2021-2022
PEI ANNUAL UPDATE

MENTAL HEALTH SERVICES ACT

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CONTRA COSTA
HEALTH

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EXECUTIVE SUMMARY

Prevention and Early Intervention (PEI) is the component of the Three-Year Plan that refers to services designed to prevent mental illnesses from becoming severe and disabling. This means providing outreach and engagement to increase recognition of early signs of mental illness and intervening early in the onset of a mental illness.

First approved in 2009, with an initial State appropriation of $5.5 million, Contra Costa's Prevention and Early Intervention budget has grown incrementally to over $11 million in commitments to programs and services. The construction and direction of how and where to provide funding for this component began with an extensive and comprehensive community program planning process that was like that conducted in 2005-2006 for the Community Services and Support component. Underserved and at-risk populations were researched, stakeholders actively participated in identifying and prioritizing mental health needs, and strategies were developed to meet these needs.

Plan and Service Requirements: The PEI Community Planning Process requires local stakeholders to recognize the following parameters for this funding stream:

- All ages must be served and at least 51% of the funds must serve children and youth ages 0-25 years.
- Disparities in access to services for underserved ethnic communities must be addressed.
- All regions of the county must have access to services.
- Early intervention should be low-intensity and short duration.
- Early intervention may be higher in intensity and longer in duration for individuals experiencing first onset of psychosis associated with serious mental illness.
- Individuals at risk of or indicating early signs of mental illness or emotional disturbance and links them to treatment and other resources.

PEI Strategies:

- Prevention
- Early intervention
- Outreach
- Stigma and discrimination reduction
- Access and linkage to treatment
- Improving timely access to treatment
- Suicide prevention

PEI Priorities:

- Childhood trauma
- Early psychosis
- Youth outreach and engagement
- Culture and language
- Older Adults
- Early identification

The figure on the next page represents both the PEI strategies documented in the California Code of Regulations (CCR) and the priorities enshrined through SB 1004 that all counties must adhere to.

Prevention and Early Intervention STRATEGIES and PRIORITIES

Build protective factors; reduce risk factors for developing a SMI. Improve mental health for people with a greater than average risk of SMI.	**PREVENTION**
CHILDHOOD TRAUMA	Prevention and early intervention to deal with the early origins of mental health needs.
MH treatment, including relapse prevention, to promote recovery for a mental illness early in emergence.	**EARLY INTERVENTION**
EARLY PSYCHOSIS & MOOD DISORDERS	Detection and intervention and mood disorder and suicide prevention programming that occurs across the lifespan.
Engage/train potential responders to recognize and to respond to early signs of a severe and disabling mental illness.	**OUTREACH**
YOUTH OUTREACH AND ENGAGEMENT	Strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.
Activities that reduce negative feelings, attitudes, beliefs, perceptions and/or discrimination related to MH diagnosis or to seeking MH services.	**STIGMA & DISCRIMINATION REDUCTION**
CULTURE AND LANGUAGE	Culturally competent and linguistically appropriate prevention and intervention.
Activities to connect people with SMI to medically necessary early care and treatment.	**ACCESS & LINKAGE TO TREATMENT**
OLDER ADULTS	Strategies targeting the mental health needs of older adults.
Provide culturally and linguistically appropriate mental health services as early as possible.	**IMPROVING TIMELY ACCESS TO TREATMENT**
EARLY IDENTIFICATION	Prevention and early intervention to deal with the early origins of mental health needs.
Activities that the County undertakes to prevent MH-related suicide. May be part of Prevention or Early Intervention program.	**SUICIDE PREVENTION**

PEI Strategies & Priorities Crosswalk	Prevention	Early Intervention	Outreach	Stigma & Discrimination Reduction	Access and Linkage to Treatment	Improving Timely Access	Suicide Prevention
Childhood Trauma	BBK		COPE First Five We Care			CAPC	
Early Psychosis & Mood Disorders		First Hope			JMP	RCC	CCCC
Youth Outreach and Engagement	BBK Vicente PWC Putnam RYSE		COPE First Five Hope Solutions We Care	OCE	JMP STAND! Juvenile Justice	CHD RCC	CCCC
Culture & Language			AFRC JFCS NAHC Latina Center			CHD CAPC La Clinica LFCD RCC	CCCC
Older Adults	Putnam		AFRC Hope Solutions JFCS NAHC	OCE		CHD La Clinica Lifelong LFCD RCC	CCCC
Early Identification	BBK		Hope Solutions Latina Center COPE We Care			CAPC	

All programs contained in the PEI component help create access and linkage to mental health treatment, with an emphasis on utilizing non-stigmatizing and non-discriminatory strategies, as well as outreach and engagement to those populations who have been identified as traditionally underserved.

Outcome Indicators.

PEI regulations (established October 2015) have data reporting requirements that programs started tracking in FY 2016-2017. In FYs 19-22, over 29,000 consumers of all ages were served per year by PEI programs in Contra Costa County. This report includes updates from each program and is organized by PEI program category.

The information gathered enables CCH to report on the following outcome indicators:

- Outreach to Underserved Populations. Demographic data, such as age group, race/ethnicity, primary language, and sexual orientation, enable an assessment of the impact of outreach and engagement efforts over time.
- Linkage to Mental Health Care. Number of people connected to care, and average duration of reported untreated mental illness enable an assessment over time of impact of programs on connecting people to mental health care.

EVALUATION COMPONENT

Contra Costa Behavioral Health Services is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end, a comprehensive program and fiscal review process has been implemented to: a) improve the services and supports provided; b) more efficiently support the County's MHSA Three Year Program and Expenditure Plan; c) ensure compliance with stature, regulations, and policies. Each of the MHSA funded contract and county operated programs undergoes a triennial program and fiscal review. This entails interviews and surveys of individuals both delivering and receiving the services, review of data, case files, program and financial records, and performance history. Key areas of inquiry include:

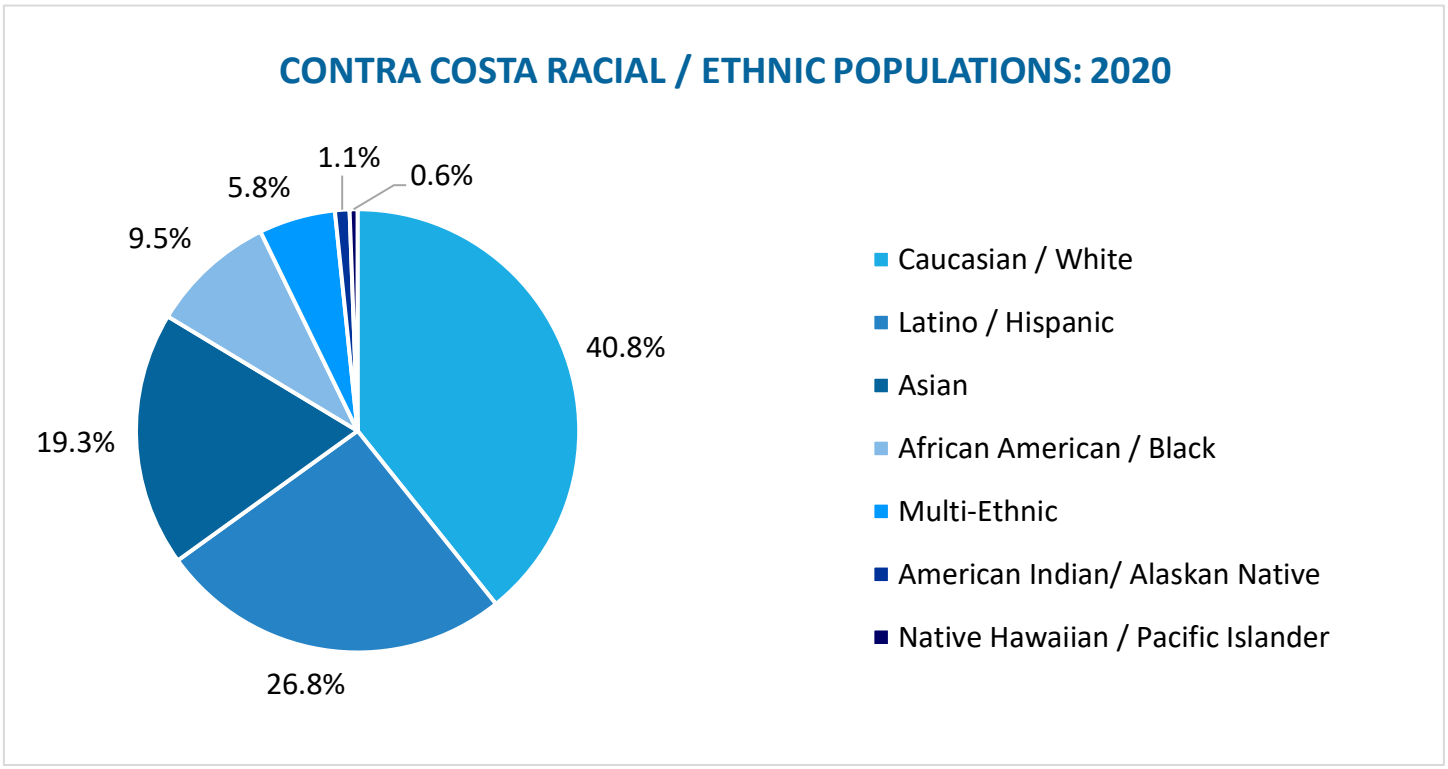
- Delivering services according to the values of MHSA
- Serving those who need the service
- Providing services for which funding was allocated
- Meeting the needs of the community and/or population
- Serving the number of individuals that have been agreed upon
- Achieving outcomes that have been agreed upon
- Assuring quality of care
- Protecting confidential information
- Providing sufficient and appropriate staff for the program
- Having sufficient resources to deliver the services
- Following generally accepted accounting principles
- Maintaining documentation that supports agreed upon expenditures
- Charging reasonable administrative costs
- Maintaining required insurance policies
- Communicating effectively with community partners

Each program receives a written report that addresses the above areas. Promising practices, opportunities for improvement, and/or areas of concern are noted for sharing or follow-up activity, as appropriate. The emphasis is to establish a culture of continuous improvement of service delivery, and quality feedback for future planning efforts. Completed reports are made available to members of the Consolidated Planning Advisory Workgroup (CPAW) and distributed at the monthly stakeholder meeting, or to the public upon request. Links to PEI program and fiscal reviews can be found HERE. During FYs 18-20, completed PEI Program and Fiscal Review reports were distributed at the following monthly CPAW meetings: September 2018, February 2019, March 2019, April 2019, August 1, 2019, January 9, 2020, February 6, 2020. Reviews for FY 20-21 and 21-22 were not completed due to the COVID-19 pandemic. Reviews are resuming in FY 22-23 and will be available in future annual updates.

PEI AGGREGATE DATA FY 21-22

Contra Costa is a geographically and culturally diverse county with approximately 1.1 million residents. One of nine counties in the Greater San Francisco Bay Area, we are located in the East Bay region.

According to the United States Census Bureau and the 2020 Decennial Census results, it's estimated that 7.2% of people in Contra Costa County are living in poverty, down from an estimated 9% in 2018. Children, adolescents & young adults (ages 0-25) continue to make up approximately 30% of the population and roughly 25% of residents are foreign born. The most common languages spoken after English include: Spanish, Chinese languages, and Tagalog.



MHSA funded Prevention and Early Intervention (PEI) programs in Contra Costa County served over 29,000 individuals per year during the previous three-year period, FYs 19-22. For a complete listing of PEI programs, please see Appendix A. PEI Providers gather quarterly for a Roundtable Meeting facilitated by MHSA staff and are actively involved in MHSA stakeholder groups including Consolidated Planning and Advisory Workgroup (CPAW) and various sub-committees. In addition, PEI programs engage in the Community Program Planning Process (CPPP) by participating in three annual community forums located in various regions of the county.

The below tables outline PEI Aggregate Data collected during the during the previous three-year period, FYs 19-22. Please note that the below figures are not a full reflection of the demographics served, as data collection continues to be impacted by changes in collection processes because of the COVID-19 pandemic. A notable amount of data was not captured from participants for two primary reasons: a significant number of participants declined to respond to demographic information,

and, due to COVID-19, conducting surveys and self-reporting on behalf of clients served by PEI programs decreased. Additionally, different interpretations of the requested information by the respondents created challenges.

Total Served: FY 19-20: 32,442; FY 20-21: 29,105; FY 21-22: 30,442

TABLE 1. AGE GROUP	FY 19-20 # SERVED	FY 20-21 # SERVED	FY 21-22 # SERVED
Child (0-15)	1,395	831	1,211
Transition Age Youth (16-25)	4,514	2,944	2,376
Adult (26-59)	9,096	7,204	10,029
Older Adult (60+)	2,623	3,185	5,029
Decline to State / Data Not Captured	14,814	14,941	11,798

TABLE 2. PRIMARY LANGUAGE	FY 19-20 # SERVED	FY 20-21 # SERVED	FY 21-22 # SERVED
English	24,071	22,766	24,169
Spanish	1,959	1,522	2,060
Other	1,033	891	1,392
Decline to State / Data Not Captured	5,393	3,926	2,852

TABLE 3. RACE	FY 19-20 # SERVED	FY 20-21 # SERVED	FY 21-22 # SERVED
More than one Race	646	318	488
American Indian/Alaska Native	348	136	162
Asian	1,932	1,512	2,134
Black or African American	3,262	2,251	4,040
White or Caucasian	7,537	8,270	8,737
Hispanic or Latino/a	3,849	2,812	3,510
Native Hawaiian or Other Pacific Islander	618	55	192
Other	248	142	508
Decline to State / Data Not Captured	14,104	13,842	10,709

TABLE 4. ETHNICITY (IF NON-HISPANIC OR LATINO/A)	FY 19-20 # SERVED	FY 20-21 # SERVED	FY 21-22 # SERVED
African	443	309	231
Asian Indian/South Asian	1,036	754	794
Cambodian	3	2	1
Chinese	195	37	51
Eastern European	135	27	9
European	304	128	142
Filipino	33	30	39
Japanese	3	5	2
Korean	2	6	1
Middle Eastern	12	14	478
Vietnamese	152	185	217
More than one Ethnicity	463	109	78
Other	153	110	368
Decline to State / Data Not Captured	28,453	26,650	27,395

TABLE 5. ETHNICITY (IF HISPANIC OR LATINO/A)	FY 19-20 # SERVED	FY 20-21 # SERVED	FY 21-22 # SERVED
Caribbean	4	3	3
Central American	101	100	174
Mexican/Mexican American /Chicano	1,251	713	694
Puerto Rican	9	14	12
South American	8	23	17
Other	23	95	326

TABLE 6. SEXUAL ORIENTATION	FY 19-20 # SERVED	FY 20-21 # SERVED	FY 21-22 # SERVED
Heterosexual or Straight	11,553	16,400	20,926
Gay or Lesbian	99	198	214
Bisexual	156	132	141
Queer	18	21	71
Questioning or Unsure of Sexual Orientation	25	52	36
Another Sexual Orientation	82	111	68
Decline to State / Data Not Captured	20,509	12,193	8,990

Table 7. Gender Assigned at Birth	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Male	10,113	7,031	7,930
Female	11,311	10,822	14,682
Decline to State / Data Not Captured	9,495	11,252	7,830

TABLE 8. CURRENT GENDER IDENTITY	FY 19-20 # SERVED	FY 20-21 # SERVED	FY 21-22 # SERVED
Man	10,263	6,846	8,008
Woman	11,281	10,696	14,319
Transgender	146	91	96
Genderqueer	11	14	24
Questioning or Unsure of Gender Identity	8	15	10
Another Gender Identity	15	68	58
Decline to State / Data Not Captured	10,718	11,377	7,927

Table 9. Active Military Status	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Yes	31	81	105
No	2,873	2,894	2,983
Decline to State / Data Not Captured	29,073	26,132	27,354

Table 10. Veteran Status	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Yes	103	178	124
No	3,427	3,173	3,863
Decline to State / Data Not Captured	28,912	25,756	26,455

Table 11. Disability Status	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Yes	558	965	557
No	1,768	1,410	1,588
Decline to State / Data Not Captured	30,094	26,730	28,297

Table 12. Description of Disability Status	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Difficulty Seeing	88	101	65
Difficulty Hearing or Have Speech Understood	77	66	46
Physical/Mobility	219	252	228
Chronic Health Condition	163	225	297
Other	36	62	575
Decline to State / Data Not Captured	25,320	28,399	6,737

Table 13. Cognitive Disability	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Yes	144	115	141
No	1,327	1,983	2,461
Decline to State / Data Not Captured	25,387	27,007	27,840

Table 14. Referrals to Services	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Clients Referred to Mental Health Services	1,120	964	1,141
Clients who Participated/ Engaged at Least Once in Referred Service	883	794	1,093

Table 15. External Mental Health Referral	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Clients Referred to Mental Health Services	22,025	20,397	22,675
Clients who Participated/ Engaged at Least Once in Referred Service	21,849	214	544

Table 16. Average Duration Without Mental Health Services	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Average Duration for all Clients of Untreated Mental Health Issues (In weeks)	55.9	67.5	51.6

Table 17. Average Length of Time Until Mental Health Services	FY 19-20 # Served	FY 20-21 # Served	FY 21-22 # Served
Average Length for all Clients between Mental Health Referral and Services (In weeks)	4.5	5	4.8

PEI PROGRAMS BY COMPONENT

PEI programs are listed within the seven strategy categories delineated in the PEI regulations.

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS

Programs in this category provide outreach to individuals with signs and symptoms of mental illness so they can recognize and respond to their own symptoms. Outreach is engaging, educating, and learning from potential primary responders. Primary responders include, but are not limited to, families, employers, law enforcement, school, community service providers, primary health care, social services, and faith-based organizations.

Seven programs are included in this category:

1) Asian Family Resource Center (Fiscal sponsor Contra Costa ARC) provides culturally sensitive education and access to mental health services for immigrant Asian communities, especially the Southeast Asian and Chinese population of Contra Costa County. Staff provide outreach, medication compliance education, community integration skills, and mental health system navigation. Early intervention services are provided to those exhibiting symptoms of mental illness, and participants are assisted in actively managing their own recovery process.
2) The Counseling Options Parenting Education (COPE) Family Support Center utilizes the evidence-based practices of the Positive Parenting Program (Triple P) to help parents develop effective skills to address common child and youth behavioral issues that can lead to serious emotional disturbances. Targeting families residing in underserved communities this program delivers in English and Spanish several seminars, training classes and groups throughout the year.
3) First Five of Contra Costa, in partnership with the COPE Family Support Center, takes the lead in training families who have children up to the age of five. First Five also partners with the COPE Family Support Center to provide training in the Positive Parenting Program method to mental health practitioners who serve this at-risk population.
4) Hope Solutions (formerly Contra Costa Interfaith Housing) provides on-site services to formerly homeless families, all with special needs, at the Garden Park Apartments in Pleasant Hill, the Bella Monte Apartments in Bay Point, Los Medanos Village in Pittsburg, and supportive housing sites throughout the County. Services include coordination and assistance with accessing needed community resources, pre-school, and afterschool programs, such as teen and family support groups, assistance with school preparation, and homework clubs. These services are designed to prevent serious mental illness by addressing domestic violence, substance addiction and inadequate life and parenting skills.
5) Jewish Family Community Services of the East Bay (JFCS) provides culturally grounded, community-directed mental health education and navigation services to refugees and immigrants of all ages in the Latino, Afghan, Bosnian, Iranian and Russian communities of Central and East County. Outreach and engagement services are provided in the context of group settings and community cultural events that utilize a variety of non-office settings convenient to individuals and families.
6) The Native American Health Center (NAHC) provides a variety of culturally specific methods of outreach and engagement to educate Native Americans throughout the County regarding mental illness, identify those at risk for developing a serious mental illness, and help them access and navigate the human service systems in the County. Methods include an elder support group, a youth wellness group, a traditional arts group, talking circles, Positive Indian Parenting sessions, and Gatherings of Native Americans.
7) The Latina Center serves Latino parents and caregivers in West Contra Costa County by providing culturally and linguistically specific twelve-week parent education classes to high-risk families utilizing the evidence-based curriculum of Systematic Training for Effective Parenting (STEP). In addition, the Latina Center trains parents with lived experience

to both conduct parenting education classes and to become Parent Partners who can offer mentoring, emotional support, and assistance in navigating social service and mental health systems.

8) We Care Services for Children (in collaboration with The Early Childhood Prevention and Intervention Coalition - ECPIC) was awarded the Early Childhood Mental Health 0-5 Outreach RFP (with services beginning FY 21-22). We Care Services for Children supports families and children from birth to six years old with a wide range of early childhood education and mental health programs. Through targeted, compassionate, and effective early intervention services, We Care helps young children and their families reach their full potential, regardless of their abilities or circumstances. The collaborative program awarded the RFP, called The Everyday Moments/Los Momentos Cotidianos, provides programming for families with children ages 0-5 and includes three components: 1) Family Engagement and Outreach; 2) Early Childhood Mental Health Home-Based Support; and 3) Parent Education and Empowerment.

The allocation for the Outreach for Increasing Recognition of Early Signs of Mental Illness category is summarized below:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 23-24
Asian Family Resource Center	Countywide	50	$164,354
COPE	Countywide	210	$276,270
First Five	Countywide	(Numbers included in COPE)	$92,023
Hope Solutions	Central and East County	200	$421,221
Jewish Family Community Services	Central and East County	350	$190,664
Native America Health Center	Countywide	150	$ 273,451
The Latina Center	West County	300	$137,178
We Care Services for Children (0-5 Children Outreach RFP)	Countywide	99 families	$132,613
TOTAL		**1,359+**	**$1,523,870**

PREVENTION

Programs in this category provide activities intended to reduce risk factors for developing a potentially serious mental illness, and to increase protective factors. Risk factors may include, but are not limited to, poverty, ongoing stress, trauma, racism, social inequality, substance abuse, domestic violence, previous mental illness, prolonged isolation, and may include relapse prevention for those in recovery from a serious mental illness.

Five programs are included in this category:

1) The Building Blocks for Kids Collaborative (fiscal sponsor Tides) located in the Iron Triangle of Richmond, train family partners from the community with lived mental health experience to reach out and engage at-risk families in activities that address family mental health challenges. Individual and group wellness activities assist participants make and implement plans of action, access community services, and integrate them into higher levels of mental health treatment as needed.
2) Vicente Alternative High School in the Martinez Unified School District provides career academies for at-risk youth that include individualized learning plans, learning projects, internships, and mental health education and counseling support. Students, school staff, parents and community partners work together on projects designed to develop leadership skills, a healthy lifestyle and pursuit of career goals.
3) People Who Care is an afterschool program serving the communities of Pittsburg and Bay Point that is designed to accept referrals of at-risk youth from schools, juvenile justice systems and behavioral health treatment programs. Various vocational projects are conducted both on and off the program's premises, with selected participants receiving stipends to encourage leadership development. A clinical specialist provides emotional, social, and behavioral treatment through individual and group therapy.
4) Putnam Clubhouse provides peer-based programming for adults throughout Contra Costa County who are in recovery from a serious mental illness. Following the internationally recognized clubhouse model this structured, work focused programming helps individuals develop support networks, career development skills, and the self-confidence needed to sustain stable, productive, and more independent lives. Features of the program provide respite support to family members, peer-to-peer outreach, and special programming for transition age youth and young adults.
5) The RYSE Center provides a constellation of age-appropriate activities that enable at-risk youth in Richmond to effectively cope with the continuous presence of violence and trauma in the community and at home. These trauma informed programs and services include drop-in, recreational and structured activities across areas of health and wellness, media, arts and culture, education and career, technology, and developing youth leadership and organizing capacity. The RYSE Center facilitates several city and system-wide training and technical assistance events to educate the community on mental health interventions that can prevent serious mental illness as a result of trauma and violence.

The allocation for the Prevention category is summarized below:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 23-24
Building Blocks for Kids	West County	400	$245,428
Vicente	Central County	80	$202,985
People Who Care	East County	200	$391,905
Putnam Clubhouse	Countywide	300	$820,581
RYSE	West County	2,000	$549,662
TOTAL		**2,980**.....	**$2,210,562**

EARLY INTERVENTION

Early intervention provides mental health treatment for persons with a serious emotional disturbance or mental illness early in its emergence.

One program is included in this category:

1) The County operated First Hope Program serves youth who show early signs of psychosis or have recently experienced a first psychotic episode. Referrals are accepted from all parts of the County, and through a comprehensive assessment process young people, ages 12-25, and their families are helped to determine whether First Hope is the best treatment to address the psychotic illness and associated disability. A multi-disciplinary team provides intensive care to the individual and their family, and consists of psychiatrists, mental health clinicians, occupational therapists, and employment/education specialists. These services are based on the Portland Identification and Early Referral (PIER) Model, and consists of multi-family group therapy, psychiatric care, family psychoeducation, education and employment support, and occupational therapy.

The allocation for the Early Intervention category is summarized below:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 23-24
First Hope	Countywide	200	$3,550,789
	TOTAL	**200**	**$3,550,789**

ACCESS AND LINKAGE TO TREATMENT

Programs in this category have a primary focus on screening, assessment, and connecting children and adults as early as practicable to necessary mental health care and treatment.

Three programs are included in this category:

2) The James Morehouse Project (fiscal sponsor Bay Area Community Resources -BACR) at El Cerrito High School, a student health center that partners with community-based organizations, government agencies and local universities, provides a range of youth development groups designed to increase access to mental health services for at-risk high school students. These on-campus groups address mindfulness (anger/stress management), violence and bereavement, environmental and societal factors leading to substance abuse, peer conflict mediation and immigration/acculturation.
3) STAND! Against Domestic Violence utilizes established curricula to assist youth successfully address the debilitating effects of violence occurring both at home and in teen relationships. Fifteen-week support groups are held for teens throughout the County, and teachers and other school personnel are assisted with education and awareness with which to identify and address unhealthy relationships amongst teens that lead to serious mental health issues.
4) Experiencing the Juvenile Justice System. Within the County operated Children's Services five mental health clinicians support families who are experiencing the juvenile justice system due to their adolescent children's involvement with the law. Three clinicians are out stationed at juvenile probation offices. The clinicians provide direct short-term therapy and coordinate appropriate linkages to services and supports as youth transition back into their communities.

The allocation for the Access and Linkage to Treatment category is summarized below:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 23-24
James Morehouse Project	West County	300	$115,815
STAND! Against Domestic Violence	Countywide	750	$150,944
Experiencing Juvenile Justice	Countywide	300	$433,535
	TOTAL	**1,350**	**$700,295**

IMPROVING TIMELY ACCESS TO MENTAL HEALTH SERVICES FOR UNDERSERVED POPULATIONS

Programs in this category provide mental health services as early as possible for individuals and their families from an underserved population. Underserved means not having access due to challenges in the identification of mental health needs, limited language access, or lack of culturally appropriate mental health services. Programs in this category feature cultural and language appropriate services in convenient, accessible settings.

Six programs are included in this category:

1) The Center for Human Development fields two programs under this category. The first is an African American wellness group that serves the Bay Point community in East Contra Costa County. Services consist of culturally appropriate education on mental health issues through support groups and workshops. Participants at risk for developing a serious mental illness receive assistance with referral and access to County mental health services. The second program provides mental health education and supports for LGBTQ youth and their supports in East County to work toward more inclusion and acceptance within schools and in the community.
2) The Child Abuse Prevention Council of Contra Costa provides a 23-week curriculum designed to build new parenting skills and alter old behavioral patterns and is intended to strengthen families and support the healthy development of their children. The program is designed to meet the needs of Spanish speaking families in East and Central Counties.
3) La Clínica de la Raza reaches out to at-risk LatinX in Central and East County to provide behavioral health assessments and culturally appropriate early intervention services to address symptoms of mental illness brought about by trauma, domestic violence, and substance abuse. Clinical staff also provide psycho-educational groups that address the stress factors that lead to serious mental illness.
4) Lao Family Community Development provides a comprehensive and culturally sensitive integrated system of care for Asian and Southeast Asian adults and families in West Contra Costa County. Staff provide comprehensive case management services, to include home visits, counseling, parenting classes, and assistance accessing employment, financial management, housing, and other service both within and outside the agency.
5) Lifelong Medical Care provides isolated older adults in West County opportunities for social engagement and access to mental health and social services. A variety of group and one-on-one approaches are employed in three housing developments to engage frail, older adults in social activities, provide screening for depression and other mental and medical health issues, and linking them to appropriate services.
6) Rainbow Community Center provides a community based social support program designed to decrease isolation, depression and suicidal ideation among members who identify as lesbian, gay, bisexual, transgender, or who question their sexual identity. Key activities include reaching out to the community to engage those individuals who are at risk, providing mental health support groups that address isolation and stigma and promote wellness and resiliency, and providing clinical mental health treatment and intervention for those individuals who are identified as seriously mentally ill.

The allocation for the Improving Timely Access to Mental Health Services for Underserved Populations category is summarized below:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 23-24
Child Abuse Prevention Council	Central and East County	120	$192,311
Center for Human Development	East County	230	$176,633
La Clínica de la Raza	Central and East County	3,750	$315,771
Lao Family Community Development	West County	120	$214,315
Lifelong Medical Care	West County	115	$147,201
Rainbow Community Center	Countywide	1,125	$853,161
TOTAL		**5,460**	**$1,899,393**

STIGMA AND DISCRIMINATION REDUCTION

Activities in this category are designed to 1) reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to having a mental illness, 2) increase acceptance, dignity, inclusion, and equity for individuals with mental illness and their families, and 3) advocate for services that are culturally congruent with the values of the population for whom changes, attitudes, knowledge and behavior are intended.

The County operated Office for Consumer Empowerment (OCE) provides leadership and staff support to several initiatives designed to reduce stigma and discrimination, develop leadership and advocacy skills among consumers of behavioral health services, support the role of peers as providers, and encourage consumers to actively participate in the planning and evaluation of MHSA funded services. Staff from the OCE support the following activities designed to educate the community to raise awareness of the stigma that can accompany mental illness.

1) The OCE facilitates Wellness Recovery Action Plan (WRAP) groups by providing certified leaders and conducting classes throughout the County. Staff employ the evidence-based WRAP system in enhancing the efforts of consumers to promote and advocate for their own wellness.
2) The Committee for Social Inclusion is an ongoing alliance of committee members that work together to promote social inclusion of persons who receive behavioral health services. The Committee is project based, and projects are designed to increase participation of consumers and family members in the planning, implementation, and delivery of services. Current efforts are supporting the integration of mental health and alcohol and other er drug services within the Behavioral Health Services Division. In addition, OCE staff assist and support consumers and family members in participating in the various planning committees and sub-committees, Mental Health Commission meetings, community forums, and other opportunities to participate in planning processes.
3) Through the Take Action for Mental Health and Know the Signs initiatives California Mental Health Services Authority (CalMHSA) provides technical assistance to encourage the County's integration of available statewide resources on stigma and discrimination reduction and suicide prevention. CCH contracts with CalMHSA to link county level stigma and discrimination reduction efforts with statewide social marketing programs. This linkage expands the County's capacity via language specific materials, social media, and subject matter consultation with regional and state experts to reach diverse underserved communities.

The allocation for the Stigma and Discrimination Reduction category is below:

Program	County/Contract	Region Served	MHSA Funds Allocated for FY 23-24
OCE	County Operated	Countywide	$248,577
CalMHSA	MOU	Countywide	$78,000

TOTAL $326,577

SUICIDE PREVENTION

There are three plan elements that support the County's efforts to reduce the number of suicides in Contra Costa County: 1) augmenting the Contra Costa Crisis Center, and 2) supporting a suicide prevention committee. Additional funds are allocated to dedicate staff trained in suicide prevention to provide countywide trainings, education, and consultation for a host of entities such as schools, social service providers, criminal justice and first responder community-based organizations to know the signs of persons at risk of suicide, assess lethality and respond appropriately.

1) The Contra Costa Crisis Center provides services to prevent suicides by operating a certified 24-hour suicide prevention hotline. The hotline connects with people when they are most vulnerable and at risk for suicide, enhances safety, and builds a bridge to community resources. Staff conduct a lethality assessment on each call, provide support and intervention for the person in crisis, and make follow-up calls (with the caller's consent) to persons who are at medium to high risk of suicide. MHSA funds enable additional paid and volunteer staff capacity, most particularly in the hotline's trained multi-lingual, multi-cultural response.
2) The Contra Costa Crisis Center also operates a PES Follow Up Program, designed to target patients with suicidal ideation/recent attempts who are being released from PES. The program aims to increase linkages and reduce service gaps by offering immediate 24/7 support from counselors who are specially trained in providing crisis and suicide intervention and assessment. The Crisis Center is accredited by the American Associate of Suicidology (AAS) and provides local response for the National Suicide Prevention Lifeline (NSPL) as well as the 211 Information and Referral hotline.
3) A multi-disciplinary, multi-agency Suicide Prevention Committee has been established, and has published a draft countywide Suicide Prevention Strategic Plan located here. A final draft of the plan is slated to be published in calendar year 2023. This ongoing committee oversees the implementation of the Plan by addressing the strategies outlined in the Plan. These strategies include i) creating a countywide system of suicide prevention, ii) increasing interagency coordination and collaboration, iii) implementing education and training opportunities to prevent suicide, iv) implementing evidence-based practices to prevent suicide, and v) evaluating the effectiveness of the County's suicide prevention efforts. In 2021, a subcommittee was convened to address Youth Suicide Prevention. In the light of the pandemic, school-based providers and people living and working with youth have expressed great concern about their mental health during these challenging times. The group meets in the late afternoon to encourage participation of students and young people.

The allocation for the Suicide Prevention category is summarized below:

Plan Element	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 23-24
Contra Costa Crisis Center	Countywide	25,000	$413,652
RFP New Funding	Countywide		250,000
Library Initiative			150,000
County Supported	Countywide	N/A	Included in PEI administrative cost
TOTAL		**25,000**	**$813,652**

PEI ADMINISTRATIVE SUPPORT

Staff time has been allocated by the County to provide administrative support and evaluation of programs and plan elements that are funded by MHSA.

The allocation for PEI Administration is summarized below:

Plan Element	Region Served	Yearly Funds Allocated
Administrative and Evaluation Support	Countywide	$742,862

TOTAL $742,862

PREVENTION AND EARLY INTERVENTION (PEI) SUMMARY FOR FY 2023-24

Outreach for Increasing Recognition of Early Signs of Mental Illness	$1,523,870
Prevention	$2,210,562
Early Intervention	$3,550,789
Access and Linkage to Treatment	$700,295
Improving Timely Access to Mental Health Services for Underserved Populations	$1,899,393
Stigma and Discrimination Reduction	$326,577
Suicide Prevention	$813,652
Administrative, Evaluation Support	$742,862

Total $11,768,000

APPENDIX A - PROGRAM PROFILES

ASIAN FAMILY RESOURCE CENTER (AFRC)

Sun Karnsouvong, Skarnsouvong@arcofcc.org

Asian Family Resource Center (AFRC), 12240 San Pablo Ave, Richmond, CA

GENERAL DESCRIPTION OF THE ORGANIZATION

AFRC provides multicultural and multilingual services, empowering the most vulnerable members of our community to lead healthy, productive, and contributing lives.

PROGRAM: BUILDING CONNECTIONS (ASIAN FAMILY RESOURCE CENTER)

a. Scope of Services: Asian Family Resource Center (AFRC), under the fiscal sponsorship of Contra Costa ARC, will provide comprehensive and culturally sensitive education and access to mental health services for Asian and Asian Pacific Islander (API) immigrant and refugee communities, especially the Southeast Asian and Chinese population of Contra Costa County. AFRC will employ multilingual and multidisciplinary staff from the communities which they serve. Staff will provide the following scope of services:

b. Outreach and Engagement Services: Individual and/or community outreach and engagement to promote mental health awareness, educate community members on signs and symptoms of mental illness, provide mental health workshops, and promote mental health wellness through community events. Engage community members in various activities to screen and assess for mental illness and/or assist in navigating them into the service systems for appropriate interventions: community integration skills to reduce MH stressors, older adult care giving skills, basic financial management, survival English communication skills, basic life skills, health and safety education and computer education, structured group activities (on topics such as, coping with adolescents, housing issues, aid cut-off, domestic violence, criminal justice issues, health care and disability services), mental health education and awareness, and health/mental health system navigation. AFRC, in collaboration with community-based organizations, will participate in 3-5 mental health and wellness events to provide wellness and mental health outreach, engagement, and education to immigrants and refugees in the Contra Costa County.

c. Individual Mental Health Consultation: This service will also be provided to those who are exhibiting early signs of mental illness, to assess needs, identify signs/symptoms of mental health crisis/trauma, provide linkages/referrals, or assist in navigation into the mental health system, provide wellness support groups, access essential community resources, and linkage/referral to mental health services. Peer Navigators will be utilized to support participants in accessing services in a culturally sensitive manner. These services will generally be provided for a period of less than one year. AFRC will serve a minimum of 50 high risk and underserved Southeast Asian community members within a 12-month period, 25 of which will reside in East County with the balance in West and Central County.

d. Translation and Case Management: AFRC staff will provide translation and case management services to identified mono-lingual consumers in the West County Adult Behavioral Health Clinic in San Pablo, CA. Services will include attending medical appointments, assisting with applications and forms, advocacy, and system navigation.

e. Target Population: Asian and Pacific Islander immigrant and refugee communities (especially Chinese and Southeast Asian population) in Contra Costa County

f. Payment Limit: FY 23-24: $164,354

g. Number served: FY 19-20: 583; FY 20-21: 584; FY 21-22: 624

h. Outcomes:

- FY 19-20:
  - Successful adaptation of services due to COVID-19 including telehealth, social distancing, mask wearing,

and connecting participants to resources that weremore difficult to access due to the pandemic.

- All program participants received system navigation support for mentalhealth treatment, Medi-Cal benefits, and other essential benefits.
- Services are offered in the language of the consumer and outreach is conducted in areas frequented by those they are trying to engage.
- Program collaborated with other service providers via zoom during the pandemic to share resources, information, and support.

- FY 20-21:
  - Continued adaptation of services due to COVID-19 including telehealth, social distancing, mask wearing, and connecting participants to resources that were more difficult to access due to the pandemic.
  - Primarily reached multilingual and multicultural individuals and families (specifically of Chinese, Vietnamese, Laos, Khmu, and Mien backgrounds) currently living in Contra Costa County (with the majority residing in the western region of the county).
  - Emphasized on offering support to vulnerable populations like the elderly and the homeless.
  - Primary method of outreach and engagement with potential responders were program brochures. These brochures were printed in several languages, such as Chinese, Vietnamese, Laos, and Mien to reach a wider range of potential responders. These brochures consisted of AFRC's mission, the types of services offered, language availability, and contact information.
  - Held virtual psychoeducation workshops for community members on mental health (warning signs, risk factors, stigma reduction, etc.), self-care, human wellness, cultural and family/parenting issues, and where and how to get help if needed, particularly for those who may feel limited due to language barriers.
  - All program participants received system navigation support for mental health treatment, Medi-Cal benefits, and other essential benefits.
  - Program collaborated with other service providers via zoom during the pandemic to share resources, information, and support.
- FY 21-22
  - After the height of the COVID-19 pandemic, responders reached primarily consisted of multilingual and multicultural individuals and families (specifically of Vietnamese, Laos, Khmu, Mien, and Chinese backgrounds) currently living in Contra Costa County (with the majority residing in the western region of the county)
  - Due to the ongoing consequences of the COVID-19 pandemic, AFRC emphasized offering support to vulnerable populations like the elderly and the homeless.
  - The primary method of outreach and engagement were program brochures printed in several languages (e.g., Vietnamese, Laos, Mien, and Chinese) and began to increase outreach compared to during the height of the pandemic.
  - Held psychoeducation workshops (some virtual some in-person small groups of 10-12 people) for community members on prevention and early intervention, self-care and human wellness, cultural and family/parenting issues, early signs of mental health issues, resources, etc. to increase knowledge about mental health, reduce stigma, and lessen barriers to accessing treatment.
  - All program participants received system navigation support for mental health treatment, Medi-Cal benefits, connecting with local community leaders such as pastors and community associations, and other essential benefits.

