



San Mateo County Behavioral Health and Recovery Services (SMC BHRS) Provider Outreach Efforts

FY 2016-2017

Yongqiu Chen, MPA;

Elizabeth Mokyr Horner, PhD, MPP;

Grace Wang, PhD, MPH;

Yi Lu, PHD

JANUARY 2018

San Mateo County Behavioral Health and Recovery Services (SMC BHRS) Provider Outreach Efforts FY 2016-2017

January 2018

**Charlotte Chen, MPA;
Elizabeth Mokyr Horner, PhD, MPP;
Grace Wang, PhD, MPH;
Yi Lu, PHD**



AMERICAN INSTITUTES FOR RESEARCH®

2800 Campus Drive, Suite 200
San Mateo, CA 94403

www.air.org

Copyright © 2017 American Institutes for Research. All rights reserved.

Contents

	Page
Contents	ii
Executive Summary	1
Introduction.....	4
Overall Outreach.....	5
NCOC	10
Demographics	10
Additional outreach characteristics (individual outreach events only).....	13
Individual outreach event characteristics.....	15
Group outreach event characteristics	16
EPAPMHO	17
Demographics	17
Additional outreach characteristics (individual outreach events only).....	20
Individual outreach event characteristics.....	21
Group outreach event characteristics	23
Outreach Summaries by Provider	25
Recommendations.....	25
Enhance outreach	25
Improve data collection	26
BHRS Discussion on Outreach characteristics and trends	27
Appendix A. FY 2016-2017 Outreach, Asian American Recovery Services.....	1
Appendix B. FY 2016-2017 Outreach, Daly City Youth Health Center	1
Appendix C. FY 2016-2017 Outreach, El Concilio.....	1
Appendix D. FY 2016-2017 Outreach, Free At Last.....	4
Appendix E. FY 2016-2017 Outreach, Multicultural Counseling and Education Services of the Bay Area	1
Appendix F. FY 2016-2017 Outreach, Pacifica Collaborative.....	1

Appendix G. FY 2016-2017 Outreach, Pyramid Alternatives.....	1
Appendix H. Methods.....	1

Executive Summary

In 2004, California voters approved Proposition 63, the Mental Health Services Act (MHSA), to provide funding to Counties for mental health services by imposing a 1% tax on personal income in excess of \$1 million. The Community Services and Supports (CSS) component of MHSA was created to provide direct services to individuals with severe mental illness and included Outreach and Engagement activities.

San Mateo County Behavioral Health and Recovery Services (SMC BHRS) funds the North County Outreach Collaborative (NCOC) and the East Palo Alto Partnership for Mental Health Outreach (EPAPMHO) to provide outreach and engagement activities throughout San Mateo County.

This report summarizes overall collaborative and provider-specific outreach efforts across individual and group outreach events that occurred in fiscal year (FY) 2016-2017 (July 1, 2016 through June 30, 2017). We also present some historical data from FY 2015-2016 to show how outreach has changed over time.

Total Attendance

For FY 2016-2017, SMC BHRS providers reported a total of 5,460 attendees at all outreach events. Of these, 602 attendees were reached through individual outreach events and 4,858 attendees were reached across 77 group outreach events.

Demographics of outreach attendees

NCOC

NCOC outreach attendees were primarily adults (39%) and transition-age youth (25%) and with unknown insurance (80%). Over half of individual and group outreach attendees were female (56%). Over half of attendees were White (35%) or Mexican (21%). All attendees also reported being part of one or more special populations (i.e., homeless, at risk for homelessness, vision impaired, hearing impaired, veterans). Of those reporting special population status, 63% were homeless or were at-risk for homelessness.

EPAPMHO

EPAPMHO outreach attendees were largely adults (51%) and transition-age youth (34%) and without insurance (42%). Over half of individual and group outreach attendees were female (51%). Over half of attendees were Black (23%), Tongan (19%) or Mexican (13%). Of those reporting special population status, 63% were homeless or were at-risk for homelessness.

Outreach event characteristics

NCOC

The average length of NCOC individual outreach events was 37.6 minutes in FY 2016-2017. Of all the 152 individual outreach events, most occurred in other community locations not listed (26%). Among the 39 individual outreach events which occurred in other community locations, most cited was “college class”. Other locations cited include Pacifica Community Center, Serramonte Mall, and others.

Most individual outreach events used Medicaid Administrative Activities (MAA) code 401 (Discounted Medi-Cal outreach, 45%), were in English (100%), and included mental health referrals (52%) and substance abuse referrals (14%). Providers also made 393 referrals to other services, including legal services and housing.

NCOC group outreach events lasted 115.9 minutes on average. Of all the 67 group outreach events, most were conducted in English (99%) and held in other community locations not listed (39%). Among the 26 group outreach events held in other locations, most were cited as being held in Legion of Honor Pacifica. Other locations include College of San Mateo, Daly City Partnership, San Mateo Central Park, Pacifica Community Center, and others. These events most frequently used MAA code 401 (Discounted Medi-Cal outreach, 37%).

EPAPMHO

The 450 EPAPMHO individual outreach events were an average of 39.2 minutes each. These events were typically administered in English (68%), occurred in unspecified locations (39%), and used MAA code 400 (Medi-Cal outreach, 53%). EPAPMHO individual outreach events also included mental health referrals (14%) and substance abuse referrals (25%). A total of 704 referrals were made to other services, including medical care and housing.

Of the 10 EPAPMHO group outreach events, the average event lasted 74.5 minutes. Most group outreach events were conducted in English (60%) and in home (30%)/other community locations not listed (30%). Other locations cited include Canada College and Rugby field. These events used MAA code 400 (Medi-Cal outreach, 100%).

Recommendations

We have several recommendations based on FY 2016-2017 data. These recommendations fall under two umbrellas: those aimed at enhancing outreach, and those to improve data collection. To enhance outreach, we suggest that SMC BHRS work with providers to:

- Continue efforts to tailor or increase outreach efforts for specific demographic groups, such as older adults and Latino/Hispanic persons from Central America.
- Consider how to best address the needs of individuals who report being uninsured or do not report their insurance status.

Focus on increasing housing-related resources and referrals. To improve data collection, we recommend SMC BHRS work with providers to:

- Make other/unspecified categories more clear.
- Treat race/ethnicity as mutually exclusive categories.
- Continue gathering the new demographic information that has been collected this year.

Introduction

In 2004, California voters approved Proposition 63, the Mental Health Services Act (MHSA), to provide funding to Counties for mental health services by imposing a 1% tax on personal income in excess of \$1 million. Activities funded by MHSA are grouped into components, and the Community Services and Supports (CSS) component was created to provide direct services to individuals with severe mental illness. CSS is allotted 80% of MHSA funding for services focused on recovery and resilience while providing clients and families an integrated service experience. CSS has three service categories: 1) Full Service Partnerships; 2) General System Development Funds; and 3) Outreach and Engagement.

San Mateo County Behavioral Health and Recovery Services (SMC BHRS) MHSA Outreach and Engagement strategy increases access and improves linkages to behavioral health services for underserved communities. Strategies include community outreach collaboratives, pre-crisis response, and primary care-based efforts. SMC BHRS has seen a consistent increase in representation of underserved communities in its system since the strategies were deployed.

In particular, community outreach collaboratives funded by MHSA include the East Palo Alto Partnership for Mental Health Outreach (EPAPMHO), which targets at-risk youth, transition-age youth and underserved adults [Latino, African American, Pacific Islander, and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ)] in East Palo Alto, and the North County Outreach Collaborative (NCOC), which targets rural and/or ethnic communities (Chinese, Filipino, Latino, Pacific Islander, and LGBTQ) in the North County region including Pacifica. These collaboratives provide advocacy, systems change, resident engagement, expansion of local resources, education and outreach to decrease stigma related to mental illness and substance abuse. They work to increase awareness of and access and linkages to culturally and linguistically competent behavioral health, Medi-Cal and other public health services, and social services. They participate in a referral process to ensure those in need receive appropriate services. Finally, they promote and facilitate resident input into the development of MHSA funded services and other BHRS program initiatives.

Providers reported fiscal year (FY) 2016-2017 (July 1, 2016 through June 30, 2017) outreach data using an electronic form first implemented in quarter four (Q4) of FY 2014-2015. AIR created this form based on interviews with San Mateo County staff and focus groups with providers. This collective effort sought to improve the data collection process so that SMC BHRS and its providers could better understand the reach of their outreach efforts. After data are entered, AIR cleans the data and calculates aggregated counts and percentages to describe outreach activities. Please see Appendix H for information about calculations.

This report focuses on EPAPMHO and NCOC's outreach events that occurred during FY 2016-2017 and outreach event attendees. We also present some historical data from FY 2014-2015 and FY 2015-2016 to show how outreach has changed over time. Counts of attendees do not necessarily represent unique individuals because a person may have been part of more than one outreach event, taken part in both individual and group outreach events, and/or interacted with different providers. Provider summaries are also available to help SMC BHRS and its providers better understand each individual provider's outreach efforts. Please refer to Appendix A to G.

Overall Outreach

*this section was updated in April 2018 to include outreach data that was inadvertently left out for Daly City Peninsula Partnership Collaborative and Pacifica Collaborative.

During FY 2016-2017, SMC BHRS outreach providers reported a total of 6,939 attendees at outreach events—704 attendees reached through individual outreach events and 6,235 attendees reached across 99 group outreach events. Each individual outreach event occurs with a single attendee. Group outreach events include multiple attendees. An attendee is not necessarily a unique individual because a person may have been a part of multiple individual or group outreach events.

Please note that the data used in below **Table 1** and **Figure 1** include all the entries whose date of outreach ranged from July 1st, 2016 to June 30th, 2017.

Table 1 shows outreach attendees, by collaborative, provider, and event type (i.e., individual or group) for FY 2016-2017.

Table 1. Outreach Attendees, by Collaborative, Provider, and Event Type, FY 2016-2017

Provider Organization	Number of Individual Outreach Attendees	Number of Attendees at Group Outreach Events	Total Attendees Reported Across All Events**
North County Outreach Collaborative (NCOC)			
Asian American Recovery Services	132	992	1,124
Daly City Peninsula Partnership Collaborative	36	913	949
Daly City Youth Health Center	6	1,124	1,130
Pacifica Collaborative	21	2,996	3,017
Pyramid Alternatives	0*	37	37
Total (NCOC)	195	6,062	6,257
East Palo Alto Partnership for Mental Health Outreach (EPAPMHO)			
El Concilio	80	17	97
Free at Last	212	0*	212
Multicultural Counseling and Education Services of the Bay Area	172	156	328
The Barbara A. Mouton Multicultural Wellness Center	45	0	45
Total (EPAPMHO)	509	173	682
Total (NCOC and EPAPMHO)	704	6,235	6,939

Notes: *Providers did not report data for FY 2016-2017. **Counts are not necessarily unique individuals.

It is expected that the NCOC would serve a much larger proportion of the Outreach Collaborative effort as it serves the entire north region of San Mateo County (estimated population 140,149) including the cities of Colma, Daly City, and Pacifica, which is five times the population of the city of East Palo Alto, served by the EPAPMHO. The north region also

spans a much wider geographical area, making group events (vs. individual outreach) such as community wide fairs much more feasible and relevant. In contrast, East Palo Alto spans 2.5 square miles making an individual approach to outreach more effective.

Compared to FY2014-2015 and FY 2015-2016, the total number of NCOC outreach attendees increased each year, whereas EPAPMHO outreach attendees decreased (**Figure 1**).

While both collaboratives were reaching about 3% of the population in FY2014-15, EPAPMHO outreach numbers have been decreasing over the past three years and currently reaching about 2.5% of the population. According to EPAPMHO provider organizations there have been both staffing and community-level challenges that have led to decreased numbers; these are discussed further under the Recommendations section of this document.

Figure 1. Total Outreach Attendees by Collaborative, FY 2014-2017

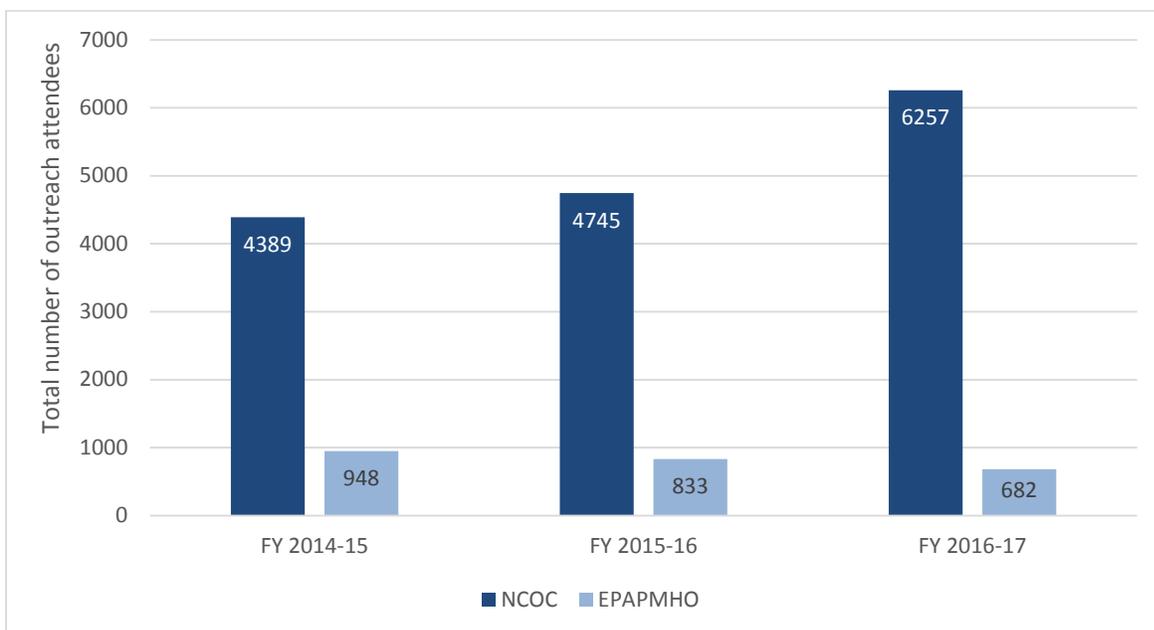


Table 2 presents outreach event attendees’ race/ethnicity for FY 2014-2015, FY 2015-2016 and FY 2016-2017 within each collaborative. Increases of 5% or more between the two years are shaded in green; decreases of 5% or more are shaded in red. Additional details on race/ethnicity by quarter for FY 2016-2017 are presented later in the report (pages 9 and 15).

Table 2. Race/Ethnicity by Collaborative, FY 2014-2015 to FY 2016-2017*

Race/Ethnicity	NCOC			EPAPMHO		
	2014-2015	2015-2016	2016-2017	2014-2015	2015-2016	2016-2017
Black	152 (4.1%)	153 (3.2%)	138 (2.4%)	150 (9.1%)	205 (24.5%)	143 (23.0%)
White	930 (25.2%)	1502 (31.5%)	2027 (35.1%)	444 (26.9%)	82 (9.8%)	41 (6.6%)
American Indian	7 (0.2%)	48 (1.0%)	69 (1.2%)	0 (0.0%)	8 (1.0%)	4 (0.6%)
Middle Eastern	7 (0.2%)	60 (1.3%)	51 (0.9%)	0 (0.0%)	0 (0.0%)	1 (0.2%)
Eastern European	0 (0.0%)	0 (0.0%)	10 (0.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
European	0 (0.0%)	0 (0.0%)	6 (0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Mexican	147 (4.0%)	260 (5.5%)	1181 (20.5%)	43 (2.6%)	196 (23.4%)	82 (13.2%)
Puerto Rican	1 (0.0%)	6 (0.1%)	28 (0.5%)	1 (0.1%)	4 (0.5%)	0 (0.0%)
Cuban	0 (0.0%)	0 (0.0%)	9 (0.2%)	0 (0.0%)	1 (0.1%)	0 (0.0%)
Central American	0 (0.0%)	0 (0.0%)	31 (0.5%)	0 (0.0%)	0 (0.0%)	8 (1.3%)
South American	0 (0.0%)	0 (0.0%)	14 (0.2%)	0 (0.0%)	0 (0.0%)	1 (0.2%)
Caribbean	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Other Latino	192 (5.2%)	87 (1.8%)	0 (0.0%)	228 (13.8%)	0 (0.0%)	0 (0.0%)
Filipino	336 (9.1%)	678 (14.2%)	500 (8.7%)	248 (15.0%)	18 (2.2%)	17 (2.7%)
Chinese	96 (2.6%)	246 (5.2%)	210 (3.6%)	96 (5.8%)	2 (0.2%)	2 (0.3%)
Japanese	11 (0.3%)	30 (0.6%)	56 (1.0%)	3 (0.2%)	0 (0.0%)	0 (0.0%)
Korean	17 (0.5%)	29 (0.6%)	45 (0.8%)	4 (0.2%)	0 (0.0%)	0 (0.0%)
South Asian	15 (0.4%)	16 (0.3%)	43 (0.7%)	11 (0.7%)	2 (0.2%)	2 (0.3%)
Vietnamese	1 (0.0%)	23 (0.5%)	11 (0.2%)	35 (2.1%)	2 (0.2%)	0 (0.0%)
Cambodian	18 (0.5%)	1 (<0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Laotian	0 (0.0%)	2 (<0.1%)	0 (0.0%)	1 (0.1%)	4 (0.5%)	0 (0.0%)
Mien	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Other Asian	37 (1.0%)	0 (0.0%)	0 (0.0%)	4 (0.2%)	0 (0.0%)	0 (0.0%)
Tongan	287 (7.8%)	237 (5.0%)	143 (2.5%)	172 (10.4%)	121 (14.5%)	119 (19.1%)
Samoaan	280 (7.6%)	343 (7.2%)	243 (4.2%)	123 (7.5%)	90 (10.8%)	43 (6.9%)
Fijian	9 (0.2%)	24 (0.5%)	0 (0.0%)	1 (0.1%)	14 (1.7%)	3 (0.5%)
Hawaiian	31 (0.8%)	29 (0.6%)	35 (0.6%)	16 (1.0%)	7 (0.8%)	1 (0.2%)
Guamanian	10 (0.3%)	26 (0.5%)	23 (0.4%)	1 (0.1%)	0 (0.0%)	0 (0.0%)
Multi	72 (2.0%)	414 (8.7%)	499 (8.6%)	39 (2.4%)	66 (7.9%)	62 (10.0%)
Other Race	402 (10.9%)	101 (2.1%)	147 (2.5%)	14 (0.8%)	2 (0.2%)	1 (0.2%)
Unknown Race	626 (17.0%)	446 (9.4%)	250 (4.3%)	16 (1.0%)	12 (1.4%)	93 (14.9%)
Total**	3684	4761	5769	1650	836	623

Note: Percentages may not sum to 100% because of rounding.

**Total count for race/ethnicity reported may exceed the total number of attendees, because some providers may have reported individuals who are multi-racial as both multi-racial and their respective race/ethnicities, leading to extra counts in some cases. The denominator for race/ethnicity percent is the sum of all race/ethnicity data reported.

Table 3 presents the numbers and percentages of the mental health and substance abuse referrals made to the overall outreach events by collaborative for FY 2014-2015, FY 2015-2016 and FY 2016-2017.

While the NCOC has seen increases in outreach numbers overall, there are a few key differences in the racial/ethnic demographics of the outreach attendees. In particular, White and Mexican

participant percentages each more than tripled and Filipino participant percentages decreased by about half, from FY 2014-15 through FY 2016-17.

The EPAPMHO continues to serve primarily Black, Mexican and Tongan and Samoan throughout the three years, although there has been a notable decrease in Tongan and Samoan, which made 40% of the outreach participants in FY 2014-15 and closer to 25% in FY 2016-17.

These shifts in the racial/ethnic makeup of outreach participants are discussed further under the Recommendations section of this document

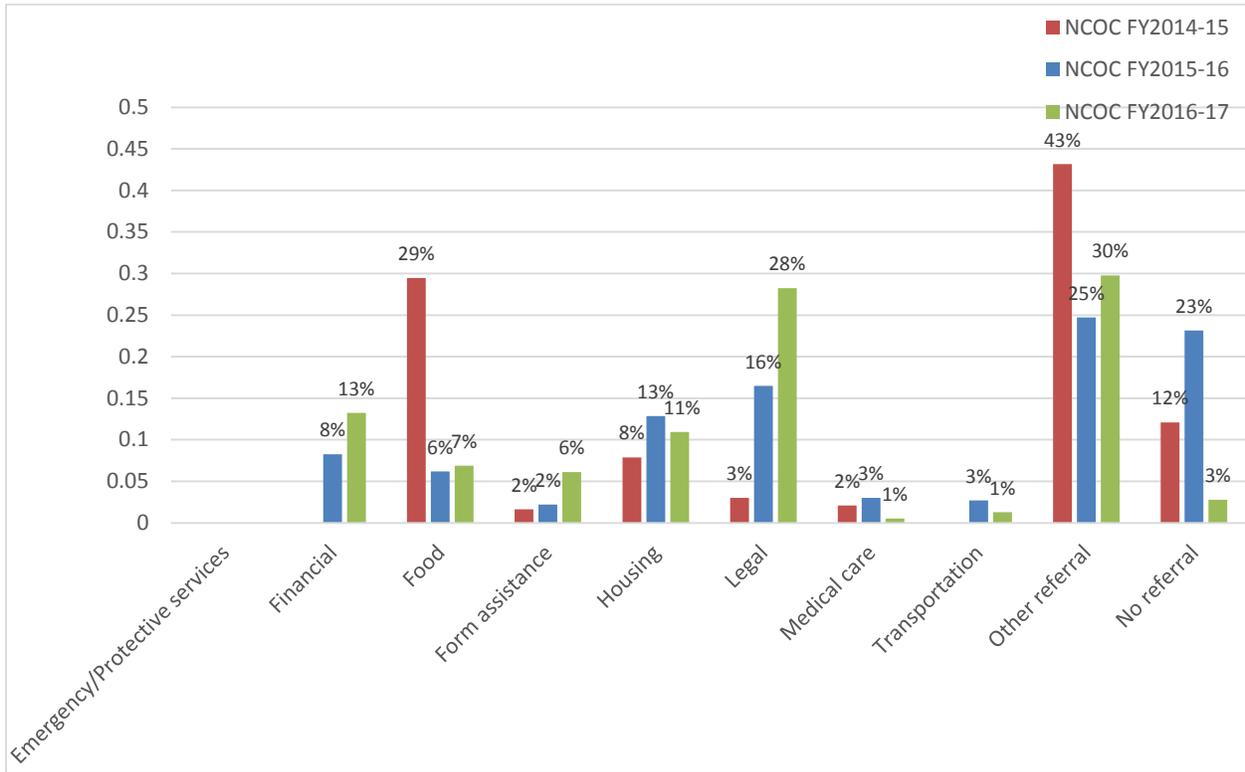
Table 3. Mental Health/Substance Abuse referrals by Collaborative, FY 2014-2015 to FY 2016-2017

	NCOC			EPAPMHO		
	2014-2015	2015-2016	2016-2017	2014-2015	2015-2016	2016-2017
Mental Health Referrals	67 (14.9%)	159 (44.9%)	79 (52.0%)	80 (17.8%)	200 (26.2%)	63 (14.0%)
Substance Abuse Referrals	33 (7.3%)	51 (14.4%)	22 (14.5%)	202 (44.9%)	229 (30.0%)	114 (25.3%)

Figure 2 and Figure 3 present referrals to social services in FY 2014-2015, FY 2015-2016 and FY 2016-2017 by each collaborative. The percentages represent percent of total referrals to social services.

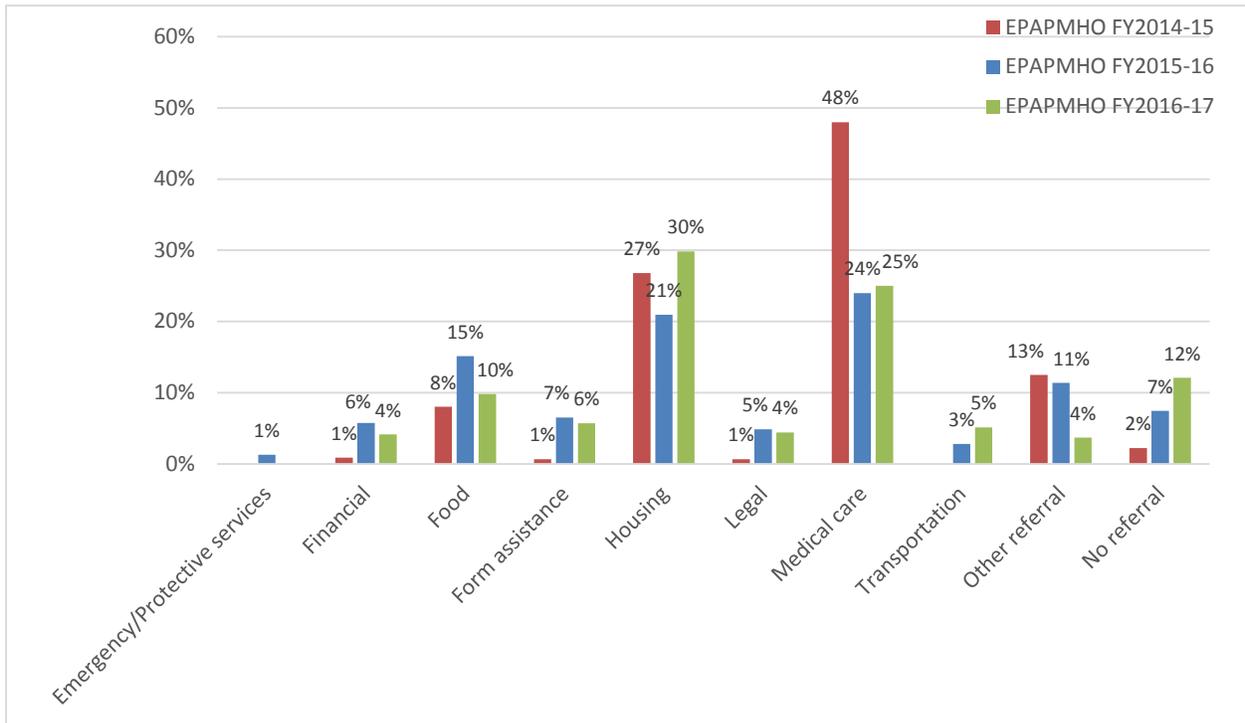
- In FY 2016-2017, NCOC had 393 referrals to social services, as compared to 631 referrals in FY 2015-2016 and 431 referrals in FY 2014-2015. In FY 2016-2017, EPAPMHO had 704 referrals to social services, as compared to 1,548 referrals in FY 2015-2016 and 448 referrals in FY 2014-2015.
- In FY 2016-2017, NCOC had decreases in the percent of financial, form assistance, and legal referrals compared to the prior two FY.
- In FY 2016-2017, EPAPMHO had decreases in the percent of housing, transportation, and no referrals compared to the prior two FY.

