



Office of Diversity and Equity

Behavioral Health and Recovery Services

San Mateo County Health System

Office of Diversity and Equity Logic Models: Roadmaps for a Strategic Approach

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For more information, please contact:

Dr. Jei Africa

Health Equity Initiatives Manager

(650) 573-2714

jafrica@smcgov.org

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Introduction

Office of Diversity and Equity

The Office of Diversity and Equity (ODE) is dedicated to promoting cultural competence and cultural humility to address health disparities, health inequities, and stigma in the areas of mental health and substance abuse, as well as support wellness and recovery among underserved, unserved, and inappropriately served communities in San Mateo County (SMC). ODE was established as a strategic initiative within Behavioral Health and Recovery Services (BHRS) at the San Mateo County Health System (SMCHS) in 2009. In its initial form, ODE acted as an information and resources hub for data sharing, training, dialogue, and collaboration. Since 2009, ODE has grown in both size and scope. Today, it offers multiple programs and services, and oversees nine Health Equity Initiatives (HEIs) focused on addressing racial, ethnic, cultural, and linguistic disparities: African American Community Initiative, Chinese Health Initiative, Filipino Mental Health Initiative, Latino Collaborative, Native American Initiative, Pacific Islander Initiative, PRIDE Initiative, Spirituality Initiative, and the Diversity and Equity Council. ODE also provides leadership efforts to both local and state organizations in the area of cultural competence, cultural humility, wellness, and recovery. These programs and initiatives are geared towards BHRS staff, community-based organizations, clinicians, clients/consumers, family members, and the SMC community. ODE continues to receive its funding through the Mental Health Services Act.

Over the past several years, ODE has developed a number of best practices. There has been anecdotal evidence from the clients and participants that ODE's work is effective, but minimal quantitative and qualitative evaluation data to show effectiveness. These types of scientific data are essential for ODE to continue its forward and out of the box thinking and services.

In April 2013, Jei Africa, PsyD, ODE's HEI Manager, hired Kristi McClamroch, PhD, MPH, as a consultant to assist ODE in developing an evaluation framework and plan. The purpose is to help legitimize the work that ODE does, and align ODE's efforts to BHRS's mission, vision, and eight other strategic Initiatives. The work will also document lessons learned so that ODE's structure and efforts are replicable in other places. This document represents the first step in developing the framework.

Evaluation Plan

According to the Centers for Disease Control and Prevention (CDC), a written evaluation plan is similar to a roadmap.¹ Just as using a roadmap facilitates progress on a long journey, an evaluation plan can clarify what direction an evaluation should take based on priorities, resources, time, and skills needed to accomplish the evaluation. An evaluation plan serves as a bridge between evaluation and program planning by highlighting program goals, clarifying measurable program objectives, and linking program activities with intended outcomes. An evaluation plan can also create a shared understanding of program activities and goals, as well as of the purpose, use, and users of the evaluation results. It can foster program transparency to stakeholders and decision makers and increase buy-in and acceptance of methods, which can lead to increased funding. It can help to identify sufficient versus insufficient program resources and time, and assist in facilitating a smoother transition when there is staff turnover. All of these benefits work towards program legitimization and increasing program impact on the target populations.

Logic Models

One of the first steps in developing an evaluation plan is to create program logic models. A logic model is a systematic and visual way to present the perceived relationships among: (1) the resources needed to operate a program; (2) program activities; and (3) achieved changes or results. A logic model contains four main components: inputs, activities, outputs, and outcomes. Inputs are the resources or investments necessary for program implementation. Activities are the actual interventions that a program implements in order to achieve health outcomes. Outputs are direct products obtained as a result of program activities. Outcomes are the changes, impacts, or results of program implementation. Outcomes are often further divided into three categories: initial, interim, and long-term. Initial outcomes reflect changes in learning, knowledge, and skills due to program implementation. Interim outcomes reflect changes in behavior or action that result from participants' new knowledge or skills. Long-term outcomes represent changes in systems, conditions, and environments.

¹ Developing an Effective Evaluation Plan. Atlanta, Georgia: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; Division of Nutrition, Physical Activity, and Obesity, 2011.

There are a number of benefits to developing well-defined logic models. First, the process helps in program planning, program evaluation, and program implementation. Logic models help to identify gaps in program logic, clarify assumptions, and make underlying beliefs explicit. The process of defining logic models builds understanding and promotes consensus about what a program is and how it will work. Logic models help to clarify what is appropriate to evaluate, and when, so that evaluation resources are used wisely. And they summarize complex programs to communicate with stakeholders, funders, and the target population.

Methods

In May and June, 2013, Dr. McClamroch met regularly with Dr. Africa and her staff to learn about ODE and its programs. She attended monthly ODE staff and HEI meetings as well as participated in ODE and Initiative events. For each Initiative, Dr. McClamroch also met with the incoming, outgoing, and remaining co-Chairs to understand their Initiative's history and direction. From this process, twenty logic models were created: one for ODE overall, one for each of ODE's ten programs, and one for each of ODE's nine HEIs. The overall ODE logic model specifies activities, outputs, initial, and interim outcomes at three key levels: community, clinical, and organizational. The Initiative logic models follow this same structure. In addition, the logic models highlight the internal consistency in activities and outcomes across programs and initiatives. Each logic model represents planned work for the upcoming year.

ODE staff and HEI co-Chairs worked with Dr. McClamroch to finalize the logic models. The final logic models were presented to ODE staff at ODE Strategic Planning Retreat on June 14, 2013 and to the HEI co-Chairs at the Diversity and Equity Council (DEC) Strategic Planning Retreat on June 21, 2013.

The logic models presented in this document represent an evolving process. Next steps include developing specific plans to collect data to track activities, outputs, and outcomes at all levels.

This document was prepared by Kristi McClamroch, PhD, MPH, Consultant for ODE. Dr. McClamroch has worked as an Assistant Professor in the Department of Epidemiology and Biostatistics at the University at Albany, and as Director of Youth Development at Equinox, Inc., a non-profit organization in Albany, New York. She has extensive programmatic and research experience in public health.

Office of Diversity and Equity

Inputs	Activities	Outputs	Initial Outcomes	Interim Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> - SMCHS, BHRS, and state-wide structure, mission, and values - Mental Health Services Act - Funding - Staff - Space - Materials and supplies - Equipment - Food - Childcare - Incentives - CLAS standards - Interpreter and translation services 	<p>Develop, provide, and oversee programs, activities, and Initiatives in an effort to address community, clinical, and organizational-level barriers to health equity in MH/SA services</p> <p><u>Community-level</u></p> <ul style="list-style-type: none"> - Perform MH/SA outreach to consumers, their family members, and communities - Educate consumers, their family members, and communities about MH/SA, cultural competence, cultural humility, health disparities, stigma, wellness, and recovery - Provide MH/SA programs that include/are targeted to consumers, their family members, and communities - Provide MH/SA programs that address socio-cultural determinants of health inequity in diverse populations (e.g. poverty, language access) - Engage consumers, their family members, and communities as participatory and collaborative partners in dialogues about MH/SA, cultural competence, stigma, wellness, and recovery - Increase partnerships and collaborations with schools, agencies and other community partners - Include consumers, their family members, community members, and other agencies in BHRS/ODE planning and implementation efforts 	<p><u>Community-level</u></p> <ul style="list-style-type: none"> - Types of MH/SA outreach efforts; # of consumers, their family members, and communities reached - # of consumers, their family members, and communities participating in programs/educated about MH/SA, cultural competence, cultural humility, health disparities, stigma, wellness, and recovery - # of MH/SA programs that include/are targeted to consumers, their family members, and communities - Types of socio-cultural determinants of health inequity addressed by programs - # of consumers, their family members, and communities that are participatory and collaborative partners in dialogues about MH/SA, cultural competence, stigma, wellness, and recovery - # of partnerships and collaborations with schools, agencies and other community partners - # of consumers, their family members, and communities involved in BHRS/ODE planning and implementation efforts 	<p><u>Community-level</u></p> <ul style="list-style-type: none"> - Improved MH/SA outreach for consumers, their family members, and communities - Increased knowledge about MH/SA, cultural competence, cultural humility, health disparities, stigma, wellness, and recovery by consumers, their family members, and communities - Increased MH/SA services that include/are targeted to consumers, their family members, and communities - Increased partnerships, and dialogue between BHRS and communities - Improved coordination of public and private service agencies - Increased participation of consumers, their family members, and community members in BHRS/ODE planning and implementation efforts 	<p><u>Community-level</u></p> <ul style="list-style-type: none"> - Improved community engagement with BHRS and MH/SA services - Increased utilization of MH/SA services that address socio-cultural determinants of health inequity by diverse populations - Improved MH/SA services for consumers, their family members, and communities 	<ul style="list-style-type: none"> - Improved quality of life and quality of services for people with MH/SA problems - Increased community cohesion and capacity building - Healthier communities - Increased health equity in MH/SA services - Decreased disparities in MH/SA - Supported wellness and recovery - Decreased stigma about MH/SA among service providers and the community - Paradigm shift to incorporate cultural competence and cultural humility about MH/SA at the city, county, and state levels

