

Alameda County Underserved Ethnic Language Population (UELPL)

Prevention and Preventative Counseling Community Survey and Focus Group Results FY17/18

November 15, 2018

Acknowledgements

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- Afghan Coalition,
- Portia Bell Hume Center,
- Asian Health Services,
- Community Health for Asian Americans,
- Center for Empowering Immigrants and Refugees,
- Native American Health Center, and
- La Clinica de La Raza

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Executive Summary

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

The health assessment and satisfaction survey were disseminated to the UEL community in 11 different languages: English, Spanish, Vietnamese, Chinese, Dari, Hindi, Khmer, Nepali, Korean, Thai, and Burmese and covered the following outcomes:

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

The evaluation uses mixed methods. To better understand the meaning of survey responses, BHCS also conducted a focus group with the UEL providers.

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

Key Findings

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

In 2017, a total of 272 respondents from five of the seven UEL programs completed the survey.

● Forming and Strengthening Identity

After participating in these services, UEL participants were better equipped to handle problematic situations and crises. Respondent's scores improved a considerable amount in this area from last year to this year. Survey data shows that UEL participants have strengthened their identity and improved their self-efficacy. Discussion from the focus group also suggests that the support and tools clients have received in their programs gave them the strength and **empowerment** needed to deal with crises more effectively.

● Changing Individual Knowledge and Perception of Mental Health Services

Providers work with clients to educate them about mental health and address any misconceptions they may have had in the past.

The data shows a change in the perception of mental health for both types of services, suggesting an increase in **understanding mental health**. Ninety-three percent of *Prevention* respondents and 94% of *PC* respondents reported having a stronger belief that most people with mental health experiences can grow, change and recover.

● Building Community and Its Wellness

UERP providers are building community wellness by creating opportunities for program participants to engage in **cultural celebrations and traditions**. Through field trips and other program activities, clients have fostered relationships and established support systems with people inside their communities, which have allowed them to feel **less isolated** and “stuck at home”. Ninety-three percent of *Prevention* respondents and 89% of *PC* respondents reported that they have people with whom they can do enjoyable things.

● Connecting Individual and Family with their Culture

UERP services aim to bolster the connection clients have with their culture. Ninety-five percent of survey respondents receiving *Prevention* services and 88% of *PC* respondents reported feeling more connected to their culture and community. This was a dramatic improvement from last year for *PC* respondents. During the focus group, providers also cited **Connection to culture** as a benefit of their services.

● Improving Access to Services and Resources

The majority of participants have become more successful at navigating the system to obtain the services and resources they need. **Connecting clients to resources** is an essential aspect of UERP programming. Ninety-five percent of clients receiving *Prevention* services and 89% of *PC* survey respondents reported they have become more effective in getting the resources they need for themselves or their family.

● Transforming Mental Health Services

The **relationship between staff** and clients is powerful. Clients are often treated like friends or family. The data shown here conveys that staff were an integral part of improving the quality of life for their clients. Ninety-nine percent of *Prevention* and 96% of *PC* survey respondents reported that the support they received from staff helped them obtain the information that was needed to manage their problems.

Having **informed staff** implementing services is another critical component of UERP programming. Many staff members are of the same ethnic and cultural background as their clients. Clients were comforted knowing they were understood by program staff. Ninety-three percent of *Prevention* and 96% of *PC* survey respondents reported that staff was sensitive to their cultural background.

Increase Workforce and Leadership Development

This is a new area of exploration for the UERP evaluation. Providers have created opportunities for leadership development for their clients. Some specific examples include a Promotores (health promoter) program or implementing a peer navigator model. The clients learn and develop skills that allow them to facilitate groups, provide presentations and engage other members of their community. Clients are being educated and becoming **community leaders**. Throughout the open-ended section of the survey, some respondents reported that they were sharing information they learned in their sessions with members of their community or hoping to do so in the future.

Remaining Challenges

There are several challenges that surfaced during the survey and focus group.

With the new **immigration** laws and the current federal administration, staff from the Latino community reported that they see more cases of anxiety disorders in people from Central America. Clients are exhibiting increased fear around issues such as immigration, family separation, assimilation, and poverty.

Housing is another issue that was highlighted in the open-ended survey responses and focus group. The lack of **housing** resources available in Alameda County continues to be a significant barrier for clients.

Evaluation Limitations

Although this annual evaluation data continues to show positive results, it has several limitations in our assessment methods, including the small sample size, the lack of comparison group, and the subjective nature of qualitative assessment and analysis. See page 26 for the full list of limitations. BHCS will continue work with an 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 *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. PEI services are viewed as a critical strategy to:

- ❖ “Prevent mental illness from becoming severe and disabling” and
- ❖ Improve “timely access for underserved populations.”

Alameda County is an incredibly diverse population of over 1.5 million people and as such Alameda County Behavioral Health Care Services (BHCS) has developed and implemented seven programs to provide culturally responsive PEI services to community- and state-identified underserved populations, which include the communities of: Afghan/South Asian; Asian/Pacific Islander (API) including newcomers and refugees; Native American, and Latinos. These seven programs are called the Underserved Ethnic and Language Population (UELP) programs. The providers of these programs include:

- Afghan Coalition,
- Portia Bell Hume Center,
- Asian Community Mental Health Services,
- Community Health for Asian Americans,
- Center for Empowering Immigrants and Refugees,
- Native American Health Center, and
- La Clínica de La Raza

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

In FY 17/18, the data shows that these UELP providers in total produced:

- 5,780 *Prevention* events, which is a 20% decrease over last year;
- 37,136 people were served at these *Prevention* events; (duplicated count) and
- 759 unique clients were served through *PC* services, which is a 15% decrease in the number of clients served in FY 16/17.

Evaluation Methods

Data Collection Tools

To better understand the impact of these services on clients, BHCS, 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 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.

In FY 17/18, both tools assessed the impact of the three core strategies (Outreach & Engagement; Mental Health Consultation and Early Intervention services) across the following outcomes:

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

The new design of the forms has moved the evaluation from just measuring the “short-term” outcomes to measuring some “intermediate” outcomes as well. This fiscal year, the outcome of “increase workforce and leadership development” has been added to the evaluation. The UELP evaluation also 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. This is the first year that data from the health assessment has been included in the UELP annual evaluation report. A short-term panel survey was conducted at two points in time (pre/post), using the same sample of respondents (n=52) 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 52 health assessments were matched and qualified for panel analysis (comparing pre and post-test results). The remaining health assessment data included an uneven number of pre (n=73) and post-assessments (n=59) and were evaluated using cohort analysis. 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 meet those needs.

The cohort analysis of the health assessment data is available for review in Appendix 2.

Client Satisfaction Survey

New and existing clients (*PC* or *Prevention*) completed the client satisfaction survey at one point in time. Each client must have participated in a minimum of four sessions to be eligible for the survey. In fall of 2017, a total of 272 respondents from five of the seven UELP programs completed the client satisfaction survey. Respondents were asked 12 questions with statements about the benefits of service (community connection, empowerment, etc.) they could attribute specifically to their participation in one of the UELP programs. They were also asked six questions about the program specifically (staff, hours, location, etc.). Responses to these survey questions were analyzed separately for *Prevention* and *PC* services to assess any differences between the two types of services. It is also important to note that only 213 respondents specified the type of services they receive (e.g., *Prevention* $n=173$ or *PC* $n=40$), so the denominator is slightly lower for these survey responses.

The results below were based on a five-point Likert scale, ranging from strongly-disagree to strongly-agree. To address potential literacy issues, the surveys were translated into the clients' native language, and the scale also included a "thumbs up" or "thumbs down" graphic matching the scale's text. See Appendix 5 for the data collection tools.

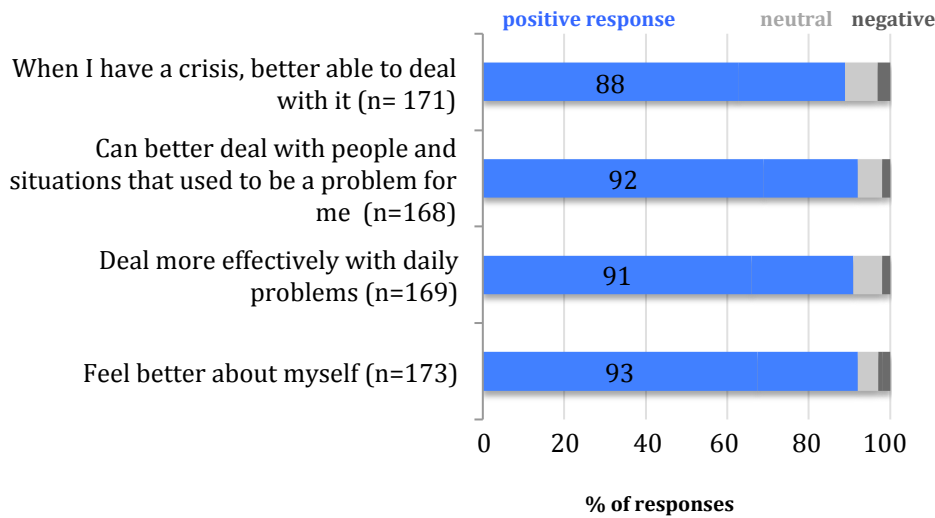
Focus Group

In addition to the survey tools, a focus group was conducted with program staff to assess the benefits and challenges of service provision, the impact of UELP programming, and the achievement of UELP outcomes. The focus group was conducted on April 27, 2018.

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.