BUILDING BLOCKS FOR KIDS (BBK) (FISCAL SPONSOR TIDES)

Sheryl Lane, slane@bbk-richmond.org

310 9th Street, Richmond, CA 94804, (510) 232-5812, www.bbk-richmond.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Building Blocks for Kids (BBK) amplifies the voices of parents/caregivers of color and partners with them to advance equitable access and opportunities for all youth to have a quality education and all families to achieve emotional and physical well-being. We realize our goals through healing centered care, leadership development, and parent-led advocacy. BBK serves parents and primary caregivers living in West Contra Costa County that primarily represent low-income African-American, Latinx and immigrant populations.

PROGRAM: NOT ABOUT ME WITHOUT ME

a. Scope of Services:
Building Blocks for Kids Collaborative, a project of Tides Center, will provide diverse West County households with improved access to mental health education, and mental health support. The *Not About Me Without Me* prevention and early intervention work addresses MHSA's PEI goal of providing Prevention services to increase recognition of early signs of mental illness and intervening early in the onset of a mental illness.

Accordingly, the goals are three-fold: (1) working with families to ensure that they are knowledgeable about and have access to a network of supportive and effective mental health information and services; (2) reduce risk for negative outcomes related to untreated mental illness for parents/primary caregivers and children whose risk of developing a serious mental illness is significantly higher than average including cumulative skills-based training opportunities on effective parenting approaches; and, (3) train and support families to self-advocate and directly engage the services they need.

This work represents an evolution in our *Not About Me Without Me* approach to service provision by working toward a coordinated, comprehensive system that will support families in not just addressing mental illness and recovering from traumatic experiences but will fortify them to create community change. This system will continue to put resident interests and concerns at the fore and additionally be characterized by a model that enables organizations to: work more effectively and responsively with underserved residents in the Richmond and West Contra Costa community; improve outcomes; reduce barriers to success; increase provider accountability and create a truly collaborative and healing environment using strategies that are non-stigmatizing and non-discriminatory.

b. Target Population: Parents and caregivers and their families living in West Contra Costa County

c. Payment Limit: FY 23-24: $245,428

d. Number served: FY 19-20: 336; FY 20-21: 466; FY 21-22: 300

e. Outcomes
- FY 19-20:
    - During the COVID-19 pandemic, BBK pivoted to continue to engage the community. Staff transitioned into a virtual model. Programs was offered through Zoom meetings, phone calls, and videos on their Facebook page.
    - 195 women participated in a total of 28 Black and LatinX Women's Peer Sanctuary groups where they

received facilitated support for self-case, advocacy, personal goal setting and reclaiming positive cultural practices.

- Family Engagement activities events, during which families are invited to spend an enjoyable and safe time with their families, were held at Monterey Pines Apartments. 87 people participated in Family Engagement activities, including: an informational session about the Welcome Home Baby Program, Mindfulness practices, Youth Service Bureau, Effective Ways of Communication through Community Circles, Census Information as well family bonding arts & crafts and games.
- At the Health and Wellness free summer program, children under the age of 18 had access to free lunch Monday through Friday, Zumba classes and enrichment activities. BBK staff served an average of 90 children daily and altered their offerings to accommodate virtual programming to follow safety guidelines during the pandemic.
- BBK partnered with Child Abuse Prevention Council to offer weekly evidence-based parenting classes (Nurturing Parenting) in Spanish and English. A total of 26 parents/caregivers graduated from the 22-week program and 146 adults participated in a parent-child skills development playgroup.

- FY 20-21:
  - Due to the COVID-19 pandemic, BBK continue to engage the community via a virtual model.
  - Connected families to accessible mental health professionals that provide no and low-cost individual, family, and group mental health support and prevention services.
  - Continued to conduct check-in phone calls with program participants, conducted needs assessments, and connected 24 families to food resources, financial assistance, and free/reduced internet service options, and tenants' rights resources.
  - 68 people participated in seven Family Engagement Virtual Events. BBK staff hosted these activities, sometimes in collaboration with community partners including the East Bay Regional Park District. Based on participant feedback, BBK staff focused on family game nights, family bonding arts & crafts, dancing, and storytelling.
  - Offered Zumba, cooking classes, and playgroups through Facebook live. In the month of July 2020, 313 people joined the live streams. In June 2021, staff launched the 2021 summer program via Zoom in collaboration with the Mindful Life Project, the Native American Health Center, a local Zumba instructor, and Redemption Fitness & Wellness LLC to host live for one hour, 5-days a week, arts and crafts activities, mindfulness activities, story times, boxing classes, and Zumba classes. A total of 88 people participated in these daily activities.
  - In response to feedback from men surveyed in the community, BBK launched its first men and father's peer group in 2021. Since March 2021 staff, in collaboration with a male facilitator from Richmond, BBK has hosted a total of four meetings and has served 30 men. Through these meetings, men have built relationships with other men in their community and had conversations about Healthy Communication with Partners, How to Manage Strong Emotions, Goal Setting and Celebrating Accomplishments, and Getting to Know Ourselves. Additionally, before the end of the meetings participants are led through a drumming circle. Since the launch of the Men's Sanctuary called "Holding Space" BBK has seen increased participation and participants share their excitement about having a healthy space to build relationships and learn from other men.
  - In February 2021 BBK launched their Life Coaching program. Eight women received six free one-hour sessions with a certified life coach. Participants set short-term goals, midterm, and long-term goals, and used a strength-based approach to create a plan to achieve their goals. The sessions focused on identifying strengths, support systems, and worked on shifting mindset.
- FY 21-22:
  - Linkages with East Bay service providers: Participants connected to 21 health and wellness professionals that provide no and low-cost individual, family, and group support and prevention services. Their services include mindfulness, counseling, nutrition, parenting classes, and fitness classes.

- Family Engagement: 169 people participated in 75 weekly Family Engagement Virtual Events. BBK staff hosted these activities periodically in collaboration with community partners including the Mindfulness Life Project, LifeLong Medical Health Promoters program, Tandem, Partners in Early Learning, and other local artists and wellness practitioners. Activities included family bonding arts & crafts, dancing, boxing, storytelling, yoga, and mindfulness activities.
- Social Support and Referral: Reduce risk for negative outcomes related to untreated mental illness for parents/primary caregivers whose risk of developing a serious mental illness is significantly higher than average including cumulative skills-based training opportunities on effective parenting approaches.
- Sanctuary Peer Support Groups: Hosted 33 peer support meetings. 113 women participated in the meetings and learned about self-care, self-love, financial health, and personal growth and development. Through Holding Space, the men's peer support group, BBK served 31 participants. Through these meetings, men have continued building relationships with other men in their community and had conversations about How to Support our Youth, Forgiveness, Financial Health, Love, and Goal Setting.
- Self-and-Collective Advocacy: Trained and supported families to self-advocate, build collective advocacy and directly engage the services they need.
- Life-Coaching: 13 African-American women received six free one-hour sessions with a certified life coach. Participants set short-term goals, midterm, and long-term goals, and used a strength-based approach to create a plan to achieve their goals. The sessions focused on identifying strengths, support systems, and worked on shifting mindset.

CENTER FOR HUMAN DEVELOPMENT (CHD)

David Carrillo, david@chd-prevention.org

901 Sun Valley Blvd., Suite 220, Concord, CA 94520 (925) 349-7333, http://chd-prevention.org/

GENERAL DESCRIPTION OF THE ORGANIZATION

Center for Human Development (CHD) is a community-based organization that offers a spectrum of Prevention and Wellness services for at-risk youth, individuals, families, and communities in the Bay Area. Since 1972 CHD has provided wellness programs and support aimed at empowering people and promoting growth. Volunteers work side-by-side with staff to deliver quality programs in schools, clinics, and community sites throughout Contra Costa as well as nearby counties. CHD is known for innovative programs and is committed to improving the quality of life in the communities it serves.

PROGRAM: AFRICAN AMERICAN WELLNESS PROGRAM & YOUTH EMPOWERMENT PROGRAM

a. Scope of Services: The African American Wellness Program (formerly African American Health Conductor Program) serves Bay Point, Pittsburg, and surrounding communities. The purpose is to increase emotional wellness; reduce stress and isolation; and link African American participants, who are underserved due to poor identification of needs and lack of outreach and engagement, to appropriate mental health services. Key activities include: outreach through community events; culturally appropriate education on mental health topics through Mind, Body, and Soul support groups; conduct community health education workshops in accessible and non-stigmatizing settings; and navigation assistance for culturally appropriate mental health referrals.

   The Youth Empowerment Program provides LGBTQ youth and their allies in Antioch, Pittsburg, and surrounding East County communities with strength-based educational support services that build on youths' assets, raise awareness of mental health needs identification, and foster resiliency. Key activities include: a) Three weekly educational support groups that promote emotional health and well-being, increase positive identity and self-esteem, and reduce isolation through development of concrete life skills; b) one leadership group that meets a minimum of twice a month to foster community involvement; and c) linkage and referral to culturally appropriate mental health service providers in East County.

b. Target Population: Wellness Program: African American residents in East County at risk of developing serious mental illness. Youth Empowerment Program: LGBTQ youth in East County

c. Payment Limit: FY 23-24: $176,633

d. Number served: FY 19-20: 733; FY 20-21: 198; FY 21-22: 262

e. Outcomes:

- FY 19-20 African American Wellness Program:
  - Served 623 participants during FY 2019-20.
  - Moved to telehealth due to COVID-19.
  - Provided 9 clients with mental health referrals.
  - Participants were provided individualized services to help them to address the current issues they are facing
- FY 19-20 Youth Empowerment Program:
  - 110 individuals were served.
  - Staff facilitated 134 educational group sessions, trainings, and Leadership sessions and staff had 412

individual one-on-one meetings with youth. This is nearly double the number of individual check-ins and one-on-one meetings from the previous year.

- Successfully Moved to telehealth due to COVID-19
- Provided 6 clients with mental health referrals.
- All Empowerment participants receive an emergency services "Safety Phone List", including contact information for CHD's Empowerment Program, Contra Costa Crisis Center, The Trevor Project, Planned Parenthood, Community Violence Solutions, STAND Against Violence, Runaway Hotline, Homeless Hotline, as well as having space to add information for trusted adults and friends. Additional referrals and linkages are provided as needed, and upon participant assent.

- FY 20-21 African American Wellness Program:
  - The African American Wellness Program Roster for support groups from July 2020- June 2021contained a total of 141 unduplicated attendees.
  - There were 389 newsletters distributed to people (outreach) and 67 people attended outreach events.
  - Participants who attended the Mind, Body & Soul support groups received tools & techniques to identify barriers. Participants were individually provided services to help them address their current issues. Participants were referred to Contra Costa Crisis 211 and the Mental Health Access Line.
  - Staff assisted participants by helping them to navigate through the system by assisting with calls to the Mental Health Access line for appointments, attending doctor appointments, and following up with participants to check on progress.
- FY20-21 Youth Empowerment Program:
  - 57 individuals were served. This number is much less than previous years due to the extreme difficulty in connecting with LGBTQ+ youth in their home environments during COVID-19. Youth cited lack of privacy in their home environments and overall stress due to the pandemic as a reason for lack of participation.
  - Telephone communications, email and secure video conferencing, via Zoom, were the main forms of delivering telehealth support to participants, since COVID-19.
  - Staff facilitated 43 educational group sessions, one leadership session, and 833 individual check-ins, assessments and support sessions. This is double the number of individual check-ins and one-on-one meetings from the previous year. The sharp increase in this number is due primarily to the shelter in place order, which led to many participants being willing to only engage in one-on-one, non-video, communication with staff, and not wanting to participate in groups via telehealth platforms.
  - Staff worked closely with local schools in East County to coordinate care and referrals.
  - Staff periodically administers the Adolescent Mental Health Continuum Short Form (MHC-SF) during one-on-one meetings to help assess need for referral to mental health services. Staff provided 10 clients with mental health referrals.
  - All Empowerment participants receive an emergency services "Safety Phone List", including contact information for CHD's Empowerment Program, Contra Costa Crisis Center, The Trevor Project, Planned Parenthood, Community Violence Solutions, STAND Against Violence, Runaway Hotline, Homeless Hotline, as well as having space to add information for trusted adults and friends. Additional referrals and linkages are provided as needed, and upon participant assent.
- FY 21-22 African American Wellness Program:
  - The African American Wellness Program serves adults 18 and older, living in East Contra Costa County. African American Wellness Program supports participants by empowering them to recognize and achieve inner strengths and coping strategies to maintain emotional wellness.

- Provided support groups for 155 unduplicated attendees.
- 755 newsletters were distributed
- Outreached to 120 people at community events.
- Participants who attended Mind, Body & Soul support groups received tools & techniques to identity barriers. Participants were individually provided services to help them address their current issues. Participants were referred to Contra Costa crisis center 211, mental health access line.
- C.H.A. Michelle Moorehead & R.L. Lisa Gordon assist participants with system navigation.
- The Community Health Advocate called the mental health access line with participants to support making appointments. They also attended doctor's appointment, provided follow up.

- FY 21-22 Youth Empowerment Program:
  - Staff facilitated 116 educational group sessions and 1137 individual check-ins, assessments and support sessions. This is more than double the number of group sessions and more than 300 more individual check-ins and one-on-one meetings from last year.
  - Information on mental health topics and services comes up "naturally" during the weekly support groups so this is not seen as a "stand alone" component by staff. However, regular check-ins and one-on-one meetings and assessments were provided allowing staff to identify possible "red flags", such as symptoms of anxiety, depression, and suicidal ideation, or youth are distressed.
  - During check-ins and one-on-one meetings, staff always inquires as to youth's experiences with school, family and peers, interest, wellness, and willingness to participate in mental health services, outside and in addition to Empowerment's programming.
  - Telephone communications, email and secure video conferencing, via Zoom, are the main forms of delivering telehealth support to participants, in addition to in person meetings, since COVID-19.
  - As indicators warrant, staff makes referrals to appropriate, culturally responsive services.
  - Staff has ongoing relationships with Care and Cost Teams at Hillview Junior High, in Pittsburg; Pittsburg High, in Pittsburg; and Deer Valley High, in Antioch which include mental health providers allowing expeditious entry into treatment, as youth became willing to do so (except in emergency circumstances).
  - Staff also had a functioning knowledge of the processes for referral to access services through Contra Costa Health Services and private providers and actively support participants and their guardians navigate these systems.
  - The average length of time between referral and access to treatment for this year is just four (4) weeks. The average duration of symptoms related to mental illness prior to referral is also four (4) weeks.

CHILD ABUSE PREVENTION COUNCIL (CAPC)

Carol Carrillo, ccarrillo@capc-coco.org

2120 Diamond Blvd #120, Concord, CA 94520, www.capc-coco.org

GENERAL DESCRIPTION OF THE ORGANIZATION

The Child Abuse Prevention Council has worked for many years to prevent the maltreatment of children. Through providing education programs and support services, linking families to community resources, mentoring, and steering county-wide collaborative initiatives, CAPC has led Contra Costa County's efforts to protect children. It continually evaluates its programs to provide the best possible support to the families of Contra Costa County.

PROGRAM: THE NURTURING PARENTING PROGRAM

a. Scope of Services: The Child Abuse Prevention Council of Contra Costa provides an evidence-based curriculum of culturally, linguistically, and developmentally appropriate, Spanish speaking families in East County, and Central County's Monument Corridor. The 20- week curriculum immerses parents in ongoing training, free of charge, designed to build new skills and alter old behavioral patterns intended to strengthen families and support the healthy development of their children in their own neighborhoods. Developmental assessments and referral services are provided to each family served in the program using strategies that are non-stigmatizing and non-discriminatory. Families are provided with linkages to mental health and other services as appropriate. Providing the Nurturing Parenting Program (NPP) in the Monument Corridor of Concord and East County allows underserved parents and children access to mental health support in their own communities and in their primary language.

b. Target Population: Latino children and their families in Central and East County.

c. Payment Limit: FY 23-24: $192,311

d. Number served: FY 19-20: 169; FY 20-21: 159; FY 21-22: 213

e. Outcomes:

- FY 19-20:
  - Two 20-week classes in Central and East County serving parents and their children.
  - During the first semester of The Nurturing Parenting Program a total of 44 parents and 45 children enrolled in the program. A total of 29 parent and 36 children completed and graduated from the NPP successfully.
  - During the second semester of The Nurturing Parenting Program a total of 41 parents and 39 children enrolled in both regions. A total of 31 parents completed and graduated from the program despite the many challenges faced during the COVID-19 Shelter-in- Place.
  - Staff modified sessions to meet parents needs during the pandemic and offered resources to families who lost their jobs, linked parents to internet access, and guided them on how to start using zoom to stay connected.
  - All parent participants completed pre- and post-tests. All parents improved their scores on at least four out of five 'parenting constructs' (appropriate expectations, empathy, discipline, self-awareness, and empowerment).
- FY 20-21:
  - Two 20-week classes in Central and East County serving parents and their children. Modifications were made as needed to accommodate challenges that arose due to the COVID-19 pandemic.
  - The Nurturing Parenting Program enrolled a total of 83 Latino parents and 76 children during the fiscal year.

- The first semester Central County served 22 parents, successfully graduating 17 parents, East County served 20 and graduated 12 parents. The second semester Central County served 21 parents and graduated 13, East County served 20 parents and graduated 15.
- Parents who dropped out of the program were contacted to gather feedback and offer additional support. Parents dropping out reported having the opportunity to return to the work force, others shared feeling overwhelmed with school demands and not having time to attend sessions.
- All parent participants completed pre- and post-tests. Overwhelmingly, parents improved their scores on at least four out of five 'parenting constructs' (appropriate expectations, empathy, discipline, appropriate family roles, and values power independence)

- FY 21-22:
  - Four 18-week classes in Central and East County serving parents and their children.
  - Enrolled a total of 91 Latino parents and 122 children during the fiscal year.
  - The first semester Central County served 26 parents, 18 participated and 13 successfully graduated the program. East County served 32 parents, 19 participated in sessions and 16 successfully graduated.
  - The second semester Central County served 18 parents all 18 participated and 15 graduated, East County served 15 parents and graduated 11.
  - Parents who dropped out of the program were contacted by NPP staff to offer additional support and linkage if need be. Staff gathered feedback from parents dropping out; parents' reports provided the following findings: parents financial demand increased, return to the work force, and/or work additional job.
  - In addition to the curriculum information, psychoeducation was provided to help raise self-awareness, identify mental health/behavioral challenges that may need professional support.
  - NPP also offered three sessions with the collaboration of Dr. Hector Rivera-Lopez. Dr. Rivera who has experience working with the Latino community in Contra Costa County offers participants an opportunity to identify possible behavioral/mental health needs that in the past were perceived as "normal" parenting practices.

CONTRA COSTA CRISIS CENTER

Tom Tamura, TomT@crisis-center.org

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GENERAL DESCRIPTION OF THE ORGANIZATION

The mission of the Contra Costa Crisis Center is to keep people alive and safe, help them through crises, and connect them with culturally relevant resources in the community.

PROGRAM: SUICIDE PREVENTION CRISIS LINE

a. Scope of Services:

- Contra Costa Crisis Center will provide services to prevent suicides throughout Contra Costa County by operating a nationally certified 24-hour suicide prevention hotline. The hotline lowers the risk of suicide by assuring 24-hour access to real time services rendered by a trained crisis counselor who not only assesses suicide and self-harm lethality and provides intervention, but links callers to numerous mental health treatment options. This linkage occurs via referral to culturally relevant mental health services as well as provides real time warm transfer to those services when appropriate. because the hotline operates continuously regardless of time or day, all callers receive timely intervention and access to service when they need it and

  Immediately upon their request. The Crisis Center's programs are implemented (including agency program and hiring policies, bylaws, etc.) In a welcoming and intentionally non-discriminatory manner. Much of our outreach activities and staff/volunteer training activities center around increased awareness of myriad mental health issues, as well as mental health services, consumer stigma reduction to increase community comfort at accessing services and in referring those in need.

- Key activities include: answering local calls to toll-free suicide hotlines, including a Spanish-language hotline; the Crisis Center will maintain an abandonment rate at or below national standard; assisting callers whose primary language other than English or Spanish through use of a tele-interpreter service; conducting a lethality assessment on each crisis call consistent with national standards; making follow-up calls to persons (with their consent) who are at medium to high risk of suicide with the goal of 99% one- month follow up survival rate; and training all crisis line staff and volunteers in a consistent and appropriate model consistent with AAS (American Association of Suicidology) certification. As a result of these service activities, >99% of people who call the crisis line and are assessed to be at medium to high risk of suicide will be survivors one month later; the Crisis Center will continuously recruit and train crisis line volunteers to a minimum pool of 25 multi-lingual/culturally competent individuals within the contract year, Spanish-speaking counselors will be provided 80 hours per week.
- The Crisis Center will provide community outreach and education about how to access crisis services. Priority and vigorous outreach efforts are directed to underserved and hard to reach populations such as youth, elderly, isolated, persons with limited English, LGBQT, etc. and focus changes as community needs emerge and are identified.
- The Crisis Center will offer grief support groups and postvention services to the community
- The Crisis Center will liaison with the County Coroner to provide referrals for grieving survivors (and mitigating contagion).
- In Partnership with County Behavioral Health, the Contra Costa Crisis Center will co- chair the Countywide Suicide Prevention Committee.

b. Target Population: Contra Costa County residents in crisis.

c. Payment Limit: FY 23-24: $413,652

d. Number served: FY19-20: 21,577; FY 20-21: 20,082; FY 21-22: 21,971

e. Outcomes:

- FY 19-20:
  - Services provided in English and Spanish, and callers have access to the Language Line interpreter services in 240 languages.
  - Upgraded to an advanced web-based phone system software in July 2019, allowing for remote work in case of a disaster, and increased the accuracy of calls answered, average speed to answer (in seconds), and abandonment rate measurements. This allowed calls to the 24-hour crisis lines to continue without interruption with staff and volunteers working either in the office or remotely due to COVID-19.
  - 21,577 referrals were made to mental health services
  - Managed an unprecedented increase in total call volume starting in March 2020 with callers needing referrals for health, food, housing, and financial assistance as well as experiencing feelings of high anxiety and stress.
  - Provided a 54+ hour call center training for new call center staff and volunteers several times throughout the year
- FY 20-21:
  - Services provided in English and Spanish, and callers have access to the Language Line interpreter services in 240+ languages.
  - 20,082 Mental Health / Crisis Calls received. Provided callers linkage to mental health services through community resources as appropriate for each call. 100% of callers were assessed for suicide risk level, and all callers with a risk level of medium or high were offered a follow-up call.
  - Maintained a pool of 58 active call center volunteers during this reporting period.
  - Provided 54 hours of training curriculum over 10 weeks virtually (30 hours) and in-person (24+ hours) for each new volunteer training cohort in June-July 2020 and January-February 2021.
  - Continued to provide virtual outreach and education presentations regarding Crisis Center Agency Services, Suicide Prevention, Grief & Loss, and participated in virtual resource fairs due to COVID-19 concerns during this reporting period
  - Continued to co-chair the Suicide Prevention Coalition monthly meetings virtually with County Mental Health
  - Exceeded target goals for Suicide Assessment and Intervention Trainings by providing free virtual trainings offered to all partner agency providers countywide with optional CE credits available:
    - Three- 6-hour Trainings
    - Three- 1-hour Trainings (one conducted in Spanish)
    - Two- 4-hour Trainings
- FY 21-22:
  - Provided immediate counseling, active listening, emotional support, and referrals to community resources via a 24-hour Crisis & Suicide hotline via phone and text. Calls and texts were answered by live Call Specialists in English and Spanish, as well as access to the 24/7 Language Line interpreter services for over 240 languages.
  - Provided callers linkage to mental health services through community resources as appropriate. 100% of callers were assessed for suicide risk level, and all callers with a risk level of medium or high were offered a follow-up call.

- Provided debriefing, supervision, silent monitoring, and consultation for staff and volunteers. Staff and volunteers reflect County demographics in diversity of country of origin, languages spoken, culture, gender, religion, sexual orientation and socio-economic class.
- Exceeded target goals for total mental health/crisis/suicide calls, call response time, and call abandonment rate during this reporting period.
- Exceeded target goal for number of active call center volunteers including several with multilingual skills during this reporting period.
- Provided 54+ hours of classroom and one-on-one mentoring training curriculum for two new volunteer training cohorts (August 2021 and May 2022).
- Exceeded target goals for Suicide Assessment and Intervention Trainings by providing free virtual trainings offered to all partner agency providers countywide with optional CE credits available:
    - Three- 6-hour Trainings (two virtual, one in-person)
    - Three- 1-hour Virtual Trainings (one conducted in Spanish)
    - Two- 4-hour Virtual Trainings
- Continued to provide virtual outreach and education presentations regarding Crisis Center Agency Services and Suicide Prevention.
- Continued to co-chair the Suicide Prevention Coalition monthly meetings.
- Responded to ten Postventions/Mobile Grief Response Requests after the sudden death of a student or colleague at a school, business, or agency.
- Conducted several planning and coordination meetings with the PES team for the follow-up program for consenting patients discharged from PES. Follow-Up program promotion to patients began August 1, 2022.

COUNSELING OPTIONS PARENT EDUCATION (C.O.P.E.) FAMILY SUPPORT CENTER

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GENERAL DESCRIPTION OF THE ORGANIZATION

C.O.P.E.'s mission is to prevent child abuse by providing comprehensive support services to strengthen family relationships and bonds, empower parents, encourage healthy relationships, and cultivate nurturing family units to encourage an optimal environment for the healthy growth and development of parents and children through parent education.

PROGRAM: POSITIVE PARENTING PROGRAM (TRIPLE P) EDUCATION AND SUPPORT

a. Scope of Services: In partnership with First 5 Contra Costa Children and Families Commission and Contra Costa County Behavioral Health Services, C.O.P.E. is funded to deliver Positive Parenting Program classes to parents of children ages 0–17. The C.O.P.E Family Support Center will provide approximately 21 services using the evidence-based Triple P — Positive Parenting Program Level 2 Seminar, Level 3 Primary Care, Level 4 Group, Level 5 Pathways, Level 5 Enhanced, Level 5 Transitions, Level 5 Lifestyle multi-family support groups, at low or no cost to parents of children two to seventeen years of age.

   The program utilizes an evidence based self-regulatory model that focuses onstrengthening the positive attachment between parents and children by building a parent's capacity for the following five aspects:

   i. **Self-sufficiency** - having the ability to use one's own resources to independentlysolve problems and decrease reliance on others.
   ii. **Self-efficacy** - having the confidence in performing daily parenting tasks.
   iii. **Self-management** - having the tools and skills needed to enable change.
   iv. **Personal agency** - attributing the changes made in the family to own effort orthe effort of one's child.
   v. **Problem-solving** - having the ability to apply principles and strategies,including creating parenting plans to manage current or future problems.

   All classes are available in Spanish, Arabic, Farsi and/or English. To outreach to the community about the curriculum and benefits of Triple P Parenting, C.O.P.E. provides management briefings, orientation, and community awareness meetings to partner agencies. C.O.P.E. supports and organizes annual trainings for other partnering agencies, including pre-accreditation trainings, fidelity oversight and clinical and peer support to build and maintain a pool of Triple P practitioners.

b. Target Population: Contra Costa County parents of children and youth withidentified special needs. Our targeted population includes caregivers residing in underserved communities throughout Contra Costa County.

c. Payment Limit: FY 23-24: $276,270

d. Number served: FY 19-20: 235; FY 20-21: 200; FY 21-22: 217

e. Outcomes:

   - FY 19-20:
     - Provided 21 Triple P Positive Parenting Group classes and seminars to groups in West, Central and East

Contra Costa County.

- Enrolled 235 client family members in Triple P Parenting classes.
- Provided a Family Transitions Triple P training program and accredited 18 practitioners.
- Beginning in Mid-March 2020, COPE moved all Triple P classes to online using the Zoom video conferencing platform.
- Pre and Post Test Survey results indicate program participants showed a 37% decrease in depression, 41% decrease in anxiety, and 24% decrease in overall stress.
- Access and linkage to on-going treatment supported through warm handoff referrals for housing, vocational, legal, and mental health services.

- FY 20-21:
  - Provided twenty-one (21) Triple P Positive Parenting Group classes and seminars to groups in West, Central and East Contra Costa County. Enrolled 257 individuals in these classes and seminars.
  - Provided a Family Transitions Triple P training program and accredited 22 practitioners.
  - Continued Triple P classes online using the Zoom video conferencing platform due to the COVID-19 pandemic.
  - Provided case management services for families who asked for additional resources. Additionally, if a parent's assessment indicated a concern, the participant was contacted to determine if additional community support was needed. Where appropriate, referrals were made for additional mental health services.
  - Access and linkage to on-going treatment supported through warm hand off referrals for housing, vocational, legal, and mental health services.
- FY 21-22:
  - Provided twenty-one (21) Triple P Positive Parenting Group classes and seminars to residents in West, Central and Eastern Contra Costa County.
  - Enrolled 217 family members in Triple P Positive Parenting classes.
  - Provided case management services for families in need of additional resources.
  - Clinical and Master level social work interns were provided pre-accreditation training through assisting accredited Triple P practitioners in their classes. An additional two practitioners were accredited in Level 4 Stepping Stones through a training offered by a Triple P provider agency in Mendocino County.

FIRST FIVE CONTRA COSTA

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GENERAL DESCRIPTION OF THE ORGANIZATION

The mission of First 5 Contra Costa is to foster the optimal development of children, prenatal to five years of age. In partnership with parents, caregivers, communities, public and private organizations, advocates, and county government, First Five supports a comprehensive, integrated set of sustainable programs, services, and activities designed to improve the health and well-being of young children, advance their potential to succeed in school, and strengthen the ability of their families and caregivers to provide for their physical, mental, and emotional growth.

PROGRAMS: TRIPLE P POSITIVE PARENTING PROGRAM

a. Scope of Services: First Five Contra Costa and Contra Costa Behavioral Health jointly fund the Triple P Positive Parenting Program that is provided to parents of age 0 - 5 children. The intent is to reduce the maltreatment of children by increasing a family's ability to manage their children's behavior and to normalize the need for support to develop positive parenting skills. The Triple P program provides timely access to service by placing the classes throughout county and offering classes year-round. The Program has been proven effective across various cultures, and ethnic groups. Triple P is an evidence-based practice that provides preventive and intervention support. First 5 Contra Costa provides over-site of the subcontractor, works closely with the subcontractor on program implementation, identifying, recruiting, and on-boarding new Triple P Practitioners, management of the database, review of outcome measurements, and quality improvement efforts. The partnership is intended to provide *outreach for increasing recognition of early signs of mental illness.*

b. Target Population: Contra Costa County parents of at risk 0–5 children.

c. Payment Limit: FY 23-24: $92,023

d. Number Served: FY 19-20: 189; FY 20-21: 189; FY 21-22: 193

e. Outcomes:

- FY 19-20:
  - Delivered 15 classes and 2 seminar series throughout the county at various times and convenient locations to accommodate transportation barriers. (through partnership with C.O.P.E.)
  - Held 12 presentations and briefings to early childhood organizations as an engagement and recruitment tool
  - Offered case management support to parents as appropriate
- FY 20-21:
  - Delivered 15 classes throughout the county at various times and convenient locations to accommodate transportation barriers. (Through partnership with C.O.P.E.)
  - Held 14 presentations and briefings to early childhood organizations as an engagement and recruitment tool
  - Offered case management support to 45 families who asked for additional resources.
  - Trained and accredited 7 practitioners who supported classes for parents with children ages 0-5.
- FY 21-22:
  - Provided 16 Group Triple P classes for parents with children ages 0-5 and served 193 participants.
  - 80% of families completed the Triple P program.
  - Classes were free to all participants and provided in English and Spanish in East, West, and Central

County.

- Conducted 12 Seminars African American families with children ages 0-5.
- 46 families with children ages 0-5 received additional case management services.
- Conducted 12 presentations and briefings outreach activities to early childhood organizations to educate them about Triple P class offerings and program participation requirements.

FIRST HOPE (CONTRA COSTA HEALTH)

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GENERAL DESCRIPTION OF THE ORGANIZATION

Contra Costa Behavioral Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The First Hope program operates within Contra Costa Behavioral Health's Children's System of Care but is a hybrid program serving both children and young adults.

PROGRAM: FIRST HOPE: EARLY IDENTIFICATION AND INTERVENTION IN PSYCHOSIS

a. Scope of Service: The mission of the First Hope program is to reduce the incidence of psychosis and the secondary disability of those developing a psychotic disorder in Contra Costa County through:

- Early Identification of young people between ages 12 and 30 who are showing very early signs of psychosis and are determined to be at risk for developing a serious mental illness.
- Engaging and providing immediate treatment to those identified as "at risk", while

maintaining progress in school, work, and social relationships.

- Providing an integrated, multidisciplinary team approach including psychoeducation, multi-family groups, individual and family therapy, case management, occupational therapy, supported education and vocation, family partnering, and psychiatric services within a single service model.
- Outreach and community education with the following goals: 1) identifying all young people in Contra Costa County who are at risk for developing a psychotic disorder and would benefit from early intervention services; and 2) reducing stigma and barriers that prevent or delay seeking treatment through educational presentations.
- In FY 18-19, the program expanded to offer Coordinated Specialty Care (CSC) services to First Episode Psychosis (FEP) young people ages 16-30, and their families, who are within 18 months of their first episode

b. Target Population: 12–30-year-old young people and their families

c. Total Budget: FY 23-24: $3,550,789

d. Staff: 27 FTE full time equivalent multi-disciplinary staff

e. Number served: FY 19-20: 960; FY 20-21: 987; FY 21-22: 876

f. Outcomes:

- FY 19-20:
  - Helped clients manage Clinical High-Risk symptoms and maintain progress in school, work, and relationships.
  - One conversion out of 78 from clinical high risk to psychosis.
  - 104 First Hope clients had zero PES visits or hospitalizations.
  - Zero completed suicides in FY 19-20.
  - Trained 13 new staff in the Coordinated Specialty Care (CSC) model and trained and certified all staff in MultiFamily Group Treatment (MFGT) and Cognitive Behavioral Therapy for Psychosis (CBTp).
  - Reduced the stigma associated with symptoms.
- FY 20-21:

- Helped clients manage Clinical High-Risk symptoms and maintain progress in school, work, and relationships.
- Two conversions out of 63 from clinical high risk to psychosis (conversion rate of 3%).
- 108 First Hope clients had zero PES visits or hospitalizations.
- Zero completed suicides in FY 20-21.
- Conducted fewer outreach presentations than usual due to the COVID pandemic; however, First Hope still trained 66 clinicians that included staff from hospitals and community-based mental health agencies such as Seneca and Putnam Clubhouse, as well as psychology interns.
- Reduced the stigma associated with symptoms.

- FY 21-22:
  - Helped clients manage Clinical High-Risk symptoms and maintain progress in school, work, and relationships.
  - Zero conversions from clinical high risk to psychosis.
  - 80% of First Hope clients had zero PES visits or hospitalizations.
  - Zero completed suicides in FY 21-22.
  - Trained 218 clinicians that included staff from county and community-based mental health agencies such as the Contra Costa Behavioral Health West Childrens Clinic and Seneca, as well as family medicine residents, psychology interns, and students from the SPIRIT program, which trains individuals with lived experience of mental health and/or substance use disorders to become peer providers.
  - Reduced the stigma associated with symptoms.
- Long Term Public Health Outcomes:
  - Reduce conversion rate from Clinical High-Risk symptoms to schizophrenia.
  - Reduce incidence of psychotic illnesses in Contra Costa County.
  - Increase community awareness and acceptance of the value and advantages of seeking mental health care early.

HOPE SOLUTIONS (FORMERLY CONTRA COSTA INTERFAITH HOUSING)

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GENERAL DESCRIPTION OF THE ORGANIZATION

Hope Solutions provides permanent, affordable housing and vital, on-site support services to homeless and at-risk families and individuals in Contra Costa County. By providing services on-site at the housing programs where individuals and families live, we maximize timeliness and access to services. This model also minimizes the discriminatory barriers to support, due to lack of transportation or other resources.

PROGRAM: STRENGTHENING VULNERABLE FAMILIES

a. Scope of Services:

- The Strengthening Vulnerable Families program provides support services at 5 locations. All these locations house vulnerable adults and/or families with histories of homelessness, mental health challenges and/or substance abuse problems. Case management was provided on-site and in-home for all residents requesting thissupport. Youth enrichment/afterschool programming was provided at all family housing sites. The total number of households offered services under this contract was 286, including the following sites:
  - Garden Park Apartments (Pleasant Hill) – 27 units permanent supportive housing for formerly homeless families with disabilities
  - Lakeside Apartments (Concord) – 124 units of affordable housing for low-income families and individuals (including 12 units of permanent supportive housing for formerly homeless residents with disabilities).
  - Bella Monte Apartments (Bay Point) – 52 units of affordable housing for low- income families and individuals
  - Los Medanos Village (Pittsburg) – 71 units of affordable housing for low-income families and individuals
  - MHSA funded housing (Concord, Pittsburg) - 12 residents in 3 houses.
- In addition to case management, Hope Solutions also provides property management and maintenance for the 12 units of MHSA housing.
- Hope Solutions also agreed to participate with helping to host a community forum on permanent supportive housing during the year.

b. Target Population: Formerly homeless/at-risk families and youth.

c. Payment Limit: FY 23-24: $421,221

d. Number served: FY 19-20: 433; FY 20-21: 367; FY 21-22: 429

e. Outcomes:

- FY 19-20:
  - Provided 8 parenting support groups, 8 sessions/group at the 4 housing sites for a total of 67 group sessions and least 83 participants.
  - Provided 4350 hours of support services with on-site case management to 275 families/433 individuals.
  - After the Shelter-in-Place order many residents lost their jobs. Working remotely, case managers assisted 23 residents to access unemployment resources, and 33 residents to access COVID funds to subsidize rents. At Lakeside 12 undocumented families were also assisted to receive the COVID California state funds designated for immigrants.

- Staff also organized food resources for families with limited funds and delivered food to over 100 households to help keep residents safe. Case managers also distributed activity bags to youth including crayons, activity booklets, and hand sanitizer/PPE. Masks were distributed to over 100 families as needed, and education and support was offered regarding the stay-at-home order and the COVID19 virus.
- Provided 2914 hours of service to 181 youth at youth enrichment centers in the four housing sites. Activities included afterschool programming, summer programming, educational advocacy, and a teen support group.
- 99% (277/281) of families maintained their housing. 96% (104/108) of families at risk for eviction remained housed. 98% (243/248) of families requesting assistance with concrete resources had their request fulfilled (e.g., access to food, employment, transportation, healthcare, and mental health resources).
- 100% (8/8) of the residents who attended the wellness/harm-reduction group sessions reported using the coping strategies they learned in the groups.
- 77% (33/43) of youth who were assessed with the Social Skills Index Survey (SSIS) improved their skill score over the year.
- 87% (71/82) of youth that participate in the afterschool academic and tutoring program achieved at least four new CA Academic benchmarks.
- 86% (62/72) of grades K through 5 children achieved progress with their reading skills
- 100% (4/4) of Teen Club youth participants completed end of year surveys and showed improved self-concept/self-esteem.
- 88% (75/85) of parents who received educational advocacy/coaching reported having an improved/positive experience working with school personnel.

- FY 20-21:
  - Altered services as needed to accommodate family needs during the COVID-19 pandemic.
  - 89% (16/18) of youth that participated in the afterschool academic and tutoring program achieved at least 4 benchmarks.
  - 94% (74/79) of the families receiving intensive case management, showed improvement in at least one area of self-sufficiency as measured annually on the 20 area, self-sufficiency matrix (and had an average score of stable (3) or better on this assessment).
  - 100% (193/193) of families maintained their housing and 100% (103/103) of families at risk for eviction remained housed. One of the families living for many years at Garden Park Apartments was able to purchase their own home
  - 98% (126/128) of families requesting assistance with concrete resources had their request fulfilled. This was a heavy year for concrete service needs as families coped with the stay home orders, home schooling, unemployment and access to the financial resources being offered under the pandemic. Examples of their requests included access to food, employment support/unemployment applications, technological resources (computers, internet) transportation, healthcare and mental health resources and benefits offered under the Rescue Bill.
  - 80% (8/10) of families taking the Parental Stress Index assessment showed lowered levels of stress after group participation.
  - 100% (10/10) of the residents who attended the wellness/harm-reduction group sessions reported using the coping strategies they learned in the groups.
  - 100% (74/74) of parents who received educational advocacy/coaching reported having an improved/positive experience working with school personnel.