Inputs	Activities	Outputs	Initial Outcomes	Interim Outcomes	Long-Term Outcomes
	<p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - Provide ongoing trainings and education for BHRS staff and other service providers about cultural competence, cultural humility, health disparities, stigma, wellness, and recovery - Educate and encourage BHRS staff and other service providers to incorporate cultural competence and cultural humility into clinical practice, wellness, and recovery - Provide mentorship to BHRS staff to encourage leadership in cultural competence - Create/adapt clinical services to meet culturally unique needs - Provide language access assistance services - Include BHRS staff, clients, and other service providers in BHRS/ODE planning and implementation efforts 	<p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - # of BHRS staff and other service providers attending trainings/continuing education - # of clinical services created/adapted to meet culturally unique needs - # of language access assistance services utilized - # of BHRS staff and other service providers involved in BHRS/ODE planning and implementation efforts 	<p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - Increased culturally competent MH/SA services and service providers - Increased incorporation of cultural competence and cultural humility into clinical practice, wellness, and recovery by BHRS staff and other service providers - Increased engagement of BHRS staff and other service providers in lifelong cultural competence and cultural humility - Increased participation of staff and other service providers in BHRS/ODE planning and implementation efforts 	<p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - Increased utilization of and access to MH/SA services and resources by diverse populations - Increased ability of services to be effective and meet client needs - Increased client satisfaction 	

Inputs	Activities	Outputs	Initial Outcomes	Interim Outcomes	Long-Term Outcomes
	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Promote recruitment, retention, and leadership of a culturally diverse staff at SMCHS/BHRS and other MH/SA agencies - Recruit, hire, and oversee ODE interns - Educate BHRS interns about ODE - Promote institutional integration of cultural competence and cultural humility into clinical practice, wellness, and recovery - Engage stakeholders in meaningful participation - Assist MH/SA service provider organizations in CLAS compliance - Stay abreast of current theories, programs, and best practices related to cultural competence and cultural humility - Shape BHRS/ODE strategic planning and budgeting to reflect cultural competence and cultural humility - Develop best practices for MH/SA services that incorporate cultural competence and cultural humility into clinical practice, wellness, and recovery - Assist in other cultural competence events and activities in SMC (e.g. conferences) - Oversee and work with Initiatives to meet goals - Continually examine and redefine roles and responsibilities of ODE staff, programs and Initiatives - Establish ODE program work plans and budgets - Advocate for continued funding of ODE through the Mental Health Services Act; identify additional funding opportunities - Perform continual quality improvement, including monitoring and evaluation of all ODE efforts, including programs and Initiatives - Continually align ODE to BHRS, county, and state values, missions, and long-term outcomes 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - # of culturally diverse staff recruited, retained, and in leadership positions at SMCHS/BHRS and other MH/SA service provider agencies - # of ODE interns - Ways in which cultural competence and cultural humility are institutionally integrated into clinical practice, wellness, and recovery - # of stakeholders - # of MH/SA service provider organizations in CLAS compliance/not in CLAS compliance - % of BHRS/ODE budgeted funds that reflect cultural competence and cultural humility - Types of best practices for MH/SA services that incorporate cultural competence and cultural humility into clinical practice, wellness, and recovery - # of other cultural competence events and activities in SMC - Amount of funding (overall and allocated to each program/initiative) - Monitoring and evaluation data 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Improved hiring and promotion practices to increase staff diversity - Culturally diverse staff recruited, retained, and in leadership positions at SMCHS/BHRS and other MH/SA service provider agencies - Increased leadership in the areas of cultural competence and cultural humility - Engaged and committed stakeholders - Increased CLAS compliance of MH/SA service provider organizations - Strategic plans that reflect cultural competence and cultural humility - Increased incorporation of health equity, cultural competence, and cultural humility into organizational policies - Increased funding - Continual improvement in ODE efforts 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Increased ability of MH/SA services to meet populations in need - Increased # of organizational policies that take into consideration health equity and cultural competence - Best practices that take into consideration health equity and cultural competence - Increased funding for BHRS/ODE - Sustainability 	

Mental Health First Aid

MHFA is an 8 to 12-hour interactive public education program designed to help non-mental health professionals identify, understand, and respond to someone who is experiencing an emotional crisis. The aid is to be given until appropriate professional support is received or until the crisis is over.

Inputs	Activities	Outputs	Initial Outcomes	Interim Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> - SMCHS/ BHR/ ODE structure - SMCHS/ BHR/ ODE mission and values - Staff - Space - Funding - Materials and supplies - Equipment - Food - Childcare - Incentives - Interpreter and translation services 	<ul style="list-style-type: none"> - Recruit MHFA facilitators (e.g. BHR/ ODE staff, other service providers, consumers, their family members, community members) and train them through MHFA-USA - Recruit MHFA series participants (e.g. BHR/ ODE staff, other service providers, consumers, their family members, community members) - Provide twelve-hour culturally competent MHFA series - Collect and analyze program evaluation data 	<ul style="list-style-type: none"> - # of MHFA facilitator trainings - # of trained MHFA facilitators - # of MHFA series (in English/non-English) - Types of outreach for recruitment of participants - # of people who participate in MHFA series - # of people who successfully complete MHFA series - # of partner agencies or groups (e.g. faith-based organizations, Chambers of Commerce, schools, places of business) that participate in MHFA series - # of Initiatives that recruit for or participate in MHFA series 	<p>Increased participant knowledge and understanding of:</p> <ul style="list-style-type: none"> - Definitions, signs symptoms, treatment, stigma, and impact of MH/SA disorders, including depression, anxiety/trauma, psychosis, eating disorders, substance use disorders, and self-injury - Skills to identify MH/SA crises - Culturally competent and community-specific information about MHFA - Communication skills that take into account cultural diversity - Appropriate, supportive responses to MH/SA crises - Available resources, including evidence-based professional, peer, social, and self-help 	<p>For people with MH/SA problems:</p> <ul style="list-style-type: none"> - Prevention of serious outcomes (e.g. suicide) - Enhanced recovery - Appropriate care and supportive help - Increased social support <p>For service providers:</p> <ul style="list-style-type: none"> - Improved services and referrals to appropriate MH/SA services - Appropriate use of emergency services (including psychiatric emergency services) <p>For communities:</p> <ul style="list-style-type: none"> - Increased reliance on community members and peers rather than only on providers for knowledge about and assistance and resources for people with MH/SA problems 	<ul style="list-style-type: none"> - Increased health equity in MH/SA services - Decreased disparities in MH/SA - Supported wellness and recovery - Decreased stigma about MH/SA among service providers and the community - Improved quality of life and quality of services for people with MH/SA problems - Increased community cohesion and capacity building - Healthier communities

Digital Storytelling

Digital Storytelling is a shortened form of digital media production allowing participants to share their own personal stories. Digital stories vary in technique used and can include any combination of video, sound, music, animation, photographs, and other images in order to capture the individual's lived experience.

