San Mateo County Pride Center Fiscal Year 2019-20 Evaluation Report

A Mental Health Services Act Innovation Project

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Table of Contents

Introduction 2

Evaluation Methods 5

Implementation Update 10

Changes to Innovation Project during Reporting Period 10

Key Accomplishments 10

Consumer Population 13

Numbers Served 13

Participant Background 13

Clinical Services Data 18

Client Self-Assessment 18

Client Strengths and Needs 19

Progress Toward Learning Goals 24

Learning Goal 1: Impact of Coordinated Service Delivery Model 25

Learning Goal 2: Improved Access to Mental Health Services 27

Recommendations 32

Conclusion 33

Appendix A : San Mateo County Pride Center Participant Experience Survey (2020) 35

Appendix B: ANSA and CANS Instruments 44

Appendix C: Data Tables 48

Demographic Data 48

CANS/ANSA Data 53

Introduction

Project Overview and Learning Goals

The San Mateo County Pride Center is an Innovation (INN) program under the Mental Health Services Act (MHSA) that is funded by the San Mateo County Behavioral Health Recovery Services (BHRS) department. The San Mateo County Pride Center (Pride Center or the Center) is a formal collaboration of three partner organizations: StarVista, Peninsula Family Service (PFS), and Adolescent Counseling Services (ACS).

- **MHSA INN Project Category:** Introduces a new mental health practice or approach.
- **MHSA Primary Purpose:** 1) Promote interagency *collaboration* related to mental health services, supports, or outcomes and 2) Increase *access* to mental health services to underserved groups.
- **Project Innovation**: While it is not new to have an LGBTQ center providing social services, there is no model of a coordinated approach across mental health, social and psycho-educational services for this marginalized community.

The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the project on July 28, 2016, and BHRS began implementation in September 2016. The Pride Center opened to the public on June 1, 2017. The following report provides findings from the fourth year of implementing the San Mateo County Pride Center, from July 1, 2019 to June 30, 2020.[1]

In accordance with the requirements for MHSA INN programs, BHRS selected two Learning Goals—Collaboration and Access—as priorities to guide the development of the Pride Center. As Figure 1 demonstrates, BHRS sought to explore how this innovative model of coordinated service delivery and community engagement could enhance access to mental health services within underserved LGBTQ+ populations, particularly for individuals at high risk for, or with, acute mental health challenges. In turn, the program domains of Collaboration and Access are areas in which the Pride Center might serve as a model to expand of mental health services for LGBTQ+ individuals in other regions.

Figure 1: San Mateo County Pride Center Learning Goals

Learning Goal 1 (Collaboration)	Learning Goal 2 (Access)
• Does a coordinated approach improve service delivery for LGBTQ+ individuals at high risk for or with moderate to severe mental health challenges?	• Does the Pride Center improve access to behavioral health services for LGBTQ+ individuals at high risk for or with moderate or severe mental health challenges?

[1] Because the first year of implementation was devoted to planning, development, and startup of the Pride Center, this report sometimes refers to this fourth year of the program as the "third year of operations." That is, the Pride Center itself has been open to the public for three years, while the Innovation program has been active for four years.

Project Need

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and other (LGBTQ+) individuals commonly experience depression, anxiety, suicidal thoughts, substance abuse, homelessness, social isolation, bullying, harassment, and discrimination. LGBTQ+ individuals are at higher risk of mental health issues compared to non-LGBTQ+ individuals given that they face multiple levels of stress, including subtle or overt homophobia, biphobia, and transphobia.[2] Across the United States, a majority (70%) of LGBTQ+ students report having experienced harassment at school because of their sexual orientation and/or gender identity, and suicide is the second leading cause of death for LGBTQ+ youth ages 10-24.[3]

These nationwide trends are no less evident in San Mateo County. According to the San Mateo County LGBTQ Commission's 2018 countywide survey of 546 LGBTQ+ residents and employees, nearly half of adult respondents (44%) identified a time in the past 12 months when they felt like they needed to see a professional for concerns about their mental health, emotions, or substance use. At the same time, 62% of adult respondents felt that there are not enough local health professionals adequately trained to care for people who are LGBT, and fewer than half (43%) felt their mental health care provider had the expertise to care for their needs. Among LGBTQ+ youth who responded to the survey, three-quarters (74%) reported that they had considered harming themselves in the past 12 months, and two-thirds (65%) did not know where to access LGBTQ+ friendly health care.[4]

In this context, BHRS developed the San Mateo County Pride Center as a coordinated behavioral health services center to address the need for culturally specific programs and mental health services for the LGBTQ+ community. The establishment of the Pride Center also fulfills the MHSA principle to promote interagency collaboration and increase access to mental health services for underserved groups.

Project Description and Timeline

As a coordinated service hub that meets the multiple needs of high-risk LGBTQ+ individuals, the Pride Center offers services in three components:

1. *Social and Community Activities*: The Pride Center aims to outreach, engage, reduce isolation, educate, and provide support to high-risk LGBTQ+ individuals through peer-based models of wellness and recovery that include educational and stigma reduction activities.
2. *Clinical Services*: The Pride Center provides mental health services focusing on individuals at high risk of or already with moderate to severe mental health challenges.
3. *Resource Services*: The Pride Center serves as a hub for local, county, and national LGBTQ+ resources, including the creation of an online and social media presence. Pride Center staff host

[2] King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self-harm in lesbian, gay and bisexual people. BMC Psychiatry, 8:70
[3] GLSEN, *2017 National School Climate Survey*; The Trevor Project, "Facts About Suicide." <<https://www.thetrevorproject.org/resources/preventing-suicide/facts-about-suicide/>>
[4] San Mateo County LGBTQ Commission, "Survey Results of San Mateo County LGBTQ+ Residents and Employees," 2018 ed.

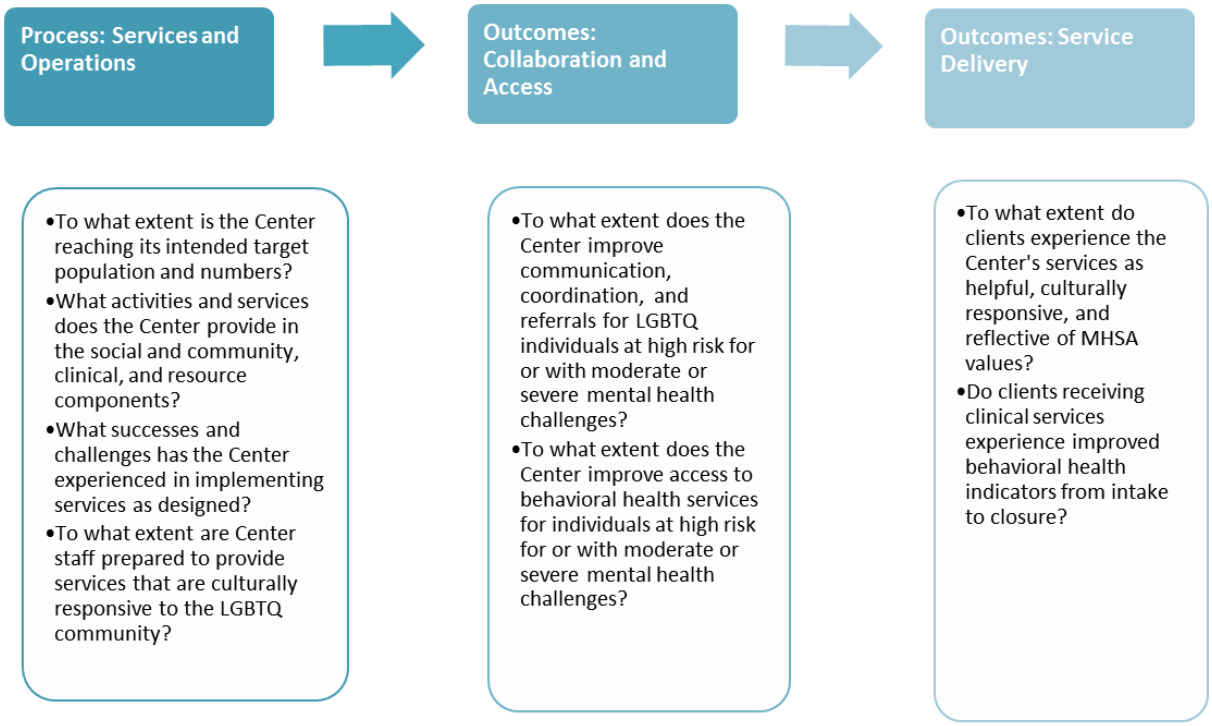
year-round trainings and educational events for youth, local public and private sector employees, community service providers, and other community members. Common topics include understanding sexual orientation and gender identity, surveying common LGBTQ+ issues and mental health challenges, and learning how to provide culturally affirmative services to LGBTQ+ clients.

Evaluation Overview

In 2017, BHRS contracted Resource Development Associates (RDA) to conduct the evaluation of the Pride Center implementation and outcomes. RDA collaborated with BHRS staff, Center leadership staff, and Center partners to develop data collection tools measure program and service outcomes. In order to maximize RDA's role as research partners and fulfill MHSA Innovation evaluation principles, this evaluation uses a collaborative approach throughout, including Pride Center staff and partners in operationalizing the evaluation goals into measurable outcomes and interpreting and responding to evaluation findings.

BHRS seeks to learn how the Pride Center enhances access to culturally responsive services, increases collaboration among providers, and, as a result, improves service delivery for LGBTQ+ individuals at high risk for or with moderate to severe mental health challenges. To guide the evaluation, RDA and BHRS have developed evaluation questions in three categories (see Figure 2). By reaching the Pride Center's goals in terms of service and operations, and by improving collaboration, the Pride Center hopes to improve access and overall service outcomes for clients.

Figure 2. Evaluation Domains and Questions



Evaluation Methods

RDA developed a mixed methods evaluation that incorporates both process and outcome evaluation components.

- A **mixed methods** approach allows the evaluation to track quantitative measures of service delivery and outcomes, while also gathering qualitative input on how and why activities and outcomes occurred. Using multiple sources to explore the evaluation questions also enables comparison and corroboration of findings across data sources.
- The **process evaluation** component explores the extent to which the Pride Center has been implemented as planned, as well as the strengths and challenges the county has experienced in implementation. The process evaluation considers the perspective of various stakeholders, including Pride Center staff and participants alike. Evaluating the implementation of Pride Center activities and services enables BHRS, Pride Center leadership staff, and Center partners to make real-time adjustments that may improve the operations and outcomes of the Center.
- The **outcome evaluation** component assesses the extent to which the Pride Center—through its collaborative approach to service delivery—improves access to services and client-level behavioral health outcomes.

Data Collection

In line with RDA's mixed methods approach, this evaluation includes both quantitative and qualitative tools to measure indicators in three domains: Center services and operations, the Center's Learning Goals (Collaboration and Access to Services), and service delivery outcomes. Below we describe the measures that the evaluation will use along with the data collection methods that we will use to measure each of the indicators.

Attendance and Demographic Reporting

To document the Pride Center's service population, Center staff and RDA collaborated to create a protocol for monitoring the number and characteristics of individuals who participate in onsite programs and services. Because the Pride Center provides an array of services with varying degrees of participation—including drop-in services, one-time community events, ongoing peer support groups, and clinical services—it was important to define what constitutes *meaningful* participation at the Pride Center for the purposes of collecting and reporting demographic data to the MHSOAC.

The Pride Center serves marginalized individuals who may be hesitant to provide personal information on paper, even anonymously. Asking new attendees to fill out an extensive demographic form could feel unwelcoming to individuals who have experienced fear, stigma, and trauma related to their LGBTQ+ identity or other life circumstances. In order to maintain a welcoming environment, Center staff determined that individuals who attend the Center *more than once*, as well as any clients receiving clinical services, would be considered meaningful participants and would be asked to complete a demographic

form. To capture the total number of individuals served, the Pride Center decided to also track attendance through a sign-in sheet that captures basic personal information, but does not include the full range of demographic variables listed in the updated INN regulations.

The demographic form was designed to capture all elements required by the MHSOAC. The Pride Center and its partners decided to add additional categories to the questions regarding sexual orientation and gender identity in order to include a wider spectrum of LGBTQ+ identities. These revisions were aligned with BHRS's initiative to revise Sexual Orientation, Gender Identity, & Gender Expression (SOGIE) questions on health intake forms. The Pride Center and its partners also decided to add three additional items to the demographic form: housing status, income, and employment status. In the summer of 2019, the Pride Center staff and RDA made a few additional changes to some of the demographic categories: rewording some of the options for sexual orientation and gender identity, streamlining the options for ethnicity, adding a separate question about intersex identity, and revising the options for housing status to align better with commonplace categories in homelessness services systems.

RDA developed an online format of the demographic survey using a HIPAA-compliant version of Survey Gizmo/Alchemer, which Pride Center staff used to input data for paper surveys through the end of 2018. Starting in January 2019, the Pride Center began collecting participant demographic data via an online format in Efforts to Outcomes (ETO), StarVista's client management database.

Participant Experience Survey

RDA developed a survey to gauge Pride Center participants' experiences and approval of the Center's onsite programs, staff members, mental health services, and community space. The survey is designed to be administered annually at a point in time to as many participants as possible. The survey includes statements that invite respondents to indicate their level of agreement with each statement on a four-level Likert scale (Disagree, Somewhat Disagree, Somewhat Agree, Agree). In addition, the survey asks the number of times participants have visited the Pride Center and contains an optional demographic section.

This year, because of the COVID-19 pandemic, all surveys were administered online using a HIPAA-compliant version of Survey Gizmo/Alchemer. This year's survey added several questions related to individuals' participation in remote services during the shelter-in-place. In addition, this year's survey added questions to explore the likelihood that participants would continue to participate in the Pride Center, and the reasons why they would or would not likely continue. The revised Participant Experience Survey is included in Appendix A.

In FY2019-20, 43 individuals responded to the survey. This is a lower number than participated in previous years (last year 93 responses were received). It is likely that COVID-19 contributed to the decrease in responses, as in previous years the survey was distributed both online and in person at the Pride Center.

Clinical Assessment and Survey Data

There are four data sources for participants who accessed clinical services at the Pride Center, which encompass psychotherapy and case management services.

