

**Bright Futures for Women's Health and Wellness Initiative**  
**Supporting Statement Appendices**

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**Appendix A:  
A Woman's Guide to Emotional  
Wellness**

# *Bright Futures*

*A woman's guide to emotional wellness*



*Bright Futures for Women's Health and Wellness*

# Welcome!

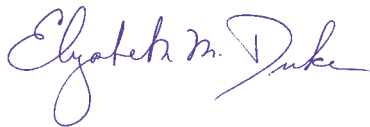
Thank you for taking the time to read "A Woman's Guide to Emotional Wellness." This booklet is part of a series of materials called "Bright Futures for Women's Health and Wellness." This series also includes guides for young women, community organizations, and health care providers. These materials were developed by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Office of Women's Health, with the guidance of a 10-member panel of predominantly female mental health experts (medical doctors, psychiatrists, and researchers) from across the country. The aim of the Bright Futures project is to help women achieve better physical, mental, social, and spiritual health by encouraging healthy practices.

Like physical health, mental health exists on a spectrum. At one end are feelings of flourishing and thriving, and at the other are depressed and anxious feelings. For a variety of reasons, the field of mental health has historically focused on the negative end of this spectrum. This booklet is different. It is not about treating or avoiding depression: it is about helping women like you to feel your best.

The tips and information in this booklet are drawn from the latest research into what helps women excel in their day-to-day lives. This research suggests that coping skills (such as flexibility, feeling strong, and optimism), personal traits (high self-esteem), and resources (spiritual practices and support from family and friends) can boost women's mental wellness. As women develop these elements in their own lives, they increase well-being, satisfaction, and their overall quality of life. While this guide focuses on women's emotional wellness, it also touches on some of the more common types of depression and anxiety that many women can face from time to time. It is not intended, however, to help you diagnose or treat these or other illnesses. If you believe you are suffering from depression, anxiety, or a more serious mental illness, please see a health care professional who can help you.

This guide is designed to share this information with you and to encourage you to adopt some of the tips to improve your emotional wellness. We hope you find it helpful. When you are finished with it, please share it with the other women in your life!

Sincerely,



Elizabeth M. Duke  
Administrator  
Health Resources and Services Administration  
U.S. Department of Health and Human Services



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# Introduction

*You might have heard or read something recently about emotional wellness. Emotional wellness means you feel good about yourself, your relationships, and your purpose in life. It does not mean that you will never be sad, angry, or confused. Everyone will have some of these feelings from time to time. However, if you are emotionally well, you will have fewer lows and will be able to bounce back from sad times faster. Emotional wellness also helps you to be happier during the good times.*

*This guide will give you some of the best tips around to help you live better, become more balanced, and feel better about your life. Feeling good helps you do better at all your activities each day. Each woman is unique. We hope that every woman will be able to use some of this information to improve her emotional health.*

*The guide has three sections. Each one is important for emotional wellness. These are:*

- ▶ **Appreciating Yourself**
- ▶ **Finding Balance and Purpose**
- ▶ **Connecting with Others**

*This guide contains many tips. Not all of them may apply to your life right now. However, finding even one tip that will help you feel better and improve your life is worthwhile. You might also find tips in this guide that could help your friends or family members.*

*Remember, it will take time and work to improve your emotional wellness just like any other goal. You will have both triumphs and setbacks along the way. However, if you are patient with yourself and keep working at it, you will see improvements over time.*

*Happy reading!*

# *Appreciating yourself*

*An important part of emotional wellness is to value who you are and what you do. Women often have many roles and responsibilities in their lives. They can be a mother, a daughter, a friend, a leader, a co-worker, a wife, a partner, a volunteer, a bill payer, a homemaker, and so on – all at the same time. These many roles and tasks can make women feel overwhelmed.*

*That's why it is especially important for women to take time to value themselves and all the things they do. Taking a little bit of time every day to do that can help you to do a better job at all of your tasks. It also makes you feel good about yourself!*

*There are many different ways you could value yourself. This guide outlines some of the most important ones and gives you tips on how to do it:*

- ▶ **Build your self-respect**
- ▶ **Build your self-confidence**
- ▶ **Build your self-esteem**
- ▶ **Set your own goals and self-expectations**
- ▶ **Take care of your body**
- ▶ **Think positively**
- ▶ **Make time for activities you enjoy and that have meaning for you**
- ▶ **Learn skills that help you cope with difficult emotions and situations**



## *Build your self-respect*

*Self-respect is an important part of emotional wellness. Every woman wants to be respected. Have you ever thought about whether you are respecting yourself? This means taking care of yourself in four different ways:*

- ▶ **Physically:** *Being active, eating healthy foods, getting enough sleep, and practicing good hygiene.*
- ▶ **Mentally:** *Challenging your mind, including learning about yourself and your family history.*
- ▶ **Spiritually:** *Taking time to explore your beliefs about the meaning and purpose of life. Taking time to think about how you want to guide your life by the principles that are important to you.*
- ▶ **Emotionally:** *Thinking good thoughts about yourself and others.*

*Every woman can appreciate herself more. The tips in this guide can help you enhance your self-respect.*



***Debbie's story:** "I'm a mom who works part time and I have two little kids. Last year, there were so many demands on me I hardly ever took any time for myself. I was exhausted, and I didn't feel as good about myself as I used to. My best friend encouraged me to make some time for myself every day. At first, I thought 'No way!' but I decided to try it. I started by taking a short walk several days a week and trying to go to bed 15 minutes earlier. After I got in the habit of doing that, I started to use the time when I was driving to pick my son up from preschool to think about all the good things I do every day. These small steps have really helped. I still work hard, but I have more energy and feel better. Now I encourage my other friends to do it, too!"*

## *Build your self-confidence*

*Feeling self-confident helps you believe that you can try new things. Even if things go wrong, self-confidence helps you know that you can try to make them better. You can increase your self-confidence by setting goals that make sense, thinking positively, and being prepared.*

*Here are some tips to increase your self-confidence:*

- **Stop comparing:** *Your abilities and talents are unique and special. Everyone has different goals in life and ways of thinking about what success means. Decide what success means for you. Try not to worry about what success means for your neighbor.*
- **Remember your good deeds:** *Think about the times when you have made a difference in someone else's life. Give yourself credit for the good things you do for others every day.*
- **Forgive yourself and learn from your mistakes:** *Everyone makes mistakes from time to time. Learn from what went wrong, but don't dwell on it.*

## *Build your self-esteem*

*Self-esteem is important to your emotional health. A woman with healthy self-esteem knows what makes her unique. She respects those things in her personality. Self-esteem helps you to feel good about yourself, no matter what other people think of you.*

### *Tips to help you boost your self-esteem:*

- **Accept your strengths, and your weaknesses:** *No one is perfect. Your strengths and weaknesses are what make you unique.*
- **Congratulate yourself:** *Honor your achievements, big and small.*
- **Encourage yourself and others:** *Think positive, kind, and loving things about yourself. Let others know the good things you feel about them.*
- **Value yourself:** *Friends and family are great, but don't depend on others to make you feel good about yourself. Value yourself no matter what other people say about you.*
- **Surround yourself with positive, healthy people:** *Choose friends who value you.*
- **Turn anger around:** *Everyone will be angry from time to time. When you get upset, try to use that energy toward positive goals instead of dwelling on the negative.*
- **Praise yourself:** *Remember at least one good thing about yourself every day.*
- **Do good things:** *Do at least one thing every day that you feel good about.*

## *Set your own goals and self-expectations*

Many women let others tell them what they should be doing and how. To be emotionally well, you need to judge yourself by your own standards and no one else's.

*Tamika's story:* "I'm from a big family, and I grew up always comparing myself with everyone else. I was constantly disappointed because whenever I would get a raise at work, one of my sisters would, too, or whenever I would learn a new activity, someone else would beat me to it. But eventually, I started thinking about my life and realized that I was achieving all the things I wanted to do. It didn't matter what everyone else in my family was doing: I was leading my own life and was happy about it. Now, I try not to compare myself with other people anymore, and I remind myself to feel happy for my siblings when something good happens to them."



*These tips may help you set your own expectations:*

- **Define beauty for yourself:** Images of thin, glamorous women are everywhere. However, most women do not look that way. True beauty comes from inside and shines outward. Focus on the things about yourself that you think are beautiful.
- **Define your own values:** Many women believe they need to live up to the expectations of our culture. However, the only values you need to live up to are your own. Take a look at your beliefs and values. Remember how you add value to the world.
- **Focus on your strengths:** We all have strengths and weaknesses, but many of us focus more on our weaknesses. Try this trick to change your way of thinking: Each time you think about one of your weaknesses, follow that with a thought about one of your strengths.

## *Take care of your body*

*If you exercise, eat right, and get enough sleep, it will help your physical health. It will help your emotional health as well. You can improve your mood with physical activity, healthy eating, and getting enough sleep. Enough sleep will also improve your memory and help keep you healthy. Most women need about 8 hours of sleep a night.*

*You can learn more about physical activity and healthy eating in "My Bright Future: Physical Activity and Healthy Eating Tools for Adult Women." You can download a free copy at [www.hrsa.gov/womenshealth](http://www.hrsa.gov/womenshealth).*

*You don't have to make a lot of big changes to exercise more, eat better, or get more sleep. In fact, you will do better if you try to reach your goals in small steps.*

### *Here are some tips to get you started:*

- **Healthy eating habits:** *Decide on just one thing you would like to do to eat healthier. Keep doing it until it becomes a habit. Then try to form another good eating habit. (If you aren't sure what healthy eating means, here is one definition: Healthy eating means consuming a variety of nutrient-dense foods and beverages within and among the basic food groups, while choosing foods that limit your intake of saturated and **trans** fats, cholesterol, added sugars, salt, and alcohol.)*
- **Physical activity:** *Add a few minutes of walking or some other form of exercise to your day. Keep doing it until you have reached your goal. (One goal is to aim for at least 30 minutes of walking or other moderate physical activity on most days of the week.)*
- **Set an earlier bedtime:** *Make your bedtime 10 minutes earlier. Keep doing it until you've reached your goal.*
- **Develop good sleep habits:** *Write down your sleep habits for a week and look for ways to improve them. Once you've found the right bedtime, try to go to bed at about the same time every night. Try not to eat, drink alcohol or caffeinated beverages, or exercise right before bed.*

## *Think positively*

*An important part of emotional wellness is training yourself to be more positive or optimistic. While this may not be easy, positive thinking during tough times will help you stay hopeful. It can improve your chances of moving past your problems. It also has been linked to better health. Some people are more optimistic than others, but everyone can learn how to be more positive.*

### *Here are some tips:*

- **Seek the positive:** *When things go wrong, look for something positive. For example, if your friend cancels your dinner plans, look at it as a chance to do something for yourself. You could choose to read a book or call another friend instead.*
- **Focus on the good things:** *Even when something has upset you in one part of your life, you can still focus on the things you value in other areas. This helps you to keep perspective and to cope.*

## *Make time for activities you enjoy and that have meaning for you*

*One way to improve your overall wellness is to get involved in activities you enjoy and that mean a lot to you. You can get happiness from simple pleasures and from being active and involved.*

*Here are some tips to help you make time for these activities:*

- **Schedule them:** *Treat activities with your friends the way you would your work or other appointments.*
- **Find activities that have meaning to you:** *Spend your time on issues or activities that you really care about. You will be more committed to them and enjoy them more!*
- **Do things with your friends:** *Make activities you care about an important part of what you do with your friends or family.*

## *Learn skills that help you cope with difficult emotions and situations*

*Coping is the way we handle difficult situations, people, and problems. It is how we survive stress or conflict. Every woman has her own coping style.*

*In general, there are three main ways that people tend to cope with stress:*

- ▶ **Task-oriented coping:** *In this coping style, people will take a close look at the situation and take action to deal directly with the issues.*
- ▶ **Emotion-oriented coping:** *In this style, people feel emotions, express feelings, and tend to ask for help if they need it.*
- ▶ **Distraction-oriented coping:** *Here people keep themselves busy – distract themselves – in order to take their minds off their problems.*

*Once you understand which of these styles you tend to use, you can try other coping styles that may help you handle difficult situations. Here are some additional tips:*

- ▶ **Write it down:** *Writing down your feelings is a good way to deal with your emotions.*
- ▶ **Take care of yourself:** *Get plenty of rest. Eat healthy foods and be physically active. Stick to your normal routines, and stay away from risky behavior.*
- ▶ **Stay connected to others and share how you are doing:** *Seek out trusted family members and friends who can offer support, even over the phone or through e-mail.*
- ▶ **Ask for help:** *If you feel overwhelmed, ask friends, a social worker, a faith-based organization, or your doctor to find professional help. Strong people know when to seek help. Everyone needs help from time to time.*



Section 1:  
Appreciating yourself

## *Activities to help you appreciate yourself*

*Here are some short exercises you can try to help you learn to appreciate yourself. You can do them by yourself, or with friends and family members.*

**Name two things you are good at:**

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**Name two things about you that you think are beautiful (inside and out):**

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**Think about what makes you feel good and why you feel good.**

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Now think about what makes you feel stressed and why you feel stressed.

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Take a few moments and think about how to increase what makes you feel good and decrease what brings you stress.

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What is something that you have always wanted to try? What are some small steps you can take to make it happen?

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# *Finding balance and purpose*

*An important part of being emotionally well is finding a sense of balance, meaning, and purpose in life. This balance and purpose will be different for each woman. However, for most women it may involve some of the same steps:*

- ▶ **Self-discovery**
- ▶ **Developing a personal mission statement**
- ▶ **Setting goals**
- ▶ **Adapting to adversity and change**
- ▶ **Learning skills that help you deal positively with stress**
- ▶ **Increasing your confidence**
- ▶ **Nurturing your spirit**

*This section gives you advice and tips on how to do each of these things. Keep in mind that finding a sense of balance and purpose in your life is a journey. It might mean different things to you at different times in your life, but thinking about these issues will help you to be more emotionally well.*

*Li's story:* "There have always been so many things I wanted to do in life, but I had a hard time deciding what to work on first. I would spend a little time on this, a little on that, but I wasn't accomplishing any of my goals. One of my co-workers suggested that I take the time to write down all my goals and then decide which ones were most important and work on those a little bit at a time. I had a hard time choosing where to start, but when I did, it really helped. I'm not doing as many things as I used to, but I'm really making progress on what I am doing. And I feel a lot less stressed out about my life."



## Self-discovery

Self-discovery helps us take a look at our values and dreams so we can be sure we are working toward the right goals. One way to do this is through writing. Writing not only helps self-discovery, but it also can be good for your health. Don't worry about complete sentences or grammar. Just let your thoughts flow from your mind, through your pen, and onto the paper. If you have a creative style, add drawings and use colorful pens!

Here are some ideas to get you started:

- ▶ I am happiest when...
- ▶ I am proud of myself because...
- ▶ I was born to...
- ▶ I can simplify my life by living without...
- ▶ In my dreams, I...
- ▶ I believe in my abilities to do great things because...
- ▶ I feel strongest when...
- ▶ I'm proud of my family or community because...

Section 2:  
Finding Balance and Purpose

## *Developing a personal mission statement*

*Do you ask yourself, "Why am I here? Who am I? What is my purpose in life?" These are good questions to ask. The meaning and purpose of life is unique for every woman.*

*A personal mission statement describes how you want to live your life. One way to develop such a statement is to imagine your 80th birthday. Think about what all your friends and family would say about you. Write your own life mission statement, and update it as your life goals change.*

### *Here are two examples of a mission statement:*

- Each day of my life, I will work to understand myself better. I will take time to smell the roses, enjoy simple pleasures, care for my body, nourish my mind, undertake challenges that come my way, and be proud of those things that make me unique.*
- My purpose is to express my love for life by appreciating the small things, loving my family, and prioritizing my work. I will welcome each day with a smile.*

## Setting goals

*By setting and meeting realistic goals, your life will have more meaning and purpose. You will have a better understanding of how to move forward. If you have several goals, list them in order of importance. That helps keep you from feeling overwhelmed. It also helps you keep your attention on your most important goals.*

*Remember, setting goals is a lifelong process. Once you have completed one goal, you can start on another!*

*You can use the following steps to set any personal or professional goal:*

- ▶ **Write down your goal:** *Write your goals in a positive way. For instance, write, "Learn to do well," not, "Do not make mistakes."*
- ▶ **Set a deadline for achieving the goal:** *Make your goals precise. Include dates, times, and amounts so that you can see how well you are doing.*
- ▶ **Know your obstacles:** *List the obstacles you need to overcome in order to accomplish your goal.*
- ▶ **Identify who can help:** *Write down the names of people and groups you need to work with to reach your goal.*
- ▶ **Identify what you need to know:** *List the skills, knowledge, and experience required to reach your goal.*
- ▶ **Create an action plan:** *Develop a plan for learning the skills you need to reach your goal.*
- ▶ **Know the reason:** *Write down the benefits of achieving your goal.*

*Setting goals is important, but make sure your goals are realistic. For instance, if your goal is to get more sleep, don't try to go to bed an hour earlier right away. Instead, set smaller goals of going to bed 5 or 10 minutes earlier each night. In other words, take small steps and keep on taking them every day. Celebrating your small goals along the way will keep you on the road to achieving your larger goals!*

## *Adapting to adversity and change*

*Resilient people know how to bounce back from hardships and find ways to grow from bad situations. They do well with change, and they gain strength from misfortune. The good news is that being able to adapt and change can be learned by focusing on three things:*

- ▶ **Outside supports:** *These include people you trust and resources that make a person feel safe and free to grow. Know who you trust, and turn to those people in difficult times.*
- ▶ **Inner strengths:** *Another way to help yourself adapt to change is to find the strong points of your personality and use them. Know your best personality traits such as a positive outlook, kindness, or confidence. Draw on those traits for strength when you need it.*
- ▶ **Learned skills:** *You can develop skills to make yourself more adaptable or flexible. Know what skills you need in challenging times and work to develop them when things are going well for you. For example, if you don't think you communicate well, ask a friend to help you better express your feelings.*



*Christen's story: "When I am feeling overwhelmed and know that I need to give myself a break, I turn off my phone. I try to slow down a little bit by going for a long walk or taking a bike ride to clear my head and look at nature. Sometimes, I like to put on my sweats and slippers and curl up with a good book, or write, draw, or play my guitar – anything to feed other parts of myself so that I feel re-energized. At times like these, I draw on my beliefs for comfort and strength."*

## *Learning skills that help you deal positively with stress*

Every woman deals with stress. Some stresses are smaller (like trying to find a parking space when you are in a hurry), and some are larger (like dealing with a divorce). No matter the size, knowing how to deal with stress is an important part of being emotionally well.

*Here are some tips for dealing with stress:*

- **Know how you react:** *Think about how you respond in times of stress or change. Do you like the way you respond? How can you change it?*
- **Seek guidance:** *Ask others – such as friends, faith-based advisers, counselors, or family members – how they respond to stress. Try what seems to work well for them.*
- **Make a plan:** *Think about how you want to respond to stress. Write down the names of people you would seek out for help.*
- **Be ready to change:** *Think about how open-minded and flexible you are when it is time for a change. Think about how you can accept change in times of stress.*



## *Increasing your confidence*

*Confidence is your belief in your ability to reach your goals. Women who are emotionally well have a strong belief that they are able to succeed.*

### *Here are three ways you can feel more confident:*

- **Doing what you do best:** *The best way to begin feeling more confident is to focus on the things you already do well. If you don't know what things you do well, ask your friends and family. Then focus more of your time on those things, and congratulate yourself for your successes. This will give you more confidence.*
- **Seeing others do it:** *Seeing someone like yourself succeed will help you believe that you can do it, too. If there is something you have always wanted to do but you are not sure you can do it, then find another woman who is doing it. Ask her if you can watch. Then, see if she will help you get started!*
- **Use your emotions:** *If you have a hard time starting something, use your emotions to help you take action. It's OK to be excited, nervous, or afraid about something new. Accept those feelings and use them to help you get going.*

## *Nurturing your spirit*

*It is easy to know when we feel physically tired, but it takes time to know when we feel emotionally tired. Caring for your spirit is taking a conscious break to renew the soul. It means taking time to tune out the world and to reconnect with yourself. Women who take time to nurture their spirits tend to be more emotionally healthy.*

*Here are some ideas on how to slow down, turn your focus inward, and recharge:*

- ▶ *Sip a cup of hot tea or hot chocolate, or drink a glass of cold lemonade.*
- ▶ *Take a long shower or bath. Pamper yourself.*
- ▶ *Write down your thoughts, or express yourself through art or music.*
- ▶ *Meditate or pray.*
- ▶ *Sit quietly and feel yourself breathe.*
- ▶ *Take a break to read a book or magazine.*
- ▶ *Take a walk and look at nature. Focus on enjoying the simple beauty of the world around you. Think about what it means to achieve personal peace.*
- ▶ *Use a calendar to organize your time, and write in some time for yourself.*



Section 2:  
Finding Balance and Purpose

## *Activities to help you find balance and purpose*

*Here are some short exercises you can do to help you find balance and purpose in your life. You can do them by yourself, or with friends and family members.*

**What is your personal mission statement?**

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**How do you manage stress, and how could you do it better?**

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**How could you make more time for yourself?**

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**Write down and plan for one of your personal goals:**

*What is your goal?*

*When do you want to achieve your goal?*

*What are your obstacles?*

*Who can help?*

*List the skills and knowledge you need to reach your goal.*

*Make an action plan.*

*List the benefits of the goal.*

# Connecting with others

*Women can find many different ways to connect. You can connect to others through your neighborhood, your ethnic group, a club you belong to, or your group of friends. Connections are an important part of emotional wellness.*

*Connections with others can help you have a sense of belonging. Other people can help you find meaning in life and feel valued. They can benefit your health. Being connected to others can help you fight depression and give you a better quality of life.*

*This section of the guide will give you tips on how to form connections and develop and maintain healthy relationships:*

- ▶ **Find a connection**
- ▶ **Identify with your racial, ethnic, or cultural background, and learn about other cultures**
- ▶ **Connect with children**
- ▶ **Learn about healthy relationships**
- ▶ **Learn about empathy and its importance in relationships**
- ▶ **Learn how to be more mindful of other people and their situations**
- ▶ **Develop patience**
- ▶ **Be safe in relationships**
- ▶ **Give help to others in need**

## *Find a connection*

*As humans, and especially as women, we have a deep need to feel connected. Think about your many relationships: family, friends, co-workers, neighbors, and people you see every day. No matter how close or casual, those connections are all important. Our connections to others shape our thoughts and feelings. Every woman needs connections.*

### *Here are some things you can do to feel more connected:*

- *Volunteer in your neighborhood or community. Check with your local government or local community organizations for opportunities.*
- *Pick up a local newspaper and attend an advertised community event with a friend.*
- *Attend events or take classes at a local community or senior center.*
- *Sign up for an exercise class.*
- *Attend a PTA meeting.*
- *Spend more time with your friends. Make an effort to call and write them more often.*
- *Accept offers of assistance. Offer to trade favors, such as babysitting or cooking, with others.*

Section 3:  
Connecting with others

## *Identify with your racial, ethnic, or cultural background, and learn about other cultures*

Some people may draw strength from their racial, ethnic, or cultural communities. Our racial, ethnic, and cultural histories tell the stories of where we came from. Taking pride in your heritage is a good way to connect with others. Along with learning about your own background, a great way to make connections is to learn about the backgrounds of those around you.

