MENTAL HEALTH SERVICES ACT

Prevention & Early Intervention Three-Year Evaluation

Fiscal Years 2021-22, 2022-23, 2023-24

SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

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EXECUTIVE SUMMARY

Overview

San Mateo County Behavioral Health and Recovery Services (BHRS) funded 23 Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) programs across the fiscal years (FY) covered in this report, FY 2021-2022, FY 2022-2023, and FY 2023-2024. Most PEI programs were delivered by community-based providers that serve children, adults, and older adults, as well as marginalized and diverse populations. In each of the three fiscal years, over 5,000 unduplicated community members per year received services and over 35,000 community members were reached (duplicated). The activities included trainings, psychoeducation workshops, community capacity development, early intervention and short-term treatment services, and cultural events.

Clients Served (unduplicated)

7,524 in FY 2021-22
5,338 in FY 2022-23
5,860 in FY 2023-24

Individuals Reached (duplicated)

36,092 in FY 2021-22
50,965 in FY 2022-23
54,145 in FY 2023-24

Referrals Made

150+ for serious mental illness
85+ for substance use services
1,212+ for other mental health services
3,087+ for other types of services

Outcome Highlights

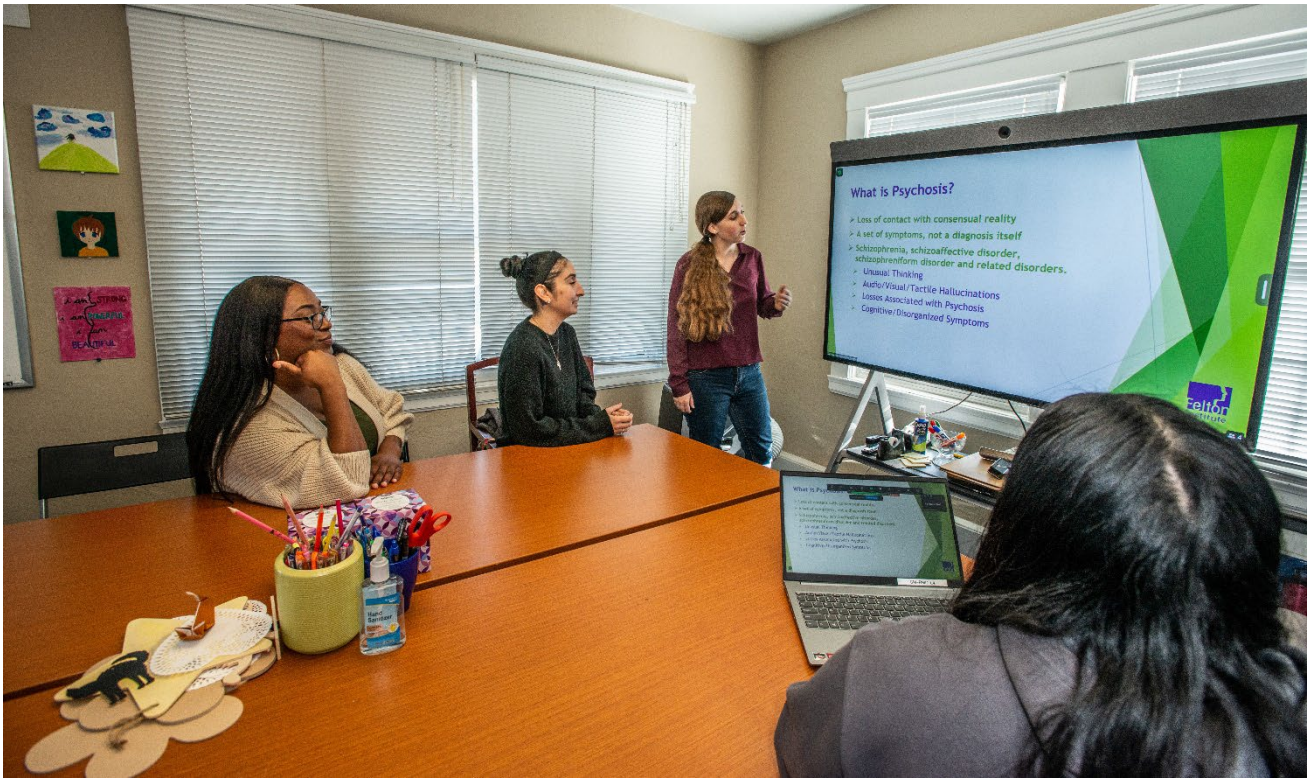
Overall, BHRS's MHSA-funded PEI programs have supported access to services and strengthened general behavioral health by promoting protective factors and reducing stigma around behavioral health and help seeking.

- **Increased knowledge and reduced stigma**. Participants in PEI programs focused on knowledge and stigma showed increases in self-reported knowledge about behavioral health topics and resources and reductions in stigma in all years, generally for the majority of participants and often for the large majority of participants.
- **Strengthened protective factors**. Participants in PEI programs reported increases in protective factors including knowledge and skills around mental health and substance use, coping strategies for strong emotions, and feelings of connection and support among both youth and adult clients/participants, though there was some variation in the proportion of respondents reporting positive results.
- **Increased access to services**. Participants across numerous PEI programs consistently demonstrated increases in their awareness of behavioral health services that they can access, and their ability and willingness to seek services if needed.
- **Consistent delivery of culturally informed programs**. On the whole, participants in PEI programs reported that the programs/trainings/events they attended affirmed their identity, cultural background, and experiences (race, ethnicity, gender, sexual orientation, religion, etc.).
- **Improved general behavioral health**. Self-reported general behavioral health outcomes were overall positive, with a majority of survey respondents in most PEI programs reporting feeling less stressed or better able to manage their symptoms and participate in daily life, though there was some variation in positive outcomes across years, programs, and modalities.
- **Decreased utilization of emergency services**. PEI programs that focused on decreased use of psychiatric emergency services had over 90% success rates in most cases. Programs that used validated instruments to measure a reduction in behavioral health symptoms indicated that the large majority of clients improved their scores or maintained a positive score.

PEI Data and Reporting Recommendations

The following are recommendations as BHRS continues to strengthen data collection and reporting for PEI programs.

1. Continue to increase consistency in existing data collection, specifically:
    a. Where appropriate, work toward greater standardization of indicators reported across programs.
    b. To the extent possible, increase response rates for surveys so that data are more representative of the clients/participants served.
    c. Work to improve consistency and completeness of demographic data collection.
2. Expand qualitative data collection to gather in-depth client perspectives, understand differences in outcomes, and inform opportunities for program improvement.



INTRODUCTION

PREVENTION AND EARLY INTERVENTION

Prevention and Early Intervention (PEI) is one of the five components of the Mental Health Services Act (MHSA). PEI focuses on individuals of all ages prior to the onset of mental illness, with the exception of early onset of psychotic disorders. PEI emphasizes improving timely access to services for underserved populations and reducing the seven negative outcomes of untreated mental illness: suicide, incarcerations, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their homes.

Through PEI, MHSA has supported investments in upstream prevention and early intervention strategies to design and implement community-defined, culturally responsive approaches that reduce risk factors (e.g., serious adverse childhood experiences, ongoing stress, alcohol and drug misuse, domestic violence, experience of racism and social inequality, having a previous suicide attempt, etc.) and increase protective factors (e.g., access to information and resources, stable employment or income, adequate food and housing, education, health care, connectedness and belonging, etc.).[1] Protective factors help reduce the significant personal, family, and social costs of mental health and substance use challenges.[2]

PEI programs (19% of funding allocation since inception, 51% of which funds programs for children and youth) serve individuals of all ages prior to or early in the onset of behavioral health challenges such as programs focused on early onset of psychotic disorders. PEI programs help create access and linkage to treatment and improve timely access to behavioral health services for individuals and families from underserved populations in ways that are non-stigmatizing, non-discriminatory, and culturally appropriate. San Mateo County Behavioral Health and Recovery Services (BHRS) has focused its PEI dollars on evidence-based and community-defined interventions in family, school, and community-based settings. As noted in the report, several PEI programs also receive funding through the Community Services and Supports (CSS) component of MHSA.

PEI Service Categories

- **Early Intervention** programs provide treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence. Services shall not exceed eighteen months, unless the individual receiving the service is identified as experiencing first onset of a

[1] Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes. Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf

[2] National Academies Press (US). (2009). *Preventive Intervention Research*. Preventing Mental, Emotional, and Behavioral Disorders Among Young People - NCBI Bookshelf. https://www.ncbi.nlm.nih.gov/books/NBK32766/

serious mental illness or emotional disturbance with psychotic features, in which case early intervention services shall not exceed four years.

- **Prevention** programs reduce risk factors for developing a potentially serious mental illness and build protective factors for individuals whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members. Services may include relapse prevention and universal strategies.
- **Outreach for Recognition of Early Signs of Mental Illness** to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses.
- **Access and Linkage to Treatment** are activities to connect individuals with severe mental illness as early in the onset of these conditions as practicable to medically necessary care and treatment, including, but not limited to, care provided by BHRS programs.
- **Stigma and Discrimination Reduction** activities reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or seeking mental health services.
- **Suicide Prevention** programs are not a required service category. Activities prevent suicide but do not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness.

PEI Strategies

All PEI programs are designed to advance the following strategies:

Access to linkage and treatment: To connect individuals with severe mental illness as early in the onset of these conditions as practicable, to medically necessary care and treatment, including, but not limited to, care provided by BHRS programs.

Timely access to mental health services for individuals and families from underserved populations: To increase the extent to which an individual or family from an underserved population that needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as practicable through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services. Services shall be provided in a convenient, accessible, acceptable, culturally appropriate setting.

Non-stigmatizing and non-discriminatory practices: Promoting, designing, and implementing programs in ways that reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, having a mental illness, or seeking mental health services in ways that are accessible, welcoming, and positive.

Proposition 1 (Behavioral Health Transformation)—Local Impact to PEI

The recent passage of California's Proposition 1 in March 2024 introduced significant changes to the MHSA funding allocations. Proposition 1 emphasizes the need to focus on the most acute individuals living with serious mental illness and/or substance use disorders and enhanced integration of substance use and mental health services. Proposition 1 renames the MHSA as the Behavioral Health Services Act (BHSA) and reforms funding allocations as follows:

- 30% housing interventions (e.g., rental and operating subsidies, nonfederal share of rent, housing retention/maintenance, some capital investments)
    - 51% to chronically homeless populations
- 35% Full Service Partnerships (FSPs)
- 35% behavioral health services and supports
    - 51% to early intervention services and majority of this to services for ages 0-25
- Redirects 10% of annual revenues (currently 5%) for administration as well as statewide behavioral health workforce initiatives and population-based prevention and $20 million to establish the BHSA Innovation Partnership Fund.

With the shifting of MHSA Prevention funding to the state and prevention responsibilities to public health agencies, it is unlikely that local Prevention programs will continue, unless restructured to meet new Early Intervention requirements and/or non-behavioral health funding is identified for sustainability. BHRS has begun partnering with the local public health department on the Community Health Improvement Plan (CHIP) implementation and the Community Health Needs Assessment (CHNA) development. The MHSA Manager co-facilitates the mental health workgroup, and Office of Diversity and Equity (ODE) staff are participating in all three CHIP workgroups: Mental Health, Access, and Social Determinants of Health.

EVALUATION FRAMEWORK

In July 2018, the PEI regulations were amended by the California Mental Health Services Oversight and Accountability Commission (MHSOAC), and specific requirements were added that included indicators, data trackers, the explanation of a three-year evaluation plan, annual evaluation report, and the PEI component of a three-year plan.

Evaluation Approach

BHRS contracted with RDA Consulting (RDA) to provide outcome data planning and technical assistance for San Mateo County's PEI programs that provide some component of individual-level services. The project aimed to identify a reporting framework in which PEI data and individual outcomes could be analyzed across all PEI-funded programs. The framework that was developed uses a set of nine Outcome Domains that were identified in alignment with MHSA requirements, ODE strategic planning, and through this project's exploration with contracted providers and BHRS staff of the expected outcomes across the current PEI-funded programs.

The initial implementation of this framework, completed in June 2022, focused on programs that collect individual-level data, or unduplicated individuals served. Starting in May 2023, non-individual level programs—those that primarily collect population-level data, or duplicated individuals served—were incorporated to allow for a broader assessment of the impact of PEI programs. Additional PEI programs such as the Outreach Collaboratives and newly launched programs such as PEARLS (Program to Encourage Active, Rewarding Lives) for older adults and allcove® youth drop-in centers will be incorporated starting in the Spring 2024. Programs that focus exclusively on systems development, such as Trauma- and Resiliency Informed Systems Initiative (TRISI), are not captured in the framework, as the evaluation focus of these programs is on measuring organizational capacity building and not individual or population level impacts.

For the purposes of this reporting framework and data collection activities, programs are categorized to reflect this spectrum of prevention and early intervention: (1) Prevention Programs, (2) combined Prevention and Early Intervention Programs, and (3) Early Intervention Programs.

- **Prevention Programs:** focus on *outreach and education*.
- **Prevention & Early Intervention Programs:** include both an *outreach/education* component as well as early intervention *clinical services*.
- **Early Intervention Programs:** primarily provide one-on-one early intervention *clinical services*.

The San Mateo County MHSA PEI funded programs included are listed below according to the three reporting categories and the PEI Service Categories for each program.

Evaluation Reporting Category	PEI Program	*PEI Service Category*
Prevention	Health Ambassador Program	*Prevention*
	Health Ambassador Program - Youth	*Prevention*
	Health Equity Initiatives (HEIs)	*Prevention*
	Help@Hand	*Prevention*
	Mental Health First Aid	*Recognition of Early Signs of Mental Illness*
	Outreach Collaboratives	*Access and Linkage to Treatment*
	Parent Project	*Prevention*
	Photovoice/Storytelling	*Stigma and Discrimination Reduction*
	Stigma Reduction Program - Mental Health Awareness	*Stigma and Discrimination Reduction*
	Suicide Prevention Program	*Suicide Prevention*
	Trauma-Informed Co-occurring Services for Youth	*Prevention*
	Trauma-Informed Systems for 0-5 Providers*	*Prevention*
Prevention & Early Intervention	Early Childhood Community Team	*Prevention & Early Intervention*
	Project SUCCESS	*Prevention & Early Intervention*
	The Cariño Project	*Prevention & Early Intervention*
	Older Adult Peer Counseling	*Prevention & Early Intervention*
	Youth S.O.S. Team and Crisis Hotline	*Prevention & Early Intervention*
Early Intervention	Primary Care Interface	*Early Intervention*
	(re)MIND Early Psychosis Program	*Early Intervention*
	The Pride Center	*Access and Linkage to Treatment*
	Ravenswood Family Health Center	*Early Intervention*
	SMC Mental Health Assessment and Referral Team (SMART)	*Early Intervention*

**Because TRISI serves providers, the evaluation does not include its numbers and outcomes in the overall calculations for the Prevention category.*

PEI Outcome Domains

To allow BHRS to assess the impact across all its PEI-funded programs, the PEI Data Collection and Reporting Framework uses a set of **Outcome Domains** under which programs report their specific indicators.

The **PEI Outcome Domains** used in the framework are:

- Access to services
- Community advocacy/Empowerment
- Connection and support
- Cultural identity/cultural humility
- General mental health
- Improved knowledge, skills, and/or abilities
- Self-empowerment
- Stigma reduction
- Utilization of emergency services

Programs report on **primary** and **additional outcomes**. Primary outcomes reflect the intended results of the program's primary component(s). For example, if a program's primary component is short-term clinical therapy for youth, but also offers workshops for families, primary outcomes focus on the youth receiving clinical therapy. Programs can also elect to report on additional outcomes that they expect their program to achieve.

The table below documents the **primary outcomes** for each PEI program *(Source: Prevention and Early Intervention Data Collection and Reporting Framework, Updated November 2024)*.

PEI Component	PEI Program	Access to services	Community advocacy	Connection and support	Cultural responsiveness	General Behavioral health	Improved knowledge, skills, and/or abilities	Self-empowerment	Stigma reduction	Utilization of emergency services	Other
Prevention	Health Ambassador Program			✓	✓			✓	✓		
	Youth Health Ambassador Program		✓						✓		
	Health Equity Initiatives	✓			✓			✓	✓		
	Mental Health First Aid	✓			✓						
	Mindfulness-Based Substance Abuse Treatment						✓				
	Panche/GiraSol	✓			✓			✓	✓		
	The Parent Project®	✓							✓		
	Photovoice		✓						✓		
	Suicide Prevention	✓		✓					✓		
Prevention & Early Intervention *and* Early Intervention	allcove®					✓					
	Early Childhood Community Team			✓			✓				
	Project SUCCESS							✓	✓		
	The Cariño Project					✓					
	PEARLS			✓		✓					
	Peer Counseling			✓		✓					
	Youth S.O.S.			✓		✓					
	re(MIND)® Early Psychosis Program					✓				✓	
	The Pride Center			✓		✓	✓				

The following table illustrates how the PEI Outcome Domains align with the MHSOAC Regulations for the PEI Three-Year Evaluation Report.

Program Component or Strategy	MHSOAC Reporting Requirements	PEI Outcome Domains Measured
Prevention Programs	Reduction of prolonged suffering that may result from untreated mental illness by measuring a reduction in risk factors, indicators, and/or increased protective factors that may lead to improved mental, emotional, and relational functioning.	Protective factors including: • Connection and support • Cultural identity/cultural humility • Improved knowledge, skills, and/or abilities • Self-empowerment
Early Intervention (and some Prevention Programs)	For programs that reduce negative outcomes that may result from untreated mental illness, the County shall select, define, and measure appropriate indicators that the County selects that are applicable to the Program.	Protective factors listed above, plus: • General mental health • Utilization of emergency services
Stigma and Discrimination Reduction Program	Changes in attitudes, knowledge, and/or behavior related to mental illness that are applicable to the specific Program; changes in attitudes, knowledge, and/or behavior related to seeking mental health services that are applicable to the specific Program.	• Stigma reduction
Suicide Prevention Program	Validated method to measure changes in attitudes, knowledge, and/or behavior regarding suicide related to mental illness that are applicable to the specific Program	• Improved knowledge, skills, and/or abilities ○ Including pre/post test for Be Sensitive Be Brave trainings

Access and Linkage to Treatment	Number of referrals; number of persons who followed through on the referral; duration of untreated mental illness; the interval between the referral and engagement in treatment/services.	• Access to services (all programs)
		  ○ Self-reported access to programs
		  ○ Number of referrals made
		• Linkage to services (for PCI)
		  ○ Number of referrals, numbers engaged, duration of untreated mental illness, interval between referral and engagement

Program Component or Strategy	MHSOAC Reporting Requirements	PEI Outcome Domains Measured

Improve Timely Access to Services for Underserved Populations	Number of referrals; number of persons who followed through on the referral; interval between the referral and engagement in treatment/services	• Access to services (all programs)
		  ○ Self-reported access to programs
		  ○ Number of referrals made
		• Cultural humility

Indicators

Each program defines **indicators** to measure their selected outcome domains. To further the practice of standardizing indicators, **ODE Indicators** and survey questions were developed in five PEI Outcome Domains: 1) self-empowerment, 2) community advocacy, 3) cultural humility/identity, 4) access to treatment, and 5) stigma discrimination reduction (see Appendix A for full list of indicators). Beginning in FY 2023-24, PEI programs were asked to start incorporating a minimum of two ODE Indicators (one question for each indicator chosen) in their client/participant surveys. Because it takes some time for programs to adapt their data collection practices, some PEI programs (mostly Prevention programs) had begun the process of incorporating the ODE Indicators as of their FY 2023-24 annual report. In FY 2024-25, ODE will continue the process of moving toward greater standardization of indicators to support evaluation.

Data Sources and Reporting

The PEI Data Collection and Reporting Framework includes individualized PEI Program Crosswalks that outline the specific reporting expectations for each program. This approach allows programs to clearly identify how their specific program data align with the framework. Each program's individualized crosswalk identifies annual MHSA reporting for:

1. Individuals served (unduplicated)
2. Individuals reached (duplicated)
3. Demographics
4. Referrals
5. Individual-level outcomes

How PEI programs report unduplicated vs. duplicated data:

- **Unduplicated Individuals Served:** During the initial phase of the rollout of this framework that focused on individual-level programs, all programs identified at least one primary

program component for which they would report the required unduplicated number of individuals served. A program could select more than one primary component but will be required to report an unduplicated count for their program. For example, if a program's primary components are short-term clinical therapy and case management, an individual receiving both services would only be captured once in the unduplicated number of individuals served.

- **Individuals "Reached":** Programs also identified components through which they may have a broader reach, such as outreach or educational activities. The number reported under this "reach" category does not need to be an unduplicated count. For example, if a program offers workshops as another program component, they can report on the number of workshops attendees over the course of the reporting period, which may include some duplicate individuals who attended multiple activities.
- **Demographics:** Programs will collect full demographic data on unduplicated individuals served through their primary program components. Full demographics will be reported in the standardized San Mateo County format, which addresses the MHSA PEI requirements and local community input received regarding how to ask sensitive questions regarding race, ethnicity, and language (REAL) and sexual orientation, gender identity, and expression (SOGIE). For individuals "reached," the program may collect a standardized shortened list of demographic data. For example, in group settings, such as workshops or classes, or at large events. Demographic information is not required for light-touch outreach activities.