1. **Type of service and average durations of treatment.** This data indicates the type of service (individual, couple, family, or group) and the average number of months clients were enrolled in clinical services.
2. **Demographic data for clinical participants.** Analyzing the demographic background of clinical participants allows for a comparison with the demographics of all Pride Center participants.
3. **Baseline results from the Child and Adolescent Needs and Strengths (CANS) and Adult Needs and Strengths Assessment (ANSA)**. The CANS and ANSA are open domain tools for use in multiple individual-serving systems that address the needs and strengths of individuals, adolescents, and their families. San Mateo County BHRS has designated the CANS as the required tool for its contracted providers. The Pride Center standardized the use of the CANS and ANSA for all clinical clients during 2018-2019 and trained staff to conduct the assessment and enter the data into ETO. Staff administer the assessment at intake, at regular follow-up intervals, and at discharge to gauge clients' progress during their time in clinical services. See Appendix B for the CANS and ANSA instruments.
4. **Baseline results from a brief mental health self-assessment.** This short, three-question survey that the Pride Center developed in consultation with RDA asks participants about their mental health, anxiety levels, and emotional wellbeing over the past 30 days:
    - How would you rate your mental health in the last 30 days? (Poor/Fair/Good/Excellent)
    - How would you rate your ability to cope with stress in the last 30 days? (Poor/Fair/Good/Excellent)
    - I have benefited from the services that I am receiving or participating in at the Pride Center. (Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree)

    By administering the survey alongside the more comprehensive CANS and ANSA assessments, Pride Center staff have a quick method to document changes in patients' wellness over time.

Collaboration Instrument

As collaboration is the core innovative element of this MHSA INN project, it was crucial for the evaluation team to operationalize the concept of collaboration so that it could be measured over time. RDA researched validated survey tools intended to measure collaboration among a team of service providers, including both management-level staff (who may not work directly with clients) and direct service staff. RDA and BHRS selected the Assessment of Interprofessional Team Collaboration Scale II (AITCS-II), developed by Dr. Carole Orchard.[5] RDA implemented the AITCS-II survey for the first three years of the evaluation. After reviewing results and speaking with Pride Center staff, the evaluation team determined that the data provided by the survey was not as relevant to the evaluation as initially intended. The survey focuses on internal team collaborative dynamics, which the first three years of evaluation have shown to be strong. The survey was not effective in measuring interagency collaboration in the Pride Center collaborative model. Therefore, beginning in FY2019-20, the evaluation team discontinued the use of the

[5] Orchard, C. A., King, G. A., Khalili, H. and Bezzina, M. B. (2012), Assessment of Interprofessional Team Collaboration Scale (AITCS): Development and testing of the instrument. J. Contin. Educ. Health Prof., 32: 58–67. doi:10.1002/chp.21123

collaboration survey, and instead explored the collaborative model through interviews with partner agency leadership and a focus group with partner agency staff.

Focus Groups with Pride Center Participants

With feedback from BHRS and the Pride Center Director, the evaluation team developed a semi-structured focus group guide to learn from participants about their experiences with programs onsite, to what extent the Pride Center facilitates access to services for LGBTQ+ individuals, and any suggestions for improvement.

In FY2019-20, the evaluation team, in partnership with Pride Center staff, determined that the focus of the qualitative data collection should be to learn about why participants choose to engage—or not to engage—with the Pride Center. The intention behind this focus was to understand more about disparities in access and cultural responsiveness of the Pride Center. RDA and the Pride Center defined key populations of interest to delve into these topics: 1) older adults, 2) black, indigenous, and people of color (BIPOC), 3) Asian and Pacific Islander (API) individuals, 4) Spanish-speaking individuals, 5) youth, and 6) participants living outside of the central San Mateo area. Due to the COVID-19 shelter-in-place, RDA and the Pride Center developed a plan for RDA to conduct virtual focus groups during the week following San Mateo County's annual LGBTQ+ Pride week. The Pride Center and partner agencies supported with outreach for the focus groups. Ultimately, RDA conducted four focus groups and one interview with Pride Center participants, reaching a total of 16 individuals. The youth focus group was not held due to low registration, but some youth participated in the other focus groups.

Focus Groups with Staff and Community Advisory Board

RDA held one focus group with Pride Center staff (minus the Program Director), one with the Community Advisory Board, and one with staff from the Pride Center partner agencies. These focus groups offered insight into the Pride Center's operations, including the extent to which staff members have been able to collaborate with each other, the CAB, and the partner organizations.

Key Informant Interviews with Partner Organizational Staff

The evaluation team conducted phone interviews with leadership from StarVista, Peninsula Family Service, and Adolescent Counseling Services to gain insight into the roles and responsibilities of partner organizations vis-à-vis the Pride Center, the kinds of regular support that the partner organizations provide, and staff's perspectives on the Pride Center's major successes and challenges.

Measures and Data Sources

Table 1 indicates the key measures and data sources the evaluation uses to assess outreach and implementation, collaboration and access to services, and service delivery outcomes.

Table 1. Evaluation Measures and Data Sources

Outreach and Implementation of Services	Data Sources
Number of individuals reached	• Participant Demographic Form • Participant Sign-In • Outreach and Meeting Tracking Sheets
Types of activities and services provided in the social and community, clinical, and resource components	• Participant Services Data • Focus Groups with Participants • Focus Group with Staff • Quarterly progress reports
Successes and challenges of implementing services as designed	• Focus Group with Staff • Interviews with Center Leadership and partners • Focus Group with Community Advisory Board (CAB) • Regular communications with Pride Center leadership and staff
Cultural responsiveness of services	• Focus Groups with Participants • Focus Group with Staff • Participant Experience Survey
Collaboration and Access to Services	**Data Sources**
Effectiveness of communication, coordination, and referrals for LGBTQ+ individuals with moderate to severe mental health challenges	• Focus Group with Staff • Focus Group with CAB • Focus Groups with Participants • Participant Experience Survey
Improved access to behavioral health services for individuals with moderate to severe health challenges	• Focus Groups with Participants • Participant Experience Survey
Service Delivery Outcomes	**Data Sources**
Client service experience (E.g., Experience with services, facility, and service providers)	• Participant Experience Survey • Focus Groups with Participants
Improved health outcomes among clients	• Clinical Service Data • Participant Experience Survey • Focus Groups with Participants

Data Analysis

To analyze the quantitative data, RDA examined frequencies, averages, and ranges. To analyze qualitative data, RDA transcribed focus group and interview participants' responses to appropriately capture the responses and reactions of participants. RDA thematically analyzed responses from participants to identify commonalities and differences in participant experiences.

Implementation Update

Changes to Innovation Project during Reporting Period

In December 2019, the Director of the Daly City Partnership, the fourth partner in the Pride Center collaborative model, transitioned out of their position. Without the presence of the Director, Daly City Partnership made the decision to withdraw from the collaborative model. Given that the Pride Center no longer had a partner agency located in North County, Pride Center staff examined the needs in North County and began to strategize to fill this gap.

Key Accomplishments

Below are highlights from the Pride Center's activities during the FY2019-20 program year.

- *Providing psychotherapy services for individuals, groups, couples, and families.* Pride Center clinicians employ a range of different modalities, including cognitive and dialectical behavioral therapy (CBT and DBT), mindfulness-based therapy, emotionally focused couples' therapy, narrative therapy, play therapy, and expressive arts therapy.
- *Providing case management services*. A dedicated case manager supports participants in accessing supportive resources and coordinating services. These services include both weekly drop-in hours, long-term case management, and a monthly legal name and gender marker change workshop to assist transgender and gender nonconforming clients with updating their legal documents to better match their identity.
- *Operating the Center as a "one-stop shop" and resource hub for LGBTQ+ community members.* The Pride Center continues to host an LBGTQ+ resource library, and provides community members with free amenities like clothing, toiletries, makeup products, shoes, bags, safer sex products, and chest binders (gender-affirming items used by the transgender, genderqueer, and nonbinary community). In addition, Pride Center staff help to field participants' ad hoc needs and requests for support.
- *Hosting multiple peer support groups* (PSGs). PSGs active during the program year included:
    - Gay Men's Group (Ages 18+)
    - Gaymers (Ages 18+)
    - Grown Folks (Ages 18-30)
    - LGBTQ+ Youth Group (ages 10-17)
    - Polyamory Peer Power (Ages 18+)
    - Queer Womxn's Group (Ages 18+)
    - Sisters Are Doing It (Ages 55+)
    - Trans Group (Ages 18+)

- *Operating Older Adult Programs, for people ages 50 and older who live or work in San Mateo County*. Programs and activities for older adults include a weekly Mindfulness Meditation, a monthly lunch, a monthly book club, and a quarterly Senior Affordable Housing Workshop.

- *Running many different educational events, social activities, and community-based programs at the Center throughout the year*. In-person events included regular film screenings, speakers' events and discussions, meals and coffee breaks, informational sessions, and events cosponsored with other organizations and companies.

- *Continuing to offer the Pride Center name change workshop.* As the only local center providing this type of workshop on a monthly basis, the name change workshop has grown to be a sought-after service that has gained widespread recognition and referrals. In FY 2019-20, the clinic served 34 unique individuals from San Mateo County and 49 individuals in total. Beyond San Mateo County, the clinic also served individuals from counties including Alameda, Contra Costa, Marin, San Francisco, Santa Clara, San Joaquin, and San Diego. To date, the legal name and gender change workshop has served a total of 170 participants.

- *Training public agencies and private organizations on matters of sexual orientation and gender identity, both at the Pride Center and throughout the county*. Staff regularly conduct trainings for service providers, public employees, youth, and many other community members throughout the county. The most common training module involves core information about SOGIE and LGBTQ+ inclusion. Staff also conducted trainings on transgender rights, trans-inclusive policies, gender pronouns, and cultural humility. In FY 2019-20, the Pride Center delivered 20 trainings reaching 299 participants.

- *Hiring new Program Director, Francisco (Frankie) Sapp***:** Having worked both nationally in the US and provincially in Ontario, Canada, Frankie has been entrenched in social justice advocacy and programing for 20 years. He began working with youth and creating workshops around leadership, advocacy, and anti-oppression and quickly moved into the field of HIV, where he ran a peer education program around HIV prevention, substance use, and harm reduction. Frankie's portfolio also includes experience speaking about sexuality, gender identity, active listening, sex education, and equity. He is well-versed in volunteer management, event planning and coordination, public speaking, and community networking. Frankie views his work through a lens of intersectionality and implements his vision utilizing strategic thinking. He is deeply connected to his Filipino roots and has a complicated history with the messiness between gender and sexuality.

- *Transitioning to fully virtual operation during COVID-19.* The Pride Center transitioned all programming, including mental health services, peer support groups, trainings, and social events to telehealth and Zoom events.
    - **Virtual Clinical Services:** Clinical services (therapy and case management) were successfully transitioned to remote, telehealth platforms to continue providing much-needed support and care to clients. Policy and procedure adaptations and were

implemented to ensure the efficacy of the program. For many of the clinical staff, this was the first time providing telehealth services and the team quickly overcame any initial obstacles with great success. The new foundation that has been built around the use of telehealth platforms will benefit the Pride Center in the years to come and will also help increase access to services for clients.

- **1st Virtual San Mateo County PRIDE Week Celebration:** Along with members of the PRIDE Initiative and fellow committee members, the San Mateo County Pride Center played an integral role in hosting a week's worth of virtual programming for the first virtual PRIDE celebration in San Mateo County. Altogether, virtual PRIDE week programming reached over 9,000 viewers. Additionally, for the first time in the county's history, every single city raised the LGBTQ+ Pride flag and passed proclamations in recognition of June as Pride Month – a momentous step for LGBTQ+ visibility and inclusion.
- **Virtual SOGIE Trainings:** Calling on the support of its newest Program Director, who has extensive experience with providing online webinars and trainings, the Pride Center proudly launched its first ever virtual Sexual Orientation, Gender Identity, and Gender Expression (SOGIE) training.
- **1st LGBTQ+ Adult Prom:** For the past several years, the Pride Center has hosted an LGBTQ+ youth prom, but in September 2019 it was proud to host its first ever LGBTQ+ prom for adults! The theme was "Somewhere Over the Rainbow: A Peninsula MasQueerade." In total, 125 adult participants were in attendance for a fabulous night of fun music, delicious food, drag entertainment performances, and the company of fellow LGBTQ+ friends and loved ones. The event was also a fundraiser to help support the Pride Center and all of its programs.

Consumer Population

Numbers Served

All Participants

During FY 2019-20, there were **3,395 contacts** with Pride Center programs, trainings, and services (which includes duplicated participants). This included 1,575 unique individuals who completed a sign-in sheet for in-person programs and services (from July 2019 to March 2020), and 1,526 people who participated in a training held by Pride Center staff. The total number of people is larger than the sum of these two, as Pride Center staff were unable to tally the number of unique individuals (ages 18 and older) who attended a peer group, or who were members of other programs (such as PFLAG or Alcoholics Anonymous) who convened at the Pride Center. In addition, the Pride Center engaged thousands of individuals through outreach efforts throughout the year. As of the end of the fiscal year, the Pride Center had 1,096 Instagram followers, 1,000 Facebook followers, and 251 Twitter followers.

Clinical Services

Since the start of clinical services in FY2017-18, the Pride Center has served a total of **283 individuals**. During FY2019-20, **133 clients** were active in clinical services (68 in therapy, 51 in case management, and 14 in both). Of these, **81 clients** were new clients who began services in FY2019-20. Of the clients who received therapy during FY19-20, the average treatment duration was 10.9 months.

Participant Background

All Participants

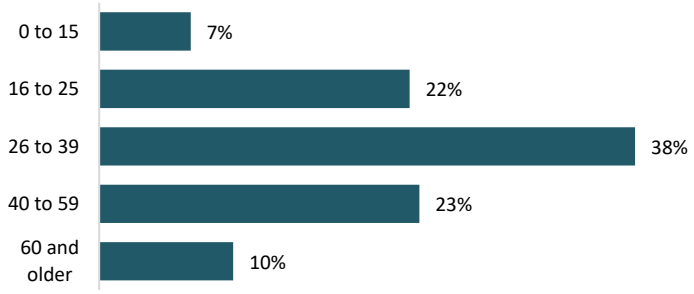
During FY2019-20, a total of **434 new participants** completed the demographic survey. The results are summarized below and presented in full in Appendix C.[6] Table 2 below also includes a comparison of new participants in FY2019-20 to all participants over time.

[6] *Note on reporting:* To comply with HIPAA requirements and protect the confidentiality of participating individuals, this report only presents data for response categories with at least five responses. Where fewer than five responses were received, some categories have been combined.

Age: The majority of participants (84%) reported being between the ages of 16 and 59. Ten percent (10%) were 60 or older, and 7% were 15 or younger.

Language: Nearly all participants (96%) reported speaking English in their households. Other responses included Spanish, Cantonese, American Sign Language, and Portuguese.

