alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

WELLNESS • RECOVERY • RESILIENCE

ALAMEDA COUNTY

PREVENTION & EARLY INTERVENTION

ANNUAL UPDATE

FY 25/26

Prevention and Early Intervention | *"IT TAKES A VILLAGE"*

The *Prevention and Early Intervention* (PEI) services embrace a preventative approach that engage individuals before the development of mental illness and provides services to intervene early to reduce negative mental health symptoms to reduce prolonged suffering. PEI services emphasize the development, implementation, and promotion of strategies that are non-stigmatizing and non-discriminatory.[1]

PEI programs create partnerships with unserved and underserved ethnic and linguistically isolated communities, schools, the justice system, primary care and a wide range of social, wellness, cultural and spiritual support services and community groups. Services are centrally located where people receive and participate in routine health care, wellness, leisure, educational, recreational, faith, and spiritual healing.

PEI Plan Requirements: The PEI Community Planning Process requires local stakeholders to recognize the following parameters for this funding stream:

- All ages must be served and at least 51% of the funds must serve children and youth ages 0-25 years.
- Disparities in access to services for underserved ethnic communities must be addressed.
- All regions of the county must have access to services.
- Early intervention should generally be low-intensity and short duration.
- Early intervention may be somewhat higher in intensity and longer in duration for individuals experiencing first onset of psychosis associated with serious mental illness.

Service Requirements: Individuals at risk of or indicating early signs of mental illness or emotional. disturbance and links them to treatment and other resources.[2]

PEI strategies & Approaches:

- *Outreach* to families, employers, primary care health providers, and others to recognize the early signs of potentially severe and disabling mental illness. The goal is to catch mental health issues in their earliest stages to prevent long-term suffering.
- *Access and linkage* to medically necessary care…as early in the onset of these conditions
- *Reduction in stigma and discrimination* associated with either being diagnosed with a mental health condition or seeking mental health services (MHSA, Section 4, Welfare and Institutions Code (WIC) § 5840(b).
- Prevention and Early Intervention to promote wellness and to foster health, to provide treatment when needed, and to prevent the suffering that can result from untreated mental illness.

[1] Proposition 63: Mental Health Services Act 2004
[2] MHSOAC PEI Fact Sheet, December 2017

Mental Health Services Oversight & Accountability Commission (MHSOAC) established priorities for the use of County's 2020-2023 Prevention and Early Intervention funds[3]:

- **Childhood trauma prevention and early intervention**, as defined in Section 5840.6(d), address the early origins of mental health needs.
- **Early psychosis and mood disorder detection and intervention**, as defined in Section 5840.6(e), and mood disorder and suicide prevention programming that occurs across the lifespan.
- **Youth outreach and engagement** strategies, as defined in Section 5840.6 (f), that target secondary school and transition age youth, with a priority on partnerships with college mental health systems.
- **Culturally competent and linguistically appropriate prevention and early intervention** as defined in Section 5840.6(g).
- Strategies targeting the mental health needs of **older adults** as defined in Section 5840.6(h).
- **Early identification programming of mental health symptoms and disorders**, including but not limited to anxiety, depression, and psychosis.

Referral Process: Non-clinical PEI programs receive clients through provider outreach and engagement. Outreach is based on location, service geography, staffing capacity, cultural needs, and preferences of the target populations.

Outcomes: PEI programs focus on reducing seven negative outcomes that may result from untreated mental illness: suicide, incarceration, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their homes

[3] MHSOAC Memo, January 30, 2020

Prevention and Early Intervention Strategies and Priorities[4]

Build protective factors; reduce risk factors for developing a SMI. Improve mental health for people with a greater than average risk of SMI.	***PREVENTION***
CHILDHOOD TRAUMA	Prevention and early intervention to deal with the early origins of mental health needs.
MH treatment, including relapse prevention, to promote recovery for a mental illness early in emergence.	***EARLY INTERVENTION***
EARLY PSYCHOSIS & MOOD DISORDERS	Detection and intervention and mood disorder and suicide prevention programming that occurs across the lifespan.
Engage/train potential responders to recognize and to respond to early signs of a severe and disabling mental illness.	***OUTREACH***
YOUTH OUTREACH AND ENGAGEMENT	Strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.
Activities that reduce negative feelings, attitudes, beliefs, perceptions and/or discrimination related to MH diagnosis or to seeking MH services.	***STIGMA & DISCRIMINATION REDUCTION***
CULTURE AND LANGUAGE	Culturally competent and linguistically appropriate prevention and intervention.
Activities to connect people with SMI to medically necessary early care and treatment.	***ACCESS & LINKAGE TO TREATMENT***
OLDER ADULTS	Strategies targeting the mental health needs of older adults.
Activities that the County undertakes to prevent MH-related suicide. May be part of Prevention or Early Intervention program.	***SUICIDE PREVENTION***
EARLY IDENTIFICATION	Prevention and early intervention to deal with the early origins of mental health needs.

[4] The figure above represents both the PEI strategies documented in the California Code of Regulations (CCR) and the priorities enshrined through SB 1004 *priorities enshrined through SB 1004 to which all counties must adhere.*

Prevention & Early Intervention Strategies & Priorities (by PEI #/name)

	PREVENTION	EARLY INTERVENTION	OUTREACH	STIGMA & DISCRIM-INATION REDUCTION	ACCESS & LINKAGE TO TREATMENT	SUICIDE PREVENTION
CHILDHOOD TRAUMA						
	1A-BL SKY 6-AHS 6-CERI 7-AFGAN 8-NAHC	17B-REACH	1C-JFCS		1B-CHSC	
EARLY PSYCHOSIS & MOOD DISORDERS						
YOUTH OUTREACH & ENGAGEMENT						
	6-AHS 6-CERI 6-BACH 6-RAMS 7-AFGAN 7-FAJ 7-HUME 8-NAHC 9-DHTI 1D-LA FAM 20A-BRL 20F-RJOY 20E-TRI CIT 20E-PEERS 28-HHREC TAY	1C-BTTR WAY 17A-YU TAY 17B-REACH 24-ROOTS SOBRANTE 22-SIDE BY SIDE	22 PC MENTOR 28-HHREC TAY	4-PEERS-ECC	1B-CHSC	12-CSS TEXT 12-CSS-ED 3–CRISIS CON
CULTURE AND LINGUISTIC						
	5-LA CLIN 6-AHS 6-CERI 6-BACH 6-RAMS 6-KCCEB 7-AFGAN 7-FAJ 7-IRC 7-HUME 8-NAHC 10-PTR 9-DHTI 1D-LA FAM 20A-BRL 20B-BMS 20C-MHAAC 20F-RJOY 20E-TRI CIT 20E-PEERS 28-HHREC 10 28-HHREC		1C-JFCS 20C-MHAAC 22-PC TA 28-HHREC TAY	4-PEERS-ECC		
OLDER ADULTS						
	6-BACH 6-RAMS 7-AFGAN 7-FAJ 7-HUME 8-NACH 9-DHTI 20E-TRI CIT 20E-PEERS	3-GART	19-PC-OLDER OUT 22-PC-MENTOR 19-FREMNT	4-PEERS ECC		12-CSS-CLINICAL
EARLY IDENTIFICATION						
	1A-BL SKY 5-LA CLIN 6-AHS 6-CERI 6-BACH 6-RAMS 6-KCCEB 7-AFGAN 7-FAJ 7-IRC 7-HUME 8-NAHC 10-PTR 9-DHTI 20F-RJOY 1D-LA FAM	17A-YU TAY 17B-REACH 1C-BTTR WAY 22-SIDE BY SIDE 24-ROOTS SOBRANTE	1C-JFCS 22-PC-MENTOR		1B-CHSC	12 CSS TEXT 12-CSS-ED 12-CSS CLINICAL

% Of PEI programs with a focus in each priority area:

(Most programs have multiple priorities.)

CHILDHOOD TRAUMA	**20.51%**
EARLY PSYCHOSIS/MOOD DISORDERS	**0**
YOUTH OUTREACH & ENGAGEMENT	**66.66%**
CULTURE AND LINGUISTIC	**69.23%**
OLDER ADULTS	**38.40%**
EARLY IDENTIFICATION	**69.23%**

PEI Participant Satisfaction and Pre-Post Health Assessment Surveys

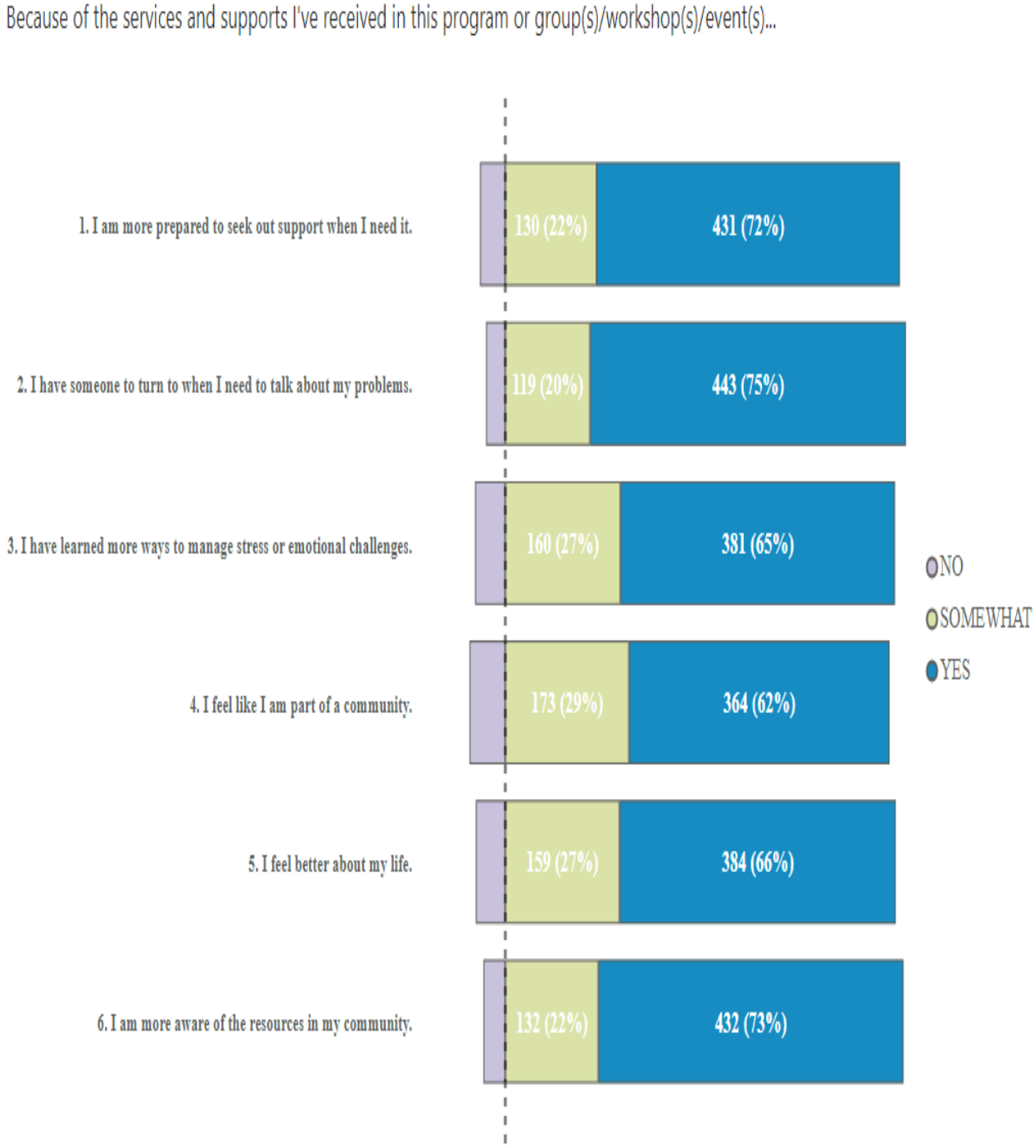
Alameda County's Mental Health Services Act (MHSA) Division collaborated with Prevention and Early Intervention (PEI) and Underserved Ethnic Language Population (UELP)[5] programs to create optional, electronic, outcome-based surveys (Participant Satisfaction and UELP Pre-Post Health Assessment) aimed at gathering feedback from PEI/UELP participants who have received services (4 or more services for UELP participants, including preventive counseling, community events, workshops, support groups, prevention visits and any services for PEI participants) through MHSA-funded programs.

First developed in 2014 and administered in 2015, the survey has undergone multiple revisions from 2016 to 2023. UELP providers vetted, implemented each updated version, and ensured accessibility and equity through language justice by translating the survey into 23 languages. In early 2024, UELP providers participated in a workgroup to evaluate the survey tool, concluding that it would remain unchanged, with updates limited to translation only.

The following data reports focus on key domains such as identity formation, mental health perceptions, community wellness, cultural connections, resource access, transformation of mental health services, and workforce development. Ultimately, we aim to identify strengths and areas for expansion in our services, ensuring we meet the community's and provider’s needs as effectively as possible

Providers collected 1412 Participant Satisfaction surveys during the 2024 assessment period. Providers collected 254 completed pre-post Health Assessment surveys during the 2024 assessment period. Outcome data from the Participant Satisfaction and from the Health Assessment surveys appears below.

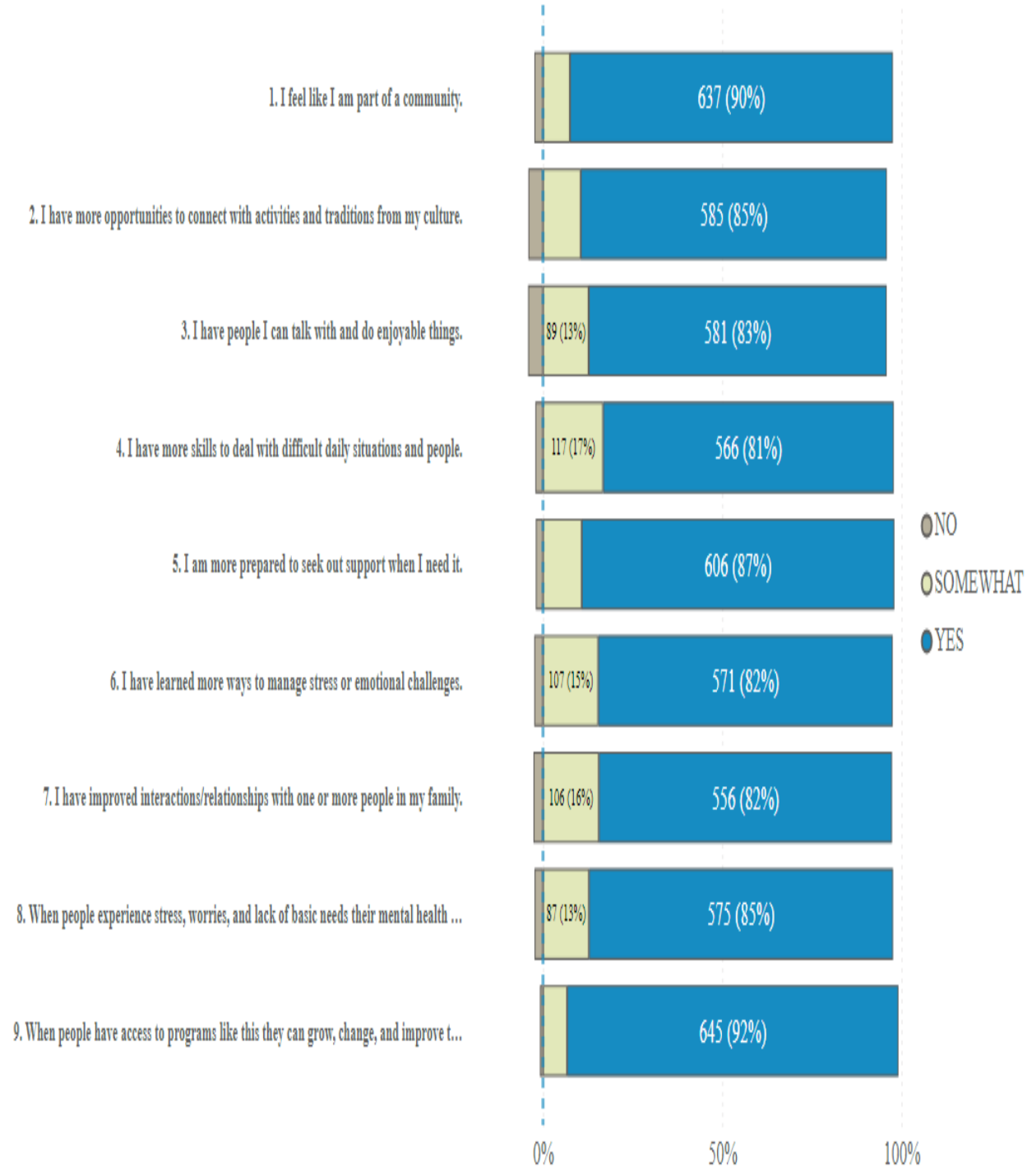
PEI Participant Satisfaction Survey Results



Participant Satisfaction survey data indicates that PEI (non-UELP) programs significantly support participants **to have someone to talk to about problems** (75%). Programs further support participants to be **more aware of community-based support resources** (73%) and to be **prepared to seek needed suppo**rt (72%). Participants have learned **more ways to manage stress and challenges** (65%), to **feel better about their lives** (66%), **and to feel like a part of community** (62%).

UELP Participant Satisfaction Survey

Because of the services and supports I've received in this program...

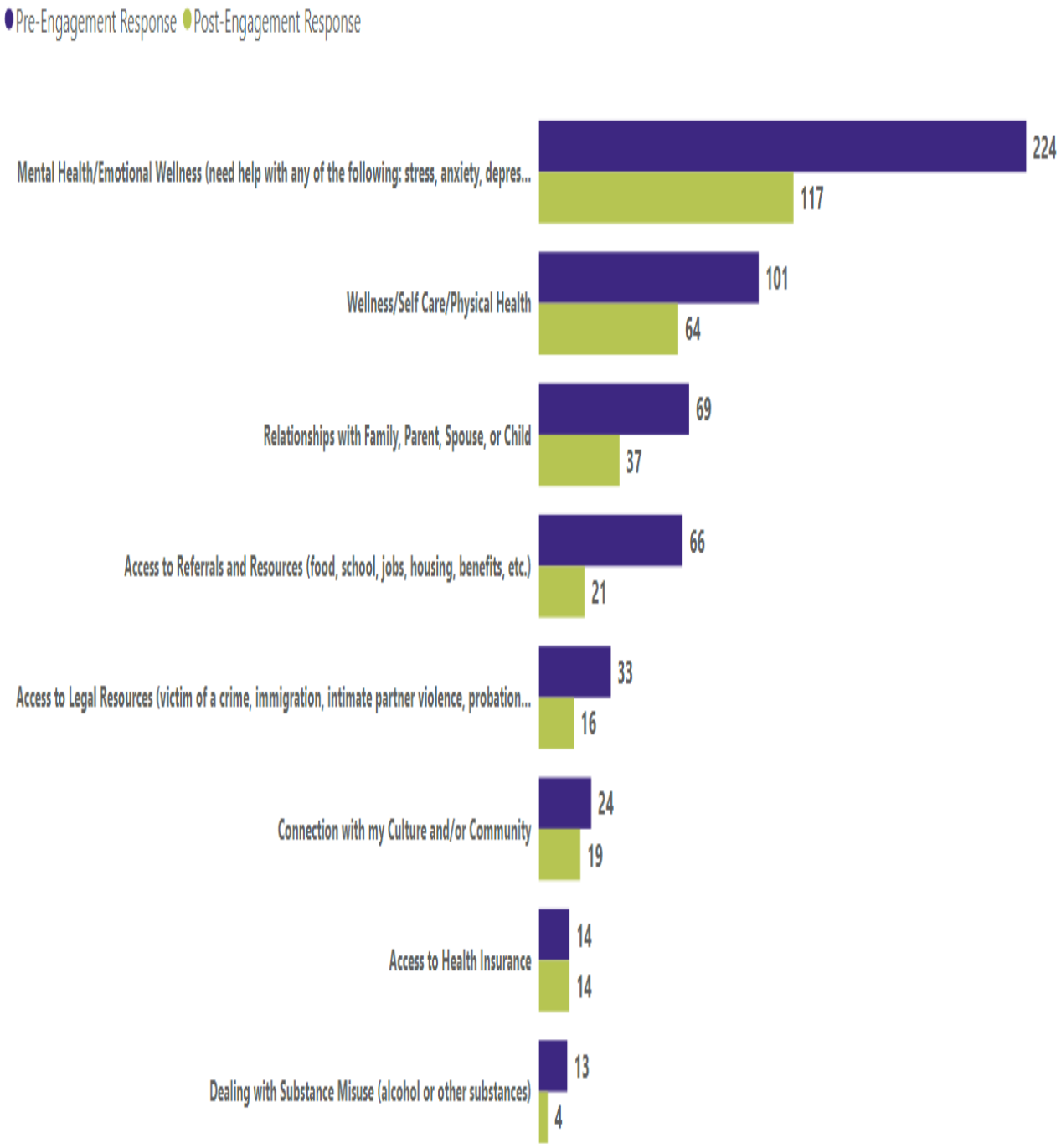


UELP program participants report a high level of **understanding of the impact of stress and worry on mental wellness** (85%) and a very high level of understanding about **how UELP programs can improve wellness and mental health** (92%). Additionally, these programs significantly support participants to **feel like they are part of community** (90%) and to **connect more with traditions and culture** (85%). The UELP model centers and deeply values ethnicity and language as the primary channel to reach, to build relationships with, and to serve participants. These programs also show significant outcomes in **helping participants to feel more prepared to seek help** (87%) and to **manage stress and emotional challenges** (82%).

Strengths across PEI and UELP programs include support for participants to seek help when they need it and to have people in their lives they can turn to, providing key protective factors for mental wellbeing. Growth opportunities for PEI (non-UELP) programs include increasing support for participants to manage stress and challenges, to feel like part of community, and to feel better overall about life.

UELP Pre/Post Health Assessment Survey

1. What services or supports do you need at this moment?



UELP Pre/Post Health Assessment survey data indicates that participant's **need for mental health and emotional wellness services and support was reduced** by 52.2% (pre = 224/post = 117) after receiving services. Significant reductions in needs as a result of receiving services are also shown in other areas, including a 53.6% reduction in **needs for services related to relationships with family, parent, spouse, or child** (pre = 69/post = 37); a 63.4% reduction in **needs for services related to overall wellness and health** (pre = 101/post = 64), and a 32% reduction in **needs for services related to access to referrals and resources** (pre = 66/post = 21).

PEI: Prevention

MHSA Program #	**PEI 1A**
PROVIDER NAME	**Blue Skies Mental Wellness Team**
PROGRAM NAME	**Alameda County Department of Public Health-FHS**

2023-2024

Program Outcomes & Impact Data Report

Program Name:	**Alameda County Department of Public Health**
Organization:	**Alameda County**
Type of Report:	**Annual Data Report**
PEI Category:	**Prevention**

Priority Area (place an X next to all that apply):	
X	Childhood Trauma
	Early Psychosis
	Youth/TAY Outreach & Engagement
	Cultural & Linguistic
	Older Adults
X	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on <u>reducing</u> the seven negative outcomes that may result from untreated mental illness.	
X	Suicide
	Incarceration
	School failure or dropout
X	Unemployment
X	Prolonged suffering
X	Homelessness
X	Removal of children from their homes

Box A: <u>Brief</u> program description.

BSMWT was established in 2015 through a collaboration between the Behavioral Health Department, First 5 Alameda County, and the Public Health Department (ACPHD), with support from the federal Project LAUNCH grant. The program was designed to integrate mental health prevention and early intervention efforts within the Maternal, Paternal, Child, and Adolescent Health (MPCAH) unit. This integration provides home visiting programs with mental health consultation for direct service providers and direct mental health interventions for pregnant women and parents specifically addressing perinatal mood disorders, attachment needs and trauma. Additionally, the Blue Skies program provides access to the Early Childhood Mental Health System of Care and establishes connections to treatment services within Alameda County BHD.

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness:	0
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	42
Number of unduplicated individual family members served indirectly by your program:	109
Grand total of unduplicated individuals served:	151

Box C: Demographics of individuals served this fiscal year through MHSA funding:

AGE CATEGORIES	
Children/Youth (0-15 yrs.)	70
Transition Age Youth (16-25 yrs.)	30
Adult (26-59 yrs.)	51
Older Adult (60+ yrs.)	0
Declined to answer	0
Unknown	0
TOTAL	151

SEXUAL ORIENTATION	
Gay/Lesbian	0
Heterosexual/Straight	0
Bisexual	0
Questioning/Unsure	0
Queer	0
Declined to answer	0
Unknown	151
Another group not listed	0
TOTAL	151
If another group is counted, please specify with numbers: *Sexual orientation not collected in database at this time.	

VETERAN STATUS	
Yes	0
No	0
Declined to answer	0
Unknown *Veteran status not collected in database	151
TOTAL	151

PRIMARY LANGUAGE	
English	122
Spanish	29
Cantonese	0
Chinese	0
Vietnamese	0
Farsi	0
Arabic	0
Tagalog	0
Declined to answer	0
Unknown	0
Other languages not listed	0
TOTAL	151

CURRENT GENDER IDENTITY	
Female	109
Male	0
Transgender	0
Genderqueer	0
Questioning/unsure of gender identity	0
Declined to answer	0
Unknown *Gender identity not collected on minors 0-5 years old	42

Another identity not listed	0	
TOTAL	151	
If another group is counted, please specify with numbers:		

SEX ASSIGNED AT BIRTH		**ETHNITICY/CULTURAL HERITAGE (choose one)**	
Male	19	If Hispanic or Latino, please specify:	
Female	132	Caribbean	0
Declined to answer	0	Central American	14
Unknown	0	Mexican/Mexican American/Chicano	22
TOTAL	151	Puerto Rican	0
Male		South American	0
		Another Hispanic/Latino ethnicity not listed	42
DISABILITY STATUS		Total Hispanic or Latino	78
Communication Domain		If Non-Hispanic or Non-Latino, please specify:	
Vision	4	African	0
Hearing/Speech	0	African American	58
Another type not listed	0	Asian Indian/South Asian	0
Communication Domain Subtotal	4	Cambodian	0
Disability Domain		Chinese	0
Cognitive (exclude mental illness; include learning, developmental, dementia, etc.)	0	Eastern European	Filipino – 2
		European	
		Filipino	
Physical/mobility	0	Japanese	0
Chronic health condition	0	Korean	0
Disability Subtotal	0	Middle Eastern	0
None	143	Vietnamese	0
Declined to answer	0	Other Non-Hispanic or Non-Latino ethnicity not listed Asian, Unknown Native Hawaiian or Pacific Islander	8
Unknown	0	Total Non-Hispanic or Non-Latino:	68
Another disability not listed: Medically Fragile Infants served by ACPHD Special Start team	4	More than one ethnicity	4

TOTAL	151	Unknown ethnicity	1
If another disability is counted, please specify with numbers:		Declined to answer	0
		ETHNICITY TOTAL	151
RACE		If another ethnicity is counted, please specify with numbers: Other Non-Hispanic or Non-Latino ethnicities were Native Hawaiian or Pacific Islander, and Asian-unspecified.	
American Indian or Alaska Native	0	If another race is counted, please specify with numbers: Clients who identify as "Unknown" are mostly of Hispanic ethnicity, and do not usually report race. Other Race – Multi-racial, does not identify primarily as one race.	
Asian	8		
Black or African American	44		
Native Hawaiian or another Pacific Islander	4		
White	10		
Other Race	2		
Declined to answer	0		
Unknown	83		
TOTAL	151		

Box D: Program <u>successes/accomplishments</u> of the past year with one example or case study of a success the agency is particularly proud of.

<u>Program Successes/Accomplishments of the Past Fiscal Year:</u>

1. Enhanced Staff Training: All team members completed advanced training in perinatal mental health and trauma-informed care.
2. Improved Client Outcomes: 85% of clients reported reduced anxiety and depression symptoms after four months of therapy.
3. Team Expansion: In March 2024, Angela Polk, LMFT, a Blue Skies contractor, joined as a full-time permanent Blue Skies II clinician funded by the federal Health Start grant and who will help expand the client base.
4. Culturally Tailored Interventions: The BSMWT utilized Afrocentric treatment modalities, expanded Spanish-speaking services, created bilingual resources, and conducted outreach to improve accessibility.
5. Professional Support: Case consultation and reflective supervision were provided for staff by the BSMWT to support their professional wellness.
6. Community Partnerships: Partnerships with community organizations were expanded to offer a more comprehensive support network for clients.

Case Study of a Success the Agency is Particularly Proud Of:
A 28-year-old African American first-time mother was referred during her second trimester. She faced severe anxiety, childhood trauma history, and concerns about racial disparities in maternal healthcare. Feeling overwhelmed, she received weekly counseling, culturally relevant prenatal education, and support from an African American doula. The program also provided postpartum support and healthcare coordination. By her baby's first birthday, she reported improved mental health, greater parenting confidence, and better healthcare system navigation. She bonded with her child, adopted healthy coping strategies, and became an advocate for African American maternal health. This case highlights the program's success in addressing racial disparities, providing mental health support, and empowering participants.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	2 clients were referred to Mental Health Treatment by BSMWT Staff in FY 23-24. The referrals breakdown by agency: 1 - North American Mental Health Services 2 - Individual social worker/therapist 1 - ACCESS 1 - La Familia
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	see above cell for breakdown
E.3: Types of treatment individuals were referred to (list types below):	
Psychiatric evaluation, therapy for anxiety, crisis intervention, alcohol/drug addiction, support after infant loss, couples therapy	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	9
G.5: Average duration of untreated mental illness in weeks:	14 days
E.6: Average number of days between referral and first participation in referred treatment program:	14 days
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
African American/Black birthing and parenting women, Hispanic/Latinx birthing and parenting women, Medi-Cal population.	
F.2: Number of paper referrals to an ACBH PEI-funded program:	54
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	151

F.4: Average number of days between referral and first participation in referred PEI program:	5 days
F.5: Describe how your program encouraged access to services and follow through on above referrals: The Program supervisor called each referral to explain services and address questions.	

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. *(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)*	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	**Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):**
	Simone Taylor, Behavioral Health Clinician II
	Yesenia Chavez, Behavioral Health Clinician I

UELP (Underserved Ethnic Language Populations) Programs

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

To address its diversity, Alameda County Behavioral Health Care Services (ACBH) has contracted fourteen programs to provide culturally responsive Mental Health PEI services to state-identified underserved populations, including:

- Afghan Coalition
- Asian Health Services
- Bay Area Community Health
- Center for Empowering Immigrants & Refugees
- Diversity in Health Training Institute
- Filipino Advocates for Justice
- International Rescue Committee
- Korean Community Center of the East Bay
- La Familia Counseling Services
- Native American Health Center
- Native American Health Center
- Partnerships for Trauma Recovery
- Portia Bell Hume Center
- Richmond Area Multi-Service, Inc.

UELP providers offer services in two main categories: 1) *Prevention* services, for clients who are at higher-than-average risk of developing a significant mental illness and 2) *Preventive Counseling (PC)* services, designed for clients who are showing early signs and symptoms of a mental health concern. UELP programs design and deliver services across the following outcomes:

- <u>Forming and Strengthening Identity</u>
  Prevention services enhance self-efficacy.
- <u>Changing Individual Knowledge and Perception of Mental Health Services</u>
  UELP programs are meant to raise awareness and understanding of mental health services and, in turn, decrease internalized stigma.

- Building Community and Its Wellness
  UELP providers continue to create opportunities for clients to build new friendships and support systems within their programs.

- 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, including using traditional practices, celebrations, and validations in program activities.

- Improving Access to Services and Resources
  Monolingual or LEP (Limited English Proficiency) populations may experience challenges of 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.

- Transforming Mental Health Services
  UELP service agencies are determined to provide transformative mental health services. The idea is to move away from the "one size fits all" approach to mental health, emphasizing the use of culturally congruent mental health methods and sensitivities.

- Increase Workforce and Leadership Development
  This outcome is an emerging area of support for mental wellness as the connections between stable employment and mental wellness continue to be emphasized and appreciated by providers and program participants alike.

MHSA Program # **PEI 1D**
PROVIDER NAME **La Familia**
PROGRAM NAME **Caminos/ Unaccompanied Immigrant Youth**
2023-2024

Program Outcomes & Impact Data Report
Demographic data for this provider is embedded in the demographic data for La Clinica de la Raza, PEI 5.

Program Name:	**Caminos/ Unaccompanied Immigrant Youth**	
Organization:	**La Familia Counseling Services**	
Type of Report:	**Annual Data Report**	
PEI Category:	**Prevention**	
Priority Area (place an X next to all that apply):		
		Childhood Trauma
		Early Psychosis
	X	Youth/TAY Outreach & Engagement
	X	Cultural & Linguistic
		Older Adults
	X	Early Identification of MH Illness
Outcomes (place an X next to all that apply): Programs focus on <u>reducing</u> the seven negative outcomes that may result from untreated mental illness.		
	X	Suicide
		Incarceration
	X	School failure or dropout
		Unemployment
	X	Prolonged suffering
		Homelessness
	X	Removal of children from their homes

Box A: <u>Brief</u> program description.
Unaccompanied immigrant youth are minors who undertake perilous journeys across borders to escape extreme violence, traumatic experiences, and economic hardship in their home countries. The Caminos team offers linguistically and culturally responsive, trauma-informed services. These include outreach and preventative counseling, stabilization, early identification of mental health issues, and connections to various resources and support systems. Our approach is tailored to the unique needs of this population, particularly in navigating the challenges of acculturation and new systems.