Figure 2. Referrals to Social Services made by NCOC, FY 2014-2015 to FY 2016-2017*



Note: Percentages may not sum to 100% because of rounding.

Figure 3. Referrals to Social Services made by EPAPMHO, FY 2014-2015 to FY 2016-2017*



Note: Percentages may not sum to 100% because of rounding.

NCOC

In FY 2016-2017, there were 4,837 attendees at individual and group outreach events across the four provider organizations in the NCOC.

Demographics

Age: Attendees across NCOC individual and group outreach events were adults (26-59 years, 39%), transition-age youth (16-25 years, 25%), children (0-15 years, 19%), and older adults (60 years or older, 15%) in FY 2016-2017. One percent of attendees were of an unknown age. See **Table 4** for the number of total outreach attendees representing each reported age group, by quarter.

Table 4. Age of Total Outreach Attendees Served by NCOC, FY 2016-2017

Age Group	Q1	Q2	Q3	Q4	Total
Children (0-15)	512 (19.8%)	266 (17.3%)	106 (29.7%)	19 (4.9%)	903 (18.6%)
Transition-age youth	464 (18.0%)	490 (31.9%)	49 (13.7%)	227 (58.2%)	1230 (25.3%)
Adults (26-59)	1074 (41.6%)	556 (36.2%)	162 (45.4%)	118 (30.3%)	1910 (39.3%)
Older adults (60+)	479 (18.6%)	213 (13.9%)	40 (11.2%)	21 (5.4%)	753 (15.5%)
Unknown age	53 (2.1%)	9 (0.6%)	0 (0.0%)	5 (1.3%)	67 (1.4%)
Total**	2582	1534	357	390	4863

Note: Percentages may not sum to 100% because of rounding. ** Total count for age reported may exceed the total number of attendees, because some providers may have reported individuals in two or more age groups, leading to extra counts in some cases for the group outreach attendees. The denominator for age percent is the sum of all age data reported.

Sex at birth: Attendees across NCOC individual and group outreach events were females (56%), males (36%), and other genders (8%) in FY 2016-2017. See **Table 5** for the number of individual and group outreach attendees reporting each sex type, by quarter.

Table 5. Sex at Birth of Outreach Attendees Served By NCOC, FY 2016-2017

Sex	Q1	Q2	Q3	Q4	Total
Male	879 (33.8%)	578 (38.9%)	131 (36.7%)	163 (41.1%)	1751 (36.2%)
Female	1372 (52.7%)	876 (59.0%)	219 (61.3%)	221 (55.7%)	2688 (55.5%)
Other gender	351 (13.5%)	32 (2.2%)	7 (2.0%)	13 (3.3%)	403 (8.3%)
Total**	2602	1486	357	397	4842

Note: Percentages may not sum to 100% because of rounding. ** Total count for sex reported may exceed the total number of attendees, because some providers may have reported individuals in two or more sex groups, leading to extra counts in some cases for the group outreach attendees. The denominator for age percent is the sum of all sex data reported.

Gender: Attendees across NCOC individual and group outreach events identified themselves as female (54%), male (36%), unknown gender (8%), and queer (2%) in FY 2016-2017. See **Table 6** for the number of individual and group outreach attendees reporting each gender type, by quarter.

Table 6. Gender of Outreach Attendees Served By NCOC, FY 2016-2017

Gender	Q1	Q2	Q3	Q4	Total
Male	874 (34.8%)	523 (35.4%)	130 (36.4%)	163 (42.3%)	1690 (35.7%)
Female	1324 (52.7%)	829 (56.1%)	218 (61.1%)	206 (53.5%)	2577 (54.5%)
Transgender	3 (0.1%)	0 (0.0%)	0 (0.0%)	4 (1.0%)	7 (0.1%)
Queer	0 (0.0%)	70 (4.7%)	1 (0.3%)	5 (1.3%)	76 (1.6%)
Questioning	4 (0.2%)	2 (0.1%)	1 (0.3%)	0 (0.0%)	7 (0.1%)
Other	2 (0.1%)	1 (0.1%)	2 (0.6%)	4 (1.0%)	9 (0.2%)
Unknown	304 (12.1%)	54 (3.7%)	5 (1.4%)	3 (0.8%)	366 (7.7%)
Total**	2511	1479	357	385	4732

Note: Percentages may not sum to 100% because of rounding. ** Total count for gender reported may be less than the total number of attendees due to the missing data. The denominator for gender percent is the sum of all gender data reported.

Race and ethnicity: In FY 2016-2017, the four largest racial/ethnic groups represented by all NCOC attendees were White (35%), Mexican (20%), Filipino (9%), and multi-racial (9%). Four percent of attendees were of an unknown race. See **Table 7** for the number of attendees representing each reported racial/ethnic group, by quarter.

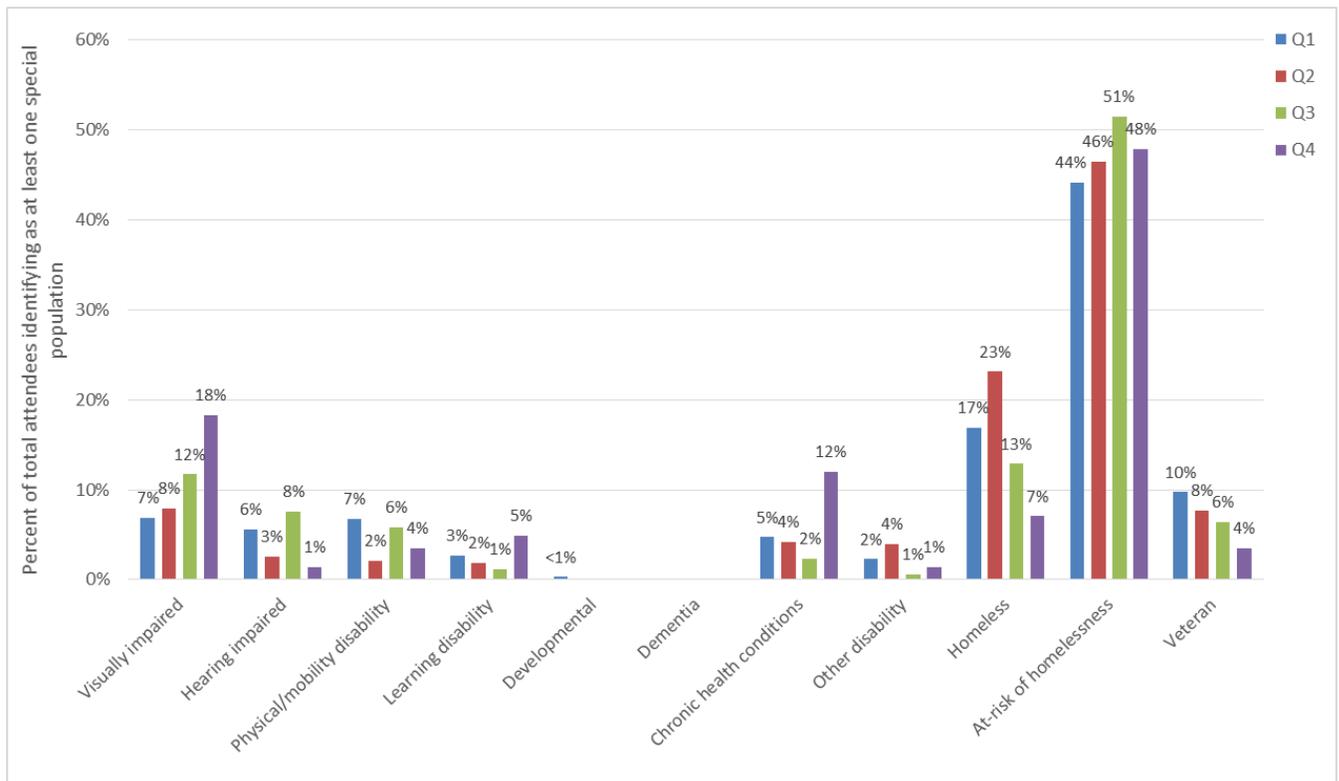
Table 7. Race and Ethnicity of Outreach Attendees Served By NCOC, FY 2016-2017

Race/Ethnicity	Q1	Q2	Q3	Q4	Total
White	1130 (36.3%)	659 (35.5%)	206 (50.6%)	32 (8.2%)	2027 (35.1%)
Black	69 (2.2%)	50 (2.7%)	11 (2.7%)	8 (2.1%)	138 (2.4%)
AmericanIndian	37 (1.2%)	20 (1.1%)	10 (2.5%)	2 (0.5%)	69 (1.2%)
MiddleEastern	22 (0.7%)	22 (1.2%)	2 (0.5%)	5 (1.3%)	51 (0.9%)
EasternEuropean	10 (0.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	10 (0.2%)
European	4 (0.1%)	2 (0.1%)	0 (0.0%)	0 (0.0%)	6 (0.1%)
Mexican	682 (21.9%)	395 (21.3%)	60 (14.7%)	44 (11.3%)	1181 (20.5%)
PuertoRican	12 (0.4%)	15 (0.8%)	0 (0.0%)	1 (0.3%)	28 (0.5%)
Cuban	6 (0.2%)	3 (0.2%)	0 (0.0%)	0 (0.0%)	9 (0.2%)
CentralAmerican	6 (0.2%)	17 (0.9%)	0 (0.0%)	8 (2.1%)	31 (0.5%)
SouthAmerican	3 (0.1%)	7 (0.4%)	1 (0.2%)	3 (0.8%)	14 (0.2%)
Caribbean	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Cambodian	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Chinese	123 (3.9%)	57 (3.1%)	10 (2.5%)	20 (5.1%)	210 (3.6%)
Filipino	278 (8.9%)	141 (7.6%)	32 (7.9%)	49 (12.6%)	500 (8.7%)
Japanese	37 (1.2%)	17 (0.9%)	1 (0.2%)	1 (0.3%)	56 (1.0%)
Korean	30 (1.0%)	14 (0.8%)	1 (0.2%)	0 (0.0%)	45 (0.8%)
Laotian	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Mien	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
SouthAsian	27 (0.9%)	15 (0.8%)	0 (0.0%)	1 (0.3%)	43 (0.7%)
Vietnamese	6 (0.2%)	5 (0.3%)	0 (0.0%)	0 (0.0%)	11 (0.2%)
Samoan	105 (3.4%)	64 (3.4%)	16 (3.9%)	58 (14.9%)	243 (4.2%)
Hawaiian	24 (0.8%)	5 (0.3%)	3 (0.7%)	3 (0.8%)	35 (0.6%)
Tongan	61 (2.0%)	20 (1.1%)	10 (2.5%)	52 (13.3%)	143 (2.5%)
Guamanian	12 (0.4%)	5 (0.3%)	4 (1.0%)	2 (0.5%)	23 (0.4%)
Fijian	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Multi	253 (8.1%)	134 (7.2%)	36 (8.8%)	76 (19.5%)	499 (8.6%)
OtherRace	67 (2.2%)	62 (3.3%)	4 (1.0%)	14 (3.6%)	147 (2.5%)
UnknownRace	110 (3.5%)	129 (6.9%)	0 (0.0%)	11 (2.8%)	250 (4.3%)
Total**	3114	1858	407	390	5769

Note: Percentages may not sum to 100% because of rounding. ** Total count for race/ethnicity reported may exceed the total number of attendees, because some providers may have reported individuals who are multi-racial as both multi-racial and their respective race/ethnicities, leading to extra counts in some cases. The denominator for race/ethnicity percent is the sum of all race/ethnicity data reported.

Special populations: NCOC individual and group outreach event attendees reported being part of one or more special populations. Of the special populations, 46% were at risk for homelessness, 17% were homeless, 9% were visually impaired, 8% were veterans, 5% were hearing impaired, 5% had a physical/mobility disability, 5% had chronic health conditions, 3% had a learning disability, and 3% had other disabilities. Refer to **Figure 4** for the percentage of attendees representing each special population in FY 2016-2017, by quarter.

Figure 4. Special Populations Served By NCOC, FY 2016-2017



Note: Attendees could be included in more than one special population.

Additional outreach characteristics (individual outreach events only)

Insurance Coverage: NCOC individual outreach attendees were with unknown insurance (80%), with MediCal (12%), with other insurance (3%), without insurance (3%), with Medicare (2%), or with HealthyKids (1%) in FY 2016-2017. See **Table 8** for the total number of individual outreach attendees reporting each insurance type, by quarter. Providers were not asked to report group outreach data for insurance coverage.

Table 8. Insurance Coverage for NCOC Outreach Attendees, FY 2016-2017

Insurance Type	Q1	Q2	Q3	Q4	Total
HealthyKids	0 (0.0%)	0 (0.0%)	1 (2.6%)	0 (0.0%)	1 (0.7%)
MediCal	7 (13.5%)	5 (17.2%)	3 (7.9%)	3 (9.1%)	18 (11.8%)
Medicare	0 (0.0%)	1 (3.4%)	0 (0.0%)	2 (6.1%)	3 (2.0%)
Other Insurance	2 (3.8%)	1 (3.4%)	1 (2.6%)	0 (0.0%)	4 (2.6%)
Uninsured	1 (1.9%)	0 (0.0%)	2 (5.3%)	2 (6.1%)	5 (3.3%)
Unknown	42 (80.8%)	22 (75.9%)	31 (81.6%)	26 (78.8%)	121 (79.6%)
Total	52	29	38	33	152

Note: Percentages may not sum to 100% because of rounding. Provider organizations were not asked to report group outreach data on insurance status/type for FY 2016-2017.

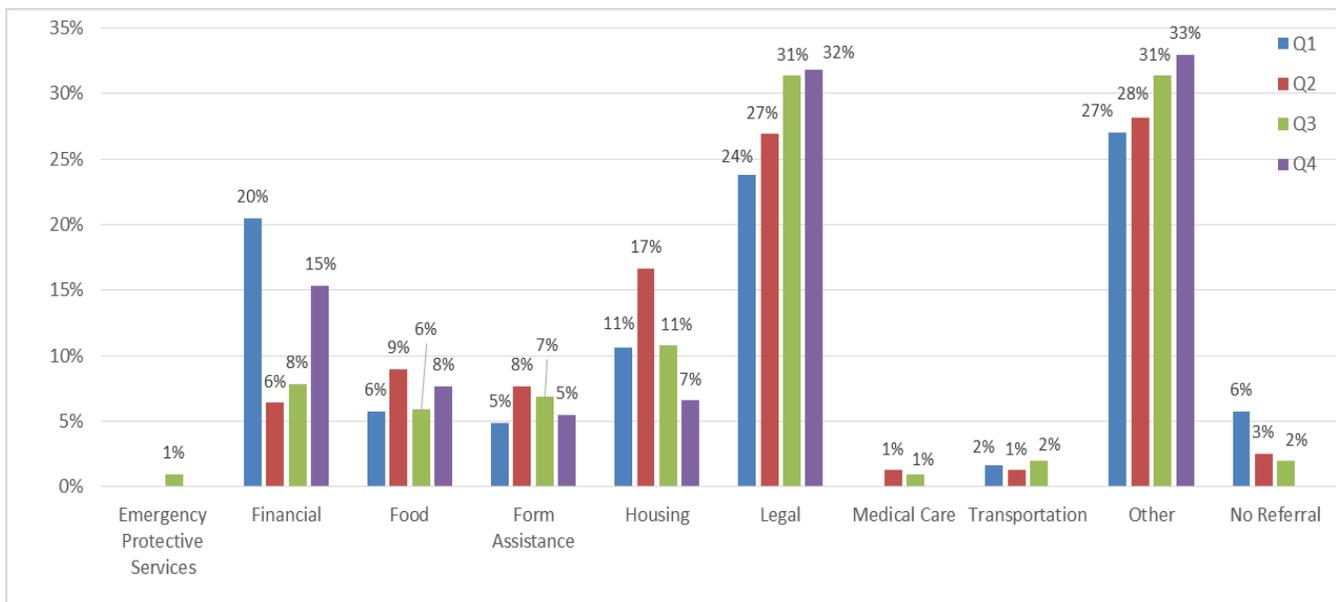
Previous Contact: Nine percent of individual outreach events were conducted with attendees who had a previous outreach contact with NCOC.

Mental Health/Substance Abuse Referrals: NCOC individual outreach events included mental health referrals (52%) and substance abuse referrals (14%) in FY 2016-2017.

Mental Health/Substance Abuse Referral Destinations: Among all the NCOC individuals who were referred for mental health service, 32% were referred to providers. (5% were referred to Daly City Youth Health Center, 5% were referred to Pacifica Collaborative, and 22% were referred to Pyramid Alternatives.) 68% were referred to other destinations. Among the 54 individuals who were referred to other destinations, half of them were referred to StarVista-On Your Mind. Other referral destinations include Parent Support Line-StarVista, ACCESS, North County Mental Health, and others. Among all the NCOC individuals who were referred for substance abuse service, 9% were referred to providers. (9% were referred to Pyramid Alternatives.) 91% were referred to other destinations. Among the 20 individuals who were referred to other destinations, most of them were referred to ODASA. Other referral destinations include Detox and Kaiser CDRP.

Referrals to Social Services: Providers made 393 referrals to 152 NCOC individual outreach attendees. Of the different referral types, the top three types of referrals made for attendees were for other referrals not listed (30%), legal services (28%), and financial (13%). In **Figure 5**, we summarize the percentage of attendees receiving a given type of referral, by quarter.

Figure 5. Referrals to Social Services, FY 2016-2017

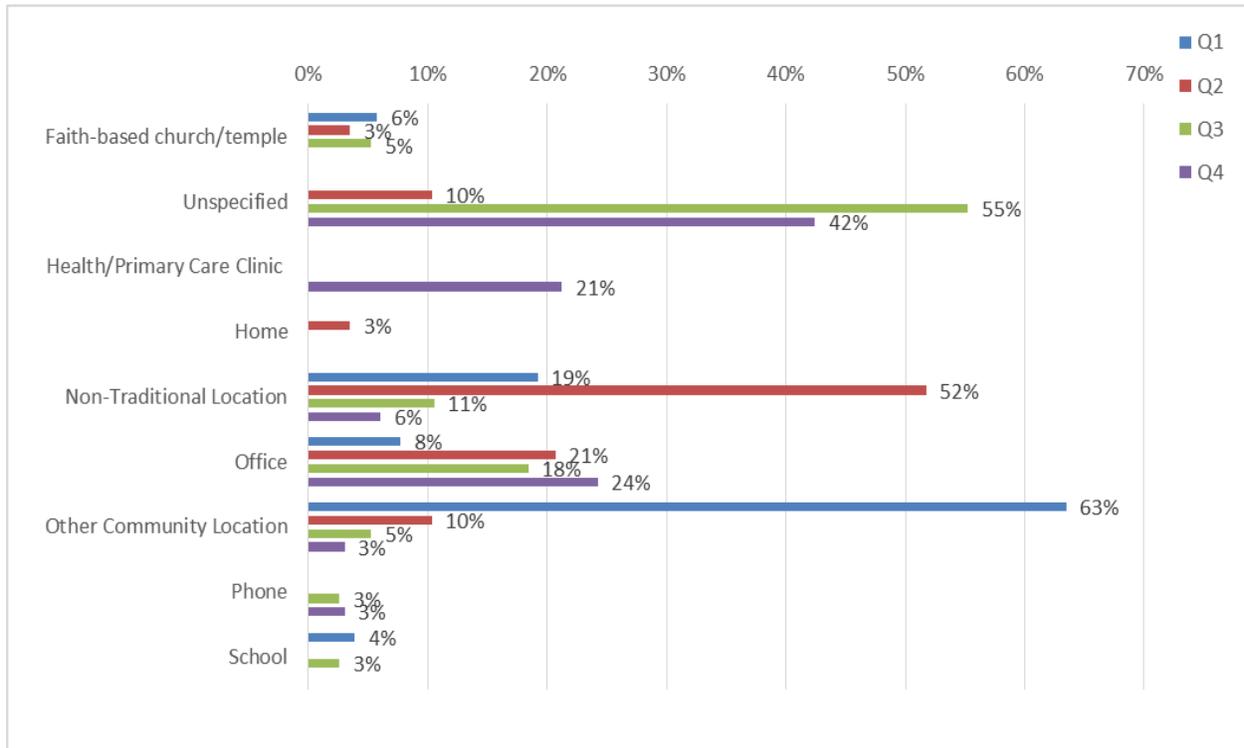


Note: Percentages may not sum to 100% because of rounding. Provider organizations were not asked to report group outreach data on referral type for FY 2016-2017.

Individual outreach event characteristics

Location: NCOC individual outreach events primarily occurred in other community locations not listed (26%) and unspecified (25%) in FY 2016-2017. **Figure 6** presents individual outreach event locations in FY 2016-2017, by quarter.

Figure 6. Locations of NCOC Individual Outreach Events, FY 2016-2017



Note: Percentages may not sum to 100% because of rounding.

Length of contact: For FY 2016-2017, the average length of NCOC individual outreach events was 37.6 minutes. Average length was 36.6 minutes in Q1, 33.3 minutes in Q2, 40.4 minutes in Q3, and 39.8 minutes in Q4.

MAA code: NCOC individual outreach events used MAA codes 401 (Discounted Medi-Cal outreach, 45%), 400 (Medi-Cal outreach, 3%) in FY 2016-2017. Fifty-one percent of MAA codes were reported as N/A.

Language used: NCOC individual outreach events were conducted only in English (100%) across four quarters in FY 2016-2017.

Preferred language: NCOC individual outreach attendees preferred English (91%), Tongan (3%), Spanish (2%), Cantonese (1%) and Samoan (1%). See **Table 9** for the total number of individual outreach attendees reporting each preferred language.

Table 9. Preferred Languages for NCOC Individual Outreach Attendees, FY 2016-2017

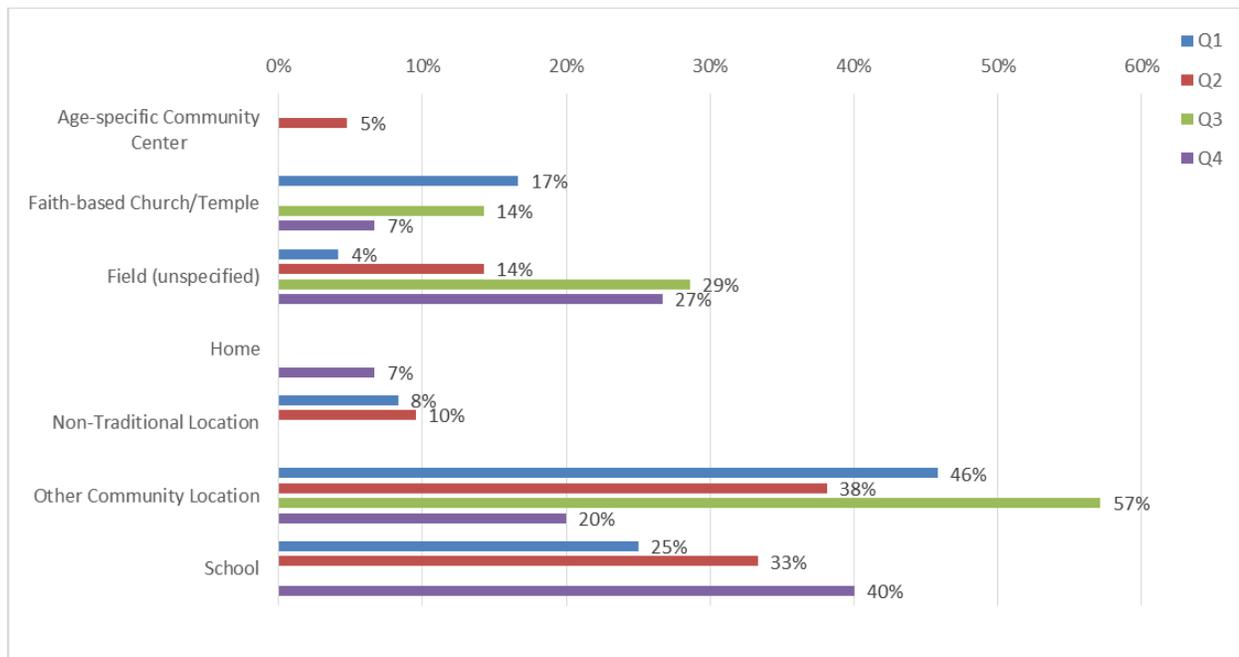
Language	Q1	Q2	Q3	Q4	Total
Cantonese	0 (0.0%)	0 (0.0%)	2 (5.3%)	0 (0.0%)	2 (1.3%)
English	51 (98.1%)	29 (100.0%)	32 (84.2%)	27 (81.8%)	139 (91.4%)
Samoan	0 (0.0%)	0 (0.0%)	1 (2.6%)	1 (3.0%)	2 (1.3%)
Spanish	0 (0.0%)	0 (0.0%)	1 (2.6%)	2 (6.1%)	3 (2.0%)
Tongan	0 (0.0%)	0 (0.0%)	2 (5.3%)	3 (9.1%)	5 (3.3%)
Unknown	1 (1.9%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.7%)
Total	52	29	38	33	152

Note: Percentages may not sum to 100% because of rounding.