*Here are some ways to learn more about your history, or that of those around you:*

- Interview a family member or friend.
- Go to a cultural event in your community.
- Research issues related to race, ethnicity, or culture on the Internet or at the library. You could try to find out more about your last name or family history, or that of a friend or neighbor.
- Coordinate an ethnic potluck at your workplace.
- Read a book or visit a Web site about your culture, or that of a friend or neighbor.

## *Connect with children*

*Children are an important part of the lives of many women. They could be your own children or grandchildren. They could be those of a friend or family member, or children you see in your community. Staying involved in the lives of children can help you build a strong emotional life.*

*Here are some ways to help you stay connected to the children in your life:*

- *When talking to children, get to their level. Make eye contact to show them that they are important to you.*
- *Ask kids about their schoolwork, their friends, their dreams, and their feelings in general. Share your thoughts and feelings with them, too.*
- *Write a note to the children in your life to let them know you care about them and will be there for them.*
- *When you have to be away from your own children, make certain you stay connected. Call them regularly when you are away from home, or leave a note of love in a spot where they will find it. Staying connected is not only good for them, it is good for you, too!*



## *Learn about healthy relationships*

*Having connections and a social support system is one of the best ways to improve your emotional health. It makes you feel good just to be able to talk to friends and family members. The best connections are part of healthy relationships. Here are a few ingredients for a healthy relationship:*

- ▶ **Respect:** *Value yourself and the other person in the relationship.*
- ▶ **Mutuality:** *Healthy relationships go both ways. Both people give to each other and receive from each other.*
- ▶ **Communication:** *Be able to talk with, and listen to, other people. Share information so others can get the chance to know you. Ask questions so you can get the chance to know others.*
- ▶ **Honesty:** *Honesty is a sign of respect in healthy relationships.*
- ▶ **Trust:** *In healthy relationships, people earn your trust.*
- ▶ **Flexibility:** *People and situations change. Being flexible keeps relationships strong.*
- ▶ **Dependability:** *Follow through on the things you say you will do. Be a dependable friend.*

*Additional qualities of healthy relationships are discussed next.*

## *Learn about empathy and its importance in relationships*

*Empathy is being able to understand what another person is feeling. It means to “put yourself in someone else’s shoes.” It is a key part of a strong relationship. Empathy makes people feel listened to and understood. Seek friends who are empathetic, and learn how to be empathetic.*

*Here are two steps you can take to show empathy: 1) give a brief reply that captures the situation; 2) add an emotion.*

*Suppose a friend tells you how she had to stay late at work and missed an important event. You can say, “When you could not leave work on time, you must have felt **frustrated**.” This shows that you are really listening and trying to understand how your friend is feeling.*

***Maria’s story:** “Recently, I got into genealogy. It’s fun to learn about all the women in my family and their histories. It makes me feel really connected with my heritage. I tried to get my best friend into it, but her parents are divorced and she’s not close with her father’s side of the family. She admitted that the thought of exploring her family tree both excited and saddened her. I hadn’t even thought about how hard that might be for her. So, I suggested we just trace her mother’s side of the family as a start and see what kinds of interesting things we could discover. We had a great time, and I could tell she really appreciated my sensitivity.”*



## *Learn how to be more mindful of other people and their situations*

*Being mindful means having your mind present in a situation. That means thinking about what is going on and being aware of your feelings in the moment. A mindful person thinks about and cares about other people's feelings while also being aware of her own feelings.*

### *Here are some ways to be mindful:*

- **Be present:** *Be aware of your own thoughts and feelings.*
- **Show respect:** *Listen to your friends, and really consider their thoughts and feelings.*
- **Be considerate:** *Think about the needs of others and help them when you can, even before they ask for help.*
- **Rejoice together:** *Be glad for your friends when good things happen for them, even if your own life is not going well. Wish others the best life has to offer.*
- **Be aware:** *Think about how your actions and reactions affect the people around you.*
- **Honor yourself:** *Make sure that your actions are consistent with your own beliefs and values.*

## *Develop patience*

*Patience is accepting the things you cannot change. It means being peaceful, content, satisfied, and willing to enjoy the moment. When you are patient, you can wait without feeling anxious or frustrated. You will be more caring, understanding, and accepting of others. Patience is an important part of healthy relationships. Patience does take practice, especially in a fast-paced world.*

### *Here are some tips to help you be more patient:*

- *Think of a difficulty or a long wait as a chance to practice your patience.*
- *Accept that other people's mistakes will sometimes affect you, just as your mistakes may affect other people. Be willing to wait for others, just as you would want them to wait for you.*
- *Accept and forgive yourself when you become impatient. Make up your mind to work on it for next time.*

## *Be safe in relationships*

*Relationships that are healthy and safe are built on mutual honesty and respect. That means each person listens to the other's thoughts and opinions without making a judgment or finding fault. In this kind of relationship, it is OK to disagree and argue sometimes. However, both people ought to be able to talk about the issues and find a compromise, even if you agree to disagree.*

*Think about one of your relationships. Then, read these questions. Check yes or no based on your situation. The more times you check yes, the healthier your relationship.*

- Yes**  **No** *Do you feel good about yourself when you are around that person? (The person should not make you feel worried, sad, mad, or scared.)*
- Yes**  **No** *Is your relationship balanced? Is there an equal amount of give and take? (You should not find yourself giving more attention to the other person than he or she gives to you.)*
- Yes**  **No** *Do you feel safe around the other person? (The person should not make you feel scared, unsafe, or pressured.)*
- Yes**  **No** *Do you feel that you can trust the other person? (You should be able to depend on the other person.)*
- Yes**  **No** *Does the other person support you when you make a mistake? (The other person should not find fault with you all the time, or call you names.)*

*If you think you might be in relationship that is not healthy for you, let someone know. With help, you can get out of it or make it better. If you think you may be in a relationship at home that is not safe, call the National Domestic Violence Hotline at **1-800-799-SAFE (7233)** or **1-800-787-3224 (TTY)**.*

## *Give help to others in need*

*Staying connected also means offering help to others. If your friend is in need, offer to find help for her. Listen with sincere interest, and try not to judge. You can find information on how to help friends in need from many places:*

- ▶ *Your doctor or health care provider*
- ▶ *A faith-based advisor*
- ▶ *Your local government*
- ▶ *The local library*
- ▶ *The phone book – look for the YWCA or county services*

*Audrey's story:* "I'm really busy helping my kids and my grandkids, and over the years I realized I didn't have as many friends of my own as I used to. I missed having other women to talk with. So I started taking a class at our local senior's center. At first, it was really hard to make new friends. I'm 62 and have lived on my own a long time, so I'm pretty set in my ways. But then I realized I needed to spend time listening to the women I met, asking them questions, and being open with them so they could get to know me. Now I have several new friends, and we love to get together after class and chat over a cup of coffee."



Section 3:  
Connecting with others

## *Activities to help you connect with others*

*Here are some short exercises you can do to help you connect with others. You can do these activities by yourself, or with friends and family members.*

**List some parts of your racial, ethnic, or cultural background that shape you in positive ways:**

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**What are some needs in your community? How could you get more involved to help?**

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**How patient are you? Rate your patience level on a scale of 1 to 10. 1 means you have no patience at all and 10 means you have lots of patience: \_\_\_\_\_**

**How do you feel when you are impatient? What would help you be more patient?**

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# Conclusion

*Thank you for taking the time to read this guide! We hope it has encouraged you to spend some time thinking about emotional wellness. Emotional wellness helps you feel good about yourself, your relationships, and your purpose in life. It has been linked to better physical health and to overall life satisfaction.*

*The tips in this guide can help you learn to appreciate yourself. They can help you find your balance and purpose in life and connect with others. All of these actions will help you feel better about yourself. Remember, emotional wellness is a goal in itself, just as physical fitness is a goal in itself.*

*You can learn to feel your best! We hope this guide helps you along the way. When you are done with it, please consider sharing it with a friend.*





# Resources

The following DHHS resources provide general information about women's health:

- **GirlsHealth.gov** *promotes emotional and physical health for teenage girls and provides information about body, fitness, nutrition, bullying, and other issues.*  
WEB [www.girlshealth.gov](http://www.girlshealth.gov)
- **MyPyramid.gov** *advances and promotes dietary guidance for all Americans, including customized guidance for women based on age and activity level.*  
TEL 888-779-7264 WEB [www.mypyramid.gov](http://www.mypyramid.gov)
- **National Women's Health Information Center** *lists health organizations, campaigns and events, publications, and more.* TEL 800-994-9662 TTY 888-220-5446 WEB [www.womenshealth.gov](http://www.womenshealth.gov)
- **U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office of Women's Health** *works to raise awareness of women's health issues and to promote activities that will improve the health and safety of women.*  
TEL 800-CDC-INFO (232-4636) TTY 888-232-6348 WEB [www.cdc.gov/women](http://www.cdc.gov/women)
- **U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, WISEWOMAN** *provides women with the knowledge, skills, and opportunities to prevent heart disease and other chronic illnesses.*  
TEL 800-CDC-INFO (232-4636) TTY 888-232-6348 WEB [www.cdc.gov/wisewoman](http://www.cdc.gov/wisewoman)
- **U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Women's Health** *provides leadership and guidance in developing policy and in establishing goals and priorities for women's health issues across the lifespan.*  
TEL 888-ASK-HRSA (275-4772) TTY 888-877-4TY-HRSA (489-4772) WEB [www.hrsa.gov/womenshealth](http://www.hrsa.gov/womenshealth)
- **U.S. Department of Health and Human Services, Office on Women's Health** *works to improve the health and well-being of women in the United States through its programs by educating health professionals and by motivating behavior change in consumers.*  
TEL 800-994-9662 TTY 888-220-5446 WEB [www.womenshealth.gov/owh](http://www.womenshealth.gov/owh)

- **U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Child Health and Human Development** *conducts and supports research on all stages of human development, from preconception to adulthood, to better understand the health of children, adults, families, and communities.*  
**TEL 800-370-2943 TTY 888-320-6942 WEB [www.nichd.nih.gov](http://www.nichd.nih.gov)**

This booklet is about promoting emotional wellness, but some women might need help overcoming anxiety or depression. If you or someone you know might be depressed, the following resources can help:

- **Anxiety Disorders Association of America** *provides information about anxiety disorders and treatment.* **TEL 240-485-1001 WEB [www.adaa.org](http://www.adaa.org)**
- **Freedom From Fear** *provides information about anxiety and depression and resources to obtain help.* **TEL 718-351-1717 ext. 24 WEB [www.freedomfromfear.org](http://www.freedomfromfear.org)**
- **National Mental Health Association** *provides information about mental health, including programs, news, advocacy, and mental health information.* **TEL 800-969-NMHA (6642) WEB [www.nmha.org](http://www.nmha.org)**
- **National Suicide Prevention Lifeline** *has trained crisis counselors to assist callers with emotional distress.* **TEL 800-273-TALK (8255)**
- **U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Mental Health** *provides information about mental health and mental illness, news releases, clinical trials, and more.* **TEL 866-615-6464 WEB [www.nimh.nih.gov](http://www.nimh.nih.gov)**
- **U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration** *provides information on:*
  - *substance abuse problems - National Clearinghouse for Alcohol and Drug Information* **TEL/TTY 800-729-6686 En Español 877-767-8432 WEB [www.ncadi.samhsa.gov](http://www.ncadi.samhsa.gov)**
  - *mental health problems - National Mental Health Information Center* **TEL 800-789-2647 TTY 800-433-5959 WEB [www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)**

*Bright Futures for Women's Health and Wellness*  
2007



**Appendix B:  
A Young Woman's Guide to  
Emotional Wellness**

# Bright Futures

*A young woman's guide to emotional wellness*



*Bright Futures for Women's Health and Wellness*



# Welcome!

*Thank you for taking the time to read "A Young Woman's Guide to Emotional Wellness." This booklet is about helping young women like you to feel your best.*

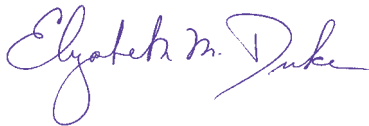
*The tips in this booklet are drawn from the latest research into what helps young women to feel and be their best. The research suggests that young women can increase their self-esteem and learn skills like flexibility, being strong, and optimism. Additionally, spiritual practices and support from family and friends can make young women feel better. We encourage you to adopt the tips in this guide and to share what you learn with your friends!*

*This booklet is part of a series of materials called "Bright Futures for Women's Health and Wellness." This series also includes guides for adult women, community organizations, and healthcare providers. These materials were developed by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Office of Women's Health, with the guidance of a 10-member panel of predominantly female mental health experts from around the country and feedback from young women like you. Bright Futures materials help women achieve better physical, mental, social, and spiritual health by encouraging healthy practices.*

*It's important to note that, while this guide does mention depression and anxiety, it is not intended to help you diagnose or treat these or other illnesses. If you believe you are suffering from depression, anxiety, or a more serious mental illness, please see a health care professional who can help you.*

*We hope you find this guide helpful. When you are finished with it, please share it with your friends!*

*Sincerely,*



*Elizabeth M. Duke  
Administrator  
Health Resources and Services Administration  
U.S. Department of Health and Human Services*

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# Introduction

*Part of being a young woman is spending a lot of time thinking about and talking about your emotions. You probably know when you are happy, sad, proud, angry, excited, and so on. It's easier for all of us to think about our emotions when we have them. To be emotionally well, you may also need to think about how you feel in a broader way. You need to be sure you are aware of all of your feelings – good or bad – not only when you have them, but at other times, too.*

*Being emotionally well means feeling good about yourself, your relationships, and your purpose in life. It does not mean that you will never be sad, angry, or confused. Everyone feels this way from time to time. When you are emotionally well, you may have fewer lows and may be able to bounce back from sad times faster. You may also feel more happiness during the good times. All young women can learn to feel better. Once you learn, you can help your friends learn, too!*

*This guide has three sections. Each one is important for emotional wellness. These are:*

- ▶ *Appreciating Yourself*
- ▶ *Finding Balance and Purpose*
- ▶ *Connecting with Others*

*Each section has ideas to help you feel better. It includes quizzes and activities for you to do by yourself or with your friends. The guide also has stories from young women like you.*

*All young women are unique, but we hope that every young woman will be able to use some of this information. As you are looking through it, keep track of the tips that might help you or a friend!*



# Appreciating yourself

*Young women are busy!* Think about it: You might be a friend, a student, a daughter, a sister, a teammate, an artist, a musician, a writer, an athlete, and many other things!

*That's why it's important to take some time every day to appreciate yourself. It's fun, it's easy, and it will help you do better in all your different roles.*

*Appreciating yourself includes things such as focusing on what you do well, getting enough sleep, and eating right. This section of the guide talks about all the ways you can learn to appreciate yourself:*

- ▶ *Build your self-respect*
- ▶ *Build your self-confidence*
- ▶ *Build your self-esteem*
- ▶ *Set your own goals and self-expectations*
- ▶ *Take care of your body*
- ▶ *Think positively*
- ▶ *Make time for activities you enjoy and that have meaning for you*
- ▶ *Learn skills that help you cope with difficult emotions and situations*

## Section 1: Appreciating yourself



*Becky's story: "When I hang out with my friends, one of the things we like to do is talk about what we like about one another, even silly stuff like who is great at fixing hair or who has good taste in music. It makes me feel really good, and we usually end up laughing together!"*

## Build your self-respect

*Respect is important. All young women want to be respected. But have you ever thought about whether you are respecting yourself? This means taking care of yourself in four different ways:*

- ▶ *Physically: Being active, eating healthy foods, getting enough sleep, and practicing good hygiene.*
- ▶ *Mentally: Challenging your mind. This includes learning about yourself and your family history.*
- ▶ *Spiritually: Taking time to explore your beliefs about the meaning and purpose of life. Taking time to think about how you want to guide your life by these beliefs.*
- ▶ *Emotionally: Thinking good thoughts about yourself and others.*

*This guide can help you learn how to respect the most important person in your life – you!*

## Build your self-confidence

*Young women who are confident are able to try new things. They know they can deal with problems. You can become more confident by setting goals that make sense, thinking positively, and being prepared.*

*Here are some more tips to increase your self-confidence:*

- *Stop comparing: Your abilities and talents are unique – special. Decide what success means for you and don't worry about what success means for anyone else.*
- *Remember your good deeds: Remember that time you shared your lunch with a friend who forgot hers? Or that time you made your best friend a cake on her birthday? You do lots of great things for other people every day. Appreciate yourself.*
- *Forgive yourself and learn from your mistakes: Everyone makes mistakes once in a while. Learn from them and move on. You're not the only young woman who ever left her homework on the kitchen table! Just don't be the one who does that every week.*

## Build your self-esteem

*A young woman with a healthy self-esteem knows what makes her unique and values those things. Self-esteem helps you feel good about yourself, no matter what other people think of you.*

*Here are some tips to help you boost your self-esteem:*

- *Accept your strengths and your weaknesses: No one is perfect, not even the most popular person you know. Your strengths and weaknesses are what make you special.*
- *Congratulate yourself and be nice to yourself and others: Honor your achievements, big and small. Be your own biggest fan. Let others know what you like about them.*
- *Value yourself: Friends and family are great, but don't depend on others to make you feel good about yourself. Value yourself no matter what other people say about you.*
- *Surround yourself with positive people: Choose friends who value you. Try to ignore people who make negative comments.*
- *Praise yourself: Remember one good thing about yourself every day.*
- *Do good things: Do at least one thing that you feel good about every day.*

## Set your own goals and self-expectations

*Many young women let others tell them what they should be doing and how to do it. To be emotionally well, you need to judge yourself by your own standards and no one else's.*

*These tips can help you set standards for yourself:*

- *Define beauty for yourself: Images of thin, cute young women are everywhere. Most young women do not look that way. True beauty comes from inside and shines outward. Focus on the things about yourself that you think are beautiful.*
- *Define your own values: Many young women try to live by the values held by their friends or popular teens or young women they see on TV. The only values you need to live up to are your own. Think about what they are and stick to them.*
- *Focus on your strengths: We all have strengths and weaknesses, but many of us focus more on our weaknesses. Try this instead. Every time you think about one of your weaknesses, think about one of your strengths, too.*

## Take care of your body

*Most young women know that eating well and being active can make you fit. Did you know that taking good care of yourself can help your emotional health as well? Physical activity, healthy eating, and getting enough sleep can improve your mood! Pretty great, huh?*

*To learn more about physical activity and healthy eating, read "My Bright Future: Physical Activity and Healthy Eating Tools for Young Women." You can download a free copy at [www.hrsa.gov/womenshealth](http://www.hrsa.gov/womenshealth).*

*You don't have to make a lot of big changes. Start with small steps:*

- Healthy eating habits: Decide on just one thing you would like to do to eat healthier. Keep doing it until it becomes a habit. Then try to form another good eating habit. (If you aren't sure what healthy eating means, here is one definition: Healthy eating means eating a variety of nutrient-dense foods and beverages within and among the basic food groups, while choosing foods that limit your intake of saturated and *trans* fats, cholesterol, and added sugars or salt.)*
- Physical activity: Add a few minutes of walking or some other form of exercise to your day. Keep adding minutes until you've reached your goal. (One goal is to aim for at least 60 minutes of walking or other moderate physical activity on most days of the week.)*
- Set an earlier bedtime: Go to bed 10 minutes earlier than usual. Keep doing it until you've reached your goal. (Most young women need about eight hours of sleep a night.)*
- Develop good sleep habits: Once you've found the right bedtime, try to go to bed at about the same time every night. Try not to eat, drink caffeinated beverages, or exercise right before bed.*

*Imagine how doing just one of these small steps on a regular basis can add up at the end of a month!*

## Think positively

*Positive thinking actually helps you deal with your problems! No one can think positively all the time, but every young woman can learn how to feel more optimistic.*

### *Here are some tips:*

- *Look for the positive: When things go wrong, think of something good about the situation. Suppose a friend cancels your plans. Look at it as more time to do something for yourself like reading a book, calling another friend, or watching a movie.*
- *Focus on the good things: Even when something has upset you in one part of your life, you can still focus on the things you value in other areas.*

*Padma's story: "My mom has this rule that I used to think was really lame, but now I kind of like it. Every month, we all have to spend a few hours doing something good for someone else. Sometimes, we all do the same thing and sometimes everyone picks something different. Like this month, I helped my neighbor weed her garden. We had a great time, and it does feel kind of nice to help someone else."*



## Make time for activities you enjoy and that have meaning for you

*You'd be surprised at how much happier you are when you are doing something that has meaning for you.*