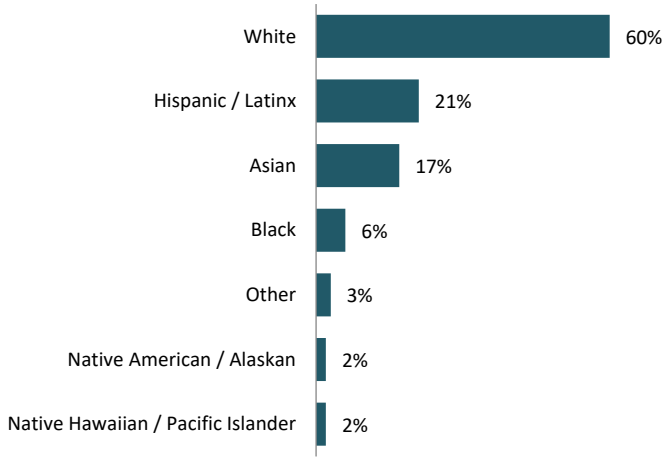
Figure 3: Center Participants by Age in FY2019-20 (n=426)



Race: More than half of participants (60%) identified as white (51% identified as white only). This was followed by participants who identified as Hispanic or Latino/a/x (21%) and Asian or Asian American (17%). In total, 49% of participants identified as either multiracial or people of color.

When comparing the race of Pride Center participants to the population of San Mateo County in 2019, the Pride Center saw a higher percentage of white participants (39% of the county, vs. 51% of participants who identified as only white) and a lower percentage of Asian participants (31% of the county, vs. 17% of Pride Center participants). One-quarter (24%) of county residents are Hispanic or Latino/a/x, which is nearly consistent with Latinx representation at the Pride Center (21%). While only 6% of Pride Center participants identified as Black, this represents twice the percentage of Black residents in the county (3%). Native Hawaiian, Pacific Islander, Native American, and Alaska Native participants were represented at rates comparable to the population of San Mateo County (2% and 1% of county residents, respectively).[7]

Figure 4: Pride Center Participants by Race in FY2019-20 (n=412)
note: participants could select multiple answers



Ethnicity: For participants in FY2019-20, the most commonly identified ethnicity was European (45%). Latinx participants most commonly identified as Mexican or Chicano/a/x (15%). Among Asian American participants, the most common ethnicities were Chinese (8%) and Filipino/a/x (7%). Smaller proportions of the participants identified as Eastern European (7%) and African (4%).

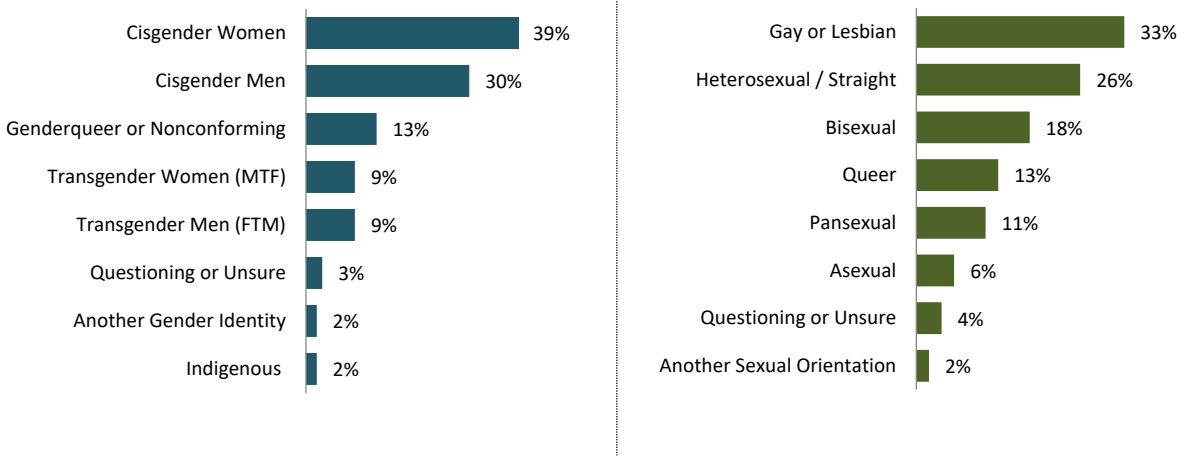
[7] "U.S. Census Bureau Quick Facts: San Mateo County, California," *U.S. Census Bureau website*. <<https://www.census.gov/quickfacts/sanmateocountycalifornia>>

Sex: Fifty-five percent (55%) of participants responded that they were assigned female at birth, and 45% responded that they were assigned male at birth.

Gender Identity: In all, 69% of participants identified as cisgender: 39% percent identified as cisgender women and 30% identified as cisgender men. Eighteen percent (18%) of participants identified as either transgender men or women, and 13% identified as genderqueer or gender non-conforming. The remainder of respondents identified as an indigenous gender identity, another gender identity, or as questioning or unsure of their gender identity.

Sexual Orientation: Gay and lesbian individuals accounted for 33% of survey responses, and 26% of the participants identified as heterosexual or straight. Eighteen percent (18%) identified as bisexual, 13% identified as queer, and 11% identified as pansexual. The remaining participants reported that they were asexual, questioning, or identified with another sexual orientation.

Figure 5: Participants by Gender Identity (N=400) and Sexual Orientation (N=405) in FY2019-20

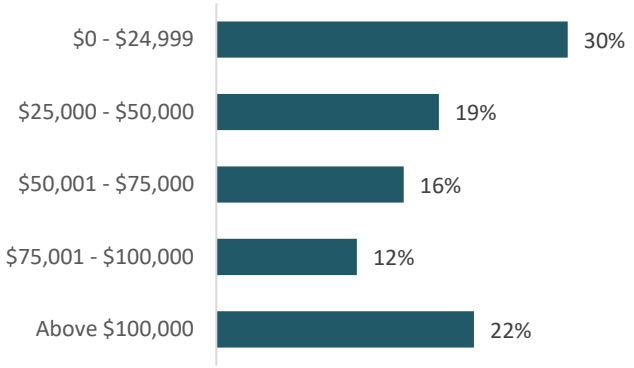


Disability Status: Slightly more than half of participants (58%) reported having no disabilities or health conditions. Of those that reported some type of disability, the most commonly reported were mental health conditions (30%) and chronic health conditions (10%).

Employment: More than half of participants (58%) reported having full-time employment, with 19% reporting part-time employment and 22% identifying as students. Five percent (5%) of participants were retired, and the remaining participants were unemployed and looking at the time of the survey (4%), unemployed and not looking for a job (4%), or unable to work due to a disability or illness (4%).

Income: As Figure 6 shows, the Pride Center draws adult participants across the socioeconomic spectrum with 30% of participants earning $0-$24,999 and 22% of participants earning more than $100,000 annually. Among survey respondents ages 18 or older, over half are considered Extremely Low Income (less than $36,540) or Very Low Income (less than $60,900) for San Mateo County, based on 2019 US Department of Housing and Urban Development (HUD) individual income levels.[8]

Figure 6: Adult Participants by Personal Income (n=329) in FY2019-20



Housing: Most participants ages 18 and older (85%) reported having stable housing, and an additional 5% reported that they were staying with family or friends. The remaining respondents reported that they were homeless or unsheltered, living in a shelter or transitional housing, or had another form of housing.

Veteran Status: Ninety-seven percent (97%) of adult participants reported that they were not armed forces veterans.

[8] 2020 San Mateo County Income Limits as determined by HUD. Retrieved from https://housing.smcgov.org/sites/housing.smcgov.org/files/2020%20Income%20Limits%20revised%2004282020.pdf

Demographic Comparison

In order to understand participant demographic trends, the table below highlights key differences and similarities between FY2019-20 participants and A) participants receiving clinical services in FY2019-20, and B) all participants from the Pride Center opening through FY2019-20. The comparison shows that among *clinical service participants,* higher proportions were children or transition age youth, transgender, questioning or unsure of their sexual orientation, and Latinx. Among *new participants*, higher proportions were 26-39 years old, female at birth, and cisgender women.

Table 2. Demographic Comparison to FY2019-20 Participants

Category	A. Clinical Participants FY2019-20	B. Pride Center Opening through FY2019-20
Age	Compared to all FY2019-20 participants, a **higher** percentage of clinical participants were age 25 or under (47%).	Compared to participants across all years, a **slightly higher** percentage of new participants in FY2019-20 were adults ages 26-39.
Race	Compared to all FY2019-20 participants, a **higher** percentage of clinical participants identified as Latinx/o/a (27%), and a **lower** percentage identified as White (52%) or Asian (12%).	Overall, the racial breakdown was generally the same for new FY2019-20 participants and participants across all years. There was a slight decrease in the proportion of participants of color from FY2018-19 to FY2019-20 (from 52% to 49%).
Sex at Birth	Compared to all FY2019-20 participants, a **slightly higher** percentage of clinical participants reported that they were assigned male at birth (50%).	Compared to participants across all years, a **slightly higher** percentage of new participants in FY2019-20 reported that they were assigned female at birth.
Sexual Orientation	Compared to all FY2019-20 participants, a **higher** percentage of clinical participants reported they are questioning or unsure of sexual orientation (13%).	Overall, the breakdown of sexual orientation was generally the same for new FY2019-20 participants and participants across all years.
Gender Identity	Compared to all FY2019-20 participants, a **slightly higher** percentage identified as transgender (41%).	Compared to participants across all years, a **slightly higher** percentage of new participants in FY2019-20 identified as cisgender women.

Clinical Services Data

This section presents data on participants in clinical services from FY2017-18 through FY2019-20.

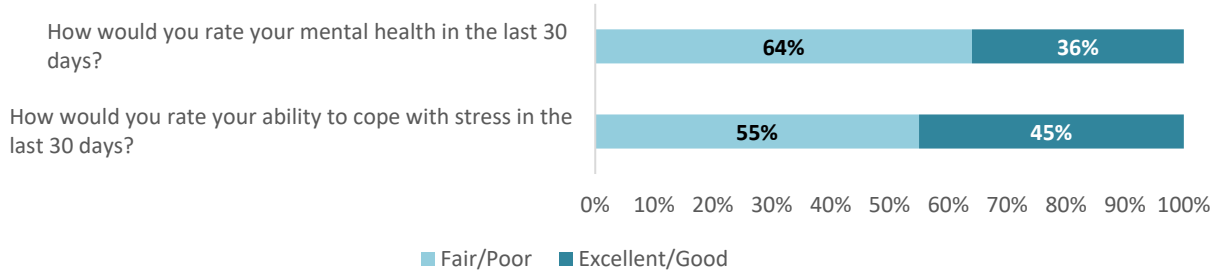
Client Self-Assessment

The Client Self-Assessment asks clinical clients to rate how they felt about their mental health and their ability to cope with stress in the last 30 days.

Baseline Data

Baseline data was available for **56 clients**. At initial assessment, nearly two-thirds of clients (64%) rated their mental health as poor or fair, and a little over half (55%) rated their ability to cope with stress as poor or fair (see Figure 7). For both self-assessment questions, "fair" was the most common response at baseline. Only 5% of clients rated their mental health as "excellent" and no client rated their ability to cope with stress as excellent.

Figure 7. Clients' Initial Screening Experiences (n=56)



Follow-up Data

Follow-up assessments (either a 6-month or discharge assessment) were available for **16 clients** from FY2017-18 through FY2019-20. For individuals who had multiple follow-up assessments, the most recent assessment was used to determine change. The average time between assessments was 218 days (7.3 months), ranging from 48 to 461 days.

The data below includes the 16 clients who had both an initial and a follow-up assessment. Figure 8 and Figure 9 indicate that at follow-up, a higher percentage of clinical clients reported positive mental health and ability to cope with stress. For example, while less than half of clients rated their mental health in the previous 30 days as good or excellent at their initial assessment, more than half did at follow-up. Less than 40% of clients rated their ability to cope with stress in the previous 30 days as good or excellent at their initial assessment, and more than 60% did at follow-up. It should be noted that because the overall number of follow-up assessments was small, these improvements should not be generalized to all clients.

Figure 8. Clients' Mental Health in Last 30 Days (n=16)

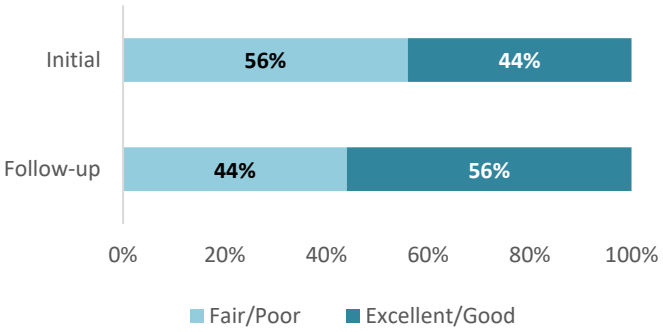
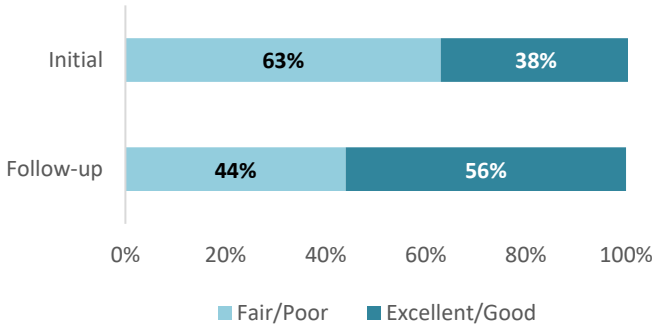


Figure 9. Clients' Ability to Cope with Stress in Last 30 Days (n=16)



Client Strengths and Needs

This section summarizes the results of the assessments administered to clinical service participants—the Child and Adolescent Strengths and Needs (CANS) for youth and the Adult Needs and Strengths Assessment (ANSA) for adults.[9]

- **71** adults had an initial ANSA
  - **49** had an initial and follow-up
- **16** youth had an initial CANS
  - **8** had an initial and follow-up

The follow-up analysis includes only individuals who had both an initial and follow-up assessment (either a 6-month or discharge assessment) between FY2017-18 and FY2019-20. For individuals who had multiple follow-up assessments, the most recent assessment was used to determine change. For the ANSA, the average time between assessments was 284 days (8.1 months), ranging from 14 to 742 days. For the CANS, the average time between assessments was 169 days (5.6 months), ranging from 119 to 253 days.

The ANSA/CANS "actionable range" is defined as a score of 2 or 3. To interpret change over time, a positive change is indicated by a decrease in score.

The analysis included the primary domains of the assessments: Functioning Domain, Strengths Domain, Cultural Factors, Behavioral/Emotional Needs, Risk Behaviors, and Caregiver Resources and Needs (CANS). The ANSA and CANS scoring rubric is as follows: 0 = no evidence; 1 = history, suspicion; 2 = action needed; and 3 = disabling, dangerous, immediate action. To explore clients' needs from multiple angles, the analysis examined average ANSA and CANS scores for each domain and for the individual items within each domain. In addition, the analysis examined the percent of clients who received ANSA scores in the actionable range.[10] Key takeaways from the analysis are presented below. For full assessment results, see Appendix C.

