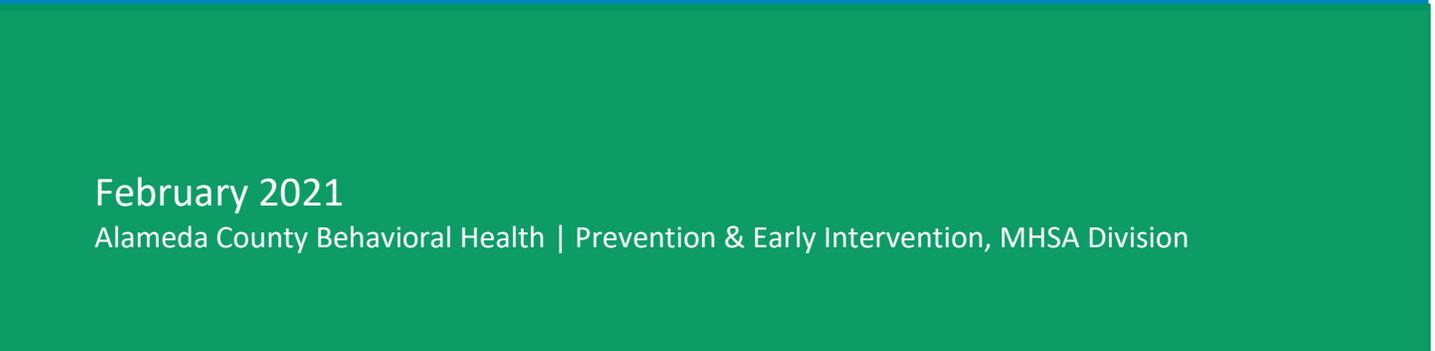


# Alameda County's Unserved/ Underserved Ethnic Language Population

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Prevention and Preventive Counseling Community Survey and  
Focus Group Results  
Fiscal Year 19/20



February 2021

Alameda County Behavioral Health | Prevention & Early Intervention, MHSA Division

# Acknowledgements

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This report was produced in coordination and partnership with Alameda County Behavioral Health and the Unserved/Underserved Ethnic Language Population (UEL) programs.

- Afghan Coalition
- Asian Health Services
- Bay Area Community Health (formerly known as TriCity Health Center)
- Center for Empowering Immigrants and Refugees
- Diversity in Health Training Institute
- Filipino Advocates for Justice
- International Rescue Committee
- Korean Community Center of the East Bay
- La Clínica de La Raza
- Native American Health Center
- Partnerships for Trauma Recovery
- Portia Bell Hume Center
- Richmond Area Multi-Service, Inc.

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This work would not have been possible without the previous work of the previous evaluator, Lauren Pettis, MSW.



MENTAL HEALTH & SUBSTANCE USE SERVICES

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# Executive Summary

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## History

In 2014, Alameda County Behavioral Health (ACBH) worked with seven Unserved/Underserved Ethnic Language Population (UELPP) programs to develop and administer an outcome-based survey. The survey was administered again in 2015. The outcome-based survey was revised in 2016 and separated into two different data tools – the UELPP Community Health Assessment and the UELPP Community Wellness Client Satisfaction Survey. Each of the UELPP providers vetted and implemented the new tools in 2017.

The current UELPP system has now expanded to a total of 13 providers, serving additional ethnic and language groups. This report is about the 2019/2020 administration.

## Evaluation Methods

The health assessment and satisfaction survey were disseminated to the UELPP 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.

All UELPP 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) *Preventive Counseling (PC)* services, designed for clients who are showing early signs and symptoms of a mental health concern. Responses to the client satisfaction survey were analyzed separately for *Prevention* and *PC* services to measure any differences between the two types of services. The health assessment is only given to *PC* clients. The evaluation used mixed methods. To better understand the meaning of survey responses, ACBH also conducted focus groups with the UELPP program participants.

## Key Findings

The client satisfaction survey and focus groups were used to assess the program outcomes. 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.

During Fiscal Year 2019-2020, a total of 386 respondents from 12 of the 13 UELPP programs completed the survey.

### Forming and Strengthening Identity

Participants are more **empowered** and confident in themselves. Eighty-nine percent of *Prevention* and seventy-nine percent of *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. Ninety-four 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. Having these discussions more frequently and openly works towards normalizing mental health and reducing the *stigma* associated with it.

## Building Community and Its Wellness

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

## Connecting Individual and Family with Their Culture

UEL P programs provide clients with opportunities to connect with their culture. Focus group/interview respondents reported that they had increased respondents from participants spoke about *feeling comfortable* at the UEL P programs and that “they want to be there.” Eighty-six percent of *Prevention* respondents and sixty-nine percent of *PC* respondents reported feeling more connected to their culture and community.

## Improving Access to Services and Resources

UEL P 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, housing, and financial services. Eighty-eight percent of *Prevention* respondents and seventy-eight percent of *PC* respondents reported becoming more effective in getting the resources that they or their family need.

## Transforming Mental Health Services

UEL P programs are transforming the way mental health services are delivered in Alameda County. One example is by providing *linguistic and cultural competency*. Ninety-eight percent of *Prevention* respondents and 91% of *PC* respondents said that staff were sensitive to their cultural backgrounds. They also reported strong *relationships with service providers* and often referred to staff as family. Ninety-three percent of *Prevention* respondents and 97% of *PC* respondents reported that program staff treated them with dignity and respect. UEL P programs also provide a welcoming and *safe space* for their clients. This is reflected in the high percentage of *Prevention* (95%) and *PC* (96%) respondents agreeing that they would recommend this program to a friend or family member.

## Transforming Alameda County Systems: Mental Health, Criminal Justice, School, Healthcare, Social Welfare, and Housing

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 UEL P providers. More than half (57%) of *PC* respondents reported fewer crises, this is reflected in the focus groups saying that they might not “be here today” without the UEL P Program.

## Remaining Challenges

Focus group respondents suggested that participation might be more exciting and long-term if there was a *project* to work on. They want to grow a healthier community and a long-term project could help both attract new participants and encourage long-term participation in the program. When asked what they would like to see more of both client satisfaction survey and focus group respondents mentioned that they wanted *financial and housing resources*. Housing continues to be an issue for UEL P program participants and Alameda County residents.

### 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. 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 *Preventive 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 1.6 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 and their *priority populations* include:

- Afghan Coalition – *Afghan*
- Asian Health Services – *Asian (East)*
- Bay Area Community Health (formerly known as TriCity Health Center) – *Asian (East)*
- Center for Empowering Immigrants and Refugees – *Southeast Asian*
- Diversity in Health Training Institute – *Middle Eastern and Arabic*
- Filipino Advocates for Justice – *Filipino*
- International Rescue Committee - *Afghan*
- Korean Community Center of the East Bay – *Asian (East)*
- La Clínica de La Raza
- Native American Health Center – *Native American*
- Partnerships for Trauma Recovery – *African*
- Portia Bell Hume Center – *South Asian*
- Richmond Area Multi-Service, Inc. – *Native Hawaiians and Pacific Islander*

Each UELP program is built on a framework of three core strategies: 1) Outreach & Engagement, 2) Mental Health Consultation, and 3) Early Intervention (also known as preventive counseling) services. These strategies are implemented through a variety of services, including one-on-one outreach; 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 counseling sessions for individuals and families who are experiencing early signs and symptoms of a mental health concern.

In FY 19/20, the data shows that these UELP providers in total produced:

- 7,472 *Prevention* events, which is a 5% decrease from last year;
- 46,538 people were served at these *Prevention* events (duplicated count); and
- 1,092 unique clients were served through *PC* services, which is a 22% increase in the number of clients served in FY 18/19.

## Evaluation Methods

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### 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 reflect the expansion of providers and address the expanding diversity of cultures of UELP program participants.

In FY 19/20, 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 surveys have 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=116) 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 116 health assessments were matched and qualified for panel analysis (comparing pre and post-test results).

The remaining health assessment data included unmatched pre- (n=62) and post-assessments (n=37) 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.

## Community Wellness Client Satisfaction Survey

Clients receiving *PC* or *Prevention* services completed the client satisfaction survey at one point in time during November 1, 2019 to January 31, 2020. Each client must have participated in a minimum of four sessions to be eligible for the survey. A total of 386 respondents from 12 of the 13 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.). Demographic data (age, city of residence, gender, and race/ethnicity) and open-ended questions were also asked. 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 37 respondents (less than 10% of the respondents) did not specify the type of services they receive. The denominator is slightly lower for the survey responses that we analyze separately (*Prevention*, n=257 and *PC*, n=101).

The results below were based on a five-point Likert scale, ranging from strongly-disagree to strongly-agree. The data were reviewed for errors, duplicates, and omissions. The analysis involved case-wise deletion, meaning that any data coded as missing or non-applicable was not included in the individual analysis, which resulted in different denominator sizes. 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. For the open-ended questions, UELP program staff is asked to translate any non-English responses to English prior to submitting the surveys to ACBH.

## Focus Groups

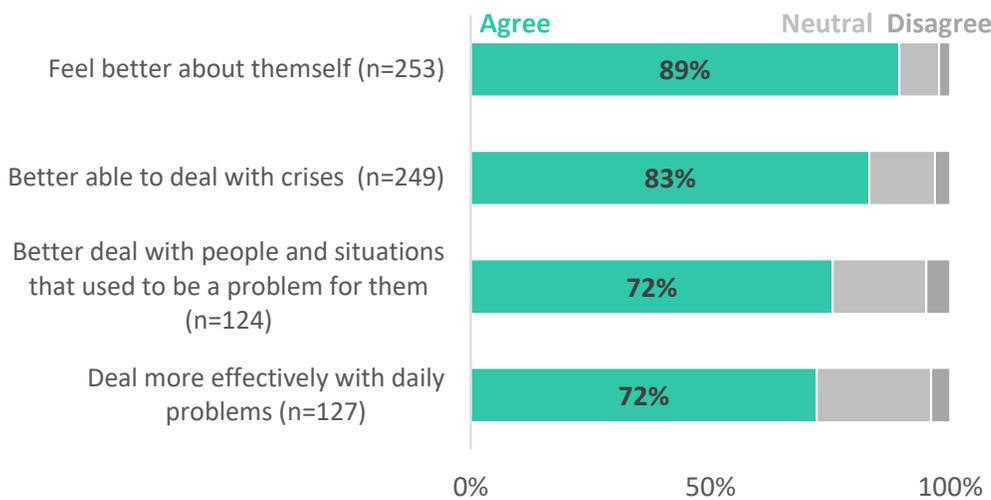
In addition to the survey tools described above, four focus groups were conducted to get a deeper look into the client perspective as well as a better understanding of service provision, the benefits of that service, and program recommendations. The focus groups were conducted during October 2020 due to a delay caused by COVID-19.

In the past, providers were selected for focus groups and ACBH staff conducted the focus group at the program's facility. Due to the impacts of COVID-19 and the transition to online platforms for UELP programs to provide their services ACBH staff chose four groups that had low or no participation in previous focus groups. These groups were Pacific Islanders, Men, Afghans, and Transitional Age Youth (18-25) from eight of the 13 programs. Each group contained a combination of participants receiving *Prevention* and *PC* services. The focus groups were conducted using GoToMeeting or Zoom. They were facilitated by the ACBH Program Specialist of the UELP Programs and the Management Analyst of the MHSA Division. They were transcribed and analyzed using Taguette, a free and open source qualitative research tool. In 2020, a total of 18 clients participated in the focus groups. See Appendix 3 for the focus group guide.