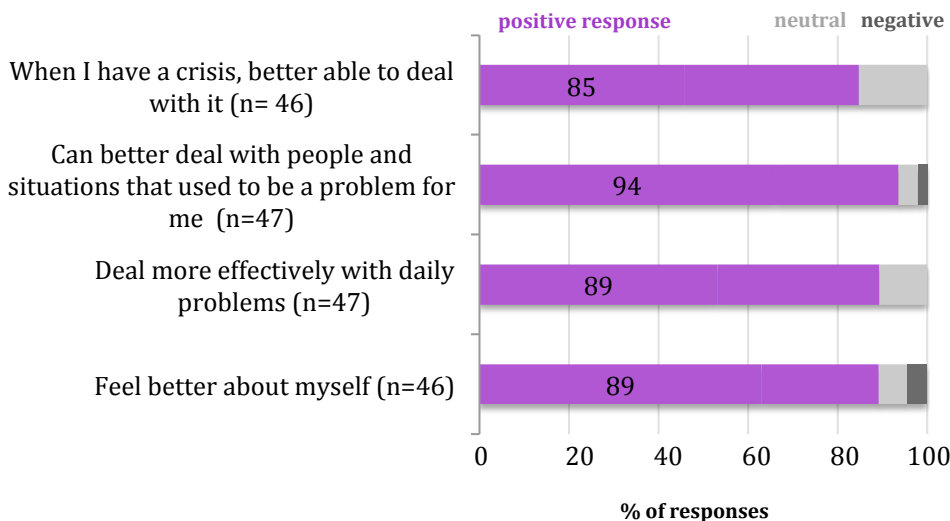
Figure 1. Enhanced Self-Efficacy in Prevention Services



Eighty-eight percent of survey respondents receiving *Prevention* services reported that they are better able to deal with a crisis. Ninety-three percent of survey respondents receiving *Prevention* services, reported feeling better about themselves.

See Figure 1.

Figure 2. Enhanced Self-Efficacy in Preventative Counseling Services



PC clients have also gained the skills necessary to better handle different types of challenges, ranging from everyday problems to an extreme crisis.

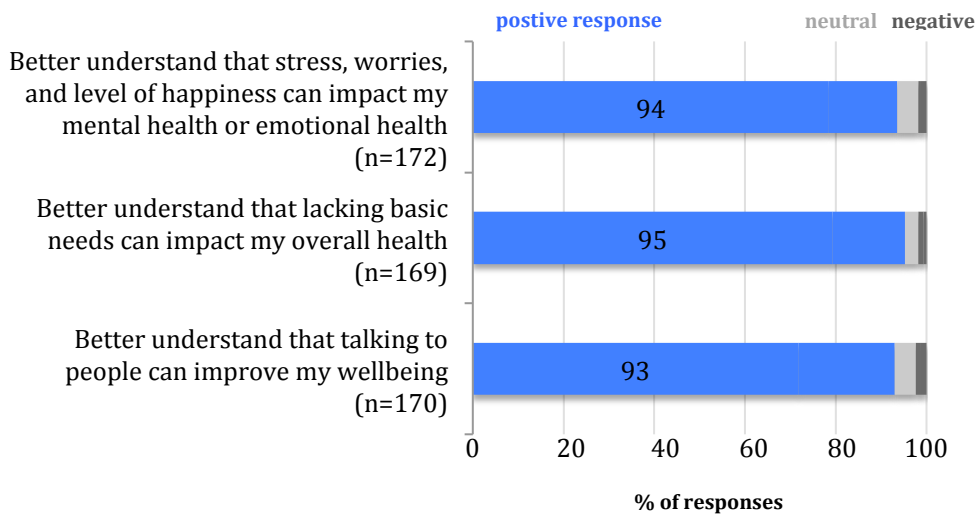
Ninety-four percent of *PC* clients reported that they are better able to deal with people and situations that were previously a problem for them.

See Figure 2.

Changing Individual Knowledge and Perception of Mental Health Services

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

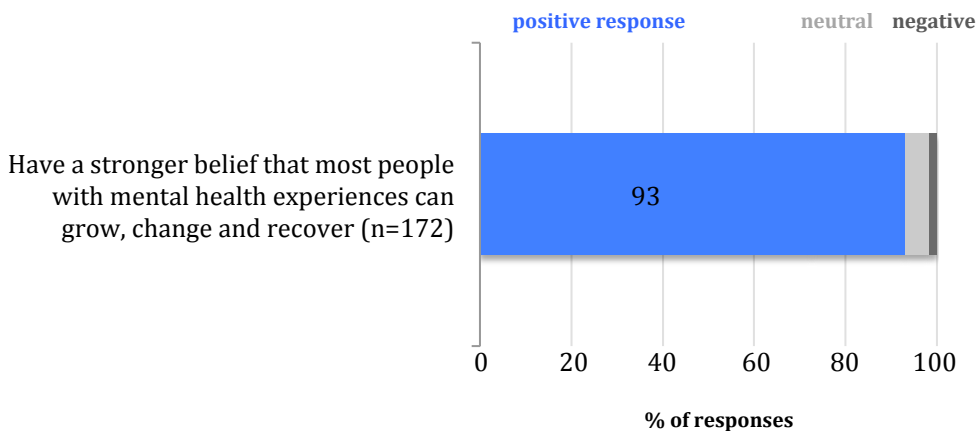
Figure 3. Improved Understanding of Mental Health in Prevention Services



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

See Figure 3.

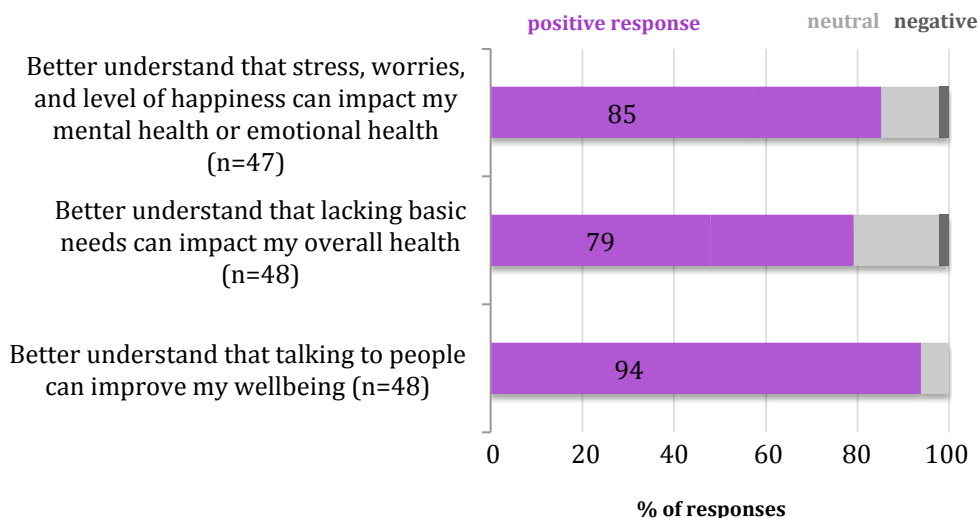
Figure 4. Developed Positive Perception of Mental Health in Prevention Services



This graph shows that respondents from *Prevention* services have improved their perception of mental health. Ninety-three percent of survey respondents reported having a stronger belief that most people with mental health experiences can grow, change and recover.

See Figure 4.

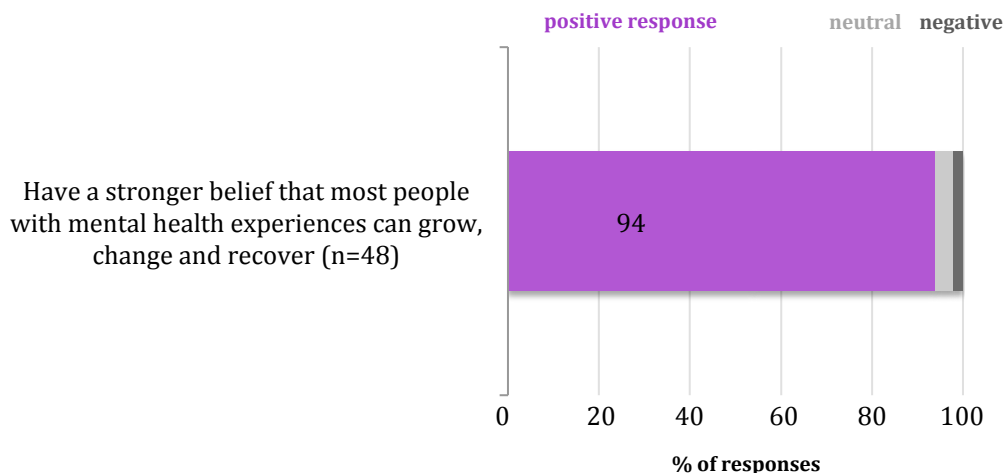
Figure 5. Improved Understanding of Mental Health in Preventative Counseling Services



Of the respondents receiving *PC* services, 85% reported better understanding that stress, worries, and level of happiness can impact their mental or emotional health. Ninety-four percent of respondents better understand that talking to people can improve their wellbeing.

See Figure 5.

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



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

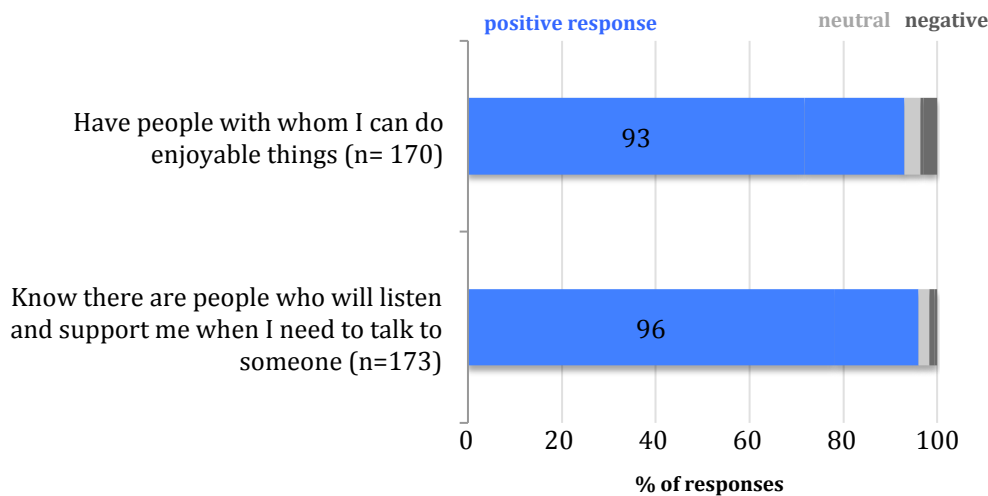
See Figure 6.