How PEI programs report on referrals:

- **Referrals into Early Intervention Programs:** Collecting extensive data on referrals into the PEI programs is not possible for prevention-focused programs. Therefore, referral to and enrollment into a PEI program will only be collected from Early Intervention programs. Individuals enrolling into an Early Intervention program will likely have a period of untreated mental illness to report as part of a formal intake process. These Early Intervention programs will also collect referral data into their programs and report on the MHSA requirements for the average duration of untreated mental illness and the interval between a referral and participation in early intervention treatment.
- **Referrals to Services:** Prevention-focused programs often make referrals to a higher level of care for serious mental illness (SMI), substance use disorders (SUD), and other mental health needs. As these referrals are made to different programs within an agency or to outside agencies that generally use different electronic health record systems or other data systems, collecting additional data on the duration of untreated mental illness or interval between referral and actual enrollment is not feasible. Therefore, Prevention programs that make referrals to SMI, SUD, or other mental health services will only report on the number of

referrals made for each category of referrals and indicate whether those referrals were made within the PEI-program's agency, or to a County service or other outside agency.

The PEI Data Collection and Reporting Framework uses standardized reporting templates through which all PEI programs report their data on an annual basis.

- **MHSA Annual Report Templates:** Each PEI program provider is responsible for completing this report on an annual basis. The report template collects metrics such as unduplicated number of clients served, demographics, and outcomes, as well as narrative regarding program activities, interventions, program successes and challenges.
- **PEI Data Template:** The template includes preset spreadsheets for programs to report individual-level and population-level data. PEI programs may use their own tracking logs and sign-in sheets to document the number of clients, outreach, and referrals made, and transfer these to the PEI Data Template for their annual reporting. Some tracking sheets are also online through Survey Monkey and are analyzed by an external consultant.
- **Program Tools/Surveys**: Many of the PEI programs use client/participant surveys to collect outcome data as well as client satisfaction with the program. These surveys include Likert scales and open-ended questions and capture a variety of outcomes, such as changes in attitudes, knowledge, and behaviors. Measures also capture the increase in protective factors to mental illness as well as social-emotional wellbeing and use of new skills.

Considerations and Limitations

While San Mateo County has made significant strides in data collection and evaluation since the previous Three-Year Evaluation, there remain several considerations and limitations to programs' data collection and the resulting PEI evaluation.

- **Most outcomes are self-reported.** The most feasible way for most programs to measure outcomes is by self-report from clients/participants after a program/training/event. While this approach allows programs to hear directly from participants about perceived changes due to the program, issues such as different interpretations of questions, social desirability bias, and the level of attention paid to the survey can affect the validity of responses.
- **There were generally low response rates to client/participant surveys.** For various reasons, it is often difficult for programs to ensure that all clients/participants complete post-program surveys. As a result, some programs collected surveys from somewhat low or very low percentages of their overall client/participant population. Therefore, the reported outcomes should be understood as the outcomes for the clients/participants surveyed, rather than necessarily representing outcomes for all program clients/participants.
- **There are missing demographic data for some programs**. Some programs collect demographic data during intake/enrollment; others collect it on surveys later in the process.

Some programs were not able to collect demographic data from all clients/participants, some programs did not report on all of the required demographic variables, and some programs did not report any demographic data. Therefore, it is important to keep in mind that demographic data may not fully represent the demographics served, thus making it difficult to assess how well programs reached underserved populations. In addition, because demographics rely on self-report, it is possible that some clients/participants did not feel comfortable sharing truthfully about areas including gender identity, sexual orientation, or disability status.

- **Referral tracking is incomplete for some programs.** The number of referrals made were not tracked/reported by all programs, and some programs may not have documented all referrals made, so the numbers of referrals made for SMI, SUD, and other mental health issues are likely undercounted. As mentioned in the PEI Data Collection and Reporting Framework, collecting additional data on follow-through on referrals, duration of untreated mental illness or interval between referral and actual enrollment is not feasible for most programs.
- **There are limitations in attributing outcomes to programs**. For programs that use self-reported measures of change, the client/participant post-surveys are worded to ask whether clients/participants experienced outcomes "Due to this program." This allows the programs to reasonably attribute clients/participants' perceived changes to the program itself, though there may be cases where other factors also influenced client outcomes. Some Early Intervention programs measure the use of psychiatric emergency services or changes in behavioral health symptoms. While the evaluation design cannot directly attribute these outcomes to programs, the overall high success rates for these programs make it reasonable to infer that the outcomes are at least in part due to the programs.
- **Differences in indicators and variations in survey response rates make it difficult to compare outcomes across programs and across years.** In many cases, reported indicators changed over the evaluation period—both within and across programs. Methods used to collect surveys may have changed, different amounts of data were collected in each year, and program operations/curricula may have changed between years. This makes it difficult to compare outcomes for the same program from year to year, as well as to compare outcomes across programs. For example, when programs had differences across years in the percent of clients reporting positive outcomes, it is not possible to determine whether this was due to changes in the program approach or curriculum, program implementation issues, changes in program quality, external challenges such as COVID-19, or other reasons.

Organization of the Report

Evaluation Highlights

- The first section of the report presents aggregate data across the categories in the PEI Data Collection and Reporting Framework: Prevention, Prevention & Early Intervention, and Early Intervention. For each category the report presents:
    - Overview of programs
    - Numbers served
    - Number of referrals made
    - FY 2023-24 demographics
    - FY 2023-24 outcome highlights
- The section concludes with an overarching discussion of PEI outcomes and recommendations for PEI improvement.

Program-Level Summaries

- For all individual programs in each reporting category, the report presents:
    - Program description
    - Numbers served (fiscal years based on data availability)
    - Program outcomes (fiscal years based on data availability)

EVALUATION HIGHLIGHTS

PREVENTION PROGRAM HIGHLIGHTS

Programs

- Health Ambassador Program (HAP)
- Health Ambassador Program – Youth (HAP-Y)
- Health Equity Initiatives (HEIs)
- Help@Hand
- Increasing Recognition of Early Signs of Mental Illness (Mental Health First Aid)
- Outreach Collaboratives
- Parent Project
- Storytelling Program/Photovoice
- Stigma Reduction Program
- Suicide Prevention Program
- Trauma-Informed Co-occurring Services for Youth (Mindfulness Based Substance Abuse Treatment (MBSAT); Panche/GiraSol)

By The Numbers

Clients served (unduplicated)		
FY 2021-22	FY 2022-23	FY 2023-24
2,258	**3,008**	**2,768**

Individuals reached (duplicated)		
FY 2021-22	FY 2022-23	FY 2023-24
29,700	**36,638**	**38,592**

Referrals made (all fiscal years)			
SMI	SUD	Other Mental Health	Other Programs
6	**2**	**16**	**4**

Demographics (Unduplicated, FY 2023-24)

Programs included: HAP, HAP-Y, MBSAT (StarVista and YMCA), Parent Project, AMHFA, YMHFA, Stigma Reduction Program, Suicide Prevention Program [3]

Programs not included: MBSAT Puente, Girasol/Panche, HEIs, Help@Hand, Outreach Collaboratives, Digital Storytelling/Photovoice

	Number	Percent
Age (n=731)		
0–15	19	3%
16–25	178	24%
26–59	465	64%
60-73	49	7%
74+	20	3%

[3] Data exclude "Prefer not to Answer/Unknown" responses. Data were only available for some programs and categories, so the number (n) differs for each demographic section. Primary language was not available for Suicide Prevention programs. There were insufficient data to report on sex assigned at birth, intersex, disability status, and veteran status.

	Number	Percent
Primary language (n=706)		
English	447	63%
Spanish	179	25%
Another language	80	11%
Race/Ethnicity (n=728)		
Asian/Asian American	157	22%
Black or African American	43	6%
Native American/American Indian or Indigenous	8	1%
Native Hawaiian or Pacific Islander	47	6%
White/Caucasian	133	18%
Latino/a/x or Hispanic	315	43%
Another race, ethnicity or tribe	43	6%
Gender Identity (n=729)		
Female/Woman/Cisgender Woman	549	75%
Male/Man/Cisgender Man	149	20%
Transgender Woman/Trans Woman/ Trans-Feminine/Woman	3	0%
Transgender Man/Trans Man/ Trans-Masculine/Man	2	0%
Questioning or unsure of gender identity	2	0%
Genderqueer/Gender Non-conforming/Gender Non-binary/ Neither exclusively female or male	10	1%
Indigenous gender identity	1	0%
Another gender identity	5	1%
Sexual orientation (n=677)		
Gay or Lesbian	22	3%
Straight or heterosexual	557	82%
Bisexual	46	7%
Queer	12	2%
Pansexual	9	1%
Asexual	10	1%
Questioning or unsure of sexual orientation	6	1%
Indigenous sexual orientation	1	0%
Another sexual orientation	6	1%

Outcome Highlights (FY 2023-24)

Stigma Reduction *Prevention programs reduced stigma around mental health and seeking help.*	**Access to Services** *Prevention programs increased clients' ability to navigate and access mental health services for themselves or their loved ones.*	**Cultural Humility/Identity** *Prevention programs increased knowledge about cultural humility and helped participants feel affirmed in their identities.*	**Knowledge, Skills, Abilities; Self-Empowerment** *Prevention programs helped participants increase their knowledge, skills, and confidence related to mental health and/or substance use.*
95% of Health Ambassador Program adults surveyed (n=44) agreed that due to the program, they **feel more comfortable seeking behavioral health services** for themselves or their family. **82%** of Stigma Reduction Program participants surveyed (n=179) agreed or strongly agreed that as a direct result of this program, they are more likely to **believe people with mental health and/or substance use conditions contribute much to society**; and **83%** reported that they are **more willing to seek professional support** for a behavioral health condition if needed. **71%** of Suicide Prevention Program participants surveyed (n=24) and **67%** of Parent Project participants surveyed (n=27) reported that due to the program, they **feel more comfortable talking about their mental health and/or substance use**.*	Through PEI programs, many participants have **learned knowledge and skills they can use to access mental health and substance use health services.*** • **100%** of HAP respondents (n=44) • **100%** of AMHFA respondents (n=73) • **98%** of YMHFA respondents (n=53) • **88%** of Suicide Prevention Program respondents (n=24) • **77**% of Parent Project respondents (n=26) **87%** of Stigma Reduction Program participants surveyed (n=179) indicated that as a result of the program, that they have **learned more about behavioral health services** they can reach out to. **62%** of audience members surveyed in HAP-Y presentations (n=644) reported that they **know who to call or access if they need mental health services**.	In many PEI programs, the majority of participants said that **their identity, cultural background, and experiences (race, ethnicity, gender, sexuality, religion, etc.) were affirmed** by the program/training/event.* • **95%** of HAP respondents (n=44) • **93%** of AMHFA respondents (n=120) • **86%** of YMHFA respondents (n=134) • **75**% of Parent Project respondents (n=24) • **58%** of Suicide Prevention Program respondents (n=24) **94%** of participants surveyed in AMHFA trainings (n=48) and **85**% of participants surveyed in YMHFA trainings (n=81) reported having a **better understanding of how mental health and substance use challenges affect different cultures**. **90%** of Stigma Reduction Program participants surveyed (n=179) reported that the **program was relevant to them and other people of similar cultural backgrounds and experiences**.	**100%** of HAP-Y ambassadors surveyed (n=37) reported that the program provided them with **knowledge and skills that they continue to use**. **98%** of HAP adults surveyed (n=44) reported that due to the program, they are **more confident in their ability to advocate for themselves and/or their child/children**. **100%** of MBSAT StarVista participants surveyed (n=15) reported that due to the program, they **feel in control of their life and future** and they **overcome challenges in a more positive way**. **72%** of MBSAT YMCA participants surveyed (n=50) reported that due to the program, they **practice self-care**. Among Be Sensitive Be Brave for Suicide Prevention participants surveyed (n=125 pre/n=100 post), **confidence in their ability to make a referral for someone in a suicide crisis** increased from 3.01 to 4.22 out of 5 from before to after the training.

**ODE Standard Indicator*

PREVENTION & EARLY INTERVENTION PROGRAM HIGHLIGHTS

Prevention & Early Intervention Programs

- Early Childhood Community Team (ECCT)
- Project SUCCESS
- The Cariño Project
- Older Adult Peer Counseling Program
- Youth Stabilization, Opportunity, and Support (Youth S.O.S.) Team

By The Numbers

Clients served (unduplicated)		
FY 2021-22	FY 2022-23	FY 2023-24
1,147	**813**	**1,550**

Individuals reached (duplicated)		
FY 2021-22	FY 2022-23	FY 2023-24
1,874	**3,312**	**2,152**

Referrals made (all fiscal years)			
SMI	SUD	Other Mental Health	Other Programs
70	**39**	**456**	**1,525**

Demographics (Unduplicated, FY 2023-24)

Programs included: ECCT, The Cariño Project, Older Adult Peer Counseling[4]

Programs not included: Project SUCCESS, Youth S.O.S.

	Number	Percent
Age (n=687)		
0–15	111	16%
16–25	15	2%
26–59	110	16%
60-73	119	17%
74+	332	48%
Primary language (n=687)		
English	277	40%
Spanish	301	44%
Another language	109	16%
Race/Ethnicity (n=817)		
Asian/Asian American	46	6%
Black or African American	8	1%
Native American/American Indian or Indigenous	5	1%
Native Hawaiian or Pacific Islander	0	0%
White/Caucasian	175	21%
Latino/a/x or Hispanic	334	41%
Another race, ethnicity or tribe	377	46%
Gender Identity (n=797)		
Female/Woman/Cisgender Woman	533	67%
Male/Man/Cisgender Man	254	32%
Transgender Woman/Trans Woman/ Trans-Feminine/Woman	0	0%
Transgender Man/Trans Man/ Trans-Masculine/Man	0	0%
Questioning or unsure of gender identity	0	0%
Genderqueer/Gender Non-conforming/Gender Non-binary/ Neither exclusively female or male	10	1%
Indigenous gender identity	0	0%
Another gender identity	0	0%

[4] Data exclude "Prefer not to Answer/Unknown" responses. Data were only available for some programs and categories, so the number (n) differs for each demographic section. There were insufficient data to report on sex assigned at birth, intersex, sexual orientation, disability status, and veteran status.

Outcome Highlights (FY 2023-24)[5]

Knowledge, Skills, and Abilities *PEI programs helped participants increase their knowledge, skills, and confidence related to mental health and/or substance use.*	**Connection and Support** *PEI programs increased feelings of support and connection to community, family, and/or providers.*	**General Behavioral Health and Utilization of Emergency Services** *PEI programs improved mental health symptoms for therapy/counseling clients.*
100% of youth surveyed (n=30) who received support from Youth S.O.S. crisis staff reported that they **learned a new coping strategy to increase mental, emotional, and relational functioning.** **100%** of Project SUCCESS middle schoolers surveyed (n=11) said that due to the program, they **understand the risks with the use of alcohol and substances**. **100%** of parents/caregivers in ECCT group services (n=3) reported that they **improved their parenting knowledge, skills, and abilities,** and **know where to go in their community for resources and support**. **86%** of Cariño Project participants surveyed (n=37) reported that they **learned something that is useful to them**. **75%** of Older Adult Peer Counseling individual clients surveyed (n=26) and **40%** of group clients surveyed (n=17) reported that the program improved their **knowledge and abilities to seek support**. **48%** of Project SUCCESS middle schoolers and fifth graders surveyed (n=29) reported that because of the program they have **ways to manage their big feelings**.	**100%** of parents/ caregivers in ECCT (n=3) reported that due to the program, they **feel more connected to other parents in their community**. **95%** of Older Adult Peer Counseling individual clients surveyed (n=26) and **73%** of group clients surveyed (n=17) reported as a result of the program, they **feel supported**. **86%** of Cariño Project participants surveyed (n=73) reported feeling **more connected to their community**. **78%** of Project SUCCESS fifth graders surveyed (n=18) reported that because of the program they can **identify trusted adults in their life and when to tell adults about their mental concerns.** **93%** of youth surveyed (n=30) who received support from Youth S.O.S. crisis staff reported that they can now identify and **feel safe reaching out and contacting at least one adult** when they are experiencing emotional distress.	**100%** of youth who received Youth S.O.S. services (n=30) were **diverted from the use of psychiatric emergency services** and **did not require law enforcement intervention**. **72%** of Older Adult Peer Counseling individual clients surveyed (n=26) and **42%** of group clients surveyed (n=17) reported **feeling less stressed** as a result of participating in the program. **71%** of Cariño Project clinical clients surveyed (n=7) reported an **improved ability to cope with stressors** due to participating in the program.

[5] Outcome data for Youth S.O.S. were not available for FY 2023-24, so data are from FY 2022-23.

EARLY INTERVENTION PROGRAM HIGHLIGHTS

Early Intervention Programs

- Primary Care Interface (PCI)
- (re)MIND Early Psychosis Program
- The Pride Center
- Ravenswood
- SMART

By The Numbers

Clients served (unduplicated)		
FY 2021-22	FY 2022-23	FY 2023-24
4,119	**1,517**	**1,542**

Individuals reached (duplicated)		
FY 2021-22	FY 2022-23	FY 2023-24
4,518	**11,015**	**14,015**

Referrals made (all fiscal years)			
SMI	SUD	Other Mental Health	Other Programs
74	**44**	**740**	**1,558**

Demographics (Unduplicated, FY 2023-24)

Programs included: (re)MIND, Primary Care Interface (PCI), San Mateo County Pride Center[6]

Programs not included: Ravenswood, SMART

	Number	Percent
Age (n=1,109)		
0–15	225	20%
16–25	222	20%
26–59	470	42%
60-73	192	17%
74+	0	0%
Primary language (n=218)		
English	212	97%
Spanish	4	2%
Another language	2	1%

[6] Data exclude "Prefer not to Answer/Unknown" responses. Data were only available for some programs and categories, so the number (n) differs for each demographic section. Language, intersex, gender identity, disability status, and veteran status were not available for PCI. There were insufficient data to report on intersex.

	Number	Percent
Race/Ethnicity (n=883)		
Asian/Asian American	56	6%
Black or African American	30	3%
Native American/American Indian or Indigenous	2	0%
Native Hawaiian or Pacific Islander	19	2%
White/Caucasian	133	15%
Latino/a/x or Hispanic	621	70%
Another race, ethnicity or tribe	643	73%
Sex assigned at birth (n=895)		
Male	376	42%
Female	519	58%
Gender Identity (n=220)		
Female/Woman/Cisgender Woman	50	23%
Male/Man/Cisgender Man	53	24%
Transgender Woman/Trans Woman/ Trans-Feminine/Woman	1	0%
Transgender Man/Trans Man/ Trans-Masculine/Man	66	30%
Questioning or unsure of gender identity	6	3%
Genderqueer/Gender Non-conforming/Gender Non-binary/ Neither exclusively female or male	43	20%
Indigenous gender identity	1	0%
Another gender identity	0	0%
Sexual orientation (n=292)		
Gay or Lesbian	35	12%
Straight or heterosexual	157	54%
Bisexual	33	11%
Queer	23	8%
Pansexual	21	7%
Asexual	7	2%
Questioning or unsure of sexual orientation	10	3%
Indigenous sexual orientation	0	0%
Another sexual orientation	8	3%
Disability Status (n=148)		
Yes	52	35%
No	96	65%
Veteran Status (n=137)		
Yes	0	0%
No	137	100%

Outcome Highlights (FY 2023-24)

General Behavioral Health *Early Intervention programs improved mental health symptoms for therapy/counseling clients.*	**Utilization of Emergency Services** *Early Intervention programs reduced the use of psychiatric emergency services.*	**Knowledge, Skills, Abilities; Self-Empowerment** *Early Intervention programs helped participants increase their knowledge, skills, and confidence related to mental health and/or substance use.*
96% of (re)MIND participants and alumni surveyed (n=79) experienced **improved engagement in meaningful activities** after the program; **82%** of (re)MIND clients assessed for psychosis (n=17) had their **psychosis score improve or maintained a positive score**. **89%** of the PCI clients surveyed (n=123) agreed or strongly agreed that they are better able to **manage their symptoms and participate in daily life**. **86%** of Pride Center clinical clients assessed post-intervention for depression (n=35) had their **depression score improve or maintained a positive score**; **83%** of Pride Center clinical clients surveyed (n=35) reported that their **mental health improved or remained consistent** in the past 30 days.	**95%** of (re)MIND participants and alumni surveyed (n=79) had a **reduction in hospitalizations** (number of days and number of episodes) The SMART program received **245 calls** and **met or exceeded its goal of diverting at least 10% of calls from psychiatric emergency services admission** (where a 5150 hold was not already placed). In each of the first three quarters of FY 2023-24, over 30% of calls were diverted.	**93%** of (re)MIND participants and alumni surveyed (n=27) reported that due to the program, they **can take control of personal aspects of their life**. **88%** of PCI participants surveyed (n=123) reported that they I **learned skills and strategies to cope with stressors**. **86%** reported that they **think more positively about challenges** and believe the decisions and steps they take impact their outcome. **74%** of Pride Center clinical clients surveyed (n=35) reported that their **confidence in affecting their life through the decisions they make** improved or remained consistent.