# 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.

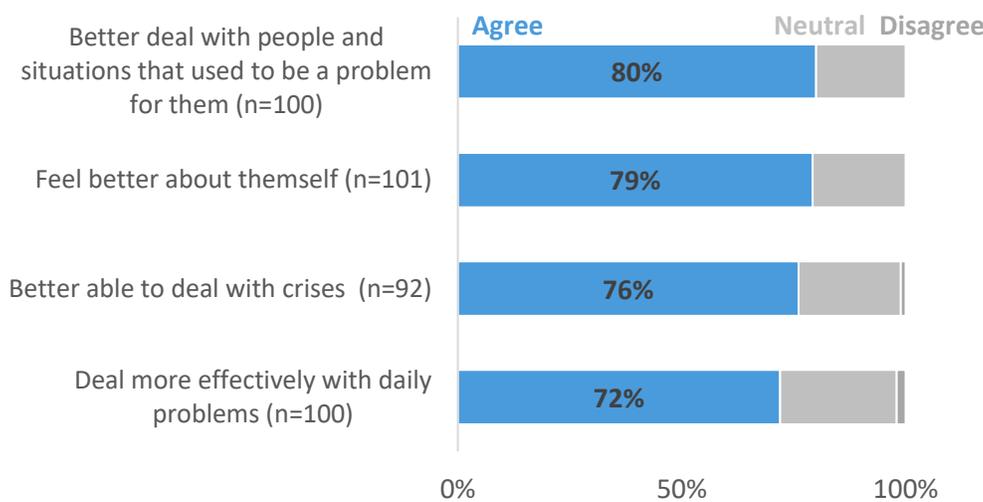
**Figure 1. Prevention Services Enhances Self-Efficacy**



Eight-nine percent of survey respondents receiving *Prevention* services reported that they feel better about themselves. Eighty-three percent of survey respondents receiving *Prevention* services reported that they are better able to deal with crises

See Figure 1.

**Figure 2. Preventive Counseling Enhances Self-Efficacy**



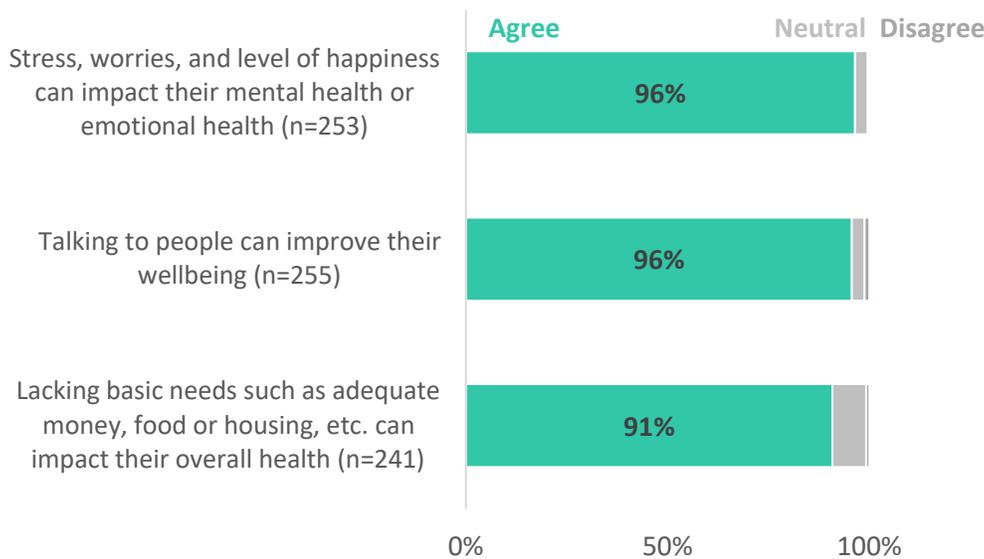
*PC* clients have also gained the skills necessary to better handle different types of challenges, ranging from everyday problems to extreme crises. Eighty percent of *PC* clients reported that they are better able to deal with people and situations that used to be a problem. Seventy-nine percent of *PC* clients reported feeling better about themselves. These all decreased compared to last year's *PC* respondents.

See Figure 2.

## Changing Individual Knowledge and Perception of Mental Health Services

UELPL 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.

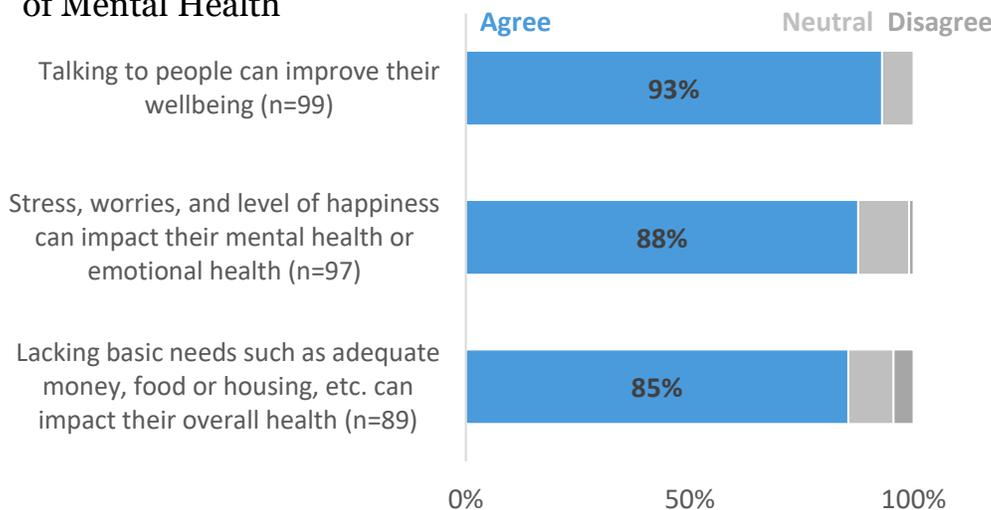
**Figure 3. Prevention Services Improve Understanding of Mental Health**



Ninety-six percent of respondents receiving *Prevention* services reported a better understanding that stress, worries, and level of happiness can impact their mental or emotional health and talking to people can improve their wellbeing. Ninety-one percent of respondents reported having a better understanding that lacking basic needs can impact their overall health. All of these are increased over last year's *Prevention* respondents.

See Figure 3.

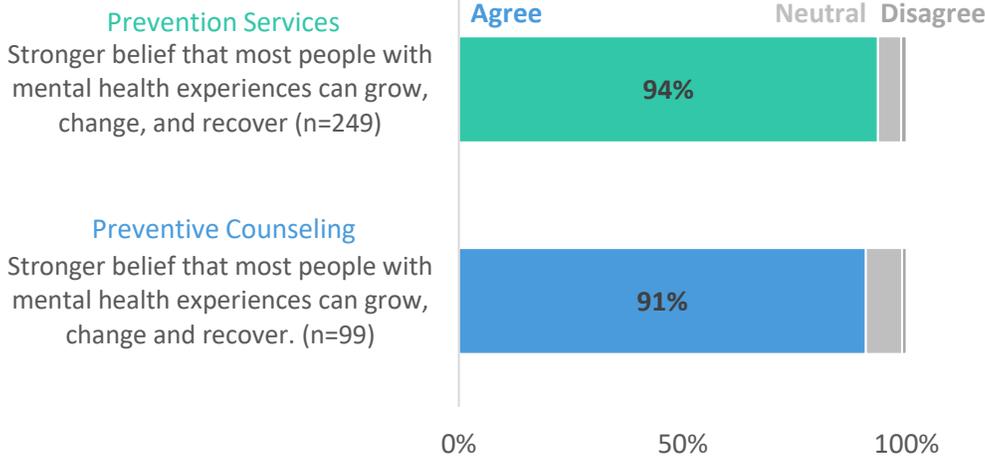
**Figure 4. Preventive Counseling Improve Understanding of Mental Health**



Of the respondents receiving *PC* services, 93% better understand that talking to be can improve their wellbeing. 88% agree that stress, worries, and level of happiness can impact their mental or emotional health. 85% agree that lacking basic needs can impact overall health. Compared to last year's *PC* respondents this is a decrease in agreement on all statements.

See Figure 4.

**Figure 5. Services Develop Positive Perception of Mental Health**



Both *Prevention* (94%) and *PC* (91%) have improved their perception of people with mental health experiences believing that they can grow change and recover. This an increase compared to last year’s *Prevention* respondents, eighty-eight percent agreed with this question. The agreement among *PC* respondents stayed the same.

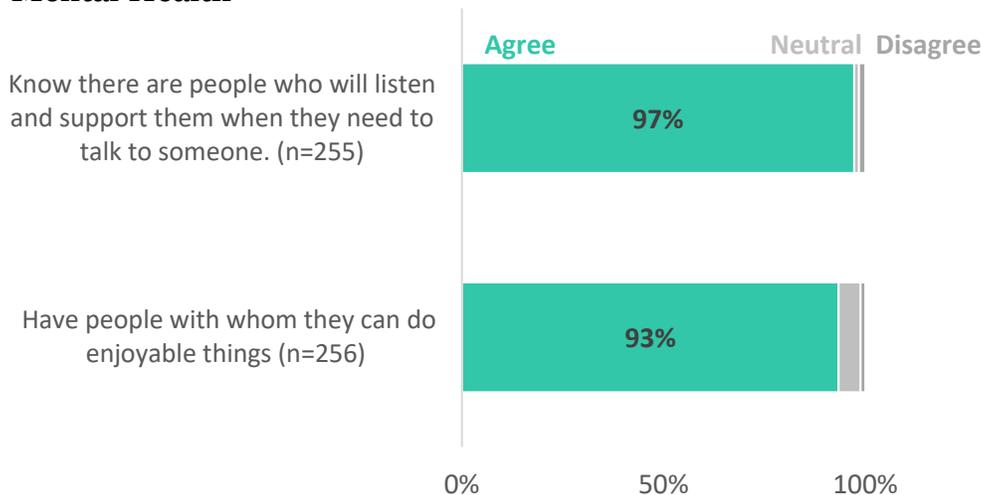
See Figure 5.

## Building Community and its Wellness

UEL P 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 UEL P program is that it keeps them from being isolated. It allows them to see and make 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.

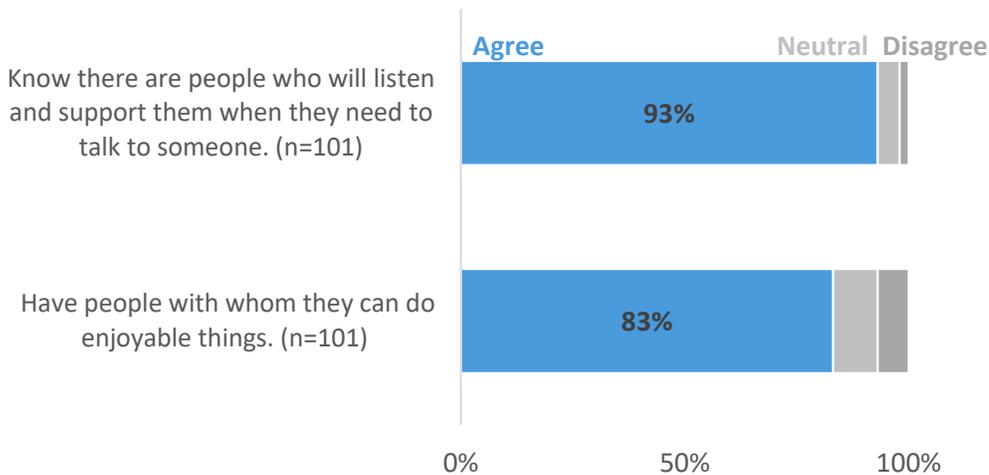
**Figure 6. Prevention Services Improves Understanding of Mental Health**



Of the respondents that receive *Prevention* services, 97% have people who will listen and support them when they need to talk. 93% have people with whom they can do enjoyable things. Compared to last year more respondents agree with these statements.

See Figure 6.

**Figure 7. Preventive Counseling Improves Understanding of Mental Health**



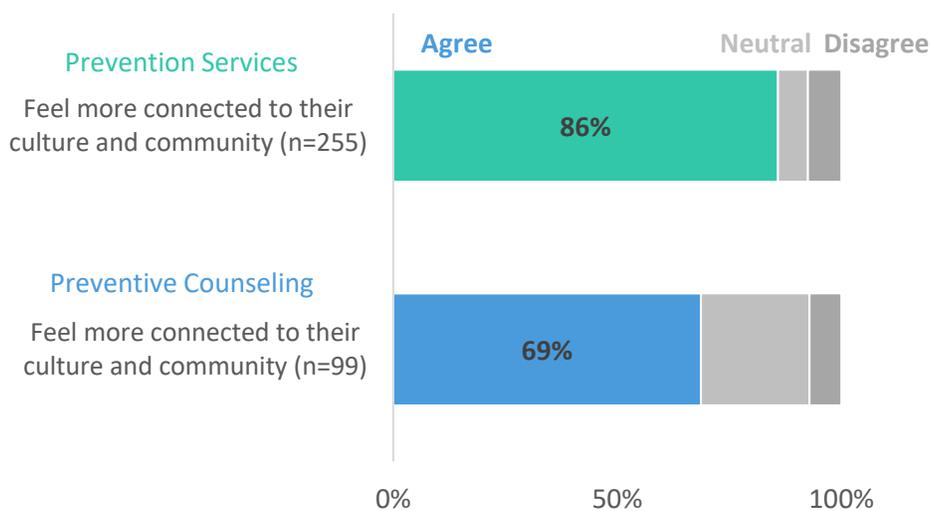
Respondents who participate in *PC* services reported receiving emotional benefits as well. 93% have people who will listen and support them when they need to talk. 83% have people with whom they can do enjoyable things, while this is still a large proportion of respondents that agree it is a decrease when compared to last year’s respondents (90%).

