



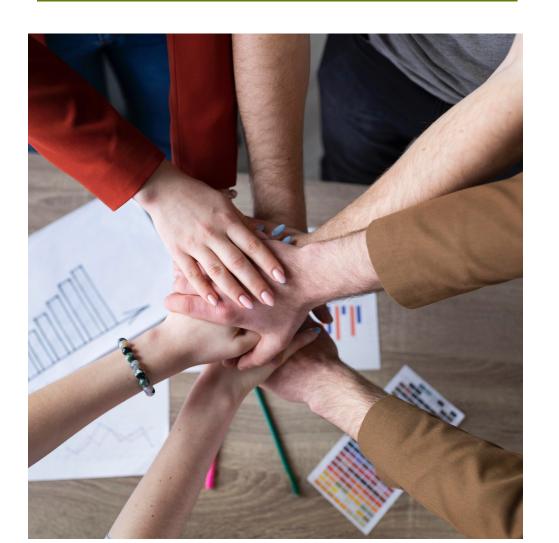




CYBHI Local-Level Campaigns Testing, Sharing, & Learning Lab

April 29, 2024, Learning and Evaluation

Agenda



- Welcome & Warm-up
- Introduction of Evaluation Team
- General Grant / Program Announcements
- Evaluation Packet Walk-through
- CYBHI Evaluation Introduction
- BREAK
- Building your Logic Model & Evaluation
 Planning
- BREAK
- Next Steps & Wrap-up
 - Q&A (optional)





Why Are We Here Today?

Purpose:

• To introduce and examine the evaluation supports and strategies for the CYBHI locallevel campaign projects.

Goals:

- Introduce evaluation support teams
- Share evaluation packet components
- Review the CYBHI local-level campaign goals and associated indicators
- Begin building your logic model
- Discuss evaluation plan expectations



What is the Testing, Sharing, & Learning Lab?





Evaluation Team

Introductions



CDPH Office of Health Equity





Research Scientist



Jonathan Bell, PhD Senior Research Associate



Sentient Research



Jorge Montoya, PhD
President & CEO



Aaron Plant, MPH
Vice President



Megan Kumar, MPH
Senior Program
Manager



Deborah Neffa Creech, PhD Senior Research Associate



PHI Center for Wellness & Nutrition



Erika Takada, MPH
Executive Director



Emilie McClintic, MPH Research Scientist



Koi Mitchell, MA Research Associate



General **Announcements**



Grant agreement status



TA meeting with PHI staff



Contact info



Capacity Assessment



TSL Labs: Last week of month



Schedule in-person fall convening



Evaluation Packet

CYBHI Local-Level Campaigns



Google Evaluation Folder

Location for updating and storing evaluation tools (i.e. logic model, evaluation plan, process data tool)





Evaluation Introduction

CYBHI Local-level Campaigns



CYBHI Local-Level Campaigns



- Vision: Innovative ecosystem that will focus on wellbeing, prevention of behavioral health challeng es, routine screening, supporting and serving all children and youth for emerging and existing mental health and substance use needs
- Charge: Strategically focus on priority populations and communities throughout California and be delivered at the community level aimed at reducing stigma and enhance behavioral health literacy for children, youth, families, and communities, and increase help-seeking behavior and wellness support



Learning and Evaluation Questions

Overarching



- How are children, youth and caregivers engaging with the locallevel campaign (LLC)?
- 2. To what extent is the reduction of stigma around mental, emotional and behavioral (MEB) and/or substance use disorders (SUD) addressed by the campaigns?
- 3. To what extent are services for MEB health and/or SUD addressed by the campaign?
- 4. How are children, youth and caregivers responding to the LLC?





Equitable Evaluation

3 Key Principles

Principle 1

Evaluation and evaluative work should be in service of equity:

 Production, consumption, and management of evaluation and evaluative work should hold at its core a responsibility to advance progress towards equity.

Principle 2

Evaluative work should be designed and implemented commensurate with being:

- Multi-culturally valid, and
- Oriented toward participant ownership.