Overall, BHRS's MHSA-funded PEI programs have supported access to services and strengthened general behavioral health by promoting protective factors and reducing stigma around behavioral health and help seeking. Protective factors—including social connection, cultural identity formation, and self-empowerment—build resilience and lower the risk of developing mental health and substance use challenges.[7] Reducing stigma around behavioral health can increase the potential of help seeking for behavioral health challenges.[8]

PEI Program and Strategy Outcomes

Prevention Programs | *Goal: Reduction in risk factors, indicators, and/or increased protective factors*

Despite limitations in the evaluation, there is enough consistency in results within and across programs and years to reasonably conclude that MHSA-funded Prevention programs are increasing knowledge and access for large proportions of participants. Programs that focused on behavioral health awareness and stigma showed increases in self-reported knowledge about behavioral health topics and resources and reductions in stigma in all years, generally for the majority of participants and often for the large majority of participants. In general, survey responses indicated higher increases in knowledge than in skills/abilities/confidence, as the latter require more time and practice. As mentioned in the limitations section, there were some variations in outcomes within and across programs and years (e.g., drops or increases in self-reported positive outcomes from one year to the next) that are difficult to understand without knowing more about why those differences occurred. Data also suggest that Prevention programs strengthened protective factors including connection and support, self-empowerment, community advocacy, and cultural identity for the participants surveyed.

Stigma and Discrimination Reduction Program | *Goal: Changes in attitudes, knowledge, and/or behavior related to mental illness and seeking mental health services*

Mental health awareness events as part of ODE's Stigma and Discrimination Reduction Program positively impacted the attitudes that survey respondents may have held around others with

[7] Kapil, R. (2022, January 18). *How Protective Factors Can Promote Resilience - Mental Health First Aid*. Mental Health First Aid. https://www.mentalhealthfirstaid.org/2022/01/how-protective-factors-can-promote-resilience/; Substance Abuse and Mental Health Services Administration. (n.d.). *Risk and Protective Factors for Mental, Emotional, and Behavioral Disorders Across the Life Cycle*. https://iod.unh.edu/sites/default/files/media/Project_Page_Resources/PBIS/c3_handout_hhs-risk-and-proetctive-factors.pdf

[8] Beers, N., & Joshi, S. V. (2020). Increasing Access to Mental Health Services Through Reduction of Stigma. *Pediatrics, 145(6).* https://doi.org/10.1542/peds.2020-0127

behavioral health challenges. The events also impacted attitudes and intended behavior around seeking behavioral health services for themselves if needed. Events also increased access to services by improving respondents' knowledge about behavioral health services that they can reach out to.

Suicide Prevention Program | ***Goal: Changes in attitudes, knowledge, and/or behavior regarding suicide related to mental illness***

Though surveys were only available for a smaller subset of participants in Suicide Prevention Month events, survey results indicate that event participants learned critical information that they can use for themselves and to support others. Many participants learned about warning signs and resources, and most reported being more willing to reach out and help others in their community who may be at risk of suicide. Participants also reported that due to the events, they were more comfortable talking about their mental health, gained knowledge and skills to care for themselves and seek help if needed, and gained information and skills they can use to access mental health and substance use services.

Early Intervention Programs & Some Prevention Programs| ***Goals: Reduction in risk factors, indicators, and/or increased protective factors; improved general behavioral health***

Prevention and Early Intervention programs strengthened protective factors including knowledge and skills around mental health and substance use, coping strategies for strong emotions, and feelings of connection and support among both youth and adult clients/participants, though there was some variation in the proportion of respondents reporting positive results. In several youth programs, a majority of survey respondents expressed that they can identify and reach out to trusted adults; in several adult programs, a majority of survey respondents reported feeling more connected to their families and communities.

Programs that focused on decreased use of psychiatric emergency services had over 90% success rates in most cases. Programs that used validated instruments to measure a reduction in behavioral health symptoms (e.g., depression and anxiety) indicated that the large majority of clients improved their scores or maintained a positive score.

Self-reported general behavioral health outcomes were overall positive, with a majority of survey respondents in most programs reporting feeling less stressed or better able to manage their symptoms and participate in daily life, though there was some variation in positive outcomes across years, programs, age groups, and individual and group services.

Access and Linkage to Treatment Strategy | *Goal: Early connection of individuals with severe mental illness to necessary care and treatment*

In terms of self-reported access to services, clients across numerous PEI programs consistently reported increases in their awareness of behavioral health services that they can access, and their ability and willingness to seek services when needed.

Available data show that over the evaluation period, PEI programs made **150** referrals for serious mental illness, **85** referrals for substance use services, and **1,212** referrals for other mental health services, with Early Intervention programs making the highest numbers of referrals. As mentioned in the limitations section, these numbers are likely undercounted.

Improving Timely Access to Services for Underserved Populations Strategy | *Goal: Early connection of individuals or families from underserved populations to necessary culturally informed behavioral health services*

Having MHSA housed under ODE forms a foundation of diversity, equity, and inclusion for PEI programs. Sustained relationships between ODE and communities, especially underserved communities, have developed into meaningful partnerships that optimize BHRS's ability to stay connected to community so that the voice of marginalized communities is at the center of the Community Program Planning (CPP) process, and community voice is included in the design, implementation and evaluation of programs. Demonstrating a commitment to understanding and addressing how health disparities, health inequities, and stigma impact an individual's ability to access and receive behavioral health and recovery services, ODE works to promote cultural humility and inclusion within BHRS and in partnerships with communities through the following programs:

- Health Equity Initiatives (HEIs)
- Health Ambassador Program (HAP)
- Adult Mental Health First Aid (AMHFA)
- Digital Storytelling and Photovoice
- Parent Project
- Stigma Free San Mateo – Be the ONE Campaign
- San Mateo County Suicide Prevention Committee

During the three-year evaluation period, PEI programs continued to be either adapted or developed based on identified community needs. Efforts to reach diverse populations included new programs and trainings in different languages (e.g., cultural and linguistic adaptations of trainings in Tongan, Cantonese, Mandarin). The HEIs and Outreach Collaboratives partnered with community-based organizations to put on events led by and for members of underserved populations.

People are more likely to trust and engage in behavioral health programs and services if they feel respected and understood. On the whole, clients/participants surveyed through PEI programs felt that the programs/trainings/events they attended affirmed their identity, cultural background, and experiences (race, ethnicity, gender, sexual orientation, religion, etc.).

San Mateo County's population is 35.5% White, 24.8% Hispanic/Latinx, 33.1% Asian/Asian American, 5.0% mixed race, 2.7% Black/African American, 1.4% Native Hawaiian and Other Pacific Islander, and 1.0% American Indian and Alaska Native.[9] Over one-third (35.6%) immigrated from another country, and 45.3% speak a language other than English at home.[10] BHRS data on penetration rates show that youth, substance use services, and Latinx and Native Hawaiian and Pacific Islander communities have lower engagement in behavioral health services compared to like-size counties or the state. Given that a number of programs were missing demographic data or only collected data for a subset of their clients, it is difficult to make conclusions based on the available demographic data. Based on the available data for FY 2023-24 for *unduplicated clients*, PEI programs served a higher proportion of Hispanic/Latinx individuals compared to the county population, and lower proportions of Asian/Asian American and White individuals compared to the county. The available data show that Prevention programs served the highest proportion of Asian/Asian American clients (22%), while Prevention & Early Intervention or Early Intervention programs served limited numbers of Asian/Asian American clients (6% in each reporting category). *Note that these numbers do not include unduplicated clients reached, so they are not a full measure of the extent to which PEI programs reached underserved populations.*

PEI Data and Reporting Recommendations

The following are recommendations as BHRS continues to strengthen data collection and reporting for PEI programs.

1. Continue to increase consistency in existing data collection, specifically:
    a. Where appropriate, work toward greater standardization of indicators reported across programs.
    b. To the extent possible, increase response rates for surveys so that data are more representative of the clients/participants served.
    c. Work to improve consistency and completeness of demographic data collection.
2. Expand qualitative data collection to gather in-depth client perspectives, understand differences in outcomes, and inform opportunities for program improvement.

[9] U.S. Census QuickFacts: San Mateo County, California. https://www.census.gov/quickfacts/fact/table/sanmateocountycalifornia/PST045224
[10] San Mateo County Demographics. County of San Mateo, County Executive's Office, Office of Community Affairs. https://www.smcgov.org/ceo/san-mateo-county-demographics-0

PREVENTION PROGRAM SUMMARIES

HEALTH AMBASSADOR PROGRAM (HAP)

The Health Ambassador Program (HAP) was created in 2014 out of a desire for community members—who are committed to helping their families and neighbors—to improve their quality of life, continue learning, and increase their involvement in community services. HAP was developed in recognition of the important role that community members serve in effectively reaching out to others. To become a Health Ambassador, community members must complete five courses related to behavioral health knowledge and skills, stigma reduction, lived experience, and community advocacy. HAP goals include:

- Increase community awareness of services available in San Mateo County and help connect individuals to appropriate care and support.
- Reduce stigma around mental health and substance use.
- Improve the community's ability to recognize the signs and symptoms of mental health and/or substance use issues and implement social change.
- Foster community support and involvement in BHRS's vision to improve services.
- Assist communities in practicing prevention and early intervention, leading to healthier and longer lives.

Numbers Served

Health Ambassador Program	FY 2021-22	FY 2022-23	FY 2023-24
Clients served (unduplicated)	56	63	96
Cost per client	$2,723	$2,420	$1,719
Duplicated Clients Served (# of participants in HAP workshops/trainings	*No data*	*No data*	192
Individuals reached (duplicated)	16,000	5,000	187
Total individuals served	16,056	5,063	475

** Unduplicated clients served include only the Health Ambassadors that were engaged during the FY, individuals reached includes the community that received training, education, workshops, etc.*

Program Outcomes

Data Collection Methods

- Health Ambassador/Prospective Health Ambassador Annual Survey[11]

[11] Outcome data were collected primarily in FY 2023-24. Two questions on the FY 2022-23 survey were aligned with the PEI outcomes and are included in the table below. Outcome data were not collected in FY 2021-22.

Outcome Highlights

- Health Ambassadors who completed the annual survey reported high levels of agreement across the various indicators, including: stigma reduction and increased access to services for themselves and their families; increased protective factors such as connection to family and community; and an increase in public-facing skills such as advocacy for their family and community.

Outcome Indicators

Domain	Indicators/Questions: HAP Annual Survey for Health Ambassadors and Prospective Health Ambassadors	Percent Agree or Strongly Agree (2022-23 n=23/ 2023-24 n=44)
Connection and Support	Due to my participation in HAP courses and/or activities, I feel more connected to my community/family.[12]	100%/93%
Cultural identity/ humility	I feel like my identity, cultural background, and experiences (race, ethnicity, gender, sexual orientation, religion, etc.) were affirmed by HAP courses.	95%
Community Advocacy	Due to my participation in HAP courses and/or activities, I am more confident in my ability to create change in my community.	93%
Self-Empowerment	Due to my participation in HAP courses and/or activities, I am more confident in my ability to advocate for myself and/or advocate for my child/children.	100%/98%
Stigma Reduction	Due to my participation in this course, I feel more comfortable seeking mental health and/or substance use services for myself and/or my family.	95%
Improved knowledge, skills, and/or abilities	Through my participation in this course, I've learned knowledge and skills that I can use to access mental health and/or substance use health services.	100%
Access to services	Through my participation in this course, I and/or my family have been connected to mental health and/or substance use services/resources that have been helpful.	86%

[12] FY22-23 asked about "community"; FY23-24 asked about "family."

Quotes from Ambassadors:

"In the classes and the support groups I facilitate, I reach a large group of people to whom I refer different services. It is a calling to help others; for me, it's especially in the mental health field. I have a passion for what I do, and helping others fulfills me."

"Personally, I am very happy to have finished this program. It has contributed to my self-development, as a woman and as a human being. It has helped me understand my fellow community members more, to not judge anyone, and to always move forward. Thank you very much to all of you who make all this possible."

Photo: Health Ambassadors tabling at an event

HEALTH AMBASSADOR PROGRAM - YOUTH (HAP-Y)

The Health Ambassador Program for Youth (HAP-Y) engages youth ages 16-24 in training and workshops on behavioral health and mental wellness. HAP-Y aims to train participants as mental health ambassadors in their communities to help reduce stigma, increase mental health awareness, and share resources. To prepare youth to support their peers, participants engage in a 14-week training program that focuses on psychoeducation and suicide prevention workshops.

To encourage youth to be active advocates, participants are required to participate in three community involvement activities in which they educate their peers, share resources, and share personal lived experiences (when appropriate). The community presentation that ambassadors conduct entails an introduction to mental health; discussing stigma and how it plays a role in whether individuals seek support for their mental health; depression, stress, anxiety, and healthy coping skills to address those symptoms; and a suicide prevention component on recognizing the signs, helpful things to say, and resources available.

Numbers Served

HAP-Y*	FY 2021-22	FY 2022-23	FY 2023-24
Clients served (unduplicated)	31	43	47
Cost per client	$8,065	$5,988	$6,471
Individuals reached (duplicated)	143	739	1,167
Total Served	174	782	1,214

** Unduplicated clients served are the youth Health Ambassadors, individuals reached includes the broader community receiving training, education from the ambassadors.*

Program Outcomes

Data Collection Methods

- Cohort/Ambassador exit survey
- Audience surveys at HAP-Y presentations

Outcome Highlights

- Youth Ambassadors increased their comfort in discussing mental health topics, which helped them feel able to contribute to other people's learning about mental health. Many continue to use the knowledge and skills they learned in the program. Over two-thirds of Ambassador survey respondents reported that participating in HAP-Y led them to consider a career in mental health in FYs 2021-22 and 2022-23 (when this survey question was asked). Levels of agreement with most survey questions were lower in FY 2023-24 than in previous years.

- Speaking to access to services, the most common outcome for audience survey respondents was learning about resources to access if they needed mental health services. Speaking to stigma reduction, at least 40% of audience survey respondents in each year reported that they feel comfortable seeking mental health services. Generally, survey respondents in FY 2021-22 had higher levels of agreement with survey questions than FYs 2022-23 and 2023-24.

Outcome Indicators

Outcome Domain	HAP-Y Ambassador Survey	Percent Agree or Strongly Agree		
		2021-22 (n=20)	2022-23 (n=43)	2023-24 (n=37)
Stigma reduction	I feel comfortable discussing topics related to mental health.	70%	86%	41%
Stigma reduction	I was able to speak up about difficult topics, including mental health.	-	-	41%
Community advocacy	After participating in HAP-Y, I am able to contribute to other people's learning about mental health.	80%	93%	49%
Self-empowerment	Participating in HAP-Y, led me to consider a career in mental health-related field	65%	77%	-
Self-empowerment	Due to participating in this program, I think more positively about challenges in my life.	-	-	49%
Knowledge, skills, and/or abilities	HAP-Y provided me with knowledge and skills that I continue to use.	-	65%	100%
Connection and support	I feel part of a community.	-	-	49%

Outcome Domain	Audience Survey	Percent Agree or Strongly Agree		
		2021-22 (n=174)	2022-23 (n=624)	2023-24 (n=644)
Stigma reduction	I feel comfortable discussing topics related to mental health.	67%	48%	27%
Stigma reduction	I feel comfortable seeking mental health services.	60%	47%	42%
Access to services	I know who to call or access online if I need mental health services.	74%	59%	62%

Quotes from Youth Ambassadors:

"Something that I feel so blessed to have gotten from HAP-Y was being able to share my personal experiences with my peers and letting them know that they are not alone. Hearing everyone talk about their mental health made it feel like an extremely safe place."

"My experience with presentations was greatly beneficial to myself, being able to show facts to others and enlighten not only them but myself is a great experience. Before I was unsure, but after I was more confident about my ability to share this knowledge."

Photo: Youth Ambassadors

"I was so excited to present what I had learned through HAP-Y and share all the new information I had gathered through my training. I felt very proud and as if I was contributing a positive thing for the environment."

Quotes from Audience Members:

"It helped me understand that I am not alone on my journey and that there are others around who are willing to help me."

"The presentation was helpful, as I am someone who struggles with mental health from time to time, especially with having depression. Now I know I have access to more resources than I thought."

HEALTH EQUITY INITIATIVES (HEI)

Out of both opportunity and great need, BHRS created Health Equity Initiatives (HEIs) that have become vehicles to promote cultural humility and community empowerment. The HEIs address health disparities, inequities, and stigma by working collaboratively to bring together mental health professionals, residents, clinicians, organizations, and stakeholders on a regular basis to provide outreach, programs, and advocacy towards meaningful solutions for our communities.

ODE provides oversight to nine HEIs representing specific ethnic and cultural communities that have been historically marginalized. Below is a high-level statement of purpose for each initiative:

- **African American Community Initiative (AACI)** aims to be a known resource and support system for African American community members facing challenges with finding and utilizing mental health services while addressing inequalities faced by African Americans in the County.
- **Chinese Health Initiative (CHI)** works with the community to empower and to support better outcomes for prevention, outreach, and referrals, while also advocating for services to be in the appropriate language and culturally relevant to community members.
- **Filipino Mental Health Initiative (FMHI)** seeks to connect and empower Filipinos towards mental health and social services and reducing stigma, while advocating for culturally appropriate services through provider collaboration.
- **Latino/a/x Collaborative (LC)** promotes holistic practices that integrate Latino/a/x heritage, culture, spirituality, and family values to destigmatize mental health services and treatments in the community.
- **Native and Indigenous Peoples Initiative (NIPI)** was created to bring a comprehensive revival of Native American community in San Mateo County through awareness, health education, and outreach which honors culturally appropriate, traditional, Native healing practices.
- **Pacific Islander Initiative (PII)** aims to address health disparities experienced by Pacific Islander families and to help change systems and policies to better meet community needs through awareness, prevention, capacity building, and leadership.
- **PRIDE Initiative** uses an interdisciplinary and inclusive approach to support and advocate for the well-being of lesbian, gay, bisexual, transgender, queer, questioning, intersex, and two-spirit (LGBTQQI or LGBTQ+) communities across the county.

- **Spirituality Initiative (SI)** works to build opportunities for community members, families, and providers to collaboratively explore, increase awareness of, and support spirituality and its relationship to health and well-being.
- **Diversity and Equity Council (DEC)** is an advisory board to assure BHRS policies are designed and implemented in a manner that strives to decrease health inequalities and increase access to services.

Numbers Served

Health Equity Initiatives	FY 2021-22	FY 2022-23	FY 2023-24
Individuals reached (duplicated) Through HEI Monthly Meetings	*See totals below*	*See totals below*	1,262
Individuals reached (duplicated) Through HEI Trainings and Events	*See totals below*	*See totals below*	8,231
Total individuals served (duplicated)	5,585	7,763	9,493
Total cost per client	$55	$21	$41

** Unable to report unduplicated clients; HEIs focused on broad community awareness and system change strategies (presentations, events and trainings).*

Program Outcomes

Data Collection Methods

- Program participant post-program evaluation form[13]

Outcome Highlights

- Of the sample of HEI events shown below, average ratings were at least an 8 out of 10 for all ODE indicators, and highest for cultural humility, stigma discrimination reduction (external), self-empowerment, and access to services.

Outcome Indicators

- **In FY 2023-24**, HEIs held **23** community-driven events and **21** presentations related to behavioral health throughout the year. Below are highlights from post-program surveys from several HEI events.

[13] FY 2023-24 data are presented. In FY 2023-24, all HEIs began using the ODE indicators for their evaluation forms. In previous years, different evaluation questions and rating scales were used.

ODE Indicators: FY 2023-24	**AACI**: Black History Month Celebration (n=83)	**CHI**: "What I Wish My Parents Knew" Workshop (n=9)	**LC**: Sana Sana Colita de Rana! (n=58)	**PII**: Journey to Empowerment (J2E) (n=19)	**PRIDE Initiative**: Pride "Love at our Core, 2024" (n=454)	**Spirituality Initiative**: Interfaith Day of Prayer (n=25)
	Average Ratings on a Scale of 1-10					
1. Self-Empowerment: Due to my participation in this program/training/ event, I am more confident in my ability to advocate for the behavioral health needs of myself and/or my child/ren and/or another family member.	8.29	8.78	9.22	7.58	8.9	7.88
2. Community Advocacy: Due to my participation in this program/training/ event, I feel more confident in my ability to create change in my community.	8.29	7.89	8.47	7.53	8.8	7.48
3. Cultural Humility/ Identity: I feel like my identity, cultural background, and experiences (race, ethnicity, gender, religion, etc.) were affirmed by this program/training/event.	8.29	8.78	9.79	7.42	9.1	7.96
4. Access to Services Through my participation in this event/program/training, I have learned knowledge and skills that I can use to access behavioral health services.	8.35	8.78	8.98	7.84	8.7	8.08
5a. Stigma Discrimination Reduction (self/internal): Due to this program/training/event, I feel more comfortable talking about my mental health and/or substance use.	8.12	8.11	8.31	7.47	8.7	7.96
5b. Stigma Discrimination Reduction (external): This program/training/ event affirmed that people with mental illness are capable and able to make positive contributions to society.	8.68	8.67	8.78	8.16	8.9	8.24

HELP@HAND

The purpose of Youth Leadership Institute's (YLI) Help@Hand program, a new PEI initiative implemented in FY 2023-24 as part of the broader Help@Hand project, is to support youth ages 15-25 years old in San Mateo County by reducing the stigma associated with mental health through innovative, youth-led initiatives. This YLI program within Help@Hand promotes access to behavioral health services, social connectivity through peers, and supports self-directed mental wellness and recovery goals. Help@Hand is dedicated to improving timely access and creating vital linkages for underserved populations, particularly youth living in Half Moon Bay, by connecting them with guest speakers, service providers, and opportunities that offer mental health support, education, and resources. Help@Hand youth have expanded their mental health education by creating podcast episodes based on youth's mental health presentations. Youth also developed a mental health youth needs survey in collaboration with other youth programs in San Mateo County to understand the mental health challenges, resource accessibility, and support needs among young people.

Numbers Served

YLI Help@Hand	FY 2023-24
Clients served (unduplicated)	10
Cost per client	$15,000
Individuals reached (duplicated)	109
Total Served	**10**

*Unduplicated clients served are youth in the Help@Hand program; duplicated individuals reached are youth reached through community outreach presentations, tabling events, and the mental health youth needs survey.

Program Outcomes

Data Collection Methods

- Survey data will be collected beginning in FY 2024-25.

Outcome Highlights

- While no quantitative data have been collected yet, YLI observed that targeted education and outreach led to youth promoting open conversations about mental health in their peer groups, family, school, and communities. YLI observed that by addressing youth-identified mental health topics such as school climate, social media and mental health, technology and mental health, and cultural stigma, youth fostered meaningful discussions that resonated with both youth and adults.
- By sharing information in a podcast, youth ambassadors reach their peers and San Mateo County youth outside of the school setting, further promoting and destigmatizing seeking mental health support and breaking down barriers of stigma.

ADULT MENTAL HEALTH FIRST AID (MHFA)

Adult Mental Health First Aid (AMHFA) is an 8-hour public education provided by ODE, which partners with community organizations to facilitate AMHFA courses. The course introduces participants to the unique risk factors and warning signs of mental health issues in adults, builds understanding of the importance of early intervention, and teaches participants how to help an individual in crisis or experiencing a mental health challenge. AMHFA aims to teach community members and partners in San Mateo County by:

- Incorporating culturally humble questions, examples, and resources to help participants to intervene with and refer behavioral health services to marginalized populations in a more culturally responsive way.
- Sharing mental health facts and stories of hope and recovery which both help reduce stigma of mental health issues and conditions.
- Sharing local resources participants can refer to for professional behavioral health support, including public health services.
- Partnering with agencies that connect marginalized communities to care, including those serving older adults and immigrant communities to reduce disparities in access to care.

Numbers Served

Adult Mental Health First Aid	FY 2021-22	FY 2022-23	FY 2023-24
Total clients served	165	124	183
Total cost per client	$436	$580	$962

Program Outcomes

Data Collection Methods

- Pre-program assessment, post-program assessment, and 3-to-6-month follow-up survey (administered by an external consultant).

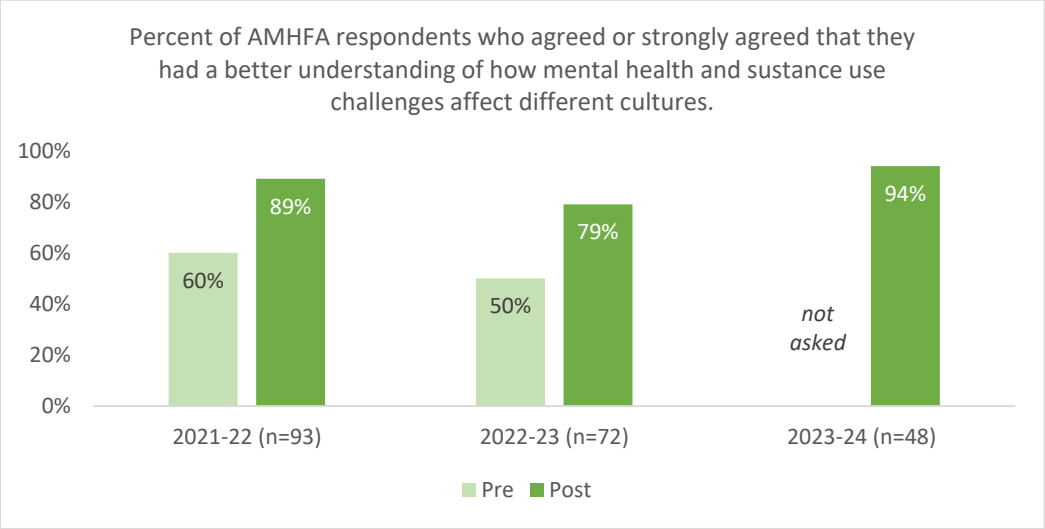
Outcome Highlights

- On average, participants' knowledge, confidence, and cultural awareness increased in almost all areas from before to after the course. The largest increases in knowledge appeared to be in unlearning misconceptions, whereas the majority participants came into the course already having some knowledge about trauma, risk factors, and cultural responsiveness.

Outcome Indicators[14]

Cultural identity/humility

Participants in all fiscal years reported an increase in understanding of how behavioral health challenges affect different cultures.



ODE Indicators[15]

Domain	ODE Indicators: FY 2023-24	Number	Percent
Cultural Identity/humility	As a result of this training, I have a better understanding of how mental health and substance use challenges affect different cultures.	45 of 48	94%
	I feel like my identity, cultural background, and experiences (race, ethnicity, gender, sexual orientation, religion, etc.) were affirmed by this program/training/event.	112 of 120	93%

[14]New surveys were implemented in February 2024. While the new surveys were finalized, participants completed the old versions of the surveys, which had some differing questions. This resulted in some questions being asked on some surveys and not others, which impacted the total number of respondents for certain questions and the ability to compare across years. Separate tables are presented for each fiscal year highlighting the survey questions asked.

[15] Data available for FY 2023-24

Access to Services	Through my participation in this event/program/training, I have learned knowledge and skills that I can use to access behavioral health services.	73 of 73	100%

Increases in knowledge, skills, and/or abilities[16]

- FY 2022-23
  - Participants demonstrated increases in knowledge related to asking others about suicidal feelings, distinguishing a panic attack from a heart attack, understanding common mental health disorders, and identifying a misconception around mental illness and violent crimes (n=80).
  - All indicators of confidence in assisting someone in crisis or experiencing a mental health challenge doubled from course application to the six-month follow-up assessment, including confidence in recognizing signs and misconceptions around behavioral health challenges, as well as reaching out and assisting someone in seeking help and support when in crisis (n=9).
- FY 2021-22
  - Participants demonstrated increases in knowledge, with an increase in correct answers across all questions from the pre-program to post-program survey (n=110).
  - In the six-month follow-up survey, all respondents indicated they have confidence that they can reach out to a person who may be dealing with a mental health problem, substance use challenge or crisis; and can recognize and correct misconceptions about mental health, substance use, and mental illness (n= 8).

[16] Data available for FYs 2021-22 and 2022-23

YOUTH MENTAL HEALTH FIRST AID (MHFA)

Youth Mental Health First Aid (YMHFA) is a 6-8-hour public education training program provided by ODE, which works in partnership with other community organizations to facilitate YMHFA courses. Specifically, the course introduces participants to the unique risk factors and warning signs of mental health issues in adolescents, builds understanding of the importance of early intervention, and teaches individuals how to help a youth in crisis or experiencing a mental health challenge.

Numbers Served

Youth Mental Health First Aid	FY 2021-22	FY 2022-23	FY 2023-24
Total clients served	*No data*	89	152
Total cost per client	*No data*	*No data*	$962

Program Outcomes

Data Collection Methods

- Pre-program assessment, post-program assessment, and 3-to-6-month follow-up survey (administered by an external consultant).

Outcome Highlights

- On average, participants' knowledge, confidence, and cultural awareness increased after the course, improving their ability to help young people experiencing mental health distress or crisis. Speaking to access to services, respondents also reported gaining information that they can use to access behavioral health services.

Outcome Indicators[17]

ODE Indicators: 2023-24

Domain	ODE Indicators: FY 2023-24	Number	Percent
Cultural Identity/Humility	As a result of this training, I have a better understanding of how mental health and substance use challenges affect different cultures.	69 of 81	85%
	I feel like my identity, cultural background, and experiences (race, ethnicity, gender, sexual orientation, religion, etc.) were affirmed by this program/training/event.	115 of 134	86%
Access to Services	Through my participation in this event/program/training, I have learned knowledge and skills that I can use to access behavioral health services.	52 of 53	98%

Knowledge, skills, and/or abilities: 2022-23

- From the pre to post assessment (n=58), participants demonstrated significant increases in knowledge related to understanding and communicating with youth about suicide. Participants improved their understanding about language to use when asking a young person about suicide (45% to 93%), understanding that when talking to a young person in crisis it is not necessarily best to give them advice (63% to 100%), and understanding that self-harm should not be equated with a failed suicide attempt (66% to 97%), among other topics.
- There were no six-month follow-up assessment responses available at the time of this report, which does not allow for reporting changes in confidence. Data from the pre-assessment show that overall, around two-thirds of participants indicated confidence in each area before attending the YMHFA course.

Cultural responsiveness: 2022-23

- From pre to post assessment (n=54), the percent who agreed or strongly agreed that they have a better understanding of how mental health and substance use challenges affects different cultures increased from 70% to 94%.

[17]Data were available for FYs 2022-23 and 2023-24 only. New surveys were implemented in February 2024. While the new surveys were finalized, participants completed the old versions of the surveys, which had some differing questions. This resulted in some questions being asked on some surveys and not others, which impacted the total number of respondents for certain questions and the ability to compare across years. Separate tables are presented for each fiscal year highlighting the survey questions asked.

OUTREACH COLLABORATIVES

Community outreach collaboratives funded by MHSA include the East Palo Alto Partnership for Behavioral Health Outreach (EPAPBHO), the North County Outreach Collaborative (NCOC), and Coastside Community Engagement. The collaboratives provide advocacy, systems change, resident engagement, expansion of local resources, education and outreach to decrease stigma related to mental illness and substance use and increase awareness of and access and linkages to culturally and linguistically competent behavioral health, entitlement programs, and social services; a referral process to ensure those in need receive appropriate services; and promote and facilitate resident input into the development of MHSA funded services.

NORTH COUNTY OUTREACH COLLABORATIVE (NCOC)

The NCOC comprises five partner agencies located in the north sector of San Mateo County: Daly City Partnership, Daly City Youth Health Center, Pacifica Collaborative, StarVista, and Asian American Recovery Services/HealthRight360. NCOC's objectives are to connect individuals with mental health services, alcohol and substance use treatment, and other social services. The collaborative aims to reduce stigma and discrimination surrounding mental health, alcohol, and other drug issues within the community by increasing awareness of available resources through education and improving access to care. This approach enhances the BHRS's capacity and overall system performance in addressing the needs of prominent populations in North San Mateo County, including Filipino, Pacific Islander, Latinx, Chinese, and LGBTQ+ communities.

Numbers Served

NCOC	FY 2021-22	FY 2022-23	FY 2023-24
Total clients served	7,577	4,573	8,322
Total cost per client	$15	$26	$42

Program Outcomes

Data Collection Methods

- Various agency-specific methods (e.g., client databases)

Outcome Highlights: FY 2023-24[18]

- **Daly City Youth Health Center (DCYHC)** participated in 25 outreach events in FY 2023-24, conducted 108 outreach efforts, and had a 100.8% increase in account engagement and growth in self-referrals. 71.1% of DCYHC clinical clients overall achieved reliable or clinically significant change (evidence-based outcome measurement system, PCOMS)

[18] Outreach Collaboratives were not required to collected quantitative outcome data in the same way as other PEI programs. Instead, each agency involved in the collaborative shared highlights of their successes. Program highlights from FY 2023-24 are presented here.

- **Asian American Recovery Services (AARS)** reached 41,323 individuals through their Essence of MANA program and Talanoa Tuesday live podcast, increasing Pacific Islander engagement with services. A participant in the Essence of MANA Parent Project shared:
    - *"Growing up in a Polynesian household, you know, you don't really hear 'I'm proud of you', or 'I love you' so I just really use a lot of positive words of affirmation. And, I love you a lot. Another thing is I definitely learned like a lot more about myself, you know. Instead of being mad at my daughter for not knowing how to do her homework. I learned to take a step back and learn patience with her instead of yelling at her."*
- **The Daly City Partnership (DCP)** community outreach efforts included social media presence and a quarterly newsletter reaching nearly 2,000 subscribers.
- **The Pacifica Collaborative (PAC)** and **Pacifica Resource Center (PRC)'s** Houseless on the Coast team implements consistent outreach to individuals living in RVs, vehicles, and encampments in Pacifica. In collaboration with Coast House, they supported a 69-year-old woman with complex needs secure a housing voucher and move into the Half Moon Bay Villages senior living facility. Their Safe Parking Permit Program has helped six individuals transition into permanent housing.
- **CoastPride** has delivered sexual orientation and gender identity (SOGI) training for all Pacifica School District staff, holds GSA clubs at both Pacifica high schools, and a middle school after-school group for LGBTQ issues. Pacifica's 3rd Annual Pride Parade attracted 2,000 attendees.

EAST PALO ALTO PARTNERSHIP FOR BEHAVIORAL HEALTH OUTREACH

The EPAPBHO collaborative is composed of community-based agencies from the East Palo Alto region of San Mateo County to provide culturally appropriate outreach, psychoeducation, screening, referral and warm hand-off services to East Palo Alto region residents. One East Palo Alto (OEPA) served as the lead agency and work in collaboration with El Concilio of San Mateo County, Free at Last and 'Anamatangi Polynesian Voices. The program goals are to increase access for marginalized ethnic, cultural and linguistic communities accessing and receiving behavioral health services, strengthen collaboration and integration, and establish strong linkages between the community and BHRS, and reduce stigma, including self-stigma and discrimination related to being diagnosed with a mental illness, substance use disorder or seeking behavioral health services.

Numbers Served

EPAPBHO	FY 2021-22	FY 2022-23	FY 2023-24
Total clients served	384	946	606
Total cost per client	$265	$116	$367

Program Outcomes

Data Collection Methods

- Various agency-specific methods (e.g., client databases, self-report)

Outcome Highlights: FY 2023-24[19]

- **Anamatangi Polynesian Voices (APV)** works within the County Juvenile system with young people referred by County Probation, providing cultural and linguistic support for these young men and their families and connecting them to other community programs.
    - **Client Success Story**: Mr. H arrived in the U.S. in 2019 from the Kingdom of Tonga and resides at the Good Samaritan Shelter in San Mateo while seeking employment. Mr. H successfully completed the 12-week Parent Project, applying the tools and strategies he learned to support his children in Tonga. He has become an integral part of Anamatangi's cultural initiatives and Cultural Practitioner Training.
- **El Concilio of San Mateo County (ECSMC)** engages community members, assesses them for mental health needs, and refers them to services.
    - **Client Success Story**: In one case, a single mother of two children came to ECSMC offices because her electricity had been shut off for two days. She was very distressed and nervous because her food had spoiled. ECSMC's Case Worker assisted her with submitting a financial assistance application and had her electricity restored within a few hours. While working with this client, staff also recognized she could benefit from mental health counseling and referred her accordingly.
- **Free at Last (FAL)** supports clients with co-occurring disorders or mental health issues who have successfully completed residential treatment by helping them find employment, referring them to housing, shelters, or reuniting them with their families.
    - **Client Success Story**: One client was facing incarceration, financial hardship, and substance dependency when she entered FAL's treatment program. Upon graduation, she successfully secured employment and continues to maintain her sobriety, embodying the positive change she set out to achieve.
- **The Barbara A. Mouton Multicultural Wellness Center (The Mouton Center/TMC)** has gradually reopened its programming hours and activities to the community since the pandemic. A significant success for The Mouton Center was the launch of Wellness Wednesdays for the community in May 2023. These sessions are open to the community to focus on wellness while enjoying healing activities. Topics have included painting, candle making, journaling, sharing one's narrative, musical breathing, and coloring for calm.
    - **Client Success Story**: One of TMC's clients, a mother of a child with special needs, shared that she attends the evening painting sessions as a self-care activity.

[19] Outreach Collaboratives were not required to collected quantitative outcome data in the same way as other PEI programs. Instead, each agency involved in the collaborative shared highlights of their successes. Program highlights from FY 2023-24 are presented here.

COASTSIDE COLLABORATIVE

The Coastside Collaborative provides culturally responsive outreach to the Coastside community and targets a broad community network with the goal of strengthening service collaboration, coordination, and integration into the Coastside region of San Mateo County. The Collaborative is co-chaired by the Youth Leadership Institute (YLI) and Ayudando Latinos a Soñar (ALAS).

Numbers Served

Coastside Collaborative	FY 2021-22	FY 2022-23	FY 2023-24
Total members	*No data*	94	*No data*
Total cost per client	*No data*	$478	*No data*

Program Outcomes

Data Collection Methods

- Various agency-specific methods (e.g., client databases)

Outcome Highlights: FY 2023-24[20]

- **Community Resource Guide**: The Coastside Collaborative revised the resource guide, incorporating information about Coastside services. Special emphasis was placed on highlighting the need for Mental Health resources. Distribution includes various platforms such as city websites, the chamber's local website, and ALAS.
- **allcove Presentation on Youth Mental Health Integrated Centers**: Collaboration with allcove aimed to enhance youth mental health services through integrated centers, reflecting a commitment to the well-being of young individuals in the community.
- **COVID-19 Updates and Vaccine Equity**: The Collaborative prioritized COVID-19 concerns by emphasizing preventive measures, including vaccination, ventilation, and mask usage.
- **Communication Challenges During Storms**: A focus was placed on identifying and strategizing solutions for communication challenges that arise during adverse weather conditions, ensuring effective communication within the community during such events.
- **Storm/Flood Impacts and Youth Assessments**: The Collaborative created a youth needs and challenges survey to better understand and address the needs of young people in the area.
- **Fire Season Preparedness**: The Collaborative ensured community preparedness for fire seasons by hosting CalFire presentations, focusing on educating and preparing the community for potential fire incidents.
- **Half Moon Bay Shooting Incident**: In response to the shooting incident in Half Moon Bay, the Collaborative addressed the aftermath and impact, with a focus on providing community support and considering mental health implications.

[20] Outreach Collaboratives were not required to collected quantitative outcome data in the same way as other PEI programs. Instead, each agency involved in the collaborative shared highlights of their successes. Program highlights from FY 2023-24 are presented here.

PARENT PROJECT®

The Parent Project® (PP, the program, or the course) is a free, 12-week course provided by ODE focusing on caregivers with children and adolescents who display challenging behavior(s). Classes meet weekly for three hours and the course is offered in both English and Spanish in virtual, in-person, and blended models. The PP course was created for anyone who cares for a child or adolescent and wants to learn how to respond to children's behaviors in a way that decreases unhealthy or dangerous behaviors while strengthening family relationships in a culturally informed manner. Throughout the course, parents and caregivers learn parenting skills and get information about resources and other support available in their communities. They learn specific prevention and intervention strategies and practice effective parenting skills such as appropriate ways to discipline, preventing or stopping alcohol and drug use, improving communication skills, and improving school attendance and performance. ODE works in partnership with other community organizations to facilitate PP courses.

Numbers Served

Parent Project®	FY 2021-22	FY 2022-23	FY 2023-24
Clients served (unduplicated): Program participants	110	152	50
Cost per client	*No data*	*No data*	$5,776
Individuals reached (duplicated)	*N/A*	*N/A*	*N/A*
Total Served	110	152	50

Program Outcomes

Data Collection Methods

- Pre-program assessment, post-program assessment, and six-month follow-up assessment

Outcome Highlights

- From before to after the course, participants reported increases in satisfaction with their parenting skills and their relationship with their child, as well as increases in knowledge and skills around relational practices, communication, and parenting skills.
- The majority of survey respondents demonstrated reduced stigma and increased access to behavioral health services.

Outcome Indicators

Domain	ODE Indicators/Questions (Asked in FY 2023-24 only)	Number	Percent
Access to services	Through my participation in the Parent Project® course, I have learned knowledge and skills that I can use to access behavioral health services.	20 of 26	77%
Cultural identity/humility	I feel like my identity, cultural background, and experiences (race, ethnicity, gender, religion) were affirmed by taking the Parent Project course.	18 of 24	75%
Stigma reduction	Due to this program, I feel more comfortable talking about my mental health and/or substance use.	18 of 27	67%

Outcome Domain	Participant Pre/Post Survey: FY 2023-24[21]	Change from Pre to Post Survey	
		Pre-survey (n=22-23)	Post-survey (n=26-29)
Self-empowerment	Percent satisfied or very satisfied with their parenting skills.	64%	90%
Knowledge, skills, and/or abilities	Percent satisfied or very satisfied with their relationship with their child(ren).	70%	86%
Knowledge, skills, and/or abilities	Percent who often or always define clear expectations for their child(ren).	74%	86%

Survey responses from 2022-23

- **Knowledge, skills, and/or abilities**: The number of respondents reporting satisfaction with their relationship with their child increased from 88% to 97% from pre to post survey (n=72). The number of respondents reporting satisfaction with their parenting skills increased from 87% to 97% from pre to post survey (n=71).
- **Connection and support**: After taking the course, 95% of respondents (n=70) reporting feeling supported, compared to 74% (n=55) before the course.