See Figure 7.

## 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, which can be achieved in many 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.

**Figure 8. Services Strengthened Connection to Culture**



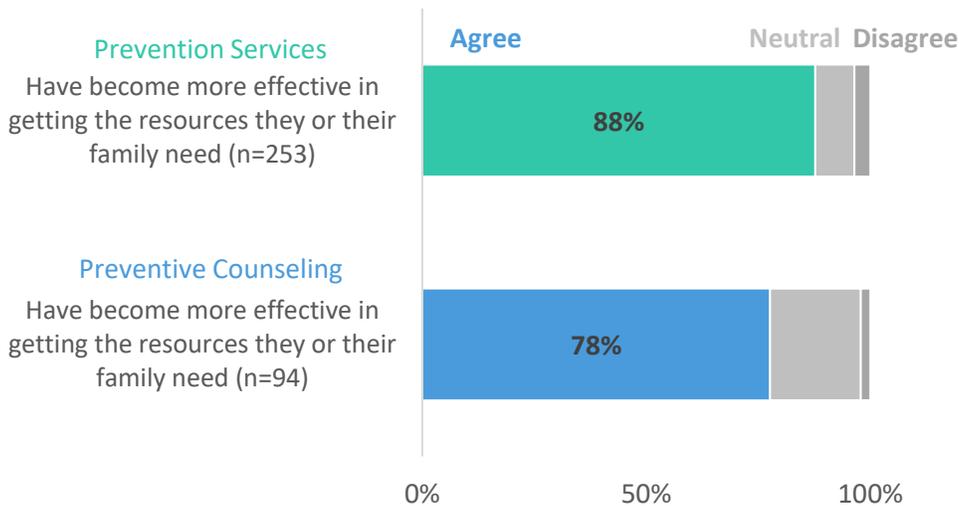
86% of *Prevention* respondents reported that they felt more connected to their culture and community. Fewer *PC* clients (69%) agree that they felt more connected to their culture and community. While more *Prevention* respondents agree with the statement this year compares to last year (86% vs 83%), fewer *PC* respondents agree with this statement (69% vs 90%).

See Figure 8.

## 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 9. Services Increased Ability in Getting Resources**



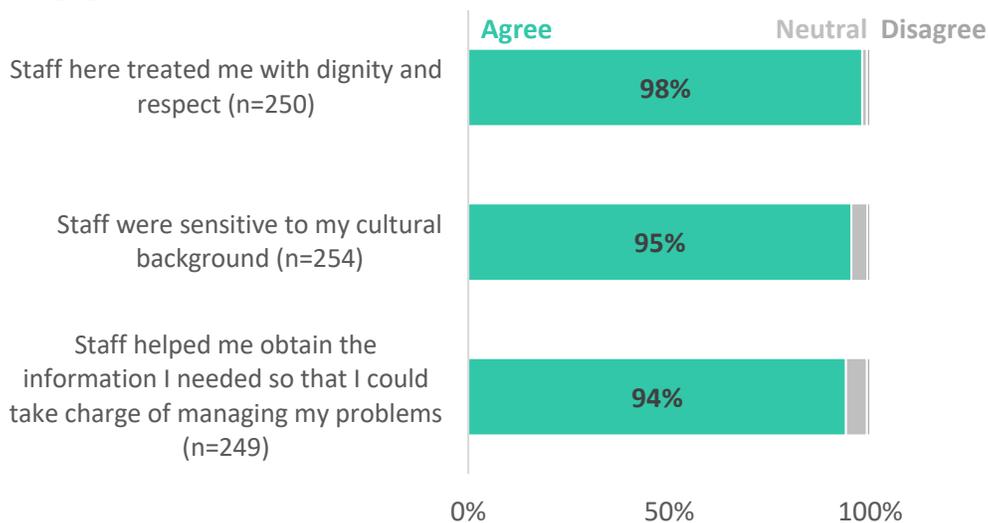
Eighty-eight of *Prevention* and seventy-eight percent of *PC* respondents feel that they have become more effective in getting resources they or their family needs. Similarly, to other statements, this is an increase among *Prevention* respondents when compared to last year (80%) and a decrease in percent that agree among *PC* respondents (81%).

See Figure 9.

# Transforming Mental Health Services

UELPL 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. The data below shows that respondents are satisfied with the services they receive in UELPL. Participants continue to report that they are treated well and would recommend these services to friends or family members.

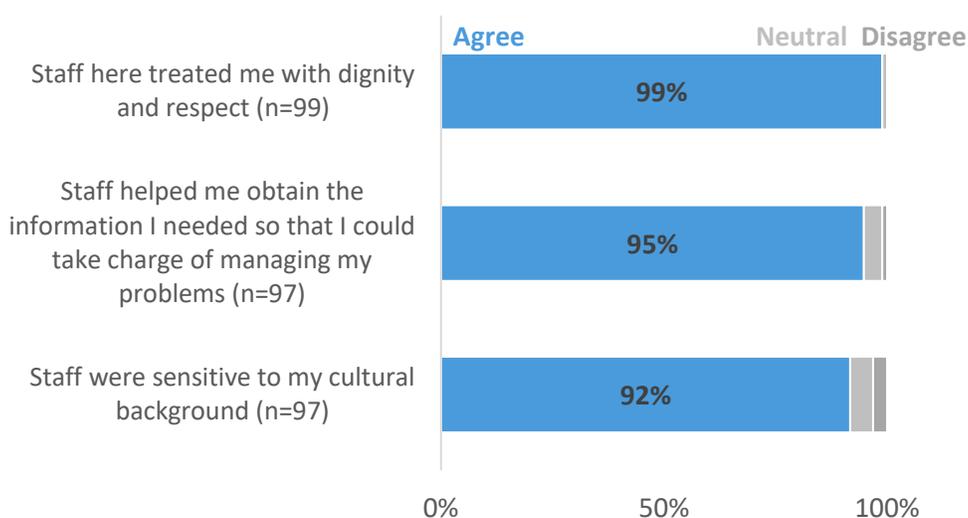
**Figure 10. Prevention Services Clients were Satisfied with Services**



Ninety-eight percent of respondents reported that program staff treated them with dignity and respect. It seems that *Prevention* services were beneficial and useful because the majority 95% of respondents also said that staff were sensitive to their cultural background. 94% of respondents said that staff provided them with the information needed to help manage their problems.

See Figure 10.

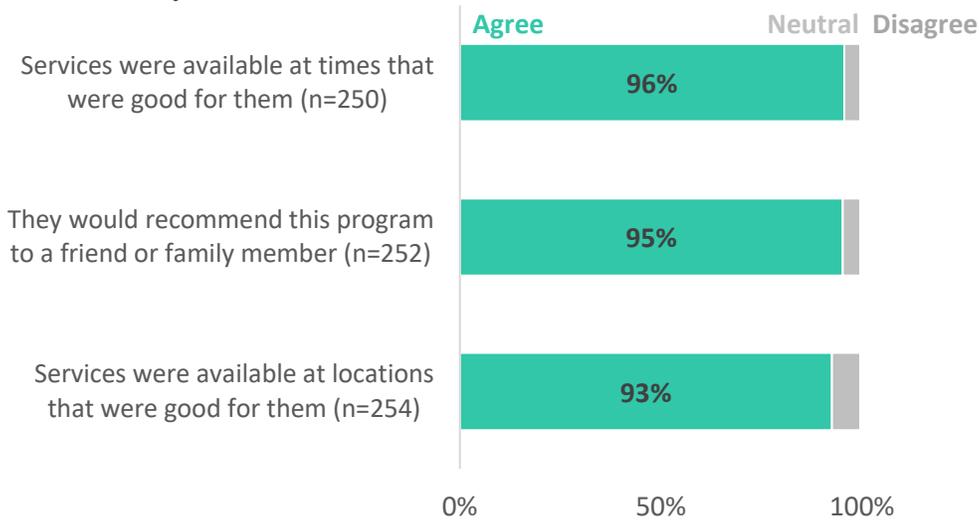
**Figure 11. Preventive Counseling Clients were Satisfied with Services**



The data shown here conveys that staff members were an integral part of improving survey respondents' quality of life. Almost all (99%) survey respondents said that staff treated them with dignity and respect. Ninety-five percent of *PC* survey respondents reported that the support they received from staff helped them obtain the information they needed to manage their problems. 92% felt that staff were sensitive to their cultural background.

See Figure 11.

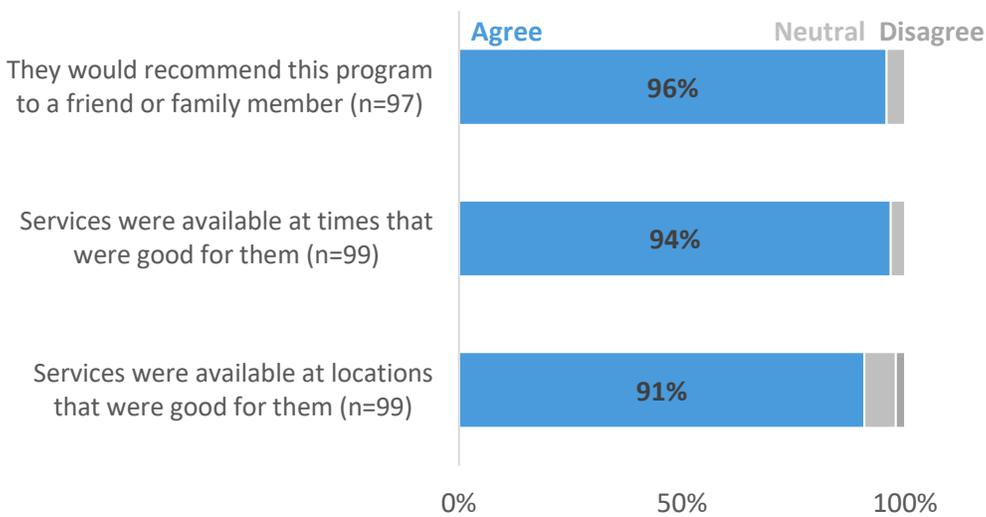
**Figure 12. Prevention Services were Convenient and Highly Satisfactory**



The majority (96%) of *Prevention* respondents thought that the services were available at good times, 95% of these respondents also said they would recommend these services to a friend or family member, and 93% thought the locations were good. This data suggests that *Prevention* clients think that these services are convenient, helpful, and that others can benefit from them. All of these are a higher percentage that agree than the *Prevention* respondents from last year.

See Figure 12.

**Figure 13. Preventive Counseling Services were Convenient and Highly Satisfactory**



About the same number of respondents receiving *PC* services reported that the services they receive are convenient and satisfactory. The majority (96%) of respondents said they would recommend their program to friends or family. Ninety-four percent of respondents reported that services were offered at convenient times and 91% of these clients reported that services were offered at convenient locations. Agreement with service times and locations being good for respondents increased for *PC* respondents compared to last year's respondents.