Principle 3

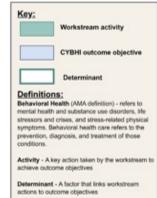
Evaluative work can and should answer critical questions about

- the ways in which historical and structural decisions have contributed to the condition to be addressed
- Effect of a strategy on different populations, on the underlying systemic drivers of inequity,



Public Education and Change Campaigns Casual Pathway



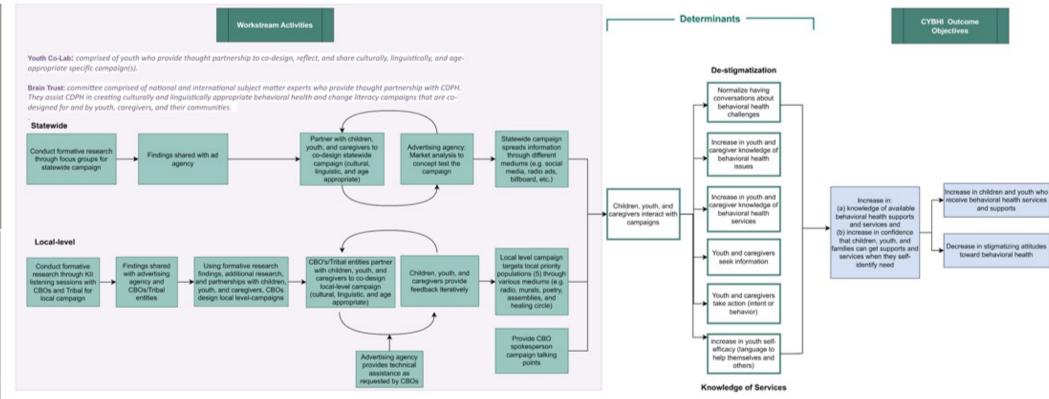


Public Education and Change Campaigns

Outcome objective - An overarching goal of

CYBHI and the workstream

The California Department of Public Health (CDPH) is implementing a statewide public education and change campaign codesigned for and by youth to raise behavioral health awareness for children, youth and caregivers, and their communities in California. The goal of the campaign is to reduce stigma around mental, emotional, behavioral health and substance use disorder and to increase help-seeking behavior and wellness support. The campaign will support public health education campaigns to five priority populations: Black and African Americans, Asians and Pacific Islanders, Latinos, Native Americans, and LGBTQ+, while considering the unique needs of transitional-age youth, persons with disabilities, justice-involved youth, foster care youth, and those living in rural areas.







Workstream Activities

The process of creating campaigns



Conduct formative research through KII listening sessions.

Active Listening

- Rescue is conducting the formative research with teens, young adults, and caregivers of youth aged 6-12 and 13-17.
- Rescue is conducting key informant listening sessions using mixed method approaches such as focus groups and surveys.
- Over 1000 youth have been engaged through the formative research.
- Focus is on all campaign's priority populations, including African American/Black, LGBTQ+, AAPI, AI/AN, and Hispanic/Latinx populations.
- Rescue established a community advisory committee comprising of teens and young adults to inform campaign approaches.
- Rescue continues to engage all stakeholders, including the youth co-lab and the Brain Trust for all strategic campaign approaches



Findings shared with CBOs and Tribal entities.

Lessons Learned

- Rescue is finalizing all formative research activities with teen audiences, young adult and caregivers.
- Rescue will be sharing findings from the formative research with local level grantee partners towards the end of May (May TSL Lab).
- Findings may be useful as a data point for grantees as they develop their campaigns.



CBOs and tribal entities design local-level campaigns.

An Iterative Process

- Iterative process of development.
- Begins with grantees using formative research findings, additional research, and partnerships with children, youth, and caregivers to design campaigns.
- Grantees partner with children, youth, and caregivers to co-design local-level campaign (culturally, linguistically, and age appropriate).
- Children, youth, and caregivers provide feedback iteratively.
- Ad agency provides technical assistance as requested by CBOs.
- Based on feedback and technical assistance, grantees revise local-level campaign.
- Additional feedback and TA sought to further refine.



Local level campaign targets local priority populations (5) through various mediums

Grantee-proposed campaign projects

- •Implementation of grantee-proposed campaign projects that are youth and community-centered.
- •Community dissemination of key relevant messages
- •Child and youth engagement through various mediums.



Determinants

Factors that influence the campaigns' outcomes.



Children, youth, and caregivers interact with campaigns.

Community Engagement

- To what extent did individuals from priority populations interact with the local campaign materials, resources and events?
- To what extent/how are youth voices particularly those from priority populations incorporated into the campaign messages?
- What materials and training tools were developed to educate priority populations, including youth, parents, and caregivers?



Normalize having conversations about behavioral health challenges.

