Alameda County Underserved Ethnic Language Population (UELP)

PREVENTION AND PREVENTATIVE COUNSELING COMMUNITY SURVEY AND FOCUS GROUP RESULTS FY 18/19

November 27, 2019

ALAMEDA COUNTY BEHAVIORAL HEALTH | PREVENTION & EARLY INTERVENTION, MHSA DIVISION

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- Afghan Coalition
- Portia Bell Hume Center
- Asian Health Services
- Community Health for Asian Americans
- Center for Empowering Immigrants and Refugees
- International Rescue Committee
- Richmond Area Multi-Service, Inc.

- Tri City Health Center
- Native American Health Center
- La Clinica de La Raza
- Partnerships for Trauma Recovery
- Filipino Advocates for Justice
- Korean Community Center of the East Bay

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MENTAL HEALTH & SUBSTANCE USE SERVICES

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Executive Summary

Alameda County Behavioral Health (ACBH) worked with seven Underserved Ethnic Language Population (UELP) programs to develop an outcome-based survey. The survey was first given in 2014 and again in 2015. The outcome-based survey was revised in 2016 and split into two different data tools – the UELP Community Health Assessment and the UELP Community Wellness Client Satisfaction Survey. Each of the UELP providers vetted and implemented the new tools in 2017. This report is about the 2018/2019 administration.

The health assessment and satisfaction survey were disseminated to the UELP community in 23 different languages including English, Spanish, Vietnamese, Chinese, Dari, Hindi, Khmer, Nepali, Korean, Thai, and Burmese and covered the following outcomes:

- Forming and strengthening identity;
- Changing knowledge and perception of mental health;
- Building community and wellness;
- Connecting individual and family with their culture;
- Improving access to services and resources;
- Transforming mental health services; and
- Increasing workforce and leadership development.

The evaluation used mixed methods. To better understand the meaning of survey responses, ACBH also conducted focus groups and a key informant interview with the UELP program participants.

All UELP providers offer services in two main categories: 1) *Prevention* services, for clients who are at higher than average risk of developing a significant mental illness and 2) *Preventative Counseling (PC)* services, designed for clients who are showing early signs and symptoms of a mental health concern. Responses to these survey questions were analyzed separately for *Prevention* and *PC* services to measure any differences between the two types of services.

Key Findings

The revised client satisfaction survey and focus groups were used to assess the program outcomes. All the critical findings of the analysis are summarized below under the following outcomes. Detailed information about each of these critical findings can be found in the chapters that appear later in this report.

In 2019, a total of 251 respondents from nine of the thirteen UELP programs completed the survey.

Forming and Strengthening Identity

Participants are more **empowered** and confident in themselves. Eighty-four percent of *Prevention* and *PC* respondents reported feeling better about themselves. While participating in their programs, they developed the strength, motivation, and courage to address their challenges.

Changing Individual Knowledge and Perception of Mental Health Services

Providers are working towards changing the perception and narrative around mental health. Eighty-eight percent of *Prevention* respondents and ninety-one percent of *PC* respondents reported having a stronger belief that most people with mental health experiences can grow, change, and recover. Each reporting year, more clients are reporting becoming comfortable sharing their experiences with people outside of their programs. Having these discussions more frequently and openly works towards normalizing mental health and reducing the **stigma** associated with it.

Building Community and Its Wellness

UELP providers are working towards a healthier community for their clients. Respondents reported **establishing relationships** because of their participation in services. UELP programs provide an instant community for clients and reduce the risk of social isolation. Eighty-six percent of *Prevention* respondents and ninety percent of *PC* respondents reported that they have people with whom they can do enjoyable things.

Connecting Individual and Family with Their Culture

UELP programs provide clients with opportunities to connect with their culture. Focus group/interview respondents reported that they had increased their participation in **cultural celebrations and traditions** since engaging with UELP services. Eighty-three percent of *Prevention* respondents and ninety percent of *PC* respondents reported feeling more connected to their culture and community.

Improving Access to Services and Resources

UELP programs strive to improve access to services and resources for their client populations. Respondents reported several examples in which their program has connected them to **resources** such as employment, legal services, voting rights, and health care. Eighty percent of *Prevention* respondents and eighty-one percent of *PC* respondents reported becoming more effective in getting the resources that they or their family need.

Transforming Mental Health Services

UELP programs are transforming the way mental health services are delivered in Alameda County. One example is by providing **linguistic and cultural competency**. Services are offered to program participants in the language that they speak and by people who understand their cultural background. Eighty-eight percent of *Prevention* respondents and ninety-three percent of *PC* respondents also said that staff were sensitive to their cultural backgrounds.

Respondents reported strong **relationships with service providers** and often referred to staff as family. Ninety-three percent of *Prevention* respondents and ninety-seven percent of *PC* respondents reported that program staff treated them with dignity and respect.

UELP programs also provide a welcoming and **safe space** for their clients. Many respondents reported that "this is the place" where they come and tell their "secrets."

Increase Workforce and Leadership Development

This outcome is still a new area of exploration for the UELP evaluation. However, data from the focus groups/interview indicates that UELP programs are creating opportunities with their clients for **community leadership.**

Remaining Challenges

Focus group/interview respondents suggested the need for more community *outreach.* Other people in their communities are struggling with similar challenges and need to be aware of UELP services and its benefits.

Location was reported as a barrier to service for participants that may not have access to a car or live in a different city other than where their program is located.

Alameda County is still in a housing crisis. Housing access and affordability continue to be a large barrier for UELP program participants.

Additional Findings

Fiscal year 18/19 data demonstrates that UELP clients are benefiting from their services. Overall, respondents reported improved quality of life because of their participation in their programs but still reported a need for continued support. *PC* respondents are also benefitting from more intensive services from their UELP providers. The majority (80%) of *PC* respondents reported fewer crises, and half (50%) improved their overall health from the pre to post-assessment period. Very few respondents reported a worse score.

Evaluation Limitations

Although this annual evaluation data continues to show positive results, it has several limitations in our assessment methods, including the small sample size, the lack of comparison group, and the subjective nature of qualitative assessment and analysis. See page 39 for the full list of limitations. ACBH will continue to work with a program evaluator to better capture the results of PEI programs and the longer-term impact on clients.

Program Overview

Alameda County currently provides mental health *Prevention* and *Preventative Counseling (PC)* services to underserved and unserved populations through funding from the Mental Health Services Act (MHSA), also known as Proposition 63. Prop 63 was passed by California voters in November 2004 to develop and expand community-based mental health programs based on principles of wellness and cultural competence. Prevention and Early Intervention (PEI) services are viewed as a critical strategy to:

❖ "Prevent mental illness from becoming severe and disabling"

❖ Create "access and linkage to mental health treatment"

❖ Promote strategies that are "non-stigmatizing and non-discriminatory," and

❖ Improve "timely access for underserved populations"

Alameda County is an incredibly diverse population of over 1.5 million people. To address its diversity, Alameda County Behavioral Health (ACBH) has contracted thirteen programs to provide culturally responsive Mental Health PEI services to state-identified underserved populations, which include the communities of Afghan/South Asian, African, Asian/Pacific Islander (API), Native American, and Latinos. These thirteen programs are called the Underserved Ethnic and Language Population (UELP) programs. The providers of these programs include: [1]

- Afghan Coalition,
- Portia Bell Hume Center,
- Asian Health Services,
- Community Health for Asian Americans,
- Center for Empowering Immigrants and Refugees,
- International Rescue Committee,
- Richmond Area Multi-Service, Inc.,

- Tri City Health Center,
- Native American Health Center,
- La Clinica de La Raza,
- Partnerships for Trauma Recovery,
- Filipino Advocates for Justice, and
- Korean Community Center of the East Bay

Each UELP program is built on a framework of three core strategies: 1) Outreach & Engagement, 2) Mental Health Consultation, and 3) Early Intervention services. These strategies are implemented through a variety of services, including one-on-one outreach events; psycho-educational workshops/classes; mental health consultation sessions with a variety of stakeholders (e.g., families, teachers, faith community, and community leaders); support groups; traditional healing workshops; radio/television/blogging activities; and short-term, low-intensity early intervention counseling sessions for individuals and families who are experiencing early signs and symptoms of a mental health concern.

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[1] *FY 18/19 was the first year of UELP implementation for the following six providers: **IRC, RAMS, TriCity, PTR, FAJ, KCCEB**.*

In FY 18/19, the data shows that these UELP providers in total produced:

- 7,895 *Prevention* events, which is a 37% increase from last year;
- 56,848 people were served at these *Prevention* events (duplicated count); and
- 895 unique clients were served through *PC* services, which is an 18% increase in the number of clients served in FY 17/18.

Evaluation Methods

Data Collection Tools

To better understand the impact of these services on clients, ACBH, in partnership with the seven UELP programs, collaboratively designed a survey tool in 2014 to assess both client satisfaction and outcomes. In 2016, the survey was revised and separated into two different tools (health assessment and satisfaction survey) to better assess the impact and success of these programs. The new tools were translated into English, Spanish, Vietnamese, Chinese, Dari, Hindi, Khmer, Nepali, Korean, Thai, and Burmese and then implemented in 2017. Since then, the tools have been translated into a total of 23 different languages to address the expanding diversity of cultures of UELP program participants.

In FY 18/19, both tools assessed the impact of the three core strategies (Outreach and Engagement; Mental Health Consultation; and Early Intervention services) across the following outcomes:

- Forming and strengthening identity;
- Changing knowledge and perception of mental health;
- Building community and wellness;
- Connecting individual and family with their culture;
- Improving access to services and resources;
- Transforming mental health services; and
- Increasing workforce and leadership development.

The new design of the forms has moved the evaluation from just measuring the "short-term" outcomes to measuring some "intermediate" outcomes as well (See Logic Model, Appendix 5). The UELP evaluation uses a mixed design. A mixed-method approach collecting both quantitative and qualitative data offers multiple benefits, including 1) opportunities to triangulate between different data types; 2) a fuller understanding of outcomes; 3) capacity to overcome weaknesses of individual methods.

Community Health Assessment

The health assessment is a data collection tool that is only completed by new *PC* clients due to the higher intensity of services they receive. *PC* clients were given the pre-assessment during intake and the post-assessment during discharge or after they received at least six months of service. A short-term panel survey was conducted at two points in time (pre/post), using the same sample of respondents (n=43) to measure change over time for their level of crisis, health status, and level of activity. It is important to note that during the data collection process, only 43 health assessments were matched and qualified for panel analysis (comparing pre and post-test results).

The remaining health assessment data included an uneven number of pre- (n=65) and post-assessments (n=45) and were evaluated using cohort analysis (See Appendix 1). Cohort analysis allows the evaluation to compare the metrics for a group over time rather than the individual. By analyzing these patterns across time, the UELP system can identify the needs of those specific cohorts as well as tailor its services to better meet those needs.

Client Satisfaction Survey

New and existing clients (*PC* or *Prevention*) completed the client satisfaction survey at one point in time. Each client must have participated in a minimum of four sessions to be eligible for the survey. In the winter of 2018/2019, a total of 251 respondents from nine of the thirteen UELP programs completed the client satisfaction survey. Respondents were asked 16 questions with statements about the benefits of service (e.g., community connection and empowerment) that they could attribute specifically to their participation in one of the UELP programs. They were also asked six questions about the program specifically (staff, hours, location, etc.). Responses to these survey questions were analyzed separately for *Prevention* and *PC* services to assess any differences between the two types of services. It is also important to note that only 134 respondents (less than one-third of program participants) specified the type of services they receive (i.e., *Prevention n=102* or *PC n=32*, so the denominator is slightly lower for these survey responses.

The results below were based on a five-point Likert scale, ranging from strongly-disagree to strongly-agree. To address potential literacy issues, the surveys were translated into the clients' native language, and the scale also included a "thumbs up" or "thumbs down" graphic to match the scale's text.

Focus Groups and Key Informant Interviews

In addition to the survey tools described above, three focus groups and one key informant interview were conducted in order to get a deeper look into the client perspective as well as a better understanding of service provision, the benefits of that service, and the achievement of UELP outcomes. Both the focus groups and interviews were conducted during June 2019.

Of the thirteen UELP programs, three providers volunteered their programs to participate in a focus group. Each group contained a majority of participants receiving *Prevention* services. One of the three providers also volunteered their program to participate in a key informant interview. The interview was conducted specifically for a client receiving *PC* services. This approach was used because of the perceived mental health stigma in the community. Clients participating in these more intensive services are less likely to agree to discuss such personal information within a focus group that might include members from their own communities. Focus group/interview data was analyzed for *Prevention* and *PC* responses together.

In 2019, a total of 23 clients participated in either a focus group or key informant interview.

See Appendices 3 and 4 for the data collection tools.

Forming and Strengthening Identity

After participating in these services, UELP participants were better equipped to handle problematic situations and crises. The following data shows that UELP participants have strengthened their identity and improved their self-efficacy. This suggests that the support and tools clients have received in their programs have given them the strength and empowerment needed to deal with crises more effectively. This is consistent with data reported in the open-ended responses and in the focus groups/interview.

