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

**FY 2017-2018**

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JUNE 2019

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**June 2019**

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## 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) 2017-2018 (July 1, 2017 through June 30, 2018). We also present some historical data since FY 2014-2015 to show how outreach has changed over time.

### Total Attendance

For FY 2017-2018, SMC BHRS providers reported a total of 4,767 attendees at all outreach events. Of these, 696 attendees were reached through individual outreach events and 4,071 attendees were reached across 57 group outreach events.

### Demographics of outreach attendees

#### NCOC

NCOC's most common age group among outreach attendees was adults (37%). Over half of individual and group outreach attendees were female (59%). The greatest proportion of attendees were White (26%), followed by Filipino (13%). Insurance status was largely unreported. Some 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, 53% percent were homeless or were at-risk for homelessness.

#### EPAPMHO

EPAPMHO outreach attendees were largely adults (56%). Over half of individual and group outreach attendees were female (54%). Most attendees reported Medi-Cal insurance (56%), but many reported not having insurance (26%). The largest proportion of attendees were Black (36%). Of those reporting special population status, 66% were homeless or were at-risk for homelessness.

## Outreach event characteristics

### NCOC

The average length of NCOC individual outreach events was 44.3 minutes in FY 2017-2018. Of all the 230 individual outreach events, most occurred in other community locations (44%). Among the 101 individual outreach events which occurred in other community locations, most cited were “San Mateo County Fairgrounds” and “Frontierland Park”. Other locations cited include Pacifica Drop in Differential Response and San Mateo Drop in Differential Response.

Of the individual outreach events, 17% used Medicaid Administrative Activities (MAA) code 401 (Discounted Medi-Cal outreach). Most were in English (92%). Some included mental health referrals (31%) and substance abuse referrals (4%). Providers also made 343 referrals to other services, including emergency/protective service, financial/employment, food, form assistance, housing/shelter, legal services, medical care and transportation.

NCOC group outreach events lasted 115.77 minutes on average. Of all the 57 group outreach events, most were conducted in English (75%) and among the 7 group outreach events held in other community locations (18%), most were cited as being held in “San Mateo County Fairgrounds” and “Mall”. Other locations cited include Edgewood Drop-In Center, Frontierland Park Pacifica and Pacifica Fog Fest. These events most frequently used MAA code 401 (Discounted Medi-Cal outreach, 9%).

### EPAPMHO

The 466 EPAPMHO individual outreach events were an average of 37.5 minutes each. These events were typically administered in English (69%), occurred in unspecified locations (37%) and used MAA code 400 (Medi-Cal outreach, 24%). EPAPMHO individual outreach events also included mental health referrals (31%) and substance abuse referrals (37%). A total of 669 referrals were made to other services, including emergency/protective service, financial/employment, food, form assistance, housing/shelter, legal services, medical care, transportation and health insurance.

Of the two EPAPMHO group outreach events, the average event lasted 45 minutes. Both group outreach events were conducted in English (100%) and in Faith-based Church/Temple (100%). One event used MAA code 400 (Medi-Cal outreach, 50%).

## Recommendations

We have several recommendations based on FY 2017-2018 data. These recommendations fall under three umbrellas: those aimed at enhancing outreach, those to improve data collection, and discussion points for changing the reporting structure for next year.

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.
- Focus on increasing housing-related resources and referrals. Housing insecurity continues to be a major challenge for individuals served by SMC BHRS.

To improve data collection, we recommend SMC BHRS work with providers to:

- Ensure that all data have been obtained from outreach providers.
- Make other/unspecified data categories clearer.

To improve the report structure for outreach, we recommend an open discussion with SMC BHRS. Specifically, we have the following ideas for improving the report.

- The report could rely less on erratic quarterly data.
- Certain data categories might be combined for reporting purposes, which would improve table readability and interpretability. However, it is important to ensure that SMC BHRS reporting needs are met.
- We would like to discuss revising how the special populations data are reported. Although it would mean that these data would not be comparable to previous years, we believe we can make these numbers more meaningful by describing them as a function of all individuals who attend an outreach event.

## 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) 2017-2018 (July 1, 2017 through June 30, 2018) 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 I for information about calculations.

This report focuses on EPAPMHO and NCOC's outreach events that occurred during FY 2017-2018 and outreach event attendees. We also present some historical data from FY 2014-2015, FY 2015-2016 and FY 2016-2017 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 H. As a note, the provider information for Daly City Peninsula Partnership Collaborative, Daly City Youth Health Center, Pacifica Collaborative, and StarVista in the appendix is not a reflection of the most current data that was received in May to June of 2019. Due to the timing of the data received, only the data in the main section of the report has been updated with the new data from these four organizations.

## Overall Outreach

During FY 2017-2018, SMC BHRS outreach providers reported a total of 4,767 attendees at outreach events—696 attendees reached through individual outreach events and 4,071 attendees reached across 57 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.

**Table 1** shows outreach attendees, by collaborative, provider, and event type (i.e., individual or group) for FY 2017-2018.

Table 1. Outreach Attendees, by Collaborative, Provider, and Event Type, FY 2017-2018

Provider Organization	Number of Individual Outreach Attendees	Number of Attendees at Group Outreach Events	Total Attendees Reported Across All Events**
<b>North County Outreach Collaborative (NCOC)</b>			
Asian American Recovery Services	36	190	226
Daly City Peninsula Partnership Collaborative	52	1270	1322
Daly City Youth Health Center	88	597	685
Pacifica Collaborative	33	1291	1324
StarVista	21	678	699
<b>Total (NCOC)</b>	230	4026	4256
<b>East Palo Alto Partnership for Mental Health Outreach (EPAPMHO)</b>			
El Concilio	68	38	106
Free at Last	239	0*	239
Multicultural Counseling and Education Services of the Bay Area	159	7	166
<b>Total (EPAPMHO)</b>	466	45	511
<b>Total (NCOC and EPAPMHO)</b>	696	4071	4767

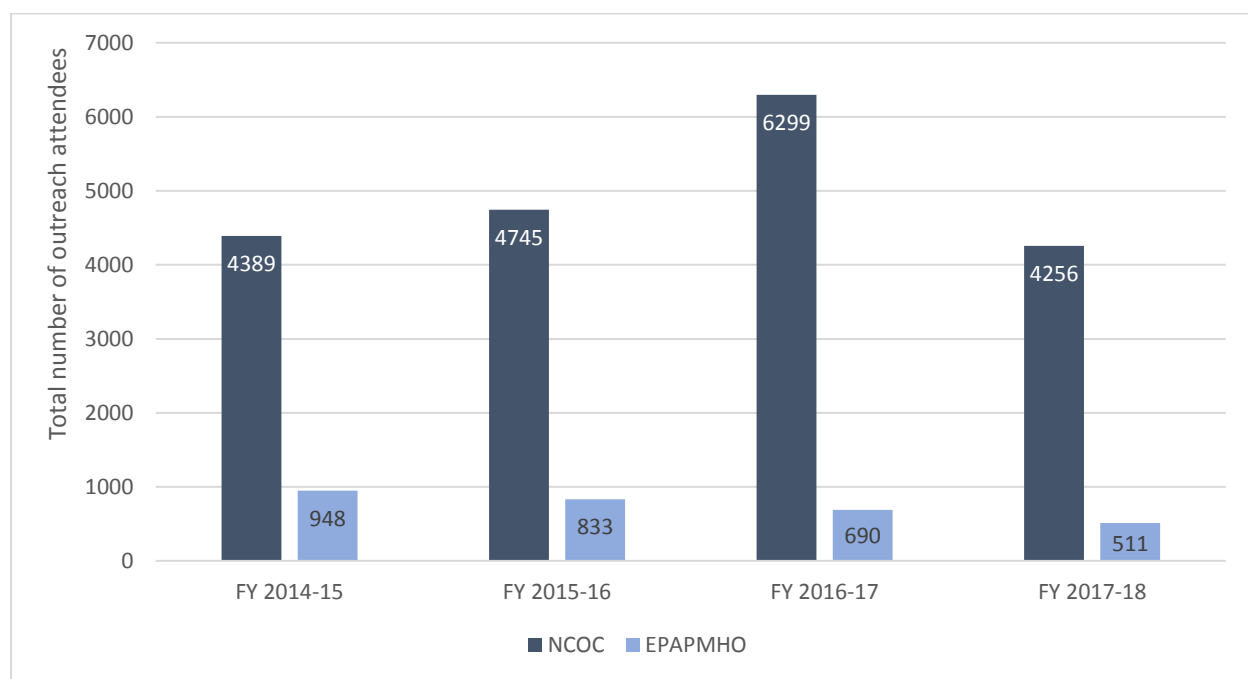
Notes: \*Providers did not report data for FY 2017-2018. \*\*Counts are not necessarily unique individuals.

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.

The total number of NCOC outreach attendees increased in FY2014-2017 and decreased in FY 2017-2018. The total number of EPAPMHO outreach attendees decreased in FY 2014-2018 (**Figure 1**).

EPAPMHO outreach numbers have been decreasing over the past three years and currently reaching about 0.36% 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 2014-2018**



Note: The attendee numbers from previous FYs are slightly higher than those reported in the previous reports because some outreach data was reported after that FY.

**Table 2** presents outreach event attendees' race/ethnicity for FY 2014-2015, FY 2015-2016, FY 2016-2017 and FY 2017-2018 within each collaborative. Increases of five percent or more between the two years are shaded in green; decreases of five percent or more are shaded in

red. Additional details on race/ethnicity by quarter for FY 2017-2018 are presented later in the report (pages 12 and 19).

Table 2. Race/Ethnicity by Collaborative, FY 2014-2015 to FY 2017-2018

Race/Ethnicity	NCOC				EPAPMHO			
	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018
Black	152 (4.1%)	153 (3.2%)	200 (2.8%)	153 (3.1%)	150 (9.1%)	205 (24.5%)	144 (22.4%)	186 (36.2%)
White	930 (25.2%)	1502 (31.5%)	2364 (32.7%)	1269 (25.5%)	444 (26.9%)	82 (9.8%)	41 (6.4%)	43 (8.4%)
American Indian	7 (0.2%)	48 (1.0%)	94 (0.3%)	43 (0.9%)	0 (0.0%)	8 (1.0%)	4 (0.6%)	1 (0.2%)
Middle Eastern	7 (0.2%)	60 (1.3%)	66 (0.9%)	64 (1.3%)	0 (0.0%)	0 (0.0%)	1 (0.2%)	0 (0.0%)
Eastern European	0 (0.0%)	0 (0.0%)	10 (0.1%)	7 (0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
European	0 (0.0%)	0 (0.0%)	6 (0.1%)	4 (0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Mexican	147 (4.0%)	260 (5.5%)	1393 (19.3%)	576 (11.6%)	43 (2.6%)	196 (23.4%)	83 (12.9%)	43 (8.4%)
Puerto Rican	1 (0.0%)	6 (0.1%)	28 (0.4%)	2 (0.0%)	1 (0.1%)	4 (0.5%)	0 (0.0%)	1 (0.2%)
Cuban	0 (0.0%)	0 (0.0%)	9 (0.1%)	0 (0.0%)	0 (0.0%)	1 (0.1%)	0 (0.0%)	0 (0.0%)
Central American	0 (0.0%)	0 (0.0%)	69 (1.0%)	255 (5.2%)	0 (0.0%)	0 (0.0%)	9 (1.4%)	5 (1.0%)
South American	0 (0.0%)	0 (0.0%)	24 (0.3%)	31 (0.6%)	0 (0.0%)	0 (0.0%)	1 (0.2%)	1 (0.2%)
Caribbean	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Other Latino	192 (5.2%)	87 (1.8%)	N/A (N/A)	N/A	228 (13.8%)	0 (0.0%)	N/A (N/A)	N/A
Asian	N/A	N/A	N/A	578 (11.7%)	N/A	N/A	N/A	0 (0.0%)
Filipino	336 (9.1%)	678 (14.2%)	794 (11.0%)	619 (12.5%)	248 (15.0%)	18 (2.2%)	17 (2.6%)	7 (1.4%)
Chinese	96 (2.6%)	246 (5.2%)	277 (3.8%)	188 (3.8%)	96 (5.8%)	2 (0.2%)	2 (0.3%)	0 (0.0%)
Japanese	11 (0.3%)	30 (0.6%)	59 (0.8%)	36 (0.7%)	3 (0.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Korean	17 (0.5%)	29 (0.6%)	45 (0.6%)	21 (0.4%)	4 (0.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
South Asian	15 (0.4%)	16 (0.3%)	44 (0.6%)	40 (0.8%)	11 (0.7%)	2 (0.2%)	2 (0.3%)	1 (0.2%)
Vietnamese	1 (0.0%)	23 (0.5%)	13 (0.2%)	6 (0.1%)	35 (2.1%)	2 (0.2%)	0 (0.0%)	0 (0.0%)
Cambodian	18 (0.5%)	1 (<0.1%)	0 (0.0%)	4 (0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Laotian	0 (0.0%)	2 (<0.1%)	0 (0.0%)	0 (0.0%)	1 (0.1%)	4 (0.5%)	0 (0.0%)	0 (0.0%)
Mien	0 (0.0%)	0 (0.0%)	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%)	N/A (N/A)	N/A	4 (0.2%)	0 (0.0%)	N/A (N/A)	N/A
Tongan	287 (7.8%)	237 (5.0%)	176 (2.4%)	30 (0.6%)	172 (10.4%)	121 (14.5%)	120 (18.7%)	88 (17.1%)
Samoa	280 (7.6%)	343 (7.2%)	346 (4.8%)	64 (1.3%)	123 (7.5%)	90 (10.8%)	49 (7.6%)	35 (6.8%)
Fijian	9 (0.2%)	24 (0.5%)	0 (0.0%)	4 (0.1%)	1 (0.1%)	14 (1.7%)	3 (0.5%)	2 (0.4%)
Hawaiian	31 (0.8%)	29 (0.6%)	40 (0.6%)	89 (1.8%)	16 (1.0%)	7 (0.8%)	2 (0.3%)	5 (1.0%)
Guamanian	10 (0.3%)	26 (0.5%)	24 (0.3%)	5 (0.1%)	1 (0.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Multi	72 (2.0%)	414 (8.7%)	651 (9.0%)	253 (5.1%)	39 (2.4%)	66 (7.9%)	70 (10.9%)	90 (17.5%)
Other Race	402 (10.9%)	101 (2.1%)	151 (2.1%)	188 (3.8%)	14 (0.8%)	2 (0.2%)	1 (0.2%)	4 (0.8%)
Unknown Race	626 (17.0%)	446 (9.4%)	348 (4.8%)	427 (8.6%)	16 (1.0%)	12 (1.4%)	93 (14.5%)	2 (0.4%)
<b>Total**</b>	<b>3684</b>	<b>4761</b>	<b>7231</b>	<b>4945</b>	<b>1650</b>	<b>836</b>	<b>642</b>	<b>514</b>

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. N/A indicates the category was not available or discontinued during the specific fiscal year.

While the NCOC has seen decreases in outreach numbers overall, there are a few key differences in the racial/ethnic demographics of the outreach attendees. In particular, there was a decrease in White participants by 7% and Mexican participants by 8% from FY 2016-2017 to FY 2017-2018.

The EPAPMHO has also seen decreases in outreach numbers overall, there are a few key differences in the racial/ethnic demographics of the outreach attendees. In particular, there was a decrease in unknown race participants by 14% from FY 2016-2017 to FY 2017-2018. There were increases in Black participants by 14% and multi-racial participants by 7%, from FY 2016-2017 to FY 2017-2018. These shifts in the racial/ethnic makeup of outreach participants are discussed further under the Recommendations section of this document.

**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, FY 2016-2017 and FY 2017-2018.

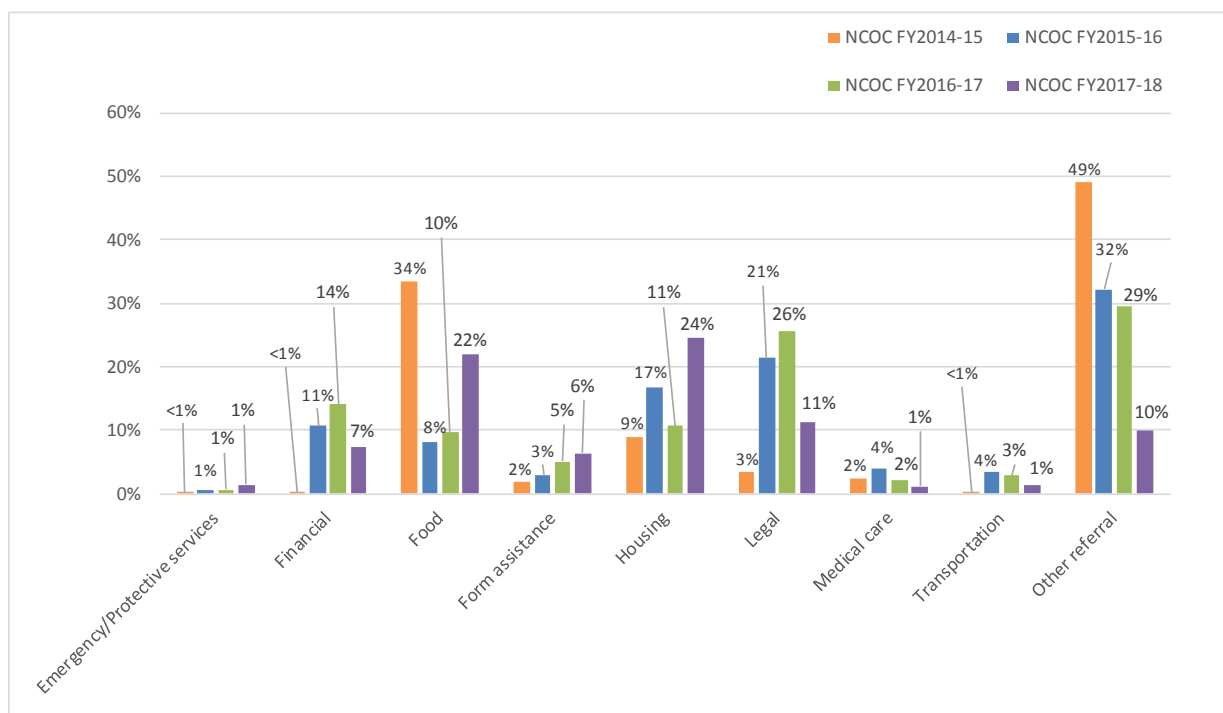
Table 3. Mental Health/Substance Abuse referrals by Collaborative, FY 2014-2015 to FY 2017-2018

	NCOC				EPAPMHO			
	2014-2015	2015-2016	2016-2017	2017-2018	2014-2015	2015-2016	2016-2017	2017-2018
Mental Health Referrals	67 (14.9%)	159 (44.9%)	119 (45.9%)	71 (30.9%)	80 (17.8%)	200 (26.2%)	64 (13.6%)	143 (30.7%)
Substance Abuse Referrals	33 (7.3%)	51 (14.4%)	27 (10.4%)	10 (4.3%)	202 (44.9%)	229 (30.0%)	115 (24.5%)	173 (37.1%)

**Figure 2 and Figure 3** present referrals to social services in FY 2014-2015, FY 2015-2016, FY 2016-2017 and FY 2017-2018 by each collaborative. The percentages represent percent of total attendee referrals to social services.

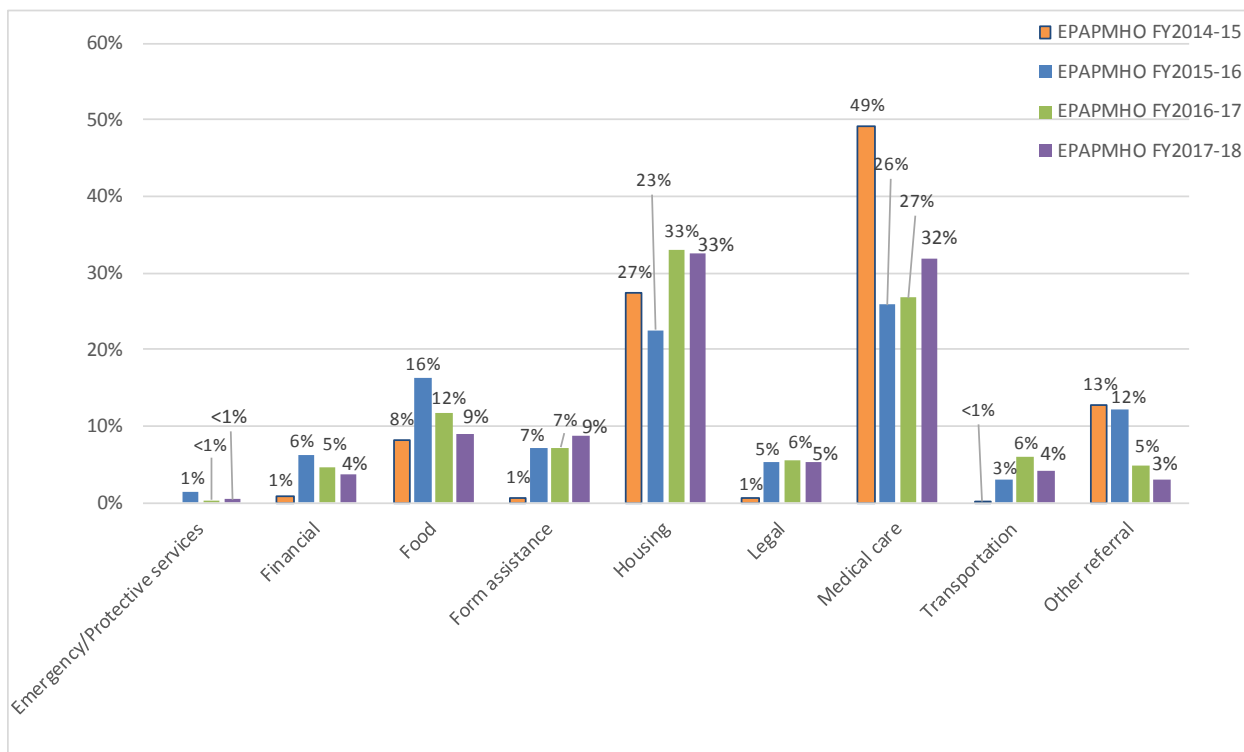
- In FY 2017-2018, NCOC had 343 referrals to social services, as compared to 496 referrals in FY 2016-2017 and 485 referrals in FY 2015-2016 and 379 referrals in FY 2014-2015. In FY 2017-2018, EPAPMHO had 669 referrals to social services, as compared to 652 in FY 2016-2017 referrals and 1,433 referrals in FY 2015-2016 and 438 referrals in FY 2014-2015.
- In FY 2017-2018, NCOC had decreases in the percent of financial, legal, medical care, transportation, and other referrals compared to the prior two FYs. Percent of referrals to food, form assistance, and housing assistance had increased.
- In FY 2017-2018, EPAPMHO had decreases in the percent of financial, food, legal, transportation, and other referrals compared to the prior two FYs. Percent of attendee referrals to form assistance and medical care had increased.

Figure 2. Referrals to Social Services made by NCOC, FY 2014-2015 to FY 2017-2018\*



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

Figure 3. Referrals to Social Services made by EPAPMHO, FY 2014-2015 to FY 2017-2018\*



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

## NCOC

In FY 2017-2018, there were 4,256 attendees at individual and group outreach events across the five provider organizations in the NCOC.