[9]The CANS/ANSA was not administered if: a) the client only attended a one-off Name and Gender Change Workshop or was a drop-in client seeking out resources; b) the client was only a participant in the Kennedy Middle school group; or c) the client was active for less than 1-2 months or had several no-shows that prevented staff from gathering enough data for a proper assessment.

[10] Because of the small number of follow-up CANS assessments, this analysis was only conducted for the ANSA.

Overall Level of Need

At both the initial and follow-up assessment, each needs domain had an average score of less than 1, which falls between "no evidence" and "history or suspicion" and is below the actionable range (see Table 3 and Table 4). See below for a note on interpreting the Strengths Domain.[11]

Table 3. Average ANSA Domain Scores and Change Over Time

Domain	N	Baseline Avg Score	Follow-up Avg Score	Avg Change
Functioning Domain	48	0.64	0.59	-0.05
Strengths Domain	49	1.78	1.80	0.02
Cultural Factors	48	0.55	0.51	-0.04
Behavioral/Emotional Needs	49	0.73	0.67	-0.06
Risk Behaviors	48	0.23	0.18	-0.05

Table 4. Average CANS Domain Scores and Change Over Time

Domain	N	Baseline Avg Score	Follow-up Avg Score	Avg Change
Functioning Domain	8	0.50	0.39	-0.11
Strengths Domain	8	1.75	1.30	-0.45
Cultural Factors	8	0.54	0.42	-0.12
Caregiver Resources and Needs	8	0.35	0.34	-0.01
Child Behavioral/Emotional Needs	8	0.44	0.39	-0.05
Risk Behaviors	8	0.11	0.14	0.03

Areas of Highest Need

Although the average baseline score at the domain level was less than 1, several items within the domains had average scores between 1 and 2 ("action needed"), indicating that a higher proportion of clients had a score in the actionable range for these items. Table 5 and Table 6 below show the needs with an average baseline score of 1 or higher for adults and youth. Table 5 also demonstrates the percent of adults that received a score of 2 or 3 (the actionable range) for these items.

Table 5. Items with Highest Average Need at Baseline: ANSA

ANSA Item	N	Average Baseline Score	Percent of Clients in Actionable Range
Anxiety	49	1.57	65%
Depression	48	1.54	58%
Family Relationships	48	1.44	54%
Social Functioning	47	1.26	40%
Adjustment to Trauma	49	1.24	49%
Cultural Stress	48	1.04	27%

[11] The Strengths Domain uses the following rubric: 0 = centerpiece strength, 1 = useful strength, 2 = identified strength, and 3 = no evidence. Unlike the needs domains, a score of 2 may not indicate that action is needed.

Table 6. Items with Highest Average Need at Baseline: CANS

CANS Item	N	Average Baseline Score
Anxiety	8	1.50
Sexual Development	8	1.13
Cultural Stress	8	1.13
Depression	8	1.00
Caregiver Knowledge	8	1.00

The data above demonstrate that mental health issues, particularly anxiety, depression, and trauma, were prevalent among Pride Center's clinical clients. Family and social relationships also rose to a high level of need. For adults, these needs included both family and peer relationships; for youth, the need focused on caregiver knowledge, likely related caregivers' competency around LGBTQ+ issues. For youth who may be earlier in their development of their sexuality and/or their LGBTQ+ identity, sexual development also arose as an area of higher need. It is also notable that cultural stress was indicated as an area of need for both adults and youth.[12]

Changes in Needs Over Time

While it is not possible to attribute improvements solely to clinical services, results suggest that clinical clients showed improvement in key needs, including anxiety, depression, adjustment to trauma, and family relationships.

Average Domain and Item Scores

Between the initial and follow-up assessment, the average scores for each domain showed slight positive changes (Table 3 and Table 4 above). While changes in average domain scores were small, several items within the domains saw improvements. Items that saw an improvement of 0.20 points or more are shown in Table 7 and Table 8. Notably, four of the items with the highest need (anxiety, depression, adjustment to trauma, and family relationships) were among those with the most improvement.

Table 7. Items with Highest Changes in Average ANSA Scores

ANSA Item	N	Baseline Avg Score	Follow-up Avg Score	Avg Change
School*	23	0.61	0.30	-0.31
Anxiety	49	1.57	1.31	-0.26
Depression	48	1.54	1.29	-0.25
Cultural Identity	33	0.94	0.70	-0.24
Adjustment to Trauma	49	1.24	1.00	-0.24
Family Relationships	48	1.44	1.21	-0.23

**Note that this item was completed for only 23 of the clients, as it was not applicable to all adult clients.*

[12] Cultural stress refers to "circumstances in which the individual's cultural identity is met with hostility or other problems within his/her environment due to differences in attitudes, behavior, or beliefs of others (this includes cultural differences that are causing stress between the individual and his/her family). Racism, homophobia, gender bias and other forms of discrimination would be rated here.) See: http://www.acbhcs.org/providers/CANS/docs/ANSA/ANSA_25_Manual.pdf

High-need items at baseline that *did not* show improvement at follow-up were social functioning and cultural stress.

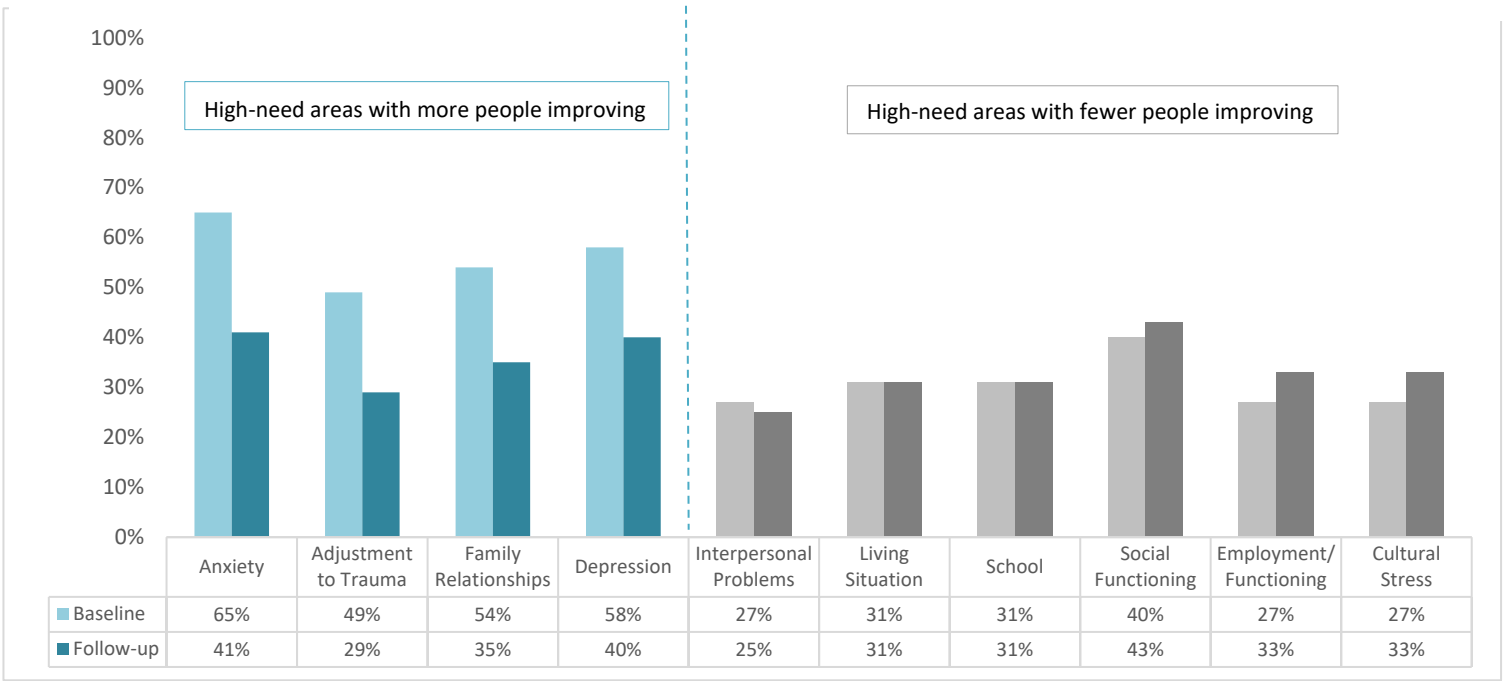
Table 8. Items with Highest Changes in Average CANS Scores

CANS Item	N	Baseline Avg Score	Follow-up Avg Score	Avg Change
Anxiety	8	1.50	0.88	-0.62
Recreational	7	0.57	0.14	-0.43
Social Resources (Caregiver)	8	0.75	0.38	-0.37
Decision-making	8	0.50	0.25	-0.25
Sexual Development	8	1.13	0.88	-0.25
Language	8	0.38	0.13	-0.25
Adjustment to Trauma	8	0.63	0.38	-0.25

Percent of Clients in Actionable Range

As mentioned above, an additional analysis was conducted with ANSA data (there were not enough CANS follow-up assessments). Figure 10 depicts the items for which at least one-quarter of adults received a score in the actionable range. For each item, the first column represents the percent of clients with an actionable score at baseline, and the second column represents the percent of clients with an actionable score at follow-up. As shown on the left-hand side of the chart, there were substantial decreases (i.e., improvements) in the percentage of clients with an actionable score for key items such as anxiety, adjustment to trauma, family relationships, and depression. This suggests that some clients with higher need achieved greater stability during the time they received clinical services.

Figure 10. Percent of Adult Clients with Score in Actionable Range



	Anxiety	Adjustment to Trauma	Family Relationships	Depression	Interpersonal Problems	Living Situation	School	Social Functioning	Employment/ Functioning	Cultural Stress
Baseline	65%	49%	54%	58%	27%	31%	31%	40%	27%	27%
Follow-up	41%	29%	35%	40%	25%	31%	31%	43%	33%	33%

Additionally, some items that did not have many clients in the actionable range also saw marked improvements at follow-up, including the recreational and sexual development items. As shown in the right-hand side of the chart, some items with a high percentage of clients in the actionable range did not show much change, or showed negative change, from the initial to follow-up assessment, including interpersonal problems, living situation, social functioning, employment, and cultural stress.

The two analyses of change over time (looking at average scores and the actionable range) highlight some differences in the items showing change. For instance, the average scores for school improved and the average for social functioning remained relatively stable. However, the percent of participants in the actionable range did not improve in the area of school and showed negative change in the area of social functioning. These results may indicate that there were a few lower-need clients who improved a lot—enough to change the average—but that higher-need clients are not seeing improvement in that area. The results may also indicate that while some clients saw improvement, a need emerged for other clients between the initial and follow-up assessment. Items including employment/functioning and cultural stress saw negative change both in the average score and in the percent of participants in the actionable range.

Strengths

For adults and youth, the strengths with the most positive average scores at baseline were as follows:

Adults

- Resilience
- Resourcefulness
- Optimism
- Talents and interests
- Interpersonal/social connectedness

Youth

- Resilience
- Family strengths
- Relationship permanence
- Talents and interests
- Optimism

At follow-up, the largest improvements in adults' strengths were seen in the spiritual/religious item, talents and interests, and resilience. Notably, from initial to follow-up assessment, job history and vocational strengths saw the greatest *decline* of any item (needs or strengths), which may be an indication of the economic effects of COVID-19.

Across both adults and youth, the biggest change at the domain level was an improvement in the Strengths Domain for youth. Youth saw improvements in nearly all items within this domain, with the greatest gains in interpersonal/social connectedness, natural supports, and cultural identity.

Progress Toward Learning Goals

This section discusses the progress that the San Mateo County Pride Center has made toward achieving its two learning goals. A summary of key findings is presented below, followed by a detailed discussion of each learning goal.

Learning Goal 1: Impact of Coordinated Service Delivery Model

Internal Collaboration: Pride Center staff have continued to collaborate with each other to serve clients and facilitate linkages to services within and outside of the Pride Center.

Collaboration with Partner Agencies: The Pride Center's collaborative organizational model has expanded the Pride Center's reach both geographically and demographically.

External Collaboration: The Pride Center has become a key part of a larger network of providers advancing LGBTQ+ inclusion and visibility in San Mateo County.

Collaborative Organizational Model: As the Pride Center has continued to operate as a partnership of three agencies, several factors have emerged as core needs for an effective model, including: clarity of roles and responsibilities, venues for communication, organizational culture, leadership support, support with administrative requirements, staffing and turnover, and funding and sustainability.

Learning Goal 2: Improved Access to Mental Health Services

Improved Access and Outcomes: The Pride Center has substantially increased access to mental health services for LGBTQ+ individuals, and this access also appears to be leading to improvements in mental health outcomes for clinical clients. In addition, the evaluation has consistently found that having a safe space to build community is an important protective factor for both clinical and non-clinical participants.

Clinical Service Capacity and Reach: The Pride Center has continued to prioritize mental health services for members of underserved and marginalized communities but has struggled to engage Black/African American clients. The Pride Center has continued to strengthen its clinical program by navigating requirements to enable Medi-Cal reimbursement for clients with all levels of mental health need. The Pride Center has developed partnerships with external organizations to extend the county's capacity to provide LGBTQ+ responsive mental health care.

Facilitators of Access and Engagement: Sharing outreach and information about the Pride Center, offering services at different times of day, providing services or referrals outside of the central San Mateo region, and helping older adults address technology barriers have assisted with access to the Pride Center. Feeling a sense of community at the Pride Center, feeling welcome and safe at the Pride Center, and enjoying the services and programs have promoted ongoing engagement. During COVID-19, the Pride Center successfully shifted to fully virtual programming, maintaining a touchpoint for LGBTQ+ community members during this difficult time.

Barriers to Access and Engagement: Participants highlighted two common reasons that they were hesitant to engage in the Pride Center: 1) they did not feel represented among Pride Center staff and/or participants, or 2) they did not see programming that reflected their identity. While services were virtual for much of FY19-20, the geographic spread of the county and limited public transportation have remained a challenge to ensuring access to in-person services.

Learning Goal 1: Impact of Coordinated Service Delivery Model

Learning Goal: Does a coordinated approach improve service delivery for LGBTQ+ individuals at high risk for or with moderate to severe mental health challenges?

Levels of Collaboration

Consistent with previous years, Pride Center staff have continued to collaborate with each other to serve clients and facilitate linkages to services within and outside of the Pride Center. Staff have developed positive working relationships within the Pride Center, supported by regular team meetings and clear communication. The clinical team and Case Manager often work together to establish care plans for clients. Similar to previous years' findings, respondents to the Participant Experience Survey found it easier to connect to services *within* the Center than *outside* the Center.