Inputs	Activities	Outputs	Initial Outcomes	Interim Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> - SMCHS/ BHR/ ODE structure - SMCHS/ BHR/ ODE mission and values - Staff - Space - Funding - Materials and supplies - Equipment - Food - Incentives - Interpreter and translation services 	<ul style="list-style-type: none"> - Recruit Digital Storytelling facilitators (e.g. BHR/ staff, CBO partners, consumers, their family members, community members) and train them through the Center for Digital Storytelling - Recruit participants (e.g. BHR/ staff, CBO partners, consumers, their family members, community members) - Provide culturally competent and culturally humble Digital Storytelling workshops - Complete Digital Storytelling projects - Present completed Digital Storytelling videos to a broader audience (e.g. SMCHS website, you-tube, educational forums) - Collect and analyze program evaluation data 	<ul style="list-style-type: none"> - # of Digital Storytelling facilitator trainings - # of trained Digital Storytelling facilitators - # of Digital Storytelling workshops (in English/non-English) - Types of outreach for recruitment of participants - # of people who participate in Digital Storytelling workshops - # of completed Digital Storytelling projects - # of partner agencies or groups that participate in Digital Storytelling workshops - # of Initiatives that recruit for or participate in Digital Storytelling workshops - Types of presentations of completed Digital Storytelling projects to a broader audience 	<ul style="list-style-type: none"> - Identification and expression of social issues related to MH/SA in a culturally responsible context 	<p>For all participants:</p> <ul style="list-style-type: none"> - Increased engagement in and processing of experiences - Improved community engagement with BHR/ and MH/SA services <p>For service providers:</p> <ul style="list-style-type: none"> - Improved services and referrals to appropriate MH/SA services <p>For communities:</p> <ul style="list-style-type: none"> - Increased awareness of social issues related to MH/SA in the community <p>Organizational:</p> <ul style="list-style-type: none"> - Policy recommendations for change related to MH/SA, wellness, and recovery 	<ul style="list-style-type: none"> - Increased health equity in MH/SA services - Decreased disparities in MH/SA - Supported wellness and recovery - Decreased stigma about MH/SA and other social issues among service providers and the community - Healthier communities

Photovoice

Photovoice is a community-based research method in which participants highlight and express important social issues that impact their everyday lives using photos and narrative, with the goal of evoking social change.

Inputs	Activities	Outputs	Initial Outcomes	Interim Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> - SMCHS/ BHRS/ ODE structure - SMCHS/ BHRS/ ODE mission and values - Staff - Space - Funding - Materials and supplies - Equipment - Food - Incentives - Interpreter and translation services 	<ul style="list-style-type: none"> - Recruit Photovoice facilitators (e.g. BHRS staff, CBO partners, consumers, their family members, community members) and train them through the Youth Leadership Institute - Recruit participants (e.g. BHRS staff, CBO partners, consumers, their family members, community members) - Provide culturally competent Photovoice workshops - Complete Photovoice projects - Present completed Photovoice projects to a broader audience (e.g. BHRS website, exhibits, educational forums) - Collect and analyze program evaluation data 	<ul style="list-style-type: none"> - # of Photovoice facilitator trainings - # of trained Photovoice facilitators - # of Photovoice workshops (in English/non-English) - Types of outreach for recruitment of participants - # of people who participate in Photovoice workshops - # of completed Photovoice projects - # of partner agencies or groups that participate in Photovoice workshops - # of Initiatives that recruit for or participate in Photovoice workshops - Types of presentations of completed Photovoice projects to a broader audience 	<ul style="list-style-type: none"> - Identification and expression of social issues related to MH/SA in a culturally responsible context 	<p>For all participants:</p> <ul style="list-style-type: none"> - Increased engagement in and processing of experiences <p>For service providers:</p> <ul style="list-style-type: none"> - Improved services and referrals to appropriate MH/SA services <p>For communities</p> <ul style="list-style-type: none"> - Increased awareness of social issues related to MH/SA in the community <p>Organizational:</p> <ul style="list-style-type: none"> - Policy recommendations for change related to MH/SA, wellness, and recovery 	<ul style="list-style-type: none"> - Increased health equity in MH/SA services - Decreased disparities in MH/SA - Supported wellness and recovery - Decreased stigma about MH/SA and other social issues among service providers and the community - Healthier communities

Stigma Free San Mateo County

Stigma Free San Mateo County, formerly the Anti-Stigma Initiative, is a campaign to eliminate the stigma surrounding mental illness and substance abuse, and the discrimination faced by those who live with these illnesses.

Inputs	Activities	Outputs	Initial Outcomes	Interim Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> - SMCHS/ BHRS/ ODE structure - SMCHS/ BHRS/ ODE mission and values - Staff - Space - Funding - Materials and supplies - Anti-stigma DVDs - Anti-stigma pledge - Equipment - Food - Incentives - Interpreter and translation services 	<ul style="list-style-type: none"> - Recruit and train Anti-Stigma master trainers (e.g. BHRS staff, other service providers, community agency partners, consumers, their family members, community members) - Recruit and train Anti-Stigma facilitators (e.g. BHRS staff, other service providers, community agency partners, consumers, their family members, community members) - Recruit Anti-Stigma forum participants (e.g. BHRS staff, other service providers, community agency partners, consumers, their family members, community members) - Provide culturally competent Anti-Stigma forums - Ask Anti-Stigma forum participants to sign the Anti-Stigma Pledge - Collect and analyze program evaluation data (e.g. the Attribution Questionnaire) 	<ul style="list-style-type: none"> - # of Anti-Stigma facilitator trainings - # of trained Anti-Stigma facilitators - # of Anti-Stigma forums (by target community; in English/non-English) - Types of outreach for recruitment of participants - # of people who participate in Anti-Stigma forums (by target community) - # of partner agencies or groups that participate in Anti-Stigma forums - # of Initiatives that recruit for or participate in Anti-Stigma forums 	<p>Increased participant knowledge and understanding of:</p> <ul style="list-style-type: none"> - Stigma about MH/SA in target communities - Blame, anger, pity, help, dangerousness, fear, avoidance, segregation, coercion about MH/SA in target communities - The impact of stigma and discrimination in the target communities - The importance of talking about MH/SA in the target communities - Ways to be inclusive of people with MH/SA problems in target communities - Available resources 	<p>For people with MH/SA problems:</p> <ul style="list-style-type: none"> - Enhanced recovery and improved services - Increased social support <p>For service providers:</p> <ul style="list-style-type: none"> - Improved services and referrals to appropriate services - Increased ability of MH/SA services to be effective and meet client needs <p>For community:</p> <ul style="list-style-type: none"> - Increased discussion about MH/SA in the target communities - Increased acceptance and inclusion of people with MH/SA problems in the target communities (e.g. educational and professional opportunities) 	<ul style="list-style-type: none"> - Increased health equity in MH/SA services - Decreased disparities in MH/SA - Supported wellness and recovery - Decreased stigma about MH/SA among service providers and the community - Improved quality of life and quality of services for people with MH/SA disorders - Increased community cohesion and capacity building - Healthier communities

Parent Project and Health Ambassador Project

PP is an award-winning and evidence-based curriculum that was developed over a period of 25 years, working with families with high-risk youth. The 16-week curriculum focuses on helping parents and caregivers learn to more effectively parent and relate to their children. HAP links PP graduates with other ODE programs so that they are able to be Health Ambassadors to their communities.