Building Community and Its Wellness

UEL P providers have created an opportunity 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 mental health challenges.

These findings corroborate both focus group and survey data collected over the last three years, showing that one reason clients enjoy participating in their UEL P program is that it keeps them from being isolated. It allows them to see their friends and come to a safe place where they can speak to people whom they trust.

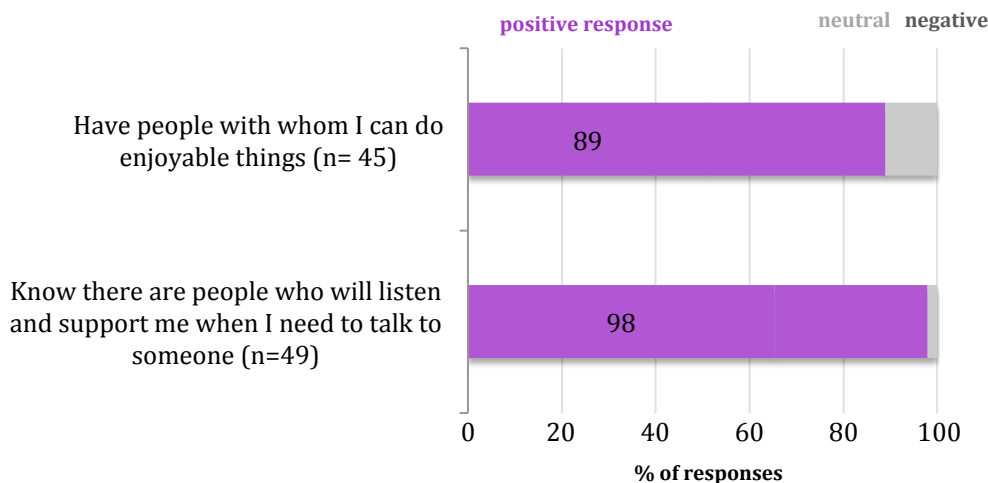
Figure 7. Built Community Support and Companionship in Prevention Services



Of the respondents that receive *Prevention services*, 93% said that they have people with whom they can do enjoyable things. Ninety-six percent of respondents reported knowing that there are people who will listen and support them whenever they need someone to talk to.

See Figure 7.

Figure 8. Built Community Support and Companionship in Preventative Counseling Services



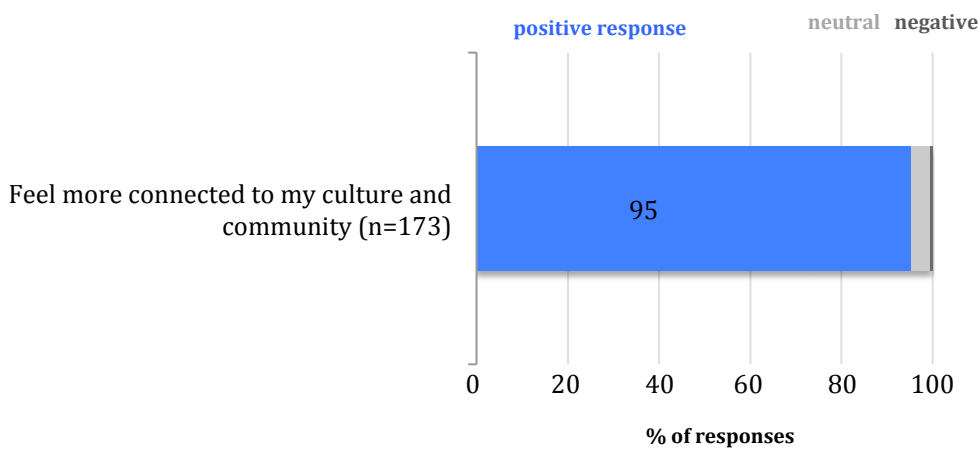
Respondents who participate in *PC services* reported receiving emotional benefits as well. Eighty-nine percent of respondents reported that they have people with whom they can do enjoyable things. The majority (98%) of respondents report knowing there are people who will listen and support them when they need someone to talk to.

See Figure 8.

Connecting Individual and Family with Their Culture

UEL P services aim to bolster the connection clients have with their culture by utilizing their cultural norms as a bridge to provide services. This can be achieved in many different ways. Some examples include using cultural practices and celebrations, and cultural validations in program activities. The data shown below demonstrates that UEL P services are facilitating a connection between clients, their culture, and communities.

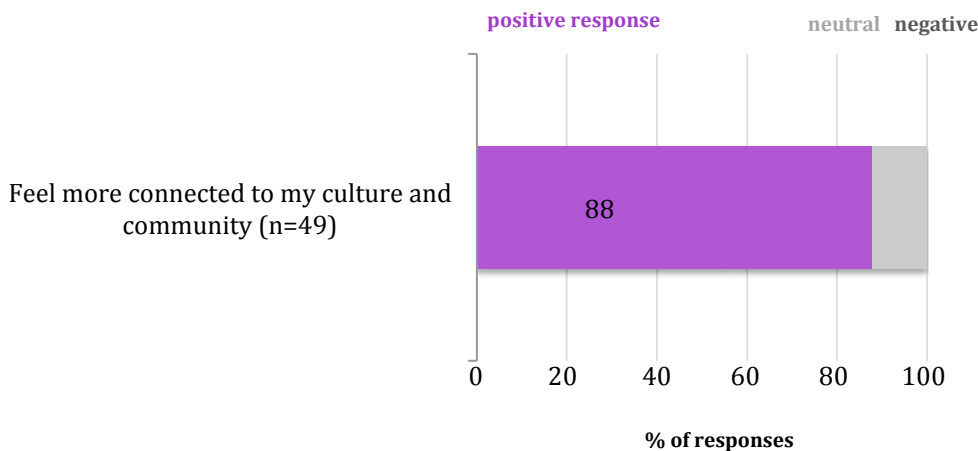
Figure 9. Strengthened Connection to Culture in Prevention Services



Ninety-five percent of survey respondents receiving *Prevention* services reported feeling more connected to their culture and community.

See Figure 9.

Figure 10. Strengthened Connection to Culture in Preventative Counseling Services



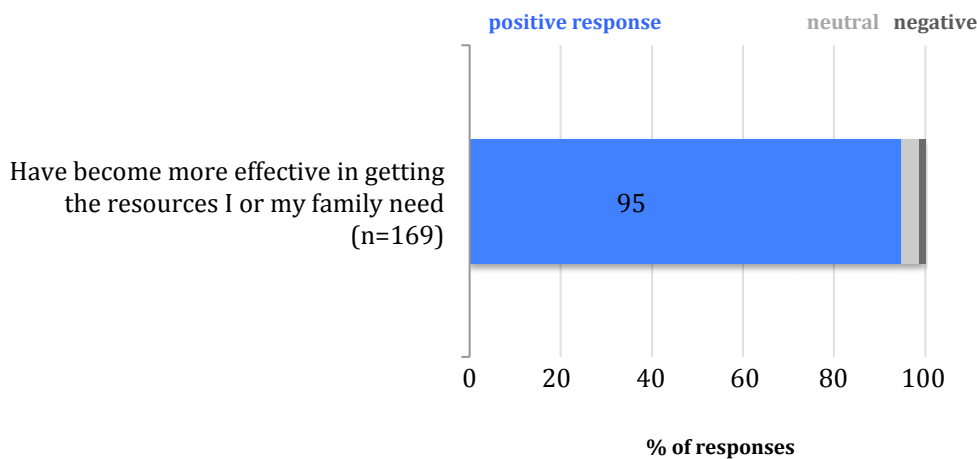
Eighty-eight percent of *PC* respondents said that they feel more connected to their culture and community.

See Figure 10.

Improving Access to Services and Resources

Monolingual or LEP (Limited English Proficiency) populations may experience challenges navigating the behavioral health care system and accessing services or resources, particularly when they are in need and/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, it appears that the majority of participants are more successful at navigating the system in order to obtain the services and resources they need.

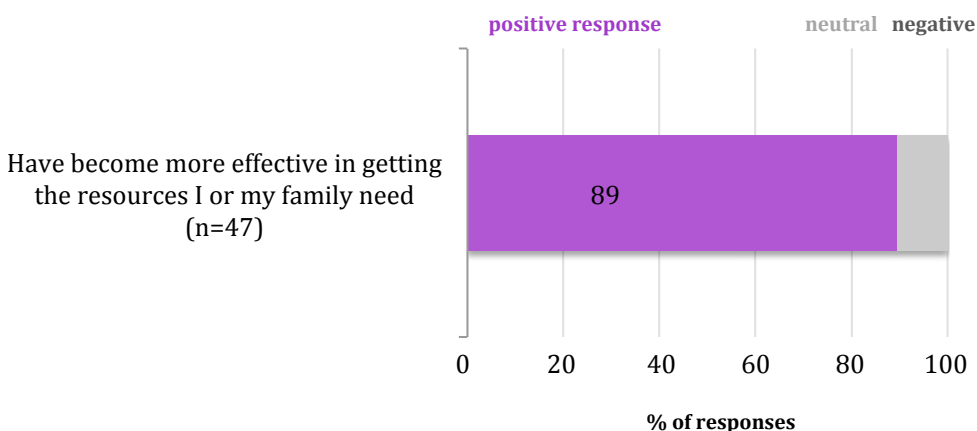
Figure 11. Effective Resource Accessibility in Prevention Services



Ninety-five percent of clients receiving *Prevention* services reported becoming more effective in getting the resources that they need or their family needs.