### Demographics

**Age:** Attendees across NCOC individual and group outreach events were adults (26-59 years, 37%), children (0-15 years, 23%), transition-age youth (16-25 years, 17%), and older adults (60 years or older, 16%) in FY 2017-2018. Seven 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 2017-2018

Age Group	Q1	Q2	Q3	Q4	Total
Children (0-15)	205 (19.6%)	215 (26.8%)	497 (33.4%)	61 (6.0%)	978 (22.5%)
Transition-age youth (16-25)	159 (15.2%)	182 (22.7%)	293 (19.7%)	83 (8.2%)	717 (16.5%)
Adults (26-59)	370 (35.3%)	269 (33.6%)	643 (43.2%)	318 (31.4%)	1600 (36.8%)
Older adults (60+)	196 (18.7%)	113 (14.1%)	44 (3.0%)	334 (33.0%)	687 (15.8%)
Decline to state	52 (5.0%)	2 (0.2%)	2 (0.1%)	0 (0.0%)	56 (1.3%)
Unknown age	65 (6.2%)	20 (2.5%)	10 (0.7%)	217 (21.4%)	312 (7.2%)
<b>Total**</b>	<b>1047</b>	<b>801</b>	<b>1489</b>	<b>1013</b>	<b>4350</b>

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 (59%), males (29%), and unknown gender (12%) in FY 2017-2018. 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 2017-2018

Sex	Q1	Q2	Q3	Q4	Total
Male	369 (35.9%)	265 (33.2%)	345 (23.2%)	262 (25.9%)	1241 (28.7%)
Female	620 (60.4%)	426 (53.3%)	997 (67.0%)	515 (50.8%)	2558 (59.1%)
Other	9 (0.9%)	0 (0.0%)	2 (0.1%)	0 (0.0%)	11 (0.3%)
Unknown	29 (2.8%)	108 (13.5%)	144 (9.7%)	236 (23.3%)	517 (11.9%)
<b>Total**</b>	<b>1027</b>	<b>799</b>	<b>1488</b>	<b>1013</b>	<b>4327</b>

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 (33%) and male (22%) in FY 2017-2018. A little under half of the individuals (44%)

declined to state their gender. 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 2017-2018

Gender	Q1	Q2	Q3	Q4	Total
Male	330 (33.8%)	352 (30.0%)	149 (10.0%)	174 (17.1%)	1005 (21.6%)
Female	454 (46.6%)	395 (33.7%)	334 (22.5%)	353 (34.7%)	1536 (33.0%)
Transgender	3 (0.3%)	1 (0.1%)	1 (0.1%)	2 (0.2%)	7 (0.2%)
Queer	4 (0.4%)	4 (0.3%)	4 (0.3%)	5 (0.5%)	17 (0.4%)
Questioning	6 (0.6%)	1 (0.1%)	3 (0.2%)	4 (0.4%)	14 (0.3%)
Idigenous	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.1%)	1 (0.0%)
Other	0 (0.0%)	0 (0.0%)	2 (0.1%)	6 (0.6%)	8 (0.2%)
Decline to state	177 (0.1%)	417 (0.2%)	987 (0.3%)	473 (0.0%)	2054 (44.2%)
Unknown	1 (0.1%)	2 (0.2%)	5 (0.3%)	0 (0.0%)	8 (0.2%)
<b>Total**</b>	<b>975</b>	<b>1172</b>	<b>1485</b>	<b>1018</b>	<b>4650</b>

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

**Race and ethnicity:** In FY 2017-2018, the four largest racial/ethnic groups represented by all NCOC attendees were White (26%), Filipino (13%), Asian (12%), and Mexican (12%). Nine 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 2017-2018

Race/Ethnicity	Q1	Q2	Q3	Q4	Total
White	378 (28.5%)	310 (32.0%)	205 (12.6%)	367 (36.0%)	1260 (25.5%)
Black	38 (2.9%)	23 (2.4%)	60 (3.7%)	30 (2.9%)	151 (3.1%)
AmericanIndian	14 (1.1%)	8 (0.8%)	14 (0.9%)	7 (0.7%)	43 (0.9%)
MiddleEastern	2 (0.2%)	1 (0.1%)	58 (3.6%)	3 (0.3%)	64 (1.3%)
EasternEuropean	0 (0.0%)	0 (0.0%)	5 (0.3%)	2 (0.2%)	7 (0.1%)
European	0 (0.0%)	0 (0.0%)	3 (0.2%)	1 (0.1%)	4 (0.1%)
Mexican	251 (18.9%)	34 (3.5%)	193 (11.8%)	98 (9.6%)	576 (11.6%)
PuertoRican	1 (0.1%)	0 (0.0%)	0 (0.0%)	1 (0.1%)	2 (0.0%)
Cuban	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
CentralAmerican	4 (0.3%)	5 (0.5%)	213 (13.1%)	33 (3.2%)	255 (5.2%)
SouthAmerican	11 (0.8%)	1 (0.1%)	10 (0.6%)	9 (0.9%)	31 (0.6%)
Caribbean	0 (0.0%)	0 (0.0%)	1 (0.1%)	0 (0.0%)	1 (0.0%)
Asian	115 (8.7%)	148 (15.3%)	204 (12.5%)	111 (10.9%)	578 (11.7%)
Cambodian	0 (0.0%)	0 (0.0%)	4 (0.2%)	0 (0.0%)	4 (0.1%)
Chinese	70 (5.3%)	16 (1.7%)	70 (4.3%)	32 (3.1%)	188 (3.8%)
Filipino	157 (11.8%)	71 (7.3%)	345 (21.2%)	46 (4.5%)	619 (12.5%)
Japanese	18 (1.4%)	1 (0.1%)	10 (0.6%)	7 (0.7%)	36 (0.7%)
Korean	8 (0.6%)	0 (0.0%)	12 (0.7%)	1 (0.1%)	21 (0.4%)
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	2 (0.2%)	3 (0.3%)	33 (2.0%)	2 (0.2%)	40 (0.8%)
Vietnamese	0 (0.0%)	0 (0.0%)	5 (0.3%)	1 (0.1%)	6 (0.1%)
Samoan	34 (2.6%)	14 (1.4%)	15 (0.9%)	1 (0.1%)	64 (1.3%)
Hawaiian	23 (1.7%)	7 (0.7%)	49 (3.0%)	9 (0.9%)	88 (1.8%)
Tongan	14 (1.1%)	5 (0.5%)	8 (0.5%)	3 (0.3%)	30 (0.6%)
Guamanian	2 (0.2%)	3 (0.3%)	0 (0.0%)	0 (0.0%)	5 (0.1%)
Fijian	1 (0.1%)	0 (0.0%)	2 (0.1%)	1 (0.1%)	4 (0.1%)
Multi	97 (7.3%)	38 (3.9%)	78 (4.8%)	40 (3.9%)	253 (5.1%)
OtherRace	32 (2.4%)	136 (14.0%)	15 (0.9%)	5 (0.5%)	188 (3.8%)
UnknownRace	54 (4.1%)	145 (15.0%)	18 (1.1%)	210 (20.6%)	427 (8.6%)
<b>Total**</b>	<b>1326</b>	<b>969</b>	<b>1630</b>	<b>1020</b>	<b>4945</b>

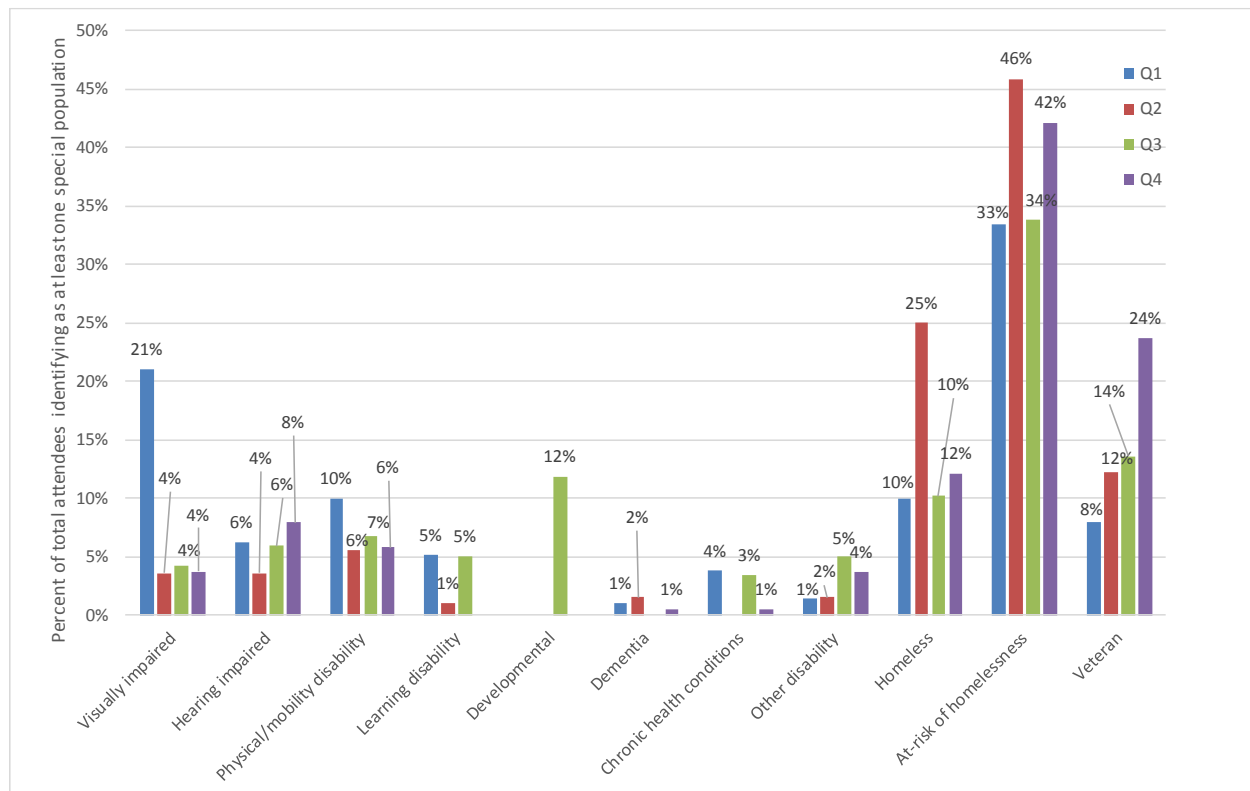
Note: Percentages may not sum to 100% because of rounding. \*\* Total count for race/ethnicity reported may exceed the total number of attendees, because some providers may have reported individuals who are multi-racial as both multi-racial and their respective race/ethnicities, leading to extra counts 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, 39% were at risk for homelessness, 14% were homeless, 14% were veterans, 10% were visually impaired, 7% had a physical/mobility disability, 6% were hearing impaired, 3% had a learning disability, 3% had other disabilities, 2% had chronic health condition, 2% had developmental disability, and less



than 1% had dementia. Refer to **Figure 4** for the percentage of attendees representing each special population in FY 2017-2018, by quarter.

**Figure 4. Special Populations Served By NCOC, FY 2017-2018**



Note: Attendees could be included in more than one special population. The denominator for special population group is the sum of all special population data reported.

## Additional outreach characteristics (individual outreach events only)

**Insurance Coverage:** The majority of the NCOC individual outreach attendees did not report insurance status (i.e. unknown insurance, 77%). Fifteen percent of the NCOC individual attendees reported Medi-Cal and four percent reported having other kinds of insurance. 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 2017-2018

Insurance Type	Q1	Q2	Q3	Q4	Total
HealthyKids	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
MediCal	24 (18.2%)	3 (14.3%)	4 (5.8%)	3 (37.5%)	34 (14.8%)
Medicare	0 (0.0%)	1 (4.8%)	0 (0.0%)	0 (0.0%)	1 (0.4%)
Other Insurance	9 (6.8%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	9 (3.9%)
Uninsured	6 (4.5%)	1 (4.8%)	1 (1.4%)	0 (0.0%)	8 (3.5%)
Unknown	93 (70.5%)	16 (76.2%)	64 (92.8%)	5 (62.5%)	178 (77.4%)
<b>Total</b>	<b>132</b>	<b>21</b>	<b>69</b>	<b>8</b>	<b>230</b>

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 2017-2018.

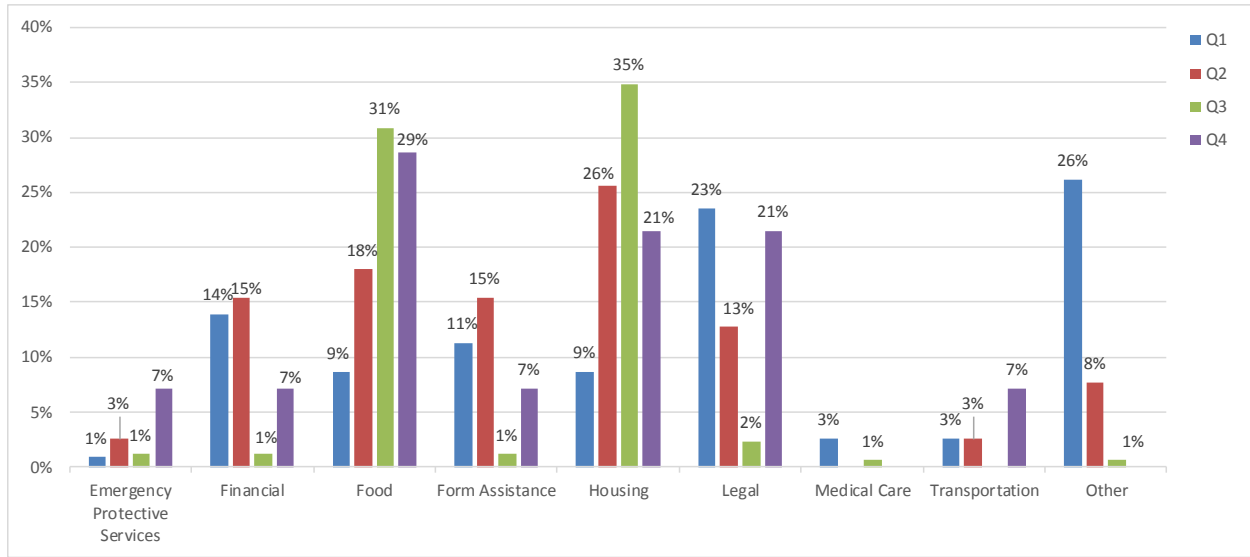
**Previous Contact:** Seven percent of individual outreach events were conducted with attendees who had a previous outreach contact with NCOC.

**Mental Health/Substance Abuse Referrals:** NCOC individual outreach events included mental health referrals (31%) and substance abuse referrals (4%) in FY 2017-2018.

**Mental Health/Substance Abuse Referral Destinations:** Among all the NCOC individuals who were referred for mental health service, 50% were referred to providers. (31% were referred to Daly City Youth Health Center, four percent were referred to Pacifica Resource Center and 15% were referred to Pyramid Alternatives). 50% were referred to other destinations. Among the 56 individuals who were referred to other destinations, 46% were referred to StarVista-On Your Mind. Other referral destinations include StarVista-On Your Mind, Parent Support Line-Star Vista, North County Mental Health, ACCESS, Access & Manage Care and other San Mateo local resources. Among all the NCOC individuals who were referred for substance abuse service, three were referred to providers. 88% were referred to other destinations. Among the 23 individuals who were referred to other destinations, 65% were referred to the Outpatient Drug and Alcohol Services for Adults (ODASA).

**Referrals to Social Services:** Providers made 343 referrals to 230 NCOC individual outreach attendees. Of the different referral types, the top three types of referrals made for attendees were housing (24%), food (22%) and legal services (11%). In **Figure 5**, we summarize the percentage of attendees receiving a given type of referral, by quarter.

Figure 5. Referrals to Social Services, FY 2017-2018

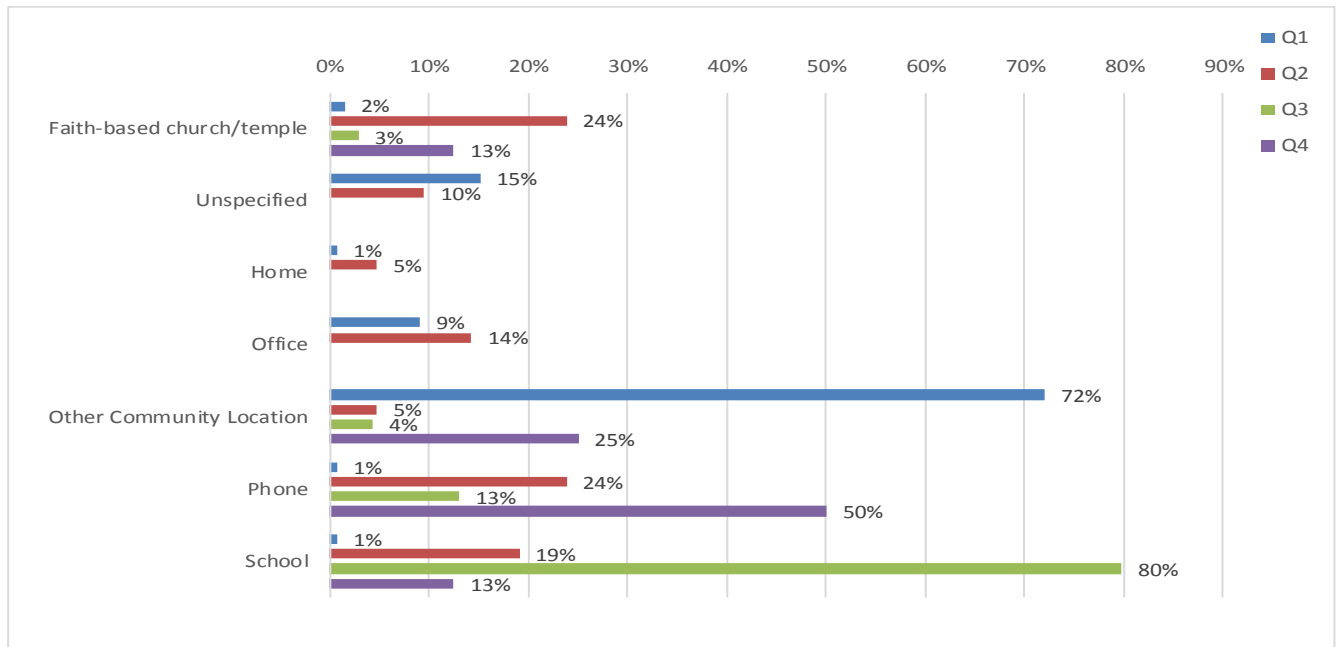


Note: Percentages may not sum to 100% because of rounding. Provider organizations were not asked to report group outreach data on referral type for FY 2017-2018.

## Individual outreach event characteristics

**Location:** NCOC individual outreach events primarily occurred in other community locations (44%), school (27%) and unspecified locations (10%) in FY 2017-2018. **Figure 6** presents individual outreach event locations in FY 2017-2018, by quarter.

Figure 6. Locations of NCOC Individual Outreach Events, FY 2017-2018



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

**Length of contact:** For FY 2017-2018, the average length of NCOC individual outreach events was 44.3 minutes. Average length was 14.5 minutes in Q1, 33.8 minutes in Q2, 93.3 minutes in Q3, and 35.5 minutes in Q4.

**MAA code:** NCOC individual outreach events used MAA codes 401 (Discounted Medi-Cal outreach, 17%) in FY 2017-2018. 92% of MAA codes were reported as N/A.

**Language used:** NCOC individual outreach events were conducted only in English (92%) and Spanish (7%) across four quarters in FY 2017-2018.

**Preferred language:** NCOC individual outreach attendees preferred English (84%), Spanish (10%), Tagalog (4%), and Samoan (2%), 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 2017-2018

Language	Q1	Q2	Q3	Q4	Total
English	119 (90.2%)	16 (76.2%)	51 (75.0%)	6 (75.0%)	192 (83.5%)
Samoan	4 (3.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	4 (1.7%)
Spanish	0 (0.0%)	5 (23.8%)	16 (23.5%)	2 (25.0%)	23 (10.0%)
Tagalog	9 (6.8%)	0 (0.0%)	1 (1.5%)	0 (0.0%)	10 (4.3%)
Tongan	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Other	0 (0.0%)	0 (0.0%)	1 (1.5%)	0 (0.0%)	1 (0.4%)
<b>Total</b>	<b>132</b>	<b>21</b>	<b>68</b>	<b>8</b>	<b>230</b>

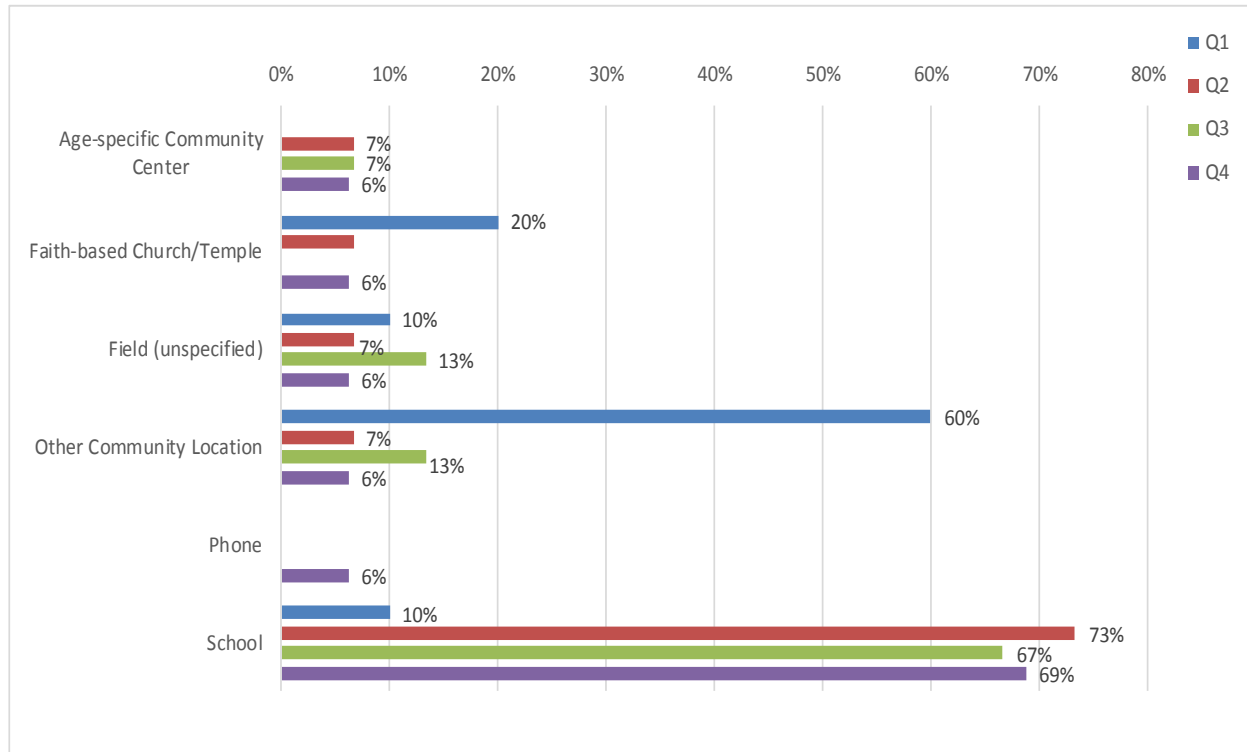
Note: Percentages may not sum to 100% because of rounding.

## Group outreach event characteristics

**Location:** NCOC group outreach events largely occurred at school (59%) and at other community locations not listed (18%) in FY 2017-2018. Among the eight group outreach events held in other locations, most were held in “San Mateo County Fairgrounds” and “Mall”. Other locations include Edgewood Drop-In Center, Frontierland Park Pacifica and Pacifica Fog Fest.

**Figure 7** presents group outreach event locations in FY 2017-2018, by quarter.

Figure 7. Location of NCOC Group Outreach Events, FY 2017-2018



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

**Length of contact:** For FY 2017-2018, the average length of NCOC group outreach events was 115.77 minutes. By quarter, average length of outreach was 188 minutes in Q1, 84 minutes in Q2, 89 minutes in Q3, and 101 minutes in Q4.

**MAA code:** NCOC group outreach events used MAA codes 401 (Discounted Medi-Cal outreach, 9%). 91 % of MAA codes were reported as N/A.