Figure 1. Enhanced Self-Efficacy in Prevention Services
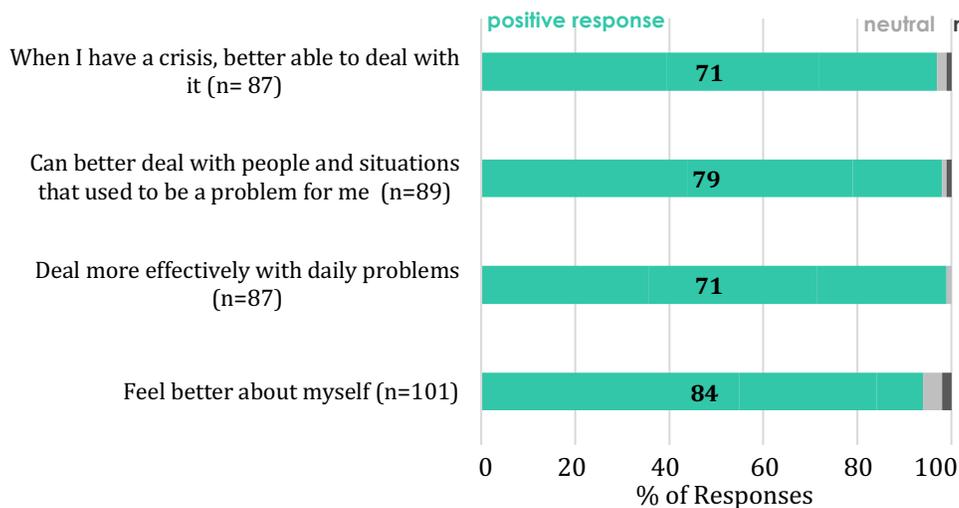
Seventy-nine percent of survey respondents receiving *Prevention* services reported that they are better able to deal with people and situations that were previously a problem for them. Eighty-four percent of survey respondents receiving *Prevention* services reported feeling better about themselves.

See Figure 1.

Figure 2. Enhanced Self-Efficacy in Preventative Counseling Services
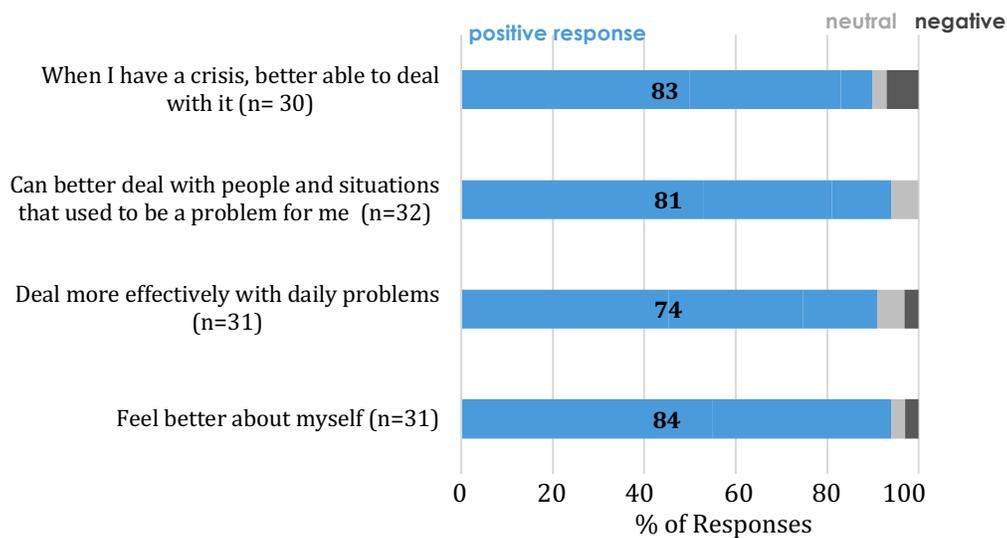
PC clients have also gained the skills necessary to better handle different types of challenges, ranging from everyday problems to extreme crises.

Eighty-three percent of *PC* clients reported that they are better able to deal with a crisis. Eighty-four percent of *PC* clients also reported feeling better about themselves.

See Figure 2.

Changing Individual Knowledge and Perception of Mental Health Services

UELP programs are meant to raise awareness and understanding of mental health services and, in turn, decrease internalized stigma. This data shows that respondents have a firm understanding of how different types of moods can impact their mental, emotional, and overall health. The data also show a shift in the perception of mental health in both *Prevention* and *PC* services, further suggesting a reduction in internalized stigma.

Figure 3. Improved Understanding of Mental Health in Prevention Services

| positive response | | neutral | negative |

Better understand that stress, worries, and level of happiness can impact my mental health or emotional health (n=101)	**88**
Better understand that lacking basic needs can impact my overall health (n=101)	**87**
Better understand that talking to people can improve my wellbeing (n=102)	**89**

0 20 40 60 80 100
% of Responses
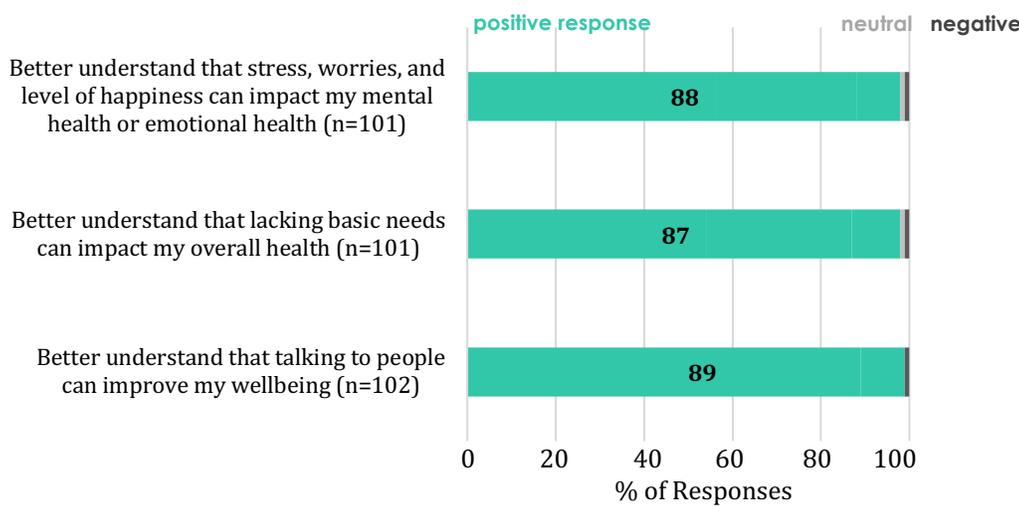
Eighty-eight percent of respondents receiving *Prevention* services reported better understanding that stress, worries, and level of happiness can impact their mental or emotional health. Eighty-nine percent of respondents reported better understanding that talking to people can improve their wellbeing.

See Figure 3.

Figure 4. Developed Positive Perception of Mental Health in Prevention Services

| positive response | | neutral | negative |

| Have a stronger belief that most people with mental health experiences can grow, change and recover (n=102) | **88** |

0 20 40 60 80 100
% of Responses
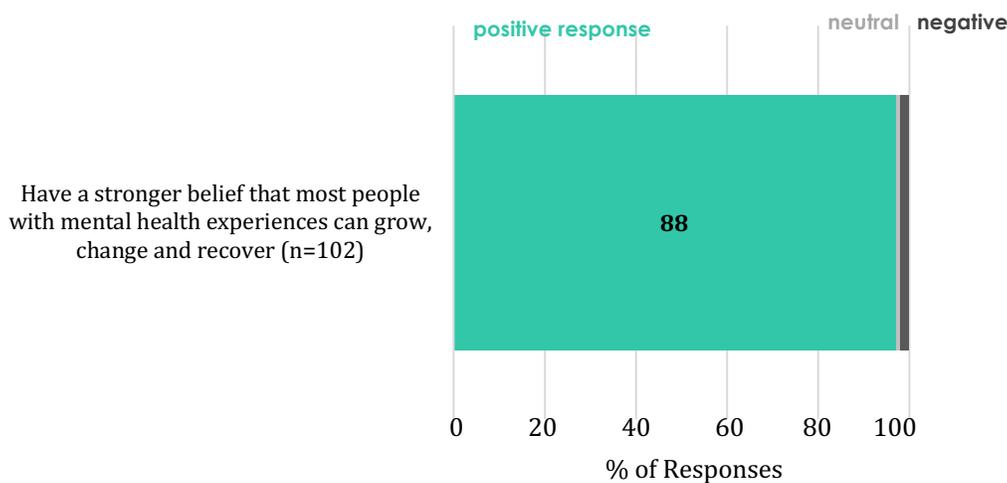
This graph shows that survey respondents receiving *Prevention* services have improved their perception of mental health experiences. Eighty-eight percent of survey respondents reported having a stronger belief that most people with mental health experiences can grow, change, and recover.

See Figure 4.

Figure 5. Improved Understanding of Mental Health in Preventative Counseling Services

positive response   neutral   **negative**

Better understand that stress, worries, and level of happiness can impact my mental health or emotional health (n=32)
97

Better understand that lacking basic needs can impact my overall health (n=31)
94

Better understand that talking to people can improve my wellbeing (n=32)
**88**

0   20   40   60   80   100
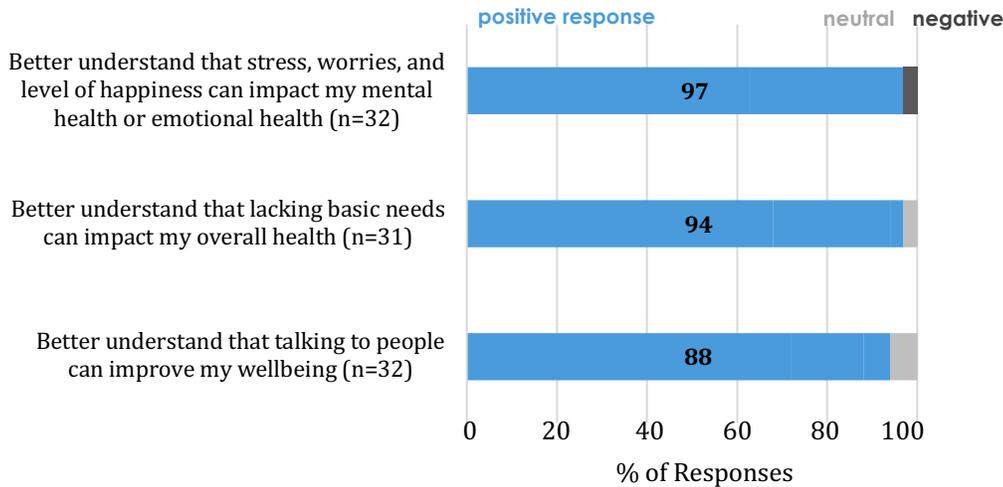
% of Responses

Of the respondents receiving *PC* services, 97% reported better understanding that stress, worries, and level of happiness can impact their mental or emotional health. Ninety-four percent of respondents reported better understanding that lacking basic needs can impact their overall health.

See Figure 5.

Figure 6. Developed Positive Perception of Mental Health in Preventative Counseling Services

positive response   neutral   **negative**

Have a stronger belief that most people with mental health experiences can grow, change and recover (n=32)
91

0   20   40   60   80   100
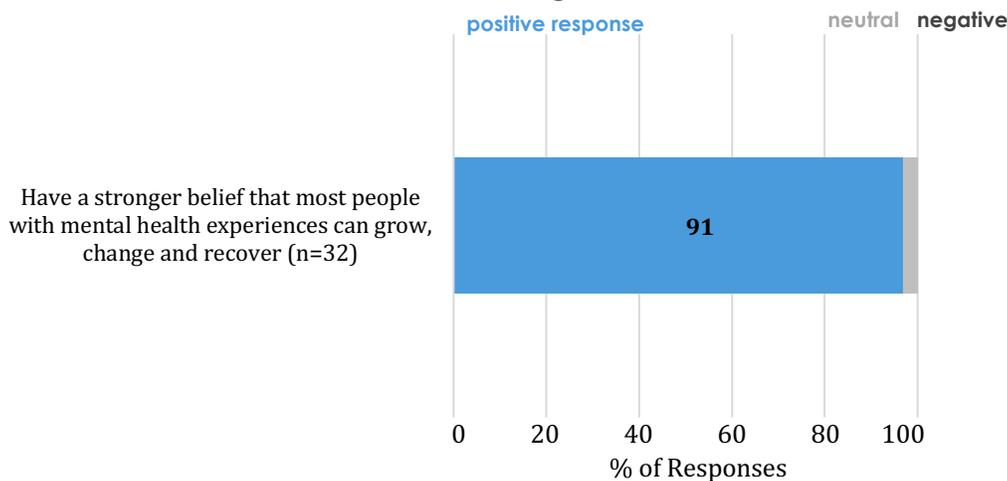
% of Responses

Respondents receiving *PC* services have also improved their perception of mental health services. Ninety-one percent of respondents reported having a stronger belief that most people with mental health experiences can grow, change, and recover.

See Figure 6.

Building Community and Its Wellness

UELP providers continue to create opportunities for clients to build new friendships and support systems within their programs. The data shows that clients have established relationships with people in their community and have people they can rely on for support. This suggests a reduction of stigma in the community around having and talking about mental health challenges.

These findings corroborate both focus group/interview and survey data collected over the last four years, showing that a compelling reason clients enjoy participating in their UELP program is that it keeps them from being isolated. It allows them to see their friends and come to a safe place where they can speak to people whom they trust. Social isolation can worsen the symptoms of mental illness or contribute to developing a severe mental health disorder.

Figure 7. Built Community Support and Companionship in Prevention Services
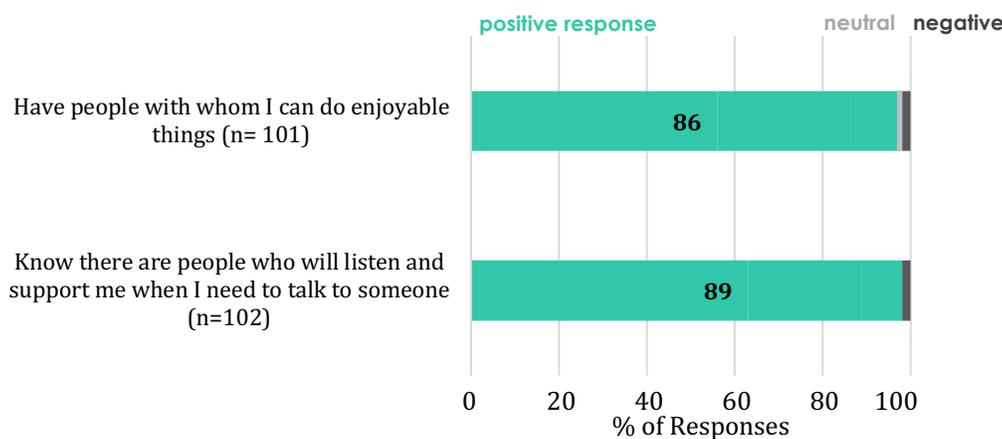
Of the respondents that receive *Prevention* services, 86% said that they have people with whom they can do enjoyable things. Eighty-nine percent of respondents reported knowing that there are people who will listen and support them whenever they need someone to talk to.