The Pride Center's collaborative organizational model has improved service delivery capacity by expanding the Pride Center's reach both geographically and demographically. All Pride Center partner agencies—Star Vista, Peninsula Family Service, and Adolescent Counseling Services—agreed that being part of a collaborative model has not only contributed to the Pride Center's success; it has also enhanced their individual organizations' services. As the lead agency, StarVista reported that they are better able to reach youth, older adults, and the northern part of the county because of their partnerships with PFS and ACS. The Pride Center can reach more individuals because of the name recognition and visibility of their partners. In turn, PFS reported that being a partner agency has expanded the population they serve and has increased their agency's cultural sensitivity to the LGBTQ+ community.

The Pride Center has become a key part of a larger network of providers advancing LGBTQ+ inclusion and visibility in San Mateo County. The Pride Center's outreach efforts and organizational partnerships have helped the Pride Center build a large, countywide network. The Center's early successes have bolstered its reputation in the county as an authoritative source on LGBTQ+ inclusion, community building, and mental health care. Pride Center staff continue to train county staff members about SOGI and LGBTQ+ inclusion. All partners agreed that the Pride Center has increased LGBTQ+ visibility in San Mateo County, ultimately creating a more welcoming and inclusive environment for LGBTQ+ individuals to live and participate in the larger community. As evidence of the changing atmosphere of inclusion, in FY19-20, each of the cities in San Mateo County declared their observance of Pride Month in June and raised the Pride flag.

> *"The Center has gotten LGBTQ out of the closet [in San Mateo County]."*
>
> –Partner Agency

Building a Collaborative Organizational Model

As the Pride Center has continued to operate as a partnership between StarVista, PFS, and ACS, several factors have emerged as core needs for an effective model. Below is a summary of these factors and lessons learned during the Pride Center's operation.

- **Clarity of roles and responsibilities.** There has not been a shared vision of the intended roles and responsibilities of the partner agencies. Limited clarity about each partner's responsibilities, lines of communication, and decision-making authority remains one of the biggest challenges to operating as a partnership. Partners mentioned a desire to understand how to collaborate and utilize each partner's strengths effectively.

> *"[The partners need an] agreed upon set of expectations and guidelines as to how to operate."*
>
> –Partner Agency

- **Venues for communication.** While there are regular meetings for leadership from partner agencies, there is not always complete attendance. Further, without clear roles, leadership may be unsure how to engage and participate fully. Partner agency staff are invited to attend Pride Center staff meetings, which helps open lines of communication. Pride Center and partner agency staff observed that more opportunities for team building would be beneficial for interagency rapport and collaboration.
- **Organizational culture.** Each partner agency has their own organizational culture. While this not necessarily something negative, considering organizational culture is important when determining procedures such as communication agreements.
- **Leadership support.** The sustainability of the partnership relies in part on support from agency leadership. In the case of one of the partner agencies, when leadership transitioned, the agency left the partnership. Additionally, partners' own capacity to be efficient partners depends in part on their overall funding and resources.
- **Support with administrative requirements.** Pride Center staff have independently navigated administrative requirements to enable the Center to bill Medi-Cal and the Health Plan of San Mateo for clinical services. Without close guidance on federal and County billing requirements, the Center experienced delays in being able to receive federal and County reimbursement for clinical services.
- **Staffing and turnover.** Pride Center receive modest compensation for high-volume, demanding work, which has increased the risk of staff burnout and turnover among the core Pride Center team. In response, in FY2019-20 the Pride Center reduced the breadth of responsibilities for some, so that staff are not stretched so thin. There has also been turnover in some partner agency staff, particularly the youth program, which has led to temporary gaps in programming and loss of institutional knowledge.
- **Funding and sustainability.** The role of partner agencies in supporting fundraising for the ongoing sustainability of the Pride Center has not been clear. Even with a full-time grant writer on staff at the Pride Center, partners raised concerns and a desire for greater strategic support around fundraising for the sustainability of the Pride Center.

Many of the abovementioned challenges have remained consistent over the course of the Pride Center's operation, affirming partners' observations that the Pride Center would benefit from additional support in the governance and operations of the collaborative model. It is important to note that in early 2020, the Pride Center hired a new Program Director, which coincided with the challenges of adapting to COVID-

19 and moving to fully virtual programming. Despite these obstacles, the Program Director has strategized and begun to implement ways to strengthen the collaborative model and build a cohesive and effective team.

Learning Goal 2: Improved Access to Mental Health Services

Learning Goal: Does the Pride Center improve access to behavioral health services for LGBTQ+ individuals at high risk for or with moderate or severe mental health challenges?

Improved Access and Mental Health Outcomes

> *"The impact of the Pride Center is felt across the entire health system."*
>
> –Partner Agency

Over the past three years, the evaluation has demonstrated that the Pride Center has substantially increased access to mental health services for LGBTQ+ individuals. The Pride Center has achieved this by offering in-house therapy services, building a strong referral network with county providers and schools, and improving the capacity of county providers to offer LGBTQ-responsive care. Because the Pride Center has filled a crucial gap in mental health services, the Center has become an established organization within San Mateo County's network of mental health care. On the clinical self-assessment survey, 92% of clinical participants strongly agreed or agreed that they have benefited from services offered to them at the Pride Center. As demonstrated in the Clinical Services Data above, clinical clients have shown improvements in mental health outcomes, including reduced severity of depression and anxiety and improved ability to cope with trauma.

In addition to increasing access to clinical services, the evaluation has consistently found that having a safe space to build community is an important protective factor for both clinical and non-clinical participants. While only a fraction of respondents uses formal therapy services at the Pride Center, many more participants gain benefits to their mental health and wellbeing from the inclusive and supportive space that the Pride Center offers. Numerous participants praised the Pride Center for helping them feel welcome, safe, and comfortable as an LGBTQ+ individual. In this way, participating in the Pride Center can serve as a protective factor that may prevent future mental health challenges. As in previous years, the majority of respondents to the Participant Experience Survey indicated that the Pride Center gives them a sense of community and has improved their mental health.

Clinical Service Capacity and Reach

The Pride Center has continued to strengthen its clinical program by navigating requirements to enable Medi-Cal reimbursement for clients with all levels of mental health need. The Pride Center has hired clinical providers, secured contractors to serve as clinical supervisors, and maintained a consistent caseload of clinical clients. The Center's trainee model offers clinical trainees with an interest in LGBTQ+ mental health the opportunity to serve clients while working toward their clinical hours. The administrative and staffing requirements for Medi-Cal billing are particularly complex for clinical trainees, and the Pride Center is still in the process of ensuring it can receive Medi-Cal reimbursement for clients with serious mental illness (SMI) and mild-to-moderate mental illness.

The Pride Center has developed partnerships with external organizations to extend the county's capacity to provide LGBTQ+ responsive mental health care. The Pride Center alone cannot—and was not intended to—meet the mental health treatment needs of all LGBTQ+ individuals in the county. The Pride Center maintains a full caseload with a waitlist. At the time of the evaluation, ANSA and CANS average domain scores (see Clinical Services Data above) indicated that overall, the Pride Center was serving a population with low to moderate needs. To increase the county's capacity to serve LGBTQ+ clients, particularly those with higher mental health need, the Pride Center has developed relationships with outside providers. For example, the Pride Center has developed a referral pathway with the Felton Institute to deliver psychiatric services for clients with SMI.

The Pride Center has continued to prioritize mental health services for members of underserved and marginalized communities but has struggled to engage Black/African American clients. Participants receiving therapy services at the Pride Center have emphasized the value of having a LGBTQ+ therapist to support their mental health treatment. This year and in previous years, some clinical clients emphasized the value of having a therapist from their same racial or ethnic background. In the ANSA and CANS data, the "cultural identity" item, which can refer to race/ethnicity, religion, and LGBTQ+ identity, saw small improvements in average scores for both adults and children.[13] At the same time, staff noted that while representation of people of color in the clinical program has overall been strong, Black/African American clients have been the least represented in clinical services. The section below on "Facilitators and Barriers to Access and Engagement" further discusses the Pride Center's engagement with Black, Indigenous, and People of Color (BIPOC).

Facilitators and Barriers to Access and Engagement

This year, the evaluation sought to explore the topic of access with a focus on individuals who have had less engagement with the Pride Center, including those who may choose *not* to engage with the Pride Center. This inquiry was intended to shed light on barriers to access and engagement so that the Pride Center can continue to develop strategies to reach members of the LGBTQ+ community who may be underserved. In previous years, many participants in the evaluation survey and focus groups were already highly engaged in the Pride Center.

The need to adapt the evaluation to the COVID-19 pandemic offered an opportunity to reach individuals with lower levels of engagement with the Pride Center. In the spring of 2020, RDA and the Pride Center strategized and decided to use the county's week-long virtual Pride Week celebration as a forum to outreach for the survey and focus groups. As a result, participants in this year's evaluation were less likely to be highly engaged in the Pride Center. Participant Experience Survey data reflect this to be the case: last year, 70% of respondents participated in the Pride Center at least once a month; this year, only 42% of respondents did.[14] This year, 28% of respondents reported participating a few times a year, and 30%

[13] Cultural identity refers to an Individual's feelings about her/his cultural identity. This cultural identity may be defined by a number of factors including race, religion, sexual orientation, gender identity, ethnicity, geography or lifestyle. See: http://www.acbhcs.org/providers/CANS/docs/ANSA/ANSA_25_Manual.pdf

[14] The 43 survey respondents were generally reflective of the overall Pride Center participant demographics, with the majority identifying as White, adults ages 26-59, and assigned female at birth.

reported that they have participated only one or two times. Similarly, in this year's focus groups, a sizeable proportion of participants had participated only one or two times in Pride Center programs and services.

Although it is not possible to conclude definitively, some differences in survey and focus group findings this year may be attributed in part to this shift in representation. For example, in this year's survey, satisfaction ratings were generally lower than in previous years. With this in mind, the sections below discuss factors that facilitate and hinder participant access and engagement. In this context, *access* refers to individuals' ability to participate in services, whereas *engagement* refers to their desire to begin or continue participating.

Facilitators of Access. Having information about the Pride Center, whether it be through social media, email lists, word of mouth, referrals is the first step to accessing services. The Pride Center employs a community engagement and outreach specialist and the Center has built a strong referral network with providers, schools, and employers. The Pride Center also offers services at different times of day, including daytime and evening programming. Considering the geographic spread of San Mateo County, the Pride Center has used creative strategies to create groups in North County, South County and Coast areas. In the past year, Coast Pride (another LGBTQ+ organization) has started offering services in Half Moon Bay, which lessens barriers to access for individuals in that part of the county. To address technology barriers to address among older adults, the Pride Center started hosting an "App-y hour" tech workshop for older adults as a collaboration with Peninsula Family Service.

Facilitators of Engagement. Consistent with themes from previous years' evaluations, a sense of community, enjoyment of services and programs, and rapport with staff were primary facilitators of continued engagement (see text box on the right). Among survey respondents who had engaged less frequently with the Pride Center, nearly three quarters (72%) reported that they plan to continue participating. About one-quarter (24%) responded that they did not know whether they would continue, and only one person (4%) responded that they did not plan to continue.

Top reasons for continuing to participate in the Pride Center:

- Feeling a sense of community at the Pride Center (67%)
- Feeling welcome and safe at the Pride Center (61%)
- Enjoying the services and programs (61%)
- Feeling their identity is affirmed at the Pride Center (50%)

Source: Participant Experience Survey

Barriers to Access. While programming was virtual for much of FY19-20, the Pride Center has continued to contend with barriers to in-person services, including the geographic spread of the county and limited public transportation. Both issues were frequently mentioned by survey and focus group participants. The Pride Center has sought to offer services at different times of day to accommodate different schedules. Some participants shared that evening services may meet the needs of many working adults but may be difficult for older adults who are not comfortable driving at night, as well as youth who rely on public transportation. On the other hand, services for older adults in the daytime may not meet the needs of older adults who work during the day. Additionally, as in previous years, some participants mentioned the physical accessibility of the Pride Center, noting that some areas can only be accessed via stairs. Despite intensive outreach efforts on the part of the Pride Center, a number of participants also expressed that

they had only recently become aware of the Pride Center and perceived that many others in the community are not aware of the available services (see text box below).

Participant Reflections on Outreach

- All participants suggested expanded outreach throughout San Mateo County. Participants suggested partnering with communities of color and non-explicitly LGBTQ+ organizations, such as art spaces, racial/ethnic identity groups, and hospitals. Partner agencies would like to see an increase in funding for advertisements in the forms of newspapers, ads, flyers, etc.
- Older participants find it challenging to stay connected exclusively online. Many said they prefer print advertisement, such as fliers, newspapers, journals, magazines, and places of worship.
- Younger participants mentioned that they would respond well to online outreach in non-traditional venues, such as Instagram and dating apps. They also suggested creating an app for the Pride Center to list upcoming events, programs, etc.

Barriers to Engagement. Survey and focus group participants highlighted two common reasons that they have not engaged or may be hesitant to engage in the Pride Center: 1) they did not feel represented among Pride Center staff and/or participants, or 2) they did not see programming that reflected their identity.

> *"I would like to see more POC at events, but we need to have more POC on staff first."*
>
> –Partner Agency

1) **Representation among staff and participants**. The Pride Center has espoused a commitment to be an inclusive space for LBGTQ+ community members of color and has continued to offer dedicated programming for people of color. Pride Center staff, partners, and participants alike acknowledged that in large part, being a welcoming and inclusive space necessitates having staff who represent the racial/ethnic and cultural backgrounds of prospective participants. Staff shared that establishing and retaining a racially diverse staff has been a challenge, particularly Black/African American staff. Focus group and survey respondents shared a perception that the staff and clientele of the Pride Center are mostly White. While participant demographic data show that approximately half of all Pride Center participants are non-White, it may be that participation in certain programs is predominantly White.
2) **Programming reflecting participants' identity.** Survey and focus group participants shared suggestions for programming focused on BIPOC, including celebrations around food from different cultures, events that are "cross-listed" with other cultural organizations in the county, and additional ways to integrate culture in events and outreach (e.g., including a section in the newsletter that speaks to relevant events in history). One person shared, *"I wish the Center could be more vocal and take a stand against the root causes of our continued oppression: anti-blackness, white supremacy, capitalism, colonization, and militarism. For example, how can the Center honor trans and queer black lives?"*

The Pride Center has continued to prioritize serving BIPOC residents, including holding events in partnership with the African American Community Initiative (AACI) of San Mateo County. Staff and partners reported challenges specifically around engaging Black/African American individuals. Demographic data from participant sign-in indicate that, proportionally, the Pride Center is serving a higher percentage of Black/African American clients (6%) than the overall San Mateo County population (3%). That said, demographic forms do not contain information about participants' level and consistency of engagement. The abovementioned barriers speak to the context of intense and public racial oppression across the country, which disproportionately impacts queer people of color. Pride Center clinical data also appeared to reflect this reality: in the ANSA and CANS, the "cultural stress" item—which includes circumstances in which an individual's cultural identity is met with hostility—was scored as an area of high need and did not see improvements from baseline to follow-up.