**Language used:** NCOC group outreach events were conducted in English (75%) and Spanish (25%) in FY 2017-2018.

**Preferred Language:** NCOC group outreach attendees preferred English (79%), Spanish (13%), Tagalog (4%), and Mandarin (2%). See **Table 10** below for the breakdown of group outreach events by preferred language.

Table 10. Preferred Languages for NCOC Group Outreach Attendees, FY 2017-2018

Language	Q1	Q2	Q3	Q4	Total
English	750 (81.8%)	537 (85.1%)	253 (63.7%)	468 (78.4%)	2008 (79.0%)
Cantonese	5 (0.5%)	2 (0.3%)	3 (0.8%)	8 (1.3%)	18 (0.7%)
Mandarin	25 (2.7%)	13 (2.1%)	8 (2.0%)	11 (1.8%)	57 (2.2%)
Samoan	0 (0.0%)	2 (0.3%)	1 (0.3%)	0 (0.0%)	3 (0.1%)
Spanish	105 (11.5%)	56 (8.9%)	73 (18.4%)	86 (14.4%)	320 (12.6%)
Tagalog	32 (3.5%)	18 (2.9%)	47 (11.8%)	11 (1.8%)	108 (4.2%)
Tongan	0 (0.0%)	2 (0.3%)	0 (0.0%)	2 (0.3%)	4 (0.2%)
Other	0 (0.0%)	1 (0.2%)	12 (3.0%)	11 (1.8%)	24 (0.9%)
<b>Total**</b>	<b>917</b>	<b>631</b>	<b>397</b>	<b>597</b>	<b>2542</b>

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, because some providers may not have provided a response for preferred languages. The denominator for age percent is the sum of all preferred language data reported.

## EPAPMHO

In FY 2017-2018, there were 511 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, 56%), transition-age youth (16-25 years, 28%), older adults (60+ years or older, 14%), and children (0-15 years, 2%) in FY 2017-2018. 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 2017-2018

Age Group	Q1	Q2	Q3	Q4	Total
Children (0-15)	8 (6.6%)	1 (0.9%)	0 (0.0%)	0 (0.0%)	8 (1.8%)
Transition-age youth (16-25)	32 (26.2%)	30 (25.9%)	47 (40.9%)	35 (22.2%)	141 (28.2%)
Adults (26-59)	67 (54.9%)	65 (56.0%)	53 (46.1%)	100 (63.3%)	267 (55.8%)
Older adults (60+)	15 (12.3%)	19 (16.4%)	14 (12.2%)	22 (13.9%)	61 (13.7%)
Decline to state	0 (0.0%)	1 (0.9%)	1 (0.9%)	1 (0.6%)	3 (0.6%)
Unknown age	0 (0.0%)	1 (0.9%)	1 (0.9%)	1 (0.6%)	3 (0.6%)
<b>Total**</b>	<b>122</b>	<b>116</b>	<b>115</b>	<b>158</b>	<b>511</b>

Note: Percentages may not sum to 100% because of rounding. \*\* 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 (46%) and female (54%) in FY 2017-2018. 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 2017-2018

Sex	Q1	Q2	Q3	Q4	Total
Male	40 (32.8%)	56 (48.3%)	64 (55.7%)	76 (48.1%)	236 (46.2%)
Female	82 (67.2%)	59 (50.9%)	51 (44.3%)	82 (51.9%)	274 (53.6%)
Other gender	0 (0.0%)	1 (0.9%)	0 (0.0%)	0 (0.0%)	1 (0.2%)
<b>Total</b>	<b>122</b>	<b>116</b>	<b>115</b>	<b>158</b>	<b>511</b>

Note: Percentages may not sum to 100% because of rounding. The denominator for sex percent is the sum of all sex data reported.

**Gender:** Attendees across EPAPMHO individual and group outreach events identified themselves primarily as female (54%), male (43%), and transgender (2%) in FY 2017-2018. 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 2017-2018

Gender	Q1	Q2	Q3	Q4	Total
Male	40 (32.8%)	49 (42.2%)	61 (53.0%)	70 (44.3%)	220 (43.1%)
Female	82 (67.2%)	61 (52.6%)	52 (45.2%)	83 (52.5%)	278 (54.4%)
Transgender	0 (0.0%)	4 (3.4%)	1 (0.9%)	5 (3.2%)	10 (2.0%)
Queer	0 (0.0%)	1 (0.9%)	0 (0.0%)	0 (0.0%)	1 (0.2%)
Questioning	0 (0.0%)	0 (0.0%)	1 (0.9%)	0 (0.0%)	1 (0.2%)
Decline to state	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Unknown	0 (0.0%)	1 (0.9%)	0 (0.0%)	0 (0.0%)	1 (0.2%)
<b>Total**</b>	<b>122</b>	<b>116</b>	<b>115</b>	<b>158</b>	<b>511</b>

Note: Percentages may not sum to 100% because of rounding. \*\* The denominator for gender percent is the sum of all gender data reported.

**Race and ethnicity:** In FY 2017-2018, the three largest racial/ethnic groups represented by all EPAPMHO attendees were Black (36%), Tongan (17%), and multi-race (18%). 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 2017-2018

Race/Ethnicity	Q1	Q2	Q3	Q4	Total
White	13 (10.4%)	7 (6.0%)	4 (3.5%)	19 (12.0%)	43 (8.4%)
Black	60 (48.0%)	48 (41.4%)	45 (39.1%)	33 (20.9%)	186 (36.2%)
American Indian	1 (0.8%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.2%)
Middle Eastern	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
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	7 (5.6%)	7 (6.0%)	14 (12.2%)	15 (9.5%)	43 (8.4%)
Puerto Rican	0 (0.0%)	1 (0.9%)	0 (0.0%)	0 (0.0%)	1 (0.2%)
Cuban	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Central American	0 (0.0%)	1 (0.9%)	0 (0.0%)	4 (2.5%)	5 (1.0%)
South American	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.6%)	1 (0.2%)
Caribbean	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Asian	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%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Filipino	1 (0.8%)	0 (0.0%)	4 (3.5%)	2 (1.3%)	7 (1.4%)
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%)	1 (0.9%)	0 (0.0%)	0 (0.0%)	1 (0.2%)
Vietnamese	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Samoan	8 (6.4%)	13 (11.2%)	8 (7.0%)	6 (3.8%)	35 (6.8%)
Hawaiian	0 (0.0%)	0 (0.0%)	3 (2.6%)	2 (1.3%)	5 (1.0%)
Tongan	13 (10.4%)	18 (15.5%)	18 (15.7%)	39 (24.7%)	88 (17.1%)
Guamanian	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Fijian	0 (0.0%)	1 (0.9%)	0 (0.0%)	1 (0.6%)	2 (0.4%)
Multi	17 (13.6%)	19 (16.4%)	19 (16.5%)	35 (22.2%)	90 (17.5%)
Other Race	3 (2.4%)	0 (0.0%)	0 (0.0%)	1 (0.6%)	4 (0.8%)
Unknown Race	2 (1.6%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (0.4%)
<b>Total</b>	<b>125</b>	<b>116</b>	<b>115</b>	<b>158</b>	<b>514</b>

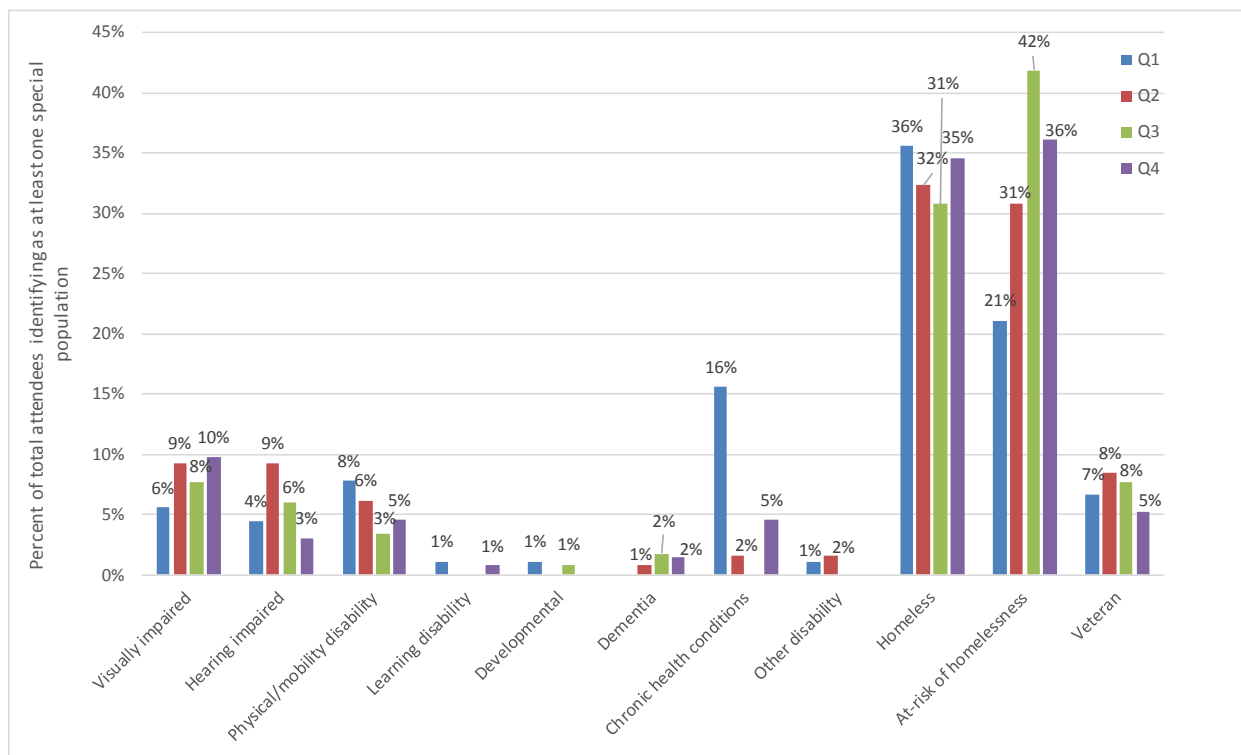
Note: Percentages may not sum to 100% because of rounding. \*\* Total count for race/ethnicity reported may exceed the total number of attendees, because some providers may have reported individuals who are multi-racial as both multi-racial and their respective race/ethnicities, leading to extra counts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

**Special populations:** 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, 33% were homeless, 8% were visually impaired, 7% were veteran, 6% were hearing impaired, 5% had chronic health conditions, 5% had a physical/mobility disability, 1%



had dementia, and 1% other disability. Refer to **Figure 8** for the percentage of attendees representing each special population in FY 2017-2018, by quarter.

**Figure 8. Special Populations Served by EPAPMHO, FY 2017-2018**



Note: Attendees could be included in more than one special population. The denominator for special population group is the sum of all special population data reported.

### Additional outreach characteristics (individual outreach events only)

**Insurance Coverage:** EPAPMHO individual outreach attendees were with Medi-Cal (56%), without insurance (26%), with other insurance not listed (4%), with unknown insurance (8%), with HealthyKids (2%), or with Medicare (4%). 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 2017-2018

Insurance Type	Q1	Q2	Q3	Q4	Total
HealthyKids	2 (2.3%)	2 (1.7%)	2 (1.7%)	2 (1.3%)	8 (1.7%)
MediCal	38 (43.2%)	74 (63.2%)	64 (55.7%)	93 (59.2%)	269 (56.4%)
Medicare	5 (5.7%)	4 (3.4%)	3 (2.6%)	7 (4.5%)	19 (4.0%)
Other Insurance	9 (10.2%)	3 (2.6%)	1 (0.9%)	5 (3.2%)	18 (3.8%)
Uninsured	29 (33.0%)	23 (19.7%)	35 (30.4%)	39 (24.8%)	126 (26.4%)
Unknown	5 (5.7%)	11 (9.4%)	10 (8.7%)	11 (7.0%)	37 (7.8%)
<b>Total</b>	<b>88</b>	<b>117</b>	<b>115</b>	<b>157</b>	<b>477</b>

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 2017-2018.

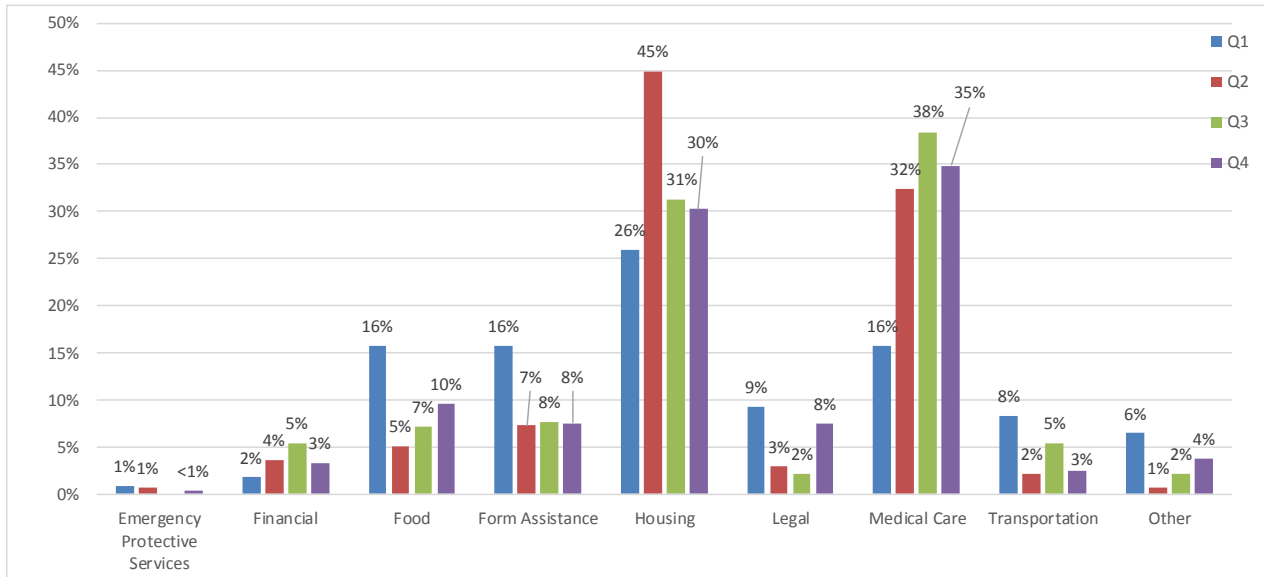
**Previous contact:** Thirty percent of individual outreach events were conducted with attendees who had a previous outreach contact with EPAPMHO.

**Mental Health/Substance Abuse Referrals:** EPAPMHO individual outreach events included mental health referrals (31%) and substance abuse referrals (37%) in FY 2017-2018.

**Mental Health/Substance Abuse Referral Destinations:** Among all the EPAPMHO individuals who were referred for mental health service, 19% were referred to providers (among which, 91% were referred to El Concilio). 81% were referred to other destinations. Among the 46 individuals who were referred to other destinations, most of them were referred to East Palo Alto Community Counseling Center (EPACCC) or Ravenswood Family Health Center (RFHC). For all the EPAPMHO individuals who were referred for substance abuse service, 51% were referred to providers (among which, all 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 Project90 and RFHC. Other destinations also include Latino Commission, Ravenswood Clinic, WRA and others.

**Referrals to Social Services:** Providers made 669 referrals to 466 EPAPMHO individual outreach attendees. Of the different referral types, the top four types of referrals made for attendees were for housing (33%), medical care (32%), food (9%) and form assistance (9%). **Figure 9** summarizes the percentage of attendees receiving a given type of referral, by quarter.

Figure 9. Referrals to Social Services, FY 2017-2018

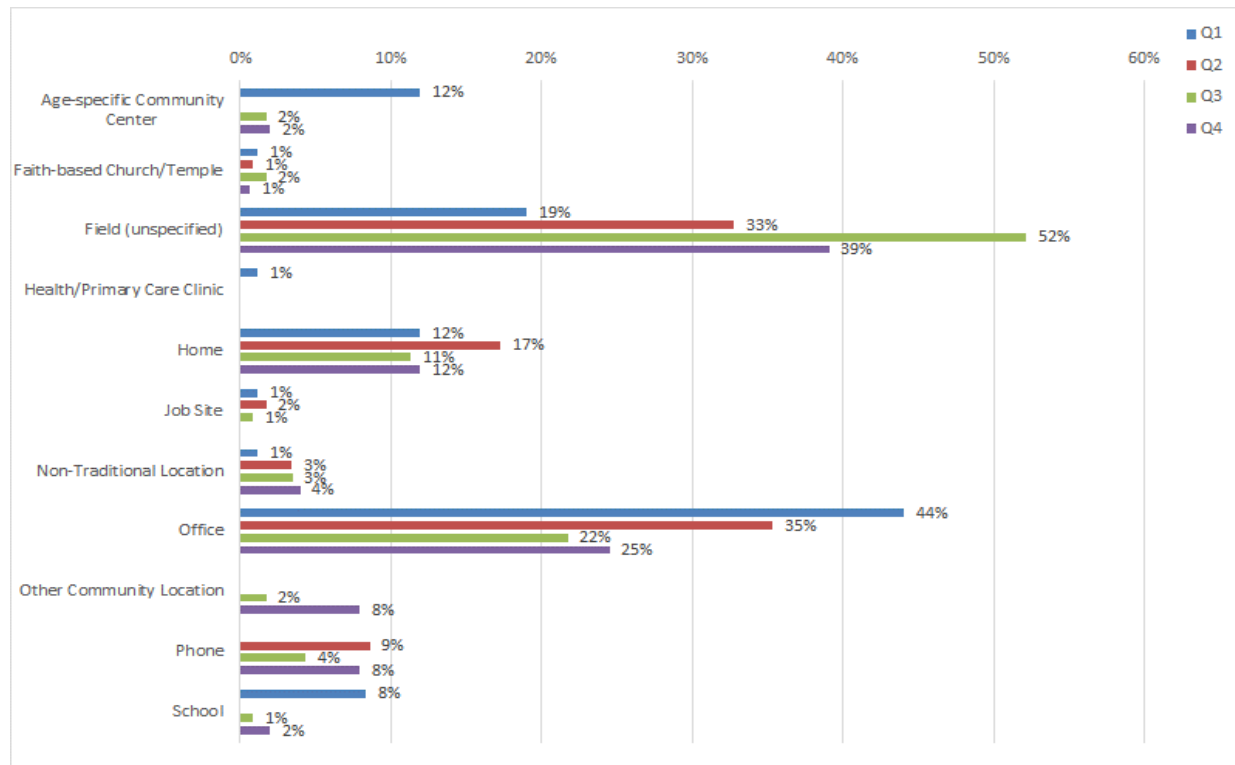


Note: Provider organizations were not asked to report group outreach data on referral type for FY 2017-2018.

## Individual outreach event characteristics

**Location:** EPAPMHO individual outreach events typically occurred in offices (30%), and home (13%) in FY 2017-2018. See **Figure 10** for a summary of individual outreach events by location.

Figure 10. Location of EPAPMHO Individual Outreach Events, FY 2017-2018



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

**Length of contact:** For FY 2017-2018, the average length of EPAPMHO individual outreach events was 37.5 minutes. By quarter, average length of outreach was 39.6 minutes in Q1, 40.2 minutes in Q2, 37.3 minutes in Q3, and 34.5 minutes in Q4.

**MAA code:** EPAPMHO individual outreach events used MAA codes 400 (Medi-Cal outreach, 24%), 401 (Discounted Medi-Cal outreach, 3%). 74% of the MAA codes were reported as N/A.

**Language used:** EPAPMHO individual outreach events were conducted in English (69%), Spanish (16%), Tongan (10%), and Samoan (5%). 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 2017-2018

Language	Q1	Q2	Q3	Q4	Total
English	57 (67.9%)	83 (71.6%)	88 (76.5%)	93 (61.6%)	321 (68.9%)
Samoan	3 (3.6%)	8 (6.9%)	6 (5.2%)	6 (4.0%)	23 (4.9%)
Spanish	14 (16.7%)	14 (12.1%)	16 (13.9%)	31 (20.5%)	75 (16.1%)
Tongan	10 (11.9%)	11 (9.5%)	5 (4.3%)	21 (13.9%)	47 (10.1%)
<b>Total</b>	<b>84</b>	<b>116</b>	<b>115</b>	<b>151</b>	<b>466</b>

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

**Preferred Language:** Most EPAPMHO individual outreach attendees preferred English (69%), Spanish (16%) and Tongan (9%). 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 2017-2018

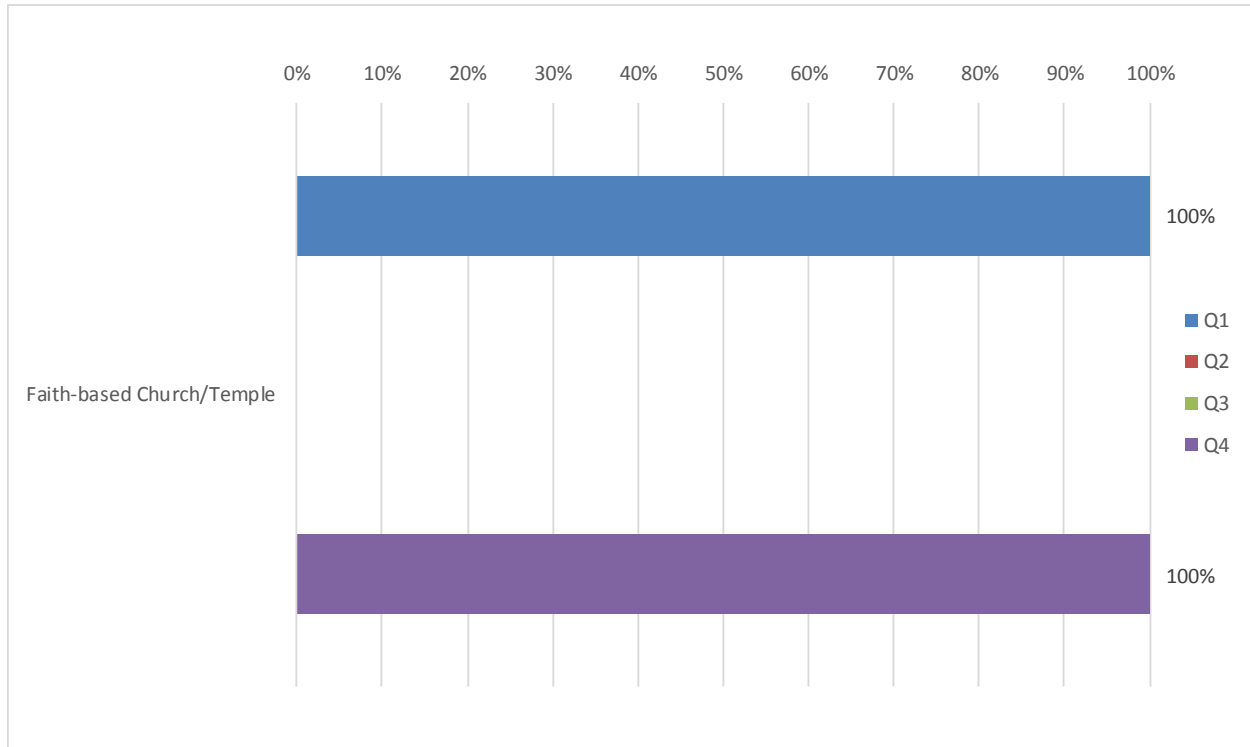
Language	Q1	Q2	Q3	Q4	Total
Cantonese	0 (0.0%)	0 (0.0%)	1 (0.9%)	0 (0.0%)	1 (0.2%)
English	59 (70.2%)	82 (70.7%)	84 (77.1%)	93 (61.6%)	318 (69.1%)
Samoan	3 (3.6%)	8 (6.9%)	6 (5.5%)	5 (3.3%)	22 (4.8%)
Spanish	13 (15.5%)	13 (11.2%)	16 (14.7%)	31 (20.5%)	73 (15.9%)
Tagalog	1 (1.2%)	0 (0.0%)	1 (0.9%)	3 (2.0%)	5 (1.1%)
Tongan	8 (9.5%)	13 (11.2%)	0 (0.0%)	19 (12.6%)	40 (8.7%)
Other	0 (0.0%)	0 (0.0%)	1 (0.9%)	0 (0.0%)	1 (0.2%)
<b>Total</b>	<b>84</b>	<b>116</b>	<b>109</b>	<b>151</b>	<b>460</b>

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

## Group outreach event characteristics

**Locations:** EPAPMHO group outreach events were held at faith-based churches/temples (100%) in FY 2017-2018. Refer to **Figure 11** for a breakdown of group outreach events by location.