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness:	154
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	9
Number of unduplicated individual family members served indirectly by your program:	76
Grand total of unduplicated individuals served:	239

Box C: Demographics of individuals served this fiscal year through MHSA funding:

AGE CATEGORIES	
Children/Youth (0-15 yrs.)	
Transition Age Youth (16-25 yrs.)	
Adult (26-59 yrs.)	
Older Adult (60+ yrs.)	
Declined to answer	
Unknown	
TOTAL	

SEXUAL ORIENTATION	
Gay/Lesbian	
Heterosexual/Straight	
Bisexual	
Questioning/Unsure	
Queer	
Declined to answer	
Unknown	
Another group not listed	
TOTAL	
If another group is counted, please specify with numbers:	

VETERAN STATUS	
Yes	
No	
Declined to answer	
Unknown	
TOTAL	

CURRENT GENDER IDENTITY	
Female	
Male	
Transgender	
Genderqueer	
Questioning/unsure of gender identity	
Declined to answer	
Unknown	
Another identity not listed	

PRIMARY LANGUAGE	
English	
Spanish	
Cantonese	
Chinese	
Vietnamese	
Farsi	
Arabic	
Tagalog	
Declined to answer	
Unknown	
Other languages not listed	
TOTAL	

TOTAL		
If another group is counted, please specify with numbers:		

SEX ASSIGNED AT BIRTH		**ETHNITICY/CULTURAL HERITAGE (choose one)**	
Male		**If Hispanic or Latino, please specify:**	
Female		Caribbean	
Declined to answer		Central American	
Unknown		Mexican/Mexican American/Chicano	
TOTAL		Puerto Rican	
Male		South American	
		Another Hispanic/Latino ethnicity not listed	
DISABILITY STATUS		**Total Hispanic or Latino**	
Communication Domain		**If Non-Hispanic or Non-Latino, please specify:**	
Vision		African	
Hearing/Speech		African American	
Another type not listed		Asian Indian/South Asian	
Communication Domain Subtotal		Cambodian	
Disability Domain		Chinese	
Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)		Eastern European	
		European	
		Filipino	
Physical/mobility		Japanese	
Chronic health condition		Korean	
Disability Subtotal		Middle Eastern	
None		Vietnamese	
Declined to answer		Other Non-Hispanic or Non-Latino ethnicity not listed	
Unknown		**Total Non-Hispanic or Non-Latino:**	
Another disability not listed		More than one ethnicity	
TOTAL		Unknown ethnicity	
		Declined to answer	
		ETHNICITY TOTAL	
If another disability is counted, please specify with numbers:			

RACE		If another ethnicity is counted, please specify with numbers:
American Indian or Alaska Native		If another race is counted, please specify with numbers:
Asian		
Black or African American		
Native Hawaiian or another Pacific Islander		
White		
Other Race		
Declined to answer		
Unknown		
TOTAL		

Box D: Program <u>successes/accomplishments</u> of the past year with one example or case study of a success the agency is particularly proud of.

The client is a nine-year-old, cisgender, heterosexual male, and the youngest in his family. The client resides in a home with his biological mother, older brother and sister, as well as his biological grandmother. The client emigrated from Mexico, approximately 5 months ago unaccompanied with his siblings. The client was referred to by the administration office, as they reported the client was presenting with grief and sadness and would cry in class out of nowhere. When the therapist met with the mother of the client, she reported that the client had a very hard time passing through the border. The mother reported that the client and his siblings were stuck in the border for three days without food and water and had to do what they could to survive. The mother reports that the client wakes up in the nights, and cries as this is a very traumatic event in his life. The mother of the client has also reported that the biological father of the client has another family with children, and this has been hard for him to adjust to. When the therapist met with the client for their first individual session the client reported that he was always sad and would like to go back to his home country and live in his house in Mexico. He has also expressed worries for the future, as well as his mother's safety as she works in construction and that is a very dangerous employment. Throughout the sessions we have worked in various interventions to help ease and cope with the sadness and anxiety. The client has learned to use both coping skills and grounding techniques that can be used when he is sad. The client has also been guided by the therapist to communicate and explore his emotions in a healthier and positive way. The mother and the teacher of the client have expressed that the client has been able to communicate his feelings and have seen his mood and affect change and he is now happy at times. The client has expressed that he now feels better as he knows how to cope with his sadness, anxiety, and worry. We have also worked on exploring his support system, as well as his strengths. There has been improvement in the client's academics as well and his social circles have improved, and he has peer relationships. The next steps for the client will be to

continue to work with the therapist throughout the summer, and then refer out to the clinic for family therapy. In the short time of sessions there has been progress made for the client.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	9
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	0
E.3: Types of treatment individuals were referred to (list types below):	
EPSDT programs and La Familia EPSDT school based mental health services	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	0
G.5: Average duration of untreated mental illness in weeks:	29
E.6: Average number of days between referral and first participation in referred treatment program:	2
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
Unaccompanied Immigrant Youth and Children of migrant families	
F.2: Number of paper referrals to an ACBH PEI-funded program:	239
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	239
F.4: Average number of days between referral and first participation in referred PEI program:	2
F.5: Describe how your program encouraged access to services and follow through on above referrals:	

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. ***(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)***	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):
Schools	Student, teachers, administrative staff, Parent other school site service providers.
Home visits	Student, Parents

Faith bases organizations	Faith leaders, community members, health promotors.
Community based organizations	Community organizers legal attorney's health care centers.

MHSA Program #	**PEI 5**
PROVIDER NAME	**La Clinica de La Raza**
PROGRAM NAME	**Cultura y Bienestar**

2023-24

Program Outcomes & Impact Data Report

Program Name:	**Cultura y Bienestar**
Organization:	**La Clinica de La Raza**
Type of Report:	**Annual Data Report**
PEI Category:	**Prevention**

Priority Area (place an X next to all that apply):

	Childhood Trauma
	Early Psychosis
	Youth/TAY Outreach & Engagement
X	Cultural & Linguistic
	Older Adults
X	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on <u>reducing</u> the seven negative outcomes that may result from untreated mental illness.

	Suicide
	Incarceration
X	School failure or dropout
	Unemployment
X	Prolonged suffering
	Homelessness
	Removal of children from their homes

Box A: <u>Brief</u> program description.

Cultura y Bienestar is the prevention and early intervention program in mental health of La Clinica de La Raza. Our program is a collaborative effort between La Clinica de La Raza, Tiburcio Vasquez Health Center and La Familia Counseling Services, which allows us to have a wider reach with 4 sites throughout central and south Alameda County. In addition, our staff delivers services in a multitude of community settings, including schools, senior centers and retirement homes, youth development centers, churches, health centers and other social service provider agencies. Our skilled and experienced team of health educators provide individual psychoeducational and skill building services, as well as stigma reduction and information and referral services to Latinx, Latinx Spanish speaking and Maya Mam speaking families. In addition, we deliver an array of group and community interventions including support groups, workshops, traditional healing workshops, community events and outreach activities.

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness:	249
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	25
Number of unduplicated individual family members served indirectly by your program:	N/A
Grand total of unduplicated individuals served:	N/A

Box C: Demographics of individuals served this fiscal year through MHSA funding:

AGE CATEGORIES	
Children/Youth (0-15 yrs.)	1,466
Transition Age Youth (16-25 yrs.)	942
Adult (26-59 yrs.)	5,304
Older Adult (60+ yrs.)	2,987
Declined to answer	
Unknown	1,637
TOTAL	12,366

SEXUAL ORIENTATION	
Gay/Lesbian	12
Heterosexual/Straight	1,277
Bisexual	2
Questioning/Unsure	
Queer	
Declined to answer	
Unknown	2,312
Another group not listed	
TOTAL	3,603
If another group is counted, please specify with numbers:	

VETERAN STATUS	
Yes	
No	835
Declined to answer	
Unknown	2,768
TOTAL	3,603

CURRENT GENDER IDENTITY	
Female	8,938
Male	1,900
Transgender	1
Genderqueer	
Questioning/unsure of gender identity	
Declined to answer	
Unknown	1,494
Another identity not listed	3

PRIMARY LANGUAGE	
English	394
Spanish	3,098
Cantonese	
Chinese	
Vietnamese	
Farsi	
Arabic	
Tagalog	
Declined to answer	
Unknown	
Other languages not listed	111
TOTAL	3,603

TOTAL	12,336	
If another group is counted, please specify with numbers:		

SEX ASSIGNED AT BIRTH		**ETHNITICY/CULTURAL HERITAGE (choose one)**	
Male		If Hispanic or Latino, please specify:	
Female		Caribbean	
Declined to answer		Central American	
Unknown		Mexican/Mexican American/Chicano	3,720
TOTAL		Puerto Rican	10
Male		South American	
		Another Hispanic/Latino ethnicity not listed	6,952
DISABILITY STATUS		**Total Hispanic or Latino**	10,681
Communication Domain		If Non-Hispanic or Non-Latino, please specify:	
Vision		African	
Hearing/Speech		African American	
Another type not listed	243	Asian Indian/South Asian	
Communication Domain Subtotal		Cambodian	
Disability Domain		Chinese	
Cognitive (exclude mental illness; include learning, developmental, dementia, etc.)		Eastern European	
		European	
		Filipino	
Physical/mobility		Japanese	
Chronic health condition		Korean	
Disability Subtotal		Middle Eastern	
None	585	Vietnamese	
Declined to answer		Other Non-Hispanic or Non-Latino ethnicity not listed	1
Unknown	2,775	Total Non-Hispanic or Non-Latino:	
Another disability not listed		More than one ethnicity	
TOTAL	3,603	Unknown ethnicity	
		Declined to answer	
If another disability is counted, please specify with numbers:		**ETHNICITY TOTAL**	10,682
		If another ethnicity is counted, please specify with numbers:	
RACE			

American Indian or Alaska Native		If another race is counted, please specify with numbers:
Asian		
Black or African American	140	
Native Hawaiian or another Pacific Islander	1	
White	264	
Other Race	11,117	
Declined to answer		
Unknown	814	
TOTAL	12,336	

Box D: Program <u>successes/accomplishments</u> of the past year with one example or case study of a success the agency is particularly proud of.

During fiscal year 2023-24, our program rolled out a newly created stigma reduction program called Brazos Abiertos, which is a homegrown curriculum that we have been working on for the past couple of years. This curriculum will allow us to bring this conversation to our communities in a more consistent manner across our different sites and in a way that is culturally and context relevant to our community and in Spanish. This effort included training 12 promotoras as facilitators as well as all our staff on this new material. Promotoras went out into their communities and reached over 80 community members with this stigma reduction program and program staff at partner agency, Tiburcio Vasquez Health Center, delivered the 4 sessions of this program to a group of participants in Union City. The program had a great reception among participants. In addition, our program in the Tri-Valley region, organized its second annual Mujer Valiosa conference in Livermore in May 2024. This event attracted well over 200 participants, mostly women and some men too, young children and adults and seniors who learned about selfcare, wellness, mental health and traditional healing practices. At our site in Union City, more than 40 women participated in a 12-session personal growth group. This group was designed to help participants improve family relationships, personal resilience, communication and parenting skills, using stories, dreaming, role-playing, and coaching techniques. In Oakland, Cultura y Bienestar continued to reach out to the growing Maya Mam speaking population in the area. This year, we celebrated our 4th annual Maya Mam Art Contest. Through drawing and painting, adults and children in this community had the opportunity to envision a healthier community. Winners of the contest received a price and arts supplies at an awards ceremony, June 2024. This event took place at Fremont High School in Oakland, and it was attended by about 150 members of the Mam community. The event also included traditional food and music and resources and information. Across the different sites we offered programming for Dia de Los Muertos and for other important holidays in our community, including mothers' day and children's day events, Indigenous people's day ceremony and end of the year celebrations. In all, it was a year full of exciting activities for families to learn more about wellness, healing and mental health.

We also continued to provide support to individuals and families with individual psychoeducational and skill building services. A particular case was that of a Spanish speaking male in his 30's, who reached out to our program struggling with depressive mood and self-harm ideation. He heard about our program

through other community members who recommended he seek help. By the time he reached out to us he was experiencing sadness, lack of motivation to live and self-harm ideation. One of our educators assessed this participant and was able to identify these challenges and consult first with a mental health specialist in the program and then with an on-call therapist at a local outpatient mental health clinic. After hearing the case, they made room in their schedule to assess this participant on that same day. Our educator walked the participant over to the clinic and waited until he was called to see a specialist. The clinic was able to support participant and create a safety plan with him and provide follow up afterwards. To date this participant continues engaged in the program and is doing well.

Another case was that of two sisters who were referred to us for individual support. They had arrived in the country from Nicaragua just a few months before and lost their dad soon after. They were having a difficult relationship with their relatives, and it was not easy for them to open up about their emotions. Fortunately, by the second session with one of our educators, they started to share that their main concern was their mom, who was experiencing sadness and loneliness. They ended up referring their mother for early intervention services to our program. By the time mom ended services with us, she was able to secure a part-time job and was able to communicate and engage with her daughters in a more positive way. They all reported feeling in a much better place, and they even donated their late father's wheelchair to the program.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	**69**
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	**3**
E.3: Types of treatment individuals were referred to (list types below):	
Alameda County ACCESS line, 988, 211, Eden Counseling, La Familia, Traditional Healers, Casa del Sol, Refugee Health Center, School-Based Health Center, ACCESS (Family Path), Highland Hospital Trauma Recovery Center, East Bay Community Law Center.	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	35
G.5: Average duration of untreated mental illness in weeks:	6-8
E.6: Average number of days between referral and first participation in referred treatment program:	30
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
Latinx, Spanish Speaking Latinx, Latinx Immigrants and Maya-Mam Speaking adults, TAY and older adults.	
F.2: Number of paper referrals to an ACBH PEI-funded program:	12

F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	5
F.4: Average number of days between referral and first participation in referred PEI program:	7

F.5: Describe how your program encouraged access to services and follow through on above referrals**:**

Our teams used different methods to encourage participants to connect with the services they may need, including warm-handoffs to nearby clinics and service providers in which educators will actually walk with participant and support them in making the initial contact to the referred agency.

Our program also encourages access to services and follow through on referrals by staying in communication with referred client to ensure they have called and got an appointment or on a waiting list. In addition, there are times when we provide early intervention services and/or support groups to ensure client is being attended until they receive a call back for services.

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. ***(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)***	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):
Health Care settings including, La Clinica, Street Level Health, Freedom Community Clinic, La Familia	Healthcare providers: 64
Social service settings including Unity Council, Spanish Speaking Citizens Foundation, Eden Youth Center	Social Service providers: 55
University and College Settings	College students: 17
Community settings	Community members at large and leaders: 56

MHSA Program #	**PEI 6**
PROVIDER NAME	**Asian Health Services**
PROGRAM NAME	**AHS SMH Prevention**

2023 - 2024

Program Outcomes & Impact Data Report

Program Name:	**AHS SMH Prevention**
Organization:	**Asian Health Services**
Type of Report:	**Annual Data Report**
PEI Category:	**Prevention**

Priority Area (place an X next to all that apply):	
X	Childhood Trauma
	Early Psychosis
X	Youth/TAY Outreach & Engagement
X	Cultural & Linguistic
	Older Adults
X	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on reducing the seven negative outcomes that may result from untreated mental illness.	
X	Suicide
	Incarceration
X	School failure or dropout
	Unemployment
X	Prolonged suffering
	Homelessness
X	Removal of children from their homes

Box A: Brief program description.
Asian Health Services Specialty Mental Health (AHS SMH) Prevention Program serves East Asian language community residents in Alameda's North County seeking mental health support. Services include community outreach, workshops, individual and community consultations, preventative counseling, and support groups. Services provided are free. Our services are supported by the Mental Health Services Act (MHSA) Alameda County Behavioral Health.

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness:	
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	
Number of unduplicated individual family members served indirectly by your program:	
Grand total of unduplicated individuals served:	0

Box C: Demographics of individuals served this fiscal year through MHSA funding:			
AGE CATEGORIES		**SEXUAL ORIENTATION**	
Children/Youth (0-15 yrs.)	55	Gay/Lesbian	2
Transition Age Youth (16-25 yrs.)	220	Heterosexual/Straight	108
Adult (26-59 yrs.)	163	Bisexual	
Older Adult (60+ yrs.)	97	Questioning/Unsure	
Declined to answer		Queer	
Unknown	200	Declined to answer	
TOTAL	735	Unknown	625
		Another group not listed	
		TOTAL	735
		If another group is counted, please specify with numbers:	
VETERAN STATUS		**PRIMARY LANGUAGE**	
Yes		English	317
No	173	Spanish	
Declined to answer		Cantonese	177
Unknown	562	Chinese	
TOTAL	735	Vietnamese	
		Farsi	
CURRENT GENDER IDENTITY		Arabic	
Female	371	Tagalog	
Male		Declined to answer	
Transgender		Unknown	
Genderqueer		Other languages not listed	241
Questioning/unsure of gender identity		TOTAL	735
Declined to answer			
Unknown	204		
Another identity not listed			
TOTAL	735		
If another group is counted, please specify with numbers:			

SEX ASSIGNED AT BIRTH		**ETHNICITY/CULTURAL HERITAGE (choose one)**	
Male		**If Hispanic or Latino, please specify:**	
Female		Caribbean	
Declined to answer		Central American	
Unknown		Mexican/Mexican American/Chicano	

TOTAL		Puerto Rican	
Male		South American	
		Another Hispanic/Latino ethnicity not listed	
DISABILITY STATUS		Total Hispanic or Latino	4
Communication Domain		If Non-Hispanic or Non-Latino, please specify:	
Vision		African	
Hearing/Speech		African American	
Another type not listed	12	Asian Indian/South Asian	499
Communication Domain Subtotal		Cambodian	
Disability Domain		Chinese	
Cognitive (exclude mental illness; include learning, developmental, dementia, etc.)		Eastern European	
		European	
		Filipino	
Physical/mobility		Japanese	
Chronic health condition		Korean	
Disability Subtotal		Middle Eastern	
None	224	Vietnamese	
Declined to answer		Other Non-Hispanic or Non-Latino ethnicity not listed	19
Unknown	499	Total Non-Hispanic or Non-Latino:	
Another disability not listed		More than one ethnicity	
TOTAL	735	Unknown ethnicity	213
		Declined to answer	
		ETHNICITY TOTAL	735
If another disability is counted, please specify with numbers:		If another ethnicity is counted, please specify with numbers:	
RACE			
American Indian or Alaska Native			
Asian	499		
Black or African American			
Native Hawaiian or another Pacific Islander			
White	2		
Other Race	21		
Declined to answer			
Unknown	213		
TOTAL	735		

Box D: Program successes/accomplishments of the past year with one example or case study of a success the agency is particularly proud of.	
The Asian Health Services Prevention Program continues to provide culturally sensitive services with bilingual and bicultural staff that help bridge cultural gaps and improve overall wellness. In the past year, we engaged various groups including new parents, children and youth, and seniors. We brought awareness to our mother-to-be groups of postpartum depression and resources. For the 0-5 age group, we curated a culturally relevant workshop "Special Play Time," to support the local preschools to strengthen parent-child relationships. This workshop was well received by parents, school staff, and community members. We collaborated with local senior community centers and medical nurse practitioners to support seniors with health education tips and resources to be aware of dementia and signs of mental illnesses. This integrated approach was provided in their languages and helped to reduce stigma and create a space for support. New infographics focused on East Asian youth were developed to promote healthy lifestyles such as journaling, addressing unhealthy scrolling habits, and communication. The materials were published in four East Asian languages and distributed across the county and social media outlets. Based on the feedback from our community members, a family bonding space was established at a local medical clinic and public library. The space is created to foster healthier parent-youth relationships through mutual support and education. Case study: YC is a 16-year-old born in China and arrived in America with his mother for schooling. YC goes by he, him, pronouns. Due to the linguistic and acculturation barriers, and a history of physical and emotional abuse, YC struggled with mental health symptoms and refused to go to school. He slept through most of the days and played computer games at night. He had become further socially isolated, emotionally unstable, and behaviorally aggressive towards his family over the years. YC also had past suicidal attempts. This case was referred to AHS Prevention due to his family's growing concerns regarding YC's lack of school attendance, behavior, and need for a culturally sensitive provider. As a result, the AHS Prevention counselor connected with YC and the family during home visits providing care in their native language. YC opened up and talked about his struggles with his esteem and sense of shame of being unable to achieve as an honorable student in his home country. YC has progressed significantly, expressed interest in continuing counseling services, and is motivated to return to school after the summer break. The program staff continues to provide highly effective preventative counseling that has helped the clients' symptoms to subside and restore functioning levels.	
Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	0
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	0
E.3: Types of treatment individuals were referred to (list types below):	
n/a	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	n/a
G.5: Average duration of untreated mental illness in weeks:	n/a
E.6: Average number of days between referral and first participation in referred treatment program:	n/a

Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
East Asian	
F.2: Number of paper referrals to an ACBH PEI-funded program:	23
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	26
F.4: Average number of days between referral and first participation in referred PEI program:	7.5
F.5: Describe how your program encouraged access to services and follow through on the above referrals: **Initiate outreach contact for checking in and early paperwork opening**.	

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. *(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)*	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	**Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):**
16 Virtual Workshops + Groups for Community Members, Seniors and M2B	165 live virtual participants, community members
4 In-person Youth Summer Program at AHS clinic	41 children, youth and families
9 In-person Tabling in Oakland Community	838 community members
2 In-person Coffee Time at AHS Pediatric Clinic	122 parents
1 In-person TV Production at AHS clinic/ office building	32 AHS staff
2 In-person Library Events	32 seniors; 17 children, youth, and family
1 In-person Holiday Celebration at the Pediatric Clinic	33 children, youth, and family
1 In-person Tabling at College	38 college students and staff
1 In-person Workshop at Senior Center	29 seniors
Recordings on YouTube	755 viewers
Postings on AHS WeChat	972 viewers
Postings on Prevention IG Account	113 viewers
Postings on AHS FB	13 likes
Short Video at IG Reel	669 views
Each Event promotion via email; 25 events total	480 AHS all staff; 594 community leaders, school, other providers, and CBO

MHSA Program #	**PEI 6**
PROVIDER NAME	**Bay Area Community Health**
PROGRAM NAME	**Arise: Asian Wellness Project**

2023 – 2024

Program Outcomes & Impact Data Report

Program Name:	**Arise: Asian Wellness Project**
Organization:	**Bay Area Community Health**
Type of Report:	**Annual Data Report**
PEI Category:	**Prevention**

Priority Area (place an X next to all that apply):

	Childhood Trauma
	Early Psychosis
X	**Youth/TAY Outreach & Engagement**
X	**Cultural & Linguistic**
X	**Older Adults**
X	**Early Identification of MH Illness**

Outcomes (place an X next to all that apply): Programs focus on <u>reducing</u> the seven negative outcomes that may result from untreated mental illness.

X	**Suicide**
	Incarceration
X	**School failure or dropout**
	Unemployment
	Prolonged suffering
	Homelessness
	Removal of children from their homes

Box A: <u>Brief</u> program description.

Arise: Asian Wellness Project functions as a program focused on Mental Health Prevention and Early Intervention. Our primary goal is to enhance emotional and mental well-being through educational initiatives and advisory services. We offer cost-free workshops, individualized preventative counseling, support groups, and communal gatherings designed for individuals of all ages, including youth, adults, and families belonging to the East Asian Community residing in Southern Alameda County. Furthermore, we aid participants in accessing care and resources by facilitating connections.

Box B: Number of Individuals served this fiscal year through MHSA funding.

# of unduplicated individuals served who are at risk of developing a serious mental illness:	

Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	
Number of unduplicated individual family members served indirectly by your program:	
Grand total of unduplicated individuals served:	0

Box C: Demographics of individuals served this fiscal year through MHSA funding:

AGE CATEGORIES	
Children/Youth (0-15 yrs.)	16
Transition Age Youth (16-25 yrs.)	20
Adult (26-59 yrs.)	
Older Adult (60+ yrs.)	60
Declined to answer	
Unknown	
TOTAL	96

SEXUAL ORIENTATION	
Gay/Lesbian	
Heterosexual/Straight	96
Bisexual	
Questioning/Unsure	
Queer	
Declined to answer	
Unknown	
Another group not listed	
TOTAL	96
If another group is counted, please specify with numbers:	

VETERAN STATUS	
Yes	
No	96
Declined to answer	
Unknown	
TOTAL	96

PRIMARY LANGUAGE	
English	42
Spanish	
Cantonese	13
Chinese	41
Vietnamese	
Farsi	
Arabic	
Tagalog	
Declined to answer	
Unknown	
Other languages not listed	
TOTAL	96

CURRENT GENDER IDENTITY	
Female	58
Male	38
Transgender	
Genderqueer	
Questioning/unsure of gender identity	
Declined to answer	
Unknown	
Another identity not listed	
TOTAL	96

SEX ASSIGNED AT BIRTH	
Male	38

ETHNICITY/CULTURAL HERITAGE (choose one)
If Hispanic or Latino, please specify:

Female	58	Caribbean	
Declined to answer		Central American	
Unknown		Mexican/Mexican American/Chicano	
TOTAL	96	Puerto Rican	
Male		South American	
		Another Hispanic/Latino ethnicity not listed	
DISABILITY STATUS		Total Hispanic or Latino	n/a
Communication Domain		If Non-Hispanic or Non-Latino, please specify:	
Vision		African	
Hearing/Speech	5	African American	
Another type not listed		Asian Indian/South Asian	5
Communication Domain Subtotal		Cambodian	
Disability Domain		Chinese	64
Cognitive (exclude mental illness; include learning, developmental, dementia, etc.)		Eastern European	6
		European	
		Filipino	
Physical/mobility		Japanese	
Chronic health condition		Korean	15
Disability Subtotal		Middle Eastern	
None	91	Vietnamese	
Declined to answer		Other Non-Hispanic or Non-Latino ethnicity not listed	6
Unknown		Total Non-Hispanic or Non-Latino:	
Another disability not listed		More than one ethnicity	
TOTAL	96	Unknown ethnicity	
		Declined to answer	
		ETHNICITY TOTAL	96
If another disability is counted, please specify with numbers:		If another ethnicity is counted, please specify with numbers:	
RACE			
American Indian or Alaska Native		If another race is counted, please specify with numbers:	
Asian	79		
Black or African American			
Native Hawaiian or another Pacific Islander			
White	6		
Other Race	11		

Declined to answer		
Unknown		
TOTAL	96	

Box D: Program successes/accomplishments of the past year with one example or case study of a success the agency is particularly proud of.
Last year, we held the Mid-Autumn Festival at Irvington High School with the help of the school teachers and the student leader who was part of the ongoing support group. It was a great opportunity to promote Arise to the entire student body and staff, and afterward, we had so many students join our regular support group that there were no empty spots left. At the senior center, we first approached by organizing craft activity events rather than workshops to reduce the stigma around mental health. As a result, the Arise program has become the most popular group session among seniors, helping make the API project successful. Case Study: A 15-year-old Chinese immigrant student faced social difficulties and academic stress due to language and cultural barriers. Referred by the school counselor, she joined the Arise support group and participated in 1:1 counseling. Through continuous group sessions and counseling, she gradually became more engaged. Starting last semester, she actively participated in group sessions and volunteered to help other Asian immigrant students. Her involvement showcases the success of the Arise teen support group. She now hopes to study social work as her major in college.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	0
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	0
E.3: Types of treatment individuals were referred to (list types below):	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	5
G.5: Average duration of untreated mental illness in weeks:	2
E.6: Average number of days between referral and first participation in referred treatment program:	10
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
F.2: Number of paper referrals to an ACBH PEI-funded program:	0
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	5

F.4: Average number of days between referral and first participation in referred PEI program:	10
F.5: Describe how your program encouraged access to services and follow through on above referrals:	

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. *(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)*	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	**Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):**
Christmas Festival: Agewell Senior Center	*Approx 200 Senior Community members*
Local Senior Center	*20 Senior Community members*
Lunar New Year: Local High School	*Approx 400 total: high school students, teachers at school, parents*
Senior Apartment	*40 Senior residents*
Online Zoom forum	*Approx 30 Community Health Centers' Staff*
API Project – Collaboration with Chinese Medicine and Mental Health Service	*35 Senior Community members*

MHSA Program #	**PEI 6**
PROVIDER NAME	**Center For Empowering Refugees and Immigrants (CERI)**
PROGRAM NAME	**ROYA**

2023 - 2024

Program Outcomes & Impact Data Report

Program Name:	**ROYA**
Organization:	**CERI**
Type of Report:	**Annual Data Report**
PEI Category:	**Prevention**

Priority Area (place an X next to all that apply):

X	Childhood Trauma
	Early Psychosis
X	Youth/TAY Outreach & Engagement
X	Cultural & Linguistic
	Older Adults
X	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on <u>reducing</u> the seven negative outcomes that may result from untreated mental illness.

	Suicide
X	Incarceration
X	School failure or dropout
	Unemployment
X	Prolonged suffering
	Homelessness
	Removal of children from their homes

Box A: <u>Brief</u> program description.

CERI's UELP program provides holistic, compassionate and culturally resonant prevention and early intervention mental health and wellness to Southeast Asian communities, reaching over 1000 clients, annually. We provide preventative counseling, community events, workshops, and support groups for elders, adults, children, and transitional aged youth who have been impacted by genocide, war, traumatic migration, incarceration and deportation, and other life-altering trauma. CERI is intentional about bringing families together for care management, to strengthen bonds and heal across generations. We link clients to resources and information related to basic needs and human rights, such as housing, voting, food assistance, medical care, legal support, and culturally tailored interventions such as gardening, meditation, art and drama therapy, knitting, and movement. Our model of community mental health nurtures the seeds of leadership, empowering community members to cultivate their strength and reshape the conditions that impact their lives.

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness:	25
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	450
Number of unduplicated individual family members served indirectly by your program:	1200
Grand total of unduplicated individuals served:	1675

Box C: Demographics of individuals served this fiscal year through MHSA funding:

AGE CATEGORIES	
Children/Youth (0-15 yrs.)	118
Transition Age Youth (16-25 yrs.)	616
Adult (26-59 yrs.)	827
Older Adult (60+ yrs.)	712
Declined to answer	
Unknown	6
TOTAL	2,279

SEXUAL ORIENTATION	
Gay/Lesbian	16
Heterosexual/Straight	1,221
Bisexual	
Questioning/Unsure	
Queer	6
Declined to answer	
Unknown	1,036
Another group not listed	
TOTAL	2,279
If another group is counted, please specify with numbers:	

VETERAN STATUS	
Yes	9
No	1,362
Declined to answer	
Unknown	908
TOTAL	2,279

PRIMARY LANGUAGE	
English	532
Spanish	2
Cantonese	
Chinese	
Vietnamese	42
Farsi	
Arabic	1
Tagalog	
Declined to answer	
Unknown	
Other languages not listed	1,702
TOTAL	2,279

CURRENT GENDER IDENTITY	
Female	1,562
Male	714
Transgender	1
Genderqueer	
Questioning/unsure of gender identity	
Declined to answer	
Unknown	
Another identity not listed	2

TOTAL	2,279	
If another group is counted, please specify with numbers:		

SEX ASSIGNED AT BIRTH		**ETHNITICY/CULTURAL HERITAGE (choose one)**	
Male		**If Hispanic or Latino, please specify:**	
Female		Caribbean	
Declined to answer		Central American	
Unknown		Mexican/Mexican American/Chicano	
TOTAL		Puerto Rican	
Male		South American	
		Another Hispanic/Latino ethnicity not listed	13
DISABILITY STATUS		**Total Hispanic or Latino**	
Communication Domain		**If Non-Hispanic or Non-Latino, please specify:**	
Vision		African	
Hearing/Speech		African American	49
Another type not listed		Asian Indian/South Asian	2,200
Communication Domain Subtotal		Cambodian	
Disability Domain		Chinese	
Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)		Eastern European	
		European	
		Filipino	
Physical/mobility		Japanese	
Chronic health condition		Korean	
Disability Subtotal	1,265	Middle Eastern	
None	459	Vietnamese	
Declined to answer		Other Non-Hispanic or Non-Latino ethnicity not listed	17
Unknown	555	**Total Non-Hispanic or Non-Latino:**	
Another disability not listed		More than one ethnicity	
TOTAL	2,279	Unknown ethnicity	
		Declined to answer	
		ETHNICITY TOTAL	2,279
If another disability is counted, please specify with numbers:		If another ethnicity is counted, please specify with numbers:	
RACE			
American Indian or Alaska Native		If another race is counted, please specify with numbers:	

Asian	2,200	
Black or African American	49	
Native Hawaiian or another Pacific Islander	1	
White	3	
Other Race	13	
Declined to answer		
Unknown		
TOTAL	2,279	

Box D: Program <u>successes/accomplishments</u> of the past year with one example or case study of a success the agency is particularly proud of.

This year CERI expanded and enhanced services for youth, formerly incarcerated people, adults and elders. By strategically blending MHSA/Measure A funding with other youth focused funding streams, we increased CERI's programs for at-promise youth ages 5 to 26. Now youth can access individual support and care management, wellness and enrichment groups, and social justice and nature-based programs three to four days per week at CERI's office throughout the year. Examples of groups and programs from this year include a youth-led dance group, harm reduction seminar, financial literacy classes, and a summer program in which participants were given the opportunity to apply for an internship component to build leadership and job skills. CERI is also intentional about creating opportunities to connect across generations, with field trips or camping excursions to local sites taking place nearly every month. Opportunities to explore places outside of Oakland help to reduce isolation among elders who are often afraid to leave their homes due to anti-Asian hate crimes locally and for youths and adults to be present with each other and build relationships through storytelling and cooking in new environments away from the stresses of their daily lives. In addition, CERI has Zumba, yoga, and computer literacy programs regularly available for adults and elders at the office. We also have programming for Vietnamese elders available in Fremont held at the Age Well Center two to three times each month as of this year. Our increased focus on formerly incarcerated adults in preventive counseling is strengthened by our expanded intern program, with interns from the communities we serve, using the culturally relevant Internal Family Systems (IFS) modality. This approach resonates with collectivist Southeast Asian cultures, emphasizing the multiplicity of parts within everyone.

We continued to support community members with finding jobs, navigating increased break ins of homes and cars, securing housing, and applying for citizenship, which are all central to feeling healthy and well. This year, due to the growing expertise of our staff in this area, we have been able to reduce barriers for Southeast Asian community members to gain citizenship. We support clients with paperwork, interpretation, attending meetings, preparing for the exam, and have seen between 10 to 15 people become citizens this year, including the wife of one of our very own staff members.

Celebrating diversity at our agency this year was a joy, which we see as a success in bringing together different communities to create a deeper sense of inclusion and connection. We held a combined celebration of Khmer, Burmese and Nepali New Years with our staff and community.