See Figure 11.

Figure 12. Effective Resources Accessibility in Preventative Counseling Services



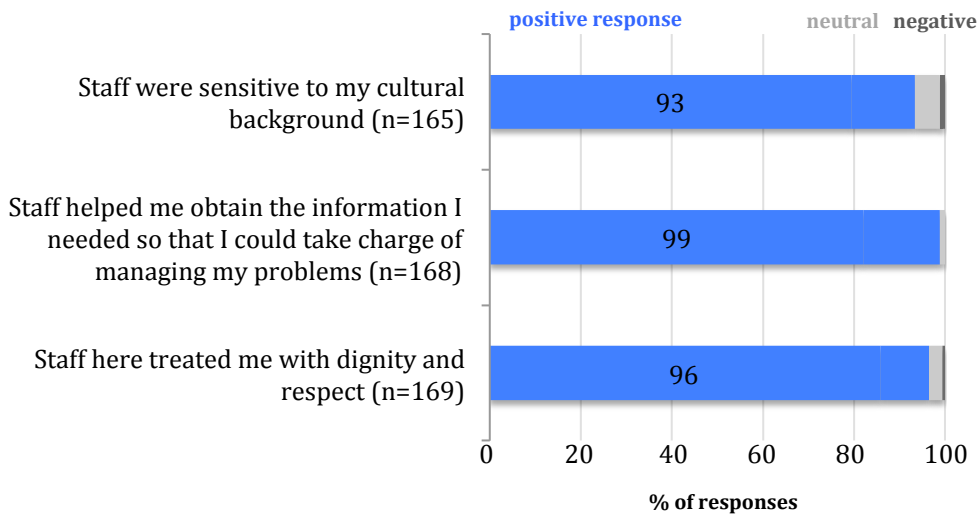
Eighty-nine percent of *PC* survey respondents said they have become more effective in getting the resources that they need for themselves or for their family.

See Figure 12.

Transforming Mental Health Services

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

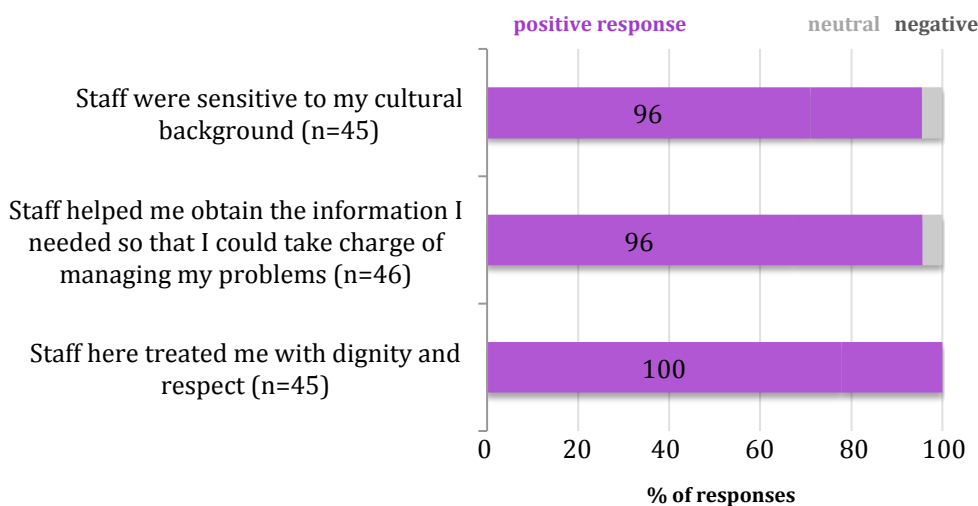
Figure 13. Clients were Satisfied with Prevention Services



Ninety-three percent of clients reported that staff was sensitive to their cultural background. It seems that *Prevention* services were extremely beneficial and useful because the majority (99%) of respondents said that staff provided them with the information needed to help manage their problems. Ninety-six percent of respondents also said that staff treated them with dignity and respect.

See Figure 13.

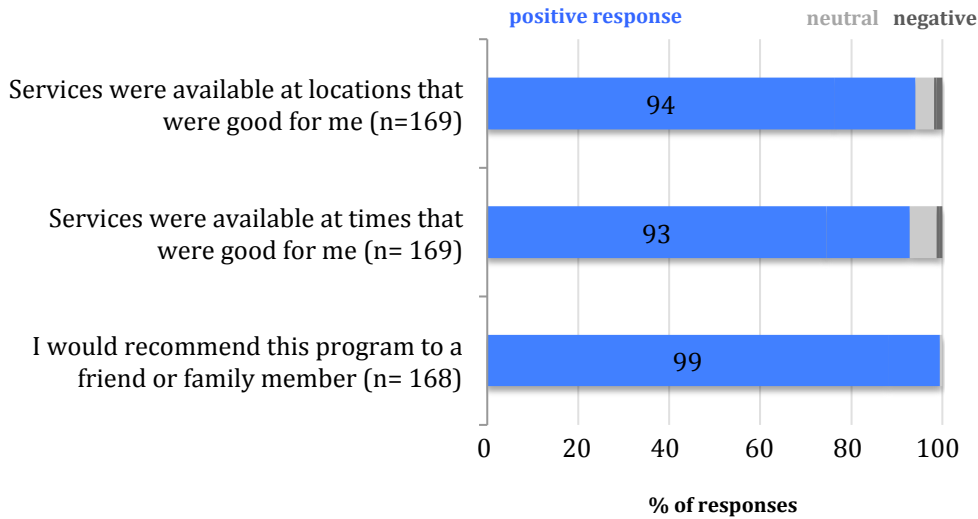
Figure 14. Clients were Satisfied with Staff in Preventative Counseling Services



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

See Figure 14.

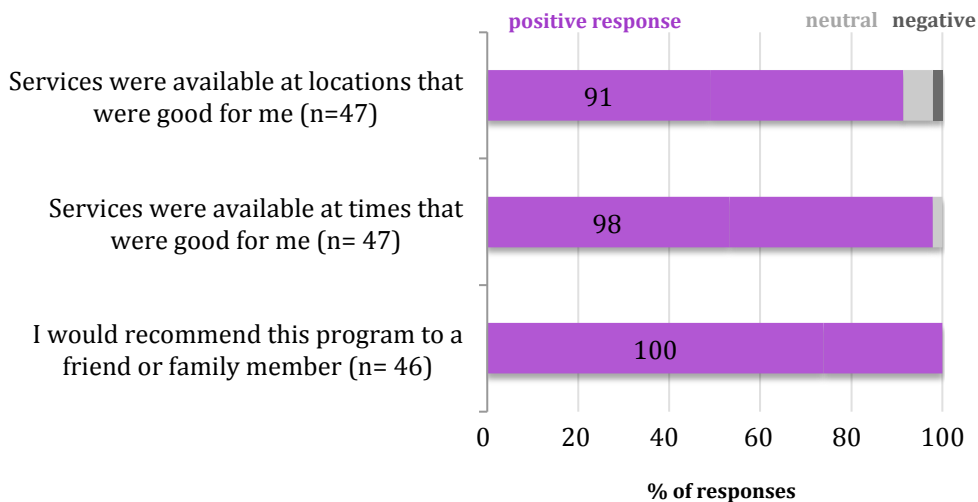
Figure 15. Prevention Services were Convenient and Highly Satisfactory



Ninety-four percent of *Prevention* respondents thought that the services were available at good locations and times. Nearly all (99%) of these respondents also said they would recommend these services to a friend or family member. This data suggests that the *Prevention* clients think that these services are convenient and helpful and that others can benefit from them.

See Figure 15.

Figure 16. Preventative Counseling Services were Convenient and Highly Satisfactory



About the same number of respondents receiving *PC* services reported that the services they receive are convenient. Ninety-one percent of these client reported that services were offered at convenient locations and 98% of respondents reported that services were offered at convenient times. One hundred percent of respondents said they would recommend their program to friends or family.

See Figure 16.

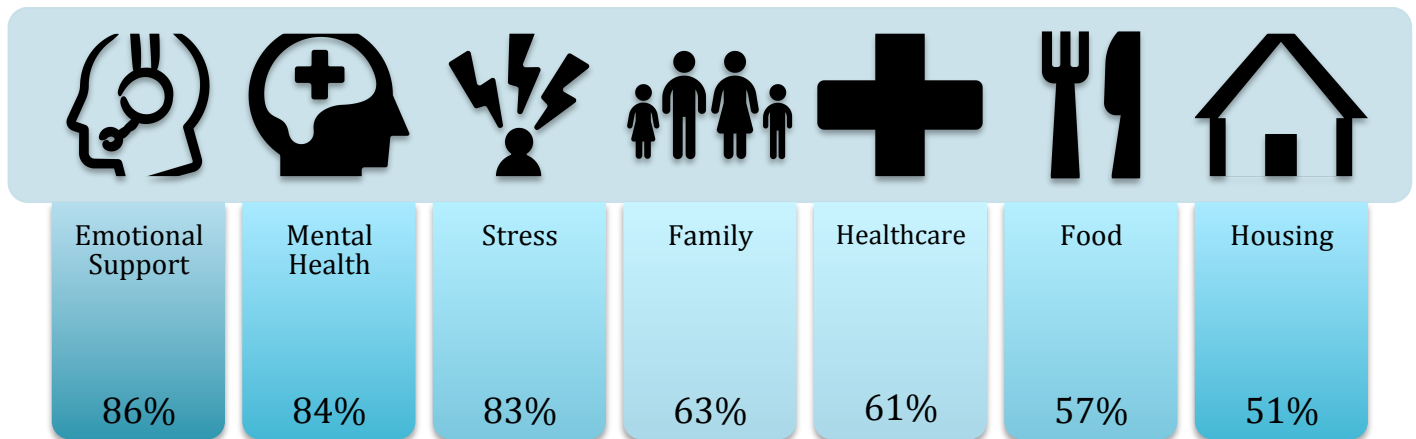
Areas of Improvements

Survey respondents were asked to specify which areas of their lives have improved as a direct result of their participation in UELP services. They were given a choice of 13 different categories from which to choose, including an “other” choice, and were asked to check all that apply. The following answers were identified as improved by at least 50% of respondents.

