: Money, ride, listen to me*

b. Ask youth to put the yellow stickies on the wall next to the person/category that youth go to for support.

c. Read out all sticky notes. Ask for more detail, i.e. "What kind of advice do you ask your friends for?"

Activity 2: Group Discussion

1. How have things changed for your since coming to LGBTQ Connection?

a. Do you ask different people for help? How so?

b. Has the type of help you ask for changed? How so? Can you please give an example?

c. Do you feel any differently about asking for help? Is it harder or easier to ask for help? Why?(everyone answers)

i. ***Recorder takes notes on people's responses***

2. Summarize what you heard from youth and check for agreement.

Closing - 5 minutes

1. Do a quick Plus - Delta of the focus group

2. Acknowledgments - Be sure to thank them for openly sharing, giving input, etc. 3. Group photo

4. Treats & social time

Youth Participatory Evaluation: Culture/Distress/Help Seeking Focus Group (2024-25)

Introductions & Opener - 10 minutes

1. 2 mins: Check-In: Name, pronouns, 1-10
2. 1 mins: Context of what we are doing today - part of the evaluation process you all agreed to help us with. Focus group is to help LGBTQ Connection:
    a. Learn what is working for youth
    b. Learn what is changing for youth - are youth less stressed and more connected?
    c. Improve our program
    d. Help other organizations learn how to best support LGBTQ youth
3. 1 mins: Agenda- how it works, what will happen with info, set the intentions and tone-
    a. Vague description: three activities, break in the middle, finish with acknowledgements, pluses & deltas
4. 2 mins: Agreements- **confidentiality**, take care of your needs, move up/move back, Be present, Everything said here stays here
    a. Notes on confidentiality:
        i. What they share is used for our own internal evaluation and program improvement purposes and is not shared with anyone outside of the program.
        ii. We are recording the session, just to help with note taking. Recordings will be destroyed and they will not be shared.
        iii. All the data is summarized as a whole, so there is no chance that anyone will know what you said here.

Session 1: Cultural Competency (Identity Match!) 30 minutes

Learning Question: Did the program fit youth's culture, language and age?

Context to SHARE: For programs to be effective, they have to match the identities and interests of the people who are participating.

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

1. **Context Setting:** Let's start by making a list of all the ways Connections has been active in your school/community in the last year.
    a. Brainstorm list with youth, recording on whiteboard or flipchart.
    b. Each youth should be asked to contribute something, if they can't think of anything that hasn't already been listed, they can "check" others' ideas.
2. **SETS UP WALL:** Identity means different things to different people. On the table you will find a bunch of sticky notes with words that describe elements of identity. Pick out the ones that are important to you and put them up on one of the chart papers on the wall. You can add words/ideas by writing them on a sticky note and adding them to the list
3. Our cards will have these words
    a. Start some music while they are writing and moving around the room
    b. Read them all out loud, check for agreement and understanding for any new cards youth added or any "gray" areas-*So everyone knows they were heard*

   c. Group cards in themes as needed- group memes together, etc

4. So now we want to know if the activities and programs you listed before matched up with your identity and interests
   a. Give each participant a marker and ask them to come place their "scores" on each area of culture:
      i. Put a "+" next to elements of identity if the activities matched well – for example, the activities and discussions were age appropriate
      ii. Put a "o" next to the elements of identity that you didn't see within the activities we listed – for example, music is an important piece of your identity but you never experienced music in the activities
      iii. Put a "-" next to the identity areas if the activities or approaches didn't match well – for example, the activities or topics were too mature or too young for you.
   b. *Play quiet music as they work.*
5. **LEADS DISCUSSION**- Ask for clarification and/or examples. **NOTES: Avoid saying "we" in this section. Don't ask about program improvement yet -- just focus on getting their examples and experiences out. *Be sure to touch on age, language, and gender expression***
   a. Where there is disagreement (mixture of +/o/-) **ask them to share about their experience** *-Look for ones that have significance to the program- food, art, spirituality, etc*
   b. Where there is lots of agreement - **ask for 1 or 2 examples**
   c. If there is agreement around age and language being represented for the people present, ask hypothetical language and age questions- OR if age, language or gender expression is not included, be sure to add and discuss-
   d. Follow-up questions (optional):
      i. "Do you feel like LGBTQ Connection allows for fluidity in identity?"
      ii. "How did the Staff invite/make space for you to feel seen and supported?"
      iii. "Is LGBTQ Connection's language respectful of all identities? Is it youth friendly?"
6. Summarize what you heard from youth and announce next session
   a. "So what I heard you say was…"
7. **Take a photo of the wall, take multiple if it is big so we can get the detail.**