Norm Change

- What is the level of comfort among audience of focus in discussing MH issues with their peers?
- What is the level of comfort among caregivers in discussing MH issues with their adolescent children?



Increase in youth and caregiver knowledge of behavioral health issues.

Mental Health Literacy

Questions that may help assess this determinant:

 How well did the campaign promote behavioral and mental health literacy amongst audience of focus?



Increase in youth and caregiver knowledge of behavioral health services.

Service Promotion

- What types of services are being promoted?
- How well did the campaign promote mental, emotional, and behavioral health services?



Youth and caregivers seek information.

Knowledge Gains

- How well did the campaign engage the audience of focus via culturally specific media campaign?
- Counts of pageviews, click-throughs, and downloads of informational materials.
- Audience attendance from community events and other informational sessions.



Youth and caregivers take action (intent or behavior).

Help-Seeking Actions

- What help-seeking behaviors are youth engaging in because of the local campaigns?
- Have youth already, or do they intend to:
 - Call a service line?
 - Seek counseling?
 - Take other actions to get support?
- Have caregivers already, or do they intend to:
 - Get support for the youth with whom they live?
 - Use different approaches to have conversations about mental, emotional, and behavioral health?



Increase in youth self-efficacy (language to help themselves and others).

Confidence for Support

- How well did the campaign increase youth confidence in helping themselves and others?
- What is the level of self-efficacy among adolescents and young adults in taking action to help a peer faced with MH issue?
- What is the level of self-efficacy among caregivers in taking action to help their adolescent child when faced with a MH issue?



Outcomes

The intended result or effect of the campaigns.



After successful campaigns we hope to see...

Success

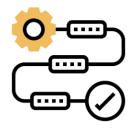
- An increase in (a) knowledge of available behavioral health supports and services and (b) increase in confidence that children, youth, and families can get supports and services when they self-identify need.
- An increase in children and youth who receive behavioral health services and supports.
- A decrease in stigmatizing attitudes toward behavioral health.



Local-Level Evaluation

Grantee Partner Campaigns

Sentient Research Evaluation Using 3 Sources of Data



Process Measures



Key Informant Surveys



Community Surveys



Key Informant Surveys

Part of the Implementation Evaluation

Sample

- Project Director
- Project Coordinator/Manager
- 3-5 from the following involved in project:
 - ✓ Community members developing/implementing campaign
 - ✓ CAB members
 - ✓ Collaborators from other agencies
 - ✓ Others with first-hand knowledge and experience in project
- Important to nominate those that will be involved for entire grant period

Methods

- Online mixed-methods survey
- 15-20 minute duration
- 3 time points (baseline, midline, endline)

Data Collection Timing

- May 2024 Link emailed to grantee partner Director for nominations
- June 2024 Email baseline survey link
- Apr/May 2025 Email midline survey link
- March 2026 Email endline survey link



Community Surveys

Outcome Evaluation

Sample

- 100 community members representing intended audience of campaign/program at:
 - ✓ Schools/Colleges/Parent Centers
 - ✓ Malls & Shopping Centers
 - ✓ Health fairs (not near grantee booth)
 - ✓ Community events (not about grantee campaign)
 - ✓ Parks & recreation centers
 - ✓ Other public places using street intercepts
- Should approach those for whom the campaign is designed to reach

Methods

- Self-administered online survey
- 10-minute duration max.
- 2 time points (approx. 50 surveys each time)

Data Collection Timing

- 3 months after campaign launch 50 surveys
- 3 months before campaign ends 50 surveys





Additional Information

Key Informant Surveys

- Sentient Research (SR) will design survey instrument
- SR will provide nominees link to survey
- SR will analyze & report
- Aggregated results can be presented to grantee partners
- \$25 Amazon gift card for participants not funded by grant each time they complete survey

Community Surveys

- SR will coordinate and work with grantee partners already planning community surveys
- SR will design instrument with common cross-site measures
- QR codes and links to facilitate data collection
- Grantee partners will provide feedback on instrument
- SR will share back data with grantee partners
- SR host online training on survey instrument, logistics, and sampling strategies



Process Measures





Normalize having conversations about behavioral health challenges

Increase in youth and caregiver knowledge of behavioral health issues and services

Youth and Caregivers seek information

Youth and caregivers take action (intent or behavior)

Increase in youth self-efficacy (language to help themselves and others)



Process Measures

Assesses whether the program is being implemented as originally intended, what services are being delivered, who is receiving those services, and perceptions of the program among stakeholders.