Additional barriers to engagement mentioned by participants and/or staff included: capacity of bilingual staff, who may be the only staff that speak a particular language; stigma among older adults, who may not feel comfortable visiting a center that is prominently LGBTQ+; and some challenges with staff responsiveness. While participants overwhelmingly praised Pride Center staff, some noted that they had occasionally experienced difficulties in reaching staff members. Among survey respondents, 19% indicated that they disagreed or somewhat disagreed that staff are responsive when they have requests.

Impacts of COVID-19

To better understand the impact of COVID-19 on participation, respondents to the Participant Experience Survey were asked to report on their *online* engagement during the pandemic. It is important to note that during the evaluation period, virtual services had only been in operation for a few months (mid-March through mid-June 2020). The Participant Experience Survey was conducted in June 2020, which coincided with the murder of George Floyd and the eruption of racial justice protests around the country. Because of these factors, the Pride Center anticipates that online participation was lower during the FY19-20 period than will be reflected in the FY20-21 data.

Overall, most respondents to the Participant Experience Survey reported being informed about and satisfied with the Pride Center's online services: 58% agreed and 26% somewhat agreed that the Pride Center had informed the community about the online services available. In addition, 51% agreed and 30% somewhat agreed that the Pride Center had offered online options for the services that were most important to them.

- Nearly half (49%) reported that they had not participated in any online services. Of those who did report participating online, over one-quarter (28%) participated in social activities/events online, 16% in peer groups, 12% in community meetings, and 12% in therapy services. Other activities were each selected by fewer than three respondents (7%).
- Of those who participated in online services, most agreed or somewhat agreed that online services have been engaging (90%), have given them a sense of community (87%), and have been easy to access (81%).

Participants and staff shared both benefits and challenges of offering services online. The Pride Center has been able to maintain therapy services through telehealth platforms. Online services have also facilitated access for individuals who have disabilities or chemical sensitivities. Zoom peer support groups have become accessible for people outside of the central San Mateo area and outside of the county itself. The polyamorous support group, for example, regularly has over 20 attendees, including participants from other states and even another county. During Pride Week, at least 9,000 people viewed materials and events, compared to 800 people who participated in last year's in-person Pride celebrations.

> *""Even though shelter in place is in order and COVID is scary, the Pride Center has helped make me feel like I'm still part of a community, and it means so much to me to not feel as if I've been forgotten.*
>
> –Participant

At the same time, staff reported that it has been difficult to maintain engagement in most peer support groups. Some participants noted that they have been disconnected from services during the shelter in place, in some cases because programs did not fit with their schedule and in others because it was harder to feel a sense of personal connection with staff. Online services have increased barriers to participation for older adults, lower income individuals, individuals who are unstably housed, and those living in a hostile environment. In addition, not all clients have access to devices with video calls or a safe place to have private conversations. Despite these challenges, the Pride Center has demonstrated adaptability and dedication to serving the LGBTQ+ community during 2020.

Recommendations

Based on the evaluation findings, below are recommendations to support the Pride Center's operations and programming. Recommendations come from a combination of staff, partner, and participant feedback, as well as the analysis of the evaluation team.

As the Pride Center partnership continues, it will be essential to have systems in place to continually review the partnership model, assess program effectiveness, and make data-driven programmatic decisions. As of the time of this writing (March 2021), the Pride Center had already begun to implement some of these recommendations.

Operations and Governance

1) **Establish a mutual understanding of roles and responsibilities of partner agencies.** It is clear that there are differences in perspective regarding the desired roles of the partner organizations. It is important that all parties can discuss and affirm shared expectations of each party's primary roles and responsibilities, and their accountability and obligations to each other. Partners' roles should be described in Memoranda of Understanding (MOUs) and partners should periodically assess and revisit their roles and responsibilities.

2) **Expand opportunities for collaboration and team building among partners**. Partner agencies continue to view themselves as distinct parts, rather than a collaborative whole. There are

opportunities to bolster the capacity of staff and partner agencies through team building, sharing resources, and fostering joint ownership over program development. Recommended actions include:

a. Facilitating regular attendance of all partner representatives at Pride Center all-staff meetings;
b. Encouraging participation in each other's trainings;
c. Holding regular meetings among partner agency managers;
d. Continuing to host team building activities; and
e. Developing opportunities for partner agencies to collaborate on program design.

3) **Raise awareness about the partnership model among external stakeholders.** Increasing awareness about the partnership model among County and community agencies and with community members can help solidify the partnership structure. Activities may include presentations about the partnership model at external community meetings and increased publicity about joint partner programming.

Programs and Services

1) **Consider depth vs. breadth of services.** The Pride Center implements an impressive number of programs and services each year. The volume of programming can create a tradeoff between expanding Pride Center activities and deepening the existing work. Given staff capacity and the risk for burnout, the Pride Center may want to examine the areas of highest demand and success over the past three years and determine ways to narrow their focus. Since staff wear many hats, there may also be opportunities to contract with outside organizations for some services.

2) **Formalize partnerships to increase racial, cultural, and linguistic diversity of providers and participants.** The Pride Center has acknowledged challenges in cultivating representation of diverse staff, particularly Black/African American staff, which has impacted BIPOC engagement in the Pride Center. The Pride Center may consider creating MOUs with local BIPOC organizations, either as formal partner agencies with the Pride Center or as "guest" providers who could co-lead certain programs or events.

3) **Continue to build the network of LGBTQ+ responsive mental health providers to meet the needs of clients with serious mental illness (SMI).** In order to create a sustainable system of LGBTQ+ affirming mental health services, it will be necessary to coordinate with—and build the capacity of—outside providers. For example, developing referral pathways to LGBTQ+ affirming psychiatrists would enable care coordination for clients who use medication. The Pride Center may also explore ways to enhance its training model to include learning collaboratives and ongoing consultation for providers who serve clients with SMI.

4) **Explore new ways to enhance the Pride Center's presence in all parts of the county.** It remains difficult for individuals living outside central San Mateo County to easily access in-person programming. The Pride Center should continue to develop strategies and partnerships that can increase visibility and access, while considering the realities of the Pride Center's staff capacity.

Conclusion

The 2019-20 fiscal year marked the third full year of operation of the San Mateo County Pride Center. In this time, the Pride Center has established a wide array of clinical services and community-oriented programs and has become a recognized community resource. The Center allows participants to access mental health services with LGBTQ+ therapists, which for many participants is a welcome departure from their previous difficulties in finding mental health care providers both knowledgeable and respectful of their sexual orientation and gender identity. In FY2019-20, the Pride Center faced the monumental challenge of transitioning to fully remote service delivery during the COVID-19 shelter in place. The Pride Center was able to successfully offer mental health services, peer groups, and social events online. As the Pride Center progresses and grows, leadership and staff remain committed to their efforts to be a safe and welcoming space for all members of the LGBTQ+ community, particularly BIPOC and low-income individuals.

Appendix A: San Mateo County Pride Center Participant Experience Survey (2020)

*1) How many times have you participated in Pride Center programs or services?**

( ) I have come 1-2 times

( ) I come a few times a year

( ) I come at least once a month

( ) I come at least once a week

2) Do you plan to continue to participate in Pride Center programs or services?

( ) Yes

( ) No

( ) I don't know

3) Why might you not continue to participate in Pride Center programs or services? (Check all that apply)

[ ] I don't feel welcome or safe at the Pride Center

[ ] I don't feel myself represented at the Pride Center

[ ] The times of the events don't work with my schedule

[ ] It is difficult to get to the Pride Center's location

[ ] The Pride Center is not fully accessible for people with disabilities

[ ] I don't feel comfortable going to a visibly LGBTQ center

[ ] Other (Please specify): _____

4) What are the main reasons you want to continue to participate in Pride Center programs or services?

[ ] I feel like my identify is affirmed at the Pride Center

[ ] I feel a sense of community at the Pride Center

[ ] I feel connected to the staff at the Pride Center

[ ] I feel welcome and safe at the Pride Center

[ ] I enjoy the services and programs offered by the Pride Center

[ ] Other (Please specify): _____

5) For how long have you been participating in Pride Center programs or services?

( ) This is my first time

( ) 0 - 6 months

( ) 6 months - 1 year

( ) 1 - 2 years

( ) Since the Pride Center opened (Summer 2017)

*6) Please mark the services you have participated in at the Pride Center. (*Check all that apply.*)**

[ ] Case Management

[ ] Community Meetings

[ ] Connection to Resources

[ ] Drop-In Center

[ ] Education / Training

[ ] Social Activities / Events

[ ] Therapy Services

[ ] Peer Group (Please specify): _____*

[ ] Other (Please specify): _____

*7) Please mark the services you have participated in at the Pride Center ONLINE during the COVID-19 shelter in place. (*Check all that apply.*)**

[ ] Case Management

[ ] Community Meetings

[ ] Connection to Resources

[ ] Drop-In Center

[ ] Education / Training

[ ] Social Activities / Events

[ ] Therapy Services

[ ] Peer Group (Please specify): _____*

[ ] Other (Please specify): _____

[ ] I have not participated in any online services

8) Please rate your interactions with the Pride Center's staff.

	Disagree	**Somewhat Disagree**	**Somewhat Agree**	**Agree**
Staff are courteous and friendly.	( )	( )	( )	( )
Staff are responsive when I have requests.	( )	( )	( )	( )
Staff understand & affirm my sexual orientation.	( )	( )	( )	( )
Staff understand & affirm my gender identity.	( )	( )	( )	( )
Staff understand & affirm my culture/ethnicity.	( )	( )	( )	( )

9) Please rate your experiences with the facility. (Note: please rate based on services at the Pride Center before the COVID-19 shelter in place)

	Disagree	**Somewhat Disagree**	**Somewhat Agree**	**Agree**

The Pride Center is a welcoming & safe environment.	( )	( )	( )	( )
The Pride Center gives me a sense of community.	( )	( )	( )	( )
The Pride Center is in a convenient location.	( )	( )	( )	( )
The hours of the Pride Center work with my schedule.	( )	( )	( )	( )

10) Please rate your experience with ONLINE services during the COVID-19 shelter in place.

	Disagree	**Somewhat Disagree**	**Somewhat Agree**	**Agree**
The Pride Center has informed the community about the online services available	( )	( )	( )	( )

The Pride Center has offered online options for the services that are most important to me	( )	( )	( )	( )

11) Please rate your experience with ONLINE services during the COVID-19 shelter in place.

	Disagree	**Somewhat Disagree**	**Somewhat Agree**	**Agree**
Online services at the Pride Center have been engaging	( )	( )	( )	( )
Online services at the Pride Center have been easy to access	( )	( )	( )	( )
Online services at the Pride Center give me a	( )	( )	( )	( )

sense of community				

12) Please rate your experiences with the services provided at the Pride Center.

	Disagree	**Somewhat Disagree**	**Somewhat Agree**	**Agree**
It's easy to get connected to other services **within** the Pride Center.	( )	( )	( )	( )
It's easy to get connected to other services **outside** of the Pride Center.	( )	( )	( )	( )
The Pride Center staff include me in deciding what services are best for me.	( )	( )	( )	( )

The services that I am receiving at the Pride Center are improving my mental health.	( )	( )	( )	( )

Please note any other services or programs to which the Pride Center has connected you. (OPTIONAL)

_____

_____

_____

_____

Please share any positive or negative experiences you have had with the Pride Center, including during the COVID-19 shelter in place. (OPTIONAL)

_____

_____

_____

_____

What is your age category?

( ) 0 - 15

( ) 16 - 25

( ) 26 - 39

( ) 40 - 59

( ) 60 & above

( ) Decline to answer

*With which race/ethnicity do you identify? (*Check all that apply.*)*

[ ] American Indian / Native American / Native Alaskan

[ ] Asian / Asian American

[ ] Black / African American

[ ] Hispanic / Latino/a /x

[ ] Native Hawaiian / Pacific Islander

[ ] White

[ ] Other - Write In: _____

[ ] Decline to answer

What was your assigned sex at birth?

( ) Female

( ) Male

( ) Other: _____

( ) Decline to answer

Do you identify as intersex?

( ) Yes

( ) No

( ) Decline to answer

What is your current gender identity?

( ) Cisgender Man / Man

( ) Cisgender Woman / Woman

( ) Trans Man / Transgender Male / Trans-masculine / Female-to-Male (FTM) / Man

( ) Trans Woman / Transgender Female / Trans-feminine / Male-to-Female (MTF) / Woman

( ) Genderqueer / Gender Nonconforming / Neither exclusively male nor female

( ) Questioning or Unsure of Gender Identity

( ) Indigenous Gender Identity: _____

( ) Other Gender Identity: _____

( ) Decline to answer

How do you identify your sexual orientation?

( ) Gay or Lesbian

( ) Heterosexual or Straight

( ) Bisexual

( ) Queer

( ) Pansexual

( ) Asexual

( ) Questioning / Unsure of sexual orientation

( ) Indigenous sexual orientation: _____

( ) Other sexual orientation: _____

( ) Decline to answer

Thank You!