Group outreach event characteristics

Location: NCOC group outreach events largely occurred at other community locations not listed (39%) and at school (28%) in FY 2016-2017. Among the 26 group outreach events held in other locations, most were held in Legion of Honor Pacifica. Other locations include College of San Mateo, Daly City Partnership, San Mateo Central Park, Pacifica Community Center, and others. **Figure 7** presents group outreach event locations in FY 2016-2017, by quarter.

Figure 7. Location of NCOC Group Outreach Events, FY 2016-2017



Note: Percentages may not sum to 100% because of rounding.

Length of contact: For FY 2016-2017, the average length of NCOC group outreach events was 115.9 minutes. By quarter, average length of outreach was 115.8 minutes in Q1, 122.4 minutes in Q2, 111.4 minutes in Q3, and 109.0 minutes in Q4.

MAA code: NCOC group outreach events used MAA codes 401 (Discounted Medi-Cal outreach, 37%), 400 (Medi-Cal outreach, 17%), and 410 (Non-SPMP case management of non-open cases, 6%) in FY 2016-2017. Forty percent of MAA codes were reported as N/A.

Language used: NCOC group outreach events were conducted in English (98.5%) and Mandarin (1.5%) in FY 2016-2017.

Preferred Language: NCOC group outreach attendees preferred English (92%), Spanish (3%), Tagalog (2%), and Cantonese (1%). See **Table 10** below for the breakdown of group outreach events by preferred language.

Table 10. Preferred Languages for NCOC Group Outreach Attendees, FY 2016-2017

Language	Q1	Q2	Q3	Q4	Total
English	2319 (90.1%)	1388 (95.1%)	309 (97.2%)	330 (92.7%)	4346 (92.3%)
Cantonese	51 (2.0%)	2 (0.1%)	1 (0.3%)	4 (1.1%)	58 (1.2%)
Mandarin	4 (0.2%)	1 (0.1%)	1 (0.3%)	1 (0.3%)	7 (0.1%)
Samoan	2 (0.1%)	3 (0.2%)	0 (0.0%)	6 (1.7%)	11 (0.2%)
Spanish	82 (3.2%)	44 (3.0%)	4 (1.3%)	7 (2.0%)	137 (2.9%)
Tagalog	83 (3.2%)	18 (1.2%)	3 (0.9%)	3 (0.8%)	107 (2.3%)
Tongan	7 (0.3%)	1 (0.1%)	0 (0.0%)	4 (1.1%)	12 (0.3%)
Other	27 (1.0%)	2 (0.1%)	0 (0.0%)	1 (0.3%)	30 (0.6%)
Total**	2575	1459	318	356	4708

Note: Percentages may not sum to 100% because of rounding. ** Total count for preferred language reported may exceed the total number of attendees, because some providers may have reported individuals in two or more preferred language groups, leading to extra counts in some cases for the group outreach attendees. The denominator for age percent is the sum of all preferred language data reported.

EPAPMHO

In FY 2016-2017, there were 623 attendees at individual and group outreach events across the three provider organizations in the EPAPMHO.

Demographics

Age: EPAPMHO individual and group outreach attendees were adults (26-59 years, 51%), transition-age youth (16-25 years, 34%), older adults (60+ years or older, 8%), and children (0-15 years, 7%) in FY 2016-2017. No attendees were of an unknown age. See **Table 11** for the number of individual and group outreach attendees representing each reported age group, by quarter.

Table 11. Age of Individual and Group Outreach Attendees Served By EPAPMHO, FY 2016-2017

Age Group	Q1	Q2	Q3	Q4	Total
Children (0-15)	1 (0.8%)	0 (0.0%)	40 (15.7%)	0 (0.0%)	41 (6.6%)
Transition-age youth	45 (37.5%)	60 (41.4%)	77 (30.2%)	32 (30.8%)	214 (34.3%)
Adults (26-59)	62 (51.7%)	72 (49.7%)	127 (49.8%)	56 (53.8%)	317 (50.8%)
Older adults (60+)	12 (10.0%)	13 (9.0%)	11 (4.3%)	16 (15.4%)	52 (8.3%)
Unknown age	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Total**	120	145	255	104	624

Note: Percentages may not sum to 100% because of rounding. ** Total count for age reported may exceed the total number of attendees, because some providers may have reported individuals in two or more age groups, leading to extra counts in some cases for the group outreach attendees. The denominator for age percent is the sum of all age data reported.

Sex at birth: Attendees across EPAPMHO individual and group outreach events were male (51%) and female (49%) in FY 2016-2017. See **Table 12** for the number of individual and group outreach attendees representing each reported sex, by quarter.

Table 12. Sex at Birth of Outreach Attendees Served By EPAPMHO, FY 2016-2017

Sex	Q1	Q2	Q3	Q4	Total
Male	57 (47.9%)	75 (51.7%)	133 (52.2%)	54 (51.9%)	319 (51.2%)
Female	62 (52.1%)	70 (48.3%)	122 (47.8%)	50 (48.1%)	304 (48.8%)
Other gender	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Total	119	145	255	104	623

Note: Percentages may not sum to 100% because of rounding.

Gender: Attendees across EPAPMHO individual and group outreach events identified themselves as female (51%), male (46%), and trans-gender (2%) in FY 2016-2017. See **Table 13** for the number of individual and group outreach attendees representing each reported gender, by quarter.

Table 13. Gender of Outreach Attendees Served By EPAPMHO, FY 2016-2017

Gender	Q1	Q2	Q3	Q4	Total
Male	53 (44.5%)	70 (48.3%)	74 (44.3%)	50 (48.1%)	247 (46.2%)
Female	63 (52.9%)	70 (48.3%)	91 (54.5%)	51 (49.0%)	275 (51.4%)
Transgender	3 (2.5%)	4 (2.8%)	2 (1.2%)	2 (1.9%)	11 (2.1%)
Queer	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Questioning	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (1.0%)	1 (0.2%)
Other	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Unknown	0 (0.0%)	1 (0.7%)	0 (0.0%)	0 (0.0%)	1 (0.2%)
Total**	119	145	167	104	535

Note: Percentages may not sum to 100% because of rounding. ** Total count for gender reported may be less than the total number of attendees due to the missing data. The denominator for gender percent is the sum of all gender data reported.

Race and ethnicity: In FY 2016-2017, the three largest racial/ethnic groups represented by all EPAPMHO attendees were Black (23%), Tongan (19%), and unknown race (15%). See **Table 14** for the number of attendees representing each reported racial/ethnic group, by quarter.

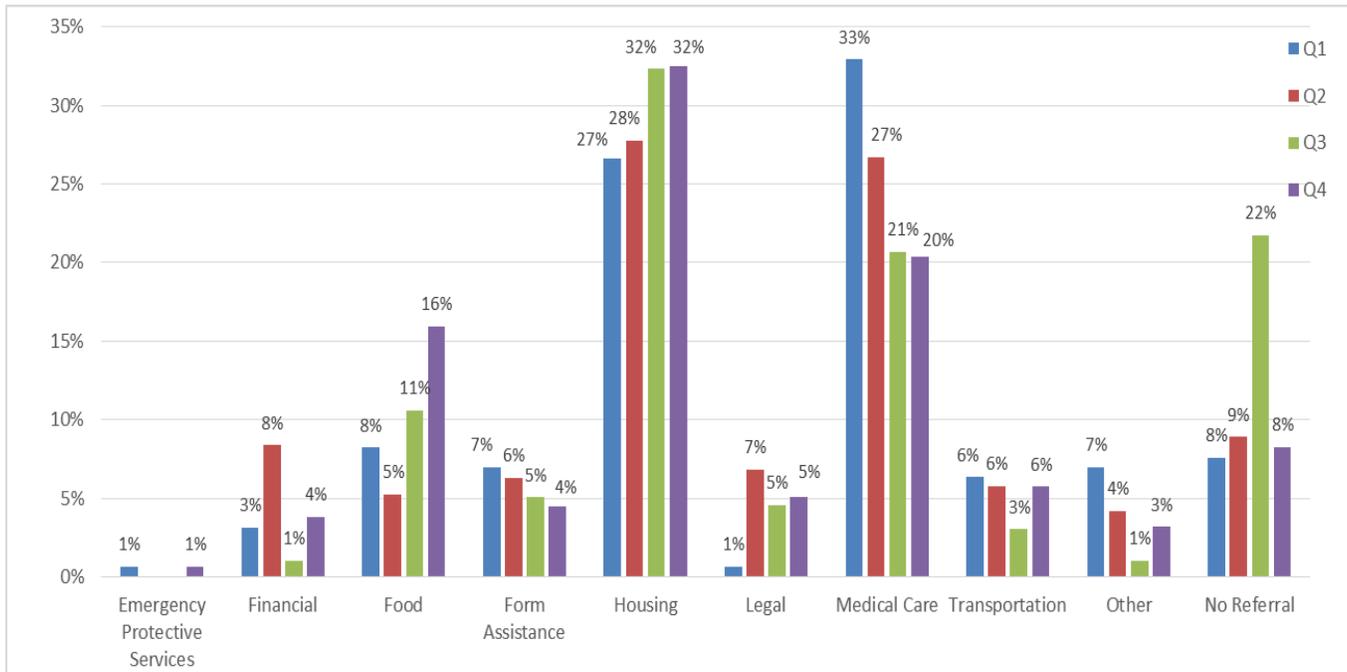
Table 14. Race and Ethnicity of Outreach Attendees Served By EPAPMHO, FY 2016-2017

Race/Ethnicity	Q1	Q2	Q3	Q4	Total
White	12 (10.1%)	6 (4.1%)	18 (7.1%)	5 (4.8%)	41 (6.6%)
Black	35 (29.4%)	33 (22.8%)	50 (19.6%)	25 (24.0%)	143 (23.0%)
American Indian	0 (0.0%)	2 (1.4%)	2 (0.8%)	0 (0.0%)	4 (0.6%)
Middle Eastern	0 (0.0%)	0 (0.0%)	1 (0.4%)	0 (0.0%)	1 (0.2%)
Eastern European	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
European	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Mexican	23 (19.3%)	19 (13.1%)	21 (8.2%)	19 (18.3%)	82 (13.2%)
Puerto Rican	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Cuban	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Central American	0 (0.0%)	1 (0.7%)	7 (2.7%)	0 (0.0%)	8 (1.3%)
South American	0 (0.0%)	1 (0.7%)	0 (0.0%)	0 (0.0%)	1 (0.2%)
Caribbean	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Cambodian	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Chinese	0 (0.0%)	0 (0.0%)	2 (0.8%)	0 (0.0%)	2 (0.3%)
Filipino	3 (2.5%)	5 (3.4%)	5 (2.0%)	4 (3.8%)	17 (2.7%)
Japanese	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Korean	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Laotian	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Mien	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
South Asian	0 (0.0%)	0 (0.0%)	1 (0.4%)	1 (1.0%)	2 (0.3%)
Vietnamese	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Samoan	1 (0.8%)	10 (6.9%)	15 (5.9%)	17 (16.3%)	43 (6.9%)
Hawaiian	1 (0.8%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.2%)
Tongan	40 (33.6%)	37 (25.5%)	25 (9.8%)	17 (16.3%)	119 (19.1%)
Guamanian	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Fijian	0 (0.0%)	1 (0.7%)	2 (0.8%)	0 (0.0%)	3 (0.5%)
Multi	4 (3.4%)	27 (18.6%)	17 (6.7%)	14 (13.5%)	62 (10.0%)
Other Race	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (1.0%)	1 (0.2%)
Unknown Race	0 (0.0%)	3 (2.1%)	89 (34.9%)	1 (1.0%)	93 (14.9%)
Total	119	145	255	104	623

Note: Percentages may not sum to 100% because of rounding.

Special populations: EPAPMHO individual and group outreach event attendees reported being part of one or more special populations. Of the special populations, 33% were at-risk of homelessness, 30% were homeless, 10% were visually impaired, 9% were veteran, 6% were hearing impaired, 6% had chronic health conditions, 3% had a physical/mobility disability. Refer to **Figure 8** for the percentage of attendees representing each special population in FY 2016-2017, by quarter.

Figure 8. Special Populations Served by EPAPMHO, FY 2016-2017



Note: Attendees could be included in more than one special population.

Additional outreach characteristics (individual outreach events only)

Insurance Coverage: EPAPMHO individual outreach attendees were without insurance (42%), with Medi-Cal (41%), with other insurance not listed (6%), with unknown insurance (5%), with HealthyKids (3%), or with Medicare (3%). See **Table 15** for the total number of individual outreach attendees reporting each insurance type, by quarter. Providers were not asked to report group outreach data for insurance coverage.

Table 15. Insurance Coverage, FY 2016-2017

Insurance Type	Q1	Q2	Q3	Q4	Total
HealthyKids	0 (0.0%)	8 (6.5%)	2 (1.6%)	3 (3.2%)	13 (2.9%)
MediCal	31 (30.4%)	46 (37.1%)	69 (53.5%)	40 (42.1%)	186 (41.3%)
Medicare	5 (4.9%)	1 (0.8%)	2 (1.6%)	5 (5.3%)	13 (2.9%)
Other Insurance	10 (9.8%)	5 (4.0%)	10 (7.8%)	2 (2.1%)	27 (6.0%)
Uninsured	56 (54.9%)	56 (45.2%)	36 (27.9%)	41 (43.2%)	189 (42.0%)
Unknown	0 (0.0%)	8 (6.5%)	10 (7.8%)	4 (4.2%)	22 (4.9%)
Total	102	124	129	95	450

Note: Percentages may not sum to 100% because of rounding. Provider organizations were not asked to report group outreach data on insurance status/type for FY 2016-2017.

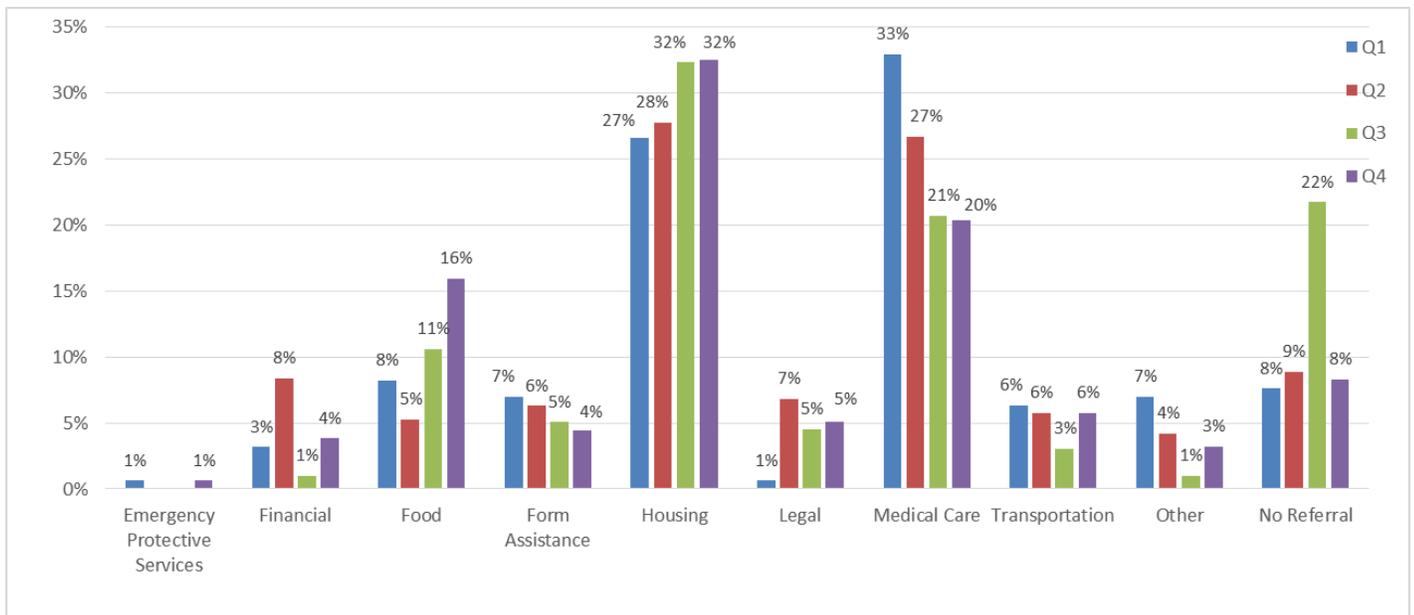
Previous contact: Thirty-four percent of individual outreach events were conducted with attendees who had a previous outreach contact with EPAPMHO.

Mental Health/Substance Abuse Referrals: EPAPMHO individual outreach events included mental health referrals (14%) and substance abuse referrals (25%) in FY 2016-2017.

Mental Health/Substance Abuse Referral Destinations: Among all the EPAPMHO individuals who were referred for mental health service, 19% were referred to providers. (18% were referred to El Concilio and 2% were referred to Free at Last.) 81% were referred to other destinations. Among the 46 individuals who were referred to other destinations, most of them were referred to EPACCC or Ravenswood Family Health Center. For all the EPAPMHO individuals who were referred for substance abuse service, 51% were referred to providers. (51% were referred to Free at Last.) 49% were referred to other destinations. Among the 57 individuals who were referred to other destinations, most were referred to Ravenswood Family Health Center or Project90. Other destinations also include Latino Commission, Our Common Ground, WRA women residential, and others.

Referrals to Social Services: Providers made 704 referrals to 450 EPAPMHO individual outreach attendees. Of the different referral types, the top three types of referrals made for attendees were for housing (32%), medical care (20%), and food (16%). **Figure 9** summarizes the percentage of attendees receiving a given type of referral, by quarter.

Figure 9. Referrals to Social Services, FY 2016-2017

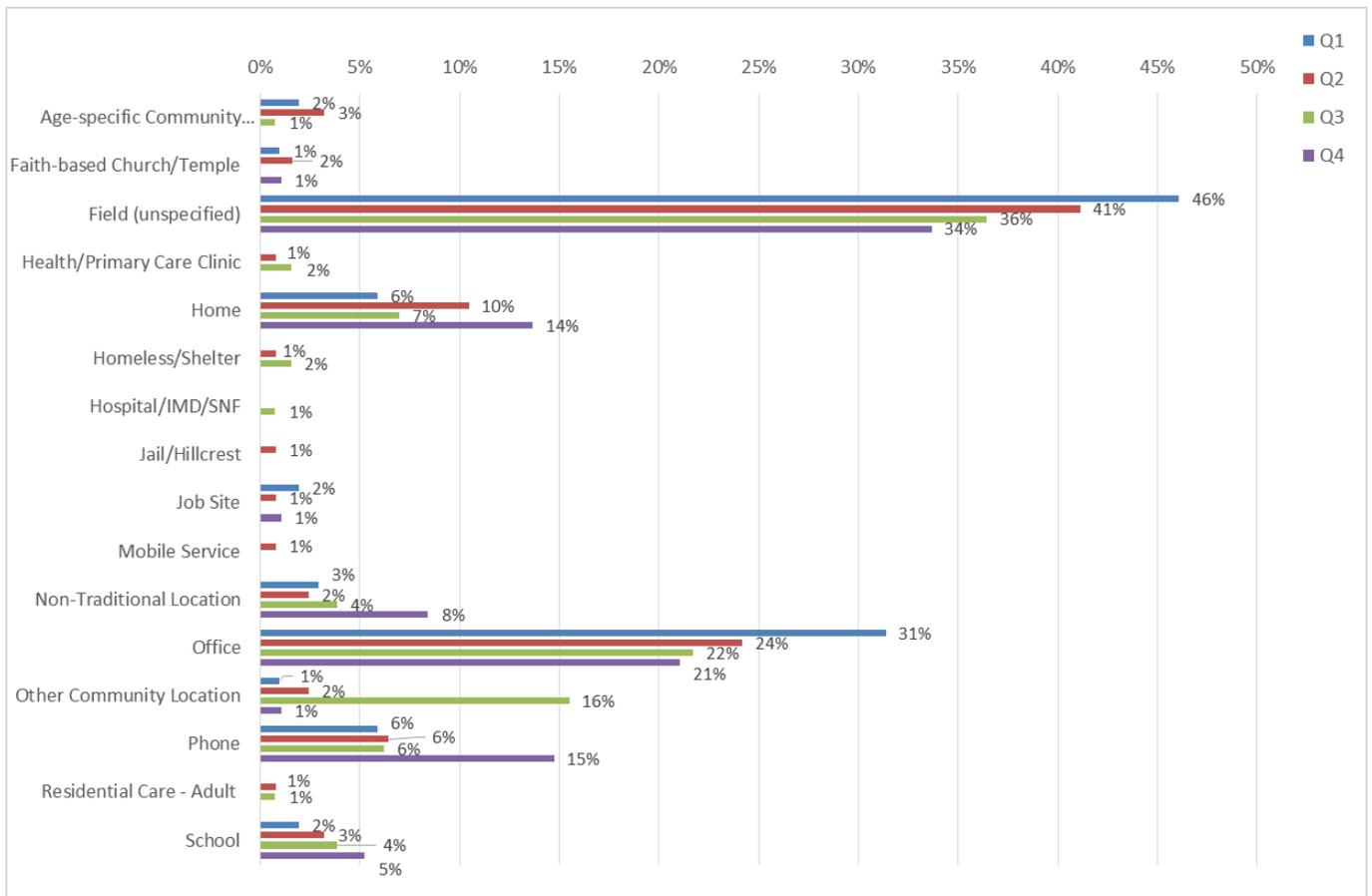


Note: Provider organizations were not asked to report group outreach data on referral type for FY 2016-2017.

Individual outreach event characteristics

Location: EPAPMHO individual outreach events typically occurred in unspecified locations (39%), offices (24%), and home (9%) in FY 2016-2017. See **Figure 10** for a summary of individual outreach events by location.

Figure 10. Location of EPAPMHO Individual Outreach Events, FY 2016-2017



Note: Percentages may not sum to 100% because of rounding.

Length of contact: For FY 2016-2017, the average length of EPAPMHO individual outreach events was 39.2 minutes. By quarter, average length of outreach was 41.5 minutes in Q1, 43.9 minutes in Q2, 35.5 minutes in Q3, and 35.7 minutes in Q4.

MAA code: EPAPMHO individual outreach events used MAA codes 400 (Medi-Cal outreach, 53%), 401 (Discounted Medi-Cal outreach, 46%), and MAA codes 403 (Referral in crisis situations for non-open cases, <1%). None of the MAA codes were reported as N/A.

Language used: EPAPMHO individual outreach events were conducted in English (68%), Spanish (20%), Tongan (8%), and Samoan (4%). See **Table 16** below for the breakdown of group outreach events by the language of administration.

Table 16. Languages of administration in EPAPMHO individual outreach events, FY 2016-2017

Language	Q1	Q2	Q3	Q4	Total
English	72 (70.6%)	85 (68.5%)	93 (72.1%)	54 (56.8%)	304 (67.6%)
Mandarin	1 (1.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.2%)
Samoan	0 (0.0%)	3 (2.4%)	9 (7.0%)	7 (7.4%)	19 (4.2%)
Spanish	23 (22.5%)	23 (18.5%)	16 (12.4%)	26 (27.4%)	88 (19.6%)
Tagalog	0 (0.0%)	1 (0.8%)	0 (0.0%)	0 (0.0%)	1 (0.2%)
Tongan	6 (5.9%)	12 (9.7%)	11 (8.5%)	8 (8.4%)	37 (8.2%)
Total	102	124	129	95	450

Note: Percentages may not sum to 100% because of rounding.

Preferred Language: Most EPAPMHO individual outreach attendees preferred English (64%), Spanish (20%) and Tongan (8%). See **Table 17** below for the breakdown of EPAPMHO individual outreach events by preferred language.