*Here are some tips on how to get started:*

- *Find activities that are important to you: Spend your time on things you care about, not things someone else thinks you should do. You will be more committed to them and enjoy them more!*
- *Start a club: If there's no group at your school working on the issues you care about, talk to a teacher to find out how to start one. It can give you experience and skills, which will help you find a job when you finish high school or apply to a college or a trade school.*
- *Do things with your friends: Make meaningful activities part of what you do when you hang out with your friends.*
- *Schedule it in: Even busy young women can find time to take part in activities they enjoy and that have meaning to them. Practice scheduling your time now. It will also help to prepare you for later on when you have a job or if you continue your education.*



## Learn skills that help you cope with difficult emotions and situations

*Coping is the way we deal with problems and stress. It's part of life to be stressed sometimes, but knowing how to cope will help you get through the tough times.*

*Here are some suggestions to help you cope:*

- *Express yourself: Write your feelings in a journal, sing along with your favorite song, act out a scene from a movie, or find some other way to express your feelings.*
- *Take care of yourself: Get plenty of rest. Eat healthy foods and be physically active. Don't do anything out of the ordinary. Instead, try to find comfort in your usual routines.*
- *Stay connected to others and tell them how you are doing: When you're stressed out, you need other people. Find someone you trust to talk to, call, e-mail, text message, or IM.*
- *Ask for help: If you feel overwhelmed, ask friends, parents, a school counselor, a teacher, a pastor, rabbi or other faith-based advisor, or your health care provider for advice or help. Being strong means knowing when to seek help. Everyone needs help from time to time.*

## Quiz: Are you an optimist?

*Optimists see the sunny side of things. Are you an optimist? Take this quiz to find out.*

1. *You open your locker at school and notice that someone left you a note. Your first thought is:*

- Wow, this is great! (2)*
- Oh, no, this must be bad. (0)*

2. *When they talk about me, my friends and family say:*

- She expects things to go her way. (2)*
- She always assumes the worst. (0)*

3. *When you wake up in the morning, you are:*

- Ready to rise and shine! (2)*
- Dreading starting a new day. (0)*

4. *You break your foot and need to be on crutches. You think:*

- I'll get all my friends to sign my cast! (2)*
- Ugh, this could only happen to me! (0)*

5. *When your best friend is sad, you can be counted on to:*

- Cheer her up by looking on the bright side. (2)*
- Join in, because misery loves company. (0)*

*Scoring:*

*0-5 The clouds are out!*

*You are more of a negative thinker than an optimist. Sometimes, just thinking that things will go well seems to make them go well! If you have confidence in yourself, it can have an amazing effect on the way you think. Try to think more positively. And look up – the sun is about to come out!*

*6-10 Break out the sunglasses!*

*You think like an optimist! Keep it up. Having a positive attitude can actually make things go well. People probably love being around you because of your positive attitude and confidence. You are a ray of sunshine!*

Section 1:  
Appreciating yourself

## Activities to help you appreciate yourself

*Here are some short exercises you and your friends can try to help you learn to appreciate yourself!*

*Name two things you are good at:*

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*Name two things about you that you think are beautiful (inside and out):*

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*Think about what makes you feel good and why.*

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*Now think about what makes you feel stressed and why.*

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# Finding balance and purpose

*Every young woman's life has a purpose. To understand what yours is and learn how to live it, you've got to know how to balance all that life brings your way. Follow these steps, and you're on your way to being a young woman on a mission:*

- ▶ *Learn about yourself, your family, and your community*
- ▶ *Develop a purpose statement that is based on your personal values*
- ▶ *Set goals*
- ▶ *Be able to change*
- ▶ *Learn skills that can help you deal positively with stress*
- ▶ *Increase your confidence*
- ▶ *Nurture your spirit*

*Ready? Set? Go!*

Section 2:  
Finding Balance and Purpose

## Learn about yourself, your family, and your community

*You might not ever think about it, but we all need to take the time to learn about ourselves, our families, and our communities. If you don't learn about yourself and where you come from, how can you be sure you are working toward the right goals? One way to make sure you are on the right track is through writing. Don't worry about complete sentences or spelling. Just let your thoughts flow onto the paper. If you have a creative style, add drawings and use colorful pens!*

*Here are some ideas to get you started:*

- ▶ *I am happiest when...*
- ▶ *I am proud of myself because...*
- ▶ *I was born to...*
- ▶ *In my dreams, I...*
- ▶ *I believe in my abilities to do great things because...*
- ▶ *I'm proud of my family or community because...*

## Develop a purpose statement that is based on your personal values

*Do you ask yourself, "Why am I here? Who am I? What is my purpose in life?" These are good questions to ask. The meaning and purpose of life is unique for every young woman.*

*A purpose statement describes how you want to live your life. You can update your purpose statement as your goals change.*

*Here are two examples:*

- I will be the best me I can be. I will work hard in school, enjoy my friends, take care of myself, and enjoy the little things in life every day.*
- I will love life by taking pleasure in the small things, loving my family and friends, and accepting my responsibilities. I will welcome each day with a smile.*

*Latisha's story: "My English teacher had us do a class exercise where everyone wrote down something they wanted to do in life, and some small steps for how to get there. I've always wanted to be a pilot, but I never really thought I could do it. I wrote down some small steps like talking to a pilot about it the next time I fly or going to the library to learn about what's involved. It seems more possible now."*



## Set goals

*Every young woman has things she wants to do. She may have goals for the future such as going to college someday or getting ready for the job she would like to have. She may have goals for right now like doing well on a test. Setting and reaching your goals helps you feel good about yourself. Try to focus on a few goals at a time. Remember, once you have completed one goal, you can start on another!*

*You can use the following steps to set any goal:*

- ▶ *Write down your goal: Write your goals in a positive way. For instance, write, "Learn to play the piano better," instead of, "Don't make mistakes while playing the piano." Keep your goal somewhere you can see it often to help you focus.*
- ▶ *Set a deadline for achieving the goal: Write down the dates, times, and amounts so that you can see how well you are doing.*
- ▶ *Know your obstacles: List things that might stop you from reaching your goal.*
- ▶ *Identify who can help: Write down who can help you reach your goal.*
- ▶ *Identify what you need to know: List the skills you need to reach your goal.*
- ▶ *Create an action plan: Make a plan for learning the skills you need to reach your goal.*
- ▶ *Know the reason: Write down the benefits of achieving your goal.*

*Make sure your goals are realistic! If your goal is to get more sleep, don't try to go to bed an hour earlier right away. Instead set smaller goals of going to bed 5 or 10 minutes earlier each night. In other words, take small steps, and keep on taking them every day. Celebrating your small goals along the way will keep you on the road to achieving your goals!*



## Be able to change

*Change is a fact of life (and not just for your hair). Some young women know how to bounce back when things are difficult or how to learn from these experiences. You can learn to be that way if you focus on three things:*

- ▶ *Outside supports: These include friends and other resources that make you feel safe and free to grow. Turn to the people you trust in difficult times.*
- ▶ *Inner strengths: Know your best personality traits – like optimism, kindness, or confidence – and draw on those traits for strength when you need it.*
- ▶ *Learned skills: Know what skills you need to work on, and develop them when things are going well for you. For example, if you don't think you are a good communicator, ask a friend to help you better express your feelings.*



## Learn skills that can help you deal positively with stress

*You probably deal with a lot of stress. This could be stress from impossible homework to fights with your brother. Knowing how to deal with stress is an important part of being emotionally well.*

*Here are some tips for dealing with stress:*

- *Know how you react: Think about how you act in times of stress. Do you like the way you respond? How could you improve?*
- *Seek guidance: Ask others – such as friends, a pastor, rabbi, or other faith-based advisor, counselors, teachers, or your parents or guardians – how they respond to stress. Try what seems to work well for them.*
- *Make a plan: Think about how you want to act when you are stressed. Write down the names of people you would ask for help.*
- *Be ready to change: Think about how open you are to change. Think about how you can accept change in times of stress.*

## Increase your confidence

*Have you noticed how some young women have a ton of confidence, while others struggle to believe in themselves? Confidence isn't about ability. It's about attitude! All young women can learn to be more confident.*

*Here are three ways you can build your confidence:*

- Doing what you do best: The best way to begin feeling more confident is to focus on the things you already do well. If you don't know what things you do best, ask your friends and family. Spend more time on what you do best, and congratulate yourself for your successes.*
- Seeing others do it: Seeing someone like you succeed will help you believe that you can do it, too. If there is something you have always wanted to do, find a friend or family member who is doing it. Ask if you can watch. Then, see if she will help you get started!*
- Use your emotions: If you have a hard time starting something, use your emotions to help you take action. It's OK to be excited, nervous, or afraid about something new. Accept those feelings and use the emotions to get you moving.*

Section 2:  
Finding Balance and Purpose

## Nurture your spirit

*Just like your body tells you when you are physically tired, you can learn to know when you are emotionally tired. When that happens, take a break to renew and recharge your soul. Take time to tune out the world. Connect with yourself and refresh your spirit.*

*Here are some ideas on how to slow down, turn your focus inward, and recharge:*

- ▶ *Sip a cup of hot chocolate or drink a glass of cold lemonade.*
- ▶ *Take a long shower or bath. Pamper yourself.*
- ▶ *Write down your thoughts, or express yourself through art or music.*
- ▶ *Meditate or pray.*
- ▶ *Put on your headphones and listen to some music. Read a book or magazine.*
- ▶ *Sit quietly and feel your breath.*
- ▶ *Take a walk and look at nature. Focus on enjoying the simple beauty of the world around you.*
- ▶ *Use a calendar to organize your time, and write in some time for yourself.*



*Shelly's story: "If I have a really long day at school, or a fight with one of my friends, or whatever, I like to take some time just for me. I go down to the river and focus on the running water, or watch the birds fly and just relax. I might meditate, or sing, anything until I feel more peaceful again."*

## Quiz: Are you good to yourself – mind and body?

*You are probably good to your friends, but are you good to yourself? Take this quiz to find out.*

1. *When I think about taking care of myself, I say:*

- No way, it's not my thing. (0)*
- Sure, sometimes. (1)*
- You know it! Taking care of myself comes first. (2)*

2. *In your free time, you:*

- Free time? What's free time? (0)*
- Do volunteer work. (1)*
- Do a variety of things. (2)*

3. *Your exercise schedule is something like:*

- Once a year. (0)*
- A couple of times a month. (1)*
- A couple of times a week. (2)*

4. *It's important to me to eat well:*

- Never, I just eat whatever when I can. (0)*
- Most of the time, but sometimes I forget. (1)*
- Always, I need good food to feel my best. (2)*

Section 2:

## Finding Balance and Purpose

5. *Your personal saying is:*

\_\_\_ *A busy life is a happy life. (0)*

\_\_\_ *Work hard, play hard. (1)*

\_\_\_ *I am a beautiful part of a beautiful world. (2)*

*Scoring:*

*0-3 Slow down!*

*You work hard – way hard! This is not always a bad thing, but trying to balance work and play is important for both your mind and body. Your hard work is wonderful, but don't overdo things. Taking time for yourself – such as doing a hobby, eating well, or exercising – will help.*

*4-6 Take time to enjoy life.*

*A hard-working person like you knows what she wants and goes after it. You will go far in life, but continue to stop and smell the roses along the way.*

*7-10 You're good to yourself!*

*Ahhh, you know how to live a balanced life. You understand your body's need for work and play, social and alone time, hard work and creativity. You know what your mind and body need and listen to them. Good for you!*

## Activities to help you find balance and purpose

*Here are some short exercises you and your friends can do to help you find balance and purpose in life.*

*What is one thing you would like to do in your life?*

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*How could you make more time for yourself?*

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Section 2:  
Finding Balance and Purpose

*Write down and plan for one of your personal goals:*

*What is your goal?*

*When do you want to achieve your goal?*

*What might stop you from achieving your goal?*

*Who can help?*

*List the skills and knowledge you need to reach your goal.*

*Make an action plan.*

*List the benefits of the goal.*



# Connecting with others

*Connections are important to young women! You can connect with people in a lot of different ways. You can connect with others in your school, your neighborhood, your ethnic group, your online buddy list, a club you belong to, and so on.*

*Being connected to others makes you feel good. It also helps your emotional health.*

*This section of the guide has tips to help you connect with others:*

- ▶ *Find a connection*
- ▶ *Identify with your racial, ethnic, or cultural background*
- ▶ *Learn about healthy relationships*
- ▶ *Learn about empathy and its importance in relationships*
- ▶ *Learn how to be more mindful of other people and their situations*
- ▶ *Develop patience*
- ▶ *Be safe in relationships*
- ▶ *Give help to others in need*

Section 3:  
Connecting with others

## Find a connection

*Young women have a deep need to feel connected. That's why many spend a lot of time connecting with friends through the phone, text messaging, e-mail, or instant messaging.*

*Here are some other things you can do to be more connected:*

- *Join a sports team, a club, the band, the newspaper, or some other group at your school. Or, run for student council!*
- *Volunteer in your neighborhood or community. Check with local community groups to see if they need volunteers. Or, ask a parent, teacher, or friend for advice on where you can get involved.*
- *Pick up your school newspaper or a local paper. Go to one of the listed events with a friend.*
- *Sign up for an exercise or arts class.*
- *Spend more time with your family.*



*Alisha's story: "My family moved last year when my parents got divorced, and I had to start going to a new high school. I hated being the new girl and not having any friends. I'm really good at tennis, and I like to write, so I joined the yearbook staff and the tennis team. Having these things in common with the other kids helped me to make some friends."*

## Identify with your racial, ethnic, or cultural background

*All families are unique! Some young women may feel a part of and draw strength from their racial, ethnic, or cultural communities. Those ties tell the stories of where we came from. Taking pride in your heritage is one way to connect with others.*

*Here are some ways to learn more about your background:*

- *Interview a family member.*
- *Go to a local cultural event.*
- *Research issues related to your background on the Internet or at the library. You could also try to find out more about your last name or family history.*
- *Help set up an ethnic potluck at your school.*
- *Read a book or visit a Web site about your history.*

## Learn about healthy relationships

*Friends aren't just fun, they make us feel better, too! Just having friends and family to talk to makes you feel good. Here are a few of the things needed in healthy relationships:*

- ▶ *Respect: In a good relationship, both people respect each other.*
- ▶ *Mutuality: Healthy relationships go both ways. Both people give to each other and receive from each other.*
- ▶ *Communication: It is important to talk with, and listen to, other people. Let other people get to know you. Ask questions so you can get the chance to know others.*
- ▶ *Honesty: Honesty is a sign of respect in healthy relationships.*
- ▶ *Trust: Over time, good friends earn your trust.*
- ▶ *Flexibility: People and situations change. In a good relationship, people are flexible.*
- ▶ *Dependability: Follow through on the things you say you will do. Be a dependable friend.*

## Learn about empathy and its importance in relationships

*Part of connecting with others is learning how to understand what the other person is feeling. Empathy means being able to put yourself in someone else's shoes. Look for friends who are empathetic. Learn how to "walk in someone else's shoes."*

*It's not always easy to do this, because sometimes we all do things we wish we had not done. For example, did you ever forget your sneakers on gym day? Just remember, this kind of thing happens to everyone, and everyone wants to be treated kindly.*

*Here are two steps you can take to show empathy. First, give a brief reply that captures the situation; then, add an emotion.*

*Suppose a friend tells you about a fight with her brother. You can say, "When he was yelling at you, you must have felt mad." This shows that you are really listening and trying to understand how your friend is feeling.*

Section 3:  
Connecting with others

## Learn how to be more mindful of other people and their situations

*Sometimes, it's hard to focus on other people when you have problems in your own life, but good friends make an effort to focus on others. Being mindful means having your mind present in a situation. It means you think and care about other people's feelings while also being aware of your own feelings.*

### *Here are some ways to be mindful:*

- *Be present: Be aware of your own thoughts and feelings.*
- *Show respect: Listen to your friends. Really think about their thoughts and feelings.*
- *Be considerate: Think about the needs of others. Help them when you can, even before they ask for help.*
- *Rejoice together: Be glad for your friends when good things happen for them, even if your own life is not going well.*
- *Be aware: Think about how what you do or say affects the people around you.*
- *Honor yourself: Make sure that you act according to your own beliefs and values.*

## Develop patience

*Patience is accepting the things you cannot change and being peaceful, content, and willing to enjoy the moment. Patience takes practice, especially in a fast-paced world, but patience is essential if you want to connect with others.*

*Here are some tips to increase your patience:*

- *Think of a difficulty or a long wait as a chance to practice your patience.*
- *Accept that, just as your mistakes sometimes slow other people down, other people's mistakes will sometimes slow you down. Be willing to wait for others, just as you would want them to wait for you.*
- *Accept and forgive yourself when you are not patient. Remember to work on it for next time.*

*Sarah's story: "It drives me crazy when my mom runs all over town doing errands and I have to come along, or when my little sister takes all morning in the bathroom. I guess I'm not very patient. Since I know I'm going to have to wait anyhow, I try to use the time to do something else. Like, with my mom, I try to learn where all the streets are as we drive, since I will get my driver's license soon. And while I'm waiting to get into the bathroom, I take the extra time to talk to my stepfather about my school and his work and stuff."*



## Be safe in relationships

*Part of being a young woman is learning how to be in relationships with many kinds of people. This includes friends, family members, and teachers. It also includes someone you are or want to be dating. It is hard to learn how to form safe and healthy relationships. Always let an adult know where you are going and who you'll be with. Tell someone right away if you are in any relationship where you do not feel comfortable or safe.*

*Safe and healthy relationships are built on honesty and respect. That means each person listens to the other's thoughts and opinions without making a judgment or finding fault. In healthy relationships, it is OK to disagree and argue sometimes. However, both people ought to be able to talk about the issues and find a compromise. It is even OK to agree to disagree.*

*Here is a way to check and see how healthy one of your relationships is. Read the questions below. Then check yes or no based on your situation. The more times you check yes, the healthier your relationship.*

- Yes  No *Do you feel good about yourself when you are around that person? (The person should not make you feel worried, sad, mad, or scared.)*
- Yes  No *Is your relationship balanced? Is there an equal amount of give and take? (You should not find yourself giving more attention to the other person than he or she gives to you.)*
- Yes  No *Do you feel safe around the other person? (The person should not make you feel scared, unsafe, or pressured.)*
- Yes  No *Do you feel that you can trust the other person? (You should be able to depend on the other person.)*
- Yes  No *Does the other person support you when you make a mistake? (The other person should not find fault with you all the time or call you names.)*

*If you think you might be in an unhealthy relationship (or if you have a friend who is), let an adult know. Talk to your school counselor, a trusted teacher, a coach, a neighbor, or a parent. With help, you can get out of it or make it better.*



## Give help to others in need

*Helping others isn't just for Girl Scouts! Being a good friend means offering help whenever you can. Listen with sincere interest, and try not to judge. Offer to try to find help for friends in need. You can find information on how to help from many places:*

- ▶ *Your school counselor or a trusted teacher or coach*
- ▶ *Your doctor or health care provider*
- ▶ *A leader at your church, synagogue, or mosque*
- ▶ *The local library*
- ▶ *The phone book – look for the YWCA or county services*

## Quiz: How patient are you?

*You've heard it said that patience is a virtue. Are you patient? Take this quiz to find out.*

1. *You are shopping and the cashier is very slow. You:*

*Look around while standing in line. (2)*

*Get flustered and leave the store. (0)*

2. *You are out of town and forget your toothbrush. You:*

*Smile and think it will be an adventure to find a store in a new place. (2)*

*Get angry at yourself for forgetting. (0)*

3. *When your friend disagrees with others, you:*

*Listen to what she has to say and think about it from her perspective. (2)*

*Immediately tell her she is wrong. (0)*

4. You are with a younger girl in gym class and she is not catching on very well. You:

\_\_\_ Tell her that you think she is doing a good job to boost her confidence. (2)

\_\_\_ Tell her you are too busy to help her. (0)

5. You are stuck on the bus because of a nearby accident. You:

\_\_\_ Use the time to start on your homework. (2)

\_\_\_ Stress out about how late you will be. (0)

Scoring:

0-5 *Patience is a virtue.*

*No one is perfect. Sometimes, other people will slow you down or things will take longer than you planned. Accept that other people may not be as quick as you are, and try not to sweat the small stuff. You may even learn something new while you wait!*

6-10 *You're in control of your mood.*

*You seem to have common sense in any situation and are in check with your mood. People lean on you in times of crisis. Make sure you pay attention to how you're feeling. Continue to be thoughtful and patient in your relationships.*

## Activities to help you connect with others

*Here are some short exercises you and your friends can do to help you connect with others.*

*List some parts of your racial, ethnic, or cultural background that shape you in positive ways:*

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*What are some needs in your community? How could you get more involved to help?*

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*How do you feel when you are not patient? What would help you learn patience?*

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# Conclusion

*Thank you for taking the time to read this guide! We hope it has encouraged you to spend some time thinking about emotional wellness. Emotional wellness helps you to feel good about yourself, your relationships, and your purpose in life. It has been linked to better physical health and to being content with life.*

*The tips in this guide can help you learn to appreciate yourself. They can help you find your balance and purpose in life and connect with others. All of these actions will help you feel better about yourself. Think of emotional wellness as a goal in itself, just as physical fitness is a goal in itself.*

*You can learn to feel your best! We hope this guide helps you along the way. When you are done with it, please consider sharing it with a friend.*