We began with monk prayers and chants with offerings and final blessings. The rich symbolism of tradition, community, wonderful food and happy greetings brought greater understanding across differences and connection on what is shared. Several Khmer teachers also came to teach our elders and youths about traditional dances during the year, including celebrated Prumsodun Ok, winner of the Hewlett 50 Arts Commission, who honored CERI with an inspiring, creative and ancient dance performance of "A Deepest Blue" at CERI's office. CERI continued to develop more internal infrastructures with front desk staff, moving to a larger office and the rollout of Salesforce to more effectively collect data.

Due to the success of our MHSA/Measure A funded UELP program, we were awarded funding from Hear Us and CalHOPE to strengthen our care management services. Every week there are hundreds of people coming into CERI with care management needs which are now initially addressed by programs funded by Hear Us and CalHOPE. Many of those clients are then referred to relevant UELP services and programs at CERI. The ability to refer both internally and externally to support community members is critical to supporting the wellbeing of refugee and immigrant communities.

Success story: We are proud to share about our youth leader Sophany, a 2nd generation Khmer American, 18 years old, who joined CERI's youth program at the age of 13 when her father was detained by ICE and threatened with deportation. In the years of working with Sophany, we have seen her increase in self-confidence, meet the challenges of being the eldest in her family with grace, attain educational success, make healthy relationship choices, and stay committed to advocacy and social justice work. She has attended political workshops to learn more about the anti-deportation movement, been involved in disaggregating data to better support the Southeast Asian communities, adding the Southeast Asian experiences into the curriculum in schools, written letters to detainees, called the Governor's office and ICE detention centers to release community members and spoken at events and rallies. In her own school, she advocated tirelessly to add a woman's football team; she was successful and was a star player on that team! This year, Sophany, took the initiative to start and lead a Khmer youth dance group to help preserve cultural traditions among Khmer youth locally. Today we can see the dance group performing at community events across the Bay Area. In addition, Sophany, was the 2024 Youth Scholarship Recipient and an Honoree of the Alameda County Women's Hall of Fame, which recognizes outstanding women for their achievements and contributions to Alameda County and its residents.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	2
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	0
E.3: Types of treatment individuals were referred to (list types below): Crisis Team	

E.4: Unduplicated number of individuals who participated in referred program at least one time:	2
G.5: Average duration of untreated mental illness in weeks:	10
E.6: Average number of days between referral and first participation in referred treatment program:	1
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below): Southeast Asian Refugees and Immigrants	
F.2: Number of paper referrals to an ACBH PEI-funded program:	0
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	0
F.4: Average number of days between referral and first participation in referred PEI program:	0
F.5: Describe how your program encouraged access to services and follow through on above referrals: Although we did not refer clients to other PEI funded programs, we made referrals for clients who needed mental health services longer than one year to our long-term programs funded by Stop the Hate and other private foundations.	

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. ***(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)***	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):
N/A	N/A

MHSA Program #	**PEI 6**
PROVIDER NAME	**Korean Community Center of the East Bay**
PROGRAM NAME	**Asian Community Wellness Program**

2023 - 2024

Program Outcomes & Impact Data Report FY:

Program Name:	**Asian Community Wellness Program**
Organization:	**Korean Community Center of the East Bay**
Type of Report:	**Annual Data Report**
PEI Category:	**Prevention**

Priority Area (place an X next to all that apply):

	Childhood Trauma
	Early Psychosis
	Youth/TAY Outreach & Engagement
X	Cultural & Linguistic
	Older Adults
X	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on <u>reducing</u> the seven negative outcomes that may result from untreated mental illness.

X	Suicide
	Incarceration
X	School failure or dropout
X	Unemployment
X	Prolonged suffering
	Homelessness
X	Removal of children from their homes

Box A: <u>Brief</u> program description.

Asian Community Wellness Program (ACWP) is a prevention and early intervention (PEI) program funded by Alameda County Behavioral Health Care Services (BHCS) addressing mental health and wellness needs in the underserved East Asian communities. Our goal is to improve access to culturally responsive mental health services, reduce stigma, and strengthen Asian communities' knowledge and experience in wellness practices and community resources. ACWP provide the following services: 1) Outreach and Education, 2) Preventive Counseling, 3) Mental Health Consultation and Training.

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness:	15
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	10
Number of unduplicated individual family members served indirectly by your program:	5
Grand total of unduplicated individuals served:	57

Box C: Demographics of individuals served this fiscal year through MHSA funding:

AGE CATEGORIES	
Children/Youth (0-15 yrs.)	32
Transition Age Youth (16-25 yrs.)	50
Adult (26-59 yrs.)	340
Older Adult (60+ yrs.)	1,539
Declined to answer	
Unknown	27
TOTAL	1,988

SEXUAL ORIENTATION	
Gay/Lesbian	12
Heterosexual/Straight	803
Bisexual	
Questioning/Unsure	4
Queer	25
Declined to answer	
Unknown	1,143
Another group not listed	1
TOTAL	1,988
If another group is counted, please specify with numbers:	

VETERAN STATUS	
Yes	
No	154
Declined to answer	
Unknown	1,834
TOTAL	1,988

PRIMARY LANGUAGE	
English	212
Spanish	13
Cantonese	925
Chinese	124
Vietnamese	5
Farsi	
Arabic	
Tagalog	
Declined to answer	
Unknown	
Other languages not listed	709
TOTAL	1,988

CURRENT GENDER IDENTITY	
Female	1410
Male	531
Transgender	4
Genderqueer	
Questioning/unsure of gender identity	
Declined to answer	
Unknown	23
Another identity not listed	20
TOTAL	1,988

If another group is counted, please specify with numbers:	

SEX ASSIGNED AT BIRTH	
Male	
Female	
Declined to answer	
Unknown	
TOTAL	
Male	
DISABILITY STATUS	
Communication Domain	
Vision	
Hearing/Speech	
Another type not listed	
Communication Domain Subtotal	
Disability Domain	
Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)	
Physical/mobility	
Chronic health condition	
Disability Subtotal	65
None	91
Declined to answer	
Unknown	1,832
Another disability not listed	
TOTAL	1,988
If another disability is counted, please specify with numbers:	
RACE	
American Indian or Alaska Native	
Asian	1,811

ETHNITICY/CULTURAL HERITAGE (choose one)	
If Hispanic or Latino, please specify:	
Caribbean	
Central American	
Mexican/Mexican American/Chicano	
Puerto Rican	
South American	
Another Hispanic/Latino ethnicity not listed	
Total Hispanic or Latino	28
If Non-Hispanic or Non-Latino, please specify:	
African	29
African American	
Asian Indian/South Asian	1,811
Cambodian	
Chinese	
Eastern European	
European	
Filipino	
Japanese	
Korean	
Middle Eastern	
Vietnamese	
Other Non-Hispanic or Non-Latino ethnicity not listed	75
Total Non-Hispanic or Non-Latino:	
More than one ethnicity	28
Unknown ethnicity	17
Declined to answer	
ETHNICITY TOTAL	1,988
If another ethnicity is counted, please specify with numbers:	
If another race is counted, please specify with numbers:	

Black or African American	29	
Native Hawaiian or another Pacific Islander		
White	26	
Other Race	125	
Declined to answer		
Unknown	17	
TOTAL	1,988	

Box D: Program successes/accomplishments of the past year with one example or case study of a success the agency is particularly proud of.

One of ACWP biggest accomplishments is providing culturally responsive and resonant counseling services to API communities, especially our API youth. Many of the API youth have shared negative experiences in receiving culturally inappropriate services and experience traumas in receiving mental health services in the mainstream systems for the first time, thus leading them to not seeking ongoing mental health care or falling through the cracks in the current treatment mental health system. Through our ACWP program, our bilingual/bicultural Wellness Counselors provided API youth a safe haven for them to share their mental health struggles and cultural challenges from intergenerational conflicts, high academic pressures as API, “Model Minority'' expectations, and shame and guilt of pursuing personal goals that differ from their parents’ desires and expectations, and many more. Our Wellness Counselors were able to empathically listen to them, connect to them, and make them feel heard and validate. Some youths have a lot of misconceptions about mental health services due to stigma. By being able to provide culturally responsive/resonant mental health services, youth were willing to continue counseling services during the school year.

One case example is a youth named Maelin. Maelin is a high school student who feels unseen and unaccepted by their family and school community. Maelin has a history of suicidality and was hospitalized because of that. The treatment following the hospitalization was harmful and traumatizing, as their therapist at that time did not keep confidentiality and was not an advocate for Maelin. Maelin often feels isolated and can only be acknowledged through academic achievement, resulting in high stress levels. Through ACWP services, Maelin learned that the counseling room is a safe haven for them to unapologetically and freely express who they are, what they enjoy, and their cultural identities. A few months after Maelin started their sessions, they wrote a gratitude poem for themselves to recognize all that they have been through and that they are standing here. Maelin said, "To be honest, I've been crying myself to sleep every night consecutively for the past few weeks, and in my loneliness, I came to realize, I'm the one carrying myself through this shit every day. And hey, isn't that something?" Maelin's counseling sessions are on hold during summer as they have a busy schedule and privacy at home is an issue. Maelin continues to reach out when they need support via email, and in one of the emails, Maelin wrote, "thank you for teaching me valuable tools to deal with my emotions and thank you for having been and still being a place of support for me. I sincerely do appreciate it." Maelin is not the only client who has mentioned receiving past therapy that did not help them. Ryu is another client who shared that they had been in therapy in their childhood and felt invalidated by their providers. Both Maelin and Ryu felt

that their therapists were on the parents' side, telling them to "listen to your parents" and reporting their vulnerability to parents. Therefore, ACWP Wellness Counselors have made it crucial for API youth to feel heard and seen in a safe and confidential manner.

Another accomplishment is accessibility to care for our API youth. Accessible care for youth is not just having providers who work with children and teens. It is allowing youth to receive care without relying on caregivers for consent for counseling, transportation, scheduling, insurance information, and input. Young people just need a place where they can simply be. They need a place where their thoughts are not dismissed by "you're thinking too much" or labeled as "you shouldn't think this way". This is especially important among API youth as stigma and invisibility is one the main issues that API youth do not seek mental health services. In addition, second generation API youth often witness their parents' struggles and recognize their parents' sacrifice, and they worry about being a burden, adding to the list of concerns and to-do's. Some youth who still have family abroad often understand their family's need to provide, support, and appear successful in front of relatives, and hiding their struggles and pain becomes a practice. Being in America in many cases still is seen as a blessing and a luxury, and many second-generation immigrants internalize the idea that they should be grateful, and that someone sacrificed their happiness for them so they must not complain. Sometimes these ideas become "I am not smart enough and I am wasting my parents' efforts" and academic stress becomes overwhelming. Sometimes youth are not given the opportunity to make decisions because they are told the path to success. Phrases like, "my grades are the only thing that makes me feel seen", "my mom is right. I'm a disappointment", and "I have to go to college, I just know that" are common in the counseling room with first- and second-generation immigrant youth, and these often lead to their desire to pause the time, to not exist anymore, or to “die.” KCCEB is proud of providing a culturally resonant, culturally responsive, no wrong door and easily accessible services to API youth where they feel safe, heard, and visible.

Lastly, ACWP is addressing the increasing suicide rate among API youth. A recent 2024 study by Damon et. al, reported that suicide rate among AANHPI youth has double from 3.6% to 7.1% between 1999 to 2021. Their finding indicates that AANPHI high school students in California reported a high prevalence for past year experiences of depressive symptoms (33.9%) and suicide ideation (16.9%). In addition, girls consistently reported higher prevalence depressive symptoms and suicide rate, especially NHPI youth (56.6% depressive symptoms, 30.5% suicide rate) compares to boys (31.2 depressive symptoms and 16.9% suicide rate). Many of the youth that ACWP serve share their struggles of disclosing their suicide ideation due to stigma, worrying about “what will people think about me?”, not to air their “dirty laundry” to the public, being dismissed by parents or adult that they “think too much” and they should focus on their studies. In addition, like many Asian community member, they only talk about suicide in whispers. One Wellness Counselor shared that “my client didn’t talk about their suicidality for the first three month because she didn’t want to worry me.” Due to these struggles, many of our API youth “swallow their pain” as their suicide ideation becomes a dark secret while they continue to suffer in silence. Thus, our ACWP services has become a “lifeline” for many of these youth to share their struggle with suicide ideations and pain. Our Wellness Counselor creates a culturally responsive, supportive, and safe space to talk about their pain, understand and empathize with their struggle of their silence, monitor their progress, and

support them to reduce their symptoms through various healthy coping mechanisms, and find external support and resources.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	0
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	0
E.3: Types of treatment individuals were referred to (list types below):	
n/a	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	n/a
G.5: Average duration of untreated mental illness in weeks:	n/a
E.6: Average number of days between referral and first participation in referred treatment program:	n/a
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
1. East Asian Community: Chinese, Korean, Japanese, Mongolian, E. Indian (children, youth, TAY, family, adult, and older adults) 2. Southeast Asian: Vietnamese, Khmer (youth & Tay) 3. Pacific Islanders: Filipino (youth & TAY) 4. Other BIPOC: E. Indian, Latinx, African Americans/Black, Mix Race (youth & Tay)	
F.2: Number of paper referrals to an ACBH PEI-funded program:	93
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	57
F.4: Average number of days between referral and first participation in referred PEI program:	3-5 days
F.5: Describe how your program encouraged access to services and follow through on above referrals: KCCEB Wellness Counselors will follow up on referral with a short timeframe (3-5 days) and perform wellness check through prevention visits. During the prevention visits, our bilingual/bicultural Wellness Counselors perform wellness checks with the clients to build rapport, understand their needs, provide psychoeducation, and engage in empathic listening to make sure the client is being heard, understood, supported, and safe. We provide mental health education in a culturally responsive manner and encourage the clients to reach out to the Wellness Counselor to ensure that the clients have access to support. Often, the Wellness Counselors provided 4-6 prevention visits to engage the clients to make them feel more comfortable and ready to access mental health services. In addition, the Wellness Counselors would meet the clients at home, virtual, school, and phone to reduce geographic barriers.	

Engagement to build rapport and encouragement to access mental health services is provide in their preferred language: English, Cantonese, Mandarin, Korean, Khmer, Vietnamese, Mongolian, etc. to reduce additional linguistic barriers. After rapport building is established, client becomes more receptive to seeking MH services. In most cases, our Wellness Counselor will open their case under early intervention for 12-18 months as needed to provide counseling services to those with mild, moderate symptom (in rare cases – moderately severe) in hope to reduce their symptoms. If their symptoms continue to worsen, the Wellness Counselor will engage and support the clients to seek higher care in the treatment programs.

Once the clients need higher care for treatment services, our Wellness Counselors provided case management service to the clients through linkages and navigation. Our Wellness Counselors will assist client to contact the treatment program for initial appointment and screening, be with the clients when needed to complete the clinical screening, and scheduling of first therapy session for support. Once the clients received their first or second therapy session in the treatment program, the Wellness Counselors performed wellness checks again to check their progress in the treatment program and quality of services before terminating with their client. This process is to ensure that client can receive a smooth and seamless continuation of higher care in the treatment program.

Box G: For <u>Outreach, Suicide Prevention, and Stigma Reduction</u> programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. ***(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)***	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):
Cultural & Wellness Events: social & wellness trips, cultural festivals, covid-19 health/vaccine, and youth/family/seniors' health and wellness fairs. Events held KCCEB office, school, senior housing/centers, local community centers, and field	community members and leaders, children, youth, TAY, families and adults and older adults, CBO staff, school staffs
MH Workshops: Understand MH, leadership, mental health stigma, senior safety street smart, emotional wellness, healthy communication, stress management, MH access support, Digital Literacy, and intuit holistic healing art. Event held at KCCEB office, school, specific community center, and CBO partners' center	community members and leaders, youth, TAY and adults and older adults
MH Trainings: accessing culturally responsive resources, cultural and holistic healing. Event held	community based professionals (school-based staff, community-based worker staff, caregivers)

at KCCEB cultural community space, KCCEB office, virtual and school.	
Mental Health Consultation: MH among youth, access MH Tx, MH Stigma in API comm, MH ref & linkages at school, home, office, and phone	CBO's professionals (school-based staff, community-based worker staff, caregivers, CPS workers) and family members
Newsletters: Selfcare, COVID, cultural/sexual ID & pride, caregivers support, mental health and wellness, healthy bonding	general community members and professionals and CBO's partners
Tabling/Distributing materials: community resources and mental health services resources at school, community festivals and resource fairs, and API cultural events	API & other BIPOC community members and leaders, children, youth, TAY and adults and older adults
Wellness Support Groups: Tai Chi for wellness, Safety Street Smart (English, Chinese & Korean), Jikimee Leadership & Wellness Group, Youth Wellness support at senior housing facilities, office, and school	API & other BIPOC community members and leaders, children, youth, TAY and adults and older adults
PV Home Visits: MH screening, referral, help-seeking encouragement, psycho-ed, and community resource support @ school, phone, virtual, office, and home	API & BIPOC community members and leaders, children, youth, TAY and adults and older adults

MHSA Program #	**PEI 6**
PROVIDER NAME	**Richmond Area Multi-Services Inc.**
PROGRAM NAME	**Pacific Islander Wellness Initiative**

2023-2024

Program Outcomes & Impact Data Report

Program Name:	**Pacific Islander Wellness Initiative**
Organization:	**Richmond Area Multi Services, Inc.**
Type of Report:	**Annual Data Report**
PEI Category:	**Prevention**

Priority Area (place an X next to all that apply):

	Childhood Trauma
	Early Psychosis
X	Youth/TAY Outreach & Engagement
X	Cultural & Linguistic
X	Older Adults
X	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on <u>reducing</u> the seven negative outcomes that may result from untreated mental illness.

	Suicide
X	Incarceration
	School failure or dropout
X	Unemployment
X	Prolonged suffering
	Homelessness
	Removal of children from their homes

Box A: <u>Brief</u> program description.

Pacific Islander Wellness Initiative (PIWI) is a prevention and early intervention mental health program of RAMS in collaboration with long standing and trusted Pacific Islander community-based organizations. PIWI provides culturally responsive and in-language preventive counseling, psychoeducation, mental health consultation, and outreach and engagement services, including navigation, translation, and interpretation assistance to Pacific Islander residents of Alameda County.

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness:	60
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	0
Number of unduplicated individual family members served indirectly by your program:	0
Grand total of unduplicated individuals served:	60

Box C: Demographics of individuals served this fiscal year through MHSA funding:

AGE CATEGORIES	
Children/Youth (0-15 yrs.)	60
Transition Age Youth (16-25 yrs.)	198
Adult (26-59 yrs.)	513
Older Adult (60+ yrs.)	75
Declined to answer	
Unknown	50
TOTAL	896

SEXUAL ORIENTATION	
Gay/Lesbian	5
Heterosexual/Straight	588
Bisexual	1
Questioning/Unsure	
Queer	
Declined to answer	
Unknown	302
Another group not listed	
TOTAL	896
If another group is counted, please specify with numbers:	

VETERAN STATUS	
Yes	5
No	621
Declined to answer	
Unknown	270
TOTAL	896

PRIMARY LANGUAGE	
English	571
Spanish	
Cantonese	
Chinese	
Vietnamese	1
Farsi	
Arabic	
Tagalog	
Declined to answer	
Unknown	
Other languages not listed	324
TOTAL	896

CURRENT GENDER IDENTITY	
Female	592
Male	289
Transgender	1
Genderqueer	
Questioning/unsure of gender identity	
Declined to answer	
Unknown	14
Another identity not listed	
TOTAL	896
If another group is counted, please specify with numbers:	

SEX ASSIGNED AT BIRTH	
Male	
Female	
Declined to answer	
Unknown	
TOTAL	
Male	

ETHNITICY/CULTURAL HERITAGE (choose one)	
If Hispanic or Latino, please specify:	
Caribbean	
Central American	
Mexican/Mexican American/Chicano	
Puerto Rican	
South American	

		Another Hispanic/Latino ethnicity not listed	
DISABILITY STATUS		**Total Hispanic or Latino**	64
Communication Domain		**If Non-Hispanic or Non-Latino, please specify:**	
Vision		African	39
Hearing/Speech		African American	
Another type not listed		Asian Indian/South Asian	45
Communication Domain Subtotal		Cambodian	
Disability Domain	17	Chinese	
Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)		Eastern European	
		European	
		Filipino	
Physical/mobility		Japanese	
Chronic health condition		Korean	
Disability Subtotal		Middle Eastern	
None	578	Vietnamese	
Declined to answer		Other Non-Hispanic or Non-Latino ethnicity not listed	708
Unknown	301	**Total Non-Hispanic or Non-Latino:**	
Another disability not listed		More than one ethnicity	20
TOTAL	896	Unknown ethnicity	20
		Declined to answer	
		ETHNICITY TOTAL	896
If another disability is counted, please specify with numbers:		If another ethnicity is counted, please specify with numbers:	
RACE			
American Indian or Alaska Native		If another race is counted, please specify with numbers:	
Asian			
Black or African American			
Native Hawaiian or another Pacific Islander			
White			
Other Race			
Declined to answer			
Unknown			
TOTAL			

Box D: Program successes/accomplishments of the past year with one example or case study of a success the agency is particularly proud of.
PIWI successfully met 100% of its deliverables. Our program provided: 31 in person home visits 72 prevention visits 8 hosted community events reaching 269 people 103 clients screened and assessed (RAMS internal objective) 60 unduplicated clients received prevention counseling 53 promotional materials created and shared widely reaching 127,864 people 23 Mental Health Consultations reaching 121 people 12 psychoeducation workshops reaching 121 people 6 Talanoa 4 Wellness (Support Groups) reaching 29 people 11 referrals and successful linkages 4 Cultural Education Workshops reaching 68 people. Case Study: A 26-year-old Tongan female client was referred to therapy by a family relative due to family problems at home, which led to depression over the past year, and stress from her current relationship. During sessions, it became clear that she internalizes stress related to her family, feeling overwhelmed and wanting to escape. As the oldest sibling, she bears most responsibilities, in addition to her work and relationship pressures. She also exhibited PTSD symptoms from witnessing a shooting. The treatment goals included unpacking thoughts and feelings about the shooting, setting boundaries with her family, and navigating her new relationship. After several months of weekly sessions, the client improved her mental health by learning to prioritize her commitments and say "no" to her family when necessary. She successfully processed her fears about the shooting, realizing she did all she could. She also resolved issues in her long-distance relationship and found happiness with a new love interest. The client met all treatment goals and is doing well. The client exceeded the minimum 6 to 8 low intensity, time limited sessions due to the client needing more time to reach a level of comfort to open up about her ways of being, beliefs, patterns, and behavior, and additionally guidance to sort through and understand her emotions and feelings thus building her self-confidence to navigate relationship concerns.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	31
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	0
E.3: Types of treatment individuals were referred to (list types below):	
Since our program is PEI, the data provided for SMI are those we define as "at-risk for" or "possible" SMI. Specialty mental health services, higher level case management, long term, counseling services	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	27
E.5: Average duration of untreated mental illness in weeks:	0
E.6: Average number of days between referral and first participation in referred treatment program:	8

Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
Pacific Islanders (Samoans, Tongans, Hawaiians, Palauans, Fijians, Chomorros), Youth, TAY, parents, children, seniors, students, athletes, clergy members, community leaders	
F.2: Number of paper referrals to an ACBH PEI-funded program:	103
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	60
F.4: Average number of days between referral and first participation in referred PEI program:	9
F.5: Describe how your program encouraged access to services and follow through on above referrals: We provide clear communication to clients and community members about the importance of mental health and services we offer, including explaining the benefits and outcomes of recommended services and activities. We provide a supportive environment where clients feel comfortable accessing help and support with the staff and our facility. We provide supportive referral coordination by establishing strong relationships with service providers for a warm hand-off, scheduling appointments and other ancillary support. We seek input from clients about the services we offer and track their progress across the time they are engaged in activities and/or counseling. We provide education to raise awareness and empower community members about available services, accessing services, seeking resources, and enhancing their confidence to advocate for themselves and access services to meet their identified needs. PIWI staff engage in deep outreach and engagement activities in Pacific Islander churches, groups, schools, individuals, community and public spaces, and other providers to enhance awareness of PIWI services. PIWI staff hold dual roles as working professionals and also as community members who care deeply about responding and supporting the mental health of their community. Once staff are aware of a death, crisis, or trouble in the community, we reach out to the family with the death, crisis, and trouble to lend our support by offering our services and resources. All staff work as a team to support the clients seeking PIWI services. PIWI staff have the language capacity to communicate with participants and potential participants in their native languages. Furthermore, PIWI staff have also engaged many Pacific Islander parents in the community who are now aware of our services and promoting with others.	

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. ***(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)***	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):
Schools	Coaches: 3; COST specialists: 4; Counselors: 7; Teachers: 6; Student Intervention Specialist: 1; Superintendent: 2; Principal: 2; LCSW: 2

Churches	Clergy: 11; Youth Leaders: 10; LDS Ward Social Worker: 1
Cultural affinity groups	Kumu Instructor: 2; Parents: 30; Dance Instructors: 2
Colleges	Advisors: 2; Peers: 15; Professors: 3
Community events	Community Leaders: 12; Registered Nurse: 1

MHSA Program # **PEI 7**
PROVIDER NAME **Afghan Coalition**
PROGRAM NAME **Afghan Wellness Project**
2023 - 2024

Program Outcomes & Impact Data Report

Program Name:	**Afghan Wellness Project**	
Organization:	**Afghan Coalition**	
Type of Report:	**Annual Data Report**	
PEI Category:	**Prevention**	
	Priority Area (place an X next to all that apply):	
	X	Childhood Trauma
		Early Psychosis
	X	Youth/TAY Outreach & Engagement
	X	Cultural & Linguistic
	X	Older Adults
	X	Early Identification of MH Illness
	Outcomes (place an X next to all that apply): Programs focus on <u>reducing</u> the seven negative outcomes that may result from untreated mental illness.	
	X	Suicide
	X	Incarceration
	X	School failure or dropout
	X	Unemployment
	X	Prolonged suffering
	X	Homelessness
	X	Removal of children from their homes

Box A: <u>Brief</u> program description.

The Afghan Wellness Project (AWP) offers Prevention and Early Intervention (PEI) services to individuals, couples, and families at risk of serious mental health issues. AWP aims to reduce stigma through education and awareness, preventing mental illness from becoming disabling. It bridges cultural and language gaps between community members and mental health services. The Afghan Wellness Project serves Afghan new

arrivals, families under stress, at-risk youth, isolated or trauma-exposed individuals, and those at risk of serious mental health issues. PEI services are provided in Dari, Pashto, and English.
The Afghan Wellness Project's staff provides training, workshops, and presentations to promote mental health and well-being and prevent serious mental health issues. Other important programs include domestic violence prevention and awareness groups, youth tutoring and social programs, women's and men's support groups, cultural events, and assistance with basic needs.

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness:	
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	
Number of unduplicated individual family members served indirectly by your program:	
Grand total of unduplicated individuals served:	

Box C: Demographics of individuals served this fiscal year through MHSA funding:			
AGE CATEGORIES		**SEXUAL ORIENTATION**	
Children/Youth (0-15 yrs.)	1,509	Gay/Lesbian	1
Transition Age Youth (16-25 yrs.)	467	Heterosexual/Straight	4,727
Adult (26-59 yrs.)	4,884	Bisexual	
Older Adult (60+ yrs.)	228	Questioning/Unsure	
Declined to answer		Queer	
Unknown	250	Declined to answer	
TOTAL	7,338	Unknown	2,610
		Another group not listed	
		TOTAL	7,338
		If another group is counted, please specify with numbers:	
VETERAN STATUS		**PRIMARY LANGUAGE**	
Yes	2	English	540
No	1,996	Spanish	
Declined to answer		Cantonese	
Unknown	5,340	Chinese	
TOTAL	7,338	Vietnamese	
		Farsi	1,142
CURRENT GENDER IDENTITY		Arabic	36
Female	4,084	Tagalog	
Male	3,051	Declined to answer	
Transgender		Unknown	
Genderqueer		Other languages not listed	5,620

Questioning/unsure of gender identity		TOTAL	7,338
Declined to answer			
Unknown	203		
Another identity not listed			
TOTAL	7,338		
If another group is counted, please specify with numbers:			

SEX ASSIGNED AT BIRTH		**ETHNITICY/CULTURAL HERITAGE (choose one)**	
Male		**If Hispanic or Latino, please specify:**	
Female		Caribbean	
Declined to answer		Central American	
Unknown		Mexican/Mexican American/Chicano	
TOTAL		Puerto Rican	
Male		South American	
		Another Hispanic/Latino ethnicity not listed	85
DISABILITY STATUS		**Total Hispanic or Latino**	
Communication Domain		**If Non-Hispanic or Non-Latino, please specify:**	
Vision		African	
Hearing/Speech		African American	
Another type not listed	412	Asian Indian/South Asian	6,761
Communication Domain Subtotal		Cambodian	
Disability Domain		Chinese	
Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)		Eastern European	
		European	
		Filipino	
Physical/mobility		Japanese	
Chronic health condition		Korean	
Disability Subtotal		Middle Eastern	
None	1,357	Vietnamese	
Declined to answer		Other Non-Hispanic or Non-Latino ethnicity not listed	39
Unknown	5,569	**Total Non-Hispanic or Non-Latino:**	
Another disability not listed		More than one ethnicity	
TOTAL	7,338	Unknown ethnicity	
If another disability is counted, please specify with numbers:		Declined to answer	
		ETHNICITY TOTAL	6,807

		If another ethnicity is counted, please specify with numbers:
RACE		
American Indian or Alaska Native		If another race is counted, please specify with numbers:
Asian	6,761	
Black or African American	14	
Native Hawaiian or another Pacific Islander		
White	4	
Other Race	104	
Declined to answer		
Unknown	455	
TOTAL	7,338	

Box D: Program <u>successes/accomplishments</u> of the past year with one example or case study of a success the agency is particularly proud of.

Most clients express high levels of gratitude and appreciation for the services they receive through the Afghan Wellness Project. Many mental health counseling clients report a high level of satisfaction and improvement of their mental health after they have participated in our counseling programs and psychoeducational workshops/presentations. Some of the examples of positive impact stories are listed below.

A client, exhausted and overcome with emotion arrived at our office in need of support. Staff provided a safe space for her to share her story which revealed she was experiencing the heavy burden of caring for a disabled son and her husband. The client was also navigating the stress and uncertainty of the immigration process. Recognizing the client would benefit from mental health services, she was connected to our Mental Health Specialist for individual counselling and linked to a support group. Our client reported that after attending counseling services she felt her overall wellbeing had significantly improved and found support in the connections she had made at Afghan Coalition.

An Afghan male in his early 40'S was initially hesitant to start counseling as he was concerned it might not help him with his current issues: significant marital problems with his spouse, unemployment, and immigration challenges. Client attended the initial session stating that he did not have much to discuss. A short time later, client was more engaged and decided to continue counseling sessions where he reported high levels of stress, anxiety, and inability to make important life decisions. Client continued with counseling and later reported feeling less stressed and more focused. "I have been having counseling sessions for the past several months, which surprisingly have helped me feel heard and understood."

An elderly Afghan female in her late 60s stated "every Tuesday I keep my phone with me so that I don't miss your call. I look forward to my counseling which has helped me have a more positive outlook and less anxiety".

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	4
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	NA
E.3: Types of treatment individuals were referred to (list types below):	
Higher level of psychotherapy services, psychologists, and psychiatrists.	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	4
G.5: Average duration of untreated mental illness in weeks:	UNKNOWN
E.6: Average number of days between referral and first participation in referred treatment program:	7
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
Afghan population including refugees, immigrants, and new arrivals.	
F.2: Number of paper referrals to an ACBH PEI-funded program:	19
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	19
F.4: Average number of days between referral and first participation in referred PEI program:	3-5
F.5: Describe how your program encouraged access to services and follow through on above referrals: Clients are encouraged to discuss their mental health challenges in a non-judgmental and safe environment. The goal is to normalize the use of mental health services and increase awareness about mental health issues. Clients are urged to attend counseling sessions with culturally competent clinicians who can communicate in their native language.	

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. ***(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)***	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):
25 Site visits to Kennedy High School & Walter's Middle School – Afghan girls support	2 teachers, 1 outreach worker
5 Hayward Unified School District –Afghan student support	1 Teacher, 1 School Resource Counselor, 1 Administrator
4 Virtual Consortium Meetings Afghan Leadership: Asylum & Immigration Issues for New Afghans Housing Issues & Opportunities for New Arrivals	4 Consortium meetings had a total of 423 participants mostly consisting of service providers and community members

Mental Health & Support for New Arrivals Supporting Afghan Survivors of Torture and Trauma	
7 Community Centers Cultural Events	5 Outreach Worker
2 Health Fairs –Fremont Downtown Center	2 Medical personnel, 4 Service Providers
Weekly Fremont Sport's Complex –Soccer Club	1 Soccer Coach, 2 Volunteers
12 Weekly Women's Group Therapy – Community Kitchen	1 Counselor, 1 Outreach Worker
20 Virtual Parenting Classes	1 LCSW, 1 Outreach Worker
103 Home Visits to Afghan New Arrivals	1 Outreach Worker
28 Social Media Post on Wellness Topics	4,821 impressions

MHSA Program # **PEI 7**
PROVIDER NAME **International Rescue Committee**
PROGRAM NAME **Afghan Path Towards Wellness**
2023 - 2024

Program Outcomes & Impact Data Report

Program Name:	**Afghan Path Towards Wellness**
Organization:	**International Rescue Committee**
Type of Report:	**Annual Data Report**
PEI Category:	**Prevention**

Priority Area (place an X next to all that apply):

	Childhood Trauma
	Early Psychosis
	Youth/TAY Outreach & Engagement
X	Cultural & Linguistic
	Older Adults
X	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on <u>reducing</u> the seven negative outcomes that may result from untreated mental illness.

X	Suicide
	Incarceration
	School failure or dropout
X	Unemployment
X	Prolonged suffering
X	Homelessness
	Removal of children from their homes

Box A: <u>Brief</u> program description.