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

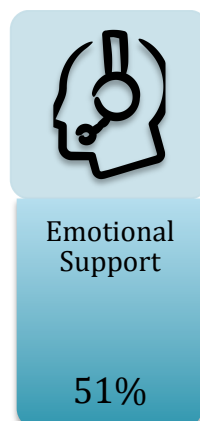
Prevention Services

Figure 17.



PC Services

Figure 18.



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 5-20 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 the website called WordItOut.com.

Note: Only themes with 10 or greater responses were included in the tables below to showcase the ones that came up most frequently by respondents.

Most Beneficial Services and Supports

108 survey participants responded to this question



Categories: Social	# of responses
Feeling supported /support	15
Total:	15

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

“To have the support of someone other than family.” “The emotional support that they offered me.”

Categories: Services	# of responses
Assistance with access to services	10
Total:	10

Assistance with Access to Services received the most responses in the Services category. This theme included services such as WIC, housing, benefits, health insurance and other resources. Specifically, assistance with navigating the system was the most frequent response under this theme *“Getting consultation in my own language, navigation/advice about the system.”*

Categories: Information, Knowledge, Resources, Skill Development	# of responses
New Skill Development/Application	10
Increased Knowledge/Received Information	10
Total:	20

Information, Knowledge, Resources, Skill Development is another important category with recurring themes. Respondents reported that they have benefited from services by increasing their knowledge and receiving access to information, as well as applying new skills they have developed.

“To learn a lot of information that I didn't know before.” “I loved to learn & get information regarding how to help me & other family members.” “It helps me to know how to control my stress.”

Categories: Physical, Mental, Emotional Health	# of responses
Mental Health	30
Emotional	14
Total:	44

Physical, Mental, Emotional Health is the largest category in this section, just as it has been in previous year’s reports. Respondents expressed that the program was beneficial for supporting their mental and emotional health and wellness by providing information, motivation and support.

“What's most beneficial for me is to know about topics and their possible solutions, advising to seek psychological help to face difficult situations that people are going through.” “Emotional support.”

Categories: General	# of responses
Yes	14
Total:	14

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

“Yes, I think this program is beneficial to me.” “Everything.”

Additional Client Needs

90 survey participants responded to this question



Category: Medical/Health	# of responses
Mental Health	15
Total:	15

Medical/Health is a category that includes themes referring to client’s mental and emotional health needs. Respondents repeatedly expressed a need for more mental health information, coping skills, and services. In addition, several expressed a need for emotional support and skills to manage their emotions. *“To continue learning about mental health.”* *“I would like to receive mental health services for all family members.”*

Category: Information/Knowledge/Skill Development	# of responses
More information/resources	10
Total:	10

Information/Knowledge/Skill Development is an important category. Respondents expressed their need for continuous mental health services and resources.

“I would like to have more knowledge about the topic of mental health to best help my family and community.” *“Go to the college (information).”*

Stand-alone categories	# of responses
More of Similar Programs and/or Services	11
More Help and Support	16
Total:	27

More of Similar Programs and/or Services is a theme where respondents expressed a need for more services, especially more workshops.

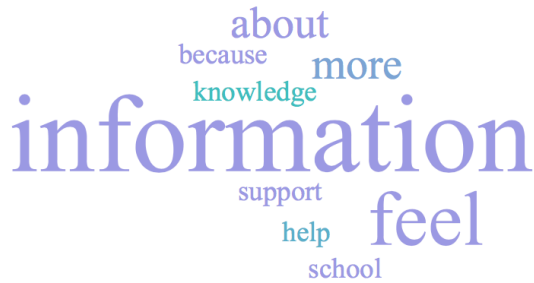
“More mental health conferences.”

More Help and Support also falls under the “Other” category and refers to respondents who want and need a continuation of support.

“Emotional support for academic persistence.”

What Would Have Been Different Without These Services?

90 survey participants responded to this question



Category: Physical, Mental, Emotional Health	# of responses
Mental/ Emotional Health	20
Total:	20

Physical, Mental, Emotional Health category refers to respondents' mental and emotional health needs. Respondents reported that without their participation in these programs, they would be more stressed, anxious, feeling helpless or depressed. Other respondents reported they would be without the mental health and emotional support that they need.

"Would have been different because I had no knowledge about the services that people can access to receive help in mental health." "More stress and feeling hopeless."

Category: Unable to Access Information/Resources and/or Develop Skills	# of responses
Unable to Access Knowledge, Information and Resources	21
Total:	21

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

"Confused, no resources- no understanding about many things." "I feel I wouldn't be as informed about all the resources in my community."

Stand Alone Categories:	# of responses
Bad Decisions/Traits/Feelings/ Behavior	10
Total:	10

Bad Decisions/Traits/Feelings/Behavior fell under the "Other" category. In this theme, respondents expressed that without these services, they would have made bad decisions and/or continue to experience negative thoughts and feelings.

*"I would have dropped out of school." "I would probably still feel like s***."*

Anything Else to Share

66 survey participants responded to this question



Stand Alone Categories:	# of responses
Continuation/Expansion of Programs and Services	18
Appreciation/Positive Comments	20
No	10
Total:	62

Continuation/Expansion of Programs and Services is a theme that further expresses respondents' need for services to continue.

"I'd like there to be more classes in the future." "I would love to have these services & workshops in school settings among the community."

Appreciation/Positive Comments is the largest theme in this section. Respondents were very thankful for the program and felt that it could benefit their families and the community.

*"We need more programs like this. Thank you very much."
"I'm really thankful for this program."*

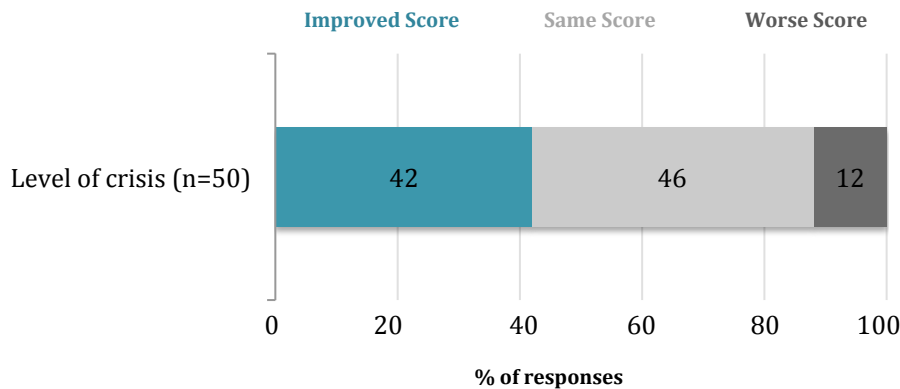
Community Health Assessment Results (Panel Data Analysis)

A short-term panel survey was conducted at two points in time (pre/post), using the same sample of PC to measure change over time. The following data summarizes change over time for 52 participants, assessing their level of crisis, health status and level of activity. The assessment asks clients to self-rate their level of crisis on a scale from 1 to 10, giving the examples of feelings/behaviors associated with a crisis: can't focus, frustrated, feeling isolated, angry, lost, constant crying, feeling paralyzed, urge to use drugs/alcohol etc.

The majority of participants reported the same scores from the pre to the post-assessment. Less than half of respondents reported improved scores and very few clients reported a worse score. This data conveys that services are helping to mitigate crises and challenges that clients may be facing.

Health Surveillance

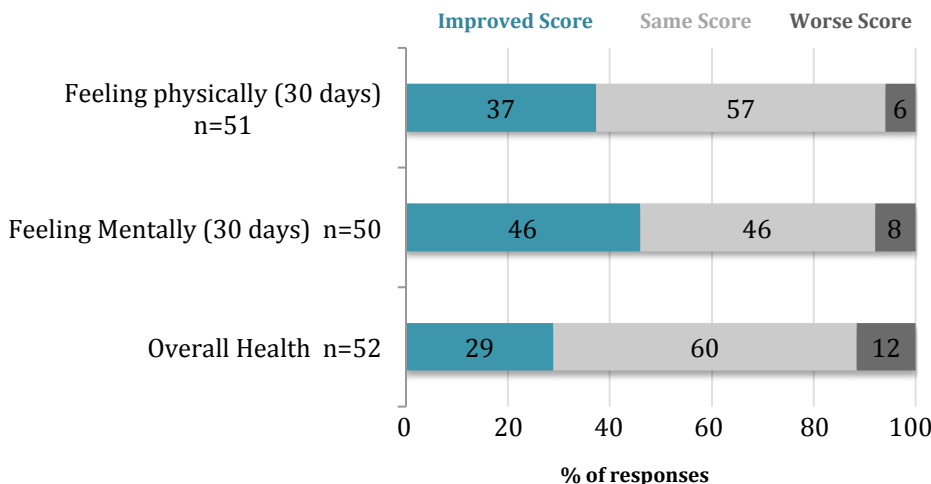
Figure. 19 Clients **Maintain** Level of Crisis



Forty-two percent of respondents improved their level of crisis from their pre-assessment to the post. The majority of respondents (46%) maintained the same level of crisis and only 12% got worse.

See Figure 19.