Inputs	Activities	Outputs	Initial Outcomes	Interim Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> - SMCHS/ BHRS/ ODE structure - SMCHS/ BHRS/ ODE mission and values - Staff - Space - Funding - Materials and supplies - Equipment - Food - Childcare - Incentives - Transportation vouchers - Interpreter and translation services - Additional ODE and other programs 	<p><u>PP</u></p> <ul style="list-style-type: none"> - Recruit PP facilitators (e.g. BHRS staff, other service providers, consumers, their family members, community members) and train them through the National PP - Recruit PP workshop participants (e.g. consumers, their family members, community members) - Conduct free culturally competent PP workshops - Collect and analyze program evaluation data <p><u>HAP</u></p> <ul style="list-style-type: none"> - Provide links to additional ODE and other programs for graduates of PP workshops - Collect and analyze program evaluation data 	<p><u>PP</u></p> <ul style="list-style-type: none"> - # of PP facilitator trainings - # of trained PP facilitators - # of PP workshops (in English/non-English) - Types of outreach for recruitment of participants - # of people who participate in PP workshops - # of people who successfully complete PP workshops - # of partner agencies or groups that participate in PP workshops - # of Initiatives that recruit for or participate in PP workshops <p><u>HAP</u></p> <ul style="list-style-type: none"> - # of PP graduates who participate in HAP - # of ambassadors who participate in additional ODE and other programs 	<p><u>PP</u></p> <p>Increased participant knowledge and understanding of:</p> <ul style="list-style-type: none"> - How to address problematic behavior in children - The importance of showing affection - Setting and enforcing limits - Alternatives to hitting - Relationship building - Common issues (e.g. drug and alcohol use, gang involvement, unsafe sexual behaviors) - Managing conflict - The importance of consistency - How to make an action plan - Available resources <p><u>HAP</u></p> <ul style="list-style-type: none"> - Increased participant knowledge of culturally responsible MH/SA support 	<p><u>PP</u></p> <ul style="list-style-type: none"> - Improved parent-child interactions and relationships - Improved communication - Decreased conflict - Decreased hitting - Increased parent-school interactions - Improved grades - Decreased truancy - Increased diagnosis of MH/SA disorders among parents and children <p><u>HAP</u></p> <ul style="list-style-type: none"> - Increased reliance on community members and peers rather than only on providers for knowledge about and assistance and resources for people with MH/SA problems 	<p><u>PP</u></p> <p>Increased:</p> <ul style="list-style-type: none"> - Quality of life for parents/children - Quality of services for parents/children - Quality of life for people with MH disorders - Safety in school and community environments - High School graduation - College attendance <p>Decreased:</p> <ul style="list-style-type: none"> - Drug and underage alcohol use - Teen pregnancy - HIV and other STIs among teens - Teen suicide - Violence - Bullying - Gang involvement - Domestic violence <p><u>HAP</u></p> <ul style="list-style-type: none"> - Increased health equity in MH/SA services - Decreased disparities in MH/SA - Supported wellness and recovery - Decreased stigma about MH/SA and other social issues - Improved quality of life and quality of services for people with MH/SA problems - Increased community cohesion and capacity building - Healthier communities

Cultural Stipend Internship Program

The Cultural Stipend Internship Program awards selected BHRS interns with a stipend to learn about cultural competence and cultural humility and how to incorporate these concepts into clinical practice.

Inputs	Activities	Outputs	Initial Outcomes	Interim Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> - SMCHS/ BHRS/ ODE structure - SMCHS/ BHRS/ ODE mission and values - Staff - Space - Funding/stipends - Materials and supplies - Equipment 	<ul style="list-style-type: none"> - Recruit cultural competence awardees among BHRS interns - Communicate importance of cultural competence, cultural humility, and awardee program to awardees' supervisors - Hold orientation - Teach awardees about cultural competence and cultural humility - Teach awardees how to incorporate cultural competence and cultural humility into their clinical practice - Hold mandatory awardee meetings - Provide awardees access to Initiative meetings - Provide opportunities for community-based training and interactions - Assist awardees with final projects and presentations - Disseminate final projects - Collect and analyze program evaluation data 	<ul style="list-style-type: none"> - # of cultural competence awardees - # of cultural competence awardees who complete the program - # of cultural competence awardee meetings - # of Initiative meetings attended by cultural competence awardees - # of supervisors that support cultural competence awardee participation - Types of final projects 	<p>Increased cultural competence awardee knowledge and understanding of:</p> <ul style="list-style-type: none"> - Cultural competence - Cultural humility - Issues of stigma towards people with MH/SA disorders - Ways to incorporate cultural competence and humility into clinical practice 	<ul style="list-style-type: none"> - Increased awardees' self-awareness and positive attitudes towards diverse populations - Integrated cultural competence and cultural humility into clinical practice by cultural competence awardees - Commitment of cultural competence awardees to a lifelong learning process of cultural humility - Increased leadership in the area of cultural competence and cultural humility - Institutional integration of cultural competence and cultural humility into clinical practice - Increased effectiveness in providing MH/SA services to diverse populations 	<ul style="list-style-type: none"> - Increased health equity in MH/SA services - Decreased disparities in MH/SA - Supported wellness and recovery - Decreased stigma about MH/SA - Improved quality of life and quality of services for people with MH/SA disorders

Language Assistance Services Program

The Language Assistance Services Program provides training and technical assistance to BHRS staff and contract providers to ensure access and equitable quality of care for limited English proficient clients and community members.

Inputs	Activities	Outputs	Initial Outcomes	Interim Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> - SMCHS/ BHRS/ ODE structure - SMCHS/ BHRS/ ODE mission and values - Staff - Space - Funding - Materials and supplies - Reference guide - Equipment - Interpreter services contracted with BHRS through Avid Translation - Translation services contracted with BHRS through Avante Page 	<ul style="list-style-type: none"> - Train all BHRS contracted interpreters on interpreting in behavioral health settings - Train all BHRS staff on how to effectively work with interpreters - Provide continuing education opportunities for BHRS staff - Train BHRS staff on working with hearing impaired clients - Provide outreach to BHRS staff and CBO's about interpreter and translation services - Provide technical assistance to CBO's, contractors, and other agencies who are looking to strengthen their language access capacity - Work with Avid Translation and Avante Page to resolve quality-related issues for interpretation and translation - Collect and analyze program evaluation data 	<ul style="list-style-type: none"> - # of trainings for BHRS contracted interpreters - # of BHRS contracted interpreters trained - # of trainings on working with interpreters for BHRS staff - # of BHRS staff trained on working with interpreters - # of BHRS staff who receive continuing education - # of trainings for BHRS staff on working with hearing impaired clients - # of BHRS staff trained on working with hearing impaired clients - # of language assistance requests by BHRS staff and CBO's - # of requests for technical assistance to strengthen capacity - # of requests to resolve quality-related issues for interpretation and translation 	<ul style="list-style-type: none"> - Increased use of interpreters in MH/SA services - Improved communication and collaboration between BHRS staff and interpreters - Improved quality of interpreter services to BHRS clients 	<ul style="list-style-type: none"> - Increased communication between clients and clinicians - Increased trust between clients and clinicians - Improved client understanding of services - Increased accuracy of client information - Increased buy-in by clients of clinical care - Improved utilization of services by limited English-proficient clients - Improved services, including treatment and adherence - Increased client satisfaction of client-clinician interactions 	<ul style="list-style-type: none"> - Increased health equity in MH/SA services - Decreased disparities in MH/SA - Supported wellness and recovery - Improved quality of life and quality of services for people with MH/SA disorders

Additional Trainings

ODE offers a number of additional trainings, including the California Brief Multicultural Scale Training Program.

Inputs	Activities	Outputs	Initial Outcomes	Interim Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> - SMCHS/ BHRS/ ODE structure - SMCHS/ BHRS/ ODE mission and values - Staff - Space - Funding - Materials and supplies - Equipment - Interpreter and translation services 	<ul style="list-style-type: none"> - Recruit and train trainers - Provide training to participants (e.g. BHRS staff, other service providers, community agency partners, consumers, their family members, community members)* - Collect and analyze program evaluation data** 	<ul style="list-style-type: none"> - # of training sessions for trainers - # of trainers trained - # of participant training sessions - # of participants trained 	<p>Increased participant knowledge and understanding of issues related to ODE's mission, for example:</p> <ul style="list-style-type: none"> - Mental health 101 - Health disparities - Elements of cultural competence - Cultural barriers - Sensitivity and responsiveness to people with MH/SA disorders - Socio-cultural diversities 	<p>For all participants:</p> <ul style="list-style-type: none"> - Increased participant self-awareness and positive attitudes towards diverse populations - Increased leadership in the area of cultural competence and cultural humility <p>For service providers:</p> <ul style="list-style-type: none"> - Integrated cultural competence and cultural humility into clinical practice - Increased effectiveness in providing MH/SA services to diverse populations <p>For communities:</p> <ul style="list-style-type: none"> - Increased reliance on community members and peers rather than only on providers for knowledge about and assistance and resources for people with MH/SA problems 	<ul style="list-style-type: none"> - Increased health equity in MH/SA services - Decreased disparities in MH/SA - Supported wellness and recovery - Decreased stigma about MH/SA among service providers and the community - Improved quality of life and quality of services for people with MH/SA problems - Increased community cohesion and capacity building - Healthier communities

* For the California Brief Multicultural Scale Training Program, participants include SMC workers and clinicians.