Afghan Path Towards Wellness (APTW): Providing wellness and psychosocial support services to the Afghan community of North Alameda County. Primary services include preventative counseling, psychosocial and educational workshops, community events, socials support groups, wellness assessments, and community provider and leader training.

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness:	30
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	265
Number of unduplicated individual family members served indirectly by your program:	885
Grand total of unduplicated individuals served:	1180

Box C: Demographics of individuals served this fiscal year through MHSA funding:

AGE CATEGORIES	
Children/Youth (0-15 yrs.)	65
Transition Age Youth (16-25 yrs.)	84
Adult (26-59 yrs.)	1,444
Older Adult (60+ yrs.)	63
Declined to answer	
Unknown	11
TOTAL	1,677

SEXUAL ORIENTATION	
Gay/Lesbian	
Heterosexual/Straight	713
Bisexual	
Questioning/Unsure	
Queer	
Declined to answer	
Unknown	954
Another group not listed	
TOTAL	1,667
If another group is counted, please specify with numbers:	

VETERAN STATUS	
Yes	
No	109
Declined to answer	
Unknown	1,558
TOTAL	1,667

PRIMARY LANGUAGE	
English	90
Spanish	
Cantonese	
Chinese	
Vietnamese	
Farsi	122
Arabic	89
Tagalog	
Declined to answer	
Unknown	
Other languages not listed	1,366
TOTAL	1,667

CURRENT GENDER IDENTITY	
Female	1,051
Male	588
Transgender	5
Genderqueer	
Questioning/unsure of gender identity	
Declined to answer	
Unknown	23

Another identity not listed		
TOTAL	1,667	
If another group is counted, please specify with numbers:		

SEX ASSIGNED AT BIRTH		**ETHNITICY/CULTURAL HERITAGE (choose one)**	
Male		**If Hispanic or Latino, please specify:**	
Female		Caribbean	
Declined to answer		Central American	
Unknown		Mexican/Mexican American/Chicano	
TOTAL		Puerto Rican	
Male		South American	
		Another Hispanic/Latino ethnicity not listed	
DISABILITY STATUS		**Total Hispanic or Latino**	
Communication Domain		**If Non-Hispanic or Non-Latino, please specify:**	
Vision		African	
Hearing/Speech		African American	
Another type not listed		Asian Indian/South Asian	1582
Communication Domain Subtotal		Cambodian	
Disability Domain		Chinese	
Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)		Eastern European	
		European	
		Filipino	
Physical/mobility		Japanese	
Chronic health condition		Korean	
Disability Subtotal	115	Middle Eastern	
None	109	Vietnamese	
Declined to answer		Other Non-Hispanic or Non-Latino ethnicity not listed	1
Unknown	1,443	**Total Non-Hispanic or Non-Latino:**	
Another disability not listed		More than one ethnicity	
TOTAL	1,667	Unknown ethnicity	
		Declined to answer	
		ETHNICITY TOTAL	1,583
If another disability is counted, please specify with numbers:		If **another ethnicity** is counted, please specify with numbers:	
RACE			

American Indian or Alaska Native		If **another race** is counted, please specify with numbers:
Asian	1,582	
Black or African American		
Native Hawaiian or another Pacific Islander		
White		
Other Race		
Declined to answer		
Unknown	85	
TOTAL	1,667	

Box D: Program successes/accomplishments of the past year with one example or case study of a success the agency is particularly proud of.
One event that our team is particularly proud of was an in-person community event taking place at the Lakeview Oakland Public Library to talk to families about wellbeing and resources at the library they could access to support their families. It was great to see both parents and children interacting with stress management and library activities. We facilitated the session with the library's Youth and Community Events Coordinator. We also continued our collaboration with our internal Resettlement and Placement Cultural Orientation Programming to support new Afghan arrivals.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	6
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	2
E.3: Types of treatment individuals were referred to (list types below):	
Clients were referred to both short term and long-term therapy at community-based 65clinics and behavioral health programs at their local hospitals.	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	3
G.5: Average duration of untreated mental illness in weeks:	16
E.6: Average number of days between referral and first participation in referred treatment program:	30
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
Afghans	
F.2: Number of paper referrals to an ACBH PEI-funded program:	0
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	N/A

F.4: Average number of days between referral and first participation in referred PEI program:	N/A
F.5: Describe how your program encouraged access to services and follow through on above referrals: While this year there were no linkages to other ACBH PEI funded programs, in general, APTW strategies for successful linkage to other PEI programs revolve around one-on-one coaching on resources, and education around myths of the risks of seeking mental health support. If and when a client is willing to be referred to another PEI program, the APTW offers to support with transportation, registration, and other logistical stressors that can be barriers. The APTW team also follows up directly with the PEI provider to ensure a smooth transition.	

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. ***(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)***	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):
NA	NA

MHSA Program # **PEI 7**
PROVIDER NAME **Filipino Advocates for Justice**
PROGRAM NAME **Filipino Community Wellness Program**
2023-2024

Program Outcomes & Impact Data Report

Program Name:	**Filipino Community Wellness Program**
Organization:	**Filipino Advocates for Justice**
Type of Report:	**Annual Data Report**
PEI Category:	**Prevention**

Priority Area (place an X next to all that apply):

	Childhood Trauma
	Early Psychosis
X	Youth/TAY Outreach & Engagement
X	Cultural & Linguistic
X	Older Adults
X	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on reducing the seven negative outcomes that may result from untreated mental illness.

	Suicide

	Incarceration
X	School failure or dropout
X	Unemployment
X	Prolonged suffering
	Homelessness
	Removal of children from their homes

Box A: Brief program description.
FAJ's Filipino Community Wellness Program aims to engage youth, young adults, elder immigrants and low wage workers in healthy, positive, culturally relevant, and inclusive activities that prevent isolation, disconnection, anxiety, fear and hopelessness, and reduces the stigmas associated with use of mental health services.

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness:	NA
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	12
Number of unduplicated individual family members served indirectly by your program:	NA
Grand total of unduplicated individuals served:	75

Box C: Demographics of individuals served this fiscal year through MHSA funding:			
AGE CATEGORIES		**SEXUAL ORIENTATION**	
Children/Youth (0-15 yrs.)	10	Gay/Lesbian	15
Transition Age Youth (16-25 yrs.)	160	Heterosexual/Straight	251
Adult (26-59 yrs.)	75	Bisexual	1
Older Adult (60+ yrs.)	81	Questioning/Unsure	
Declined to answer		Queer	27
Unknown		Declined to answer	
TOTAL	326	Unknown	31
		Another group not listed	1
		TOTAL	326
		If another group is counted, please specify with numbers:	
VETERAN STATUS		**PRIMARY LANGUAGE**	
Yes		English	167
No	131	Spanish	
Declined to answer		Cantonese	
Unknown	195	Chinese	
TOTAL	326	Vietnamese	
		Farsi	
CURRENT GENDER IDENTITY		Arabic	

Female	212	Tagalog	159
Male	78	Declined to answer	
Transgender	5	Unknown	
Genderqueer		Other languages not listed	
Questioning/unsure of gender identity	1	TOTAL	326
Declined to answer			
Unknown			
Another identity not listed	30		
TOTAL	326		
If another group is counted, please specify with numbers:			

SEX ASSIGNED AT BIRTH		**ETHNICITY/CULTURAL HERITAGE (choose one)**	
Male		**If Hispanic or Latino, please specify:**	
Female		Caribbean	
Declined to answer		Central American	
Unknown		Mexican/Mexican American/Chicano	
TOTAL		Puerto Rican	
Male		South American	
		Another Hispanic/Latino ethnicity not listed	
DISABILITY STATUS		**Total Hispanic or Latino**	3
Communication Domain		**If Non-Hispanic or Non-Latino, please specify:**	
Vision		African	
Hearing/Speech		African American	
Another type not listed		Asian Indian/South Asian	10
Communication Domain Subtotal		Cambodian	
Disability Domain		Chinese	
Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)		Eastern European	
		European	
		Filipino	301
Physical/mobility		Japanese	
Chronic health condition		Korean	
Disability Subtotal		Middle Eastern	
None		Vietnamese	1
Declined to answer		Other Non-Hispanic or Non-Latino ethnicity not listed	
Unknown		**Total Non-Hispanic or Non-Latino:**	

Another disability not listed		More than one ethnicity	
TOTAL		Unknown ethnicity	
		Declined to answer	
		ETHNICITY TOTAL	315
If another disability is counted, please specify with numbers:		If another ethnicity is counted, please specify with numbers:	
RACE			
American Indian or Alaska Native		If another race is counted, please specify with numbers:	
Asian	307		
Black or African American	2		
Native Hawaiian or another Pacific Islander			
White			
Other Race	17		
Declined to answer			
Unknown			
TOTAL	326		

Box D: Program <u>successes/accomplishments</u> of the past year with one example or case study of a success the agency is particularly proud of.

Our youth program participants struggled with balancing academics with personal responsibilities, relationship issues, financial and housing instability, while feeling targeted by islamophobia and xenophobia due to the hostile political climate. They were able to channel and redirect challenges through their leadership, an area where the youth program found success this year. Youth were trained to facilitate workshops on how to center mental wellbeing and stand in solidarity with other youth who also face these compounded struggles. Our TAY program faced some challenges holding a hybrid format for some workshops, timing activities in line with seasonal and life events of TAY participants. Successes include strengthened partnerships with local community colleges leading to improved attendance, networks with guest speakers, and the incorporation of regular 3rd space events for community building leading to higher levels of engagement. Workshop topics that resonated well with TAY addressed life conditions that affect mental health include “adulting” (healthy relationships, independence and financial literacy), preventing burnout, and staying centered in a polarized social climate. Our new approach that emphasized collective healing was key. Our elder program saw similar success with their third space events where storytelling, wellness workshops and fun community building activities were the antidote to shyness and isolation our elders often feel. Observations through our preventative counseling program this year revealed that many were attempting to deal with their mental health in isolation. Engaging these clients in our third space events was able to provide needed collective healing and support by fostering a sense of community and solidarity with others. Success story: “Patricia”, who is a regular elder participant, suddenly stopped attending because she was dealing with mental and physical health issues. Our follow up calls to her were unanswered. We continued to call, reached out to her daughter, then visited them in their home. We encouraged her to seek help, be with other people and gradually start doing what she loves to do. Now Patrica is on a solid path towards her wellbeing.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	NA
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	NA
E.3: Types of treatment individuals were referred to (list types below):	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	NA
G.5: Average duration of untreated mental illness in weeks:	NA
E.6: Average number of days between referral and first participation in referred treatment program:	NA
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
Filipino and other AAPI youth, TAY and adult, including immigrants and LGBTQ.	
F.2: Number of paper referrals to an ACBH PEI-funded program:	18
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	26
F.4: Average number of days between referral and first participation in referred PEI program:	7
F.5: Describe how your program encouraged access to services and follow through on above referrals: Access to services was encouraged by offering flexible appointment times and virtual counseling options to accommodate diverse needs. To ensure follow through on referrals, clients were provided with a detailed action plan and conduct regular check ins to monitor progress. Direct support in navigating the referral process and timely reminders were given to help clients stay engaged with their care.	

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. *(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)*	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):
In person at organization offices in Union City and Oakland, hybrid or virtual. Offsite at Chabot College In Hayward and Ohlone College in Fremont.	3 community outreach workers, 1 mental health specialist.

Social media	

MHSA Program #	**PEI 7**
PROVIDER NAME	**The Hume Center, Portia Bell Hume Behavioral Health & Training Center**
PROGRAM NAME	**South Asian Community Health Promotion Services Program**

2023-2024

Program Outcomes & Impact Data Report

Program Name:	**South Asian Community Health Promotion Services**
Organization:	**The Hume Center**
Type of Report:	**Annual Data Report**
PEI Category:	**Prevention**

	Priority Area (place an X next to all that apply):
	Childhood Trauma
	Early Psychosis
X	Youth/TAY Outreach & Engagement
X	Cultural & Linguistic
X	Older Adults
X	Early Identification of MH Illness

	Outcomes (place an X next to all that apply): Programs focus on <u>reducing</u> the seven negative outcomes that may result from untreated mental illness.
X	Suicide
	Incarceration
X	School failure or dropout
X	Unemployment
X	Prolonged suffering
	Homelessness
X	Removal of children from their homes

Box A: <u>Brief</u> program description.

When life becomes too overwhelming, that result can bring changes in how an individual thinks, feels and acts. The South Asian program provide specialized prevention and early intervention (PEI) services to the South Asian population to participants across the lifespan. We are the main provider in Alameda County for this population, currently serving Afghanis, Bangladeshis, Bhutanese, Asian Indians including Fiji Islanders, Iranians, Maldivians, Nepalese, Pakistanis, and Sri Lankans. We provide these services in the clinic, home visits, in schools, in the community (community centers, religious establishments, etc.) and through telehealth. To meet the linguistic needs of the population services are provided in English, Hindi, Punjabi, Urdu, Farsi, Dari, Gujarati, Marathi, Tamil, and Nepali.

These short-term culturally sensitive and language specific services offer support aimed at developing knowledge and skills to work through life challenges effectively. The program also breaks stigmas of mental health through outreach, education and consultation.

Our prevention strategies re-frame mental health and behavioral health care from a pathological perspective to a strength-based, normative, developmental assets focus. Working with immigrants and refugees we understand that they often come from collectivistic cultures, and so we adapt our services so that we are addressing collective wellness, rather than just focusing on individuals within the community. We understand that immigrant and refugee communities rely on their families and community for support in times of distress. Family, community, and religion are a huge part of building resilience for those that we work with. We adjust our approaches to include these protective factors as a part of our work. When we work with immigrant and refugee communities we incorporate these holistic, cultural and religious forms of healing into our services to help build rapport, break stigmas around mental health and increase participation. (Examples: Yoga workshops, Badminton and Soccer groups, Prayer; Meditation). We offer family education and consultation to help educate and increase awareness for families struggling with loved ones with a mental health disorder. We also offer family focused trauma informed care to help address domestic/family violence, immigration trauma and acculturation stress. Our work is focused on strengthening relationships within families and communities. (Offering parent/child workshops, offering community gatherings, engaging families in play through art and games). The goal of the program is to help community members build resilience which can contribute to the prevention of mental health disorders.

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness:	Unavailable
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	Unavailable
Number of unduplicated individual family members served indirectly by your program:	Unavailable
Grand total of unduplicated individuals served:	

Box C: Demographics of individuals served this fiscal year through MHSA funding:			
AGE CATEGORIES		**SEXUAL ORIENTATION**	
Children/Youth (0-15 yrs.)	129	Gay/Lesbian	
Transition Age Youth (16-25 yrs.)	120	Heterosexual/Straight	521
Adult (26-59 yrs.)	502	Bisexual	
Older Adult (60+ yrs.)	85	Questioning/Unsure	3
Declined to answer		Queer	
Unknown	1	Declined to answer	
TOTAL	837	Unknown	313
		Another group not listed	
		TOTAL	837
		If another group is counted, please specify with numbers:	

VETERAN STATUS	
Yes	
No	399
Declined to answer	
Unknown	438
TOTAL	837

CURRENT GENDER IDENTITY	
Female	404
Male	418
Transgender	
Genderqueer	
Questioning/unsure of gender identity	1
Declined to answer	
Unknown	13
Another identity not listed	1
TOTAL	837
If another group is counted, please specify with numbers:	

PRIMARY LANGUAGE	
English	330
Spanish	
Cantonese	
Chinese	
Vietnamese	
Farsi	
Arabic	
Tagalog	
Declined to answer	
Unknown	
Other languages not listed	502
TOTAL	837

SEX ASSIGNED AT BIRTH	
Male	
Female	
Declined to answer	
Unknown	
TOTAL	
Male	
DISABILITY STATUS	
Communication Domain	
Vision	
Hearing/Speech	
Another type not listed	3
Communication Domain Subtotal	
Disability Domain	

ETHNICITY/CULTURAL HERITAGE (choose one)	
If Hispanic or Latino, please specify:	
Caribbean	
Central American	
Mexican/Mexican American/Chicano	
Puerto Rican	
South American	
Another Hispanic/Latino ethnicity not listed	
Total Hispanic or Latino	6
If Non-Hispanic or Non-Latino, please specify:	
African	
African American	
Asian Indian/South Asian	153
Cambodian	
Chinese	7
Eastern European	
European	

Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)		Filipino	
Physical/mobility		Japanese	
Chronic health condition		Korean	
Disability Subtotal		Middle Eastern	
None	509	Vietnamese	
Declined to answer		Other Non-Hispanic or Non-Latino ethnicity not listed	525
Unknown	325	**Total Non-Hispanic or Non-Latino:**	
Another disability not listed		More than one ethnicity	
TOTAL	837	Unknown ethnicity	
		Declined to answer	
		ETHNICITY TOTAL	685
If another disability is counted, please specify with numbers:		If another ethnicity is counted, please specify with numbers:	
RACE			
American Indian or Alaska Native		If another race is counted, please specify with numbers:	
Asian	685		
Black or African American	9		
Native Hawaiian or another Pacific Islander			
White	2		
Other Race	10		
Declined to answer			
Unknown	131		
TOTAL	837		

Box D: Program <u>successes/accomplishments</u> of the past year with one example or case study of a success the agency is particularly proud of.

Our biggest success and accomplishment this year has been our ability to engage with more families, especially those that have children that are in middle school or high school. By having more family engagement, we have been able to reduce a lot of stigma and barriers towards services. We have also worked through a lot of challenges that immigrant families face regarding intergenerational communication, differences in acculturation, culturally defined definitions around success, and healthy boundaries. We witnessed many shifts within family dynamics that allowed more harmony and appreciation for both collectivistic values and individualistic values. Many of the family members were engaging in individual sessions in addition to family sessions, so that they could work on their individual struggles as well as struggles within the family system. We had many families share their experiences with others and have their loved ones also self-refer to the program to get support. So essentially our

participants became referral sources and in turn normalized the need for mental health care within the larger community.

This year we continued to increase our visibility out in the community. We attended many in-person events. We participated in more than 25 tabling events and several community workshops. We participated as invited speakers in many cultural gatherings, one was at the local Gurdwara (Sikh place of worship) where we engaged the community in understanding mental health from a Sikh lens. We received a lot of positive feedback from that event. Participants shared their gratitude for presenting a model that aligns with their values and beliefs and uses language that they are familiar with. We also hosted an event for South Asian youth that allowed them to express their bicultural experiences through Art, combining what they enjoyed about the American Holiday of Halloween along with what they enjoyed about the Indian Holiday of Diwali. In the Spring we hosted another event for Mother's Day, where we invited Moms and kids to come and reflect on the processes of self-care and engaged them in a bonding activity. We received a record number of invites to different events this year, which made us realize how much progress the community has made in giving mental health importance.

Overall, this year has been full of a lot of gratitude, appreciation and support from the community for the opportunities that are offered by our program. Not only from the participants that engage in our services but also by other community organizations, schools, health providers, DV advocates, faith leaders, spiritual healers, city officials across the county and other stakeholders.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	4
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	28
E.3: Types of treatment individuals were referred to (list types below):	
Psychotherapy, Psychological testing, SUD treatment, Intensive Outpatient Services, Step Down programs, spiritual or holistic treatments, programs with specific treatment modalities such as CBT, EMDR, Trauma Focused, Psychoanalysis and Child custody evaluations. These treatments were offered through Washington Hospital, Fremont Hospital, Kaiser, Palo Alto Medical Foundation, Company employee assistance programs, school/college counselors, faith leaders, spiritual healers, community support groups/workshops, other CBO's outside of the ACBH system, and SUD specific programs.	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	N/a
G.5: Average duration of untreated mental illness in weeks:	N/a
E.6: Average number of days between referral and first participation in referred treatment program:	N/a
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	

F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
The South Asian program provide specialized prevention and early intervention (PEI) services to the South Asian population to participants across the lifespan. We are the main provider in Alameda County for this population, currently serving Afghanis, Bangladeshis, Bhutanese, Asian Indians including Fiji Islanders, Iranians, Maldivians, Nepalese, Pakistanis, and Sri Lankans. We provide these services in the clinic, home visits, in schools, in the community (community centers, religious establishments, etc.) and through telehealth. To meet the linguistic needs of the population services are provided in English, Hindi, Punjabi, Urdu, Farsi, Dari, Gujarati, Marathi, Tamil, and Nepali.	
F.2: Number of paper referrals to an ACBH PEI-funded program:	10 (not paper referrals, but verbal sharing of referral information for other UELP programs that offered services for communities we do not serve directly (Ex. Afghan Coalition, ARISE, CERI)
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	unavailable
F.4: Average number of days between referral and first participation in referred PEI program:	unavailable
F.5: Describe how your program encouraged access to services and follow through on above referrals: Our admin staff shared information with individuals that identified outside our target population through phone call follow ups. For those that started services with us, but we identified they may benefit more by engaging with another agency, our providers shared information about the programs they wanted to refer individuals to in session and provided space for individuals to share their thoughts about the possible referral. The decision to refer and connect individuals to other services was a collaborative decision between the individuals and their providers. Our providers also worked with the PEI programs that they were referring individuals to so that warm handoffs could be planned. Our providers attempted to follow up through phone calls with referred individuals, however it was difficult to get a hold of individuals after they had already disengaged with our agency. Due to cultural barriers and confidentiality issues, most individuals were not comfortable in sharing with us if they had made an appointment with the new agency and did not disclose if they had already had their first session with the new agency.	

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. ***(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)***	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):

K-12 Schools	30+ counselors, 6+ social workers, 8+ principals, nurses, resource officers, district staff, family partners, teachers, teachers' assistants
Colleges & Universities	professors, administration, counselors, staff, unlimited students & community members
Local CBO's	DV advocates, MH providers, Docs, nurses, social workers, peer/resource specialists first responders, volunteers, senior support specialists, Health care providers,
Community/Faith Leaders	100+ leaders in Nepalese, Bhutanese, Punjabi, Persian, Pakistani, Indian, Fijian community
Community Centers & Senior Centers	Unlimited Community Members
South Asian Businesses (Restaurants, Grocery Stores, etc.)	Unlimited Community Members
Religious Places of Worship	Unlimited Community Members
Hospitals	Doctors, nurses, admin, social workers, community specialists, volunteers, students
Libraries	Librarians, Staff, Parents, Children, Community Members
Academic Conferences	Professors, Students (Grad, College, HS, K-12), Parents, Peers, MH providers, Social Workers, Lawyers, Councilmembers, Senators
Listening Sessions	ACBH staff, State of California University Staff, Unlimited CBO's, Community members, CA State capitol- assembly and senate members, etc.
South Asian Focused Agencies	Volunteers, Peer Specialists, Social Workers, IT specialists, Engineers, Community Members
Community Events (Health Fairs, Farmers Markets, Job Fairs, Cultural Festivals, Golden State Warriors game etc.)	Unlimited Community Members

MHSA Program # **PEI 8**
PROVIDER NAME: **Native American Health Center, INC.**
PROGRAM NAME: **Native American Health Center PEI/UELP**
2023 – 2024

Program Outcomes & Impact Data Report

Program Name:	**Native American Health Center**
Organization:	**Native American Health Center, INC.**
Type of Report:	**Annual Data Report**

PEI Category:	Prevention

Priority Area (place an X next to all that apply):	
X	Childhood Trauma
	Early Psychosis
X	Youth/TAY Outreach & Engagement
X	Cultural & Linguistic
X	Older Adults
X	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on reducing the seven negative outcomes that may result from untreated mental illness.	
X	Suicide
X	Incarceration
X	School failure or dropout
X	Unemployment
	Prolonged suffering
X	Homelessness
X	Removal of children from their homes

Box A: Brief program description.
We provide integrated emotional wellness programs that center on culture, language, heritage, and holistic and indigenous healing practices. We work towards enhancing participants' protective factors through strength-based cultural and generational resilience activities that are reflective of ethnic and traditional practices and are empowering of individuals, families, and communities to make informed decisions around maintaining or restoring their mental health. We provide services in culturally appropriate languages as needed.

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness:	NA
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	NA
Number of unduplicated individual family members served indirectly by your program:	NA
Grand total of unduplicated individuals served:	NA

Box C: Demographics of individuals served this fiscal year through MHSA funding:			
AGE CATEGORIES		**SEXUAL ORIENTATION**	
Children/Youth (0-15 yrs.)	613	Gay/Lesbian	
Transition Age Youth (16-25 yrs.)	147	Heterosexual/Straight	79
Adult (26-59 yrs.)	231	Bisexual	
Older Adult (60+ yrs.)	173	Questioning/Unsure	
Declined to answer		Queer	
Unknown		Declined to answer	

TOTAL	1,164	Unknown	1,083
		Another group not listed	2
		TOTAL	1,164
		If another group is counted, please specify with numbers:	
VETERAN STATUS		**PRIMARY LANGUAGE**	
Yes	8	English	1,122
No	752	Spanish	42
Declined to answer		Cantonese	
Unknown	404	Chinese	
TOTAL	1,164	Vietnamese	
		Farsi	
CURRENT GENDER IDENTITY		Arabic	
Female	623	Tagalog	
Male	539	Declined to answer	
Transgender		Unknown	
Genderqueer		Other languages not listed	
Questioning/unsure of gender identity		TOTAL	1,164
Declined to answer			
Unknown			
Another identity not listed	2		
TOTAL	1,164		
If another group is counted, please specify with numbers:			

SEX ASSIGNED AT BIRTH		**ETHNITICY/CULTURAL HERITAGE (choose one)**	
Male		**If Hispanic or Latino, please specify:**	
Female		Caribbean	
Declined to answer		Central American	
Unknown		Mexican/Mexican American/Chicano	
TOTAL		Puerto Rican	
Male		South American	
		Another Hispanic/Latino ethnicity not listed	
DISABILITY STATUS		**Total Hispanic or Latino**	477
Communication Domain		**If Non-Hispanic or Non-Latino, please specify:**	
Vision		African	

Hearing/Speech		African American	
Another type not listed	108	Asian Indian/South Asian	
Communication Domain Subtotal		Cambodian	
Disability Domain		Chinese	
Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)		Eastern European	
		European	
		Filipino	
Physical/mobility		Japanese	
Chronic health condition		Korean	
Disability Subtotal		Middle Eastern	
None	228	Vietnamese	
Declined to answer		Other Non-Hispanic or Non-Latino ethnicity not listed	571
Unknown	828	**Total Non-Hispanic or Non-Latino:**	
Another disability not listed		More than one ethnicity	
TOTAL	1,164	Unknown ethnicity	
		Declined to answer	
		ETHNICITY TOTAL	1,048
If another disability is counted, please specify with numbers:		If another ethnicity is counted, please specify with numbers:	
RACE			
American Indian or Alaska Native		If another race is counted, please specify with numbers:	
Asian			
Black or African American	83		
Native Hawaiian or another Pacific Islander	571		
White	10		
Other Race	500		
Declined to answer			
Unknown			
TOTAL	1,164		

Box D: Program <u>successes/accomplishments</u> of the past year with one example or case study of a success the agency is particularly proud of.

A program success that we recently have experienced is the popularity of our Drum Group. We have finally been able to restart our Drum Group that was on hiatus since COVID. Our Drum group was greatly missed and has been well attended. We are working towards implementing new groups as well as brining back a few favorites. As an agency we are excited to announce that NAHC has broken ground on the 3050 Project. This latest development at 3050 will feature 20 dental operatories and a 300-person cultural community center, housed in a state-of the-art 5 story building. The Project, is a partnership with Satellite Affordable Housing associates (SAHA), also includes 76 affordable housing units, addressing the vital needs of dental care, cultural engagement and housing in our community. We are looking forward to the planned opening in the Fall of 2025. The new facility will increase outreach, access, and visibility of our Native American Community.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	N/A
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	N/A
E.3: Types of treatment individuals were referred to (list types below):	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	39
G.5: Average duration of untreated mental illness in weeks:	2
E.6: Average number of days between referral and first participation in referred treatment program:	10
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
F.2: Number of paper referrals to an ACBH PEI-funded program:	39
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	39
F.4: Average number of days between referral and first participation in referred PEI program:	4
F.5: Describe how your program encouraged access to services and follow through on above referrals:	

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. *(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)*	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at

	schools, & 1 police officer at a school.) (100 Characters):

MHSA Program #	**PEI 9**
PROVIDER NAME	**Diversity in Health Training Institute**
PROGRAM NAME	**Sidra Community Wellness Program**

2023 - 2024

Program Outcomes & Impact Data Report

Program Name:	**UELP**
Organization:	**Diversity in Health Training Institute**
Type of Report:	**Annual Data Report**
PEI Category:	**Prevention**

Priority Area (place an X next to all that apply):

	Childhood Trauma
	Early Psychosis
X	Youth/TAY Outreach & Engagement
X	Cultural & Linguistic
X	Older Adults
X	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on <u>reducing</u> the seven negative outcomes that may result from untreated mental illness.

X	Suicide
X	Incarceration
X	School failure or dropout
X	Unemployment
X	Prolonged suffering
	Homelessness
	Removal of children from their homes

Box A: <u>Brief</u> program description.
Sidra Community Wellness Program (SIDRA) launched in July 2019. The purpose of SIDRA is to promote healing, wellness and mental health among Middle Eastern and North African communities in Alameda County. We offer preventive counseling, support groups, educational and cultural workshops, community events, and referrals and linkages to promote and support community wellness. We also offer consultations to local organizations.

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness:	n/a

Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	
Number of unduplicated individual family members served indirectly by your program:	65
Grand total of unduplicated individuals served:	118

Box C: Demographics of individuals served this fiscal year through MHSA funding:

AGE CATEGORIES	
Children/Youth (0-15 yrs.)	73
Transition Age Youth (16-25 yrs.)	19
Adult (26-59 yrs.)	36
Older Adult (60+ yrs.)	1
Declined to answer	
Unknown	
TOTAL	129

SEXUAL ORIENTATION	
Gay/Lesbian	
Heterosexual/Straight	107
Bisexual	
Questioning/Unsure	
Queer	
Declined to answer	
Unknown	22
Another group not listed	
TOTAL	129
If another group is counted, please specify with numbers:	

VETERAN STATUS	
Yes	
No	124
Declined to answer	
Unknown	5
TOTAL	129

PRIMARY LANGUAGE	
English	12
Spanish	
Cantonese	
Chinese	
Vietnamese	1
Farsi	23
Arabic	90
Tagalog	
Declined to answer	
Unknown	
Other languages not listed	
TOTAL	129

CURRENT GENDER IDENTITY	
Female	63
Male	66
Transgender	
Genderqueer	
Questioning/unsure of gender identity	
Declined to answer	
Unknown	
Another identity not listed	
TOTAL	129
If another group is counted, please specify with numbers:	

SEX ASSIGNED AT BIRTH	**ETHNITICY/CULTURAL HERITAGE (choose one)**

Male		**If Hispanic or Latino, please specify:**	
Female		Caribbean	
Declined to answer		Central American	
Unknown		Mexican/Mexican American/Chicano	
TOTAL		Puerto Rican	
Male		South American	
		Another Hispanic/Latino ethnicity not listed	
DISABILITY STATUS		**Total Hispanic or Latino**	0
Communication Domain		**If Non-Hispanic or Non-Latino, please specify:**	
Vision		African	
Hearing/Speech		African American	
Another type not listed		Asian Indian/South Asian	20
Communication Domain Subtotal		Cambodian	
Disability Domain		Chinese	
Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)		Eastern European	
		European	
		Filipino	
Physical/mobility		Japanese	
Chronic health condition		Korean	
Disability Subtotal		Middle Eastern	
None	122	Vietnamese	
Declined to answer		Other Non-Hispanic or Non-Latino ethnicity not listed	109
Unknown	7	**Total Non-Hispanic or Non-Latino:**	
Another disability not listed		More than one ethnicity	
TOTAL	129	Unknown ethnicity	
		Declined to answer	
		ETHNICITY TOTAL	129
If another disability is counted, please specify with numbers:		If another ethnicity is counted, please specify with numbers:	
RACE			
American Indian or Alaska Native		If another race is counted, please specify with numbers:	
Asian	12		
Black or African American			
Native Hawaiian or another Pacific Islander			

White	117	
Other Race		
Declined to answer		
Unknown		
TOTAL	129	

Box D: Program successes/accomplishments of the past year with one example or case study of a success the agency is particularly proud of.
The team's greatest accomplishment this year has been developing a process for getting hard-to-reach clients connected with mental health services. In most initial encounters, clients are not interested in sharing their challenges. In many MENA cultures, talking about your problems with others is seen as shameful. However, the Sidra team has found a way to connect clients with support. A great example of this is a client who was a recent immigrant, facing numerous traumas and challenges upon arriving in a new country. His struggles seemed insurmountable, but then he began utilizing Sidra's services and through various mental health counseling sessions, he began slowly navigating his difficulties. Through constant support and guidance, Client X began to heal from his past traumas and confront his current challenges with newfound resilience. With our mental health specialists offering a safe space to express his emotions and fears. He began learning to understand cultural differences, navigate bureaucratic hurdles, and connect with local support networks. Through the services offered by Sidra, this client became empowered to rebuild his life step by step. Over time, this client gained confidence and started to overcome language barriers, find employment opportunities, and build meaningful relationships in his new community. With Sidra's ongoing support, he not only survived but thrived, becoming a beacon of hope for others facing similar struggles. His success story is a testament to the transformative power of empathy and dedicated mentorship in overcoming adversity.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	N/A
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	3
E.3: Types of treatment individuals were referred to (list types below):	
Mental health providers that provide long term care	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	2
G.5: Average duration of untreated mental illness in weeks:	N/A
E.6: Average number of days between referral and first participation in referred treatment program:	30
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	

F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
Middle Eastern and North African communities, Arabic speaking communities, mothers and grandmothers, youth, transitional age youth, older adults, women, men	
F.2: Number of paper referrals to an ACBH PEI-funded program:	N/A
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	0
F.4: Average number of days between referral and first participation in referred PEI program:	N/A
F.5: Describe how your program encouraged access to services and follow through on above referrals: N/A	

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. ***(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)***	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):
School – SFSFU – Exploring College Life	6 staff attended and 5 professors at school
School- Yemeni Revolution Day	4 staff and 4 teachers at school
School- Fall Celebration	7 staff at event
Office- Yalda Event	4 staff at event
School- International Festival OIHS	3 staff and 20 teachers at school
Community Center- Women's Day	4 staff at event
Park- World Refugees and Immigrants Festival	2 staff at event
Park- Kite Event	4 staff at event
Park- BBQ and Sports Event	10 staff at event

MHSA Program #	**PEI 10**
PROVIDER NAME	**Partnerships for Trauma Recovery**
PROGRAM NAME	**African Communities Program**

2023 - 2024

Program Outcomes & Impact Data Report

Program Name:	**African Communities Program**
Organization:	**Partnerships for Trauma Recovery**

Type of Report:	**Annual Data Report**
PEI Category:	**Prevention**

Priority Area (place an X next to all that apply):	
	Childhood Trauma
	Early Psychosis
	Youth/TAY Outreach & Engagement
X	Cultural & Linguistic
	Older Adults
X	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on <u>reducing</u> the seven negative outcomes that may result from untreated mental illness.	
X	Suicide
	Incarceration
X	School failure or dropout
X	Unemployment
X	Prolonged suffering
X	Homelessness
	Removal of children from their homes

Box A: <u>Brief</u> program description.
Partnerships for Trauma Recovery (PTR) provides culturally sensitive, trauma-informed, and linguistically accessible PEI services, along with community-based healing, to marginalized communities of forcibly displaced youth, women, men, and families from various African countries. While primarily centered in North and South Alameda County, PTR's reach extends beyond these areas. With a steadfast commitment to decolonizing practices and technical excellence, PTR delivers inclusive and comprehensive behavioral health care, as well as short-term, solution-focused psycho-social counseling and case management support for individuals who have experienced violence and persecution in their countries of origin.