Table 17. Preferred Languages for EPAPMHO Individual Outreach Attendees, FY 2016-2017

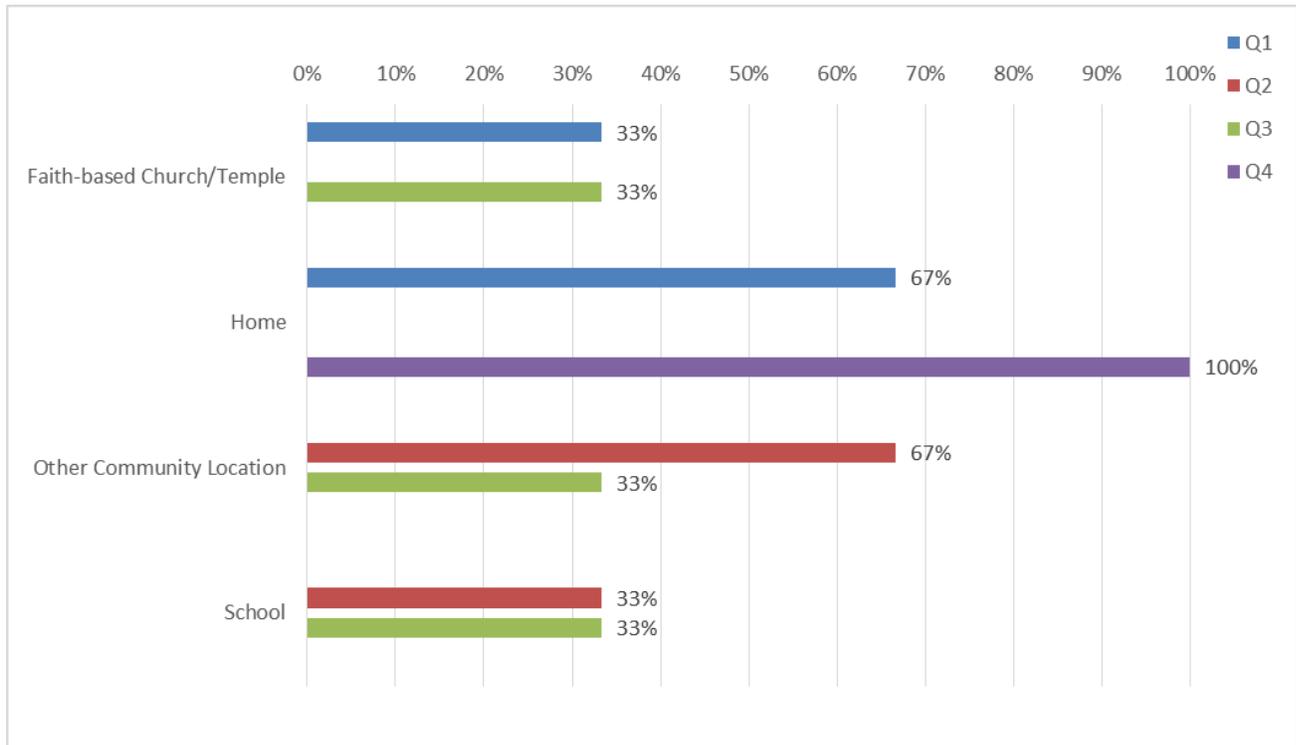
Language	Q1	Q2	Q3	Q4	Total
English	70 (68.6%)	75 (60.5%)	92 (71.3%)	53 (55.8%)	290 (64.4%)
Other	0 (0.0%)	0 (0.0%)	1 (0.8%)	0 (0.0%)	1 (0.2%)
Samoan	0 (0.0%)	5 (4.0%)	6 (4.7%)	9 (9.5%)	20 (4.4%)
Spanish	23 (22.5%)	24 (19.4%)	19 (14.7%)	26 (27.4%)	92 (20.4%)
Tagalog	3 (2.9%)	5 (4.0%)	0 (0.0%)	2 (2.1%)	10 (2.2%)
Tongan	6 (5.9%)	15 (12.1%)	11 (8.5%)	5 (5.3%)	37 (8.2%)
Total	102	124	129	95	450

Note: Percentages may not sum to 100% because of rounding.

Group outreach event characteristics

Locations: EPAPMHO group outreach events were held at home (30%), at other community locations not listed (30%), at faith-based churches/temples (20%), and in schools (20%) in FY 2016-2017. Other community locations include Canada College and Rugby field. Refer to **Figure 11** for a breakdown of group outreach events by location.

Figure 11. Locations of EPAPMHO Group Outreach Events, FY 2016-2017



Note: Percentages may not sum to 100% because of rounding.

Length of contact: For FY 2016-2017, the average length of EPAPMHO group outreach events was 74.5 minutes. By quarter, average length of outreach was 40.0 minutes in Q1, 75.0 minutes in Q2, 123.3 minutes in Q3, and 30.0 minutes in Q4.

MAA code: EPAPMHO group outreach events used only MAA code 400 (Medi-Cal outreach, 100%) in FY 2016-2017.

Language used: EPAPMHO group outreach events were conducted in English (60%), Tongan (30%), and Samoan (10%). See **Table 18** below for the breakdown of group outreach events by the language of administration.

Table 18. Languages of Administration in EPAPMHO Group Outreach Events, FY 2016-2017

Language	Q1	Q2	Q3	Q4	Total
English	0 (0.0%)	3 (100.0%)	3 (100.0%)	0 (0.0%)	6 (60.0%)
Samoan	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (100.0%)	1 (10.0%)
Tongan	3 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (30.0%)
Total	3	3	3	1	10

Note: Percentages may not sum to 100% because of rounding.

Preferred Language: EPAPMHO group outreach attendees preferred English (78%), Tongan (13%), Samoan (5%), and Spanish (3%). See **Table 19** below for the breakdown of group outreach events by the language of administration.

Table 19. Preferred Languages for EPAPMHO Group Outreach Attendees, FY 2016-2017

Language	Q1	Q2	Q3	Q4	Total
English	5 (29.4%)	14 (93.3%)	112 (88.9%)	0 (0.0%)	131 (78.3%)
Cantonese	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Mandarin	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Samoan	0 (0.0%)	0 (0.0%)	3 (2.4%)	6 (66.7%)	9 (5.3%)
Spanish	0 (0.0%)	0 (0.0%)	5 (4.0%)	0 (0.0%)	5 (3.0%)
Tagalog	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Tongan	12 (70.6%)	0 (0.0%)	6 (4.8%)	3 (33.3%)	21 (12.8%)
Other	0 (0.0%)	1 (6.7%)	0 (0.0%)	0 (0.0%)	1 (0.6%)
Total**	17	15	126	9	167

Note: Percentages may not sum to 100% because of rounding. ** Total count for preferred language reported may be less than the total number of attendees due to the missing data. The denominator for preferred language percent is the sum of all preferred language data reported.

Outreach Summaries by Provider

We analyzed outreach efforts by provider and created provider-specific summaries to help SMC BHRS and its providers better understand each organization’s outreach efforts. Please refer to **Appendix A-G** for these provider-specific summaries. In each provider summary, we highlighted key observations on outreach location, language, insurance, race/ethnicity, and specific groups of interest for both individual and group outreach efforts.

Recommendations

We have several recommendations based on FY 2016-2017 data. These recommendations fall under two umbrellas: those aimed at enhancing outreach, and those to improve data collection.

Enhance outreach

Continue to tailor or increase outreach efforts for specific demographic groups, such as older adults and Latino/Hispanic persons from Central America. EPAPMHO and NCOC have made improvements to meeting the needs of the seniors (aged 65 and older), but additional targeting may still be necessary. According to a survey of San Mateo residents in 2015, 19% of the county’s senior population reported needing help for emotional/mental health problems or use of alcohol/drugs.¹ This year, 15% of the attendees were older adults, a major improvement over FY 2015-2016 (during which 7% of the attendees were seniors) and FY 2014-2015 (during which 8% of the individual outreach attendees were seniors).

In addition, similar to last year, among persons who identified as Latino/Hispanic, individuals from Central American descent were underrepresented at outreach events. According to a survey of San Mateo residents in 2015, among persons who identified as Latino/Hispanic and reported needing help for emotional/mental health problems or use of alcohol/drugs in San Mateo County

¹ UCLA Center for Health Policy Research. AskCHIS 2015. Available at <http://ask.chis.ucla.edu>.

in 2015, 57% were Central American and 14% were Mexican.² However, 93% of Latino/Hispanic outreach attendees were identified as Mexican and only 3% were identified as Central American among the two collaboratives. Note that the ethnicity of Central American was first added in FY 2016-2017, thus no data on Central American was available for FY 2014-2015 and FY 2015-2016.

Consider how to meet the changing needs of uninsured individuals. A large proportion of attendees did not report being insured by a specific health plan. In FY 2016-2017, 56% reported being uninsured or had unknown insurance status across two collaboratives, which is similar to last year FY an 2015-2016 (54%) and a decrease from FY 2014-2015 (64%). Disentangling uninsured status from unknown insurance status is a data quality issue to be discussed below, but regardless, this group deserves special attention. The county should consider how to best meet the needs of uninsured individuals, who may become more reticent to respond to outreach events particularly if they are concerned about treatment costs. The size of this group may also grow if the insurance marketplaces destabilize.

Focus on increasing housing-related resources and referrals. Last year, AIR recommended considering whether adequate housing-related resources were being given; since then the number of attendees reporting homelessness or risk of homelessness has increased from about 1,000 in FY 2015-2016 to around 1,260 in FY 2016-2017, which is a 26% increase. Note that attendees may not be unique individuals. In FY 2016-2017, a total of 253 housing-related referrals were made, which is 23% of the total referrals. In FY 2015-2016, a total of 405 housing-related referrals were made, which is 19% of the total referrals. Thus, compared to last FY, the number of housing-related referrals made in FY 2016-2017 decreases but the percent of housing-related referrals increases by 4 percentage points.

Improve data collection

Make other/unspecified categories more clear. Last year, AIR recommended minimizing missing data, and there is less missing data this year. However, there are still relatively high proportions of individuals in other/unspecified categories for some topics. For example, 80% of the NCOC outreach attendees were identified as having unknown insurance status. In addition, 15% of the EPAPMHO outreach attendees were identified as other/unknown races. Providers may consider categorizing unspecified responses, inquiring why certain fields have been left blank, or by creating more categories to capture as many responses as possible.

Treat race/ethnicity as mutually exclusive categories. Last year, AIR recommended that mutually exclusive race/ethnicity categories, including a “two or more races” category. At this time, total counts for race/ethnicity in EPAPMHO group outreach events perfectly match the total number of group outreach attendees, which has been a great improvement since last year. But, total counts for race/ethnicity in NCOC group outreach events are still larger than the total number of group outreach attendees.

² UCLA Center for Health Policy Research. Ask CHIS 2015. Available at <http://ask.chis.ucla.edu>.

Continue gathering the new demographic information that has been collected this year. Last year, the California State Mental Health Services Oversight and Accountability Commission included new demographic requirements for MHSA prevention and early intervention reporting. New options for gender identity and sexual orientation, disabilities and client needs, and county of residence were added. These data have been collected in FY 2016-2017 and were of use in the creation of this report.

BHRS Discussion on Outreach characteristics and trends

After three years of summarizing comprehensive outreach data, it is imperative that we look at the trends and challenges in outreach from a perspective that considers sociocultural context and its impact on community demographics and the need for updating outreach goals and integration across other BHRS outreach efforts.

Outreach characteristics where we specifically looked at trends across the three fiscal years 2014-2017 included;

1. Outreach Attendees – while there were differences amongst the collaboratives as shown in the report, overall numbers and reach increased.
2. Race/Ethnicity – overall, individuals identifying as Mexican and White increased while other ethnicities decreased in particular, Other Latino/Central American, Tongan and Samoan and Filipino and Black.
3. Referrals to Mental Health/Substance Abuse –while the total number of referrals made to both mental health and substance use providers decreased by almost half, the percentage of those referred to these services increased. This could point to the idea that outreach is getting more targeted to those with mental health and substance use needs.
4. Referrals to Social Services – the collaboratives differed in the types of referrals, while EPAPMHO primarily refers to medical care and housing, the NCOC primarily refers to legal, financial and housing.
5. Special Populations – Overall, at-risk for homelessness continues to be the highest special populations group reported.

While we are well aware that staff and agency transitions and data reporting/tracking have had direct impact on the outreach numbers; there are also socio political factors that may influence some of the shifts in racial make-up, referrals made and participant characteristics.

Gentrification

Recent changes in economic, educational and racial make-up of historically disinvested neighborhoods is happening across the Bay Area including the communities served by the Outreach Collaboratives. The Urban Displacement Project (<http://www.urbandisplacement.org>; Zuk, M., & Chapple, K. (2015), which analyzes regional data and has identified cities such as Colma, Daly City and East Palo Alto susceptible to ongoing and advanced gentrification including loss of low income housing, displacement of low income communities and changing demographics.

Drug Medi-Cal Waiver

In April 2016, San Mateo County was the second in the State of California to receive approval to create a local Drug Medi-Cal Organized Delivery System (DMC-ODS) providing individuals with substance use disorders greater access to a wider range of behavioral healthcare services. Community-based agency representatives are reporting an increase in more complex co-occurring cases. It will be important to attempt to track the impact of DMC-ODS on outreach.

Immigration policies

The current policy changes impacting immigrants has led undocumented immigrants to avoid safety-net programs. Community based agency representatives across San Mateo County have been reporting a drop in enrollment and eligible families pulling out of health and social service initiatives out of fear of deportation. It is expected that this will impact outreach characteristics.

Tracking of Referrals

Moving forward we will need to strengthen the tracking of unduplicated referrals to behavioral health services to demonstrate specifically how outreach efforts increase access and linkages to treatment and improve timely access for underserved populations. In particular, guidelines released by the State of California Mental Health Oversight and Accountability Commission are requesting the following data points to demonstrate effectiveness of programs funded to create access and linkages to services: 1) number of referrals for Serious Mental Illness (SMI), 2) the type of treatment received, 3) the number that followed through and engaged, 3) average duration of untreated mental illness and 4) average interval between referral and engagement.

Updates to Outreach Collaborative Deliverables

Outreach characteristics as outlined in this report will continue to be collected. It is important to keep the intention of the collaboratives focused on reaching underserved populations in low income communities including at-risk youth, transition-age youth and adults of diverse ethnic and cultural backgrounds. Given the many challenges to tracking and reporting unduplicated reach, the focus will shift to unduplicated referrals made to behavioral health services in particular and follow through where appropriate. Following are overall considerations outlined last year that will be incorporated into 2018 updates to the Outreach Collaborative deliverables.

- ✓ Coordinate and articulate the goals of the outreach collaborative strategy across both the north county region, including Pacifica and the East Palo Alto community.
 - Benchmarks and activities are expected to look different given the unique needs and demographics of each community but the overall goals should align.
 - Integrate broader outreach and support goals and activities, recognizing the intersection of outreach to increase access for individuals with severe mental illness (SMI) and outreach efforts for prevention, stigma reduction and meaningful engagement.

- ✓ Identify meaningful indicators of success for the outreach collaboratives including tracking SMI referrals and follow through where appropriate.
- ✓ Integrate efforts and activities to include special populations as identified in the AIR report, at-risk for homelessness, older adults and emerging communities and expanded needs in the broader San Mateo County (e.g. Arab-American, LGBTQ, geographically isolated communities, etc.)
- ✓ Coordinate and articulate MHSA-wide efforts and indicators to measure stigma reduction and improvements in cultural and ethnic disparities as they relate to access to behavioral health services in San Mateo County.

Appendix A. FY 2016-2017 Outreach, Asian American Recovery Services

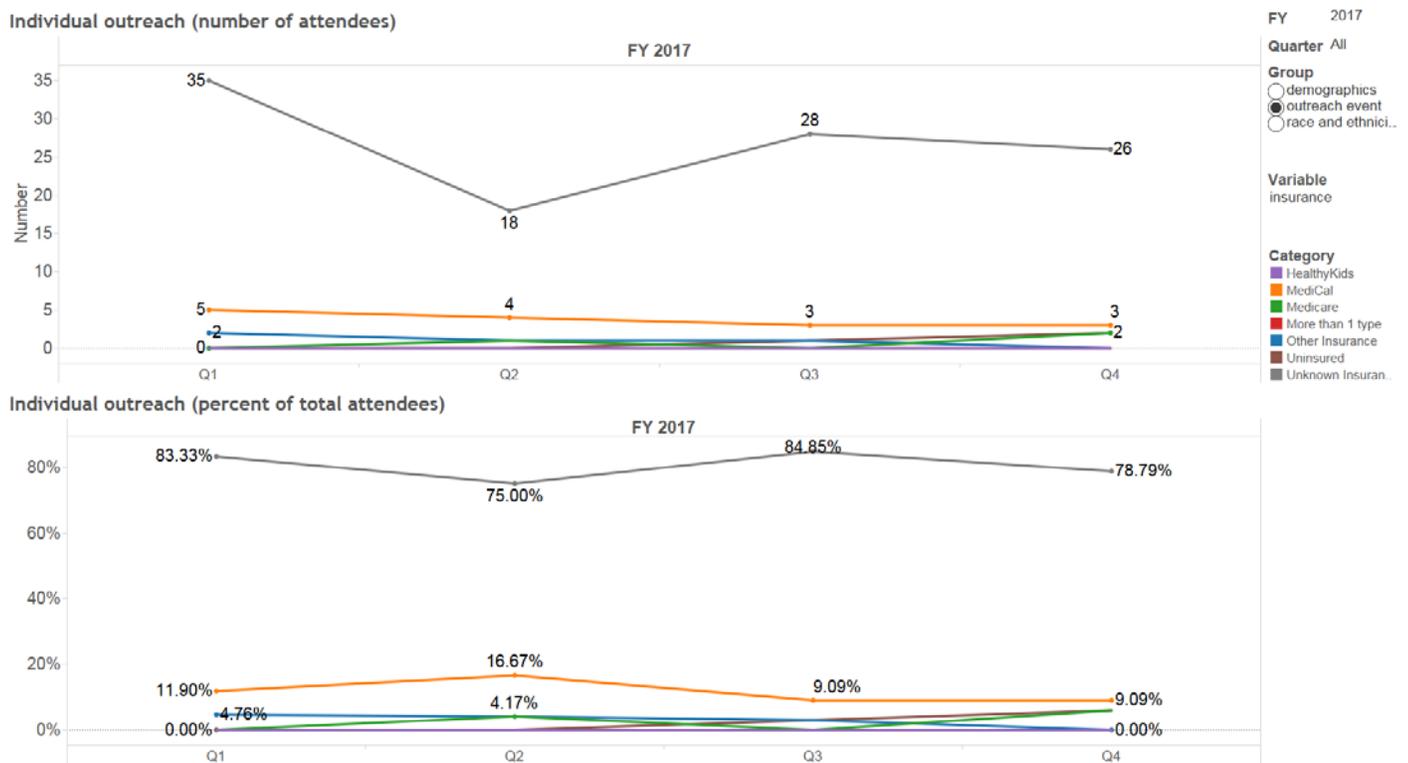
Individual outreach

For FY 2016-2017, Asian American Recovery Services (AARS) reported a total of 132 individual outreach events—42 individual outreach events in Q1, 24 events in Q2, 33 events in Q3, and 33 events in Q4. The average length of individual outreach events was 40 minutes, ranging from an average of 37 minutes in Q2 to 42 minutes in Q3.

Individual outreach events:

- Took place in unspecified locations (28.8%; n=38), followed by non-traditional locations (23.5%, n=31) and other community locations (22.7%; n=30).
- Were categorized under MAA 401 (51.5%; n=68).
- Were conducted in English (100%; n=132).
- Had different types of insurance reported during FY 2016-2017. Unknown insurance and Medi-Cal were most common (Figure 1).

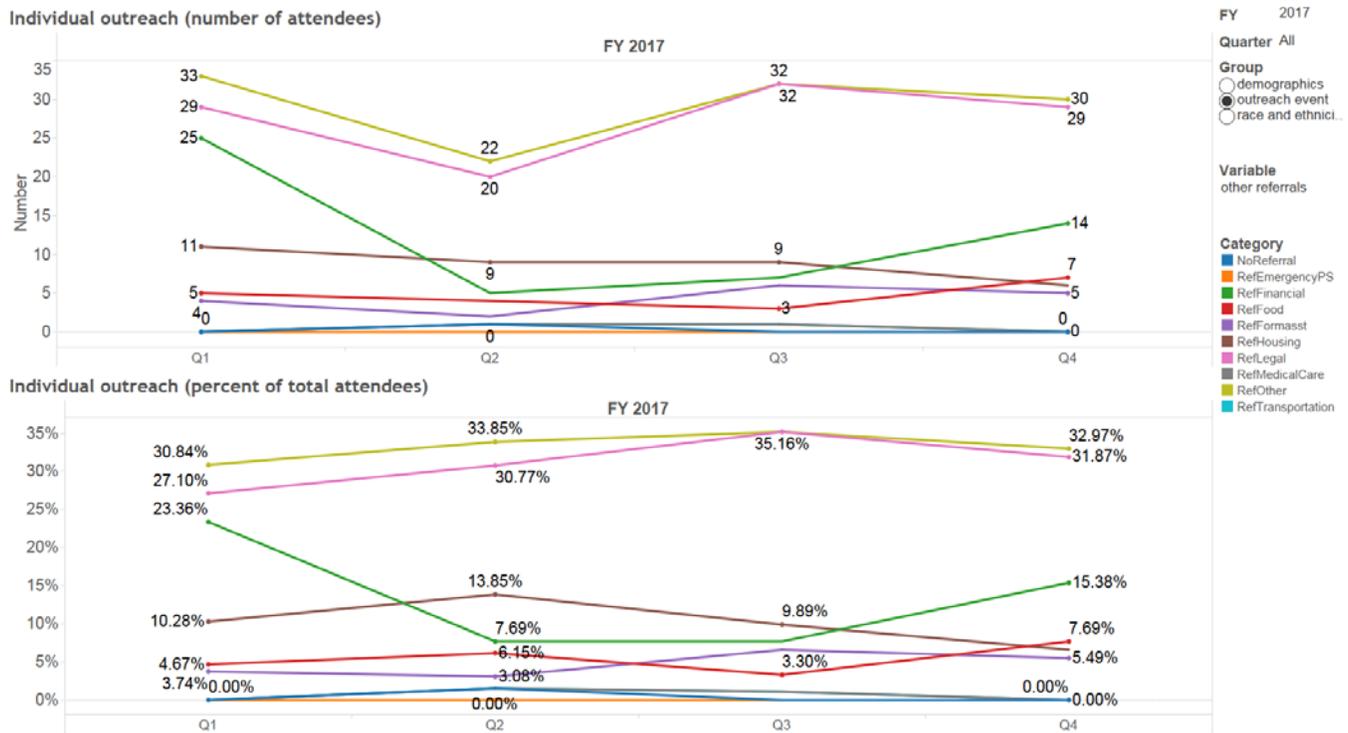
Figure 1. Type of Insurance, Q1-Q4



- Resulted in 67 mental health referrals and 19 substance abuse referrals.

- Resulted in 354 other referrals (Figure 2). An individual outreach event can have more than one referral, so the total number of other referrals exceeds the number of outreach events. AARS made other (n=117), Legal (n=110), and Financial (n=51) referrals the most often.

Figure 2. Other Referrals, Q1-Q4

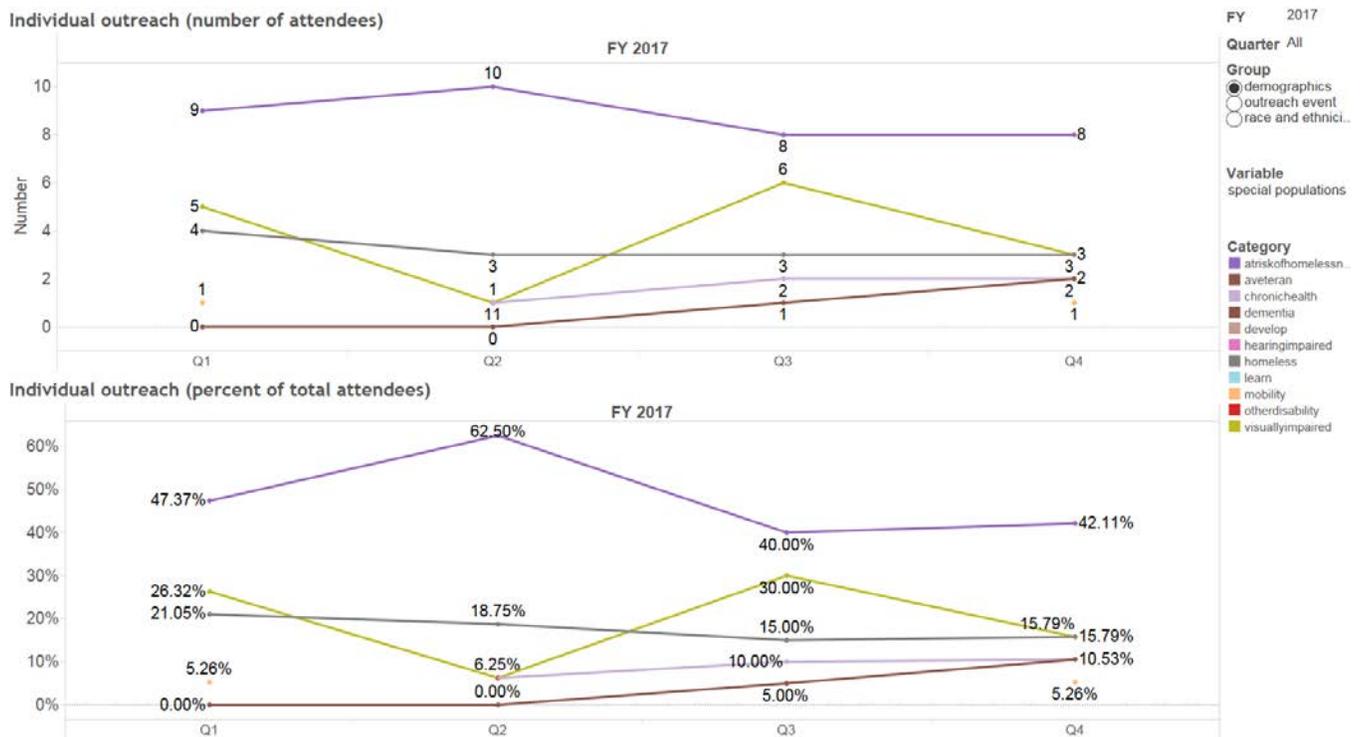


Individual outreach event attendees:

- Self-reported as female (57.6%; n=76), male (42.4%; n=56), or unknown gender (0%; n=0).
- Self-reported as Heterosexual (92.4%; n=122), Gay/Lesbian (3.8%; n=5), Questioning (1.5%; n=2), Unknown (1.5%; n=2), or Queer (<1%; n=1).
- Were adults (26-59 year, 57.6%; n=76), transition-age youth (16-25 years, 34.8%; n=46), older adults (60+ years, 4.5%; n=6), or children (0-15 years, 3.0%; n=4).
- Were two or more races (39.4.0%; n=52), Samoan (15.9%; n=21), Tongan (13.6%; n=18), Mexican (9.1%; n=12), White (7.6%; n=10), Chinese (3.0%; n=4), Filipino (3.0%; n=4), Hawaiian (3.0%; n=4), Guamanian (2.3%; n=3), Black (1.5%; n=2), or Central American (1.5%; n=2).