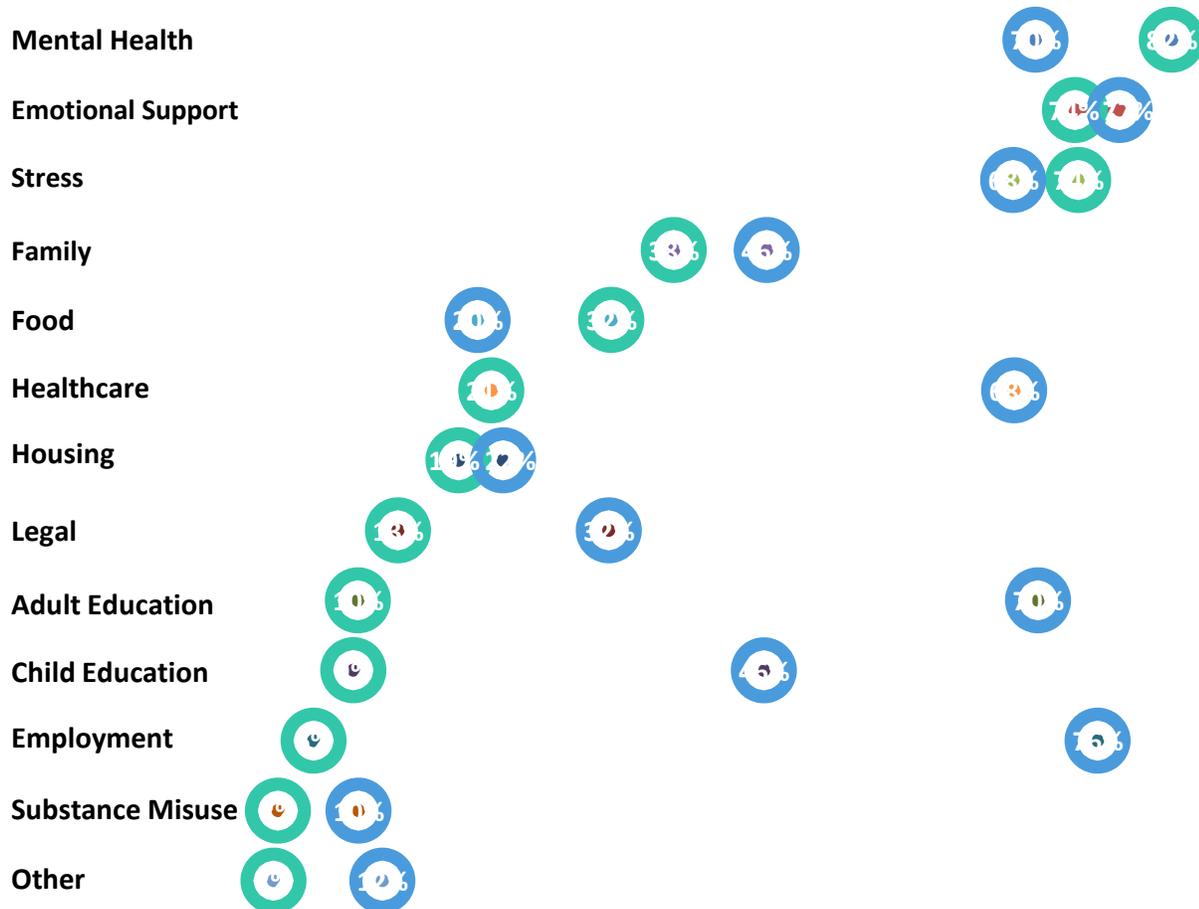
See Figure 13.

## 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.

As a direct result of their participation in UELP services respondents were asked to provide areas of improvement. Mental health was the largest area of improvement for *Prevention* survey respondents. This is consistent with the responses to the open-ended questions. Emotional support was the largest area of improvement for *PC* respondents, which is also reflected in the open-ended questions. Emotional support, mental health, and stress were high ranking areas of improvement for both *PC* and *Prevention*. Employment (76%) was also highly ranked as an area of improvement for *PC* respondents.

Figure 14. **Prevention Services** and **Preventive Counseling** Respondent's Areas of Improvement



## Open-Ended Responses

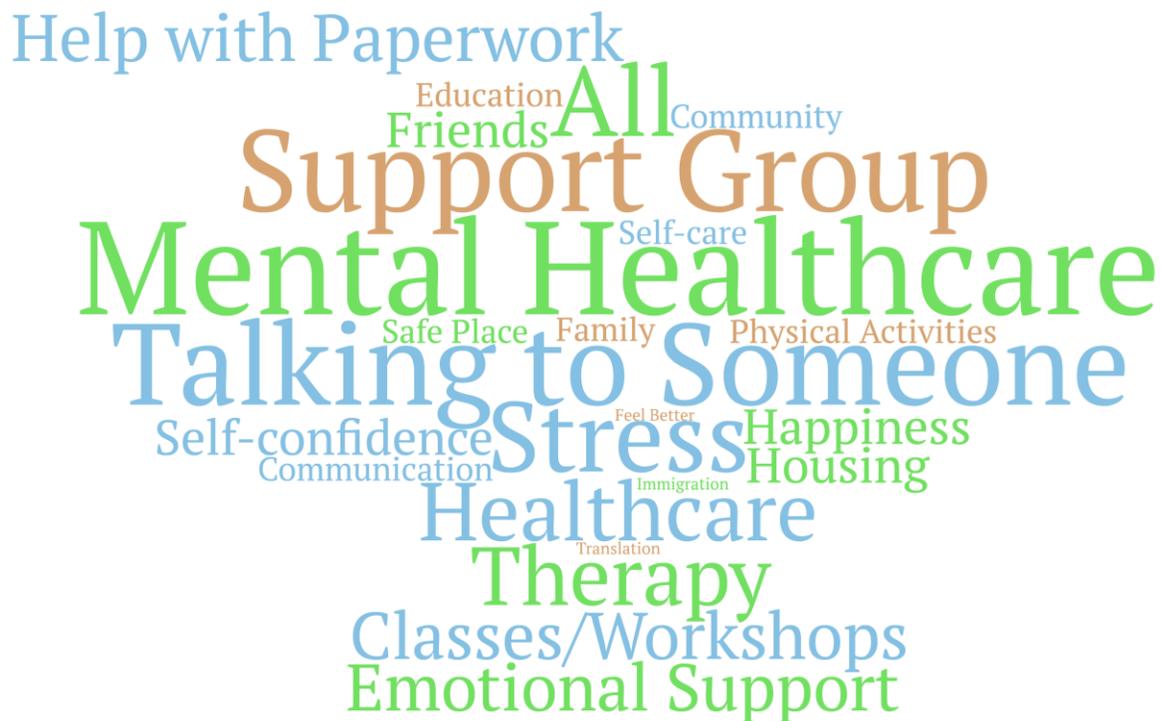
Four open-ended questions were asked in the survey to understand better: 1) if and how respondents felt services were beneficial to them; 2) what kind of needs they currently have; 3) if and how their lives would be different if they were *not* receiving *Prevention* or *PC* services; and 4) anything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

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

### Most Beneficial Services and Supports

334 survey participants responded to this question



Categories: Services	# of responses
Support Groups	36
Therapy	25
Help with Paperwork	16
Translation	5
Education	7
Total:	89

**Support Groups** received the most responses in the Services category, followed by therapy (individual or group sessions). Several participants reported how much they enjoyed coming to their sessions. Other services mentioned were help with translation, adult and childhood education, and help filling out paperwork.

*“The understanding that some people always here to help get through tough situation has been the most beneficial to me.”*

Categories: Social	# of responses
Friends	10
Communication	8
Community	8
Total:	26

**Social** category refers to respondents’ statements about and being able to meet and spend time with new friends, which was the largest theme in this category.

*“I find more friend that I can share my problem with them.”*

Categories: Emotional Wellness	# of responses
Mental Health	43
Talking to Someone	38
Stress	33
Emotional Support	16
Happiness	12
Self-Confidence	11
Self-care	6
Fell Better	5
Total:	164

**Emotional Wellness** is the largest 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 wellness they also spoke about feeling supported, having someone to talk to/share with, and dealing with stress.

*“My mental health has improved and I feel like I have an emotional support.”*

*“To speak with someone who understands me and analyze and solve my mental stress.”*

Categories: Referrals to Resources	# of responses
Healthcare	26
Housing	9
Immigration	5
Total:	40

**Referrals to Resources** is another important category with recurring themes. Healthcare was a large theme this year. This referred mostly to helping with either insurance or doctor’s appointments. Respondents also reported that they have benefited from services because of information sharing by the providers.

*“Calling my doctor has been the most beneficial, GA, SSI paperwork, etc.”*

Categories: Other	# of responses
All	31
Family	9
Safe Place	8
Total:	48

**Other** category includes statements that do not fit into the other categories. It includes positive statements about how the program is helpful or agreement with the question, without identifying specifically how the program is beneficial. Additionally, how the services helped their family and how the program created a safe place.

*“All. Help was greatly appreciated.”*

Categories: Activities	# of responses
Physical Activities	8
Classes/Workshops	19
Total:	27

The **Activities** category refers to respondents’ statements about physical and classes/workshops organized and implemented by the programs.

*“The workshops and activities we have done have been most helpful.”*

*“Outing time in the field.”*

## Additional Client Needs

307 survey participants responded to this question



Categories: Activities	# of responses
Soccer Training	5
Total:	5

**Soccer** was a theme that was provided by participants of a youth-focused program.

*“More professional training on soccer.”*

Categories: Emotional Wellness	# of responses
Therapy	69
Relationships	18
Total:	87

**Emotional Wellness** is a large category that includes participant’s saying that they need therapy and help with their relationships.

*“The family. How to strengthen family relationships, emotional ties.”*

*“Hope to increase visit time and frequency to understand deeply with my mental distress and pain.”*

Categories: Referrals to Resources	# of responses
Housing	31
Health	22
Language	18
Basic Needs	11
Employment	11
Transportation	10
Child Education	10
Immigration	7
Adult Education	5
Total:	<b>125</b>

**Referrals to Resources** is another important category with recurring themes. Housing is the most common theme in this category and continues to be a tremendous need for UELP program participants and affordable options are extremely limited in Alameda County. Healthcare was a large theme this year. This referred mostly to helping with insurance, doctor’s appointments, and health problems. Language refers to learning English and translation.

*“I need more support to find housing.”*

*“More knowledge about health”*

*“Learn more of English and grammar.”*

Categories: Services	# of responses
Repeat Current Program	34
Support Group	12
Paperwork	7
Total:	<b>53</b>

**Repeating the current program** that the participants are currently in received the most responses in the Services category, followed by support groups, and help filling out paperwork.

*“I think if we have that kind of service every six month. It would be really helpful.”*

Categories: Other	# of responses
None	36
Nothing Specific	19
Total:	<b>55</b>

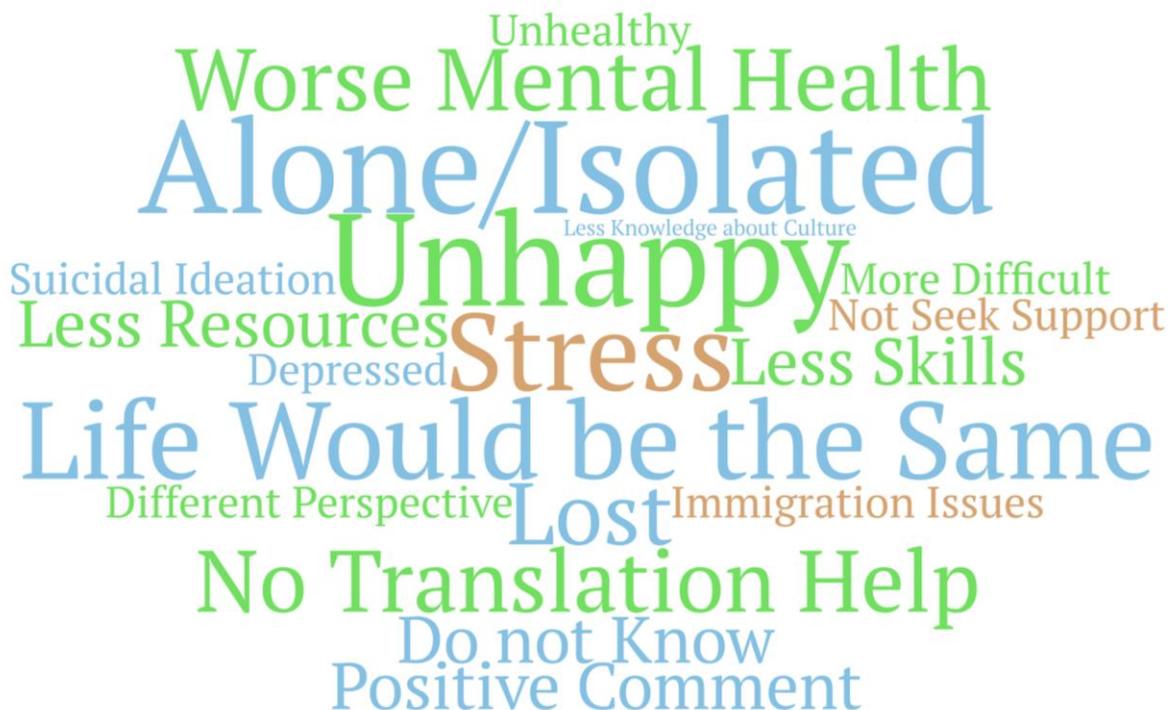
Participants replied that they had **no needs** or **did not specify a need**.