Indicator Questions

- What was done?
- Who did it?
- How was it done?
- Who saw it?
- What did they think?
- Was it what we intended?

Indicator Data Types

- Reach
- Exposure
- Dosage
- Engagement
- Participation
- Feedback
- Counts
- Types/Categories
- Who
- What



BREAK

Please return in 10 minutes



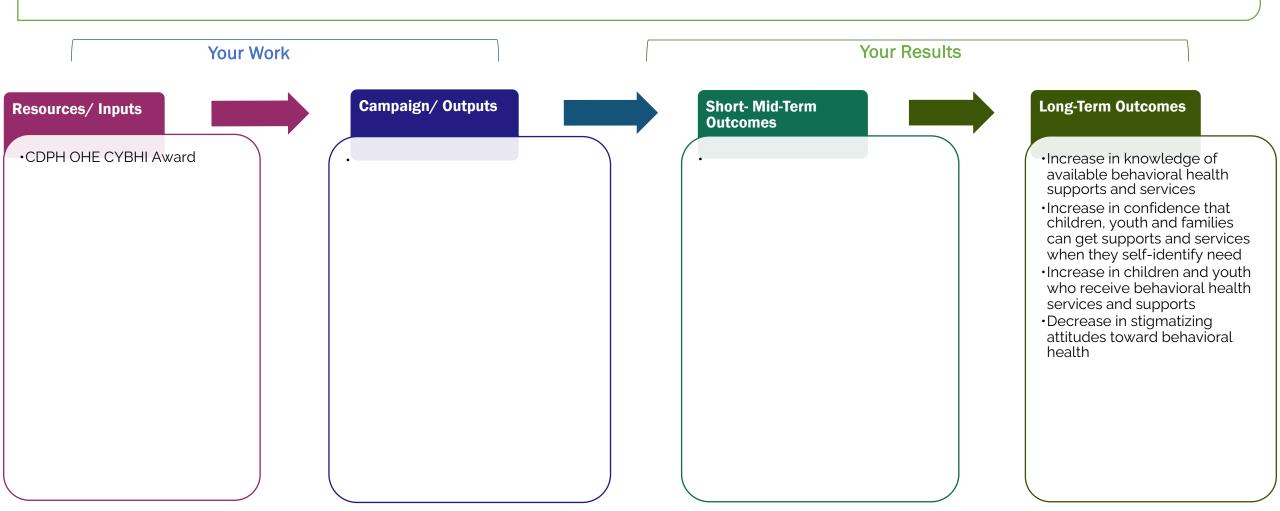
BUILDING YOUR LOGIC MODEL



CYBHI-LLC LOGIC MODEL: *Name of Campaign Project*

Goals/Determinants: 1) Children, youth and caregivers interact with the campaign; 2)

Learning and Evaluation Questions: 1) How are children, youth and caregivers engaging with the local-level campaign (LLC)? 2) To what extent is the reduction of stigma around mental, emotional and behavioral (MEB) health and/or substance use disorders (SUD) addressed by the campaign? 3) To what extent are services for MEB health and/or SUD addressed by the campaign? 4) How are children, youth and caregivers responding to the LLC?



Building your Logic Model

Use the logic model template and slide deck to begin to build your LLC Logic Model.



Select CYBHI goals/determinants



Identify areas that you already know.



Ask questions and get ideas.



Collaborate with your team.



EVALUATION PLANNING



Learning and **Evaluation Plan**

Use the planning document to develop your local evaluation plan.



Read through the document



Use your logic model to help build your eval plan



Start your plans today



Collaborate with your team - complete by June



BREAKOUT GROUPS



Breakout Rooms

Please select your breakout room by the number/name of your PHI CWN partner listed on this slide

Cassie Room 1:

San Ysidro Health

CORE Community Organized Relief Effort

RYSE, Inc

United Women of East Africa Support Team

<u>Jeannette Room 2:</u>

Divine Truth Unity Fellowship Church dba Rainbow Pride Youth Alliance

El Sol Neighborhood Educational Center

Healing Early Adverse Relationships Transforming Systems Special Service for Groups, Inc.

Jesse Room 3:

Hlub Hmong Center, Ci4Ci

SAC Connect

Sacramento Native American Health Center

The Village Project, Inc.