Special populations include those who are veterans, are homeless, are at risk of homelessness, are hearing impaired, are vision impaired, have dementia, have chronic health conditions, have a mobility disability, have a learning disability, or have a developmental disability. In FY 2016-2017, AARS reported 74 individual outreach attendees representing these populations as presented in Figure 3.

Figure 3. Special Populations, Q1-Q4



Group outreach

For FY 2016-2017, Asian American Recovery Services (AARS) reported a total of 32 group outreach events, corresponding to 992 group outreach attendees—363 attendees in Q1, 244 attendees in Q2, 28 attendees in Q3, and 357 attendees in Q4. The average length of group outreach events is 128 minutes, ranging from an average of 68 minute per event in Q3 to 173 minutes per event in Q1.

Most group outreach events:

- Took place in schools (**31.3%**; n=10), followed by other community locations (**25.0%**; n=8), unspecified locations (**25.0%**; n=8), and non-traditional locations (**12.5%**; n=4).
- Were categorized under MAA 401 (**78.1%**; n=25).
- Were conducted in English (**100%**; n=32).

Group outreach event attendees:

- Self-reported as female (**60.7%**; n=606), male (**38.0%**; n=379), or other gender (**1.4%**; n=14).
- Identified as Heterosexual (**79.2%**; n=733), Gay/Lesbian (**8.4%**; n=78), Unknown (**5.0%**; n=46), Bisexual (**4.5%**; n=42), Queer (**1.1%**; n=10), Other (**<1%**; n=9) or Questioning (**<1%**; n=8).
- Represented many races and ethnicities (**Table 1**):

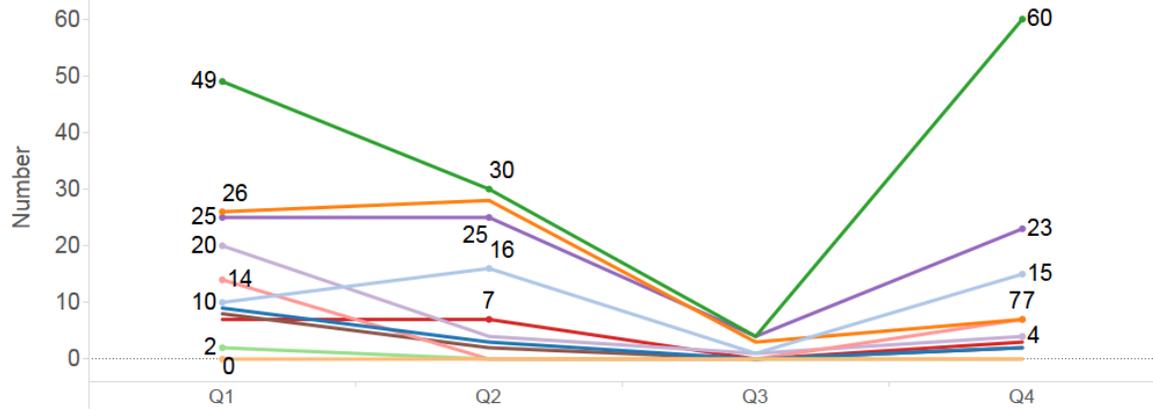
Table 1. Group Outreach Attendees by Race/Ethnicity			
Race/ethnicity	Number (%)	Race/ethnicity	Number (%)
Two or more races	237 (23.9%)	Unknown race	13 (1.3%)
Samoan	168 (16.9%)	Central American	8 (0.8%)
Filipino	122 (12.3%)	Middle Eastern	8 (0.8%)
Tongan	98 (9.9%)	South American	5 (0.5%)
White	90 (9.1%)	American Indian	4 (0.9%)
Mexican	82 (8.3%)	European	4 (0.4%)
Black	37 (3.7)	Puerto Rican	3 (0.3%)
Other race	32 (3.2%)	Japanese	2 (0.2%)
Chinese	30 (3.0%)	South Asian	2 (0.2%)
Guamanian	20 (2.0%)	Vietnamese	2 (0.2%)
Hawaiian	19 (1.9%)		

In FY 2016-2017, AARS reported 421 group outreach attendees representing special populations, with the majority of that outreach occurring in Q1 as presented in Figure 4. During FY 2016-2017, AARS most commonly reached attendees who were at risk for homelessness (n=143), vision impaired (n=77), and/or homeless (n=64); these categories are not mutually exclusive. Of note, the number of group outreach attendees representing these populations decreased from Q1 to Q3, but increased from Q3 to Q4 during FY 2016-2017.

Figure 4. Special Populations, Q1-Q4

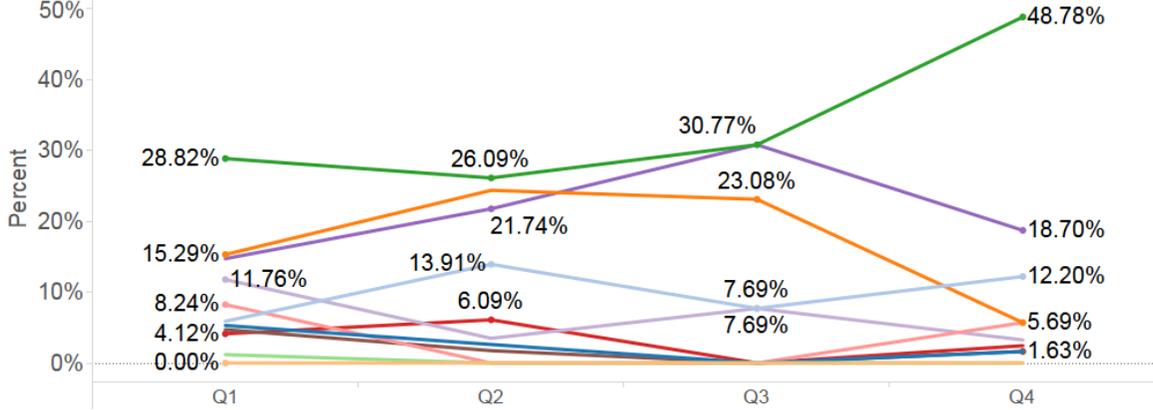
Data last updated August 2016

Group outreach demographics (number of attendees)
FY 2017



FY 2017
Quarter All
Variable special populations
Category
 chronichealth
 dementia
 develop
 hearimpair
 homeless
 learn
 mobility
 otherdisability
 riskhomeless
 veteran
 visimpair

Group outreach demographics (percent of total attendees)
FY 2017



Appendix B. FY 2016-2017 Outreach, Daly City Peninsula Partnership Collaborative

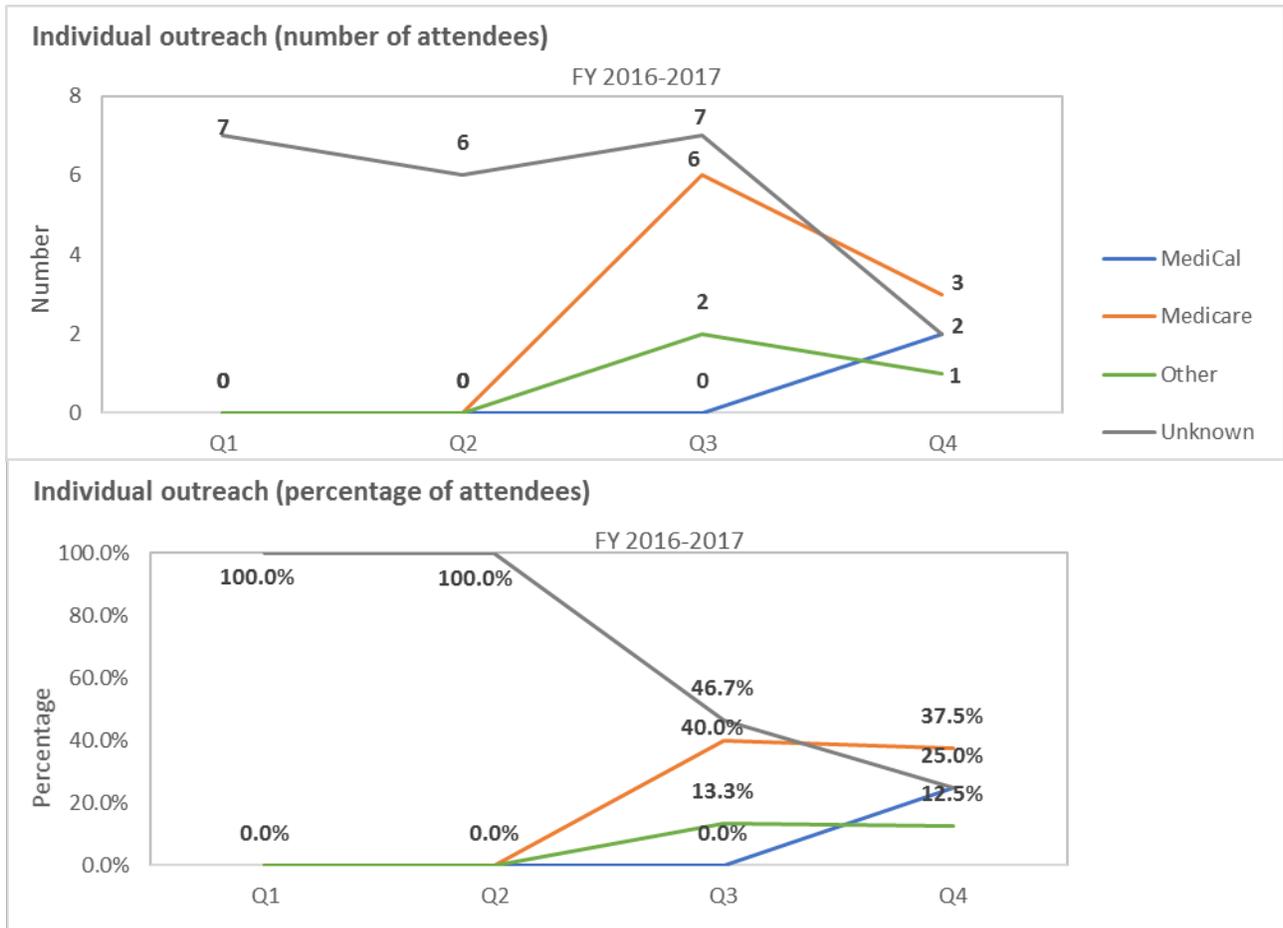
Individual outreach

For FY 2016-2017, Daly City Peninsula Partnership Collaborative reported a total of 36 individual outreach events—7 individual outreach events in Q1, and 6 events in Q2, 15 events in Q3, and 8 events in Q4. The average length of individual outreach events was 35 minutes, ranging from an average of 15 minutes in Q3 to 69 minutes in Q1.

Most individual outreach events:

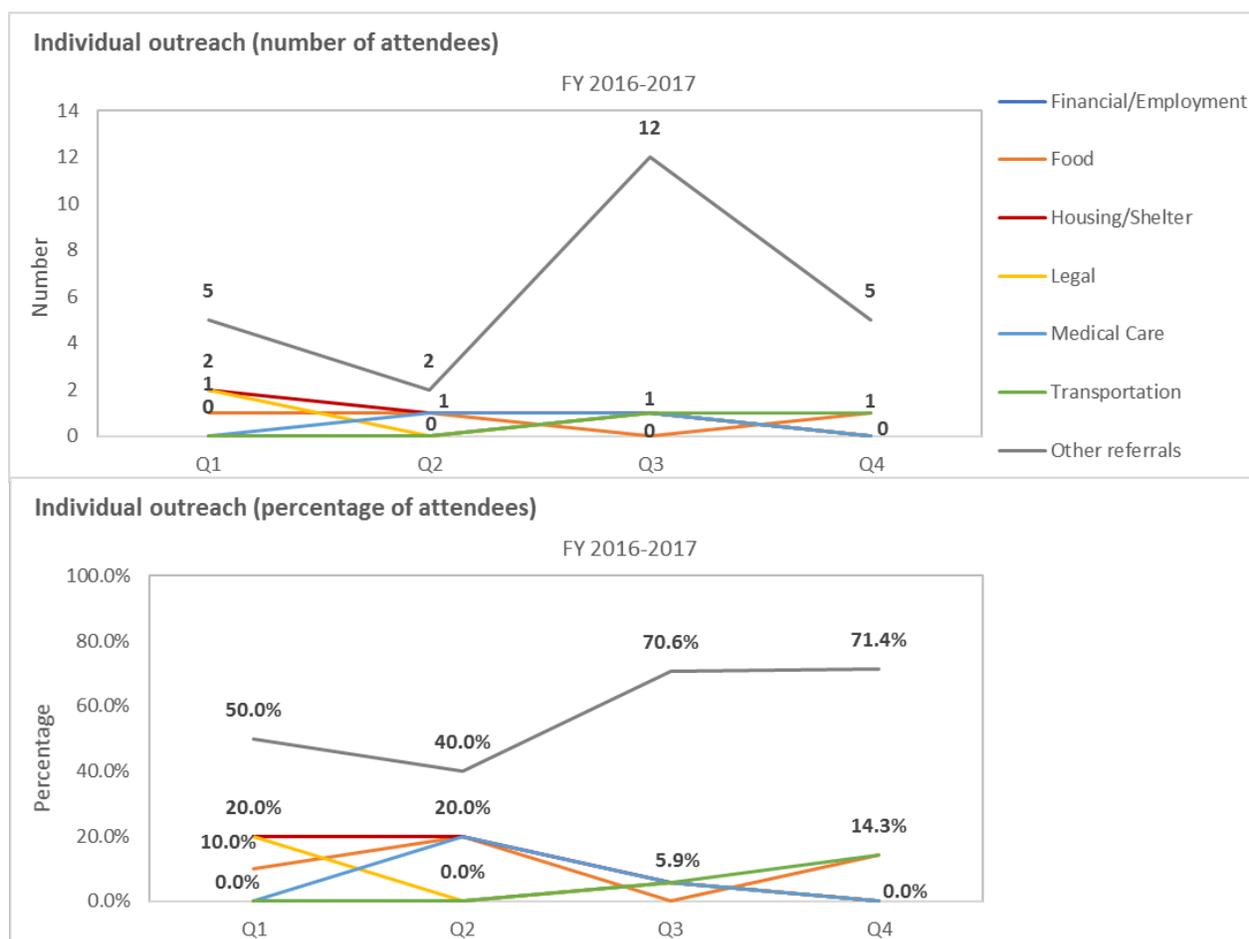
- Took place in home (**22.2%**; n=8), office (**8.3%**; n=3), other community locations (**44.4%**; n=16), phone (**13.9%**; n=5), and school (**11.1%**; n=4). For the 16 events taking place in other community location, 13 events took place in a mall and 3 took place in shine family event.
- Were reported as N/A (**100%**; n=36).
- Were conducted in Cantonese (**2.8%**; n=1), English (**61.1%**; n=22), Samoan (**2.8%**; n=1), Spanish (**16.7%**; n=6), and Tagalog (**16.7%**; n=6).
- Had Unknown Insurance as the most common insurance type (**Figure 1**).

Figure 1. Types of Insurance, Q1-Q4



- Resulted in 10 mental health referrals and 0 substance abuse referrals.
- Resulted in 39 other referrals. An individual outreach event can have more than one referral, so the total number of other referrals exceeds the number of outreach events. Daly City Peninsula Partnership Collaborative made 1 financial/employment referral, 3 food referrals, 4 housing/shelter referrals, 3 legal referrals, 2 medical care referrals, and 2 transportation referrals, and 24 other referrals. (**Figure 2**)

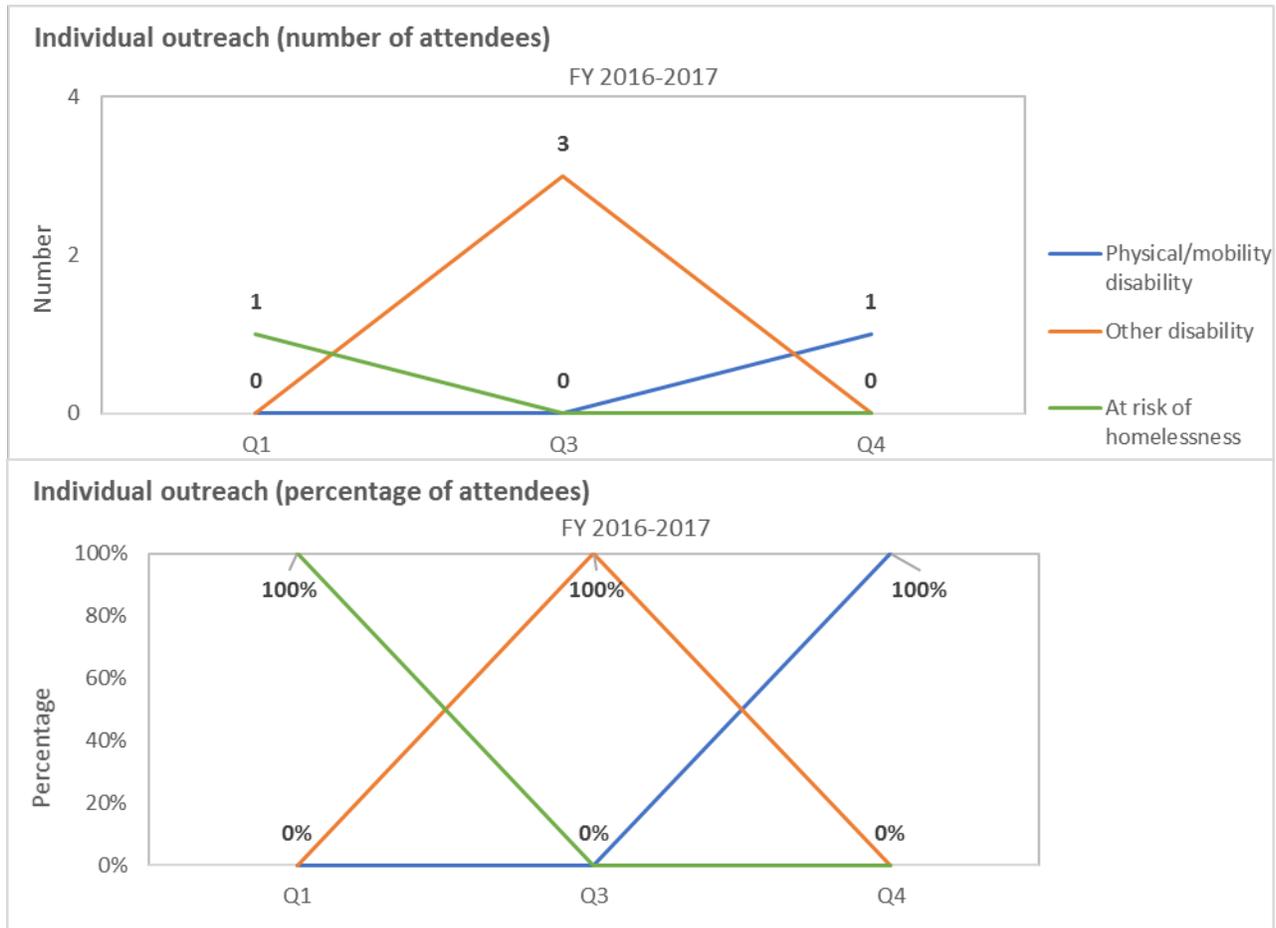
Figure 2. Other Referrals, Q1-Q4



Individual outreach event attendees:

- Self-reported as female (**80.6%**; n=29), and male (**19.4%**; n=7) for both sex at birth and gender identity.
- Self-reported as Bisexual (**5.6%**; n=2), Heterosexual (**38.9%**; n=14), Unknown (**55.6%**; n=20).
- Were transition-age youth (16-25 years; **2.8%**; n=1), adults (26-59 years, **61.1%**; n=22), or older adults (60+ years; **36.1%**; n=13).
- Were American Indian (**2.8%**; n=1), two or more races (**8.3%**; n=3), Central American (**11.1%**; n=4), Chinses (**8.3%**; n=3), Filipino (**33.3%**; n=12), Mexican (**11.1%**; n=4), Middle Eastern (**2.8%**; n=1), White (**19.4%**; n=7), and other race (**2.8%**; n=1).
- Special populations include those who are veterans, homeless, at risk of homelessness, hearing impaired, vision impaired, dementia, having chronic health conditions, having difficulty in mobility, learning, or development. In FY 2016-2017, Daly City Peninsula Partnership Collaborative reported 5 individual outreach attendees as these special populations. (**Figure 3**)

Figure 3. Special Populations, Q1-Q4



Group outreach

For FY 2016-2017, Daly City Peninsula Partnership Collaborative reported a total of 16 group outreach events, corresponding to 913 group outreach event attendees—no attendees in Q1, 48 attendees in Q2, 353 attendees in Q3, and 512 attendees in Q4. The average length of group outreach events was 104 minutes, ranging from an average of 82 minutes per event in Q3 to 126 minutes per event in Q4.

Most group outreach events:

- Took place primarily in other community locations (**50.0%**; n=8), followed by school (**43.8%**; n=7), and age-specific community center (**6.3%**; n=1). For the 8 events taking place in other community locations, 1 event was at a gym, 4 events were at a mall, 1 was at the Philippine Consulate, 1 was at the Senior Banquet, and 1 was at the Serramonte del Rey.
- Were reported as N/A (**100%**; n=16).
- Were conducted in Cantonese (**6.3%**; n=1), English (**75.0%**; n=12), and Tagalog (**18.8%**; n=3).

Group outreach event attendees:

- Self-reported as female (**60.2%**; n=550), male (**37.5%**; n=342), or other gender (**2.3%**; n=21) for sex at birth.
- Self-reported as female (**53.7%**; n=490), male (**35.5%**; n=324), Transgender (**0.5%**; n=5), and unknown gender (**10.3%**; n=94) for gender identity.
- Identified primarily as Heterosexual (**55.5%**; n=507), Gay/Lesbian (**0.5%**; n=5), other sex orientation (**0.9%**; n=8), and unknown sex orientation (**43.0%**; n=393).
- Represented many races and ethnicities (**Table 1**).

Race/ethnicity	Number (%)	Race/ethnicity	Number (%)
Tongan	300 (25.2%)	Black	35 (2.9%)
Mexican	177 (14.9%)	Central American	33 (2.8%)
White	175 (14.7%)	South American	10 (0.8%)
Filipino	175 (14.7%)	Unknown race	9 (0.8%)
Two or more races	122 (10.3%)	American Indian	2 (0.2%)
Samoan	95 (8.0%)	Middle Eastern	2 (0.2%)
Chinese	53 (4.5%)	Other race	2 (0.2%)

* Total counts for race/ethnicity are larger than the total number of group outreach attendees reported because providers may have classified an attendee under several race/ethnicity categories and as “two or more races.”

- Special populations include those who are veterans, homeless, at risk of homelessness, hearing impaired, vision impaired, dementia, having chronic health conditions, having difficulty in mobility, learning, or development. In FY 2016-2017, Daly City Peninsula Partnership Collaborative reported 34 group outreach attendees as special populations. All these 34 attendees were reported as veterans in Q4.