- Provided 914 hours of advocacy for families working with remote learning.
- Many parents attended the remote support groups at the 4 sites. Anecdotal feedback from the parents was uniformly positive, as reported above. Hope Solutions had challenges with getting the Parental Stress Index data due to the paper/in-person nature of the assessment. With the realization that the pandemic would be continuing for a while, Hope Solutions applied for and received a grant to purchase digital versions of the PSI assessment tool and will be using that in the coming year to be able to obtain more feedback.

- FY 21-22:
  - Provided on-site case managers and youth enrichment coordinators at 7 housing sites. One of these sites houses 27 formerly homeless families. Three of these housing sites are affordable housing for 247 households that have incomes at 50% or lower than the Average Median Income of the community. The last 3 housing sites house 4 individuals at each of 3 houses.
  - 83% (34/41) of youth maintained or showed improvement in self-esteem and confidence as measured by the Piers-Harris Self-Concept Scale.
  - 91% (21/23) families with children at GPA showed improvement in at least one area of self-sufficiency and had an average score of stable (3) or better on this assessment.

JAMES MOREHOUSE PROJECT (JMP) (FISCAL SPONSOR BAY AREA COMMUNITY RESOURCES)

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GENERAL DESCRIPTION OF THE ORGANIZATION

The James Morehouse Project (JMP) works to create positive change within El Cerrito High School through health services, counseling, youth leadership projects and campus-wide school climate initiatives. Founded in 1999, the JMP assumes youth have the skills, values, and commitments to create change in their own lives and the life of the school community. The JMP partners with community and government agencies, local providers, and universities.

PROGRAM: JAMES MOREHOUSE PROJECT (JMP)

a. Scope of Services: The James Morehouse Project (JMP), a school health center at El Cerrito High School (fiscal sponsor: BACR), offers access to care and wellness through a wide range of innovative youth development programs for 300 multicultural youth in West Contra Costa County. Through strategic partnerships with community-based agencies, local universities, and county programs, JMP offers three main program areas that include: Counseling & Youth Development, Restorative School-Wide Activities, and Medical & Dental Services. Key activities designed to improve students' well-being and success in school include: AOD Prevention; Migrations/Journeys (immigration/acculturation); Bereavement Groups (loss of a loved one); Culture Keepers (youth of color leadership); Discovering the Realities of Our Communities (DROC – environmental and societal factors that contribute to substance abuse); Peer Conflict Mediation; and Dynamic Mindfulness.

   As an on-campus student health center, the JMP is uniquely situated to maximize access and linkage to mental health services for young people from underserved communities. The JMP connects directly with young people at school and provides timely, ongoing, and consistent services to youth on-site. Because the JMP also offers a wide range of youth development programs and activities, JMP space has the energy and safety of a youth center. For that reason, students do not experience stigma around coming into the health center or accessing services.

b. Target Population: At-risk students at El Cerrito High School

c. Payment Limit: FY 23-24: $115,815

d. Numbers Served: FY 19-20: 405; FY 20-21: 328; FY 21-22: 399

e. Outcomes:

- FY 19-20:
  - With the help of a team that included 8 clinical interns, JMP served 405 youngpeople participated in 23 different groups and/or individual counseling.
  - Referred 17 young people to mental health services.
  - Altered services to accommodate remote support with COVID-19 includingpartnering with community-based partners like the Seneca MRT in crisis situations.
  - COVID-19 related needs were addressed through case management, including working with young people and families around challenges with distance learning (e.g., accessing Wi-Fi, troubleshooting tech challenges), and securing cash assistance and accessing other resources (e.g., food, legal assistance).
  - Stronger connection to caring adults/peers (build relationships with caringadult(s), peers) for participating youth.
  - Increased well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self-confidence, etc.) for participatingyouth.

- Strengthened connection to school (more positive assessment of teacher/staff relationships, positive peer connections, ties with caring adults) for participatingyouth.

- FY 20-21:
  - Continued to provide services virtually due to the COVID-19 pandemic. The JMP stayed connected with school staff, young people and families, through a range of outreach strategies: setting up a JMP space on Google Classroom, staffing an ongoing drop-in space through Google Meet and collaborating closely with teachers, guidance counselors, the attendance clerk and JMP's administrative team to ensure that JMP was able to contact students/families in need.
  - 328 young people participated in 12 different groups and/or individual counseling.
  - Partnered with community-based organizations like the Seneca MRT in crisis situations.
  - Fifteen-Twenty people attended JMP led monthly evening English Language Advisory Committee (ELAC) meetings on Zoom. Families learned to access resources in the community and how to advocate for the rights of their children with school staff. Immigrant families also received case management support connecting them to legal, housing and other family supports in addition to counseling services for youth on-site.
  - 92% of participating youth reported feeling like "there is an adult at school I could turn to if I need help."
  - 93% of participating youth "I deal with stress and anxiety better" after program participation.
  - 72% of participating students reported they "skip less school/cut fewer classes after program participation.

- FY 21-22:
  - Stronger connection to caring adults/peers (build relationships with caring adult(s), peers) for participating youth. From student evaluations: 94% of participating youth reported feeling like, "there is an adult at school I could turn to if I need help."
  - Increased in well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self-confidence, etc.) for participating youth. From student evaluations: 91% of participating youth reported, "I deal with stress and anxiety better" after program participation.
  - Strengthened connection to school (more positive assessment of teacher/staff relationships, positive peer connections, ties with caring adults) for participating youth. From student evaluation: 77% of participating students reported they "skip less school/cut fewer classes after program participation.
  - Strengthened culture of safety, connectedness and inclusion schoolwide. The WCCUSD implemented The California Healthy Kids Survey at the end of May, 2022. Results are not yet available at this time.

JEWISH FAMILY & COMMUNITY SERVICES EAST BAY (JFCS)

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GENERAL DESCRIPTION OF THE ORGANIZATION

Rooted in Jewish values and historical experiences, and inspired by the diverse communities the agency serves, JFCS East Bay promotes the well-being of individuals and families by providing essential mental health and social services to people of all ages, races, and religions. Established in 1877, JFCS East Bay's long tradition of caring directly impacts the lives of approximately 6,000 Alameda and Contra Costa residents each year. The agency provides services in three main program areas: Refugees & Immigrants, Children & Parents, and Adults & Seniors. Woven throughout these services is a comprehensive volunteer program.

PROGRAM: COMMUNITY BRIDGES

a. Scope of Services: During the term of this contract, Jewish Family & Community Services East Bay will assist Contra Costa Behavioral Health to implement the Mental Health Services Act (MHSA), Prevention and Early Intervention Program "Reducing Risk of Developing Mental Illness" by providing Outreach and Engagement to Underserved Communities with the Community Bridges Program, providing culturally grounded, community-directed mental health education and navigation services to 200 to 300 refugees and immigrants of all ages and sexual orientations in the Afghan, Syrian, Iranian, Iraqi, African, and Russian communities of central Contra Costa County. Prevention and early intervention-oriented program components include culturally and linguistically accessible mental health education; early assessment and intervention for individuals and families; and health and mental health system navigation assistance. Services will be provided in the context of group settings and community cultural events, as well as with individuals and families, using a variety of convenient non-office settings such as schools, senior centers, and clienthomes. In addition, the program will include mental health training for frontline staff from JFCS East Bay and other community agencies working with diverse cultural populations, especially those who are refugees and immigrants.

b. Target Population: Immigrant and refugee families of Contra Costa County at risk for developing a serious mental illness.

c. Payment Limit: FY 23-24: $190,664

d. Number served: FY 19-20: 311; FY 20-21: 225; FY 21-22: 461

e. Outcomes:

- FY 19-20:
  - Provided culturally and linguistically appropriate care to all consumers served
  - Served 311 people, including 135 frontline staff and 176 clients.
  - Completed three out of four planned trainings for the year. The fourth training was cancelled due to COVID-19. All three trainings were held via Zoom and had high attendance. In total, 135 service providers from the community were trained, exceeding the target of training 75 frontline staff. 96% of respondents reported a better understanding of recognizing stress and risk factors after the training and 91% of respondents reported a better understanding of when to refer clients to specialized services.
  - Provided mental health education classes to 16 Russian-speaking seniors, parenting workshops to 16 Afghan parents, bilingual/bicultural case management to 160 clients (including 85 children ages 18 and under and 75 adults ages 18 and older and provided bicultural individual therapy services to 25 Dari-speaking clients.

- 100% of the 75 adult case management clients reported upon exit they were able to independently seek help for mental health services, knew how to link to the appropriate persons within the county health care system or other community resources for resolution of health or mental health issues, and had an increased understanding of health and mental health care systems in Contra Costa County.
- 81% of participants in the Russian Mental Health classes reported a better understanding of when and how to seek help, 93% reported an increased ability to recognize stress and risk factors in themselves and/or family members, and 93% reported feeling more supported after coming to the group.
- 100% of participants in the Afghan Parenting Workshops reported they learned useful skills to become a more effective parent, had a better understanding of when and how to seek help, and felt more supported after coming to the group. 87.5% reported having an increased ability to recognize stress and risk factors in themselves and/or family members.

- FY 20-21:
  - Served 225 people, including 120 frontline staff and 105 clients.
  - Facilitated two virtual trainings (via Zoom) during the pandemic. Trained 120 service providers from the community, exceeding the target of training 75 frontline staff
  - Provided 10.5 hours of individualized mental health education sessions to 14 Russian-speaking seniors.
  - Provided three 7- week series online psychosocial support groups serving 20 Afghan mothers.
  - Provided 77 clients with bilingual/bicultural case management.
  - Provided over 100 hours of culturally attuned therapy services to 3 refugee clients with in-house and referred 5 refugee clients to external providers.
  - 94% of the adult case management clients reported upon exit that they were able to independently seek help for mental health services.
  - 92% of the adult case management clients reported knowing how to link to the appropriate persons for resolution of health or mental health issues.
  - 100% of the adult case management clients reported upon exit that they had an increased understanding of health and mental health care systems in Contra Costa County.
  - 94% of respondents from our cross-cultural staff trainings reported that they had a better understanding of recognizing stress and risk factors after the training.
  - 91% of respondents from our cross-cultural staff trainings reported that they had a better understanding of when to refer clients to specialized services.
  - 78% of participants of the Russian Mental Health Classes reported to have a better understanding of when and how to seek help.
  - 100% of participants of the Russian Mental Health Classes reported that they have an increased ability to recognize stress and risk factors in themselves and/or family members, reported feeling more supported after coming to the group, and reported having a better understanding of the concepts discussed in individual sessions.
  - 100% of participants of the Afghan Mothers' Support Groups reported having an increased ability to recognize stress and risk factors, a better understanding of trauma and how it affects the mind and body, a better understanding of the concepts discussed in group, having learned helpful techniques to deal with their own stress and emotions, a better understanding of when and how to seek help if I need it, feeling more supported after attending the group, having learned helpful parenting skills that they will use with their own children, and being able apply what they learned from the group in their own life.
  - Provided culturally and linguistically appropriate care to all consumers served.

- FY 21-22:
  - Served 461 people. Clients include 185 children (ages 0-15); 98 transition-aged youth (ages 16-25); 166 adults (ages 26-59); and 12 older adults (ages 60+).
  - Completed 208 pre-post assessments with adult case management clients (ages 18+).
  - Provided 10- week series family support with Sutter Health partnership serving 6 families.
  - Provided 208 clients with bilingual/bicultural case management: (ages 18 and older).
  - Health and Mental Health System Navigation (Case Management)
    - 96% of the adult case management clients reported upon exit that they were able to independently seek help for mental health services. At entry, 62 % of clients reported that they did not know how to do this.
    - 93% of the adult case management clients reported upon exit that they knew how to link to the appropriate persons within the county health care system or other community resources for resolution of health or mental health issues. At entry, 79% of clients reported that they did not know how to do this.
    - 100% of the adult case management clients reported upon exit that they had an increased understanding of health and mental health care systems in Contra Costa County. At entry, 91 % of clients reported that they did not understand care systems.
  - Women / Men Support / Educational Groups
    - 100% of participants reported to have an increased ability to recognize stress and risk factors in myself or family.
    - 100% of participants reported to have a better understanding of trauma and how it affects the mind and body.
    - 100% of participants reported to have a better understanding of the concepts discussed in group.
    - 100% of participants reported to have learned helpful techniques to deal with their own stress and emotions.
    - 93% of participants reported to have better understanding of when and how to seek help if I need it.
    - 100% of participants reported to feeling more supported after attending the group.
    - 100% of participants reported to have learned helpful parenting skills that they will use with their own children.
    - 100% of participants reported to apply what they learned from the group in their own life.

JUVENILE JUSTICE SYSTEM – SUPPORTING YOUTH (CONTRA COSTA HEALTH)

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GENERAL DESCRIPTION OF THE ORGANIZATION

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The staff working to support youth in the juvenile justice system operate within Contra Costa Behavioral Health's Children's System of Care.

PROGRAM: ORIN ALLEN YOUTH REHABILITATION FACILITY (OAYRF) / MENTAL HEALTH PROBATION LIAISON SERVICES (MHPLS)

County behavioral health clinicians strive to help youth experiencing the juvenile justice system become emotionally mature and law-abiding members of their communities. Services include: screening and assessment, consultation, therapy, and case management for inmates of the Juvenile Detention Facility and juveniles on probation, who are at risk of developing or struggle with mental illness or severe emotional disturbance.

a. Scope of Services: *Orin Allen Youth Rehabilitation Facility (OAYRF)* provides 100 beds for seriously delinquent boys ages 13-21, who have been committed by the Juvenile Court. OAYRF provides year-round schooling, drug education and treatment, Aggression Replacement Training, and extracurricular activities (gardening, softball). Additionally, the following mental health services are provided at OAYRF: psychological screening and assessment, crisis assessment and intervention, risk assessment, individual therapy and consultation, family therapy, psychiatric, case management and transition planning.

b. *Mental Health Probation Liaison Services (MHPLS)* has a team of three mental health probation liaisons stationed at each of the three field probation offices (in East, Central, and West Contra Costa County). The mental health probation liaisons are responsible for assisting youth and families as they transition out of detention settings and return to their communities. Services include: providing mental health and social service referrals, short term case management, short term individual therapy, short term family therapy. Additionally, the mental health probation liaisons are responsible for conducting court- ordered mental health assessments for youth within the county detention system.

c. Target Population: Youth in the juvenile justice system in need of mental health support

d. Payment Limit: FY 23-24: $433,535

e. Staff: 5 Mental Health Clinical Specialists: 3 probation liaisons, 2 clinicians at the Ranch

f. Number Served: FYs 19-20, 20-21, and 21-22: 300+

g. Outcomes:

- FYs 19-20, 20-21, and 21-22:
  - Help youth address mental health and substance abuse issues that may underlie problems with delinquency.
  - Increased access to mental health services and other community resources for at risk youth.
  - Provide referrals, short-term therapy, and short-term case management to help decrease symptoms of mental health disturbance.
  - Increase family and youth help-seeking behavior; decrease stigma associated with mental illness.
  - Work with Probation, families, and youth to decrease out-of-home placements and rates of recidivism.
  - Help youth and families increase problem-solving skills.

LA CLINICA DE LA RAZA

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GENERAL DESCRIPTION OF THE ORGANIZATION

With 35 sites spread across Alameda, Contra Costa, and Solano Counties, La Clínica delivers culturally and linguistically appropriate health care services to address the needs of the diverse populations it serves. La Clínica is one of the largest community health centers in California.

PROGRAM: VÍAS DE SALUD AND FAMILIAS FUERTES

a. Scope of Services: La Clínica de La Raza, Inc. (La Clínica) will implement Vías de Salud (Pathways to Health) to target Latinos residing in Central and East Contra Costa County with a goal of: a) 3,000 depression screenings; b) 250 assessment and early intervention services provided by a Behavioral Health Specialist to identify risk of mental illness or emotional distress, or other risk factors such as social isolation; and c) 1,250 follow-up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment. La Clínica's PEI program category is Improving Timely Access to Services for Underserved Populations.

   Contractor will also implement Familias Fuertes (Strong Families), to educate and support Latino parents and caregivers living in Central and East Contra Costa County so that they can support the strong development of their children and youth. The project activities will include: 1) Screening for risk factors in youth ages 0-18 (750 screenings); 2) 75 Assessments (includes child functioning and parent education/support) with the Behavioral Health Specialist will be provided to parents/caretakers of children ages 0-18; 3) Three hundred (300) follow up visits with children/families to provide psychoeducation/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues. The goal is to be designed and implemented to help create access and linkage to mental health treatment, be designed, implemented, and promoted in ways that improve timely access to mental health treatment services for persons and/or families from underserved populations, and be designed, implemented, and promoted using strategies that are non-stigmatizing and non-discriminatory.

b. Target Population: Contra Costa County Latino residents at risk for developing a serious mental illness.

c. Payment Limit: FY 23-24: $315,771

d. Number served: FY 19-20: 922; FY 20-21: 845; FY 21-22: 799

e. Outcomes:

- FY 19-20 Vías de Salud:
  - Offered 3623 depression screenings (120% of yearly target), 296assessments and early intervention services (118% of yearly target), and 1238 follow-up support/brief treatment services (99% of yearly target).
  - Programming pivoted to telehealth as needed during COVID-19
- FY 20-21 Vías de Salud:
  - Offered 8,521 depression and anxiety screenings (284% of yearly target), 1,180 assessments and early intervention services provided by a Behavioral Health Specialists to identify risk of mental illness or emotional distress, or other risk factors such as social isolation (472% of yearly target), and 2,786 follow up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment (222% of yearly target).
  - Continued to provide telehealth services as needed due to COVID-19.

- FY 21-22 Vías de Salud:
    - 9,393 depression and anxiety screenings (313.10% of yearly target).
    - 1,972 assessments and early intervention services provided by a Behavioral Health Specialists to identify risk of mental illness or emotional distress, or other risk factors such as social isolation (789% of yearly target).
    - 4,242 follow up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment (339.36% of yearly target).
- FY 19-20 Familias Fuertes:
    - Offered 661 screenings for youth (88% of yearly target), 113 assessments for youth (105% of yearly target), and 333 follow-up visits with families (111% of yearly target).
    - Programming pivoted to telehealth as needed during COVID-19
- FY 20-21 Familias Fuertes:
    - Offered 766 screens for risk factors in youth ages 0-17 (102% of yearly target), 233 Assessments (includes child functioning and parent education/support) with the a Behavioral Health Specialist were provided to parents/caretakers of children ages 0-17 (310% of yearly target), and 597 follow up visits occurred with children/families to provide psycho-education/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues (199% of yearly target).
    - Continued to provide telehealth services as needed due to COVID-19.
- FY 21-22 Familias Fuertes:
    - 934 screens for risk factors in youth ages 0-17 (124.53% of yearly target).
    - 469 Assessments (includes child functioning and parent education/support) with a Behavioral Health Specialist were provided to parents/caretakers of children ages 0-17 (625.33% of yearly target).
    - 683 follow up visits occurred with children/families to provide psychoeducation/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues (227.67% of yearly target).

LAO FAMILY COMMUNITY DEVELOPMENT (LFCD)

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GENERAL DESCRIPTION OF THE ORGANIZATION

Founded in 1980, Lao Family Community Development, Inc. (LFCD) annually assists more than 15,000 diverse refugee, immigrant, limited English, and low-income U.S. born community members in achieving long-term financial and social self-sufficiency. LFCD operates in 3 Northern California counties delivering timely, linguistically, and culturally appropriate services using an integrated service model that addresses the needs of the entire family unit, with the goal of achieving self-sufficiency in one generation.

PROGRAM: HEALTH AND WELL-BEING FOR ASIAN FAMILIES

a. Scope of Services: Lao Family Community Development, Inc. provides a comprehensive and culturally sensitive Prevention and Early Intervention Program that combines an integrated service system approach for serving underserved Asian and Southeast Asian adults throughout Contra Costa County. The program activities designed and implemented include: comprehensive case management; evidence based educational workshops using the Strengthening Families Curriculum; and peer support groups. Strategies used reflect non-discriminatory and non-stigmatizing values. We will provide outreach, education, and support to a diverse underserved population to facilitate increased development of problem-solving skills, increase protective factors to ensure families emotional well-being, stability, and resilience. We will provide timely access, referral, and linkage to increase client's access to mental health treatment and health care providers in the community based, public, and private system. LFCD provides in language outreach, education, and support to develop problem solving skills, and increase families' emotional well-being and stability, and help reduce the stigmas and discriminations associated with experiencing mental health. The staff provides a client centered, family focused, strength-based case management and planning process, to include home visits, brief counseling, parenting classes, advocacy, and referral to other in-house services such as employment services, financial education, and housing services. These services are provided in clients' homes, other community-based settings, and the offices of LFCD in San Pablo.

b. Target Population: South Asian and Southeast Asian Families at risk for developing serious mental illness.

c. Payment Limit: FY 23-24: $214,315

d. Number served: FY 19-20: 128; FY 20-21: 126; FY 21-22: 127

e. Outcomes:

- FY 19-20:
    - A total of 125 clients completed the Pre LSNS assessment and 125 clients completed the Post LSNS assessments. The average progression was 8 with a high correlation between the participant's progression and level of participation in monthly social peer support groups activities and workshops.
    - 98% (125 of 128 respondents) of the participants were satisfied with the program services, and 2% (3 of 128 respondents) were somewhat satisfied with the program services.
    - 101 clients were referred to mental health services.
    - Held 16 Strengthening Families Program (SFP) workshops (2 workshops per month from August 2019 to March 2020). Due to COVID-19 there were no SFP event from April to May 2020.
    - Facilitated 6 different thematic peer support groups/events during the FY
    - Provided case management and system navigation for 128 community members
- FY 20-21:

- A total of 126 clients completed the Pre LSNS assessment and 126 clients completed the Post LSNS assessments. The average progression was 5 with a high correlation between the participant's progression and level of participation in monthly social peer support groups activities and workshops.
- 95% (120 of 126 respondents) of the participants were satisfied with the program services, and 5% (6 of 126 respondents) were somewhat satisfied with the program services.
- 12 participants that were referred to mental health services because of monitoring clients' mental health status.
- Held 10 SFP workshops during the program year (1 workshop per month from August 2020 to May 2021).
- Facilitated 24 different thematic peer support groups/events during the FY.

- FY 21-22:
  - Served 127 participants from both communities representing a diverse group (Nepali, Tibetan, Lao, and Mien).
  - Provided navigation and timely access to internal and external services including linkages to mental health and other service providers.
  - A total of 127 clients completed the Pre LSNS assessment and 127 clients completed the Post LSNS assessments. The average progression was 5 with a high correlation between the participant's progression and level of participation in monthly social peer support groups' activities and workshops.
  - 94% (120 of 127 respondents) of the participants were satisfied with the program services, and 5% (6 of 127 respondents) were somewhat satisfied with the program services.

THE LATINA CENTER

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GENERAL DESCRIPTION OF THE ORGANIZATION

The Latina Center is an organization of and for Latinas that strive to develop emerging leaders in the San Francisco Bay Area through innovative training, support groups and leadership programs. The mission of The Latina Center is to improve the quality of life and health of the Latino Community by providing leadership and personal development opportunities for Latina women.

PROGRAM: OUR CHILDREN FIRST/PRIMERO NUESTROS NIÑOS

a. Scope of Services: The Latina Center (TLC) provides culturally and linguistically specific parenting education and support to at least 300 Latino parents and caregivers in West Contra Costa County that 1) supports healthy emotional, social, and educational development of children and youth ages 0-15, and 2) reduces verbal, physical and emotional abuse. The Latina Center enrolls primarily low- income, immigrant, monolingual/bilingual Latino parents and grandparent caregivers of high-risk families in a 12-week parenting class using the Systematic Training for Effective Parenting (STEP) curriculum or PECES in Spanish (Padres Eficaces con Entrenamiento Eficaz). Parent Advocates are trained to conduct parenting education classes, and Parent Partners are trained to offer mentoring, support, and systems navigation. TLC provides family activity nights, creative learning circles, cultural celebrations, and community forums on parenting topics.

b. Target Population: Latino Families and their children in West County at risk for developing serious mental illness.

c. Payment Limit: FY 23-24: $137,178

d. Number served: FY 19-20: 314; FY 20-21: 309; FY 21-22: 291

e. Outcomes:

- FY 19-20:
  - Served a total of 314 parents (parenting sessions, mental health workshops, psycho- educational therapy, support groups).
  - Additionally, provided 30 learning circles with activities reaching 424 children.
  - Outreach efforts reached 1,031 individuals and enrolled 42 people into their programs.
  - Parenting classes were held in 4 community-based locations: Cesar Chavez Elementary School, Mira Vista Elementary, Richmond Charter Academy, and The Latina Center. All classes completed the 10-week sessions, 6 sessions online.
  - 286 parents (244 women and 42 men) registered for the parenting class and completed a pre-survey in Spanish.
  - Based on the responses to the pre-survey, The Latina Center made at least 28 referrals.
  - Held 6 Mental Health Workshops in 3 locations (The Latina Center, St Cornelius Catholic Church and Montalvin Elementary School) for 130 participants; 94 participants completed pre- and post-surveys.
  - Before the workshop, 65% of parents said they did know what mental illnesses are; 35% did not know. After the workshop, 96.9% understood what mental illnesses are; 3.1% did not understand. Before the workshop, 57.5% knew any symptoms of mental illness and 42.5% did not. After the workshop, 81.3% stated they knew signs and symptoms and 18.8% did not.
- FY 20-21:

- Served 309 individuals
- 198 parents completed a pre-survey in Spanish.
- Parenting classes were held via Zoom due to the COVID-19 Pandemic.
- During the fiscal year, 3 mental health workshops were offered and conducted for 72 participants. The Latina Center's social networks garnered more than a thousand views and shares on these workshops/health topics.
- 80% participants stated the course helped them improve their relationships.

- FY 21-22:
  - Served 261 participants in Parenting classes.
  - 30 participants in our 4 Mental health workshops.
  - 28 participants Psycho-educational sessions.

LIFELONG MEDICAL CARE

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GENERAL DESCRIPTION OF THE ORGANIZATION

Founded in 1976, LifeLong Medical Care (LifeLong) is a multi-site safety-net provider of comprehensive medical, dental, behavioral health and social services to low-income individuals and families in West Contra Costa and Northern Alameda counties. In 2017, LifeLong provided approximately 300,000 health care visits to 61,000 people of all ages and cultural backgrounds.

PROGRAM: SENIOR NETWORK AND ACTIVITY PROGRAM (SNAP)

a. Scope of Services: LifeLong's PEI program, SNAP, brings therapeutic drama, art, music, and wellness programs to isolated and underserved primarily African American older adults living in Richmond. SNAP encourages lifelong learning and creativity, reduces feelings of depression and social isolation, and connects consumers with mental health and social services as needed. All services are designed with consumer input to promote feelings of wellness and self-efficacy, reduce the effects of stigma and discrimination, build community connections, and provide timely access to underserved populations who are reluctant or unable to access other mental health and social services.

   SNAP provides services on-site at three low-income housing locations in West County, including weekly group activities, one-on-one check-ins, and case management. Activities vary based on consumer interests, but may include choir, theater, art, board games, word games, special events, and holiday celebrations. Services also include quarterly outings, screening for depression and isolation, information and referral services, and outreach to invite participation in group activities and develop a rapport with residents.

   Services are designed to improve timely access to mental health treatment services for persons and/or families from underserved populations, utilizing strategies that are non- stigmatizing and non-discriminatory. The expected impact of these services includes: reducing isolation and promoting feelings of wellness and self-efficacy; increasing trust and reducing reluctance to revealing unmet needs or accepting support services; decreasing stigma and discrimination among underserved populations; and improving quality of life by reducing loneliness and promoting friendships and connections with others.

b. Target Population: Seniors in low-income housing projects at risk for developing serious mental illness.

c. Payment Limit: FY 23-24: $147,201

d. Number served: FY 19-20: 150; FY 20-21: 106; FY 21-22: 137

e. Outcomes:

- FY 19-20:
  - Prior to Shelter-in-Place, an average of 10 onsite events were held per month (including, creative movement, exercise, bilingual songs, discussion groups, tai chi, walking groups, Spanish classes, and arts & crafts, as well as memorial events for residents who passed away and an outing to visit a participant in the hospital). There was also a health fair held in the fall of 2019. The second planned health fair was cancelled due to COVID-19.
  - With COVID-19 services shifted to mainly virtual (telephone and Zoom) interactions and there was an increased emphasis on food distribution. Distribution of masks and PPE, as well as outreach to at-risk older-adult consumers was prioritized.
  - Registered 24 people for Meals on Wheels and made 289 deliveries of meals and/or groceries during April-June.
  - The Annual survey was adapted to a shorter telephone survey due to COVID-19 and they

documented 41 responses. Results were very positive, with all respondents reporting that they were very (79%) or somewhat (21%) satisfied with SNAP overall. 100% were satisfied with the food distribution portion of SNAP during Shelter-in-Place.

- FY 20-21:
    - Provided services in observance of COVID-19 safety protocols and local mandates and ordinances with services provided primarily in a virtual format. Virtual services took place via telephone and zoom and include telephonic wellness checks and social calls, case management and referrals to mental health and community resources, screening for depression and isolation, as well as meal and grocery distribution in person, thanks to donations from Sojourner Truth Church, Help Berkeley, and Bridge Storage and Artspace.
    - Provided two enrichment events in accordance with COVID-19 safety protocols.
    - Presented two live Brazilian music and dance performances in collaboration with Brasarte, a Brazilian Cultural Center in Berkeley. The event also included raffles and audience participation in the dancing. Participants identified "A Taste of Brazil" performances as one of the most enjoyable experiences of the year.
    - COVID-19 challenges prevented LifeLong from conducting the annual survey this year. LifeLong is developing plans to conduct the annual survey in FY 21-22.
    - LifeLong staff completed regular wellness checks and social calls to participants throughout the year and administered the PHQ-2 assessment when appropriate.
- FY 21-22:
    - Provided services on-site at three housing developments: Nevin Plaza, Friendship Manor, and Harbour View Senior Apartments.
    - Conducted in person wellness checks and social calls, hosted senior resource health fairs, provided individualized social service support, and conducted home visit assessments.
    - Provided monthly community resource in-services, distributed meals and groceries monthly, hosted community resource holiday celebrations and free flea markets.
    - 84% of participants agreed that participation in SNAP helped them feel less isolated.
    - 96% of participants expressed satisfaction with SNAP.
    - 72% of participants expressed SNAP helped improve their mood.

NATIVE AMERICAN HEALTH CENTER (NAHC)

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GENERAL DESCRIPTION OF THE ORGANIZATION

The Native American Health Center serves the California Bay Area Native Population and other under-served populations. NAHC has worked at local, state, and federal levels to deliver resources and services for the urban Native American community and other underserved populations, to offer medical, dental, behavioral health, nutrition, perinatal, substance abuse prevention, HIV/HCV care coordination and prevention services.

PROGRAM: NATIVE AMERICAN WELLNESS CENTER

a. Scope of Services: Native American Health Center provides outreach for the increasing recognition of early signs of mental illness. To this end, they provide mental health prevention groups and quarterly events for Contra Costa County Community Members. These activities help develop partnerships that bring consumers and mental health professionals together to build a community that reflects the history and values of Native American people in Contra Costa County. Community-building activities done by NAHC staff, community members, and consultants, include: an elder's support group, youth wellness group (including suicide prevention and violence prevention activities). Quarterly cultural events and traditional arts groups including: basket weaving, beading, quilting, health and fitness coaching and drumming. Other activities include: Positive Indian Parenting to teach life and parenting skills, Talking Circles that improve communication skills and address issues related to mental health, including domestic violence, individual and historical trauma, and Gathering of Native Americans (GONA) to build a sense of belonging and cohesive community. Expected outcomes include increases in social connectedness, communication skills, parenting skills, and knowledge of the human service system in the county. Program Staff conduct cultural competency trainings for public officials and other agency personnel. Staff assist with System Navigation including individual peer meetings, referrals to appropriate services (with follow-up), and educational sessions about Contra Costa County's service system.

b. Target Population: Native American residents of Contra Costa County (mainly west region), who are at risk for developing a serious mental illness.

c. Payment Limit: FY 23-24: $273,451

d. Number served: FY 19-20: 68; FY 20-21: 143; FY 21-22: 307

e. Outcomes:

- FY 19-20:
  - Hosted weekly prevention groups to serve the needs, empower, uplift, motivate, and connect with potential first responders.
  - Made 16 behavioral health related referrals during this contract year.
  - Held a total of 11 community-based events and trainings in FY 19-20, including Mental Health First Aid
- FY 20-21:
  - Engaged 143 community members through prevention programming.
  - 100% of the 13 members who accessed individual referrals services were successfully linked to the requested aid, such as food, behavioral health
  - NAHC trained 2 interns and 1 staff in prevention and intervention modalities. This staff participated in Question Persuade and Refer, an emergency response training to self-harm and suicide. She participated in a virtual 8-week San Francisco MHSA certification training that focused on behavioral modalities such as Wellness Recovering Action Plan, Motivational Interviewing, Mental Health First Aid,

and Safety Planning

- During this reporting period, 6 of 6 members report they are having an increased ability in accessing resources.
- Attendance and engagement in NAHC mental health prevention and treatment services doubled from the previous fiscal year, with 1004 points of contact in FY 20-21.
- Staff trained 2 interns in partnership with the SPIRIT program, and one staff member also received training on Question, Persuade, Refer, and participated in an 8-week virtual training that focused on behavioral modalities such as Wellness Recovering Action Plan, Motivational Interviewing, Mental Health First Aid, and Safety Planning.

- FY 21-22:
  - This fiscal year we engaged 307 community members through prevention programming.
  - 100% of the 13 members who accessed individual referrals services were successfully linked to the requested aid, such as food, behavioral health.
  - Program staff participated in 10 events or activities throughout the course of the year.
  - This fiscal year, we NAHC trained 1 intern and 1 staff in prevention and intervention modalities. This staff participated in Question Persuade and Refer, an emergency response training to self-harm and suicide. She participated in a virtual 8-week San Francisco MHSA certification training that focused on behavioral modalities such as Wellness Recovering Action Plan, Motivational Interviewing, Mental Health First Aid, and Safety Planning.

OFFICE FOR CONSUMER EMPOWERMENT (OCE) (CONTRA COSTA HEALTH)

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GENERAL DESCRIPTION OF THE ORGANIZATION

The Office for Consumer Empowerment is a County operated program that supports the entire Behavioral Health System and offers a range of trainings and supports by and for individuals who have experience receiving behavioral health services. The goals are to increase access to wellness and empowerment knowledge for participants of the Behavioral Health System.

PROGRAM: REDUCING STIGMA AND DISCRIMINATION

a. Scope of Services

- The OCE facilitates Wellness Recovery Action Plan (WRAP) groups by providing certified leaders and conducting classes throughout the County. Staff employ the evidence-based WRAP system in enhancing the efforts of consumers to promote and advocate for their own wellness
- The Committee for Social Inclusion is an ongoing alliance of committee members that work together to promote social inclusion of persons who receive behavioral health services. The Committee is project based, and projects are designed to increase participation of consumers and family members in the planning, implementation, and delivery of services. Current efforts are supporting the integration of mental health and alcohol and other drug services within the Behavioral Health Services Division. In addition, OCE staff assist and support consumers and family members in participatingin the various planning committees and sub-committees, Mental Health Commission meetings, community forums, and other opportunities to participate in planning processes.
- Staff provides outreach and support to peers and family members to enable them to actively participate in various committees and sub-committees throughout the system. These include the Mental Health Commission, the Consolidated Planning and Advisory Workgroup and sub-committees, and Behavioral Health Integration planning efforts. Staff provides mentoring and instruction to consumers who wish to learn how to participate in community planning processes or to give public comments to advisory bodies.
- OCE shelved the PhotoVoice Empowerment Project and the WREACH Speakers' Bureau in FY 2021-22 with no additional outcomes to report.

b. Target Population: Participants of public mental health services, their families, and the public.

c. Total MHSA Funding for FY 23-24: $248,577

d. Staff: Three

e. Number Served: FY 19-20: 400+; FY 20-21: 1336; FY 21-22: 485

f. Outcomes:

- FY 19-20:
  - Committee for Social Inclusion convened 11 in-person and virtual meetings open tothe community
  - PhotoVoice convened 6 subcommittee meetings open to the community, held Recovery Month exhibition, and trained Health, Housing and Homeless Services (H3) staff to facilitate classes for Homelessness Awareness Month exhibition
  - WRAP coordinated recertification of 17 Community Support Workers as facilitators and certification of an additional 11 CSWs as first-time facilitators.
  - WREACH convened 6 subcommittee meetings open to the community

- FY 20-21:
    - Facilitated 12 monthly Committee for Social Inclusion meetings with an unduplicated count of 63 participants in attendance.
    - PhotoVoice served an estimated 800 people through subcommittee meetings open to the community, one Recovery Month exhibition, and trainings.
    - WRAP served 108 people, held 10 in-person WRAP groups (Forensics division). WRAP II County-wide facilitator completed 14 one-on-one WRAP plans for client. And the team held 1 WRAP quarterly subcommittee meeting.
    - WREACH reached 365 people through 62 presentations.
- FY 21-22:
    - Social Inclusion: Facilitated 11 monthly committee meetings with 112 participants (duplicated count) and 65 participants (unduplicated count) in attendance. Additionally, OCE staff tabled at six community events and interacted with 274 members of the public, sharing mental health resources and information on reducing stigma.
    - WRAP: County peer staff facilitated 26 WRAP groups and the development of 16 individual WRAP plans at Martinez Detention Facility, serving a total of 146 participants. Four Community Support Workers (CSWs), including one from OCE staff, successfully completed WRAP Seminar III to become Advanced Level Facilitators, allowing them to train fellow CSWs to facilitate WRAP in group settings across the county. There were also two WRAP facilitator subcommittee meetings facilitated by OCE staff. There was ongoing collaboration and consultation with the Copeland Center for Wellness and Recovery to advance the countywide WRAP program.
    - OCE shelved the PhotoVoice Empowerment Project and the WREACH Speakers' Bureau in FY 2021-22 with no additional outcomes to report.

PEOPLE WHO CARE (PWC) CHILDREN ASSOCIATION

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2231 Railroad Ave, Pittsburg, 94565 (925) 427-5037, http://www.peoplewhocarechildrenassociation.org/

GENERAL DESCRIPTION OF THE ORGANIZATION

People Who Care Children Association has provided educational, vocational and employment training programs to young people ages 12 through 21 years old, since 2001. Many are at risk of dropping out of school and involved with, or highly at risk of entering, the criminal juvenile justice system. The mission of the organization is to empower youth to become productive citizens by promoting educational and vocational opportunities, and by providing training, support and other tools needed to overcome challenging circumstances.

PROGRAM: PWC AFTERSCHOOL PROGRAM

a. Scope of Services: Through its After School Program, People Who Care (PWC) will provide Prevention services through providing work experience for 200+ multicultural at-risk youth residing in the Pittsburg/Bay Point and surrounding East Contra Costa County communities, as well as programs aimed at increasing educational success among those who are either at- risk of dropping out of school or committing a repeat offense. Key activities include job training and job readiness training, mental health support and linkage to mental health counseling, as well as civic and community service activities.

b. Target Population: At risk youth with special needs in East Contra Costa County.

c. Payment Limit: FY 23-24: $391,905

d. Number served: FY 19-20: 207; FY 20-21: 140; FY 21-22: 130

e. Outcomes:

- FY 19-20:
  - After Shelter-in-Place started, organized online tournaments to keep students engaged and connected. 40 students participated in each week-long and 2 week-long competitions.
  - During the Green Jobs Bridge program (virtual adaptation of existing/pre-covid program) a total of 12 unduplicated, and 78 duplicated students participated in the program. More than 50% of participants did not re-offend during the participation in the program
  - Students participated in a weeklong simulation in which they had to utilize skills and learning from personal finance lesson taught to make financial and life decisions in an open simulation combining all finance-oriented modules (Budgeting and Saving, finding an apartment, choosing and balancing a bank account, getting a credit card, fixing your credit, online banking, time management and health, paying and filing taxes, intro to investing for retirement, risk vs. return, and diversification). The goal was to have the highest net worth by the end of a week's time. The winner went from $0 and homeless to home-owning, college-educated with 250k in the bank. Majority of participants showed an increase in school day attendance and decrease in school tardiness.
- FY 20-21:
  - 100% of the participants enrolled in PWC's remote courses gained knowledge in aspects of business such as marketing/advertising, accounting, and banking skills.
  - Of the 117 students enrolled in PWC After-School Program that answered the resiliency questions on pre-and-post Student Surveys, 81% demonstrated improved resiliency.
  - Of the 23 probation students enrolled in PWC After-School Program, 99% did not re-offend during their participation in the PWC After-School Program.
  - Of the 117 students enrolled in PWC After-School Program that answered the survey questions about

caring adults on their post Student Surveys 72% indicated that they had caring relationships with adults in their lives.