** For the California Brief Multicultural Scale Training Program, evaluation tools include the California Brief Multicultural Competence Scale.

Cultural Competence Contractual Requirements

ODE provides guidance and technical assistance to diverse stakeholders to meet federal, state, and local cultural competence standards.

Inputs	Activities	Outputs	Initial Outcomes	Interim Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> - SMCHS/ BHRS/ ODE structure - SMCHS/ BHRS/ ODE mission and values - Staff - Space - Funding - Materials and supplies - Equipment - CLAS standards 	<ul style="list-style-type: none"> - Ensure that non-profit organizations contracting with BHRS to provide services meet cultural competence contractual requirements - Assess CLAS standards annually - Provide feedback to organizations based on assessments - Provide technical assistance to help organizations meet CLAS standards 	<ul style="list-style-type: none"> - # of non-profits organizations contracting with BHRS to provide services - # of non-profits organizations contracting with BHRS to provide services that meet contractual requirements/ CLAS standards - Contractual requirements not met - # of non-profits organizations contracting with BHRS to provide services that require technical assistance - Type of technical assistance 	<p>Increased knowledge and understanding by organizations of:</p> <ul style="list-style-type: none"> - Cultural competence and cultural sensitivity - CLAS standards 	<ul style="list-style-type: none"> - Culturally responsible and responsive organizations 	<ul style="list-style-type: none"> - Decreased disparities in MH/SA wellness and recovery - Increased health equity in MH/SA services - Improved quality of life and quality of services for people with MH/SA disorders

ODE Internship Program

ODE's Internship Program provides numerous opportunities for interns to learn about the public behavioral health system. ODE also utilizes interns to help with a variety of activities.

Inputs	Activities	Outputs	Initial Outcomes	Interim Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> - SMCHS/ BHRS/ ODE structure - SMCHS/ BHRS/ ODE mission and values - Staff - Space - Funding - Materials and supplies - Equipment - Additional ODE and other program 	<ul style="list-style-type: none"> - Recruit ODE interns - Hire ODE interns - Hold orientation for interns - Provide interns with skills-based trainings (e.g. political astuteness, qualitative evaluation, communication style) - Develop individualized intern work plans, which may include: program planning, support, and implementation; event support; data monitoring and evaluation - Supervise interns - Provide opportunity for evaluation of the intern experience - Facilitate final presentation by interns to ODE staff 	<ul style="list-style-type: none"> - # of ODE interns - # of skills-based trainings - Individualized work plans - Evaluation results - Final presentations 	<ul style="list-style-type: none"> - ODE interns - High quality assistance for ODE activities - High quality experiences for interns - Mentorship opportunities for staff 	<ul style="list-style-type: none"> - Improved functioning of ODE - Integration of cultural competency and cultural humility into professional practice 	<ul style="list-style-type: none"> - Improved services provided by ODE - Workforce that is culturally responsive and culturally humble

African American Community Initiative

Inputs	Activities	Outputs	Initial Outcomes	Interim Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> - SMCHS/BHRS/ODE structure - SMCHS/BHRS/ODE mission and values - ODE programs - Funding from ODE - AACI Chair and committee members - ODE staff - Space - Materials and supplies - Equipment 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Hold monthly AACI meetings - Continue to define AACI's mission and purpose - Recruit and engage new members to AACI (e.g. identified staff from BHRS and contracted agencies) - Identify barriers for AACI - Provide a forum for members to share information on resources and events - Hold annual AACI strategic planning meeting <p><u>Community-level</u></p> <ul style="list-style-type: none"> - Conduct two Digital Storytelling and/or Photovoice workshops with AA community members - Conduct one Anti-Stigma forum with AA community members; link to Black History month <p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - Conduct one Anti-Stigma forum with service providers that serve AAs 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - # of AACI meetings - # of AACI members - List of identified barriers <p><u>Community-level</u></p> <ul style="list-style-type: none"> - # of Digital Storytelling workshops/stories, Photovoice workshops/exhibits - # of Anti-Stigma forum community participants <p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - # of Anti-Stigma forum service provider participants 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Strengthened AACI <p><u>Community-level</u></p> <ul style="list-style-type: none"> - Digital Stories/Photovoice exhibits about MH/SA from the perspective of the AA community - Increased knowledge of issues around MH/SA stigma in the AA community among community members <p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - Increased knowledge of issues around MH/SA stigma in the AA community among service providers 	<p><u>Community-level</u></p> <ul style="list-style-type: none"> - Improved engagement of the AA community with BHRS and MH/SA services - Increased discussion about MH/SA in the AA community <p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - Increased ability of MH/SA services to be effective and meet AA client needs 	<ul style="list-style-type: none"> - Improved quality of life and quality of services for AA with MH/SA problems - Increased AA community cohesion and capacity building - Healthier AA community - Decreased stigma about MH/SA in AA among service providers and the community

Chinese Health Initiative

Inputs	Activities	Outputs	Initial Outcomes	Interim Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> - SMCHS/ BHRS/ ODE structure - SMCHS/ BHRS/ ODE mission and values - ODE programs - Funding from ODE - CHI Co-Chairs and committee members - ODE staff - Space - Materials and supplies - Equipment - Interpreter and translation services 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Hold monthly CHI meetings - Provide a forum for members to share information on resources and events - Respond to comments for CHI's Chinese-focused clinical team proposal to BHRS; pursue the creation of a Chinese-focused clinical team; continue to move forward strategic system recommendations - Advocate to improve workforce allocation of resources - Hold annual CHI strategic planning meeting <p><u>Community-level</u></p> <ul style="list-style-type: none"> - Conduct Digital Storytelling and/or Photovoice workshops for CHI members and/or Chinese community members <p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - Continue to offer the Chinese Family Support Group - Quantify how many existing Chinese MH/SA providers are in SMC; estimate number of Chinese MH/SA clients in SMC <p><u>Community/Clinical-level</u></p> <ul style="list-style-type: none"> - Sponsor/cosponsor additional trainings (e.g. Gambling Addiction Training) 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - # of CHI meetings - # of CHI members <p><u>Community-level</u></p> <ul style="list-style-type: none"> - # of Digital Storytelling workshops/stories, Photovoice workshops/exhibits <p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - # of Chinese Family Support Group sessions; # of participants <p><u>Community/Clinical-level</u></p> <ul style="list-style-type: none"> - # of Chinese MH/SA providers in SMC - # of Chinese MH/SA clients in SMC <p><u>Community/Clinical-level</u></p> <ul style="list-style-type: none"> - # of additional trainings; # of people trained 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Strengthened CHI - Increased number of organizational policies that take into consideration health equity and cultural competence about MH/SA among Chinese <p><u>Community-level</u></p> <ul style="list-style-type: none"> - Digital Stories/ Photovoice exhibits about MH/SA from the perspective of the Chinese community <p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - Support to Chinese family members of people with MH/SA diagnoses - Increased knowledge about issues relevant to MH/SA in the Chinese community 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Increased ability of MH/SA services to meet populations in need <p><u>Community-level</u></p> <ul style="list-style-type: none"> - Improved engagement of the Chinese community with BHRS and MH/SA services - Increased utilization of MH/SA services that address socio-cultural determinants of health inequity by the Chinese community <p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - Increased utilization of and access to MH/SA services and resources by the Chinese community - Increased ability of services to be effective and meet client needs 	<ul style="list-style-type: none"> - Improved quality of life and quality of services for Chinese with MH/SA problems - Increased Chinese community cohesion and capacity building - Healthier Chinese community - Paradigm shift to incorporate cultural competence and cultural humility about MH/SA among Chinese at the city, county, and state levels