[21] Survey responses are shown in the table for FY 2023-24. While surveys were administered in FY 2021-22 and FY 2022-23, data were analyzed differently, and therefore results are not comparable across years. While only FY 2023-24 numbers are shown here, previous years also saw similar increases in participants' satisfaction with their parenting skills and their relationship with their child, as well as increases related to relational practices, communication, and parenting skills.

- **General behavioral health**: Of the nine respondents who that their child had been suspended prior to the Parent Project, six reported that their child had not been suspended since the Parent Project. Of the 21 respondents who reported disciplinary problems on the pre-program assessment, eight reported that their child has not had disciplinary problems since starting the course. Of the 13 that reported Child Protective Services (CPS) involvement in their pre-program assessment, 11 cited no CPS involvement in their post-program assessment. Half of the eight respondents who reported police involvement on the pre-program assessment indicated that there was no involvement in the post-program assessment.

Survey responses from 2021-22

- **Knowledge, skills, and/or abilities**: 94% of respondents reported being satisfied with their parenting skills; 100% reported being satisfied with the relationship with their child. Additionally, respondents reported fewer difficulties relating to communication with their child (89% at pre to 56% at post).
- **Connection and support**: 94% of respondents reported that they feel supported as a parent

Quotes from Parents

"Hearing from other parents what they experience with their children and how they handle it, even though the class explains it step by step…it is better to hear it from someone who lives it." – Survey Respondent, 2024

"I'm thankful for this amazing program, with wonderful facilitators…love the group of great parents sharing with each other about our parenting experiences. I learned so much." – Survey Respondent, 2024

Photo: Parent Project graduates

STORYTELLING PROGRAM/PHOTOVOICE

The ODE Storytelling Program empowers community members to share their stories of recovery and wellness to heal and to address issues within their communities. Participants engage in workshops that help them create and share their stories in different forms. Beginning with a framing question, facilitators support participants to share their stories as Photovoices or Digital Stories. Considering structural impacts on wellness such as racism, discrimination, and poverty, these workshops broaden the definition of recovery and reduce stigma. The stories shared are both personal and powerful. For some, they have created a sense of connection, and for others, they have opened the doors to treatment and recovery. Stories captured in San Mateo County shed light on important social issues including stigma against mental health and substance abuse and support the empowerment of others with lived experience to share their stories.

In FY 2023-24, Storytelling/Photovoice devoted efforts to its program relaunch taking place in October 2024. The Photovoice program is expected to be fully operational in FY 2024-25.

No participant or outcome data are available from FYs 2021-22, 2022-23, or 2023/24. Below is an image from a Storytelling/Photovoice project where participants expressed their experiences with behavioral health challenges.

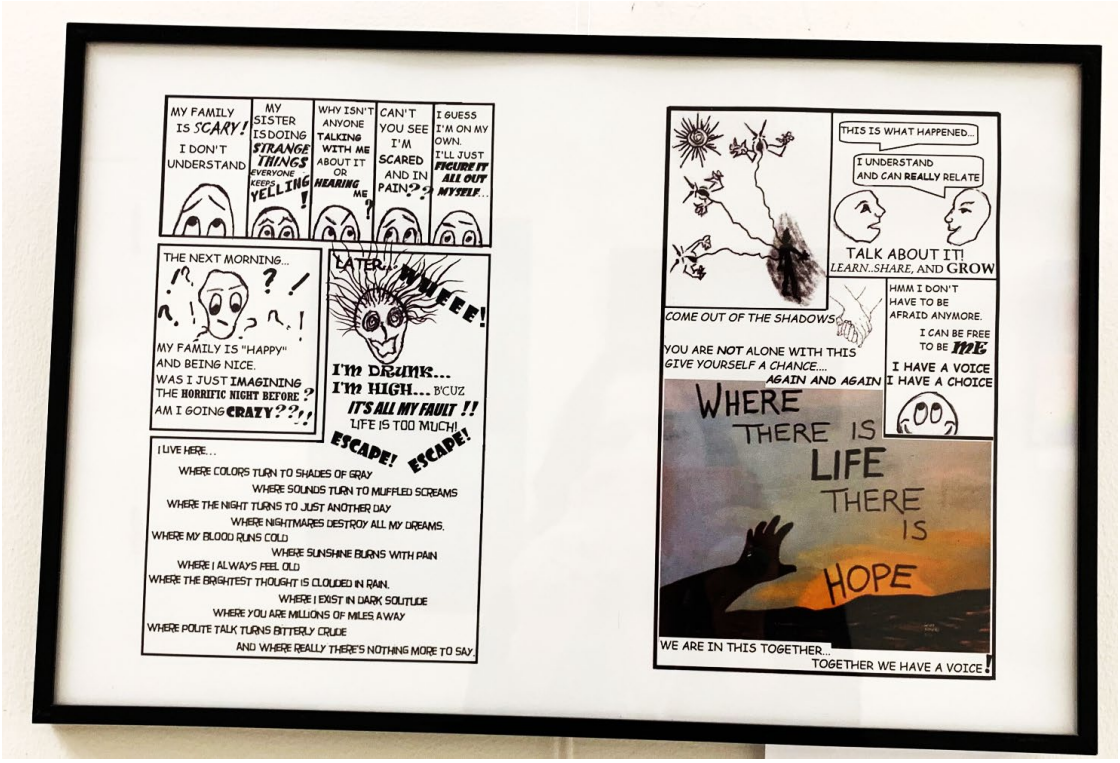


Photo: Photovoice example

STIGMA AND DISCRIMINATION REDUCTION

MENTAL HEALTH AWARENESS AND #BETHEONESMC CAMPAIGN

#BeTheOneSMC is San Mateo County's anti-stigma initiative. #BeTheOneSMC seeks to eliminate stigma against mental health and/or substance use by providing education and sharing stories of those with lived experience; improve timely access and linkage to treatment for underserved populations by raising awareness in the community; and reduce disparities and inequities to access to care by hosting activities that target specific marginalized communities in different regions of the county. #BeTheOneSMC's main message is that you can be that ONE who can make a difference in reducing stigma and promoting wellness in our community. Program activities center around the annual observance of May Mental Health Month (MHM) and include Advocacy Days, Mini-Grants and Event Support, and a widespread Communications Campaign.

Numbers Served

Mental Health Awareness	FY 2021-22	FY 2022-23	FY 2023-24
Total unduplicated individuals served through trainings and events	500	1,200	1,321
Total duplicated individuals reached through other outreach efforts (website, social media, etc.)	15,831	17,200	18,573
Total cost per client	$164	$123	$133
Total individuals served	16,331	18,400	19,894

Program Outcomes

Data Collection Methods

- Survey of MHM event participants
  - FY 2021-22: 160 survey responses collected from 20 out of 43 MHM events
  - FY 2022-23: 83 survey responses collected from 13 out of 23 MHM events
  - FY 2023-24: 179 survey responses collected from 21 out of 36 MHM events

Outcome Highlights

- MHM events impacted the stigma that survey respondents may have held around others with behavioral health challenges and around seeking behavioral health services for themselves if needed. Events also increased access to services by improving respondents' knowledge about behavioral health services that they can reach out to.

Outcome Indicators

Domain	Indicator/Question	Percent Agree or Strongly Agree 2021-22 (n=158-60)	2022-23 (n=83)	2023-24 (n=179)
Stigma reduction	As a direct result of this program, I am MORE likely to believe people with mental health and/or substance use conditions contribute much to society.	Not asked	88% *(out of 73)*	82%
Stigma reduction	As a direct result of this program, I am MORE willing to seek professional support for a mental health and/or substance use condition if I need it.	94%	82%	83%
Access to services	As a direct result of this program, I've learned MORE about mental health and/or substance use services that I can reach out to.	90% *(out of 68)*	93%	87%
Cultural identity/humility	This program was relevant to me and other people of similar cultural backgrounds and experiences (race, ethnicity, gender, religion, etc.).	90%	88%	90%

Photo: San Mateo County Board of Supervisor Proclamation for 2024 May Mental Health Month, Redwood City, May 21, 2024

SUICIDE PREVENTION PROGRAM

The Suicide Prevention program aims to coordinate efforts to prevent suicide in the San Mateo County community. The primary program activities and/or interventions provided include:

- **Suicide Prevention Committee (SPC).** The SPC is composed of suicide prevention advocates and representatives of key county agencies and community partners. The SPC provides oversight and direction to suicide prevention efforts in San Mateo County, using its strategic plan to prioritize and connect efforts to reduce suicide overall and among specific high-risk communities.
- **September Suicide Prevention Month (SPM).** The purpose of SPM is to encourage all in the community to learn how we all have a role in preventing suicide. SPM activities include Advocacy Days, Mini-Grants and Event Support, and a Communication Campaign.
- **Be Sensitive Be Brave Trainings**. San Mateo County provides free Be Sensitive, Be Brave (BSBB) workshops on Mental Health (MH) and Suicide Prevention (SP) for community members. The BSBB: MH workshop prepares community members to help friends and loved ones during times of distress. The BSBB: SP workshop teaches community members to act as eyes and ears for suicidal distress and to connect individuals to help. Workshops are held in English, Cantonese, Mandarin, Spanish, Samoan, and Tongan.

Numbers Served

Suicide Prevention	FY 2021-22	FY 2022-23	FY 2023-24
Number of individuals served in the primary program component(s), unduplicated counts. (SPC Members)	337*	184*	200*
Number of individuals served in all other components. (Suicide Prevention Month Attendees and Suicide Prevention Training Participants)			400*
Be Sensitive Be Brave Training Participants	463	516	266
Total cost per client	*No data*	$210	$237
All individuals served across all program components (Unduplicated Clients Served + Individuals Reached).	800	700	866

*Estimated numbers

Program Outcomes: Suicide Prevention Events

Data Collection Methods

- Suicide Prevention Event post-surveys[22]

Outcome Highlights: Suicide Prevention Events

- Though surveys were only available for a smaller subset of participants in suicide prevention events, survey results indicate that event participants learned critical information about warning signs and resources, are more comfortable talking about mental health, and are more willing to reach out and help ithers in their community who may be at risk of suicide.

Outcome Indicators

Outcome Domain	Participant Post Survey (Starred Questions are ODE Indicators)	Percent Agree or Strongly Agree	
		2021-22 (n=26)	2023-24 (n=24)
Community advocacy	Due to my participation in this program/training/event, I am more willing to reach out and help someone if I think they may be at risk of suicide.	89%	100%
Access to services	I am more knowledgeable about professional and peer resources that are available to help people who are at risk of suicide.	81%	-
Access to services	Through my participation in this event/program/training, I have learned knowledge and skills that I can use to access mental health and substance use health services.*	-	88%
Stigma reduction	Due to this program/training/event, I feel more comfortable talking about my mental health and/or substance use.*	-	71%
Knowledge, skills, and/or abilities	I am better able to better able to recognize the signs, symptoms and risks of suicide.	58%	-
Self-empowerment	I learned how to better care for myself and seek help if I need it.	85%	-

[22] Surveys were not available for FY 2022-23

Quotes from Participants

"The 'What I Wish My Parents Knew' Forum provided the space to have a deeper reflection on my own relationships with loved ones and with my mental health. It was wonderful to engage in dialogue with my local community to raise awareness about suicide prevention and mental health, and I was really inspired to see the amount of motivation and willingness to learn from the parents. It's empowering to know that our voices are being heard and that we are making positive changes in our communities!" – Youth leader of 'What I Wish My Parents Knew' Forum

Photo: "What I Wish My Parents Knew" Forum, Redwood Shores Library, September 2023

Photo: San Bruno City Hall lit up for Suicide Prevention Month, September 2023

Program Outcomes: Be Sensitive, Be Brave Trainings

BSBB FOR SUICIDE PREVENTION

Data Collection Methods

- BSBB: SP training pre/post surveys

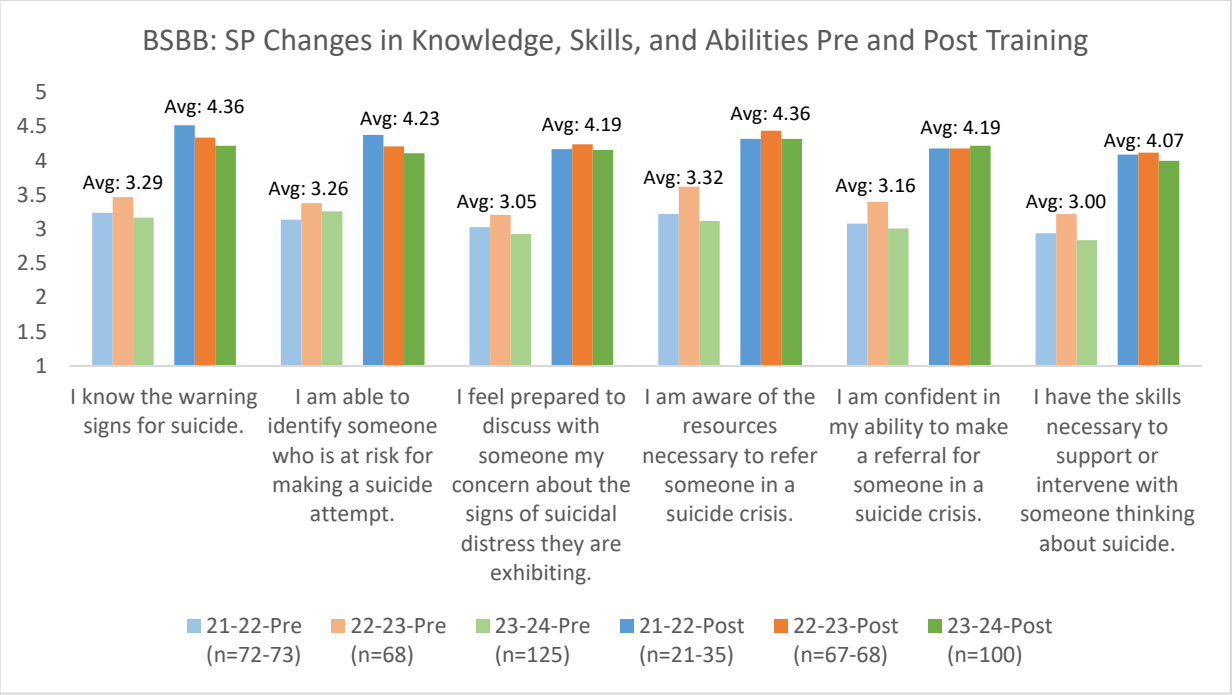
Outcome Highlights

- On average, BSBB: SP training participants experienced increases in all survey questions in all three years. For the most part, participants came into the training rating their knowledge, skills, abilities, and cultural awareness between a 3 and 4 on a 1-5 scale, indicating that they did not fully "agree" that they had the capabilities that the training addressed. After the training, participants' capabilities increased to between a 4 and a 5 on the scale, indicating they felt stronger in their capacity to respond and support their community in suicide prevention. On average, the area with the lowest post-training rating was feeling prepared to support individuals of diverse cultural backgrounds with their suicidal distress.

Outcome Indicators

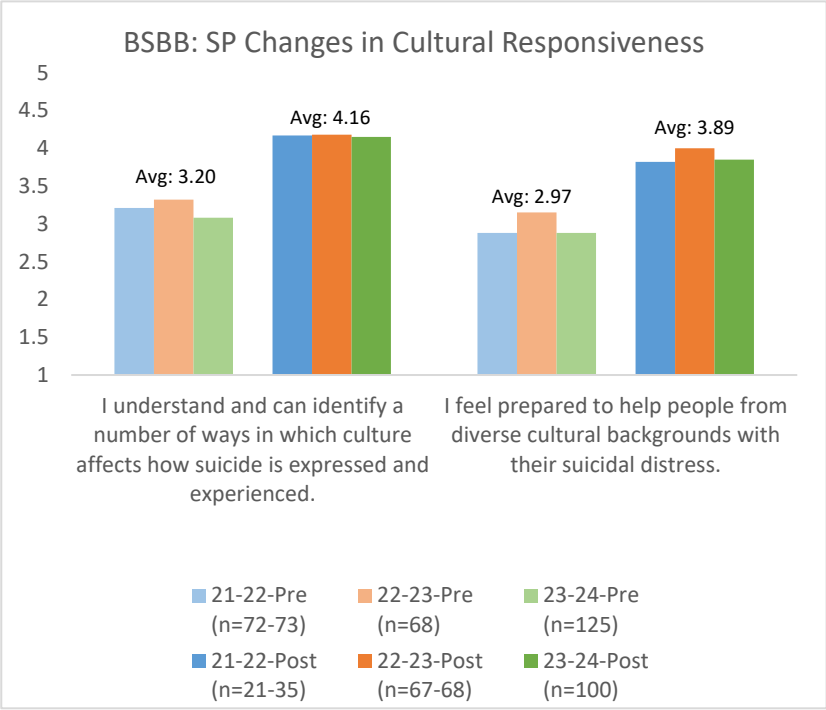
Knowledge, skills, and/or abilities

- BSBB: SP participants demonstrated similar results across all three years and survey questions. Participants experienced increases in both knowledge and skills. On the pre-survey, participants had the lowest scores in areas related to their confidence, preparation, and skills to discuss or support someone related to suicide (between a 2 and a 3, or between "disagree" and "neither disagree or agree"). Questions related to confidence, preparation, and skills increased to at least a mean of 4 ("agree") after the training, but on average still had lower ratings than questions related to knowledge.
- When asked what participants will do differently as a result of the training, participants planned to have more conversations asking about signs and thoughts of suicide, referring others for help or support, and integrating culture and diversity into community mental health support efforts.



Cultural responsiveness

BSBB: SP participants showed improvements in their comprehension of ways in which culture affects how suicide is expressed and experienced, and in their preparedness to help people from diverse cultural backgrounds in suicidal distress. Participants expressed higher capacity in identifying how culture affects how suicide is expressed/experienced than in feeling prepared to help people from diverse cultural backgrounds with suicidal distress.



BSBB FOR MENTAL HEALTH

Data Collection Methods

- BSBB: MH training pre/post surveys[23]

Outcome Highlights

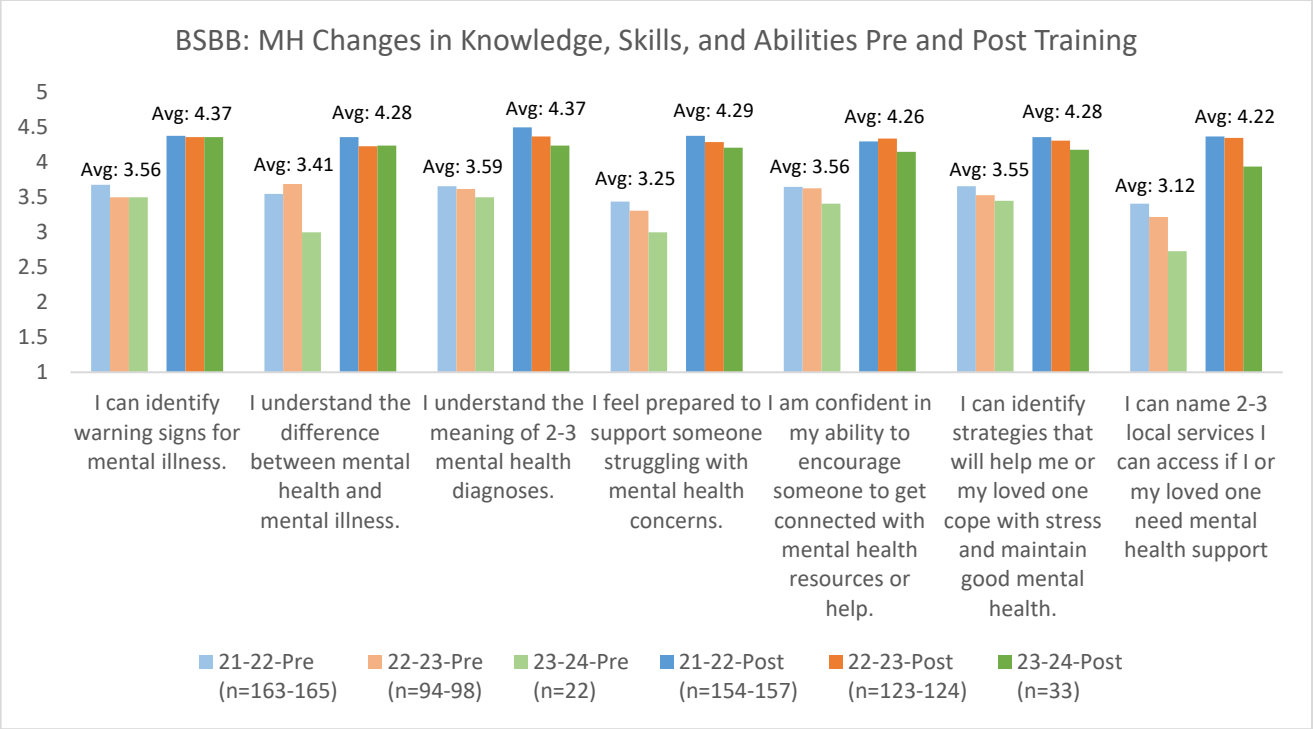
- On average, BSBB: MH training participants experienced increases in all survey questions related to their knowledge, skills, abilities, and cultural awareness in all three years. On average, participants came into the training with a rating between a 3 and 4 on a 1-5 scale, indicating that they did not fully "agree" that they had the capabilities that the training addressed. In most cases after the training, participants' capabilities increased to between a 4 and a 5 on average, indicating they felt stronger in their capacity to respond and support their community, family, and themselves in the case of mental health challenges. On average, the area with the lowest post-training rating was feeling prepared to support individuals of diverse cultural backgrounds with their mental health concerns.
- Participants indicated some degree of mental health stigma in their communities, reporting relatively neutral views on the question of whether individuals who had sought mental health treatment would be treated equally in their community.