# Resources

*The following resources provide general information about women's health:*

- *GirlsHealth.gov promotes emotional and physical health for teenage girls and provides information about body, fitness, nutrition, bullying, and other issues.  
WEB [www.girlshealth.gov](http://www.girlshealth.gov)*
- *MyPyramid.gov advances and promotes dietary guidance for all Americans, including customized dietary guidance for young women based on age and activity level.  
TEL 888-779-7264 WEB [www.mypyramid.gov](http://www.mypyramid.gov)*
- *National Women's Health Information Center lists health organizations, campaigns and events, publications, and more. TEL 800-994-9662 TTY 888-220-5446 WEB [www.womenshealth.gov](http://www.womenshealth.gov)*
- *U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Women's Health provides leadership and guidance in developing policy and in establishing goals and priorities for women's health issues across the lifespan.  
TEL 888-ASK-HRSA (275-4772) TTY 888-877-4TY-HRSA (489-4772)  
WEB [www.hrsa.gov/womenshealth](http://www.hrsa.gov/womenshealth)*
- *U.S. Department of Health and Human Services, Office on Women's Health works to improve the health and well-being of women in the United States through its programs by educating health professionals and by motivating behavior change in consumers.  
TEL 800-994-9662 TTY 888-220-5446 WEB [www.womenshealth.gov/owh](http://www.womenshealth.gov/owh)*

*This guide is about emotional wellness, but some young women might need help with anxiety or depression. If you think you or someone you know might be depressed, you can talk to your school counselor, school nurse, or a trusted teacher, coach, or parent for help. These groups also can help:*

- Anxiety Disorders Association of America provides information about anxiety disorders and treatment.  
TEL 240-485-1001 WEB [www.adaa.org](http://www.adaa.org)*
- Freedom From Fear provides information about anxiety and depression and resources to obtain help.  
TEL 718-351-1717 ext. 24 WEB [www.freedomfromfear.org](http://www.freedomfromfear.org)*
- National Mental Health Association provides information about mental health, including programs, news, advocacy, and mental health information.  
TEL 800-969-NMHA (6642) WEB [www.nmha.org](http://www.nmha.org)*
- National Suicide Prevention Lifeline has trained crisis counselors to assist callers with emotional distress.  
TEL 800-273-TALK (8255)*
- U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Mental Health provides information about mental health and mental illness, news releases, clinical trials, and more.  
TEL 866-615-6464 WEB [www.nimh.nih.gov](http://www.nimh.nih.gov)*
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration provides information on:  
— substance abuse problems - National Clearinghouse for Alcohol and Drug Information  
TEL/TTY 800-729-6686 En Español 877-767-8432 WEB [www.ncadi.samhsa.gov](http://www.ncadi.samhsa.gov)  
— mental health problems - National Mental Health Information Center  
TEL 800-789-2647 TTY 800-433-5959 WEB [www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)*



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2007



**Appendix C:**  
**Data Collection Instruments and Data to be Collected**

## Data Collection Instruments and Data to be Collected

Instrument	Data Collected
<p><b>Consumer Survey</b></p> <ul style="list-style-type: none"> <li>• Self-administered written survey</li> <li>• Includes informed consent form (from consumer and parent or legal guardian for minors)</li> <li>• 22 questions (21 multiple choice and 1 open-ended question)</li> <li>• 15 minute response time</li> <li>• Distributor gives survey to consumer at the time of service (e.g., at end of a medical appointment or a group prenatal care session)</li> <li>• Approximately 750 consumers will be asked to respond (including all four sites)</li> <li>• Seeking 50-75% response rate (for a total of approximately 560 completed surveys)</li> <li>• Completed surveys to be sent in the mail to the evaluation team by the evaluation site staff or the respondent to ensure confidentiality</li> </ul>	<p><b>Data Points</b></p> <ul style="list-style-type: none"> <li>• Age, race/ethnicity, and education</li> <li>• Types of services received from evaluation site</li> <li>• Frequency of visits to evaluation site</li> <li>• Consumer’s overall experience receiving services from evaluation site</li> <li>• Overall level of concern about mental health and emotional wellness</li> <li>• Extent to which they experience challenges in areas discussed in guides (self-appreciation, balance and purpose, connecting with others)</li> <li>• Consumer’s experience receiving the guide from providers</li> <li>• The extent to which the consumers found the guides easy to read and understand, useful/actionable, and relevant to their lives</li> </ul>
<p><b>Emotional Wellness Guide Distributor Survey</b></p> <ul style="list-style-type: none"> <li>• Self-administered web-based survey</li> <li>• Includes informed consent form</li> <li>• 34 questions (mostly multiple choice with some open-ended questions)</li> <li>• 15 minute response time</li> <li>• All evaluate site staff involved in distributing the emotional wellness guides (e.g. health care providers, counselors, outreach workers) will be invited to respond (approximately 40 distributors)</li> <li>• Seeking 90% response rate or higher</li> </ul>	<p><b>Data Points</b></p> <ul style="list-style-type: none"> <li>• Age, sex, and race/ethnicity</li> <li>• Professional qualifications, role in organization, and years of experience</li> <li>• Types of services they provide</li> <li>• Types of consumers they interact with</li> <li>• Types of emotional issues, concerns, or problems reported by females</li> <li>• Frequency with which an interest in emotional health or emotional issues are reported by women they serve</li> <li>• Comfort level in talking about emotional wellness issues with the women they serve</li> <li>• Frequency of guide distribution</li> <li>• Experience distributing the guides</li> <li>• Assessment of the usefulness, relevance, and cultural appropriateness of the guides for the women they serve</li> <li>• Expectations with regard to their continuing to distribute the guides beyond the evaluation period</li> </ul>
<p><b>Consumer Focus Groups</b></p> <ul style="list-style-type: none"> <li>• Adult and young women from the evaluation sites will be given the emotional wellness guides,</li> </ul>	<p><b>Data Points</b></p> <ul style="list-style-type: none"> <li>• Assessment of extent to which they experience emotional health challenges</li> </ul>

Instrument	Data Collected
<p>given time to review them and invited to participate in on-site focus groups</p> <ul style="list-style-type: none"> <li>• 6-8 <u>adult women</u> in one focus group at each site</li> <li>• 6-8 <u>young women</u> in a separate focus group at each site</li> <li>• Not all sites will have both young and adult women.</li> <li>• May hold separate focus groups for different ethnic groups – particularly for the younger women’s groups</li> <li>• Obtain informed consent from focus group participants</li> <li>• Discussion guide will be used to conduct focus groups</li> </ul>	<p>in the areas discussed in guides</p> <ul style="list-style-type: none"> <li>• Assessment of how easy guides are to read and understand</li> <li>• Assessment of whether the issues discussed in the guides seem relevant to their lives</li> <li>• Assessment of whether guides offer information that would be useful to improving their emotional health</li> <li>• Comfort level discussing issues of emotional health with providers, and whether this might change as a result of being offered the BFWHW guides</li> </ul>

**Appendix D:  
Evaluation Questions and Indicators for The Bright Futures for  
Women's Health and Wellness Emotional Wellness Consumer  
Guides**

Evaluation Questions and Indicators for The Bright Futures for Women's Health and Wellness Emotional Wellness Consumer Guides

Intervention	Bright Futures Evaluation Questions	INDICATORS	
		Process Indicators	Impact Indicators
<p><i>Distribution by participating program sites of:</i></p> <p>1) <i>The Young Woman's Guide to Emotional Wellness, and</i></p> <p>2) <i>The Women's Guide to Emotional Wellness</i></p>	<p><b>Dissemination Process</b></p> <p>1. What are the major factors, barriers and facilitators that impact the distribution of these guides to young and adult women? Some potential factors include:</p> <ul style="list-style-type: none"> <li>▪ The community or provider setting</li> <li>▪ The goal or mission of the site distributing the guides</li> <li>▪ The extent to which emotional wellness is a primary focus of the distribution site</li> <li>▪ The process used by participating sites to distribute the guides</li> <li>▪ The types of situations or settings (e.g. in the context of an medical</li> </ul>	<ul style="list-style-type: none"> <li>➤ # of guides distributed at each site by age group and race/ethnicity</li> <li>➤ % of women receiving services who remember seeing the guides at each site, by age and race/ethnicity</li> <li>➤ % of practitioners/professionals who participated in the distribution demonstration who actually distributed the guides</li> <li>➤ Barriers and facilitators to guide distribution <ul style="list-style-type: none"> <li>▪ The community or provider setting</li> <li>▪ The goal or mission of the site distributing the guides</li> <li>▪ The extent to which emotional</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>➤ Impact of the guide distribution on the service encounter and the interaction between the consumer and guide distributor (e.g. length of visit, type and quality of the discussion, additional referrals made)</li> <li>➤ % of distributors at each site who plan to continue using the guides as part of their routine practice</li> </ul>

Intervention	Bright Futures Evaluation Questions	INDICATORS	
		Process Indicators	Impact Indicators
	<p>appointment, support group, or home visit) used to distribute the guides</p> <ul style="list-style-type: none"> <li>▪ The extent to which the emotional wellness guides complement other health and educational materials used by the distribution sites</li> </ul> <p>2. Have the guides been accepted by the distributing organization and their distribution made a part of routine practice?</p>	<p>wellness is integrated into the set of services offered by the distribution site</p> <ul style="list-style-type: none"> <li>▪ The process used by participating sites to distribute the guides</li> <li>▪ The types of situations or settings (e.g. in the context of an medical appointment, support group, or home visit) used to distribute the guides</li> <li>▪ The extent to which the guides complement other health and educational materials used by the distribution sites</li> </ul> <p>⇒ Other factors impacting the use of the guides</p>	
	<p><b>Ease of Use</b></p> <p>3. Do young and adult women find the guides easy to read and understand?</p> <p>4. Do distributors find the guides easy to explain and talk about?</p>	<p>⇒ % of women who remember receiving the guides and rate them on a scale as easy to read and understand</p> <p>⇒ % of individual distributors who rate the guides on a scale as easy to explain and talk about at each site</p>	
	<p><b>Acceptability/Relevance</b></p> <p>5. Do the women who receive the guides find them useful?</p> <ul style="list-style-type: none"> <li>▪ Do women think that the guides provide information they can use to improve their emotional health?</li> </ul>	<p>⇒ % of women at each site who report they have concerns about their emotional health</p> <p>⇒ % of women at each site who report they would like more information or help about how to improve their</p>	<p>⇒ % of women who remember receiving the guides and rate them on a scale as being useful at each site, by age and race/ethnicity</p> <p>⇒ % of women who remember receiving the guides who say the tools provide information they can use to improve</p>

Intervention	Bright Futures Evaluation Questions	INDICATORS	
		Process Indicators	Impact Indicators
	<ul style="list-style-type: none"> <li>▪ Do women think the guides are relevant to their lives?</li> <li>▪ Do women think the guides are culturally appropriate?</li> <li>▪ Do women who express an interest in emotional health or report concerns or challenges in the areas of emotional health and wellbeing (e.g. in the areas of appreciating yourself, finding balance and purpose, and connecting with others) find the guides more useful than the general population of women being served?</li> </ul> <p>6. Do the distributors of the guides find them useful?</p> <ul style="list-style-type: none"> <li>▪ Do distributors of the guides think they provide information that will be useful to women?</li> <li>▪ Do distributors think the guides are relevant to the lives of the women they serve?</li> <li>▪ Do distributors of the guides think they are culturally appropriate for the women they serve?</li> </ul>	<p>emotional health and wellbeing</p> <ul style="list-style-type: none"> <li>➤ Women and distributor feedback on the cultural appropriateness of the guides – OR -- (if asked on survey) % of women who rate the tools on a scale as culturally appropriate</li> <li>➤ % of individual distributors who rate the guides as culturally appropriate</li> </ul>	<p>their emotional health</p> <ul style="list-style-type: none"> <li>➤ % of women who remember receiving the guides who rate them being relevant to their lives</li> <li>➤ % of distributors at each site who rate the guides as being useful</li> <li>➤ % of distributors at each site who rate the guides as being relevant to the lives of the women they serve</li> </ul>
	<p><b>Effectiveness</b></p> <p>7. Do the guides improve women's understanding of factors contributing to emotional health and wellbeing?</p> <p>8. Do the guides help increase women's</p>		<ul style="list-style-type: none"> <li>➤ % of women who receive the guides who report a greater degree of willingness to talk with health and social service providers about their emotional health.</li> <li>➤ % of distributors who report having more conversations about emotional</li> </ul>

Intervention	<i>Bright Futures</i> Evaluation Questions	INDICATORS	
		Process Indicators	Impact Indicators
	comfort level talking to health and social service providers or other community-based organization staff about their emotional health?		<p>wellness with the women they serve as a result of the tool distribution (e.g. questions being asked by women, or concerns being raised by women)</p> <p>➡ % of women who remember receiving the guides who report that they improved their understanding of factors contributing to emotional health and wellbeing (e.g. self-appreciation, balance and purpose, connecting with others)</p>



# Appendix E: Consumer Survey

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-xxxx. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

**Bright Futures for Women's Health and Wellness (BFWHW) Initiative  
Consumer Survey  
DRAFT**

*Please answer the following questions by checking the circle or circles next to your answer: Please pick one answer for each question.*

- 1. How old were you on your last birthday?**
- 13-17
  - 18-24
  - 25-44
  - 45-64
  - 65+
- 2. Are you Hispanic or Latina?**
- Yes
  - No
- 3. Which one of the following would you say is your race?**
- White
  - Black
  - American Indian or Alaska Native
  - Asian
  - Native Hawaiian or other Pacific Islander
  - Two or more races
- 4. What is the highest level of education you have completed?**
- Eighth grade or less
  - Some High School
  - High School/GED (General Educational Development)
  - Some College, technical or trade school
  - College Degree
  - Graduate Degree
- 5. What is your marital status?**
- Single, never married
  - Married
  - Living with Partner/Cohabiting
  - Separated/Divorced
  - Widowed
- 6. About how many times in the last 12 months have you had an appointment with this clinic for health care or other services?**
- 0
  - 1-3
  - 4-6
  - More than 6
- 7. What types of services were you seeking here today (check all that apply)?**
- Prenatal/maternity care
  - Routine check-up
  - Treatment for illness
  - Emotional health counseling
  - Support group
  - Other \_\_\_\_\_
- 8. What is your overall satisfaction with receiving services from this clinic?**
- Very satisfied
  - Mostly satisfied
  - A little satisfied
  - Mostly unsatisfied
  - Very unsatisfied
- 9. How comfortable are you talking to doctors and other health care providers about your emotional health and wellbeing?**
- Very comfortable
  - Mostly comfortable
  - A little comfortable
  - A little uncomfortable
  - Very uncomfortable
- 10. In the last 12 months, about how many times have you talked about your emotional health and well-being with a doctor, counselor or other health care provider?**
- 0
  - 1-3
  - 4-6
  - More than 6
- 11. How happy, satisfied, or pleased have you been with your personal life over the last month?**

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- Extremely happy, could not have been more satisfied or pleased
- Very happy most of the time
- Generally happy, pleased
- Sometimes fairly satisfied, sometimes fairly unhappy
- Generally dissatisfied, unhappy
- Very dissatisfied, unhappy most of the time

**12. During the past month, how much of the time has your daily life been full of things that were interesting to you?**

- All of the time
- Most of the time
- A good bit of the time
- Some of the time
- A little of the time
- None of the time

**13. During the past month, how often did you feel there were people you were close to?**

- Always
- Very often
- Fairly often
- Sometimes
- Almost never
- Never

**14. Have you been given a copy of the BFWHW Emotional Wellness Guide (either the Young Women's or the Women's Guide)?**

- Yes
- No
- Unsure

*If you answered "Yes" to Question #14, please answer the rest of the questions on this survey.. If you answered "No" or "Unsure" to Question #14, please only answer question #22.*

**15. Did you read all or part of the BFWHW Emotional Wellness Guide?**

- All of it
- Part of it
- Just skimmed it
- No

**16. How easy is the BFWHW Emotional Wellness Guide to read and understand?**

- Very easy to read and understand
- Mostly easy to read and understand
- A little easy to read and understand
- A little hard to read and understand
- Very hard to read and understand

**17. Do you think the BFWHW Emotional Wellness Guide contains advice that you can use to feel better about your life?**

- Yes, it contains very useful advice
- Yes, it contains mostly useful advice
- No, the advice is not useful
- Unsure

**18. Did the personal stories and examples in the BFWHW Emotional Wellness Guide seem familiar to you or relate to your own life?**

- Yes, very related
- A little related
- Not very related
- Not related at all
- Unsure

**19. Would you share or recommend the BFWHW Emotional Wellness Guide to friends or family members?**

- I would recommend it to a friend or family member
- I would not recommend it to a friend or family member
- Unsure

**20. Now that you have been given the BFWHW Emotional Wellness Guide, are you more or less likely to talk about your emotional health and well-being with your doctor, counselor or another health care provider?**

- More likely
- Less likely
- No difference
- Unsure

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**21. Please write down any other comments you have about the BFWHW Emotional Wellness Guide that you would like to share:**

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**22. Would you be interested in more information about how to improve your emotional health and wellbeing?**

- Yes
- No

*Thank you for your participation!*

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-xxxx. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

**Appendix F:**  
**Consumer Informed Consent Form**

## Bright Futures Evaluation: Statement of Informed Consent

The Health Resources and Services Administration, Office of Women's Health (HRSA OWH) Bright Futures for Women's Health and Wellness (BFWHW) program is intended to improve the physical and emotional health of women of all ages. HRSA OWH contracted with The Lewin Group, a private consulting firm in Falls Church, Virginia, to conduct an evaluation of this program's Emotional Wellness Consumer Guides.

### **What is the purpose of this evaluation project?**

This evaluation project will help the HRSA OWH understand the usefulness of the BFWHW Emotional Wellness guides for women in their everyday lives.

### **Why am I invited to participate?**

You have been asked to participate in this evaluation project because you receive clinical care or other social support services at a center or site that is participating in this evaluation project.

### **What will I be asked to do if I participate?**

If you choose to participate, you will be asked to fill out a short survey. It should take you about 15 minutes to finish.

### **Do I have to participate?**

No, taking part in this study is your choice. Your decision will not affect your regular care or the health care services you receive at this center. If you decide to participate, but then feel uncomfortable at any time, you can: 1) Choose not to answer a question if it bothers you; 2) Talk to the person who gave you the survey or your health care provider about how that question made you feel; and/or, 3) Choose not to continue to fill out the survey.

### **Are my survey answers confidential?**

Yes, your survey answers are confidential. You will not be asked to put your name on your survey. No information will be collected that could be used to identify you.

### **What if I am under 18 years of age? May I still participate?**

Yes, you may participate with the permission of your parent or legal guardian. You need to sign the Statement of Consent from Minor Form on page 2 AND your parent or legal guardian will need to sign the Statement of Consent Form from Parent/Legal Guardian form on page 2.

### **Are there any negative things that can happen because I participated in the project?**

Some of the questions in the survey may make you feel uncomfortable. If you feel uncomfortable at any time, you can: 1) Choose not to answer that question; 2) Talk to the person who gave you the survey or your health care provider about how that question made you feel; and/or, 3) Choose not to continue to fill out the survey.

### **Will I receive money for participating in this project?**

If you complete the survey, you will be given a \$10 Visa check card, which works like cash to pay for groceries, clothing, gas, etc. at places that accept Visa cards.

### **What do I do if I want to participate?**

If you want to participate in the project, please turn to page 2 and sign the consent form. Keep the first page and return the signed form to the person who gave it to you. That person will give you a survey to fill out and an envelope that has already been stamped and addressed. You should fill out the survey, seal it in the envelope and bring it back to the person who gave it to you. You will be given a \$10 Visa check card when you are finished with your survey. The person who gave you the survey will mail your survey to The Lewin Group without opening it. Or if you prefer to mail the survey yourself, you can take the

## Bright Futures Evaluation: Statement of Informed Consent

sealed envelope with you and drop it in any U.S. Postal Service mailbox and it will be returned directly to the evaluators at The Lewin Group. If you have any questions or concerns about the survey or this survey project you should contact Shanise DeMar of The Lewin Group at [1-888-XXX-XXXX].

**Bright Futures Evaluation: Informed Consent Signature Page**

The BFWHW program includes health educational materials on different topics for women of all ages. The BFWHW Emotional Wellness guides have information to help young and adult women feel good about themselves. The information in the guides can also help women realize the importance of relationships with other people. This evaluation will help the HRSA OWH understand the usefulness of the BFWHW Emotional Wellness guides for women in their everyday lives. The evaluation findings may also help HRSA OWH develop other materials to improve women’s health. If you choose to participate, you will be asked to fill out a survey that asks you questions about yourself, your emotional health, and what you think about the BFWHW Emotional Wellness guide (if you have seen it).

**STATEMENT OF CONSENT**

I \_\_\_\_\_ have read both pages of the statement of informed  
(print name clearly)  
consent. I fully understand the information and I am willing to participate in this project.

\_\_\_\_\_  
(sign here) (date)

**STATEMENT OF CONSENT FROM MINOR**  
(If participant is under the age of 18)

I \_\_\_\_\_ have read both pages of the statement of informed  
(print name clearly)  
consent. I fully understand the information and I am willing to participate in this project.

\_\_\_\_\_  
(sign here) (date)

**STATEMENT OF CONSENT FROM PARENT/LEGAL GUARDIAN**  
(If participant is under the age of 18)

I \_\_\_\_\_ have read both pages of the statement of informed  
(print name clearly)  
consent. I fully understand the information and I give permission for \_\_\_\_\_  
(print name of  
minor clearly)  
to participate in this project.

\_\_\_\_\_  
(sign here) (date)

Please return this signature page to the person who gave you this informed consent statement. You may keep the first page (the Statement of Informed Consent) for your own reference.



# **Appendix G: Distributor Survey**

**Bright Futures for Women's Health and Wellness Initiative**  
**Survey for Individuals Distributing the Bright Futures for Women's Health and Wellness:**  
**Emotional Wellness Guides**  
**DRAFT**

*Please answer the following questions:*

1. **Please indicate your sex:**
  - Male
  - Female
  
2. **Please indicate your age group:**
  - 18-24
  - 25-44
  - 45-64
  - 65+
  
3. **Are you Hispanic or Latina?**
  - Yes
  - No
  
4. **Which one of the following would you say is your race?**
  - White
  - Black
  - American Indian or Alaska Native
  - Asian
  - Native Hawaiian or other Pacific Islander
  - Two or more races
  
5. **What is your role in your organization?**
  - Health care provider
  - Counselor
  - Social worker
  - Outreach worker
  - Peer educator/Promotora
  - Other \_\_\_\_\_
  
6. **What is your primary professional qualification?**
  - Medical Doctor
  - Licensed nurse
  - Licensed social worker
  - Midwife
  - Psychologist
  - Licensed Professional Counselor
  - Advanced Practice Nurse
  - Other \_\_\_\_\_
  
7. **How many years of experience do you have in your current profession?**
  - Less than 3 years
  - 3 - 5 years
  - 6 - 10 years
  - 11- 20 years
  - More than 20 years
  
8. **What types of services do you provide (check all that apply)?**
  - Prenatal care
  - HIV/AIDS treatment
  - Routine medical care
  - Emotional health care
  - Social support or case management services
  - Other \_\_\_\_\_
  
9. **Approximately how many individual women do you see each month?**
  - 1-10
  - 11-25
  - 26-50
  - More than 50
  
- Please describe the women to whom you provide services:*
  
10. **Approximately what percentage of the women you see fall into each of these age groups?**
  - Under 18 \_\_\_\_%
  - 18-24 \_\_\_\_%
  - 25-44 \_\_\_\_%
  - 45-64 \_\_\_\_%
  - 65+ \_\_\_\_%
  
11. **Approximately what percentage of the women you see are in each of these race/ethnic groups?**

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Hispanic \_\_\_\_%  
White \_\_\_\_%  
Black \_\_\_\_%  
American Indian or Alaska Native \_\_\_\_%  
Asian \_\_\_\_%  
Native Hawaiian or other Pacific Islander \_\_\_\_%  
Two or more races \_\_\_\_%

**12. How often do the women you see talk to you about emotional health issues or concerns?**

- Very often
- Somewhat often
- Occasionally
- Rarely

**13. What types of emotional health issues or concerns are most frequently reported to you by the women you see (check all that apply)?**

- Depression
- Family or relationship problems
- Loneliness
- Substance abuse
- Anxiety
- Other \_\_\_\_\_

**14. How comfortable are you talking about emotional health and well-being with the women you see?**

- Very comfortable
- Mostly comfortable
- Somewhat comfortable
- Somewhat uncomfortable
- Very uncomfortable

**15. Were you aware of the *Bright Futures for Women's Health and Wellness (BFWHW)* program or the consumer guides prior to this evaluation of the guides?**

- Yes
- No

**16. Did you distribute any of the BFWHW Emotional Wellness Guide guides prior to this evaluation of these guides?**

- Yes (check all that apply)  
\_\_\_\_ Physical Activity and Healthy Eating Guides

\_\_\_\_ Emotional Wellness Guides

- No
- Unsure

**17. Approximately how many women have you given copies of the BFWHW Adult *Woman's Guide to Emotional Wellness* since this evaluation of the guides began?**

- 0
- 1-25
- 26-50
- 51-100
- More than 100

**18. Approximately how many women have you given copies of the BFWHW *Young Woman's Guide to Emotional Wellness* since this evaluation of the guides began?**

- 0
- 1-25
- 26-50
- 51-100
- More than 100

**19. To whom and under what circumstances do you give the BFWHW Emotional Wellness Guides?**

- Only to women who express concerns about emotional wellness
- Only to women who participate in a certain program or receive a certain type of service. Please specify: \_\_\_\_\_
- Most of the women I have seen since the evaluation began
- All the women I have seen since the evaluation began

**20. When you give women the BFWHW Emotional Wellness Guides, how extensively do you usually go through it with them (e.g., explaining, talking about it, and/or answering questions)?**

- I spend a minute or two explaining what it is and why I'm giving it to them
- I flip through it with them for several minutes and point out one or two points of interest

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- I spend 10 or more minutes walking through the whole Guide with them and answering questions
- It varies depending on the circumstance (e.g. depends on whether the woman raised any issues of emotional health herself, how many questions she asks, what type of appointment)
- Other \_\_\_\_\_

**21. Do you think the *Woman's Guide* contains advice that the adult women you see can use to feel better about their lives?**

- Yes, it contains very useful advice
- Yes, it contains mostly useful advice
- No, the advice is not very useful
- Unsure
- Not applicable (I did not distribute the *Woman's Guide*)

**22. Do you think the *Young Woman's Guide* contains advice that the young women (under 18) you see can use to feel better about their lives?**

- Yes, it contains very useful advice
- Yes, it contains mostly useful advice
- No, the advice is not very useful
- Unsure
- Not applicable (I did not distribute the *Young Woman's Guide*)

**23. How easy do you find it to explain and talk about the BFWHW Emotional Wellness Guides to the women you see?**

- Very easy to explain and talk about
- Mostly easy to explain and talk about
- Somewhat easy to explain and talk about
- Somewhat difficult to explain and talk about
- Very difficult to explain and talk about
- I did not distribute the Women's Guide

**24. How relevant do you think the examples and personal stories in the BFWHW Emotional Wellness Guides are to the lives of the women you serve?**

- Very relevant
- Mostly relevant
- Somewhat relevant

- Somewhat irrelevant
- Very irrelevant

**25. Since you have been distributing the BFWHW Emotional Wellness Guides, do you discuss emotional wellness with the women you serve more often than before?**

- Yes, much more often than before
- Yes, somewhat more often than before
- No, no difference
- Unsure

**26. Since you have been distributing the BFWHW Emotional Wellness Guides, have you referred more women for further emotional health services (on average)?**

- Yes, I have referred many more women for emotional health services on average than I did before
- I have probably referred a few more women for emotional health services on average than I did before
- No, I have probably referred fewer women for emotional health services on average than I did before
- No, no difference
- Unsure

**27. Would you recommend these BFWHW Emotional Wellness Guides to other professionals in your field?**

- Yes
- No
- Unsure

**28. Please circle whether you think the following statements about the BFWHW Emotional Wellness Guides are True or False:**

- T/F They are easy for the women I see to read and understand.
- T/F They are culturally appropriate for the women I see.
- T/F They help women to feel more comfortable talking about emotional health and wellbeing with me

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T/F They help me to feel more comfortable bringing up issues of emotional health and wellbeing with the women I see

T/F They are too long.

T/F I often don't have enough time to discuss them with the women I see.

**29. Do you plan to continue distributing these BFWHW Emotional Wellness Guides as part of your routine practice?**

Yes

No

Unsure

**30. What other types of educational materials or BFWHW Emotional Wellness Guides would you find most useful in your practice?**

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**31. Additional Comments:**

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*Thank you for your participation!*

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# **Appendix H: Focus Group Guidance**

**Health Resources and Services Administration**  
**Bright Futures for Women's Health and Wellness (BFHW) Emotional Wellness**  
**Guides**  
**Consumer Focus Group Guidance**  
**DRAFT**

**Suggested Intro:** Thank you for taking the time to speak with us today. My name is XX and I work for The Lewin Group, a health care consulting firm in Falls Church, Virginia. We are working with the Health Resources and Services Administration to evaluate a new set of educational materials called the Bright Futures for Women's Health and Wellness (BFHW) Emotional Wellness Guides. These materials are designed to provide women with information about emotional health and wellness.

This focus group will last 1 to 1.5 hours. First, we are going to give you a chance to review the BFHW Emotional Wellness Guide, and then we will ask you some questions about the BFHW Emotional Wellness Guide. You have been invited to participate today because we want your feedback on the BFHW Emotional Wellness Guide, how useful you think it is, whether it talks about issues that are important to you, and whether or not you would recommend it to other women. We'll ask you questions like "Was the BFHW Emotional Wellness Guide easy to read and understand?" and "Is the advice helpful?" We'll also ask you questions about how comfortable you are or might be talking about the issues in the BFHW Emotional Wellness Guide with your health care provider, counselor, or case manager. Your input and feedback will help us to evaluate the Guide and help the Health Resources and Services Administration to develop other educational materials to improve women's health.

Once you've reviewed the BFHW Emotional Wellness Guide, we have some specific questions we would like you to answer, but feel free to jump in at any time with your thoughts and ideas. There will be no formal breaks. However, feel free to get up at any time if you need to stretch, go to the bathroom, or step out for a moment.

We hope you will be as open and honest with us as possible, and we ask that everyone keep what is said here today confidential. We are taping this session and taking notes so we can compile all of your feedback together along with feedback from women we are talking with at other sites, but your individual answers or comments will not be shared with anyone outside this evaluation team. Your comments and answers will not be linked to you and your name will not be used in the final evaluation report. We value the information you will share with us today and want to make sure we accurately capture all of it, which is why we'd like to tape the session. Does anyone have any objections to us taping this discussion?"

Please understand that your participation is entirely voluntary and does not affect the care that you will receive from [insert name of site/program]. You are free to decide not to answer any of our questions and to quit participating altogether and leave at any time. At the end of this focus group, you will be given a \$10 Visa check card as a token of our appreciation. The \$10 Visa check card works like cash to pay for groceries, clothing, gas, etc. at places that accept Visa cards.

Do you have any questions before we begin?

**Review Guides:** Participants will have 10-15 minutes to read through the guide. Notepads will be provided so they can take notes if desired.

**Questions (in round table format):**

- 1) Overall, what did you think about the BFWHW Emotional Wellness Guide?
- 2) Is it easy to read?
- 3) Is it easy to understand?
- 4) What did you think of the examples?
  - a. Did the women's stories/experiences/challenges seem familiar to you?
  - b. Can you relate to any of them? Have you experienced similar things?
  - c. Do you feel the Guide was written for women like you?
- 5) What did you think about the advice and tips in the guide?
  - a. Is it good advice? Is it helpful?
  - b. Were some of the ideas new to you? Is the Guide suggesting some things you do anyway?
- 6) Do you think the BFWHW Emotional Wellness Guide is useful or helpful?
  - a. If so, what is most useful or helpful about it?
  - b. If you do not think the guide would help you, do you think the advice would help other women? Who do you think the Guide would be helpful for?
- 7) Do you ever talk about issues like these (relationships, self-confidence, life balance) with your friends or family members?
- 8) Have you ever talked about issues like these with your health care provider or counselor here or elsewhere?
  - a. If so...
    - i. Did the provider or counselor ask you about something or did you raise the issue yourself?
    - ii. Was it helpful to talk about it?
    - iii. Did the provider or counselor seem comfortable talking about it?
    - iv. Were you comfortable talking about it?
  - b. If not...
    - i. Why not? (e.g., no issue so nothing to talk about, wanted to but didn't feel comfortable, or didn't have time in the appointment, etc.)
- 9) If someone gave you this BFWHW Emotional Wellness Guide in an appointment, would you be more likely to talk with them about these issues?
- 10) Do you think this BFWHW Emotional Wellness Guide might help other women to feel more comfortable talking about these issues with their health care providers?
- 11) Would you recommend this BFWHW Emotional Wellness Guide to your friends or relatives?
- 12) Do you have any other comments or suggestions to make?



**Appendix I:  
Sample Evaluation Report #1**

## I. INTRODUCTION

### A. Overview

This Outcome Evaluation report is the final in a series of evaluation reports produced by The Lewin Group (Lewin) as part of a three-year external evaluation of The California Endowment’s Mental Health Initiative (MHI). The purpose of this final summative report is to present findings, at the overall MHI level, on the outcomes, accomplishments, and contributions of the MHI over the three-year grant period.

### B. Data Sources and Methods

Findings presented in this report are from three primary data sources: (1) semi-annual surveys; (2) updated program monitoring matrices (PMMs); and (3) site visits. Lewin used the method of triangulation to analyze these data. Specifically, we used the PMM data to identify grantee progress in achieving outcomes and then identified, compared, and validated in more depth key findings using the survey results. The site visits provided an opportunity to gather grantee-specific experiences and outcomes not captured by the PMMs and surveys.

- **Semi-Annual Surveys.** Lewin administered five targeted evaluation surveys during the course of the three-year funding period: one in July 2002, a second in January 2003, a third in July 2003, a fourth in January 2004, and a final survey that was administered to coincide with each grantee’s program end date. This final survey was administered only to those grantees that had been approved for a no-cost extension. The surveys captured detailed organizational descriptive and progress information and covered various topic areas including: culturally competent service delivery, partnerships/networking, outreach, community involvement and impact, policy relevance, leadership, stigma, and sustainability. In this report, we use survey data to investigate and validate key outcomes achieved and promising practices.
- **Updated Program Monitoring Matrices (PMMs).** Information obtained from grantee applications, progress reports, and final reports were another important data source for this report. Lewin systematically reviewed grantees’ applications, September 2001 progress reports, March 2002 progress reports, September 2002 progress reports, March 2003 progress reports, September 2003 progress reports, and grantees’ final reports, and compiled the information into a spreadsheet database referred to as the Program Monitoring Matrices (PMMs). PMMs include information for each grantee on the organizational structure and environment; inputs and resources; target population; interventions; expected changes; evidence of changes; barriers; facilitators; and progress towards implementing interventions and achieving both anticipated and unanticipated outcomes.

To analyze the 46 PMMs, Lewin used the technique of open-coding to process information on interventions, outcomes, barriers, facilitators, and changes (progress) across the time of applications, progress reports, and final reports. These codes were then entered and analyzed in Microsoft Access.

- **Site Visits.** Qualitative data gathered during site visits were a third source of data for this outcome evaluation report. During March through June of 2004 and again in the fall of 2004, Lewin conducted site visits to 40 of the 46 grantees. Of the remaining six grantees, phone calls were conducted for three of them, and the other three grantees were not contacted because their programs had ended and staff had disbanded. During the visits, the site visit team met with the key program, organization, and evaluation staff, as well as collaborative partners and other stakeholders including clients, consumers, members of the target community, community-based organizations, other system providers, and policymakers. Information on the achievement of outcomes, lessons learned, sustainability strategies, and the effectiveness and impact of the MHI was collected. After the site visits, the team examined findings across site visit experiences to surface outcome themes for this report.

### C. Data Limitations

The data used for this report are rich, but limited. The PMMs are based on progress and final reports that consist of information grantees elected to report to The Endowment. The semi-annual surveys are self-reported data with the same potential for bias. However, the surveys provide more specific information on implementation progress and achievement of outcomes by allowing grantees to report on other key performance indicators. An important limitation of the surveys is that they only reflect grantees' perspectives on their programs' progress and outcomes and do not capture the perspectives of external stakeholders (e.g., consumers, families, community leaders, or policy makers). To counter this data limitation, stakeholder perspectives were gathered during the site visits. A limitation of the site visits was the lack of information gathered about "hard evidence" of outcomes achieved by grantees. This was a product of grantees' evaluation strategies, many of which did not focus on obtaining "hard evidence" of outcomes, as well as the longer time horizon needed to detect evidence for certain outcomes, especially mental health and substance abuse outcomes.

## II. GRANTEE ORGANIZATIONAL AND PROGRAM CHARACTERISTICS

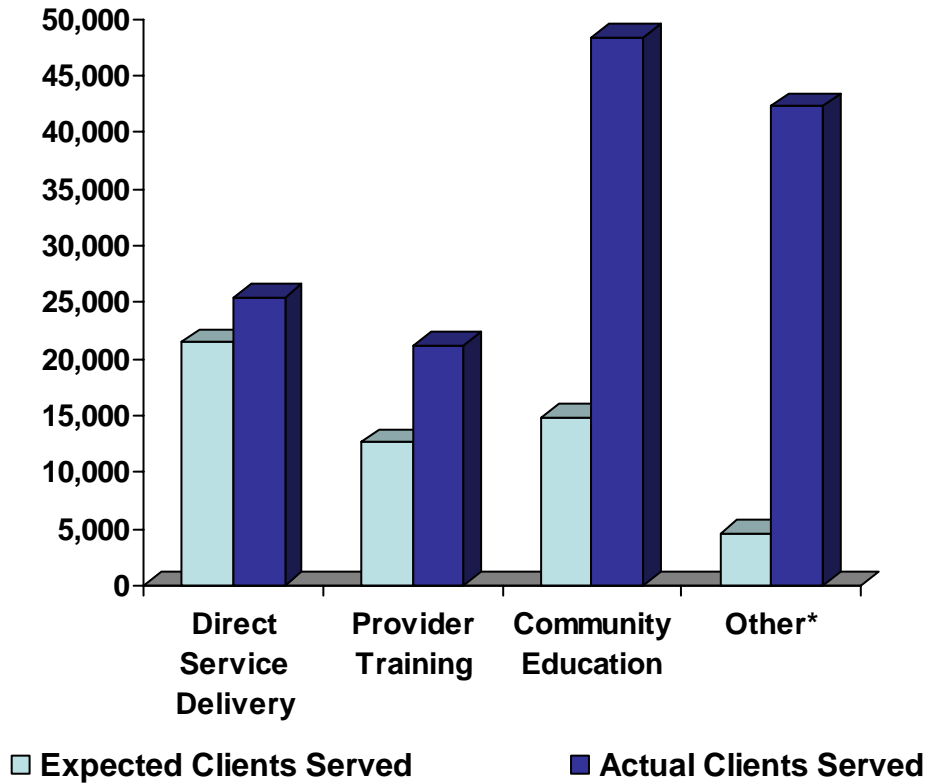
Findings presented in this section are based on data from the semi-annual surveys and describe grantee program services and client characteristics from the Initiative's inception to its end.

**MHI Program Services.** Over the course of the MHI's three-year grant period, grantees offered a variety of program services to their clients. According to survey results, the majority of grantees (87%) reported providing direct service delivery. Grantees also educated providers and communities with MHI funding. Almost two-thirds of the grantees (59%) engaged in provider-centered training, and more than half (52%) conducted community education.

From grant inception to grant end, more than 145,000 individuals received services from or participated in activities (e.g., education programs, training sessions) sponsored by the 46 grantees. The total number (54,000) of individuals served exceeded grantees' expectations by almost threefold. **Exhibit 1** shows the expected versus actual distributions of unduplicated individuals served by service type across the 46 grantees for the duration of the MHI.

### Exhibit 1

**Expected vs. Actual Number of Clients Served by Service Type<sup>1</sup>  
(across the 46 grantees for the duration of the MHI)**



\*Other services include cultural competency trainings, promotores trainings, community outreach, public service announcements, consultations, and referrals to intensive mental health services.

**Demographics of Populations Served by MHI Programs.<sup>2</sup>** The diversity of clients served by the MHI grantees reflects the demographic composition of California. There were no “typical” users of the services provided through MHI funding. More than three-quarters (76%) of individuals served were female, and over half (57%) of the individuals served were adults between the ages of 23 and 54. **Exhibit 2** presents the age distribution of unduplicated individuals served from grant inception to grant end.

<sup>1</sup> Breakdown of service type is provided for those grantees who reported service type data in their most recently completed survey.

<sup>2</sup> Breakdown of demographic data is provided for those grantees who reported gender, age, and race/ethnicity in their most recently completed survey.

**Exhibit 2**  
**Distribution by Age**  
**(unduplicated individuals served for the duration of the MHI)**

Age Distribution	Total Number	Percent
0-5	1,032	3%
6-12	1,194	3%
13-17	9,056	22%
18-22	2,009	5%
23-54	23,508	57%
55+	4,137	10%
<b>TOTAL</b>	<b>40,936</b>	<b>100%</b>

**Exhibit 3** profiles the distribution of unduplicated individuals by race/ethnicity served from MHI inception to grant end. Latinos comprised more than half (56%) of those served.

**Exhibit 3**  
**Distribution of Race/ Ethnicity**  
**(unduplicated individuals served for the duration of the MHI)**

Race/Ethnicity	Total Number	Percent
Latino	23,387	56%
Asian	5,260	13%
White	4,559	11%
African American	4,261	10%
American Indian	3,714	9%
Other African	362	1%
Other	101	0%
<b>TOTAL</b>	<b>41,644</b>	<b>100%</b>

Almost half (45%) of the individuals served spoke English as their primary language. The remaining half (45%) of the individuals served were monolingual, non-English speaking individuals. An additional 10 percent were bilingual, with 6 percent receiving services in English and 4 percent receiving services in their native language.

**Staffing Composition of MHI Programs.** At the end of the Initiative, a total of 334 individuals were employed by the MHI grantee organizations. Almost three-quarters (72%) of these individuals were female and half (52%) were bi-lingual. Forty-one percent held clinical positions, nearly a quarter (21%) served as consultants or evaluation specialists, 24 percent were support staff, and 14 percent served as Program Directors.

From grant inception to grant end, the MHI grantees hired a total of 264 new staff (i.e., a person from within or outside the organization hired specifically for the MHI grant program). Out of the total number of new hires, more than a third (37%) were “home grown” (e.g., community members or staff promoted from within the organization who received informal or formal training or other supports to effectively function in the new position). The large percentage of “home grown” staff reflects the difficulty grantees faced with recruiting and hiring qualified mental health professionals to staff their programs.

**Insurance Status of Populations Served by MHI Programs.**<sup>3</sup> **Exhibit 4** presents the distribution of MHI clients served during the Initiative by health insurance status. Of the individuals for whom insurance status was reported, more than half (51%) were uninsured, an indication that the MHI filled health insurance coverage gaps for vulnerable populations in California.

**Exhibit 4**  
**Distribution of Health Insurance Status**  
**(unduplicated individuals served for the duration of the MHI)**

Type of Insurance	Total Number	Percent
Uninsured	4,474	51%
MediCal	2,511	28%
MediCal/Medicare	1,068	12%
Private Insurance	549	6%
Medicare	287	3%
<b>TOTAL</b>	<b>8,889</b>	<b>100%</b>

**Mental Health Status of Populations Served by MHI Programs.**<sup>4</sup> As shown in **Exhibit 5**, clients served with MHI funding presented with a range of mental health conditions. The top three presenting diagnoses were family dysfunction, mood disorder, and interpersonal problems. It is important to note that although family dysfunction was the most prevalent diagnosis, this proportion was driven in large part by one grantee intervention that addressed family dysfunction through large community meetings.

**Exhibit 5**  
**Distribution of Individuals by Diagnosis (n=13,151)**

Type of Diagnosis/Condition	Total Number	Percent*
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<sup>3</sup> Breakdown of insurance status is provided for those grantees who reported insurance status in their most recently completed survey.

<sup>4</sup> Breakdown of mental health status is provided for those grantees who reported mental health diagnosis in their most recently completed survey.

<b>Family Dysfunction<sup>5</sup></b>	9,653	73%
<b>Mood Disorder</b>	5,076	39%
<b>Interpersonal Problems<sup>6</sup></b>	3,421	26%
<b>Emotional Disturbance</b>	3,144	24%
<b>Physical Ailments<sup>7</sup>/ Chronic Illness</b>	2,645	20%
<b>Substance Abuse</b>	2,017	15%
<b>Dual Diagnosis<sup>8</sup></b>	1,706	13%
<b>Other<sup>9</sup></b>	1,441	11%
<b>Thought Disorder</b>	379	3%

\*Percentages exceed 100% because individuals could have had more than 1 diagnosis.

### III. OVERVIEW OF GRANTEE IMPLEMENTATION

This section of the report provides an overview of the progress the MHI grantees made in implementing their programs during the three-year grant period, as well as the barriers and expeditors that influenced implementation. Findings are organized into four subsections: 1) most common types of interventions and goals grantees had expected to implement and achieve; 2) grantee achievement by type of goal; 3) implementation barriers; and 4) implementation expeditors. Findings reported in this section are based primarily on data from grantees’ applications and progress and final reports.

#### A. Grantee Planned Interventions and Goals

**Review of Planned Interventions.** Grantees planned to implement a broad range of interventions. Based on grant applications and progress reports, the majority of grantees planned to conduct activities associated with 1) *infrastructure and capacity building* (100%); 2) *provider, consumer, and community training and education* (93%); 3) *community outreach* (91%); 4) *direct mental health service delivery* (91%); and 5) *sustainability* (89%).

For each broad intervention type, grantees planned to conduct a variety of related activities. For example, for *infrastructure and capacity building*, grantees planned to recruit and hire staff, establish coalition and advisory boards, and prepare or lease a facility or purchase equipment. For *training and education of providers, consumers and community members*, grantees had planned to conduct general training workshops, provide culturally and linguistically competent trainings (including mental health training), and develop or purchase training materials. **Exhibit 6** lists

<sup>5</sup> Family dysfunction refers to individuals who experience problems within their family unit, including domestic violence, child abuse, and neglect.

<sup>6</sup> Interpersonal problems refers to individuals who experience behavioral and social problems such as mental health conditions, substance abuse, and uncontrollable anger that impair their ability to have healthy and cooperative relationships with others.

<sup>7</sup> Physical ailments refer to individuals presenting with psychosomatic symptoms.

<sup>8</sup> Dual diagnosis refers to individuals with both emotional/psychiatric disturbance and substance abuse problems or diagnosed developmental disabilities.

<sup>9</sup> Other refers to individuals with confronting mental health issues such as family and domestic violence, end-of-life issues, and trauma.

the most commonly reported activities grantees planned to conduct for the top five intervention types.

**Exhibit 6**  
**Most Commonly Planned Intervention Sub-Activities**

Intervention Type	Most Common Intervention Sub-Activities
<b>1. Infrastructure and capacity building</b>	<ul style="list-style-type: none"> <li>▪ Recruit and hire staff</li> <li>▪ Establish coalition and advisory boards</li> <li>▪ Prepare or lease a facility/Purchase equipment</li> </ul>
<b>2. Training and education of providers, consumers or community</b>	<ul style="list-style-type: none"> <li>▪ Conduct general training workshops for providers, consumers, program staff, and the community</li> <li>▪ Provide culturally and linguistically competent trainings, including mental health training, for providers</li> <li>▪ Develop or purchase training materials</li> </ul>
<b>3. Community outreach</b>	<ul style="list-style-type: none"> <li>▪ Disseminate information in various media formats (e.g., bilingual flyers, newsletters, advertisements on local radio/TV stations)</li> <li>▪ Conduct community forums and focus groups</li> <li>▪ Collaborate with local community organizations (e.g., school system, churches, youth organizations, social service providers)</li> </ul>
<b>4. Direct mental health service delivery to consumers and families</b>	<ul style="list-style-type: none"> <li>▪ Individual, family and group therapy/counseling</li> <li>▪ Referrals and linkages, including transition planning for disenrollment</li> <li>▪ Clinical consultations</li> <li>▪ Case management services</li> </ul>
<b>5. Sustainability</b>	<ul style="list-style-type: none"> <li>▪ Leverage state funds or private funds</li> <li>▪ Conduct fundraising events</li> </ul>

**Review of Planned Goals.** The MHI grantees expected to achieve a broad range of goals through their planned interventions. The majority of grantees specified five types of goals: 1) *increasing access to services* (93%); 2) *providing services to culturally diverse and underserved populations* (93%); 3) *enhancing program implementation capacity* (89%); 4) *achieving sustainability* (89%); and 5) *increasing community collaborations and partnerships* (83%). **Exhibit 7** shows the most commonly planned grantee achievements by the top five types of planned goals.



**Exhibit 7**  
**Most Commonly Planned Program Goals and Activities/Achievements**

Goal Type	Most Common Activities/Achievements
1. <b>Strategies for increased access to services</b>	<ul style="list-style-type: none"> <li>▪ Recruit/hire staff</li> <li>▪ Provide enabling/support services (e.g., child care services, transportation, housing assistance)</li> </ul>
2. <b>Service provision</b>	<ul style="list-style-type: none"> <li>▪ Provide individual, family, and group therapy/counseling</li> <li>▪ Make referrals and linkages, including transition planning for disenrollment</li> <li>▪ Provide clinical consult or intake</li> <li>▪ Provide skill-building training</li> </ul>
3. <b>Increased capacity to implement program</b>	<ul style="list-style-type: none"> <li>▪ Train staff</li> <li>▪ Develop partnerships/Sign contracts</li> <li>▪ Increase client recruitment into the program</li> <li>▪ Convene advisory or governance meetings</li> </ul>
4. <b>Program achieves sustainability</b>	<ul style="list-style-type: none"> <li>▪ Secure reimbursement or other revenue</li> <li>▪ Develop sustainability plan</li> </ul>
5. <b>Increased collaboration and partnership with community</b>	<ul style="list-style-type: none"> <li>▪ Establish advisory board or committee</li> <li>▪ Increase coordination of services among the collaborative partners</li> <li>▪ Secure involvement of community stakeholders in governance, treatment planning, or program and policy planning</li> </ul>

**B. Implementation Goal Achievement**

By the end of the MHI three-year grant period, grantees achieved or exceeded several of their expected goals. In this section, achievement by goal type is only reported for those grantees that planned to achieve that particular goal. As **Exhibit 8** shows, the majority of grantees reported achievement of goals related to service provision; increased capacity to implement their programs; increased education/knowledge/awareness among CBOs, local providers and families of mental/behavioral health and cultural issues; increased quality of services; and improved mental health and substance abuse outcomes among their clients. Section IV of this report provides more detailed information on the achievement of goals by the MHI grantees.

**Exhibit 8**  
**Grantee Achievement by Type of Goal**

Type of Goal	Total Number of Grantees Planning to Achieve Goal Type	Number of Grantees Who Achieved or Exceeded Goal	Percent of Grantees Who Achieved or Exceeded Goal
Service provision	43	33	77%
Increased capacity to implement program	41	29	71%

Type of Goal	Total Number of Grantees Planning to Achieve Goal Type	Number of Grantees Who Achieved or Exceeded Goal	Percent of Grantees Who Achieved or Exceeded Goal
Increased education/knowledge/awareness among CBOs, local providers and families of mental/behavioral health and cultural issues	34	24	71%
Increased quality of services	3	2	67%
Improved mental health and substance abuse outcomes	34	21	62%
Increased education/knowledge/awareness of program/model among CBOs and local providers	33	19	58%
Improved functioning	36	20	56%
Strategies for increased access to services	43	23	53%
Increased collaboration and partnership with community	38	20	53%
Increased number served from baseline (increased utilization and enrollment)	27	14	52%
Reduced stigma associated with mental illness	13	6	46%
Development and implementation of culturally competent services	25	11	44%
Increased client satisfaction	7	3	43%
Improved effectiveness of health system	24	10	42%
Development of effective evaluation methods	10	4	40%
Program achieves sustainability	41	15	37%
Development, implementation, or replication of best model/best practice	16	3	19%

### C. Implementation Barriers

During the implementation of their programs, the MHI grantees faced several barriers that affected the implementation of interventions and achievement of program goals. **Exhibit 9** lists the most common barriers reported by grantees from grant inception to end, including staffing difficulties; barriers to reaching the target population; and logistical barriers.

**Exhibit 9**  
**Most Common Barriers Reported by Grantees**  
**(for the duration of the MHI)**

Type of Barrier	Number of Grantees	Percent of Grantees
Staffing	43	93%

Type of Barrier	Number of Grantees	Percent of Grantees
Barriers to Reaching the Target Population	39	85%
Logistical Barriers	33	72%
Limited Infrastructure	31	67%
Financing/Budgeting	29	63%
Difficulty Maintaining Partnerships	27	59%
Stigma	26	57%
Difficulty Providing Needed Services	24	52%
Difficulty Identifying Best Practices/Evaluation Methods	20	43%
Community Resistance	12	26%
Difficulty in Establishing Confidentiality Agreements	4	9%

**Staffing.** Over the course of the MHI, grantees reported staffing difficulties as the greatest barrier encountered. Staffing barriers included difficulty recruiting staff members with the right mix of skills, experience, degrees, and cultural competence to fit position requirements. For example, one grantee reported a substantial delay in implementation because it took several months to recruit and hire culturally and linguistically appropriate clinical providers to staff the program’s various public health clinics. Another staffing barrier concerned the inability of the programs to offer competitive salaries. For example, the most daunting task throughout the course of the grant period for one grantee was identifying, recruiting, hiring and maintaining a Masters-level, bilingual mental health counselor. Despite more than five months of aggressive marketing and searching, the program was able to fill the position only after increasing the salary by 30 percent.

**Barriers to Reaching the Target Population.** Many grantees also experienced problems successfully reaching their target populations. Many of the MHI target populations did not traditionally seek mental health services or even recognize mental health issues as treatable concerns. For example, the greatest challenge for staff at one grantee program was finding ways to engage the *families* of clients in therapeutic support. The families of the at-risk clients were suspicious of mental health providers and those they identified as part of “the system.” Moreover, many of the families experienced multiple stressors, such as: financial difficulties, legal problems, mental and physical health concerns, and substance abuse issues making it difficult to engage competing priorities. Cultural differences also made trust and engagement difficult to achieve.

**Logistical Barriers.** Program implementation was affected by several logistical barriers, including: limited hours of operation, lack of transportation for clients, lack of coordination of services, lack of community participation due to geographic isolation, and other implementation and start-up setbacks such as a lack of translated materials. For example, one grantee did not have enough time or funding to establish the infrastructure or to train clinical

staff for integrating mental health services into primary care. As a result, the referral process from the primary care department to the mental health department was not fully operational until much later in the grant period, delaying proper coordination of services for clients.

**Limited Infrastructure.** Challenges related to limited space and program capacity were another common barrier faced by grantees over the course of the Initiative. One grantee had difficulty offering and conducting large group sessions due to renovations that forced groups to be held in smaller rooms. Another grantee struggled with locating space for confidential therapy sessions and often had to use employees’ offices to ensure client privacy. The grantee provided extended service hours on the weekdays and also offered counseling sessions on Saturdays to ensure that clients received the services and care they needed in a confidential manner.

**Difficulty Identifying Best Practices/Evaluation Methods.** Twenty grantees experienced difficulties identifying best practices and evaluation methods. For example, for one grantee, the greatest challenge encountered was determining how to evaluate the efficacy of their program through patient outcomes. The program had difficulty identifying specific behavioral indicators that would provide evidence for the effectiveness of mental health services provided to patients. It was also difficult for the program to assess each patient using self-report instruments because these tools were not readily available in Thai, Khmer and other languages. to reconcile the need to evaluate patient outcomes with the time and resources the program had available, program staff decided to implement a provider assessment survey in which the provider (not the patient) assessed patient outcomes.

**D. Implementation Expeditors**

Although grantees faced barriers during the course of the MHI that impeded implementation and achievement of goals, they also encountered expeditors that supported delivery of program services. **Exhibit 10** lists the most common expeditors experienced by grantees from grant inception to grant end. The greatest number of grantees reported that knowing and responding to the needs of their target populations; highly qualified staff; and effective partnerships and collaborations were expeditors for program implementation.

**Exhibit 10**  
**Most Common Expeditors Reported by Grantees**  
**(for the duration of the MHI)**

Type of Expeditor	Number of Grantees	Percent of Grantees
Knowing and Responding to the Needs of the Target Population	43	93%
Qualified Staff	40	87%
Effective Partnerships and Collaborations	40	87%
Accessibility of Services	26	57%
Improved Infrastructure	26	57%
Activities to De-Stigmatize Mental Illness	21	46%

**Knowing and Responding to the Needs of the Target Population.** Knowledge of their communities and responding to the needs of their target populations greatly facilitated the implementation of grantee programs. Strategies programs used to respond to target populations included finding ways to accommodate clients and providing clients with incentives to participate in the program. For example, recognition of transportation issues led to offering community-based programs, often located in the actual neighborhoods where the target populations resided. In terms of offering clients incentives to participate in the program, grantees used a range of strategies, including offering clients meals, child care services, and transportation vouchers. According to survey data, more than three-quarters (82%) of grantees responding to the final survey reported that they took into account the input of clients and the local community in the development, design, and delivery of their program services. About two-thirds (65%) of the grantees reported that they also responded to input received from families.

**Employing Qualified Staff.** Although grantees encountered challenges finding qualified staff, they benefited from the skills and expertise of their program staff once appropriate people were identified and hired. For example, hiring staff persons knowledgeable of community resources, culture, and language enhances client engagement, the referral process, and the development of productive and lasting relationships with partner organizations. Employing staff with specialty expertise, such as knowledge of the dynamics of domestic violence or children’s behavioral issues, enhanced the ability of many programs to integrate mental health programming into other environments (e.g., schools, primary care, etc.) because professionals in those settings recognized the value of this specialized knowledge in better serving the needs of their clientele.

**Maintaining Effective Partnerships and Collaborations.** Several grantees also identified effective partnerships and collaborations as assisting in providing valuable resources, program implementation, and goal achievement. For example, one grantee reported that a strong working relationship with partners enabled them to establish effective communication with high school staff to obtain releases of students from class to attend therapy services. Another grantee developed strong collaborative relationships with major mental health providers and city and county agencies, which enabled the smooth transition of clients between the program and other community agencies. The effective partnerships also resulted in expedited referral processes and the availability of improved case management services for the program’s clients.

**Other Implementation Expeditors.** When surveyed, grantees cited other program implementation facilitators, including: service accessibility (e.g., integrating services into host settings or communities), infrastructure development, de-stigmatizing mental health, word-of-mouth referrals, and modifications/accommodations for screening, assessment, and administrative activities. At one grantee program, clients accessing services referred family and friends, resulting in more walk-in clients and people calling the agency to inquire about mental health services. In this instance, the grantee had to scale-back their outreach due to the increased number of clients accessing services as a result of word-of-mouth referrals. Modification of assessment tools was an important strategy for limiting burden on clinical staff, as well as clients. Several programs modified assessment tools for quicker and more accurate completion by clinicians to enable them to spend more time in therapy with clients. Other accommodations for clinical staff included reminders for when the assessment measures were

due, trainings on how to complete the assessment forms, and offering clinicians quarterly “client free” days to review charts and complete paperwork.

**IV. INDIVIDUAL PROGRAM ACCOMPLISHMENTS**

This report section describes grantees’ accomplishments in achieving individual *program* goals and outcomes. Findings presented in this section are derived from grantee progress and final reports, semi-annual surveys, and site visit data.

**A. Increasing Access to Mental Health Services**

Most grantees (n = 43)planned to increase access to mental health services by reaching underserved populations that historically have not accessed the continuum of mental health services. Of the 43 grantees targeting access issues, 23 (53%) reported achieving or exceeding this goal. **Exhibit 11** presents the specific goals grantees successfully achieved related to increased access to mental health services.

**Exhibit 11  
Types of Goals for Increasing Access to Mental Health Services**

Types of Goals	Number of Grantees Planning to Achieve Goal (Total = 43)*	Number of Grantees Who Achieved or Exceeded Goal	Percent of Grantees Who Achieved or Exceeded Goal
Specific goals related to increasing access to services, such as integration and policy change	20	12	60%
Provide services in closer proximity to target population/ in a familiar setting/ in a non-traditional setting	7	3	43%
Recruit/hire appropriate staff	39	15	39%
Provide enabling/adjunctive/support services	10	1	10%

\*Goals are not mutually exclusive across the 43 grantees.

The MHI grantees met an unfulfilled need in the community, as reflected by the more than 145,000 individuals that were served during the course of the Initiative. The grantees were so successful in increasing access to services that the demand for services, in many cases, surpassed the supply. According to the survey data, almost half (45%) of the grantees reported that they had a waiting list for individuals to receive services at any time during the three-year grant period. Of those grantees with waiting lists, the average length of time for clients on the waiting list before receiving services was 24 days.

**Goals Specific to Increasing Access.** Nearly two-thirds of the grantees with specific goals related to increasing access achieved or exceeded their goals by changing administrative policies, such as automatic referral to mental health services after completing primary care appointments. This significantly increased the number of patient referrals for mental health services. Prior to implementing MHI programs focused on integration, associated primary care providers were reluctant to refer their patients to mental health services. Mental health service



supply was another access issue affecting referrals from primary care. For example, one grantee program reported that while primary care providers at the health clinics were skilled in identifying and diagnosing behavioral health issues, they were restricted by limited availability and access to behavioral health services for their patients. The MHI-funded project alleviated this constraint by hiring additional behavioral health staff, increasing the number of hours of behavioral health services provided on-site at the health clinics, and by creating a more integrated system of care. As a result, the grantee was able to increase the number of primary care clients who accessed needed behavioral health services at the health clinics to 415 unduplicated clients.

**Services in Close Proximity to Target Population.** Grantees also increased access to mental health services by providing services in close proximity to the target population and in familiar, comfortable settings. For example, one grantee, whose target population was very young high-risk children and their families, provided services in the children’s natural setting – in preschool and at home. The grantee placed mental health professionals at early education centers and served children without a formal mental health diagnosis. These children would not otherwise have received mental health services and would have been unprepared for school and remained at high-risk for school failure. By providing services in a familiar and comfortable setting in close proximity to their target population, the grantee was able to provide mental health access to over 5,500 children and their families. In addition, the program received 307 referrals; approximately 70 percent of these children received intensive mental health interventions.

**Recruiting and Hiring Appropriate Staff.** Recruiting and hiring the appropriate staff was another strategy used by grantees to achieve the goal of increasing access to mental health services. For example, one grantee trained residents of the community to become promotores to conduct outreach for the program. Building on their experience as community members, the promotores had strong existing relationships with residents, spoke their language, and could relate to the specific issues affecting the community. Through their various outreach activities, the promotores helped to refer 769 clients for counseling services. From grant inception to grant end, client intake at the grantee’s counseling center increased by 114 percent.

**B. Reducing Stigma**

Only 13 grantees explicitly reported plans or intentions to reduce the stigma associated with accessing and receiving mental health services. However, from site visit data and survey responses, almost all of the MHI grantees recognized stigma as a major factor affecting mental health service access and saw the elimination of stigma as an implicit mission of their organization.

Of the 13 grantees with specific goals to reduce stigma, six (46%) reported achieving or exceeding this goal. **Exhibit 12** presents the specific goals grantees were able to achieve related to reducing stigma.

**Exhibit 12**  
**Types of Goals for Reducing Stigma**

Types of Goals	Number of Grantees	Number of Grantees Who	Percent of Grantees Who
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	Planning to Achieve Goal (Total = 13)*	Achieved or Exceeded Goal	Achieved or Exceeded Goal
Increase awareness of mental illness and prevention strategies	8	4	50%
Education to county mental health leaders about effects of stigma on mental health service access	3	1	33%
Provide non-stigmatizing services	3	1	33%

\*Goals are not mutually exclusive across the 13 grantees.

**Increasing Awareness of Mental Illness and Prevention Strategies.** The most successful strategy used by grantees to reduce the stigma associated with accessing and receiving mental health services was increasing awareness of mental illness and prevention strategies. Of the eight grantees targeting this goal, half were successful. For example, one grantee conducted focus groups to determine the priority mental health issues facing both the Thai and Cambodian communities. Focus group results were used to develop educational brochures on depression, generalized anxiety disorder, and post-traumatic stress disorder, which were then translated into Thai and Khmer. The brochures were disseminated to the Thai and Cambodian communities and helped to increase awareness and knowledge of mental illness and prevention strategies. In addition, program staff published articles about mental illness in local Thai and Cambodian newspapers, reaching an average readership of 10,000 people in the Thai community and 2,000 in the Cambodian community. Another grantee increased awareness of mental health symptoms and disorders among the low-income, underserved Latino population through the use of radio advertisements, talk shows, and community meetings. The program held over 20 culturally sensitive workshops/community forums on mental health issues and service availability and developed and disseminated 36 public service announcements, which were aired approximately 25 times per month for four years.

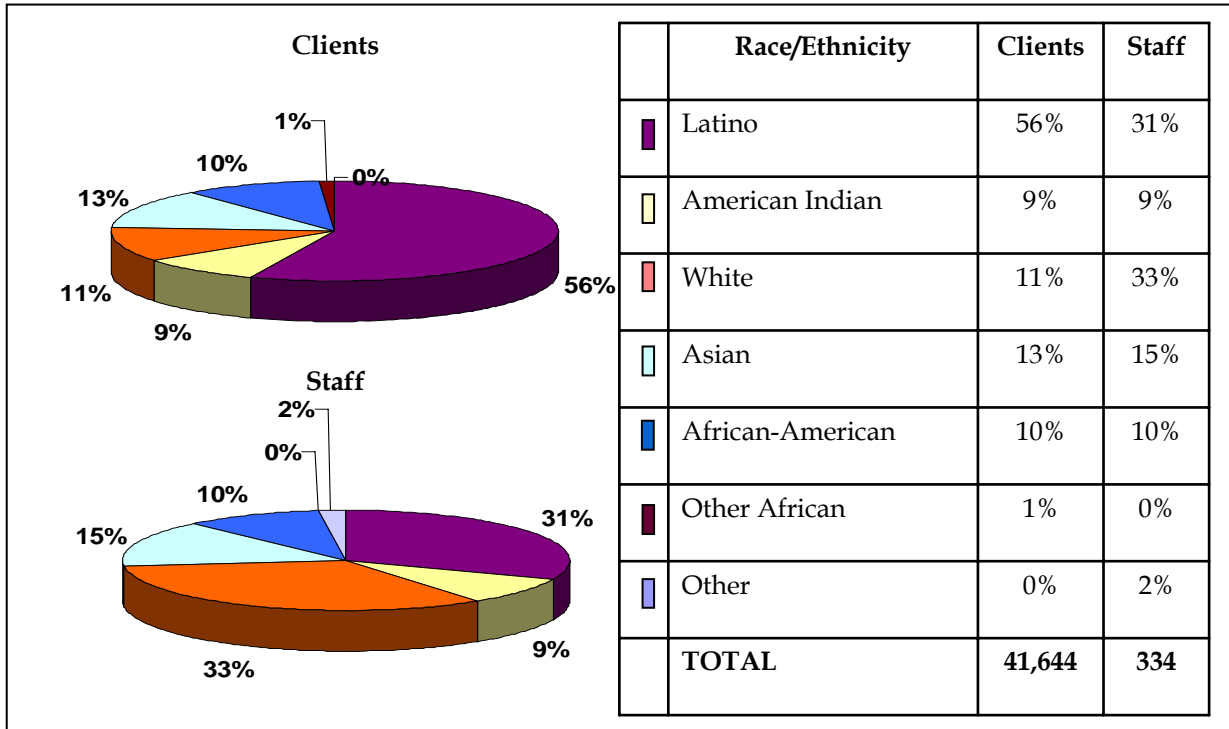
**Education and Service Provision to Reduce Stigma.** As **Exhibit 12** shows, two grantees were successful in reducing stigma: one through educating county mental health leaders about the effects of stigma and the other through the provision of non-stigmatizing services. In educating County mental health leaders, the grantee provided information on how to reduce the community’s anxiety about accessing mental health treatment. The other grantee provided 103 families (358 individuals) with mental health counseling in an informal, group setting. By providing services in a non-stigmatizing setting, families were comfortable talking openly and positively about mental issues and concerns with the therapist.

**C. Providing Culturally Competent Care**

An important accomplishment of the MHI in providing culturally competent care is the diversity of staff employed across the 46 grantee organizations. **Exhibit 13** illustrates this diversity by comparing the racial/ethnic profile of staff participating in Initiative programs to the clients served. The racial and ethnic composition of staff employed by the MHI grantees closely matched that of the clients served.



**Exhibit 13**  
**Distribution of Race/Ethnicity for Clients Served Compared to the**  
**Distribution of Race/Ethnicity for the MHI Staff <sup>10</sup>**



In addition to hiring racially and ethnically diverse staff to help provide culturally competent care to their clients, the MHI grantees also hired staff who were bilingual in the languages spoken by their target populations. **Exhibit 14** reflects the MHI staff’s cultural competence by comparing language-speaking status of the staff to the clients served across the Initiative.

**Exhibit 14**  
**Distribution of Individuals Served by Language-Speaking Status Compared to the**  
**Distribution of the MHI Staff by Language-Speaking Status**

Language-Speaking Status	Clients	Staff
English	45%	48%
Monolingual	45%	0%
Bilingual	10%	52%

**Goals for Providing Culturally Competent Care.** More than half of the grantees (n = 25) planned to provide culturally competent care. Of the 25 grantees that had planned to achieve this outcome, 11 grantees (44%) reported that they achieved or exceeded their goal. **Exhibit 15**

<sup>10</sup> Breakdown of race/ethnicity data is provided for those grantees who reported race/ethnicity of clients and staff in their most recently completed survey.

presents the specific goals grantees were successful in achieving related to the provision of culturally competent care.

**Exhibit 15**  
**Types of Goals for Providing Culturally Competent Care**

Types of Goals	Number of Grantees Planning to Achieve Goal (Total = 25)*	Number of Grantees Who Achieved or Exceeded Goal	Percent of Grantees Who Achieved or Exceeded Goal
Provide cultural competence training to providers	3	2	67%
Recruit/hire bilingual staff	15	6	40%
Decrease cultural barriers to services/increase access to culturally competent services	7	2	29%
Integrate cultural competence into project	5	1	20%
General goals related to providing culturally competent care	8	1	13%

\*Goals are not mutually exclusive across the 25 grantees.

**Training Providers in Cultural Competence.** The majority (67%) of grantees were successful in achieving the goal of providing culturally competent care to their clients through the provision of cultural competence trainings for providers. For example, one grantee provided six cultural competence training sessions to 80 early childhood providers. The topic of cultural competence was also widely discussed in supervision groups and in other formal (classroom) and informal (time outside/after class) settings.

**Recruiting and Hiring Bi-Lingual Staff.** Recruiting and hiring bilingual staff was another strategy grantees used to provide culturally competent care to clients. For example, at one grantee program, culturally competent bilingual staff were able to provide 100% of their clients with language-appropriate services. Language appropriate services were a critical part of the project given that 60% of the grantee’s clients were monolingual Spanish speakers and 34% of clients spoke English as their primary language, but lived in a Spanish-speaking home.

**Decreasing Cultural Barriers to Services.** Decreasing cultural barriers to services was another effective strategy for providing culturally competent mental health services. For example, one grantee reduced the cultural barriers to mental health services for their target population (Latinos) by meeting with the program’s Advisory Committee and County Mental Health. The staff discussed how to improve outreach to the community in order to increase the penetration rate of Latinos receiving County Mental Health services, identified the most significant cultural barriers to services, and formulated strategies to reduce them. Many of the identified barriers were addressed through the grantee’s family education classes. In addition, improved relationships and collaborative practices between the grantee program and County Mental Health helped to increase access to culturally competent services for clients and their families.

**D. Improving Mental Health Outcomes**

Almost three-quarters of the grantees (n=34) planned to improve the mental health outcomes of their clients. Of the 34 grantees that planned to achieve this outcome, 21 (62%) reported that they achieved or exceeded their goal. **Exhibit 16** presents the specific goals grantees were able to achieve related to improving the mental health outcomes of their clients.

**Exhibit 16**  
**Types of Goals for Improving Clients' Mental Health Outcomes**

Types of Goals	Number of Grantees Planning to Achieve Goal (Total = 34)*	Number of Grantees Who Achieved or Exceeded Goal	Percent of Grantees Who Achieved or Exceeded Goal
Measuring improvements in mental health outcomes	14	9	64%
Improve living skills/social competencies	18	10	56%
Increase sense of empowerment to deal with mental health/substance abuse issues	7	3	43%
Reduce stress	5	2	40%
Increase self-esteem	6	2	33%
Decrease incidence of (untreated) mental illness	3	1	33%
Decrease incidence of harm to self and/or others	3	1	33%
Increase emotional function	7	2	29%
Reduce depression/suicide rates	7	2	29%
Improve quality of life	4	1	25%
Reduce substance abuse/ chemical dependency	10	2	20%

\*Goals are not mutually exclusive across the 34 grantees.

**Measuring Improvements in Mental Health Outcomes.** Many (64%) of the grantees successfully used measures to demonstrate improved mental health outcomes. For example, one grantee used an agency developed tool, the Wellness Scale, to track client mental health outcomes over time. On all dimensions of the Wellness Scale, clients exceeded an increase of 36% after 11 or more visits. The greatest increase was in the area of "Post Traumatic Stress" (183% increase) followed by "Managing Thoughts and Feelings" (88% increase) and "Managing Stress" (84% increase). At another grantee program, seventy-five percent of elderly clients showed significant improvements in depressive symptoms as measured by a geriatric depression scale within four months of in-home psychotherapy and case management treatment.

**Improving Living Skills and Social Competencies.** More than half (56%) of the grantees planning to improve their clients' living skills and social competencies were successful in achieving their goals. For example, at one grantee program, the majority of families who accepted services reported strengthened parent/child relationships. Therapists developed and nurtured a therapeutic relationship with the parent and child during therapy sessions, and this

caring and nurturing relationship often continued between parent and child when the therapist was not present. At another grantee program, parents who were reunited with their children (after being under the care and protection of Child Protective Services) showed a 50% increase in coping skills and a reduction in feelings of frustration and estrangement from their children as measured by a pre- and post-test in parenting class.

**Empowering Clients to Deal with Mental Health and Substance Abuse Issues.** Increasing the sense of empowerment to deal with mental health and substance abuse issues was another goal grantees aimed to achieve with MHI funds. Of the seven grantees that planned to achieve this goal, three (43%) were successful. For example, at one grantee site, clients participated in self-esteem and self-empowerment classes, self-defense and assertiveness trainings, anger management and conflict resolution groups, family life classes, and health education and life skills groups, all of which helped them to develop healthy relationship skills leading to the development of strong support networks while in the program.

**Enhancing Self-Esteem and Decreasing Depression.** Grantees were also successful in increasing their clients’ self-esteem (33%) and reducing depression and suicide rates (29%). For example, one grantee reported that by the end of the program, approximately 80% of their clients had higher levels of self-esteem and showed decreased levels of depression compared to the beginning of the program. Another grantee reported that compared to intake, clients’ depressive episodes had decreased by 15% by program’s end.

**Reducing Substance Abuse and Chemical Dependency.** While the programs demonstrated success in improving the overall mental health of their clients, positive outcomes related to reducing substance abuse and chemical dependency were more difficult to achieve. Therefore, addressing the substance abuse needs of the clients served by the MHI programs continues to be an unmet need in many of the communities.

**E. Improving Psychosocial Functioning and Behavior**

More than three-quarters of the MHI grantees (n=36) planned to improve their clients’ psychosocial behaviors and overall functioning. **Exhibit 17** presents the specific goals grantees achieved related to improving the functioning of their clients.

**Exhibit 17  
Types of Goals for Improving Clients’ Psychosocial Behaviors and Overall Functioning**

Types of Goals	Number of Grantees Planning to Achieve Goal (Total = 36)*	Number of Grantees Who Achieved or Exceeded Goal	Percent of Grantees Who Achieved or Exceeded Goal
General goals related to improving functioning	5	3	60%
Decrease behavioral problems	4	2	50%
Increase knowledge of prevention services and community resources	12	6	50%
Increase help-seeking behavior	4	2	50%

Types of Goals	Number of Grantees Planning to Achieve Goal (Total = 36)*	Number of Grantees Who Achieved or Exceeded Goal	Percent of Grantees Who Achieved or Exceeded Goal
Increase treatment/ medication compliance	7	3	43%
Increase sense of health and well-being/increase physical health outcomes/change in physical demeanor or appearance	5	2	40%
Increase healthy sexual behavior	3	1	33%
Increase housing stability	3	1	33%
Increase healthy living skills/habits/educational and communication skills	10	3	30%
Increase family functioning, relationships, and support	11	3	27%
Increase attendance and performance at school/ Decreased school drop-out rates	8	2	25%
Improve parenting skills	6	1	17%
Decrease further incidents with Child Protective Services (CPS)/decrease family violence and/or child abuse	7	1	14%
Improve client social support networks/mentorship/relationship with peers and the community	8	1	13%

\*Goals are not mutually exclusive across the 36 grantees.

**Decreasing Behavioral Problems.** Many of the MHI grantees were able to observe and measure improvements in their clients' functioning. For example, one grantee reported that at the time of discharge, their foster children clients exhibited low levels of behavioral problems and on average, scored within the normal range on the Child Behavior Checklist. The children also showed significant improvements in somatic complaints, withdrawn behavior, sleep problems, attention problems, and aggressive behavior. Compared to admission, children also tended to be in more stable living arrangements at the time of discharge. Another grantee reported that 70% of the children enrolled in their program showed improvement within a year. Improvement was measured by whether or not the child reached standardized developmental milestones as generally defined by experts in the field of child development. Children enrolled in another program showed a 25% increase in social adjustment and a reduction in destructive/disruptive behavior by program's end. At another grantee program, an average of 77% of the clients over the course of the grant period sought out and accessed adjunctive services and lower intensity support services on their own to maintain and improve functional stability.

**Increasing Knowledge of Mental Health Prevention Services and Community Resources.**

Twelve grantees had planned to increase their clients' knowledge of mental health prevention services and community resources. Of the twelve grantees, half were successful in achieving their goals. For example, one grantee provided linguistically appropriate mental health

information in the form of brochures, leaflets and media articles to their Thai and Cambodian target populations. Although stigma associated with accessing and receiving mental health services existed in the communities, the outreach materials increased the target populations’ interest in mental health service and community resources. They became curious about the availability of mental health services at the grantee organization and began calling the organization to seek more information. Another grantee increased minority communities’ knowledge and use of available mental health services by educating 13,176 individuals on suicide prevention during the three-year MHI funding period. Program attendees increased their knowledge of suicide prevention services and community resources as evidenced by an average increase of 21% on post-tests compared to pre-tests.

**Improving Overall Family Dynamics.** Many of the grantees planned to improve the functioning of the family, including family parenting skills, and decreasing the incidence of child abuse and Child Protective Services (CPS) involvement. Demonstrating successful outcomes related to this goal was challenging for grantees given the complex and dynamic nature of the family system. While many grantees demonstrated short-term progress toward achieving this goal, sustainable changes within the family system were less prevalent over the grant period.

**F. Increasing Collaboration and Partnerships**

An integral part of the success of the MHI-funded programs was the number of partnerships created and maintained over the course of the three-year grant period. According to grantee applications and progress reports, most grantees (n=38) planned to increase collaboration and partnerships with other community-based organizations. Of the 38 grantees that planned to achieve this outcome, 20 grantees (53%) reported that they either achieved or exceeded their goal by the end of the Initiative. **Exhibit 18** presents the specific goals grantees were able to achieve related to increasing collaboration and partnerships with the community.

**Exhibit 18  
Types of Goals for Increasing Collaboration and Partnerships**

Types of Goals	Number of Grantees Planning to Achieve Goal (Total = 38)*	Number of Grantees Who Achieved or Exceeded Goal	Percent of Grantees Who Achieved or Exceeded Goal
Establish advisory board and/or committee	22	13	59%
Increase coordination of services among the collaborative partners	15	5	33%
Increase community ownership of program	8	2	25%
Secure involvement of community stakeholders in governance, treatment planning, program and policy planning, and model development	14	3	21%
Increase outreach to community-based organizations	5	1	20%

\*Goals are not mutually exclusive across the 38 grantees.



**Establishing Advisory Boards and Committees.** Of those grantees that planned to increase collaborations and partnerships with other organizations and agencies in the community, the largest percentage of grantees (59%) were successful in establishing advisory boards and committees. For example, one grantee increased the Latino representation on the County Mental Health Advisory Board from zero to two Latino members. The grantee continued recruiting local Latinos through the development of a program-specific Advisory Board. Another grantee held monthly committee meetings with all its partners to develop, implement and evaluate strategies that would help increase access to mental health services for its target population. Although the collaboration began with tremendous friction among the partners, a significant outcome of the project was the transformation of collaborative relationships that led to the development and implementation of referral protocols for mental health services for the target population among the partnering agencies.

**Increasing Service Coordination Among Partners.** Increasing coordination of services among collaborative partners was another goal that 15 grantees planned to achieve. Of those grantees, a third (n=5) successfully accomplished this goal. For example, one grantee had more than 20 collaborators that actively coordinated various program services and activities and shared resources, such as referrals, speakers, educational programs, and transportation. At another grantee program, improved coordination of services among the collaborative partners resulted in a 17% increase in the number of adolescents referred for counseling services at the grantee organization. Of these referrals, the majority were from the collaborative partners.

**Increasing Community Program Participation and Ownership.** Grantees were also successful at increasing community ownership of programs and securing involvement of community stakeholders in governance, treatment planning, program and policy planning, and model development. For example, one grantee provided a mechanism for community feedback through annual graduation ceremonies and other celebrations of achievement. The program had an open door policy and was very involved in the community. Another grantee held 65 meetings with community stakeholders during the course of the project. A total of 851 community stakeholders attended these meetings, during which time the participants provided feedback and input on the program.

### **Establishing Successful Partnerships**

One of the unexpected outcomes of the MHI was the vast number of partnerships and collaborative arrangements in which grantees participated to achieve the goals of their programs. According to survey data, grantees established and maintained relationships with 397 partners during the course of the Initiative.

To gain a better understanding of the nature of grantees' partnerships (i.e., the extent to which partnerships were active or simply a formality), we asked grantees in the semi-annual surveys to characterize their partnerships using the following scale: co-existence, communication, cooperation, coordination, and collaboration. Using this scale, 32 percent of grantees' partnerships were characterized as a collaborative relationship, which is the most developed form of partnership, while only 4 percent of grantees' partnerships were characterized as a co-existence relationship, the least developed type of partnership (see **Exhibit 19**).

**Exhibit 19**  
**Type of Partnerships Reported by Grantees**

Type of Partnership	Number of Partners	Percent of Partnerships (n=397)
<b>Co-existence:</b> the entities may know of each other, but have no history of interaction and know little about each other's composition or way of doing business.	16	4%
<b>Communication:</b> the entities know about each other, have some history of interaction and know the basics of each other's composition or way of doing business.	87	22%
<b>Cooperation:</b> the entities have established protocols or practices that involve ongoing exchange of information integrated into routine practice/business.	65	16%
<b>Coordination:</b> the entities have committed to sharing resources, e.g., funding, staff, equipment, space, in order to accomplish shared goals, and have implemented activities that depend upon these shared resources. However, the entities are not changing their core businesses or sharing decision making outside the area of coordination (e.g., coordinated efforts may be independent of the mainstream businesses or may be spun off entirely, as in some joint ventures).	103	26%
<b>Collaboration:</b> the entities have actively engaged in shared planning and decision making that is taken seriously in the business decisions of each entity, such that each entity is willing to change its practices to achieve a shared goal.	126	32%

There were many benefits associated with partnership arrangements. Partnerships were not only critical for enabling programs to implement their programs by providing valuable resources, but they also allowed grantees to achieve several outcomes that they would not have been able to achieve otherwise. According to results from the fourth semi-annual survey, partnerships allowed grantees (n=33) to:

- fill service gaps in the community (85%);
- increase continuity of mental health care (82%);
- increase geographic access to services (73%);
- overcome staffing shortages (33%); and
- influence state and local policy (33%).

The relationships grantees developed with their partners during the course of the MHI did not end with the end of the Initiative. According to survey results, 97% of grantees that responded to the fourth and final semi-annual surveys (n=37) reported that their relationships with their partners have continued beyond the MHI grant-funded period. For example, one grantee noted that they continue to have meetings with their partners once a month to discuss strategies for providing bilingual mental health services to the youth in the community. Another grantee stated that their relationship with their partners has continued in the same capacity as during the MHI. Despite the end of the Initiative, they continue to share resources, refer clients, and participate in cross-trainings. Several grantees also mentioned that they are working with their partners to identify joint funding opportunities.



**G. Increasing Education, Awareness and Knowledge of Behavioral Health and Cultural Issues Among Providers, Families and CBOs**

Almost three-quarters of grantees (n=34) planned to increase education, awareness and knowledge of behavioral health and cultural issues among providers, families and CBOs. Of these, 24 grantees (71%) reported they achieved or exceeded their goal by the Initiative’s end. **Exhibit 20** presents the specific goals grantees achieved related to increasing the education, awareness and knowledge of behavioral health and cultural issues among providers, families and CBOs.

**Exhibit 20  
Types of Goals for Increasing Education, Awareness and Knowledge of Behavioral Health and Cultural Issues Among Providers, Families and CBOs**

Types of Goals	Number of Grantees Planning to Achieve Goal (Total = 34)*	Number of Grantees Who Achieved or Exceeded Goal	Percent of Grantees Who Achieved or Exceeded Goal
Develop curriculum and provide training to CBOs and local providers	16	12	75%
Increase family understanding/knowledge of mental illness and mental/medical health	6	4	67%
Increase public understanding of multicultural health, mental health and end-of-life issues	19	12	63%
Increase exchange of knowledge among providers/cross-training/foster professional advancement	5	3	60%
General goals related to increasing awareness and knowledge of behavioral health and cultural issues among providers and CBOs	9	5	56%
Improve provider understanding of cultural and linguistic competencies and appropriate service delivery	19	10	53%
Increase provider understanding of psychiatric disorders and population-specific issues	12	6	50%

\*Goals are not mutually exclusive across the 34 grantees.

**Training Community-Based Organizations and Providers.** Of the 16 grantees that planned to develop a curriculum and provide training to CBOs and local providers, three-quarters (n=12) were successful in achieving their goals. For example, one grantee provided trainings to service providers on the multiple variables that influence the behavioral, emotional and physiological conditions of young children. The providers were also trained on working in an integrated service model. Post-tests measuring course content knowledge indicated that the providers successfully learned the material, with a mean accuracy of 75%. Another grantee provided primary care providers and other staff at its health centers with trainings on the delivery of behavioral health services. The providers and staff were trained on the management of medical

illness with behavioral health problems and the symptoms and various treatment options for post traumatic stress disorder and other behavioral health and chronic illnesses. For the primary care staff at the health centers, a psychiatrist provided on-going in-service training.