See Figure 7.

Figure 8. Built Community Support and Companionship in Preventative Counseling Services
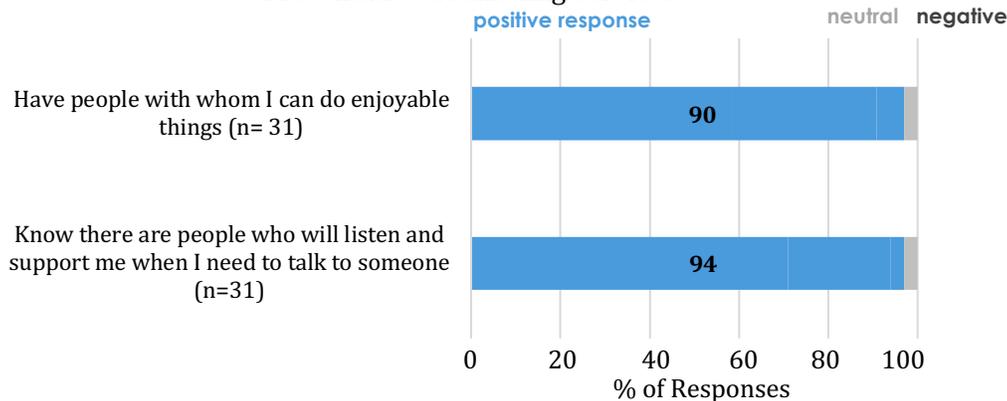
Respondents who participate in *PC* services reported receiving emotional benefits as well. Ninety percent of respondents reported that they have people with whom they can do enjoyable things. The majority (94%) of respondents reported knowing there are people who will listen and support them when they need someone to talk to.

See Figure 8.

Connecting Individual and Family with Their Culture

UELP services aim to bolster the connection clients have with their culture by utilizing their cultural norms as a bridge to provide services. This can be achieved in many different ways. Some examples include using cultural practices, celebrations, and validations in program activities. The data shown below demonstrates that UELP services are facilitating a connection between clients, their culture, and communities. This is consistent with data found in the open-ended responses as well as the focus groups/interview.

Figure 9. Strengthened Connection to Culture in Prevention Services
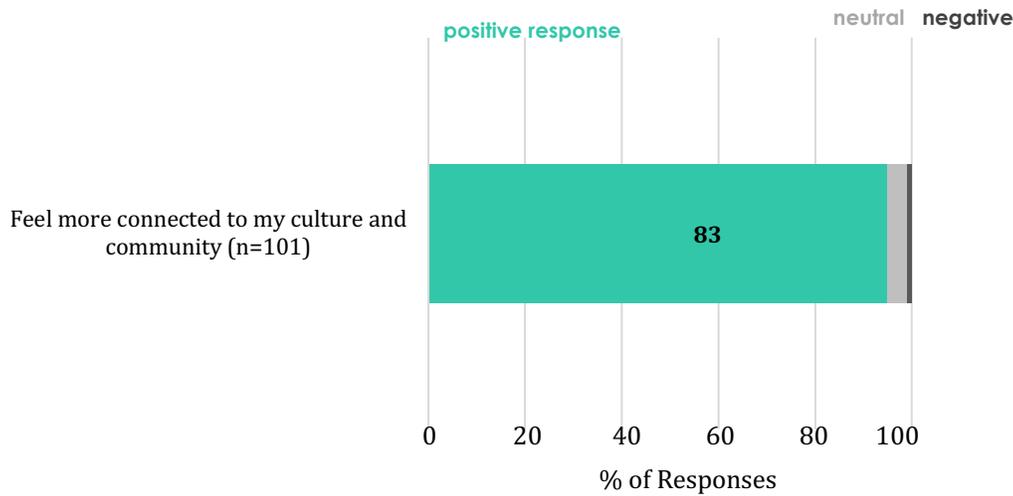
Eighty-three percent of survey respondents receiving *Prevention* services reported feeling more connected to their culture and community.

See Figure 9.

Figure 10. Strengthened Connection to Culture in Preventative Counseling Services
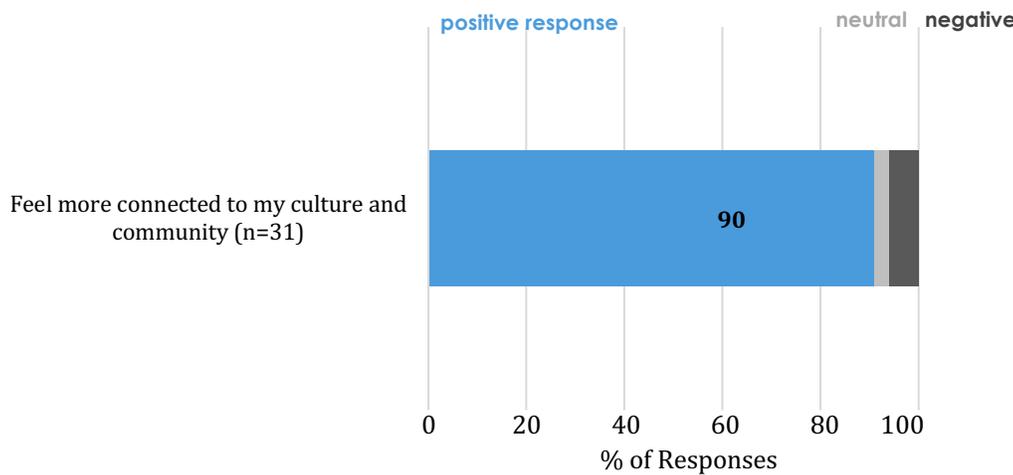
Ninety percent of *PC* respondents said that they feel more connected to their culture and community.

See Figure 10.

Improving Access to Services and Resources

Monolingual or LEP (Limited English Proficiency) populations may experience challenges navigating the behavioral health care system and accessing services or resources, particularly when they are in need or in crisis. This is extremely important because barriers to access can lead to increased stress, anxiety, isolation, depression, and other mental health concerns. With the assistance of UELP services, the majority of participants are more successful at navigating the system in order to obtain the services and resources they need.

Figure 11. Effective Resource Accessibility in Prevention Services
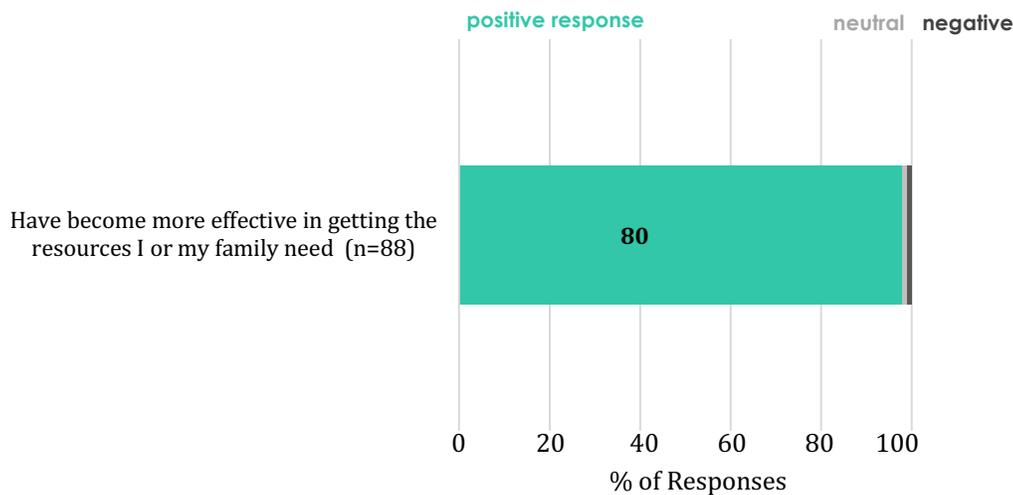
Eighty percent of clients receiving *Prevention* services reported becoming more effective in getting the resources that they need or their family needs.

See Figure 11.

Figure 12. Effective Resources Accessibility in Preventative Counseling Services
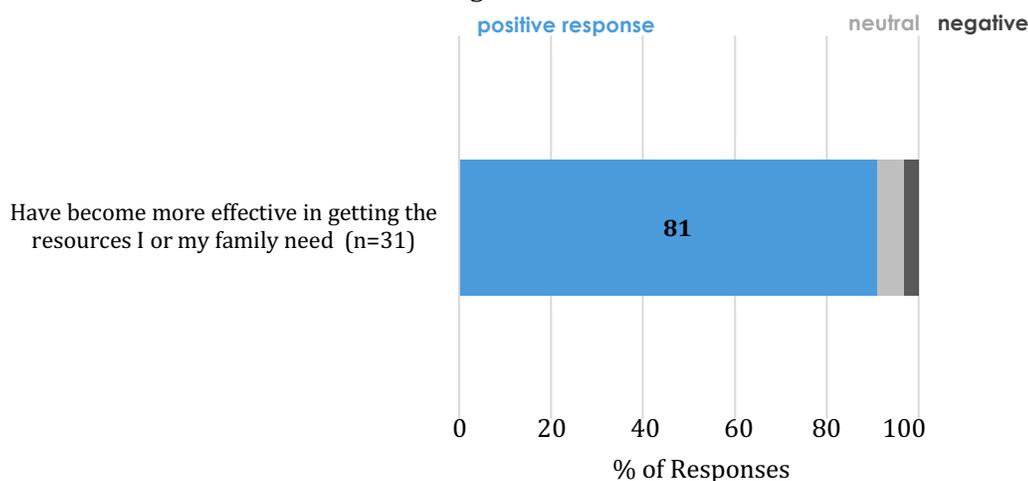
Eighty-one percent of *PC* survey respondents said they have become more effective in getting the resources that they need for themselves or for their family.

See Figure 12.

Transforming Mental Health Services

UELP service agencies are determined to provide transformative mental health services. The idea is to move away from the "one size fits all" approach to mental health, emphasizing the use of culturally congruent mental health methods with marginalized populations. Staff have noted that the majority of clients served in these programs come from war-torn countries, and it is vital for staff to show respect for the clients' cultural background, lived experiences, and trauma. The data below shows that respondents are satisfied with the services they receive in UELP. Participants continue to report that they are treated well and would recommend these services to friends or family members.

Figure 13. Clients were Satisfied with Prevention Services

positive response — neutral — **negative**

- Staff were sensitive to my cultural background (n=97): 88
- Staff helped me obtain the information I needed so that I could take charge of managing my problems (n=99): 89
- Staff here treated me with dignity and respect (n=100): 93

% of Responses (0 – 100)
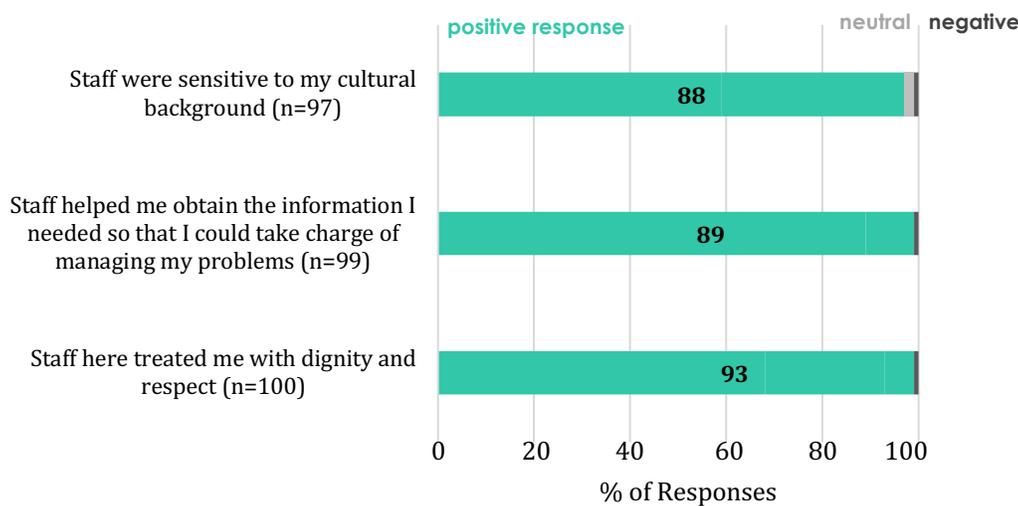
Ninety-three percent of clients reported that program staff treated them with dignity and respect. It seems that *Prevention* services were beneficial and useful because the majority (89%) of respondents said that staff provided them with the information needed to help manage their problems. Eighty-eight percent of respondents also said that staff were sensitive to their cultural background.

See Figure 13.