Session 2: Distress (Picture This!)- 25 minutes

Learning Question: Did the program help youth to deal with the pressures and stresses of being a LGBTQ Youth? Is the program helping youth have better coping skills?

Context to SHARE: One of LGBTQ Connection's key goals is to help LGBTQ youth feel less lonely, anxious and depressed. We know that being LGBTQ can magnify these feelings sometimes. In this next activity, we want to learn from you about what makes you feel sad or anxious, if things are getting any better for you and whether or not being a part of LGBTQ Connection is helping. We are really looking to see what parts of being LGBTQ create extra stress or anxiety in your life, and if being a part of LGBTQ Connection has helped lessen these things at all. Does this make sense to you all? (Elaborate if needed… give an example if needed: I feel really isolated at school because I don't know other LGBTQ people. Coming to LGBTQ Connection helped me feel more connected because I met other people who identified like me.)

Activity: Image Comparison

1. Spread images over the table (or on the floor in the middle of the circle) where everyone can reach them.
    a. Think back to how you were doing before you got involved in LGBTQ Connection. Pick an image off the table that represents how you were feeling or coping at the time.
    b. If things have changed for you over the last 6 months, pick another image that represents where you are now.
    c. Pick an image that represents your hope for the future (optional)
    d. *Play quiet music as they work*
2. **As a large group** - Facilitator explains the share-out activity and then demonstrates how to do it. Each youth will share:
    a. Share the images and briefly describe where you were at then, where you are at now and where you hope to be. (Facilitator gives an example)
    b. Follow-up Questions as needed:
        i. What happened in your life that influenced that change?
        ii. Did being involved in LGBTQ Connection have anything to do with that change? How so?
        iii. How will you get to where you want to be? What sort of support do you need to get to your next image?
3. Summarize what you heard from youth and announce break and next session

Session 3: Help Seeking - 20 minutes

Learning Question: Are youth more willing to look/ask for help?

Context to SHARE: LGBTQ Connection's other key goal is to help youth be more comfortable asking for help when they need it, especially if they are feeling overly anxious, depressed or overwhelmed. In this next activity, we want to learn from you about who you ask for help, what kind of help you need and then to see if anything is changing for you.

Activity 1: Defining Help Seeking

1. Prepare three flip charts/posters with these headers:
    a. "I have a hard time with…"
    b. "I could use help with…"
    c. "Asking for help is…"
2. Hand out sticky notes and pens and ask youth to write at least one sticky note in response to each poster. They should only put one idea per sticky note and can do as many notes as they want. *Play quiet music as they work.*
3. Have youth put all the notes on the posters. Read them all out loud, check for understanding s*o everyone knows they were heard.* Group cards in themes as it makes sense.

Activity 2: Discussion. We can see from our sticky notes that we all have struggles and need help sometimes, but that it can be tricky to ask for help.

1. How do you know if a problem is bigger than you can solve on your own?
2. Is there anyone you could turn to for help or advice if you felt like you couldn't solve a problem by yourself? What makes it hard to ask this person/people/group for help? What makes it easy?

a. Potential follow-up questions if for responses that say it is hard:
    i. Sometimes asking for help is hard because we don't know what we actually need. Is that true for you?
    ii. Has it ever been true for you that you couldn't or wouldn't ask for help because you didn't think anyone could help?
    iii. Have you ever had the experience of asking for help and it didn't go well?
b. Potential follow-up questions if for responses that say it is easy.
    i. When you ask for help, do you generally know what type of help you are looking for and how to talk about it?
    ii. Have you had positive experiences when you asked for help in the past?
    iii. Do you have people in your life who encourage you to ask for help?
    iv. Are there people in your life you can always trust and count on to show up when you need help?