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness: Please note that we have served 11 new clients and 20 clients who have continued from the previous fiscal year.	31
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	62
Number of unduplicated individual family members served indirectly by your program: Please note that, on average, each individual has 3 family members in their household.	63
Grand total of unduplicated individuals served:	93

Box C: Demographics of individuals served this fiscal year through MHSA funding:	
AGE CATEGORIES	**SEXUAL ORIENTATION**

Children/Youth (0-15 yrs.)	24	Gay/Lesbian	1
Transition Age Youth (16-25 yrs.)	30	Heterosexual/Straight	95
Adult (26-59 yrs.)	139	Bisexual	
Older Adult (60+ yrs.)	20	Questioning/Unsure	
Declined to answer		Queer	
Unknown		Declined to answer	
TOTAL	213	Unknown	115
		Another group not listed	2
		TOTAL	213
		If another group is counted, please specify with numbers:	

VETERAN STATUS		**PRIMARY LANGUAGE**	
Yes	1	English	51
No	196	Spanish	
Declined to answer		Cantonese	
Unknown	16	Chinese	
TOTAL	213	Vietnamese	
		Farsi	
CURRENT GENDER IDENTITY		Arabic	
Female	123	Tagalog	
Male	90	Declined to answer	
Transgender		Unknown	
Genderqueer		Other languages not listed	162
Questioning/unsure of gender identity		TOTAL	213
Declined to answer			
Unknown			
Another identity not listed			
TOTAL	213		
If another group is counted, please specify with numbers:			

SEX ASSIGNED AT BIRTH		**ETHNITICY/CULTURAL HERITAGE (choose one)**	
Male		**If Hispanic or Latino, please specify:**	
Female		Caribbean	
Declined to answer		Central American	
Unknown		Mexican/Mexican American/Chicano	
TOTAL		Puerto Rican	
Male		South American	

		Another Hispanic/Latino ethnicity not listed	
DISABILITY STATUS		**Total Hispanic or Latino**	
Communication Domain		**If Non-Hispanic or Non-Latino, please specify:**	
Vision		African	24
Hearing/Speech		African American	
Another type not listed		Asian Indian/South Asian	
Communication Domain Subtotal		Cambodian	
Disability Domain		Chinese	
Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)		Eastern European	
		European	
		Filipino	
Physical/mobility		Japanese	
Chronic health condition		Korean	
Disability Subtotal		Middle Eastern	
None	186	Vietnamese	
Declined to answer		Other Non-Hispanic or Non-Latino ethnicity not listed	181
Unknown	27	**Total Non-Hispanic or Non-Latino:**	
Another disability not listed		More than one ethnicity	
TOTAL	213	Unknown ethnicity	
		Declined to answer	
		ETHNICITY TOTAL	205
If another disability is counted, please specify with numbers:		If another ethnicity is counted, please specify with numbers:	
RACE			
American Indian or Alaska Native		If another race is counted, please specify with numbers:	
Asian			
Black or African American	206		
Native Hawaiian or another Pacific Islander			
White			
Other Race	7		
Declined to answer			
Unknown			
TOTAL	213		

Box D: Program <u>successes/accomplishments</u> of the past year with one example or case study of a success the agency is particularly proud of.
Enhanced Service Accessibility: Enhance service accessibility by broadening outreach initiatives to reach diverse communities wherever they are, encompassing women, youth, elderly populations, and others in various locations such as schools, churches, coffee shops, and more. Conducted awareness sessions on autism at the Ethiopian Church, engaging 30 educators and focusing on signs, symptoms, causes, and healthcare provider attitudes. PTR and the Eritrean Community for Health and Wellness co-hosted the Eritrean Community Wellness Day, addressing wellness and immigration rights for around 300 community members. Proactive Community Outreach and Destigmatized Mental Health: Community leaders are reaching out seeking support and collaboration, addressing issues like suicidal ideation (Kenyan communities), women's mental health (Eritrean), autism (Ethiopian), and PTSD (Rwandan communities). As a result, community leaders are starting to reach out to us rather than the other way around i.e., suicidal ideation from Kenyan communities, women's MH issues from Eritrean, Autism from Ethiopian, PTSD from Rwandan communities Cultural Sensitivity and Addressed Stressors: Having community leaders for cultural validation before conducting any psyched workshop, event, or educational workshops. Renaming the psyched workshop into an African community gathering. Identified different needs and stressors of the community members and conduct various sessions, a minimum of 12 workshops in a year such as generational gap, breaking stigma, Autism, women's health, Housing, immigration, employment, housing, and access to various public benefits Expanded Strategic Partnerships and Networking: Expanded collaborations and partnerships with service providers such as BRFN, Wellness in Action, AAN, PAN, USF, Center for African Studies, Community Based Associations, CBOs, and others. Involved community leaders directly in activities, with series of consultations and dialogues to understand community-specific needs. Leveraging community assets and potentials, community leaders participate directly in activities as co-facilitators, guest speakers, or community mobilizers. A series of community consultations and dialogues are conducted to understand and address specific community needs. Creativity and originality: in collaboration with CERI, we developed a decolonizing healing series aimed at connecting providers, community leaders, and communities to harness diverse lived experiences, ancestral wisdom, curiosities, and community work. This series focuses on centering ancestral knowledge and joy, highlighting grassroots movements led by community leaders, addressing current community needs, promoting calls to action, amplifying the voices of youth, elders, and families, and developing leadership and empowerment. We use art, poetry, food, music, dance, and joy as forms of healing for mental health issues, comparing and integrating perspectives from the Global North and Global South, as well as Western and Eastern practices. This approach rejects the colonized lens, instead uplifting community-based healing methods. In December 2023 and May 2024, we successfully conducted Series 5 and 6. Additionally, under the pillar of creativity and originality, we organized the Afro-Soccer Wellness Event for the second time, recognizing soccer and other community-led activities as valuable means of healing. Key accomplishments include leveraging resources from approximately five partners, including financial, time, and in-kind support, engaging youth, men, and service providers, and establishing a continuum collaboration with partners for ongoing initiatives. Throughout the event, we promoted wellness by having a collective discourse on the importance of coming together through sports, tabling fliers and

brochures on mental health resources, and enjoying local artistic performances. Engaged 153 community members, including CBO and faith-based leaders, athletes, football players, men, women, boys, and girls from diverse communities. Annual African Communities Gathering: Organized by AAN, PTR, and collaborators, aligning with the Juneteenth celebration. Engaged 115 community leaders, providing a space for connection, networking, and enjoyment.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	15
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	3
E.3: Types of treatment individuals were referred to (list types below):	
Referred internally and externally for long-term comprehensive therapy services and psychiatric support.	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	12
G.5: Average duration of untreated mental illness in weeks:	4 weeks
E.6: Average number of days between referral and first participation in referred treatment program:	3 weeks
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
African	
F.2: Number of paper referrals to an ACBH PEI-funded program:	10
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	15
F.4: Average number of days between referral and first participation in referred PEI program:	72hrs/3 days
F.5: Describe how your program encouraged access to services and follow through on above referrals: PTR enhances access to services by providing culturally responsive and linguistically accessible support. To ensure this, PTR covers transportation expenses for clients through unrestricted funds and provides interpreters for all clients. If we do not have an existing interpreter, we recruit new ones for this purpose. Additionally, we utilize Alameda County's interpretation services. We encourage service-seeking behavior through our existing outreach strategy, which aims to destigmatize mental health. Our outreach efforts include disseminating information at various community hubs such as churches, coffee shops, hair salons, schools, CBOs, and through community and faith-based leaders. This multi-faceted approach helps enhance awareness and access to our services.	

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe

mental illness provide support, and or refer individuals who need treatment) reached. ***(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)***	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):
In-person in community settings and virtually via Zoom.	Engaged a total of 485 individuals from the general community, including community leaders, service providers, youth, asylum seekers, and newcomers through various initiatives: 329 participants attended psychoeducation workshops, 34 joined support groups, and 122 received mental health consultations.
Virtual via zoom	A total of 240 service providers, community leaders, activists, and advocates participated in the educational workshops for the Decolonizing Healing Series #4, #5, and #6.
Coffee shops, PTR office, parks, and churches	Supported 62 potential clients showing early signs of mental health issues through mental health prevention visits.
Social media platforms such as WhatsApp, Facebook, and Instagram,	Reached 203 individuals have received information through social media, and they liked and shared flyers, brochures, and other communication materials related to African community programs.

MHSA Program #	**PEI120A**
PROVIDER NAME	**Beats Rhymes and Life Inc.**
PROGRAM NAME	**Beats Rhymes and Life "Prevention Pathways Program"**

2023 - 2024

Program Outcomes & Impact Data Report

Program Name:	**Prevention Pathways Program**
Organization:	**Beats Rhymes and Life**
Type of Report:	**Annual**
PEI Category:	Prevention

Priority Area (place an X next to all that apply):

	Childhood Trauma
	Early Psychosis
X	Youth/TAY Outreach & Engagement
	Cultural & Linguistic
	Older Adults
	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on <u>reducing</u> the seven negative outcomes that may result from untreated mental illness.

	Suicide
	Incarceration
	School failure or dropout
	Unemployment
	Prolonged suffering
	Homelessness
	Removal of children from their homes

Box A: **<u>Brief</u>** program description.

Beats Rhymes & Life, Inc. uses the influence of Hip Hop as a catalyst for change and Development. Our curriculum combines youth culture with self psychology, group work and narrative therapy. Our Interventions include 1:1 individual therapy, therapeutic activity groups, mobile studio clinic of the streets, mental health awareness presentations, Life skills workshops and workforce training for young adults.

Beats Rhymes and Life Inc. combines the knowledge of teaching artists, clinicians and peer mentors to best support TAY through our Hip Hop Therapy offerings since our inception in 2004.

Box B: Number of Individuals served this fiscal year through MHSA funding.

# of unduplicated individuals served who are at risk of developing a serious mental illness:	988
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	0
Number of unduplicated individual family members served indirectly by your program:	1,819
Grand total of unduplicated individuals served:	2,807

Box C: Demographics of individuals served this fiscal year through MHSA funding:

AGE CATEGORIES		**SEXUAL ORIENTATION**	
Children/Youth (0-15 yrs.)	404	Gay/Lesbian	3
Transition Age Youth (16-25 yrs.)	100	Heterosexual/Straight	27

Adult (26-59 yrs.)	32
Older Adult (60+ yrs.)	0
Declined to answer	452
Unknown	0
TOTAL	988

Bisexual	7
Questioning/Unsure	0
Queer	4
Declined to answer	947
Unknown	0
Another group not listed	0
TOTAL	988

If another group is counted, please specify with numbers:

VETERAN STATUS	
Yes	0
No	52
Declined to answer	936
Unknown	0
TOTAL	988

PRIMARY LANGUAGE	
English	47
Spanish	4
Cantonese	0
Chinese	0
Vietnamese	0
Farsi	0
Arabic	0
Tagalog	0
Declined to answer	936
Unknown	0
Other languages not listed	1
TOTAL	988

CURRENT GENDER IDENTITY	
Female	20
Male	26
Transgender	1
Genderqueer	1
Questioning/unsure of gender identity	0
Declined to answer	938
Unknown	
Another identity not listed	1
TOTAL	988

If another group is counted, please specify with numbers:

SEX ASSIGNED AT BIRTH	
Male	26
Female	22
Declined to answer	940
Unknown	0
TOTAL	988

ETHNICITY/CULTURAL HERITAGE (choose one)	
If Hispanic or Latino, please specify:	
Caribbean	0
Central American	0
Mexican/Mexican American/Chicano	6
Puerto Rican	0
South American	0

		Another Hispanic/Latino ethnicity not listed	0
DISABILITY STATUS		**Total Hispanic or Latino**	**6**
Communication Domain		**If Non-Hispanic or Non-Latino, please specify:**	
Vision		African	0
Hearing/Speech		African American	30
Another type not listed		Asian Indian/South Asian	0
Communication Domain Subtotal		Cambodian	0
Disability Domain		Chinese	0
Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)		Eastern European	0
		European	
		Filipino	
Physical/mobility		Japanese	0
Chronic health condition		Korean	0
Disability Subtotal		Middle Eastern	0
None		Vietnamese	0
Declined to answer		Other Non-Hispanic or Non-Latino ethnicity not listed	1
Unknown		**Total Non-Hispanic or Non-Latino:**	31
Another disability not listed		More than one ethnicity	3
TOTAL		Unknown ethnicity	0
		Declined to answer	948
		ETHNICITY TOTAL	988
If another disability is counted, please specify with numbers:		If **another ethnicity** is counted, please specify with numbers:	
RACE			
American Indian or Alaska Native		If **another race** is counted, please specify with numbers:	
Asian		Latinx- 6 More than One Race- 1	
Black or African American	18		
Native Hawaiian or another Pacific Islander			
White	1		
Other Race	6		

Declined to answer	962	***Full Totals Chart for Demographics below**
Unknown		
TOTAL	988	

Box D: Program successes/accomplishments of the past year with one example or case study of a success the agency is particularly proud of.

Beats Rhymes and Life Inc had its most successful fiscal year in part to the increase in support from ACBH. We served in total 988 unduplicated TAY when our goal was 470 which is 210% of the goal. This was done in part by participating in more community events and partnerships under the suggestion of ACBH at last year's annual meeting.
Case of Ghost: (client example / point of pride)
Ghost is a nickname of a young adult that we worked with in our PEI programming. Ghost came to BRL with little socialization for a young adult 18-21 yr range. He is male, African American and is from Alameda County. He lives alone with his mother who has raised and home schooled him since he was young. It was due to this isolation that he was uncomfortable in social settings with other young adults around the same age as himself.

When Ghost came to us, he would only wear a mask (a literal mask) which he would never take off. This was true within our TAGs, Ind HHT, Individual Traditional Therapy and community event settings where we served him in. Through the therapy models he expressed aspirations for independence.

Through the 9 months that we worked with Ghost he gained confidence, access to vulnerability, made meaningful connections to peers, improved communication with his mother, made steps to obtain his driver's license and made songs about his self-discovery along the way. He truly used Hip Hop Therapy for his own healing and self-discovery which is the mission of the org.(one of his songs will be included in the folder with this report. Within this song he directly discusses a time that BRL and his peers here supported him in a time of need this past year.) He got awards for "Most Improved" and "Best Effort" within his BRL cohort.

The most telling of Ghost's progress was when he took off his mask for the first time. It was a clear sign that he was accepting himself and is ready to explore his own identity and the world around him. Plans are to continue with Ghost through referral to therapy as well as opening doors for him at BRL for further Ind HHT and Therapeutic Activity Groups.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	0

E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	0
E.3: Types of treatment individuals were referred to (list types below):	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	0
G.5: Average duration of untreated mental illness in weeks:	0
E.6: Average number of days between referral and first participation in referred treatment program:	0
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	

African Americans	
F.2: Number of paper referrals to an ACBH PEI-funded program:	0
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	0
F.4: Average number of days between referral and first participation in referred PEI program:	0

F.5: Describe how your program encouraged access to services and follow through on above referrals:

Intensive and Strategic Outreach that scaffold into services.

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. *(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)*

Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	**Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):**
Oakland High School	Students, staff counselors and teachers
Oakland School for the Arts	Students, staff counselors and teachers
La Pena Cultural Center	Students, staff counselors and teachers
Dublin Wells Middle School	Students, staff counselors and teachers
Castle Works @ Castlemont	Students, staff counselors and teachers
Youth Uprising	Students, staff counselors and teachers
YEP	Students, staff counselors and teachers
Oakland Kids First	Students, staff counselors and teachers
PEERS	Students, staff counselors and teachers
Chabot College	Students, staff counselors and teachers
EOYDC	Students, staff counselors and teachers
Hella Positive	Students, staff counselors and teachers
Freight and Salvage	Students, staff counselors and teachers
Chapter 510	Students, staff counselors and teachers
Red Heron Studios	Students, staff counselors and teachers
Town Youth Club	Students, staff counselors and teachers
Mosaic Project	Students, staff counselors and teachers
The Commune	Students, staff counselors and teachers
BAY-Peace	Students, staff counselors and teachers
ABO Comics	Students, staff counselors and teachers
Destiny Arts Town Nights	Community members

Crossroads	Community members
Latitude High School	Students, staff counselors and teachers
Covenant House	Youth & staff
Project WHAT!	Youth & staff
Skyline High School	Students, staff counselors and teachers
Arroyo Viejo Recreation Center	Community Members
Allendale Recreation Center	Community Members
First Fridays - Oakland	Community Members
Continental Club (Showcase)	Youth, staff & Community Members
EBAYC	Youth
Hip Hop 4 Change	Community members, staff and youth
Bushrod Recreation Center	Youth & staff
San Antonio Park	Youth
Larkin Street Youth Services	Community members, staff and youth
Reach Ashland Youth Center	Youth
Carter Gilmore Park National Night Out w/ Destiny Arts	Community members, staff and youth
Covenant House	Youth & staff
Youth Spirit Artworks Tiny House Village	Community members, staff and youth
Oakland High School	Youth & staff
Madison Park Academy	Youth & staff

PEI: Access and Linkage

MHSA Program #	**PEI 1B**
PROVIDER NAME	**Center for Healthy Schools and Communities**
PROGRAM NAME	**School-based Mental Health Access & Linkages in Elementary, Middle & High School**

2023-2024

Program Outcomes & Impact Data Report

Program Name:	**School-based Mental Health Access & Linkages in Elementary, Middle & High School**
Organization:	**Center for Healthy Schools and Communities**
Type of Report:	**Annual Data Report**
PEI Category:	**Access and Linkage**

Priority Area (place an X next to all that apply):

X	Childhood Trauma
	Early Psychosis
X	Youth/TAY Outreach & Engagement
	Cultural & Linguistic
	Older Adults
X	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on reducing the seven negative outcomes that may result from untreated mental illness.	
X	Suicide
X	Incarceration
X	School failure or dropout
	Unemployment
X	Prolonged suffering
X	Homelessness
X	Removal of children from their homes

Box A: Brief program description.
Coordination of Services Team (COST) is a strategy used to integrate behavioral health and other health care and academic supports for students through a referral and triage process. A universal referral system is used by teachers and staff (and in some instances students and caregivers) to flag students who need support. School staff and service providers collaborate to determine the best intervention or support service for referred students. PEI funds aid in the implementation of COST in 285 schools across 14 school districts in Alameda County.

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness:	5368
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	5803
Number of unduplicated individual family members served indirectly by your program:	0
Grand total of unduplicated individuals served:	11171

Box C: Demographics of individuals served this fiscal year through MHSA funding:			
AGE CATEGORIES		**SEXUAL ORIENTATION**	
Children/Youth (0-15 yrs.)	15029	Gay/Lesbian	8
Transition Age Youth (16-25 yrs.)	5785	Heterosexual/Straight	339
Adult (26-59 yrs.)	0	Bisexual	2
Older Adult (60+ yrs.)	0	Questioning/Unsure	15
Declined to answer	0	Queer	3
Unknown	0	Declined to answer	59
TOTAL	20814	Unknown	4934
		Another group not listed	26
		TOTAL	5386
		If another group is counted, please specify with numbers:	
VETERAN STATUS		**PRIMARY LANGUAGE**	
Yes	NA	English	7812
No	NA	Spanish	4782
Declined to answer	NA	Cantonese	122
Unknown	NA	Chinese	156
TOTAL	NA	Vietnamese	102
		Farsi	104
CURRENT GENDER IDENTITY		Arabic	147
Female	4472	Tagalog	99

Male	5042	Declined to answer	11
Transgender	16	Unknown	1592
Genderqueer	3	Other languages not listed	857
Questioning/unsure of gender identity	168	TOTAL	15784
Declined to answer	8		
Unknown	2448		
Another identity not listed	182		
TOTAL	12339		
If another group is counted, please specify with numbers:			

SEX ASSIGNED AT BIRTH		**ETHNITICY/CULTURAL HERITAGE (choose one)**	
Male	6075	**If Hispanic or Latino, please specify:**	
Female	5427	Caribbean	0
Declined to answer	17	Central American	99
Unknown	1321	Mexican/Mexican American/Chicano	446
TOTAL	12840	Puerto Rican	3
		South American	20
		Another Hispanic/Latino ethnicity not listed	6037
DISABILITY STATUS		Total Hispanic or Latino	6605
Communication Domain		If Non-Hispanic or Non-Latino, please specify:	
Vision	68	African	37
Hearing/Speech	403	African American	496
Another type not listed		Asian Indian/South Asian	72
Communication Domain Subtotal	471	Cambodian	10
Disability Domain		Chinese	90
Cognitive (exclude mental illness; include learning, developmental, dementia, etc.)	337	Eastern European	7
		European	23
		Filipino	221
Physical/mobility	9	Japanese	18
Chronic health condition	87	Korean	11
Disability Subtotal	433	Middle Eastern	20
None	6349	Vietnamese	59
Declined to answer	2031	Other Non-Hispanic or Non-Latino ethnicity not listed	763
Unknown	NA	Total Non-Hispanic or Non-Latino:	1827
Another disability not listed	1199	More than one ethnicity	49
TOTAL	10483	Unknown ethnicity	3948
		Declined to answer	2357
		ETHNICITY TOTAL	6354
If another disability is counted, please specify with numbers:		If another ethnicity is counted, please specify with numbers:	
RACE			
American Indian or Alaska Native	166	If another race is counted, please specify with numbers:	

		More than one race: 1005 Hispanic or Latino: 8870
Asian	1704	
Black or African American	3019	
Native Hawaiian or another Pacific Islander	268	
White	1926	
Other Race	NA	
Declined to answer	388	
Unknown	1005	
TOTAL	18351	

Box D: Program successes/accomplishments of the past year with one example or case study of a success the agency is particularly proud of.
Through COST, 20,814 students across 285 schools and 14 school districts in Alameda County were referred and linked to behavioral health services and supports. Despite transitions and leadership changes, districts have sustained and even strengthened COST infrastructure, especially Tier 1 supports. School districts have diversified partnerships and COST staff to comprehensively support student mental wellness. Districts have also streamlined COST documentation and referral processes to improve communication and coordination between schools, community-based organizations and families. Three school districts reported using new methods for COST tracking that increased the effectiveness of connecting students and families to mental health and wrap around supports.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	NA
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	NA
E.3: Types of treatment individuals were referred to (list types below):	
5,803 students with Tier 3 behavioral health needs were referred to school-based mental health treatment programs and non-school based services: individual or group counseling/therapy, crisis intervention, individualized behavior support, family counseling and parent workshops. We do not have access to data that delineates whether individuals were referred to services within or outside of the ACBH system.	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	1877
G.5: Average duration of untreated mental illness in weeks:	NA
E.6: Average number of days between referral and first participation in referred treatment program:	NA
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
Transitional-aged youth, foster youth, LGBTQ-identifying youth, boys and young men of color, unaccompanied immigrant youth, food and shelter insecure youth and families, and English as a second language youth.	
F.2: Number of paper referrals to an ACBH PEI-funded program:	NA
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	NA

F.4: Average number of days between referral and first participation in referred PEI program:	NA
F.5: Describe how your program encouraged access to services and follow through on above referrals: Strategies that increase access and follow through include partnerships with family outreach workers, community-based agencies, information sharing through family workshops and professional Learning sessions for staff, and building relationships with students.	

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. *(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)*	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	**Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):**
NA	NA

PEI: Outreach

MHSA Program #	**PEI 19 – Older Adult Peer Support**
PROVIDER NAME	**City of Fremont**
PROGRAM NAME	**LGBT Mental Health Peer Support Program for Older Adults**
2023 - 2024	

Program Outcomes & Impact Data Report

Program Name:	**LGBT Mental Health Peer Support Program for Older Adults**
Organization:	**City of Fremont**
Type of Report:	**Annual Data Report**
PEI Category:	**Outreach**

Priority Area (place an X next to all that apply):	
	Childhood Trauma
	Early Psychosis
	Youth/TAY Outreach & Engagement
	Cultural & Linguistic
X	Older Adults
	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on reducing the seven negative outcomes that may result from untreated mental illness.	
	Suicide
	Incarceration
	School failure or dropout
	Unemployment
X	Prolonged suffering
	Homelessness
	Removal of children from their homes

Box A: **Brief** program description.
This program provides services to support LGBT older adults in the community. This provides outreach and prevention services to LGBT seniors who are at risk of developing serious mental health issues and have been negatively impacted by societal stigma. Program aims to reduce isolation by encouraging positive social support system, develop supportive relationship that reduces the risk of prolonged suffering, increase their confidence and independence, promote LGBT community awareness, respect and acceptance in an environment of inclusion and understanding. The program offers 1:1 time with peer coach, educational and support groups and easy access to other needed community resources. The program developed a group called "Celebrating Diversity Circle" open to community members who wish to acknowledge and celebrate their differences and wish to understand experiences and needs of the aging LGBT seniors, their culture and social norms. This vehicle assists program staff identify LGBT seniors' needs through sharing of cultural experiences, difficult challenges including mental health, success stories of getting older etc. If participants indicated needing additional services from Senior Mobile Mental Health program, referral process will be initiated. The program aims to keep our LGBT seniors socially active by bringing them together in a safe and understanding venue so they can participate in stimulating activities, health and wellness trainings and an opportunity to make lasting connection with their peers and allies.

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness:	10
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	10
Number of unduplicated individual family members served indirectly by your program:	
Grand total of unduplicated individuals served:	10

Box C: Demographics of individuals served this fiscal year through MHSA funding:

AGE CATEGORIES		**SEXUAL ORIENTATION**	
Children/Youth (0-15 yrs.)		Gay/Lesbian	8
Transition Age Youth (16-25 yrs.)		Heterosexual/Straight	
Adult (26-59 yrs.)		Bisexual	1
Older Adult (60+ yrs.)	10	Questioning/Unsure	1
Declined to answer		Queer	
Unknown		Declined to answer	
TOTAL	10	Unknown	
		Another group not listed	
		TOTAL	10
		If another group is counted, please specify with numbers:	

VETERAN STATUS		**PRIMARY LANGUAGE**	
Yes	1	English	10
No	9	Spanish	
Declined to answer		Cantonese	
Unknown		Chinese	
TOTAL	10	Vietnamese	
		Farsi	

CURRENT GENDER IDENTITY	
Female	
Male	7
Transgender	2
Genderqueer	
Questioning/unsure of gender identity	1
Declined to answer	
Unknown	
Another identity not listed	
TOTAL	10
If another group is counted, please specify with numbers:	

Arabic	
Tagalog	
Declined to answer	
Unknown	
Other languages not listed	
TOTAL	10

SEX ASSIGNED AT BIRTH	
Male	10
Female	
Declined to answer	
Unknown	
TOTAL	10
Male	
DISABILITY STATUS	
Communication Domain	
Vision	1
Hearing/Speech	
Another type not listed	
Communication Domain Subtotal	
Disability Domain	
Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)	
Physical/mobility	2
Chronic health condition	3
Disability Subtotal	6
None	
Declined to answer	
Unknown	
Another disability not listed	
TOTAL	6
If another disability is counted, please specify with numbers:	

ETHNITICY/CULTURAL HERITAGE (choose one)	
If Hispanic or Latino, please specify:	
Caribbean	
Central American	
Mexican/Mexican American/Chicano	
Puerto Rican	
South American	
Another Hispanic/Latino ethnicity not listed	
Total Hispanic or Latino	
If Non-Hispanic or Non-Latino, please specify:	
African	
African American	
Asian Indian/South Asian	
Cambodian	
Chinese	
Eastern European	10
European	
Filipino	
Japanese	
Korean	
Middle Eastern	
Vietnamese	
Other Non-Hispanic or Non-Latino ethnicity not listed	
Total Non-Hispanic or Non-Latino:	
More than one ethnicity	
Unknown ethnicity	
Declined to answer	
ETHNICITY TOTAL	10
If **another ethnicity** is counted, please specify with numbers:	

RACE		
American Indian or Alaska Native		If **another race** is counted, please specify with numbers:
Asian		
Black or African American		
Native Hawaiian or another Pacific Islander		
White	10	
Other Race		
Declined to answer		
Unknown		
TOTAL	10	

Box D: Program <u>successes/accomplishments</u> of the past year with one example or case study of a success the agency is particularly proud of.

I've been working for the City of Fremont Human Services Dept as a Senior Peer Coach. I have a few peers that I work with to help them with problems that arise in their daily lives. I also attend a diversity group meeting every Wednesday.

During my time here I've had some small successes with my peers. Most of those successes have been that I can help them with an emergency. One instance of an emergency was when one of my peers, who has been homeless for a while, was locked out of the trunk of his car. He was in panic mode. He had a dog and the dog's food was in the trunk plus other things that he needed. Neither the trunk lever nor the key was opening the trunk. I told him to come to where I live, and I will help him figure out what to do. Between the two of us we were able to get the trunk open.

There was another incident with the same peer as above. He had been staying in a motel that the city had paid for. The time had to come for him to move out. Hotel policy, by state law, says that he could only stay there 28 days at a time. He was so tired and distraught that he called me and was crying. He felt so sad because of the situation that he was in. Being homeless was new to him. He confided in me that while he and his husband, before he passed away, always had a home to live in. Now that his husband is gone everything has gone awry. He needed to move all his belongings back into the car and check out of the motel room. When he called, I felt so bad for him. I have been in that situation before. Living in a motel and having to move out after 28 days. So, I went to the motel to help him move all his stuff in the room back to his car. When I was done, I went back to the room, and he was sitting there and crying wondering why his life had gotten this bad. I told him of my similar situation and how I managed to get through it and assured him that he can get through it as well. I gave him a big hug and got out him to his car.

Another peer that I was meeting with at the office twice a month really appreciated our chats. He made sure to tell my manager how much he enjoyed our get togethers. He also told her that I had been a very influence in helping him feel better. I guess he's had some rough times in his life and talking to me helped him.

Also, I think that the people that attend our weekly Diversity group meetings like me feel and comfortable around me. Since I came out as a male to female transgender, I wasn't sure how some people would react to me. I feel that my positive personality is the main reason why they like me. This has made it easier to talk with them and help them knowing that they like and trust me. To me that is a success knowing that I can help people when they need it.

The program is partnering with an LGBT couple who has develop a website ready to launch in a couple of weeks called "RainbowNeighbors.org". LGBT Senior community can find out monthly events they can

attend or host an event and pages of community resources they may need. Partnership can benefit both LGBT older adults and the community. There are 10 to 15 community members who are allies to LGBT older adults.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	0
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	0
E.3: Types of treatment individuals were referred to (list types below):	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	0
G.5: Average duration of untreated mental illness in weeks:	n/a
E.6: Average number of days between referral and first participation in referred treatment program:	
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
LGBT older adults and AAPI population.	
F.2: Number of paper referrals to an ACBH PEI-funded program:	0
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	0
F.4: Average number of days between referral and first participation in referred PEI program:	n/a
F.5: Describe how your program encouraged access to services and follow through on above referrals:	

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. *(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)*	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters): City of Fremont first responders, Age Well Centers, senior housing, churches, and other mental health providers. We also have an ad in the monthly Age Friendly newsletter that goes to the broader community ~7,000 people.	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):
	Age Well Center's staff and managers, case managers, social workers, and student interns.

MHSA Program #	**PEI 19**
PROVIDER NAME	**Pacific Center for Human Growth**

PROGRAM NAME LGBT Services - Older and Out

2023 – 2024

Program Outcomes & Impact Data Report

Program Name:	**LGBT Services - Older and Out**
Organization:	**Pacific Center for Human Growth**
Type of Report:	**Annual Data Report**
PEI Category:	**Outreach**

Priority Area (place an X next to all that apply):

	Childhood Trauma
	Early Psychosis
	Youth/TAY Outreach & Engagement
	Cultural & Linguistic
X	Older Adults
	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on <u>reducing</u> the seven negative outcomes that may result from untreated mental illness.

	Suicide
	Incarceration
	School failure or dropout
	Unemployment
X	Prolonged suffering
	Homelessness
	Removal of children from their homes

Box A: <u>Brief</u> program description.

The Older & Out program offers free, 8-week support groups for LGBTQIA+ adults over the age of 55. We provide services virtually and in-person to meet the needs of our community to combat loneliness, provide community, and assist our older adult population to connect with vital resources. Pacific Center partners with the Oakland LGBTQ Center and the North Berkeley Senior Center to provide various Older & Out service locations. Groups are facilitated by trained facilitators, topics may include grief (loss of friends, partners, etc.), aging, invisibility in the LGBTQIA+ community, loneliness, and resilience.