**Increasing Understanding and Knowledge of Mental Health among Families.** Increasing family understanding and knowledge of mental health was another goal that grantees were successful in achieving (n=4). For example, clients at one grantee program showed statistically significant improvements from pre- to post-test in their knowledge and skills related to preventing family violence as measured from both the client’s perspective and the clinician’s perspective. Clients noted improvements of 24% to 46% in dimensions regarding recognizing, getting help and preventing abusive relationships, while clinicians noted improvements of 47% to 67% in the same dimensions.

**Increasing Public Understanding of Multicultural Health, Mental Health, and End of Life Issues.** Nineteen grantees planned to increase public understanding of multicultural health, mental health and end-of-life issues through their program activities. Of these, 12 (63%) were successful. For example, at one grantee program, 827 community residents participated in an in-home education curriculum. According to pre- and post-tests, 95% of the participants demonstrated an increase in knowledge about mental health problems, relaxation techniques, mental health services, and various treatment and resource options. Another grantee conducted a total of 391 outreach activities over the two-year duration of the project, increasing the public’s awareness and understanding of the mental health needs, including end-of-life issues, of Asian Pacific Islander older adults.

**Increasing Opportunities for Knowledge Exchange and Professional Development Among Providers.** Another goal related to increasing education, awareness and knowledge of behavioral health and cultural issues that grantees were successful in achieving was increasing the exchange of knowledge among providers and fostering professional advancement. For example, one grantee created an interdisciplinary setting for cross-fertilization of ideas regarding infant mental health for professionals from different fields such as pediatric medicine, nursing, nutrition, education, and family services. The professionals were trained in the same overarching theory base and could communicate in a “common language,” thereby reducing some of the barriers separating various systems. The major impact of this training was the development of well-informed staff across systems with an ability to cross-refer, exchange ideas and form integrated links.

**H. Improving the Effectiveness of the Health System**

Over half of the MHI grantees (n=24) planned to improve the effectiveness of the overall health system in their communities. Of the 24 grantees targeting this outcome, 10 (42%) reported achieving or exceeding this goal. **Exhibit 21** presents the specific goals grantees were able to achieve related to improving the effectiveness of the health system.

**Exhibit 21  
Types of Goals for Improving the Effectiveness of the Health System**

Types of Goals	Number of Grantees	Number of Grantees Who	Percent of Grantees Who
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	Planning to Achieve Goal (Total = 24)*	Achieved or Exceeded Goal	Achieved or Exceeded Goal
Reduce inappropriate inpatient psychiatric admissions	6	4	67%
Reduce inappropriate emergency room utilization	3	1	33%
Increase integration of medical and mental health structure/system	9	3	33%
Reduce incidence of arrests	7	2	29%
Increase appropriate referrals	8	2	25%
Decrease the number of mentally ill clients inappropriately placed in jails	4	1	25%

\*Goals are not mutually exclusive across the 24 grantees.

In terms of improving the effectiveness of the health system, most grantees were successful in reducing inappropriate inpatient psychiatric admissions (67%). One grantee observed a 65% decrease in the number of hospitalizations among its clients from the initiation of treatment and following one year later. Another grantee reported that the percentage of youth enrolled in the program who indicated they had been hospitalized for psychiatric reasons decreased by 84% from intake to discharge from the program.

Three grantees planned to reduce inappropriate emergency room utilization. Of these three grantees, one achieved the goal. They reported a 25% decrease in acute emergency room visits among their clients from intake to discharge from the program.

## V. INITIATIVE ACCOMPLISHMENTS

This section of the report describes grantees’ accomplishments in achieving Initiative goals and outcomes, including the development of leaders in the area of mental health; taking action to influence and address policy concerns; and the achievement of sustainability. Findings presented in this section are derived primarily from the semi-annual surveys.

### A. Development of Community Mental Health Leaders

A notable accomplishment of the MHI was the development of mental health leaders in the community. According to survey data, 40 out of 45 grantees (89%) reported that people from the community or staff took on new roles of influence or leadership in the area of mental health as a result of their MHI program. For example, two families at one grantee organization stepped forward as liaisons within the greater community and were instrumental in disseminating information about program services, volunteering, encouraging others to volunteer at program events, gathering information and advocating for the needs of the community at-large. Across the 40 grantees, a total of 356 individual leaders emerged. Of these individuals, 41% were new leaders (with no prior leadership experience on mental health issues or advocacy), 64% came from within the mental health profession, and 62% were Latino.

**Increased Public Awareness of Mental Health.** The leadership efforts of these new mental health leaders impacted not only the program, but also the larger community. As **Exhibit 22** shows, more than three-quarters of the grantees that reported the emergence of leaders in their

communities stated that these new leaders were instrumental in increasing public awareness of mental health and in increasing the reputation of the grantee organization. For example, the Executive Director of one grantee organization helped to increase public awareness of mental health by becoming involved in the Healthy Kids Initiative for Santa Cruz County. She chaired the Initiative, which provided a comprehensive healthcare plan for uninsured children 0-18 years of age. Mental health was included in the plan based on the findings from the grantee’s MHI-funded program.

**Leadership Increases Organization’s Reputation.** The leadership efforts of mental health leaders at another grantee program increased the reputation of the grantee organization. Staff at the grantee agency participated in mental health consultation groups and spoke at various workshops and seminars about mental health issues. After three years, the staff became known in the community as mental health leaders, and the grantee organization was seen as a respected, quality-driven resource for the mental health needs of the poor and underserved in the community.

**Increase Public Knowledge of Mental Health.** More than 70% of grantees also reported that their new community leaders increased public knowledge of mental health. For example, the consistent presence of one grantee organizations’ leaders at community meetings, leadership committees, and cross-referral groups increased the public’s knowledge of the mental health needs of the agency’s target population of transitional youth and how to effectively work with that population.

**Exhibit 22  
Impact of Leadership Efforts**

Type of Impact	Percent of Grantees (n=40)
Increased public awareness of mental health	78%
Increased reputation of the organization the leader represents	76%
Increased public knowledge of mental health	73%
Decreased stigma associated with accessing and receiving mental health services	64%
Advocated for changes to existing mental health system and policies	58%

**B. Influence on Local Policy**

Most of the MHI grantees did not initially plan to influence local policy. However, over the course of the three-year funding period, many realized that to affect change, they needed to take matters into their own hands. According to survey data, 82 percent of the MHI grantees reported that during the course of the MHI, their programs had taken specific action to address policy concerns including supporting initiatives, mobilizing community organizations, advocating for increased funding, and lobbying for efforts to improve the quality of mental health care provided in California. For example, to address the lack of bilingual and bicultural

mental health professionals in California, one grantee participated in the region’s Latino Mental Health Collaborative to promote more programs that encourage and support Latino students to become psychologists and psychiatrists.

More than three-quarters (77%) of the grantees (n=44) attempted to inform policy makers or decision makers of findings, information, and results their MHI-funded programs had generated. Grantees accomplished this through a variety of ways, including presenting at forums targeting policy makers and decision makers (56%); calling legislators and policy makers (43%); requesting information on legislation to better position the program to be eligible for funding (36%); and writing letters to legislators and policy makers (34%). For example, the CEO of one grantee organization actively participated in the Community Clinics Association of Los Angeles County to advocate for the Asian and Pacific Islander communities and their need for mental health services. Her efforts and those of other community-based organizations placed pressure on legislators and community leaders to increase mental health access for indigent populations. At another grantee program, staff called legislators and policy makers to protest state and local budget cuts for the Regional Centers and CalWorks Stage III. Staff at a third grantee organization were involved in promoting the Mental Health Ballot Initiative by gathering petition signatures and increasing awareness of the ballot initiative in the public.

In addition, about two-thirds (67%) of the grantees reported that program staff served on local boards and committees that made decisions about the local mental health system. For example, one of the co-directors of a MHI-funded grantee program was the Director of the Community Behavioral Health System of the Department of Public Health, the decision maker for the local mental health system. Another grantee reported that its Executive Director was a very active member and former president of the Board of ACHSA (Association of Community Human Service Agencies), which consisted of mental health agencies in LA County that discussed and made decisions regarding policy and advocacy issues.

**C. Achievement of Sustainability**

As with any funded initiative, funding for several grantee programs ended with the grant. In an effort to sustain their programs beyond the MHI funding period, grantees (n=43) developed written sustainability plans (58%) and secured financing or reimbursement for services rendered (67%).

**Exhibit 23** presents a break-out of the extent to which and how grantees sustained their programs beyond the MHI funding period. As the Exhibit shows, almost half of grantees (48%) sustained components of their programs, while 20 grantees (43%) sustained their entire programs. The remaining seven grantees had either their entire (n=2) or components (n=5) of their programs institutionalized/adopted by another organization or the parent organization.

**Exhibit 23  
Distribution of Grantees by Nature of Program Sustainability**

Nature of Planned Program Sustainability	Number of Grantees (Total = 46)*	Percent of Grantees
Whole program will be sustained	20	43%

Components of the program will be sustained	22	48%
Whole program will be institutionalized <sup>11</sup> / adopted by another organization or parent organization	2	4%
Components of the program will be institutionalized/ adopted by another organization or parent organization	5	11%

\*Levels of sustainability are not mutually exclusive across the 46 grantees.

## Funding Sources

Throughout the course of the Initiative, grantees applied for a number of program-specific funds to help sustain their MHI programs. Of the 46 MHI grantees, thirty-six (78%) applied to 189 different funding sources for a total funding amount of \$48,526,453. Of these requests, 31 grantees were able to secure funding from 108 different sources for a total of \$37,408,492.

**Exhibit 24** presents the types of funding sources (i.e., federal, state, foundations, other) for which grantees applied and received.

**Exhibit 24**  
**Distribution of Funding Sources Applied to and Received by Grantees**

Funding Source	Number of Different Grants/ Contracts Applied To	Number of Different Grants/ Contracts Received	Number of Grantees Applying (n=36)*	Number of Grantees Receiving (n=31)*	Total Funding Applied	Total Funding Received
Federal	46	27	21	11	\$27,695,035	\$22,035,035
State	25	17	15	9	\$6,294,706	\$4,364,045
Foundations	88	42	23	13	\$4,517,300	\$1,125,000
Other	30	22	18	14	\$10,019,412	\$9,884,412
<b>TOTAL</b>	<b>189</b>	<b>108</b>			<b>\$48,526,453</b>	<b>\$37,408,492</b>

\* Funding sources applied and received are not mutually exclusive across the 36 and 31 grantees, respectively.

In general, grantees experienced success in their efforts to sustain MHI initiated programs in whole or in part through securing program-specific funds. The 21 grantees that applied for federal funding sources achieved an 80 percent success rate, securing over \$22 million, which is impressive given that federal funding opportunities tend to be extremely competitive. The success rate for obtaining funding from state and other sources was also impressive at 69 percent and 99 percent, respectively.

<sup>11</sup> Institutionalization refers to the extent to which the program/project/intervention has been integrated into the culture of the organization including normal business operations of the sponsor/partner institutions(s) or the formation of a new entity to recognize the value of the intervention and sustain effect of outcomes.



Federal sources from which grantees received funding included: SAMHSA/Center for Mental Health Services (CMHS), SAMHSA/Center for Substance Abuse Treatment (CSAT), the Health Resources and Services Administration (HRSA), the Department of Housing and Urban Development, the Indian Health Service and the State Department. State funding sources included Medi-Cal, CalWorks, Victims of Crime, Prop 10, Department of Mental Health and the Department of Child and Family Services. Foundation sources included: St. Johns Health Foundation, Oserfund, San Francisco Foundation, Hospice Foundation of the Central Coast, The Ahmanson Foundation, Nick Traina Foundation and the Hispanic Foundation. Grantees also received funding from other sources including Shasta First 5, Hawthorne Elementary School, Tobacco Settlement Advisory Committee, County of Los Angeles, City of Santa Monica, Philanthropy Funds - Clinic Board, and the Community of Mental Health.

## VI. UNANTICIPATED OUTCOMES

In addition to the planned outcomes the MHI grantees achieved during the course of the Initiative, they also experienced a range of unanticipated outcomes and influences, both positive and negative. It is not surprising that grantees' program activities had an immediate and far-reaching impact or ripple effect on their larger organizations, across systems (e.g., education, human services, criminal justice), and within communities. Some of the more common unanticipated outcomes experienced by multiple grantees included the provision of wrap-around care; the effectiveness of informal, non-traditional mental health services; the greater than expected need for services; the absence of mental health providers in the community; the dissemination of program findings; increased knowledge of and respect for grantee organizations; evaluation challenges; and fiscal constraints.

**Provision of Wrap-Around Care:** Many grantees did not anticipate that their clients would present with a multitude of stressors that would affect their mental health and well-being (e.g., lack of housing, no income). Grantees quickly realized that in order to address their clients' mental health needs, they had to also address their other physical, social, and economic needs. To address clients' multiple needs, grantees established partnerships with other community-based organizations, leveraged agency resources and devoted program time for various client needs such as transportation, translation services, and accompaniment to public agencies for housing and Social Security benefits. Although unexpected, the MHI grantees addressed the diverse and complex needs of their target populations by providing wrap-around care with a holistic approach, which helped their clients to manage their mental health concerns and to lead healthy and productive lives.

**Delivery of Informal, Non-traditional Mental Health Services:** As grantees implemented their programs, they realized that many of their clients were not responding well to formal, traditional mental health services and interventions. Many clients were reluctant to openly discuss their mental health problems with complete strangers. In response to client feedback and input, many grantees began offering more informal, non-traditional mental health services. For example, several grantees that had originally planned to provide individual counseling services ended up offering group therapy, artwork classes, physical education, and other recreational activities.

**Need for Intensive Services:** Grantees underestimated the level of mental health needs within their communities. Many clients who came through the door presented with problems that required significantly greater resources than grantees' had anticipated. Once community members were aware of the services available at the grantee organization, grantees often experienced a "woodwork effect", resulting in larger than expected caseloads. Although grantees knew they would be filling gaps in mental health service delivery, they were surprised by the number of separate encounters with individuals and the amount of time clients spent with mental health professionals, illustrating the high demand for such services.

**Sole Provider in the Community:** Although many grantees realized that they would be providing much-needed services to underserved populations in their communities, they did not expect to be the sole provider of mental health services in their community. Without the MHI-funded program, the needs of many communities throughout California would not have been addressed. Grantees provided valuable and much-needed services to several different target populations, most of whom were underserved.

**Dissemination of Program Findings:** Though unexpected, many grantees were invited to share their program model and outcomes at various local, state, and national conferences and meetings. These dissemination activities helped grantees to build their own capacity to share the impact of their programs and encouraged them to quantify their program findings through detailed evaluations.

**Increased Knowledge of and Respect for Organization:** As a result of MHI-funded program activities, many grantee organizations became known and respected agencies in their respective communities. Some organizations became community resources for questions and concerns related to mental health, while others became a popular place for students interested in mental health and mental health interns to apply for jobs. This acknowledgment as a respected organization also led to improved relationships with County Mental Health and other community agencies.

**Evaluation Challenges:** An unanticipated challenge for many grantees was the difficulty of evaluating the effectiveness of their programs. Grantees did not anticipate that evaluation tools would have to be translated and that implementing evaluation plans would take considerable time and resources away from the regular duties of the program staff. Data collection also proved to be challenging as many grantees worked with transient target populations who were often unavailable for follow-up. As a result, grantees experienced challenges implementing consistent follow-up procedures. Many grantees were able to collect baseline data, but did not have reliable follow-up data with which to compare.

**Fiscal Constraints:** Another unanticipated challenge that affected grantees throughout the course of the Initiative was the financial state of California and the competing fiscal priorities of both the local and state governments. The budget shortfall at both the county and state level resulted in significant reductions in reimbursable services through state and local programs. The reduction of services placed the provision of mental health services at the bottom of the priority list. Grantees reported that the city and state budget cuts impacted the availability of mental health services provided through the county. When a grantee identified the need for more intensive services or referrals to public agencies, there was no place to send their clients.



In addition, cutbacks at the federal, state and local level resulted in many Californians without insurance and with greater medical and mental health needs and fewer resources to meet those needs. With careful and strategic planning, the recent passing of Proposition 63 may mitigate some of the service provision gaps left in the mental health system as result of economic downturn.

**VII. PROMISING PRACTICES/LESSONS LEARNED: THE GRANTEES PERSPECTIVE**

Through their program efforts during the three-year funding period, the MHI grantees identified successful or promising practices that were deemed to be effective based on anecdotal feedback or experiential instinct. Grantees identified promising practices in the areas of 1) program planning and implementation; 2) staffing; 3) client engagement; 4) service delivery; 5) collaboration/partnership development; and 6) program evaluation. **Exhibit 25** highlights promising practices and lessons learned identified by grantees across these six areas.

**Exhibit 25  
Overview of MHI Promising Practices/Lesson Learned**

<b>Program Planning and Implementation</b>
<ul style="list-style-type: none"> <li>• Allow ample time for strategic planning, for the training of staff, and for formalizing cross-agency partnerships.</li> <li>• Learn about the communities with whom you are working before attempting to provide services.</li> <li>• Include the target population in all stages of planning and implementation; it helps to create a tremendous sense of loyalty and commitment to the program, as well as keep the program in-line with the actual needs and expectations of the intended participants.</li> <li>• Be flexible and prepared to change original plans in response to client and community needs. Changes should be viewed as opportunities, not setbacks, to meeting previously unidentified needs in the community.</li> <li>• Build in time and cost for technical support (hardware, software, data entry, clerical support) and staff time for thoughtful program monitoring and evaluation.</li> </ul>
<b>Staffing</b>
<ul style="list-style-type: none"> <li>• Realistically determine staffing needs and costs associated with recruiting and hiring staff.</li> <li>• Be realistic with the local labor market. There is a dearth of licensed, experienced, and bilingual mental health professionals. Consider “growing your own staff” by hiring staff who do not have the academic training and/or experience, but who have the interest and enthusiasm to perform the work, and then support and bolster them with clinical supervision once they are hired.</li> <li>• Although it is ideal to have staff who are bilingual and bicultural, using a translator is a viable alternative.</li> </ul>
<b>Client Engagement</b>
<ul style="list-style-type: none"> <li>• Eliminate “mental health” from the name of the program.</li> <li>• Do not use the terms “counselor” or “psychologist” when referring to mental health professionals.</li> <li>• Use incentives to attract clients to the program (e.g., food, childcare, celebration events).</li> <li>• “Meet the community where it is at” by locating services in locations that are familiar and comfortable to the clients.</li> <li>• Consider using lay mental health workers, rather than licensed mental health providers, to leverage their stronger connection to the community; the value of the culture-to-culture connection is more important than someone who is trained in mental health.</li> <li>• Approach the community about its immediate needs (e.g., housing, childcare, transportation) before focusing on mental health needs.</li> </ul>
<b>Service Delivery</b>

- To address problems of a complex and high-needs population, incorporate a multi-systemic, multi-modal approach.
- Provide the full range of services needed by the population (e.g., housing, medical care, benefits), or make referrals to those services.
- Recognize that each individual client is unique and has different needs; what works for one person may not work for another.
- “Go to where the client feels at home,” and do not disrupt family routines when delivering services.
- Include family members in the client’s treatment. Client progress is strongly linked with their home and community environments.
- Listen to client and staff feedback, and modify program services accordingly.
- Integrate mental health services into other services such as case management, provide ancillary services in a single location, and co-locate services with partnering agencies.

**Collaboration/Partnership Development**

- Work in collaboration with other programs internally, as well as community collaborators and partners. Partners can help disseminate information about the program, solicit referrals, and gather resources that clients might need.
- Spend time before program implementation with all partner and team members to learn to work together and to understand and respect each other’s views and philosophies. Partner and team members can come from different work environments and have different missions and goals.
- Clearly define roles and responsibilities of each partner agency in writing at the time the proposal is submitted.
- Develop lines of supervision, day-to-day direction, and clear decision-making models for collaborative partners before program implementation.
- Maintain frequent communication with collaborative agencies, especially at the beginning stages; this helps to establish a better, more efficient relationship.
- Work with partners to overcome unexpected challenges.
- Establish a close relationship with collaborating agencies and community leaders to expand ideas and build trust; remember that trust takes time, both within the collaborative and in the community.

**Program Evaluation**

- Hire an experienced data analyst and someone familiar with outcome measures right at the beginning. Quantifying mental health outcomes and developing the appropriate database can be challenging. However, if obtained appropriately, outcome measure data can be used for marketing other programs and leveraging additional grants.
- Establish an evaluation component at the beginning of the program. Program evaluation is not just about getting results; it’s about shaping the process. Information gleaned from program evaluation in its earliest stages helps to inform program evolution.
- Have a strong data collection plan that is clearly defined and consistent among collaborating partners.
- Ensure that there is a mechanism in place to retrieve needed data from partnering agencies, particularly if retrieval of this data is key to reporting successful completion of project objectives. Ideally, the scope and breadth of agreed upon data sharing, including deadlines for reporting data, should be built into the scope of work for those agencies with subcontracts. For agencies without subcontracts, specific language should be built into the MOUs.
- Share evaluation data with staff and partner agencies so they know that their efforts with clients have resulted in positive changes.

**VIII. CONCLUSION**

Overall, the MHI was a success. Based on grantees’ accomplishments, all of the Initiative’s goals were achieved. More than 145,000 individuals were served during the three-year grant

period. Many of these individuals would not have had access to mental health services if not for the MHI. The MHI grantees also provided services that were non-stigmatizing and culturally competent. Through their service delivery, grantees improved clients' mental health and functioning outcomes and helped clients to lead healthier, more productive lives. During the course of the Initiative, the MHI grantees developed and maintained relationships with 397 community partners. Many of these relationships continued beyond the MHI-funding period. At the community and system level, the grantees helped to increase education, awareness, and knowledge of behavioral health and cultural issues among providers, families, and CBOs; improved the effectiveness of the health system; developed 356 community mental health leaders; and influenced local policy. By the end of the three-year funding period, all 46 grantees had sustained either their entire program or components of their program.