3. Has there been anything about being in this group that has changed your mind or feelings about asking for help?
    a. Have you had any positive experiences where you reached out for help since you started in the program?
    b. Were they different/better than other times you asked for help?
4. Summarize what you heard from youth and check for agreement.
5. **Take a photo of the wall, take multiple if it is big so we can get the detail.**

Closing - 5 minutes

1. Do a quick Plus - Delta of the focus group on a flip chart & take photo of findings
2. Acknowledgments - Be sure to thank them for openly sharing, giving input, etc
3. Group photo
4. Treats & social time

Youth Participatory Evaluation: Youth Leadership Team Advocacy Project Debrief

LGBTQ Connection - Oasis Model
Youth Leadership Team Final Learning Presentation

Site: _____ Date: _____

Youth Leaders: _____

Project:

1. What is the need/problem/challenge your project was meant to address?

2. What did your team do together? What were the major activities and who were your partners?

3. How did working on the project change how you feel about yourself?

4. How did working on the project impact your relationships and your team?

5. Did the project make your community/school/families more welcoming for LGBTQ youth? How much more welcoming?

6. What will be different for youth in your community because of your project?

Date:

LGBTQ BEST PRACTICES
V.10.9.18 Workshop Evaluation

Please take a few minutes to help us improve our future workshops and events.

What did you learn in this workshop?	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I have a better understanding of LGBTQ identities.	O	O	O	O	O
2. I have more compassion for LGBTQ people & their experiences.	O	O	O	O	O
3. I am more aware of specific issues that affect the mental health of LGBTQ youth & LGBTQ seniors.	O	O	O	O	O
4. I am more confident in my ability to support LGBTQ people.	O	O	O	O	O
5. I gained knowledge of resource and referral information for LGBTQ people.	O	O	O	O	O
6. I can identify specific mental health resources accessible for LGBTQ people.	O	O	O	O	O

How did we do?	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
7. The presenter(s) responded to questions in an informative, appropriate and satisfactory manner.	O	O	O	O	O
8. Overall, the session was worth my time.	O	O	O	O	O

9. Which portion of the workshop did you find most useful? Why?

10. What, if anything would have made the training better?

11. What is one change you or your team has committed to making to improve your inclusion of LGBTQ clients?

12. For those who work in the public/non-profit/private sector, what is your area of focus (leave blank if not applicable):

O Mental Health O Community Healthcare O Education O Youth Development O Criminal Justice
O Faith/Spirituality O Other: _____

Thank you for your feedback! May we follow up with you in three months via email for a very brief follow-up survey?

O Yes, I am okay being contacted. Email address: _____

Date:

PRESENTATION PARTICIPANT DEMOGRAPHICS
10.9.18

LGBTQ Connection collects this information as required for program improvement and for reporting related to projects funded by the California Mental Health Services Act (MHSA). Your responses will be kept anonymous.

Age:

O 0-15 O 16-25 O 26-59 O 60+ O 75+

Primary Language:

O English O Spanish
O American Sign Language O Another language: _____

Veteran:

O Yes
O No

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

O Vision O Deaf/Hearing Impaired O Physical/mobility
O Mental Illness O Learning O Developmental
O Chronic health condition O Another disability: _____

Sex Assigned at Birth:

O Male O Female
O Decline to answer O Intersex

Gender Identity (check all that apply):

O Man O Genderqueer/gender fluid/GNC O Decline to answer
O Woman O Questioning/unsure/exploring
O Transgender O Another Gender Identity: _____

Sexual Orientation (check all that apply):

O Gay O Lesbian O Heterosexual/straight
O Queer O Bisexual O Questioning/unsure
O Pansexual O Another sexual orientation: _____ O Decline to answer

Race (check all that apply):

O American Indian/Alaskan Native O Asian O White
O Native Hawaiian/Pacific Islander O Chicanx/Latinx O Don't Know
O Black/African American O Another Race: _____ O Decline to Answer

Ethnicity (check all that apply):

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