*“None, thankfully.”*

*“Nothing specific for now.”*

## What Would Have Been Different Without These Services?

298 survey participants responded to this question



Category: Decreased Access to Resources or Develop Skills	# of responses
No Translation Help	16
Less Skills	12
Less Resources	12
Unhealthy	10
Not Seek Support	9
Immigration Issues	7
Total:	66

Decreased Access to Resources or Develop Skills is a recurring theme in the open-ended survey responses. Survey respondents repeatedly expressed that without these programs and services, they would not have information and resources, especially when completing application forms or documentation.

*“Difficulty communication due to language issues.”*

*“How to cope with stress. How to save money.”*

Categories: Emotional Wellness	# of responses
Unhappy	67
Alone/Isolated	40
Stress	38
Lost	17
Worse Mental Health	17
Depressed	11
Suicidal Ideation	6
Total:	196

Categories: Other	# of responses
Life Would be the Same	21
Do not Know	16
Positive Comment	12
Different Perspective	9
More Difficult	6
Less Knowledge about Culture	5
Total:	69

**Emotional Wellness** category refers to respondents' mental and emotional health needs. Respondents reported that without their participation in these programs, they would be unhappy, alone/isolated, more stressed, lost, worse mental health, depressed, and would have suicidal ideation. The data clearly shows that respondents would have been mentally and emotionally worse off without UELP services. This is consistent with data reported in previous years.

*"I will be miserable without the program."*

*"I think I would be more isolated, less connected and lack the tools to be mentally well."*

*"I don't know if I'm still alive. This program gives me hope of living a full life."*

**Life would be same, not knowing, and general positive comments and appreciation** were the top three themes under the "Other" category.

*"My life would have gone on without changes, and I'd need to figure things out myself."*

*"All concerns which I had are now getting solved."*

*"I don't know if I'm still alive. This program gives me hope of living a full life."*

## Anything Else to Share

223 survey participants responded to this question



Categories: Other	# of responses
No	57
Thank you/Grateful	32
General Positive	36
Total:	125

**Other** refers to participants not having anything else to add, thanking the program, and general positive comments.

*“This program is a very helpful for all refugee/immigrant. Thank you for all your support.”*

*“Thanks for this program/organization. I met people who would always be there for me and have taught me everything.”*

Categories: Services	# of responses
Continued this Program	45
Different Service Suggestions	15
More Funding	10
Culturally and Linguistically Specific Programming	9
Therapy	6
Longer Time	5
Total:	90

**Services** is a theme that includes participants asking for continued support, different service suggestions, and more funding. This is a theme that further expresses the respondents’ need for services to continue.

*“I wish these kinds of program to continue.”*

*“Outing, field trip, camping, and keep [UELP program] open.”*

Categories: Referrals to Resources	# of responses
Housing	8
Total:	8

Housing continues to be a need for UELP program participants.

*“Help with cheaper housing.”*

## 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 116 participants, a more than threefold increase over last year. 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), health status, and level of activity.

Most participants reported improved or the same scores from the pre- to post-assessment, and very few reported a worse score. This is similar 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 most respondents reported the same scores for physical, mental, and overall health. Compared to the pre-assessment, poor mental 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.

### Health Surveillance

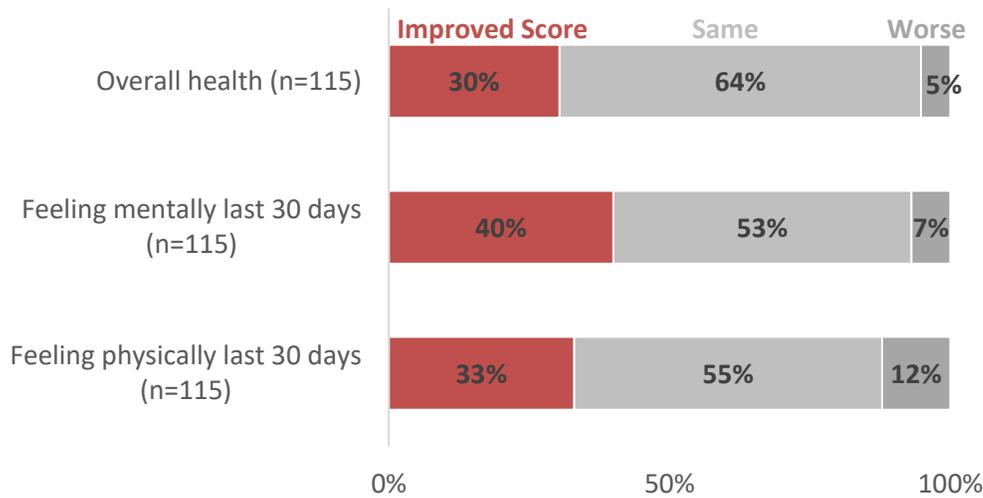
**Figure 14. Level of Crisis Decreased among Preventive Counseling Respondents**



The majority (57%) of respondents decreased their perceived level of crisis between their pre-and post-assessments. Thirty-three percent maintained the same level of perceived crisis, and only 10% reported a worse score.

See Figure 14.

**Figure 15. Respondents' Physical, Mental, and Overall Health Either Improved or Stayed the Same**



More than half of clients reported the same level of overall health (64%), mental health (53%), and physical health (55%) between the pre- and post-assessments. However, more clients reported an improved score in each of these groups than a worse score over time.

See Figure 15.

**Figure 16. Respondents' Number of Days Unable to Perform Usual Activities Decreased**



Compared to last year more respondents' this year reported a decrease in the number of days that they were unable to perform their usual activities due to physical and/or mental health problems (36% vs 42%). Thirty-eight percent of respondents reported the same level of activity from pre- to post-assessment and 19% reported their usual activities were disrupted for more days, which is the same as last year.

See Figure 16.

## Focus Group Responses

ACBH conducted four focus groups with UELP program participants. In addition to the survey tools described above, four focus groups 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 program recommendations.

In the past providers were selected for focus groups and ACBH staff conducted the focus group at the program's facility. Due to the impacts of COVID-19 and the transition to online platforms for UELP programs to provide their services ACBH staff chose four groups that had low or no participation in previous focus groups. These groups were Pacific Islanders, Men, Afghans, and Transitional Age Youth (18-25) from eight of the 13 programs. Each group contained a combination of

participants receiving *Prevention* and *PC* services. The focus groups were conducted using GoToMeeting or Zoom. Participants were asked questions about:

- How they found out about the services/program;
- How they dealt with stress and what kind of service they were connected to prior to the program;
- What made participation in the program easy and hard;
- What it is like to receive services from someone of the same cultural background and that speaks the same language;
- What their life be like without the program; and
- What they would like to see more of.

See Appendix 3 for a listing of all focus group questions.

## Focus Groups

Each of the focus groups were conducted in October 2020. The focus groups had participants from both *PC* and *Prevention* services.

- **Afghani Group**
  - Two females and two males attended
    - All over 18
  - A Dari interpreter was used during the session
- **Transition Age Youth (TAY)**
  - Two males, two females, and one non-binary person attended all over 18 attended
  - A Farsi interpreter was used during the session
- **Pacific Islander/Richmond Area Multi-Service, Inc. (RAMS)**
  - Three males and two females all over 18 attended the session.
- **Men's Group**
  - All four men were over 18

The interpreters present for two of the focus groups used consecutive interpretation.<sup>1</sup> Consecutive interpretation is when the interpreter pauses at the end of each thought and delivers what was said. Each of the focus groups were recorded using the video conference platforms ensure a record of exact (translated into English) quotes. Transcriptions were created from the English translations on the recordings. 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.

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<sup>1</sup> Definition of Translation Services <http://www.languagescientific.com/6-major-types-of-interpreting/>

## Focus Group Findings

The following section highlights the themes resulting from the focus groups. Each of the themes are organized under the UELP outcomes and the remaining challenges listed at the end of the section. An explanation is under the main outcome with sub-outcomes in bold and bulleted with a quote to follow.

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

### Forming and Strengthening Identity

Many participants reported feeling empowered and an increased sense of well-being since receiving services. Respondents reported that because of their and their children's participation in programs, they are happier and feel better about their life. 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. Respondents from all focus groups reported that they would have less ability to deal with people and situations that used to be a problem for them. The respondents reported using skills that they learned in their programs. One respondent mentioned that they really appreciated the tools because they can use those techniques when away from the program. This is consistent with data reported in the client satisfaction surveys, where respondents reported feeling better about themselves.

- **Increase sense of well-being (empowered, hopeful, feeling heard/validated).**

*Example: Indeed, I came to the conclusion that this is an important step, we cannot hide it and keep it to ourselves. It is better to share with others and specifically with professional people like the psychologist at Afghan Coalition, who was a great help not only for myself but also for my [children]. They received the services and they feel like they are much better.*

*Quote: "I had just recently moved and I also started a new job like post college. So, a lot of the times I felt like quitting or just didn't feel good enough. I think that the services, not just the one-on ones, but also the group settings were really helpful because I started to realize that it is kind of like growing pains...I feel like I'm more comfortable and I have a lot more capacity to handle it. I don't know what I would have done."*

- **Empowered and building/strengthening and self-esteem.**

*Quote: "Because of the program I can be social, I can go out, I can talk to people, and I can be myself."*

*Quote: "I feel like if I have never participated in the program I would be in an even worse spot before I started participating on it. The program really taught me how to react to stress, how to life balance so many hours of my life, how to have confidence and self-love. I feel like without all of those things I wouldn't really be here today."*

### Changing Individual Knowledge and Perception of Mental Health Services

During each of the sessions, participants were asked how they would describe the services they received to a friend. 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 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. Additionally, the other services that the UELP programs provide helps attract those that might have stigma associated with mental health services and provides a way to make a recommendation to the program. This is

consistent with the survey responses that they understand how stress, worries, and level of happiness can impact their mental health or emotional health and that talking to people can improve their wellbeing.

- **Raising awareness and understanding of mental health services.**

*Quote: "We always discuss the kind of benefits for anxiety, stress, and depression, with our friends and neighbor. We share the information with them because it is a good benefit to help the community."*

*Quote: "When I was opening up to her it was something new. She helped me. When my other friends from my country they don't understand that they can do the same. I recommend the program to them."*

- **Reduce personal stigma of mental health and its services.**

*Quote: "Sometimes if you don't know anything, you think you know everything. I used to think that I could handle everything on my own but I can't."*

*Quote: "There is also a housing crisis in Oakland and the services are in Oakland and a lot of my friends were going through that as well. Knowing that FAJ didn't just offer a youth services they offered other things that helped for like immigrant parents and workers. I feel like FAJ is really multi-faceted. There is like other things besides our youth program that they could look into. I remember even at the beginning of the pandemic they had a fund that they were giving out to people. I really talked to a lot of my friends who were able to get passed the Google form. There's like a lot of services being offered."*

## Building Community and Its Wellness

Reduce individual, family, and community isolation is the largest themes to come out of the focus groups. 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. Through their UELP program participation, they have built friendships and a community, which in turn can be used to combat isolation. Participants from CERI and RAMS spoke about how they had made lifelong friends by coming to the program. Their new awareness has also strengthened and improved interactions with their family. However, an outcome not mentioned by the participants was the building of cross community relationships, which increases the sense of safety.

- **Reduce individual, family, and community isolation.**

*Example: "Before [they were] with services with Afghan Coalition [they had] a lot of problem in [their] family...[They] tried to keep [themselves] busy with work and all the time focusing on work even when [they were] at home [they were] working from [their] computer."*

*Quote: "What I would do was I would isolate myself, too from other people. I wouldn't tell anyone. It would just be me trying to solve my own problems without trying to look for help. That was not a good thing. I know that know that back then I should have talked to more people than just keeping stuff to myself because that didn't help me at all."*

- **Reduce community stigma of mental health and its services.**

*Quote: "But then I told them that they were really understanding and that there was really a sense of community. You didn't feel like you were out of place if you felt some type of way. You didn't feel alone going through your issues or problems. I think the biggest piece that I always used to use was like community, because Pacific Islanders grew up in community-based and surrounded by a lot of people and big families."*

*Quote: "Number one is food, but I tell my friends and family that this is important because there are things that you didn't know about it out there in the community that you learn from the classes and workshops. Many resources that I wasn't aware of. So, I knew it from the workshop. It's very important. It's just like bring you closer to other people in your community or in your area."*

## Connecting Individual and Family with their Culture

UEL P programs provide clients with opportunities to connect with their culture. One way is by sharing information about cultural activities happening in the community and implementing their own activities. When participants were asked what makes it easy for them to participate in the programs, respondents from participants spoke about feeling comfortable at the UEL P programs and that "they want to be there." Beyond connecting with culture, the programs also work towards improving intergenerational interactions and communication and reducing acculturative stressors. A few respondents spoke about having their children participate in these programs and how helpful they are.

- **Supporting and strengthening individual connection to culture.**

*Quote: "I'll go. For me what made it easier was the person who I was talking to, with the one-on-ones, he understood me and he really tried his hardest to help me. That's one thing that I really appreciated about him"*

*Quote: "I just have this relationship with having a similar demographic background and culture that made it easier to share my struggles and talking about things that I was dealing with."*

- **Improves intergenerational interactions and communication (one-to-one, family relationships).**

*Quote: "I have Tongan kids. You know long story short it didn't work out between me and their Mom and they were kind of missing that part of their culture, right? Because I'm Samoan and they're Tongan and so when we went...it provided something for them that I can't. I know everything about my culture, but there is a difference and I can't provide that for them. So, when we went there and they got a chance to interact with other Tongan people and they were not judging them about not knowing about the culture and like that. That was huge for me. I've always been around the Tongan and Samoan community but that's different than trying to teach your kids about the culture and then put it in the concept of mental health is even more difficult. So, I mean when we went to the focus group for Micronesians and it was hosted by the Samoan and Tongan community it was just huge for me. I was just sold. 'We're home, this is family.' Like everybody said it always means something different when the people look like you and they understand what you're going through because we're all the same people. It's very different than just going in and doing breathing exercises with someone that doesn't look like you. That's just huge for me."*

- **Reduction of acculturative stressors (access to cultural practices, celebrations, traditions; cultural validation).**

*Quote: "If I'm in a room with Non-Pacific Islander, Non-Samoan, Non-Tongan and somebody comes in and sits down and says 'Man, I'm just so stressed. I had three funerals in the last month.' Like that means something different for a Polynesian. The whole stress, there is always the spiritual piece to that and the emotional loss, but knowing what that Tongan person that just said that. You know what they've gone through. You know wow that is a ton, the loss of three people that you love, but it's all the work and all the stuff that goes into that process. You're able to relate to everybody there."*

*Quote: "Like moving to a new country so you don't know anything. So, the rules, the culture so it is very hard for everyone not only Afghan people. It's very good at the beginning that the IRC helps and through them people are able to find the Afghan Coalition and any other organizations. So, life will get easier."*

## Improving Access to Services and Resources

As mentioned in the quote above, 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, which is tied for the second largest theme. 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 CERI, PTR, Afghan Coalition, DHTI, and IRC reported that whenever they need help with translations to fill out paperwork or navigating to services they come to their program for help. These responses are consistent with the data found in the open-ended responses to the client satisfaction survey.

*Quote: "If there was no organization like Afghan Coalition it would be more difficult for the people to go to find out how to get benefits through the county and other organizations. Maybe it would take months and months to find out how to apply and where they should go because everybody here is busy and nobody has time to go through or show you. The organization is big help and hand for a community that people can take advantage of. They can go to Afghan Coalition to ask questions or get information from them. It's a big help."*

*Quote: "If I didn't know this program my life would be more harder. There is nobody working in my household so through this program we received some benefits."*

## Transforming Mental Health Services

Transforming Mental Health services is the richest outcome from the focus groups, it includes using culturally mental health methods, increasing the practice of transformative healing, providing multiple access points, and offering services in a convenient and comfortable setting. Use of culturally congruent mental health methods is tied for the second largest theme to come out of the focus groups. 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. When participants were asked what makes it easier for them to participate in their program, the first thing nearly everyone mentioned was the staff and the environment that they created. Many respondents felt that this was the first time with therapists that they did not have to explain their culture and that they felt understood, not just because they spoke the same language but that was also important. Limited English proficiency (LEP) can often be a barrier for people when trying to gain access to the services they need. 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 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.

- **Use of culturally congruent mental health methods (movement away from one size fit all).**

*Quote: "You feel like finally somebody can understand you. When I first came here I had the language barrier, even know if I'm trying to open up my heart to everyone in my mother language, or my first language, it is more easy even though I have been here for a long time...She spoke French and she was in*

*Cameroon, and she already know about everything back home and my case. It was just easy. It's hard to find someone you can relate to and gets you, you know... We want to have a conversation with someone and they treat us normal and not look at us with pity and stuff like that. It was just very helpful."*

*Quote: "I agree with them because it just kind of feels like "oh finally, someone who speaks the same language as me." Because my first language is Spanish and I use that language for conversations... We came from a very similar background because they immigrated here from like an older age. So, we kind of went through like the same exact things... We really bonded and he could really understand me and what I was going through because he went through very similar things."*

*Example: Similar factors with the Afghan Coalition [they] feel more comfortable expressing in [their] own native language. Also, since they know the sensitivity of cultures and people's language barriers [they] feel more comfortable going to Afghan Coalition. Not only do [they] feel comfortable, more importantly, when [their] spouse who doesn't speak English had to go to Afghan Coalition [they] feel more comfortable going there."*

- **Increase practice of transformative healing.**

*Quote: "For me it is the feeling like you belong over there and you feel like you are just like a family. Everyone is like open-up and easy to share. I have feelings like, "it's just my family" and we're going through the same thing and we're on the same level."*

UELPA 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 UELPA programs because it is a safe space, a large theme under this outcome. Trust has been established between clients and their providers.

- **Services offered in convenient and comfortable setting.**

*Quote: "But even going to one session with my friend who was really going through some issues regarding her family life and like her self-esteem. When we went to an appointment together with one of the clinicians it really helped. She really got to cry it out and talk about at least where she could say what was on her mind without being judged by her family or friends. I thought it was really impactful that there was this type of space where we were allowed to do that."*

*Quote: "Providing a space that was safe and brave for folks to either come in and decompress or talk about something that was heavy on their heart."*

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. When asked about how they learned about the services respondents spoke mostly about learning about it through community-based organizations and school, but in total there were seven different points of access mentioned. Respondent spoke about how they found out about services from friends and family members and that they are comfortable speaking to friends, family, and community members about services they refer friends and family to the UELPA programs 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.

- **Provide multiple access points.**

*Quote: "I actually got turned on to Cafe Wellness by another community program, Journey to Empowerment in Daly City by Asian American Recovery Services."*

*Example: Those services at the beginning [they] found out through the school. The school directed [them] to this organization and then [they were] connected to IRC and received services."*

## Transforming Alameda County Systems: Mental Health, Criminal Justice, School, Healthcare, Social Welfare, and Housing

Under this long-term outcome includes that services increase quality of life. Respondents reported improved quality of life since participating in their programs. Many respondents spoke about having less resources than they had prior to joining the program. Some respondents indicated that even though they may have struggled with something in the past, but that the program saved their life. This is consistent with the survey responses that respondents agree that they can better deal with a crisis and that multiple areas of their life have improved.

- **Quality of Life**

*Quote: "For me, I think if I did not with CERI I don't know what's going on. I don't know what's going on. Maybe I could kill myself."*

*Quote: "I feel like without all of those things I wouldn't really be here today."*

*Example: I want to share my own personal experience with you, I came to this country 4 years ago. However, I was acquainted with this organization a year ago. I wish I knew 4 years ago because my problems would be resolved today. When I came here we didn't have friends and we didn't know anybody and we didn't have connections with organizations. I was asking from other Afghans and after making friends in this community and a lot of people in the US are really busy and cannot help other people because of their busy schedule and can't take time off to take me to governmental organizations. Since I have been connected to Afghan Coalition I have received a lot of help and am very happy.*

## Remaining Challenges

Many respondents suggested that participation might be more exciting and long-term if there was a project to work on. They want to grow a healthier community and a long-term project could help both attract new participants and keep excitement up to keep coming to the program.

- **Project**

*Quote: "It would motivate me more if there was something more project based. I don't know if there is projects like a zine and then everyone contributed to that I think that would make more inclined and "I feel really excited about it.""*

*Quote: "Maybe more like community projects would be cool. I know FAJ in the Union City section they have a community garden, but I don't know how active it is. But it would be cool to have one in the Oakland section or another community project similar to that."*

Similar to open-ended responses on the client satisfaction surveys the focus groups mentioned that they also wanted financial and housing resources when asked what they would like to see more of. Housing continues to be an issue for UELP program participants.

- **Resources**

*Quote: "If there is any resources for financial help and assistance. Right now the main problem I have is financial resources and no other problem."*

*Quote: "I would like a program that would be easy to get and apply for housing, Section 8. These programs will help lots of people that are facing lots of problems because the rent is very high. During this pandemic most of the people have lost their jobs and nowadays unemployment is also less. It's very good to make it more available for people. The process for example is very hard to get the application it should be more available."*

## Discussion

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Consistent with the last five reporting years, findings from both the survey and the focus groups suggest that both *Prevention* and *PC* clients are benefitting from the ethnic-specific and culturally sensitive mental health services provided through UELP. Focus group 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 outcomes assessed through the survey.

The survey and focus groups found that UELP clients benefitted in the UELP target outcomes as follows:

### Forming and Strengthening Identity

Participants are more **empowered** and confident in themselves. Eighty-nine percent of *Prevention* and seventy-nine percent of *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

Addressing **stigma** and changing the perception of and narrative around mental health can be a very challenging task. UELP service providers try to accomplish this by providing education in hopes of reducing the misconceptions associated with mental health. Ninety-four 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., 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

UEL P 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. Ninety-three percent of *Prevention* respondents and eighty-three percent of *PC* respondents reported that they have people with whom they can do enjoyable things.

## Connecting Individual and Family with Their Culture

UEL P programs provide clients with opportunities to connect with their culture. Focus group/interview respondents reported that they had increased respondents from participants spoke about **feeling comfortable** at the UEL P programs and that “they want to be there.” Eighty-six percent of *Prevention* respondents and sixty-nine percent of *PC* respondents reported feeling more connected to their culture and community.

## Improving Access to Services and Resources

An important component of UEL P 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). Respondents reported several examples in which their program has connected them to **resources** such as employment, housing, and financial services. Eighty-eight percent of *Prevention* respondents and seventy-eight percent of *PC* respondents reported becoming more effective in getting the resources that they or their family need.

## Transforming Mental Health Services

UEL P programs are transforming the way mental health services are delivered in Alameda County. Limited English proficiency (LEP) can be a significant barrier for people trying to access services. UEL P services are offered to clients in their own language and by people who understand their cultural background. UEL P 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. Services are offered to program participants in the language that they speak and by people who understand their cultural background. Ninety-eight percent of *Prevention* respondents and ninety-nine percent of *PC* respondents also said that staff were sensitive to their cultural backgrounds.

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. 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 five years of reporting is that UEL P programs provide a welcoming and **safe space** for their clients. Trust was built between the providers and clients, which in turn leads to them being comfortable talking about the program and the services they receive. This is reflected in the high percentage of *Prevention* (95%) and *PC* (96%) respondents agreeing that they would recommend this program to a friend or family member.

## Transforming Alameda County Systems: Mental Health, Criminal Justice, School, Healthcare, Social Welfare, and Housing

Fiscal year 19/20 data demonstrates that UEL P 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 UEL P providers. More than half (57%) of *PC* respondents reported fewer crises, this is reflected in the focus groups saying that they might not “be here today” without the UEL P Program. Very few respondents reported worse scores on the overall health measure (5%).

## Remaining Challenges

Focus group respondents suggested that participation might be more exciting and long-term if there was a **project** to work on. They want to grow a healthier community and a long-term project could help both attract new participants and keep excitement up to keep coming to the program.

Similar to open-ended responses on the client satisfaction surveys the focus groups mentioned that they also wanted **financial and housing resources** when asked what they would like to see more of. Housing continues to be an issue for UELP program participants. Alameda County is still in a housing crisis. Housing access and affordability continue to be a large barrier for UELP program participants.

## Additional Findings

UEL P providers administer services to several unique and distinct populations in Alameda County. After reviewing five 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 the data for fiscal year 19/20, 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 for *PC* respondents employment; although respondents still report a need for continued support.

This is the third 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 of respondents (57%) decreased their level of crisis from the pre- to post-assessment period. Forty percent *PC* respondents reported that their mental 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 consistent with what was reported last fiscal year. More research is still required to properly address these challenges.

## Methodological Limitations

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

1. Since the number of respondents (n=386) is just a small sample 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. More UELP providers submitted client satisfaction surveys (n=12) and matched health status assessments (n=10) compared to last year. However, the range of client satisfaction surveys collected is 5 to 100 and for the matched health assessments it is 2 to 30, which limits our ability to see differences between programs. Therefore, the data in this report may not accurately reflect all the UELP programs.
3. 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 outcome areas of connection, identity, knowledge, community, access, and transformation. 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.

4. Clients were asked if they achieved the items on the survey because 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 to determine if the UELP programming is the direct cause of the results.
5. There were a lot of similar or repeat answers in the open-ended section of the client satisfaction 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'. Additionally, it may not be clear to the respondents that this evaluation does not affect funding.
6. The funder (ACBH) facilitated the focus groups, it is possible that the participant's feelings or opinions about the funder could have influenced how they answered the focus group questions.
7. 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.<sup>2</sup> This could happen for several reasons, including wanting to please the program, fear of the program going away, feeling embarrassed about negative responses, and/or wanting to save face, etc.
8. 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 or fill out the surveys.

## 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. In addition, a short term UELP Work Group made up providers and ACBH staff was established in June 2020 to review existing evaluation tools and make recommendations on how to make the process more culturally and linguistically relevant and staff/respondent-friendly.

- The next round of focus groups or key informant interviews will include different 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. Appropriate targets are needed, such as national standards, to compare this data against to help measure program effectiveness.
- ACBH will continue training 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 Work Group has already updated the logic model and will continue to update the client satisfaction survey, health assessment, and focus group questions.
- The updated client satisfaction survey and health assessments will be translated by the UELP providers as part of a pilot translation project.

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<sup>2</sup> 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)

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- N=62 participants completed only the Pre-Health Status Assessment
  - Like last year the top three highest needs that brought clients in for services were mental health, stress, and emotional support.
  - The majority (92%) of respondents reported that they were experiencing a crisis at the time of the assessment, which is less than last year. Only 21 respondents explained the reason for a crisis and of those insomnia was the top reason.
  - Nineteen percent of respondents were not doing well physically and 27% respondents were not doing well mentally in the past 30 days from when they took the assessment.
  - Overall health was rated “not good” by 17% of respondents.
  - Health problems disrupted a little less than half (47%) of clients from participating in their usual activities for multiple days (three to six or more days).
- N=37 participants completed the Post-Health Status Assessment
  - The majority (92%) of respondents reported that they were experiencing a crisis at the time of the assessment. Physical symptoms seemed to be one of the top reasons for those reported crises.
  - Sixteen percent 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.
  - Overall health was rated “good” or excellent by 32% of respondents.
  - Less clients in the post-assessment (36%) had a health problem disrupting their days as did in the pre-assessment (47%). 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).<sup>3</sup> 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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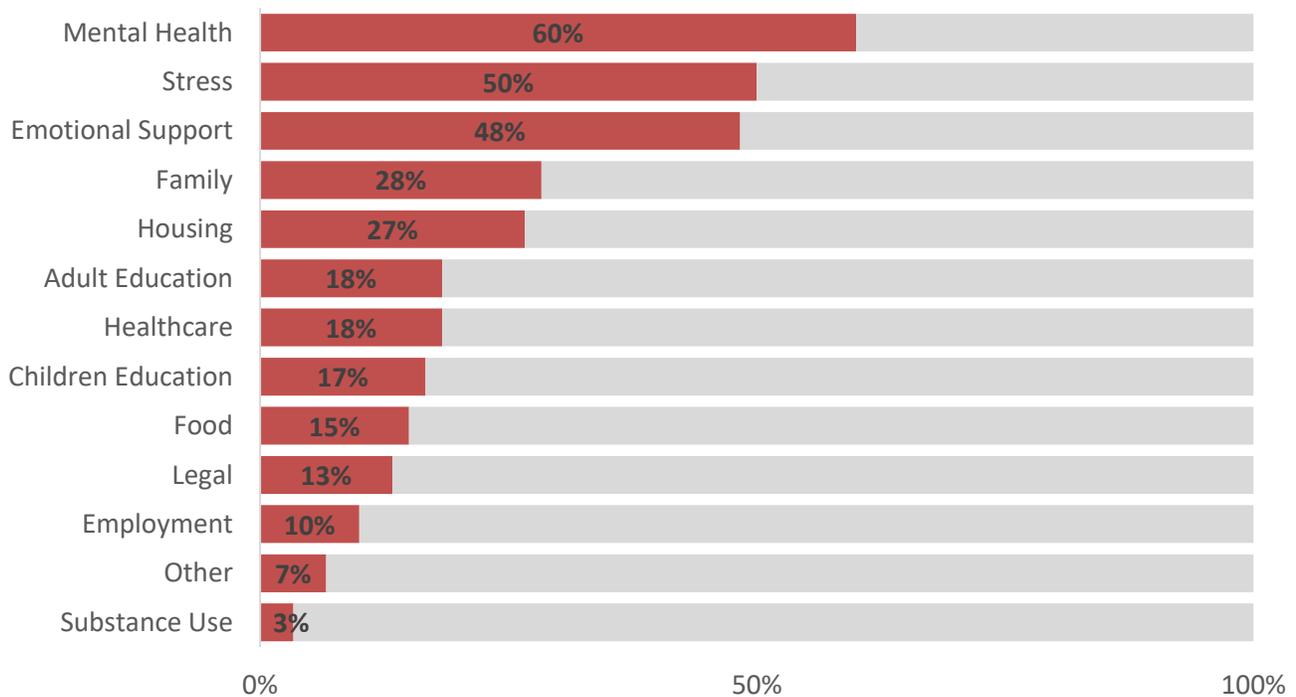
<sup>3</sup> More information on these questions, please go to <http://www.cdc.gov/nccdphp/brfss/>.

## Pre-Assessment Results (n=62)

### Agencies with Unmatched Pre-Assessments

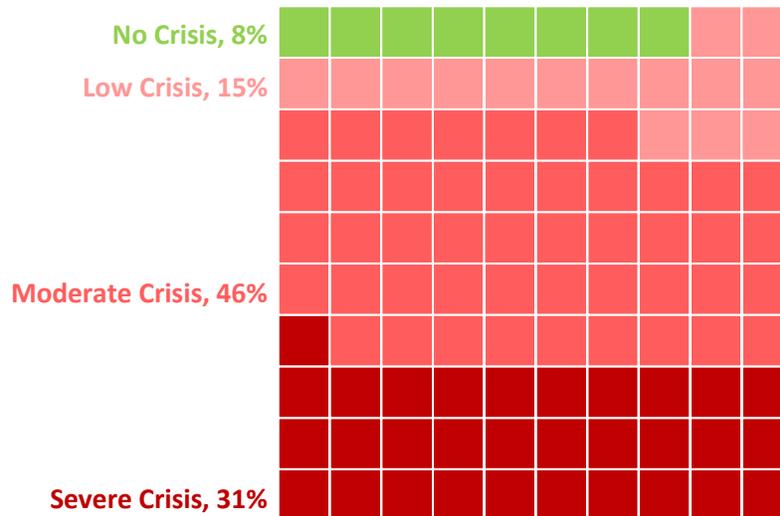
Agency	Percent
La Clínica de La Raza/La Familia	35%
Asian Health Services	23%
International Rescue Committee	19%
Afghan Coalition	15%
Partnership for Trauma Recovery	5%
Center for Refugees and Immigrants	3%

### Needs for Respondents with Unmatched Pre-Assessments (n=60)



## Number of Clients Experiencing a Crisis

### Most Clients were Experiencing a Crisis (n=59)



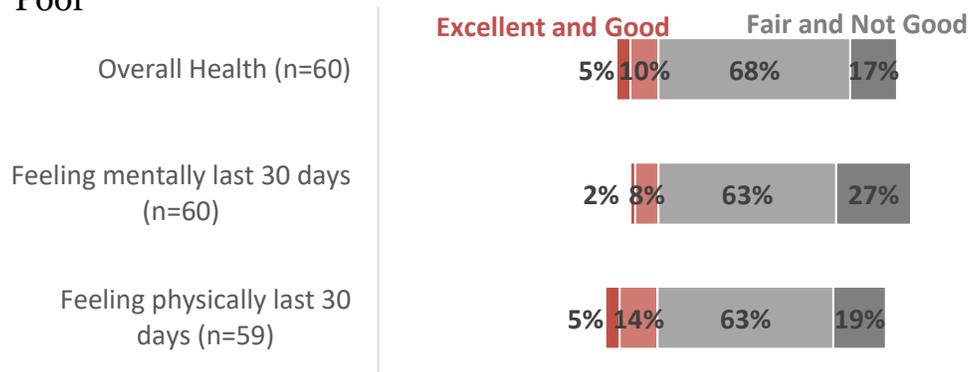
## Top Reasons for the Crisis (n=21)

- Insomnia 24%
- Anxiety 14%
- Resentment/Anger 14%
  - Example: Much pain, resentment, hate and sometimes I don't want to exist anymore.
- Issues with Children 14%
  - Example: I'm in despair because my son ignores us.

## Health Surveillance

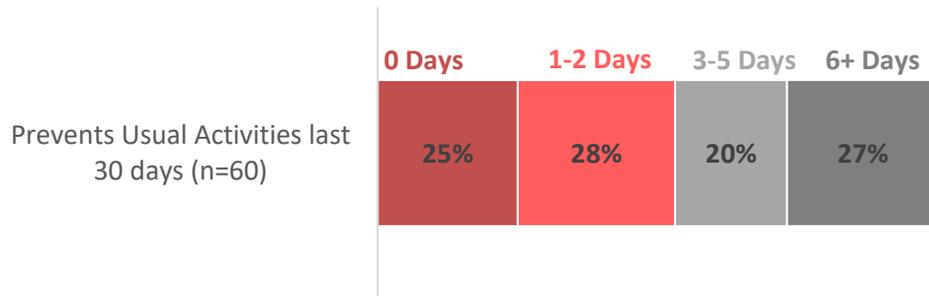
The following questions asked respondents, *how are you feeling today, in the past 30 days and overall?* The responses were offered on a four-point scale ranging from poor to excellent.

### Respondents' Physical, Mental, and Overall Health was Poor



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.

### Respondents' Health Problems Disrupted Multiple Days



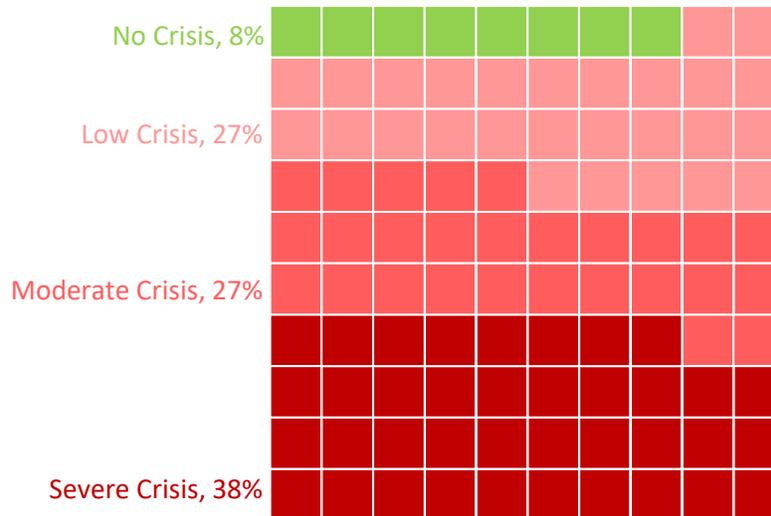
### Post-Assessment Results (n= 37)

#### Agencies with Unmatched Post Assessments

Agency	Percent
Afghan Coalition	46%
International Rescue Committee	32%
La Clínica de La Raza/La Familia	14%
Center for Refugees and Immigrants	5%
Korean Community Center for the East Bay	3%

## Number of Clients Experiencing a Crisis

### Most Clients were Experiencing a Crisis (n=37)



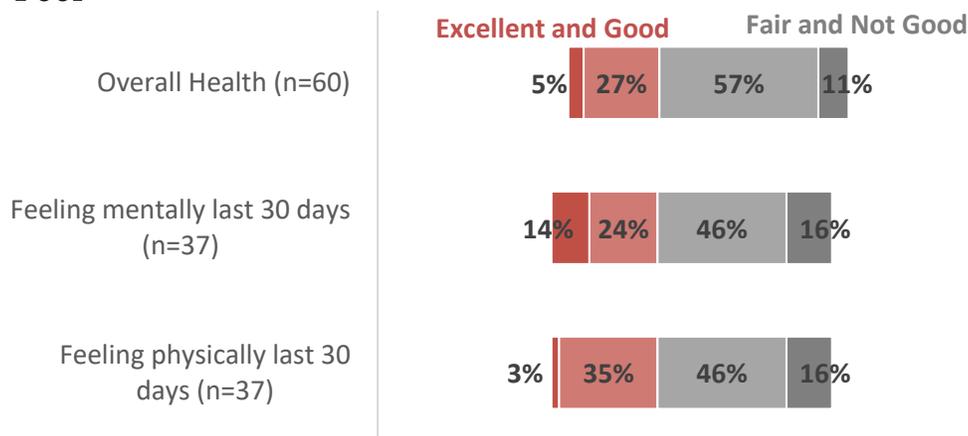
## Top Reasons for the Crisis (n=26)

- General Positive Comments 15%
  - Example: Since I have been seeing and talking with Dr. Masoud I am feeling excellent. Your program was very effective in my life. I changed.
- Physical Health 15%
  - Example: Pain on hands, feet. Pain on lower back. Had only two panic attacks in Afghanistan.