Filipino Mental Health Initiative

Inputs	Activities	Outputs	Initial Outcomes	Interim Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> - SMCHS/ BHRS/ ODE structure - SMCHS/ BHRS/ ODE mission and values - ODE programs - Funding from ODE - FMHI Co-Chairs and committee members - ODE Staff - Space - Materials and supplies - Equipment - Interpreter and translation services 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Hold monthly FMHI meetings - Actively recruit new FMHI members; build internal capacity and leadership and retain FMHI members by providing trainings and skills - Provide a forum for members to share information on resources and events - Continue to perform behavioral health needs assessments among Filipinos in SMC - Conduct one focus group with older Filipino adults - Complete and report findings from three focus groups - Develop recommendations/next steps - Engage stakeholders; partner with Filipino social service groups - Develop an approach to integrated FMHI activities and deliverables (e.g. website, brochure, Facebook page, youth Photovoice exhibit) - Hold annual FMHI strategic planning meeting <p><u>Community-level</u></p> <ul style="list-style-type: none"> - Conduct one Digital Storytelling workshop with 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - # of FMHI meetings - # of FMHI members - # trainings for FMHI members - Focus group results and recommendations - # of partnerships with stakeholders and social service groups <p><u>Community-level</u></p> <ul style="list-style-type: none"> - # Digital Storytelling workshops/stories - # of Sala Talk participants - # of Filipino festivals and events attended by FMHI - # of partnerships with organizations that work with older adults/faith-based organizations <p><u>Community/Clinical-level</u></p> <ul style="list-style-type: none"> - # of MHFA community member participants; # of MHFA service provider participants - # of Anti-Stigma forum participants 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Strengthened FMHI - Improved local-level data of Filipino behavioral health in SMC - Improved partnerships with stakeholders and Filipino social service groups - Integrated package of FMHI activities and deliverables <p><u>Community-level</u></p> <ul style="list-style-type: none"> - Digital Stories about MH/SA from the perspective of the Filipino community - Increased knowledge, awareness, and expression of MH/SA issues in the Filipino community - Improved partnerships with local organizations that work with Filipinos <p><u>Community/Clinical-level</u></p> <ul style="list-style-type: none"> - Increased knowledge of MHFA among service providers and Filipino community members - Increased knowledge of issues around MH/SA stigma in the Filipino community among service providers and community members 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Increased ability of MH/SA services to meet the needs of Filipinos <p><u>Community-level</u></p> <ul style="list-style-type: none"> - Increased utilization of MH/SA services among Filipinos - Improved engagement of the Filipino community with BHRS and MH/SA services - Increased discussion about MH/SA in the Filipino community - Increased reliance on Filipino community members and peers rather than only on providers for knowledge about and assistance and resources for people with MH/SA problems <p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - Increased ability of MH/SA services to be effective and meet Filipino client needs 	<ul style="list-style-type: none"> - Improved quality of life and quality of services for Filipinos with MH/SA problems - Decreased stigma about MH/SA in Filipino in the community - Increased Filipino community cohesion and capacity building - Healthier Filipino community

	<p>Filipino community members (e.g. Filipino youth and/or older Filipino adults)</p> <ul style="list-style-type: none"> - Conduct four Sala Talks at local high schools to provide youth engagement and encourage dialogue - Provide outreach and engagement at annual Filipino festivals and events - Strengthen partnerships with Second Harvest Food Bank and other organizations that work with older Filipino adults - Strengthen partnerships with faith-based organizations that work with the Filipino community <p><u>Community/Clinical-level</u></p> <ul style="list-style-type: none"> - Conduct two MHFA trainings: one with adult community members, one with providers of youth (e.g. high school staff) - Conduct one to two Anti-Stigma forums with Filipino community members and/or service providers that serve Filipinos 			<ul style="list-style-type: none"> - Improved services and referrals to appropriate MH/SA services for Filipinos 	
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Latino Collaborative

Inputs	Activities	Outputs	Initial Outcomes	Interim Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> - SMCHS/ BHRS/ ODE structure - SMCHS/ BHRS/ ODE mission and values - ODE programs - Funding from ODE - LC Co-Chairs and committee members - ODE Staff - Space - Materials and supplies - Equipment - Interpreter and translation services 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Hold monthly LC meetings - Provide a forum for members to share information on resources and events - Continue to partner with Workforce Development to promote a diverse workforce in leadership positions through mentoring at BHRS and CBOs - Provide feedback to the Anti-Stigma Initiative on accessibility and relevance to monolingual or illiterate Latino populations - Hold annual LC strategic planning meeting <p><u>Community-level</u></p> <ul style="list-style-type: none"> - Co-sponsor Sana Sana bilingual Latino Health Forum with the Healthy Weight Collaborative <ul style="list-style-type: none"> - Enroll Latinos into health insurance - Lead breakout session to provide prevention and education on depression and anxiety - Conduct two PP workshops for Latino community members - Conduct MHFA with graduates of PP as part of HAP - Conduct one Digital Storytelling or Photovoice with Latino community members in Spanish - Conduct one Anti-Stigma forum with Latino community members - Facilitate the anti-violence 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - # of LC meetings - # of LC members - # of participants in mentoring program <p><u>Community-level</u></p> <ul style="list-style-type: none"> - # of participants at Sana Sana - # of participants at Sana Sana breakout session - # of Sana Sana participants enrolled into health insurance - # of PP participants - # of MHFA participants - # of Digital Storytelling workshops/ stories, Photovoice workshops/ exhibits - # of Anti-Stigma forum community participants - # of youth who receive the anti-violence curriculum <p><u>Community/Clinical-level</u></p> <ul style="list-style-type: none"> - # of participants in the training on 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Culturally diverse workforce in leadership positions at BHRS and CBOs - Increased accessibility and relevance of the Anti-Stigma Initiative to monolingual or illiterate Latino populations <p><u>Community-level</u></p> <ul style="list-style-type: none"> - Increased knowledge of culturally appropriate healthy parenting by Latinos - Digital Stories/ Photovoice exhibits about MH/SA from the perspective of the Latino community - Increased knowledge, awareness, and expression of MH/SA issues in the Latino community - Increased knowledge of MHFA among 	<p><u>Community-level</u></p> <ul style="list-style-type: none"> - Increased diagnosis of MH/SA disorders among parents and children - Increased utilization of MH/SA services that address socio-cultural determinants of health inequity by the Latino community - Increased reliance on Latino community members and peers rather than only on providers for knowledge about and assistance and resources for people with MH/SA problems - Improved engagement of the Latino community with BHRS and MH/SA services - Increased discussion about MH/SA in the Latino community 	<ul style="list-style-type: none"> - Decreased stigma about MH/SA in Latinos among service providers and the community - Increased Latino community cohesion and capacity building - Healthier Latino community - Improved quality of life for Latinos with MH/SA problems

	<p>curriculum to Latino youth to promote leadership and empowerment to decrease substance abuse on the Coast</p> <p><u>Community/Clinical-level</u></p> <ul style="list-style-type: none"> - Develop and provide culturally relevant training on drumming as a holistic form of healing for service providers and/or community members <p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - Conduct one Anti-Stigma forum with service providers that serve Latinos 	<p>drumming as a holistic form of healing</p> <p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - # of Anti-Stigma forum service provider participants 	<p>Latino community members</p> <p><u>Community/Clinical-level</u></p> <ul style="list-style-type: none"> - Increased knowledge of issues around MH/SA stigma in the Latino community among service providers and community members - Increased use of drumming as a holistic form of healing 	<p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - Increased utilization of MH/SA services among Latinos - Increased ability of MH/SA services to be effective and meet Latino client needs 	
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Native American Initiative

Inputs	Activities	Outputs	Initial Outcomes	Interim Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> - SMCHS/ BHRS/ ODE structure - SMCHS/ BHRS/ ODE mission and values - ODE programs - Funding from ODE - NAI Chair - ODE staff - Space - Materials and supplies - Equipment - Interpreter and translation services 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Recruit members to participate in NAI - Hold monthly NAI meetings - Provide a forum for members to share information on resources and events - Seek external funding - Hold annual NAI strategic planning meeting <p><u>Community/Clinical-level</u></p> <ul style="list-style-type: none"> - Connect NAI to existing MH/SA service providers and organizations that serve NAs in surrounding areas (e.g. San Francisco, Santa Clara) - Learn about existing MH/SA services for NAs - Identify pockets of NAs in SMC <p><u>Community-level</u></p> <ul style="list-style-type: none"> - Identify NAs in SMC with MH/SA needs - Build relationships with NAs in SMC - Conduct one Digital Storytelling workshop with NA community members <p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - Link NAs in SMC to health benefits (e.g. Medi-Cal) 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - # of NAI meetings - # of NAI members - Amount of external funding <p><u>Community/Clinical-level</u></p> <ul style="list-style-type: none"> - # service providers/ organizations serving NAs in surrounding areas that are connected to NAI - List of existing MH/SA services for NAs in surrounding areas <p><u>Community-level</u></p> <ul style="list-style-type: none"> - List of identified pockets of NAs in SMC - # of identified NAs in SMC - # Digital Storytelling workshops/stories <p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - # NAs linked to health benefits 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Strengthened NAI <p><u>Community/Clinical-level</u></p> <ul style="list-style-type: none"> - Knowledge of existing MH/SA services for NAs in surrounding areas <p><u>Community-level</u></p> <ul style="list-style-type: none"> - Knowledge of existing pockets of NAs in SMC - Trust and relationships established with NAs in SMC - Digital Stories about MH/SA from the perspective of the NA community <p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - Increased number of NAs in SMC with health benefits 	<p><u>Community-level</u></p> <ul style="list-style-type: none"> - Improved engagement of the NA community with BHRS and MH/SA services <p><u>Community/Clinical-level</u></p> <ul style="list-style-type: none"> - Increased utilization of MH/SA services that address socio-cultural determinants of health inequity for NAs 	<ul style="list-style-type: none"> - Improved quality of life and quality of services for NAs with MH/SA problems - Increased NA community cohesion and capacity building - Healthier NA community