Breakout Rooms

Please select your breakout room by the number/name of your PHI CW/N partner listed on this slide

Amy Room 4:

Latino Service Providers

Safe Passages

San Joaquin Pride Center

The Alliance for Community Wellness Dba La Familia

Sai Room 5:

Hmong Cultural Center of Butte County

LGBTQ+ Collaborative

LTSC Community Development Corporation (Little Tokyo Service Center)

Youth Transforming Justice (FTB of Opening the World)

Emilie Room 6:

Community Action Partnership of San Luis Obispo County, Inc. (CAPSLO) Indian Health Council, Inc.

Sacramento LGBT Community Center

Aspiranet

Koi Room 7:

African Communities Public Health Coalition

Institute for Public Strategies

The AMAAD Institute

The Los Angeles Trust for Children's Health (The L.A. Trust)





Screen Break

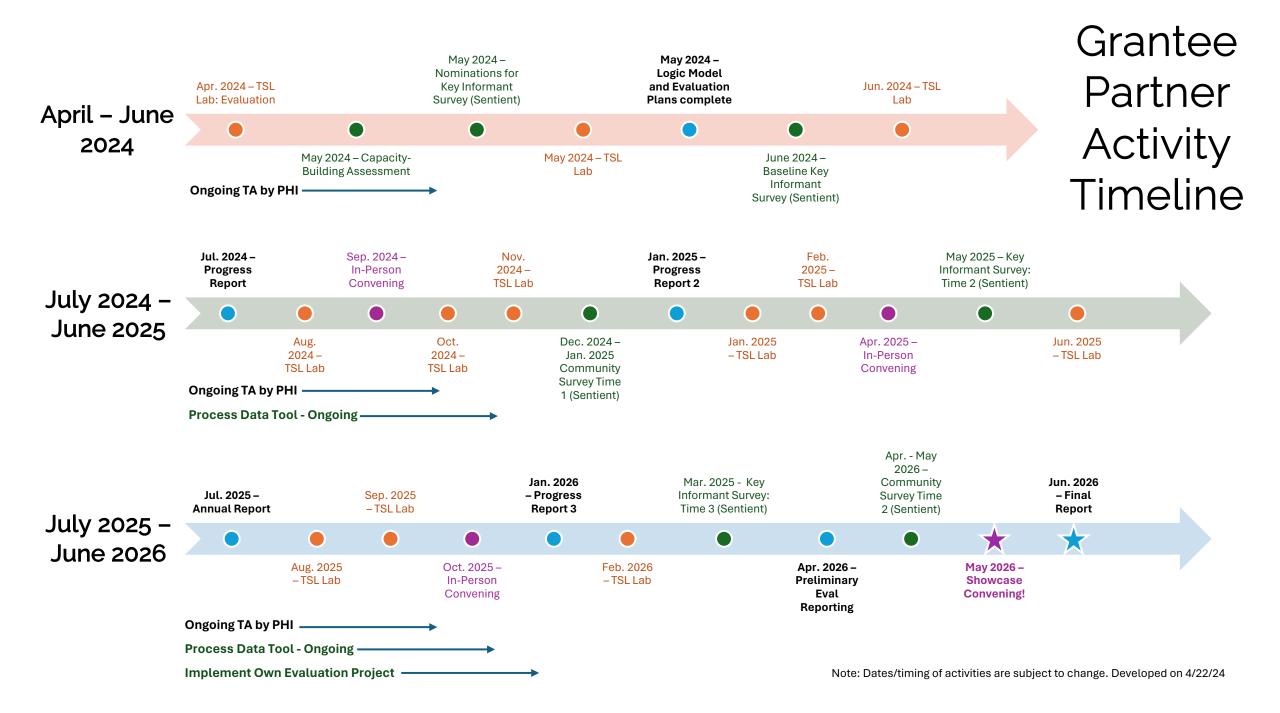
Look Away From the Screen:)





NEXT STEPS & WRAP-UP





Next Steps



- PHI CWN to share slides and resources
- Develop Evaluation Plan and complete by May 31
- Evaluation Folder on Google Drive
- Schedule check-in meeting with PHI-CWN contact
- Capacity-building Assessment
- Next TSL Lab, last week of May



Thank You



Follow us on Twitter - Take part in our interactive events! **@phi_wellness**



Connect to like-minded partners by joining us on LinkedIn

linkedin.com/company/center-for-wellness-and-nutrition



Have a question? Write to us at info@wellness.phi.org