Appendix C. FY 2016-2017 Outreach, Daly City Youth Health Center

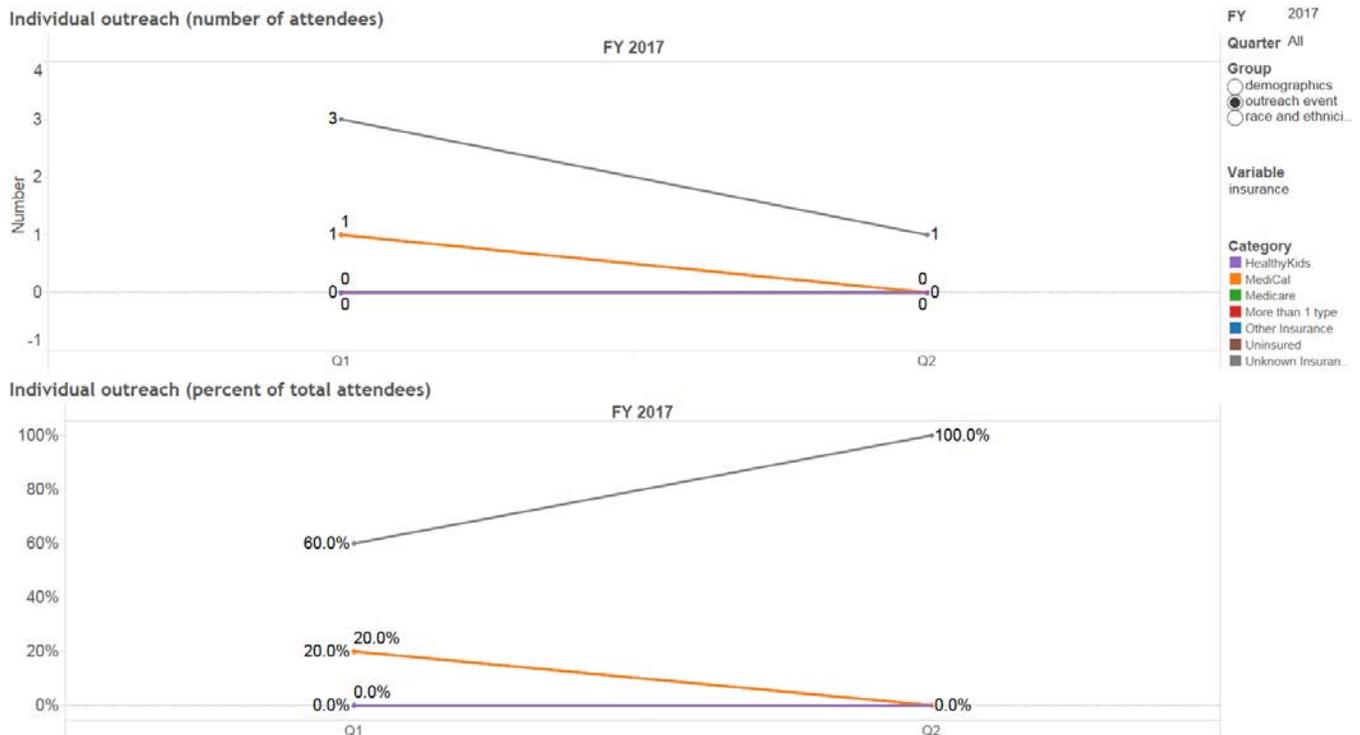
Individual outreach

For FY 2016-2017, Daly City Youth Health Center reported a total of 6 individual outreach events—5 individual outreach events in Q1, and 1 events in Q2. The average length of individual outreach events was 13 minutes, ranging from an average of 10 minutes in Q2 to 13 minutes in Q1.

Most individual outreach events:

- Took place in office (33.3%; n=2), other community locations (33.3%; n=2), and school (33.3%; n=2).
- Were categorized under MAA 400 (50.0%; n=3) and MAA 401 (16.7%; n=1). 33.3% (n=2) were reported as N/A.
- Were conducted in English (100%; n=6).
- Had Unknown Insurance as the most common insurance type (Figure 1).

Figure 1. Type of Insurance, Q1-Q4



- Resulted in 1 mental health referrals and 0 substance abuse referrals.
- Resulted in 0 other referrals.

Individual outreach event attendees:

- Self-reported as female (**50.0%**; n=3), and male (**50.0%**; n=3).
- Self-reported as Heterosexual (**50.0%**; n=3), Unknown (**33.3%**; n=2), Gay/Lesbian (**16.7%**; n=1).
- Were transition-age youth (16-25 years; **50.0%**; n=3), adults (26-59 years, **33.3%**; n=2), or older adults (60+ years; **16.7%**; n=1).
- Were unknown race (**33.3%**; n=2), two or more races (**16.7%**; n=1), other race (**16.7%**; n=1), South Asian (**16.7%**; n=1), or Tongan (**16.7%**; n=1).
- Special populations include those who are veterans, homeless, at risk of homelessness, hearing impaired, vision impaired, dementia, having chronic health conditions, having difficulty in mobility, learning, or development. In FY 2016-2017, Daly City Youth Health Center did not report any individual outreach event attendees as special populations.

Group outreach

For FY 2016-2017, Daly City Youth Health Center reported a total of 18 group outreach events, corresponding to 920 group outreach event attendees—636 attendees in Q1, 266 attendees in Q2, 18 attendees in Q3, and no attendees in Q4. The average length of group outreach events was 102.1 minutes, ranging from an average of 74 minutes per event in Q1 to 155 minutes per event in Q3.

Most group outreach events:

- Took place primarily in schools (**50.0%**; n=9), followed by other locations (**43.8%**; n=7), age-specific community center (**5.6%**; n=1), and unspecified location (**5.6%**; n=1).
- Were categorized under MAA 400 (**44.4%**; n=8), MAA 410 (**22.2%**; n=4). 33.3% (n=6) were reported as N/A.
- Were conducted in English (**100%**; n=18).

Group outreach event attendees:

- Self-reported as female (**38.9%**; n=358), other gender (**31.5%**; n=290), or male (**29.6%**; n=272).
- Identified primarily as unknown sex orientation (**86.3%**; n=512), Heterosexual (**10.5%**; n=62), Bisexual (**1.5%**; n=9).
- Represented many races and ethnicities (**Table 1**).

Table 1. Group Outreach Attendees by Race/Ethnicity			
Race/ethnicity	Number (%)	Race/ethnicity	Number (%)

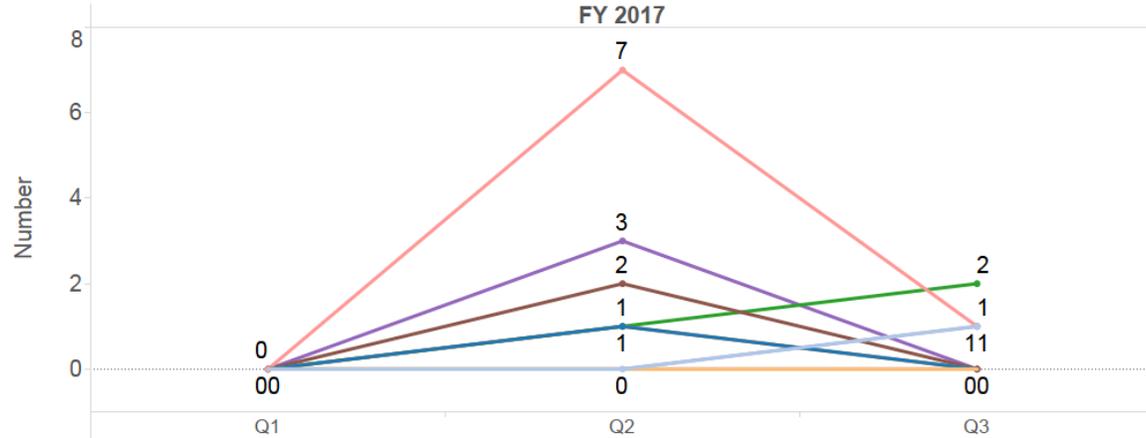
Filipino	218 (23.1%)	East European	10 (1.1%)
Mexican	180 (19.1%)	South American	7 (0.7%)
White	170 (18.0%)	Middle Eastern	4 (2.1%)
Two or more races	129 (13.7%)	Vietnamese	4 (0.4%)
Chinese	83 (8.8%)	Hawaiian	3 (0.3%)
Unknown race	45 (4.8%)	European	2 (0.2%)
South Asian	35 (3.7%)	American Indian	1 (0.1%)
Black	25 (2.7%)	Japanese	1 (0.1%)
Other race	14 (1.5%)	Puerto Rican	1 (0.1%)
Central American	10 (1.1%)	Samoan	1 (0.1%)

In FY 2016-2017, Daly City Youth Health Center reported 20 group outreach attendees representing special populations, with the majority of that outreach occurring in Q2 as presented in Figure 4. During FY 2016-2017, Daly City Youth Health Center most commonly reached attendees who had learning difficulty (n=8), were at risk for homelessness (n=3), and/or vision impaired (n=3); these categories are not mutually exclusive. Of note, the number of group outreach attendees representing these populations increased from Q1 to Q2 but decreased from Q2 to Q3 during FY 2016-2017. No special populations were reported in Q4.

Figure 4. Special Populations, Q1-Q4

Data last updated
August 2016

Group outreach demographics (number of attendees)



FY
2017

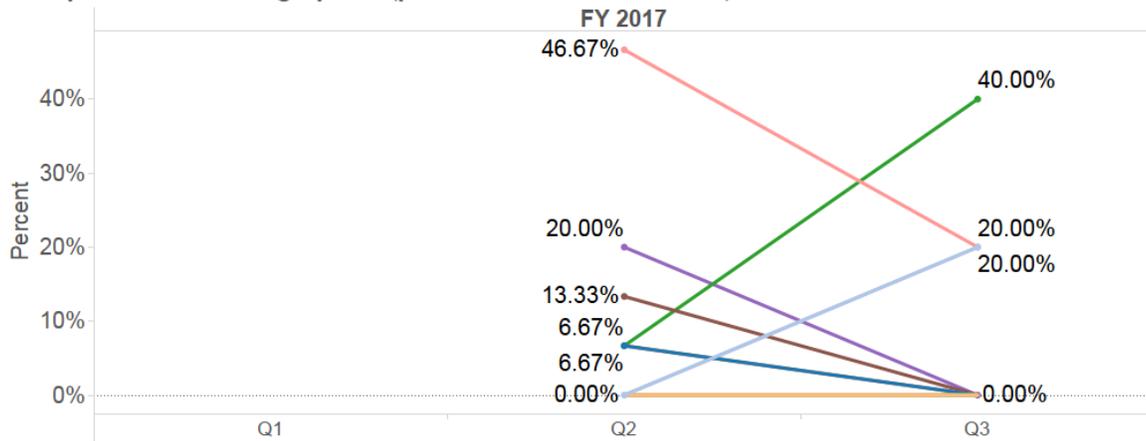
Quarter
Multiple values

Variable
special populations

Category

- chronichealth
- dementia
- develop
- hearimpair
- homeless
- learn
- mobility
- otherdisability
- riskhomeless
- veteran
- visimpaired

Group outreach demographics (percent of total attendees)



Appendix D. FY 2016-2017 Outreach, El Concilio

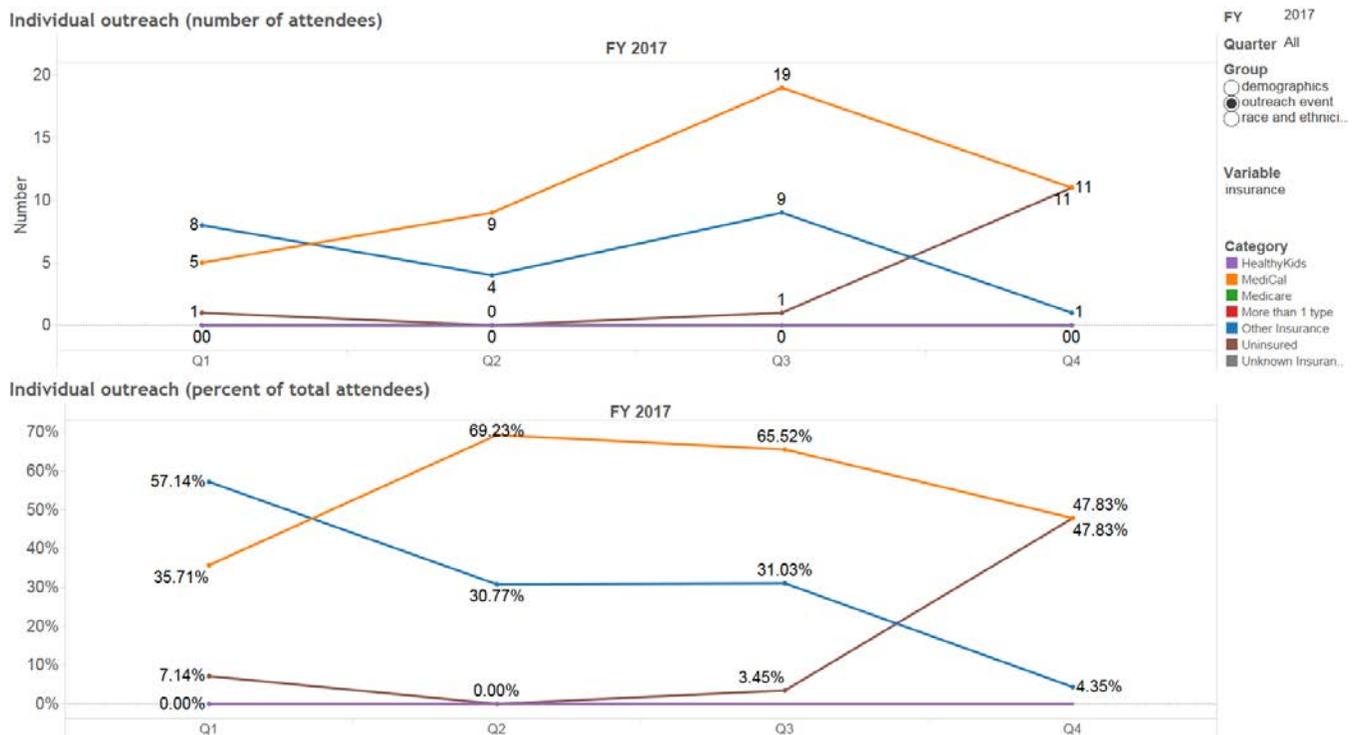
Individual outreach

For FY 2016-2017, El Concilio reported a total of 79 individual outreach events—14 individual outreach events in Q1, 13 events in Q2, 29 events in Q3, and 23 events in Q4. The average length of individual outreach events was 19 minutes, ranging from an average of 14 minutes in Q3 to 30 minutes in Q1.

Most individual outreach events:

- Took place in the office (64.5%; n=51), followed by other community locations (22.7%; n=18), Non-traditional locations (6.3%; n=5), and phone (6.3%; n=5).
- Were categorized primarily under MAA 400 (97.5%; n=77).
- Were conducted in Spanish (53.2%; n=42), or English (46.8%; n=37).
- Had Medi-Cal as the most common insurance type, followed by Other Insurance (Table 1).

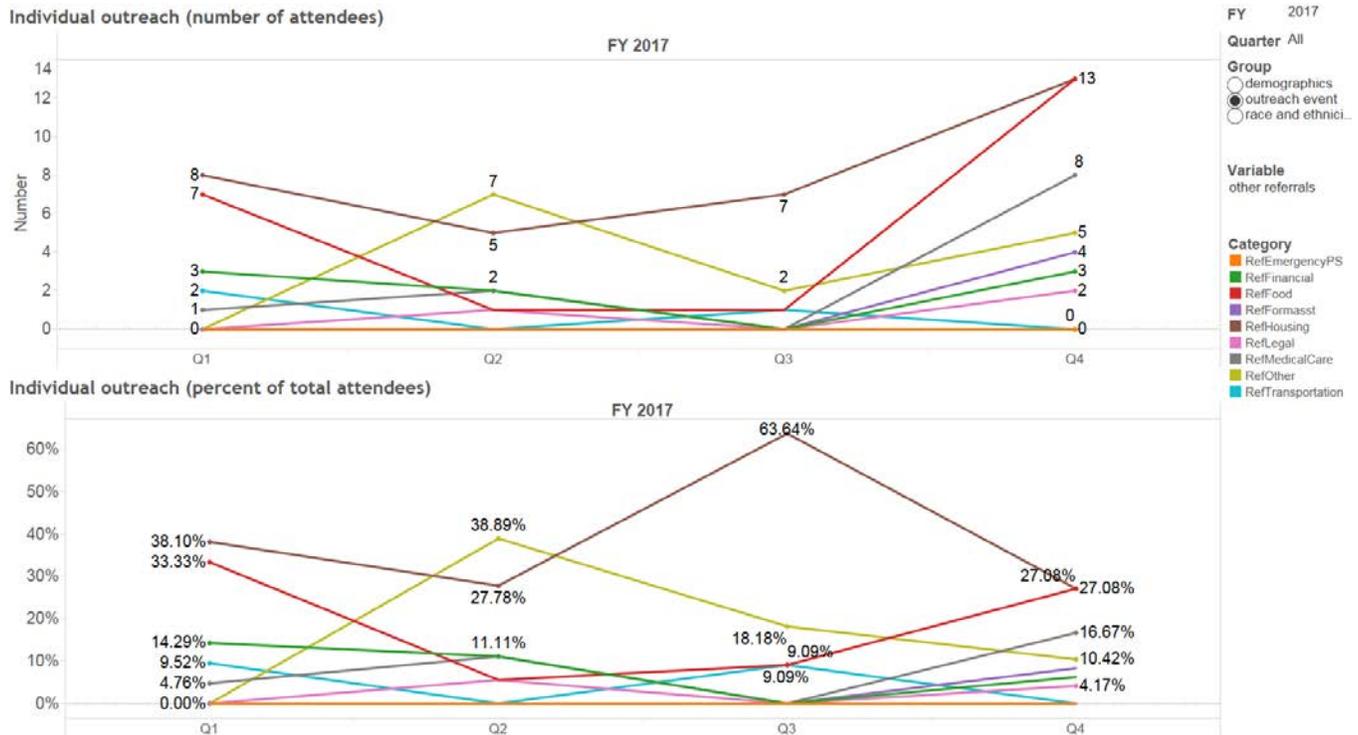
Figure 1. Type of Insurance, Q1-Q4



- Resulted in 6 mental health referrals and 2 substance abuse referrals.

- Resulted in 98 other referrals (**Figure 2**). An individual outreach event can have more than one referral, so the total number of other referrals exceeds the number of outreach events. El Concilio primarily made referrals to Housing (**33.7%**; n=33), Food (**22.4%**; n=22), other referrals (**14.3%**; n=14), Medical Care (**11.2%**; n=11), and Financial (**8.2%**; n=8).

Figure 2. Other Referrals, Q1-Q4

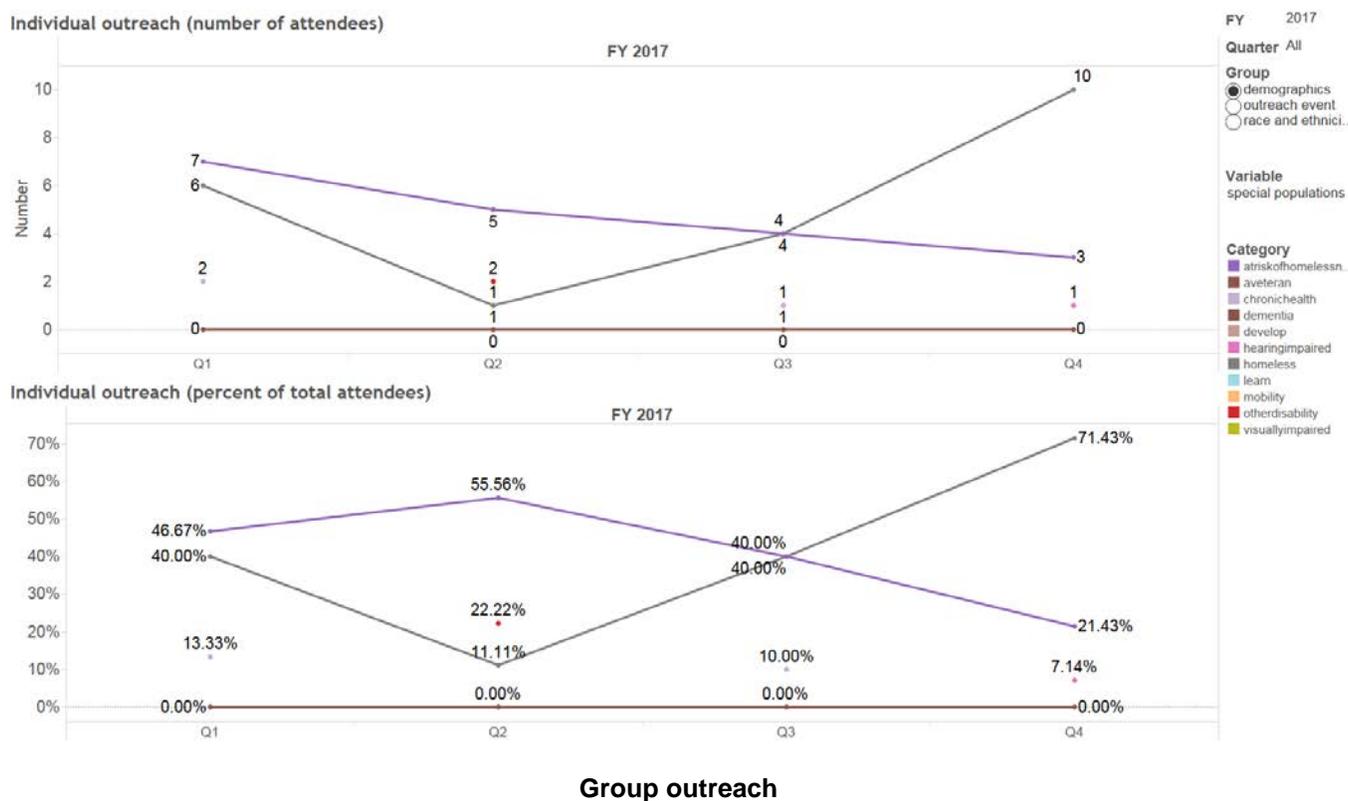


Individual outreach event attendees:

- Self-reported as female (**64.6%**; n=51) or male (**35.4%**; n=28).
- Self-reported as Heterosexual (**94.9%**; n=75), Bisexual (**2.5%**; n=2) Unknown (**1.3%**; n=1), Gay/Lesbian (**1.3%**; n=1).
- Were adults (26-59 years, **70.9%**; n=56), transition-age youth (16-25 years, **24.1%**; n=19), older adults (60+ years, **5.1%**; n=4).
- Were primarily two or more races (**31.6%**; n=25), Mexican (**29.1%**; n=23), Black (**15.2%**; n=12), or white (**8.9%**; n=7).

Special populations include those who are veterans, homeless, at risk of homelessness, hearing impaired, vision impaired, dementia, having chronic health conditions, having difficulty in mobility, learning, or development. In FY 2016-2017, El Concilio reported 48 individual outreach event attendees representing these populations in **Figure 3**.

Figure 3. Special Populations, Q1-Q4



For FY 2016-2017, El Concilio reported a total of 1 group outreach event, corresponding to 17 group outreach event attendees—all of them were in Q3. The average length of group outreach events was 40 minutes.

Most group outreach events:

- Took place in other community location that is not listed (**100%**; n=1)
- Were categorized under MAA 400 (**100%**; n=1).
- Were conducted in English (**100%**; n=1).

Group outreach event attendees:

- Self-reported as female (**82.4%**; n=14), or male (**17.6%**; n=3).
- Identified as Heterosexual (**100%**; n=17).
- Represented many races and ethnicities (**Table 1**).

Race/ethnicity	Number (%)	Race/ethnicity	Number (%)
Mexican	8 (47.1%)	Middle Eastern	1 (5.9%)
Central American	5 (29.4%)	White	1 (5.9%)
Black	2 (11.8%)		

In FY 2016-2017, El Concilio reported 17 group outreach attendees representing special populations. During FY 2016-2017, El Concilio reached attendees who were veteran (**100%**; n=17).

Appendix E. FY 2016-2017 Outreach, Free At Last

Individual outreach

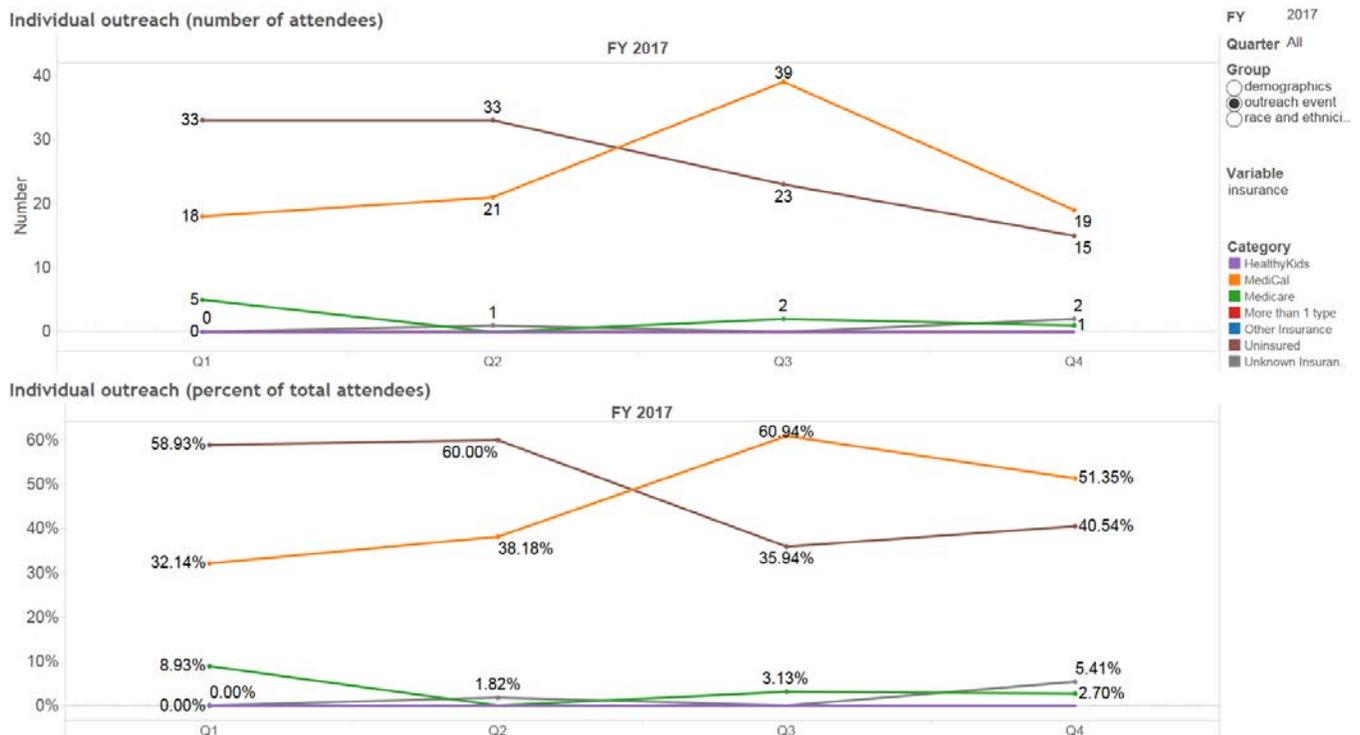
For FY 2016-2017, Free At Last reported a total of 212 individual outreach events—56 individual outreach events in Q1, 55 events in Q2, 64 events in Q3, and 37 events in Q4.