Figure 14. Clients were Satisfied with Staff in Preventative Counseling Services

positive response — neutral — **negative**

- Staff were sensitive to my cultural background (n=28): 93
- Staff helped me obtain the information I needed so that I could take charge of managing my problems (n=30): 97
- Staff here treated me with dignity and respect (n=30): 97

% of Responses (0 – 100)
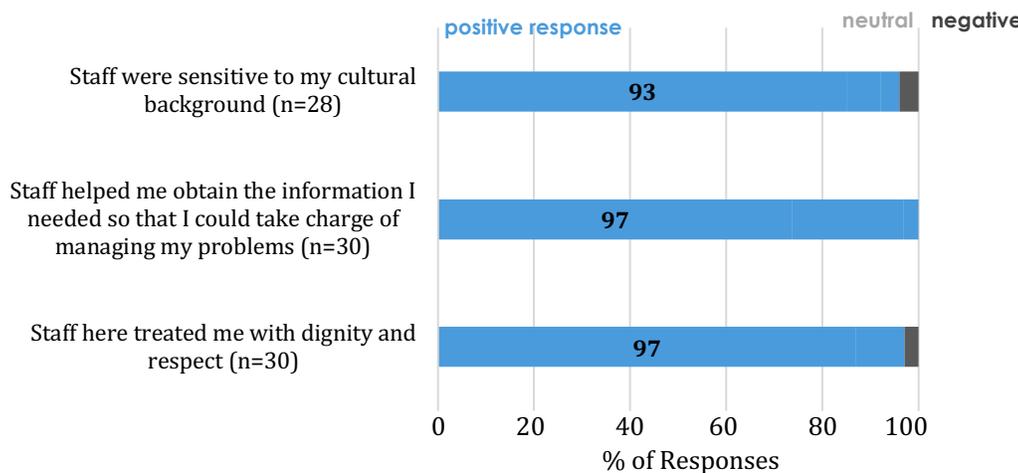
The data shown here conveys that staff members were an integral part of improving survey respondents' quality of life. Ninety-seven percent of *PC* survey respondents reported that the support they received from staff helped them obtain the information they needed to manage their problems. The majority (97%) of survey respondents said that staff treated them with dignity and respect.

See Figure 14.

Figure 15. Prevention Services were Convenient and Highly
Satisfactory

positive response   neutral   **negative**

Services were available at locations that
were good for me (n=99)   **85**

Services were available at times that were
good for me (n= 100)   **90**

I would recommend this program to a friend
or family member (n= 97)   **91**

0   20   40   60   80   100
% of Responses
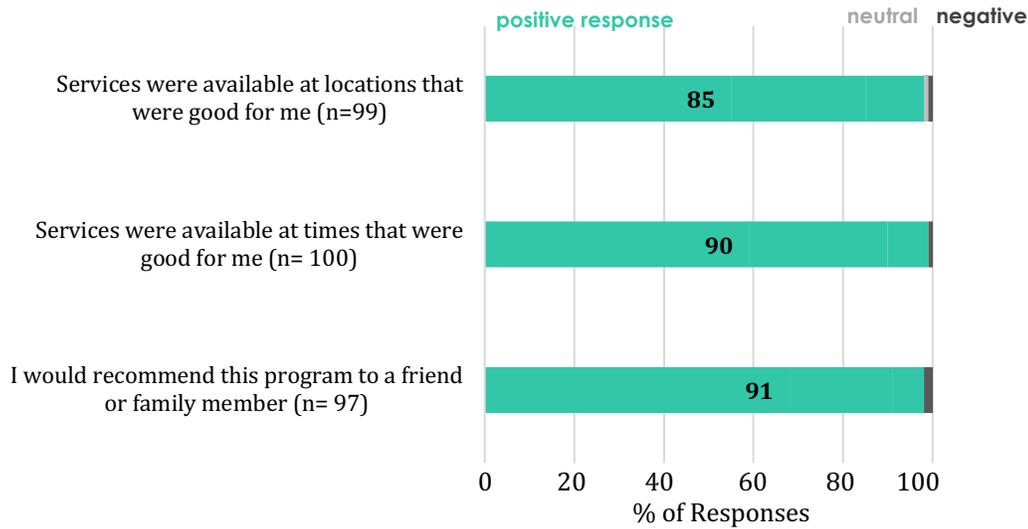
Ninety percent of *Prevention* respondents thought that the services were available at good times, and eighty-five percent thought the locations were good. The majority (91%) of these respondents also said they would recommend these services to a friend or family member. This data suggests that *Prevention* clients think that these services are convenient, helpful, and that others can benefit from them.

See Figure 15.

Figure 16. Preventative Counseling Services were
Convenient and Highly Satisfactory

positive response   neutral   **negative**

Services were available at locations that
were good for me (n=30)   **83**

Services were available at times that were
good for me (n= 31)   **87**

I would recommend this program to a
friend or family member (n= 29)   **97**

0   20   40   60   80   100
% of Responses
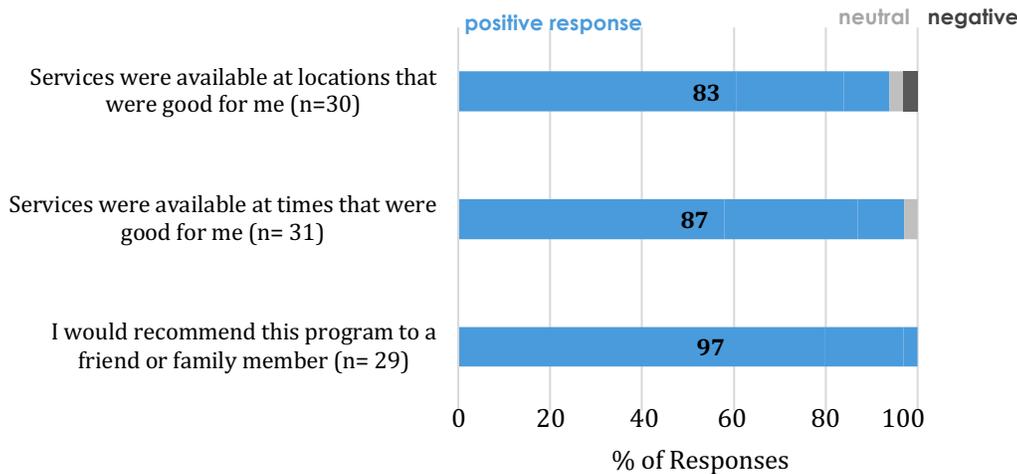
About the same number of respondents receiving *PC* services reported that the services they receive are convenient. Eighty-three percent of these clients reported that services were offered at convenient locations, and 87% of respondents reported that services were offered at convenient times. Nearly all (97%) respondents said they would recommend their program to friends or family.

See Figure 16.

Areas of Improvements

Survey respondents were asked to specify which areas of their lives have improved as a direct result of their participation in UELP services. They were given a choice of 13 different categories from which to choose, including an "other" choice, and were asked to check all that apply. The following answers were identified as improved by at least 40% of respondents.

As the data show in the figures below, emotional support was the largest area of improvement for *Prevention* survey respondents. This is consistent with the responses to the open-ended questions. *Prevention* survey respondents reported the most improvement in four different domains. Emotional support, mental health, stress, and family were the four highest areas in which respondents reported improvement as a direct result of their participation in UELP services. *PC* respondents reported the most improvement in the area of family. This is consistent with data reported in previous fiscal years.

## Areas of Improvement for Prevention Service's Clients

Figure 17.

Emotional Support	Mental Health	Stress	Family
60%	58%	52%	40%
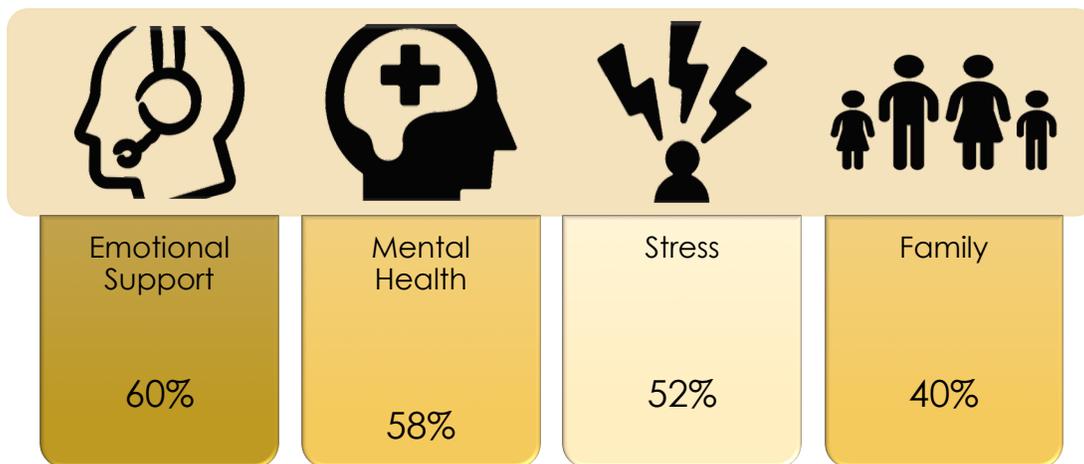
Areas of Improvement for PC Service's Clients

Figure 18.

Family
44%
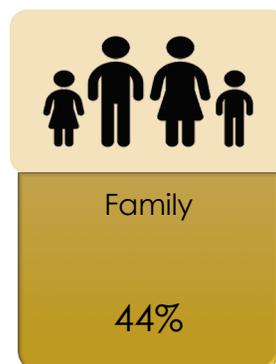
Open-Ended Responses

Four open-ended questions were asked in the survey to understand better: 1) if and how respondents felt services were beneficial to them; 2) what kind of needs they currently have; 3) if and how their lives would be different if they were *not* receiving *Prevention* or *PC* services; and 4) anything else they thought would be helpful for service providers to know.

During the analysis, answers to each question were grouped into themes and categorized under headings to help assess which topics were most important to respondents. There are a few themes in each question that did not fit under any category and were reported as "Other." The following tables list each theme by the number of respondents who reported it. Responses from participants in *Prevention* and *PC* programs were combined. To further illustrate the frequency of certain themes, a "word cloud" of the 11-35 most common words is included in every section. The larger the word in the graphic, the more frequently it appeared in the answers given for each question. Each word cloud was generated using a website called WordItOut.com.

Note: Only themes with five or greater responses were included in the tables below to showcase the ones that came up most frequently by respondents.

Most Beneficial Services and Supports

192 survey participants responded to this question

Categories: Social	# of responses
Community	17
Someone to Talk to/Share	13
Feeling Supported/Support	12
Total:	42

Social category refers to respondents' statements about generally feeling supported, having someone to talk to/share with, and being able to meet and spend time with new friends. Community was the largest theme in this category.

"Meet people in the Community."

"Likes having people to talk to in the group."

Categories: Services	# of responses
Support Groups	22
Counseling	17
Total:	39

Support Groups received the most responses in the Services category, followed by Counseling (individual or group sessions). Several participants reported how much they enjoyed coming to their sessions.

"Group helps her deal with her problems."

Categories: Information, Knowledge, Resources, Skill Development	# of responses
Language	14
Increased Knowledge/Received Information	15
Total:	29

Information, Knowledge, Resources, Skill Development is another important category with recurring themes. Language was a large theme this year. This referred mostly to respondents taking classes to learn English. Respondents also reported that they have benefited from services because of information sharing by the providers.

"English class!"

"Useful information provided."

Categories: Physical, Mental, Emotional Health	# of responses
Healthcare/Medical	12
Mental Health	9
Emotional Health	8
Total:	29

Physical, Mental, Emotional Health is another large category in this section, just as it has been in previous reporting years. Respondents expressed that the program was beneficial for supporting their mental and emotional health as well as getting them connected to healthcare services.

"Mental health, emotional support, cultural grounding, ethnic identity, formation."

Categories: General	# of responses
Yes	9
Total:	9

General category includes positive statements about how the program is helpful or agreement with the question, without identifying specifically how the program is beneficial.

"The most beneficial things this program helped me with basically everything that I need help."

Categories: Other	# of responses
Feeling Happy/Better	9
Total:	9

Feeling Happy/Better is a theme where respondents reported feeling much happier in their lives or that things have gotten better since participating in UELP services.

"Helpful always, good people making me better."

Additional Client Needs

95 survey participants responded to this question

Categories: Other	# of responses
Housing	35
More Help and Support	9
Total:	44

Housing was the second most common theme in the entire open-ended survey responses. Housing continues to be a tremendous need for UELP program participants and affordable options are extremely limited in Alameda County.

"Housing, financial support."

More Help and Support is consistent with other survey responses. Respondents need and want more or continued support from their UELP programs.

"Need these sessions so I have someone to talk & not worried that someone knows my problems."

"I need help with more emotional support."

What Would Have Been Different Without These Services?

97 survey participants responded to this question

Category: Physical, Mental, Emotional Health	# of responses
Stressed/Worried/Tense	9
Total:	9

Category: Unable to Access Info./Resources or Develop Skills	# of responses
Unable to Access Knowledge, Information and Resources	15
Total:	15

Categories: Other	# of responses
General Positive Comments and Appreciation	48
Total:	48
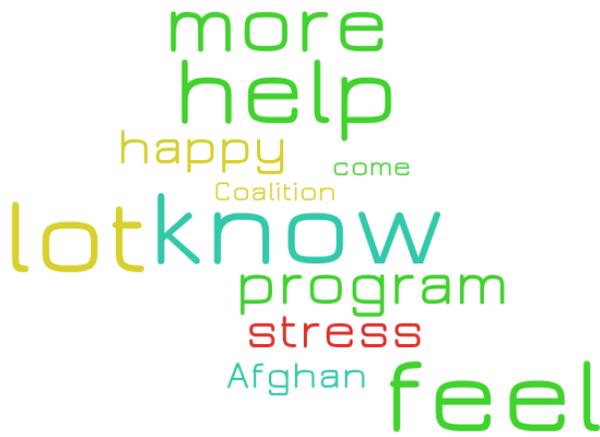
Physical, Mental, Emotional Health category refers to respondents' mental and emotional health needs. Respondents reported that without their participation in these programs, they would be more stressed, anxious, feeling helpless, or depressed. The data clearly shows that respondents would have been physically, mentally, and emotionally worse off without UELP services. This is consistent with data reported in previous years.

"My mindset would have been different & I would have not been able to manage my stress."

"Without this program, I would feel more stress."