Appendix B: ANSA and CANS Instruments

ADULT NEEDS AND STRENGTHS ASSESSMENT(ANSA)				STANDARD VERSION 2.0
Individual's Name:		DOB:	Gender:	Race/Ethnicity:
Caregiver(s):		Form Status:	Initial / Subsequent / Annual / Discharge	
		Case Name:		
		Case Number:		
Assessor:		Date of Assessment:	m m d d y y	

FUNCTIONING				
0=no evidence	1=history, suspicion			
2= action needed	3= disabling, dangerous, immediate action			
	0	1	2	3
Family Relationships	○	○	○	○
Physical/Medical	○	○	○	○
Employment Functioning	○	○	○	○
Social Functioning	○	○	○	○
Recreational	○	○	○	○
Developmental/intellectual	○	○	○	○
Sexual Development	○	○	○	○
Living Skills	○	○	○	○
Residential Stability	○	○	○	○
Legal	○	○	○	○
Sleep	○	○	○	○
Self-Care	○	○	○	○
Medication Compliance	○	○	○	○
Transportation	○	○	○	○
Living Situation	○	○	○	○
School	○	○	○	○

STRENGTHS				
**Please note only for the Strengths section 3 is "no evidence"*				
0=Centerpiece strength	1=Useful strength			
2=Identified strength	3=No evidence			
	0	1	2	3
Family Strengths	○	○	○	○
Interpersonal/Social Connectedness	○	○	○	○
Optimism	○	○	○	○
Educational Setting	○	○	○	○
Job History	○	○	○	○
Talents and interests	○	○	○	○
Spiritual/Religious	○	○	○	○
Community Connection	○	○	○	○
Natural Supports	○	○	○	○
Resilience	○	○	○	○
Resourcefulness	○	○	○	○
Volunteering	○	○	○	○
Vocational	○	○	○	○

CULTURAL FACTORS				
0=no evidence	1=history, suspicion			
2= action needed	3= disabling, dangerous, immediate action			
	0	1	2	3
Language	○	○	○	○
Cultural Identity	○	○	○	○
Traditions and Rituals	○	○	○	○
Cultural Stress	○	○	○	○

BEHAVIORAL/EMOTIONAL NEEDS				
0=no evidence	1=history, suspicion			
2= action needed	3= disabling, dangerous, immediate action			
	0	1	2	3
Psychosis (Thought Disorder)	○	○	○	○
Impulse Control	○	○	○	○
Depression	○	○	○	○
Anxiety	○	○	○	○
Interpersonal Problems	○	○	○	○
Antisocial Behavior	○	○	○	○
Adjustment to Trauma	○	○	○	○
Anger Control	○	○	○	○
Substance Abuse	○	○	○	○
Eating Disturbances	○	○	○	○

RISK BEHAVIORS				
0=no evidence	1=history, suspicion			
2= action needed	3= disabling, dangerous, immediate action			
	0	1	2	3
Suicide Risk	○	○	○	○
Non-Suicidal Self-Injurious Behavior	○	○	○	○
Other Self-Harm (Recklessness)	○	○	○	○
Exploitation	○	○	○	○
Danger to Others	○	○	○	○
Gambling	○	○	○	○
Sexual Aggression	○	○	○	○
Criminal Behavior	○	○	○	○

CAREGIVER RESOURCES & NEEDS (OPTIONAL)				
0=no evidence	1=history, suspicion			
2= action needed	3= disabling, dangerous, immediate action			
	0	1	2	3
Physical/Behavioral Health	○	○	○	○
Involvement in Care	○	○	○	○
Knowledge	○	○	○	○
Social Resources	○	○	○	○
Family Stress	○	○	○	○
Safety	○	○	○	○
Organization	○	○	○	○
Residential Stability	○	○	○	○
Substance Use	○	○	○	○
Developmental	○	○	○	○

Standard ANSA 2.0 March 10, 2017,

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)				STANDARD CANS COMPREHENSIVE
Child's Name:		DOB:	Gender:	Race/Ethnicity:
Caregiver(s):		Form Status:	Initial / Subsequent / Annual / Discharge	
		Case Name:		
		Case Number:		
Assessor:		Date of Assessment:	m m d d y y	

LIFE DOMAIN FUNCTIONING

0=no evidence; 1=history or suspicion; 2=interferes with functioning; action needed; 3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
Family Functioning	○	○	○	○
Living Situation	○	○	○	○
Social Functioning	○	○	○	○
Recreational	○	○	○	○
Developmental/Intellectual[1]	○	○	○	○
Job Functioning	○	○	○	○
Legal	○	○	○	○
Medical/Physical	○	○	○	○
Sexual Development	○	○	○	○
Sleep	○	○	○	○
School Behavior	○	○	○	○
School Attendance	○	○	○	○
School Achievement	○	○	○	○
Decision-Making	○	○	○	○

STRENGTHS DOMAIN

0=Centerpiece strength; 1=Useful strength; 2=Identified strength; 3=No evidence

	0	1	2	3
Family Strengths	○	○	○	○
Interpersonal	○	○	○	○
Optimism	○	○	○	○
Educational Setting	○	○	○	○
Vocational	○	○	○	○
Talents/Interests	○	○	○	○
Spiritual/Religious	○	○	○	○
Community Life	○	○	○	○
Relationship Permanence	○	○	○	○
Resiliency	○	○	○	○
Resourcefulness	○	○	○	○
Cultural Identity	○	○	○	○
Natural Supports	○	○	○	○

CULTURAL FACTORS

0=no evidence; 1=history or suspicion; 2=interferes with functioning; action needed; 3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
Language	○	○	○	○
Traditions and Rituals	○	○	○	○
Cultural Stress	○	○	○	○

CAREGIVER RESOURCES AND NEEDS

0=no evidence; 1=history or suspicion; 2=interferes with functioning; action needed; 3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
Supervision	○	○	○	○
Involvement with Care	○	○	○	○
Knowledge	○	○	○	○
Organization	○	○	○	○
Social Resources	○	○	○	○
Residential Stability	○	○	○	○
Medical/Physical	○	○	○	○
Mental Health	○	○	○	○
Substance Use	○	○	○	○
Developmental	○	○	○	○
Safety	○	○	○	○

CHILD BEHAVIORAL/EMOTIONAL NEEDS

0=no evidence; 1=history or suspicion; 2=interferes with functioning; action needed; 3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
Psychosis (Thought Disorder)	○	○	○	○
Impulsivity/Hyperactivity	○	○	○	○
Depression	○	○	○	○
Anxiety	○	○	○	○
Oppositional	○	○	○	○
Conduct	○	○	○	○
Adjustment to Trauma[2]	○	○	○	○
Attachment Difficulties	○	○	○	○
Anger Control	○	○	○	○
Substance Use[3]	○	○	○	○

RISK BEHAVIORS

0=no evidence; 1=history or suspicion; 2=interferes with functioning; action needed; 3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
Suicide Risk	○	○	○	○
Non-Suicidal Self-Injurious Behavior	○	○	○	○
Other Self-Harm (Recklessness)	○	○	○	○
Danger to Others[4]	○	○	○	○
Sexual Aggression[5]	○	○	○	○
Runaway[6]	○	○	○	○
Delinquent Behavior[7]	○	○	○	○
Fire Setting[9]	○	○	○	○
Intentional Misbehavior	○	○	○	○

Page 1 of 3
Standard CANS Comprehensive

October 3, 2016

INDIVIDUAL ASSESSMENT MODULES (rate if indicated on prior sheets)	[1]Developmental Disabilities Module
	[2]Trauma Module
	[3]Substance Use Module
	[4]Violence Module
	[5] Sexually Aggressive Behaviors Module
	[6]Runaway Module
	[7]Juvenile Justice Module
	[8]Decision Making Module
	[9]Fire Setting Module

DEVELOPMENTAL DISABILITIES MODULE

0=no evidence 1=history or suspicion
2=interferes with functioning; action needed 3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
Cognitive	○	○	○	○
Communication	○	○	○	○
Developmental	○	○	○	○
Self-Care/Daily Living Skills	○	○	○	○

TRAUMA MODULE

No=no evidence of Trauma Yes=Evidence of Trauma

	No	Yes
Sexual Abuse	○	○
Physical Abuse	○	○
Neglect	○	○
Emotional Abuse	○	○
Medical Trauma	○	○
Natural or Manmade Disaster	○	○
Witness to Family Violence	○	○
Witness to Community/School Violence	○	○
Victim/Witness to Criminal Activity	○	○
War/Terrorism Affected	○	○
Disruptions in Caregiving/Attachment Losses	○	○
Parental Criminal Behavior	○	○

If the youth has been sexually abused:

	0	1	2	3
Emotional Closeness to Perpetrator	○	○	○	○
Frequency of Abuse	○	○	○	○
Duration	○	○	○	○
Force	○	○	○	○
Reaction to Disclosure	○	○	○	○

Traumatic Stress Symptoms:

	0	1	2	3
Emotional/Physical Dysregulation	○	○	○	○
Intrusions/Re-Experiencing	○	○	○	○
Hyperarousal	○	○	○	○
Traumatic Grief/Separation	○	○	○	○
Numbing	○	○	○	○
Dissociation	○	○	○	○
Avoidance	○	○	○	○

SUBSTANCE USE MODULE

0=no evidence 1=history or suspicion
2=interferes with functioning; action needed 3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
Severity of Use	○	○	○	○
Duration of Use	○	○	○	○
Stage of Recovery	○	○	○	○
Peer Influences	○	○	○	○
Parental Influences	○	○	○	○
Environmental Influences	○	○	○	○

VIOLENCE MODULE

0=no evidence 1=history or suspicion
2=interferes with functioning; action needed 3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
Historical risk factors:				
History of Physical Abuse	○	○	○	○
History of Violence	○	○	○	○
Witness to Domestic Abuse	○	○	○	○
Witness to Environmental Violence	○	○	○	○
Emotional/Behavioral Risks:				
Bullying	○	○	○	○
Frustration Management	○	○	○	○
Hostility	○	○	○	○
Paranoid Thinking	○	○	○	○
Secondary Gains from Anger	○	○	○	○
Violent Thinking	○	○	○	○
Resiliency Factors:				
Aware of Violence Potential	○	○	○	○
Response to Consequences	○	○	○	○
Commitment to Self-Control	○	○	○	○
Treatment Involvement	○	○	○	○

SEXUALLY AGGRESSIVE BEHAVIORS MODULE				
0=no evidence 2=interferes with functioning; action needed	1=history or suspicion 3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
Relationship	○	○	○	○
Physical Force/Threat	○	○	○	○
Planning	○	○	○	○
Age Differential	○	○	○	○
Type of Sex Act	○	○	○	○
Response to Accusation	○	○	○	○
Temporal Consistency	○	○	○	○
History of Sexual Abusive Behavior	○	○	○	○
Severity of Sexual Abuse	○	○	○	○
Prior Treatment	○	○	○	○

RUNAWAY MODULE				
0=no evidence 2=interferes with functioning; action needed	1=history or suspicion 3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
Frequency of Running	○	○	○	○
Consistency of Destination	○	○	○	○
Safety of Destination	○	○	○	○
Involvement in Illegal Acts	○	○	○	○
Likelihood of Return on Own	○	○	○	○
Involvement of Others	○	○	○	○
Realistic Expectations	○	○	○	○
Planning	○	○	○	○

9 - JUVENILE JUSTICE MODULE				
0=no evidence 2=interferes with functioning; action needed	1=history or suspicion 3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
History	○	○	○	○
Seriousness	○	○	○	○
Planning	○	○	○	○
Community Safety	○	○	○	○
Peer Influences	○	○	○	○
Parental Criminal Behavior	○	○	○	○
Environmental Influences	○	○	○	○

FIRE SETTING MODULE				
0=no evidence 2=interferes with functioning; action needed	1=history or suspicion 3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
History	○	○	○	○
Seriousness	○	○	○	○
Planning	○	○	○	○
Use of Accelerants	○	○	○	○
Intention to Harm	○	○	○	○
Community Safety	○	○	○	○
Response to Accusation	○	○	○	○
Remorse				
Likelihood of Future Fire Setting				

Appendix C: Data Tables

Demographic Data

To comply with HIPAA requirements and protect the confidentiality of participating individuals, the tables below only present data for response categories with at least five responses. Where fewer than five responses were received, some categories have been combined. RDA was unable to create a table displaying demographic data on preferred language due to most responses having fewer than five responses. The tables below reflect demographic data from: 1) Fiscal Year 2018-19 and 2) the opening of the Pride Center through Fiscal Year 2018-19, reflected in the tables as "all time periods."

Table 1. Participants served by age

Age	2019-20 (n=426)		All time periods (n=1,057)	
	Count	Percent	Count	Percent
0-15	28	7%	83	8%
16-25	95	22%	273	26%
26-39	164	38%	339	32%
40-59	98	23%	266	25%
Age 60 and above	41	10%	96	9%

Table 2. Participants served by race[15]

Race	2019-20 (n=412)		All time periods (n=1,037)	
	Count	Percent	Count	Percent
White or Caucasian	246	60%	596	57%
Hispanic or Latino/a/x	86	21%	233	22%
Asian or Asian American	71	17%	198	19%
Black or African American	26	6%	59	6%
Native American or Native Alaskan	8	2%	29	3%
Other	12	3%	43	4%
Native Hawaiian or Pacific Islander	10	2%	29	3%

[15] Some participants are counted more than once, as they could mark all categories that apply. Percentages will total greater than 100%.

Table 3. Participants served by ethnicity[16]

Ethnicity	2019-20 (n= 377)		All time periods (n=860)	
	Count	Percent	Count	Percent
European	169	45%	347	40%
Mexican/Chicanx/a/o	58	15%	147	17%
Other[17]	48	13%	103	12%
Chinese	31	8%	71	8%
Filipinx/a/o	28	7%	87	10%
Eastern European	25	7%	56	7%
African	14	4%	39	5%
Central American	13	3%	24	3%
Pacific Islander	12	3%	12	1%
South American	11	3%	38	4%
Indigenous Nation	6	2%	6	1%
Japanese	6	2%	22	3%
Middle Eastern	6	2%	21	2%
Puerto Rican	6	2%	16	2%
Vietnamese	6	2%	33	4%

Table 4. Participants served by sex at birth

Sex	2018-19 (n=193)		All time periods (n=601)	
	Count	Percent	Count	Percent
Female	224	55%	433	43%
Male	187	45%	577	57%

[16] Some participants are counted more than once, as they could mark all categories that apply. Percentages will total greater than 100%.
[17] Additional categories written in with fewer than 5 responses are reflected in the Other category.

Table 5. Participants served by gender identity[18]

Gender identity	2019-20 (n=400)		All time periods (n=949)	
	Count	Percent	Count	Percent
Cisgender Woman / Woman	156	39%	249	26%
Cisgender Man / Man	121	30%	262	28%
Genderqueer / Gender nonconforming / Neither exclusively male nor female	51	13%	106	11%
Trans Woman / Transgender Female / Trans-feminine / Male-to-Female (MTF) / Woman	37	9%	66	7%
Trans Man / Transgender Male / Trans-masculine / Female-to-Male (FTM) / Man	34	9%	51	5%
Questioning or unsure of gender identity	10	3%	27	3%
Another Gender Identity	8	2%	26	3%
Indigenous gender identity	6	2%	6	1%

Table 6. Participants served by sexual orientation[19]

Sexual orientation	2019-20 (n=405)		All time periods (n=996)	
	Count	Percent	Count	Percent
Gay or Lesbian	135	33%	322	32%
Heterosexual or Straight	104	26%	270	27%
Bisexual	73	18%	154	15%
Queer	54	13%	122	12%
Pansexual	43	11%	85	9%
Asexual	25	6%	45	5%
Questioning or unsure of sexual orientation	15	4%	32	3%
Another sexual orientation	7	2%	15	2%

[18] Some participants are counted more than once, as they could mark all categories that apply. Percentages will total greater than 100%.
[19] Some participants are counted more than once, as they could mark all categories that apply. Percentages will total greater than 100%.

Table 7. Participants served by disability status[20]

Disability Status	2019-20 (n=369)		All time periods (n=903)	
	Count	Percent	Count	Percent
None	214	58%	589	65%
Mental health condition	110	30%	110	12%
Chronic health condition	36	10%	72	8%
Learning disability	27	7%	54	6%
Limited physical mobility	17	5%	37	4%
Difficulty hearing or having speech understood	13	4%	32	4%
Another challenge with communication	13	4%	21	2%
Another disability or condition	11	3%	72	8%
Difficulty seeing	10	3%	37	4%
Developmental disability	8	2%	11	1%

Table 9. Participants served by income[21]

Income	2019-20 (n=329)		All time periods (n=773)	
	Count	Percent	Count	Percent
$0-$24,999	100	30%	262	34%
$25,000-$50,000	64	19%	158	20%
$50,001-$75,000	54	16%	124	16%
$75,001-$100,00	38	12%	91	12%
Above $100,000	73	22%	138	18%

Table 10. Participants served by employment status[22]

Employment Status	2019-20 (n=387)		All time periods (n=971)	
	Count	Percent	Count	Percent
Full time employment	224	58%	484	50%
Student	86	22%	209	22%

[20] Some participants are counted more than once, as they could mark all categories that apply. Percentages will total greater than 100%.
[21] Only participants 18 and older were asked to complete this information.
[22] Some participants are counted more than once, as they could mark all categories that apply. Percentages will total greater than 100%.

Part time employment	75	19%	166	17%
Retired	19	5%	54	6%
Unemployed and looking for work	17	4%	65	7%
Unemployed and not looking for work	16	4%	43	4%
Unable to work due to disability or illness	15	4%	15	2%

Table 11. Participants served by housing status

Housing status	2019-20 (n=414)		All time periods (n=999)	
	Count	**Percent**	**Count**	**Percent**
Stable housing	353	85%	818	82%
Temporarily staying with friends or family	22	5%	90	9%
Homeless and unsheltered	15	4%	23	2%
Another housing status	13	3%	45	5%
Renting with a subsidy, voucher, or supportive services	9	2%	9	1%

CANS/ANSA Data

ANSA Baseline Data (N=71)

Domain	N	Avg Score
Functioning Domain	**70**	**0.61**
Strengths Domain	**71**	**1.74**
Cultural Factors	**70**	**0.52**
Behavioral/Emotional Needs	**70**	**0.67**
Risk Behaviors	**71**	**0.19**

Domain/Characteristic	N	Avg Score
Functioning Domain	**70**	**0.61**
Family Relationships	70	1.39
Physical/Medical	70	0.60
Employment/Functioning	67	0.75
Social Functioning	70	1.13
Recreational	70	0.47
Developmental/intellectual	70	0.23
Sexual Development	70	0.66
Living Skills	70	0.30
Residential Stability	70	0.67
Legal	70	0.27
Sleep	70	0.63
Self-Care	70	0.70
Medication Compliance	70	0.31
Transportation	70	0.24
Living Situation	70	0.87
School	38	0.55
Strengths Domain	**71**	**1.74**
Family Strengths	70	1.87
Interpersonal/Social Connectedness	70	1.56
Optimism	70	1.46
Educational Setting	37	2.46
Job History	70	1.61
Talents and Interests	70	1.60

Spiritual/Religious	69	2.23
Community Connection	70	1.91
Natural Supports	69	1.83
Resilience	70	0.97
Resourcefulness	71	1.21
Volunteering	69	2.57
Vocational	68	1.65
Cultural Factors	**70**	**0.52**
Language	70	0.14
Cultural Identity	56	0.88
Traditions and Rituals	70	0.20
Cultural Stress	70	0.97
Behavioral/Emotional Needs	**70**	**0.67**
Psychosis (Thought Disorder)	70	0.34
Impulse Control	68	0.34
Depression	69	1.39
Anxiety	70	1.51
Interpersonal Problems	69	0.80
Antisocial Behavior	69	0.03
Adjustment to Trauma	70	1.20
Anger Control	70	0.27
Substance Abuse	69	0.52
Eating Disturbances	56	0.18
Risk Behaviors	**71**	**0.19**
Suicide Risk	71	0.58
Non-Suicidal Self-Injurious Behavior	71	0.20
Other Self-Harm	71	0.27
Exploitation	69	0.30
Danger to Others	71	0.04
Gambling	70	0.01
Sexual Aggression	71	0.00
Criminal Behavior	70	0.11

ANSA Pre/Post Data (N=50)

Domain	N	Baseline Avg Score	Follow-up Avg Score	Avg Change
Functioning Domain	48	0.64	0.59	-0.05
Strengths Domain	49	1.78	1.80	0.02
Cultural Factors	48	0.55	0.51	-0.04
Behavioral/Emotional Needs	49	0.73	0.67	-0.06
Risk Behaviors	48	0.23	0.18	-0.05

Domain/Characteristic	N	Baseline Avg Score	Follow-up Avg Score	Avg Change
Functioning Domain	**48**	**0.64**	**0.59**	**-0.05**
School	23	0.61	0.30	-0.31
Family Relationships	48	1.44	1.21	-0.23
Sexual Development	48	0.58	0.40	-0.18
Sleep	48	0.77	0.63	-0.14
Self-Care	48	0.81	0.69	-0.12
Social Functioning	47	1.26	1.17	-0.09
Recreational	48	0.50	0.42	-0.08
Medication Compliance	48	0.38	0.31	-0.07
Transportation	48	0.17	0.13	-0.04
Living Situation	48	0.96	0.94	-0.02
Residential Stability	48	0.60	0.58	-0.02
Developmental/intellectual	48	0.27	0.25	-0.02
Legal	48	0.25	0.31	0.06
Living Skills	48	0.31	0.38	0.07
Employment/Functioning	45	0.89	1.00	0.11
Physical/Medical	48	0.56	0.69	0.13
Strengths Domain	**49**	**1.78**	**1.80**	**0.02**
Spiritual/Religious	47	2.19	1.87	-0.32
Talents and Interests	48	1.56	1.35	-0.21
Resilience	48	1.00	0.79	-0.21
Optimism	48	1.48	1.31	-0.17
Volunteering	47	2.60	2.49	-0.11
Natural Supports	47	1.87	1.85	-0.02
Interpersonal/Social Connectedness	48	1.63	1.63	0.00
Community Connection	48	1.83	1.85	0.02

Resourcefulness	49	1.20	1.22	0.02
Family Strengths	48	1.92	2.04	0.12
Educational Setting	24	2.42	2.58	0.16
Job History	47	1.70	2.11	0.41
Vocational	46	1.91	2.39	0.48
Cultural Factors	**48**	**0.55**	**0.51**	**-0.04**
Cultural Identity	33	0.94	0.70	-0.24
Language	48	0.10	0.08	-0.02
Traditions and Rituals	48	0.21	0.19	-0.02
Cultural Stress	48	1.04	1.10	0.06
Behavioral/Emotional Needs	**49**	**0.73**	**0.67**	**-0.06**
Anxiety	49	1.57	1.31	-0.26
Depression	48	1.54	1.29	-0.25
Adjustment to Trauma	49	1.24	1.00	-0.24
Psychosis (Thought Disorder)	49	0.41	0.33	-0.08
Substance Abuse	48	0.56	0.56	0.00
Interpersonal Problems	48	0.92	0.94	0.02
Antisocial Behavior	48	0.02	0.06	0.04
Eating Disturbances	34	0.18	0.24	0.06
Anger Control	49	0.24	0.37	0.13
Impulse Control	48	0.33	0.50	0.17
Risk Behaviors	**48**	**0.23**	**0.18**	**-0.05**
Exploitation	46	0.35	0.22	-0.13
Other Self-Harm	48	0.35	0.23	-0.12
Suicide Risk	48	0.67	0.56	-0.11
Gambling	47	0.02	0.00	-0.02
Criminal Behavior	47	0.15	0.13	-0.02
Non-Suicidal Self-Injurious Behavior	48	0.25	0.25	0.00
Sexual Aggression	48	0.00	0.00	0.00
Danger to Others	48	0.02	0.06	0.04

CANS Baseline Data (N=16)

Domain	N	Avg Score
Functioning Domain	**16**	**0.56**
Strengths Domain	**16**	**1.46**
Cultural Factors	**16**	**0.50**
Caregiver Resources and Needs	**16**	**0.37**
Child Behavioral/Emotional Needs	**16**	**0.48**
Risk Behaviors	**16**	**0.12**

Domain/Characteristic	N	Avg Score
Functioning Domain	**16**	**0.56**
Family Functioning	16	0.94
Living Situation	16	0.56
Social Functioning	16	1.00
Recreational	16	0.56
Developmental/intellectual	16	0.19
Job Functioning	13	0.15
Legal	16	0.06
Medical/Physical	16	0.50
Sexual Development	16	0.81
Sleep	16	0.81
School Behavior	16	0.56
School Attendance	16	0.31
School Achievement	16	0.63
Decision-making	16	0.63
Strengths Domain	**16**	**1.46**
Family Strengths	16	0.88
Interpersonal/Social Connectedness	16	1.44
Optimism	16	1.25
Educational Setting	16	1.44
Vocational	12	2.25
Talents and Interests	16	1.13
Spiritual/Religious	16	2.44
Community Life	16	1.81
Relationship Permanence	16	1.25
Resiliency	16	0.81
Resourcefulness	16	1.44
Cultural Identity	16	1.75

Natural Supports	16	1.25
Cultural Factors	**16**	**0.50**
Language	16	0.19
Traditions and Rituals	16	0.13
Cultural Stress	16	1.19
Caregiver Resources and Needs	**16**	**0.37**
Supervision	16	0.25
Involvement with Care	16	0.56
Knowledge	16	1.00
Organization	16	0.25
Social Resources	16	0.75
Residential Stability	16	0.25
Medical/Physical	16	0.13
Mental Health	16	0.44
Substance Abuse	16	0.25
Developmental	16	0.06
Safety	16	0.13
Child Behavioral/Emotional Needs	**16**	**0.48**
Psychosis (Thought Disorder)	16	0.06
Impulsivity/Hyperactivity	16	0.25
Depression	16	1.13
Anxiety	16	1.31
Oppositional	16	0.19
Conduct	16	0.06
Adjustment to Trauma	16	0.56
Attachment Difficulties	16	0.63
Anger Control	16	0.44
Substance Use	16	0.19
Risk Behaviors	**16**	**0.12**
Suicide Risk	16	0.50
Non-Suicidal Self-Injurious Behavior	16	0.19
Other Self-Harm	16	0.19
Danger to Others	16	0.00
Sexual Aggression	16	0.00
Runaway	16	0.06
Delinquent Behavior	16	0.13

Fire Setting	16	0.00
Intentional Misbehavior	16	0.00

CANS Pre/Post Data (N=8)

Domain	N	Baseline Avg Score	Follow-up Avg Score	Avg Change
Functioning Domain	8	0.50	0.39	-0.11
Strengths Domain	8	1.75	1.30	-0.45
Cultural Factors	8	0.54	0.42	-0.12
Caregiver Resources and Needs	8	0.35	0.34	-0.01
Child Behavioral/Emotional Needs	8	0.44	0.39	-0.05
Risk Behaviors	8	0.11	0.14	0.03

Domain/Characteristic	N	Baseline Avg Score	Follow-up Avg Score	Avg Change
Functioning Domain	8	0.50	0.39	-0.11
Recreational	7	0.57	0.14	-0.43
Decision-making	8	0.50	0.25	-0.25
Sexual Development	8	1.13	0.88	-0.25
Social Functioning	8	0.88	0.75	-0.13
Sleep	8	0.88	0.75	-0.13
Medical/Physical	8	0.63	0.50	-0.13
Living Situation	8	0.38	0.25	-0.13
School Achievement	8	0.50	0.38	-0.12
Developmental/intellectual	8	0.25	0.13	-0.12
School Behavior	8	0.25	0.13	-0.12
Job Functioning	6	0.17	0.17	0.00
Legal	8	0.00	0.00	0.00
Family Functioning	8	0.75	0.88	0.13
School Attendance	8	0.00	0.13	0.13
Strengths Domain	8	1.75	1.30	-0.45
Interpersonal/Social Connectedness	8	1.88	0.88	-1.00
Natural Supports	8	1.63	0.75	-0.88
Cultural Identity	8	2.12	1.25	-0.87
Resourcefulness	8	2.13	1.38	-0.75

Optimism	8	1.50	0.75	-0.75
Community Life	8	2.38	2.00	-0.38
Family Strengths	8	1.00	0.63	-0.37
Educational Setting	8	1.75	1.50	-0.25
Talents and Interests	8	1.38	1.13	-0.25
Relationship Permanence	8	1.25	1.00	-0.25
Vocational	4	2.75	2.75	0.00
Spiritual/Religious	8	2.75	2.75	0.00
Resiliency	8	0.88	0.88	0.00
Cultural Factors	8	0.54	0.42	-0.12
Language	8	0.38	0.13	-0.25
Traditions and Rituals	8	0.13	0.00	-0.13
Cultural Stress	8	1.13	1.13	0.00
Caregiver Resources and Needs	8	0.35	0.34	-0.01
Social Resources	8	0.75	0.38	-0.37
Organization	8	0.38	0.25	-0.13
Residential Stability	8	0.25	0.13	-0.12
Knowledge	8	1.00	1.00	0.00
Involvement with Care	8	0.50	0.50	0.00
Mental Health	8	0.38	0.38	0.00
Substance Abuse	8	0.25	0.25	0.00
Safety	8	0.13	0.13	0.00
Supervision	8	0.25	0.38	0.13
Developmental	8	0.00	0.13	0.13
Medical/Physical	8	0.00	0.25	0.25
Child Behavioral/Emotional Needs	8	0.44	0.39	-0.05
Anxiety	8	1.50	0.88	-0.62
Adjustment to Trauma	8	0.63	0.38	-0.25
Depression	8	1.00	0.88	-0.12
Anger Control	8	0.25	0.13	-0.12
Substance Use	8	0.25	0.25	0.00
Oppositional	8	0.13	0.13	0.00
Psychosis (Thought Disorder)	8	0.00	0.00	0.00
Impulsivity/Hyperactivity	8	0.00	0.13	0.13
Conduct	8	0.00	0.13	0.13
Attachment Difficulties	8	0.63	1.00	0.37

Risk Behaviors	8	0.11	0.14	0.03
Other Self-Harm	8	0.25	0.13	-0.12
Suicide Risk	8	0.63	0.63	0.00
Non-Suicidal Self-Injurious Behavior	8	0.13	0.13	0.00
Sexual Aggression	8	0.00	0.00	0.00
Runaway	8	0.00	0.00	0.00
Fire Setting	8	0.00	0.00	0.00
Danger to Others	8	0.00	0.13	0.13
Delinquent Behavior	8	0.00	0.13	0.13
Intentional Misbehavior	8	0.00	0.13	0.13