Outcome Indicators

Knowledge, skills, and/or abilities

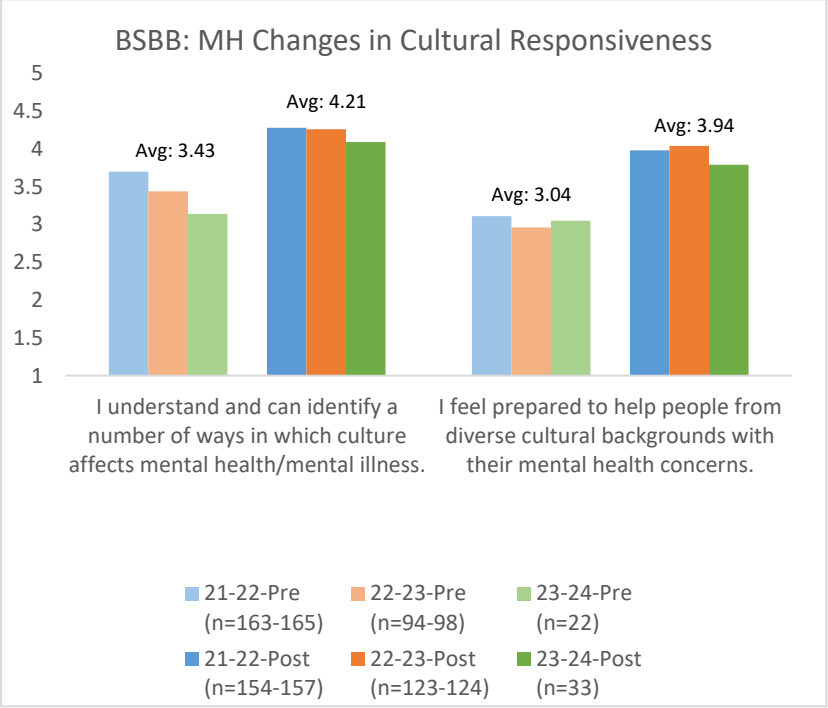
- BSBB: MH participants demonstrated similar results across all three years and survey questions. Ratings in FY 2023-24 were somewhat lower for many questions, which may be due in part to the low survey response rate. Participants experienced increases in knowledge about mental health, skills and confidence in supporting someone with mental health concerns, and awareness of mental health services. The questions with the lowest pre-training ratings were in being able to name local mental health resources and feeling prepared to support someone with mental health concerns; after the training, on average both of these areas increased to an average above 4 ("agree") on the 1-5 scale.
- When asked what participants will do differently as a result of the training, examples included having more conversations about mental health, inviting people to seek help or support, and practicing more wellness and self-care.

[23] Results are for BSBB: MH trainings conducted in English. In FY 2022-23, a cultural and linguistic adaptation was conducted for the Tongan-speaking Pacific Islander community. In FY 2021-22, a cultural and linguistic adaptation was conducted for the Mandarin and Cantonese speaking Chinese community. Note that sample sizes in FY 2023-24 were small due to incomplete survey results (e.g., participants not completing the pre- or post-training questionnaires or skipped items).

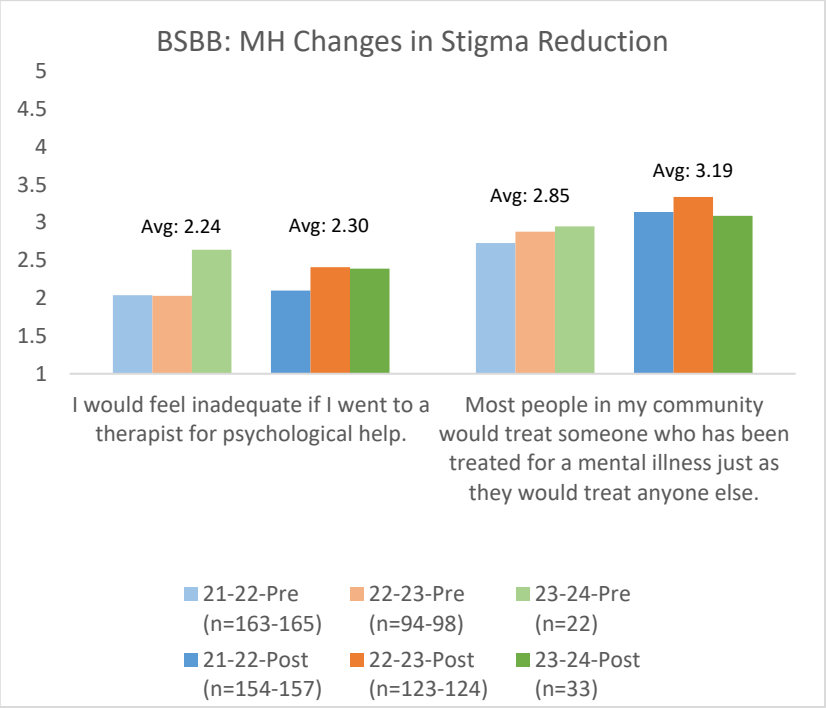


Cultural responsiveness

BSBB: MH participants showed improvements in their comprehension of ways in which culture affects mental health/mental illness, and in their preparedness to help people from diverse cultural backgrounds with mental health concerns. Participants expressed higher capacity in identifying how culture affects mental health than in feeling prepared to help people from diverse cultural backgrounds with mental health concerns.



Stigma Reduction



Regarding internalized stigma, across the three-years, the average rating of feelings of inadequacy for seeking psychological help were between "disagree" and "neither disagree or agree" both pre- and post-training, suggesting that participants held neutral or positive-leaning feelings about seeking psychological help from a therapist. There was little change from pre- to post-training.

Participants reported some degree of mental health stigma in their communities. When asked whether most people in their community would treat individuals with mental health conditions equally, across the three years the average pre-training response was between "disagree" and "neither agree nor disagree," while the average post-training response was slightly higher, suggesting that after the training, more participants agreed that people with mental health conditions would be treated equally.

QUOTES FROM TRAINING ATTENDEES

BSBB: SP training*: "It was really in depth and provided great information on identifying potential signs of suicide and how we can support individuals experiencing suicidal thoughts."*

BSBB: MH training*: "It was a great training and I definitely learned a lot about both the signs of mental health in different cultures and how different groups of people react."*

TRAUMA-INFORMED CO-OCCURRING SERVICES FOR YOUTH

The Trauma-Informed Co-occurring Services for Youth program focuses on youth and transitional age youth (TAY) ages 15-25 who are at greatest risk for adverse childhood experiences; children of color and children who grow up in poverty show the greatest risk for Adverse Childhood Experiences (ACEs). Other groups can include juvenile justice involved, immigrant youth, homeless youth, youth in foster care, etc. Trauma-Informed Co-occurring Services for Youth consists of three required components: Group-Based Intervention; Community Engagement; and Social Determinants of Health (SDOH) Screening and Referrals.

- The Group-Based Intervention component utilizes evidence-based or promising practice intervention or curriculum to address trauma and substance use issues with youth. Agencies can opt to provide the Mindfulness-Based Substance Abuse Treatment (MBSAT), which was piloted with youth throughout San Mateo County or an alternate culturally relevant intervention/curriculum. Agencies target at least 8 youth per cohort and each cohort consists of at least 8 sessions for the intervention and 1 session for youth engagement opportunities.
- The Community Engagement component address community-level challenges that are necessary for positive youth outcomes. Agencies provide at least two foundational trauma-informed trainings for adults that interact with their youth cohort participants (parents, teachers, probation officers, service providers, etc.) to create trauma-informed supports for youth. This component also encourages agencies to connect the cohort youth to leadership opportunities such as the BHRS Office of Diversity and Equity (ODE) Health Ambassador Program for Youth and the Alcohol and Other Drug (AOD) youth prevention programs.
- The Social Determinants of Health (SDOH) Screening and Referrals component acknowledges that social determinants of health (e.g., food insecurity, housing, transportation, medical treatment, etc.) can account for up to 40 percent of individual health outcomes. Agencies screen youth participants at to support appropriate referrals and identifying community-based social service resources and social needs and/or gaps.

Four agencies provide interventions as follows:

- Mindfulness-Based Substance Abuse Treatment (MBSAT)
    - StarVista provides 6 cohorts per year in North County and South County
    - Puente de la Costa Sur provides two cohorts per year in the South Coast region
    - YMCA Bureau of San Mateo County provides 2 cohorts per year in South San Francisco
- GiraSol (formerly Panche Be Youth Project)
    - The Latino Commission provides two cohorts per year in South County for girls.

MINDFULNESS-BASED SUBSTANCE ABUSE TREATMENT (MBSAT)

Mindfulness-Based Substance Abuse Treatment (MBSAT) is a group-based curriculum incorporating mindfulness, self-awareness, and substance use treatment strategies with adolescents dealing with substance use/misuse. MBSAT provides adolescents with the ability to improve their decision-making skills and reduce unhealthy behaviors through learning emotional awareness and choosing how to respond (versus react) to stressful situations, how specific types of drugs affect the body and the brain, and how family, peers, and the external environment can contribute to drug use. MBSAT strives to offer youth an empowered approach to substance use prevention rather than programs that teach "just don't do drugs." MBSAT is designed for use with adolescents and uses adult facilitators to model authenticity and build healthy relationships.

- **Puente de la Costa Sur**: Community Mental Health and Wellness (CMHW) clinical staff, trained in cultural humility and trauma-informed care, facilitate this group. MBSAT is offered to high school students in the La Honda-Pescadero Unified School District, as well as young adults in the community.
- **StarVista**: The StarVista Insights Program offers MBSAT to improve the lives of transition-age youth (TAY) dealing with substance use, trauma, emotional regulation, family conflict, unhealthy relationships, and other factors limiting their healthy development and overall happiness. The program continually adapts its offerings by working with various community-based organizations and San Mateo County school districts. It welcomes any transition-aged youth (typically ages 15-25) to participate and is open to collaborating with organizations serving this population. This flexibility has allowed the program to serve 36 youth, with groups organized by appropriate age ranges (14-17 and 18-25).
- **YMCA**: The Youth Service Bureau (YSB) of the YMCA provides mental health services at two South San Francisco high school campuses: South San Francisco High School and El Camino High School. The YSB's focus is on adolescents aged 14 to 18 who are enrolled in high school. The services provided by YSB School Safety Advocates (SSAs) are free of charge and accessible to all students on campus.

Numbers Served

MBSAT - Puente*	FY 2021-22	FY 2022-23	FY 2023-24[24]
Clients served (unduplicated)	34	11	0
Cost per client	$882	$882	0
Individuals reached (duplicated)	0	242	0
Total Served	34	328	0

[24] During FY 2023-24, Puente faced significant challenges in implementing the Mindfulness-Based Substance Abuse Treatment (MBSAT) program. Despite various recruitment efforts, no students attended the offered sessions.

MBSAT - StarVista*	FY 2021-22	FY 2022-23	FY 2023-24
Clients served (unduplicated)	93	87	32
Cost per client	$968	$1,034	$108
Individuals reached (duplicated)	11	81	2
Total Served	104	168	34

MBSAT - YMCA*	FY 2021-22	FY 2022-23	FY 2023-24
Clients served (unduplicated)	6	15	11
Cost per client	$5,000	$2,000	$30
Individuals reached (duplicated)	0	0	50
Total Served	6	15	61

** Unduplicated clients served are the youth that participated MBSAT group sessions, individuals reached would include community member trauma-informed presentations to support youth.*

Program Outcomes

Data Collection Methods

- Post-survey for group participants[25]

Outcome Highlights

- While in some cases there were small numbers of survey respondents, MBSAT participants reported that as a result of the MBSAT program, they gained knowledge and skills about recovery from trauma, have a greater ability to overcome challenges, and have an improved ability to participate in daily life.

Outcome Indicators

Outcome Domain	Participant Post Survey	Percent Agree or Strongly Agree		
		2021-22 (n=SV: 88)	2022-23 (n=SV: 70/ *YMCA: 6*)	2023-24 (n=SV: 15/ *YMCA: 50*)
Knowledge, skills, and/or abilities	Due to participating in this program, I feel in control of my life and future.	87%	-	100%
Knowledge, skills, and/or abilities	When I want to feel better about something, I change the way I'm thinking about it.	-	69%/*50%*	*67%**

[25] Survey questions changed over the years and differed between the StarVista and YMCA programs. YMCA indicators are in italics. For 2021-22, YMCA had no data. There are no outcome data from Puente for MBSAT for the three fiscal years (in 2021-22, Puente reported combined Project SUCCESS and MBSAT data, included in the Project SUCCESS section of this report; in 2022-23, no post-surveys were collected due to staff shortages; in 2023-24, no students were served).

Knowledge, skills, and/or abilities	Because I participated in this program, when I'm worried about something, I make myself think about it in a way that helps me feel better.	-	69%/*50%*	*100%**
Knowledge, skills, and/or abilities	As a result of participating in this program, I believe that recovery from trauma is possible.	-	-	*86%*
Knowledge, skills, and/or abilities	Due to my participation in this program, I practice self-care (taking care of my own needs and wellbeing)	-	-	*72%*
General behavioral health	Due to this program, I am better able to participate in daily life.	-	-	100%
Self-empowerment	Due to participating in this program, I overcome challenges in a more positive way.	87%	-	100%

**Due to survey administration issues, these questions were only answered by three participants.*

Quotes from Participants

"This program/experience has been very helpful and very calming. This program opened me and made me realize a lot that I should have known better." – South San Francisco High School MBSAT Participant

"*This is important information, and I appreciate as someone who works with students with emotional disturbance.*" – Provider Participant at El Camino High School Presentation

"*Ms. V was very nice and helpful to me, and she made me feel comfortable talking about my feelings"* – South San Francisco High School MBSAT Participant

GIRASOL (FORMERLY PANCHE BE YOUTH PROJECT)

The Latino Commission provides a culturally relevant intervention/curriculum for Trauma-Informed Co-occurring Services for Youth. The program took slightly different forms in FY 2021-22 and FY 2023-24. This program will not receive MHSA funding in fiscal year 2024-25.

FY 2021-22: The Panche Be Youth Project combined the curricula of El Joven Noble and Xinachtli programs and were delivered as an afterschool activity. The Xinachtli program assists teen girls in maintaining self-esteem, self-image and self-confidence to continue on to higher education. It is based on indigenous principals, and provides dialectic process designed to support and build on the strengths of the individual. El Joven Noble program incorporates social-cognitive behavioral skills building activities with culturally sensitive video clips, games, brainstorming, role playing to create group cohesion. The goal is to help prevent young men from participating in gangs, reduce crime, increase numbers of youth attending college, improve prevention and health knowledge.

2022-23 and 2023-24: Under a new name, GiraSol, the program consists of three components: Group-Based Intervention; Community Engagement; and Social Determinants of Health (SDOH) Screening and Referrals. The GiraSol curriculum debuted at The Latino Commission's San Bruno location in Spring 2023 serving female-identified youth in the South Bay Area. Youth participants engaged in educational and skill-building sessions of an integrative, unique, and culturally-rooted curriculum, and offered culturally-rooted educational workshops in the community.

Numbers Served

Data were available for FY 2022-23 only. In FY 2021-22, The Latino Commission had not started groups due to ongoing challenges from the COVID-19 pandemic. Program activities occurred in FY 2023-24, but no data were provided.

MBSAT - GiraSol	FY 2021-22	FY 2022-23	FY 2023-24
Clients served (unduplicated)	0	8	*No data*
Cost per client	0	$3,750	*No data*
Individuals reached (duplicated)	0	0	*No data*
Total Served	0	8	*No data*

** Unduplicated clients served are the youth that participated MBSAT group sessions, individuals reached would include community member trauma-informed presentations to support youth.*

Program Outcomes

Data Collection Methods *(data available for 2022-23 only)*

- Youth pre-post survey; parent post-survey

Outcome Highlights

- After the completion of the program, youth participants reported feeling more comfortable speaking about mental health challenges, more connected to their culture, and more in control of their own narratives and futures.
- After the completion of the program, parents reported improved behavior for their daughters.

Outcome Indicators

Domain	Indicators/Questions: FY 2022-23	Pre-Survey	Post-Survey
Stigma reduction	I feel more comfortable speaking about mental health challenges. (population = youth)	25% (2 of 8)	100% (6 of 6)
Cultural identity	I feel proud and connected to my cultural roots. I can name three positive values from my culture. (population = youth)	63% (5 of 8)	100% (6 of 6)
Self-empowerment	I have "control" of my own narrative, design my own narrative, go for my dreams.	63% (5 of 8)	100% (6 of 6)
Knowledge, skills, and/or abilities	Reported improved behavior with daughter. (population = parents)	*N/A*	100% (6 of 6)

TRAUMA INFORMED 0-5 SYSTEMS

The Trauma- and Resiliency- Informed Systems Initiative (TRISI) is a countywide effort in collaboration with First 5 San Mateo County (F5SMC) to transform the service sector for young children and their families. The goal is to integrate a comprehensive commitment to address trauma and promote resiliency into local programs, structures, and culture with a long-term goal of embedding trauma- and resiliency-informed policies and practices at every level. Strategies and targets for the Initiative include 1) training and support for child- and family-serving organizations to imbed trauma- informed practices in their internal operations; 2) training and resources on trauma-informed practices for professionals working with children and families, and 3) education for parents to help recognize the signs and symptoms of trauma.

Note: TRISI is not included in the PEI Evaluation Framework as it serves staff and providers, rather than clients/consumers. It is included in the Three-Year Evaluation Report to demonstrate the system-level efforts and outcomes in BHRS's approach to PEI.

Numbers Served

Trauma-Informed 0-5 Systems	FY 2021-22	FY 2022-23	FY 2023-24
Total clients served*	346	446	336
Total cost per client	$434	$336	$336

*For the purposes of this project, the "clients" served are, most directly, the staff and providers working within the target agencies that serve children and families in San Mateo County. In this context, the MHSA Intended Outcomes would be sought for providers within our community who work to serve the public.

System-Level Impacts

Progress to date includes:

- *Online Resource Hub*: Development of a local online resource hub for providers and other interested community members.
- *Countywide Trauma Convening*: Hosting of a full-day Culture of Care Convening focused on supporting trauma-informed organizational practices for child- and family-serving organizations attended by over 150 individuals and 40+ agencies.
- *Organizational Assessment Tool*: Through the trauma-Informed Organizational (TIO) Practices Assessment Tool, TRISI supports partners to understand what a trauma-informed organization looks like and to assess their organization's current stage.
- *TRISI 1.0 Cohort and Coaching:* Supported the deepening of TIO practices by offering ongoing training, support, and action plans through group work in cohorts and specific agency-focused goals through coaching. Two TIO cohorts commenced in May 2021 with six agencies participating and 23 individual participants for the duration of the eight-month cohort.
- *TRISI 2.0 Cohort and Coaching*: Implemented the second phase of the assessment, cohort, and coaching model with three of the largest child- and family-serving public agencies in San Mateo County, of which BHRS is one.

Through TRISI 2.0, BHRS has utilized the support of an organizational coach to update an existing plan focused on multicultural organization development (MCOD) with a more trauma-informed overlay. In the second half of the year, the work of the coach has been spent supporting the dissemination of the updated MCOD plan with new leaders and alongside racial equity, diversity, and inclusion (REDI) efforts so that the work is comprehensive and aligned rather than seen as just another short-term initiative. The coaching has been targeted to a small group of agency leaders and change-makers in this phase, with an eye toward broader agency expansion in the future.

In 2023, six TRISI 2.0 participants completed a survey about their experiences (all participants in cohorts and coaching were invited).

- 83% of respondents *agreed* or *strongly agreed* that they acquired more knowledge through participating in TRISI activities about what it means to be a trauma-and resiliency-informed organization.
- 67% of respondents who participated in the organizational coaching (with Dr. Tasha Parker, Dr. Ken Epstein, or Antoine Moore) found it to be *extremely valuable*.
- 50% of respondents found that completing the Trauma Informed Organization Assessment survey was *extremely valuable*.
- 50% of respondents reported that the cohort meetings with other participating organizations (facilitated by Dr. Tasha Parker) found them to be *extremely valuable*.
- 50% of respondents *strongly agreed* that TRISI activities were a productive use of their time.