Box B: Number of Individuals served this fiscal year through MHSA funding.

# of unduplicated individuals served who are at risk of developing a serious mental illness:	50
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	50
Number of unduplicated individual family members served indirectly by your program:	0
Grand total of unduplicated individuals served:	**50**

Box C: Demographics of individuals served this fiscal year through MHSA funding:

AGE CATEGORIES		**SEXUAL ORIENTATION**	
Children/Youth (0-15 yrs.)	0	Gay/Lesbian	24
Transition Age Youth (16-25 yrs.)	0	Heterosexual/Straight	0
Adult (26-59 yrs.)	2	Bisexual	8
Older Adult (60+ yrs.)	46	Questioning/Unsure	1
Declined to answer	2	Queer	5
Unknown		Declined to answer	3
TOTAL	50	Unknown	0

Another group not listed	9
TOTAL	50
If another group is counted, please specify with numbers:	

VETERAN STATUS	
Yes	0
No	2
Declined to answer	46
Unknown	2
TOTAL	50

CURRENT GENDER IDENTITY	
Female	21
Male	17
Transgender	1
Genderqueer	0
Questioning/unsure of gender identity	1
Declined to answer	2
Unknown	0
Another identity not listed	8
TOTAL	50
If another group is counted, please specify with numbers:	

PRIMARY LANGUAGE	
English	48
Spanish	0
Cantonese	0
Chinese (Mandarin)	0
Vietnamese	0
Farsi	0
Arabic	0
Tagalog	0
Declined to answer	0
Unknown	1
Other languages not listed	1
TOTAL	50

SEX ASSIGNED AT BIRTH	
Male	0
Female	0
Declined to answer	50
Unknown	0
TOTAL	50

DISABILITY STATUS	
Communication Domain	
Vision	0
Hearing/Speech	0
Another type not listed	
Communication Domain Subtotal	0
Disability Domain	
Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)	4

ETHNITICY/CULTURAL HERITAGE (choose one)	
If Hispanic or Latino, please specify:	
Caribbean	0
Central American	0
Mexican/Mexican American/Chicano	1
Puerto Rican	0
South American	0
Another Hispanic/Latino ethnicity not listed	0
Total Hispanic or Latino	1
If Non-Hispanic or Non-Latino, please specify:	
African	0
African American	10
Asian Indian/South Asian	0
Cambodian	0
Chinese	0
Eastern European	1
European	17
Filipino	0

Physical/mobility	4	Japanese	1
Chronic health condition	0	Korean	0
Disability Subtotal	4	Middle Eastern	2
None	12	Vietnamese	0
Declined to answer	1	Other Non-Hispanic or Non-Latino ethnicity not listed	5
Unknown	0	**Total Non-Hispanic or Non-Latino:**	36
Another disability not listed	29	More than one ethnicity	5
TOTAL	50	Unknown ethnicity	
If another disability is counted, please specify with numbers:		Declined to answer	18
		ETHNICITY TOTAL	60
		If another ethnicity is counted, please specify with numbers:	
RACE			
American Indian or Alaska Native	0	If another race is counted, please specify with numbers:	
Asian	1		
Black or African American	0		
Native Hawaiian or another Pacific Islander	0		
White	38		
Other Race	3		
Declined to answer	3		
Unknown	1		
TOTAL	50		

Box D: Program <u>successes/accomplishments</u> of the past year with one example or case study of a success the agency is particularly proud of.

In January, we hired our Older Adult Program manager, Mae Petti. With the support of our Older & Out Coordinator, Mae restarted the Older and Out Program and hired six new group facilitators. These new group facilitators were recruited from our pool of talented older adults, which has allowed our groups to be very relatable for the group members. The facilitators were trained by our staff, and they are a mix of men, women, gender diverse, and a few BIPOC folx that are a better representation of our community that we want to see utilizing our services. We were able to recruit new group members and reconnect with old group members after the break. Group members have been able to discuss a variety of topics ranging from isolation, generational trauma, and racism. We have also been able to maintain two social events, one in person at the North Berkeley Senior Center and the other on Zoom. Having these two events allowed us to connect with community members who are some of the most isolated and unable to leave their homes due to COVID's continued impact on our community.

We've created a new intake process that we do with all older adult participants in our programs. Through this intake, we can collect information about our group members that we were not collecting before such as assessing their depression and social isolation. This process has also given us an opportunity to educate our elders on additional services Pacific Center offers and refer them to other services outside of our organization as need. This June we, along with seven other community organizations, hosted the first East Bay Senior Pride event, which was a huge success. We had over 100 elders attending, many of whom were past and current group members.

Box E: For programs that <u>refer individuals with severe mental illness</u>, please provide information for the categories below:

E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	0
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	0
E.3: Types of treatment individuals were referred to (list types below):	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	0
G.5: Average duration of untreated mental illness in weeks:	
E.6: Average number of days between referral and first participation in referred treatment program:	
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
F.2: Number of paper referrals to an ACBH PEI-funded program:	
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	
F.4: Average number of days between referral and first participation in referred PEI program:	
F.5: Describe how your program encouraged access to services and follow through on above referrals:	

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. ***(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)***	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):
NA	NA

MHSA Program # **PEI 20C**
PROVIDER NAME **Mental Health Association of Alameda County**
PROGRAM NAME **African American Family Outreach Project**
2023 - 2024

Program Outcomes & Impact Data Report

Program Name:	**African American Family Outreach Project**
Organization:	**Mental Health Association of Alameda County**
Type of Report:	**Annual Data Report**
PEI Category:	**Outreach**

Priority Area (place an X next to all that apply):

	Childhood Trauma
	Early Psychosis
	Youth/TAY Outreach & Engagement
X	Cultural & Linguistic

	Older Adults
	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on <u>reducing</u> the seven negative outcomes that may result from untreated mental illness.

	Suicide
	Incarceration
	School failure or dropout
	Unemployment
X	Prolonged suffering
	Homelessness
	Removal of children from their homes

Box A: <u>Brief</u> program description.

The African American Family Outreach Project (AAFOP) provides virtual and in-person workshops, evening events and a warmline with case management services for African American family caregivers. These culturally sensitive activities provide African American family members with peer support, education about mental health disorders, and information on how to access mental health services in Alameda County. We also operate a monthly support group for African American family caregivers. This monthly forum allows individuals to share their struggles and successes in advocating on behalf of their loved one. The importance of self-care as a means of stress reduction is highlighted in each support group meeting.

Box B: Number of Individuals served this fiscal year through MHSA funding.

# of unduplicated individuals served who are at risk of developing a serious mental illness:	
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	
Number of unduplicated individual family members served indirectly by your program:	67
Grand total of unduplicated individuals served:	

Box C: Demographics of individuals served this fiscal year through MHSA funding:

AGE CATEGORIES		**SEXUAL ORIENTATION**	
Children/Youth (0-15 yrs.)		Gay/Lesbian	
Transition Age Youth (16-25 yrs.)	8	Heterosexual/Straight	
Adult (26-59 yrs.)	22	Bisexual	
Older Adult (60+ yrs.)	19	Questioning/Unsure	
Declined to answer		Queer	
Unknown		Declined to answer	
TOTAL		Unknown	67
		Another group not listed	
		TOTAL	
		If another group is counted, please specify with numbers:	

VETERAN STATUS		**PRIMARY LANGUAGE**	
Yes		English	
No		Spanish	
Declined to answer		Cantonese	
Unknown	67	Chinese	
TOTAL		Vietnamese	

CURRENT GENDER IDENTITY	
Female	35
Male	32
Transgender	
Genderqueer	
Questioning/unsure of gender identity	
Declined to answer	
Unknown	
Another identity not listed	
TOTAL	
If another group is counted, please specify with numbers:	

Farsi	
Arabic	
Tagalog	
Declined to answer	
Unknown	67
Other languages not listed	
TOTAL	

SEX ASSIGNED AT BIRTH	
Male	
Female	
Declined to answer	
Unknown	67
TOTAL	
Male	
DISABILITY STATUS	
Communication Domain	
Vision	
Hearing/Speech	
Another type not listed	
Communication Domain Subtotal	
Disability Domain	
Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)	
Physical/mobility	
Chronic health condition	
Disability Subtotal	
None	
Declined to answer	
Unknown	67
Another disability not listed	
TOTAL	
If another disability is counted, please specify with numbers:	

ETHNITICY/CULTURAL HERITAGE (choose one)	
If Hispanic or Latino, please specify:	
Caribbean	
Central American	
Mexican/Mexican American/Chicano	
Puerto Rican	
South American	
Another Hispanic/Latino ethnicity not listed	
Total Hispanic or Latino	
If Non-Hispanic or Non-Latino, please specify:	
African	
African American	45
Asian Indian/South Asian	
Cambodian	
Chinese	
Eastern European	2
European	
Filipino	
Japanese	
Korean	
Middle Eastern	
Vietnamese	
Other Non-Hispanic or Non-Latino ethnicity not listed	
Total Non-Hispanic or Non-Latino:	47
More than one ethnicity	4
Unknown ethnicity	
Declined to answer	
ETHNICITY TOTAL	
If another ethnicity is counted, please specify with numbers:	

RACE		
American Indian or Alaska Native		If another race is counted, please specify with numbers:
Asian		
Black or African American	45	
Native Hawaiian or another Pacific Islander		
White	2	
Other Race	4	
Declined to answer		
Unknown		
TOTAL		

Box D: Program successes/accomplishments of the past year with one example or case study of a success the agency is particularly proud of.
We successfully launched our warmline and case management service in February 2024. Family members who complete evaluations of our workshops and evening seminars are encouraged to request support from our warmline if needed. Our case manager worked with two clients. In both cases parents were assisting adult children who do not acknowledge their mental health challenges. The mother could not understand why her child would deny their illness and refuse treatment. Our case manager met with the mother at the Family Education and Resource (FERC) office and sat with her as she watched a video on anosognosia. The client left the office with a better understanding of the daughter's condition along with information on the 5150 process and the importance of maintaining a record of the illness using the AB 1424 form. In another instance, the parent was frustrated with the benefits available via Kaiser private insurance. The case manager discussed the benefits obtaining Medi-Cal coverage for access to Alameda County behavioral health services. Both parents were also referred to our monthly support group. In addition to our warmline/case management service, we also hosted our first evening seminar - Alternatives to Traditional Models of Substance Use Treatment: Harm Reduction Therapy. Participants found the presentation very useful to extremely useful. One attendee is a therapist in private practice who attended to gather information on Harm Reduction Therapy to better assist her clients.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	N/A
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	N/A
E.3: Types of treatment individuals were referred to (list types below):	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	N/A
G.5: Average duration of untreated mental illness in weeks:	N/A
E.6: Average number of days between referral and first participation in referred treatment program:	N/A
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
African American Family Caregivers	
F.2: Number of paper referrals to an ACBH PEI-funded program:	N/A

F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	N/A
F.4: Average number of days between referral and first participation in referred PEI program:	N/A
F.5: Describe how your program encouraged access to services and follow through on above referrals:	

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. ***(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)***	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):
AAFOP Saturday Workshops	709 registered*/ 71 attendees
AAFOP Evening Seminar	23 registered/ 6 attendees
AAFOP Support Group	Approximately 5 attendees per month
AAFOP Warmline/Case Management	2 participants
	Registrations for Feb 17, 2024 workshop:
	Registrants inflated due to glitch between Eventbrite and Zoom. Many registered multiple times - up to 8. Some from out-of-state and foreign countries

MHSA Program #	**PEI 22**
PROVIDER NAME	**Pacific Center for Human Growth**
PROGRAM NAME	**Peer Mentorship Program**

2023 – 2024

Program Outcomes & Impact Data Report

Program Name:	**Peer Mentorship Program**
Organization:	**Pacific Center for Human Growth**
Type of Report:	**Annual Data Report**
PEI Category:	**Outreach**

Priority Area (place an X next to all that apply):

	Childhood Trauma
	Early Psychosis
X	Youth/TAY Outreach & Engagement
	Cultural & Linguistic
X	Older Adults
X	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on reducing the seven negative outcomes that may result from untreated mental illness.

	Suicide
	Incarceration

X	School failure or dropout
	Unemployment
X	Prolonged suffering
	Homelessness
	Removal of children from their homes

Box A: Brief program description.
The Peer Support program seeks to provide prevention, and early intervention supports to transitional age youth, adults and older adults through peer facilitated support groups for the lesbian, gay, bisexual, transgender, queer, questioning, intersex, and/or two-spirit (LGBTQQI2-S) community. Contractor shall refer clients who may need additional services to resources such as primary health care or advanced mental health services.

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness:	206
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	206
Number of unduplicated individual family members served indirectly by your program:	0
Grand total of unduplicated individuals served:	206

Box C: Demographics of individuals served this fiscal year through MHSA funding:

AGE CATEGORIES	
Children/Youth (0-15 yrs.)	0
Transition Age Youth (16-25 yrs.)	23
Adult (26-59 yrs.)	145
Older Adult (60+ yrs.)	32
Declined to answer	6
Unknown	0
TOTAL	206

SEXUAL ORIENTATION	
Gay/Lesbian	39
Heterosexual/Straight	21
Bisexual	24
Questioning/Unsure	19
Queer	17
Declined to answer	5
Unknown	0
Another group not listed	81
TOTAL	206
If another group is counted, please specify with numbers:	

VETERAN STATUS	
Yes	8
No	193
Declined to answer	5
Unknown	0
TOTAL	206

PRIMARY LANGUAGE	
English	199
Spanish	6
Cantonese	0
Chinese (Mandarin)	0
Vietnamese	0
Farsi	0
Arabic	0
Tagalog	0
Declined to answer	0
Unknown	1
Other languages not listed	0
TOTAL	206

CURRENT GENDER IDENTITY	
Female	31
Male	41
Transgender	64
Genderqueer	7
Questioning/unsure of gender identity	6
Declined to answer	2
Unknown	0

Another identity not listed	55
TOTAL	206
If another group is counted, please specify with numbers:	

SEX ASSIGNED AT BIRTH	
Male	0
Female	0
Declined to answer	206
Unknown	0
TOTAL	206

DISABILITY STATUS	
Communication Domain	
Vision	0
Hearing/Speech	5
Another type not listed	
Communication Domain Subtotal	5
Disability Domain	
Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)	17
Physical/mobility	1
Chronic health condition	9
Disability Subtotal	27
None	161
Declined to answer	1
Unknown	0
Another disability not listed	13
TOTAL	206
If another disability is counted, please specify with numbers:	

RACE	
American Indian or Alaska Native	4
Asian	15
Black or African American	9
Native Hawaiian or another Pacific Islander	0
White	134
Other Race	4

ETHNITICY/CULTURAL HERITAGE (choose one)	
If Hispanic or Latino, please specify:	
Caribbean	1
Central American	2
Mexican/Mexican American/Chicano	23
Puerto Rican	0
South American	5
Another Hispanic/Latino ethnicity not listed	36
Total Hispanic or Latino	67
If Non-Hispanic or Non-Latino, please specify:	
African	2
African American	7
Asian Indian/South Asian	7
Cambodian	0
Chinese	5
Eastern European	9
European	51
Filipino	2
Japanese	1
Korean	0
Middle Eastern	0
Vietnamese	1
Other Non-Hispanic or Non-Latino ethnicity not listed	2
Total Non-Hispanic or Non-Latino:	87
More than one ethnicity	11
Unknown ethnicity	
Declined to answer	48
ETHNICITY TOTAL	213
If another ethnicity is counted, please specify with numbers:	
If another race is counted, please specify with numbers:	

Declined to answer	26	
Unknown	14	
TOTAL	206	

Box D: Program successes/accomplishments of the past year with one example or case study of a success the agency is particularly proud of.
In January, we hired our Older Adult Program manager, Mae Petti. With the support of our Older & Out Coordinator, Mae restarted the Older and Out Program and hired six new group facilitators. These new group facilitators were recruited from our pool of talented older adults, which has allowed our groups to be very relatable for the group members. The facilitators were trained by our staff, and they are a mix of men, women, gender diverse, and a few BIPOC folx that are a better representation of our community that we want to see utilizing our services. We were able to recruit new group members and reconnect with old group members after the break. Group members have been able to discuss a variety of topics ranging from isolation, generational trauma, and racism. We have also been able to maintain two social events, one in person at the North Berkeley Senior Center and the other on Zoom. Having these two events allowed us to connect with community members who are some of the most isolated and unable to leave their homes due to COVID's continued impact on our community. We've created a new intake process that we do with all older adult participants in our programs. Through this intake, we can collect information about our group members that we were not collecting before such as assessing their depression and social isolation. This process has also given us an opportunity to educate our elders on additional services Pacific Center offers and refer them to other services outside of our organization as need. This June we, along with seven other community organizations, hosted the first East Bay Senior Pride event, which was a huge success. We had over 100 elders attending, many of whom were past and current group members.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	0
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	0
E.3: Types of treatment individuals were referred to (list types below):	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	0
G.5: Average duration of untreated mental illness in weeks:	
E.6: Average number of days between referral and first participation in referred treatment program:	
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
F.2: Number of paper referrals to an ACBH PEI-funded program:	
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	
F.4: Average number of days between referral and first participation in referred PEI program:	
F.5: Describe how your program encouraged access to services and follow through on above referrals:	

Box G: For <u>Outreach, Suicide Prevention, and Stigma Reduction</u> programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. *(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)*	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):
NA	NA

MHSA Program # **PEI 22**
PROVIDER NAME **Pacific Center for Human Growth**
PROGRAM NAME **Technical Training Assistance**
2023 – 2024

Program Outcomes & Impact Data Report

Program Name:	**Technical Training Assistance**
Organization:	**Pacific Center for Human Growth**
Type of Report:	**Annual Data Report**
PEI Category:	**Outreach**

Priority Area (place an X next to all that apply):

	Childhood Trauma
	Early Psychosis
	Youth/TAY Outreach & Engagement
X	Cultural & Linguistic
	Older Adults
	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on <u>reducing</u> the seven negative outcomes that may result from untreated mental illness.

	Suicide
	Incarceration
	School failure or dropout
	Unemployment
	Prolonged suffering
	Homelessness
	Removal of children from their homes

Box A: <u>Brief</u> program description.
Outreach services shall provide culturally responsive services which includes engaging and training potential responders and the general population to recognize and respond effectively to early signs of severe and disabling mental illness by reducing stigma and discrimination related to mental health issues, providing services in an environment of inclusion and acceptance, improving and expanding ACBH contracted providers' cultural responsiveness to the LGBTQIA+ community.

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness:	0

Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	0
Number of unduplicated individual family members served indirectly by your program:	0
Grand total of unduplicated individuals served:	150

Box C: Demographics of individuals served this fiscal year through MHSA funding:

AGE CATEGORIES	
Children/Youth (0-15 yrs.)	1
Transition Age Youth (16-25 yrs.)	15
Adult (26-59 yrs.)	122
Older Adult (60+ yrs.)	11
Declined to answer	1
Unknown	
TOTAL	150

SEXUAL ORIENTATION	
Gay/Lesbian	11
Heterosexual/Straight	60
Bisexual	11
Questioning/Unsure	0
Queer	23
Declined to answer	5
Unknown	
Another group not listed	40
TOTAL	150
If another group is counted, please specify with numbers:	

VETERAN STATUS	
Yes	0
No	0
Declined to answer	150
Unknown	0
TOTAL	150

PRIMARY LANGUAGE	
English	140
Spanish	2
Cantonese	2
Chinese (Mandarin)	2
Vietnamese	0
Farsi	1
Arabic	0
Tagalog	0
Declined to answer	0
Unknown	0
Other languages not listed	3
TOTAL	150

CURRENT GENDER IDENTITY	
Female	78
Male	27
Transgender	1
Genderqueer	2
Questioning/unsure of gender identity	0
Declined to answer	3
Unknown	0
Another identity not listed	39
TOTAL	150
If another group is counted, please specify with numbers:	

SEX ASSIGNED AT BIRTH	
Male	0
Female	0
Declined to answer	150
Unknown	0
TOTAL	150

ETHNITICY/CULTURAL HERITAGE (choose one)	
If Hispanic or Latino, please specify:	
Caribbean	1
Central American	1
Mexican/Mexican American/Chicano	14
Puerto Rican	2
South American	2

		Another Hispanic/Latino ethnicity not listed	2
DISABILITY STATUS		**Total Hispanic or Latino**	22
Communication Domain		**If Non-Hispanic or Non-Latino, please specify:**	
Vision	0	African	16
Hearing/Speech	1	African American	13
Another type not listed		Asian Indian/South Asian	4
Communication Domain Subtotal		Cambodian	0
Disability Domain		Chinese	7
Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)	2	Eastern European	11
		European	59
		Filipino	2
Physical/mobility	0	Japanese	0
Chronic health condition	11	Korean	1
Disability Subtotal	14	Middle Eastern	3
None	87	Vietnamese	2
Declined to answer	10	Other Non-Hispanic or Non-Latino ethnicity not listed	6
Unknown	17	**Total Non-Hispanic or Non-Latino:**	124
Another disability not listed	22	More than one ethnicity	13
TOTAL	150	Unknown ethnicity	
If another disability is counted, please specify with numbers:		Declined to answer	2
		ETHNICITY TOTAL	150
		If another ethnicity is counted, please specify with numbers:	
RACE			
American Indian or Alaska Native	1	If another race is counted, please specify with numbers:	
Asian	18		
Black or African American	13		
Native Hawaiian or another Pacific Islander	0		
White	85		
Other Race	9		
Declined to answer	6		
Unknown	18		
TOTAL	150		

Box D: Program <u>successes/accomplishments</u> of the past year with one example or case study of a success the agency is particularly proud of.

Our biggest success has been the retention of quality leaders and trainers in the subject of mental health and wellness. Twelve facilitators from Training Year (TY) 22-23 returned to facilitate trainings with us in TY 23-24. We were fortunate to partner with 19 new facilitators and we plan to grow relationships with them to lead training offerings in TY 24-25. Of the total 31 facilitators we contracted in TY 23-24, 17 (approximately 50%) identify as being queer and/or trans, Black, Indigenous, Mixed Race, People of Color (QTBIMPOC). Our contracted trainers are one of the cornerstones of our training program and it is a program goal to continue to cultivate relationships with QTBIMPOC leaders who hold intersectional experiences. Their lived experience allows these facilitators to critically engage our communities in

workshops and trainings that center the mental health and well-being of historically marginalized communities.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	
E.3: Types of treatment individuals were referred to (list types below):	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	
G.5: Average duration of untreated mental illness in weeks:	
E.6: Average number of days between referral and first participation in referred treatment program:	
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
F.2: Number of paper referrals to an ACBH PEI-funded program:	
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	
F.4: Average number of days between referral and first participation in referred PEI program:	
F.5: Describe how your program encouraged access to services and follow through on above referrals:	

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. ***(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)***	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):
NA	NA

MHSA Program #	**PEI 28**
PROVIDER NAME	**Health and Human Resource Education Center**
PROGRAM NAME	**Downtown TAY**

2023 - 2024

Program Outcomes & Impact Data Report

Program Name:	**Downtown TAY**
Organization:	**Health and Human Resource Education Center**
Type of Report:	**Annual Data Report**
PEI Category:	**Outreach**

Priority Area (place an X next to all that apply):	
	Childhood Trauma
	Early Psychosis
X	Youth/TAY Outreach & Engagement
X	Cultural & Linguistic
	Older Adults
	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on reducing the seven negative outcomes that may result from untreated mental illness.	
X	Suicide
X	Incarceration
X	School failure or dropout
X	Unemployment
	Prolonged suffering
X	Homelessness
	Removal of children from their homes

Box A: Brief program description.
Downtown TAY serves as a resource center to support young adults, with emphasis on African American transitional aged youth, to connect to needed resources that include housing, employment, health care, educational development, mental health wellness and introductions to positive uplifting social networks. Through a wealth of peer led and intergenerational programs, we strive to educate, elevate and inspire TAY (16-25).

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness:	
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	
Number of unduplicated individual family members served indirectly by your program:	
Grand total of unduplicated individuals served:	

Box C: Demographics of individuals served this fiscal year through MHSA funding:			
AGE CATEGORIES		**SEXUAL ORIENTATION**	
Children/Youth (0-15 yrs.)		Gay/Lesbian	
Transition Age Youth (16-25 yrs.)		Heterosexual/Straight	
Adult (26-59 yrs.)		Bisexual	
Older Adult (60+ yrs.)		Questioning/Unsure	
Declined to answer		Queer	
Unknown		Declined to answer	
TOTAL	145	Unknown	145
		Another group not listed	
		TOTAL	145
		If another group is counted, please specify with numbers:	
VETERAN STATUS		**PRIMARY LANGUAGE**	
Yes		English	111
No	145	Spanish	
Declined to answer		Cantonese	

Unknown	
TOTAL	145

CURRENT GENDER IDENTITY	
Female	59
Male	34
Transgender	
Genderqueer	
Questioning/unsure of gender identity	
Declined to answer	
Unknown	52
Another identity not listed	
TOTAL	145
If another group is counted, please specify with numbers:	

Chinese	
Vietnamese	
Farsi	
Arabic	
Tagalog	
Declined to answer	
Unknown	34
Other languages not listed	
TOTAL	145

SEX ASSIGNED AT BIRTH	
Male	59
Female	34
Declined to answer	
Unknown	52
TOTAL	145
Male	

DISABILITY STATUS	
Communication Domain	
Vision	
Hearing/Speech	
Another type not listed	
Communication Domain Subtotal	
Disability Domain	
Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)	
Physical/mobility	
Chronic health condition	
Disability Subtotal	
None	
Declined to answer	
Unknown	145
Another disability not listed	
TOTAL	145
If another disability is counted, please specify with numbers:	

ETHNITICY/CULTURAL HERITAGE (choose one)	
If Hispanic or Latino, please specify:	
Caribbean	
Central American	
Mexican/Mexican American/Chicano	13
Puerto Rican	
South American	
Another Hispanic/Latino ethnicity not listed	
Total Hispanic or Latino	13
If Non-Hispanic or Non-Latino, please specify:	
African	
African American	9
Asian Indian/South Asian	
Cambodian	
Chinese	
Eastern European	
European	
Filipino	
Japanese	
Korean	
Middle Eastern	
Vietnamese	
Other Non-Hispanic or Non-Latino ethnicity not listed	1
Total Non-Hispanic or Non-Latino:	
More than one ethnicity	1
Unknown ethnicity	3
Declined to answer	
ETHNICITY TOTAL	145

		If another ethnicity is counted, please specify with numbers: Navajo (1)
RACE		
American Indian or Alaska Native		If another race is counted, please specify with numbers:
Asian		
Black or African American	9	
Native Hawaiian or another Pacific Islander		
White		
Other Race	14	
Declined to answer		
Unknown		
TOTAL	145	

Box D: Program successes/accomplishments of the past year with one example or case study of a success the agency is particularly proud of.
Downtown TAY has formed numerous connections over the past year, collaborating with various community-based organizations across Alameda County. The program has successfully maintained relationships with both Castlemont High School and Dewey Academy. Outreach to other high schools has also continued, aided by the new members of the Community Advisory Board (CAB). The development of this new board is a particular point of pride for the agency. Our new members are outstanding community figures who have shared their stories, provided health and wellness resources, and created spaces for healing in our communities. The CAB participated in the Bioneers Conference, which was a transformative experience for everyone involved. This conference reignited the flame of social and climate justice. Our new connection with Bioneers is a highlight for us, as attending this prestigious conference, which draws over 2,000 attendees and has ticket prices exceeding $500, was a significant opportunity. Thanks to the efforts of the Program Coordinator, we secured donated tickets for our youth group. The conference's youth program included enriching workshops such as a restorative justice circle, a youth of color cactus workshop, mural painting, an LGBTQIA mixer, and a very magical open mic. Keynote speakers included Colette Pichon Battle and Dolores Huerta. Our CAB members enjoyed each day of the conference and expressed immense gratitude for the opportunity to attend. The youth program coordinator for Bioneers greatly appreciated Downtown TAY's presence at the workshops and invited us to host our own workshop at the 2025 Bioneers Conference! Overall, Downtown TAY has continued to connect with youth through a variety of health and wellness workshops and has excelled in collaborating with other organizations and spaces that uplift youth.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	
E.3: Types of treatment individuals were referred to (list types below):	

E.4: Unduplicated number of individuals who participated in referred program at least one time:	
G.5: Average duration of untreated mental illness in weeks:	
E.6: Average number of days between referral and first participation in referred treatment program:	
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
F.2: Number of paper referrals to an ACBH PEI-funded program:	
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	
F.4: Average number of days between referral and first participation in referred PEI program:	
F.5: Describe how your program encouraged access to services and follow through on above referrals:	

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. ***(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)***	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):
NA	NA

PEI: Early Intervention

MHSA Program #	**PEI 1C**
PROVIDER NAME	**A Better Way**
PROGRAM NAME	**Early Childhood Mental Health Outreach and Consultation**

2023 - 2024

Program Outcomes & Impact Data Report. New program. No data in 2023/2024

Program Name:	**Early Childhood Mental Health Prevention and Early Intervention**
Organization:	**A Better Way**
Type of Report:	**Annual Data Report**
PEI Category:	**Early Intervention**

Priority Area (place an X next to all that apply):

X	Childhood Trauma
	Early Psychosis
	Youth/TAY Outreach & Engagement
	Cultural & Linguistic
	Older Adults

X	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on <u>reducing</u> the seven negative outcomes that may result from untreated mental illness.

	Suicide
	Incarceration
	School failure or dropout
	Unemployment
X	Prolonged suffering
	Homelessness
	Removal of children from their homes

Box A: <u>Brief</u> program description.

Prevention and Early Intervention (PEI) services, through an integrated approach that incorporates several evidence-based practices to deliver culturally and linguistically responsive, trauma-informed, and family-oriented education, trainings and consultation on mental health. Services include Developmental screening, assessment, and monitoring; Dyadic (Infant-Parent/Child-Parent) and family therapy; Parent training; Targeted family support services; Infant massage training and bonding classes; Parent education and support groups.

MHSA Program # PEI 22
PROVIDER NAME Side by Side
PROGRAM NAME LGBT Support Services
2023 - 2024

Program Outcomes & Impact Data Report. New program. No data in 2023/2024

Program Name:	**Lambda Youth Program**
Organization:	**Side by Side**
Type of Report:	**Annual Data Report**
PEI Category:	**Early Intervention**

Priority Area (place an X next to all that apply):

	Childhood Trauma
	Early Psychosis
X	Youth/TAY Outreach & Engagement
	Cultural & Linguistic
	Older Adults
X	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on <u>reducing</u> the seven negative outcomes that may result from untreated mental illness.

X	Suicide
	Incarceration
X	School failure or dropout
X	Unemployment
X	Prolonged suffering
X	Homelessness
X	Removal of children from their homes

Box A: <u>Brief</u> program description.

Lambda Youth Program provides services to young people who identify as LGBTQIA+. LAMBDA Project Eden Drop-in Center provides a safe, supportive environment for LGBTQIA+ youth. Early Intervention services through a community-based, youth/peer-driven and culturally responsive services. Comprehensive services for youth include Suicide assessment and prevention support groups; Support

for parents, caregivers and families, including information regarding access to therapy, counseling, support groups, and education; Outreach text line. The text line shall provide LGBTQIA+ Y/YA with basic information regarding the drop-in center and services and connect Y/YA to therapeutic support when clients do not feel safe or able to access the drop-in center in person. Resource navigation and linkage to referrals brief low intensity early intervention individual, group therapy and/or counseling for both mental health concerns and substance use/misuse to Y/YA and/or their family. Prevention visits to individuals who are not currently participating in early intervention counseling as means to engage those considering the service for the first time.

MHSA Program #	**PEI 3**
PROVIDER NAME	**Alameda County Behavioral Health Department**
PROGRAM NAME	**Geriatric Assessment Response Team (GART)**

2023 - 2024

Program Outcomes & Impact Data Report

Program Name:	**Geriatric Assessment & Response Team (GART)**
Organization:	**ACBHD**
Type of Report:	**Annual Data Report**
PEI Category:	**Early Intervention**

Priority Area (place an X next to all that apply):

	Childhood Trauma
	Early Psychosis
	Youth/TAY Outreach & Engagement
	Cultural & Linguistic
X	Older Adults
	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on <u>reducing</u> the seven negative outcomes that may result from untreated mental illness.

X	Suicide
X	Incarceration
	School failure or dropout
	Unemployment
X	Prolonged suffering
X	Homelessness
	Removal of children from their homes

Box A: <u>Brief</u> program description.

The Geriatric Assessment and Response Team (GART) program is a brief therapeutic treatment and case management service for older adults aged 55+ in Alameda County. GART screens and evaluates older adults for behavioral health care needs and provides age-appropriate interventions. The program's goals are to maintain independence, offer an alternative to hospitalization, promote consumer recovery, provide culturally competent services, and integrate care approaches. GART aims to empower older adults, enhance their wellness, and improve their quality of life through linkage to best-matched care.