- PWC was very successful with assisting schools in approving student's school attendance by having students on community service log on to school and participate in school activities during school hours while also performing their community service hours.

- FY 21-22:
  - Offered weekly online and Telehealth mental health support, and weekly in-person mental health counseling to students in Pittsburg and surrounding areas.
  - Conducted community service at various community events and worked with Pittsburg City and Cal Works Employees at the Pittsburg Senior Center by performing landscaping, clean-up, and other activities weekly.
  - Conducted two training classes at the Senior Center and simultaneously conducted community service social distancing activities working in the community with the city of Pittsburg and Cal Works Employees and at the Pittsburg Senior Center by performing landscaping, clean-up, and other activities weekly.
  - Conducted two training courses at Black Diamond Continuation High School, in Pittsburg for students in our distance learning Green Jobs Training Program - Financial Health.
  - Conducted a Coding pilot program facilitated by Galaxy Kids LLC DBA Galaxy Kids Code Club.

PUTMAN CLUBHOUSE

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3024 Willow Pass Rd #230, Concord CA 94519 (925) 691-4276, (510) 926-0474, https://www.putnamclubhouse.org/

GENERAL DESCRIPTION OF THE ORGANIZATION

Putnam Clubhouse provides a safe, welcoming place, where participants (called members), recovering from mental illness, build on personal strengths instead of focusing on illness.

Members work as colleagues with peers and a small staff to maintain recovery and prevent relapse through work and work-mediated relationships. Members learn vocational and social skills while doing everything involved in running The Clubhouse.

PROGRAM: PREVENTING RELAPSE OF INDIVIDUALS IN RECOVERY

a. Scope of Services:

i. Project Area A: Putnam Clubhouse's peer-based programming helps adults recovering from psychiatric disorders access support networks, social opportunities, wellness tools, employment, housing, and health services. The work-ordered day program helps members gain prevocational, social, and healthy living skills as well as access vocational options within Contra Costa. The Clubhouse teaches skills needed for navigating/accessing the system of care, helps members set goals (including educational, vocational, and wellness), provides opportunities to become involved in stigma reduction and advocacy. Ongoing community outreach is provided throughout the County via presentations and by distributing materials, including a brochure in both English and Spanish. The Young Adult Initiative provides weekly activities and programming planned by younger adult members to attract and retain younger adult members in the under-30 age group. Putnam Clubhouse helps increase family wellness and reduces stress related to caregiving by providing respite through Clubhouse programming and by helping Clubhouse members improve their independence.

ii. Project Area B: Putnam Clubhouse assists the Office for Consumer Empowerment (OCE) by providing career support through hosting Career Corner, an online career resource for mental health consumers in Contra Costa County and holding countywide career workshops.

iii. Project Area C: Putnam Clubhouses assists Contra Costa County Behavioral Health in several other projects, including organizing community events and by assisting with administering consumer perception surveys.

iv. Project Area D: Putnam Clubhouse assists Contra Costa County Behavioral Health in implementing the Portland Identification and Early Referral (PIER) program for individuals at risk of psychosis, First Hope, by providing logistical and operational support.

b. Target Population: Contra Costa County residents with identified mental illness and their families.

c. Payment Limit: FY 22-23: $820,581

d. Number served: FY 19-20: 456; FY 20-21: 505; FY 21-22: 326

e. Outcomes:

- FY 19-20:
  - 456 unduplicated members spent 57,290 hours engaged in Clubhouse programming activities. 55 newly enrolled Clubhouse members participated in at least one Clubhouse activity
  - Members helped prepare and eat 30,938 meals at the Clubhouse. This is significantly higher than in past years due in large part to the implementation of a food pantry in response to COVID-19.
  - 1,543 rides provided to members to and from Clubhouse activities, job interviews, medical appointments, etc..
  - 1,403 in-home outreach visits were provided.
  - 131 postings were made on the Career Corner Blog and 4 career workshops were held (target 4).
  - Three community events were held with 378, 389, and 397 people in attendance respectively. The

latter was held virtually due to COVID-19.

- Assisted the implementation of the Portland Identification and Early Referral (PIER) program for individuals at risk of psychosis, First Hope, by providing logistical and operational support.
- Survey data demonstrated positive outcomes in terms of consumer and caregiver satisfaction, respite, well-being, decreased hospitalizations, increased referrals, etc.

- FY 20-21:
  - Members spent 58,642 hours engaged in Clubhouse programming).
  - 54 newly enrolled Clubhouse members participated in at least one Clubhouse activity, 16 of whom were young adults ages 18-25 years.
  - 62 activities were held for young adult members ages 18-25 years.
  - 89 members and caregivers completed the annual survey.
  - 90% of caregivers who completed the annual survey reported that Clubhouse activities and programs provided them with respite care.
  - 100% of caregivers who completed the annual survey reported a high level of satisfaction with Clubhouse activities and programs.
  - 100% of caregivers and 92% of members completing the annual survey reported that the member's independence had increased.
  - 94% of Clubhouse members who used the Career Unit indicated that they were "very satisfied" or "satisfied" with the services related to employment and education.
  - 100% of Clubhouse members who indicated education in their career plan (return to school/finish degree/enroll in a certificate program) as a goal were referred to education resources within14 days.
  - 100% of members who indicated employment as a goal in their career plan were referred to employers, applied for jobs, and/or had a job interview within 3 months of indicating goal.
  - 26,432 meals were served to members.
  - 94% of members completing the annual survey reported an increase in peer contacts.
  - 93% of members & 84% of caregivers (88% combined average) completing the annual survey reported an increase in their health and well-being (mental, physical, emotional).
  - The program achieved its goal of reducing hospitalizations and out-of-home placements of active members.
- FY 21-22:
  - Served 326 unduplicated members.
  - 40 new members enrolled and participated in at least one activity. 10 of these new members were young adults aged 18 to 25 years. At least 49 activities were held specifically for the young adult age group.
  - Held 17 career workshops.
  - Prepared 9,681 meals for members.
  - Provided 39,637 hours of Clubhouse programming to members.
  - Provided 432 rides to and from Clubhouse activities.
  - Provided 427 In-home outreach visits.
  - Made 127 blog postings.
  - Caregivers reported the Clubhouse activities provided them with respite care, stated they were highly

satisfied with programming, and reported the Clubhouse increased member independence.

- Members reported the Clubhouse activities supported them in self-advocacy, communication, increased knowledge on health and wellness, and increased access to healthcare resources, increased peer interactions, and increased sense of belonging.
- Members and caregivers reported the Clubhouse activities increased their mental and physical health and overall wellbeing.

RAINBOW COMMUNITY CENTER

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GENERAL DESCRIPTION OF THE ORGANIZATION

The Rainbow Community Center of Contra Costa County builds community and promotes well-being among Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) people and our allies. Services are provided in our main office in Concord, our satellite location in West County, and in East County by arrangements with partner organizations.

PROGRAMS: OUTPATIENT BEHAVIORAL HEALTH AND TRAINING, AND COMMUNITY-BASED PREVENTION AND EARLY INTERVENTION

a. Scope of Services:

i. Outpatient Services: Rainbow works with LGBTQ mental health consumers to develop a healthy and un-conflicted self-concept by providing individual, group, couples, and family counseling, as well as case management and linkage/brokerage services.

Services are available in English, Spanish, and Portuguese.

ii. Pride and Joy: Three-tiered prevention and early intervention model. Tier One: outreach to hidden groups, isolation reduction and awareness building. Tier Two: Support groups and services for clients with identified mild to moderate mental health needs. Tier Three: Identification and linkage of clients with high levels of need and who require system navigation support. Services are aimed at underserved segments of the LGBTQ community (seniors, people living with HIV, and community members with unrecognized health and mental health disorders).

iii. Youth Development: Three tiered services (see above) aimed at LGBTQ youth as a particularly vulnerable population. Programming focuses on building resiliency against rejection and bullying, promoting healthy LBGTQ identity, and identifying and referring youth in need of higher levels of care. Services are provided on-site and at local schools.

iv. Inclusive Schools: Community outreach and training involving school leaders, staff, parents, CBO partners, faith leaders and students to build acceptance of LGBTQ youth in Contra Costa County schools, families, and faith communities.

b. Target Population: LGBTQ community of Contra Costa County who are at risk of developing serious mental illness.

c. Payment Limit: FY 23-24: $853,161

d. Number served: FY 19-20: 941; FY 20-21: 677; FY 21-22: 547

e. Outcomes:

- FY 19-20:
  - Implemented a Training and Curriculum Manager position with a seasoned SOGIE (Sexual Orientation, Gender Identity and Expression) national trainer and published educational curriculum writer that joined the staff in March 2020. This enabled Rainbow to launch within the two months of the state's Shelter-in-Place orders, a meaningful update to culturally informed work through virtual SOGIE workshops and trainings.
  - Rainbow's Inclusive School Coalition served the following four districts: Mt. Diablo,
  - Pittsburg, Acalanes, West Contra Costa Unified.
  - Offered services to LGBTQ seniors, adults, and youth through their various tiered services.

- FY 20-21:
  - Served a total of 677 unduplicated clients. Offered services to LGBTQ seniors, adults, and youth through their various tiered services
  - Tier 1 and Tier 2 reached 396 unduplicated clients. Tier 1 provides community-based programming through events and outreach. Tier 2 is group-based programming such as support groups and food pantry deliveries.
  - Tier 3 served a total of 281 clients. Tier 3 provides one-on-one clinical services such as school-based counseling, clinical counseling, and case management. 2009.68 hours of services were provided to clients with Tier 3 alone.
  - Provided virtual services due to the COVID-19 pandemic and adopted an electronic health records platform called, Simple Practice. Virtual offerings have allowed Rainbow to extend service offerings to a wider base, for example, offered district-wide rather than being limited to individual sites as was the case prior to the pandemic with our in-person service model.
  - For several older adults who lacked technology skills and adequate technology, Rainbow started a Tablet Program which provided loaner tablets for seniors in order for them to gain experience with handheld devices and enable them to attend social zoom events, furthering the impact of decreasing feelings of isolation and depression for all who participated.
  - Rainbow Community Center's Kind Hearts Food Pantry (RCCKHFP) delivered 148 meals and food resources to 24 unduplicated and 49 duplicated LGBTQI+ Seniors (55+), and HIV positive community members throughout Contra Costa County
- FY 21-22:
  - Rainbow served a total of 547 unduplicated clients.
  - Tier 1 and Tier 2 reached 410 unduplicated clients. Tier 3 served a total of 137 clients.
  - Tier 3 provides one-on-one clinical services such as school-based counseling, clinical counseling, and case management.
  - 1,765.75 hours of services were provided to clients with Tier 3 alone
  - Increase targeted HIV Prevention outreach via multiple social media platforms such as Facebook, Instagram, LinkedIn and Meetup, as well as targeted email blasts to educate and inform all community members about RCC HIV Prevention and Education services in Spanish and English.
  - Delivered 172 meals and food resources to 27 unduplicated and 54 duplicated LGBTQIA+ Seniors (55+), and HIV positive community members throughout Contra Costa County.
  - Organized volunteers to outreach to 150+ senior clients to encourage engagement.

RYSE CENTER

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205 41st Street, Richmond. CA 94805 (925) 374-3401, https://rysecenter.org/

GENERAL DESCRIPTION OF THE ORGANIZATION

RYSE is a youth center in Richmond that offers a wide range of activities, programs, and classes for young people including media arts, health education, career and educational support, and youth leadership and advocacy. RYSE operates within a community behavioral health model and employs trauma informed and healing centered approaches in all areas of engagement, including one-on-one, group and larger community efforts. In these areas, RYSE focuses on the conditions, impact, and strategies to name and address community distress, stigma, and mental health inequities linked to historical trauma and racism, as well as complex, chronic trauma. This focus enables RYSE to provide culturally relevant, empathetic, and timely community mental health and wellness services, resources, and supports across all our program areas and levels of engagement.

PROGRAM: SUPPORTING YOUTH

a. Scope of Services:

   i. Trauma Response and Resilience System (TRRS): Develop and implement Trauma and Healing Learning Series for key system partners, facilitate development of a coordinated community response to violence and trauma, evaluate impact of trauma informed practice, provide critical response and crisis relief for young people experiencing acute incidents of violence (individual, group, and community-wide).

   ii. Health and Wellness: Support young people (ages 13 to 21) from the diverse communities of West County to become better informed (health services) consumers and active agents of their own health and wellness, support young people in expressing and addressing the impact of stigma, discrimination, and community distress; and foster healthy peer and youth-adult relationships. Activities include mental health counseling and referrals, outreach to schools, workshops and

   'edutainment' activities that promote inclusion, healing, and justice, youth assessment

   and implementation of partnership plans (Chat it Up Plans).

   iii. Inclusive Schools: Facilitate collaborative work with West Contra Costa schools and organizations working with and in schools aimed at making WCCUSD an environment free of stigma, discrimination, and isolation for LGBTQ students. Activities include assistance in provision of LGBT specific services, conducting organizational assessments, training for adults and students, engaging students in leadership activities, and providing support groups at target schools, etc.

b. Target Population: West County Youth at risk for developing serious mental illness.

c. Payment Limit: FY 23-24: $549,662

d. Number served: FY 19-20: 865; FY 20-21: 255; FY 21-22: 340

e. Outcomes:

- FY 19-20:
  - 283 new members enrolled, for a total of 613 unduplicated members attending. Since March 2020. An additional 322 youth participants (not unduplicated) who are not formally enrolled as members took park via virtual program offerings.
  - Health and wellness content promoted via social media (Instagram Live videos and TikTok) also engaged youth in the community, with over 2,000 views.
  - Supported students across WCCUSD to respond to distance learning policies, surveyed over 282 youth about distance learning needs and ideas, organized a Youth Town Hall for over 100 participants on

distance learning, and participated in local, statewide,and national forums to share youth experiences.

- Created a Youth COVID-19 Care Fund, providing direct cash disbursements to nearly 200 youth and their families, as well as assisted the City of Richmond with establishing a community-guided Richmond Rapid Response Fund
- 107 young people completed Education, Career, Let's Get Free or Case Management Plans
- 22 young people completed Community Service requirements with support from RYSE.
- Engaged at least 33 young people who came to RYSE through reentry/transition from juvenile confinement in the Hire Up, Rysing Professionals, and Side Hustle programming.
- 23 young men, ages 15-18, completed the Hidden Genius Project (HGP), a 15-month intensive Tech Literacy and Skill-Building program for Black-identified males in the areas of computer science and entrepreneurship.
- Engaged over 326 young people through an arts-based healing program.

- FY 20-21:
  - Served 255 young people virtually, plus hundreds of youths and adults engaged through online/events. RYSE primarily engaged young people and community members through virtual programs and events and through trainings and workshops in high schools, continuation schools, partner agency sites and within juvenile hall. While unduplicated numbers of enrolled youth members reached were lower than in years with in-person operations, RYSE reached hundreds of additional young people who were not formally enrolled through social media engagement, virtual events, and in providing emergency financial support to young people and their families.
  - At least 97 members engaged in direct academic and career supports including 1:1 case management, education & career workshops, and mentorship/coaching. 21 young people engaged in identity groups (LGBTQQ group, Young Men's Group, Sister Circle). At least 42 youth participated in leadership cohorts, projects, led campaigns, and training in RYSE's Youth Leadership Institute. 28 young people participated in RYSE's Youth Leadership Institute in April 2021.
  - RYSE has established a partnership with Brighter Beginnings and hosted their staff to begin a cross-referral process between agencies.
  - Through RYSE's Youth COVID-19 Direct Supports Fund, RYSE provided over 300 $500 disbursements, including participants impacted and hospitalized by gun violence. COVID care funds were used to fund 25 RYSE Scholars, students who were provided with a $500 disbursement to help with meeting immediate school-related expenses in Fall 2020.
  - As a result of participating in RYSE programming RYSE members:
  - 70% reported benefiting from RYSE programs and services that support mental health and wellness, and reported positive or increased sense of self-efficacy, positive peer relation, youth-adult relations, and agency in impacting change in the community.
  - 95% felt a sense of safety, respect, and community with RYSE staff and young people
  - 97% felt RYSE staff created clear, engaging, accessible workshops.
  - 94% felt they are paying more attention to their and others' emotions and feelings and that mental health supports are okay and positive.
  - 90% felt they are interacting more with people of different cultures than their own, speaking up more, and believe they can make a positive difference in their school or community.
  - 97% felt counseling or case management is space of safety, mutual trust, and helping with emotional and navigation goals.

- FY 21-22:

- 95% of members agreed or strongly agreed that they are paying more attention to their and others' emotions and feelings and that mental health supports are okay and positive.
- 80% of clinical and case management participants agreed or strongly agreed that counseling or case management is a space of safety, mutual trust, and helping with emotional and navigation goals.
- 88% of RYSE members agreed or strongly agreed that they are interacting more with people of different races or cultures, speaking up more about concerns, and believe they can make a positive difference in their school or community.
- Using RYSE's case management database to track SMART goals, as well as case notes, at least 70% of members with a defined plan demonstrated progress toward a desired skill or goal.
- 95% of members agreed or strongly agreed that they have a better understanding of themselves and of self in relationship to other people, cultures, identities.
- 92% of participants either agreed or strongly agreed that they increased their knowledge on culturally responsive, healing-based arts curriculum.
- 95% of participants either agreed or strongly agreed that they learned something they can incorporate in their classroom curriculum immediately.
- 92% of participants either agreed or strongly agreed that the pacing of RYSE's workshop facilitation fit them well.

STAND! FOR FAMILIES FREE OF VIOLENCE

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GENERAL DESCRIPTION OF THE ORGANIZATION

STAND! For Families Free of Violence is a provider of comprehensive domestic violence and child abuse services in Contra Costa County, offering prevention, intervention, and treatment programs. STAND! builds safe and strong families through early detection, enhanced support services, community prevention and education, and empowerment to help individuals rebuild their lives. STAND! enlists the efforts of residents, organizations, and institutions, all of whom are partners in ending family violence. STAND! is a founding member of the "Zero Tolerance for Domestic Violence Initiative", a cross-sector organization working for fifteen years to help end domestic violence, sexual assault, and childhood exposure to violence.

PROGRAM: "EXPECT RESPECT" AND "YOU NEVER WIN WITH VIOLENCE"

a. Scope of Services: STAND! provides services to address the effects of teen dating violence/domestic violence and helps maintain healthy relationships for at-risk youth throughout Contra Costa County. STAND! uses two evidence-based, best-practice programs: "Expect Respect" and "You Never Win with Violence" to directly impact youth behavior by preventing future violence and enhancing positive mental health outcomes for students already experiencing teen dating violence. Primary prevention activities include educating middle and high school youth about teen dating through the 'You Never Win with Violence' curriculum, and providing school personnel, service providers and parents with knowledge and awareness of the scope and causes of dating violence. The program strives to increase knowledge and awareness around the tenets of a healthy adolescent dating relationship. Secondary prevention activities include supporting youth experiencing, or at-risk for teen dating violence by conducting 20 gender-based, 15-week support groups. Each school site has a system for referring youth to the support groups. As a result of these service activities, youth experiencing or at-risk for teen dating violence will demonstrate an increased knowledge of: 1) the difference between healthy and unhealthy teen dating relationships, 2) an increased sense of belonging to positive peer groups, 3) an enhanced understanding that violence does not have to be "normal", and 4) an increased knowledge of their rights and responsibilities in a dating relationship.

b. Target Population: Middle and high school students at risk of dating violence.

c. Payment Limit: FY 23-24: $150,944

d. Number served: FY 19-20: 1778; FY 20-21: 743; FY 21-22: 649

e. Outcomes:

- FY 19-20:
  - *You Never Win with Violence* presentations to 1445 middle and high school youth (during 55 presentations) in Contra Costa County
  - 17 *Expect Respect* groups reached 146 participants
  - Offered 17 10-week long gender-based support groups
  - Trained adult allies (teachers and other school personnel)
- FY 20-21:
  - Served 743 participants in 30 presentations of "You Never Win with Violence".
  - Adult Allies: 30 teachers and 40 other school/community personnel trained.
  - STAND! was unable to conduct Expect Respect and Promoting Gender Respect Support Groups due to the Covid-19 Pandemic.

- FY 21-22:
  - Served 649 participants overall.
  - Served 432 participants in 18 presentations of “You Never Win with Violence”.
  - Conducted 21 Expect Respect and Promoting Gender Respect gender-based support groups.
  - Reached Adult Allies: 30 teachers through 18 presentations, and 20 other school/community personnel trained. Additionally, 60 adults were reached through a presentation in June 2022 for the Church Women United foundation.

VICENTE MARTINEZ HIGH SCHOOL - MARTINEZ UNIFIED SCHOOL DISTRICT

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GENERAL DESCRIPTION OF THE ORGANIZATION

The PEI program at Vicente Martinez High School and Briones School (co-located on the same campus) offers an integrated mental health focused experience for 10th-12th grade at- risk students of all cultural backgrounds. Students are provided a variety of experiential and leadership opportunities that support social, emotional, and behavioral health, career exposure and academic growth while also encouraging, linking, and increasing student access to direct mental health services.

PROGRAM: VICENTE MARTINEZ HIGH SCHOOL & BRIONES SCHOOL

a. Scope of Services: Vicente Martinez High School and Briones School provide students of all cultural backgrounds an integrated, mental health focused, learning experience. Key services include student activities that support:
   - individualized learning plans
   - mindfulness and stress management interventions
   - team and community building
   - character, leadership, and asset development
   - place-based learning, service projects that promote hands-on learning and intergenerational relationships
   - career-focused exploration, preparation, and internships
   - direct mental health counseling
   - timely access and linkage to direct mental health counseling

   Services support achievement of a high school diploma, transferable career skills, college readiness, post-secondary training and enrollment, democratic participation, social and emotional literacy, and mental/behavioral health. All students also have access to a licensed Mental Health Counselor for individual and group counseling.

   Students enrolled in Vicente and Briones have access to the variety of programs/services that meet their individual learning goals. Classes have a maximum of 23 students and are led by teachers and staff who have training in working with at-risk students and using restorative justice techniques. Students regularly monitor their own progress through a comprehensive advisory program designed to assist them in becoming more self-confident through various academic, leadership, communication, career, and holistic health activities.

b. Target Population: At-risk high school students in Central County

c. Payment Limit: FY 23-24: $202,985

d. Number served: FY 19-20: 245; FY 20-21: 125; FY 21-22: 125

e. Outcomes:
   - FY 19-20:
     - 97% of the Vicente student body and 54% of Briones students participated in PEI activities.
     - All seniors participated in service-learning hours. A minimum of 15 hours is usually required. Due to the school closure because of COVID-19 some students didn't complete all hours but were given a waiver for these hours.
     - All students were offered mental health counseling and there was one full time mental health counselor on campus daily.
     - Staff organized and hosted 70 different types of activities and events to enrich the curricula.

- Vicente was again a recipient of the Model Continuation High School Recognition through the California Department of Education
- and the California Continuation Education Association.
- All students were given the opportunity to apply, interview and participate in career- focused internships.
- At least 70% of students who participated in four or more services and who had had chronic absenteeism increase their attendance rate by 5%.

- FY 20-21:
  - 97% of enrolled students received a) an orientation on program offerings, b) a self-identified needs assessment targeting risk factors. The Adverse Childhood Events (ACE) needs assessments showed that Vicente students have an average score of 6. Those with a score of 4 or more are 460% more likely to experience depression and 1220% more likely to attempt suicide.
  - At least 90% of identified students participated in four services per quarter that supported their individual learning plan. The average number of PEI activities of those who participated was seven.
  - At least 90% of students identified as facing risk factors were referred to supportive services and/or referred to mental health treatment and participated at least once in referred support service or mental health treatment during the school year.
  - At least 70% of students who participated in four or more services and who have had chronic absenteeism increased their attendance rate by 5% as measured at the end of the school year.
  - At least 70% of students who participated in four or more services and who regularly participated in mental health counseling earned 100% of the expected grade level credits as measured at the end of the school year.
  - The schools closed and transitioned to a distance learning model on March 16, 2020. PEI services continued and even increased services during this time. All services were provided via virtual means. Outreach increased to families and students given the impact this model was having on students. Times for families and students to meet so that we could provide support were offered.
- FY 21-22:
  - All students enrolled in Vicente and Briones had access to a variety of PEI intervention services through in-school choices that met their individual learning goals.
  - 97% of enrolled students received:
    - An orientation on program offerings
    - A self-identified needs assessment targeting risk factors that may include, but are not limited to, poverty, ongoing stress, trauma, racism, social inequity, substance abuse, domestic violence, previous mental illness, prolonged isolation.
  - The average number of PEI activities of those who participated was seven.
  - At least 90% of students identified as facing risk factors were referred to supportive services and/or referred to mental health treatment and participated at least once in referred support service or mental health treatment during the school year.
  - At least 70% of students who participated in four or more services and who had chronic absenteeism increased their attendance rate by 5% as measured at the end of the school year.
  - At least 70% of students who participated in four or more services and who regularly participated in mental health counseling earned 100% of the expected grade level credits as measured at the end of the school year.

WE CARE SERVICES FOR CHILDREN

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GENERAL DESCRIPTION OF THE ORGANIZATION

We Care Services for Children was founded 62 years ago in Contra Costa County, California, by parents of children with developmental and cognitive disabilities in response to a lack of appropriate services in their community. These parents understood the unique and complex needs of at-risk children and forged an agency that has since evolved to address a wide range of developmental and mental health concerns – all while keeping focus on each family and its specific strengths. Today, We Care supports the unique mental health, developmental, and educational needs of disadvantaged children up to age 5 through an array of effective, research-based therapies. Embedded in We Care's programs are developmentally, linguistically, and culturally appropriate activities helping provide each child with the best possible start to his or her life.

PROGRAM: EVERYDAY MOMENTS/LOS MOMENTOS COTIDIANOS

f. Scope of Services: The *Everyday Moments/Los Momentos Cotidianos* programming for families with children ages 0-5 includes three components: 1) Family Engagement and Outreach; 2) Early Childhood Mental Health Home-Based Support; and 3) Parent Education and Empowerment, as described below:

Component 1: Family Engagement and Outreach. First 5 Contra Costa will develop family engagement and outreach to promote the *Los Momentos Cotidianos/Everyday Moments* programming, and to recruit families to Everyday Moments opportunities (as described below in Components 2 and 3) by tapping the power of word-of-mouth and trusted community supports.

The First 5 communications team will develop marketing assets, including a flyer, a texting template, and other materials as needed, with messaging that emphasizes the importance and empowering the role parents play in their children's social-emotional development, and that reaching out and collaborating with service providers are strengths rather than weaknesses. This messaging will help reduce stigma and foster understanding that early childhood mental health can be about healthy child development in the context of everyday relationships with trusted caregivers. First 5 will share these assets with its community contacts and networks, and ECPIC members and partners will reach out to their community contacts as well. ECPIC members will conduct collaboration with community providers such as pediatricians and public health nurses and reach out to families through community "hubs" such as the First 5 Centers and primary care clinics as well as through Family Partners and Peer Supports, faith-based organization, and other trusted community supports.

Component 2: Early Childhood Mental Health Home-Based Support. This component, *Everyday Moments/Los Momentos Cotidianos* Home-Based Support, will provide trauma-informed care and education to support families, guardians and caregivers in their home or community environments. Home-Based Support will provide a means for caregivers to learn about Early Childhood Mental Health and the social-emotional development of babies and young children, discuss intergenerational trauma as pertinent, and to try out community defined, culturally sensitive practices in support of their babies and young children. This component will focus on working with a lens of empathy and understanding, allowing for shared space with the parent/caregiver in support of healthy brain and mental health development for children ages 0-5.

Services will be provided in multiple languages, using culturally relevant supports wherever feasible. Applicable requirements and procedures established by the Health Insurance Portability and Accountability Act (HIPAA) will be carefully observed. Services in this Component will be provided by ECMHP in West, We Care in Central, and Lynn Center in East County.

"Meeting the child and family where they are," in home and community settings and/or at home via telehealth during the covid crisis, Home-Based Support will provide non-didactic developmental guidance and encouragement to caregivers as they are engaging with their child in their home environment during "everyday moments" of interaction. Caregivers will be supported to use these sessions to share about their emotional experiences associated with caregiving, think about how to support their young child's healthy development, and practice new skills and approaches with their little ones with the guidance of a trauma-informed Early Childhood Mental Health provider. This approach will enable an individualized, trauma-informed, and culturally sensitive delivery of caregiver support services and reinforcement of protective factors to support early childhood social-emotional development and resilience.

Families who participate in *Los Momentos Cotidianos/Everyday Moments*
Home-Based Support will each receive a Welcome Bag with activities for parents and children to participate in, related to the programming (provided to families at the first session), and a graduation certificate and gift card (provided to families who attend all 10 sessions). If more than 99 families request to participate in the program, the three agencies will provide all families above that number with a packet of psychoeducational materials about how caregivers can support their children's social-emotional development and mental health in everyday moments of interaction, in either English or Spanish, and offer referral to the suite of early childhood mental health services offered by each agency.

Component 3: Parenthood Education and Empowerment Component. This component, the *Everyday Moments/Los Momentos Cotidianos* Parent Groups/Grupos de Padres will provide non-pathologizing opportunities for parents/caregivers to gather (or via video during the covid crisis) around topical subjects related to parenting babies and young children. The groups will provide trauma-informed education and peer support opportunities to support families, guardians and caregivers to learn about Early Childhood Mental Health and social-emotional development, to be empowered in their caregiving role alongside their parent peers in the community, and to learn about protective factors that will strengthen their children's resilience.

This component will provide services in multiple languages and use culturally relevant supports wherever feasible. Recognizing that caregivers have very full plates, a core piece of Component 3 will be acknowledging the time and energy it takes to participate in the Parent Groups/Grupos de Padres, so we will be providing meal vouchers to all parents who attend as an incentive and thank you. The groups will be limited to 10 attendees per group to facilitate group interaction and will be conducted in person at the C.O.P.E. Family Support Center, or via online video during the Covid-19 crisis.

The Parent Groups/Grupos de Padres component will be based on one of the group intervention models (Discussion Groups) within the Triple P - Positive Parenting Program System which helps parents learn strategies to promote social competence and self-regulation in children as well as decrease problem behavior. Parents set personal goals, develop their own parenting plans, and learn to use positive parenting strategies to encourage children to learn the skills and competencies they need. The Parent Groups/Grupos de Padres sessions cover commonly encountered problems such as disobedience, fighting and aggression, and managing situations such as shopping with children and bedtime. Parents are actively involved throughout the 1.5 - 2 hour small group format discussions, and are encouraged to independently implement parenting plans generated during each session and apply new parenting skills to other problems that may arise.

g. Target Population: Families with children ages 0-5

h. Payment Limit: FY 23-24: $132,613

i. Number served: FY 21-22: 234

j. Outcomes:
   - FY 21-22:

- We Care, C.O.P.E., First 5, Early Childhood, and Lynn Center completed all provisions of the 2021-22 contract, and worked together well as part of an Early Childhood Mental Health collaborative.
- Program activities were provided by staff who were trained and accredited in various levels of Triple P (Parent Groups) and dyadic intervention (Home-Based Support), with careful attention to quality of service.
- Family Engagement & Outreach:
    - Goal: Recruit minimum number of 299 parents
        - Actual: 420 parents were recruited; 4400 were contacted.
    - Goal: Recruit 200 parents for Parent Groups
        - Actual: 388 parents were recruited; 190 participated
    - Goal: Recruit 99 parents for Home-Based Services
        - Actual: 32 parents were recruited; 22 participated
- Parent Groups:
    - Goal: Contractor will provide evidence-based Triple P Positive Parenting Program seminar classes 2 X per month with a maximum attendance of 10 parents per group (maximum 200 participants)
        - Actual: 388 parents were recruited; 190 participated in Parent Groups held by zoom 2 X per month. Groups were provided in English and Spanish in East, West, and Central regions of the County.
    - Goal: The Parent Groups will have a positive effect on participating caregivers' self-report of positive parenting practices. 80% of participating parents will report an improvement in positive parenting practices.
        - Actual: 95.5% Intend to use or follow the parenting advice received; 90% learned what to do to help their child gain new skills and improved behavior; 86% Obtained information about questions they had about parenting.
- Home-Based Support:
    - Goal: Contractor will provide Home-Based Support services for up to 10 sessions per family (maximum 99 participants)
        - Actual: 32 parents were recruited; 22 participated in Home-Based Services offered in English and Spanish in East, West, and Central regions of the County, with an average number of 4.95 sessions requested by parents. 15% of parents requested the full 10 sessions of services. A total of 109 Home-Based Support sessions were provided to caregiver-child dyads during the reporting period.
    - Goal: The Home-Based Support will have a positive effect on participating caregivers' parenting self-efficacy beliefs and perceptions of their child's behaviors. 80% of participating parents will report improvements in parenting self-efficacy beliefs and perception of child's behaviors.
        - Actual: For 97% of participants, caregivers' parenting self-efficacy beliefs improved (more confident), and for 89% of participants, perception of their child's behaviors improved (behavior perceived as more positive and less negative).

APPENDIX B – PROGRAM ANNUAL REPORTS FY 21-22

FISCAL YEAR: 2021 - 2022

PEI STRATEGIES:

☐ Provide access and linkage to mental health care

☐ Improve timely access to mental health services for underserved populations

☐ Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / STRATEGIES:

1) After the height of the COVID-19 pandemic, the potential responders we have reached primarily consist of multilingual and multicultural individuals and families (specifically of Vietnamese, Laos, Khmu, Mien, and Chinese backgrounds) currently living in Contra Costa County (with the majority residing in the western region of the county) within the past reporting period. In addition, due to the ongoing consequences of the COVID-19 pandemic, we emphasized on offering support to vulnerable populations like the elderly and the homeless. These groups and individuals are frequently underserved as a result of language barriers and cultural differences.

2) Our primary method of outreach and engagement with potential responders were program brochures. These brochures were printed in several languages, such as Vietnamese, Laos, Mien, and Chinese to reach a wider range of potential responders. These brochures consisted of our mission statement, the types of services we offer through our programs, the language services we have available, and our contact information. The ongoing COVID-19 pandemic caused us to scale back on community events and reduce the number of sites we distribute our brochures to, but we have begun to increase our reach once again, and continue to focus heavily on more interpersonal community outreach, sharing our resources from family-to-family and via word of mouth.

   Furthermore, we hold psychoeducation workshops for community members in regards to the importance of prevention and early intervention relative to mental health, as well as self-care and human wellness. These workshops also touch on cultural and family/parenting issues. These workshops raise the attendees' awareness and understanding or the early signs of mental health issues, increase their knowledge about mental health, and reduce the stigma that surrounds the topic of mental health. Additionally, we provide information about where and how to get help if needed, particularly for those who may feel limited due to language barriers.

3) Several strategies are utilized to provide access and linkage to treatment. For instance, if there is a potential case that needs mental health assessment and treatment, the case would be transferred to another program we offer in the instance of Medi-Cal recipients. For individuals who are not qualified for this treatment program, this leads them to be in immediate risk, meaning they would have more difficulty accessing or receiving services due to language and cultural barriers. They would then be encouraged to receive individual/family consultation for up to one year under the PEI program or participate in wellness support groups in a variety of Asian languages (this program is also under the PEI program.)

4) We were able to host small workshops for groups of about ten to twelve people, but we mainly were able to help individuals access services by connecting with local community leaders such as pastors and community associations. We received updated training to better serve our communities. This way we, as providers, can develop a better understanding of the needs of services for underserved populations and provide better catered and more supportive services.

OUTCOMES AND PROGRAM EVALUATION:

We utilize the Demographics Form to conduct evaluation and measure outcomes. Some questions in the form have been modified to better reflect cultural competency. Some of the qualitative data we collect include primary language spoken, race, ethnicity, gender, sexual orientation. Our quantitative data includes the number of individuals that attend group, their ages, and the number of hours attended. The Demographics Form does not include the client name so their information will always be confidential. We use 1 form per 1 individual per 1 contact. The data is compiled at end of the month and analyzed.

VALUES:

Our program reflects the values of wellness, recovery, and resilience. We base our work on our agency's mission statement, which emphasize the need to provide and advocate for multilingual and multicultural family services that empower people in Contra Cost County to lead healthy, contributing and self-sufficient lives. The services we provide always aim to assist, educate, and eliminate the stigmas of mental health-related issues. Our doors are always open to anyone that seeks assistances, regardless of race, color, ethnicity, religion, sexual orientation and with the assistance of our bilingual staff; we are able to provide language-based care and services. Being able to provide language-based care is something that we value deeply, and believe that it truly provides a safe place for those who are English as a Second Language and need of services

VALUABLE PERSPECTIVES:

Our Mien staff at Vistability/Asian Family Resource Center have been working with Laiian Saeteurn (62 years old) since March of 2021. Laiian went through a lot in her life. She and her husband got divorced and one of her sons was on drugs and he burned down the house that they were renting because he felt no one loved him and didn't feel like living without a father. Laiian was depressed and felt that no one respected or cared about her anymore, because being a divorced woman in the Mien community means that she is worth nothing. She and one of her daughters (42 years old) moved to Portland, Oregon for a while hoping for better life, but when she was there things got worse. She got more depressed and stressed, and didn't know what to do to help herself get better. She wanted to take her own life by taking off her clothes and walking into the street to try to get run over by cars. Her relatives in Oregon didn't know what to do to help her with her problems so they sent her and her daughter back to California.
When her and her daughter got back to the Bay Area, our Mien staff helped them find the help they needed through our outreach programs. Our Mien staff took them to West County Adult Behavioral Health Services for assessment. Laiian and her daughter were both diagnosed with mental/psychiatric problems. Laiian has been getting treatment at West County Adult Behavioral Health for depression and anxiety and her daughter is in an Antioch group home and has been seeing a psychiatrist there.
Our Mien staff has been seeing Laiian one to two times a week to assist her with scheduling doctor appointments and provided translation for her. Our Mien staff also worked with her on personal development, counseling, walking, and sometimes grocery shopping. This is one case of many, and our staff have been helping lots of clients in the community through PEI programs, especially underserved populations in Contra Costa County. Because of PEI programs our agency has been able to help a lot of people and save many lives. Thank you for the funding the programs.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

X Provide access and linkage to mental health care
X Improve timely access to mental health services for underserved populations
X Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

The goals of the 2021-2022 scope of work were three-fold: (1) Community and Family Engagement: working with Richmond and West Contra Costa County families to ensure that they are knowledgeable about and have access to a network of supportive and effective mental and emotional health information and community services; (2) Social Support and Referral: reduce risk factors for developing a potentially serious mental illness and to increase protective factors; and, (3) Self-and Collective Advocacy: train and support families to self-advocate and directly engage the services they need and want to access and to promote health equity for all.

BBK set out this year to enhance our existing peer-to-peer groups and develop new programs and resources that increase emotional well-being for Richmond and West Contra Costa community members.

OUTCOMES AND MEASURES OF SUCCESS:

1) Community and Family Engagement: Ensure Richmond/West County families are knowledgeable about and have access to a network of supportive and critical health and mental health information and services

   - Linkages with East Bay service providers: In 2021-2022, BBK continued to focus on connecting families to mental health and support services that are available within the region. Through our programs, participants have connected to a total of 21 health and wellness professionals that provide no and low-cost individual, family, and group support and prevention services. Their services include mindfulness, counseling, nutrition, parenting classes, and fitness classes.
   - Family Engagement: In the 2021-2022 fiscal year a total of 169 people participated in 75 weekly Family Engagement Virtual Events. BBK staff hosted these activities periodically in collaboration with community partners including the Mindfulness Life Project, LifeLong Medical Health Promoters program, Tandem, Partners in Early Learning, and other local artists and wellness practitioners. Through these activities, participants had access to fun, hands-on activities that helped families spend time together and have a distraction from the ongoing pandemic and other stressors in their lives. Activities included family bonding arts & crafts, dancing, boxing, story-telling, yoga, and mindfulness activities.

2) Social Support and Referral: Reduce risk for negative outcomes related to untreated mental illness for parents/primary caregivers whose risk of developing a serious mental illness is significantly higher than average including cumulative skills-based training opportunities on effective parenting approaches

   - Sanctuary Peer Support Groups: In the 2021-2022 fiscal, BBK hosted a total of 33 peer support meetings. A total of 113 women participated in the meetings and learned about self-care, self-love, financial health, and personal growth and development. Through Holding Space, our men's peer support group, we served a total of 31 participants. Through these meetings, men have continued building relationships with other men in their

community and had conversations about How to Support our Youth, Forgiveness, Financial Health, Love, and Goal Setting.

3) Self-and-Collective Advocacy: Train and support families to self-advocate, build collective advocacy and directly engage the services they need.

- Life-Coaching: During the fiscal year, 13 African-American women received six free one-hour sessions with a certified life coach. Participants set short-term goals, midterm, and long-term goals, and used a strength-based approach to create a plan to achieve their goals. The sessions focused on identifying strengths, support systems, and worked on shifting mindset. Additionally, LeJon Fahim Reese, our Holding Space group facilitator completed his life coaching certification training in March of 2022 and will begin in Fall 2022 supporting men with life coaching at no cost to them.

Measures of Success:

Families are knowledgeable about and have access to a network of support, mental health information, and services that promote well-being and reduce stress factors

Organizational Support and Family Engagement

- 100% of participants will report having a better understanding of ways to support positive emotional and wellbeing
- 100% of participants will be connected to a resource that supports their wellbeing

Reduce risk for negative outcomes related to untreated mental illness

Sanctuary:

- 100% of participants will report improved access to mental health education, and mental health support services
- 100% of participants that consistently participate in a Sanctuary Group will report feeling connected to others and confident in their strengths.
- 100% of participants will feel fortified to make positive changes within themselves and their families
- 100% of participants will be able to identify at least two other group participants that they can connect with outside of the Sanctuary Meetings

Train and support families to self-advocate and directly engage the services they need

Sanctuary Facilitator and Life Coach:

- 100% of parents that work with a Sanctuary Facilitator and Life Coach will report that they feel safe advocating for mental health services for themselves, their child, or other family members.
- 100% of participants will feel fortified to affect community change
- 100% of participants will feel fortified to make positive changes in their families
- 100% of participants will report a plan for supporting mental wellness for themselves
- 100% of participants will report progress in achieving at least one wellness goal

DEMOGRAPHIC DATA:

BBK routinely collects essential demographic fields (adult/child, race, gender, preferred language). For this fiscal year (15) children ages 0-15, (72) transitional youth ages 16-25, (160) adults ages 26-59, (5) older adults ages 60+, and 48 participants who declined to state their age attended our virtual programming.

EVIDENCE-BASED OR PROMISING PRACTICES:

BBK ensures that participants' voices are at the core of our programming. For example, participants help us determine topics they want to discuss, learn and facilitate. They recommend guest speakers, and decide what day and time

programs take place. Lastly, we incorporate artistic expression in our programs, this includes dancing and art projects.

VALUES:

BBK continues to be a community of social innovators working to support Black and Latinx families in West Contra Costa County. We support families to use their voices and experiences to directly inform the systems they interact with and which impact them. We envision empowered communities that are wellness-centered and have equitable access to high-quality education, where healthy families blossom to realize their dreams and full potential.
Our three core strategies are parent-led advocacy, healing-centered care, and leadership development. These strategies drive our mission to amplify the voices of parents/caregivers of color and partner with them to advance equitable access and opportunities for all youth to have quality education and all families to achieve emotional and physical well-being. Our staff continues to keep families' health & wellbeing at the forefront of our work in all of our programming. Our approach continues to align with and bolster MHSA's PEI goal of providing activities intended to reduce risk factors for developing a potentially serious mental illness and to increase protective factors.

BBK's theory of change is simple and enduring: by providing healing-centered care, leadership development, and activating inclusive parent-led advocacy, we support the personal and collective transformation of parents and caregivers as they reclaim their power. Furthermore, we seek the transformation of education and health systems, so that all youth achieve success and all families experience positive emotional and mental well-being. We collaborate with families to overcome trauma and barriers so that they may strengthen their ability to support their children, family, and community toward healthy, successful development. Efforts focus specifically on ensuring the well-being of parents and supporting parents to determine long-term success for their children. We do this by offering nurturing and culturally responsive environments where parents can heal and identify practices that promote well-being. We also help parents make direct linkages to mental health tools and resources that may not otherwise be accessed. Furthermore, we develop the leadership capacity of parents/primary caregivers. Our ultimate aim is that Richmond and West County parents/primary caregivers affect positive changes in homes, schools, and neighborhoods to ensure that they are responsive to the needs of families and children.

VALUABLE PERSPECTIVES:

During the 2021-2022 fiscal year, we have had the honor to see several of our program participants lead in our programs in several capacities. This year we partnered with Community Financial Resources (CFR) to train two of our parent leaders on CFR's financial wellness curriculum. Blanca, a mom who has participated in BBK programs since 2014, and La Trece, a mom who has participated in BBK programs since 2018, completed the training and led financial wellness workshops for BBK families in March. Additionally, La'Quesha, a Black Women's Sanctuary and Life Coaching participant presented a topic during the May meeting.

CHILD ABUSE PREVENTION COUNCIL (CAPC - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

X Provide access and linkage to mental health care
X Improve timely access to mental health services for underserved populations
X Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / PROGRAM SETTING:

The Child Abuse Prevention Council (CAPC) reached out to the Latino community in Central and East County offering The Nurturing Parenting Program (NPP) to Spanish Speaking Parents and their children. CAPC collaborated with community based agencies such as First 5 Centers, Head Start, WIC, Contra Costa County Behavioral Health, and school district including Mt. Diablo Unified, Antioch Unified and Oakley Elementary School District, and Brentwood Elementary School District to promote this program. Parents enrolled in the NPP reported that hearing other parents' opinion and comments about this program motivated them to enroll. The Nurturing Parenting Program offered 18 -week session in July 2021 ending December2021 and the second session starting January 2022 ending in June 2022.

The Nurturing Parenting Program enrolled a total of 91 Latino parents and 122 children during the fiscal year. The first semester Central County served 26 parents, 18 participated and 13 successfully graduated the program. East County served 32 parents, 19 participated in sessions and 16 successfully graduated. The second semester Central County served 18 parents all 18 participated and 15 graduated, East County served 15 parents and graduated 11. Parents who dropped out of the program were contacted by NPP staff offer additional support and linkage if need be. Staff gathered feedback from parents dropping out; parents' reports provided the following findings; , parents financial demand increased, return to the work force, and/or work additional job.

CAPC staff developed lesson plans to serve this groups for 18 consecutive weeks following the fidelity of the NPP evidence-based curriculum to increase parenting skills, decrease isolation within this population, decrease stigma related to accessing mental health services for self and/or child in a culturally sensitive manner. The NPP curriculum has been enhance with Mental Health presentations to decrease fears, stigma, educate and promote early intervention for those parents and children in need of this support.

The NPP team continued working remotely after consulting and following direction from our Executive Director. The NPP staff modified operations to maintain families engaged and increased motivation to attend sessions, as well as identify needs. Staff engaged parents one on one by phone providing linkage to workshops, offered resources to families who continue to struggle due to lost their jobs and link to resources to help families meet basic needs.
The NPP team was able to continue lessons and utilizing program materials as suggested by curriculum and encouraged parents to use time to implement with their children creating an opportunity to bond and build a stronger relationship with their children whenever possible.

CAPC and NPP provide support, offering meal baskets to families enrolled in the program, providing ingredients and instructions for families to prepare one meal per week as a family and eat together as a family (as suggested by the curriculum). The children meet with their facilitators in a separate space to continue the program and materials are delivered monthly to have parents and children working together to promote family time.

OUTCOMES AND PROGRAM EVALUATION:

CAPC continues to support our community by offering services weekly and NPP staff continues our program as planned. In addition to the curriculum information and psycho-education is presented to help raise self-awareness,

identify mental health/behavioral challenges that may need professional support. NPP also offered three sessions with the collaboration of Dr. Hector Rivera-Lopez. Dr. Rivera who has experience working with the Latino community in Contra Costa County offers participants an opportunity to identify possible behavioral/mental health needs that in the past were perceived as "normal" parenting practices.

The Nurturing Parenting Program incorporates pre and post self-report assessment measures: AAPI Adult-Adolescent Parenting Inventory is a 40 item, norm-referenced, Likert scale designed to assess the parenting beliefs and practices of parent population. The AAPI is designed to assess the beliefs for parenting children from infancy to 12 years of age. Response provide an index of risk for child maltreatment in five parenting practices known to result in child maltreatment. CAPC/NPP staff utilizes this tool to identify parents at risk.

Responses to the AAPI provide an index of risk in five parenting constructs:

A - Appropriate Expectations of Children. Understands growth and development. Children are allowed to exhibit normal developmental behaviors. Self-concept as a caregiver and provider is positive. Tends to be supportive of children.

B – High Level of Empathy. Understands and values children's needs. Children are allowed to display normal developmental behaviors. Nurture children and encourage positive growth. Communicates with children. Recognizes feelings of children.

C – Discipline/ VALUES ALTERNATIVES TO CORPORAL PUNISHMENT Understands alternatives to physical force. Utilizes alternatives to corporal punishment. Tends to be democratic in rule making. Rules for family, not just for children. Tends to have respect for children and their needs. Values mutual parent-child relationship.

D - APPROPRIATE FAMILY ROLES tends to have needs met appropriately. Finds comfort, support, companionship from peers. Children are allowed to express developmental needs. Takes ownership of behavior. Tends to feel worthwhile as a person, good awareness of self.

E - VALUES POWER-INDEPENDENCE Places high-value on children's ability to problem solve. Encourages children to express views but expects cooperation. Empowers children to make good choices.

These five parenting constructs enhance **the Five Protective Factors** that replace risk of abusive behavior with positive parenting skills.

The Five Protective Factors are the foundation of the Strengthen Families Approach: Parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children.

Inventory A and B are given to parents at the beginning of the session and at the end.

AAPI Results Session East County

Construct	A	B	C	D	E
Form A	7.29	6.93	7.21	8.57	7.21
Form B	8.27	8.64	8.73	9.27	6.82

AAPI Results Session Central County

Construct	A	B	C	D	E
Form A	7.00	6.33	6.56	7.78	7.33
Form B	5.50	7.50	9.00	8.00	5.50

LINKAGE AND FOLLOW-UP:

Dr. Hector Rivera-Lopez offers Mental Health presentations to enhance the program and promoting self-care to increase emotional availability for parents caring for their children and decrease the risk of child abuse.

The NPP supervisor not only oversees sessions, she also offers direct services to help parents feel more comfortable and confident when accessing resources. NPP engages with each family to offer linkage to the appropriate resources and staff follows up to gather information about how outcome of services and monitor progress per parent self-report.

Parents received the Surviving Parenthood Resource Guide to facilitate access to community based organizations providing a wide variety of services at no cost or sliding scale as an effort to encourage parents to connect and explore preventive/intervention programs, in addition NPP offered flyers and other contact information to facilitate families access to services. NPP staff offered guidance on how to access mental health support, crisis intervention, EDD services, food banks, low cost, housing and many others, Care Parent Network, First 5.

NPP staff followed up with families attempting to connect with providers for services, families report accessing groups for education and support took less time than accessing one on one MH services. Unfortunately, some families have given up as wait times for one on one have increased.

VALUES:

The CAPC Director and The Nurturing Parenting Program Supervisor continue to meet regularly to discuss program outcomes, challenges and to ensure staff offering direct services receive support and guidance thought out the course of the session.

The Child Abuse Prevention Council staff continues finding resources for the Latino community who has reported challenges accessing mental health services that are culturally appropriate. Staff has learned of challenges parents are facing in trying to connect adults to mental health resources offered in their language of preference. To support this need staff has worked with parents by linking to access line and coaching them to advocate for their family. CAPC links parents to support groups in their area creating opportunity for families to connect with families in their own neighborhood. CAPC strongly believes in building community connections to increase children's safety.

VALUABLE PERSPECTIVES:

Serving our community from a prevention lens has being challenging as most of our parents believe or have learned not to access support if "things" are not as "bad". The story below was touching in many different way, as we often find parents not seeing the origin of certain behaviors of mental health challenges as parents themselves have learned to normalize these challenges their whole life. We make a difference by educating communities to prevent our children from getting to higher level of care, increasing parental awareness of and decreasing stigma to access mental health support gives parents the opportunity to improve the quality of life.

My Parenting Experience Mr. GS

My experience as a father has been wonderful, challenging, and a lifetime experience. Becoming a father at any age is difficult; My first parenting experience was with my step-son JP. I married my wife when JP was 6 years old and I was 43, at the beginning it was fun and games and as we established as a new family here in the United States, soon the challenges became to be bigger when we were a new family.

I noticed changes in JP's behaviors and I was certain there something need it to be done to "fix" him. Of course, I was far from reality. The NPP has been a guide to help me overcome these challenges, this class thought me to be more understanding with the children, to understand that they all have needs and they are individuals with their own and

unique personality, it helped me to be flexible, to be more empathetic with JP, and to understand how my wife's brain works different then my brain. My experience during class was unique because it helped me learn more about myself, learn more about my children, learn more about my wife, and understand that parenting is not easy, but we are doing everything we can to do a better job by learning each day more from one another and continue parenting with love.

One way to describe it is to love your children no matter what. We as a parents need to be there to help them understand the complexity of this life but during the process of doing this it must be through love, kindness, and respect. This class opened my eyes and made me reflect about what I was doing wrong with JP. It made me realized that I was too strict, demanding and my expectations were unrealistic. One day during class I broke in tears during class as I finally had that moment when I knew, JP didn't need to be "fixed". I hugged JP and told him how much I love him; I asked him for forgiveness because I was not paying attention to his needs, I didn't understand my role as a father and overlooked his needs.

I am glad that I was able to be part of this class because it also helped me to realized that my wife and I need to work more to be a better team. Parenting is challenging and it needs to have the attention of both parents. Both parents must be in the same page to make this journey easier.

At the end, my experience as a parent continues to be challenging and stressful but NPP clarified that it is not easy for all parents, and I am not alone. We just need to learn more about our children and ourselves on how the brain works so that we have a mutual understanding to manage this life experience in a more comfortable way by avoiding conflict with love and caring.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

- ✓ Provide access and linkage to mental health care
- ✓ Improve timely access to mental health services for underserved populations
- ✓ Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

Scope of Services:

24-hour Crisis & Suicide Hotline

1) Provided immediate counseling, active listening, emotional support, and referrals to community resources on our 24-hour Crisis & Suicide hotline via phone and text for all Contra Costa County residents. Calls and texts are answered by live Call Specialists in English and Spanish, and we continued to have access to the 24/7 Language Line interpreter services for over 240 languages.

2) Provided callers linkage to mental health services through community resources as appropriate for each call. 100% of callers were assessed for suicide risk level, and all callers with a risk level of medium or high were offered a follow-up call.

3) Provided debriefing, supervision, silent monitoring, and consultation for all staff and volunteers in a manner that meets national industry standards and American Association of Suicidology accreditation standards. Our staff and volunteers reflect Contra Costa County demographics in our diversity of country of origin, languages spoken, culture, gender, religion, sexual orientation and socio-economic class.

4) Exceeded target goals for total mental health/crisis/suicide calls, call response time, and call abandonment rate during this reporting period.

Recruit and Train Volunteer Pool

1) Continued to recruit and train a diverse group of volunteers representing communities countywide with bi-lingual fluency in Spanish, Russian, German, Hindi, Punjabi, Urdu, and Korean.

2) Exceeded target goal for number of active call center volunteers including several with multilingual skills during this reporting period.

3) Provided 54+ hours of classroom and one-on-one mentoring training curriculum for two new volunteer training cohorts (August 2021 and May 2022).

Outreach & Education

1) Exceeded target goals for Suicide Assessment and Intervention Trainings by providing free virtual trainings offered to all partner agency providers countywide with optional CE credits available:
    a. Three- 6-hour Trainings (two virtual, one in-person)
    b. Three- 1-hour Virtual Trainings (one conducted in Spanish)
    c. Two- 4-hour Virtual Trainings

2) Continued to provide virtual outreach and education presentations regarding Crisis Center Agency Services

and Suicide Prevention.

Co-chair Suicide Prevention Committee

1) Continued to co-chair the Suicide Prevention Coalition monthly meetings virtually with County Mental Health.

County Coroner Referrals and Suicide Data

1) Continued to receive monthly Coroner data and maintain collaboration for referrals from the Coroner's Office to our Grief Counseling Support Group services for grieving survivors.

Postvention/Mobile Grief Response

1) Responded to ten Postventions/Mobile Grief Response Requests after the sudden death of a student or colleague at a school, business, or agency.

Psychiatric Emergency Services Follow Up

1) Conducted several planning and coordination meetings with the PES team for the follow-up program for consenting patients discharged from PES. Follow-Up program promotion to patients began August 1, 2022.

OUTCOMES AND PROGRAM EVALUATION:

This fiscal year we provided thirty-four in-service and professional development training opportunities to all staff and volunteers to promote knowledge of community resources and continuous cultural humility in working with and supporting a diverse population over the crisis hotlines such as youth, families with young children, seniors, people who are homeless, people who have mental illness, and people who experienced trauma.

We are active participants in meetings that strive to improve cultural sensitivity, awareness, and education to better serve our community such as Historically Marginalized Communities, Community Care Coalition, Help Me Grow Café, 988 Crisis Centers, ACEs Partners, Bay Area Suicide & Crisis Intervention Alliance (BASCIA), Child Death Review Team, 211 CA Meeting, Homeless Providers, Human Service Alliance, and Office of Emergency Services.

We maintain a feedback box in our front lobby for staff, volunteer, and clients, as well as gather feedback and evaluation surveys at the conclusion of every training and grief support group we provide for continuous improvements and program development.

Our policies (HIPAA and clinical license standards informed) ensure confidentiality – including use of technology, storage of records, destruction of records, subpoena response, record keeping, report writing, and (non)use of identifying client information on server.

Our core values of compassion, integrity, inclusion, accessibility, and collaboration along with continuous cultural humility development is written, spoken and practiced. Our policies, protocols, and office environment support these values.

VALUES:

Our services are designed on the belief that emotional support can make a significant difference in a caller's ability to self-manage and minimize psychiatric hospitalization visits when the support is available any time it is needed 24/7/365. We believe every person has a basic right to assistance in life-threatening or other crisis situations. Our mission is to keep people alive and safe, help them through crises, and provide or connect them with culturally relevant resources in the community. Our vision is that people of all cultures and ethnicities in Contra Costa County are in a safe place

emotionally and physically. Every resource in our 211 Resource Database is vetted, maintained, and up-to-date and is accessible for agencies partners and members of the community to use throughout the county free of charge.

The Contra Costa Crisis Center holds the following core values:

1. Compassion: We are driven by a desire to alleviate the emotional pain, distress, and needs of our clients.
2. Integrity: We respect and honor our colleagues and clients through trustworthy actions.
3. Inclusion: We affirm the value of differing perspectives and are committed to representation from, and service to, all members of our diverse community.
4. Accessibility: We believe that people in need should be able to get help 24/7/365.
5. Collaboration: We are committed to developing strong, lasting partnerships with community members to achieve common goals.

VALUABLE PERSPECTIVES:

Call Record #: 511111

"Tammy", a 53-year-old African-American woman calling from Pittsburg, has so many things going on and she is really close to giving up. She was feeling incredibly depressed and defeated and her thoughts of suicide were unmanageable. She is waiting until after her daughters' sixteenth birthday next week before she goes through with another suicide attempt. She has many physical issues and has suffered two significant losses, her fiancé in 2016 and then her other partner in 2020. She has two daughters and a 15-month-old grandchild, but her physical and emotional pain is overwhelming. She has been hospitalized twice in the past, once for two weeks and once for a month. After providing active listening and emotional support, Tammy agreed to stay safe for now. The Call Specialist provided her with a referral to the Mobile Crisis Response Team if she needs someone to be with her immediately in the future. The Call Specialist arranged for a follow-up call to check in with Tammy after her daughter's birthday next week.

1st Follow up call:
The Call Specialist spoke with Tammy and she sounded much better. She really needed to vent and have someone to talk to and arranged for a second follow up call.

2nd Follow up call:
Tammy's eldest daughter is there at the house, her daughter and her boyfriend are fighting, and the baby is crying. She is feeling overwhelmed with stress and brainstormed potential options with the Call Specialist. She arranged for another follow up call.

3rd Follow Up call:
Tammy has the baby at her home, her daughter waited until she went to the rest room then left the baby there at the house. Her daughter has been gone since yesterday. Her daughter does not care, and has no consequences for her behavior, and she feels angry and frustrated. The Call Specialist brainstormed potential "safe places" to bring the baby if needed because she feels like she is going to "snap" and end up in the psychiatric ER. She arranged for another follow up call.

4th follow up call:
Tammy is thinking that when her 16-year-old goes to summer camp she will check herself into the psychiatric hospital in Martinez, she is feeling overwhelmed and feels like she's having a mental breakdown. She arranged for another follow up call.

5th follow up call:
Tammy is now in the hospital after taking an Uber and checking herself in but is still feeling stressed and overwhelmed. She arranged for another follow up call.

6th follow up call:
Spoke with “Tammy” she sounded better but things are not going as planned. Her cousin is now helping her to take care of her grandchild. She laughed quite a few times it was good to hear her laugh. Tammy was grateful for our support and will continue to call us when she is feeling overwhelmed or when her thoughts of suicide surface.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

□ Provide access and linkage to mental health care
□ Improve timely access to mental health services for underserved populations
□ Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / PROGRAM SETTING:

Center for Human Development's African American Wellness Program provides prevention and early intervention services that empower participants to:

1. Increase emotional well-being.
2. Decrease personal stress and isolation.
3. Increase their ability to access appropriate mental health services to African Americans living in Bay Point, Pittsburg, and surrounding East County communities.

Key activates included culturally appropriate education on mental health topics through Six Mind, Body and Soul support groups. A monthly newsletter and outreach at health orientated community events, and navigation assistance for culturally appropriate mental health referrals. Community Health Advocate Michelle Moorehead and Resident Leader Lisa Gordon facilitated services for the African American Wellness Program. Our east county office location is at the Spark Point center in Bay Point. Through collaboration with Spark Point the African American Wellness Program was able to provide services to participants and local community members. The program activities during the 12-month period included the following:

Six facilitated Mind, Body and Soul support groups at 3 locations in East County.
Pittsburg Health Center, Pittsburg 1st & 3rd Tuesday
Ambrose Center, Bay Point, 1st & 3rd Wednesday
Pittsburg Senior Center, Pittsburg 2nd & 4th Wednesday

With some of the restrictions lifted for Covid19 all our support groups have returned to full operation. Following all CDC guidelines to ensure health and safety, our participants were still required to wear mask during all program activities and meetings. During July 2021-June 2022 fiscal year African American Wellness attended 3 community events.

1. Breast Cancer Awareness event. This event was hosted by West Pittsburg Community church in Bay Point. We provided information about mental health services, invitation to attend our monthly support groups meetings, and a copy of newsletter. We outreached to 25 participants.
2. Our program attended a Juneteenth celebration in collaboration with The Souljah's (Pastor Greg Osorio, at John Buckley square in downtown Pittsburg. During this event our program provided information about mental health services, incentives, invitation to attend our monthly support groups, and a copy of our newsletter. We outreached to 44 participants at this event.
3. African American Wellness Program attended Unity in the community event. In collaboration with Bay Point All in One (Delano Johnson). Our program tabled at this event to provide information regarding mental health services, support groups meetings, gift bags, and monthly newsletter. We outreached to 43 participants at this event.

African American Wellness Program continued to provide a monthly newsletter to all participants. Send U.S. mail or via email. Some participants did not return to our support groups after the restrictions were lifted. Due to covid. Our program still provided resources and referrals for all participants. One on One phone meetings with participants, or

zoom, and or FaceTime Meeting. Meeting participants where they are is very important. Having One on One appointments with participants, gave them extra support assistance. It helped ease stress, anxiety, depression and isolation. Taking these measures ensured that all participants' needs were met, and no participant was left behind.

African American Wellness Program launched a "Get Walking Program" for fall 2021 (Aug 4-Oct 26) & spring 2022 (Apr 8-Jun 24). In collaboration with Joy Walker (Pittsburg senior center recreation coordinator), Our participants were able to meet once a week at Small World Park for 1.5 hours and exercise and walk inside the park. All safely measures were applied at this time. Each segment was 12 weeks at a time. Participants documented there progress each week. Group T shirts, sun visors, and water was provided. There were guest speakers provided to walk and talk with the participants regarding mental and physical health topics. During the fall walk our program we had a total of 40 participants walking with an average of 17 participants per week. During the spring walk our program had a total of 52 participants walking with an average of 19 participants per week. In collaboration with Girl Trek a nationwide women's walking group, our program was able to connect with and share our program on their social media page. Many of the Girl Trek women that live in East County came and participated in our weekly walks. Out of this collaboration we shared mental health information with their group and received some new participants to our support groups as a result. Get walking program allowed our participants to re-connect with nature and to get healthier mentally & physically. Walking released stress, depression, anxiety and isolation. Participants shared feeling better during and after our weekly walks.

Spark Point received turkey donations from United Way for the Thanksgiving holiday. Our partnership with Spark Point services allowed African American Wellness Program to receive turkeys for our participants. 25 of our participants received turkeys for the holiday. Participants picked up turkey at an appointment time that was set up. Community Health Advocate Michelle Moorehead delivered turkeys to participants that did not have transportation.

OUTCOMES AND PROGRAM EVALUATION:

African American Wellness Program Roster for support groups from July 2021- July 2022 total 155 unduplicated attendees. 755 newsletters were distributed (U.S. mail, email & hand delivered. Outreached to 120 people at community events. Participants who attended Mind, Body & Soul support groups received tools & techniques to identity barriers. Participants were individually provided services to help them address their current issues. Participants were referred to Contra Costa crisis center 211, mental health access line. C.H.A. Michelle Moorehead & R.L. Lisa Gordon assist participants by helping them to navigate through the system so that they can receive the care they need. The Community Health Advocate will call the mental health access line with the participant ensuring the participant receives an appointment. The Community Health Advocate also supports a participant by attending Doctor's appointment to assist with advocating for participant's care. The appointment is scheduled from the initial phone call. The time for scheduling an appointment and seeing a therapist or another provider time frame is up to 4-6 weeks. The Community Health Advocate & Resident Leader will follow up with participant to check on their progress. The African American Wellness Program serves adults 18 and older, living in East Contra Costa County. African American Wellness Program supports participants by empowering them to recognize and achieve inner strengths and coping strategies to maintain emotional wellness.

LINKAGE AND FOLLOW-UP:

Participants are provided resources & referrals to help increase emotional wellness and reduce stress, depression, anxiety and isolation in their lives. The program creates a welcoming safe environment to all participants. The Mind, Body & Soul support group helps a participant hope, while facing life challenges, helping them address & overcome barriers such as homeliness, no medical coverage, lack of transportation, or lack of food. African American Wellness Program supports participant's needs by linking participants who are low income & disadvantaged due to lack of resource with other community resources to meet their needs. Participants enter the program through word of mouth, referrals by 211 of mental health dept at Pittsburg Health Center. The Mind, Body & Soul support groups are a supportive system that begins the healing process from the hardship to transition that may have encountered in life of a sudden unexpected trauma. We strive to teach the tools and techniques that will help defuse a hectic situation by using some our self-care practices such as breathing, mindfulness, taking a brief walking and journaling. Participants were

linked to mental health services thru mental health access line and followed up with their primary care Doctor.

VALUES:

African American Wellness Program reflects the mental health & wellness for our participants we provide services to assist participants with overall intervention & prevention services. We are active in the community. Our program conducted outreach in collaboration with other agencies. C.H.A. Michelle Moorehead & R.L. Lisa Gordon attended the East County response coalition outreach event weekly in Bay Point at West Pittsburg Community church. This collaboration with The Bay Church, John Muir, and Bay Point all in one. Together services for the community were provided such as food, clothing, and showers for the homeless. Our program provided mental health information and invitation to attend our monthly support groups. Our program collaborated with Hope solutions to assist with housing for participants experiencing homeless or at the risk of homeless, providing mental health support.

VALUABLE PERSPECTIVES:

C.J. is one of our female participants age range 26-59 years old. C.J. Is a long-time participant of the Mind, Body & Soul support group C.J. experienced some hardship with Covid 19 in 2021, her work hours were reduced, which created stress and anxiety. Using the tools & techniques she learned while attending Mind, Body & soul support group. C.J. was able to practice self- care, mindfulness, and journaling her thoughts to release her stress and anxiety. C.J. also used our program partnership with Spark point CCC to enroll with the credit & financial coaches. Thru this referral to spark Point CCC, C.J. was able to receive assistance to help her budget and plan her finances during this period. She was also eligible for covid rental assistance to help her with rental cost, until she was able to obtain her regular work hours again.

T.M. is one of our female participants aged 26-59 years old. She has attended Mind, Body & Soul support group for 3 years. T.M. came to the support group with some health challenges. She had a stroke, and has diabetes, and high blood pressure. She was referred by another participant. With all these health challenges T.M. was experiencing depression, and isolation. She began attending Mind, Body & Soul support groups and made new friends, which uplifted her spirits. Also learning how to use tools & techniques learned in the meetings, she could apply to her daily life. T.M. was provided with a 211 referral and mental health access line for therapy. She is seeing a therapist and feeling emotional better and hopeful. She continues to attend Mind, Body and Soul support group meetings.

E.O. is one of our male participants aged 26-59 years old. He attended the Mind, Body, and Soul support group for 2 years. E.O. came to the support group for depression. He was referred by his primary care Doctor. E.O. was diagnosed with congestive heart failure. This created depression for E.O. He learned tools & techniques to help release the depression such as journaling his thoughts, meditation (mindfulness) also walking. With the support of the monthly meetings and working closely with his primary care Doctor, E.O. was able to feel less depression. E.O. was able to return to work. E.O. is feeling positive and heart healthy now. E.O. attends Mind, Body, and Soul support group when he is not working.

FISCAL YEAR: 2021–2022

PEI STRATEGIES:

☒ Provide access and linkage to mental health care
☒ Improve timely access to mental health services for underserved populations
☒ Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / PROGRAM SETTING:

Center for Human Development's Empowerment Program provides weekly support groups, youth leadership groups, and mental health resources for lesbian, gay, bisexual, transgender, queer, questioning (LGBTQ+) youth and their heterosexual allies, ages 12 – 20, in East Contra Costa.

The annual goal is to reach 80 unduplicated youth from July 1, 2021, through June 30, 2022.
During the contract, staff will provide the following services:

Component 1: Facilitate three (3) weekly on-campus educational support groups, providing approximately 20 sessions per group.

Component 2: Facilitate one (1) weekly educational support group at the agency's Antioch office, providing approximately 20 ongoing sessions.

Component 3: Facilitate twice-monthly youth leadership groups for at least sixteen 16 sessions.

Component 4: Refer youth to culturally appropriate mental health services on an as-needed basis, referral support to a minimum of 15 participants.

Component 5: Contractor shall provide these services to not less than 68 unduplicated youth, ages thirteen to twenty in East Contra Costa County.

Kevin Martin, Empowerment Program Coordinator, facilitated the following services from July 1, 2021, through June 30, 2022. Mr. Martin is a full-time employee, working 40 hours per week on the project. During this reporting period, Empowerment has worked with 107 unduplicated youth, which exceeds our goal of 68 unduplicated youth. This number is much more than the previous year due to the increase in perception of safety in engaging services by LGBTQ+ youth in a school environment verses in their home environments during COVID-19. Staff utilized a variety of methods to establish and maintain connection with participants, including: phone calls, texting, email, Facebook, Zoom, collaborations and referrals from other providers, referrals from peers, and referrals from schoolteachers, counselors and administrators.

Component 1: Facilitate three (3) weekly on-campus educational support groups, providing approximately 20 sessions per group. Providing services at these location helps to increase access in several ways: it eliminates the need for additional transportation, as students are already at school; there is a network of supportive school staff and service providers working at these school sites (Hillview Junior High, in Pittsburg; Pittsburg High, in Pittsburg; and Deer Valley High, in Antioch), allowing for expedient linkage to additional support services as needed; and youth are more inclined to engage in support services, including Empowerment, when they can do so with, or supported by their peers and with reduced anxiety of being "outed" to their parents, or guardians.

At Hillview Junior High School Staff facilitated:

- Individual check-ins, assessments, support sessions: 257
- Group sessions: 47
- Unduplicated participants: 22

At Pittsburg High School staff facilitated:

- Individual check-ins, assessments, support sessions: 252
- Group sessions: 23
- Unduplicated participants: 23

At Deer Valley High School Staff facilitated:

- Individual check-ins, assessments, support sessions: 443
- Group sessions: 24
- Unduplicated participants: 42

From July 1, 2021, through June 30, 2022, Kevin Martin facilitated 94 group sessions specifically for youth from these three school sites. This number is far greater than past year due to the increased perception of safety by LGBTQ+ youth to access support services in the school environment and difficulties students experienced related to not feeling safe or comfortable accessing support in their home environments. Due to these experiences by youth and the stress associated with COVID-19 and reengaging with in-person school, staff continued to conduct frequent individual check-ins, assessments and one-on-one support sessions in addition to group sessions. Staff conducted 952 individual check-ins, assessments and one-on-one support sessions with students from Hillview Junior High School, Pittsburg High School and Deer Valley High School during this year. Due to the extremely high number of youths seeking support service staff formed multiple groups at each site, capped the number of participants in each group, and formed a waiting list of youth desiring group support. Throughout the year, CHD staff continued to receive new referrals from school staff and service providers on campus during weekly Care Team meetings and from peer participants. The number of unduplicated participants was 87. Staff has also continued to work closely with school staff and other service providers on campus to secure space for groups for the upcoming school year, as providing in-person services at school sites fills a need for youth who have difficulty with transportation to our Antioch office, at Rivertown Resource Center, and/or are not "out" in some aspect of their life (i.e. peers, family, or community), which has been exacerbated by the COVID-19 pandemic.

Topics discussed with participants at school site included: initial assessment, establishing norms, surviving trauma at home, LGBTQ+ terminology, identifying feelings, healthy boundaries, being put down by authority figures, coping with stress, writing as a coping method, coping with anxiety, reopening from COVID-19, LGBTQ+ history, symptoms of stress and anxiety, coping skills, managing effects of trauma, bullying, Trans identities, identifying values, practice stating needs to family, self-advocacy, waves of COVID infection in the community, difficulty sleeping, unhealthy relationships, characteristics of healthy relationships, stress management, Queer women's history, impact of family on mental health, stigma related to mental health, anticipation of spring break, social justice and advocacy, restorative justice practices, safety planning, creating an emergency contact list, family rejection, internalized homophobia, self-loathing and body dysmorphia, code switching, authentic self-expression, depression and suicide, suicide prevention, the process of "coming out", fear related to "coming out" to family, intersectionality, gender and gender expression, societal and cultural expectations, changing unhealthy habits, boundary setting, drug use and self-medicating, Black Queer trailblazers, Pride history and symbols, 2022 bucket list and goal setting, affirmations, grief, divorce of parents, selfcare, health issues faced by LGBTQ+ youth, pronoun and preferred name usage, managing conflict, romantic relationships versus platonic friendships, rejection by religious institutions, LGBTQ+ Hispanic heritage, questioning identity, support resources, anticipating the end of the school year, giving and receiving appreciations, closure.

Component 2: Facilitate one (1) weekly educational support group at the agency's Antioch office, providing approximately 20 ongoing sessions to promote emotional health, positive identity, and reduce isolation through life skill development. Providing services at this location has challenges, but is the only year-round, drop-in support program for LGBTQ+ youth in East Contra Costa County, providing access to youth from Bay Point, Pittsburg, Antioch, Oakley, and Brentwood.

At Rivertown Resource Center Staff facilitated:

- Individual check-ins, assessments, support sessions: 185
- Group sessions: 22
- Unduplicated participants: 30

From July 1, 2021, through June 30, 2022, Kevin Martin facilitated 22 virtual and in-person youth support group sessions for high school aged youth throughout East Contra Costa County. The group met using the Zoom platform and at Rivertown Resource Center, in Antioch. The number of meetings exceeds our goal of 20 sessions for the year and group attendance numbers were down significantly, due to all the previously noted challenges related to COVID-19 and home environment. This group had an average attendance of 3 youth per session for this reporting period. The number of unduplicated participants was 30. This number is similar to last year, but still down compared to before COVID, undoubtedly due to previously mentioned issues related to COVID-19. Staff also noted that attendance dropped off toward the end of the year and students expressed feeling overwhelmed by all the demands for their time by school, family and friends. This year, staff also collaborated with Rainbow Community Center's Youth Program to co-facilitate one virtual session per month to help expand youth's social support networks and connection to community support providers. CHD staff conducted 185 individual check-ins, assessments and support sessions during this year with youth not associated with one of our school sites.

Topics for the Rivertown group included: group development, establishing group agreements, managing stress, self-loathing and body dysphoria, the process of gender transition, self-advocacy in therapy, stress related to COVID-19 and returning to school in person, pronoun and preferred name usage, identifying feelings, rejection by religious institutions, suicide and suicide prevention, stained family relationships, bi-sexual awareness, asexuality, LGBTQ+ Hispanic Heritage, safety planning and asking for help, mental health stigma, leadership during a crisis, negative self-talk, bullying, coping with stress and anxiety, positive self-expressions, stating needs to family, Black LGBTQ+ trailblazers, Queer women's history, support resources, Pride history and symbols, and establishing healthy boundaries.

Component 3: Facilitate twice-monthly youth leadership groups for at least sixteen 16 sessions.

Staff facilitated:

- Group sessions: 0
- Unduplicated participants: 0

Due to the overwhelming need for social-emotional support, staff focused on the previously noted group and individual support services. However, staff believes leadership development to be an important component of Empowerment's programing and intends to reengage this component in the upcoming fiscal year, as staff believes youth participants are better able to take on additional responsibilities after this year of transition.

Component 4: Refer youth to culturally appropriate mental health services on an as-needed basis, referral support to a minimum of 15 participants.

Staff made specific referrals for new mental health support were made for 11 youth throughout the year. Six referred participants confirmed accessing referred supports. The average duration between stated onset of symptoms and referral, and the average length of time from referral to accessing services were both four (4) weeks. The number of referrals is short of our target of 15 annual referrals, however, all participants were given Safety Phone Lists and repeatedly encourage to reach out to the Contra Costa County Crisis Center, Trevor Project, as well as any current clinical support during times of stress, anxiety and crisis. Direct mental health referrals were made to Lincoln Child Center, John F. Kennedy University, Fred Finch, CHD Beyond Violence Program, Contra Costa County Mental Health Access Line, Contra Costa County's Gender Clinic, Gender Spectrum, Rainbow Community Center, and CHD's MediCal Enrollment Program. As noted earlier, all Empowerment participants also receive a Safety Phone List with contact information for the Contra Costa Crisis Center, Trevor Project, GLBT Youth Talk-line, Rainbow Community Center (RCC), Planned Parenthood, Homeless Hotline, Run Away Hotline, Community Violence Solutions, and STAND for Families Against Violence.

It is important to acknowledge that many of Empowerment's participants, as in previous years, were referred to CHD's Empowerment program for additional social-emotional support from other mental health providers. Thus, these participants were already connected and engaged in culturally appropriate mental health services, rendering additional referrals unnecessary.

Component 5: Contractor shall provide these services to not less than 68 unduplicated youth, ages thirteen to twenty in East Contra Costa County.

Staff provided services to a total of 107 unduplicated youth, in East Contra Costa County. Ninety-six (96) were ages thirteen to twenty.