Pacific Islander Initiative

Inputs	Activities	Outputs	Initial Outcomes	Interim Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> - SMCHS/ BHRS/ ODE structure - SMCHS/ BHRS/ ODE mission and values - ODE programs - Funding from ODE - PI Initiative Co-Chairs and committee members - ODE staff - Space - Materials and supplies - Equipment - Interpreter and translation services 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Hold monthly PI Initiative meetings - Increase PI Initiative membership, with a focus on recruiting males, youth, and faith-based leaders - Build leadership capacity within PI Initiative - Continue to build relationships with PIs, and organizations and providers that serve PIs, by attending PI-related local events - Provide a forum for members to share information on resources and events - Plan a needs assessment to identify barriers to accessing MH/SA services among PIs (e.g. surveys, focus groups) - Hold annual PI Initiative strategic planning meeting <p><u>Community-level</u></p> <ul style="list-style-type: none"> - Conduct regular Anti-Stigma forums with PI community members (with a focus on males and youth) - Conduct one Digital Storytelling and/or Photovoice workshop with PI community members to address the interplay between chronic disease (e.g. diabetes/obesity), MH, and SA among PI - Conduct PP workshops with PI community members - Encourage and facilitate PI PP graduates to participate in HAP 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - # of PI Initiative meetings - # of PI Initiative members - # of PI Initiative members who take on a leadership role in activities - # of local PI-related events attended - Needs assessment plan <p><u>Community-level</u></p> <ul style="list-style-type: none"> - # of Anti-Stigma forums for PI community members; # of participants - # of Digital Storytelling workshops/ stories, Photovoice workshops/exhibits - # of PP workshops; # of participants - # of PI PP graduates in HAP <p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - # of Anti-Stigma forums for service providers that serve PIs; # of participants 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Strengthened PI Initiative - Increased representation of PI community by PI Initiative membership - Increased leadership capacity within PI Initiative - Continued presence within the PI community - Understanding of MH/SA service needs specific to PIs <p><u>Community-level</u></p> <ul style="list-style-type: none"> - PI community dialogues and awareness about MH/SA stigma - Increased knowledge of issues around MH/SA stigma in the PI community among community members - Digital Stories/ Photovoice exhibits about MH/SA from the perspective of the PI community - Community-level understanding of the interplay between chronic disease (e.g. diabetes/obesity), MH, and SA among PIs 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Increased ability of MH/SA services to meet PI needs <p><u>Community-level</u></p> <ul style="list-style-type: none"> - Improved engagement of the PI community with BHRS and MH/SA services - Increased discussion about MH/SA in the PI community - Increased diagnosis of MH/SA disorders among parents and children <p><u>Community/clinical-level</u></p> <ul style="list-style-type: none"> - Increased utilization of MH/SA services that address socio-cultural determinants of health inequity for PIs <p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - Increased ability of MH/SA services to be effective and 	<ul style="list-style-type: none"> - Improved quality of life and quality of services for PIs with MH/SA problems - Healthier PI community - Decreased stigma about MH/SA in PIs among service providers and the community

	<p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - Conduct regular Anti-Stigma forums with service providers that serve PIs 		<ul style="list-style-type: none"> - Increased knowledge of culturally appropriate healthy parenting by PIs - Increased knowledge of culturally responsible MH/SA support for PIs <p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - Increased knowledge of issues around MH/SA stigma in the PI community among service providers 	<p>meet PI client needs</p>	
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PRIDE Initiative

Inputs	Activities	Outputs	Initial Outcomes	Interim Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> - SMCHS/ BHRS/ ODE structure - SMCHS/ BHRS/ ODE mission and values - ODE programs - Funding from ODE - PRIDE Initiative Co-Chairs and committee members - ODE staff - Space - Materials and supplies - Equipment 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Hold monthly PRIDE Initiative meetings - Provide a forum for members to share information on resources and events - Utilize information collected at the 2013 PRIDE event to create a list of potential PRIDE Initiative members, and community members to participate in PRIDE Initiative activities - Build internal capacity and leadership and retain PRIDE Initiative members by providing trainings and skills (e.g. Cultural Competence training) - Better define PRIDE Initiative processes - Continue to seek external funding - Review and provide feedback on the policy of asking LGBTQQI2S-related information on intake forms at BHRS, SMCHS, and other CBOs - Hold annual PRIDE Initiative strategic planning meeting <p><u>Community-level</u></p> <ul style="list-style-type: none"> - Host 2014 annual PRIDE event with breakout sessions that address issues of MH/SA in the LGBTQQI2S community - Conduct one Digital Storytelling/ Photovoice workshop for the community dealing with issues of MH/SA among LGBTQQI2S - Collaborate with ODE Initiatives that are conducting PP workshops to supplement the curriculum with a session on LGBTQQI2S-specific issues <p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - Provide/facilitate training for MH/SA service providers and organizations that serve LGBTQQI2S on cultural competencies relevant to LGBTQQI2S 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - # of PRIDE Initiative meetings - # of PRIDE Initiative members - # of identified potential PRIDE Initiative members - # of identified community members to participate in PRIDE Initiative activities - # of trainings for PRIDE Initiative members - Amount of external funding <p><u>Community-level</u></p> <ul style="list-style-type: none"> - # of people who attend the 2014 PRIDE event - # of Digital Storytelling workshops/stories, Photovoice workshops/exhibits - # of PP workshops that incorporate the supplemental curriculum <p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - # of trainings for MH/SA service providers and organizations that serve LGBTQQI2S on cultural competencies related to LGBTQQI2S 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Strengthened PRIDE Initiative - External funding - More/improved policies about asking LGBTQQI2S-related information on intake forms at BHRS, SMCHS, and other CBOs <p><u>Community-level</u></p> <ul style="list-style-type: none"> - Digital Stories/ Photovoice exhibits about MH/SA from the perspective of the LGBTQQI2S community - Increased knowledge, awareness, and expression of MH/SA issues among LGBTQQI2S - Improved partnerships with local organizations that work with LGBTQQI2S <p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - Increased ability of service providers to meet the needs of people in the LGBTQQI2S community 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Organizational policies that take into consideration health equity and cultural competence for LGBTQQI2S - Increased ability of MH/SA services to meet LGBTQQI2S needs <p><u>Community-level</u></p> <ul style="list-style-type: none"> - Improved engagement of the LGBTQQI2S community with BHRS and MH/SA services - Increased utilization of MH/SA services that address socio-cultural determinants of health inequity for LGBTQQI2S <p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - Increased ability of MH/SA services to be effective and meet LGBTQQI2S needs 	<ul style="list-style-type: none"> - Improved quality of life and quality of services for LGBTQQI2S with MH/SA problems - Increased LGBTQQI2S community cohesion and capacity building - Healthier LGBTQQI2S community - Paradigm shift to incorporate cultural competence and cultural humility about MH/SA and LGBTQQI2S at the city, county, and state levels