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness:	83
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	83
Number of unduplicated individual family members served indirectly by your program:	N/A
Grand total of unduplicated individuals served:	83

Box C: Demographics of individuals served this fiscal year through MHSA funding:	
AGE CATEGORIES	
Children/Youth (0-15 yrs.)	0
Transition Age Youth (16-25 yrs.)	0
Adult (26-59 yrs.)	16
Older Adult (60+ yrs.)	66
Declined to answer	0
Unknown	1
TOTAL	83

SEXUAL ORIENTATION	
Gay/Lesbian	1
Heterosexual/Straight	29
Bisexual	0
Questioning/Unsure	0
Queer	0
Declined to answer	0
Unknown	53
Another group not listed	0
TOTAL	83
If another group is counted, please specify with numbers:	

VETERAN STATUS	
Yes	0
No	5
Declined to answer	0
Unknown	78
TOTAL	83

PRIMARY LANGUAGE	
English	65
Spanish	1
Cantonese	0
Chinese	3
Vietnamese	0
Farsi	0
Arabic	0
Tagalog	0
Declined to answer	0
Unknown	13
Other languages not listed	1
TOTAL	83

CURRENT GENDER IDENTITY	
Female	30
Male	42
Transgender	0
Genderqueer	0
Questioning/unsure of gender identity	0
Declined to answer	0
Unknown	11
Another identity not listed	1
TOTAL	83
If another group is counted, please specify with numbers:	

SEX ASSIGNED AT BIRTH	
Male	46
Female	36
Declined to answer	0
Unknown	1
TOTAL	83
Male	

ETHNITICY/CULTURAL HERITAGE (choose one)	
If Hispanic or Latino, please specify:	
Caribbean	0
Central American	0
Mexican/Mexican American/Chicano	2
Puerto Rican	0
South American	0
Another Hispanic/Latino ethnicity not listed	1
Total Hispanic or Latino	**3**
If Non-Hispanic or Non-Latino, please specify:	
African	0
African American	9
Asian Indian/South Asian	0
Cambodian	0
Chinese	1

DISABILITY STATUS	
Communication Domain	
Vision	0
Hearing/Speech	0
Another type not listed	0
Communication Domain Subtotal	0
Disability Domain	

Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)	8	Eastern European	0
		European	0
		Filipino	2
Physical/mobility	4	Japanese	0
Chronic health condition	0	Korean	0
Disability Subtotal	12	Middle Eastern	0
None	24	Vietnamese	5
Declined to answer	0	Other Non-Hispanic or Non-Latino ethnicity not listed	29
Unknown	70	**Total Non-Hispanic or Non-Latino:**	46
Another disability not listed	0	More than one ethnicity	17
TOTAL	106	Unknown ethnicity	17
If another disability is counted, please specify with numbers:		Declined to answer	0
		ETHNICITY TOTAL	83
		If another ethnicity is counted, please specify with numbers:	
RACE			
American Indian or Alaska Native	0	If another race is counted, please specify with numbers:	
Asian	12		
Black or African American	15		
Native Hawaiian or another Pacific Islander	0		
White	31		
Other Race	21		
Declined to answer	0		
Unknown	4		
TOTAL	83		

Box D: Program <u>successes/accomplishments</u> of the past year with one example or case study of a success the agency is particularly proud of.

Over the past year, the Geriatric Assessment Response Team (GART) team has consistently demonstrated its ability to transform lives through swift, adaptable, and comprehensive care. In the 2023-2024 fiscal year, the program received a total of 233 referrals from diverse sources. These sources included hospitals, crisis residential treatment centers, community members, and self-referrals, among others.

A particularly inspiring case illustrates the program's remarkable impact:

A client with a complex history of homelessness, incarceration, and untreated mental health issues was referred to GART by John George Psychiatric Hospital. Despite initial reluctance to engage, the GART team's persistent, client-centered approach gradually built trust. Through a series of carefully coordinated interventions - including crisis stabilization, thorough needs assessment, and innovative housing solutions - the team navigated numerous challenges to achieve positive outcomes.

When the client's first housing placement fell through, GART's quick thinking and community outreach prevented a return to homelessness. Their ability to leverage partnerships led to an extended stay at a Crisis Residential Treatment center, allowing time for crucial medication adjustments. This flexibility paid off, resulting in significant symptom reduction and ultimately, a successful transition to a more suitable living arrangement.

Throughout the process, GART seamlessly coordinated with various service providers, ensuring a warm

hand-off to long-term care. This case exemplifies GART's unique strength: its capacity to bridge gaps in the system, providing a lifeline for those who might otherwise fall through the cracks. By combining rapid response with persistent, holistic support, GART stabilized this client's immediate crisis and laid the groundwork for sustainable recovery and reintegration into the community.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	18
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	N/A
E.3: Types of treatment individuals were referred to (list types below):	
Mental Health Treatment (CSU, CRT, Level 1 clinics, Level 3 clinics, FSP programs, medication clinics)	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	18
G.5: Average duration of untreated mental illness in weeks:	N/A
E.6: Average number of days between referral and first participation in referred treatment program:	N/A
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
Geriatric Population ages 55+.	
F.2: Number of paper referrals to an ACBH PEI-funded program:	0
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	N/A
F.4: Average number of days between referral and first participation in referred PEI program:	N/A
F.5: Describe how your program encouraged access to services and follow through on above referrals: N/A	

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. ***(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)***	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):
Virtual PEI providers Meeting	7 mental health professionals
Adult Protective Services Multi-Disciplinary Team/Virtual Meeting	43 mental health and healthcare professionals
Police Department Crisis Intervention Training Orientation	30 Law Enforcement Officers
Faces of the Future, Inc./High School	25 Mental Health Career Exploration Arroyo High School Students

African American Family Outreach Project Virtual Meeting	25 African American Family Outreach Project Program staff
Virtual Presentation	10 SBBH Providers and District Representatives
Mental Health Advisory (Main) Board Meeting	25 mental health Staff
Older Adult Training Virtual Presentation	25 older adult providers
ACBH Executive Leadership Team virtual Meeting	18 Leadership Members
Adult Forensic Mental Health-Jail and virtual presentation	30 mental health professionals
988 Virtual Conference	100-200 Alameda County Crisis Support Services staff/participants/volunteers
HCSA OAD Virtual presentation	250 members
Oakland Public Library	15 Library staff
City of San Leandro Human Services	28 homeless case managers
City of San Leandro BOS Dist. 3 virtual meeting	88 board of supervisor staff members
Oakland Police Department	25 Police Officers
REACH Ashland Youth Center	35 mental health and staff members
Goodness Village Program	25 staff members
Oakland Public Library	148 community members/consumers
East Oakland Senior Center	36 Staff and community members at senior center
Age Well Center at Lake Elizabeth	20 community members
Veteran Affair	90 Workshop participants
Veterans Memorial Building	25 mental health staff members
Various Homeless encampments in Alameda County	91 Community members consumers at various homeless encampments
Various Tabling Events in Alameda County	38 Community Members and Providers
Healthcare for the Homeless Providers Virtual Training	113 Healthcare for the homeless participants/mental health providers/resource specialists
Providers, Children's Specialized Services Virtual Presentation	10 mental health providers
Oakland Police Department	71 Police Officers and civilian Mental Health Workers

MHSA Program #	**PEI 17B**
PROVIDER NAME	**Healthy Schools and Community**
PROGRAM NAME	**REACH Asland Youth Center**

2023-2024

Program Outcomes & Impact Data Report

Program Name:	**REACH Ashland Youth Center**
Organization:	**Alameda County-Healthy Schools and Communities**
Type of Report:	**Annual Data Report**
PEI Category:	**Early Intervention**

Priority Area (place an X next to all that apply):

X	Childhood Trauma
	Early Psychosis
X	Youth/TAY Outreach & Engagement
	Cultural & Linguistic

	Older Adults
X	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on reducing the seven negative outcomes that may result from untreated mental illness.

X	Suicide
	Incarceration
X	School failure or dropout
	Unemployment
	Prolonged suffering
X	Homelessness
	Removal of children from their homes

Box A: Brief program description.

REACH serves youth ages 11 through 24 who live throughout Alameda County with a focus on the Ashland and unincorporated areas, a community that is known for poverty, crime and chronic health conditions. We provide recreation, education, arts, career and health and wellness activities and services. In the process, they develop resiliency and the skills they need to take positive action and thrive, even amidst ongoing personal trauma and social disadvantage.

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness:	77
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	96
Number of unduplicated individual family members served indirectly by your program:	88
Grand total of unduplicated individuals served:	261

Box C: Demographics of individuals served this fiscal year through MHSA funding:

AGE CATEGORIES		**SEXUAL ORIENTATION**	
Children/Youth (0-15 yrs.)	86	Gay/Lesbian	0
Transition Age Youth (16-25 yrs.)	87	Heterosexual/Straight	0
Adult (26-59 yrs.)	0	Bisexual	0
Older Adult (60+ yrs.)	0	Questioning/Unsure	0
Declined to answer	0	Queer	0
Unknown	0	Declined to answer	0
TOTAL	173	Unknown	173
		Another group not listed	0
		TOTAL	173
		If another group is counted, please specify with numbers:	
VETERAN STATUS		**PRIMARY LANGUAGE**	
Yes	0	English	109
No	0	Spanish	57
Declined to answer	0	Cantonese	1
Unknown	173	Chinese	0
TOTAL	173	Vietnamese	1
		Farsi	0
CURRENT GENDER IDENTITY		Arabic	0
Female	83	Tagalog	0

Male	77	Declined to answer	0
Transgender	3	Unknown	0
Genderqueer	3	Other languages not listed	1
Questioning/unsure of gender identity	0	TOTAL	173
Declined to answer	3	OPTIONAL: Is it NOT required to specify other languages not listed – but if you want to, the other language is ethnicity: Asian Indian/South Asian.	
Unknown	4		
Another identity not listed	0		
TOTAL	173		
If another group is counted, please specify with numbers:			

SEX ASSIGNED AT BIRTH		**ETHNITICY/CULTURAL HERITAGE (choose one)**	
Male	0	**If Hispanic or Latino, please specify:**	
Female	0	Caribbean	0
Declined to answer	0	Central American	12
Unknown	173	Mexican/Mexican American/Chicano	60
TOTAL	173	Puerto Rican	1
		South American	4
		Another Hispanic/Latino ethnicity not listed	4
DISABILITY STATUS		**Total Hispanic or Latino**	**81**
Communication Domain		**If Non-Hispanic or Non-Latino, please specify:**	
Vision	0	African	32
Hearing/Speech	0	African American	0
Another type not listed	0	Asian Indian/South Asian	3
Communication Domain Subtotal	0	Cambodian	0
Disability Domain		Chinese	6
Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)	13	Eastern European	0
		European	1
		Filipino	0
Physical/mobility		Japanese	0
Chronic health condition	2	Korean	0
Disability Subtotal	15	Middle Eastern	1
None	70	Vietnamese	1
Declined to answer	0	Other Non-Hispanic or Non-Latino ethnicity not listed	5
Unknown	87	**Total Non-Hispanic or Non-Latino:**	49
Another disability not listed	1	More than one ethnicity	0
TOTAL	173	Unknown ethnicity	23
If another disability is counted, please specify with numbers: 1 youth [schizophrenia]		Declined to answer	20
		ETHNICITY TOTAL	173
		If another ethnicity is counted, please specify with numbers: Hispanic/Latinx: 4 youth identified as Hispanic/Latinx without additional information Non-Hispanic/Latinx:	

		• Race Black or African American, reported ethnicity as other: 2 • Race other, did not report ethnicity: 1 • Race other, reported ethnicity as other: 1 • Race Native Hawaiian or other Pacific Islander, reported ethnicity as other: 1
RACE		
American Indian or Alaska Native	8	If another race is counted, please specify with numbers:
Asian	12	Multiracial: 61 youth Hispanic/Latinx, reported race as other: 52 Non-Hispanic/Latinx, reported race as other: • Ethnicity African: 1 • Another ethnicity not listed: 2 • Declined to report ethnicity: 2 • Unknown ethnicity: 4
Black or African American	45	
Native Hawaiian or another Pacific Islander	1	
White	18	
Other Race	61	
Declined to answer	7	
Unknown	13	
TOTAL	173	

Box D: Program successes/accomplishments of the past year with one example or case study of a success the agency is particularly proud of.
This year, we were able to graduate 10 young adults from Opportunity Academy (OA), our alternate high school program. OA is a collaboration with REACH and Alameda County Office of Education (ACOE). The case managers supported the teachers by providing clinical case management and advocacy services to the students and mental health consultation and support to teachers and staff. The collaboration has been successful in offering young adults who otherwise would not be able to obtain their GED in a traditional setting.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below: N/A	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	
E.3: Types of treatment individuals were referred to (list types below):	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	
G.5: Average duration of untreated mental illness in weeks:	
E.6: Average number of days between referral and first participation in referred treatment program:	
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below: N/A	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
F.2: Number of paper referrals to an ACBH PEI-funded program:	
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	
F.4: Average number of days between referral and first participation in referred PEI program:	
F.5: Describe how your program encouraged access to services and follow through on above referrals:	

Box G: For <u>Outreach, Suicide Prevention, and Stigma Reduction</u> programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. ***(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.) N/A***	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):
NA	NA

MHSA Program #	**PEI 24**
PROVIDER NAME	**Roots Community Health**
PROGRAM NAME	**Sobrante Park Community Project**

2023 - 2024

Program Outcomes & Impact Data Report

Program Name:	**Sobrante Park Community Project**
Organization:	**Roots Community Health in partnership with Higher Ground**
Type of Report:	**Annual Data Report**
PEI Category:	**Early Intervention**

Priority Area (place an X next to all that apply):	
	Childhood Trauma
	Early Psychosis
X	Youth/TAY Outreach & Engagement
	Cultural & Linguistic
	Older Adults
X	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on <u>reducing</u> the seven negative outcomes that may result from untreated mental illness.	
X	Suicide
X	Incarceration
X	School failure or dropout
X	Unemployment
X	Prolonged suffering
X	Homelessness
X	Removal of children from their homes

Box A: <u>Brief</u> program description.

Roots Community Health seeks to address long-standing health inequalities in the Sobrante Park community by partnering with the Sobrante Park Residents Action Council and Higher Ground to provide culturally responsive, comprehensive physical and mental health services; education, employment and training; and wraparound services that build self-sufficiency and promote community empowerment.

Higher Ground (HG) works with schools in the identified areas to identify students who could benefit from services provided by Roots Community Health Center. They also provide 24 students with college and career readiness through providing youth development training, peer to peer workforce programming that integrates civic engagement and community outreach activities. Sobrante Park's annual MLK day of service is a project they host.

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness:	210
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	0
Number of unduplicated individual family members served indirectly by your program:	326
Grand total of unduplicated individuals served:	536

Box C: Demographics of individuals served this fiscal year through MHSA funding:

AGE CATEGORIES	
Children/Youth (0-15 yrs.)	7
Transition Age Youth (16-25 yrs.)	55
Adult (26-59 yrs.)	125
Older Adult (60+ yrs.)	5
Declined to answer	43
Unknown	91
TOTAL	326

SEXUAL ORIENTATION	
Gay/Lesbian	1
Heterosexual/Straight	0
Bisexual	0
Questioning/Unsure	2
Queer	0
Declined to answer	0
Unknown	323
Another group not listed	0
TOTAL	326
If another group is counted, please specify with numbers:	

VETERAN STATUS	
Yes	0
No	0
Declined to answer	0
Unknown	326
TOTAL	326

PRIMARY LANGUAGE	
English	317
Spanish	9
Cantonese	0
Chinese	0
Vietnamese	0
Farsi	0
Arabic	0
Tagalog	0
Declined to answer	0
Unknown	0
Other languages not listed	0
TOTAL	326

CURRENT GENDER IDENTITY	
Female	156
Male	119
Transgender	0
Genderqueer	0
Questioning/unsure of gender identity	0
Declined to answer	22
Unknown	29
Another identity not listed	0
TOTAL	326
If another group is counted, please specify with numbers:	

SEX ASSIGNED AT BIRTH	
Male	169
Female	130
Declined to answer	22
Unknown	5
TOTAL	326

ETHNICITY/CULTURAL HERITAGE (choose one)	
If Hispanic or Latino, please specify:	
Caribbean	0
Central American	3
Mexican/Mexican American/Chicano	120
Puerto Rican	0

		South American	0
		Another Hispanic/Latino ethnicity not listed	0
DISABILITY STATUS		**Total Hispanic or Latino**	**123**
Communication Domain		**If Non-Hispanic or Non-Latino, please specify:**	
Vision	0	African	0
Hearing/Speech	0	African American	103
Another type not listed	0	Asian Indian/South Asian	2
Communication Domain Subtotal	0	Cambodian	0
Disability Domain		Chinese	0
Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)	0	Eastern European	0
		European	
		Filipino	
Physical/mobility	0	Japanese	0
Chronic health condition	0	Korean	0
Disability Subtotal		Middle Eastern	1
None	0	Vietnamese	0
Declined to answer	302	Other Non-Hispanic or Non-Latino ethnicity not listed	51
Unknown	24	**Total Non-Hispanic or Non-Latino:**	157
Another disability not listed	0	More than one ethnicity	1
TOTAL	326	Unknown ethnicity	45
If another disability is counted, please specify with numbers:		Declined to answer	0
		ETHNICITY TOTAL	326
		If another ethnicity is counted, please specify with numbers:	
RACE			
American Indian or Alaska Native	0	If another race is counted, please specify with numbers:	
Asian	0		
Black or African American	108		
Native Hawaiian or another Pacific Islander	5		
White	0		
Other Race	117		
Declined to answer	51		
Unknown	45		
TOTAL	326		

Box D: Program <u>successes/accomplishments</u> of the past year with one example or case study of a success the agency is particularly proud of.

The past fiscal year was exciting for Roots Community Health. We are proud to share that we held 23 pop-up markets and served 422 families this fiscal year. At Roots, we strongly believe in the importance of wrap around services. Although providing access to mental health and wellness is the primary deliverable, this service must be boosted by additional efforts that address other needs, like food insecurity and creating safe spaces.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	219
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	60
E.3: Types of treatment individuals were referred to (list types below):	
Referred clients receive weekly one-on-one sessions with mental health providers or, in some cases, participate in group therapy. The type and frequency of treatment are determined by a clinician based on each client's specific needs and treatment level.	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	262
G.5: Average duration of untreated mental illness in weeks:	30 days
E.6: Average number of days between referral and first participation in referred treatment program:	5 to 7 days
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
African Americans and individuals of Latino descent who live, work, or attend school in Sobrante Park. Higher Ground targets populations who are BIPOC students who live in the identified area of East Oakland. Their program is a representation of Oakland having several different ethnic groups being present in their student body.	
F.2: Number of paper referrals to an ACBH PEI-funded program:	35
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	3
F.4: Average number of days between referral and first participation in referred PEI program:	5 to 7 days
F.5: Describe how your program encouraged access to services and follow through on above referrals: Through collaboration with our community partners, including the Sobrante Park Resident Action Council, Higher Ground and Madison Park Academy Primary, community members are referred to Roots for a variety of services. A Roots Navigator will then work with the community member to help facilitate matching the appropriate service to meet the needs of the client. The Navigator also conducts regular check-ins with the clients to ensure the efficacy of the service. At Higher Ground's Wednesday workshops, they provide information on Roots services and ways to access the services as part of their announcements. They also discuss stress management and collegiality, which dovetails into friendship conversations and ways to be resilient in the workplace. They focus on transferable mental health coping skills. They disguise these lessons in concepts of the workplace, but they always tie it back to their day to day lives outside work. This is how they can offer additional help and discuss the benefits of getting additional help. They did not have any youth this cycle expressing the need for social and/or emotional support to the level of needing a referral.	

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. ***(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)***	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at

	schools, & 1 police officer at a school.) (100 Characters):
23 Touchless Pop-up Markets	**5 Roots Staff**
MLK Day of Service	

MHSA Program # **PEI 17A**
PROVIDER NAME **Youth Uprising**
PROGRAM NAME **Youth Uprising TAY**
2023 – 2024

Program Outcomes & Impact Data Report

Program Name:	**Youth Uprising TAY**
Organization:	**Youth Uprising**
Type of Report:	**Annual Data Report**
PEI Category:	**Early Intervention**

Priority Area (place an X next to all that apply):

	Childhood Trauma
	Early Psychosis
X	Youth/TAY Outreach & Engagement
	Cultural & Linguistic
	Older Adults
X	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on <u>reducing</u> the seven negative outcomes that may result from untreated mental illness.

X	Suicide
X	Incarceration
X	School failure or dropout
	Unemployment
X	Prolonged suffering
	Homelessness
	Removal of children from their homes

Box A: <u>Brief</u> program description.

Youth UpRising (YU) provides integrated services to youth aged 13 to 24 years old through three core departments: Career & Education (C&E), Health & Wellness (H&W), and Arts & Expression (A&E). Under H&W, we offer individual therapy sessions to support and guide clients. These sessions focus on addressing specific concerns, developing coping mechanisms and fostering personal growth. We also offer Holistic wellness services such as massages and yoga. These practices aim to promote relaxation, reduce stress, and enhance overall physical and mental wellness. Our Healing Circles offer a space for individuals to share experiences and build connections within a community of understanding. These circles provide a platform for collective healing and allow participants to express themselves and receive support from their peers. Wellness Wednesday sessions create a dedicated space for participants to engage in activities promoting physical, mental, and emotional well-being. These sessions encompass various wellness practices, including psycho-education, art activities, recreational activities, and opportunities for personal growth. Aside from program service delivery, YU operates
three social enterprises that support youth with robust sector-specific skills in food and hospitality, cleaning services, and digital arts. We believe that through comprehensive programming and direct support from caring adults our youth have been able to develop greater social-emotional skills and tools, reduce stress, and achieve personal goals.

<u>Box B:</u> Number of Individuals served this fiscal year through MHSA funding.

# of unduplicated individuals served who are at risk of developing a serious mental illness:	86
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	2
Number of unduplicated individual family members served indirectly by your program:	379
Grand total of unduplicated individuals served:	467

Box C: Demographics of individuals served this fiscal year through MHSA funding:

AGE CATEGORIES	
Children/Youth (0-15 yrs.)	25
Transition Age Youth (16-25 yrs.)	61
Adult (26-59 yrs.)	
Older Adult (60+ yrs.)	
Declined to answer	
Unknown	381
TOTAL	**467**

SEXUAL ORIENTATION	
Gay/Lesbian	1
Heterosexual/Straight	50
Bisexual	
Questioning/Unsure	1
Queer	1
Declined to answer	2
Unknown	411
Another group not listed	1
TOTAL	**467**
If another group is counted, please specify with numbers: Other, Gender Non-conforming, Transgender	

VETERAN STATUS	
Yes	
No	88
Declined to answer	
Unknown	379
TOTAL	**467**

PRIMARY LANGUAGE	
English	66
Spanish	6
Cantonese	
Chinese	
Vietnamese	
Farsi	
Arabic	
Tagalog	
Declined to answer	1
Unknown	394
Other languages not listed	
TOTAL	**467**

CURRENT GENDER IDENTITY	
Female	39
Male	44
Transgender	1
Genderqueer	
Questioning/unsure of gender identity	1
Unknown	381
Another identity not listed	1
TOTAL	467
If another group is counted, please specify with numbers: Gender non-conforming	

SEX ASSIGNED AT BIRTH	
Male	44
Female	39
Declined to answer	1
Unknown	383
TOTAL	**467**
DISABILITY STATUS	

ETHNICITY/CULTURAL HERITAGE (choose one)	
If Hispanic or Latino, please specify:	
Caribbean	
Central American	
Mexican/Mexican American/Chicano	28
Puerto Rican	
South American	
Another Hispanic/Latino ethnicity not listed	11
Total Hispanic or Latino	**39**

Communication Domain		**If Non-Hispanic or Non-Latino, please specify: Salvadorian**	
Vision		African	
Hearing/Speech		African American	40
Another type not listed		Asian Indian/South Asian	
Communication Domain Subtotal	0	Cambodian	
Disability Domain		Chinese	
Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)	1	Eastern European	1
		European	
		Filipino	
Physical/mobility		Japanese	
Chronic health condition		Korean	
Disability Subtotal	1	Middle Eastern	2
None		Vietnamese	
Declined to answer		Other Non-Hispanic or Non-Latino ethnicity not listed	1
Unknown	466	**Total Non-Hispanic or Non-Latino:**	**44**
Another disability not listed		More than one ethnicity	2
TOTAL	**467**	Unknown ethnicity	382
If another disability is counted, please specify with numbers:		Declined to answer	
		ETHNICITY TOTAL	**467**
		If another ethnicity is counted, please specify with numbers: Polynesian (1)	
RACE			
		If another race is counted, please specify with numbers: Bi-racial, Latinx & Middle Eastern	

Asian	
Black or African American	40
Native Hawaiian or another Pacific Islander	1
White	1
Other Race	43
Declined to answer	
Unknown	382
TOTAL	**467**

Box D: Program successes/accomplishments of the past year with one example or case study of a success the agency is particularly proud of.

Our program has achieved significant milestones in providing quality care to the East Oakland community, and throughout Alameda County. We have made great strides in increasing access to preventive counseling, delivering weekly individual sessions to those in need. Our dedication to supporting vulnerable populations has been demonstrated through initiatives like providing bus passes and gift cards to address food insecurities and homelessness among youth and families. Another noteworthy achievement has been the successful facilitation of a groups, empowering young individuals with essential knowledge about healthy relationships, safety, empowerment, identity and boundaries. This has positively impacted the community by promoting emotional well-being and building strong support networks. We are proud to have seen an increase in referrals during this fiscal year, a testament to the growing recognition of the importance of mental health services within the community. Our organization has responded proactively by continuing to establish policies and procedures, conducting risk assessments, and implementing personalized treatment planning to better meet the unique needs of our clients. While challenges have been encountered, our commitment to hiring a bilingual clinician and addressing retention through competitive compensation reflects our dedication to enhancing our staff and services. Overall, we have met our goals and contractual obligations this fiscal year. Our successes this fiscal year have solidified our position as a leading mental health provider in the community, and we look forward to building upon these achievements in the future.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to higher level of care within ACBH system (i.e., mental health treatment services):	6
E.2: Unduplicated number of individuals with severe mental illness referred to higher level of care outside ACBH system (i.e., mental health treatment services):	2
E.3: Types of treatment individuals were referred to (list types below):	
Outpatient Individual Therapy, Domestic Violence Group, Substance Use Treatment, Psychiatry	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	3

E.5: Average duration of untreated mental illness in weeks:	1
E.6: Average number of days between referral and first participation in referred treatment program:	3-5
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
TAY, African American and Latinx	
F.2: Number of paper referrals to an ACBH PEI-funded program:	42
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	29
F.4: Average number of days between referral and first participation in referred PEI program:	3-5
F.5: Describe how your program encouraged access to services and follow through on above referrals: To track the success of the referral process, we have a system for monitoring and evaluating the outcomes of referrals. This evaluation involved tracking client attendance and engagement with external services, assessing client satisfaction, and identifying any potential barriers to access.	

Box G: For <u>Outreach, Suicide Prevention, and Stigma Reduction</u> programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. *(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)*	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):
NA	NA

PEI: Stigma and Discrimination Reduction Programs

MHSA Program #	**PEI 4**
PROVIDER NAME	**Peers Envisioning and Engaging in Recovery Services (PEERS)**
PROGRAM NAME	**Stigma & Discrimination Reduction Campaign- "Everyone Counts"**

2023 - 2024

Program Outcomes & Impact Data Report

Program Name:	**Stigma & Discrimination Reduction Campaign- "Everyone Counts"**
Organization:	**Peers Envisioning and Engaging in Recovery Services (PEERS)**
Type of Report:	**Annual Data Report**
PEI Category:	**Stigma & Discrimination Reduction**

Priority Area (place an X next to all that apply):	
	Childhood Trauma
	Early Psychosis
X	Youth/TAY Outreach & Engagement
X	Cultural & Linguistic
X	Older Adults
	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on <u>reducing</u> the seven negative outcomes that may result from untreated mental illness.	
X	Suicide
	Incarceration
	School failure or dropout
	Unemployment
X	Prolonged suffering
	Homelessness
	Removal of children from their homes

Box A: <u>Brief</u> program description.
The Everyone Counts Campaign (ECC) is multi-strategy program that reduces stigma and discrimination against people living with mental health conditions and promotes social inclusion through three strategies: Empowerment of people with mental health experiences through peer support (Lift Every Voice and Speak speakers' bureau, TAY Wellness, Black Wellness and Resilience, HOPE Asian American Healing Circles, Buried in Treasures hoarding and cluttering groups, and Special Messages groups), Outreach (LEVS speaking engagements, Latine Community Mental Wellness ECC--including action team

and anti-stigma support groups, and outreach events), and Communications (website, email, social media).

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness:	319
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	
Number of unduplicated individual family members served indirectly by your program:	
Grand total of unduplicated individuals served:	319

Box C: Demographics of individuals served this fiscal year through MHSA funding:

AGE CATEGORIES	
Children/Youth (0-15 yrs.)	
Transition Age Youth (16-25 yrs.)	39
Adult (26-59 yrs.)	38
Older Adult (60+ yrs.)	27
Declined to answer	
Unknown	215
TOTAL	319

SEXUAL ORIENTATION	
Gay/Lesbian	4
Heterosexual/Straight	39
Bisexual	10
Questioning/Unsure	3
Queer	6
Declined to answer	5
Unknown	246
Another group not listed	6
TOTAL	319

If another group is counted, please specify with numbers: She/her (1), female (1), male (1), demisexual (1), pansexual (1), other (1)

VETERAN STATUS	
Yes	2
No	76
Declined to answer	
Unknown	241
TOTAL	319

CURRENT GENDER IDENTITY	
Female	109
Male	42
Transgender	
Genderqueer	2
Questioning/unsure of gender identity	1
Declined to answer	
Unknown	161
Another identity not listed	4
TOTAL	319

If another group is counted, please specify with numbers: Nonbinary (4)

PRIMARY LANGUAGE	
English	54
Spanish	18
Cantonese	4
Chinese	1
Vietnamese	
Farsi	
Arabic	
Tagalog	1
Declined to answer	
Unknown	232
Other languages not listed	9
TOTAL	319

SEX ASSIGNED AT BIRTH	
Male	

ETHNITICY/CULTURAL HERITAGE (choose one)
If Hispanic or Latino, please specify:

Female		Caribbean	2
Declined to answer		Central American	2
Unknown	319	Mexican/Mexican American/Chicano	10
TOTAL	319	Puerto Rican	
Male		South American	
		Another Hispanic/Latino ethnicity not listed	2
DISABILITY STATUS		**Total Hispanic or Latino**	**16**
Communication Domain		**If Non-Hispanic or Non-Latino, please specify:**	
Vision		African	1
Hearing/Speech		African American	8
Another type not listed		Asian Indian/South Asian	6
Communication Domain Subtotal		Cambodian	
Disability Domain		Chinese	4
Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)	2	Eastern European	1, 1, 8
		European	
		Filipino	
Physical/mobility	4	Japanese	2
Chronic health condition	1	Korean	
Disability Subtotal	7	Middle Eastern	
None	38	Vietnamese	
Declined to answer		Other Non-Hispanic or Non-Latino ethnicity not listed	2
Unknown	235	**Total Non-Hispanic or Non-Latino:**	33
Another disability not listed	32	More than one ethnicity	8
TOTAL	319	Unknown ethnicity	262
If another disability is counted, please specify with numbers: Unspecified (21), bipolar (2), PTSD (1), mental health (4), depression/anxiety (1), schizoaffective (1), emotional challenges (1), trauma (1)		Declined to answer	
		ETHNICITY TOTAL	319
RACE		If **another ethnicity** is counted, please specify with numbers: Latino (2),	
American Indian or Alaska Native	3	If **another race** is counted, please specify with numbers: More than one race (9), Latino or Hispanic (23), Other unspecified (3)	
Asian	25		
Black or African American	60		
Native Hawaiian or another Pacific Islander			
White	35		
Other Race	35		
Declined to answer			
Unknown	161		
TOTAL	319		
Box D: Program <u>successes/accomplishments</u> of the past year with one example or case study of a success the agency is particularly proud of.			

This year's accomplishments included strong and enthusiastic participation in Black Wellness and Resilience peer support groups for African Americans, which particularly succeeded in drawing older adults, the launch of the Latine Mental Wellness Everyone Counts Campaign, continued strong engagement with the Lift Every Voice and Speak speakers' bureau, and excellent response to our wellness workshops for transition-age youth.

Participant success: A participant who identifies as a white, gay, cisgender man, 68 years old, living in rent-controlled housing in downtown Oakland, on Social Security but still working part time, was part of PEERS' Buried in Treasures peer support and education group for people with moderate to severe levels of hoarding. His cluttering and hoarding difficulties began 24 years ago after he experienced multiple losses. He came to the program after a traumatic flood in his apartment, which destroyed his belongings and jeopardized his housing security. In his words, "The flooding also shone a harsh light upon how the way I was living had gotten out of control and how my hoarding was disadvantaging/impoverishing me and had taken over." His hoarding created "a cycle of shame, isolation, and self-judgment as well as…hazardous and unsafe living conditions." He shared that the PEERS Buried in Treasures program provided him with "grounding, concrete steps to take, and helped overcome isolation, fostered community, and nurtured commonality." He said that the peer support exchanged in the group countered "the profound isolation that goes hand in hand with hoarding behaviors."

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	0
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	0
E.3: Types of treatment individuals were referred to (list types below):	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	N/A
G.5: Average duration of untreated mental illness in weeks:	N/A
E.6: Average number of days between referral and first participation in referred treatment program:	N/A
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below): We serve mental health consumers, particularly in the Latine/Latin@ community through the Latine Mental Wellness Everyone Counts Campaign, Asian Americans (HOPE ECC campaign) and African Americans (Black Wellness and Resilience), transition-age youth and community members at large (through our anti-stigma campaigns).	
F.2: Number of paper referrals to an ACBH PEI-funded program:	0
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	N/A
F.4: Average number of days between referral and first participation in referred PEI program:	N/A
F.5: Describe how your program encouraged access to services and follow through on above referrals: We referred many participants to multiple PEERS programs, but none of these constituted paper referrals for appointments.	

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. *(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)*	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):
Liberation Through Community	50 primarily Latin@ community members, primarily families
PEERS Wellness Fair	100 community members, primarily mental health consumers
High school wellness fairs (Berkeley, Arise, Alternatives in Action, Arroyo)	101 high school students and their families
Lambda Pride Prom	16 primarily LGBTQ+ youth
Dia de los Muertos	Nearly 100 community members, many of them Latino
Allen Temple Holistic Health Fair	35 members of Allen Temple church and neighbors
NAMI Walk	53 mental health consumers, family members, and friends
La Familia children's event	153 community members, primarily families with children
San Leandro Library Rainbow Resource Fair	27 San Leandro community members
City of Berkeley Be Kind to Your Mind event	50 community members, primarily adult residents of Berkeley

PEI : Suicide Prevention

MHSA Program #	**PEI 12**
PROVIDER NAME	**Crisis Support Services of Alameda County**
PROGRAM NAME	**Community Education**

2023 – 2024

Program Outcomes & Impact Data Report

Program Name:	**Community Education**
Organization:	**Crisis Support Services of Alameda County**
Type of Report:	**Annual Data Report**
PEI Category:	**Suicide Prevention**

Priority Area (place an X next to all that apply):	
	Childhood Trauma
	Early Psychosis
X	Youth/TAY Outreach & Engagement
	Cultural & Linguistic
	Older Adults
X	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on reducing the seven negative outcomes that may result from untreated mental illness.	
X	Suicide

	Incarceration
	School failure or dropout
	Unemployment
	Prolonged suffering
	Homelessness
	Removal of children from their homes

Box A: Brief program description.
The goal of our Community Education Program is to raise awareness that suicide is a public health issue and that our community is a natural safety net for those that are vulnerable to suicide risk. Providing education & training increases knowledge of suicide warning signs, risk and protective factors, and how to help. Another goal is to eliminate the stigma associated with suicide by talking about this openly and increasing the comfort level of our community to engage and provide support.