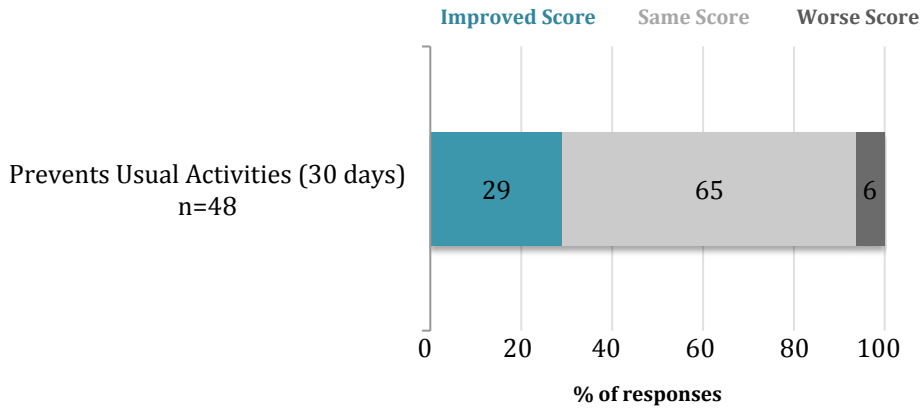
Figure. 20 Clients **Maintain** Level of Health



Forty-six percent of respondents reported an improved level of mental health from the pre-assessment to the post. The majority of clients (60%) reported that their overall health remained the same over time.

See Figure 20.

Figure. 21 Clients **Maintain** Level of Activity



Twenty-nine percent of respondents decreased the number of days that physical and/or mental health kept them from performing their usual activities. Sixty-five percent of respondents reported the same level of activity from pre-assessment to post-assessment. Only 6% of respondents reported their usual activities being disrupted for more days.

See Figure 21.

Discussion

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, providers mentioned themes that reflected the seven outcomes assessed through the survey:

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

● Forming and Strengthening Identity

After participating in these services, UELP participants were better equipped to handle problematic situations and crises. Respondent's scores improved a considerable amount in this area from last year to this year. Survey data shows that UELP participants have strengthened their identity and improved their self-efficacy. Discussions from the focus group also suggest 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.

● Changing Individual Knowledge and Perception of Mental Health Services

The data shows a change in the perception of mental health for both types of services, suggesting an increase in **understanding mental health**. Providers work with clients to educate them about mental health and address any misconceptions they may have had in the past. Ninety-three percent of *Prevention* respondents and 94% of *PC* respondents reported having a stronger belief that most people with mental health experiences can grow, change and recover.

● Building Community and Its Wellness

UEL P providers are building community wellness by creating opportunities for program participants to engage in **cultural celebrations and traditions**. Through field trips and other program activities, clients have fostered relationships and established support systems with people inside their UELP communities, which have allowed them to feel **less isolated** and "stuck at home". Ninety-three percent of *Prevention* respondents and 89% of *PC* respondents reported that they have people with whom they can do enjoyable things.

● Connecting Individual and Family With Their Culture

UEL P services aim to bolster the connection clients have with their culture. Ninety-five percent of survey respondents receiving *Prevention* services and 88% of *PC* respondents reported feeling more connected to their culture and community. This was a dramatic improvement from last year for *PC* respondents. *During the focus group, providers also cited **Connection to culture** as a benefit of their services.*

● Improving Access to Services and Resources

The majority of participants are more successful at navigating the system to obtain the services and resources they need. **Connecting clients to resources** is a vital aspect of UELP programming. Ninety-five percent of clients receiving *Prevention* services and 89% of *PC* survey respondents reported they have become more effective in getting the resources they need for themselves or their family.

● Transforming Mental Health Services

The **relationship between staff** and clients is powerful. Clients are often treated like friends or family. The data shows that staff was an integral part of improving the quality of life for their clients. Ninety-nine percent of *Prevention* and 96% of *PC* survey respondents reported that the support they received from staff helped them obtain the information needed to manage their problems.

Having **informed staff** implementing services is another critical component of UELP programming. Many members of staff are of the same ethnic and cultural background as their clients. Clients were comforted feeling understood by program staff. Ninety-three percent of *Prevention* and 96% of *PC* survey respondents reported that staff was sensitive to their cultural background.

Increase Workforce and Leadership Development

This is a new area of exploration for the UELP evaluation. Providers have created opportunities for leadership development for their clients. Some specific examples include a Promotores (health promoter) program or implementing a peer navigator model. The clients learn and develop skills that allow them to facilitate groups, provide presentations and engage other members of their community. Clients are being educated and becoming **community leaders**. Throughout the open-ended section of the survey, respondents reported that they were sharing information they learned in their sessions with members of their community or hoping to do so in the future.

Remaining Challenges

With the new **immigration** laws and the current federal administration, staff from the Latino community reported that they see more cases of anxiety disorders in people from Central America. Clients are exhibiting much fear around issues such as immigration, family separation, assimilation, and poverty.

Housing is another issue that was highlighted in the open-ended survey responses and focus group. The lack of **housing** resources available in Alameda County continues to be a significant barrier for clients.

Additional Findings

The UELP providers administer services to several unique and distinct populations in Alameda County. After reviewing four years of data, it is 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 transforming the way mental health services are provided to underserved populations in Alameda County.

The data suggests that clients are benefiting from the mental health and emotional support they have received. Although they are showing improvement, it is also evident that they still have needs and want more help and support, specifically in the areas of mental health and emotional support. Clients are incredibly thankful for their UELP programs. They love the services and want more of them. Without the support of UELP, they would have been adversely impacted. Respondents reported that without these services they would not have increased their knowledge of mental health, would not have had the information needed to secure resources, would have been without the emotional support they so desperately need, and would have made bad decisions that would have negatively affected their lives.

The most compelling data this year came from the *PC* respondents. This is the first annual evaluation report to include a panel analysis of the community health assessment that demonstrates change over time specifically for clients that receive *PC* services. This is meaningful because *PC* clients are a subset of participants that are at higher risk and already

showing signs of having a mental illness. They come into their programs with higher needs and require more intensive services.

The majority of *PC* respondents reported either the same score or an improved score for their level of crisis, health status and level of activity. Very few respondents reported a worse score. This data suggests that services are helping to mitigate crises and challenges that clients may be facing, however, that they are still in need of more services. Data from the cohort analysis (Appendix 2) shows that clients are still reporting crises and poor health but at lower percentages. This is a dramatic improvement from previous years, but this area still requires more research.

Methodological Limitations

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

1. The number of respondents for this survey is lower than last year's survey. However, since the number of respondents (n=272) is just a small sample (a little less than one-third) of the total number of clients that are served by the UELP programs, it may not be representative of the entire population served. Also, the small sample size limits our ability to determine whether differences between different ethnic or language groups are statistically significant.
2. The sample size (n=52) for the community health assessment is too small to test for statistical significance.
3. Only five of the seven UELP providers submitted surveys for their programs. Therefore, the data in this report may not accurately reflect all of the UELP programs.
4. Considering the community-based survey was conducted at just one point in time, the data only represents a snapshot of clients during the time they took the survey, which limits our ability to assess whether the UELP *Prevention* and *PC* services led to any long-term change in each of the seven outcome areas of connection, identity, knowledge, community, access, transformation and leadership development. The lack of a comparison group makes it difficult to distinguish the effects of the program from other factors in clients' lives. There is no clear baseline or likely trajectory for clients against which we could measure whether clients are doing better than what would be expected if they were not receiving program services. This fiscal year, the evaluation team will explore potential populations and data sources for developing a comparison group.
5. Clients were asked if they achieved the items on the survey as a result of the services and supports they have received in their UELP programs. It is possible that other factors outside of the UELP programming could have contributed to the positive results discussed in the report. A true experimental research-design must be completed in order to determine if the UELP programming is the direct cause of the results.
6. There were a lot of similar or repeat answers in the open-ended section of the survey tool. This might suggest that some respondents completed their surveys in a group setting and may have shared answers. It is possible that some of the answers to the open-ended questions reflected someone else's ideas and not the respondent's.
7. New providers have recently joined the UELP initiative and were invited to participate in the focus group. However, the new providers joined after we administered the surveys and therefore, their clients' responses are not included in this year's report.
8. The funder (BHCS) was present during the time of the focus group. It is possible that the participant's feelings or opinions about the funder could have influenced how they answered the focus group questions.

9. 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.¹This could happen for several reasons including wanting to please the program, fear of the program going away, feeling embarrassed about negative responses and wanting to save face, etc.
10. Lastly, the qualitative data from the focus group and open-ended survey responses are subject to interpretation by the evaluators. Additionally, the participants may hold views that are different from those who did not attend the focus group.

Next Steps

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

- The next round of focus groups or key informant interviews will include different age groups that have not had a chance to participate. UELP provider staff will participate in another focus group.
- More research is needed to know what success looks like for these programs. We need sufficient targets, such as national standards to compare this data against in order to help measure program effectiveness.
- More training is required for UELP providers and their staff to make sure that the Community Health Assessment form is completed and collected correctly.

¹ See definition for Hawthorne Effect <http://methods.sagepub.com/book/key-concepts-in-social-research/n22.xml>

Appendix 1. Focus Group Data

On April 27, 2018, the Alameda County Public Health Department's CAPE unit conducted a focus group with UELP providers and their staff.

The purpose of this focus group was to assess the benefits and challenges of service provision, the impact of UELP programming and the achievement of UELP outcomes all from a staff perspective. Participants were asked questions about:

- The atmosphere or feeling their program provides;
- The resources they offer;
- How clients benefit from their services;
- How their programs promote community wellness;
- How cultural practices, community celebrations, and traditions are integrated into the programming; and
- How their program supports or promotes leadership development in the community.

See Appendix 4 for a listing of all focus group questions.

Note: New providers have recently joined the UELP initiative. However, the new providers were not part of the target population therefore systematically different from the sample population. New providers were present during the focus group, and their responses were included in the summary along with the existing providers.

Findings

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

Forming and Strengthening Identity

- **Empowerment**

During the focus group, many providers stated that clients felt empowered and more confident after receiving services in their UELP programs. They gave specific examples in which clients reported to them directly that they felt hopeful, more powerful and capable of having a meaningful life even though they have a mental illness. Within the UELP programming, providers improve and strengthen how clients feel about their lives. Clients have learned and understand that they can move forward when challenges arise using the tools they have been given.