## Health Surveillance

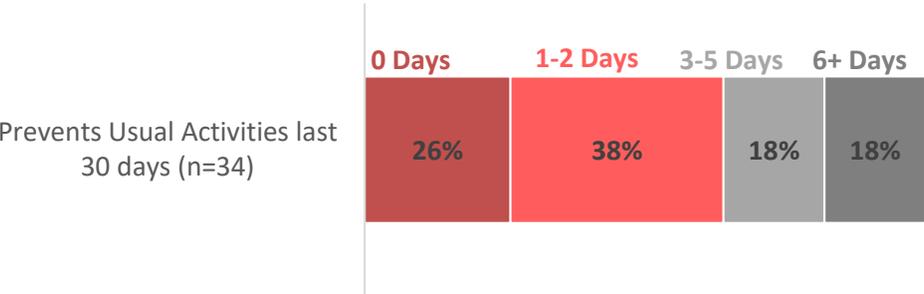
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### Respondents' Physical, Mental, and Overall Health was Poor



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.

### Respondents' Health Problems Disrupted Fewer Days



## Appendix 2. Description of Survey Respondents

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

Table 1.

Agency	Number (n=386)	Percent
Center for Refugees and Immigrants	100	26%
Portia Bell Hume Center	82	21%
Bay Area Community Health	43	11%
International Rescue Committee	41	11%
La Clínica de La Raza/La Familia	24	6%
Afghan Coalition	22	6%
Filipino Advocates for Justice	22	6%
Korean Community Center for the East Bay	21	5%
Partnership for Trauma Recovery	12	3%
Diversity in Health Training Institute	9	2%
Native American Health Center	5	1%
Richmond Area Multi-service	5	1%

Twelve out of the thirteen UELP providers were represented in the client satisfaction surveys. Center for Refugees and Immigrants (26%) and Portia Bell Hume Center (21%) sent in the highest percentage of surveys completed.

See Table 1.

Table 2.

Types of Service	Number (n=358)	Percent
Prevention	257	72%
Preventive Counseling	101	28%

The majority (72%) of survey respondents receive *Prevention* services. More than a quarter (28%) of respondents receive *PC* services, which are higher intensity than *Prevention* services. The 37 clients with no service checked are excluded.

See Table 2.

Table 3.

Length of Service	Number (n=331)	Percent
0-3 months	126	38%
4-6 months	76	23%
7-11 months	38	11%
1-3 years	51	15%
4-6 years	10	3%
7-14 years	22	7%
15+ years	8	2%

Thirty-eight percent of the survey respondents have been receiving services for up to three months. Half of the respondents reported receiving services anywhere from four months to three years.

See Table 3.

## Demographics

Table 4.

Gender	Number (n=357)	Percent
Female	249	70%
Male	101	28%
Genderfluid, Non-binary, Queer, and Transgender	7	2%

Almost three-quarters (70%) of survey respondents were Female. This is consistent with the data from the last four reporting years. Twenty-eight percent (n=101) of respondents were male. Multiple respondents identified as genderfluid, non-binary, queer, and transgender (2%). This is the first time reporting another gender.

Table 5.

Age	Number (n=345)	Percent
8-15	33	10%
16-25	65	19%
26-59	144	42%
60-91	103	30%

See Table 4.

Forty-two percent of respondents were 26-59 years old. Nineteen percent of respondents were transition-age youth (TAY), 16-25 years old. Thirty percent of respondents were older adults, over 60 years old, and 10% percent of respondents were children aged 8-15 years old.

Table 6.

City of Residence	Number (n=237)	Percent
Oakland	150	42%
Fremont	67	19%
Newark	26	7%
Other/Out of County	19	5%
Union City	17	5%
Alameda	16	5%
San Lorenzo	14	4%
Hayward	12	3%
San Leandro	12	3%
Dublin	11	3%
Berkeley	4	1%
Albany	2	1%
Pleasanton	2	1%
Emeryville	1	<0%

See Table 5.

Most of the survey respondents (42%) reported living in Oakland. This is consistent with previous years. The next highest city of residence is Fremont, sixty-seven (19%) reported living there. The respondents that reported living out of the county (5%) were mostly from Contra Costa County (Richmond, Pittsburg, El Cerrito, and Concord), followed by two people from out of state.

See Table 6.

Table 7.

Race/Ethnicity	Number (n=237)	Percent
Cambodian	95	26%
Chinese	44	12%
Afghan	40	11%
Filipino	25	7%
Asian	24	7%
Bhutanese	24	7%
Hispanic/Latino	21	6%
Indian	11	3%
Nepalese	11	3%
African	7	2%
Persian	7	2%
Arabi	6	2%
Multi-Racial	6	2%
Korean	5	1%
White	5	1%
Punjabi	4	1%
Tigrinya	4	1%
Middle Eastern	3	1%
Pakistan	3	1%
Eritrean	2	1%
Ethiopian	2	1%
Native American	2	1%
Taiwanese	2	1%
Tongan	2	1%
Vietnamese	2	1%
Black	1	0%
Salvadorian	1	0%
Samoan	1	0%

A quarter of the respondents were Cambodian, followed by Chinese (12%) and Afghan (11%).

See Table 7.

## Appendix 3. Focus Group Questions

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### Opening Questions

1. How did you find out about the services here?

### Issues and connections prior to the program

2. Prior to the program, when feeling stressed or going through life changes what did you do?
3. What kind of services were you connected to before the program? How was that experience? (*Prompt: any challenges or barriers*)

### Participation

4. What makes it easier for you to participate in the program? (*Prompt: things like location, transportation, hours, friends with other participants in the program*)
5. What makes it harder?
6. If you were to describe the services you receive here to a friend, what would you say?

### Benefits of the program

7. Tell me what it is like to receive services from someone that understands your cultural background?
8. What would have been different if you hadn't found this program or these services?

### Like to see/recommendations

9. What resources would you like to see more of?

# Appendix 4. Survey Tools



## UEL Community Health Status Assessment **PRE**

Date: 

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**Agency/Program:** \_\_\_\_\_

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

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Housing      | <input type="checkbox"/> Substance Abuse                    | <input type="checkbox"/> Legal (includes: victims of crime, domestic violence evaluation, probation) |
| <input type="checkbox"/> Healthcare   | <input type="checkbox"/> Adult Education (formal education) | <input type="checkbox"/> Stress  |
| <input type="checkbox"/> Employment   | <input type="checkbox"/> Children's Education               |  |
| <input type="checkbox"/> Food         | <input type="checkbox"/> Mental Health                      |  |
| <input type="checkbox"/> Family       | <input type="checkbox"/> Emotional Support                  |  |
| <input type="checkbox"/> 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**?

- Excellent       Very Good       Fair       Not Good

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

- Excellent       Very Good       Fair       Not Good

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

- Excellent       Very Good       Fair       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: \_\_\_\_\_



## UEL 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?

Excellent       Very Good       Fair       Not Good

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

Excellent       Very Good       Fair       Not Good

4. How would you rate your overall health?

Excellent       Very Good       Fair       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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
2. I feel more connected to my culture and community	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
3. I have people with whom I can do enjoyable things	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
4. I feel better about myself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
5. I can better deal with people and situations that used to be a problem for me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
6. I have become more effective in getting the resources I or my family need	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
7. I deal more effectively with daily problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
8. When I have a crisis, I am better able to deal with it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
9. I better understand that lacking basic needs such as adequate money, food or housing, etc. can impact my overall health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
10. I better understand that stress, worries, and level of happiness can impact my mental health or emotional health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
11. I have a stronger belief that most people with mental health experiences can grow, change and recover	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
12. I better understand that talking to people can improve my wellbeing.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>

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)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Housing         | <input type="checkbox"/> Adult Education (formal education) | <input type="checkbox"/> Legal (includes: victims of crime, domestic violence evaluation, probation) |
| <input type="checkbox"/> Healthcare      | <input type="checkbox"/> Children's Education               | <input type="checkbox"/> Stress  |
| <input type="checkbox"/> Employment      | <input type="checkbox"/> Mental Health                      |  |
| <input type="checkbox"/> Food            | <input type="checkbox"/> Emotional Support                  |  |
| <input type="checkbox"/> Family          |   |  |
| <input type="checkbox"/> Substance Abuse |   |  |
| <input type="checkbox"/> Other: _____    |   |  |

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
2. Services were available at locations that were good for me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
3. Staff were sensitive to my cultural background (race, religion, language, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
4. Staff here treated me with dignity and respect	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
5. Staff helped me obtain the information I needed so that I could take charge of managing my problems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>
6. I would recommend this program to a friend or family member	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	NA <input type="checkbox"/>

\*\*\*\*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
<p><b>1. Connecting individual and family with their culture.</b></p> <ul style="list-style-type: none"> <li>Supporting and strengthening individual connection to culture.</li> <li>Improves intergenerational interactions and communication (one-to-one, family relationships).</li> <li>Reduction of acculturative stressors (access to cultural practices, celebrations, traditions; cultural validation).</li> </ul>	<p><b>1. Transforming mental health services.</b></p> <ul style="list-style-type: none"> <li>Use of culturally congruent mental health methods (movement away from one size fit all).</li> <li>Services offered in convenient and comfortable setting.</li> <li>Provide multiple access points.</li> <li>Increase practice of transformative healing.</li> </ul>	<p><b>1. Moving toward personal well-being and community wellness among served and unserved communities in Alameda County.</b></p>
<p><b>2. Forming and strengthening identity.</b></p> <ul style="list-style-type: none"> <li>Increase sense of well-being (empowered, hopeful, feeling heard/validated).</li> <li>Empowered and building/strengthening and self-esteem.</li> </ul>	<p><b>2. Increase workforce and leadership development.</b></p>	<p><b>2. Transforming Alameda County Systems: mental health, criminal justice, school, healthcare, social welfare, housing.</b></p> <ul style="list-style-type: none"> <li>Services increase quality of life.</li> <li>Services inclusive to everyone.</li> </ul>
<p><b>3. Changing individual knowledge and perception of mental health services.</b></p> <ul style="list-style-type: none"> <li>Raising awareness and understanding of mental health services.</li> <li>Reduce personal stigma of mental health and its services.</li> </ul>	<p><b>3. Assisting communities to build capacity by supporting current and emerging leaders.</b></p>	<p><b>3. Increasing mental health workforce diversity with people who possess language capacity and cultural understanding of the underserved and unserved communities.</b></p>
<p><b>4. Building community and its wellness</b></p> <ul style="list-style-type: none"> <li>Reduce individual, family, and community isolation.</li> <li>Reduce community stigma of mental health and its services.</li> <li>Cross community relationship building. Increasing sense of safety.</li> </ul>	<p><b>4. Systems changes</b></p> <ul style="list-style-type: none"> <li>Building capacity</li> <li>Increasing CBPR support</li> </ul>	<p><b>4. Reduce cultural stigma surrounding mental health issues.</b></p>
<p><b>5. Improving access of services and resources.</b></p>		