PREVENTION & EARLY INTERVENTION PROGRAM SUMMARIES

ALLCOVE YOUTH DROP-IN CENTER

The allcove model, inspired by successful international models in Australia, Canada, and Ireland, creates stand-alone, “one-stop-shop" health centers for young people ages 12 to 25 to access support for mild to moderate needs with mental health, physical health, substance use, peer support, supported education and employment, and family support, as well as linkages to community referrals in the continuum of care for more intensive needs. Allcove approaches youth wellness in a comprehensive and youth-friendly way, led by members of an active local Youth Advisory Group, who help design the service and environment they most want to see in their community, and a Community Consortium. The allcove San Mateo Youth Drop-in Center provides young people ages 12-25 years old with access to, but not limited to, the following specific services:

a. Drop-in behavioral health services, resources, and wrap-around services and supports
b. Education and awareness about mental health issues via existing relationships with school-based partners
c. Outreach via school-based relationships
d. Behavioral health education and service pathways for local school districts and community colleges
e. Therapy and peer-support groups for youth

Allcove San Mateo opened its doors to the community on January 22, 2024. Since the program began mid-fiscal year, complete data collection and analysis will be available in FY 2024-25.

EARLY CHILDHOOD COMMUNITY TEAM (ECCT)

The Early Childhood Community Team (ECCT) aims to provide targeted, appropriate, timely responses to the needs of underserved families with children ages 0 through 5 or pregnant mothers in the Half Moon Bay community. ECCT focuses on the parent/child relationship as the primary means for intervention. Team members also focus on child development and strive to individualize services to ensure each child and family's unique needs are met. Identifying challenges early and providing families with the proper assessments, interventions and supports can make a difference in a child's earliest years and for many years thereafter. ECCT is made up of three interconnected roles that support the community and families in different ways.

1. The Community Worker (CW) provides case management, parent education to the families, facilitates play and support groups, and develops and maintains community partnerships.
2. The Mental Health Clinician (MHC) provides Child Parent Psychotherapy (CPP) informed therapeutic support to families as well as using other attachment/relationship based clinical modalities as appropriate. CPP is a specific intervention model for children aged 0-5 who have experienced at least one traumatic event and/or are experiencing challenges related to attachment, and/or behavioral problems, including posttraumatic stress disorder. The primary goal of CPP is to support and strengthen the relationship between a child and his/her caregiver as a vehicle for restoring the child's cognitive, behavioral, and social functioning.
3. The Early Childhood Mental Health Consultants (ECMHC) provide ongoing support to childcare providers in preschool settings with the goal of establishing a safe and trusting relationship that supports teachers in building their capacity of self-reflection, understanding of the child's experience and fostering an inclusive classroom where all children can receive high quality care. Consultation services also provide more intensive case support for children who have been identified with significant needs or who are at risk of losing placement at their site. For this more intensive work, ongoing support is provided for parents in hopes of bridging the child's home and school experience and creating a feeling of continuity of care.

Numbers Served

Early Childhood Community Team*	FY 2021-22	FY 2022-23	FY 2023-24
Clients served (unduplicated)	62	19	193
Cost per client	$7,137	$23,986	$2,505
Individuals reached (duplicated)	150	270	57
Total Served	212	289	250

** Unduplicated clients served are the children/families that participated in individual or group therapy, individuals reached includes parent/caregiver groups, teacher consultations, etc.*

Program Outcomes

Data Collection Methods

- End of year survey for group and one-on-one clients
- Protective factors survey
- Client database

Outcome Highlights

- In each fiscal year, survey data were available for between three to five participants. In all years and all survey questions, participants in group services reported improvements in knowledge, access to services, and stigma reduction.
- Out of the children who were provided with intensive case consultation services, none were expelled or suspended.

Outcome Indicators

Domain	Indicators/Questions	2021-22	2022-23	2023-24
Connection & Support	Number of parents/caregivers who improved familial connection and support as measured by improvement in Protective Factors Survey Score	80% *(4 of 5)*	100% *(4 of 4)*	100% *(2 of 2)*
Improved knowledge, skills, and/or abilities	Due to my engagement in this program, I feel more confident in my parenting (group services)	100% *(4 of 4)*	100% *(4 of 4)*	100% *(4 of 4)*
Connection & Support	Due to my engagement in this program, I feel more connected to other parents in my community (group)	100% *(4 of 4)*	67% *(2 of 3)*	100% *(3 of 3)*
Stigma Reduction	I feel more comfortable talking about my and my child's mental health/ children in my classroom (population: group, teacher consultations, and one-on-one services)	100% *(5 of 5)*	100% *(4 of 4)*	100% *(3 of 3)*
	I feel more comfortable seeking out resources for myself and/or my child	100% *(5 of 5)*	100% *(5 of 5)*	100% *(3 of 3)*
Knowledge/ access to services	Due to my engagement, I know where to go in my community for resources and support. (population = groups, teacher consultations, and one-on-one services)	80% *(4 of 5)*	100% *(4 of 4)*	100% *(3 of 3)*
Self-Empowerment	Due to my engagement, I feel more empowered to advocate for myself and my child's needs. (population = group and 1:1)	100% *(5 of 5)*	100% *(4 of 4)*	100% *(3 of 3)*
Cultural Identity/ Humility	I feel like my identity is affirmed by this program. (population = groups, teacher consultations, one-on-one services)	100% *(5 of 5)*	100% *(4 of 4)*	100% *(3 of 3)*

PROJECT SUCCESS

Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) is an evidence-based program that uses interventions that are effective in reducing risk factors and enhancing protective measures. Project SUCCESS is a Substance Abuse and Mental Health Services Administration (SAMHSA) model program that prevents and reduces substance misuse and associated behavioral problems among high-risk youth ages 9-18. Project SUCCESS is offered by a local non-profit Puente de la Costa Sur.

Project SUCCESS is designed for use with youth ages 9-18 and includes parents as collaborative partners in prevention through parent education programs. Clinical staff trained in culturally competent practices ran all the groups. All of Puente's staff are either licensed or pre-licensed by the Board of Behavioral Sciences (BBS). Project SUCCESS groups are offered to all three school campuses in the La Honda-Pescadero Unified School District. The school district's small size provides an opportunity for every student in the district, ages 9 to18, to participate in one or more Project SUCCESS activities. Each academic school year, a passive consent letter explaining Project SUCCESS curriculum is sent to all parents with children ages 9 to 18. There is an opportunity for parents to have their child opt out with a signature at the bottom of the consent letter. Project SUCCESS activities include:

1. Social Emotional Learning
2. Psychoeducation workshops with students, parents, and community members
3. Individual and family counseling services
4. Parent and Teacher consultation
5. Mental health community awareness and education

Numbers Served

Project SUCCESS	FY 2021-22	FY 2022-23	FY 2023-24
Clients served (unduplicated)*	154	75	35
Cost per client	$1,986	$14,997	$9,268
Individuals reached (duplicated)	217	242	57
Total Served	371	328	92

** Unduplicated clients served are the students that participated in the intervention and individual and family therapy, individuals reached includes parent/teacher consultations, and community awareness and education.*

Program Outcomes

Data Collection Methods

- Project SUCCESS group participant post survey[26]

Outcome Highlights

- In FY 2023-24, the questions with the highest levels of agreement were in understanding the risks with the use of alcohol and substances, and in identifying and reaching out to trusted adults for help. The questions with the lowest levels of agreement were related to identifying emotions in the body and managing emotions.
- In FY 2021-22, on average students reported relatively low levels of agreement on the survey; no question had more than 50% agreement. Note that there were fewer respondents and the survey included different questions than FY 2023-24.

Outcome Indicators

Domain	Indicators/Questions: FY 2023-24	Number	Percent
Connection & Support	Due to this program, I can identify trusted adults in my life and when to tell adults about my mental concerns. (5th grade students, n=18)	14	78%
Improved knowledge, skills, and/or abilities Improved knowledge, skills, and/or abilities	Due to participating in this program, I can identify how drugs and alcohol affect the brain. (Middle School (MS), n=11)	9	82%
	Due to participating in this program, I understand the risks with the use of alcohol and substances. (Middle School (MS), n=11)	11	100%
	Due to participating in this program, I have many ways to manage my big feelings. (Middle School (MS) & 5th grade students), n=29	14	48%
Self-Empowerment	Due to this program, I am comfortable asking for help for myself or others with an adult. (5th grade students, n=18)	13	72%
	Due to participating in this program, I can recognize when I need help. (Middle School (MS), n=11)	7	64%
General Behavioral Health	Due to participating in this program, I can identify my emotions and notice how I experience them in my body. (5th grade students, n=18)	10	56%
	Due to this program, I can identify anxiety and notice how I experience them in my body (Middle School (MS), n=11)	8	72%

[26] Note: The survey asked different questions in different years so the years are presented separately. In FY 2022-23, no post-surveys were collected due to significant staff shortages.

Domain	Indicators/Questions: FY 2021-22	Number	Percent
Self-Empowerment	I learned about myself and my thoughts and feelings in this program (5th graders, n=15)	4	36%
	I learned about myself and my thoughts and feelings in this program (8th graders, n=19)	5	26%
	Being in this program helped me understand how to better manage how I respond to my thoughts and feelings (5th graders, n=15)	4	36%
	Being in this program helped me understand how to better manage how I respond to my thoughts and feelings (8th graders, n=19)	9	47%
Improved knowledge, skills, and/or abilities	Because I was in this program, I learned skills that help me express my emotions and opinions more effectively (5th graders, n=15)	4	27%
	Because I was in this program, I learned skills that help me express my emotions and opinions more effectively (8th graders, n=19)	6	32%
Stigma Reduction	Because I was in this program, I feel more comfortable talking about challenges with using alcohol and/ or drugs (5th graders, n=15)	5	33%
	Because I was in this program, I feel more comfortable talking about challenges with using alcohol and/ or drugs (8th graders, n=19)	4	21%

THE CARIÑO PROJECT

The Cariño Project is funded 80% CSS, 20% PEI. The program opens pathways for increased services on the Coastside, limited in services. Counseling services include crisis counseling, family counseling, and counseling at schools, local churches and community spaces. Staff often use a home visiting model to serve families. Ayudando Latinos a Soñar (ALAS) is committed to meeting the client where they are, both emotionally and physically. The Cariño Project was founded on the opportunity to create new models of mental health and wellness wrap-around services that are grounded in cultural frameworks of intervention. The program opens pathways for increased services on the Coastside, limited in services. MHSA funding has allowed growth in programming and staff to increase wellness support services across the Coast. ALAS is centered on honoring the client and their cultural wealth. The program believes that each person and family is rooted in a history of tradition and culture that strengthens who they are, which should be honored and valued. Operating from a strengths-based and cultural wealth perspective, ALAS values each person, family, and child, embracing each person's identity, sexual orientation, race, ethnicity, and cultural background/s. The Cariño Project strengthens opportunities to work closely with expanded community groups.

Numbers Served

Cariño Project *	FY 2021-22	FY 2022-23	FY 2023-24
Clients served (unduplicated)	355	590	572
Cost per client	$1,016	$536	$603
Individuals reached (duplicated)	1,435	2,159	2,028
Total Served	1,790	2,749	2,600

** Unduplicated clients served are individuals that received therapy and/or case management services, individuals reached includes the community at-large, families and others engaged through support groups, events, arts and other activities.*

Program Outcomes

Data Collection Methods

- Clinical self-assessment survey
- Case management survey
- Event/workshop participant survey

Outcome Highlights

- *Clinical clients*: Of those who completed the discharge clinical self-assessment, a majority reported improvements in their general behavioral health and in their comfort in talking about mental health. More respondents reported being better able to cope with stressors were higher than reported improvement in overall mental health and ability to participate in daily life.

- *Case management clients*: Of those who completed the case management survey, a majority reported being better able to support themselves or their family.
- *Event/workshop participants*: Of those who completed the participant survey, large majorities reported learning useful information and strengthening protective factors of connection to community and culture.

Outcome Indicators

Domain	Indicators/Questions	2021-22	2022-23	2023-24
General behavioral health	Due to this program, I am better able to cope with stressors in my life. (clinical population)*	69% (9 of 13)	100% (9 of 9)	71% (5 of 7)
General behavioral health	Due to participating in this program, I have experienced an improvement in my overall mental health. (clinical population)*	54% (7 of 13)	89% (8 of 9)	57% (4 of 7)
General behavioral health	Due to participating in this program, I have an improved ability to participate in daily life. (clinical population)*	*Not asked*	89% (8 of 9)	57% (4 of 7)
Stigma Reduction	Due to the Cariño Project, I feel more comfortable talking about mental health (clinical population)**	92% (14 of 15)	91% (20 of 22)	90% (9 of 10)
Connection and Support	Due to the Cariño Project, I am better able to support myself and/or my family. (case management population)**	62% (8 of 13)	*Not asked*	87% (72 of 83)
Knowledge, Skills, and/or Abilities	Due to the Cariño Project, I learned something that is useful to me. (participant population)**	96% (52 of 54)	87% (45 of 52)	86% (32 of 37)
Cultural Identity	Due to the Cariño Project, I feel more connected to my culture. (participant population)**	96% (52 of 54)	89% (65 of 73)	86% (32 of 37)
Connection and Support	Due to the Cariño Project, I feel more connected to my community. (participant population)**	94% (51 of 54)	93% (68 of 73)	86% (34 of 73)

**Calculated as improved rating from intake to follow-up*

***Calculated as participants who selected somewhat agree or agree*

PEARLS OLDER ADULT OUTREACH PROGRAM

The Daly City Partnership's Healthy Aging Response Team began implementing the PEARLS (Program to Encourage Active, Rewarding Lives) program in spring 2024, partially funded by MHSA PEI funds. As this marks the initial phase of the program, a full year of data is not yet available; that comprehensive dataset will be compiled in the upcoming year. However, these first months have been dedicated to crucial start-up outreach efforts. The Healthy Aging Response Team conducted several outreach initiatives at various venues throughout San Mateo County. These preliminary efforts have already shown promising results, with one hundred ninety-nine individuals expressing interest in the PEARLS program. Outreach events were held at diverse locations, including:

- Northeast Medical Services
- Stanford Hospital
- VA Hospital
- Burlingame Community Center
- South San Francisco Community Center
- Doelger Senior Center

Full PEARLS program implementation and comprehensive data collection will occur in FY 2024-25.

OLDER ADULT PEER COUNSELING PROGRAM

The Older Adult Peer Counseling Program (formerly Senior Peer Counseling Program) from Peninsula Family Service (50% CSS, 50% PEI) deploys over 100 trained volunteer counselors to support older adults in San Mateo County through weekly visits. These counselors help manage transitions and life changes, including health concerns, mobility issues, caregiver needs, and grief. Targeting residents ages 55 and older who may be depressed, lonely, or isolated, the program offers one-on-one meetings and group support. Volunteers are matched with participants based on shared cultures, languages, and backgrounds, focusing on underserved communities such as Chinese-speaking, Filipino, Spanish-speaking, and LGBTQ+ older adults. They meet weekly with participants via phone, Zoom, or in person. Some volunteers receive additional training to lead support groups.

Numbers Served

Older Adult Peer Counseling	FY 2021-22	FY 2022-23	FY 2023-24
Total Individual clients served	*Shown in total below*	159	89
Total Group clients served	*Shown in total below*	444	514
Total cost per client	$637	$542	$686
Total Clients Served	539	603	603

Program Outcomes

Data Collection Methods

- Participant follow-up/discharge survey[27]

Outcome Highlights

- There was variation across the fiscal years in survey results. Overall, survey results were more positive in FY 2022-23 than in 2023-24, particularly for group service respondents.
    - **Individual service participants** reported some of the most positive outcomes in stigma reduction and support-seeking (comfort talking about their problems, comfort and ability to seek emotional support).
    - **Group participants** reported some of the most positive outcomes in knowledge and access to services (getting connected to community resources), and the protective factor of connection and support (feeling supported).

[27] FY 2021-22 survey results are not presented as the survey asked open-ended questions.

Outcome Indicators

Domain	Indicators/Questions	Percent Agree or Strongly Agree	
		2022-23 (Ind: n=25; Group: n=41)	2023-24 (Ind: n=26; Group: n=17)
Stigma Reduction	Due to this program, I feel more comfortable talking about my problems.	**87% (I)** **86% (G)**	**77% (I)** 71% (G)
Stigma Reduction	Due to this program, I feel more comfortable reaching out for emotional support.	63% (I) **84% (G)**	**75% (I)** *40% (G)*
Improved knowledge, skills, and/or abilities	The program improved my knowledge and abilities to seek support.	67% (I) **82% (G)**	**75% (I)** *40% (G)*
Improved knowledge, skills, and/or abilities	As a result of participating in this program, I am connected to community resources.	**84% (I)** **85% (G)**	58% (I) **81% (G)**
Connection and Support	As a result of this program, I feel supported.	**85% (I)** **84% (G)**	58% (I) **81% (G)**
Self-Empowerment	Due to this program, I think more positively about challenges in my life	63% (I) **86% (G)**	58% (I) **77% (G)**
Self-Empowerment	Due to participating in this program, I believe that I can affect my life through decisions that I make	61% (I) **78% (G)**	71% (I) *36% (G)*
General Behavioral Health	As a result of participating in this program, I feel less stressed	67% (I) **89% (G)**	72% (I) *42% (G)*

Client Success Story

The program worked “Norma,” who had been confined to her home and unable to operate a standard wheelchair. The peer counselor engaged with Norma and sought out a donated electric wheelchair to meet her needs. Norma was elated and stated, "I am so happy the program was able to help me get around." Norma reported, *"It's not about the chair, but what I can do with the chair that matters."* She added, *"I can really feel independent again,"* and *"I think [my peer counselor] really listened to me and cared enough to make this happen."*

YOUTH S.O.S.

The Youth Stabilization, Opportunity, and Support (Youth S.O.S) Team was a program under StarVista's Crisis Center, in partnership with BHRS that provided over-the-phone and/or in-person response to youth (ages 0-25) living in San Mateo County who were experiencing an escalation in mental health symptoms. Symptoms ranged from suicidal ideation to undiagnosed mental health disorders. The Youth S.O.S team was staffed with mental health clinicians and family partners (and one youth peer partner). Together those roles provided comprehensive suicide and crisis assessment, psychoeducation, brief individual counseling, and case management for family needs. In addition to responding to families in crisis, the Youth S.O.S team provided San Mateo County schools assistance with suicide assessments and/or crisis intervention.

This program prioritized marginalized ethnic, linguistic, and cultural communities in San Mateo County. This included youth that had experienced abuse, were currently or had formerly been in foster care, experienced unstable housing/homelessness as well as youth that belonged to the LGBTQ+ community. The Youth S.O.S Team was also responsible for in-person mobile crisis response for the California Family Urgent Response System (CAL-FURS) to support current and former foster youth as well as their caregivers when crisis occurred. The CAL-FURS program states that, "FURS is a coordinated statewide, regional, and county-level system designed to provide collaborative and timely state-level phone-based response and county-level in-home, in-person mobile response during situations of instability, to preserve the relationship of the caregiver and the child or youth."

The overall goals of the Youth S.O.S. team were to decrease youth psychiatric emergency service visits, decrease hospitalization for self-harm, decrease emergency calls to law enforcement for youth in crisis, and improve family/caregivers' ability to navigate crisis and increase access of services. As the mobile responders for CAL-FURS, the team's goal also strove to maintain and support stability of youth in foster care placement and improve trust between youth and caregivers. This program became fully staffed in March 2022. The Youth S.O.S program began in February-March 2021 and closed on August 31, 2024.

Numbers Served

Youth S.O.S.*	FY 2021-22	FY 2022-23	FY 2023-24
Clients served (unduplicated)	37	30	147
Cost per client	$22,082	$31,401	$7,067
Individuals reached (duplicated)	72	141	10
Hotline phone calls	*No data*	11,570	11,448
Total Served	109	11,741	11,605

** Unduplicated clients served are youth served by the mobile crisis response, individuals reached includes the family members or caregivers of youth served and/or individuals reached through outreach/education.*

24/7 Crisis Hotline	FY 2022-23	FY 2023-24
Total number of calls	11,570	11,448
Average length of calls (minutes)	9.3	7.5
Number of follow up requests	89	176
Number of follow ups provided	115	249
Number of 988 Texts Received	*N/A*	585
Number of 988 Texts Answered	*N/A*	518
Number of 988 Chats Received	*N/A*	240
Number of 988 Chats Answered	*N/A*	213
Percentage of callers who receive service linkages and referrals to service providers as appropriate	100%	100%
Teen Crisis Services (Web Based Services, Text Suite Pilot)		
Total number of chats	42	33
Total number of texts	25	21
Total site views	11336	7371
Suicide Prevention Presentations and Outreach		
Total Number of Tabling Events	14	22
Total Number of Contacts at Tabling Events	735	3843
Total number of presentations	78	34
Number of adults served	776	396
Number of youth served	949	882
Number of youth requesting follow up	36	23
Number of youth who received follow up	17	0
Youth Stabilization Opportunity and Support (YSOS)		
Total number of referrals	127	157
Total number of in person responses	21	10
Total number of youth served with in-person response	16	9
Response Time		
Immediate (1 hour)	6	24
Delayed (3 hours)	0	0
Follow Up (24+ hours)	14	4
Phone Consultations / De-escalation		
School /Community Provider	35	1
Youth	8	3
Caregiver/Family Member	60	9
Percentage of youth deferred from psychiatric hospitalization through means of Safety Plan	100%	100%
Total number of youth deferred from use of psychiatric emergency services through means of safety plan	72	NA
Total number of youth referred to psychiatric emergency services after in-person crisis response	0	3

Total number of youth whose in-person crisis response resulted in incarceration	0	0
Family Urgent Response System (FURS)		
Total number of referrals	7	8
Total number of in person responses	0	7
Total number of youth served with in person response	0	2
Response Time		
Immediate (1 hour)	0	6
Delayed (3 hours)	0	0
Follow Up (24+ hours)	0	1
no in person response occurred	6	1

Program Outcomes

As noted above, outcome data are available for FY 2021-22 and FY 2022-23.