Spirituality Initiative

Inputs	Activities	Outputs	Initial Outcomes	Interim Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> - SMCHS/ BHRS/ ODE structure - SMCHS/ BHRS/ ODE mission and values - ODE programs - Funding from ODE - SI Co-Chairs and committee members - ODE Staff - Space - Materials and supplies - Equipment 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Hold monthly SI meetings - Retain SI members by providing trainings and skills (e.g. Wellness Recovery Action Plan) - Provide a forum for members to share information on resources and events - Continue to collect information on spiritual institutions sensitive to the needs of MH/SA consumers and family members for the SI website - Hold annual SI strategic planning meeting <p><u>Organizational/Clinical-level</u></p> <ul style="list-style-type: none"> - Conduct trainings to introduce the Spirituality Policy to all BHRS staff - Conduct trainings to introduce the Spirituality Policy to contracting agencies <p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - Develop three-hour training on spirituality assessment, case formulation, and treatment planning for BHRS staff and contracting agencies <p><u>Community-level</u></p> <ul style="list-style-type: none"> - Conduct two MHFA trainings with spiritual leaders and community members - Conduct one PP workshop with spirituality community members - Conduct one Digital Storytelling workshop with spirituality community members 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - # of SI meetings - # of SI members - # trainings for SI members - # of spiritual institutions sensitive to the needs of MH/SA consumers and family members on the SI website <p><u>Organizational/ Clinical-level</u></p> <ul style="list-style-type: none"> - # of trainings to introduce the Spirituality Policy to BHRS staff - # of trainings to introduce the Spirituality Policy to partner agencies <p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - # of 3-hour trainings for BHRS staff and contracting agencies <p><u>Community-level</u></p> <ul style="list-style-type: none"> - # of MHFA participants - # of PP participants - # of Digital Storytelling workshops/stories 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Strengthened SI - Identification of spiritual institutions sensitive to the needs of MH/SA consumers and family members <p><u>Organizational/ Clinical-level</u></p> <ul style="list-style-type: none"> - Increased knowledge of the Spirituality Policy and how to appropriately utilize spirituality in clinical practice among service providers <p><u>Community-level</u></p> <ul style="list-style-type: none"> - Increased knowledge of MHFA among spirituality community members - Increased knowledge of culturally appropriate healthy parenting by spirituality community members - Digital Stories about MH/SA from the perspective of the Spirituality community 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Increased number of organizational policies that take into consideration cultural competence and cultural humility about MH/SA and spirituality <p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - Increased ability of service providers to meet the needs of people in the spirituality community <p><u>Community-level</u></p> <ul style="list-style-type: none"> - Increased reliance on spirituality community members and peers rather than only on providers for knowledge about and assistance and resources for people with MH/SA problems - Increased diagnosis of MH/SA disorders among parents and children - Improved engagement of the Spirituality community with BHRS and MH/SA services 	<ul style="list-style-type: none"> - Paradigm shift to incorporate cultural competence and cultural humility about spirituality and MH/SA at the city, county, and state levels - Improved quality of life and quality of services for people with MH/SA problems in the spirituality community - Increased community cohesion and capacity building in the spirituality community - Healthier spirituality community

Diversity and Equity Council

Inputs	Activities	Outputs	Initial Outcomes	Interim Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> - SMCHS/ BHRS/ ODE structure - SMCHS/ BHRS/ ODE mission and values - ODE programs - Funding from ODE - DEC Co-Chairs and committee members - ODE staff - Space - Materials and supplies - Equipment 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Hold monthly DEC meetings - Perform outreach to increase participation by CBOs, clients, and family members in DEC - Strengthen links to AOD - Stay abreast of current theories, programs, and best practices related to cultural competence; incorporate into BHRS and CBOs - Continually re-assess MH/SA needs at the organizational, clinical, and community-levels locally, state-wide, and federal-wide, and DEC's ability to respond to these needs - Connect federal and statewide MH/SA efforts in diversity and equity to local efforts - Encourage CBOs to complete cultural competence plans - Provide a forum for members to share information and concerns - Support initiatives by assisting in event planning, attending events, and promoting cross-initiative collaborations - Hold annual DEC strategic planning meeting <p><u>Community/Clinical-level</u></p> <ul style="list-style-type: none"> - Plan May's Mental Health Awareness month kick-off event, partnering with CBOs and other agencies - Support September Recovery month event, partnering with AOD, CBOs, and other agencies 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - # of DEC meetings - # of DEC members - # of Initiatives DEC assists in event planning - # of Initiative events attended by DEC - # of cross-Initiative collaborations <p><u>Community/Clinical-level</u></p> <ul style="list-style-type: none"> - # of community members and service providers who attend the Mental Health Awareness month kick-off event 	<p><u>Organizational-level</u></p> <ul style="list-style-type: none"> - Strengthened DEC - Knowledge of current theories, programs, and best practices related to cultural competence; incorporation into BHRS and CBOs - Local MH/SA efforts in diversity and equity that are connected to federal and statewide efforts - Increased # of CBOs that complete cultural competence plans - Increased cross-initiative collaborations <p><u>Community-level</u></p> <ul style="list-style-type: none"> - Increased awareness and knowledge about MH/SA by community members <p><u>Clinical-level</u></p> <ul style="list-style-type: none"> - Increased awareness and knowledge about MH/SA by service providers 	<ul style="list-style-type: none"> - Increased ability of MH/SA services to meet populations in need 	<ul style="list-style-type: none"> - Paradigm shift to incorporate cultural competence and cultural humility about MH/SA at the city, county, and state levels

List of Acronyms

AA	African American
AACI	African American Community Initiative
AOD	Alcohol and Other Drugs
BHRS	Behavioral Health and Recovery Services
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
CHI	Chinese Health Initiative
CLAS	Culturally and Linguistically Appropriate Services
DEC	Diversity and Equity Council
FMHI	Filipino Mental Health Initiative
HAP	Health Ambassador Project
HEI	Health Equity Initiatives
LC	Latino Collaborative
LGBTQQI2S	Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Two-Spirit
MHFA	Mental Health First Aid
MH/SA	Mental Health and Substance Abuse
NA	Native American
NAI	Native American Initiative
ODE	Office of Diversity and Equity
PI	Pacific Islander
PP	Parent Project
SI	Spirituality Initiative
SMC	San Mateo County
SMCHS	San Mateo County Health System
STIs	Sexually Transmitted Infections

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Jei Africa, ODE, HEI Manager

Brittany Afu, Peninsula Conflict Resolution Center, Pacific Islander Initiative Co-Chair

Joe Balabis, ODE, Filipino Mental Health Initiative Co-Chair

Shannon Casey, Our Family Coalition, PRIDE Initiative Co-Chair

Sai-Ling Chan-Sew, Chinese Health Initiative Co-Chair

Paul Chang, Pyramid Alternatives, Chinese Health Initiative Co-Chair

Narges Dillon, StarVista, Diversity and Equity Council Co-Chair

Kathy Espana, ODE, Intern

Diana Gomez, BHRS, Latino Collaborative Co-Chair

Gloria Gutierrez, BHRS, Native American Initiative Chair

Katya Henriquez, Rape Trauma Services, Latino Collaborative Co-Chair

Bill Kruse, Spirituality Initiative Co-Chair

Maureen Lin, BHRS, Chinese Health Initiative Co-Chair

Maria Lorente-Foresti, ODE

Hector Moncada, BHRS, Latino Collaborative Co-Chair

Chase Montara, BHRS, Spirituality Initiative Co-Chair

Regina Moreno, BHRS, Diversity and Equity Council Co-Chair

Jade Moy, ODE, Chinese Health Initiative Co-Chair

Malissa Netane, Peninsula Conflict Resolution Center, Pacific Islander Initiative Co-Chair

Ziomara Ochoa, BHRS, Latino Collaborative Co-Chair

Kathy Reyes, ODE, Diversity and Equity Council Co-Chair

Susan Takalo, Second Harvest Food Bank, PRIDE Initiative Co-Chair

Diane Tom, BHRS, Chinese Health Initiative Co-Chair

Pam Ward, ODE, African American Community Initiative Co-Chair

Jairo Wilches, BHRS, Spirituality Initiative Co-Chair

Jennifer Jimenez Wong, Fred Finch Youth Center, Filipino Mental Health Initiative Co-Chair

Stephanie Balon Wong, Filipino Mental Health Initiative Co-Chair

Cassie Zawilski, ODE, Intern