Unable to Access Knowledge/Information and Resources is a recurring theme in the open-ended survey responses. Survey respondents repeatedly expressed that without these programs and services, they would be lost without any information and resources, especially when completing application forms or documentation.

"I would not have resources to help cope with mental health and stress."

"It would be complicated for us from going to places asking regarding Health insurance."

General Positive Comments and Appreciation fell under the "Other" category. In this theme, respondents reiterated their delightful experiences in UELP and how grateful they are for the services they have received. General Positive Comments and Appreciation is the largest theme in this section.

"I like how people are supportive and listen to me patiently."

"Very supportive program. I feel so supported and guided. Feels like family."

"This group is great for people who feel we don't belong anywhere."

Anything Else to Share

68 survey participants responded to this question

Categories: Other	# of responses
Specific Needs/Wants	21
Continued Support	9
Total:	30

Specific Needs/Wants refers to responses from clients where they specified what they needed from their program. The majority of responses referred to the need for more housing. Other responses included things like more support groups, more community outreach, and a closer location for services.

"Housing for low income."

"I wish more people knew about this program to get the support they need, so they suffer less."

Continued Support is a theme that further expresses the respondents' need for services to continue.

"Help us with supports."

"More support groups."

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Community Health Assessment Results (Panel Data Analysis)

A short-term panel survey was conducted at two points in time (pre/post), using the same sample of *PC* clients to measure change over time. The following data summarizes change over time for 43 participants, assessing their level of crisis, health status, and level of activity. The assessment asks clients to self-rate their level of crisis on a scale from one to ten, giving the examples of feelings/behaviors associated with a crisis (e.g., cannot focus, frustrated, feeling isolated, angry, lost, constant crying, feeling paralyzed, and urge to use drugs/alcohol).

Most participants reported improved scores from the pre- to post-assessment, and very few reported a worse score. This is a large improvement compared to last year's data. Overall the data demonstrates that services are helping to address crises and challenges that clients may be experiencing. It is important to note that more respondents did report less favorable scores when assessing their physical health. Compared to the pre-assessment, poor physical health reported in the post-assessment could have contributed to respondents reporting higher same/worse scores for the number of days their physical or mental health disrupted their usual activities. See Figures 20 and 21.

Health Surveillance

Figure 19. Clients **Decreased** Level of Crisis

The majority (80%) of respondents decreased their perceived level of crisis between their pre-and post-assessments. Seven percent maintained the same level of perceived crisis, and only 12% reported a worse score.

See Figure 19.

Figure 20. Clients **Improve** Levels of Physical, Mental, and Overall Health
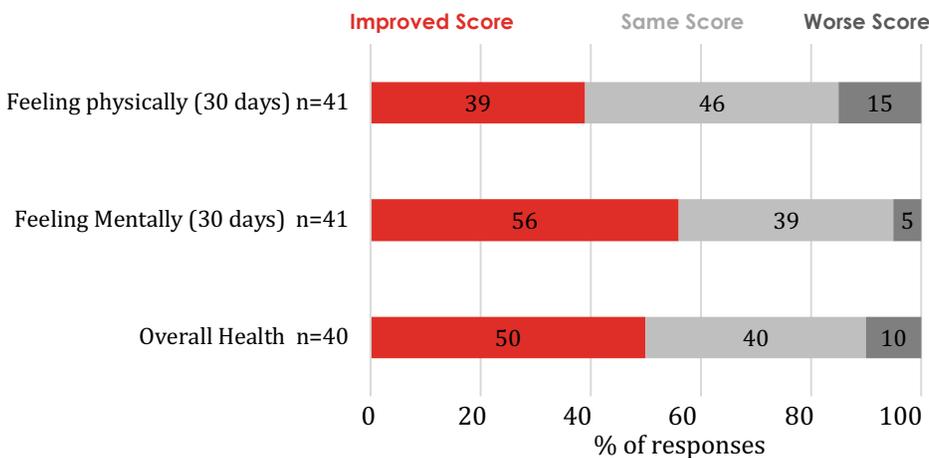
The majority (46%) of clients reported the same level of physical health between the pre- and post-assessments. However, thirty-nine percent of respondents reported an improved score. Fifty-six percent of respondents reported an improved level of mental health between the pre- and post-assessments. Half (50%) of *PC* respondents reported that their overall health improved over time.

See Figure 20.

Figure 21. Number of Days that Physical or Mental Health Keep Clients from Performing their Usual Activities

Thirty-six percent of respondents decreased the number of days that physical and/or mental health kept them from performing their usual activities. The majority (45%) of respondents reported the same level of activity from pre- to post-assessment. Nineteen percent of respondents reported their usual activities were disrupted for more days.

See Figure 21.

Focus Group and Key Informant Interview Responses

ACBH conducted three focus groups and one key informant interview with UELP program participants. The focus groups/interview were conducted to get a deeper look into the client perspective as well as a better understanding of service provision, the benefits of that service, and the achievement of UELP outcomes. Each of the sessions included cultural populations that were new to UELP and had not been previously represented in any UELP evaluation activity. Participants were asked questions about:

- What brought them in for service;
- How they found out about the services/program;
- What they liked about the program;
- Whether they would recommend the program;
- Whether they are comfortable with certain people knowing that they participate in these mental health services;
- Their favorite memory in the program; and
- What their life be like without the program.

See Appendix 2 for a listing of all focus group questions.

Focus Groups

Each of the focus groups were conducted in June 2019. The following focus groups contained a majority of participants receiving *Prevention* services.

- **Filipino Advocates for Justice (FAJ)**
  - o Nine female and one male in total
    - ▪ Five females in their 40s to 70s; one male and one female in their early 20s; and two females in their teens
  - o Tagalog translator/interpreter was used during the session

- **Korean Community Center of the East Bay (KCCEB)**
  - o Six female and one male in their late 60s to early 80s
  - o Korean translator/interpreter was used during the session

- **Partnerships for Trauma Recovery (PTR)**
  - o Four females in their 20s to late 50s and one male in his 30s
  - o Tigrinya and French translators/interpreters were used during the session

Key Informant Interview

One UELP program participated in a key informant interview. The interview was conducted specifically for a client receiving *PC* services. This approach was used due to perceived mental health stigma in the community. Clients participating in these more intensive services are usually less likely to agree to discuss such personal information within a focus group that might include members from their own neighborhood or community. The key informant interview was conducted in June 2019. The following program participated in the key informant interview.

- **Partnerships for Trauma Recovery (PTR)**
  - Male in his 40s
  - Amharic/English-speaker

Interpreters were present for all three focus groups. They used two different methods of interpretation during the sessions: <u>Consecutive</u> Interpretation and <u>Whisper</u> Interpretation.[2] Consecutive interpretation is when translators pause at the end of each thought and deliver what was said. Whisper interpretation is when the interpreter speaks in a low voice and translates simultaneously as the person speaks. Each of the focus groups and interviews were recorded using notes as well as an audio device to ensure a record of exact (translated into English) quotes. Transcriptions were created from the English translations on the audiotapes. Content analysis was used to analyze the data and group them into themes.

Some of the themes in this section contain direct *Quotes* from focus group/interview participants themselves, indirect quotes translated by the interpreters labeled as *Example*, paraphrasing what one or multiple participants said.

Findings

The following section highlights the themes resulting from the focus groups and key informant interview. Each of the themes are organized under the seven UELP outcomes and the remaining challenges listed at the end of the section. Each theme is bold and bulleted with an explanation to follow.

Note: The following summary is written in third person pronouns as a way to further protect clients' anonymity.

●Forming and Strengthening Identity

- **Empowered**

Many participants reported feeling empowered and more confident since receiving services. One respondent reported that because of their participation in FAJ, their eyes had been opened and they have found a purpose and a pathway in life. Their new awareness has also strengthened and improved interactions with their family. Other respondents reported that the services they have received in their respective programs had given them the strength, motivation, and courage to address their challenges. This is consistent with data reported in the client satisfaction surveys, where respondents reported being better able to deal with people and situations that used to be a problem for them.

Quote: "…they gave me the taste of life back."

Quote: "Lost, no way out. This organization gave me strength and hope."

Quote: "They gave me the strength to go on, and I am very grateful."

●Changing Individual Knowledge and Perception of Mental Health Services

- **Stigma**

During each of the sessions, participants were asked how comfortable they are with discussing the UELP services they receive with friends, family members, or members of their community. The majority of them reported that they were very comfortable sharing their experiences with others, especially with the hope that it may help the person with whom they

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[2] *Definition of Translation Services http://www.languagescientific.com/6-major-types-of-interpreting/*

are sharing. They explained that other people are also in need of these types of services, and it becomes important to share with them just how their life can benefit from participating. Having these discussions more frequently and openly is working towards normalizing mental health and reducing the stigma associated with it. One respondent from PTR reported that while they do not share their personal situation with others, they are comfortable enough to direct them to the program and support them through their own experiences, especially if they see that person is really in need of help. Another participant from FAJ reported that they were not as comfortable sharing with others outside of their program when they first started receiving services but became more and more comfortable over time. They discussed a situation in which they saw a friend struggling and recommended that they come to the program to help become a "better version of themselves."

Quote: "Very comfortable, we just share our experiences and what we learn. It's almost joyful to share; there's nothing to hide."

Quote: "If I meet a friend who's having challenges in their life, I can share comfortably, this is where I go to seek help and support. It is very important to me."

Quote: "I don't run into a lot of people, but when I do, I want to make sure I can be honest, so I can really explain and share my experiences related to this program, so I can motivate them to come and check it out."

⬤ Building Community and Its Wellness

      o **Establishing Relationships**

Establishing relationships is one of the largest themes to come out of the focus groups/interview. The majority of respondents referred to their specific UELP program as a family. Arriving in the United States and not having any family or system of support in the area, clients risk becoming isolated. Research has shown that social isolation can worsen the symptoms of mental health and may lead to severe mental health disorders. UELP programs provide an instant community for clients, especially for ones that do not have family or a support system here in America, which is the case for most respondents. However, through their UELP program participation, they have built friendships and a community, which in turn can be used to combat isolation. One participant from PTR talked about how coming to the program was a great experience because it allowed them to meet people from various cultures and backgrounds. They also reported having built more relationships and friendships with people since they began in the program.

Quote: "I like how this organization treats us like we're a family."

Quote: "When we come together, we create bonds and friendships."

Quote: "Coming here brings me joy…we come here and forget about our stress."

Quote: "For myself, PTR is my family, and I feel very comfortable to come here."

⬤ Connecting Individual and Family with their Culture

      o **Connection to Culture**

UELP programs provide clients with opportunities to connect with their culture. One way is by sharing information about cultural activities happening in the community. Nearly all respondents from FAJ and many respondents from PTR reported an increase in participating in cultural celebrations and traditions since they started their UELP program.

When participants were asked what has been most helpful to them in their programs, one respondent from FAJ reported that exploring the Filipino American heritage has been the most helpful. Hearing different narratives from Filipinos from different places (such as other parts of the US) was a beneficial experience for them. Another respondent from PTR reported that their program also provides opportunities to learn about different countries and cultural experiences from other participants in their groups.

Quote: *"It's amazing; they know my background. I didn't feel like I need to explain everything; they know everything. They're aware of Sudanese holiday; they'll say happy this or happy that."*

🟠 Improving Access to Services and Resources

o **Connection to Resources**

It can be quite challenging moving to the United States from a different country and trying to gain access to much-needed services or resources. Each UELP program provides assistance for their clients to gain access to an array of different resources and services they need (e.g., legal, political/voting elections, housing, and employment). Respondents from KCCEB reported that whenever they have questions regarding voting in elections, they come to their program for help. A few respondents from PTR reported that without their program, they would not be employed. Others said they would not have a place to live. Several participants from FAJ reported that through their program, they got connected to legal resources that aided them in receiving employment rights for caregivers. Members from KCCEB reported receiving assistance with Medi-Cal applications and acquiring senior housing. These examples are consistent with the data found in the open-ended responses to the client satisfaction survey.

Quote: *"They were genuinely helpful; they really wanted to help and made me welcome. As an immigrant, I don't have anybody, so information is key here. So they provide you with information on where to get medication, and housing, who to contact if you face problems. And help with the depression I get constantly. Been coming for the last two years."*

Quote: *"I would still be in the dark, not knowing our rights."*

🟤 Transforming Mental Health Services

o **Relationship with Service Provider**

Relationship with the service provider was another important theme to come out of the focus groups/interview. Every respondent spoke well about the staff from whom they are receiving services. Respondents reported strong relationships with staff and knowing that at any time they are in need, there is someone available for them to speak to whom they trust. Staff are not just service providers; they are often regarded as family. Several respondents reported that they do not have family in the area, so program staff have become their entire support system, and the program has become their home. A few participants said that this is the only family they have. When participants were asked what makes it easier for them to participate in their program, the first thing nearly everyone mentioned was the staff.

Quote: *"It feels like the family I never had!"*

Example: *This organization is a family for myself here in the United States. It gave me the strength, peace, and happiness to live.*

- o **Safe Space**

UELP agencies provide a welcoming and inviting atmosphere that is safe for clients. This is consistent feedback from respondents over the last few reporting years. Clients are comfortable and willing to share their thoughts and experiences within their UELP programs because it is a safe space. Many respondents reported that "this is the place" where they come and tell their "secrets". A trust has been established between clients and their providers. The fact that clients continue to participate in services and trust their providers enough to refer other family, friends, and community members is another indication of the safe and welcoming culture created by the program. One respondent from PTR reported that they refer friends and family to PTR when they need someone to talk to. They explain to the person that the staff will help and reassure them that they do not need to be afraid, and they do not need to keep how they are feeling inside.

Quote: "It's a home away from home."

Quote: "So many times she dried my tears, she's [re staff] always ready for me. There's a lady who speaks French with me here. They keep the secrets here. I feel very comfortable confiding in her."