OUTCOMES AND PROGRAM EVALUATION:

From July 1, 2021 through June 30, 2022, staff facilitated 116 educational group sessions and 1137 individual check-ins, assessments and support sessions. Information on mental health topics and services comes up "naturally" during the weekly support groups so this is not seen as a "stand alone" component by staff. However, regular check-ins and one-on-one meetings and assessments were provided allowing staff to identify possible "red flags", such as symptoms of anxiety, depression, and suicidal ideation, or youth are distressed. Check-ins and one-on-one meetings are held more regularly, since COVID-19. During check-ins and one-on-one meetings, staff always inquires as to youth's experiences with school, family and peers, interest, wellness, and willingness to participate in mental health services, outside and in addition to Empowerment's programming. Staff has had 116 group sessions and 1137 individual one-on-one meetings with youth during this year. This is more than double the number of group sessions and more than 300 more individual check-ins and one-on-one meetings from last year. The sharp increase in this number is primarily to the negative impact of the COVID-19 shelter in place order, which, as noted in earlier components, have led to many participants being willing to only engage in one-on-one, non-video, communication with staff, and not wanting to participate in groups via telehealth platforms. Telephone communications, email and secure video conferencing, via Zoom, are the main forms of delivering telehealth support to participants, in addition to in person meetings, since COVID-19. As indicators warrant, staff makes referrals to appropriate, culturally responsive services. As noted previously, staff has ongoing relationships with Care and Cost Teams at the above listed schools which include mental health providers allowing expeditious entry into treatment, as youth become willing to do so (except in emergency circumstances). Staff also has a functioning knowledge of the processes for referral to access services through Contra Costa Health Services and private providers and actively support participants and their guardians navigate these systems. The average length of time between referral and access to treatment for this year is just four (4) weeks. The average duration of symptoms related to mental illness prior to referral is also four (4) weeks. Follow-ups regarding effectiveness of treatment is ongoing after access to treatment.

LINKAGE AND FOLLOW-UP:

As noted in a previous section, specific referrals for new mental health support were made for eleven (11) youth during the year. The average length of time between report of symptoms onset and referral for treatment during this reporting period is four (4) weeks and the average length before enter treatment after referral is also four (4) weeks. The length of time before entering treatment is longer than last year due to the large number of people seeking mental health support, and most providers have a waitlist for intake. The methodologies used during treatment are generally unknown to Empowerment staff, as Empowerment staff does not provide therapy, and all mental health referrals are made to external providers.

Also noted previously, all Empowerment participants receive an emergency services "Safety Phone List", including contact information for CHD's Empowerment Program, Contra Costa Crisis Center, The Trevor Project, Planned Parenthood, Community Violence Solutions, STAND for Families Against Violence, Runaway Hotline, Homeless Hotline, and are encouraged to add information for trusted adults and friends. Additional referrals and linkages are provided as needed, and upon participant assent. Direct linkages are made via phone, fax or in person, such as during Care Team, or COST meetings at school sites.

1) General encouragement of all participants to seek services that could be of support to them is continual during all sessions. Specific and direct encouragement and referrals are offered to participants during one-on-one check-ins

and assessments by Empowerment staff.

2) Empowerment staff follows up, verbally, with participants regarding referrals to external services on a weekly basis until participant successfully engages in services, or no longer wishes to engage services. The current average length of time between referral and entry into treatment is four (4) weeks. Staff also continues to follow-up on effectiveness of treatment during individual sessions after entering treatment and works to provide supplemental support as appropriate.

VALUES:

Empowerment is a social-emotional and educational support program for LGBTQ+ youth, ages 13 to 20, in East Contra Costa County, which is a highly diverse community in regard to ethnic makeup and socio-economic status, with large percentages of Latinx, black, and low-income families. Youth enter the program through referrals from self, peers, family, school staff, and other service providers. Staff works diligently to create safe, welcoming, empathetic, confidential spaces for all who attend Empowerment. This is facilitated by the development of group norms, which all attendees agree to adhere to. During groups and during individual check-ins, assessments and support sessions youth work to identify and process challenges and struggles they face, then identify and develop internal strengths, coping mechanisms and tools for building resiliency to work through challenges, with the support and encouragement of Empowerment staff and peers. Through this process, when youth are identified to need or would benefit from support services outside the capacities of Empowerment Program, referrals and linkages are made to other culturally appropriate service providers.

All youth participating in Empowerment are treated with respect as individuals, and staff makes a concerted effort to do so without bias or judgment. As noted in monthly program notes, staff also take part in multiple trainings, workshops, coalitions and other forums, including clinical supervision, throughout the year to stay up to date on issues, research, terminology, laws, possible bias, diverse perspectives, etc. relevant to the highly diverse LGBTQ+ youth community in East Contra Costa County, incorporating what they learn into the support and education provided to throughout the Empowerment Program. All LGBTQ+ youth, ages 13-20, and their heterosexual friends are welcome to join Empowerment's groups and their level of participation is completely voluntary. We believe that the diversity of our participants, as noted in our demographic form, is an indication of our success in this endeavor, however, we are always striving to do better.

In Empowerment, LGBTQ+ youth are engaged in discussions of topics, workshops and activities that are common to the broader LGBTQ+ community, such as: identity development, the process of coming out, rejection and fear of rejection, isolation, harassment, bullying, discrimination, anxiety, depression, suicidality, healthy relationships, relationship violence, drug and alcohol use and abuse, community development and engagement, leadership and activism, physical, mental and sexual health and safety. And as noted in previous sections, when staff identifies potential concerns for any participant, they respond immediately to offer information and referrals for additional support services.

VALUABLE PERSPECTIVES:

It is not an uncommon experience for staff to hear participants and parents/guardians indicated that Empowerment Program is the only source of positive support participants are able to identify, from time to time; especially during times of mental, or emotional struggle related to their identity. This year, staff asked participants to share their personal experiences with Empowerment Program. Here are a couple of their responses:

"It's fun, and you can make more friends and learn more." ~MF (HJH)

"My experience was really good, and I would 100% do it again. It's a good way to talk about things, find allies, become one, and more." ~VR (HJH)

"My experience with Empowerment has been positive and encouraging." ~EI (HJH)

“I would like others to know that it’s fun being in an environment where you’re surrounded by people who are like you.” ~MR (HJH)

“I would like to say that I feel happier.” ~MH (HJH)

“It (Empowerment) helps make you feel you can do more than you think you can do.” ~EA (PHS)

“Empowerment has helped me and others to know more about my community and discover more about myself.” ~AA (PHS)

“I want others to know that Empowerment helped me like me for me and that it’s okay to be gay.” ~MA (PHS)

“It was my best times in this place (school). I felt more relieved and supported than ever before. I loved it. ~AN (PHS)

“I got to know new people and talk about my problem. I talk about what is happening in my life easier.” ~AG (PHS)

“It helped me be aware of some specifics of my own identity and made me feel less alone in my identity at school.” ~JP (PHS)

“People here really make you feel welcomed, and they make you feel that you are in your safe zone.” ~NC (DVHS)

“It has helped me understand how I am and how to deal with my problems.” ~JP (DVHS)

“I go to hear more of others’ problems, and it helped me realize I’m not alone.” ~DJ (DVHS)

“My experience in Empowerment was overall an amazing experience. The people I have met throughout two or more years were really nice. Lots of memories.” ~RS (DVHS)

“It’s very cool. I’ve met some very colorful people and I’ve met people with similar situations as mine. It’s helped me feel less estranged.” ~NH (DVHS)

"If I didn't have Empowerment I'm not sure who or where I would be today. This program had helped me more than I can say." ~JP (HHS)

“It's pretty chill and is a good resource for any LGBTQIA+ in the area." ~ LJ (AHS)

FISCAL YEAR: 2021-2022

PEI STRATEGIES:
□X Provide access and linkage to mental health care
□X Improve timely access to mental health services for underserved populations
□X Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / STRATEGIES:

Program Quality and Standards

C.O.P.E. completed all provisions of this contract.

C.O.P.E. ensured that program activities were provided by accredited Triple P qualified practitioners and focused on parents and/or guardians of children from birth through age 18, expectant parents of children, and/or early childhood educators of children from birth through age 5.

C.O.P.E. provided twenty-one (21) Triple P Positive Parenting Group classes and seminars to residents in West, Central and Eastern Contra Costa County. C.O.PE. enrolled 229 individuals in these classes and seminars.

Trainings:

This year we provided a variety of different Triple P trainings including:

- Level 3 Primary Care 0-12 (4 people)
- Level 3 Primary Care Teen (3 people)
- Level 4 Group (1 person)
- Level 4 Stepping Stones (1 person)
- Level 5 Pathways (7 people)

Clinical and Master level social work interns were provided pre-accreditation training through assisting accredited Triple P practitioners in their classes. An additional two practitioners were accredited in Level 4 Stepping Stones through a training offered by a Triple P provider agency in Mendocino County.

Enrollment:

C.O.P.E. enrolled **217** family members in Triple P Positive Parenting classes during the 2021-2022 fiscal year.

C.O.P.E. provided case management services for families in need of additional resources. Our case managers called every enrolled family to offer supportive check-ins and resources within C.O.P.E. and outside agencies. Additionally, if a parent's assessment indicated a concern, the participant was contacted to determine if additional community support was needed. Where appropriate, referrals were made for additional mental health services.

Demographic information noted below.

1) The types and settings of potential responders you reached during the past reporting period

C.O.P.E. Family Support Center reached out to a variety of groups and individuals in West, Central and Eastern Contra Costa County. C.O.P.E. reached out to partner agencies such as, Children and Family Services, Family Justice Centers, 211 Crisis Hotline, other Community Based Organizations, and Contra Costa Family Court. C.O.P.E. attended the following SARB meetings: County Office of Education, San Ramon/West County /Martinez/ Unified School Districts to recruit

families at risk. In addition to these outside agencies, our clients found our services from our social media sites and our website.

2) methods used to reach out and engage potential responders

Methods used by C.O.P.E. to reach and engage our clients are as listed:

- Our website is updated weekly to provide potential clients with the class information available. A link is provided that allows clients to register online for the parenting class they need.
- Agency partners also have access to our updated services and can refer families by calling our office. We usually respond within 24 working hours
- Our Triple P classes are highly desired. We make every effort to start a new class every 3 weeks.
- Social media platforms are utilized and updated weekly **with** flyers and events that include the registration link as well and staff direct line for questions.
- We offer a $50.00 incentive card when the client has perfect attendance

3) any strategies utilized to provide access and linkage to treatment

- Potential clients are screened to identify the client's needs.
- Our coordinators and/or case managers enroll the clients in the appropriate classes based on the ages of their children, court order and/or requests from outside agencies.
- We partner with community-based organizations such as, Child Family Services, Early childhood mental health, Family Justice Center, Lynn Center, We Care, Catholic Charities of the East Bay, among others who frequently refer clients to our Parent Education programs.
- Case management is available for any client in need of extra referrals, such as housing, employment, food, childcare, and/or medical care.
- Some clients who demonstrate financial need and cannot afford to pay the registration fee, have been offered a full or partial scholarship to complete the Triple P course.
- Classes have been offered on Zoom Videoconferencing to provide a safe and easier access to our Triple P parenting programs.

4) strategies utilized to improve timely access to services for underserved populations.

C.O.P.E is very intentional in providing timely access to services for underserved populations, strategies include:

- Program staff provides updated program fliers with open classes and services each week through our distribution list email that includes community-based organizations, family court, local school districts and our social media pages.
- Zoom video conferencing has made classes more accessible, since it's not only convenient for the client but, with the rapid increase in gas prices, underserved populations cannot afford to drive to other locations in the county to take advantage of our parenting courses.
- Provided $50.00 food and gas cards as an incentive for clients who completed the Triple P parenting class.
- Class workbooks were mailed to clients who had transportation difficulties.
- Technical support was available for clients who are unfamiliar with Zoom videoconferencing or email.

OUTCOMES AND PROGRAM EVALUATION:

<u>Programs and Outreach</u>

Parenting Classes: We delivered **18** classes, and **3** seminar series throughout the county at various times and days. All classes and seminars were conducted through Zoom videoconferencing to comply with State and County health orders due to the ongoing COVID-19 Pandemic. C.O.P.E. provided classes in English and Spanish in West, Central and East County.

Settings for Potential Responders for the 2021-2022 FY included elementary, middle, and high schools, early education centers, homeless shelters, and community-based organizations.

We utilized the services of our clinical staff and master level social work interns to address the needs of parents and families with more intensive challenges. Our staff and interns are invited to assist accredited Triple P practitioners in the Triple P classes, by providing client support and administrative aid when needed.

Numbers served during the fiscal year

- 217 individuals enrolled in Triple P classes in MHSA funded programs in Contra Costa County during the 2021-2022 Fiscal Year.
- 19% of participants identified as African American; 8% identified as Asian; 13% identified as Hispanic/Latino; 35% identified as Caucasian; 17% identified as more than one race, 8% identified as other.
- 10% of responding participants reported completing at least two years of college (or more)
- 5.5% of responding participants reported household income below the California state poverty level
  Note: 67% of responding participants decline to report their household income.

All our Triple P participants completed the Pre and Post Assessments.

Indicators:

- The Parenting Scale measures dysfunctional discipline practices in parents.
- The Eyberg Child Behavior Inventory measures parental perceptions of disruptive child behavior using both an intensity scale and a problem scale.
  - The Intensity scale measures the frequency of each problem behavior.
  - The Problem scale reflects the parent's tolerance of the behaviors and the distress caused.
- The Depression Anxiety Stress Scale measures symptoms of depression, anxiety, and stress in adults.

Collected and Analyzed:

Pre-Assessments were administered at the first class and post assessments were administered at last class. These reports show measured changes in the scores. The report is reviewed with each parent individually to process the change in the parents' self-management, self- efficacy, personal agency, problem solving, self- sufficiency and minimal sufficient intervention.

Cultural competency and protection of the integrity and confidentiality of the individuals served.

C.O.P.E. has a culturally diverse staff, both personally and professionally with sensitivity and training in the needs and characteristics of diverse populations of participants. C.O.P.E. staff cultivate an inclusive, non-judgmental environment for participants seeking services and are trained in areas such as ACES, trauma-informed care, self-regulation techniques, conflict resolution, and other methods for participant communication.

C.O.P.E. provides a culturally inclusive video conferencing classroom where parents and staff recognize, appreciate, and capitalize on diversity to enrich the overall learning experience.

All participants are provided services regardless of race, gender, sexual orientation, or religion.

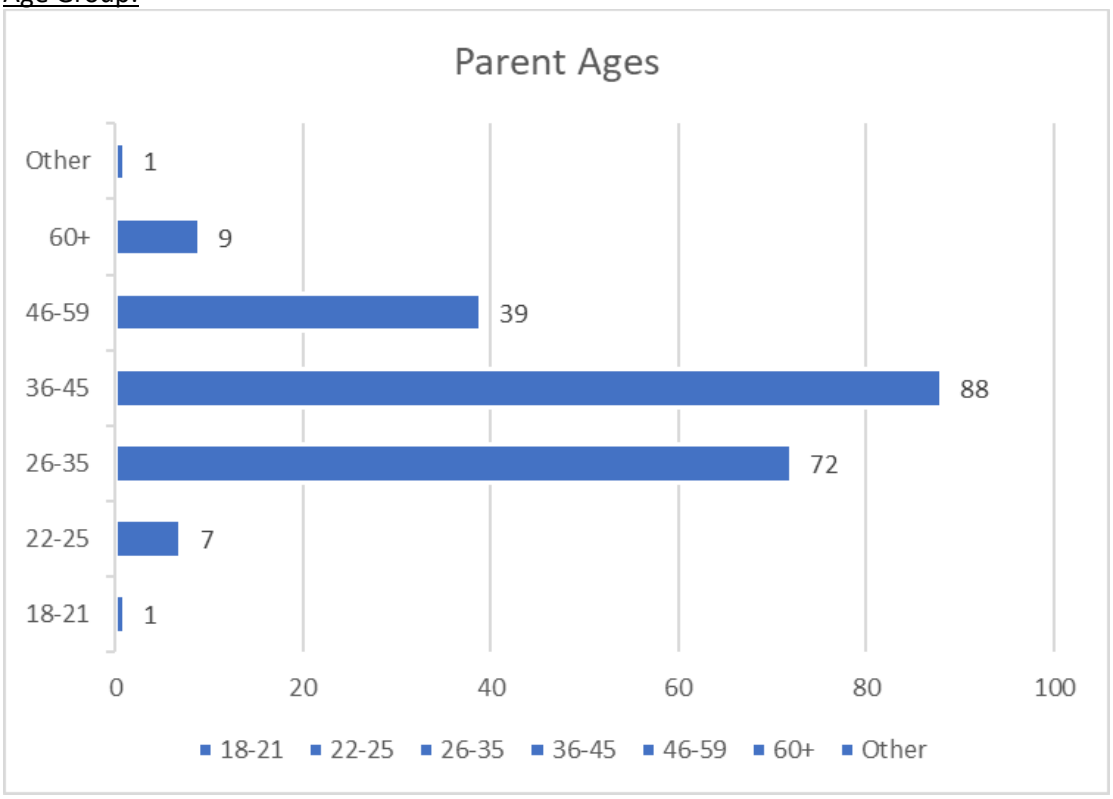
Current practices include:

- Designated language. i.e., Spanish speaker
- Practitioners are trained to understand cultural differences in parenting practices, and we strive to develop effective and consistent parenting skills that nurture the uniqueness of each family.

- Immigration Status was never asked
- Income and level of education was respected
- All information is confidential and reported using a non-identifying code
- Parents and practitioners sign a confidentiality agreement

DEMOGRAPHIC DATA

Age Group:

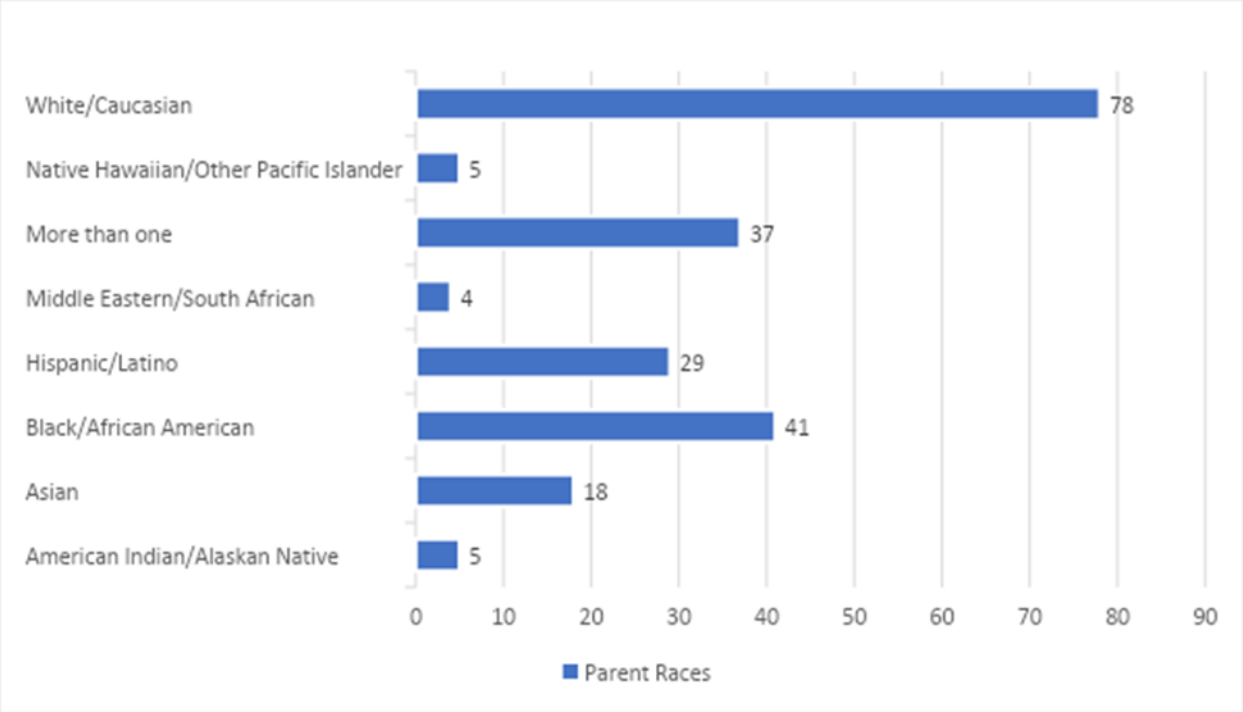


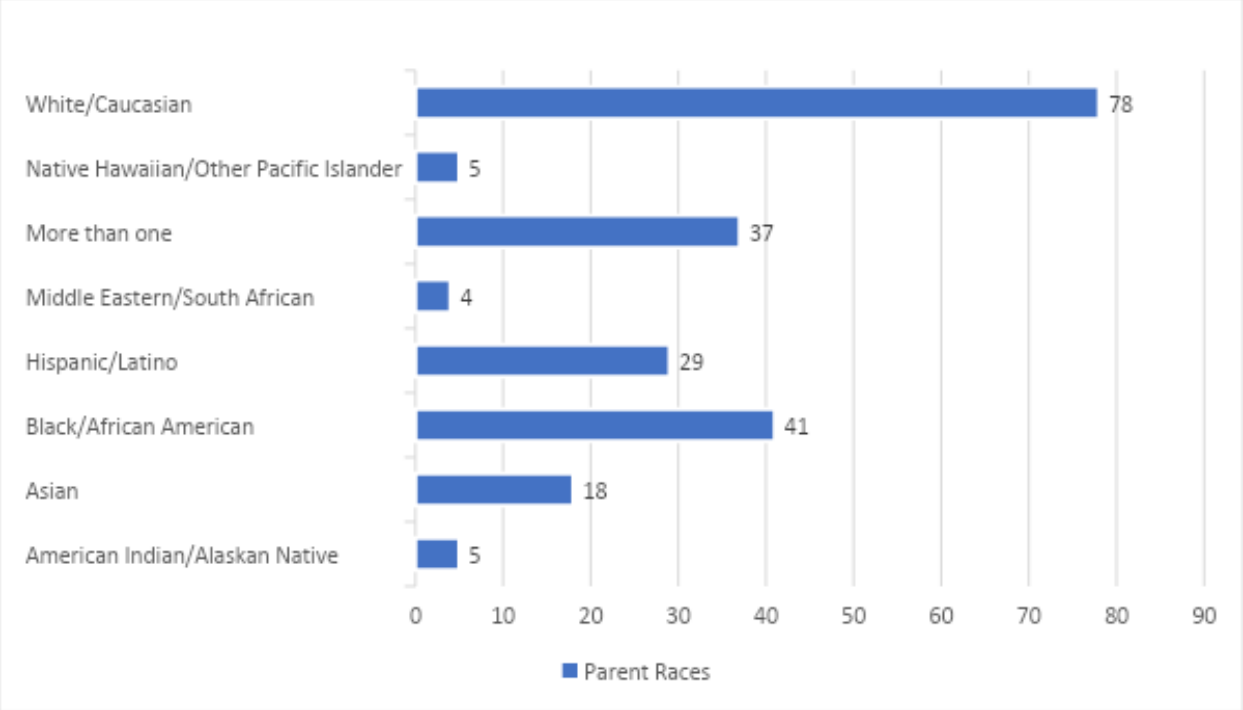
Veteran Status

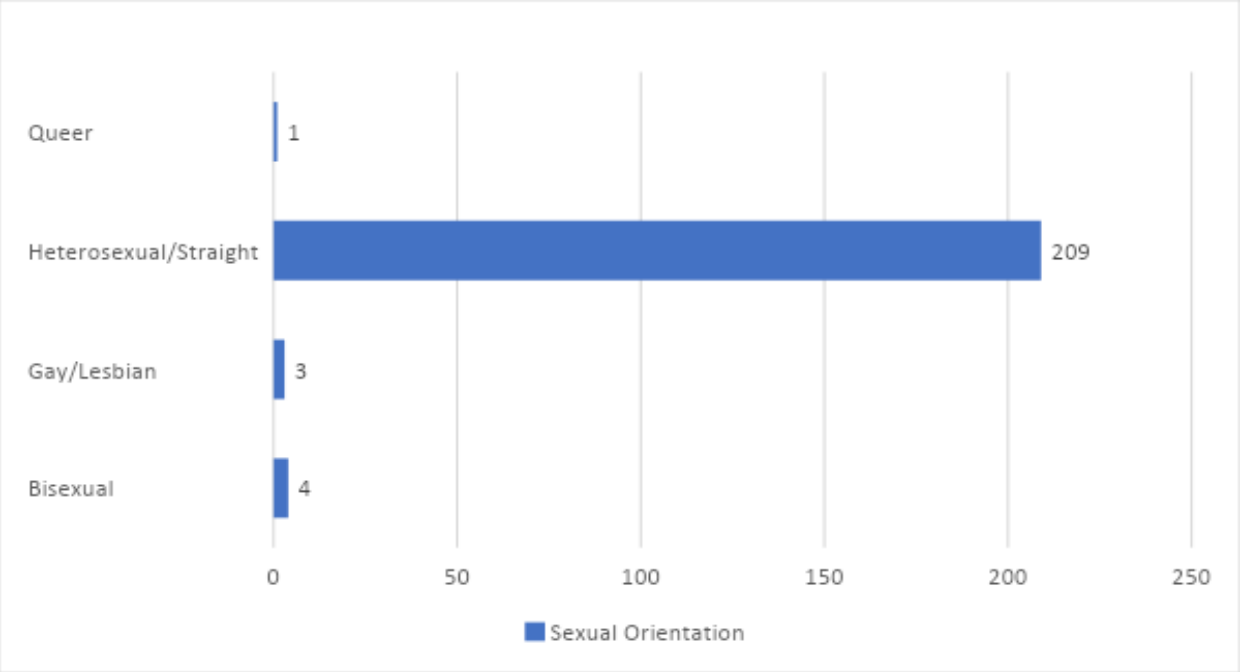
6 participants reported being a veteran.

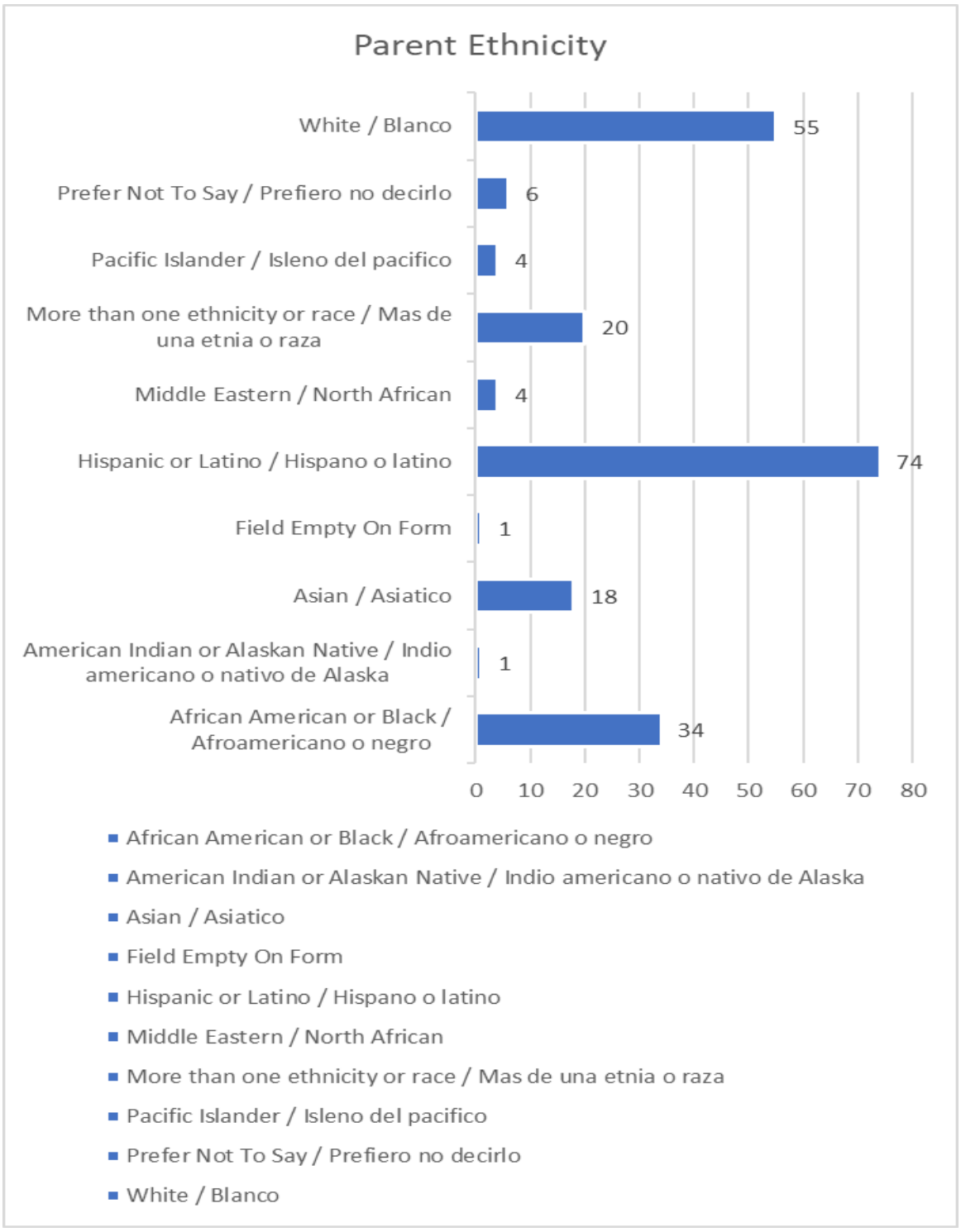
Race

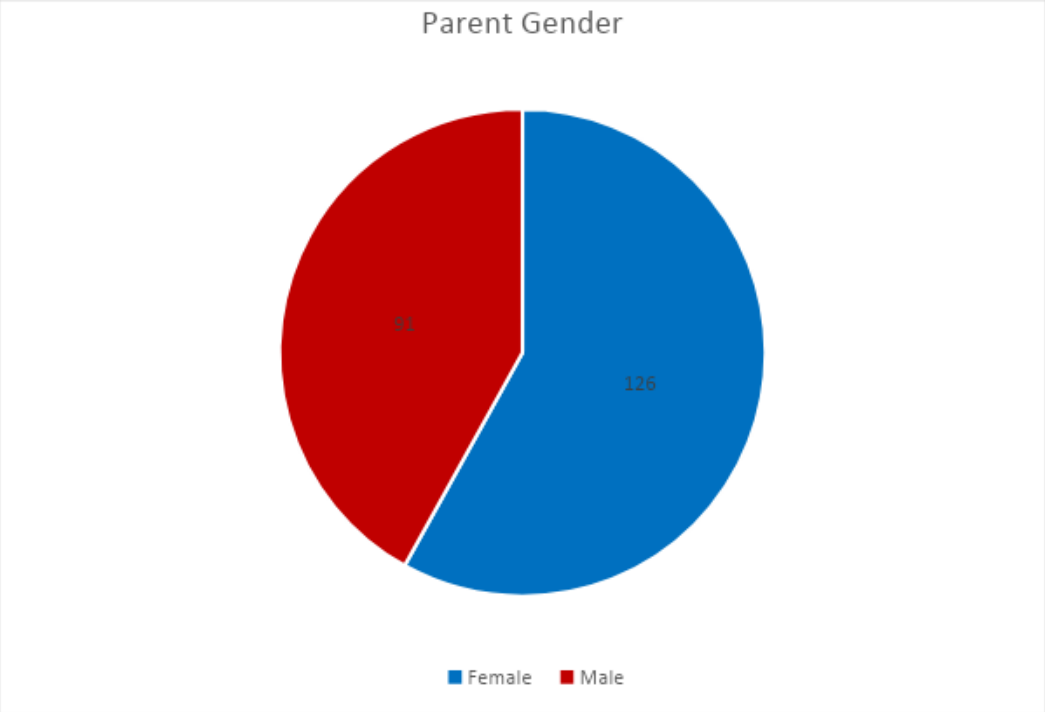
Of responding participants:






Queer
1
Heterosexual/Straight
209
Gay/Lesbian
3
Bisexual
4
0
50
100
150
200
250
Sexual Orientation


Parent Ethnicity
White / Blanco
55
Prefer Not To Say / Prefiero no decirlo
6
Pacific Islander / Isleno del pacifico
4
More than one ethnicity or race / Mas de una etnia o raza
20
Middle Eastern / North African
4
Hispanic or Latino / Hispano o latino
74
Field Empty On Form
1
Asian / Asiatico
18
American Indian or Alaskan Native / Indio americano o nativo de Alaska
1
African American or Black / Afroamericano o negro
34
0
10
20
30
40
50
60
70
80
African American or Black / Afroamericano o negro
American Indian or Alaskan Native / Indio americano o nativo de Alaska
Asian / Asiatico
Field Empty On Form
Hispanic or Latino / Hispano o latino
Middle Eastern / North African
More than one ethnicity or race / Mas de una etnia o raza
Pacific Islander / Isleno del pacifico
Prefer Not To Say / Prefiero no decirlo
White / Blanco



Disability Status

	Mental Health	Physical or Mobility	Communication	Chronic Health Condition
Disability Status	6	12	3	16

VALUES:

C.O.P.E. Family Support Center fosters a holistic approach to family wellness and recovery by providing evidence-based parenting classes along with other complementary services. Parents that express need for further intervention are identified through their participation in Triple P parenting courses and are linked to supplementary case management services provided by C.O.P.E. Some participants have expressed a need for additional services and utilized other programs we offer such as individual and family counseling, conjoint co-parent counseling, anger management and truancy intervention. By offering these wide range of services, C.O.P.E. can provide support to families and identity referrals to additional resources in the county for issues related to mental health, housing, shelter, food, and family law.

C.O.P.E. Family Support Center provides a comfortable, family-oriented atmosphere for visiting community members to our office for services. Our staff pride themselves on meeting the needs of each individual client.

Case management includes:

- Initial assessment
- Parent/Family coaching
- Resource referrals such as County Mental Health (therapy), Opportunity Junction (job training and placement), Family Justice Center (legal services)
- Enrollment into appropriate C.O.P.E. programs
- Weekly check-ins
- Preparation of progress reports/attendance verification

Strategies Utilized to Provide Access and Linkage to Treatment include:

- Provide assessment and case management to community members in need of services
- Warm-handoff referrals to community resources such as housing, job training and placement, food banks and family law centers
- Collaboration between staff and a 'point person' at each agency to ensure timely access to resources
- C.O.P.E. practitioners evaluate and provide individual parent consultation for Triple P participants scoring above the clinical-cutoff range in any pre-assessment (DASS, Parenting Scale, ECBI, Conflict Behavior), providing resources as needed.

Strategies utilized to improve timely access to services for underserved populations included:

- Free and sliding scale Triple P classes for low-income participants
- Delivery of classes throughout the county by Zoom Videoconferencing.
- Increased capacity to offer case management services for parents and families with more intensive challenges
- Provided classes in English and Spanish in all regions of the county
- Individual assessment, consultations and referrals to county mental health as needed
- Collaboration with school districts, family workers, other service providers and families to create a service plan for individuals, to ensure timely access to support and resources.
- Tailored classes that include focus topics that directly address parenting needs (ex. Having a discussion around teen's use of social media, teen depression and coping with in-person classes challenges after homeschooling for 2 years.

Use of strategies that are non-stigmatizing and non- discriminatory

- All participants are served regardless of race, gender, sexual orientation, or religion.
- All Triple P Practitioners are required to complete a harassment prevention training
- Triple P Parent education reduces the risk of child abuse and neglect by encouraging positive parenting practices that promote safety, well-being, and permanency for children and families.
- All Facilitators are trauma informed and aware of family differences and individual needs.

VALUABLE PERSPECTIVES:

Parent Quotes:

"I found a place where I can manage to calm myself. Power is being able to control myself."

"Sitting on the floor and playing with my son and telling him "Good job", has been helping his behavior"

" I am learning to remain calm and not yell as much"

"This class made me realized that I'm not alone that a lot of parents are going through the same experience"

Vignettes:

A client called the office because she was referred by Contra Costa Family Court to take a Triple P Family Transitions co-parenting class. This client was in the process of separation which was taking a toll on the client's relationship with her daughter. At the beginning of the class, the mom commented that she was trying to get information about her ex-husband through her daughter and that resulted in a negative impact on her eight-year-old daughter. The mom realized after the second-class session that she was wrong in using her daughter in this way and unaware of the emotional toll her daughter was going through. Mom apologized to her daughter and learned to keep her comments about her ex-husband to herself. Mom learned to be more careful when she asks questions and has seen the difference in how her daughter responds. As a result, mom decided to take a Group Triple P class to continue learning about parenting. By

the end of the class mom reported that her relationship with her daughter has significantly improved and is thankful for the strategies taught in Triple P that prevent parent -child conflict.

A father who was referred by Children and Family Services, was ordered in his case plan to take parenting classes. This client was referred by his social worker over a domestic violence incident with his co-parent and his daughter was present at the time. The father regretted what happened and his main concern was cursing in front of his young daughter. Motivated by the challenge to model the behavior he expects from his daughter, he made the commitment and allowed his daughter to be his accountability partner and over the last 8 weeks of the class he completely stopped cursing and has been able to eliminate the same inappropriate language from his daughter's vocabulary as well. What went well was the participant really invested himself in learning about his own negative emotions and the role he has been playing in enabling his own emotional distress. Armed with that knowledge he felt empowered to regain his sense of confidence and emotional self-control. He was nicknamed "2.0" to acknowledge his progress to a new version of himself and to signify that he was not the man that originally started the class. Having this new designation and progress recognition seemed to propel him to go even further in his growth and quest to get better.

A daughter called the office on behalf of her parents who didn't speak English. Our coordinator who is bilingual helped the family register for a Teen Triple P class. Both parents were mandated by their son’s Probation Officer to take a parenting class since their son was caught selling drugs. Both parents shared the appreciation that taking the class together can help restore the disconnect between them and their teenage son. The father understood throughout the course that speaking calmly created a more positive response from his son. Both parents practiced self-regulation by intentionally refraining from raising their voice at their son, but incorporating clear, calm requests as a strategy to maintain a positive effect on their relationship. Both parents, especially the father, shared how he raised their oldest children differently from his youngest son. Both parents shared how the practicing Triple P strategies at home, spending more time with their son and showing more affection in supporting his sporting activities has proven to show an improvement in his child's overall behavior.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

- ✓ **Provide access and linkage to mental health care**
- ✓ **Improve timely access to mental health services for underserved populations**
- ✓ **Use strategies that are non-stigmatizing and non-discriminatory**

SERVICES PROVIDED / STRATEGIES:

SERVICES PROVIDED:

Triple P Positive Parenting Program is a multi-level system of family intervention for parents of children who have or are at risk of developing behavior problems. It is a prevention-oriented program that aims to promote positive, caring relationships between parents and their children, and to help parents develop effective management strategies for dealing with a variety of childhood behavior problems and common developmental issues.

- Sixteen (16) Group Triple P classes were conducted for parents with children ages 0-5 within Contra Costa County.
- **193** Participants enrolled in Triple P Parenting classes during the fiscal year.
- Eighty percent (80%) of families completed the Triple P program.
- Classes were provided in English and Spanish in East, West, and Central County.
- Classes were free to all participants.
- Twelve (12) Seminars were conducted for African American families with children ages 0-5 within Contra Costa County.
- 46 families with children ages 0-5 received additional case management services.
- Conducted 12 presentations and briefings outreach activities to early childhood organizations to educate them about Triple P class offerings and program participation requirements.

1) the types and settings of potential responders you reached during the past reporting period

A variety of groups and individuals that serve families with children 0-5 in West, Central and East Contra Costa County received outreach. We provided class flyers and enrollment links to families who inquired through the website and to families referred through other CBO's.

Presented Triple P program information briefings to staff at the following organizations:

- First 5 Centers,
- Care Parent Network,
- Contra Costa Office of Education,
- Building Blocks for Kids,
- Early Childhood Mental Health,
- National Alliance of Mental Illness, Contra Costa chapter,
- Bay Area Rescue Mission,
- R R Ministries,
- SparkPoint,
- Tandem Partners in Early Learning,
- School districts throughout Contra Costa County (Antioch/Pittsburg/Martinez/West Contra Costa/San Ramon/ Oakley and Brentwood)

2) Methods used to reach out and engage potential responders:

- Online Flyers
- Outreach emails to social workers and community organization
- Social media: C.O.P.E.'s Instagram and Facebook
- First 5 Contra Costa website and social media
- Referrals from other CBOs
- Outreach to past participants through emails and phone calls
- Participation in weekly/monthly School Attendance Review Boards (SARB)

3)Strategies utilized to provide access and linkage to treatment

- Twenty-four-hour call back and intake response for parents seeking services.
- Additional individual sessions were available for parents who missed sessions.
- Waiting lists were created and referenced when scheduling classes.
- Zoom video conferencing platform for ease of attendance.
- Zoom video conferencing technical assistance available.
- Classes were adapted to ensure engagement, utilizing polls, break-out rooms, and chat rooms.