Figure 11. Locations of EPAPMHO Group Outreach Events, FY 2017-2018



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

**Length of contact:** For FY 2017-2018, the average length of EPAPMHO group outreach events was 45 minutes. By quarter, average length of outreach was 45 minutes in Q1, and 45 minutes in Q4.

**MAA code:** One EPAPMHO group outreach event used MAA code 400 (Medi-Cal outreach, 50%) in FY 2017-2018. The MAA code for one group event was reported as N/A.

**Language used:** EPAPMHO group outreach events were conducted in English (100%). 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 2017-2018

Language	Q1		Q2		Q3		Q4		Total	
English	38	100.0%	0	0.0%	0	0.0%	7	100.0%	45	100.0%
<b>Total</b>	<b>38</b>		<b>0</b>		<b>0</b>		<b>7</b>		<b>45</b>	

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

**Preferred Language:** EPAPMHO group outreach attendees preferred English (84%) and Other (16%). **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 2017-2018

Language	Q1	Q2	Q3	Q4	Total
English	38 (100.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	38 (84.4%)
Other	0 (0.0%)	0 (0.0%)	0 (0.0%)	7 (100.0%)	7 (15.6%)
<b>Total**</b>	<b>38</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>45</b>

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.

## Recommendations

We have several recommendations based on FY 2017-2018 data. These recommendations fall under three umbrellas: those aimed at enhancing outreach, those to improve data collection, and discussion points for changing the reporting structure for next year.

### 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.<sup>1</sup> This year, 13% of the attendees were older adults, which is similar to last year, but a major improvement over FY 2015-2016 (during which 7% of the 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. 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 in 2015, 57% were Central American and 14% were Mexican.<sup>2</sup> 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

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

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

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 statements of homelessness or risk of homelessness has decreased. Note that attendees may not be unique individuals, a report structure issue which is discussed below. In FY 2017-2018, we observed an increase in the total number of housing-related referrals made.

## Improve data collection

**Ensure that all data have been obtained from outreach providers.** It appears that data are missing at the time of this report. As of the January 2019, here is a record of 2,643 individuals receiving outreach contact in FY2017-2018, as compared with 6,989 from FY2016-2017. The additional data was not collected from NCOC providers until June 2019.

**Make other/unspecified categories clearer.** Last year, AIR recommended minimizing missing data, and there are fewer missing data this year. However, there are still relatively high proportions of individuals in other/unspecified categories for some topics. For example, 88% of the NCOC outreach attendees were identified as having unknown insurance status. EPAPMHO has substantially reduced the missingness in their demographic data, from 15% of their outreach attendees identifying as other/unknown races last year to 0.4% this year.

## Potential updates to reporting structure

**The report could rely less on erratic quarterly data.** It is important not to over interpret within-year trends. There is substantial variation in quarterly outreach characteristics, particularly due to small sample size. SMC BHRS should consider whether quarterly data are useful or informative.

**Consider combining data categories for reporting.** Currently, there are many very small groups gathered and reported separately. Some of the less common categories may be combined for reporting purposes only (e.g., creating a South East Asian category, or a disability category). However, before these changes are made, it will be important for us to discuss reporting requirements with BHRS to ensure needs are met.

**Discuss revising the denominator for special populations reporting.** Like previous years, the representation of special populations is described compared to all reports of a special population designation (which are not mutually exclusive). These numbers may be more meaningful if described as a function of all individuals who attend an outreach event. However, since this will make the reporting differ from previous years, it is worth discussing prior to making any changes.

## 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, the NCOC primarily refers to legal, and financial. Housing is the main referral type for both collaboratives.
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 2017-2018 Outreach, Asian American Recovery Services

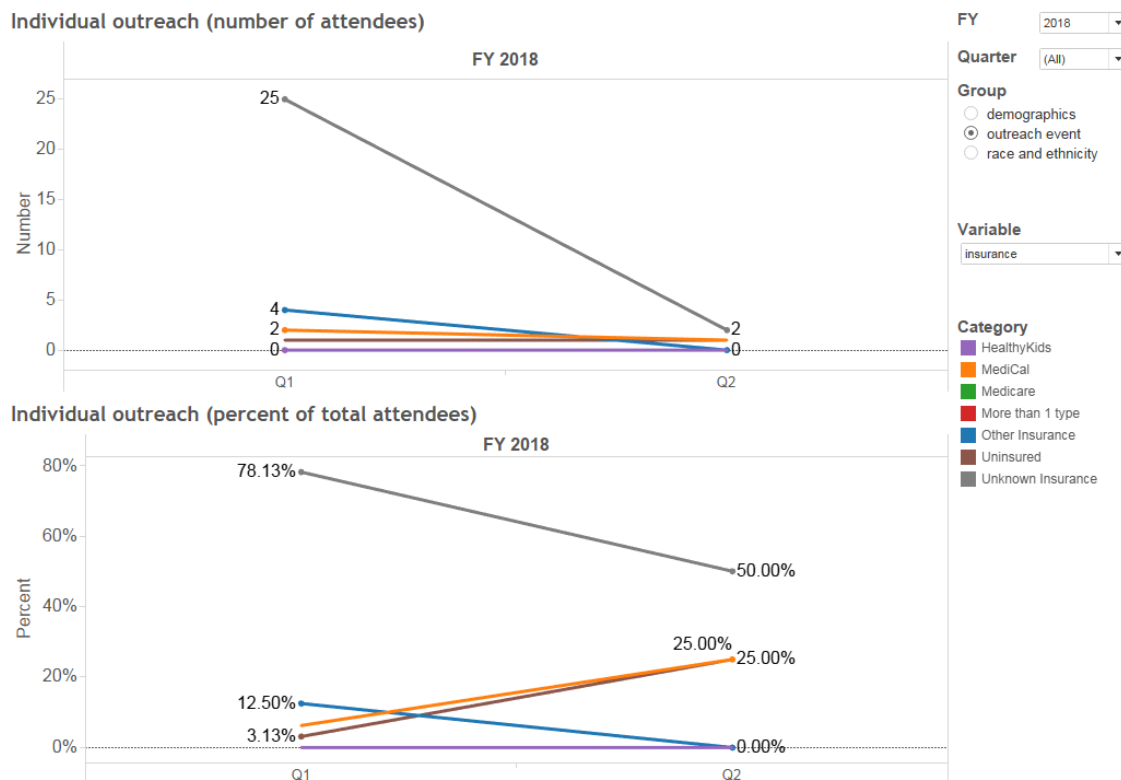
### Individual outreach

For FY 2017-2018, Asian American Recovery Services (AARS) reported a total of 36 individual outreach events—32 individual outreach events in Q1, four events in Q2, no events in Q3, and no events in Q4. The average length of individual outreach events was 32 minutes, ranging from an average of 33 minutes in Q1 to 26 minutes in Q2.

#### Individual outreach events:

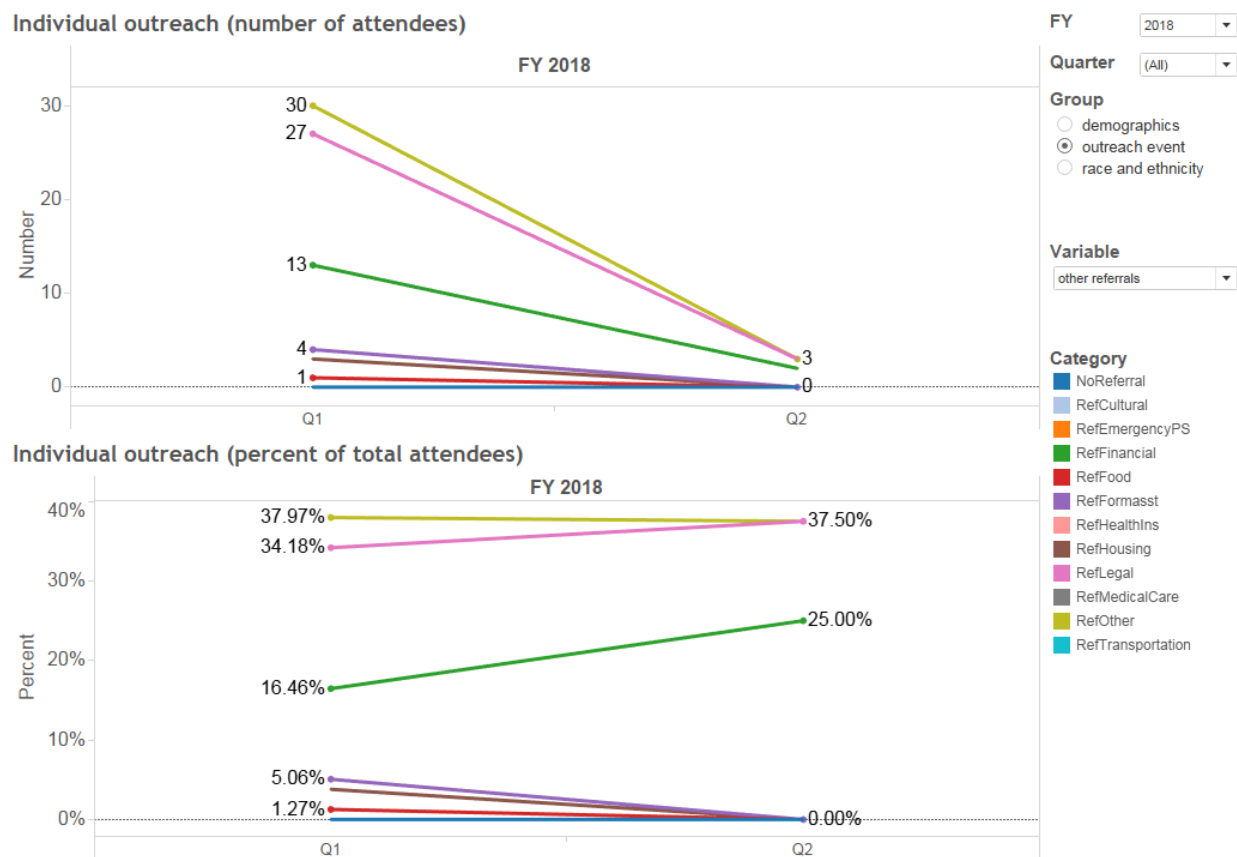
- Most took place in unspecified locations (**55.6%**; n=20), followed by office (**27.8%**, n=10), other community locations (**11.1%**; n=4), and phone (**2.8%**; n=1).
- Were categorized under MAA 401 (**52.8%**; n=19) with (**47.2%**; n=17) N/A
- Were conducted in English (**100%**; n=36).
- Had different types of insurance reported during FY 2017-2018. Unknown insurance and Other Insurance were most common, followed by Medi-Cal and Uninsured (**Figure 1**).

Figure 1. Type of Insurance, Q1-Q4



- Resulted in 16 mental health referrals and 5 substance abuse referrals.
- Resulted in 87 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=33), Legal (n=30), and Financial (n=15) referrals the most often.

Figure 2. Other Referrals, Q1-Q4

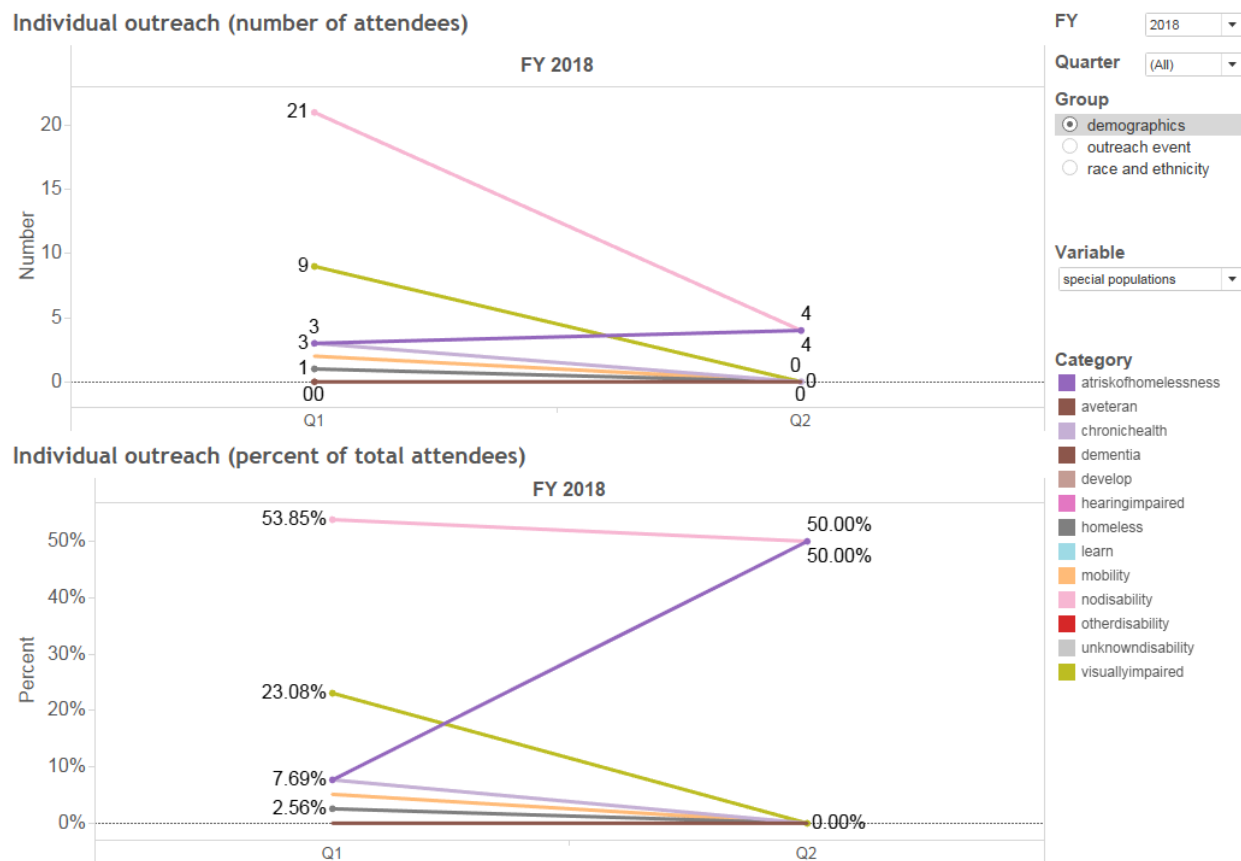


#### Individual outreach event attendees:

- Self-reported as female (**66.7%**; n=24) and male (**33.3%**; n=12).
- Self-reported as Heterosexual (**72.2%**; n=26), Gay/Lesbian (**13.9%**; n=5) and Questioning (**13.9%**; n=5).
- Were adults (26-59 year, **75%**; n=27), transition-age youth (16-25 years, **13.9%**; n=5), older adults (60+ years, **11.1%**; n=4).
- Were two or more races (**47.2%**; n=17), Samoan (**19.4%**; n=7), Filipino (**13.9%**; n=5), White (**8.3%**; n=3), Tongan (**5.6%**; n=2), Mexican (**2.8%**; n=1), and South Asian (**2.8%**; n=1).

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 2017-2018, AARS reported 47 individual outreach attendees representing these populations as presented in **Figure 3**.

Figure 3. Special Populations, Q1-Q4



## Group outreach

For FY 2017-2018, Asian American Recovery Services (AARS) reported a total of 6 group outreach events, corresponding to 190 group outreach attendees—149 attendees in Q1, 41 attendees in Q2, no attendees in Q3, and no attendees in Q4. The average length of group outreach events is 205 minutes, ranging from an average of 270 minute per event in Q1 to 45 minutes per event in Q4.

Most group outreach events:

- Took place in unspecified locations (**33.3%**; n=2), other community locations (**33.3%**; n=2), school (**16.7%**; n=1), and age-specific community center locations (**16.7%**; n=1).
- Were categorized under MAA 401 (**83.3%**; n=5) and N/A (**16.7%**; n=1).

- Were conducted in English (**100%**; n=6).

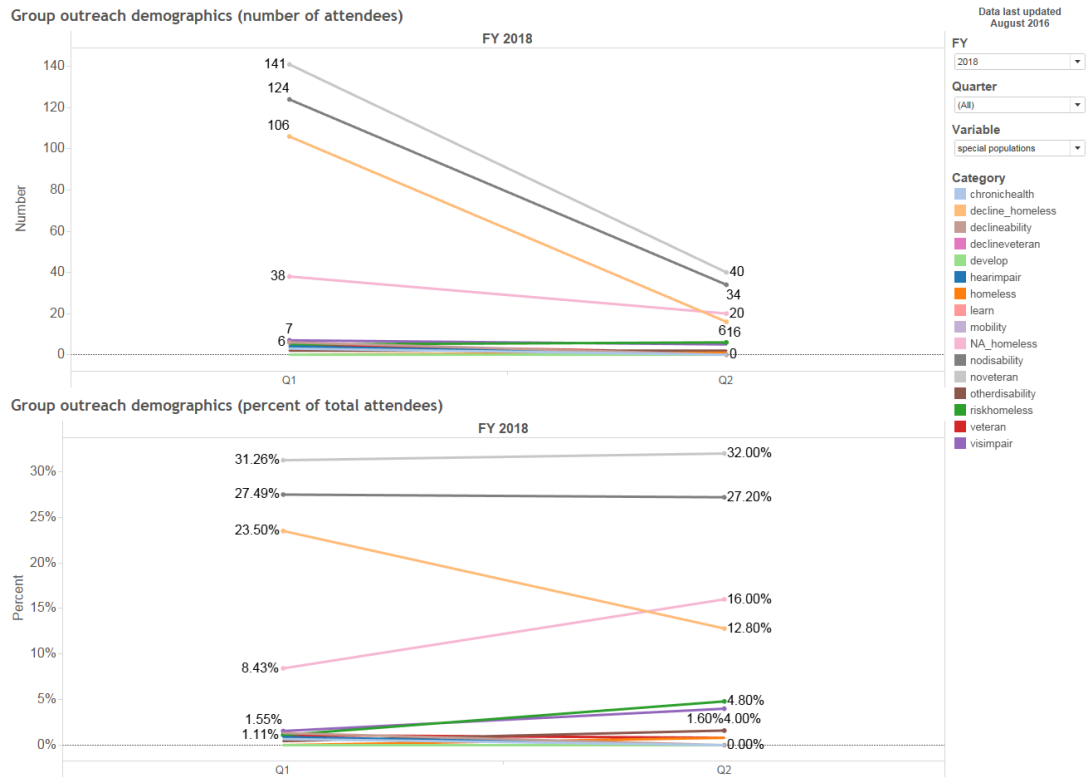
Group outreach event attendees:

- Self-reported as female (**65.8%**; n=125), male (**33.2%**; n=63), and unknown gender (**1.1%**; n=2).
- Identified as Heterosexual (**80.9%**; n=152), Gay/Lesbian (**6.9%**; n=13), Decline (**6.4%**; n=12), Other (**2.7%**; n=5), Bisexual (**2.1%**; n=4), and Questioning (**1.1%**; n=2).
- Represented many races and ethnicities (**Table 1**):

Table 1. Group Outreach Attendees by Race/Ethnicity			
Race/ethnicity	Number (%)	Race/ethnicity	Number (%)
American Indian	2 (1.1%)	Samoan	23 (12.2%)
Black	4 (2.1%)	South American	1 (0.5%)
Central American	1 (0.5%)	South Asian	1 (0.5%)
Chinese	16 (8.5%)	Tongan	5 (2.6%)
Filipino	13 (6.9%)	Unknown Race	1 (0.5%)
Guamanian	5 (2.6%)	White	29 (15.3%)
Hawaiian	10 (5.3%)		
Japanese	1 (0.5%)		
Mexican	16 (8.5%)		
Two or more races	56 (29.6%)		
Other	5 (2.6%)		

In FY 2017-2018, AARS reported 190 group outreach attendees representing special populations, with the majority of that outreach occurring in Q1 as presented in **Figure 4**. During FY 2017-2018, AARS most commonly reached attendees who were at risk for homelessness (n=11), hearing impaired (n=4), vision impaired (n=12), homeless (n=1), learning disability (n=3), chronic health condition (n=3), physical/mobility disability (n=4), veterans (n=6), other disability (n=4); these categories are not mutually exclusive. Of note, the number of group outreach attendees representing these populations decreased from Q1 to Q2 during FY 2017-2018.

Figure 4. Special Populations, Q1-Q4



## Appendix B. FY 2017-2018 Outreach, Daly City Peninsula Partnership Collaborative

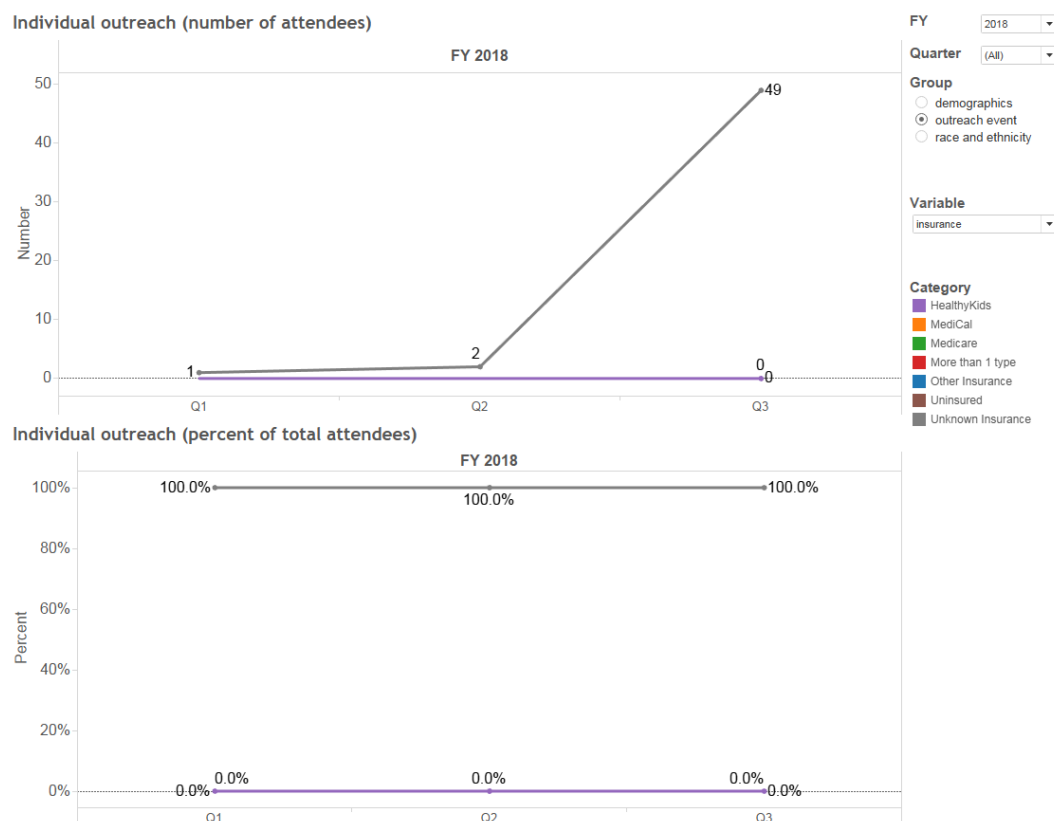
### Individual outreach

For FY 2017-2018, Daly City Peninsula Partnership Collaborative reported a total of 52 individual outreach events—One individual outreach events in Q1, two events in Q2, 49 events in Q3, and no events in Q4. The average length of individual outreach events was 114.7 minutes, ranging from an average of 60 minutes in Q1 to 117.6 minutes in Q3.