Changing Individual Knowledge and Perception of Mental Health Services

- **Mental Health Understanding**

Internal and external stigma (i.e., community and family) continues to be a significant problem across many of the ethnic groups receiving UELP services. Unfortunately, among these ethnic groups, stigma is often a barrier when seeking or receiving mental health support. Providers worked with clients to educate them about mental health and address any misconceptions they may have had in the past. One provider said the clients reported to them that after receiving services in their program, their perceptions of mental health challenges changed. They learned that they could still live a fruitful life even with mental illness.

During the focus group, some providers discussed working with clients to make a connection between somatic systems and mental illness. Some cultures describe psychological problems as physical. One provider reported using somatic therapy as a way to have conversations about genocide, PTSD and physical pain during their bodywork.

Building Community and Its Wellness

○ **Cultural Celebrations and Traditions**

UEL P providers are building community wellness by creating opportunities for program participants to engage in cultural celebrations and traditions. Staff from La Clinica reported that there are Traditional Healing events that are held once a month in the community. Folks from the community come to participate in different healing practices provided to them by Community Healers. Another provider reported they offer day trips to monasteries one to two times a year. They report that client participants are happy at the gatherings and enjoy getting to see other people in attendance.

○ **Less Isolated**

Isolation is still a serious concern for UEL P providers and their clients. Being isolated at home can exacerbate existing mental health challenges. Providers discussed finding ways to meet with clients in their homes or in the community. Field trips are a beneficial activity to keep clients from being “stuck at home.” According to survey responses, clients are continually looking forward to field trips and requesting more of them. During the focus group, staff also expressed that clients want to share more of their time together. Staff will do one-on-ones with clients, pick them up from their houses, or just have a visit to laugh together and peel fruit.

Connecting Individual and Family with their Culture

○ **Connection to Culture**

Staff from La Clinica reported that in their program Cultura y Bienestar, they provide services that emphasize the cultural aspects of the community as a way to help understand mental health issues.

Improving Access to Services and Resources

○ **Connected to Resources**

Connecting clients to resources is an essential aspect of UEL P programming. The majority of clients receiving services from UEL P providers are immigrants. Providers refer clients to other services as necessary.

Further assistance is often needed when getting connected to additional resources and completing the application forms necessary for those services. Providers also educate clients about the different types of resources that are available to them. Providers report that in some instances, they would even accompany clients to their appointments.

Transforming Mental Health Services

○ **Safe Space**

Providers aim to create a safe space where clients feel welcomed and comfortable to share their stories. Clients are treated with a lot of respect and compassion. Staff from La Clinica reported that they try and create a relaxed environment using candles. Sometimes they use oils and smudging pictures as a way to depict their current reality. Other providers talked about using normalizing language and confidentiality when providing space and opportunity for clients to share their stories. Another provider shared that they use cooking as a way to make clients feel comfortable. "Food always makes people feel good."

○ **Relationship with Clients**

The bond between staff and clients is powerful. Clients are often treated like friends or family. Members of staff meet with clients in the community just as if they were meeting up with friends. This also helps to build trust with clients.

One focus group participant explained that in the Nigerian community if the client were younger than she, they would refer to her as "Auntie." If the client were older, she would then approach their relationship as if she was like a daughter to them. Another staff that provides services to the Cambodian community expressed the similarities between the two cultures in which staff present themselves as a family member.

- **Language**

UELP providers offer language support to their clients. Many services are available in the client's native language, and when they are not, translation services are also available. Staff from NAHC reported that they have phone translators and CERI also provides language resources and translate information for clients.

- **Informed Staff**

Having informed staff implementing services is another critical component of UELP programming. Many staff is of the same ethnic and cultural background as their clients. They understand sub-ethnic groups and cultural nuances which is essential to developing meaningful connections with their clients. Clients were comforted feeling understood by program staff.

- **Spiritualism**

There is a close connection between culture and religion/spiritualism. Many of the providers said that they often give clients support that is faith-based. Staff from CHAA gave an example of providing spiritual support using Vipassanā Buddhism. They said they use it to show clients how healing it can be and allow them to see the light. Another provider asks clients if they would like to engage in spiritual healing techniques and if they do, they both participate in traditional spiritual healing practices together.

Increase Workforce and Leadership Development

- **Community Leaders**

A few providers gave examples of how they are promoting leadership development in the community. La Clinica has a Promotores program, in which people from the community are trained to become health promoters in their community. They learn and develop skills that allow them to facilitate groups, provide presentations and engage other members of their community. Another provider reported that they are working towards developing peer navigators and aim to have them serve as a model to current clients. They further explained that they were once a client and this was how they were connected to resources. "We came from the communities."

Remaining Challenges

- **Paperwork**

Many providers expressed their frustration with the amount of paperwork the County requires from programs. Providers talked about the difficulty they experience when asking clients to sign things and provide information that funders require for procedures. Clients are fearful of giving up their contact information etc., especially if they are undocumented.

- **Housing**

The lack of housing resources available in Alameda County continues to be a significant barrier for clients.

- **Immigration**

With the new immigration laws and current events, staff from La Clinica reported that they see more cases of anxiety disorders in people from Central America. Clients are exhibiting more fear around issues such as immigration, family separation, assimilation, and poverty.

Appendix 2. Community Health Assessment Results (Cohort Analysis)

- N=73 participants completed the Pre-Health Status Assessment
 - Emotional support and healthcare were the two highest needs that brought clients in for services.
 - The majority (79%) of respondents reported that they were experiencing a crisis at the time of the assessment. Issues around stress seemed to be the top reasons for those crises.
 - A little less than two-thirds of respondents were not doing well physically or mentally in the past 30 days from when they took the assessment.
 - Overall health was rated “not good” by 54% of respondents.
 - Health problems disrupted a little more than half of clients from participating in their usual activities for multiple days.
- N=59 participants completed the Post-Health Status Assessment
 - The majority (77%) of respondents reported that they were experiencing a crisis at the time of the assessment. Family issues seemed to be the top reasons for those crises. This is consistent with last year’s data.
 - Less than half 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-Health Status Assessment.
 - Overall health was rated “good” by 52% of respondents.
 - Health problems disrupted nearly three-quarters of clients from participating in their usual activities for fewer days.

These questions have been adopted from the Center for Disease Control and Prevention Behavioral Risk Factor Surveillance Survey (BRFSS).² The data shows a more substantial improvement from the pre to post assessment as compared to previous years. However, when combining the data from the satisfaction form with this health status assessment, it looks the same as it has for the past three years. In all of the other areas, clients are improving and getting better. Despite an improvement on the health assessment, a large number of survey respondents are still reporting poor health. More data needs to be collected in this area.

² More information on these questions, please go to <http://www.cdc.gov/nccdphp/brfss/>.

Pre Assessment Results (n=73)

Agencies:

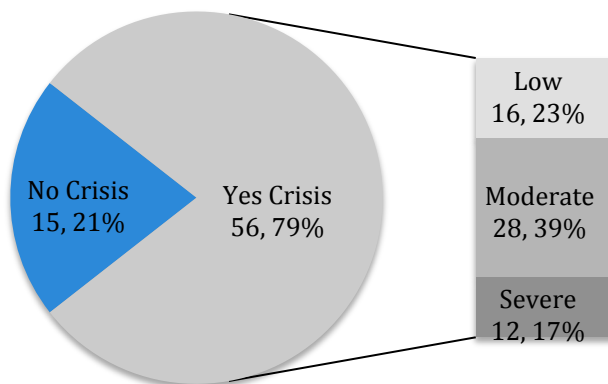
- CHAA 60%
- La Clinica 22%
- Native American Health Center 18%

Top Needs Brought Clients in for Services:

- Emotional Support 40%
- Healthcare 40%
- Stress 38%

Number of Clients Experiencing a Crisis

Most Clients were Experiencing a **Crisis**



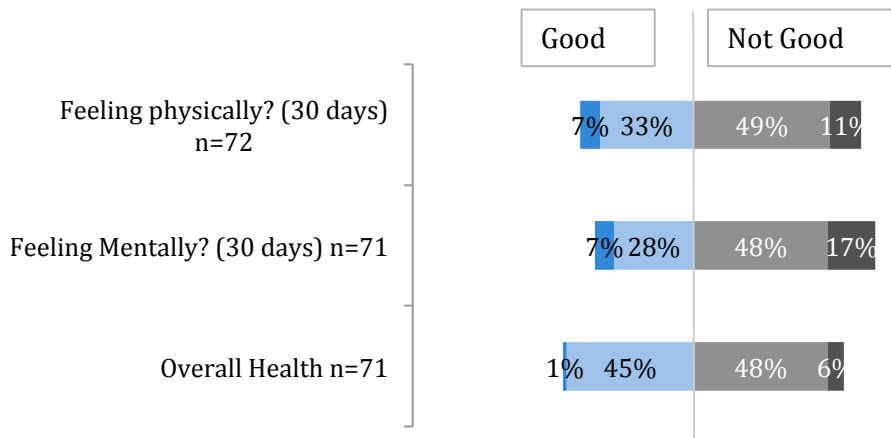
Top Reasons for the Crisis

- Stress 33%
 - Example: "It stressed me to go to school because of my documents (Immigration or I don't have SS#)."
- Lost/Isolated 25%
 - Example: "You are alone, no family."
- Sad/Depressed 21%
 - Example: "Short temper, aggressive, loss of focus, sad, lonely."