4) Strategies utilized to improve timely access to services for underserved populations.

- Classes are offered in East, West and Central Contra Costa County.
- Classes are offered in both English and Spanish
- 9-week classes were offered every quarter
- 6-week and One-day class were scheduled based on need
- Classes were provided at different times throughout the day available through Zoom video conferencing.
- Classes were free to all participants.
- Reminder emails were sent to participants in advance of the first class.
- Staff supported participants completing pre and post-assessments over the phone, when needed.
- Distributed books, tip sheets, and incentives at First 5 Centers throughout Contra Costa County, as well as through mail when parents lacked transportation.
- Culturally relevant outreach materials for target populations

OUTCOMES AND PROGRAM EVALUATION:

First 5 Contra Costa completed all provisions of the 2021-22 contract.

- Program activities were provided by staff who were trained and accredited in various levels of Triple P. Focus was geared towards parents/guardians, expectant parents, and/or early childhood educators with children ages birth through age five.
- First 5 maintains a secure database containing assessment data for all classes.
- First 5 maintains program efficacy through coordinating program activities and routine communication with its subcontractor C.O.P.E.
- First 5 receives quarterly program reports from its subcontract C.O.P.E. to ensure program compliance, track program milestones, and for program improvement when needed.

Data is collected after the first and last session through a pre- and post-assessment. Data is analyzed with use of the following assessments:

- The Parenting Scale. measures dysfunctional discipline practices in parents.
  Outcomes:
  15 % Reduction in Laxness (tendency to behave permissively and inconsistently when parenting children)
  16 % Reduction in Over-Reactivity (parenting intense emotional reaction to a child's misbehavior)
  5 % Reduction in Hostility (Resentment that arises from prolonged frustration)

- The Eyberg Child Behavior Inventory measures parental perceptions of disruptive child behavior using both an intensity scale and a problem scale.
  Outcomes:
  10% Reduction in the Intensity Scale that measures the frequency of each problem behavior.
  64% Reduction in the Problem Scale reflects the parent's tolerance of the behaviors and the distress caused.

- The Depression Anxiety Stress Scale (DASS) measures symptoms of depression, anxiety, and stress in adults.
  Outcomes:
  30% Reduction in depression
  30% Reduction in anxiety
  25% Reduction in Stress.

How often data was collected and analyzed.

Assessments are administered at the beginning and end of the course. Reports are generated showing the variance in outcomes. These reports are reviewed by the practitioner and shared with the individual participants as part of the conclusion of the course.

Cultural Competency in the Program:

Culturally diverse staff reflective of our community cultivate an inclusive, non-judgmental environment for participants seeking services and are trained in areas such as ACES, trauma-informed care, self-regulation techniques, conflict resolution, and other methods for participant communication.

Classes are provided in a culturally inclusive video conferencing classroom where parents and staff recognize, appreciate, and capitalize on diversity to enrich the overall learning experience.

All participants are provided services regardless of race, gender, sexual orientation, or religion.

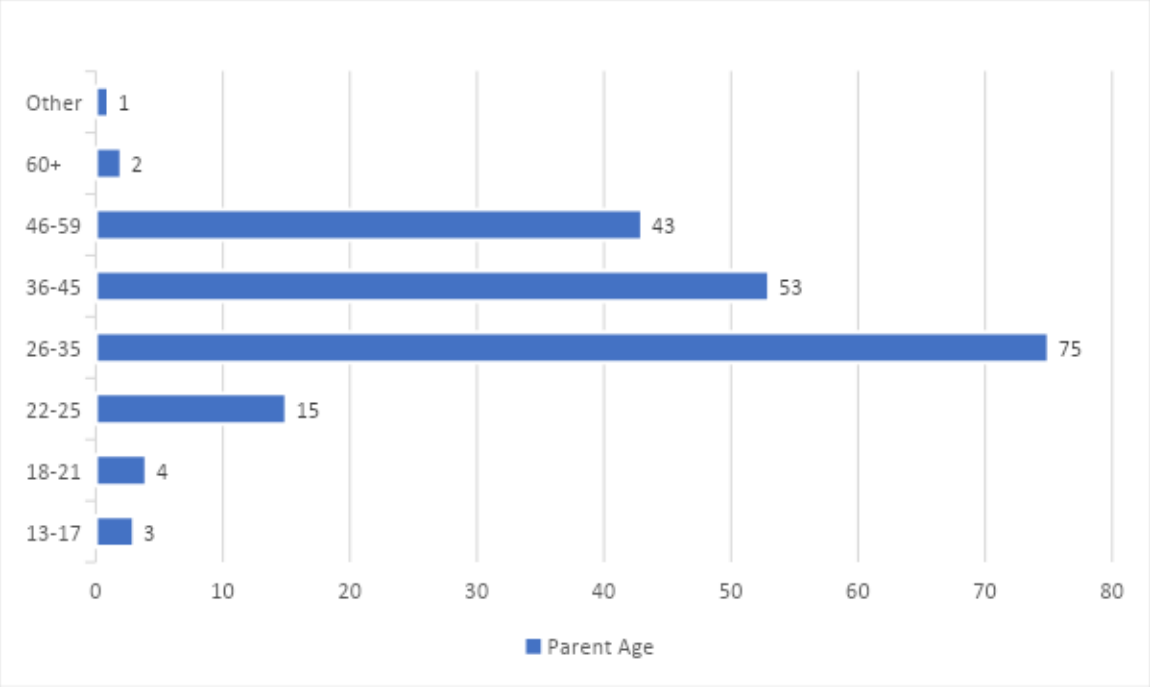
Integrity and Confidentiality

Current practices include:

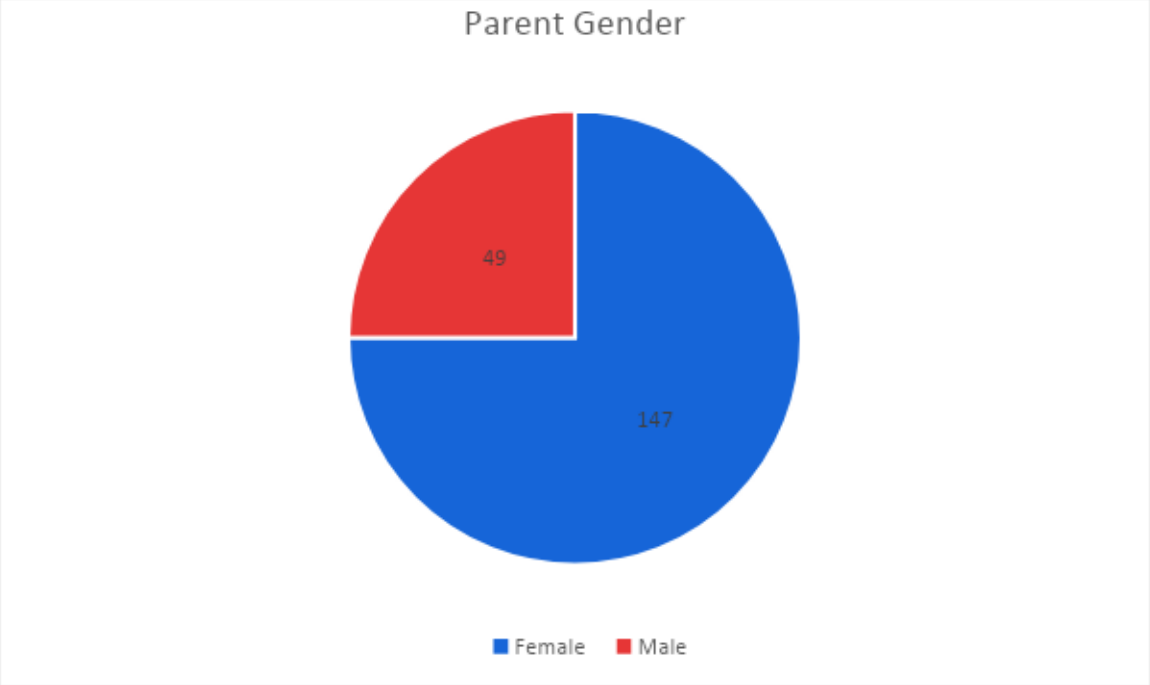
- Participants signed a confidentiality agreement and release of information to protect every participant's integrity and individual confidentiality.
- All information is confidential and reported using a non-identifying code.
- Classes are facilitated in English and Spanish. Arabic services available upon request. Parent education can provide access to services in languages such as Indi, Punjabi, & Urdu.
- Practitioners are trained to understand cultural differences in parenting practices that nurture the uniqueness of each family.
- Participants are not asked about immigration status.
- Parents sign a confidentiality agreement.

DEMOGRAPHIC DATA:

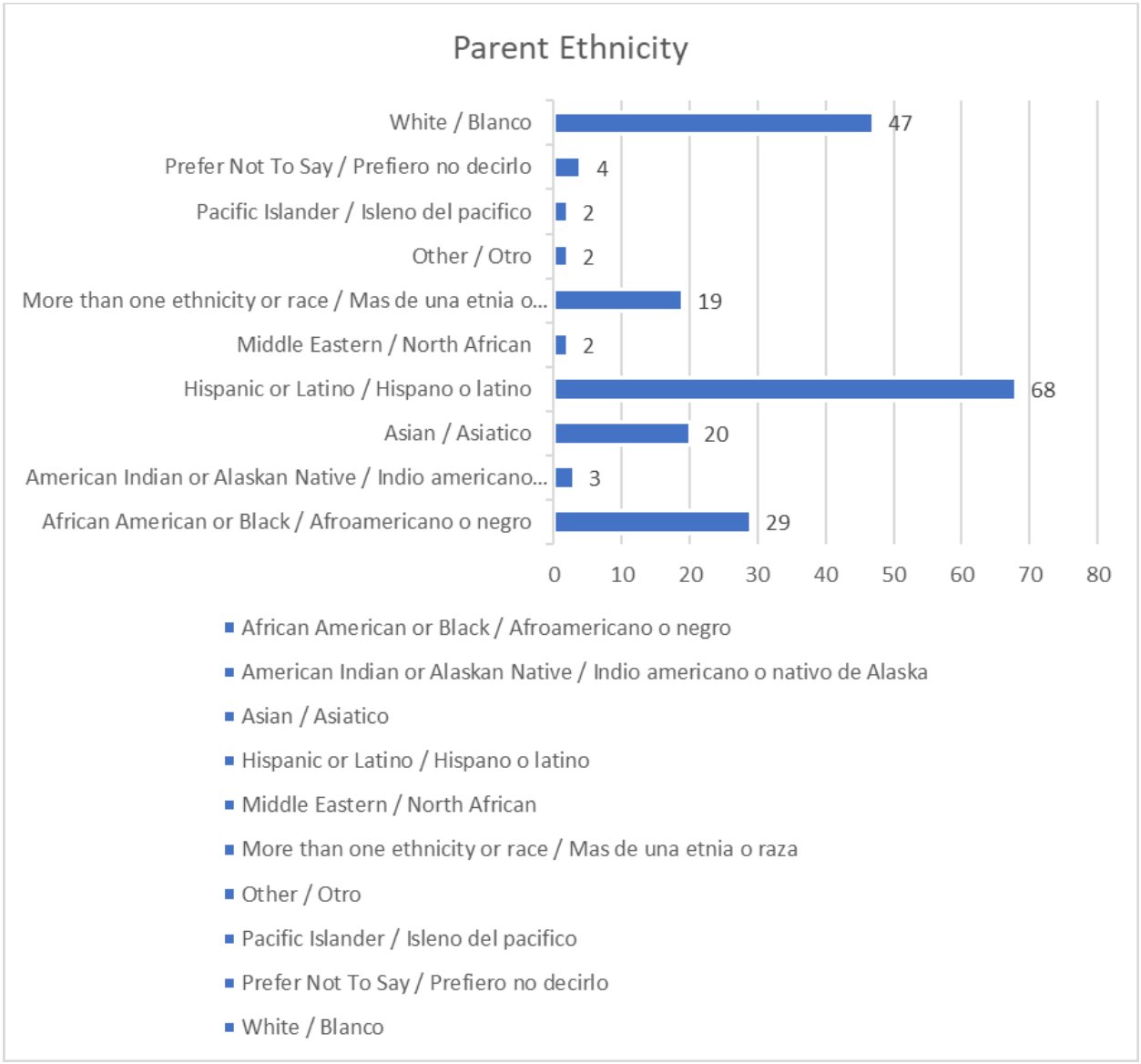
- Parent Age


Other
1
60+
2
46-59
43
36-45
53
26-35
75
22-25
15
18-21
4
13-17
3
0
10
20
30
40
50
60
70
80
Parent Age

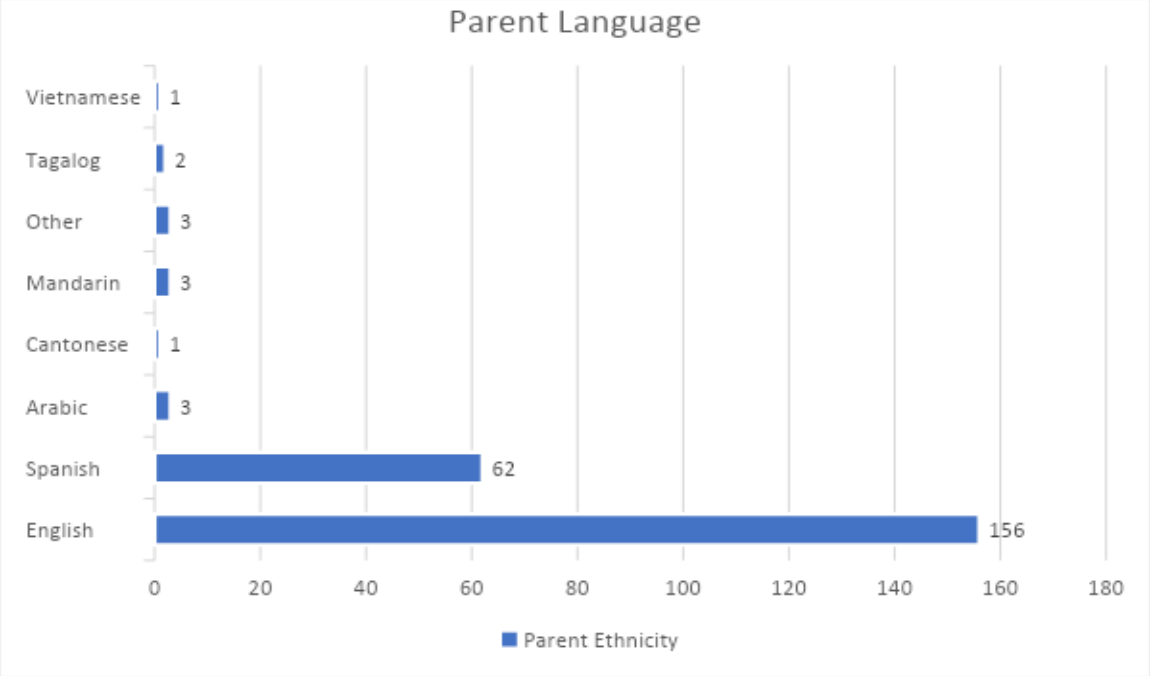
- _75% of the participants were female. 25% were Male



- Parent Ethnicity



- Parent Language



VALUES:

Wellness, recovery, and resilience:
The Triple P curriculum provides a self-regulatory model to choose strategies that support each family's dynamics. Participants are empowered to define their own goals, work on strategies, and self-evaluate their efforts with support from a Triple P teacher. Overall, positive parenting has a powerful impact on a child's emotional wellbeing, resiliency, and strengthens the parent-child relationship.

Services supported parents in increasing parenting skills in meeting their children's social and developmental needs. Parents learned that the quality of the parent-child relationship is the major factor associated with the well-being of young children. The parent-child relationship nurtures emotional and social development, resilience and teaches the child how to self-regulate their emotions. Having a strong parent-child relationship supports Kindergarten readiness.

provide access and linkage to mental health care,
Participants can receive access and linkage mental health care directly through our subcontractor C.O.P.E. Staff continued utilize the Help Me Grow (HMG) resource and referral system, partner with Early Childhood Mental Health providers, First 5 Centers, and other organizations that provide services to families of young children. These services include but are not limited to food securement, parent-child activities, therapy, various support groups as well as leadership opportunities.
Strategies utilized to improve timely access to services for underserved populations.

- Classes were provided at different times throughout the day available through Zoom video conferencing.
- Classes were free to all participants.
- Reminder text and emails were sent to participants in advance of the first class.
- Program Staff supported participants completing pre and post-assessments over the phone, when needed.
- Distributed books, tip sheets, and incentives at First 5 Centers throughout Contra Costa County, as well as through mail when parents lacked transportation.

Use of strategies that are non-stigmatizing and non- discriminatory.
- All participants are provided services regardless of race, gender, sexual orientation, origin or religion.
- All Triple P facilitators are required to complete a harassment prevention training to be aware of their attitudes,

behavior and choose words carefully.

- Triple P Parent education reduces the risk of child abuse and neglect by encouraging positive parenting practices that promote safety, well-being, and permanency for children and families.
- All participants are treated with respect, their problems and/or concerns are handled with the care they deserve.
- All Facilitators are trauma informed and aware of family differences and individual needs.

VALUABLE PERSPECTIVES:

Parents/Quotes:

“At the beginning of the class I did not know how to organize a daily schedule and I was assigning chores to my daughter that were not appropriate with her age. After taking this class, I am giving my daughter less responsibilities and I ask before assuming that she should know how to do certain tasks. When I ask her to do something she feels more confident because she can tell me, or I can ask her.”

“With my two sons I was having behavioral problems. They were fighting a lot every time I had them with me. They were not listening to my requests; they were ignoring me, and the fights were happening all the time. They were fighting like two adults. The first week of Triple P class, we covered house rules. I went home and we had a family meeting. We all came up with house rules. We included being nice to each other, it was hard at the beginning, but it was working. The following 3 weeks we talked about bad behavior, and setting up limits, then the high-risk activity came along. That was the best part of the class, I was able to implement discipline when going to the supermarket. All I needed to do was communicate with them and they listened. Now they walk by my side and we stay together, I continue reminding them how to take care of each other instead of hurting each other, love each other instead of fighting.”

“Change is difficult but if we don't try it we will not see the results. After this class I can see that there is light at the end of the tunnel. changing one thing at a time we can accomplish a lot. Thank you for all the tools and for guiding us to a better way of parenting. Not all children behave the same way. I am going to get to know my children”.

"I have come a long way since the beginning of this class. Other parents, in the class, give me ideas and it makes me feel like I can share my struggles and other parents feel the same way I do. I enjoyed your classes because the facilitator told it the way it is in a nice way, using real life examples".

Parents Success Stories

2021-22 Fiscal year contract allowed to provide two Stepping stones classes, these classes are for parents with children with special needs. A family of a 3 years old recently diagnosed with Autism was referred through the Care Parent network. The family joined the class hesitant to see results in their child behavior and development. At the start of the class, the parent reported that her child chewed on everything, and she felt like the child was doing it on purpose to upset her. As class progressed, and we talked about what could be behind this behavior, the parent realized that the chewing was either due to anxiety or an oral sensory need. Parent bought a chew necklace and the child then stopped chewing on other things. The parent quoted: “It has been a big relief from when I first started the class. Now I stop, make eye contact, let him talk and then reflect back on what I hear." "I now give a heads-up when the schedule is going to change."

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

X Provide access and linkage to mental health care
X Improve timely access to mental health services for underserved populations
X Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

First Hope provides early identification, assessment, and intensive treatment services to youth aged 12-30 years, who show signs indicating they are at Clinical High Risk (CHR) for psychosis or who have experienced their First Episode of Psychosis (FEP) within the past 12 months. Target diagnoses include Other Specified Schizophrenia Spectrum and Other Psychotic Disorder, Schizophreniform Disorder, Schizophrenia, Schizoaffective Disorder, and Affective Psychoses.

Key components of our program include 1) community outreach and education, 2) rapid and easy access to screening and assessment, and 3) intensive, family-centered treatment services.

1) Community outreach and psychoeducation – First Hope conducts outreach presentations/trainings in early intervention in psychosis to organizations throughout our community who can assist us in identifying youth who are experiencing early warning signs of an emerging psychosis. These organizations include schools, county regional child and adult county mental health clinics, community-based mental health agencies, other community organizations such as our local LGBTQI+ community center, hospitals, psychiatric emergency services, primary care clinics, as well as community members at NAMI meetings and at our local clubhouse. Our outreach presentations focus on the importance of early intervention, how to recognize the early warning signs of psychosis, and how to make a referral to the First Hope program. This past fiscal year 2021/2022 we conducted fewer outreach presentations than usual due to the continuing COVID pandemic (though more than in the previous fiscal year). However, we still trained 218 clinicians that included staff from county and community-based mental health agencies such as the Contra Costa Behavioral Health West Childrens Clinic and Seneca, as well as family medicine residents, psychology interns, and students from the SPIRIT program, which trains individuals with lived experience of mental health and/or substance use disorders to become peer providers.

2) Screening and assessment – In order to provide a high level of responsiveness and access to immediate help, First Hope has an Intake Clinician of the Day who takes screening calls as well as a Clinician of the Day (COD) who takes any urgent calls when the primary clinician is not available. The telephone screen helps to determine whether a more extensive SIPS assessment is indicated whether an individual is eligible for our FEP services (based on a combination of the potential client's self-report, a medical records review, and collateral information), or whether the caller is referred to more appropriate services. Our Urgent Response Team (URT) also has some capacity to provide an urgent response to those in crisis in inpatient psychiatry or crisis residential treatment, to facilitate discharge and the start of outpatient services.

3) Intensive, family-centered treatment services – First Hope uses the evidence-based Portland Identification and Early Referral (PIER) and Coordinated Specialty Care (CSC) treatment models, which have been shown to be effective in both preventing conversion to psychosis and ameliorating disability associated with psychotic disorders. Please see section **EVIDENCE-BASED OR PROMISING PRACTICES** for additional information on these models as well other evidence-based practices used in First Hope.

Our multidisciplinary treatment team includes mental health clinicians, occupational therapists, educational and employment specialists, a family partner, peer specialists, a rehab counselor, an RN, and psychiatrists. Services include immediate access for evaluation, family psychoeducation and multifamily groups, crisis intervention, individual and family psychotherapy, care coordination, supported education and employment, occupational therapy, psychiatric evaluation and medication management, peer support and mentoring, substance use counseling, nursing medication support, and health promotion services. We continue to increase capacity in our cognitive rehabilitation program, which addresses persistent cognitive impairments to promote improved vocational and other functional outcomes. In addition, over this past year we began offering a wellness group focused on nutrition and exercise to counteract the often-deleterious side effects of antipsychotic medication.

Our First Hope program offers services both via telehealth to those who desire it and a continuation of in-person sessions as clinically indicated or as preferred by the client or family. In-person group programming has resumed, with some telehealth group options still available. Our group programming continues to be vibrant and well-attended, with 10 Multifamily
Groups, 2 peer support groups, and 4 skills-based/activity-based groups running.

Treatment services are offered in any language using the language line. Treatment services in Spanish are provided by our Spanish-speaking clinicians. One-third of our clinical staff speak Spanish, making services especially inviting to families with monolingual members. All materials are available in Spanish and Psychoeducation Workshops are also conducted in Spanish. Our Multifamily groups have consistently included at least one (currently three) Spanish-language groups.

Functional outcomes targeted are improved functioning at school and work, improved relationships with family members, decreased need for hospitalization and PES visits, and most importantly preventing conversion to psychosis or a reoccurrence of a psychotic episode.

OUTCOMES AND MEASURES OF SUCCESS:

All our clients who are offered First Hope treatment services beyond our initial assessment are identified as being early in their onset/course of a serious mental illness. As of June 30, 2022, 118 clients were enrolled in our treatment services, along with their family members. Please refer to our Aggregate Data Reporting Form for quantitative data on total number of clients and family members served throughout the fiscal year.

Participants' early onset of a potentially serious mental illness is determined by either a

1) Structured Interview for Psychosis-Risk Syndromes (SIPS), a semi-structured interview that is the gold standard assessment for determining if an individual is at Clinical High Risk (CHR) for psychosis.

   or

2) First Episode Psychosis (FEP) assessment which includes a medical records review, client's self-report, and collateral information from family members and current and former providers.

The following two methodologies are used to determine the effectiveness of services:

1) We maintain a database to track functioning, positive and negative symptoms, and critical events. Data had been collected every six months, but we have applied for and received federal SAMHSA grant funding to revamp our data collection and analysis procedures over this upcoming year. We are working with our department's Informatics team to build a new data feature in our county's electronic health record, ccLink, and we are reviewing our current assessment measures and protocols and considering revisions and additions.

2) The county Behavioral Health Division's Utilization Review/Quality Improvement Committee process provides ongoing analysis of the qualitative aspects of the program each month. When issues are identified, the First Hope Program Manager identifies and implements a corrective plan of action.

Evaluation forms provided to clients and families are available in English and Spanish. Any program outcome analyses that are shared with funders or other entities outside of Contra Costa County Behavioral Health is de-identified and aggregated.

One major challenge we had experienced over fiscal year 2020-2021 was a dramatic increase in the number of referrals to our program. Despite starting a waitlist and implementing other strategies, it had become clear by March 2021 that First Hope no longer had the capacity to continue adding individuals to our waitlist, and we made the difficult decision to suspend new referrals so that we could maintain our capacity to provide the highest level of care possible to the clients and families already enrolled in our program. Over the next half year, we made steady progress in moving individuals off our waitlist into active services, and we were able to re-open to new referrals this fiscal year, in October 2021.

(We have tightened our eligibility criteria to forestall another similar situation reoccurring. For our FEP program, clients must now be within 12 months of their first psychotic break, versus 18 months previously. This change in eligibility criteria also allows us to focus our attention on clients who have the highest probability of a positive and sustained response to intensive treatment, per the early psychosis research. In addition, Contra Costa Behavioral Health Administration decided in 2021 that First Hope would no longer accept new privately insured clients due to the lack of financial sustainability. Privately insured clients who were already enrolled are allowed to complete their full course of First Hope treatment.)

We are pleased to report that despite the unprecedented demand for our treatment services and the multitude of challenges faced by our treatment team, we continue to be able to provide excellent clinical care for our clients, as evidenced by the following:

The primary desired outcome for our CHR clients is to prevent conversion to psychosis in a population estimated to carry a 33% chance of conversion within two years. We had 0 conversions from CHR to psychosis from July 2021 through June 2022.

Desired functional outcomes for both our CHR and FEP clients include reduction in crises and hospitalization, incarceration, and suicide attempts or completions.

From July 2021 through June 2022, 80% of First Hope clients had 0 psychiatric emergency room visits or inpatient psychiatric hospitalizations. This comprised of 111 individuals who could manage well enough the entire year without requiring emergency or inpatient level of care. The other 29 First Hope clients had a combined total of 65 visits to the psychiatric emergency room, about half of which resulted in an inpatient hospital stay (38 out of 65 visits). Four First Hope clients represented 45% of the PES visits (29/65).

In September 2021, we analyzed rates of PES visits and inpatient hospitalizations over time for 143 First Hope clients. We found that the frequency of emergency and inpatient hospital visits dropped meaningfully in the 6 months after clients enroll in First Hope, compared to their baseline rates during the 6 months prior to enrollment.

	PES visits 6mths-pre-enrollment	PES visits 6mths-post-enrollment	Inpt Hosp 6mths-pre-enrollment	Inpt Hosp 6mths-post-enrollment
Total	87	36	113	41
Avg per client	0.61	0.25	0.79	0.29

Regarding incarcerations, two of our clients were arrested during the time period of July 2021 through June 2022. One

served a jail sentence of about 10 days. The other is currently in pre-trial detention for not meeting the terms of his pre-trial release. He is undergoing the competency restoration process and has not been convicted of a crime nor sentenced at this time.

Suicide risk is also a major concern with psychosis, with a lifetime risk of about 5% for suicide completion. Furthermore, this risk is elevated during the FEP period and particularly within the first year of treatment when the risk is 60% higher than in later years. From July 2021 through June 2022, we had 6 known suicide attempts and 0 known completed suicides. However, we did sadly experience a client death in April 2022, when one of our clients was found dead inside a tent on the street. This client had been disengaged from her First Hope treatment providers for many months despite multiple attempts to outreach to her and her mother, and she had been unhoused and known to be using multiple substances for some time. The cause of her death is currently unknown and still being investigated.

Improvement in age-appropriate functioning is also a critical measure of a successful intervention. Our data indicates that at the beginning of treatment, the vast majority of First Hope clients were failing in school, while at discharge they were stable in school. Many who were work-eligible are now working at least part-time.

EVIDENCE-BASED OR PROMISING PRACTICES:

As noted in section 1 (Services Provided/Activities), First Hope uses the evidence-based Portland Identification and Early Referral (PIER) and Coordinated Specialty Care (CSC) models. PIER and CSC have been shown to be effective in preventing conversion to psychosis and the subsequent disability associated with psychotic disorders, and in ameliorating psychotic symptoms and promoting functional recovery. Both models provide comprehensive and needs-driven services utilizing the combined skills of a multidisciplinary team. Our First Hope treatment team includes mental health clinicians, occupational therapists, educational and employment specialists, a community support worker family partner, community support worker peer specialists, a rehab counselor with a specialization in substance use disorders, an RN, and psychiatrists.

Our clinicians are trained and certified to provide Structured Interview for Psychosis risk Syndrome (SIPS) assessments, Cognitive-Behavioral Therapy for psychosis (CBTp), and MultiFamily Group Treatment (MFGT), evidence-based practices for assessing and treating CHR and FEP. They participate in ongoing consultation and supervision meetings in order to maintain fidelity to these treatment models. Clinicians meet biweekly with Dr. Barbara Walsh of Yale University, one of the co-authors of the SIPS, with Dr. Kate Hardy of Stanford University, an eminent trainer of CBTp, and with Dr. Jude Leung, the First Hope program manager and a faculty member of the PIER Training Institute.

VALUES:

First Hope practices a collaborative, strengths-based, and recovery-oriented approach that emphasizes shared decision-making as a means for addressing the unique needs, preferences, and goals of the individuals and families with whom we work. We define family broadly, that is, whoever forms the support team for the client, which may include friends, siblings, extended family, foster parents, significant others, and clergy. We also coordinate closely with other mental health and primary medical care service providers, to support our clients' overall mental and physical health.

Much care is taken to provide a welcoming and respectful stance and environment, from the very first contact by phone, to the individual and family's first visit to First Hope, to every interaction thereafter. We work closely with our families to identify and problem-solve barriers to accessing care, including childcare, transportation difficulties, and challenges with accessing technology.

We have a Clinician of the Day (COD) available Mon-Fri 9am-5pm to provide timely access to a First Hope staff member for any individual who may seek our help. We also over-screen so as not to miss anybody in need of service.

Any individual who is determined not to be eligible for our program is provided with a referral to more appropriate services. For any individual/family who is found to be eligible for First Hope and accepts our services, our goal is to begin treatment immediately with engagement sessions with their assigned clinician. As of June 20, 2022, we have completely cleared our waitlist, meaning that any individual who is found to be eligible for First Hope services is immediately assigned a clinician and psychiatrist to begin services.

Services are offered in any language using the language line and in Spanish by our Spanish-speaking clinicians, including a Spanish-language MFG. Our program brochures and psychoeducational materials are available in English and in Spanish.

VALUABLE PERSPECTIVES:

Many of the individuals and families who have graduated from First Hope keep in touch with us, and several of them returned on 7/13/21, 7/15/21, 3/10/22, and 3/24/22 as volunteers to speak with our newer clients and families about their experiences with First Hope.

Below is some other feedback we have received from our clients and families:

"I see improvement in [my son]. I'm happy."

"I now have more people to just vent and talk to whenever."

"My son meeting up with Jessica his therapist and Brandon weekly has been the most helpful thing."

"I believe the services are great just as is and there is nothing to change. It helped me control myself mentally and understand to take a mental break once in a while."

"I can get the right help from the right people. Thank you for helping me and being there to help me."

"First Hope is a great program!"

"I able [sic] to calm myself down when I am panicking [sic]. The talks with my therapist are helpful."

"The communication with my family is definitely better."

"The support of Jane and Tyisha for our family as a whole has been helpful."

"This is a really good place to change and control you [sic] life and problems. This place is like family to me. Thanks for everything."

"I know I'm not alone."

"We can talk to someone who will understand and can suggest ideas for dealing with struggles."

"First Hope has been life changing."

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

X Provide access and linkage to mental health care
X Improve timely access to mental health services for underserved populations
X Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / STRATEGIES:

Types and settings of services provided:

Hope Solutions provides on-site case managers and youth enrichment coordinators at 7 housing sites. One of these sites houses 27 formerly homeless families (Garden Park Apartments/GPA in Pleasant Hill). The parents in these families have a disability as an eligibility criterion for this permanent housing, and most of the disabilities are around mental health and substance abuse challenges. Three of these housing sites are affordable housing for 247 households that have incomes at 50% or lower than the Average Median Income of the community (Lakeside Apartments in Concord, Los Medanos Village/LMV in Pittsburg and Bella Monte Apartments/BMA in Bay Point). These households are challenged due to limited income and frequently have other challenges due to lack of resources, surviving systemic racism, experience with family and community violence, and challenges with immigration status. The last 3 housing sites house 4 individuals at each of 3 houses (MHSA housing). These 12 residents are referred by CCC behavioral health, with serious mental health histories, and are funded as MHSA housing residents under this grant. All the residents in these sites are offered on-site support services in their housing setting.

Methods used to reach out and engage potential responders/Strategies utilized to provide access and linkage to treatment:

Hope Solutions staff work on-site at housing for vulnerable residents. Case managers reach out to residents who self-refer or are referred by the property management, using phone, text, and in-person strategies (e.g., scheduling appointments in the community center, offering transportation to access physical and mental health medical resources, working with walk-in residents or by appointment and offering in-home visits). Youth Enrichment staff work with school systems and community volunteers to provide tutoring and social skill building activities onsite for the youth. Residents are introduced to service staff when they first move into the housing and available services are described. After residents move into the affordable housing sites, they are contacted using fliers, robo-calls/texts and newsletters, all to let residents know of community events and resources. On-site support staff are available fulltime at GPA, Lakeside, Bella Monte and Los Medanos apartments. Case managers for MHSA housing residents have frequent on-site visits with residents to assist with needs as they arise.

Because staff are on-site and available to provide various types of support (food/transportation/health referrals/emotional support) residents learn to trust and utilize these services and reach out for them when needed. When families or individuals have problems with mental health challenges, they already have a trusting relationship with the case managers and can reach out for mental health resources. Staff are trained in trauma-informed and culturally responsive care and several of the staff are licensed mental health professionals. All programs are supervised by licensed mental health professionals and concerns about emerging mental health problems are addressed in a timely manner. Monthly team meetings and weekly staff supervision allows for the provision of mental health support quickly and sensitively as concerns come up.

Youth enrichment staff work directly with the youth in afterschool and summer enrichment programs. Youth can form trusting relationships with those staff, also, as they receive a nourishing snack, help with homework, and access to fun activities. The staff also work directly with parents and with school personnel to support the youth and to increase parent confidence in advocating for their children's needs. Youth enrichment staff can collaborate with families, schools and community mental health providers when mental health issues arise. Referrals to mental health resources are made

as needed (whether onsite, at school, or in the community) in the context of these ongoing relationships.

Strategies utilized to improve timely access to services for underserved populations.
Case managers and youth enrichment coordinators collaborate to provide support groups at all sites in addition to the services described above. The residents of the housing sites where services are provided often have limited familiarity with mental health resources. Some residents also have concerns about the stigma that could be attached to using this type of service. By forming ongoing relationships with residents and offering education about how mental health support works, staff are well situated to address questions and fears about mental health problems and mental health resources.

By providing a variety of programs and supports in the setting of people's housing, we are also able to receive referrals from property managers when behavioral issues arise that threaten someone's housing stability. Neighbor conflicts, problems with substance use, and family conflicts are some of the types of referrals the on-site case managers receive from property managers. Eighty-nine percent of the residents in these programs are people of color and due to systemic racism have mistrust of many resources including mental health support. Staff in these programs have training in culturally responsive services, and most live in the same communities. Their life experiences and training help them to address this mistrust with personal experience.

If a resident requests a mental health referral, registered mental health associates are able to provide home-based counseling to the youth in the programs. Case managers also assist adult residents with crisis intervention and with finding appropriate counselors through the county ACCESS line. Case managers encourage residents to ask for what they want in a counselor, including specifics of race, gender and experience/specialty. By offering basic education about how mental health counseling works (time, costs, modality options) people who have little knowledge of mental health resources can engage with these services.

OUTCOMES AND PROGRAM EVALUATION:

The following outcome measures were included in our 21.22 contract.

I. <u>Outcome statements</u>

A. Improved social functioning of the school-aged youth in the afterschool programs.
B. Improved family functioning in the realm of self-sufficiency for families receiving case management.
C. Improved self-esteem and progress on self-identified goals for families receiving case management.

II. <u>Measures of Success</u>

A. At least 75% of the youth regularly attending homework club will show improvement in self-esteem and confidence as measured by the Piers-Harris Self-Concept Scale during the school year ending in June 2022.
B. At least 75% of the families with children, in residence at Garden Park Apartments, will show improvement in at least one area of self-sufficiency as measured annually on the 20-area self-sufficiency matrix within the fiscal year, 2021 to 2022.
C. Two (2) family vignettes, showing the improvements and positive outcomes of the work of this project (including GPA, Lakeside, LMV, and BMA communities, as well as MHSA housing) will be provided with the end of fiscal year final report.

Hope Solutions values outcome data as a source of information to help us continually monitor and improve our programs. These outcomes are based on the ongoing case management and youth enrichment work which is provided daily and documented in notes, assessments and attendance records kept in a digital database, and in HIPAA compliant, locked files. The digital data base is protected with HIPAA level protections including passwords on the database and on the computers used for this work. We also require HIPAA training annually for all staff to be sure that everyone understands how to protect client information. Data is collected collaboratively with residents and outcomes are shared

with residents as part of our client-centered, trauma informed, culturally responsive approach. Staff are trained and hired with cultural awareness as a critical component of skills for the work. Most of our staff live in and are committed, personally, to the communities they serve.

For some of the outcomes we use client centered/reported information (as on the self-sufficiency matrix). We also use some standardized screening tools like the Piers-Harris Self-Esteem assessment and the Parental Stress Index to help us evaluate the effectiveness of our work. Most of these assessments are given once a year at the end of the fiscal year and then compared to responses from the previous year.

Specific Goals and Outcomes for the 21.22 fiscal year:

Goal: At least 75% of the youth regularly attending homework club will show improvement in self-esteem and confidence as measured by the Piers-Harris Self-Concept Scale during the school year ending in June 2022.
Outcome: 83% (34/41) of youth maintained or showed improvement in self-esteem and confidence as measured by the Piers-Harris Self-Concept Scale.
This outcome is based on students who were regularly engaged in youth programming. Sixty-four youth were assessed overall, with comparison data (pre-and post- measures) available for 41 youth.

Goal: At least 75% of the families with children, in residence at Garden Park Apartments, will show improvement in at least one area of self-sufficiency as measured annually on the 20-area self-sufficiency matrix within the fiscal year 2021 to 2022.
Outcome: 91% (21/23) families with children at GPA showed improvement in at least one area of self-sufficiency and had an average score of stable (3) or better on this assessment.
The self-sufficiency matrix is reviewed annually for residents that are receiving intensive support from case managers. All residents have services offered to them and we respect residents' right to engage in services at their own pace or to decline services.

In addition to those two goals listed in our contract, we also attach two vignettes regarding work with two residents.

VALUES:

MHSA values parallel well with Hope Solutions values:
Hope Solutions is committed to excellence, and we accomplish our work with integrity, respect, compassion, and humility.

Providing housing and support services with these values allows Hope Solutions staff to support wellness, recovery and resilience in residents and clients in our programs. The Strengthening Vulnerable Families program reflects MHSA and HS values by providing on-site, on-demand support when and where residents need it. By being available immediately and in a timely manner when problems emerge, we can improve the trajectory of those problems with early interventions that are embedded in the housing community where residents live. When mental health care is needed, support staff in these programs are ready and available to assist residents with information about possible resources, transportation, and educational and emotional support that is culturally responsive and respectful of the concerns different populations have about accessing this type of resource.