Example: When they came here, they was so suspicious of everything, couldn't trust anyone. Questioned why they were helping them, but staff at PTR were so patient, they go with you step by step to build trust.

- o **Tools**

Several respondents from both PTR and FAJ reported that their fondest or most enjoyable memory from the program was when they were learning stress management exercises. Many of them reported using those techniques regularly. One respondent mentioned that they really appreciated the tools because they can use those techniques when away from the program, and that is how they destress while at home. They also reported learning other tools such as reading exercises, breathing exercises, and body movement.

Example: Staff a few years back were teaching them skills and what to do regarding mental health. That was very informative and a very enjoyable experience. It still stays in the back of their mind.

- o **Linguistic and Cultural Competency**

Limited English proficiency (LEP) can often be a barrier for people when trying to gain access to the services they need. UELP services are offered to clients in their own language and by people who understand their cultural background. There is a sense of comfort and ease experienced by program participants, knowing that they can communicate some of their most vulnerable feelings with someone who "gets it." They do not have to "over-explain" about what it is like where they come from or why they behave a certain way culturally since the staff already know.

Another sentiment echoed across all of the focus groups/interview is that it is a relief to have staff that speak their language, especially when explaining problems. Sometimes using an interpreter is a challenge because some words or concepts do not translate to English. Sometimes interpreters cannot express the person's feelings accurately. Some things that are difficult to describe in English are much easier to express in their home language.

Quote: "It's a great relief because I can explain my problems. [Staff name] is like a second mother for me. I can tell her everything from my heart."

Quote: "When I came here, I didn't speak English. Having someone that speaks my language helped me to open up all of my problems and my worries. It really helped me."

Quote: "Having someone share the same ethnicity and heritage that is serving you, that is representing you is empowering. They have a sense of what it's like to be in your shoes. It's imperative!

Quote: "So happy, very happy. My heart was so clogged, but then talking to someone who really understands our culture, really just opens up everything."

- o **Quality of Life**

Everyone from the focus groups and key informant interview reported improved quality of life since participating in their programs. Many respondents had a difficult time assessing how their life would have been different without these services because it has made such an improvement in their lives; it would be scary to imagine life without them. Some respondents indicated that even though they may currently be struggling with something, their overall quality of life is much better.

Quote: "I don't really want to think about that because I wasn't in a very good condition. So, I don't know where I would be. Maybe I would still be in the same situation or worse. I'm grateful that I met [staff from Highland] and that he directed me to this place."

Quote: "God bless this organization; it has changed my life completely. Before I came to this organization, I didn't want to live; I didn't have any joy in life. And thanks to this organization, I'm a different person."

Quote: [Prior to PTR] "I didn't want to live, I would've lost my head, my mental health.

Quote: "I can sleep much better. I can eat, I have an appetite."

Increasing Workforce and Leadership Development

- o **Community Leadership**

Community Leadership is a new theme emerging from the client focus groups/interview this fiscal year. The data shows that UELP programs create opportunities for clients to become leaders in their communities. A respondent from KCCEB discussed how they became a volunteer just after participating in their program. From UELP, they discovered the hunger and drive to serve their Korean Community. Another respondent reported that many members from their community are unable to attend meetings due to work or physical disabilities, etc. They take it upon themselves to gather information and take back what they have learned in order to share with the community members unable to attend. Respondents from FAJ reported that through their programs, they have also engaged in community leadership activities. One respondent reported organizing student-led protests against gun violence. Another respondent reported that through their program participation, they lobbied for caregiver rights, made a speech, and contributed to the law being passed. As a young student, opportunities to make a change are limited, so this experience gave them that opportunity and has made them want to invest more of their time in BYG (youth program).

Quote: "Wanted to be healed by other community members. My new motivation, I'm encouraged to help this community to be better by sharing what I know and what I've learned. My depression is getting better and feeling healed emotionally and mentally. Now inclined to be a participant in any program they provide. Truly, genuinely grateful for the services."

Remaining Challenges

o **Outreach**

Many respondents from FAJ and PTR suggested that more outreach needs to be conducted in the community. They want to grow a healthier community. It is extremely important that other community members are aware of the services available at their respective programs. There are individuals and families in the community struggling with some of the same issues and could also benefit from UELP participation.

Example: There are people like me out there who did not know this place exists, so I want to create a way to make it more visible so others can be connected to services. They only found this place because someone who knew about it referred them, so more outreach needs to be done so more people can be aware of the services available.

o **Location**

When focus group/interview respondents were asked about any challenges or barriers to service, many of them reported the location of their programs. Some participants live in different cities other than where their program is located. Unfortunately, this can require many hours spent on public transportation or needing to solicit rides from other people if they do not have access to a car. Although this is seen as a challenge, it does not appear to prevent them from participation. Some respondents reported that services are worth any traveling challenges they might incur. One respondent from KCCEB said they were thankful that their trip to the program only took an hour. Other respondents from KCCEB reported traveling several hours on public transportation to make it to their group on Wednesdays.

Quote: "If you saw me two years back, you would see the difference, I've made really good progress, so I saw the benefits. I make sure I make time to come."

Discussion

Consistent with the last four reporting years, findings from both the survey and the focus groups/interview suggest that both *Prevention* and *PC* clients are benefitting from the ethnic-specific and culturally sensitive mental health services provided through UELP. Focus group/interview findings corroborated survey findings regarding program benefits and client needs/challenges. When asked open-ended questions about the benefits of UELP programming, respondents reported themes that align with the seven outcomes assessed through the survey.

The survey and focus groups/interview found that UELP clients benefitted in all seven UELP target outcomes as follows:

Forming and Strengthening Identity

Several participants reported feeling **empowered** and more confident in themselves since receiving services within their UELP programs. Eighty-four percent of *Prevention* and *PC* respondents reported feeling better about themselves. Other respondents reported that the services they have received in their respective programs had given them the strength, motivation, and courage to address life's challenges.

Changing Individual Knowledge and Perception of Mental Health Services

Addressing **stigma** and changing the perception of mental health can be a very challenging task. UELP service providers are constantly trying to change the narrative around mental health challenges by providing education in hopes of reducing the misconceptions associated with it. Eighty-eight percent of *Prevention* respondents and ninety-one percent of *PC* respondents reported having a stronger belief that most people with mental health experiences can grow, change, and recover. During the focus groups/interview, the majority of respondents reported that they were very comfortable sharing their program experiences with others, especially with the hope that it may help that person with whom they are sharing. They explained that instead of keeping it a secret, it was important to share their experiences with others so they too could benefit from the services. Having these discussions more frequently and openly is working towards normalizing mental health and reducing the **stigma** associated with it.

Building Community and Its Wellness

UELP providers are working towards a healthier community for their clients. Many client participants have come to the United States without any family or support and run the risk of social isolation. Research has shown that social isolation can worsen the symptoms of mental health challenges or illness and often lead to severe mental health disorders. UELP programs provide an instant community for clients. **Establishing relationships** is one of the most prominent themes to come out of the focus groups/interview. Eighty-six percent of *Prevention* respondents and ninety percent of *PC* respondents reported that they have people with whom they can do enjoyable things.

Connecting Individual and Family with Their Culture

UELP programs provide clients with opportunities to connect with their culture. One way is by sharing information about cultural activities happening in the community. Focus group/interview respondents reported that they have increased their participation in **cultural celebrations and traditions** since attending their UELP program. Eighty-three percent of *Prevention* respondents and ninety percent of *PC* respondents reported feeling more connected to their culture and community.

Improving Access to Services and Resources

An important component of UELP programming is connecting clients to services and resources. It can be quite difficult gaining access to services for persons new to the United States or having Limited English proficiency (LEP). During the focus groups/interview, respondents reported several examples in which their program has connected them to **resources**. Eighty percent of *Prevention* respondents and eighty-one percent of *PC* respondents reported becoming more effective in getting the resources that they need or their family needs. When respondents were asked what would be different had they not found UELP, the majority said they would have been unable to access knowledge, information, and resources.

Transforming Mental Health Services

UELP programs are transforming the way mental health services are delivered in Alameda County. When respondents were asked what makes it easier for them to participate in their program, the first thing nearly everyone mentioned was the staff. Respondents reported strong **relationships with service providers** and often referred to staff as family. For many respondents, they don't have any family locally, and their UELP providers have become that for them. A few participants said that this is the only family they have. Ninety-three percent of *Prevention* respondents and ninety-seven percent of *PC* respondents reported that program staff treated them with dignity and respect.

Consistent feedback over the last four years of reporting is that UELP programs provide a welcoming and **safe space** for their clients. Many respondents reported, "this is the place" where they come and tell their "secrets." Additionally, several respondents reported that they still regularly use **tools** gained while attending the UELPs.

Limited English proficiency (LEP) can be a significant barrier for people trying to access services. UELP services are offered to clients in their own language and by people who understand their cultural background. UELP programs demonstrating **linguistic and culturally competency** provide relief and comfort for clients, especially when explaining problems. Interpreters are useful, but sometimes they do not accurately express what the client is trying to convey. Eighty-eight percent of *Prevention* respondents and ninety-three percent of *PC* respondents also said that staff were sensitive to their cultural background.

Everyone from the focus groups and key informant interview reported improved **quality of life** since participating in their programs.

Increase Workforce and Leadership Development

This is still a new area of exploration for the UELP evaluation**. Community Leadership** is a new theme emerging from the client focus groups/interview this fiscal year. The data has demonstrated that UELP programs are creating opportunities for their clients to become leaders in their communities. Several respondents reported examples of how they have taken on leadership roles in their communities.

Remaining Challenges

Focus group/interview respondents suggested the need for more community **outreach.** Other people in their communities are struggling with similar challenges and need to be aware of the UELP services and its benefits.

During the focus group/interview, respondents also reported program **location** as a challenge or barrier to service. Some participants live in different cities than where their program is located, which can be extremely challenging if one does not

have access to a car. However, it is important to note that over eighty percent of survey respondents reported that services were available at locations that were good for them.

Alameda County is still in a housing crisis. Housing continues to be a large barrier for UELP program participants.

Additional Findings

UELP providers administer services to several unique and distinct populations in Alameda County. After reviewing four years of data, it is still evident that the UELP programming is the optimal design for improving the health and wellness of these often marginalized populations, by meeting their cultural, language, mental and emotional needs. UELP is continuing to transform the way mental health services are provided to underserved and unserved populations in Alameda County.

After assessing all of the data for fiscal year 18/19, it is evident that UELP clients are benefiting from program services. Respondents reported improved quality of life because of their programs. The data has shown improvements in the areas of mental health, emotional health, stress, and family; although respondents still report a need for continued support.

This is the second year that evaluation has assessed *PC* respondents over time using panel analysis. *PC* clients are a subset of participants that are at higher risk and already showing signs of having a mental illness. The data demonstrates that *PC* respondents are benefitting from more intensive services from their UELP providers. The majority (80%) of respondents decreased their level of crisis from the pre- to post-assessment period. Half (50%) of *PC* respondents reported that their overall health improved over time as well. Very few respondents reported a worse score. Data from the cohort analysis (Appendix 1) shows that clients are still reporting higher numbers of crises and poor health. This is a retrogression from the numbers reported last fiscal year. More research is still required to properly address these challenges.

Methodological Limitations

Although this round of data shows many positive results, it is important to note the following limitations of surveys and focus group:

1. The number of respondents for this survey is lower than last year's survey. Additionally, since the number of respondents (n=251) is just a small sample (a little less than one-third) of the total number of clients that are served by the UELP programs, it may not be representative of the entire population served. The small sample size limits our ability to determine whether differences between different ethnic or language groups are statistically significant.

2. The sample size (n=43) for the community health assessment (pre/post) is too small to test for statistical significance.

3. Only nine of the thirteen UELP providers submitted client satisfaction surveys, and four of the thirteen submitted health status assessments for their programs. Therefore, the data in this report may not accurately reflect all of the UELP programs.

4. Considering the community-based survey was conducted at just one point in time, the data only represents a snapshot of clients during the time they took the survey, which limits our ability to assess whether the UELP *Prevention* and *PC* services led to any long-term change in each of the seven outcome areas of connection, identity, knowledge, community, access, transformation, and leadership development. The lack of a comparison group makes it difficult to distinguish the effects of the program from other factors in clients' lives. There is no clear baseline or likely trajectory for clients against which we could measure whether clients are doing better than what would be expected if they were not receiving program services. This fiscal year, the evaluation team will explore potential populations and data sources for developing a comparison group.

5. Clients were asked if they achieved the items on the survey as a result of the services and supports they have received in their UELP programs. It is possible that other factors outside of the UELP programming could have contributed to the positive results discussed in the report. A true experimental research-design would need to be completed in order to determine if the UELP programming is the direct cause of the results.

6. There were a lot of similar or repeat answers in the open-ended section of the survey tool. This might suggest that some respondents completed their surveys in a group setting and may have shared answers. It is possible that some of the answers to the open-ended questions reflected someone else's ideas and not the respondents'.

7. The funder (ACBH) facilitated the focus groups and key informant interview. It is possible that the participant's feelings or opinions about the funder could have influenced how they answered the focus group questions.

8. The data from the community health survey and assessment tool is based on client self-report, and the survey participants reported many positive results. It is important to consider the possibility that survey participants modified

their responses to appear more positive because they knew their answers were being evaluated.[3] This could happen for several reasons, including wanting to please the program, fear of the program going away, feeling embarrassed about negative responses and wanting to save face, etc.

9. Lastly, the qualitative data from the focus group and open-ended survey responses are subject to interpretation by the evaluators. Additionally, the participants may hold views that are different from those who did not attend the focus group.

Next Steps

For future survey rounds, ACBH will continue working with an evaluator to strengthen its evaluation to better capture any changes and the long-term impacts of these PEI programs.