The average length of individual outreach events was 34 minutes, ranging from an average of 32 minutes in Q2 to 38 minutes in Q4.

Most individual outreach events:

- Took place primarily in unspecified locations (72.6%; n=154), and in the office (26.9%; n=57).
- Were categorized as MAA 401 (98.6%; n=209).
- Were conducted in English (76.9%; n=163) or Spanish (21.2%; n=45).
- Were mostly with the uninsured (49.1%; n=104). For those whose insurance was known, Medi-Cal was the most common insurance type (Figure 1).

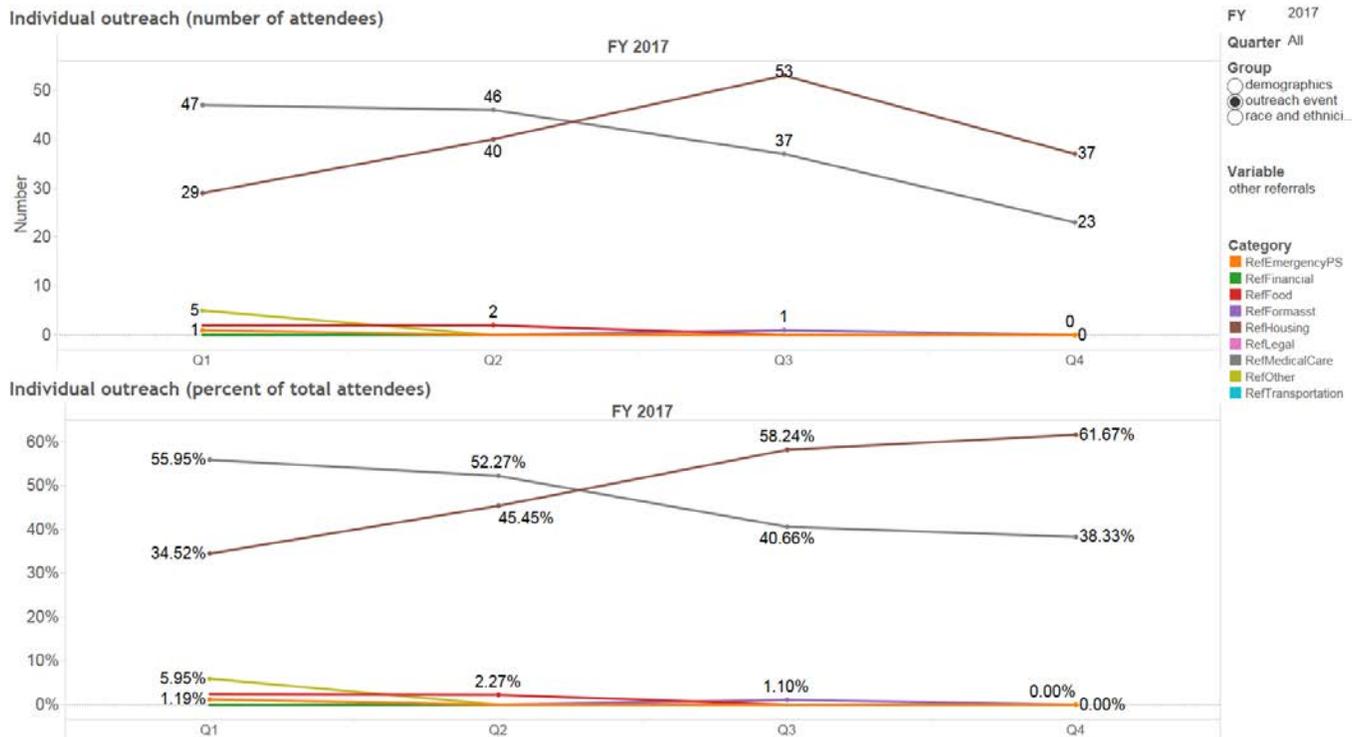
Figure 1. Type of Insurance, Q1-Q4



- Resulted in 22 mental health referrals and 108 substance abuse referrals.

- Resulted in 323 other referrals (**Figure 2**). An individual outreach event can have more than one referral, so the total number of other referrals exceeds the number of outreach events. Free At Last primarily made referrals to Housing (n=159) and Medical Care (n=153).

Figure 2. Other Referrals, Q1-Q4

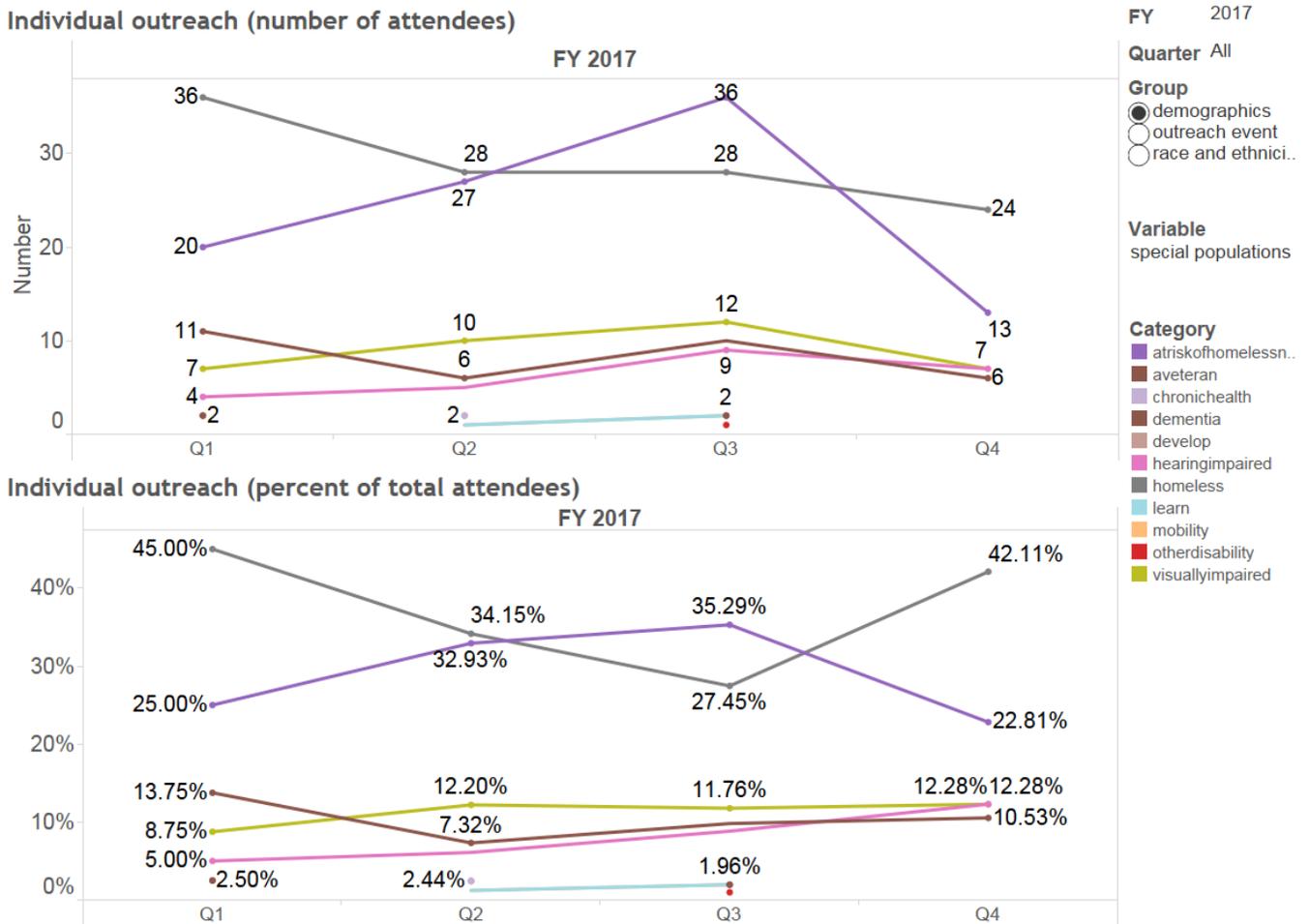


Individual outreach event attendees:

- Self-reported as male (**56.6%**; n=120), female (**43.4%**; n=92).
- Self-reported as Heterosexual (**64.6%**; n=137), Bisexual (**20.8%**; n=44), Gay/Lesbian (**12.7%**; n=27), Queer (**1.4%**; n=3), and Questioning (**<1%**; n=1).
- Were adults (26-59 years, **70.8%**; n=150), transition-age youth (16-25 years, **19.3%**; n=41), older adults (60+ years, **9.4%**; n=20), or children (0-15 years, **<1%**; n=1).
- Were primarily Black (**50.9%**; n=108), Mexican (**21.7%**; n=46), White (**9.9%**; n=21), Filipino (**6.6%**; n=14) and with two or more races (**2.8%**; n=6).

Special populations include those who are veterans, homeless, at risk of homelessness, hearing impaired, vision impaired, dementia, having chronic health conditions, having difficulty in mobility, learning, or development. In FY 2FY 2016-2017, Free At Last reported 321 individual outreach attendees representing these populations (**Figure 3**).

Figure 3. Special Populations, Q1-Q4



Group outreach

Free At Last did not report any data on group outreach encounters during FY 2016-2017.

Appendix F. FY 2016-2017 Outreach, Multicultural Counseling and Education Services of the Bay Area

Individual outreach

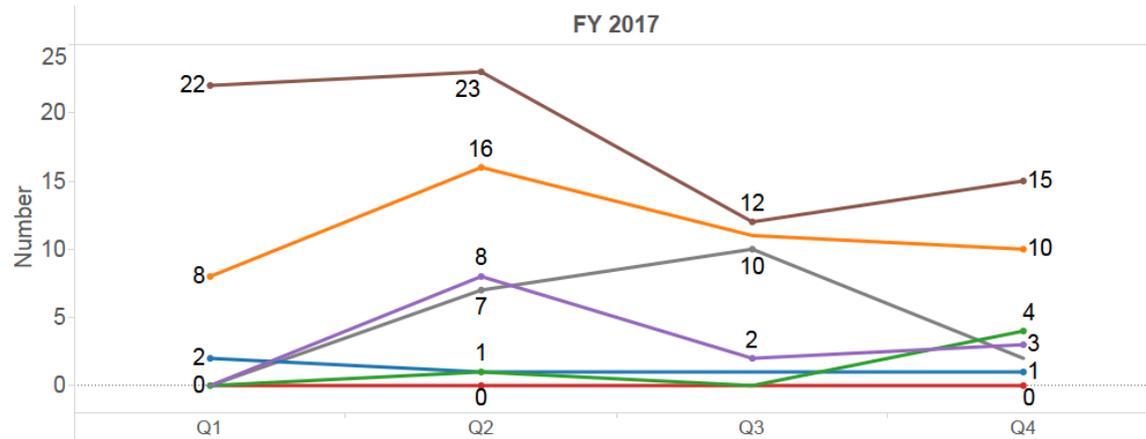
For FY 2016-2017, Multicultural Counseling and Education Services of the Bay Area (MCESBA) reported a total of 159 individual outreach events—32 individual outreach events in Q1, 56 events in Q2, 36 events in Q3, and 35 events in Q4. The average length of individual outreach events is 56 minutes, ranging from an average of 45 minutes in Q4 to 61 minutes in Q1 and Q2.

Most individual outreach events:

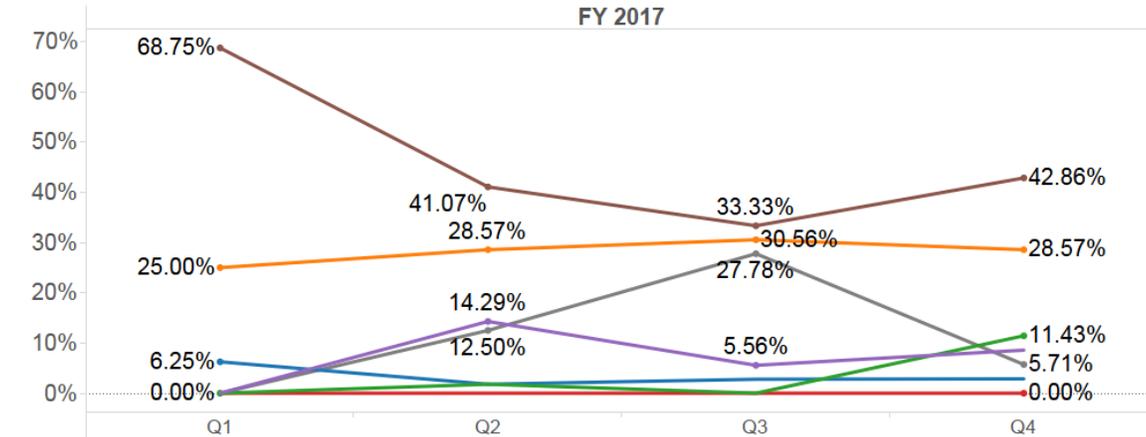
- Took place in home (**25.8%**; n=41), phone (**19.5%**; n=31), unspecified locations (**14.4%**; n=23), school (**10.1%**; n=16), non-traditional locations (**8.8%**; n=14), age-specific community center (**4.4%**; n=7), and other community locations (**4.4%**; n=7).
- Were categorized under MAA 400 (**100%**; n=159).
- Were conducted in English (**65.4%**; n=104), Tongan (**19.5%**; n=31), Samoan (**11.3%**; n=18), or Spanish (<1%; n=1).
- Were mostly with the uninsured (n=72). For those whose insurance was known, Medi-Cal was most common insurance type (**Figure 1**).

Figure 1. Types of Insurance, Q1-Q4

Individual outreach (number of attendees)

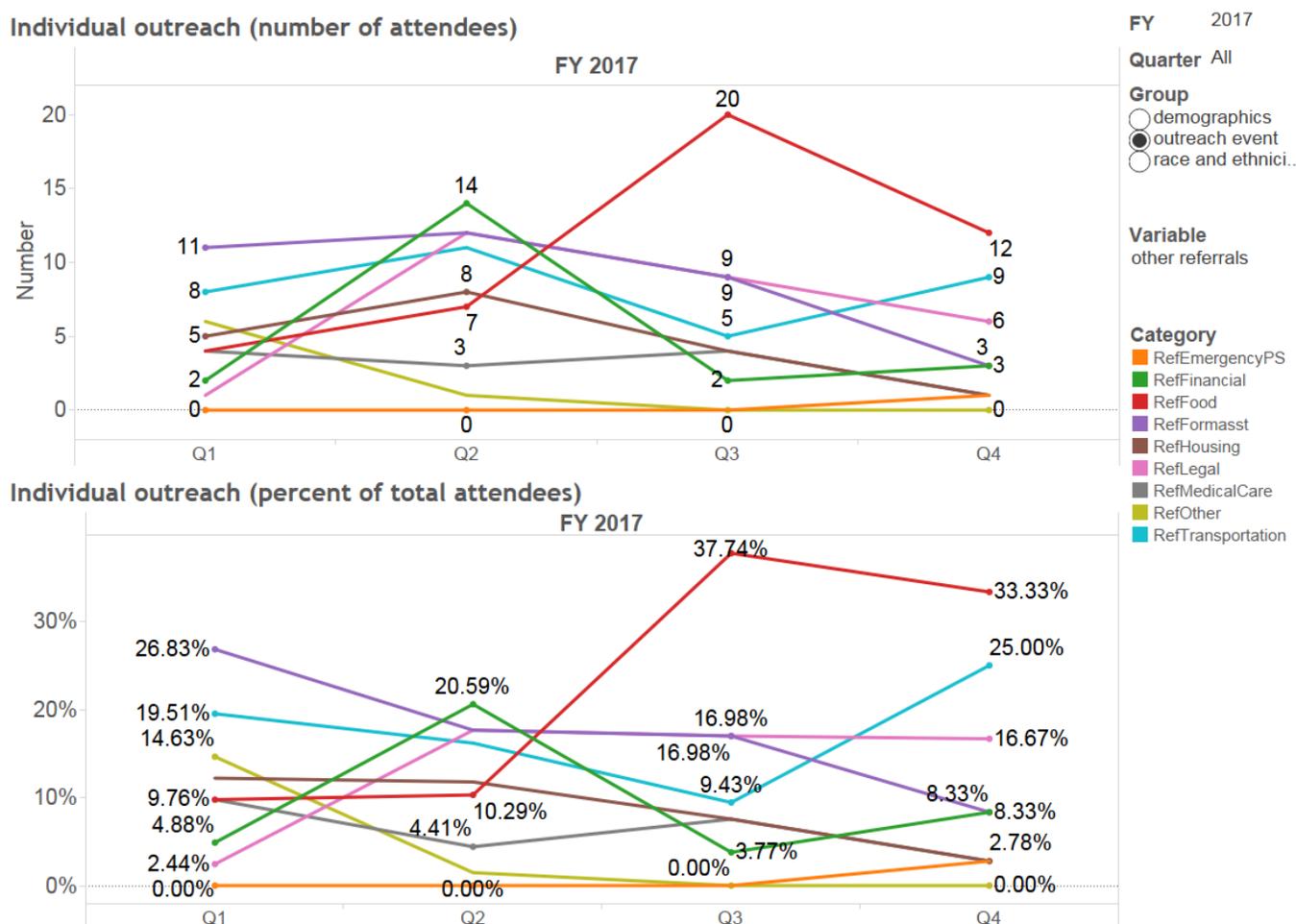


Individual outreach (percent of total attendees)



- Resulted in 35 mental health referrals and 4 substance abuse referrals.
- Resulted in 198 other referrals (**Figure 2**). An individual outreach event can have more than one referral, so the total number of other referrals exceeds the number of outreach events. MCESBA primarily made referrals to Food (n=43), Form Assistance (n=35), Transportation (n=33), Legal (n=28), Financial (n=21), Housing (n=18), Medical Care (n=12), and other referrals (n=7).

Figure 2. Other Referrals, Q1-Q4

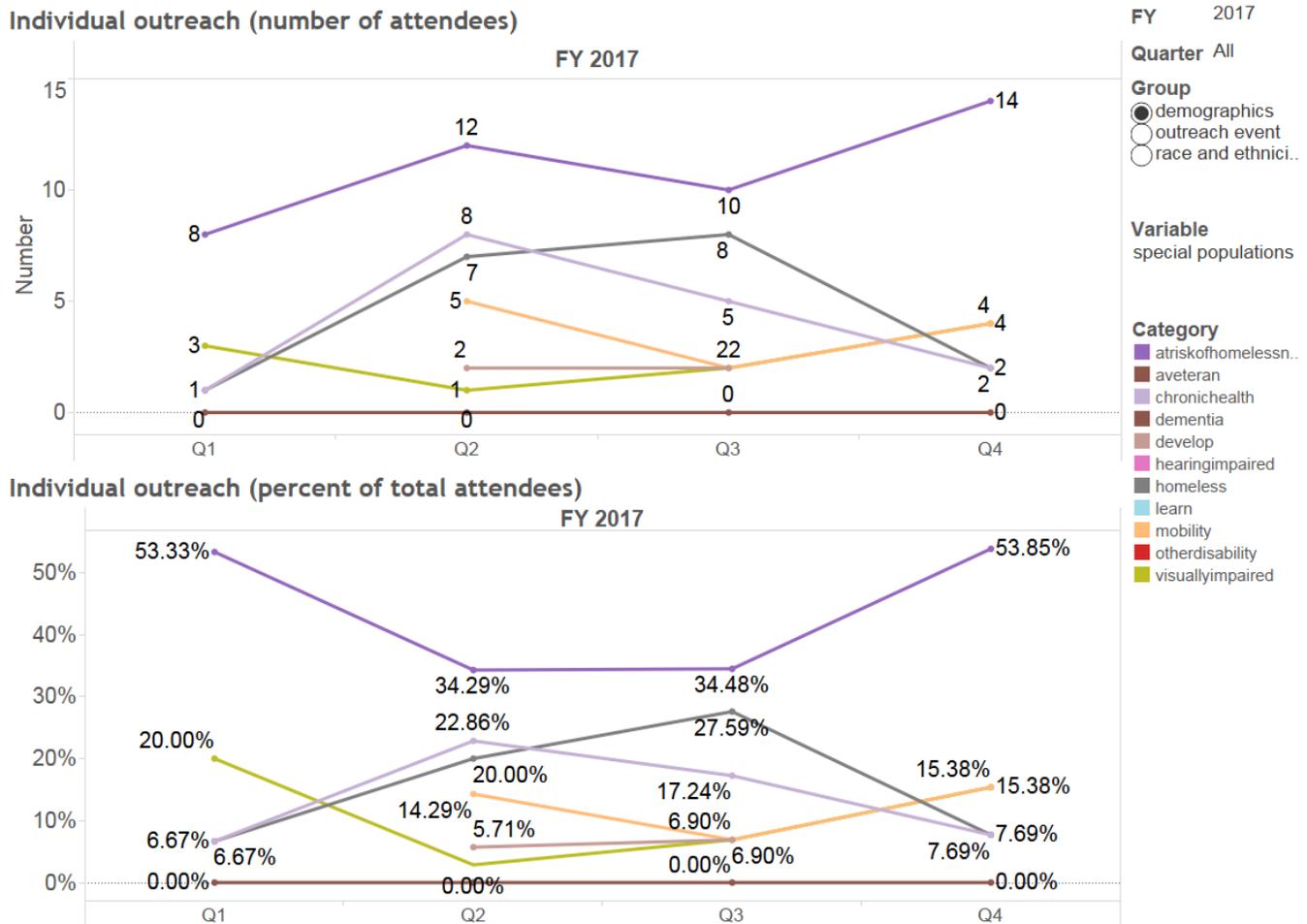


Individual outreach event attendees:

- Self-reported as female (**50.3%**; n=80), male (**49.7%**; n=79).
- Self-reported as Heterosexual (**88.1%**; n=140), Bisexual (**4.4%**; n=7), Gay/Lesbian (**4.4%**; n=7), Unknown (**1.9%**; n=3) and Questioning (**1.3%**; n=2).
- Were transition-age youth (16-25 years, **65.4%**; n=104), adults (26-59 years, **25.8%**; n=41), and older adults (60+ years, **8.8%**; n=14).
- Were primarily Tongan (**47.2%**; n=75), two or more races (**18.9%**; n=30), Samoan (**15.7%**; n=25), Black (**8.2%**; n=13), and White (**4.4%**; n=7).

Special populations include those who are veterans, homeless, at risk of homelessness, hearing impaired, vision impaired, dementia, having chronic health conditions, having difficulty in mobility, learning, or development. In FY 2016-2017, MCESBA reported 105 individual outreach event attendees representing these populations (**Figure 3**).

Figure 3. Special Populations, Q1-Q4



Group outreach

For FY 2016-2017, MCESBA reported a total of 9 group outreach events, corresponding to 156 group outreach event attendees—17 attendees in Q1, 21 attendees in Q2, 109 attendees in Q3, and 9 attendees in Q4. The average length of group outreach events is 78.3 minutes, ranging from an average of 30 minutes per event in Q4 to 165 minutes per event in Q3.

Most group outreach events:

- Took place in the home (**33.3%**; n=3), followed by faith-based church/temple (**22.2%**; n=2), other community locations (**22.2%**; n=2), and school (**22.2%**; n=2).
- Were categorized under MAA 400 (**100%**; n=9).
- Were conducted in English (**55.6%**; n=5), Tongan (**33.3%**; n=3), and Samoan (**11.1%**; n=1)

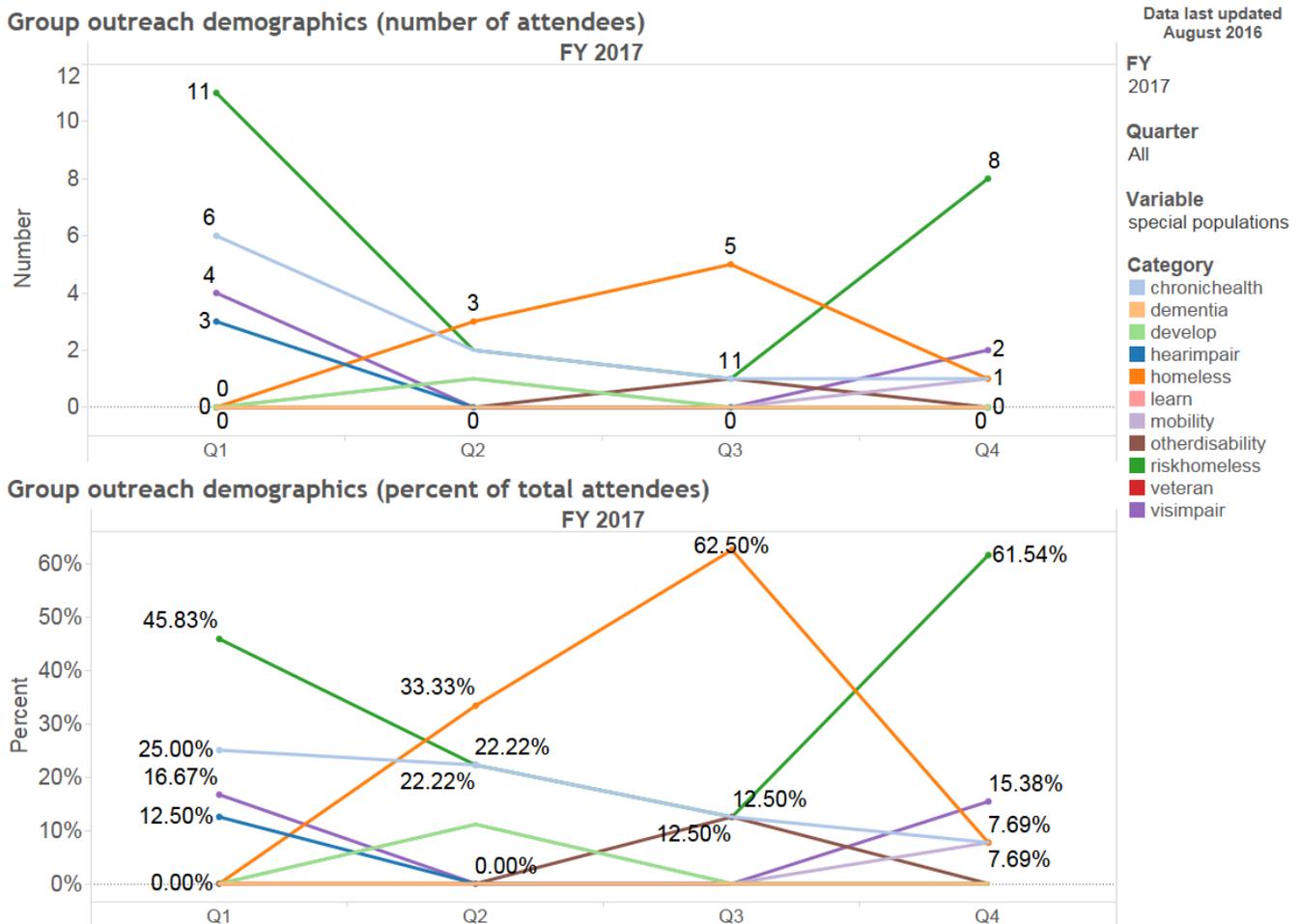
Group outreach event attendees:

- Self-reported as male (**57.1%**; n=89) or female (**42.9%**; n=67)
- Self-reported as Heterosexual (**96.2%**; n=50), Bisexual (**1.9%**; n=1) and Queer (**1.9%**; n=1)
- Represented many races and ethnicities (**Table 1**).