#### Individual outreach events:

- Most took place in schools (**94.2%**; n=49), homes (**3.8%**; n=2), and offices (**1.9%**; n=1).
- Were categorized as N/A (**100%**; n=52), there were no MAA codes.
- Were conducted in English (**94.2%**; n=49) and Spanish (**5.8%**; n=3).
- Reported unknown insurance was most common during FY 2017-2018 (**Figure 1**).

Figure 1. Type of Insurance, Q1-Q4

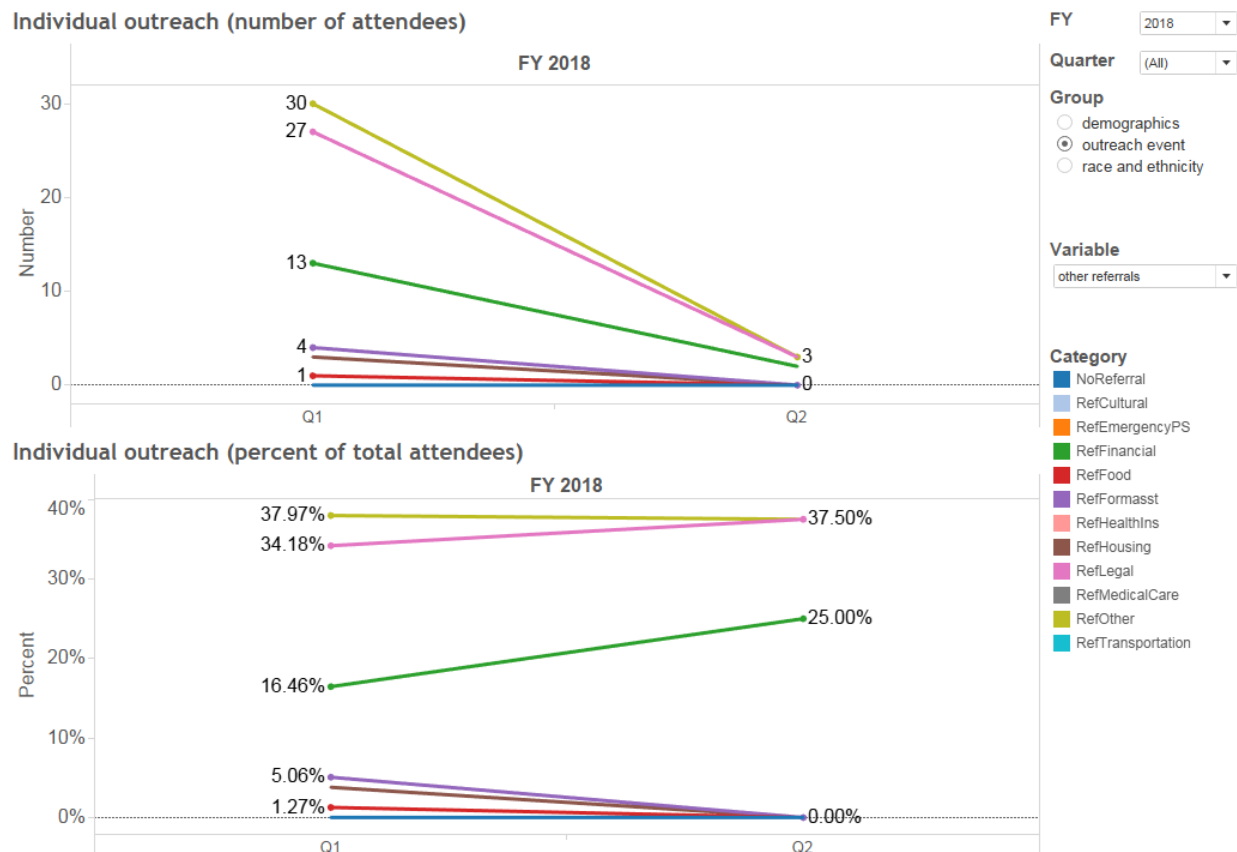


- Resulted in 2 mental health referrals and no substance abuse referrals.



- Resulted in 151 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. Daly City made Food (n=50), Housing (n=49), Cultural (n=47), no referral (n=2), Health Insurance (n=1), Legal (n=1), and Other (n=1).

Figure 2. Other Referrals, Q1-Q4

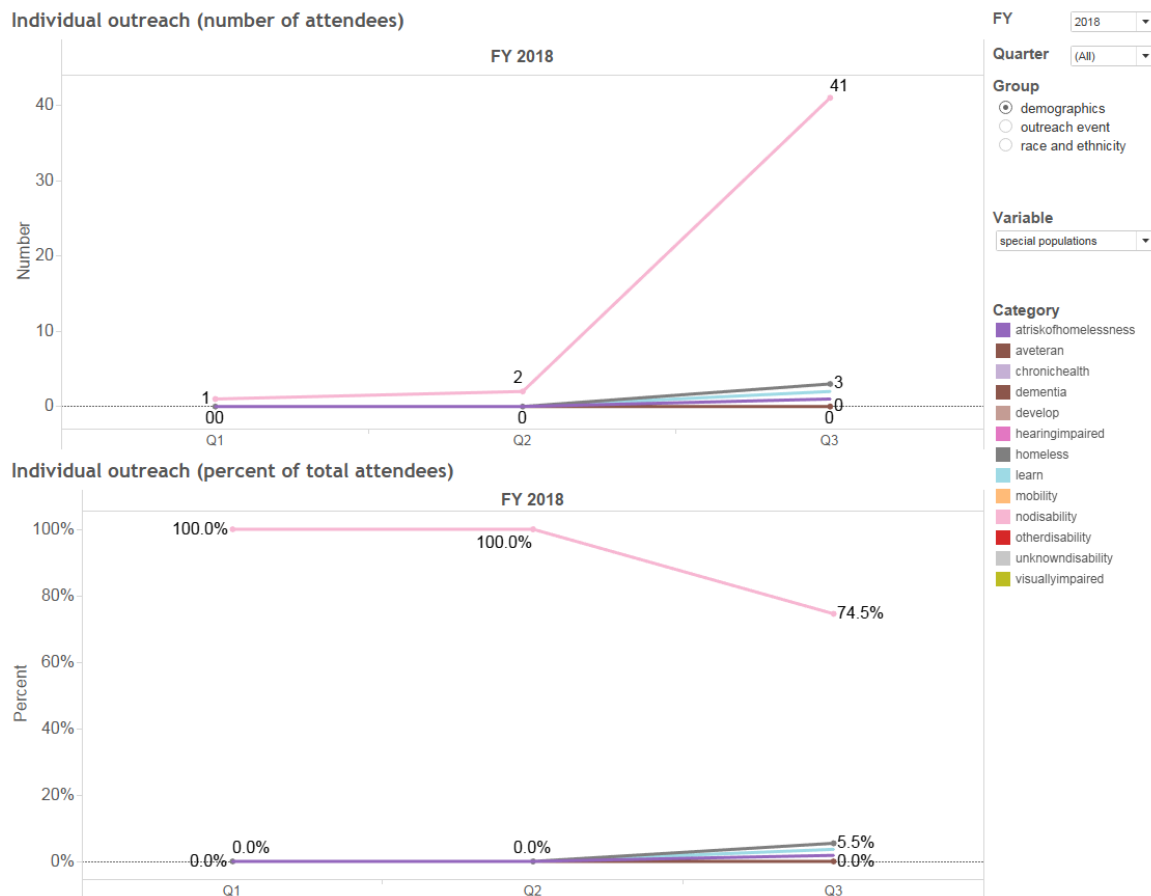


#### Individual outreach event attendees:

- Self-reported as female (**94.2%**; n=49), male (**3.8%**; n=2), and other gender (**1.9%**; n=1).
- Self-reported as Heterosexual (**67.3%**; n=35), unknown sexual orientation (**25%**; n=13), Gay/Lesbian (**3.8%**; n=2), and Bisexual (**3.8%**; n=2).
- Were adults (26-59 year, **71.2%**; n=37), older adults (60+ years, **19.2%**; n=10), transition-age youth (16-25 years, **5.8%**; n=3), children (0-15 years, **1.9%**; n=1), and decline to state (**1.9%**; n=1).
- Were two or more races (**38.5%**; n=20), Central American (**13.5%**; n=7), Mexican (**11.5%**; n=6), unknown race (**3.8%**; n=2), American Indian (**1.9%**; n=1), Asian (**1.9%**; n=1), Black (**1.9%**; n=1), Caribbean (**1.9%**; n=1), Eastern European (**1.9%**; n=1), European (**1.9%**; n=1), Filipino (**1.9%**; n=1), and South American (**1.9%**; n=1).

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 2017-2018, AARS reported 58 individual outreach attendees representing these populations as presented in **Figure 3**.

Figure 3. Special Populations, Q1-Q4



## Group outreach

For FY 2017-2018, Daly City Peninsula Partnership Collaborative reported a total of two group outreach events, corresponding to 110 group outreach attendees—no attendees in Q1, no attendees in Q2, 110 attendees in Q3, and no attendees in Q4. The average length of group outreach events is 61 minutes in Q3.

Most group outreach events:

- Took place in unspecified locations (**33.3%**; n=2), other community locations (**33.3%**; n=2), school (**16.7%**; n=1), and age-specific community center locations (**16.7%**; n=1).
- Were categorized under N/A (**100%**; n=2), there were no MAA codes.

- Were conducted in English (**100%**; n=2).

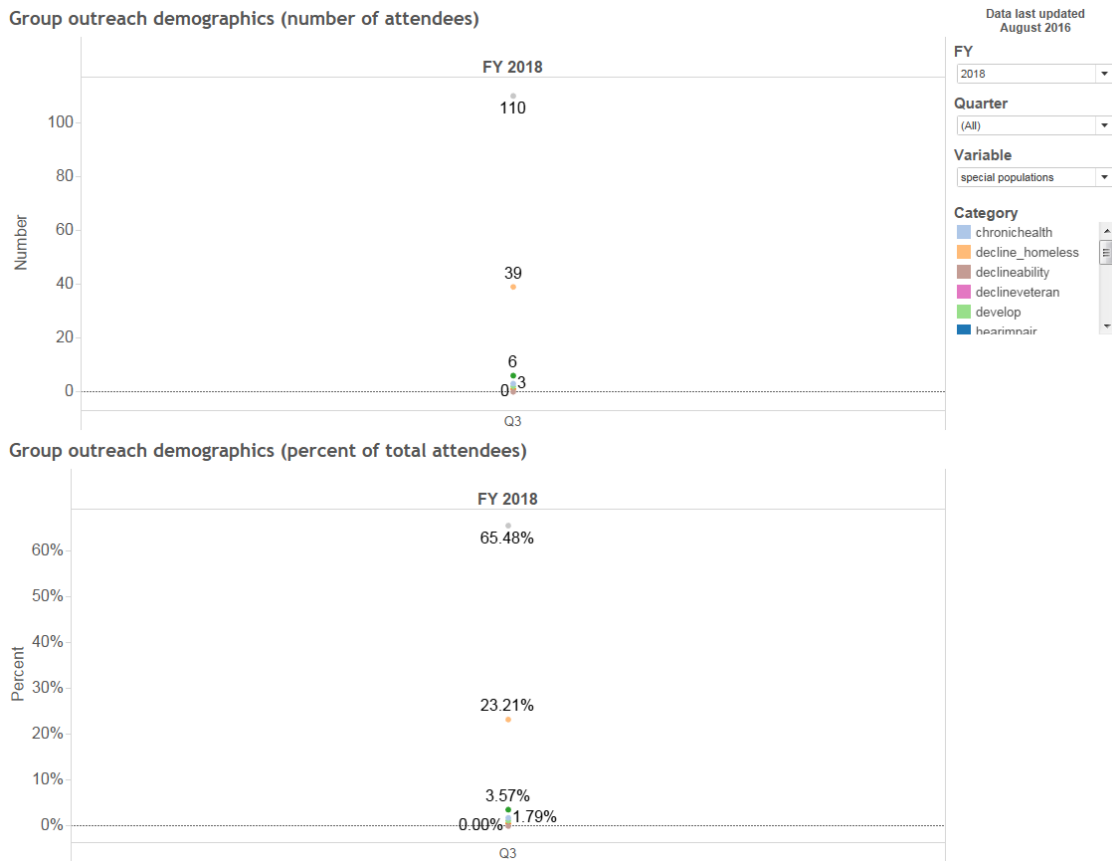
Group outreach event attendees:

- Self-reported as female (**89.1%**; n=98) and male (**10.9%**; n=12).
- Identified as Heterosexual (**89.1%**; n=98), Gay/Lesbian (**7.3%**; n=8), Decline (**2.7%**; n=3), and Bisexual (**1%**; n=1).
- Represented many races and ethnicities (**Table 1**):

Table 1. Group Outreach Attendees by Race/Ethnicity			
Race/ethnicity	Number (%)	Race/ethnicity	Number (%)
Asian	6 (5.5%)	Mexican	16 (14.5%)
Black	5 (4.5%)	Middle Eastern	7 (6.4%)
Central American	6 (5.5%)	Two or more races	8 (7.3%)
Chinese	3 (2.7%)	Unknown race	8 (7.3%)
Filipino	37 (33.6%)	White	14 (12.7%)

In FY 2017-2018, Daly City Peninsula Partnership Collaborative reported 168 group outreach attendees representing special populations, with the majority of that outreach occurring in Q3 as presented in **Figure 4**. During FY 2017-2018, Daly City Peninsula Partnership Collaborative most commonly reached attendees who were at risk for homelessness (n=6), had chronic health conditions (n=3), had physical/mobility disabilities (n=2), learning disability (n=2), hearing impaired (n=2), developmental disability (n=2), and homeless (n=1); these categories are not mutually exclusive.

Figure 4. Special Populations, Q1-Q4



## Appendix C. FY 2017-2018 Outreach, Daly City Youth Health Center

### Individual outreach

Daly City Youth Health Center did not report any data on individual outreach encounters during FY 2017-2018.

### Group outreach

For FY 2017-2018, Daly City Youth Health Center reported a total of 11 group outreach events, corresponding to 520 group outreach event attendees—186 attendees in Q1, 129 attendees in Q2, 205 attendees in Q3, and no attendees in Q4. The average length of group outreach events was 123 minutes, ranging from an average of 178 minutes per event in Q1 to 112 minutes per event in Q3.

Most group outreach events:

- Took place primarily in schools (**63.6%**; n=7), followed by other community locations (**27.2%**; n=3), and office (**9%**; n=1)
- Were reported as N/A (**100%**; n=11) under MAA.
- Were conducted in English (**100%**; n=11).

Group outreach event attendees:

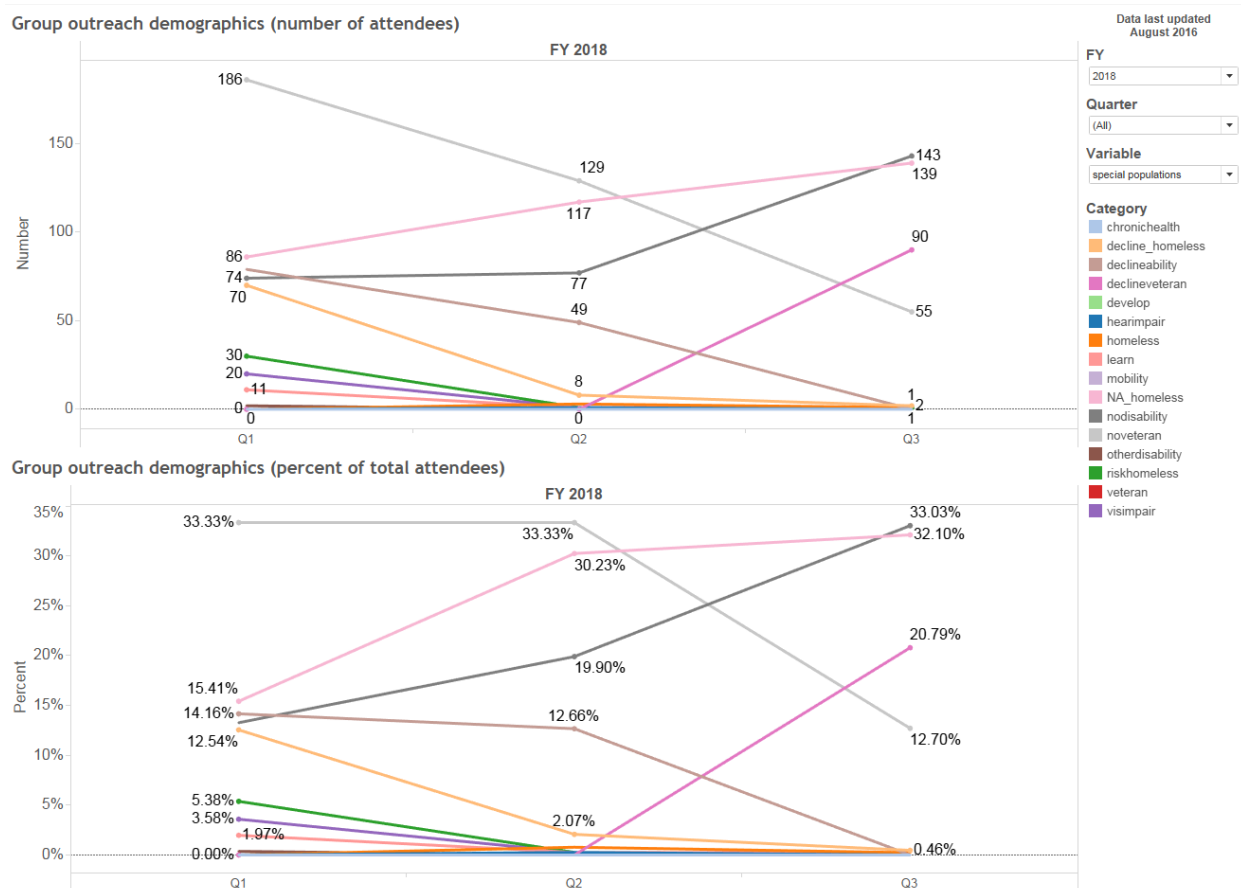
- Self-reported as female (**67.1%**; n=349), male (**31.5%**; n=164), and unknown gender (**1.3%**; n=7).
- Identified primarily as Bisexual (**2.9%**; n=15), Decline (**44.3%**; n=230), Gay/Lesbian (**7.5%**; n=39), Heterosexual (**44.3%**; n=230), or Questioning (**0.8%**; n=4).
- Represented many races and ethnicities (**Table 1**).

Table 1. Group Outreach Attendees by Race/Ethnicity			
Race/ethnicity	Number (%)	Race/ethnicity	Number (%)
American Indian	1 (0.2%)	Other	23(4.4%)
Asian	6 (1.1%)	South American	4 (0.8%)
Black	31 (5.9%)	South Asian	8 (1.5%)
Central American	13 (2.4%)	Unknown	14 (2.7%)
Chinese	34 (6.5%)	White	26 (5%)
Filipino	166 (31.8%)		
Hawaiian	1 (0.2%)		

Mexican	140 (26.8%)		
Two or more races	37 (7.1%)		

In FY 2017-2018, Daly City Youth Health Center reported 11 group outreach attendees representing special populations, with the majority of that outreach occurring in Q2 as presented in **Figure 4**. During FY 2017-2018, Daly City Youth Health Center most commonly reached attendees who had learning difficulty (n=13), hearing impaired (n=1), homeless (n=4), learning disability (n=13), were at risk for homelessness (n=32), vision impaired (n=22), and/or other disability (n=2); these categories are not mutually exclusive. Of note, the number of group outreach attendees representing these populations decreased from Q1 to Q2 but increased from Q2 to Q3 during FY 2017-2018. No special populations were reported in Q4.

Figure 4. Special Populations, Q1-Q4



## Appendix D. FY 2017-2018 Outreach, El Concilio

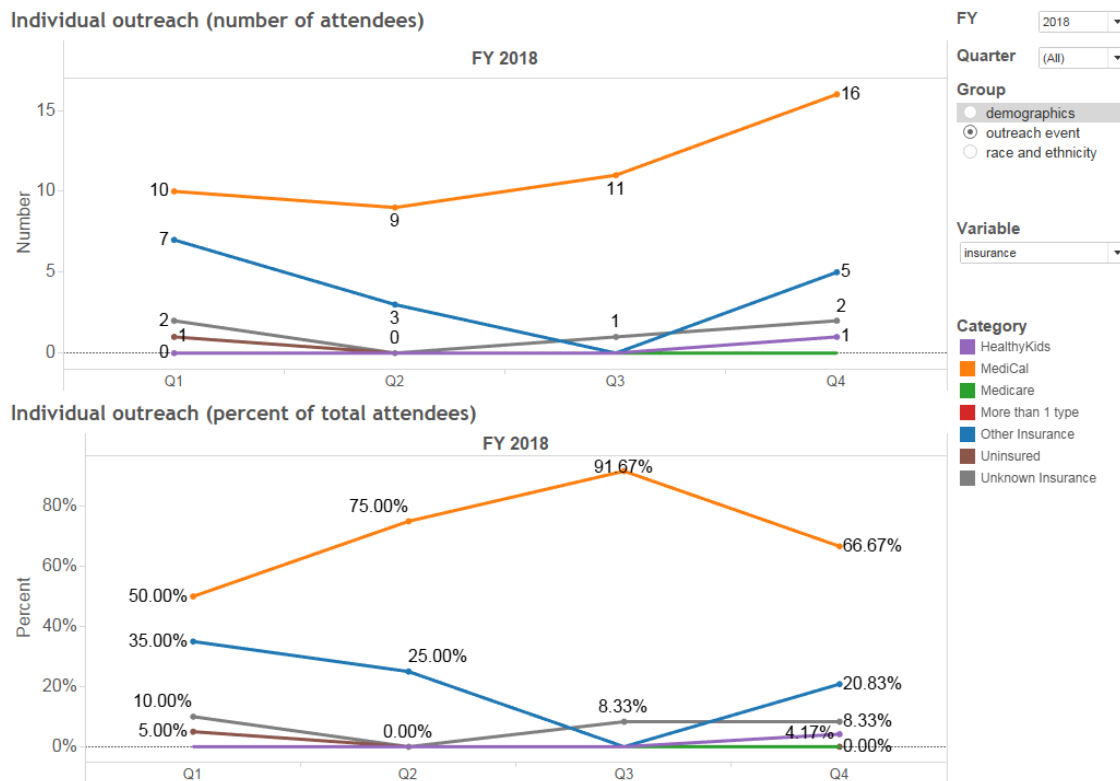
### Individual outreach

For FY 2017-2018, El Concilio reported a total of 68 individual outreach events—20 individual outreach events in Q1, 12 events in Q2, 12 events in Q3, and 24 events in Q4. The average length of individual outreach events was 18 minutes, ranging from an average of 21 minutes in Q1 to 16 minutes in Q3.

Most individual outreach events:

- Took place in the office (**91.1%**; n=62), followed by other community locations (**7.4%**; n=5), and Unspecified (**1.5%**; n=1).
- Were categorized under MAA 400 (**47.1%**; n=32) and (**52.9%**; n=36) reported N/A.
- Were conducted in Spanish (**50%**; n=34), or English (**50%**; n=34).
- Medi-Cal as the most common insurance type, followed by Other Insurance, Unknown Insurance, HealthyKids, and Uninsured (**Figure 1**).