Data Collection Methods

- Youth intake form
- Youth follow-up rating form

Outcome Highlights

- 100% of youth who received Youth S.O.S. services were diverted from use of psychiatric emergency services and did not require law enforcement intervention.
- Youth who received Youth S.O.S. services increased protective factors such as self-empowerment and connection, increased access to services by learning about emergency mental health resources, and feel able to reach out for support from an adult or from emergency mental health services when their distress is high.

Outcome Indicators

Domain	Indicators/Questions	2021-22 (n=37 youth, n=35 parents)	2022-23 (n=30 youth, n=30 parents)
Improved knowledge, skills, and/or ability	Number of youth who learned a new coping strategy to increase mental, emotional, and relational functioning.	100%	100%
Connection and Support	Number of youth who can identify and feel safe reaching out and contacting at least one adult when they are experiencing emotional distress during a follow up session.	92%	93%

Self-Empowerment	Number of youth who can identify and feel confident accessing emergency mental health services when their emotional distress is high.	91%	97%
Knowledge & Access to Services	Number of caregivers or family members who received psychoeducation and resources to increase youth's community and relational support. (Population: family members/caregivers of youth)	100%	100%
Utilization of Emergency Services	Number of youth diverted from use of psychiatric emergency services (population: youth who received Youth S.O.S. services) Number of youth that did not require law enforcement intervention (population: youth who received Youth S.O.S. services)	100% 100%	100% 100%

EARLY INTERVENTION PROGRAM SUMMARIES

PRIMARY CARE INTERFACE

The Primary Care Interface (PCI) program is funded 20% CSS, 80% PEI. The purpose of the PCI program is to integrate mental health services into primary care. The program partners with San Mateo County primary care clinics to provide easier access to mental health services. It started in 1995 at one clinic and is now embedded in five primary care clinics throughout the county. The program serves all age groups, from children as young as three to older adults. The program is offered to those with mild to moderate mental health issues. Around 60% to 70% of clients are covered by Medi-Cal, while the remaining clients are covered through the County health insurance program, Access, and Care for Everyone.

- Primary Program Screenings, Activities, and Interventions Provided: The primary care clinics use the Patient Health Questionnaire-2 and -9 as well as the Adverse Childhood Experiences (ACEs) Questionnaire to screen adults and children visiting the clinics. Once diagnosed with a mild or moderate mental health condition or risk factor, clients are referred, based on their needs, to psychiatry, therapy, and/or case management. Referrals are also made to provide support for treating alcohol and substance use issues.

- New Activities and Interventions Targeting Substance Use: New interventions and activities undertaken in FY 2022-23 included the creation of a virtual alcohol and other drug services (AOD) resource group and the implementation of a contingency management group, which refers to a type of behavioral therapy, for AOD clients through Pear Therapeutics. Through this external agency, PCI was able to purchase prescriptions that were issued by the clients' psychiatrists. Additionally, to address opioid use, Pear Therapeutics provided a curriculum and modules for clients to complete. A new intervention undertaken in FY 2023-24 was weekly wellness group sessions that were offered in both English and Spanish.

Numbers Served

Primary Care Interface*	FY 2021-22	FY 2022-23	FY 2023-24
Clients served (unduplicated)	2,846	617	685
Individuals reached (duplicated)	No data	1,618	1,821
Cost per client	$470	$424	$287

**Unduplicated clients are those with completed intakes. Duplicated clients were referrals from outreach or triage and did not result in completed intakes. These referrals also included duplicates because one individual could be referred more than once.*

Program Outcomes

Data Collection Methods

- Participant post-survey[28]

Outcome Highlights

- A majority of PCI clients who completed the post-program survey reported that they learned coping strategies and think more positively about challenges in their lives, and as a result of the program their overall behavioral health improved. Respondents answered the survey more positively in FY 2023-24 than in FY 2022-23.

Outcome Indicators

Domain	Indicators/Questions	Percent Agree or Strongly Agree		
		2021-22	2022-23 (n=92)	2023-24 (n=123)
General behavioral health	As a result of participating in this program, I am better able to manage my symptoms and participate in daily life.	*No data*	67%	89%
Knowledge, skills, and/or abilities	As a result of participating in this program, I think more positively about challenges and I believe the decisions and steps I take impact my outcome.	*No data*	60%	86%
Knowledge, skills, and/or abilities	As a result of participating in this program, I learned skills and strategies to cope with stressors.	*No data*	64%	88%

Additional Data on Program Outcomes

PCI Referrals Received and PCI Clients' Health Care Use

Referral information	FY 2022-23	FY 2023-24
Total number of referrals received to the program	2,316	2528
Total number of referrals that resulted in program enrollment (number engaged)	678 (606)	685
Clinical Services		
Average duration of untreated mental illness (days)	29.12	22.1
Average length of time between referral date and enrollment date (days)	22.53	21.0
Minimum length of time (days)	0	0
Maximum length of time (days)	370	85

[28] No outcome data were available for FY 2021-22.

(RE)MIND EARLY PSYCHOSIS PROGRAM

The (re)MIND® program is a coordinated specialty care model for prevention and early intervention of severe mental illness that specializes in early intervention for schizophrenia spectrum disorders. (re)MIND® delivers comprehensive assessment and treatment grounded in wellness, recovery, and resilience to youth and young adults experiencing early symptoms of psychosis with evidence-based and culturally responsive interventions. The (re)MIND/Bipolar Disorder Early Assessment and Management (BEAM) aftercare program – (re)MIND® Alumni – was developed to provide program graduates and caregivers with a specialized safety net to sustain gains achieved through engagement in psychosis early intervention.

The (re)MIND® and BEAM programs serve the following, regardless of insurance status:

- Residents of San Mateo County *and*
- Individuals between the ages of 14 and 35 *and*
- Those identified as being at risk for the development of psychosis (having subthreshold symptoms that do not meet justification for a diagnosis OR having a first-degree relative with a history of psychosis AND a recent significant decline in age-appropriate functioning) *or*
- Individuals who have developed symptoms of psychosis for the first time in the past two years.

In addition, (re)MIND® Alumni serves individuals who have graduated from (re)MIND/BEAM and elect to receive active support to maintain engagement in educational or vocational activities, and further develop skills to self-navigate community resources.

Numbers Served

(re)MIND *	FY 2021-22	FY 2022-23	FY 2023-24
Clients served (unduplicated)	77	79	79
Cost per client	$3,425	$3,338	$7,458
Individuals reached (duplicated)	62	40	54
Total Served	139	119	133

** Unduplicated clients served are individuals that receive early psychosis treatment and aftercare, individuals reached includes families and caregivers.*

Program Outcomes

Data Collection Methods

- Hospitalization data through Electronic Health Record
- Child and Adolescent Needs and Strengths (CANS)
- Participant and alumni post-survey

Outcome Highlights

- In most cases, over 90% of participants and alumni experienced each outcome.
- In all years, over 95% had improved engagement in meaningful activities.
- In FYs 2022-23 and 2023-24, over 95% experienced an improvement in their CANS Psychosis score; in FY 2021-22, over 80% did.
- At least 95% of participants and alumni experienced a reduction in hospitalizations in FYs 2021-22 and 2023-24; based on data provided, a lower percent did in FY 2022-23 (70%).

Outcome Indicators

Domain	Indicators/Questions	2021-22	2022-23	2023-24
General behavioral health	Improved engagement in meaningful activities (employment, academic placement/ progression, volunteerism) for participants and alumni	**97%** *(75 of 77)*	**97%** *(77 of 79)*	**95%** *(75 of 79)*
General behavioral health	CANS – psychosis (improvement in score by at least one point or maintenance in score of 1 from initial to follow-up for participants and alumni)	**82%** *(27 of 33)*	**97%** *(77 of 79)*	**96%** *(76 of 79)*
Utilization of emergency/ crisis services	Reduction in hospitalizations (both number of days and number of episodes) for participants and alumni	**96%** *(74 of 77)*	**70%** *(16 of 23)*	**95%** *(75 of 79)*
Self-empowerment	"Due to this program, I can take control of aspects of my life" Agree; Agree Strongly for participants and alumni	*No data*	**93%** *(26 of 28)*	**93%** *(25 of 27)*
Stigma (self-internalized)	"*Due to this program, I am able to understand myself better*" Agree; Agree Strongly for participants and alumni	*No data*	*No data*	**100%** *(5 of 5)*
Satisfaction	"*I am satisfied with the services I have received at (re)MIND/BEAM program"* Agree; Agree Strongly for participants and alumni	*No data*	*No data*	**93%** *(25 of 27)*

Quotes from Clients

"Nicole was my first therapist…devoted to combating the stigma, both external and internal, surrounding the bipolar diagnosis…. She helped me see the beginnings of what bipolar really was—a devastating diagnosis that takes a lot of hard work to manage, but is possible to heal from. The recovery can only begin when one has the will to get stable, and that was the first step for me—to want stability more than anything else…. With the bipolar expertly managed, I am now free to dream big, once again. I am currently writing a memoir about my recovery journey…I am teaching yoga, dance, and fitness at community and corporate gyms, as well as high schools…. I am leading a full life and have such a bright future ahead. It's an ongoing journey, but I will carry everything I've learned these past four years into the rest of my life. Thank you for giving me my life back. I am forever indebted to you all."

THE SAN MATEO COUNTY PRIDE CENTER

The Pride Center (35% CSS, 65% PEI) creates a welcoming, safe, inclusive, and affirming space for individuals of all ages, sexual orientations, and gender identities through education, counseling, advocacy, and support. The Pride Center takes a holistic approach to improving the health and wellbeing of the LGBTQ+ community by providing direct mental health services to individuals living with severe mental health challenges and individuals in the community seeking support groups, resources, community building activities, and social and educational programming ("LGBTQ+" refers to any non-heterosexual and non-cisgender individuals, including, but not limited to, people who identify as lesbian, gay, bisexual, transgender, gender non-conforming/variant, queer, questioning, intersex, two-spirited, and more).

The Clinical Program of the Pride Center provides LGBTQ+ affirming behavioral and mental health services to marginalized and at-risk LGBTQ+ community members in San Mateo County. Clinical services include individual therapy, relationship therapy, family therapy, group therapy, and case management. The Pride Center work is strength-based and trauma-informed, engaging both natural supports and the whole family whenever possible. The primary purpose is to assist clients, their families, and their communities in reducing stigma and supporting the creation of safe, affirming environments for LGBTQ+ clients. To this end, services are aimed at not only reducing high-risk symptoms such as self-harming behaviors and trauma symptoms, but also at providing family support and education to non-affirming family members. In addition to offering direct clinical care, the program's clinical team provides extensive consultation and LGBTQ+ training for other mental health and medical service providers; school administrators and educators; parents of LGBTQ+ youth; students; LGBTQ+ older adults; and the general public.

Numbers Served

Pride Center	FY 2021-22	FY 2022-23	FY 2023-24
Clients served (unduplicated)	169	149	147
Cost per client	$3,334	$2,138	$2,138
Individuals reached (duplicated)	4,456	9,357	12,140
Total Served	4,625	9,506	12,287

** unduplicated clients served are individuals that received therapy and case management, individuals reached includes all other individuals that participated in peer groups, youth and older adult services, trainings, outreach and events.*

Program Outcomes

Data Collection Methods

- Child and Adolescent Needs and Strengths (CANS)
- Adult Needs and Strengths Assessment (ANSA)
- Clinical client survey

Outcome Highlights

A majority of clinical clients demonstrated improvements in mental health symptoms of depression and anxiety as well as protective factors.

- Of clinical clients for whom follow-up assessments were available, most had improved or maintained their depression and anxiety scores (CANS/ANSA Depression subscale scores improved or remained the same for at least 80% of clients in all years; anxiety subscales improved or remained the same for at least 80% of clients in all but FY 2021-22).
- Of clients who completed the clinical self-assessment at discharge, most reported improvements in their general behavioral health and ability to cope with stress (at least 87% in all years).
- CANS/ANSA scales for interpersonal/social connectedness and community connection/support improved for at least 73% of clients in each year.

After receiving clinical services, a majority of clients experienced greater comfort speaking about their gender identity and sexual orientation and had a greater sense of empowerment in their life.

Outcome Indicators

Domain	Indicators/Questions	2021-22	2022-23	2023-24
General behavioral health	CANS + ANSA* Depression subscales* (Population: Therapy Services) - improved/ remained the same	85% (41 of 48)	87% (43 of 49)	86% (30 of 35)
	CANS + ANSA Anxiety subscales* (Population: Therapy Services) - improved/remained the same	54% (26 of 48)	80% (39 of 49)	86% (30 of 35)
	Number of clients who reported an improvement in their mental health as measured by: *"How would you rate your mental health in the last 30 days?"* (Population: Therapy Services) - improved/remained	*Data not available*	91% (43 of 47)	83% (29 of 35)
	Number of clients who reported an improvement in their ability to cope with stress as measured by the following "*How would you rate your ability to cope with stress in the last 30 days?"* (Population: Therapy Services) - improved/remained the same	*Data not available*	87% (41 of 47)	74% (26 of 35)
Improved knowledge, skills, and/or abilities	ANSA Interpersonal/Social Connectedness + CANS Interpersonal subscales (Population: Therapy Services) - improved/ remained the same	73% (35 of 48)	80% (39 of 49)	74% (25 of 34)
Connection and Support	ANSA Natural Supports + CANS Community Connection subscales (Population: Therapy Services) - improved/ remained the same	75% (36 of 48)	80% (39 of 49)	76% (30 of 35)
Self-Empowerment	Number of clients who reported improved self-empowerment as measured by the following: "*I am confident I can affect my life through the decisions I make."* (Population: Therapy Services) - improved/ remained the same	*Data not available*	66% (12 of 18)	74% (26 of 35)

Stigma Reduction	Number of clients who reported reduced self-stigma as measured by the following: *"I feel comfortable talking about my sexual orientation."* (Population: Therapy Services) - improved/ remained the same	*Data not available*	83% (15 of 18)	80% (28 of 35)
	Number of clients who reported reduced self-stigma as measured by the following: *"I feel comfortable talking about my gender identity."* (Population: Therapy Services) - improved/ remained the same	*Data not available*	77% (14 of 18)	87% (30 of 35)

**The DEPRESSION and ANXIETY subscales of the CANS and ANSA assessments are considered "Needs" and scored between 0-3. A score of "0" indicates no need is present, whereas a "3" demonstrates high need. The INTERPERSONAL and NATURAL SUPPORTS subscales are considered "Strengths" and also scored between 0-3. For strengths, a score of "0" indicates a positive core strength and a score of "3" indicates no strength is identified.*

Quotes from Clients

"The Pride Center has been very helpful in building self-esteem, affirming my efforts during COVID and in-general and helping me learn computer literacy skills and directing me to resources that are available in the community."

"I just wanted to say thank you again, I finally got my [name and gender change] papers back from the courts and I really wouldn't have even gotten through that step without you guys and the workshop."

"I've really enjoyed working with [clinician] and am so grateful for all the counseling services I've received at the Pride Center. It has been an amazing resource for me!"

Photos: SMC Pride Celebration and Parade 2024

RAVENSWOOD FAMILY HEALTH CENTER

Ravenswood Family Health Center is a community based Federally Qualified Health Center (FQHC) that serves East Palo Alto residents. Ravenswood outreach and engagement services are funded at 40% under CSS and the remaining 60% is funded through PEI. Ravenswood provides outreach and engagement services and identifies individuals presenting for healthcare services that have significant needs for behavioral health services. An MHSA-funded mental health clinician takes referrals from primary care providers at Ravenswood, and if more intensive care is needed then the clinician links the client to BHRS. The intent of the collaboration with Ravenswood FQHC is to identify patients presenting for healthcare services that have significant needs for mental health services. Many of the diverse populations that are now un-served will more likely appear in a general healthcare setting. Therefore, Ravenswood FQHC provides a means of identification of and referral for the underserved residents of East Palo Alto to primary care-based mental health services or to specialty mental health at BHRS.

Numbers Served

Ravenswood	FY 2021-22	FY 2022-23	FY 2023-24
Total clients served	450	386	386
Total cost per client	$57	$47	$47

Program Outcomes

All clients served represent referrals from primary care based providers at Ravenswood FQHC to behavioral health services including to specialty mental health services at BHRS.

SAN MATEO MENTAL HEALTH AND REFERRAL TEAM (SMART)

The San Mateo Mental Health and Referral Team (SMART) provides San Mateo County residents with a comprehensive assessment in the field and offer an alternative to Psychiatric Emergency Services (PES) when appropriate; or if needed to write a hold status and provide secure transportation to the hospital. The SMART contract with American Medical Response (AMR) has been providing 5150 evaluation and transport services since 2005. SMART is staffed by AMR paramedics who are also trained in Crisis Intervention Training (CIT) and is activated only by law enforcement officers. SMART serve any resident in psychiatric crisis regardless of age as identified by law enforcement. Primary program activities include consultation to law enforcement on scene. SMART can write a 5150 hold if needed and transport the person. If the individual does not meet the 5150 criteria the SMART medic can provide support and transportation to an alternate destination, i.e., crisis residential facility, doctor's office, detox, shelter, home, etc.

Numbers Served

SMART	FY 2021-22	FY 2022-23	FY 2023-24
Total calls received	577	286	245
Total cost per client	$56	$522	$549

Program Outcomes

The SMART program has two goals and measures, which are measured on a quarterly basis.

- Divert 10% of calls from PES admission where a 5150 was not already placed
- Respond to 75% of appropriate calls for service

For the most part, the SMART program exceeded both goals in all years and quarters.

- The only two quarters in which a program goal was not met was the percent of calls responded to in Q1 and Q2 of 2021-22 (in red text). The 2021-22 fiscal year generally had lower numbers than the subsequent years.
- In FY 2022-23, both goals were exceeded in all quarters.
- In FY 2023-24, the program exceeded its goal of 10% of calls diverted in Q1-Q3 and met the goal in Q4.

SMART	FY 2021-22	FY 2022-23	FY 2023-24
Percent of calls diverted	Q1: 29.2% Q2: 28.3% Q3: 25.5% Q4: 39.1%	Q1: 46.7% Q2: 41.4% Q3: 47.1% Q4: 32.1%	Q1: 41.4% Q2: 38.1% Q3: 34.6% Q4: 10.0%
Percent of calls responded to	Q1: 55.9% Q2: 47.8% Q3: 82.5% Q4: 94.2%	Q1: 92.5% Q2: 88.6% Q3: 84.3% Q4: 89.3%	Q1: 92.9% Q2: 87.9% Q3: 86.7% Q4: 89.5%

APPENDIX A. ODE KEY INDICATORS/SURVEY QUESTIONS

Indicator 1: Self-Empowerment

1. Due to my participation in this program/training/event, I am more confident in my ability to advocate for the mental health and/or substance use needs of myself and/or my child/ren and/or another family member.
    a. Strongly Agree
    b. Agree
    c. Neither Agree nor Disagree
    d. Disagree
    e. Strongly Disagree

Indicator 2: Community Advocacy (or Community Empowerment)

1. Due to my participation in this program/training/event, I feel more confident in my ability to create change in my community around mental health and substance use conditions. a. Strongly Agree
    b. Agree
    c. Neither Agree nor Disagree
    d. Disagree
    e. Strongly Disagree

Indicator 3: Cultural Humility/Identity

1. Due to my participation this program/training/event, I have a better understanding of how mental health and substance use challenges affect different cultures.
    a. Strongly Agree
    b. Agree
    c. Neither Agree nor Disagree
    d. Disagree
    e. Strongly Disagree
2. I feel like my identity, cultural background, and experiences (race, ethnicity, gender, sexuality, religion, etc.) were affirmed by this program/training/event.
    a. Strongly Agree
    b. Agree
    c. Neither Agree nor Disagree
    d. Disagree
    e. Strongly Disagree

Indicator 4: Access to Treatment/Prevention Programs (Reducing Barriers)

1. Through my participation in this event/program/training, I have learned knowledge and skills that I can use to access mental health and substance use health services.
    a. Strongly Agree
    b. Agree
    c. Neither Agree nor Disagree
    d. Disagree
    e. Strongly Disagree

Indicator 5: Stigma Discrimination Reduction

1. Due to this program/training/event, I feel more comfortable talking about my mental health and/or substance use (*self/internal*).
    a. Strongly Agree
    b. Agree
    c. Neither Agree nor Disagree
    d. Disagree
    e. Strongly Disagree

2. This program/training/event affirmed that people with mental health or substance use conditions are capable and able to make positive contributions to society.
    a. Strongly Agree
    b. Agree
    c. Neither Agree nor Disagree
    d. Disagree
    e. Strongly Disagree