Race/ethnicity	Number (%)
Unknown race	92 (59.0%)
Tongan	38 (24.4%)
Samoan	11 (7.1%)
Black	8 (5.1%)
White	5 (3.2%)
Mexican	1 (<1%)
Two or more races	1(<1%)

In FY 2016-2017, MCESBA reported 54 group outreach event attendees representing special populations, with the majority of that outreach occurring in Q1 as presented in **Figure 4**. During FY 2016-2017, MCESBA most commonly reached attendees who were at risk for homelessness (n=22), having chronic health conditions (n=10), and/or homeless (n=9); these categories are not mutually exclusive.

Figure 4. Populations of Interest, Q1-Q4



Appendix G. FY 2016-2017 Outreach, Pacifica Collaborative

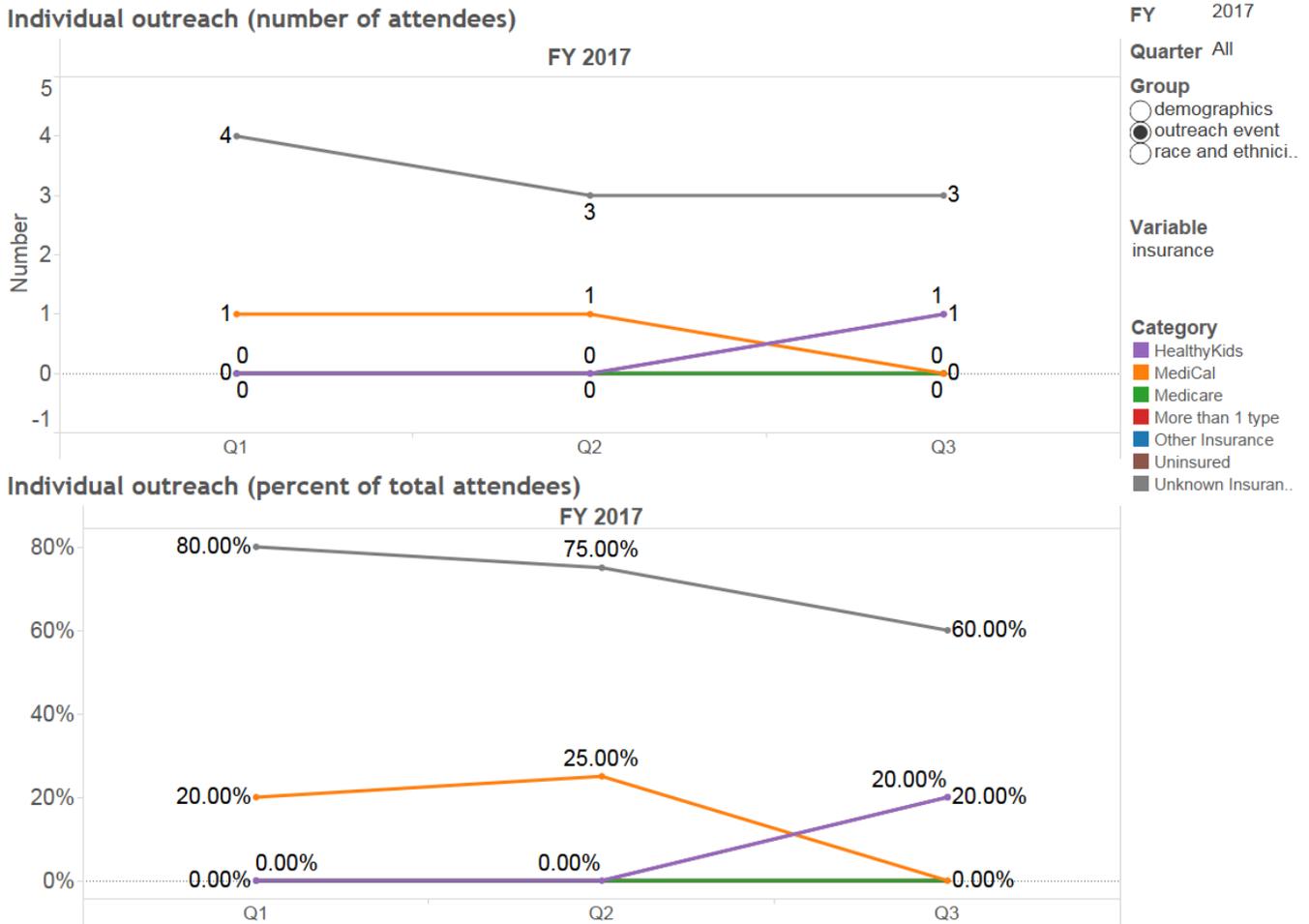
Individual outreach

For FY 2016-2017, Pacifica Collaborative reported a total of 14 individual outreach events—5 individual outreach events in Q1, 4 events in Q2, and 5 events in Q3. No individual outreach data was reported for Q4. The average length of individual outreach events was 26 minutes, ranging from an average of 18 minutes in Q2 to 29 minutes in Q1.

Most individual outreach events:

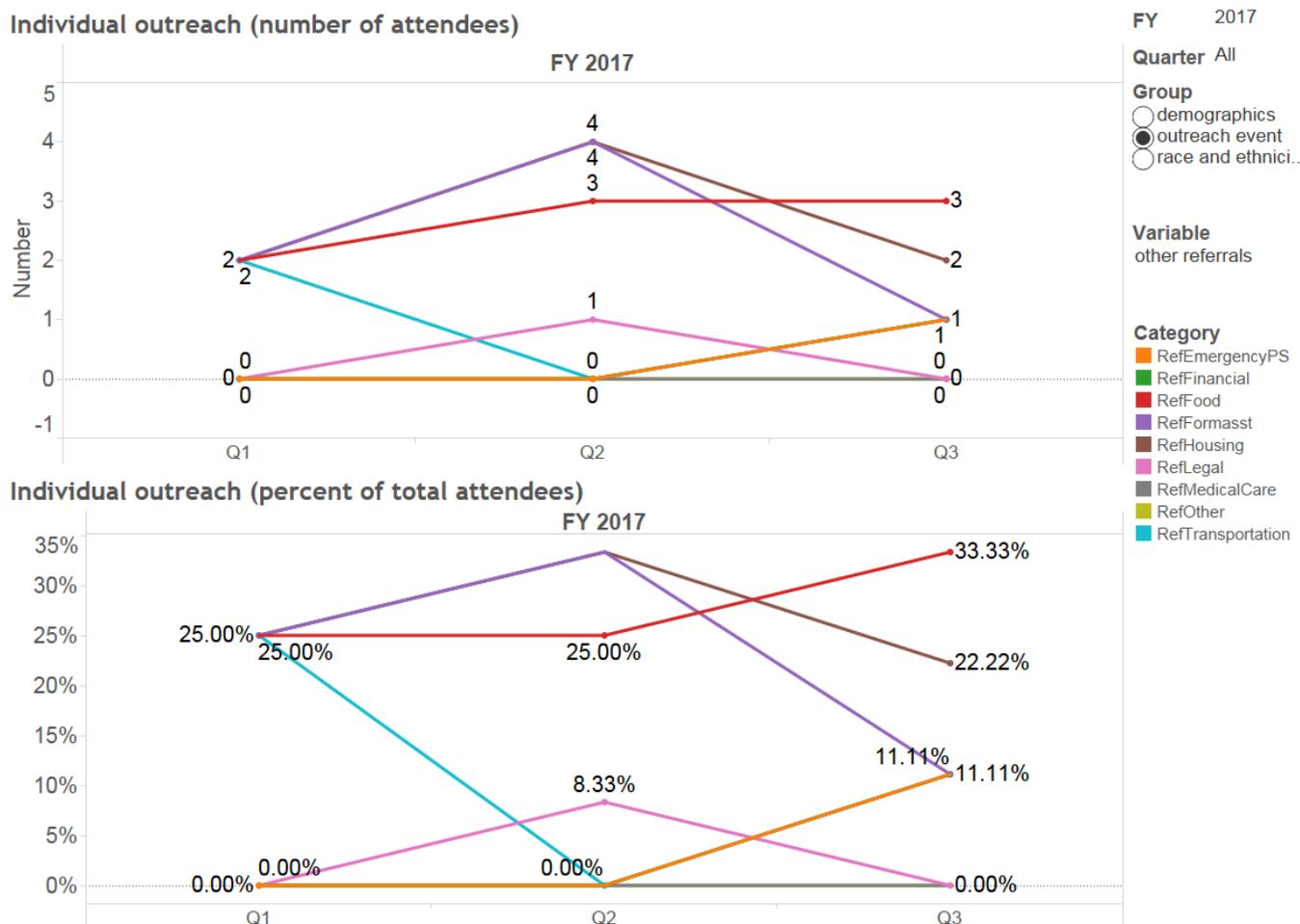
- Took place in other community location (**50.0%**; n=7), followed by faith-based churches/temples (**42.9%**; n=6) and school (**7.1%**; n=1).
- Were categorized under MAA 400 (**7.1%**; n=1). Most were reported as N/A (**92.9%**; n=13).
- Were conducted in English (**100%**; n=14).
- Were mostly with the unknown insurance (n=10). For those whose insurance was known, Medi-Cal was most common insurance type (**Figure 1**).

Figure 1. Types of Insurance, Q1-Q4



- Resulted in 11 mental health referrals and 3 substance abuse referrals.
- Resulted in 29 other referrals (**Figure 2**). An individual outreach event can have more than one referral, so the total number of other referrals exceeds the number of outreach events. Pacifica Collaborative primarily made referrals to Food (n=8), Housing (n=8), Form Assistance (n=7), and Transportation (n=3).

Figure 2. Other Referrals, Q1-Q4

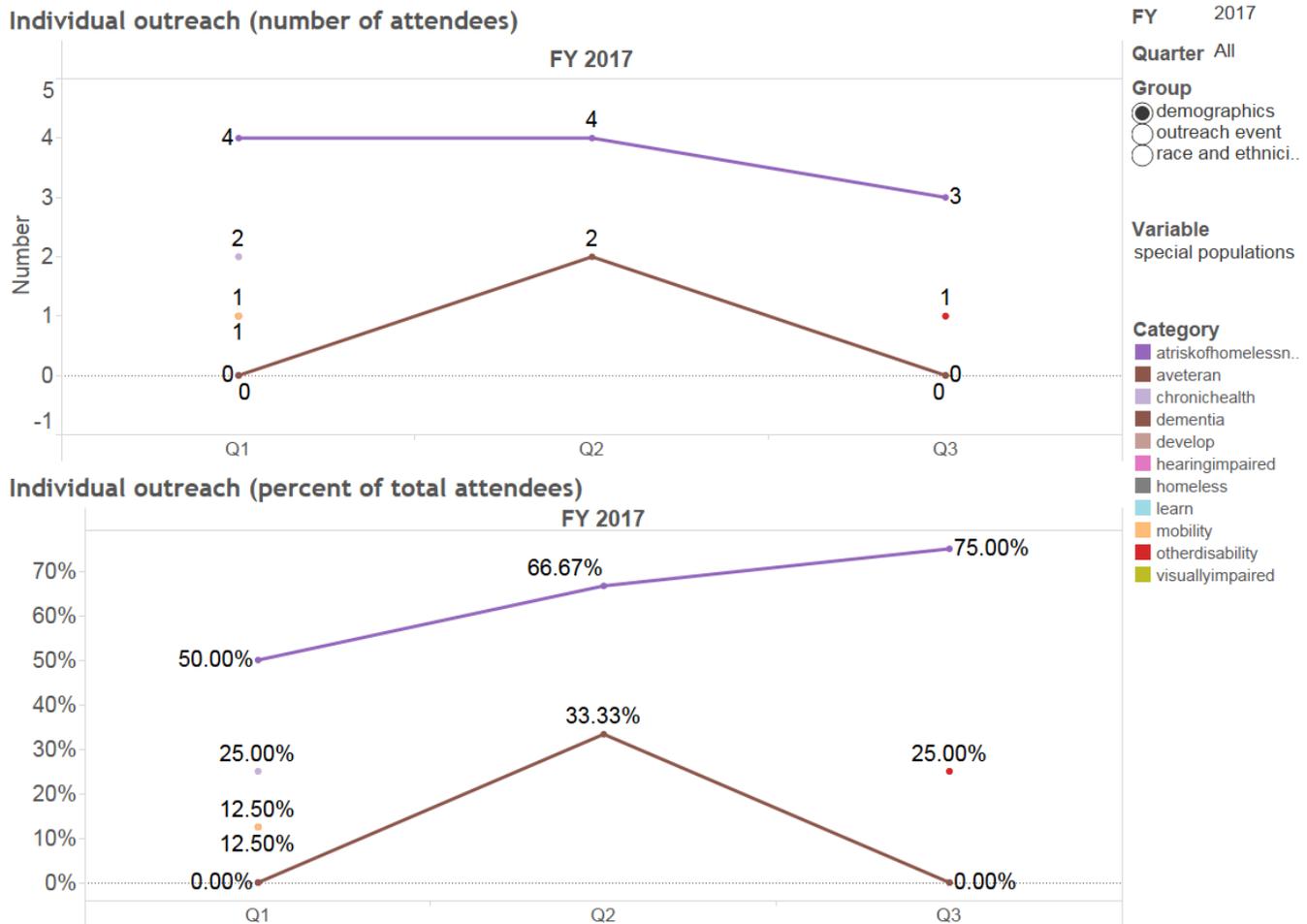


Individual outreach event attendees:

- Self-reported as male (**50.0%**; n=7) or female (**50.0%**; n=7).
- Self-reported as unknown sex orientation (**53.8%**; n=7), Heterosexual (**38.5%**; n=5), and Gay/Lesbian (**7.7%**; n=1).
- Were adults (26-59 years, **71.4%**; n=10), transition-age youth (16-25 years, **14.3%**; n=2), children (0-15 years, **7.1%**; n=1), or older adults (60+ years, **7.1%**; n=1).
- Were primarily White (**85.7%**; n=12), Black (**7.1%**; n=1), and other race (**7.1%**; n=1).

Special populations include those who are veterans, homeless, at risk of homelessness, hearing impaired, vision impaired, dementia, having chronic health conditions, having difficulty in mobility, learning, or development. In FY 2016-2017, Pacifica Collaborative reported 18 individual outreach attendees representing these populations. (**Figure 3**).

Figure 3. Special Populations, Q1-Q4



Group outreach

For FY 2016-2017, Pacifica Collaborative reported a total of 15 group outreach events, corresponding to 2,736 group outreach event attendees—1,514 attendees in Q1, 949 attendees in Q2, and 273 attendees in Q3. Pacifica Collaborative did not report any group outreach events during Q4. The average length of group outreach events is 105.7 minutes, ranging from an average of 90 minutes per event in Q3 to 110 minutes in Q1.

Most group outreach events:

- Took place in other community locations (**73.3%**; n=11) and faith-based churches/temples (**26.7%**; n=4).
- Were categorized under MAA 400 (**6.7%**; n=1). **93.3%** (n=14) were reported under N/A.
- Were conducted in English (**100%**; n=15).

Group outreach event attendees:

- Self-reported as female (**59.1%**; n=1,615), male (**37.4%**; n=1,023), or other gender (**3.5%**; n=96).
- Self-reported as unknown sex orientation (**55.0%**; n=310), Heterosexual (**36.3%**; n=205), and Gay/Lesbian (**5.0%**; n=28), or Bisexual (**3.7%**; n=21)
- Represented many races and ethnicities (**Table 1**).

Table 1. Group Outreach Attendees by Race/Ethnicity			
Race/ethnicity	Number (%)	Race/ethnicity	Number (%)
White	1,741 (47.8%)	Korean	45 (1.2%)
Mexican	905 (24.8%)	Middle Eastern	39 (1.1%)
Unknown Race	189 (5.2%)	Tongan	26 (0.7%)
Filipino	152 (4.2%)	Puerto Rican	24 (0.7%)
Other Race	99 (2.7%)	Cuban	9 (0.2%)
Two or more races	80 (2.2%)	Hawaiian	9 (0.2%)
Black	72 (2.0%)	Central American	6 (0.2%)
Chinese	67 (1.8%)	South Asian	5 (0.1%)
American Indian	64 (1.8%)	Vietnamese	5 (0.1%)
Japanese	53 (1.5%)	South American	2 (0.1%)
Samoan	53 (1.5%)		

* Total counts for race/ethnicity are larger than the total number of group outreach attendees reported because providers may have classified an attendee under several race/ethnicity categories and as “two or more races.”

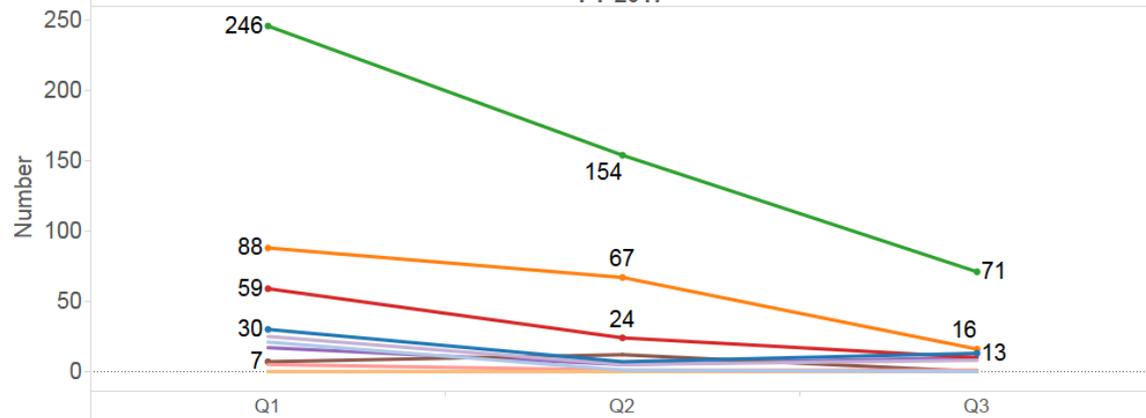
In FY 2016-2017, Pacifica Collaborative reported 903 group outreach event attendees representing special populations (**Figure 4**). During FY 2016-2017, Pacifica Collaborative most commonly reached attendees who are at risk for homelessness (n=471), homeless (n=171); and/or veterans (n=93), these categories are not mutually exclusive.

Figure 4. Populations of Interest, Q1-Q4

Data last updated
August 2016

Group outreach demographics (number of attendees)

FY 2017



FY
2017

Quarter
Multiple values

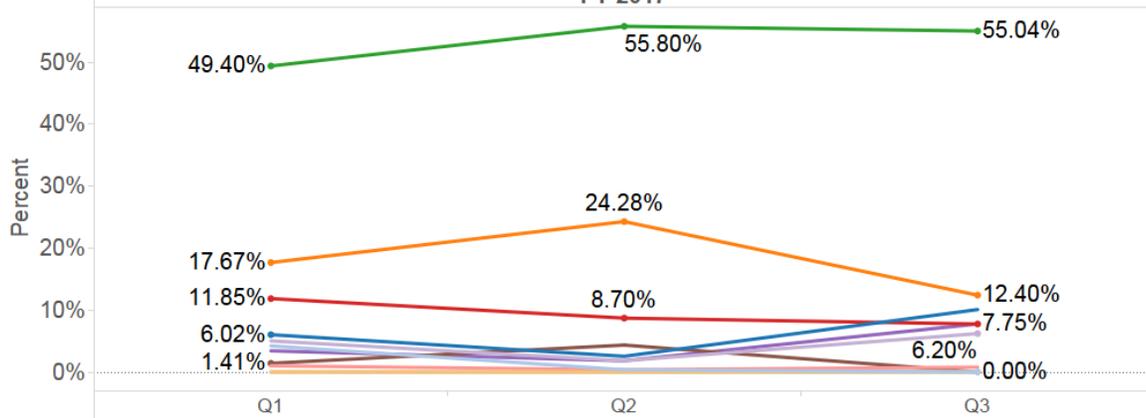
Variable
special populations

Category

- chronichealth
- dementia
- develop
- hearimpair
- homeless
- learn
- mobility
- otherdisability
- riskhomeless
- veteran
- visimpair

Group outreach demographics (percent of total attendees)

FY 2017



Appendix H. FY 2016-2017 Outreach, Pyramid Alternatives

Individual outreach

For FY 2016-2017, Pyramid Alternatives did not report any individual outreach events.

Group outreach

For FY 2016-2017, Pyramid Alternatives reported a total of 2 group outreach events, corresponding to 37 group outreach event attendees—all attendees in Q1. The average length of group outreach events was 120 minutes.

Most group outreach events:

- Took place in faith-based church/temple (**50.0%**; n=1) or unspecified location (**50.0%**; n=1).
- Were categorized under MAA 400 (**100%**; n=2).
- Were conducted in English (**50.0%**; n=1) or Mandarin (**50.0%**; n=1).

Group outreach event attendees:

- Self-reported as female (**62.2%**; n=23), male (**29.7%**; n=11), or other gender (**8.1%**; n=3).
- Self-reported as Heterosexual (**86.7%**; n=13), unknown sex orientation (**6.3%**; n=1), and other (**6.3%**; n=1).
- Represented many races and ethnicities (**Table 1**).

Race/ethnicity	Number (%)
Chinese	26 (70.3%)
Filipino	4 (10.8%)
White	4 (10.8%)
Mexican	2 (5.4%)
Black	1 (2.7%)

In FY 2016-2017, Pyramid Alternatives reported 3 group outreach event attendees representing special populations (**Figure 2**). During FY 2016-2017, Pyramid Alternatives most commonly reached attendees who are veteran (n=2), and/or vision impaired (n=1); these categories are not mutually exclusive.

Appendix I. Methods

For the **individual outreach forms**, we report the number and percent of attendees with a given demographic characteristic.

- Numerator = number of attendees in a given category (e.g., location in the office setting), per quarter
- Denominator = total number of attendees, per quarter

For the **group outreach forms**, we report the number of group outreach events and total number of attendees during an event.

For Medicaid Administrative Activities (MAA) codes, location, and language, we report the number and percent of group events.

- Numerator = number of group event(s) with a certain MAA code, location, or language, per quarter
- Denominator = total number of group events, per quarter

Demographic characteristics are reported as the number and percent of attendees.

- Numerator = number of attendees in a given category (e.g., race), per quarter
- Denominator = total number of attendees, per quarter

ABOUT AMERICAN INSTITUTES FOR RESEARCH

Established in 1946, with headquarters in Washington, D.C., American Institutes for Research (AIR) is an independent, nonpartisan, not-for-profit organization that conducts behavioral and social science research and delivers technical assistance both domestically and internationally. As one of the largest behavioral and social science research organizations in the world, AIR is committed to empowering communities and institutions with innovative solutions to the most critical challenges in education, health, workforce, and international development.



AMERICAN INSTITUTES FOR RESEARCH®

2800 Campus Drive, Suite 200
San Mateo, CA 94403

www.air.org

Making Research Relevant

LOCATIONS

Domestic

Washington, D.C.
Atlanta, GA
Austin, TX
Baltimore, MD
Cayce, SC
Chapel Hill, NC
Chicago, IL
Columbus, OH
Frederick, MD
Honolulu, HI
Indianapolis, IN
Metairie, LA
Naperville, IL
New York, NY
Rockville, MD
Sacramento, CA
San Mateo, CA
Waltham, MA

International

Egypt
Honduras
Ivory Coast
Kyrgyzstan
Liberia
Tajikistan
Zambia