Health Surveillance

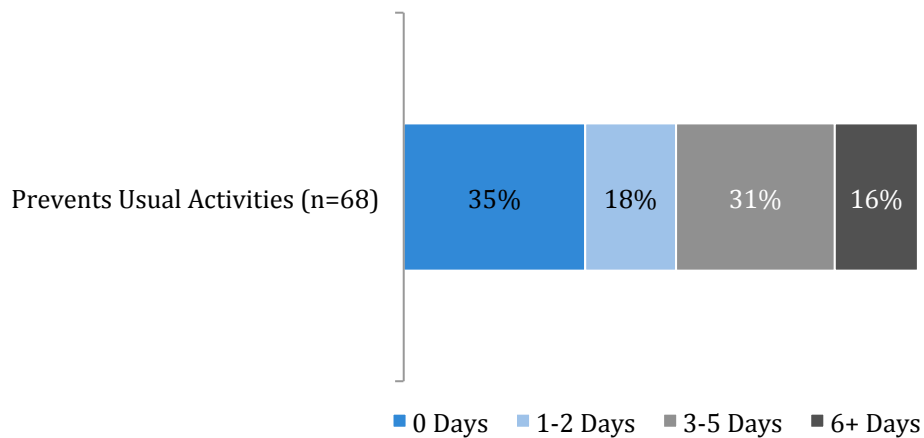
The following questions asked respondents, *how are you feeling today, in the past 30 days and overall?* The responses were offered on a four-point scale ranging from poor to excellent.

Most Clients in **Poor** Health



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

Health Problems **Disrupted Multiple Days**



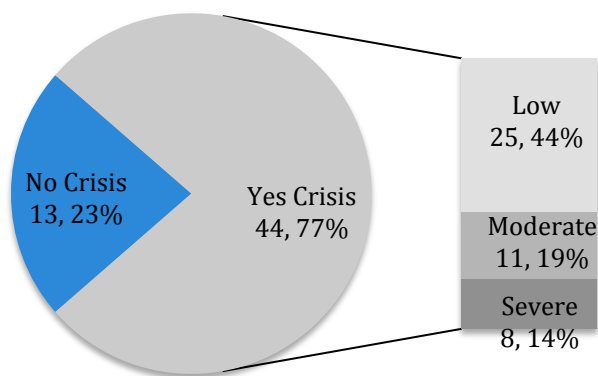
Post Assessment Results (n= 59)

Agencies

- CHAA 46%
- La Clinica 27%
- Native American Health Center 15%
- AHS 12%

Number of Clients Experiencing a Crisis

Majority of Clients are **Still Experiencing a Crisis**



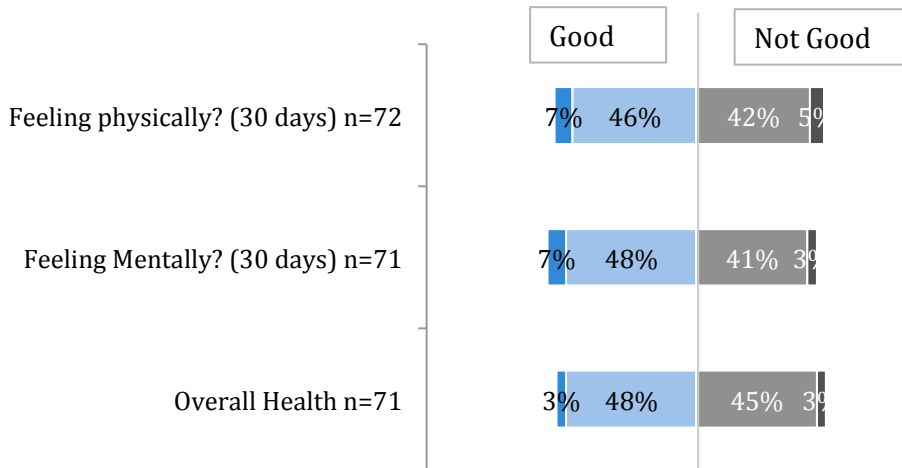
Top Reasons for the Crisis

- Family 24%
 - Example “The relationship that I currently have with my daughters really hurts me. I feel anxiety, sadness, lack of desire to do any activity.”
 - Example: “Not feeling good, family situation no good.”

Health Surveillance

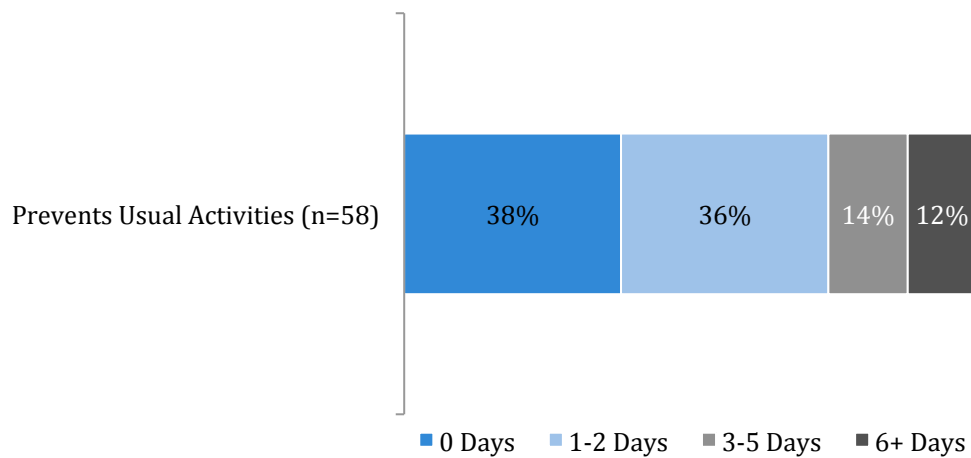
The following questions asked respondents, *how are you feeling today, in the past 30 days and overall?* The responses were submitted on a four-point scale ranging from poor to excellent.

Fewer Clients in **Poor** Health



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

Health Problems Disrupted **Fewer** Days



Appendix 3. Description of Survey Respondents

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

Table 1.

Agency n=272	Number	Percent
Asian Health Services	14	5%
Community Health for Asian Americans	37	14%
Center for Refugees and Immigrants	137	50%
Native American Health Center	20	7%
La Clinica de La Raza	64	24%

Five out of the seven UELP providers were represented in the client satisfaction surveys. The majority (50%) of surveys were completed by Center for Refugees and Immigrants, followed by La Clinica (24%).

See Table 1.

Table 2.

Types of Service n=222	Number	Percent
Prevention	173	78%
Preventative Counseling	49	22%

The majority (78%) of survey respondents receive *Prevention* services. Less than a quarter (22%) of respondents receive *PC* services, which are higher intensity than *Prevention* services.

See Table 2.

Table 3.

Length of Service n=190	Number	Percent
1-3 months	47	25%
4-6 months	9	5%
7-11 months	17	9%
1-3 years	16	8%
4-6 years	40	21%
7-14 years	56	29%
15-19	4	2%
20+	1	1%

A little more than one-quarter (26%) of the survey respondents have been receiving services from one to three months. Many of the respondents reported receiving services for over three years or even seven years.

See Table 3.

Demographics

Table 4.

Gender n=256	Number	Percent
Male	72	28%
Female	184	72%

Almost three-quarters (72%) of survey respondents were Female. This is consistent with the data we've seen over the last three years. Twenty-eight percent (n=72) of clients were male.

See Table 4.

Table 5.

Age n=254	Number	Percent
5-14	8	3%
15-24	41	16%
25-34	12	5%
35-44	25	10%
45-54	29	11%
55-64	72	28%
65-74	54	21%
75-84	11	4%
85+ years	2	1%

Fifty-four percent of respondents were 25-64 years old. Sixteen percent of respondents were transition age youth, 15-24 years old. Twenty-six percent of respondents were older adults, over 65 years old and only 3% of respondents were children, aged 5-14 years old.

See Table 5.

Table 6.

Race/Ethnicity n=255	Number	Percent
Asian/Pacific Islander	180	71%
Latino/Hispanic	65	25%
Alaska Native or American Indian	5	2%
White or Caucasian	1	0%
Multi-Race	3	1%
Black or African American	1	0%

The majority (71%) of survey respondents were Asian/Pacific Islander or Latino/Hispanic (25%). This is consistent with the data seen in previous years.

See Table 6.

Table 7.

City of Residence n=245	Number	Percent
Alameda	6	2%
Albany	1	0%
Emeryville	1	0%
Fremont	1	0%
Hayward	30	12%
Livermore	1	0%
Newark	18	7%
Oakland	156	64%
San Leandro	10	4%
San Lorenzo	1	0%
Union City	2	1%
Other/Out of County	18	7%

Most of the survey respondents (64%) reported living in Oakland. This is consistent with the fact that the five UELP providers that completed the survey are all located in Oakland. The next highest city of residence is Hayward, 30 respondents (12%) reported living there. The respondents that reported living out of the county were mostly from Contra Costa County (Richmond, El Cerrito, El Sobrante, Pinole, San Pablo and Concord), followed by San Francisco County.

See Table 7.

Appendix 4. Focus Group Questions

1. If you were to describe the services (preventative counseling/early intervention OR prevention) you provide to a potential client, what would you say?
2. What kind of atmosphere/feeling does your program provide for your clients?
3. What resources does the program offer to your clients?
4. What do you think clients are getting from their participation in your program?
 - a. How are clients benefiting from services?
5. How do your services impact the quality of life for your clients?
6. How do UELP programs promote community wellness?
 - a. Specific examples from your own program.
7. How are cultural practices, community celebrations and traditions integrated into the programming?
8. How does your program support or promote leadership development in the community?
9. What are the biggest challenges to serving this population?
10. What qualities do staff need to possess to be able to work effectively with clients from these populations?
11. What are the biggest needs or challenges your clients are facing?
 - a. What kind of needs do they have when they first come in for services?
12. Are there any lessons learned?
13. I've heard anecdotally that folks in the community are anxious/scared because of the new immigration laws and policies.
 - a. Has anyone witnessed this with your clients? (Probe: Are clients experiencing crises due to fear of deportation? If so, would you say this has increased since new policies?)
 - b. Have you seen an increase in the number of clients seeking services because of concerns with new immigration laws?

Any additional comments or observations?

Appendix 5. Survey Tools



UJEP Community Health Status Assessment **PRE**

Date:

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 P Community Health Status Assessment POST

Agency/Program: _____

Date: /

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 6. Logic Model

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