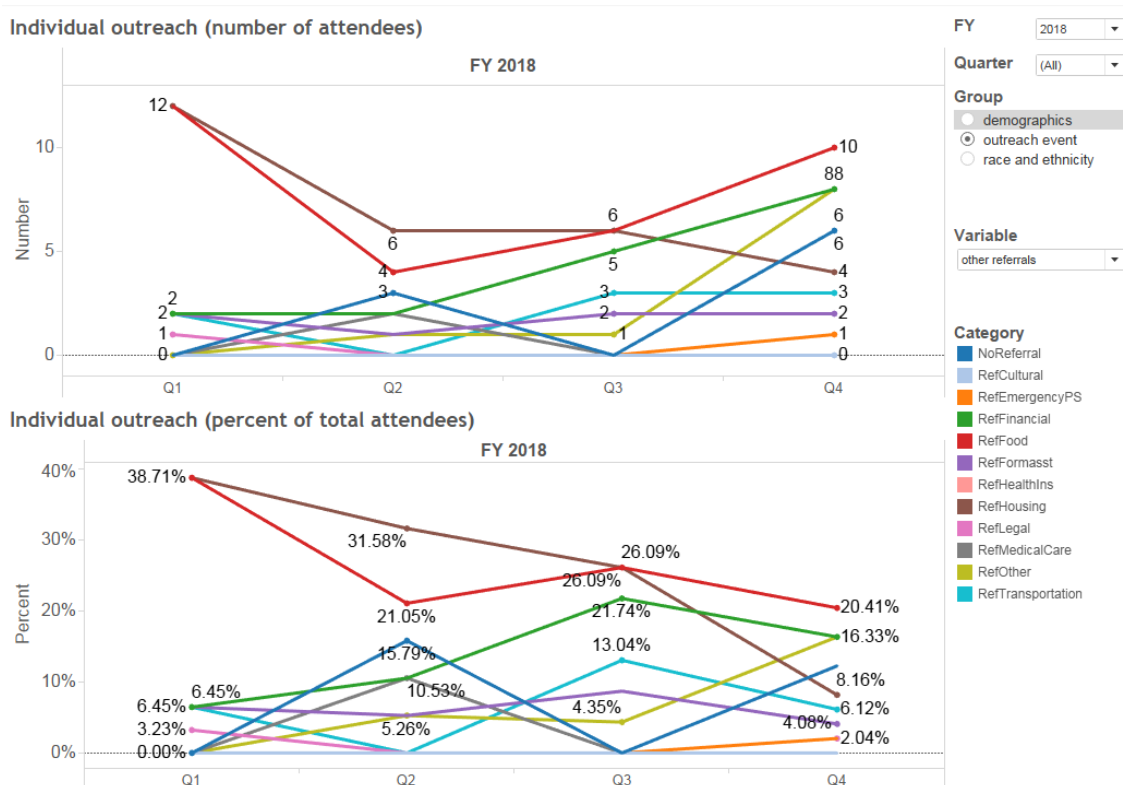
Figure 1. Type of Insurance, Q1-Q4



- Resulted in 15 mental health referrals and 2 substance abuse referrals.

- Resulted in 122 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 Food (**26.2%**; n=32), Housing (**23%**; n=28), Financial (**13.9%**; n=17), Other referrals (**8.2%**; n=10), Medical Care (**6.6%**; n=8), Transportation (**6.6%**; n=8), Form Assistance (**5.7%**; n=7), Legal (**1.6%**; n=2), and Emergency Protective Services (**0.8%**; n=1).

Figure 2. Other Referrals, Q1-Q4



#### Individual outreach event attendees:

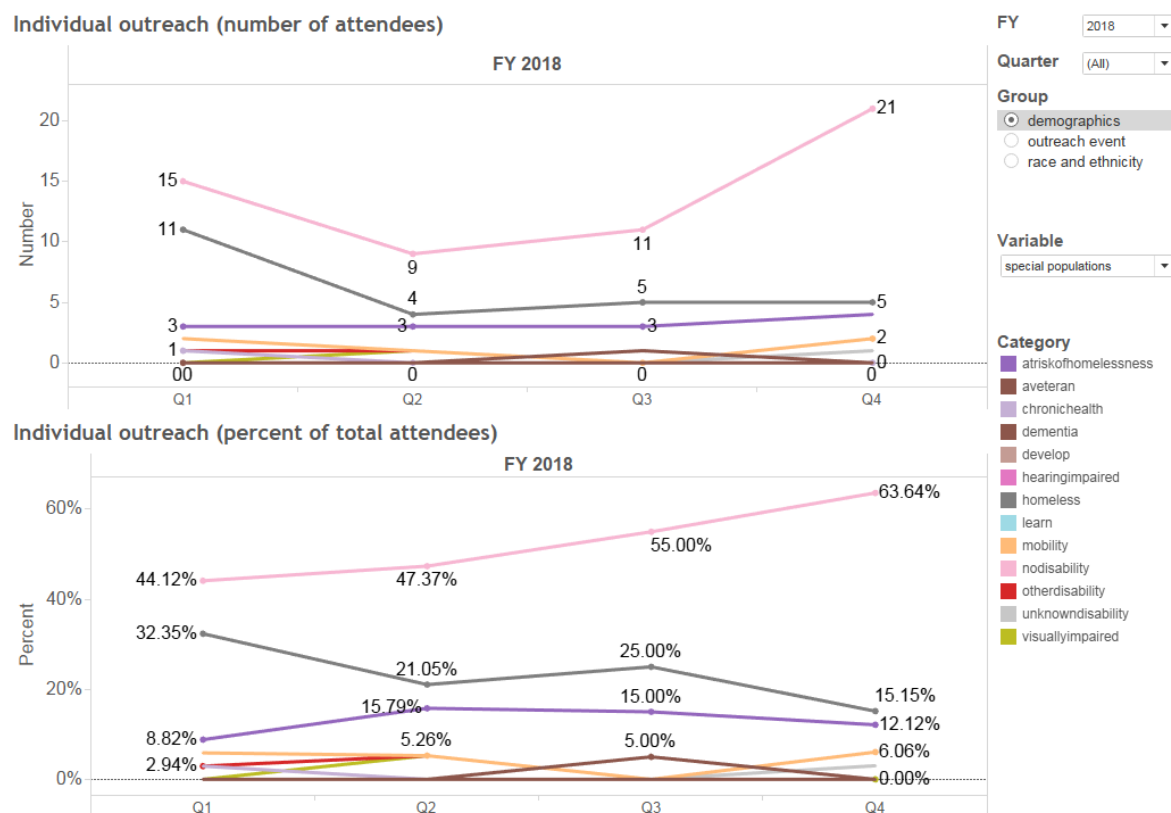
- Self-reported as female (**86.8%**; n=59) or male (**13.2%**; n=9).
- Self-reported primarily as Heterosexual (**97.1%**; n=66), Bisexual (**1.5%**; n=1), and LGBT (**1.5%**; n=1).
- Were adults (26-59 years, **66.2%**; n=45), older adults (60+ years, **22.1%**; n=15), transition-age youth (16-25 years, **10.3%**; n=7), and children, youth (0-15 years, **1.5%**; n=1).
- Were primarily two or more races (**45.6%**; n=31), Black (**26.5%**; n=18), White (**17.6%**; n=12), Mexican (**8.8%**; n=6), and Unknown Race (**1.5%**; 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 2017-2018, El Concilio reported 106 individual outreach event attendees representing these populations in **Figure 3**.

Figure 3. Special Populations, Q1-Q4



## Group outreach

For FY 2017-2018, El Concilio reported a total of one group outreach event, corresponding to 38 group outreach event attendees—all of them were in Q1. The average length of group outreach events was 45 minutes in Q1.

Most group outreach events:

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

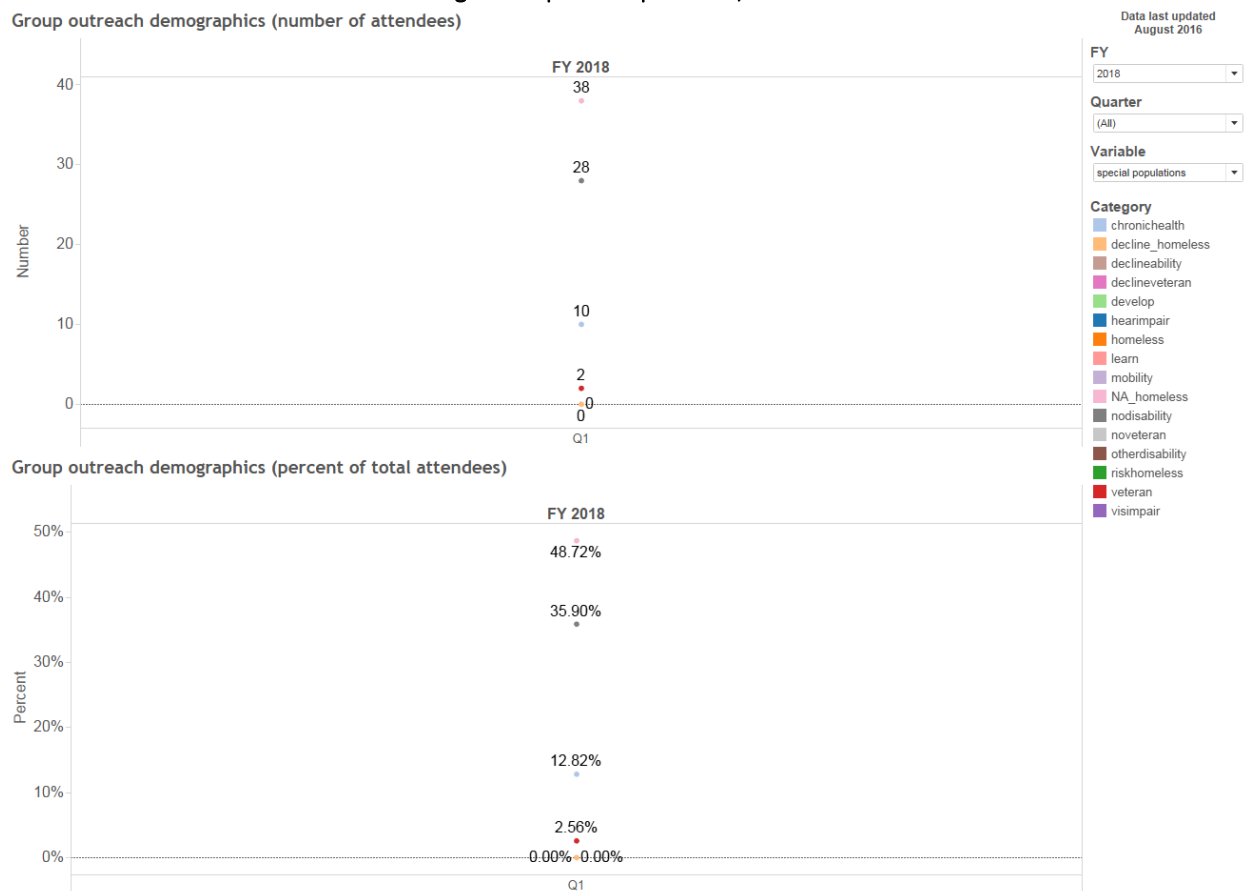
Group outreach event attendees:

- Self-reported as female (**78.9%**; n=30), or male (**21%**; n=8).
- Identified as Heterosexual (**100%**; n=38).
- Represented many races and ethnicities (**Table 1**).

Table 1. Group Outreach Attendees by Race/Ethnicity			
Race/ethnicity	Number (%)	Race/ethnicity	Number (%)
Black	38 (92.7%)		
Other	2 (4.9%)		
Two or more races	1 (2.4%)		

In FY 2017-2018, El Concilio reported 38 group outreach attendees representing special populations, with the majority of that outreach occurring in Q1 as presented in Figure 4. During FY 2017-2018, El Concilio reached attendees who were veterans (n=2) and chronic health conditions (n=10).

Figure 4. Special Populations, Q1-Q4



## Appendix E. FY 2017-2018 Outreach, Free At Last

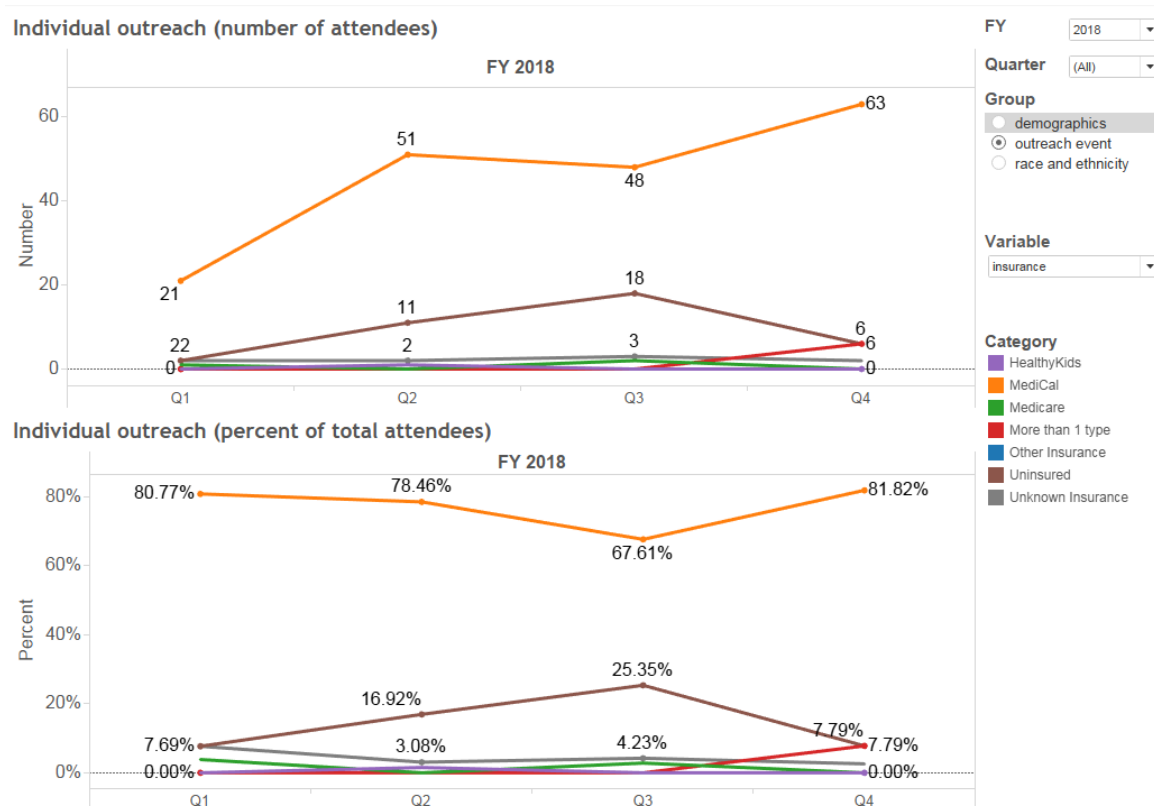
### Individual outreach

For FY 2017-2018, Free At Last reported a total of 239 individual outreach events—26 individual outreach events in Q1, 65 events in Q2, 71 events in Q3, and 77 events in Q4. The average length of individual outreach events was 31 minutes, ranging from an average of 28 minutes in Q1 to 31 minutes in Q2.

Most individual outreach events:

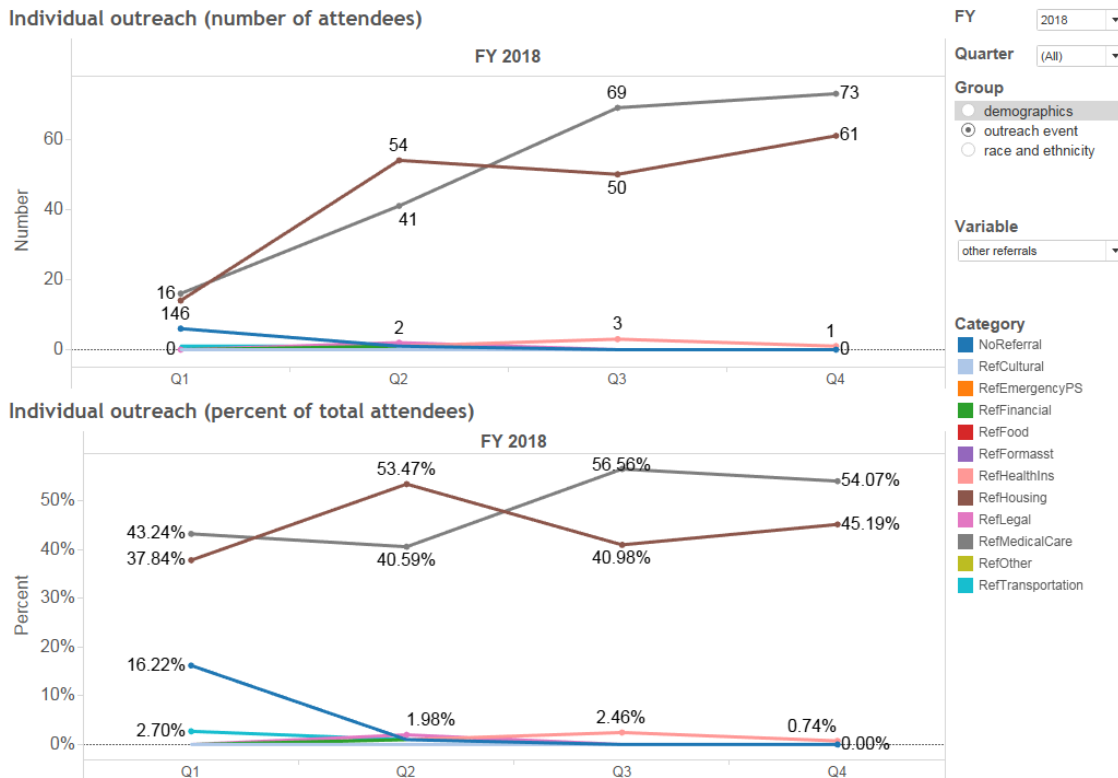
- Took place primarily in unspecified locations (**69.5%**; n=166), and in the office (**30.5%**; n=73).
- Were categorized as MAA 401 (**5%**; n=12) or 400 (**2.9%**; n=7). There were N/A (**92.1%**; n=220).
- Were conducted in English (**82%**; n=196), Spanish (**17.2%**; n=41), or Samoan (**0.8%**; n=2).
- Were mostly with the uninsured (**15.5%**; n=37). 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 36 mental health referrals and 159 substance abuse referrals.
- Resulted in 395 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 (**45.3%**; n=179) and Medical Care (**50.4%**; n=199), followed by No Referrals (**1.8%**; n=7), Health Insurance (n=5), Transportation (**0.5%**; n=2), Legal (**0.5%**; n=2), and Financial (**0.3%**; n=1).

Figure 2. Other Referrals, Q1-Q4



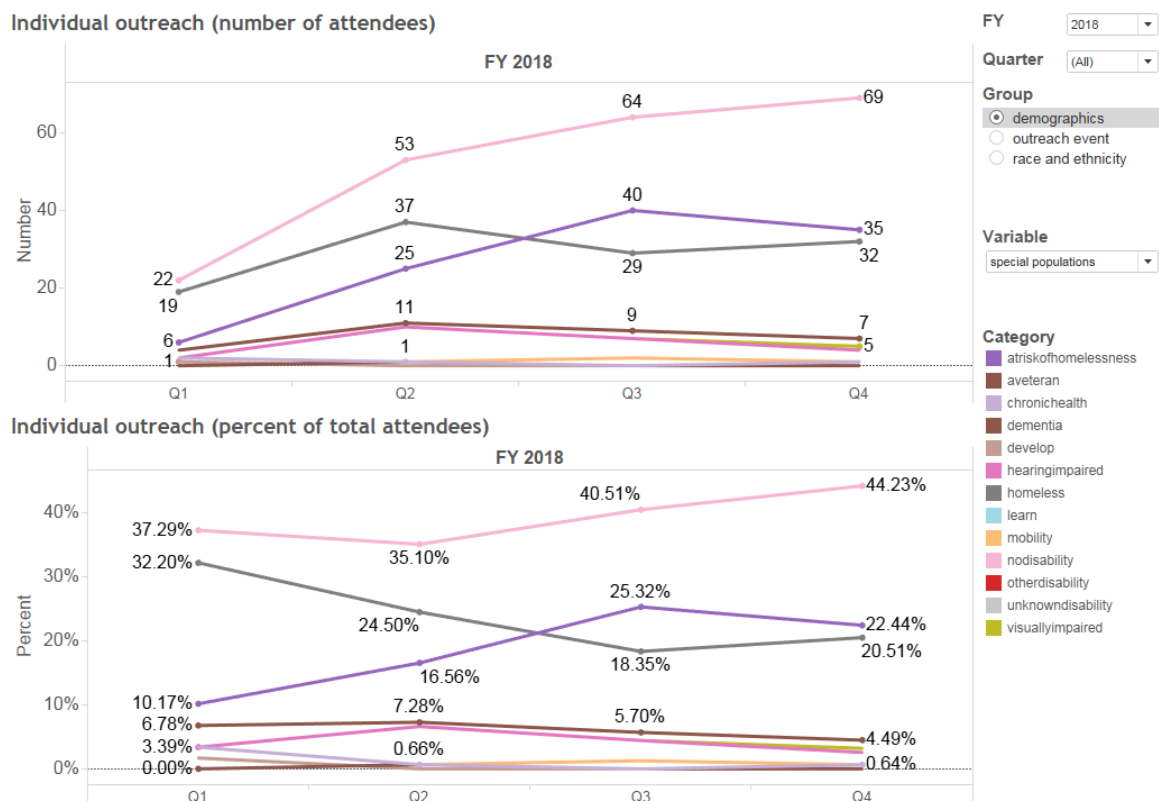
#### Individual outreach event attendees:

- Self-reported as male (**59.4%**; n=142), female (**40.6%**; n=97).
- Self-reported primarily as Heterosexual (**66.5%**; n=159), Bisexual (**16.7%**; n=40), and Gay/Lesbian (**10.9%**; n=26). Pansexual (**1.7%**; n=4), Multi Queer (**1.3%**; n=3), Questioning (**1.3%**; n=3), and Unknown (**0.4%**; n=1).
- Were adults (26-59 years, **72.8%**; n=174), transition-age youth (16-25 years, **17.2%**; n=41), or older adults (60+ years, **10%**; n=24).

- Were primarily Black (**51.1%**; n=122), Mexican (**15.1%**; n=36), White (**11.7%**; n=28), with two or more races (**8%**; n=19), Tongan (**3.8%**; n=9), Filipino (**2.9%**; n=7), Central American (**2.1%**; n=5), Hawaiian (**1.7%**; n=4), Samoan (**0.8%**; n=2), Other Race (**0.8%**; n=2), American Indian (**0.4%**; n=1), Fijian (**0.4%**; n=1), Puerto Rican (**0.4%**; n=1), South American (**0.4%**; n=1), and South Asian (**0.4%**; 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 2017-2018, Free At Last reported 524 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 2017-2018.