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness:	18158
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	n/a
Number of unduplicated individual family members served indirectly by your program:	102
Grand total of unduplicated individuals served:	18260

Box C: Demographics of individuals served this fiscal year through MHSA funding:

AGE CATEGORIES	
Children/Youth (0-15 yrs.)	1742
Transition Age Youth (16-25 yrs.)	132
Adult (26-59 yrs.)	76
Older Adult (60+ yrs.)	12
Declined to answer	268
Unknown	16030
TOTAL	18260

SEXUAL ORIENTATION	
Gay/Lesbian	39
Heterosexual/Straight	1492
Bisexual	136
Questioning/Unsure	57
Queer	11
Declined to answer	119
Unknown	16355
Another group not listed	51
TOTAL	18260
If another group is counted, please specify with numbers:	

VETERAN STATUS	
Yes	13
No	85
Declined to answer	1
Unknown	18161
TOTAL	18260

CURRENT GENDER IDENTITY	
Female	974
Male	951
Transgender	10
Genderqueer	0
Questioning/unsure of gender identity	20
Declined to answer	30

PRIMARY LANGUAGE	
English	88
Spanish	4
Cantonese	0
Chinese	0
Vietnamese	0
Farsi	0
Arabic	0
Tagalog	4
Declined to answer	2
Unknown	18161
Other languages not listed	1
TOTAL	18260

Unknown	16252
Another identity not listed	23
TOTAL	
If another group is counted, please specify with numbers: 8	

SEX ASSIGNED AT BIRTH	
Male	62
Female	34
Declined to answer	0
Unknown	18164
TOTAL	18260
Male	
DISABILITY STATUS	
Communication Domain	
Vision	0
Hearing/Speech	0
Another type not listed	0
Communication Domain Subtotal	0
Disability Domain	0
Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)	0
Physical/mobility	0
Chronic health condition	4
Disability Subtotal	4
None	88
Declined to answer	3
Unknown	18165
Another disability not listed	0
TOTAL	18260
If another disability is counted, please specify with numbers:	
RACE	
American Indian or Alaska Native	38
Asian	757
Black or African American	107
Native Hawaiian or another Pacific Islander	18
White	296

ETHNITICY/CULTURAL HERITAGE (choose one)	
If Hispanic or Latino, please specify:	
Caribbean	5
Central American	21
Mexican/Mexican American/Chicano	333
Puerto Rican	15
South American	15
Another Hispanic/Latino ethnicity not listed	47
Total Hispanic or Latino	**436**
If Non-Hispanic or Non-Latino, please specify:	
African	9
African American	76
Asian Indian/South Asian	393
Cambodian	6
Chinese	184
Eastern European	20
European	79
Filipino	79
Japanese	7
Korean	23
Middle Eastern	38
Vietnamese	39
Other Non-Hispanic or Non-Latino ethnicity not listed	44
Total Non-Hispanic or Non-Latino:	997
More than one ethnicity	220
Unknown ethnicity	17188
Declined to answer	75
ETHNICITY TOTAL	18260
If another ethnicity is counted, please specify with numbers:	
If another race is counted, please specify with numbers:	

Other Race	289	
Declined to answer	60	
Unknown	16695	
TOTAL	18260	

Box D: Program successes/accomplishments of the past year with one example or case study of a success the agency is particularly proud of.
1 - Our Bilingual Community Education Trainer got certified to be an Instructor for MHFA - Spanish and provided 3 in-person trainings with community members. These efforts have been in collaboration with a community partner, MHAAC and it's been a great partnership! 2 - Our healthcare program applied to be a provider for CEs for nurses which has already resulted in increased registration and attendance 3 - Our TFL program worked in partnership with youth at 2 schools and provided guidance to youth who created video vignettes that will be incorporated into the youth curriculum. While it's a new component of the curriculum, positive feedback has already been received on its use in the classroom right before the end of the school year.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	n/a
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	n/a
E.3: Types of treatment individuals were referred to (list types below):	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	n/a
G.5: Average duration of untreated mental illness in weeks:	n/a
E.6: Average number of days between referral and first participation in referred treatment program:	n/a
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
F.2: Number of paper referrals to an ACBH PEI-funded program:	n/a
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	n/a
F.4: Average number of days between referral and first participation in referred PEI program:	n/a
F.5: Describe how your program encouraged access to services and follow through on above referrals:	

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. ***(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)***	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at

	schools, & 1 police officer at a school.) (100 Characters):
Schools	**11, 735 youth, 195 teachers, 147 School MH staff, 72 parents, caregivers, and guardians**
Law Enforcement Settings	**260 LE Officers and Dispatchers**
College settings	**180 College students and faculty**
Correctional Settings	**362 civilian staff**
Healthcare settings	**363 Providers**

MHSA Program # **PEI12**
PROVIDER NAME **Crisis Support Services of Alameda County**
PROGRAM NAME **Text Line Program**
2023 - 2024

Program Outcomes & Impact Data Report

Program Name:	**Text Line Program**
Organization:	**Crisis Support Services of Alameda County**
Type of Report:	**Annual Data Report**
PEI Category:	**Suicide Prevention**

Priority Area (place an X next to all that apply):

	Childhood Trauma
	Early Psychosis
X	Youth/TAY Outreach & Engagement
	Cultural & Linguistic
	Older Adults
X	Early Identification of MH Illness

Outcomes (place an X next to all that apply): Programs focus on <u>reducing</u> the seven negative outcomes that may result from untreated mental illness.

X	Suicide
	Incarceration
	School failure or dropout
	Unemployment
	Prolonged suffering
	Homelessness
	Removal of children from their homes

Box A: <u>Brief</u> program description.

The program provides brief crisis intervention and emotional support to individuals via chat/text/sms modality with emphasis on suicide assessment of participating community members including school aged youth and TAY.

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness:	0
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	0
Number of unduplicated individual family members served indirectly by your program:	0
Grand total of unduplicated individuals served:	3369
Box C: Demographics of individuals served this fiscal year through MHSA funding:	

AGE CATEGORIES	
Children/Youth (0-15 yrs.)	353
Transition Age Youth (16-25 yrs.)	1094
Adult (26-59 yrs.)	840
Older Adult (60+ yrs.)	33
Declined to answer	0
Unknown	2621
TOTAL	4941

SEXUAL ORIENTATION	
Gay/Lesbian	12
Heterosexual/Straight	76
Bisexual	301
Questioning/Unsure	0
Queer	6
Declined to answer	1
Unknown	4545
Another group not listed	0
TOTAL	4941
If another group is counted, please specify with numbers:	

VETERAN STATUS	
Yes	2
No	2
Declined to answer	0
Unknown	4937
TOTAL	4941

PRIMARY LANGUAGE	
English	4916
Spanish	3
Cantonese	0
Chinese	0
Vietnamese	1
Farsi	0
Arabic	0
Tagalog	0
Declined to answer	0
Unknown	21
Other languages not listed	0
TOTAL	4941

CURRENT GENDER IDENTITY	
Female	1062
Male	323
Transgender	4
Genderqueer	18
Questioning/unsure of gender identity	2
Declined to answer	0
Unknown	3522
Another identity not listed	10
TOTAL	4941
If another group is counted, please specify with numbers: 10	

SEX ASSIGNED AT BIRTH	
Male	624
Female	67
Declined to answer	0
Unknown	4250
TOTAL	4941
DISABILITY STATUS	
Communication Domain	
Vision	0
Hearing/Speech	0

ETHNITICY/CULTURAL HERITAGE (choose one)	
If Hispanic or Latino, please specify:	
Caribbean	0
Central American	0
Mexican/Mexican American/Chicano	1
Puerto Rican	0
South American	0
Another Hispanic/Latino ethnicity not listed	5
Total Hispanic or Latino	**6**
If Non-Hispanic or Non-Latino, please specify:	
African	153
African American	23

Another type not listed	0	Asian Indian/South Asian	25
Communication Domain Subtotal	0	Cambodian	0
Disability Domain		Chinese	0
Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)	0	Eastern European	0 0 3
		European	
		Filipino	
Physical/mobility	10	Japanese	0
Chronic health condition	169	Korean	0
Disability Subtotal	179	Middle Eastern	0
None	0	Vietnamese	1
Declined to answer	2	Other Non-Hispanic or Non-Latino ethnicity not listed	1
Unknown	4646	**Total Non-Hispanic or Non-Latino:**	206
Another disability not listed	118	More than one ethnicity	1
TOTAL	4941	Unknown ethnicity	4728
If another disability is counted, please specify with numbers: 118		Declined to answer	0
		ETHNICITY TOTAL	4941
		If another ethnicity is counted, please specify with numbers: 1	
RACE			
American Indian or Alaska Native	0	If another race is counted, please specify with numbers: 8	
Asian	32		
Black or African American	176		
Native Hawaiian or another Pacific Islander	1		
White	1		
Other Race	8		
Declined to answer	0		
Unknown	4723		
TOTAL	4941		

Box D: Program <u>successes/accomplishments</u> of the past year with one example or case study of a success the agency is particularly proud of.

We experienced tremendous growth in text volume this year from taking 3370 text contacts to taking 5167 text contacts. This is an increase of 53.32% from the year prior. In addition, the number of texters presenting with medium to high risk for suicide increased by 299.26% from the prior year. In response to the significant increase in acuity, text line counselors provided continued care and crisis counseling, resulting in a 296.77% increase of the number of outreach contacts made to texters. To respond to the significant increase in volume, the text line program had to meet the administrative needs of staffing, training, and supervision. Here are some examples of changes we have made to meet these increases in volume, hours, and level of acuity.

There has been an astounding rise in the number of outreaches offered to text/chat contacts. This is an increase of 296.77% from the year prior. There is a 253.21% increase in contacts speaking to basic needs such as homeless issues, employment, and transportation. There is also an upward spike by 300% of contacts speaking to health concerns from the past year. To meet the infrastructure requirements of this growth in our program services, we hired 6 staff and recruited 1 intern and 6 volunteers in this past fiscal year. Text line counselors are additionally trained in both phone and text crisis counseling, so they

can offer both outreach calls as well as outreach texts.

We have increased accessibility to our program services. Our local text line hours and our 988 chat/text services on the CA-statewide queue have expanded to 24 hours, 7 days a week since February 20, 2024.

We increased providing supervision for staff and text volunteers. Staff are provided a weekly group supervision in the form of a pod of up to 8 counselors with either the Text Line Manager or Coordinator as facilitator. Volunteers are offered a volunteer support group in the form of a monthly drop-in virtual space facilitated by a Text Line Shift Supervisor to connect, share, and learn from other text volunteers.

To help keep the text line counselors up to date on program announcements, a weekly newsletter is sent to all counselors in the program.

To stay up to date with transitioning to Unified Platform for 988 Lifeline chat/text, the Text Line Manager and Coordinator created a training checklist and separate flowcharts for chat vs text contacts detailing steps to take from least invasive to emergency procedures.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	NA
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	NA
E.3: Types of treatment individuals were referred to (list types below):	
NA	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	NA
G.5: Average duration of untreated mental illness in weeks:	NA
E.6: Average number of days between referral and first participation in referred treatment program:	NA
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
TAY	
F.2: Number of paper referrals to an ACBH PEI-funded program:	NA
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	NA
F.4: Average number of days between referral and first participation in referred PEI program:	NA
F.5: Describe how your program encouraged access to services and follow through on above referrals: Medium to high-risk clients are rated a 3 or above by counselor to be at risk of suicide. We offer an outreach text or call session to confirm if the texter completed the referral. We also refer anyone of a suicide risk of 3 or above to our Lifeline Follow-Up Program.	

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. ***(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)***	
Number of Respondents	**12 staff, 1 intern, 5 volunteers**

Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):
Text Line Service	18 Text Line counselors

MHSA Program # **PEI12**
PROVIDER NAME **Crisis Support Services of Alameda County**
PROGRAM NAME **Trauma Informed Counseling**
2023 - 2024

Program Outcomes & Impact Data Report

Program Name:	**Trauma Informed Counseling (Clinical Department)**	
Organization:	**Crisis Support Services of Alameda County**	
Type of Report:	**Annual Data Report**	
PEI Category:	**Suicide Prevention**	
Priority Area (place an X next to all that apply):		
		Childhood Trauma
		Early Psychosis
		Youth/TAY Outreach & Engagement
		Cultural & Linguistic
	X	Older Adults
	X	Early Identification of MH Illness
Outcomes (place an X next to all that apply): Programs focus on <u>reducing</u> the seven negative outcomes that may result from untreated mental illness.		
	X	Suicide
		Incarceration
	X	School failure or dropout
	X	Unemployment
	X	Prolonged suffering
	X	Homelessness
		Removal of children from their homes

Box A: <u>Brief</u> program description.
Our program provided individual, group, and family therapy to underserved members of Alameda County. We also provide community grief events to support programs, schools, or families following an unexpected death. Our services are provided at a sliding scale, and no one is turned away for lack of funds. We receive referrals from a variety of community partners, including COST teams at our partner schools.

Box B: Number of Individuals served this fiscal year through MHSA funding.	
# of unduplicated individuals served who are at risk of developing a serious mental illness:	184
Number of unduplicated individuals served who show early signs of forming a more severe mental illness:	
Number of unduplicated individual family members served indirectly by your program:	
Grand total of unduplicated individuals served:	184

Box C: Demographics of individuals served this fiscal year through MHSA funding:	
AGE CATEGORIES	**SEXUAL ORIENTATION**

Children/Youth (0-15 yrs.)	32
Transition Age Youth (16-25 yrs.)	12
Adult (26-59 yrs.)	67
Older Adult (60+ yrs.)	40
Declined to answer	
Unknown	137
TOTAL	264

Gay/Lesbian	27
Heterosexual/Straight	93
Bisexual	3
Questioning/Unsure	
Queer	1
Declined to answer	5
Unknown	129
Another group not listed	
TOTAL	135
If another group is counted, please specify with numbers:	

VETERAN STATUS	
Yes	
No	190
Declined to answer	
Unknown	74
TOTAL	264

PRIMARY LANGUAGE	
English	95
Spanish	6
Cantonese	
Chinese	
Vietnamese	
Farsi	
Arabic	
Tagalog	1
Declined to answer	
Unknown	163
Other languages not listed	
TOTAL	264

CURRENT GENDER IDENTITY	
Female	90
Male	37
Transgender	8
Genderqueer	
Questioning/unsure of gender identity	
Declined to answer	
Unknown	129
Another identity not listed	
TOTAL	264
If another group is counted, please specify with numbers:	

SEX ASSIGNED AT BIRTH	
Male	
Female	
Declined to answer	
Unknown	264
TOTAL	264
Male	

ETHNITICY/CULTURAL HERITAGE (choose one)	
If Hispanic or Latino, please specify:	
Caribbean	
Central American	
Mexican/Mexican American/Chicano	
Puerto Rican	
South American	
Another Hispanic/Latino ethnicity not listed	
Total Hispanic or Latino	

DISABILITY STATUS	
Communication Domain	
Vision	6
Hearing/Speech	6
Another type not listed	

If Non-Hispanic or Non-Latino, please specify:	
African	
African American	
Asian Indian/South Asian	

Communication Domain Subtotal		Cambodian	
Disability Domain		Chinese	
Cognitive (**exclude** mental illness; **include** learning, developmental, dementia, etc.)	3	Eastern European	
		European	
		Filipino	
Physical/mobility	13	Japanese	
Chronic health condition	5	Korean	
Disability Subtotal		Middle Eastern	
None	49	Vietnamese	
Declined to answer	1	Other Non-Hispanic or Non-Latino ethnicity not listed	
Unknown	101	**Total Non-Hispanic or Non-Latino:**	
Another disability not listed		More than one ethnicity	
TOTAL	184	Unknown ethnicity	264
If another disability is counted, please specify with numbers:		Declined to answer	
		ETHNICITY TOTAL	264
		If another ethnicity is counted, please specify with numbers:	
RACE			
American Indian or Alaska Native	2	If another race is counted, please specify with numbers:	
Asian	17		
Black or African American	40		
Native Hawaiian or another Pacific Islander	0		
White	54		
Other Race			
Declined to answer	3		
Unknown	148		
TOTAL	264		

Box D: Program successes/accomplishments of the past year with one example or case study of a success the agency is particularly proud of.

We decided to pilot a new intervention that we refer to internally as a "grief bridge", which is a short term, 6-to-8-week session model that is offered by an intern or staff immediately following contact with the clinical coordinator. The first recipient of this intervention was a 59-year-old woman who lost her husband to suicide three weeks prior. An MSW intern agreed to provide short term therapy focused on stabilization and managing the initial trauma reaction. The client reported that she was not actively suicidal but "did not see a way forward". As with many suicide loss survivors, the client struggled with stigma that impaired her ability to receive social support and experienced a high level of self-blame that complicated her bereavement experience. She was highly responsive to the intern's humanistic and compassionate approach and was transferred to another clinician for longer term therapy once a space was made available.

Box E: For programs that refer individuals with severe mental illness, please provide information for the categories below:	
E.1: Unduplicated number of individuals with severe mental illness referred to a higher level of care within ACBH system (i.e., mental health treatment services):	
E.2: Unduplicated number of individuals with severe mental illness referred to a higher level of care outside ACBH system (i.e., mental health treatment services):	

E.3: Types of treatment individuals were referred to (list types below):	
E.4: Unduplicated number of individuals who participated in referred program at least one time:	
G.5: Average duration of untreated mental illness in weeks:	
E.6: Average number of days between referral and first participation in referred treatment program:	
Box F: For programs that work to improve timely access to mental health services for underserved populations, please provide information on the categories below:	
F.1: Who is/are the underserved target population(s) your program is serving (e.g., TAY, Southeast Asian) (list types below):	
F.2: Number of paper referrals to an ACBH PEI-funded program:	
F.3: Unduplicated number of individuals who participated in referred PEI-program at least one time:	
F.4: Average number of days between referral and first participation in referred PEI program:	
F.5: Describe how your program encouraged access to services and follow through on above referrals:	

Box G: For Outreach, Suicide Prevention, and Stigma Reduction programs, please provide information for unduplicated potential responders (i.e., those who can identify early signs of potentially severe mental illness provide support, and or refer individuals who need treatment) reached. ***(Note: For Prevention, Early Intervention, Access & Linkage programs, this section is optional.)***	
Number of Respondents	
Types of settings (e.g., schools, senior centers, churches, etc.) (100 Characters):	Types of responders (e.g., 2 nurses at schools, 15 parents at community centers, 15 teachers at schools, & 1 police officer at a school.) (100 Characters):
Schools, outpatient, in-home, library	**mental health interns**

Community Health Assessment – PRE

If you **cannot** complete this survey, please indicate reason:

□ No time
□ Refused
□ Not interested
□ Language unavailable
□ Other reason not listed
_____

Please help us learn more about you by answering the questions below. Read each one carefully and then check the box that best represents how you feel about the statement. Your participation is voluntary, anonymous, and will not affect your ability to receive services or support.

Agency/Program: _____ **Date:** Month ☐☐ Day ☐☐ Year ☐☐☐☐

1. What services or supports do you need at this moment? (Check all that apply)

☐ Mental Health/Emotional Wellness (need help with any of the following: stress, anxiety, depression, self-harm, grief, fear, etc.)

☐ Access to Legal Resources (victim of a crime, immigration, intimate partner violence, probation, etc.)

☐ Access to Health Insurance

☐ Access to Referrals and Resources (food, school, jobs, housing, benefits, etc.)

☐ Connection with my Culture and/or Community

☐ Relationships with Family, Parent, Spouse, or Child

☐ Wellness/Self Care/Physical Health

☐ Dealing with Substance Misuse (alcohol or other substances)

Please answer the following questions about your health.	0 days	1-2 days	3-5 days	6+ days	Not sure
2. In the past two weeks, about how many days have you noticed physical sensations that are concerning (headaches, upset stomach, body aches/pains, skin irritation, trouble breathing, trouble sleeping, etc.) or have not been feeling well physically?	☐	☐	☐	☐	☐
3. In the past two weeks, about how many days have you noticed feelings that are concerning (sadness, hopelessness, homesickness, worries, heartache, nervousness, etc.) or have not been feeling well emotionally?	☐	☐	☐	☐	☐
4. In the past two weeks, about how many days did you have trouble or challenges carrying out your daily routine (for example, cooking, working, going to school, seeing family, or enjoying life)?	☐	☐	☐	☐	☐

5. How would you rate your overall health?

☐ Excellent ☐ Very Good ☐ Fair ☐ Not Good ☐ Not sure

If you are comfortable, please say more about why you chose this answer in the space below: (For example, happy, able to do physical activities, eating healthy, thinking about healthier habits, want to do more physical activity, can't focus, lonely, angry, sad, urge to use substances/alcohol, or body aches/pains).

Community Health Assessment – POST

If you **cannot** complete this survey, please indicate reason:

□ No time
□ Refused
□ Not interested
□ Language
□ No longer receiving services
□ Other reason not listed _____

Please help us learn more about you by answering the questions below. Read each one carefully and then check the box that best represents how you feel about the statement. Your participation is voluntary, anonymous, and will not affect your ability to receive services or support.

Agency/Program: _____ **Date:** Month ☐☐ Day ☐☐ Year ☐☐☐☐

1. What services or supports do you need at this moment? (Check all that apply)

☐ Mental Health/Emotional Wellness (need help with any of the following: stress, anxiety, depression, self-harm, grief, fear etc.)
☐ Access to Legal Resources (victim of a crime, immigration, intimate partner violence, probation, etc.)
☐ Access to Health Insurance
☐ Access to Referrals and Resources (food, school, jobs, housing, benefits, etc.)
☐ Connection with my Culture and/or Community
☐ Relationships with Family, Parent, Spouse, or Child
☐ Wellness/Self Care/Physical Health
☐ Dealing with Substance Misuse (alcohol or other substances)

Please answer the following questions about your health.	0 days	1-2 days	3-5 days	6+ days	Not sure
2. In the past two weeks, about how many days have you noticed physical sensations that are concerning (headaches, upset stomach, body aches/pains, skin irritation, trouble breathing, trouble sleeping, etc.) or have not been feeling well physically?	☐	☐	☐	☐	☐
3. In the past two weeks, about how many days have you noticed feelings that are concerning (sadness, hopelessness, homesickness, worries, heartache, nervousness, etc.) or have not been feeling well emotionally?	☐	☐	☐	☐	☐
4. In the past two weeks, about how many days did you have trouble or challenges carrying out your daily routine (for example, cooking, working, going to school, seeing family, or enjoying life)?	☐	☐	☐	☐	☐

5. How would you rate your overall health?

☐ Excellent ☐ Very Good ☐ Fair ☐ Not Good ☐ Not sure

If you are comfortable, please say more about why you chose this answer in the space below: (For example, happy, able to do physical activities, eating healthy, thinking about healthier habits, want to do more physical activity, can't focus, lonely, angry, sad, urge to use substances/alcohol, or body aches/pains, etc.).

6. In your own words, describe three ways you or your life has changed since you have been working with your counselor.

WELLNESS • RECOVERY • RESILIENCE

PEI Participant Survey
English v2023

Thank you for taking the time to complete this survey. When answering the questions, please think about your experiences in any of the following:

- **workshop(s) or community event(s) you attended**
- **group(s) you participated in**
- **and/or on-going support you have received.**

If you have participated in this program for a long time or just once, your feedback is valuable to us. Taking this survey is voluntary and will not affect your ability to receive services or support. Your responses will remain anonymous and will be used to improve the quality of programs.

* **Agency/Program:**

Date

Month, Day, Year

Date

MM/DD/YYYY

If you **cannot** complete this survey, please indicate reason:

- ◯ No time
- ◯ Refused
- ◯ Not interested
- ◯ Language unavailable
- ◯ Other reason not listed:

Please check off the appropriate response.

Because of the services and supports I've received in this program or group(s)/workshop(s)/event(s)...

	Yes	Somewhat	No	Not Applicable
1. I am more prepared to seek out support when I need it.	○	○	○	○
2. I have someone to turn to when I need to talk about my problems.	○	○	○	○
3. I have learned more ways to manage stress or emotional challenges.	○	○	○	○
4. I feel like I am part of a community.	○	○	○	○
5. I feel better about my life.	○	○	○	○
6. I am more aware of the resources in my community.	○	○	○	○

Please tell us more about you.

Race/Ethnicity:

Age:

City Where You Live:

Gender:

alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES
Mental Health Services Act (MHSA)
Alameda County Behavioral Health

2000 Embarcadero Cove, Suite 400
Oakland, California 94606
(510) 567-8100 / TTY (510) 533-5018

Alameda County Behavioral Health
Monitoring Checklist for
Prevention and Early Intervention (PEI) Provider Virtual Site Visits

Provider Program-Specific / ACBH Staff Information			
Provider Name		**Date of Virtual Site Visit**	
Program Name(s)		**Site Address**	
Site Manager Name / Title		**Lead ACBH Staff**	☐Kelly Robinson, PEI Coordinator ☐Claudia Sanchez, PEI Program Specialist
Phone / Fax Number		**Other Provider or ACBH Staff Present (Name/Title)**	
Email Address			

Instructions:

1. Please complete a thorough "self- check" using this Monitoring Tool in lieu of submitting all documents up front as evidence of compliance. In the column named "**Action/Task for Provider**," you will find suggestions on how and what to review to confirm (and mark "yes") that your program/agency is in compliance. You may add brief comments/notes in this column as well.
2. For each item, please mark checkbox ☒for **Yes**, **No**, or **N/A**. Do not change or edit this column.
    a. For areas in which you indicate compliance (i.e. mark "Yes"), ACBH will request that a selection of those documents be emailed to us **one week after** the virtual site visit.
    b. In areas where "no" is marked, ACBH staff will provide technical assistance and discuss a timeline for submission of evidence **during** the virtual site visit.
3. Submit this completed checklist to ACBH staff **3 working days prior** to your virtual site visit. **No additional documents** need to be sent at this point.
4. During the virtual site visit, there will be time to highlight your program's accomplishments and challenges.
5. Please feel free to reach out to Kelly at Kelly.Robinson@acgov.org or Claudia at ClaudiaIvette.Sanchez@acgov.org with any questions about this process.

A. Compliance with required postings and site safety	Yes	No	Action/Task for Provider (Add brief comments/notes below if needed)
1. ACBH grievance posters prominently posted for clients	☐	☐	*If not posted, here is the copy/link to materials (http://www.acbhcs.org/providers/Forms/SUD/Grievance_Appeal_Poster.pdf).*
2. No observable safety or accessibility issues with site	☐	☐	*Review site for any observable safety issues for clients and families (especially young children), i.e., trip hazards, excessive temperatures, exits clearly marked, etc. If there are any concerns, please document, request immediate resolution, and inform ACBH staff of status.*
3. Access to services and reasonable accommodation for people with disabilities	☐	☐	*Conduct a visual inspection, in particular inspections around ADA access, and the status. If ADA issues are identified, provider must address and inform ACBH upon resolution.*
4. Implementation of services and training of staff around culturally and linguistically appropriate services (CLAS)	☐	☐	*Review documents that confirm dates of CLAS Standards trainings that staff have attended as evidence. May include additional evidence of CLAS implementation beyond training.*

B. Evidence of required data collection	Yes	No	N/A	Action/Task for Provider (Add brief comments/notes below if needed)
1. Registration/sign-in kiosk, sign-in sheets, other data collection protocols in place/being used to document program activities and collect demographic data	☐	☐		*Review copy of blank sign in or intake sheet with demographic information asked of participants as evidence.*
2. **For UELP providers and other Early Intervention Programs only:** Procedures regarding InSyst, Clinicians Gateway, and other data collection requirements per contract	☐	☐	☐	*Review written instructions, protocols for program staff used to document and check the accuracy of service documentation prior to entry into the electronic data entry system as evidence.*
3. System in place for monitoring and tracking attendance of the clients in your program to ensure non-duplication of clients	☐	☐		*Review written instructions, protocols for program staff on how to separate PEI funded participants from other programs as evidence.*
4. Submission of Annual PEI Data Report for the prior year in a timely manner *Note: For UELP Providers, this report is named "UELP Annual Report"*	☐	☐		*Confirm that Annual PEI Data Report (or UELP Annual Report) was submitted and uploaded by July 31 as evidence.*

5. Submission of PEI Evaluation report for the prior year in a timely manner *Note: This item does not apply for UELP Providers*	☐	☐	☐	*Confirm that Annual PEI Evaluation Report was submitted and uploaded by July 31 as evidence.*
6. **For UELP Providers only:** Submitting or entering the following data in a timely manner: a. Entering Clinicians Gateway data b. Completing and submitting MAA/ISLs c. Closing/Opening Insyst episodes d. Completing PEI Maintenance Screen in InSyst e. Completing and Submitting Client Satisfaction Surveys f. Completing and Submitting Pre/Post Health Assessment for Preventive Clients	☐	☐	☐	*Review internal agency protocols, instructions, etc. on timelines/deadlines regarding the submission and entering of the data listed as evidence.*

C. Compliance with staffing/personnel requirements	Yes	No	Action/Task for Provider (Add brief comments/notes below if needed)
1. Written job descriptions	☐	☐	*Review job descriptions as evidence.*
2. Written code of conduct	☐	☐	*Review code of conduct and/or personnel manual as evidence. Should include clauses re: use of alcohol/drugs; scope of services; confidentiality; cooperation w/investigations; conflict of interest; prohibition against discrimination, harassment & inappropriate sexual conduct.*

D. Compliance with confidentiality requirements	Yes	No	Action/Task for Provider (Add brief comments/notes below if needed)
1. Double-locked client charts and records, and no loose client charts	☐	☐	*Conduct visual inspection as evidence.*
2. Locked computers in non-secure areas	☐	☐	*Conduct visual inspection as evidence.*

D. Compliance with confidentiality requirements	Yes	No	Action/Task for Provider (Add brief comments/notes below if needed)
3. Password changes every 90 days	☐	☐	*Review policy & procedure as evidence.*
4. Secure/encrypted emails (that include a warning banner)	☐	☐	*Review a secure/encrypted email to ensure that warning banner is in place stating that: data is confidential, systems are logged, system use if for business purposes only by authorized users, and direction to users to log off the system if they do not agree with these requirements as evidence. (p. 26, Section J. of Privacy and Security Provisions).*
5. Participant Consent/Confidentiality Statement	☐	☐	*Review paperwork (which includes signatures) that explains consent to services, participant rights and grievances, and issues of confidentiality and safety as evidence.*

E. Documentation of program implementation (Note: For providers who have more than one PEI program, please provide evidence per each program)	Yes	No	N/A	Action/Task for Provider (Add brief comments/notes below if needed)
What PEI category is/are your program(s)? Mark all that apply.				☐Access and Linkage ☐Stigma and Discrimination Reduction ☐Outreach for Increasing Recognition ☐Prevention ☐Early Intervention ☐Suicide Prevention
1. Evidence-based practice standard, promising practice standard, community and/or practice-based evidence standard being implemented	☐	☐	☐	*Review documentation of the standard that program is implementing (i.e. curriculum or other lesson/activity plan and supporting documentation) as evidence.*
2. Program designed, implemented, and promoted in ways that: • Create access and linkage to treatment? • Improve timely access to mental health services for individuals, families, and/or underserved populations?	☐	☐	☐	*Review any program guidelines, policy, etc. as evidence.*

• Use non-stigmatizing and non-discriminatory language and activities?				
3. Process of referring participants to mental health treatment for clients that need such services	☐	☐	☐	*Review any program guidelines, policy, etc. as evidence.*

F. Compliance with additional requirements of program design	**Yes**	**No**	**N/A**	Action/Task for Provider **(Add brief comments/notes below if needed)**
1. Use of ACBH and Prop 63 logos on all promotions	☐	☐		*Review flyers, promotional materials, etc. as evidence.*
2. Ongoing program evaluation and improvement activities	☐	☐		*Review program guidelines, practices, policies, etc. that provider monitors their program, and identifies problems, challenges, and / or opportunities for improvement as evidence. Examples include documentation of staff productivity reports and monitoring, satisfaction surveys, staff training.*
3. **For UELP Providers only:** ACBH's PEI system is required under MHSA funding to serve 51% of clients who are under 26 years of age. Does your programming… a. include outreach and engagement of participants under 26 years of age? Do your data collection mechanisms accurately collect and input participants by age? b. serve at least 75% of participants that identify as part of your priority population	☐	☐	☐	*Review data reports from Clinician's Gateway and/or internal program tracking mechanism as evidence.*

Please use the space below to provide three program highlights that you would like to discuss at the site visit. **Optional: In addition, please share any additional comments. If referring to an item on this check list, please indicate the number of the item (i.e. C.2. Or F.1.) along with your comment.**
Program Highlights: 1) 2)

Please use the space below to provide three program highlights that you would like to discuss at the site visit. **Optional: In addition, please share any additional comments. If referring to an item on this check list, please indicate the number of the item (i.e. C.2. Or F.1.) along with your comment.**
3) **(Optional) Additional comments:**

G. Other TA Resources and hyperlinks
☐ Information Systems Requirements, including Required Language for Secure/Encrypted Warning Banner
☐ ACBH Grievance Poster, at http://www.acbhcs.org/providers/Forms/SUD/Grievance_Appeal_Poster.pdf

For ACBH staff use only.

Additional comments or required follow up (post-virtual visit) for provider:

List of documents requested for review:

List of documents received:

List of documents unavailable or in process to submit and deadline (by when):

Documents Requested Submitted on: