

**Outreach Services**  
**CY 2021 Outreach Activity Log**

Service Date:	Service Time:	<b>Supervisor's Section</b> Approval: Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____ Initials _____ Comments _____
Staff:		
Event Location:		
Name of the Event:		
City:		
New Location? Yes <input type="checkbox"/> No <input type="checkbox"/> Incentive Request Attached Yes <input type="checkbox"/> No <input type="checkbox"/>		

**Complete the next two sections prior to your outreach activity:**

**Target Audience**

**Underserved Population**

- Females     
  Older Adults, 65+ years of age     
  Age Group 0-5     
  Spanish Speakers  
 City of Calexico     
  City of Winterhaven     
  City of Niland     
  Alaskan Native/American Indian

**Hard-to-Reach Population**

- Foster-Youth

**Homeless Population**

- Homeless

**Other Identified Target Populations**

- LGBTQ: \_\_\_\_\_     
  SUD: \_\_\_\_\_     
  Other: \_\_\_\_\_

**Outreach Activity**

- Material Dissemination     
  Presentation (Attach Agenda)     
  Informational Booth  
 Meeting (Attach Agenda) – Topic: \_\_\_\_\_  
 Other: \_\_\_\_\_     
  Zoom Meeting (Attach Agenda) Topic: \_\_\_\_\_

**Complete the next 4 sections and submit no later than 1 week after the conclusion of your outreach activity:**

**Scope of Outreach Activity (check off what information you presented)**

**Required Information:**

- Available Cultural & Linguistic Services

**Mental Health Information:**

- Depression  
 Bipolar Disorder  
 Schizophrenia  
 Mood Disorders  
 Anxiety & Stress  
 Trauma/PTSD  
 ADHD  
 General information about mental illness

**Substance Use Disorder (SUD) Information:**

- SMART Recovery  
 General information about drug use  
 General information about alcohol use

**ICBHS Services Information:**

*Adult Services*

- Adult Anxiety & Depression Clinic  
 Adult Full Service Partnership Program  
 Adult SUD/Recovery Programs

*Children Services*

- Children Outpatient Services  
 Vista Sands Program  
 PEI Program

*SUD Services*

- Adolescent  
 Adult

*Youth & Young Adult Services*

- Adolescent SUD Clinics  
 AHLP Program  
 Youth & Young Adult Services

*Mental Health Triage Unit*

- TESS Program  
 CESS Program

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**Demographics**

*Provide the following information regarding the demographics of the individuals provided with outreach:*

**Race & Ethnicity**

African American \_\_\_\_\_ Multi-Ethnic \_\_\_\_\_ Other \_\_\_\_\_  
 Asian/Pacific Islander \_\_\_\_\_ Caucasian \_\_\_\_\_ Not Reported \_\_\_\_\_  
 Alaskan Native/American Indian \_\_\_\_\_ Hispanic \_\_\_\_\_

**Gender Identity**

Female \_\_\_\_\_ Transgender Male \_\_\_\_\_ Other \_\_\_\_\_  
 Male \_\_\_\_\_ Transgender Female \_\_\_\_\_ Not Reported \_\_\_\_\_

**Sexual Orientation**

Straight/Heterosexual \_\_\_\_\_ Bi-Sexual \_\_\_\_\_ Declined \_\_\_\_\_  
 Gay/Lesbian \_\_\_\_\_ Other \_\_\_\_\_ Not Reported \_\_\_\_\_

**Age Group**

Children (0-5) \_\_\_\_\_ Young Adults (14-25) \_\_\_\_\_ Older Adults (65+) \_\_\_\_\_  
 Children (6-13) \_\_\_\_\_ Adults (26-64) \_\_\_\_\_ Not Reported \_\_\_\_\_

**City of Residence**

Brawley \_\_\_\_\_ Holtville \_\_\_\_\_ Calipatria \_\_\_\_\_ Other \_\_\_\_\_  
 Calexico \_\_\_\_\_ Imperial \_\_\_\_\_ Westmorland \_\_\_\_\_ Not Reported \_\_\_\_\_  
 El Centro \_\_\_\_\_ Seeley \_\_\_\_\_ Winterhaven \_\_\_\_\_  
 Heber \_\_\_\_\_ Niland \_\_\_\_\_ Outlying Areas \_\_\_\_\_

**Group Affiliation**

Foster Youth \_\_\_\_\_ Homeless \_\_\_\_\_ LGBTQ \_\_\_\_\_ No Group Affiliation (Other) \_\_\_\_\_

**Adolescents at risk of substance use (specify below)**

School \_\_\_\_\_ City \_\_\_\_\_  
 School \_\_\_\_\_ City \_\_\_\_\_  
 School \_\_\_\_\_ City \_\_\_\_\_

**Adult IV drug users (specify below)**

City \_\_\_\_\_  
 City \_\_\_\_\_

**Language Reporting**

English \_\_\_\_\_  Spanish \_\_\_\_\_  Bilingual \_\_\_\_\_  Not Reported \_\_\_\_\_  Declined \_\_\_\_\_  Other \_\_\_\_\_

**Please describe the outreach activity that was conducted and the language utilized**

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