## Appendix F. FY 2017-2018 Outreach, Multicultural Counseling and Education Services of the Bay Area

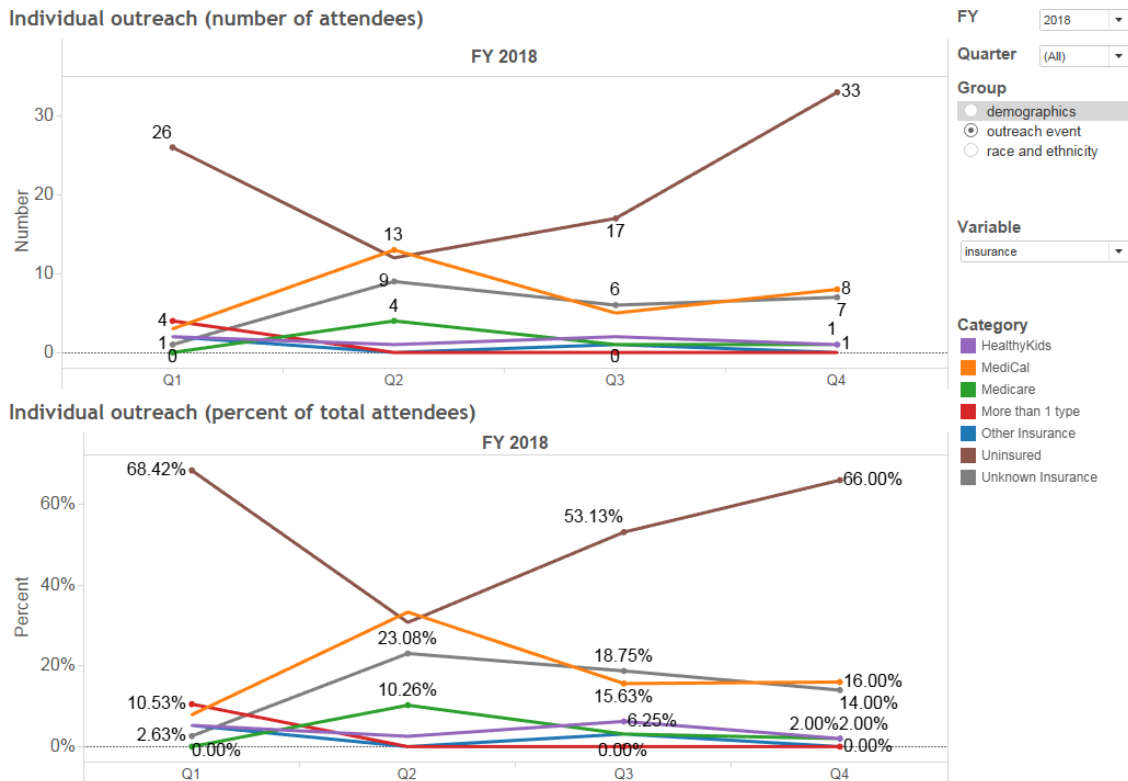
### Individual outreach

For FY 2017-2018, Multicultural Counseling and Education Services of the Bay Area (MCESBA) reported a total of 159 individual outreach events—38 individual outreach events in Q1, 39 events in Q2, 32 events in Q3, and 50 events in Q4. The average length of individual outreach events is 56 minutes, ranging from an average of 48 minutes in Q4 to 62 minutes in Q2.

Most individual outreach events:

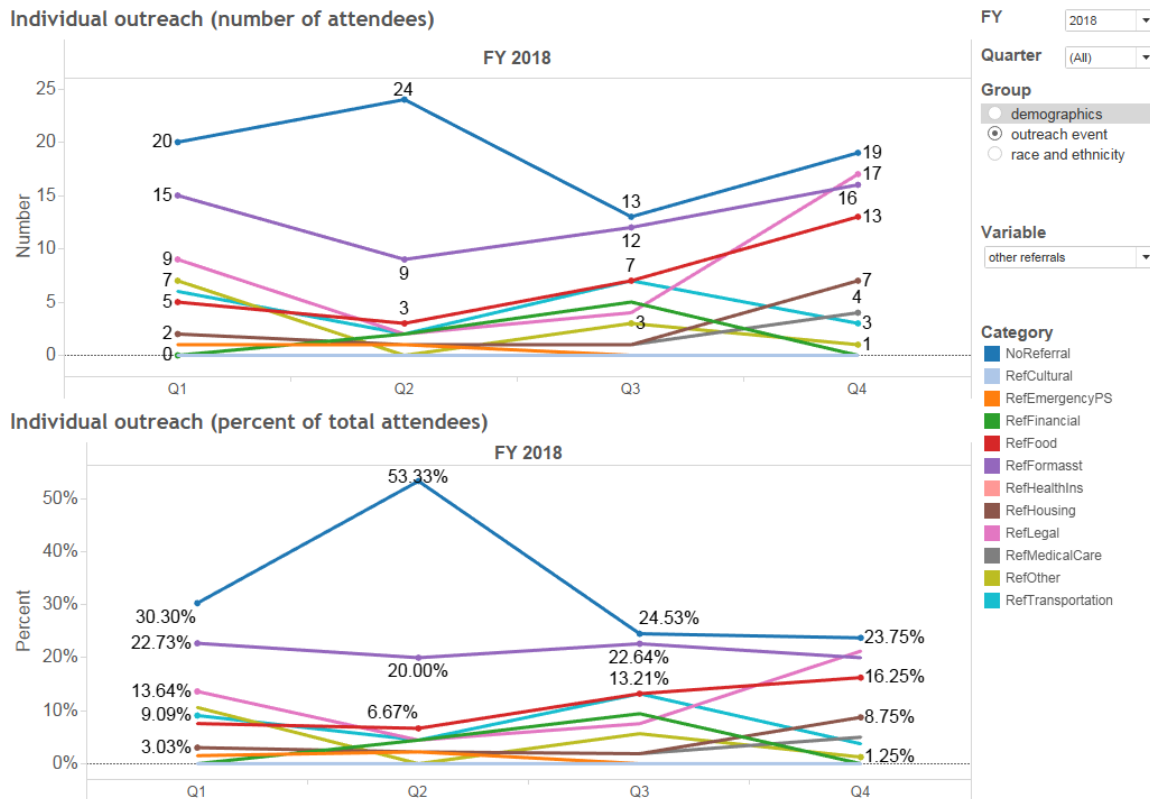
- Took place in home (**38.4%**; n=61), phone (**21.4%**; n=34), non-traditional locations (**9.4%**; n=15), age-specific community center (**9.4%**; n=15), other community locations (**5.7%**; n=9), unspecified locations (**3.8%**; n=6), faith-based church/temple (**3.1%**; n=5), school (**2.5%**; n=4), job site (**2.5%**; n=4), and health/primary care clinic (**0.6%**; n=1).
- Were categorized under MAA 400 (**45.3%**; n=72). There were N/A (**54.7%**; n=87).
- Were conducted in English (**57.2%**; n=91), Tongan (**30%**; n=47), or Samoan (**13.2%**; n=21).
- Were mostly with the uninsured (**55.3%**; n=88) and unknown (**14.5%**; n=23). For those whose insurance was known, Medi-Cal (**18.2%**; n=29) was most common insurance type. Followed by HealthyKids (**3.8%**; n=6), Medicare (**3.8%**; n=6), more than one type of insurance (**2.5%**; n=4), and other insurance (**1.9%**; n=3) (**Figure 1**).

Figure 1. Types of Insurance, Q1-Q4



- Resulted in 92 mental health referrals and 12 substance abuse referrals.
- Resulted in 244 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. For MCESBA there were no referrals (**31%**; n=76). MCESBA primarily made referrals to Form Assistance (**21.3%**; n=52), Legal (**13.1%**; n=32), Food (**11.5%**; n=28), Transportation (**7.4%**; n=18), Housing (**4.5%**; n=11), other referrals (**4.5%**; n=11), Financial (**2.9%**; n=7), Medical Care (**2.9%**; n=7), and Emergency/Protective services (**0.8%**; n=2).

Figure 2. Other Referrals, Q1-Q4



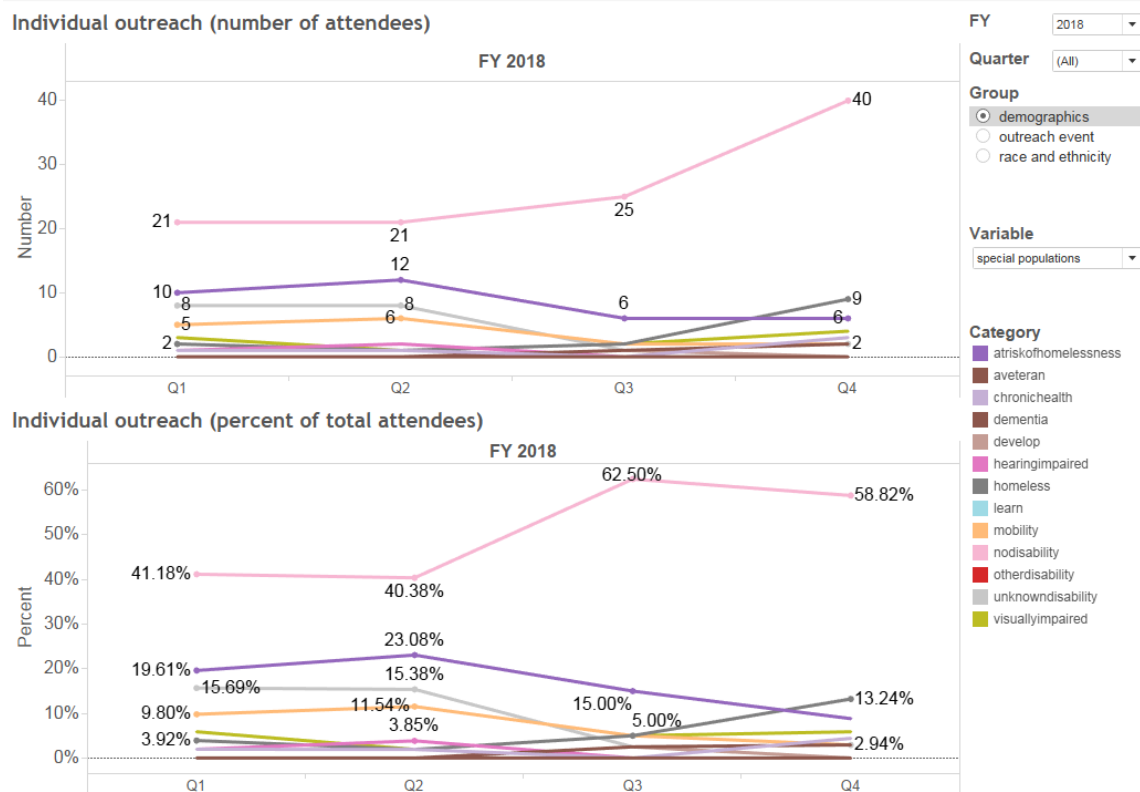
#### Individual outreach event attendees:

- Self-reported as female (**53.5%**; n=85), male (**45.9%**; n=73), and other gender (**0.6%**; n=1).
- Self-reported as Heterosexual (**89.9%**; n=143), Gay/Lesbian (**8.8%**; n=11), Bisexual (**2.5%**; n=4), and Questioning (**0.6%**; n=1).
- Were transition-age youth (16-25 years, **47.2%**; n=91), adults (26-59 years, **25.2%**; n=40), older adults (60+ years, **15.7%**; n=25), and Decline to state (**1.9%**; n=3)
- Were primarily Tongan (**30.8%**; n=72), two or more races (**24.5%**; n=39), Samoan (**20.8%**; n=33), Black (**5%**; n=8), White (**1.9%**; n=3), Fijian (**0.6%**; n=1), Hawaiian (**0.6%**; n=1), Mexican (**0.6%**; n=1), and unknown race (**0.6%**; 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 2017-2018, MCESBA reported 211 individual outreach event attendees representing these populations (**Figure 3**).



Figure 3. Special Populations, Q1-Q4



## Group outreach

For FY 2017-2018, MCESBA reported a total of one group outreach events, corresponding to seven group outreach event attendees—no attendees in Q1, no attendees in Q2, no attendees in Q3, and seven attendees in Q4. The average length of group outreach events is 45 minutes in Q4.

Most group outreach events:

- Took place in faith-based church/temple (**100%**; n=1).
- Were reported N/A (**100%**; n=1) under MAA.
- Were conducted in English (**100%**; n=1).

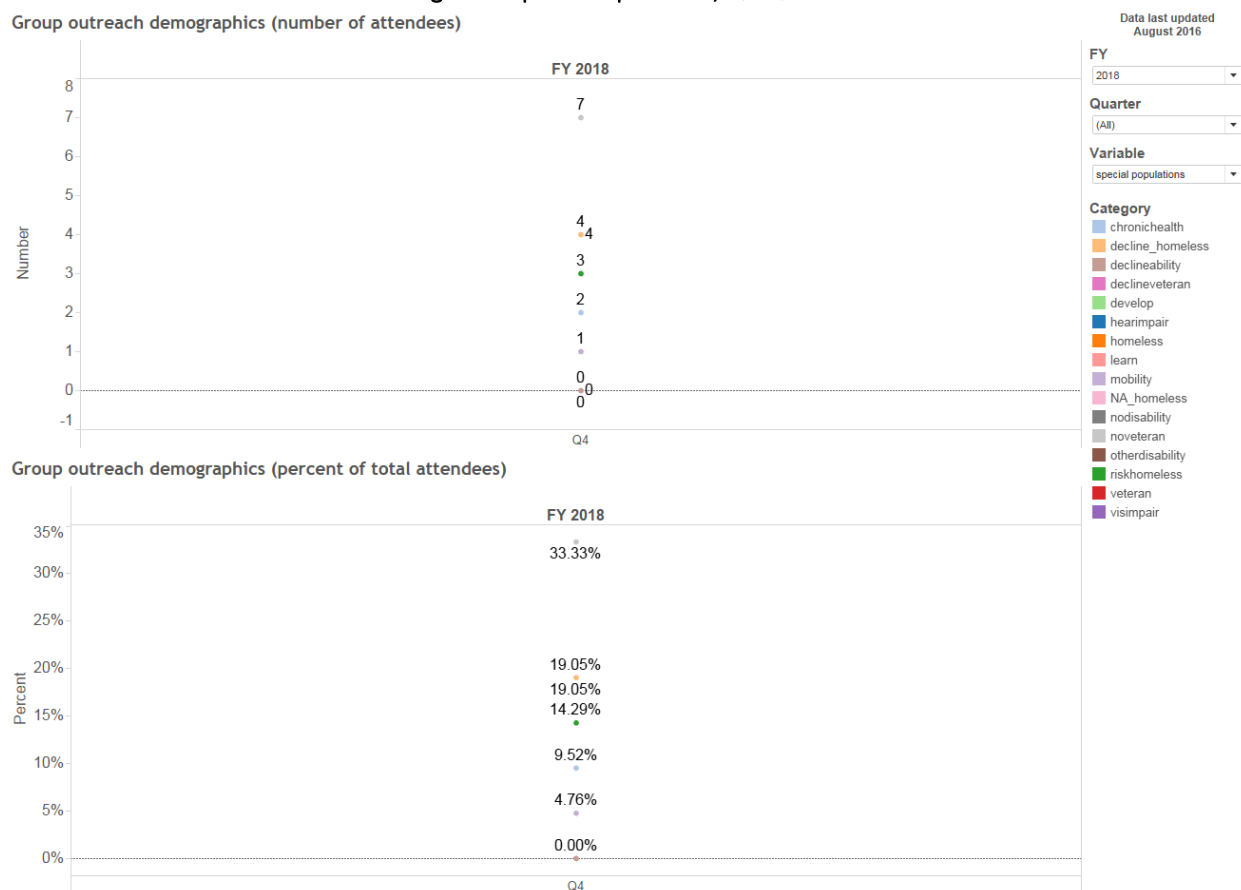
Group outreach event attendees:

- Self-reported as male (**57.1%**; n=4) or female (**42.9%**; n=3).
- Self-reported as Heterosexual (**100%**; n=7).
- Represented many races and ethnicities (**Table 1**).

Table 1. Group Outreach Attendees by Race/Ethnicity	
Race/ethnicity	Number (%)
Tongan	7 (100%)

In FY 2017-2018, MCESBA reported 7 group outreach event attendees representing special populations, with the majority of that outreach occurring in Q4 as presented in **Figure 4**. During FY 2017-2018, MCESBA most commonly reached attendees who had physical/mobility disability (n=1), at risk for homelessness (n=3), and vision impairment (n=4); these categories are not mutually exclusive.

Figure 4. Special Populations, Q1-Q4



## Appendix G. FY 2017-2018 Outreach, Pacifica Collaborative

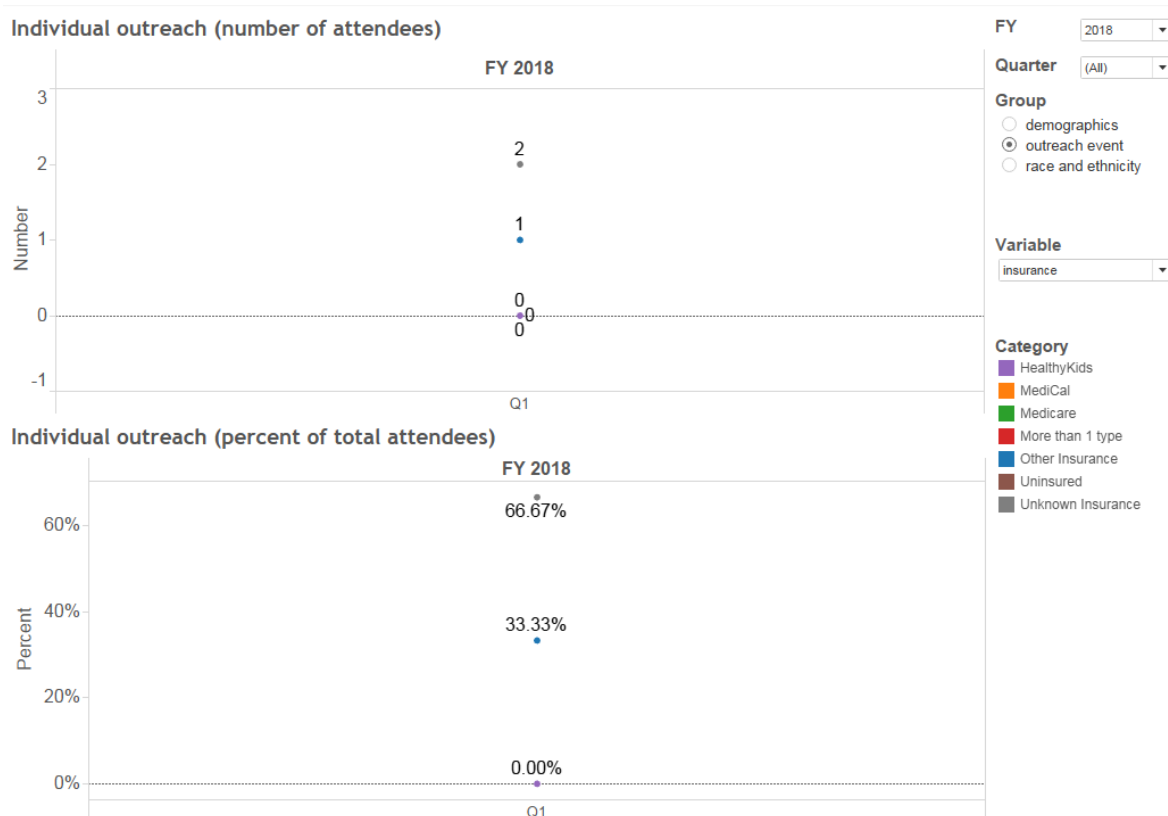
### Individual outreach

For FY 2017-2018, Pacifica Collaborative reported a total of three individual outreach events—three individual outreach events in Q1, no events in Q2, no events in Q3, and no events in Q4. The average length of individual outreach events was 65 minutes, ranging from an average of 65 minutes in Q1.

Most individual outreach events:

- Took place in other community location (**100.0%**; n=3).
- No MAA codes were reported. All were reported as N/A (**100%**; n=3).
- Were conducted in English (**100%**; n=3).
- Were mostly with the unknown insurance (**66.7%**; n=2) and uninsured (**33.3%**; n=1). (**Figure 1**).

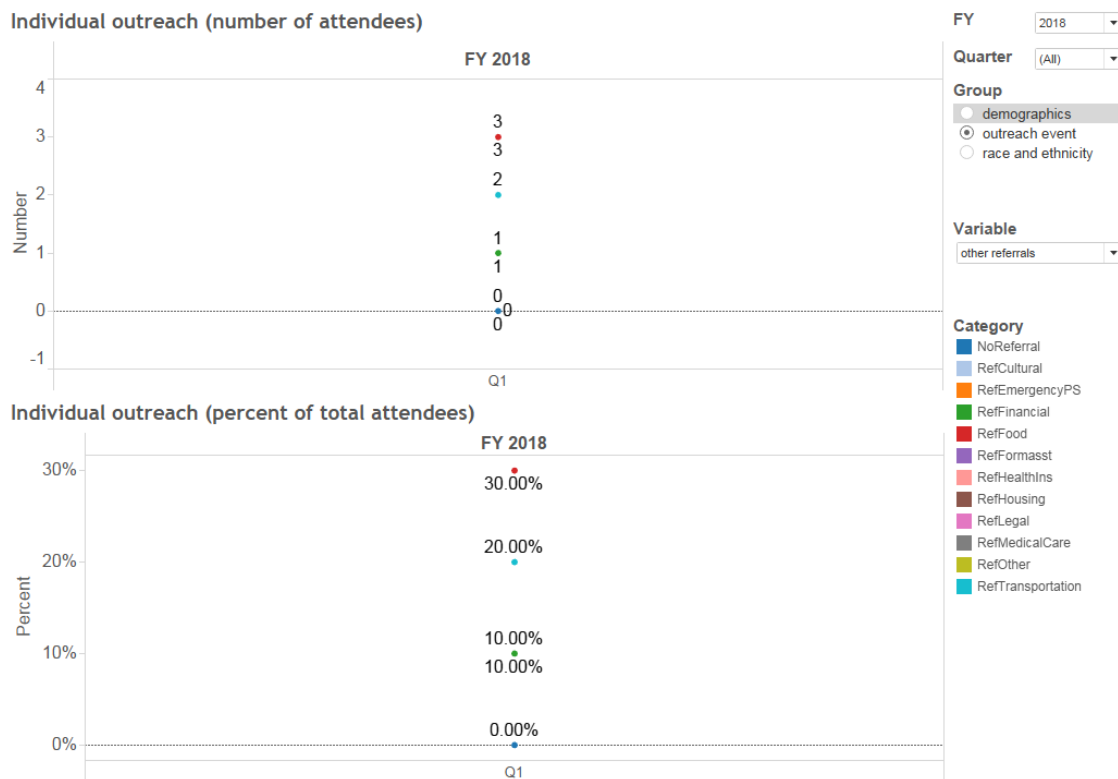
Figure 1. Types of Insurance, Q1-Q4



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

- Resulted in 10 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 (**0.3%**; n=3), Form Assistance (**0.3%**; n=3), Transportation (**0.2%**; n=2), Financial (**0.1%**; n=1), and Housing (**0.1%**; n=1).