- The next round of focus groups or key informant interviews will include different age groups that have not had a chance to participate. UELP provider staff will participate in another focus group.

- More research is needed to know what success looks like for these programs. Sufficient targets are needed, such as national standards, to compare this data against in order to help measure program effectiveness.

- More training is required for UELP providers and their staff to make sure that the Community Health Assessment (pre/post) form is completed and collected correctly.

- The evaluation is moving towards developing a more age-appropriate survey, targeted specifically for youth ages 5 to 14.

- The UELP Logic Model will be updated.

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[3] *See definition for Hawthorne Effect* *http://methods.sagepub.com/book/key-concepts-in-social-research/n22.xml*

Appendix 1: Community Health Assessment Results (Cohort Analysis)

- N=65 participants completed the Pre-Health Status Assessment

    - Emotional support, stress, and mental health were the three highest needs that brought clients in for services.

    - The majority (98%) of respondents reported that they were experiencing a crisis at the time of the assessment. Domestic challenges appear to be the top reasons for many of those reported crises.

    - At least three-quarters of respondents were not doing well physically or mentally in the past 30 days from when they took the assessment.

    - Overall health was rated "not good" by 82% of respondents.

    - Health problems disrupted a little more than half (59%) of clients from participating in their usual activities for multiple days (three to six or more days).

- N=45 participants completed the Post-Health Status Assessment

    - The majority (91%) of respondents reported that they were experiencing a crisis at the time of the assessment. Anxiety seemed to be one of the top reasons for those reported crises.

    - At least two-thirds of respondents were not doing well physically or mentally in the past 30 days from when they took the assessment. This is a slight improvement compared to the pre-assessment. More respondents reported higher rates of feeling physically "not good" rather than mentally "not good" when compared to the pre-assessment.

    - Overall health was rated "good" by 38% of respondents.

    - About the same percentage of clients in the post-assessment (79%) had a health problem disrupting their days as did in the pre-assessment (81%). However, in the post-assessment, their usual activities were disrupted for fewer days (zero to two days).

These questions have been adopted from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance Survey (BRFSS).[4] The data shows a slight decline in positive metrics from the pre- to post-assessment as compared to last year's report. However, when combining the data from the satisfaction form with this health status assessment, it is consistent with the data collected over the past four years. Clients are improving and getting better. Although there is an improvement from the pre to the post health assessment, a large number of survey respondents are still reporting poor health. More data needs to be collected in this area.

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[4] *More information on these questions, please go to http://www.cdc.gov/nccdphp/brfss/.*

Pre-Assessment Results (n=65)

Agencies:

- CHAA 32%
- Afghan Coalition 28%
- Portia Bell Hume Center 28%
- La Clinica de La Raza 12%

Top Needs Brought Clients in for Services:

- Emotional Support 68%
- Stress 66%
- Mental Health 54%

Number of Clients Experiencing a Crisis

Almost **All** Clients were Experiencing a Crisis (n=64)
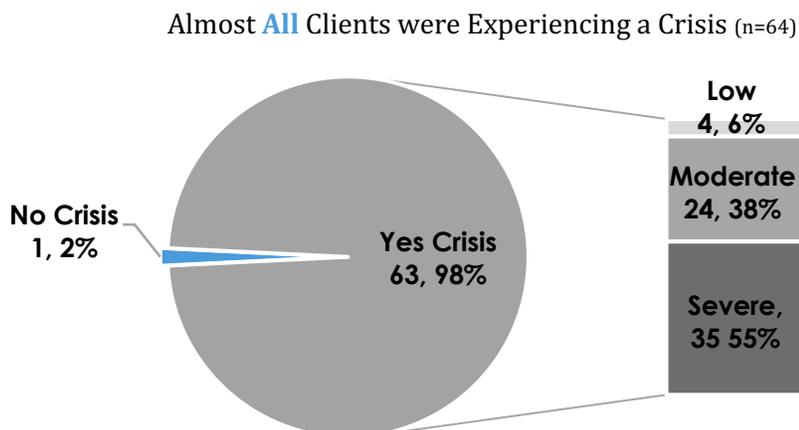
Top Reasons for the Crisis

- Spouse/Partner 25%
  - Example: "DV, need urgent shelter, food, and legal support."
- Family 23%
  - "Example: Family separation, legal support."
- Stress 23%
  - Example: "Sometimes I just get angry and sad without any specific reason. Sometimes I even get panic attacks. I don't know why I'm stressed, but I just am."
- Sad/Depressed 18%
  - Example: "I am disappointed and sad, and it has been more than 4 months I'm in bed."

Health Surveillance

The following questions asked respondents, *how are you feeling today, in the past 30 days and overall?* The responses were offered on a four-point scale ranging from poor to excellent.
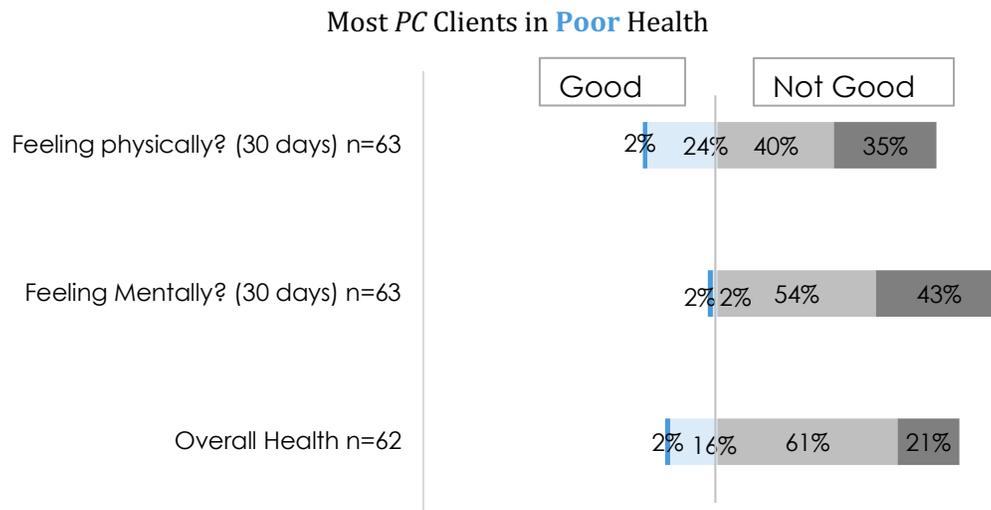
Most *PC* Clients in **Poor** Health

	Good	Not Good
Feeling physically? (30 days) n=63	2% 24%	40% 35%
Feeling Mentally? (30 days) n=63	2% 2%	54% 43%
Overall Health n=62	2% 16%	61% 21%

The following set of questions asked respondents, *how many days during the past 30 days has your health been poor and how many days did your health keep you from doing your usual activities such as self-care, work or recreation?* The responses offered ranged from six or more days to zero days.

### Health Problems Disrupted **Multiple** Days

	0 Days	1-2 Days	3-5 Days	6+ Days
Prevents Usual Activities (n=64)	19%	22%	38%	22%

■ 0 Days ■ 1-2 Days ■ 3-5 Days ■ 6+ Days
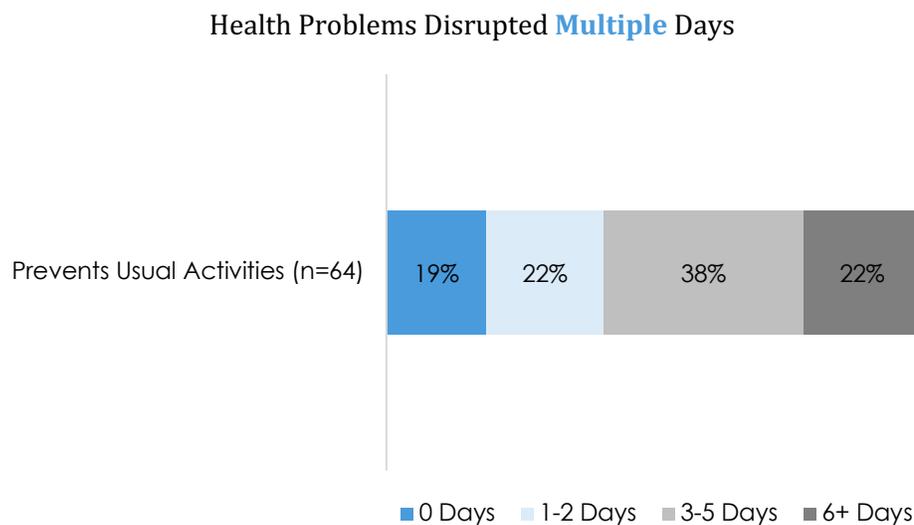
Post-Assessment Results (n= 45)

Agencies

- CHAA 42%
- Afghan Coalition 26%
- La Clinica de La Raza 19%
- Portia Bell Hume Center 14%

Number of Clients Experiencing a Crisis

**Majority of Clients are Still Experiencing a Crisis** (n=44)
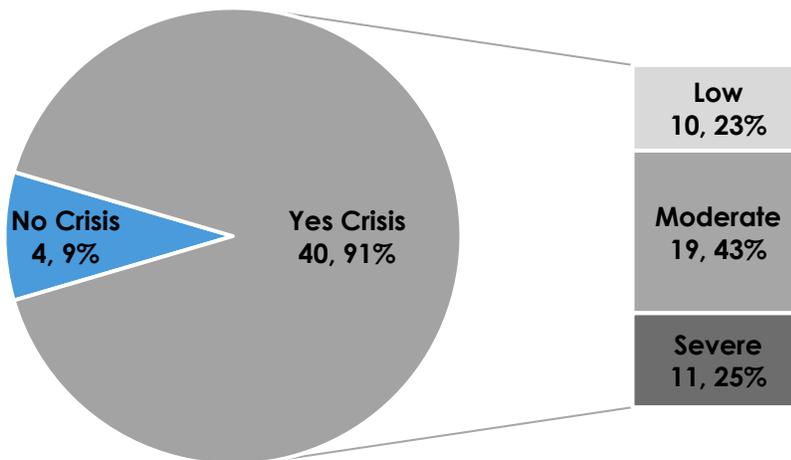
Top Reasons for the Crisis

- Anxious/Worried/Fearful 22%
    - Example: "Find a place to live, worried for children."
- Health 17%
    - Example: "Due to operation and knee operation, I don't enjoy my life so far."
- Positive 30%
    - Example: "Thank you for your help with this severe crisis, I'm feeling better."

Health Surveillance

The following questions asked respondents, *how are you feeling today, in the past 30 days and overall?* The responses were submitted on a four-point scale ranging from poor to excellent.
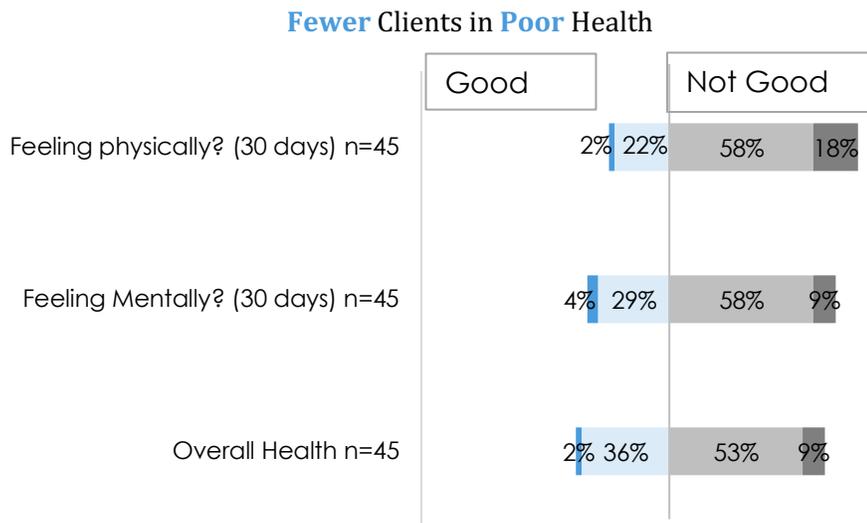
Fewer Clients in Poor Health

	Good		Not Good	
Feeling physically? (30 days) n=45	2%	22%	58%	18%
Feeling Mentally? (30 days) n=45	4%	29%	58%	9%
Overall Health n=45	2%	36%	53%	9%

The following set of questions asked respondents, *how many days during the past 30 days has your health been poor and how many days did your health keep you from doing your usual activities such as self-care, work or recreation?* The responses submitted ranged from six or more days to zero days.

Health Problems Disrupted Fewer Days

Prevents Usual Activities (n=43)	26%	35%	30%	14%

■ 0 Days ■ 1-2 Days ■ 3-5 Days ■ 6+ Days
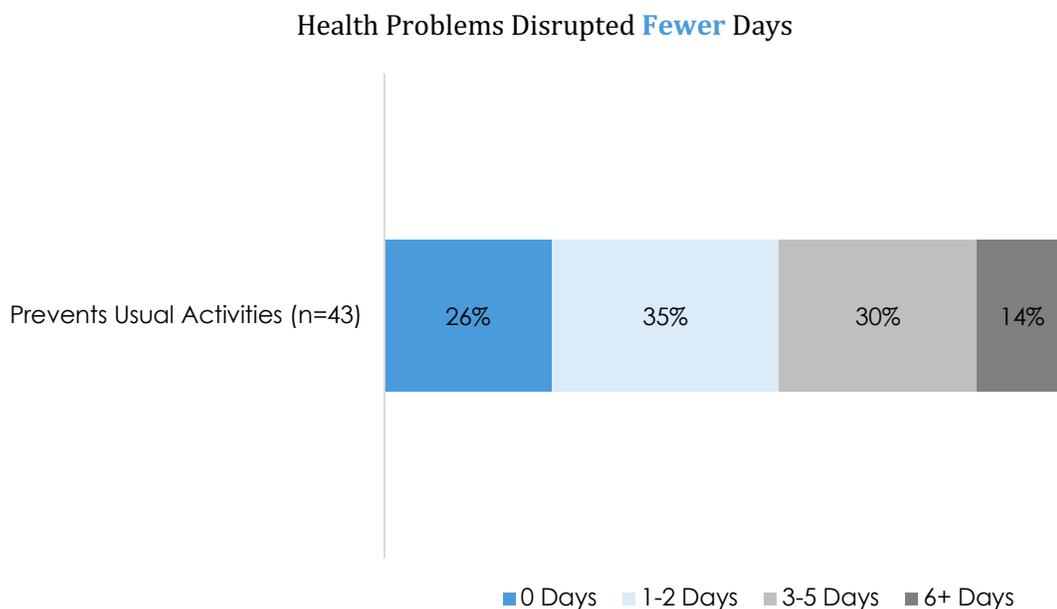
Appendix 2. Description of Survey Respondents

Note: This section only includes the number and percent of clients that took the survey.