Figure 2. Other Referrals, Q1-Q4

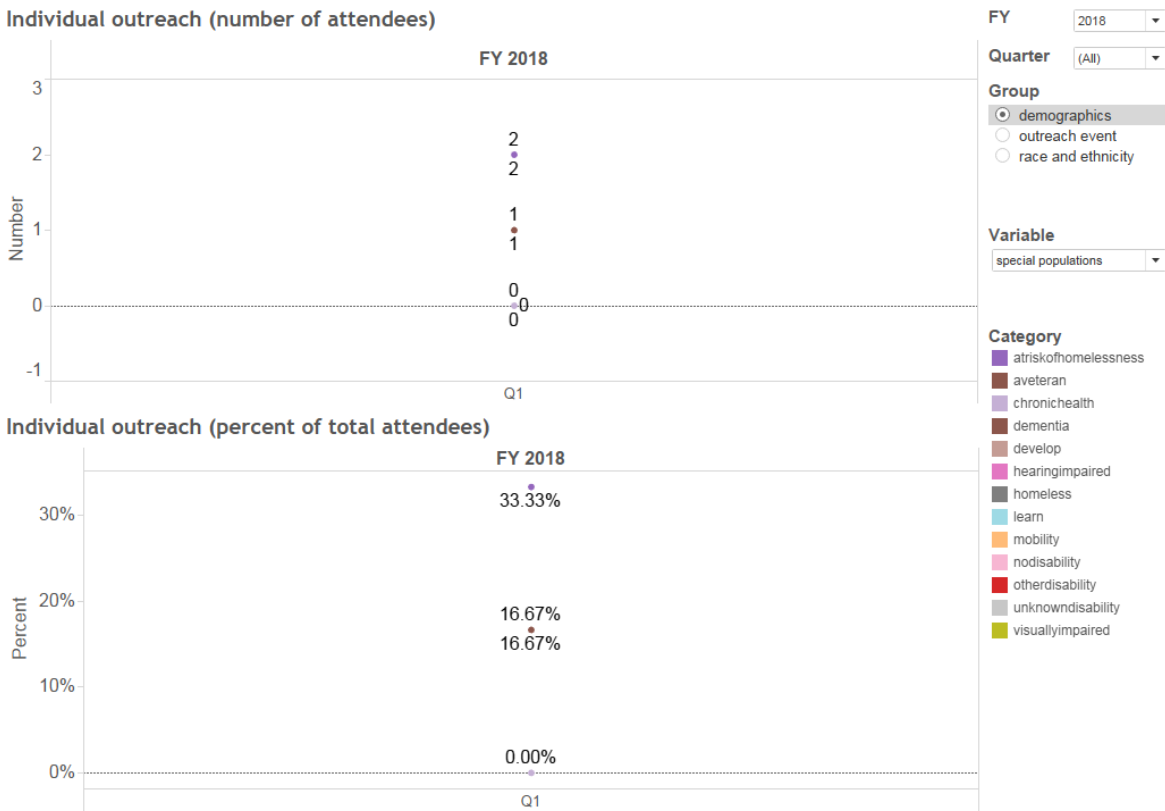


#### Individual outreach event attendees:

- Self-reported as female (**75%**; n=2) or male (**25%**; n=1).
- Self-reported as unknown sexual orientation (**66.7%**; n=2), and Heterosexual (**33.3%**; n=1).
- Were adults (26-59 years, **71.4%**; n=3).
- Were primarily two or more races (**66.7%**; n=2) or White (**33.3%**; 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 2017-2018, Pacifica Collaborative reported 6 individual outreach attendees representing these populations. (**Figure 3**).

Figure 3. Special Populations, Q1-Q4



## Group outreach

For FY 2017-2018, Pacifica Collaborative reported a total of 4 group outreach events, corresponding to 911 group outreach event attendees—582 attendees in Q1, 329 attendees in Q2, no attendees in Q3, and no attendees in Q4. The average length of group outreach events is 120 minutes, ranging from an average of 120 minutes per event in Q1 and Q2.

Most group outreach events:

- Took place in faith-based churches/temples (**75%**; n=3) and other community locations (**25%**; n=1).
- Were reported under N/A (**100%**; n=4) under MAA.
- Were conducted in English (**100%**; n=4).

Group outreach event attendees:

- Self-reported as female (**56.5%**; n=501), male (**37.7%**; n=334), or unknown gender (**5.9%**; n=52).
- Self-reported as Heterosexual (**48.7%**; n=433), decline (**42.2%**; n=376), Bisexual (**4.9%**; n=44), Gay/Lesbian (**4%**; n=36), or Queer (**0.1%**; n=1).

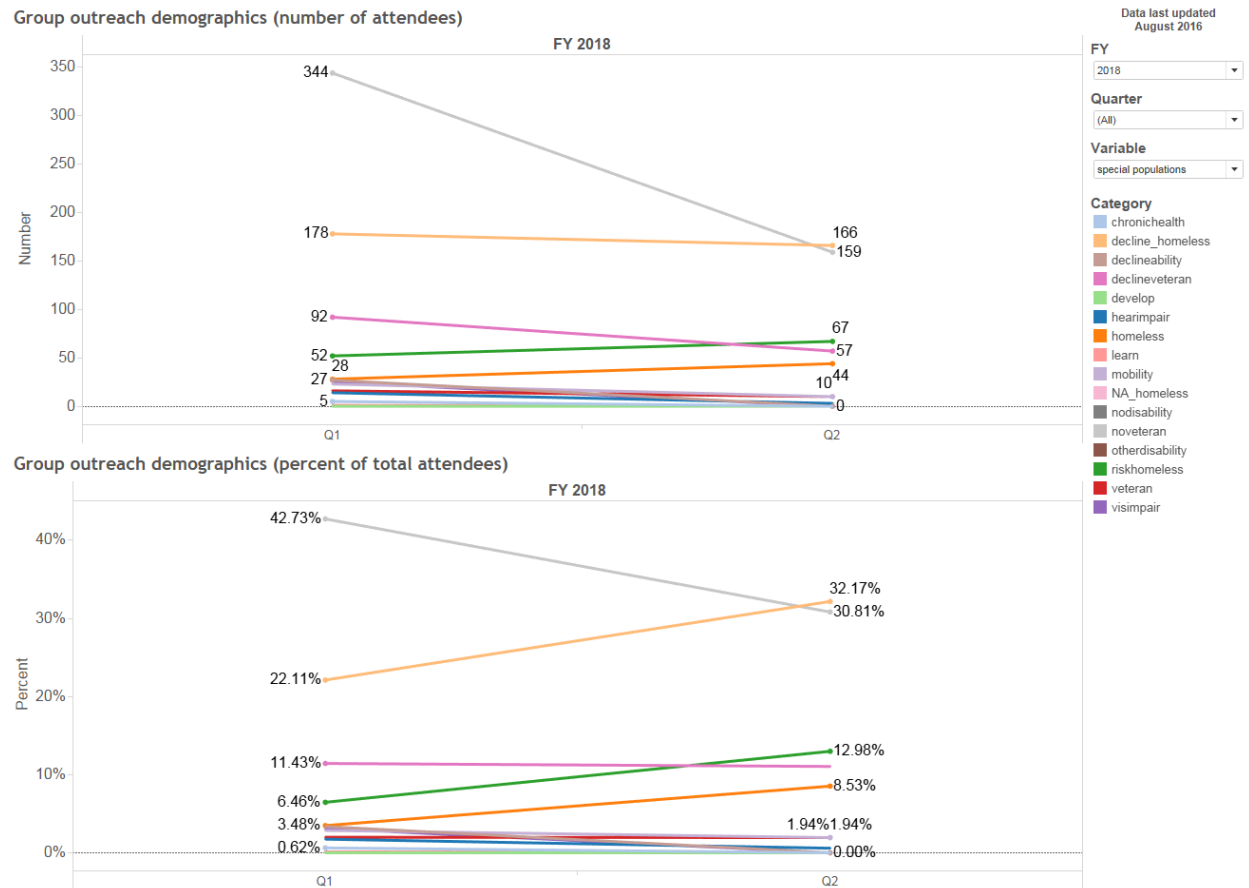
- Represented many races and ethnicities (**Table 1**).

Table 1. Group Outreach Attendees by Race/Ethnicity			
Race/ethnicity	Number (%)	Race/ethnicity	Number (%)
American Indian	17 (1.3%)	Other	104 (7.9%)
Asian	159 (12%)	Puerto Rican	1 (<1%)
Black	26 (2%)	Samoan	15 (1.1%)
Chinese	31 (2.3%)	Tongan	12 (0.9%)
Fijian	1 (<1%)	Unknown	173 (13.1%)
Filipino	84 (6.4%)	White	503 (38.1%)
Hawaiian	17 (1.3%)		
Japanese	17 (1.3%)		
Korean	8 (0.6%)		
Mexican	161 (12%)		
Two or more races	26 (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.”

In FY 2017-2018, Pacifica Collaborative reported 582 group outreach event attendees representing special populations (**Figure 4**). During FY 2017-2018, Pacifica Collaborative most commonly reached attendees who are at risk for homelessness (n=119), have chronic health conditions (n=5), hearing impaired (n=17), homeless (n=72), learning disability (n=1), physical/mobility disability (n=33), vision impaired (n=25), and/or veterans (n=26); these categories are not mutually exclusive.

Figure 4. Special Populations, Q1-Q4



## Appendix H. FY 2017-2018 Outreach, StarVista

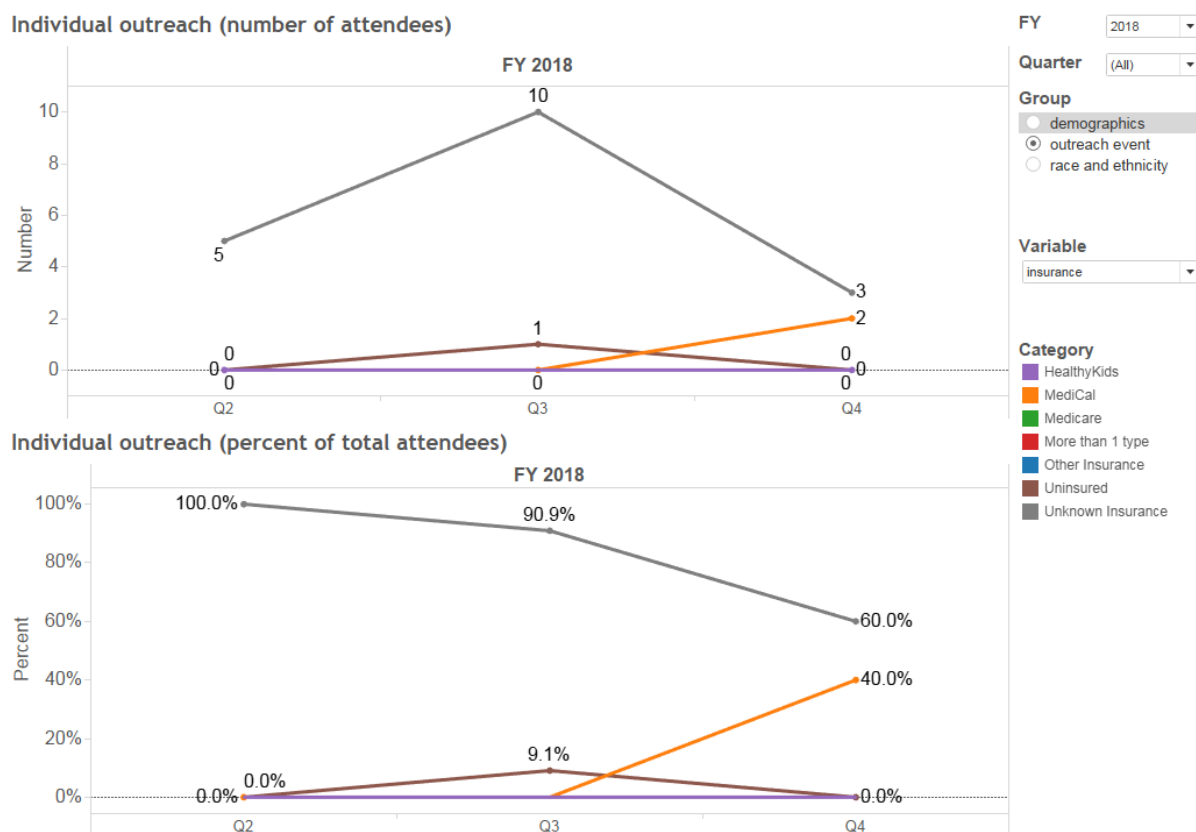
### Individual outreach

For FY 2017-2018, StarVista reported a total of 21 individual outreach events—no individual outreach events in Q1, five events in Q2, 11 events in Q3, and five events in Q4. The average length of individual outreach events was 521 minutes, ranging from an average of 60 minutes in Q2 and 297 minutes in Q3.

Most individual outreach events:

- Took place by phone (**85.7%**; n=18) and other community location (**14.3%**; n=3).
- No MAA codes were reported. All were reported as N/A (**100%**; n=21).
- Were conducted in English (**61.9%**; n=13) or Spanish (**38%**; n=8).
- Were mostly with the unknown insurance (**85.7%**; n=18), Medi-Cal (**9.5%**; n=2), and uninsured (**4.8%**; n=1). (**Figure 1**).

Figure 1. Types of Insurance, Q1-Q4

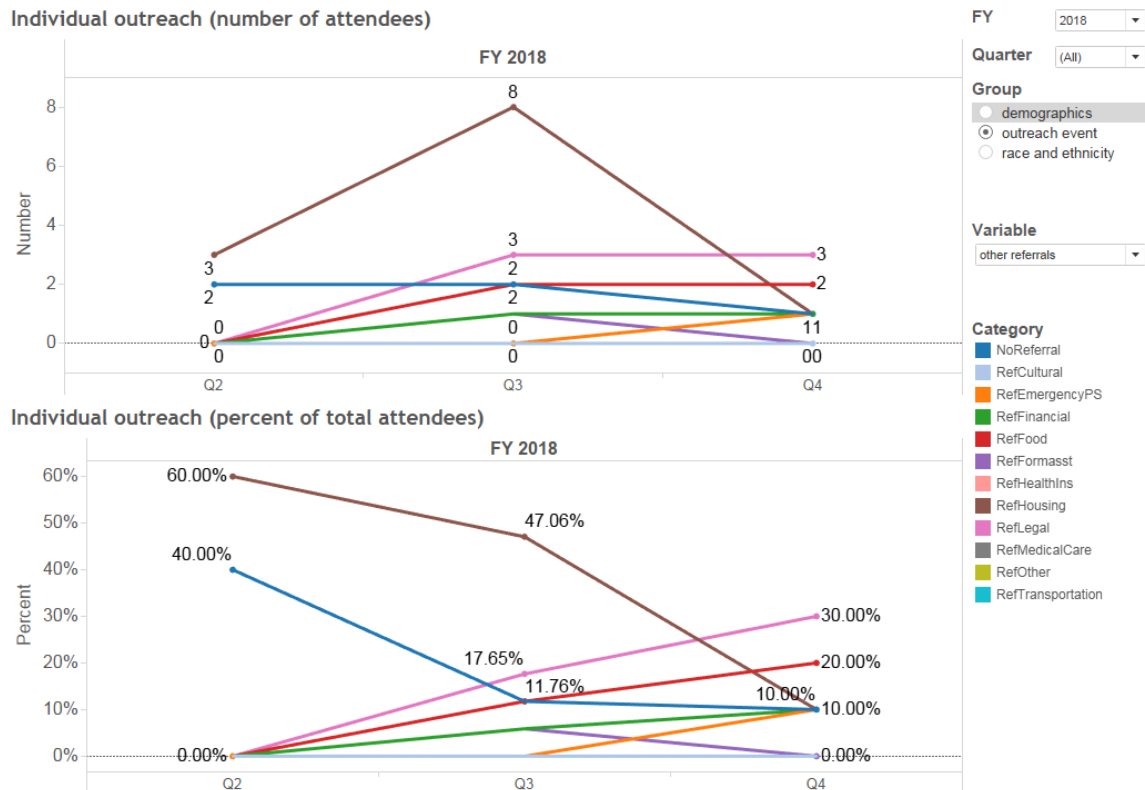


- Resulted in four mental health referrals and no substance abuse referrals.



- Resulted in 32 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. There were no referrals (**15.6%**; n=5). Pacifica Collaborative primarily made referrals to Housing (**37.5%**; n=12), Legal (**18.8%**; n=6), Food (**12.5%**; n=4), Emergency/Protective services (**3.1%**; n=1), Form Assistance (**3.1%**; n=1), and Transportation (**3.1%**; n=1).

Figure 2. Other Referrals, Q1-Q4

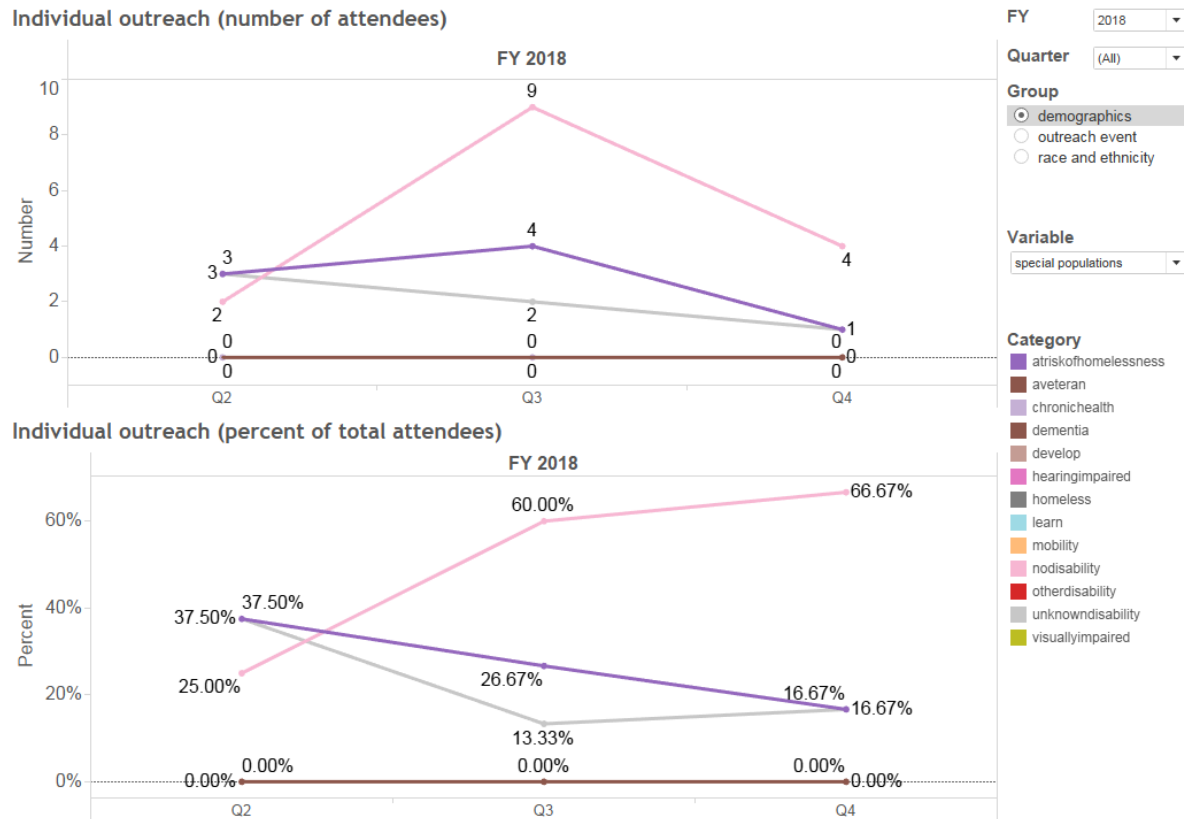


#### Individual outreach event attendees:

- Self-reported as female (**95.2%**; n=20) or other gender (**4.8%**; n=1).
- Self-reported as unknown sexual orientation (**19%**; n=4), and Heterosexual (**81%**; n=17).
- Were adults (26-59 years, **52.4%**; n=11), transition-age youth (16-25 years, **33.3%**; n=7), and decline to state (**14.3%**; n=3).
- Were primarily of an Unknown Race (**33.3%**; n=7), Mexican (**23.8%**; n=5), White (**19%**; n=4), South American (**14.3%**; n=3), and Chinese (**9.5%**; n=2).

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 2017-2018, StarVista reported 29 individual outreach attendees representing these populations. (**Figure 3**).

Figure 3. Special Populations, Q1-Q4



## Group outreach

For FY 2017-2018, StarVista reported a total of 17 group outreach events, corresponding to 289 group outreach event attendees—no attendees in Q1, 72 attendees in Q2, 153 attendees in Q3, and 64 attendees in Q4. The average length of group outreach events was 79.4 minutes, ranging from 50 minutes in Q2 to 90 minutes in Q4.

Most group outreach events:

- Took place in schools (**94%**; n=16) and by phone (**5.9%**; n=1).
- Were reported N/A (**100%**; n=17) under MAA.
- Were conducted in English (**17.6%**; n=3) and Spanish (**82.4%**; n=14).

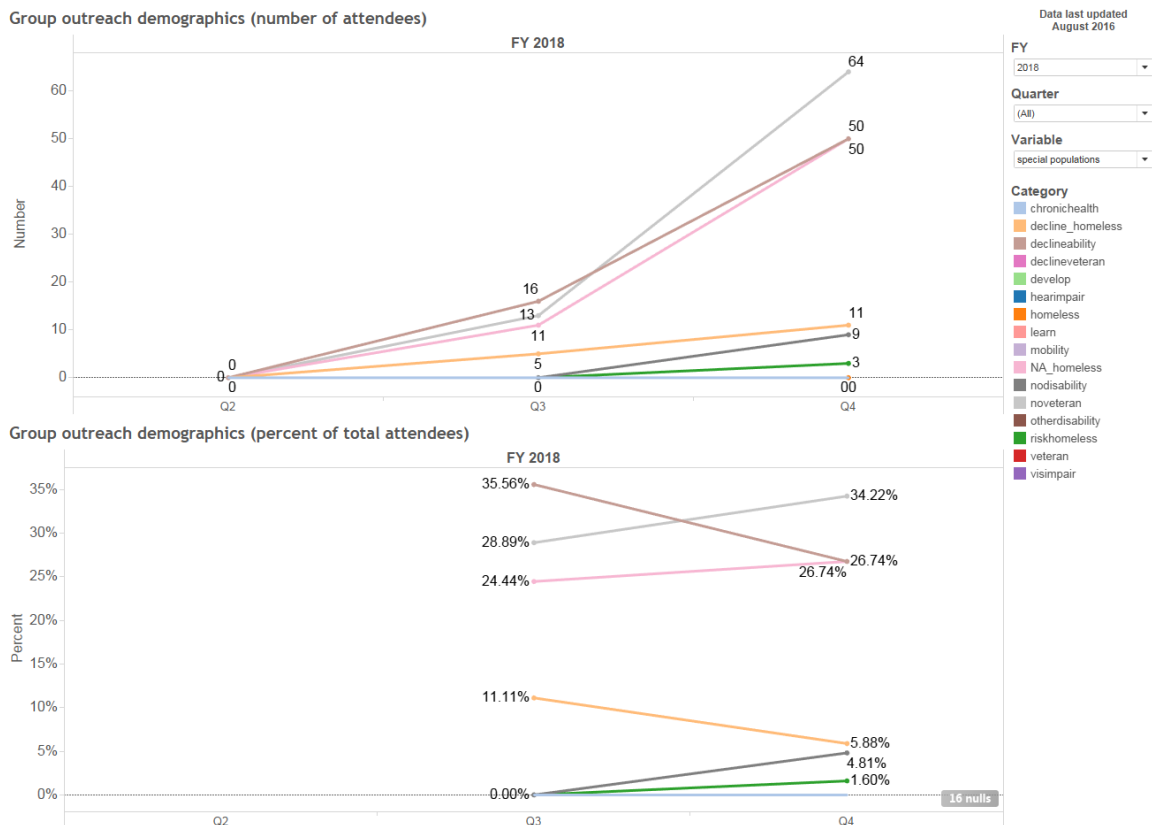
Group outreach event attendees:

- Self-reported as female (**25.3%**; n=73), male (**2.4%**; n=7), or unknown gender (**72.3%**; n=209).
- Self-reported as Heterosexual (**27.3%**; n=79) or decline (**72.7%**; n=210).
- Represented many races and ethnicities (**Table 1**).

Table 1. Group Outreach Attendees by Race/Ethnicity	
Race/ethnicity	Number (%)
Asian	130 (42.7%)
Black	7 (2.3%)
Central American	27 (8.9%)
Hawaiian	14 (4.6%)
Mexican	47 (15.4%)
Two or more races	11 (3.6%)
Other	35 (11.5%)
South American	1 (0.3%)
Unknown	6 (2%)
White	27 (8.9%)

In FY 2017-2018, StarVista reported 289 group outreach event attendees representing special populations (**Figure 4**). During FY 2017-2018, StarVista most commonly reached attendees who were at risk of homelessness (n=3); these categories are not mutually exclusive.

**Figure 4. Special Populations, Q1-Q4**



## 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.



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