Table 1.

Agency	Number (n=251)	Percent
Afghan Coalition	58	23%
Portia Bell Hume Center	19	8%
Asian Health Services (Specialty MHS)	37	15%
Community Health for Asian Americans	50	20%
Center for Refugees and Immigrants	48	19%
La Clinica de La Raza/La Familia	18	7%
Partnerships for Trauma Recovery (PTR)	5	2%
Filipino Advocates for Justice (FAJ)	10	4%
Korean Community Center of the East Bay (KCCEB)	6	2%

Nine out of the thirteen UELP providers were represented in the client satisfaction surveys. The majority (23%) of surveys were completed by Afghan Coalition, followed by Community Health for Asian Americans (20%).

See Table 1.

Table 2.

Types of Service	Number (n=134)	Percent
Prevention	102	76%
Preventative Counseling	32	24%

The majority (76%) of survey respondents receive *Prevention* services. Less than a quarter (24%) of respondents receive *PC* services, which are higher intensity than *Prevention* services.

See Table 2.

Table 3.

Length of Service	Number (n=123)	Percent
0-3 months	37	30%
4-6 months	16	13%
7-11 months	9	7%
1-3 years	43	35%
4-6 years	7	6%
7-14 years	10	8%
15-19 years	1	1%

A little more than one-quarter (30%) of the survey respondents have been receiving services for up to three months. The majority of respondents (35%) reported receiving services anywhere from one to three years.

See Table 3.

Demographics

Table 4.

Gender	Number (n=236)	Percent
Male	53	21%
Female	183	71%

Almost three-quarters (71%) of survey respondents were Female. This is consistent with the data from the last four reporting years. Twenty-one percent (n=53) of respondents were male.

See Table 4.

Table 5.

Age	Number (n=220)	Percent
5-14	3	1%
15-24	30	14%
25-34	15	7%
35-44	27	12%
45-54	40	18%
55-64	57	26%
65-74	44	20%
75-84	4	2%

Sixty-three percent of respondents were 25-64 years old. Fourteen percent of respondents were transition-age youth (TAY), 15-24 years old. Twenty-two percent of respondents were older adults, over 65 years old, and only one percent of respondents were children aged 5-14 years old.

See Table 5.

Table 6.

Race/Ethnicity	Number (n=237)	Percent
Asian/Pacific Islander	145	61%
Middle Eastern	50	21%
Latino/Hispanic	21	9%
Asian Indian	10	4%
African	9	4%
Multi-Race	1	0%
Other	1	0%

The majority (61%) of survey respondents were Asian/Pacific Islander. This is consistent with the data seen in previous years. The next highest ethnic groups were Middle Eastern (21%) and Latino/Hispanic (9%).

See Table 6.

Table 7.

City of Residence	Number (n=237)	Percent
Alameda	17	7%
Albany	1	0%
Castro Valley	2	1%
Dublin	4	2%
Fremont	56	24%
Hayward	11	5%
Livermore	1	0%
Newark	12	5%
Oakland	97	41%
San Leandro	2	1%
San Lorenzo	1	0%
Union City	18	8%
Other/Out of County	15	6%

Most of the survey respondents (41%) reported living in Oakland. This is consistent with previous years. The next highest city of residence is Fremont, fifty-six respondents (24%) reported living there. The respondents that reported living out of the county (6%) were mostly from Contra Costa County (Richmond, Pittsburg, El Cerrito, and Concord), followed by San Francisco, Marin, and Santa Clara County.

See Table 7.

Appendix 3. Focus Group Questions

Opening Questions
1. How long have you been receiving services at [insert program]?
2. How did you find out about the services here?

General Feelings about [insert program]
3. What do you enjoy about coming to the program?

Issues and connections prior to [insert program]
4. When feeling stressed or going through life changes here in the U.S., what do you do? What kind of services were you connected to before the program? How was that experience? *(Prompt: any challenges or barriers)*
5. What brought you into [insert program] for services? *(Probe: what were you struggling with before the program?)* [KEY INFORMANT INTERVIEW ONLY]

Participation
6. What makes it easier for you to participate in [insert program]? *(Prompt: things like location, transportation, hours, friends with other participants in the program)*
7. What makes it harder?
8. Suppose that you were in charge and could make one change that would make the program better. What would you do?
9. How comfortable or uncomfortable are you when talking about these services? *(Prompt: to friends/family, to members of your community?) (Probe: That you use these services, talking about/sharing the tools or what you've learned? Has that changed from when you first entered the program, How?)*
10. If you were to describe the services you receive here to a friend, what would you say? How would you describe these services to someone in your community?
11. Think back over all the time that you've participated in this program, and tell us your fondest memory. (The most enjoyable memory.)
12. Since your involvement in this program, would you say that you've participated in cultural practices, community celebrations and traditions; more, fewer or the same amount as you did before you started this program? *(Probe: Is that inside the program? Outside the program?)*

Benefits of the program
13. How useful has the program been to you so far? How has your life improved as a result of the program? *(Prompt: more empowered, improved self-esteem)*
14. What is most helpful to you in this program?
15. Tell me what it is like to receive services from someone that understands your cultural background. What is it like to receive services from someone that speaks your language?
16. What would have been different if you hadn't found this program or these services?

Like to see/recommendations
17. What resources would you like to see more of?

Other comments or observations
18. Do you have any other comments or observations?

Appendix 4. Survey Tools

UELP Community Health Status Assessment   PRE

Date: Month ▢▢ Day ▢▢ Year ▢▢▢▢

Agency/Program: _____

1. Which of the following needs brought you in for services? (Check all that apply)

☐ Housing
☐ Healthcare
☐ Employment
☐ Food
☐ Family

☐ Substance Abuse
☐ Adult Education (formal education)
☐ Children's Education
☐ Mental Health
☐ Emotional Support

☐ Legal (includes: victims of crime, domestic violence evaluation, probation)
☐ Stress

☐ Other:_____

2. Are you currently experiencing a crisis? (Example feelings/behaviors associated with a crisis: can't focus, frustrated, feeling isolated, angry, lost, constant crying, feeling paralyzed, urge to use drugs/alcohol etc.)

Please circle the number the best reflects your current situation.

0   1   2   3   4   5   6   7   8   9   10

No Crisis   Moderate Crisis   Severe Crisis

If yes, please explain:

[   ]

3. How have you been feeling *physically* in the **past 30 days**?

O Excellent   O Very Good   O Fair   O Not Good

4. How have you been feeling *mentally* in the **past 30 days**?

O Excellent   O Very Good   O Fair   O Not Good

5. How would you rate your **overall health**?

O Excellent   O Very Good   O Fair   O Not Good

6. During the **past 30 days**, for about how many days did physical or mental health problems keep you from doing your **usual activities**, such as self-care, work, or recreation?

☐ 0   ☐ 1-2   ☐ 3-5   ☐ 6+

******For Staff Use ******

Client Name or ID: _____   Staff Name or ID: _____

UELP Community Health Status Assessment POST

Agency/Program: _____

Date:

Month	Day	Year
☐ ☐	☐ ☐	☐ ☐ ☐ ☐

1. Are you currently experiencing a crisis? (Example feelings/behaviors associated with a crisis: can't focus, frustrated, feeling isolated, angry, lost, constant crying, feeling paralyzed, urge to use drugs/alcohol etc.)

Please circle the number the best reflects your current situation.

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

No Crisis   Moderate Crisis   Severe Crisis

If yes, please explain:

+--+
| |
| |
| |
| |
+--+

2. How have you been feeling *physically* in the **past 30 days**?

O Excellent   O Very Good   O Fair   O Not Good

3. How have you been feeling *mentally* in the **past 30 days**?

O Excellent   O Very Good   O Fair   O Not Good

4. How would you rate your **overall health**?

O Excellent   O Very Good   O Fair   O Not Good

5. During the **past 30 days**, for about how many days did physical or mental health problems keep you from doing your **usual activities**, such as self-care, work, or recreation?

☐ 0   ☐ 1-2   ☐ 3-5   ☐ 6+

******For Staff Use ******

Client Name or ID: _____   Staff Name or ID: _____

Alameda County Prevention and Early Intervention Community

Agency/Program: _____

Date:

Month	Day	Year
☐☐	☐☐	☐☐☐☐

Please check which service the participant is receiving: Prevention Service ☐   Preventative Counseling Service ☐

How long (in months) has participant received services? _____

Please help us improve our services and activities by telling us how you feel about the following statements. Read each statement carefully and then check the box that best represents how you feel about the statement. Mark only one response per question.

Client Satisfaction

AS A RESULT OF THE SERVICES AND SUPPORTS I'VE RECEIVED IN THIS PROGRAM…	Strongly Disagree 👎	Disagree	Neutral	Agree	Strongly Agree 👍	N/A
1. I know there are people who will listen and support me when I need to talk to someone	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	NA ☐
2. I feel more connected to my culture and community	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	NA ☐
3. I have people with whom I can do enjoyable things	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	NA ☐
4. I feel better about myself	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	NA ☐
5. I can better deal with people and situations that used to be a problem for me	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	NA ☐
6. I have become more effective in getting the resources I or my family need	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	NA ☐
7. I deal more effectively with daily problems	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	NA ☐
8. When I have a crisis, I am better able to deal with it	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	NA ☐
9. I better understand that lacking basic needs such as adequate money, food or housing, etc. can impact my overall health	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	NA ☐
10. I better understand that stress, worries, and level of happiness can impact my mental health or emotional health	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	NA ☐
11. I have a stronger belief that most people with mental health experiences can grow, change and recover	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	NA ☐
12. I better understand that talking to people can improve my wellbeing.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	NA ☐

Please turn over to answer a few more questions ➡

13. Which of the following areas of your life have improved as a direct result of your participation in these services? (Check all that apply)

- ☐ Housing
- ☐ Healthcare
- ☐ Employment
- ☐ Food
- ☐ Family
- ☐ Substance Abuse
- ☐ Other:_____

- ☐ Adult Education (formal education)
- ☐ Children's Education
- ☐ Mental Health
- ☐ Emotional Support

- ☐ Legal (includes: victims of crime, domestic violence evaluation, probation)
- ☐ Stress

HOW MUCH DO YOU AGREE WITH THE FOLLOWING STATEMENTS ABOUT YOUR PROGRAM?	Strongly Disagree 👎	Disagree	Neutral	Agree	Strongly Agree 👍	N/A
1. Services were available at times that were good for me	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	NA ☐
2. Services were available at locations that were good for me	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	NA ☐
3. Staff were sensitive to my cultural background (race, religion, language, etc.)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	NA ☐
4. Staff here treated me with dignity and respect	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	NA ☐
5. Staff helped me obtain the information I needed so that I could take charge of managing my problems	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	NA ☐
6. I would recommend this program to a friend or family member	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	NA ☐

*****Final Thoughts*****

****Staff please complete the below section with clients in English****

Client Info:

RACE/ETHNICITY: _____   AGE: _____

GENDER: _____   CITY WHERE YOU LIVE: _____

1) In thinking about the services and supports you received through this program what has been most beneficial or helpful to you?

_____

2) What needs do you still have that you would like or need help with?

_____

3) What would have been different if you hadn't found this program or these services?

_____

4) Is there anything else you'd like to tell us about?

_____

Thank you for taking the time to answer these questions.

Appendix 5. Logic Model

Outcomes		
Short Term	**Intermediate Term**	**Long Term**
1. Connecting individual and family with their culture. • Supporting and strengthening individual connection to culture. • Improves intergenerational interactions and communication (one-to-one, family relationships). • Reduction of acculturative stressors (access to cultural practices, celebrations, traditions; cultural validation).	**1. Transforming mental health services.** • Use of culturally congruent mental health methods (movement away from one size fit all). • Services offered in convenient and comfortable setting. • Provide multiple access points. • Increase practice of transformative healing.	**1. Moving toward personal well-being and community wellness among served and unserved communities in Alameda County.**
2. Forming and strengthening identity. • Increase sense of well-being (empowered, hopeful, feeling heard/validated). • Empowered and building/strengthening and self-esteem.	**2. Increase workforce and leadership development.**	**2. Transforming Alameda County Systems: mental health, criminal justice, school, healthcare, social welfare, housing.** • Services increase quality of life. • Services inclusive to everyone.
3. Changing individual knowledge and perception of mental health services. • Raising awareness and understanding of mental health services. • Reduce personal stigma of mental health and its services.	**3. Assisting communities to build capacity by supporting current and emerging leaders.**	**3. Increasing mental health workforce diversity with people who possess language capacity and cultural understanding of the underserved and unserved communities.**
4. Building community and its wellness • Reduce individual, family, and community isolation. • Reduce community stigma of mental health and its services. • Cross community relationship building. Increasing sense of safety. **5. Improving access of services and resources.**	**4. Systems changes** • Building capacity • Increasing CBPR support	**4. Reduce cultural stigma surrounding mental health issues.**