By providing an array of supports and services (employment support, financial support, educational support, as well as basic needs like food, healthcare, childcare access, and social/community activities) we lower stress and help people avoid the need for formal mental health supports. We host activities and events that build community, supporting resilience and community self-reliance. When the need for mental health support arises, an individual can make this request in the context of other resources and thus is not singled out or identified with this need. By having a trusted, long-term relationship with an on-site case manager, residents can move past fears of stigma or discrimination as they

seek mental health assistance.

VALUABLE PERSPECTIVES:

David is lonely

David had lived alone for a long time, but he told incredible stories about when he was younger. He had travelled a lot, had many friends, and helped many people along the way. He spent years in the military and valued his veteran status. Over time, however, his relationship with his family deteriorated and his friends lived far away. Now, he struggled with loneliness and depression. David was connected to a VA psychologist who he often didn't want to talk to. He had a VA case worker, but he didn't really like what she had to offer. When he became particularly lonely, he would reach out to the VA Hotline to talk to a fellow veteran, but he was frequently disappointed to be connected to a civilian worker or a family member of a veteran. When looking for someone to talk to, David would occasionally call the police. He found that if he threatened to harm himself or someone else, the police would come and talk to him; often one of the officers was a veteran. He occasionally spoke with the on-site case manager at his housing site, Elena, and she helped him with practical needs like transportation and food access. He learned to know that she was reliable over time.

Last Spring, David texted this case manager at his apartment complex, stating that he was prepared to take his life. He texted that he had called the police and that once the police arrived, he would aim a crossbow at them and "hopefully" an officer would shoot him. David had been struggling with a chronic, debilitating medical condition that was affecting his mobility. He had asked to move to a downstairs apartment but, despite repeated advocacy by the case manager, the move was delayed. David texted that he couldn't wait any longer, that he had not been out of his apartment in 7 days.

Elena replied to David's text immediately, asking him not to hurt himself and asking if they could talk. David texted that they could talk, but that he'd made up his mind and he was "locked and loaded." While texting with David, Elena coordinated with her supervisor, David's VA case worker, and the police. She talked to him on the phone until her supervisor Liz, a mental health professional, arrived. Liz was able to assess that David was not committed to dying, but that he was frustrated and lonely. After talking over the phone for a while, David agreed to meet in the community center to talk, leaving his crossbow in his apartment.

Elena continued to keep communication open with the police, the mobile crisis unit, and David's VA case manager. Based on David's conversation, Elena also reached out to her colleague in another program, Joe, who is a veteran. Liz and Elena were able to bring David to the community wellness center in Martinez for evaluation, where Joe met David and stayed with him through his evaluation. With the support of this case management team, David felt "heard" and was able to return home. On the way home, Joe suggested a stop at the grocery store. Once home, Joe helped carry groceries upstairs, assessed the safety of the apartment, and helped David take his garbage down the stairs.

Over the following weeks, Elena worked with property management to expedite David's move, which happened successfully. She also worked with Joe to clean his apartment, which was heavily impacted by his hoarding behaviors. With Elena's encouragement, David resumed his bi-weekly visits with his VA psychologist and agreed to talk to a psychiatrist. David reached out to Joe several times to chat, usually about what was now going well in his life. He was excited about the move, and about a new scooter that he was getting from the VA to help with his mobility. He was also making plans to visit one of his daughters in Washington in hopes of reconciling with her and his other children.

Despite the availability of many community resources, the on-site case manager (partially funded with MHSA PEI funds) was the person with the ongoing relationship and was able to intervene at a critical time for this resident.

Carol perseveres

Carol grew up in the Bay Area as an only child, loved by her parents. As a teen, she began acting out. She started skipping school, using drugs, and running away. At times, her behavior was bizarre. She disengaged from her parents

and started living on the streets. She became pregnant and when she gave birth to her daughter, she tested positive for illegal drugs. Her daughter, Cindy, was removed from her care and placed in fostercare while Carol agreed to participate in a substance abuse recovery program. While in treatment, Carol was diagnosed with schizophrenia and prescribed medication to help stabilize her thoughts and behavior. Within a year, Carol completed her program and was reunited with her daughter. The foster parents agreed to be a continued support to Carol in being the best parent she could be. Carol left treatment (and former homelessness) and entered permanent supportive housing.

Carol and her daughter flourished in supportive housing. Carol began dating and soon her partner moved into housing as well. The family was friendly and well engaged in the housing community. They participated in community activities and sought supports from on-site staff when needed. After a few years, Carol and her partner decided to have a baby. They worked with Carol's doctors to adjust her medications to reduce risks to the developing child. This was a tricky process, during which Carol's moods and thoughts changed frequently. But the couple persisted and finally landed on medication that worked for Carol and posed limited risk to the baby. Services staff provided support throughout this process. Shortly after, Carol became pregnant. She and her partner were ecstatic! With their then 7-year-old daughter, the couple made preparations for the arrival of the new baby, a little girl they named Angie.

Unfortunately, Carol began experiencing post-partum depression shortly after little Angie was born. Her medications no longer seemed adequate. She began appearing blunt and disengaged. Services staff continued to provide support for Carol and her family, including calls to the county's mobile crisis team when appropriate. The services team also worked with Carol's partner, her parents, and Cindy's former foster parents to assure the girls were supported emotionally and well cared for while their mother's behavior worsened. Ultimately, Carol was hospitalized with the goal of helping her stabilize and adjust her medication.
While Carol was in the hospital, her partner left her and took the children with him. Carol returned home from the hospital to find an empty apartment. The services team worked with Carol to pull together a t team to help, including Cindy's former foster parents, Carol's social worker from when she was placed in housing, her parents, and the on-site support services staff. Together, we helped Carol navigate a system that again and again showed its bias against a mother with a mental illness. With support, however, she persevered. Within 6 months, Carol was able to regain custody of her children. She and her girls remain stably housed in supportive housing. They are again participating in community activities, including parenting support for Carol and afterschool programming and social skills support for Cindy.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

- ✓ Provide access and linkage to mental health care
- ✓ Improve timely access to mental health services for underserved populations
- ✓ Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / STRATEGIES:

1. JFCS East Bay partnered with Sutter Health on May 9, 2022, for the Refugee Family Support Program that ran for 10 weeks in the Spring and connected resettled children and families to interpreter(s) and pediatric therapists. During the sessions six families, with children ranging from ages 5 through 10, explored therapeutic sensory play ideas with pediatric occupational therapists to teach children self-regulating skills after a traumatic experience. Under the guidance of pediatric occupational therapists' families bonded over Teatime discussed therapeutic interventions that parents can do at home to help children develop capacity to regulate their emotions and behaviors. Parents were given the opportunity to meet as a group with a child psychologist to provide support for questions about trauma and/or any other topics that arose. The weeks alternated between Occupational Therapy (OT) facilitated parent-child play time meetings and adult Teatime Talks group meetings with a child psychologist. Skills that were taught to guide children and their families included:

- Helping children and family members understand how our brains work after a traumatic experience.

- Using evidence-based strategies and practices, through play, to help calm children's bodies to help calm their minds and emotions

- Supporting parents to recognize their children's stress response and giving them a toolbox of developmentally informed skills to facilitate their children's physical and emotional regulation.

Trauma of war and instability, immigration-related stressors, and experiencing resounding levels of fear and uncertainty impacts the developing brain. Developmentally informed Occupational Therapists (OT) worked on teaching families' interventions that can be easily practiced at home to help families with children with challenging behaviors. The OTs assisted parents in understanding the link between sensory integration challenges and children who have suffered from trauma and helped parents engage with their children through body-based fun play activities. Evidence indicated that when our brains move out of the sensitized survival mode, we can access the higher-level areas of the brain for feeling and thinking.

2. JFCS East Bay facilitated and hosted two community-building events for the Eid celebration for a total of 120 participants.

- May 5, 2022, at Heather Farm Park in Walnut Creek, CA. 80 individuals participated, lunch was provided, and each family received $25 gift card.

- June 15, 2022, in the Noor Islamic & Community Center in Concord. 120 individuals participated in a celebratory event with lunch. Information on legal process for new arrivals, as well as pertaining laws and policies. JFCS East Bay held groups throughout the year for Russian-speaking communities of Contra Costa County.

3. JFCS East Bay held groups throughout the year for Dari- and Farsi-speaking communities of Contra Costa County. JFCS East Bay conducted five support/educational groups. During their pre-assessments the clients had received case management services and referrals on indicated needs. The referrals included housing, employment, financial assistance, public benefits, healthcare, immigration legal assistance, social/community support, and more. The topics of discussion for the focus groups centered around the services they received, as well as self-care. Culturally sensitive

and trained staff discussed and documented feedback on the services and followed-up on further support needed. During this time. Staff developed educational workshops for Afghan women on various cultural orientation topics. Focusing on support to Afghan women and men is rooted in evidence-based research that the entire family unit benefits when a mother/father is more relaxed and knows how to cope with stress (i.e., if a mother has coping skills to deal with stress, it is more likely her children will have better developmental outcomes.) These groups are facilitated by staff, including clinical social workers, therapists, and volunteers, who are trained to work with and assist children.

- August 30, 2021
  - 12 women attended and focus group aimed to decrease social isolation, encourage positive parenting, and provide refugee mothers with stress management techniques.
- February 25, 2022
  - 12 women attended the focus group and was a place in which staff facilitated sharing of information regarding available resources.
- February 29, 2022 (for male clients)
  - 19 men attended the focus group and was a place in which staff facilitated sharing of information regarding available resources.
- March 17, 2022
  - 16 women attended educational session on the importance of self-care. Information was shared regarding the different technique's women can use to improve their physical, mental, and emotional health and the significance of maintaining healthy relationships with themselves and those around them. Tools were discussed to manage stress and boost their confidence.
- June 29, 2022
  - 16 women attended educational session on the importance of self-care. Information was shared regarding the different technique's women can use to improve their physical, mental, and emotional health and the significance of maintaining healthy relationships with themselves and those around them. Tools were discussed to manage stress and boost their confidence. Research indicates that self-care is important in everyday life, but during times of immense stress and uncertainty, practicing self-care is even more necessary.

4. Russian-Speaking Seniors Telehealth Mental Health Education Sessions: The purpose of the mental health education sessions is to help combat isolation, anxiety, grief, and promote wellness through learning relaxation techniques. Due to the pandemic, the decision was made to provide individual (45-minute) mental health classes via phone with 14 Russian-speaking seniors. Zoom was not used because the Russian seniors engaged with our agency stated they were more comfortable using the phone. The one-on-one format also allowed each Russian senior to get more individualized attention and personalized support from our Russian-Speaking Case Manager. The original hour-long format was also changed to 45 minutes as most Russian seniors preferred a shorter format expressing that they could not stay alert for 1hr virtual sessions.

OUTCOMES AND PROGRAM EVALUATION:

❖ **Health and Mental Health System Navigation (Case Management)**

- **96 %** of the adult case management clients reported upon exit that they were able to **independently seek help for mental health services.** At entry, 62 % of clients reported that they did not know how to do this.
- **93 %** of the adult case management clients reported upon exit that **they knew how to link to the appropriate persons within the county health care system** or other community resources for resolution of health or mental health issues. At entry, 79% of clients reported that they did not know how to do this.
- **100 %** of the adult case management clients reported upon exit that they had an increased **understanding of health and mental health care systems in Contra Costa County.** At entry, 91 % of clients reported that they did not understand care systems.

*****Data was collected by case managers at intake and exit of case management services.

❖ **Women/Men Support/Educational Groups:**

- **100%** of participants reported to have an **increased ability to recognize stress and risk factors in myself or family.**
- **100%** of participants reported to **have a better understanding of trauma and how it affects the mind and body.**

- **100%** of participants reported **to have a better understanding of the concepts discussed in group.**
- **100%** of participants reported to **have learned helpful techniques to deal with their own stress and emotions.**
- **93%** of participants reported to **have better understanding of when and how to seek help if I need it.**
- **100%** of participants reported to **feeling more supported after attending the group.**
- **100%** of participants reported to **have learned helpful parenting skills that they will use with their own children.**
- **100%** of participants reported to **apply what they learned from the group in their own life.**

1. Served **461** people. Clients include 185 children (ages 0-15); 98 transition-aged youth (ages 16-25); 166 adults (ages 26-59); and 12 older adults (ages 60+).
2. Completed **208 pre-post assessments** with adult case management clients (ages 18+).
3. Provided **10**- week series family support with Sutter Health partnership serving **6 families.**
4. Provided **208 clients with bilingual/bicultural case management:** (ages 18 and older).

HOW DATA WAS COLLECTED AND ANALYZED

The program used the following tools to evaluate the efficiency of the program:

- Participants/clients mental health evaluation forms for mental health education sessions.
- Collected after each support/ education session.
- Pre- and post-assessments case management (health and mental health navigation assistance) progress.
- Collected once at intake and once at exiting the program.

LIST OF INDICATORS

Case Management Services Indicators (Likert Scale: Not Applicable, Strongly Agree, Disagree, Strongly Disagree):

1. Is able to independently seek help for mental health services.
2. Is able to be linked to the appropriate person(s) within the county health care system or other community resources for resolution of health or mental health issue.
3. Has an understanding of consumer rights in relation to medical care, including the right to seek a second opinion.
4. Is able to apply for health benefits when eligible.
5. Has the ability to communicate with doctors and providers about medical and mental health issues.
6. Has an understanding of health and mental health care systems in Contra Costa County.
7. Has a healthy/expanding support network; household is stable and communication is open.
8. Has adapted to American culture.
9. For parents: has well-developed parenting skills.
10. For parents: can name at least one parenting skill they can apply at home.

Women/Men Support/Educational Group Indicators (Yes/Neutral/No)**:**

1. I have an increased ability to recognize stress and risk factors in myself or my family.
2. I have a better understanding of when and how to seek help if I need it.
3. I feel more supported after attending the group.
4. I have a better understanding of the concepts discussed today.
5. I have a better understanding of trauma and how it affects the mind and body.
6. I have learned helpful techniques to deal with my own stress and emotions.
7. I have learned helpful parenting skills that I will use with my own children.
8. I plan to apply what I learned from the group in my own life.

VALUES:

JFCS East Bay's commitment and dedication to our clients greatly contributed to our success. The value of "Welcoming the Stranger" and serving vulnerable people are at the core of our mission. Clients receive wrap-around services including case management, health and mental health navigation, mental health services, and parent education classes.

JFCS East Bay is also deeply committed to taking a strengths-based approach in everything we do. Given this, goals and services are regularly evaluated with the client/family to ensure that they have the primary decision-making role. Staff also expand upon clients' existing strengths and play to them when creating personalized case management plans and throughout the entirety of service delivery. In this way, JFCS East Bay helps to empower clients on their paths to self-sufficiency. As an agency, we also recognize that new arrivals come from countries in which there may not be programs in place for mental health and well-being or, if a program exists, it is only for those who are severely mentally ill. To combat any potential stigma, staff provide clients with education about programs that may not have been available abroad.

Because JFCS East Bay is in frequent contact with clients during the early, stressful resettlement period, we can provide timely linkages to other needed services. Universally, clients agree that getting settled and learning all new systems brings a level of hope, but also high anxiety. Link to care through our trusted case managers is offered as a bonus type of support, which many are eager to seize.

VALUABLE PERSPECTIVES:

* Names, ages, genders, and minor details have been changed to protect client confidentiality.

Zabihullah, 30, arrived in the Bay Area in October 2021 with his wife and two sons. In July 2021, Zabihullah was wounded in a bomb blast in Afghanistan during a mission while serving on Afghan National Defense and Security Forces Special Ops team. He had suffered multiple injuries in both legs impacting his mobility and causing him daily physical pain. He had undergone surgery in Afghanistan but was not able to receive his post-operation physical therapy in Afghanistan. Zabihullah arrived in the US using a wheelchair.

The family was immediately assigned a case manager who could speak his native language and a 6-member volunteer team for additional support. The CM provided all the core services while the volunteer team made sure to help the family with transportation and some basic needs. Zabihullah started physical therapy with mental health support. He is continuing to receive treatment to this day.

At this time of arrival, his wife was pregnant with twins and CM connected her to prenatal care and services. Zabihullah's two older sons were immediately enrolled to school and JFCS-EB volunteer group was even able to arrange school transportation for them.

JFCS-EB collaborated with Home Bridge program so the family does not have to worry about rent subsidy for a year. They moved in to a 2-bedroom apartment in a safe neighborhood that is ADA compliant. Volunteer and donation services at JFCS-EB furnished the apartment for the family.

Zabihullah showed tremendous improvement in the first 90 days post-arrival. He is now able to walk with support and managed to get his driver's license. Zabihullah was referred to the PC Program where he still gets support beyond the initial resettlement period.

Jaeleah, 21, is a Guatemalan refugee who arrived in the East Bay area in November 2021. Jaeleah was reserved and cautious in her initial interactions with JFCS-EB staff. She was assigned a Spanish-speaking Case Manager. During her intake interview she disclosed that she suffers from depression, anxiety, and at times panic attacks. She shared that she prefers to be alone in her room as being in social situations can be overwhelming for her.

CM referred her to a therapist and continued staying in touch with her and providing support as needed. Per psychiatrist's recommendation, Jaeleah started taking anti-anxiety medication in conjunction to her talk therapy. Jaeleah showed signs of improvement within a month. She started participating in group therapy in which she slowly started feeling dafe and connecting with peers.

By the end of her resettlement period, Jaeleah made many positive changes in her life. She is no longer taking medication, she has made friends with more people, and started a job.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:
X Provide access and linkage to mental health care
X Improve timely access to mental health services for underserved populations
X Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

In 2021-2022, the JMP had a team of 10 clinical interns. Over the year, JMP interns and staff worked at capacity across JMP mental/behavioral health programming—this included individual/group counseling, crisis intervention and support, youth leadership/advocacy and youth development. JMP groups engaged a wide range of young people facing mental health and equity challenges. In 2021-2022, 399 unduplicated young people participated in 19 different groups and/or individual counseling. Targeted outreach and services supported our English Language Learners (ELL) who participated in counseling, case management, in-class support and youth development programming.

The social/emotional impacts of the pandemic and the fact that 50% of ECHS students had never been on the school campus in the fall of 2021 combined to create a new set of challenges for JMP clinical staff. There was a spike in the number of students up against social isolation, social anxiety, depression and suicidal ideation. The high level of crisis work impacted the JMP's ability to provide regular weekly counseling, since crisis assessments are always prioritized over regular counseling appointments. In January, the JMP restructured its counseling protocols to ensure counselors would keep at least one appointment per week open to respond to crises. The JMP also clarified guidelines for determining which students would have access to ongoing counseling with a JMP counselor and which student cases should be closed, scaled back, or referred to an outside provider. This new structure allowed the JMP to prioritize students with the highest need and the least access to resources for ongoing counseling, to make space for more counselors to begin their supportive groups, and to protect a dedicated time in counselors' schedules to respond to crises.

At ECHS, the JMP director continued to work closely with two assistant principals and a teacher leadership team to lead the school faculty in a year-long professional development series around race and equity. Panels of African American recent graduates and African American current parents shared their experiences with school staff, staff met in affinity groups, examined research and continued to deepen their self-reflection around the ways that white privilege, white supremacy and implicit bias impact instructional practices and school culture and drive inequitable outcomes for Black and brown students on campus. Insights learned influence ongoing policy discussions at the school level (e.g. eliminating tracked courses in the English department for 9th-10th grades, deepening equitable grading practices and broadening participation in AP courses schoolwide). This work will continue in the 2022-2023 school year.

OUTCOMES AND PROGRAM EVALUATION:

Young people are referred for services by parent/guardians, school staff, peers and themselves.

The JMP measures a range of indicators (see Work Plan for 2019-2020) including connection to caring adults/peers and school, and a sense of well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self-confidence). The JMP engages in ongoing formative assessments throughout the school year that include participation by JMP staff/interns, school staff and youth participants.

<u>Outcome Statements</u>

A) Stronger connection to caring adults/peers (build relationships with caring adult(s), peers) for participating youth. From student evaluations: 94% of participating youth reported feeling like, "there is an adult at school I could turn to if I need help."

B) Increase in well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self-confidence, etc.) for participating youth. From student evaluations: 91% of participating youth reported, "I deal with stress and anxiety better" after program participation.

C) Strengthened connection to school (more positive assessment of teacher/staff relationships, positive peer connections, ties with caring adults) for participating youth. From student evaluation: 77% of participating students reported they "skip less school/cut fewer classes after program participation.

D) Strengthened culture of safety, connectedness and inclusion schoolwide. The WCCUSD implemented The California Healthy Kids Survey at the end of May, 2022. Results are not yet available at this time.

DEMOGRAPHIC DATA:

We have completed the County Demographic Form with the exception of the following:

Part 2: We import demographic data from PowerSchool (PS), the school district database; PS does not capture the ethnic categories listed in Part 2 of the County form.

Part 3: We capture only 6A, as reported by PS. It is not consonant with our respect for personal sovereignty to ask young people to identify their own sexual orientation, gender identity or disability status based on our need to know. Young people's identity language belongs to them; they can choose to disclose aspects of their identity in ways that feel useful and owned by them. We don't assume a right to that information.

Part 4: #8. We do not ask clients to disclose a "disability status." See Part 3 above.

Part 5: See Part 3 above.

LINKAGE AND FOLLOW-UP:

Young people are referred to services through a "Resource Request (RR) Form" widely available on the school campus and online through the JMP website. When the JMP receives a RR form, a JMP staff/intern will meet 1:1 with the young person to determine the appropriate level of support services. This can result in participation in on-site mental health services (i.e. individual counseling or therapeutic group support), a youth development/leadership/peer support program or a referral to a community based resource. Students are also able to drop-in for services, and depending on staff/intern availability, often engage with services immediately. Because we are an on-site school based program, we are able to easily follow up with students to ensure that they have successfully engaged with (or formally declined) services. If there is a crisis or urgent referral, students are connected with services immediately. If there is a need to discern if the student needs to be hospitalized, the JMP, if possible, includes the Seneca MRT in that determination.

The length of time between referral and entry into services is 1 – 14 days depending on the urgency of the referral and staff/intern caseloads.

VALUES:

The JMP integrates an activist youth centered program with more traditional mental health and health services; we prioritize community change along with positive health outcomes for individual youth participants. The JMP clinical program and youth centered initiatives challenge the dominant narrative that sees youth as "at risk" or as problems to be fixed. JMP staff/interns partner with young people to build their capacity, and connect them with opportunities for

meaningful participation in the school community. Students in counseling or a therapeutic group have direct access to wider opportunities for participation in JMP programs. All of these efforts foster resilience and wellness as they engage young people and caring adults in active and robust relationships.

The range of supports and opportunities at the JMP creates an energetic field that powerfully mitigates against stigma. Young people come to the JMP for a counseling appointment, to offer peer support through a youth leadership program, to participate in the ELD youth committee, Culture Keepers, Skittles (a group for queer identified youth of color) or a myriad other possibilities. The JMP is a vibrant sanctuary on campus for youth of color and young people from low-income families in a school building where social identity threat is often pervasive in other spaces.

VALUABLE PERSPECTIVES:

The JMP is proud of our capacity to provide high quality culturally responsive services to a diverse student population. In 2021-2022 our team included Spanish, Mandarin and Portuguese speakers. Interns identified as Latinx, Asian, white, and African American.

The JMP Youth & Parent ELAC programs coordinator is a native Spanish speaker and WCCUSD graduate. She has been a huge support to our Spanish speaking young people and families—the largest population of ECHS English learners. Students and families report feeling less isolated, and more connected to school.

A former student shared: “The JMP gave me a foundation that has guided me to choose: my involvements, choice of major (public health!), and even how I spend my free time. The JMP also taught me what is most important to me, which is reflected in the communities I choose to be a part of, their principles and the impact they wish to have. Overall, the JMP gave me strong roots that have aided me in my journey and ground me when I most need it. I am extremely thankful for the time I spent with you all and the lessons that I continue to carry to this day.”

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

× Provide access and linkage to mental health care
× Improve timely access to mental health services for underserved populations
× Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / PROGRAM SETTING:

Vías de Salud (Pathways to Health) targets Latinos residing in Central and East Contra Costa County and has provided: a) 9,393 depression and anxiety screenings (313.10% of yearly target); b) 1,972 assessments and early intervention services provided by a Behavioral Health Specialists to identify risk of mental illness or emotional distress, or other risk factors such as social isolation (789% of yearly target); and c) 4,242 follow up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment (339.36% of yearly target).

Familias Fuertes (Strong Families) educates and supports Latino parents and caregivers living in Central and East Contra Costa County so that they can support the strong development of their children and youth. This year, the program has provided: 1) 934 screens for risk factors in youth ages 0-17 (124.53% of yearly target) ; 2) 469 Assessments (includes child functioning and parent education/support) with the a Behavioral Health Specialist were provided to parents/caretakers of children ages 0-17 (625.33% of yearly target); 683 follow up visits occurred with children/families to provide psycho-education/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues (227.67% of yearly target). Services are provided at two primary care sites, La Clínica Monument and La Clínica Pittsburg.

The service site enhances access to services because they are provided in a non-stigmatizing environment where many clients already come for medical services. As research shows that Latinos are more likely to seek help through primary care (Escobar, et al, 2008), the provision of screening and services in the primary care setting may identify clients who would not otherwise access services.

Furthermore, up to 70% of primary care visits involve a psychosocial component (Collins, et al; 2010). Having integrated behavioral health care allows for clients to receive a more comprehensive assessment and treatment, especially those that cannot attain specialty psychological or psychiatric care. La Clinica's services have been adapted to maintain the safety and well-being of both patients and staff, while ensuring the continued provision of essential care.

Medical and Behavioral Health teams have returned fully to in-person, however, clinics continue to offer telehealth visits based on patient preference. As a result of more in-person appointments, behavioral health screening has reached target (80%) for most measures in Contra Costa County. There has also been an increase in Provider to Clinician warm hand-offs as well as Provider to Case Manager warm handoffs.
OUTCOMES AND PROGRAM EVALUATION:

Participants are referred to the Integrated Behavioral Health (IBH) team through either their primary medical provider or self-referral. Clients are given an annual behavioral health screen which includes screening for substance use, anxiety, and depression. If these screens yield a positive result, primary care providers discuss with the client and offer a referral to IBH. Additionally, primary care providers may identify behavioral health needs amongst their client population at any visit, discuss with the client and refer to IBH. Clients who self-refer to IBH contact the clinic themselves, or request referral during a primary care visit.

La Clinica tracked the following data on an ongoing basis:

A. 9,393 out of 3,000 Depression & Anxiety Screenings at La Clinica's primary care sites.
B. 1,972 out of 250 assessments and early intervention services were provided by a Behavioral Health Specialists within the FY 21-22
C. 4,242 out of 1,250 support/brief treatment services were provided by a Behavioral Health Specialists within FY 21-22

La Clinica tracked the following data on an ongoing basis:

A. 934 out of 750 Behavioral Screenings of clients aged 0 – 17 were completed during the 12- month period by parents (of children 0-12) and adolescents (age 12-17)
B. A total of 469 out of 75 assessments or visits (including child functioning and parent education/support were provided for FY 21-22
C. 683 out of 300 follow-up individual/family visits with Integrated Behavioral Health Clinicians were provided with children/caretakers. This includes psychoeducation/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues.

La Clínica strives to reflect cultural competency in the assessment, treatment and evaluation of the program. La Clínica utilizes screening and assessment tools that are evidenced-based and have been normed for and researched utilizing a similar client population. Linguistic competence, and cultural competence and humility, are central factors to the new staff hiring process and at the core of La Clínica's program design, the approaches used, and the values demonstrated by all of the staff. An embedded value is to honor participants' traditions and culture and speak the language the participant is most comfortable in. Throughout the initial and continuing training for all IBH staff, cultural and linguistic accessibility and competence is a core element to all topics. Culturally based methods including "dichos" (proverbs) and "Pláticas" or individual/family meetings are used to engage participants and employ culturally familiar stories and discussions with Latino clients. Furthermore, mental health terms are interchanged with language that is less stigmatizing and more comfortable. For example, with Latino clients, sadness (tristeza) is a topic used to engage community members, rather than approaching discussions with mental health language terms such as "depression". At the same time, La Clínica strives to understand our unique client population and evaluate data while taking into consideration our unique client population. All behavioral health providers are bilingual (English/Spanish) and most are bi-cultural. When appropriate, La Clínica utilizes translation services for all other languages. In June 2021, the Integrated Behavioral Health Department at La Clinica, began a monthly anti-racism work group to further address the issues of structural racism and how to improve cultural responsiveness to the communities we serve.

The average length of time between report of symptom onset and entry into treatment is 90.44 months. To obtain this data, we did a chart review of 10 randomly selected patients that received treatment this fiscal year.

DEMOGRAPHIC DATA:

Data for gender identity, ethnicity and disability will only be collected by clients seen by a behavioral health provider. Other demographic data is already collected and a standard part of the data collection process for all clients during registration for medical care. It would be burdensome and could harm the client relationship to try to collect this data as part of the screening process during a medical appointment.

The Familias Fuertes program serves children and data on veteran status and military status will not be tracked.

For clients under the age of 18, La Clínica collects sexual orientation if it is directly connected to the reason for referral or treatment plan. Given that La Clínica is providing brief treatment, La Clínica wants assessments to be as targeted as

possible. La Clínica also wants to be sensitive to the reality that our adolescent population is in the process of forming their identity and sexual preferences and do not think would be appropriate to ask sexual orientation in our entire adolescent client population.

For the Familias Fuertes program, data for gender identity, ethnicity and disability is only collected by clients seen by a behavioral health provider. Other demographic data is already collected and a standard.

Part of the data collection process for all clients during registration for medical care. It would be burdensome and could harm the client relationship to try to collect this data as part of the screening process during a medical appointment.

LINKAGE AND FOLLOW-UP:

Participants are referred to behavioral health services through their primary care provider or self-referral. Participants are scheduled into our Integrated Behavioral Health Clinicians' (IBHC) schedules directly from their medical appointment. For more urgent need, clients are scheduled for a same-day or 'warm hand-off' appointment with the IBHC. La Clínica encourages all medical providers to discuss the behavioral health referral before it is scheduled to ensure that participant is both interested and motivated to attend the appointment. If the client does not show to the IBHC appointment, the IBHC will call the client to attempt to reschedule the appointment, which may include clarification of purpose of appointment. If the behavioral health clinician assesses participant to need a higher level of care than our program model, La Clínica will work to link the participant to the appropriate services. La Clínica continues to meet with and support the participant until they are linked and follow up with the recommended service.

We currently do not have data on the average length of time between referral and entry into treatment but are working to build the report and will report out during the next reporting period.

VALUES:

La Clínica strives to offer quality, consistent behavioral health services to the client population. By locating behavioral health clinicians within primary care facilities, La Clínica provides direct, often same- day behavioral health care to those who need services. Often clients are identified as needing behavioral health support in an early stage before they have developed severe symptoms. In these cases, services promote client wellness and provide coping skills that prevent the need of a higher level of behavioral health care. For clients with more severe symptoms, La Clínica able to assess them in a timely manner and determine what course of treatment would be most appropriate. La Clínica clinicians work in a
team-based approach along with our medical providers to offer holistic care that addresses the intersection between physical and mental health. This team approach is both effective and proves to have the best outcomes for La Clínica's client population. Many of the clients who access behavioral health care at La Clínica would not otherwise have access to behavioral health for a variety of reasons including: transportation difficulties, stigma associated with behavioral health access, and inability to navigate the larger behavioral health system due to language barriers and system complexity. La Clínica makes every effort to provide services equally to all clients who are open to receiving care. Staff use non-stigmatizing language by interchanging the terminology of mental health with emotional well-being, allowing for a more receptive message to be communicated. La Clínica emphasizes the improvement in well-being, recognizing disequilibrium, and providing tools and resources for establishing emotional well-being, physical health, and supportive, healthy relationships in one's life. La Clínica also helps normalize mental health issues by pointing out the prevalence of mental health challenges, the availability of a range of treatment services, and the efficacy of support and treatment to help reduce stigma.

VALUABLE PERSPECTIVES:

Familias Fuertes Vignette -

During the pandemic, a 7 y/o Latino child was referred to IBH for anxiety and tic behavior. Child was having difficulties adjusting to distance online learning, was having academic challenges and was also having difficulties adjusting to the arrival of baby sibling. Clinician worked with both child and mother teaching coping skills to manage anxiety and coached

mother on ways she could support child. They also supported the family in the process of adjusting to the arrival of baby sibling. They worked on ways child can be included in the baby's daily routine, coached mother on addressing child's thoughts and feelings as well as quality time. They also briefly worked with mother's stress and self-care. Months after completing brief treatment in IBH, mother and child returned for support with child adjusting to school in person. Child was having behavioral challenges as well as was a victim of bullying. Mother was also having difficulties managing parenting stress. The Clinician supported child and mother with behavior modification strategies, boosting child's self-esteem, assertiveness, and strategies to handle the bullying. They also coached mother on advocating for child at school. Mother was also supported with individual counseling with my IBH colleague. Mother expressed gratitude for the support the family has received in IBH.

Vías de Salud (Pathways to Health) Vignette -

A 69 y/o Latino female patient was referred to IBH for depression and anxiety symptoms. Patient had a history of depression and was significantly affected by the isolation of the pandemic. Patient considered herself a happy and social person, used to get together with friends and the pandemic put a rough stop to patient's social activities, interactions and family gatherings. Patient was also affected by her adult son's alcohol abuse. Patient was depressed, isolated, felt lonely, had persistent worry and trouble with sleep. The clinician provided supportive counseling; patient expressed she would look forward to the monthly calls from this IBHC. They worked on strengthening coping strategies to manage symptoms, on ways patient could continue connected with friends and family, discussed ways patient could support her son with substance use and assisted her to explore pleasurable activities that she could engage in within the limits of the pandemic. During the brief treatment, patient retired from her job. Patient had difficulties adjusting to this new life stage. They supported patient during this process and continue to work with her. Patient has improved significantly, and she is working on completing brief treatment in IBH.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

☐ Provide access and linkage to mental health care

☐ Improve timely access to mental health services for underserved populations

☐ Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / STRATEGIES:

1) the types and settings of potential responders:
The Latina Center offered culturally and linguistically relevant 10 to 12 weeks of parenting and mental health workshops to potential responders in our community-based settings:

- CFS, (Child Family Services)
- SAN FRANCISCO SUPPREME COURT,
- Social media such as Facebook, Instagram, Text Link,
- Referrals from other Schools.

2) Methods used to reach out and engage
Still Due to COVID pandemics, The Latina Center made referrals during the parenting classes via Zoom made referrals to the following:

- West Contra Costa Mental Health Services,
- Educational Path to Support (Caminos al Apoyo classes)
- Psychoeducational sessions, and
- Online Services (One year Leadership program)

During FY July 2021 – June 2022 we served a total of 319 participants:

- We served 261 participants in our Parenting classes
- 30 participants in our 4 Mental health workshops,
- 28 participants Psycho-educational sessions

3) any strategies utilized to provide access and linkage to treatment
Our community outreach staff conducted calls to recruit and engage people in our services. Successfully, we were able to recruit more than 430 parents to participate in our programs. Besides the use of phone calls, we recurred to using digital flyers an invitation on Facebook to invite people to participate in our parenting classes.
Referrals from The San Francisco Supreme Court, West Contra Costa District Schools, Health Clinics, Child Family Services (CFS). A total of 291 from these referrals were present at the parenting sessions and mental health workshops. During this annual reporting period, 28 participants were with our mental health counselor, making a total of 319 parents.

4) strategies utilized to improve timely access to services for underserved populations.
Due to the Health Department precautionary recommendations, we have continue registering people for the parenting classes two weeks before the initiation of our classes

OUTCOMES AND PROGRAM EVALUATION:

Parenting Classes:
The results of the in-take form, indicated that the participants wanted to be able to focus on the following indicators:

- 166 parents wanted to acquire new skills.
- 115 parents wanted to improve their communication with their partner
- 207 parents wanted to improve their communication with their children.
- 148 parents wanted to improve their relationship with their family
- 106 parents wanted to learn more about child development
- 74 parents wanted to learn more about Mental Health

According to the interview with each parent, most mention wanting to improve their communication with their children, apply more effective discipline and recover or increase their children's confidence when they enter adolescence and young people stop communicating with their parents.

Parenting Classes (STEP pre-questionnaire)

This pre-questionnaire identifies how much parents know and understand how to relate to the children when you are seeing discipline, solution to their problems, consequences to the mistakes and proper reinforcement to positive actions, and emotional regulations.

In this step questionnaire, parents recognize that they themselves reward children's bad behavior because they lack ideas to apply discipline without punishment.

- The results of each participant pre-assessment in the parent questionnaire were as follows:
- 1.-Identifies the reason for the behavior of your children.
  Never,5.7%, Rarely 25.3%, Frequently 37.9%, Always 31%
- 2.- Avoids doing things for your children when the can do it themselves?
  Never 10.7% Rarely 26.1% Frequently 37.5% Always 25.7%
- 3.- Recognizes positive qualities and action of your children?
  Never 0.8% Rarely 8% Frequently 33% Always 58.2%
- 4.- Listen for feeling in what your children say?
  Never 0.3% Rarely 8.8% Frequently 39.1% Always 51.3%
- 5.- Express you're feeling to your children in a serene way?
  Never 1.5% Rarely 17.6% Frequently 39.5% Always 41.4%
- 6.- Solve the problem talking about the solution with your children?
  Never 0.8% Rarely 15.3% Frequently 36% Always 47.9%
- 7.- Allows your children to learn from the consequences of their own decisions?
  Never 0.4% Rarely 15.7% Frequently 39.5% Always 44.4%
- 8.- Uses discipline that is related to bad behavior of your children?
  Never 6.1% Rarely 18% Frequently 42.5% Always 33.3%
- 9.-Knows what approach or response to use when discipline your children?
  Never 3.8% Rarely 22.2% Frequently 41% Always 33%
- 10.- Hold family meetings?
  Never 20.3% Rarely 30.7% Frequently 28.4% Always 20.7%
- 11.- Accept your children's mistakes?
  Never 1.5% Rarely 7.7% Frequently 31.8% Always 59%
- 12.- Show respect for your children's opinions?
  Never 0.8% Rarely 5.7% Frequently 24.5% Always 69%

Parenting Classes (STEP post-questionnaire:)

After taking the classes and learning and practicing the tools, such as: active listening, efficient discipline without punishment, and teamwork at home. the participants mentioned having learned to listen reflectively to their children, paying attention to their feelings and their body language, practicing family meetings to assign responsibilities but the most important thing they stated was their learning to better plan and enjoy quality family time, where the qualities of each member of the family were recognized.

Below the result of the STEP Parent post-questionnaire

- 1.- Identifies the reason for the behavior of your children?
  Never 0% Rarely 7.1% Frequently 35.3% Always 57.6%
- 2.- Avoids doing things for your children when they can do it themselves?
  Never 5.9% Rarely 12.9% Frequently 38.8% Always 42.4%
- 3.- Recognizes positive qualities and actions of your children?
  Never 1.2% Rarely 3.5% Frequently 17.6% Always 77.6%
- 4.- Listen for feelings in what your children say?
  Never 0% Rarely 2.4% Frequently 22.4% Always 75.3%
- 5.- Express your feelings to your children in serene way?
  Never 0% Rarely 12.9% Frequently 32.9% Always 54.1%
- 6.- Solve the problems talking about the solutions with your children?
  Never 1.2% Rarely 10.6% Frequently 29.4% Always 58.8%
- 7.- Allows your children to learn from the consequences of their decisions?
  Never 0% Rarely 14.1% Frequently 23.5% Always 62.4%
- 8.-Uses discipline that is related to bad behavior of your children?
  Never 0% Rarely 14.1% Frequently 35.3% Always 50.6%
- 9.- Knows what approach or response to use when discipline your children?
  Never 0% Rarely 14.1% Frequently 32.9% Always 52.9%
- 10.- Hold family meetings?
  Never 8.2% Rarely 20% Frequently 37.6% Always 34.1%
- 11.- Accept your children's mistakes?
  Never 0% Rarely 2.4% Frequently 14.1% Always 83.5%
- 12.- Show respect for your children's opinions?
  Never 0% Rarely 4.7% Frequently 8.2% Always 87.1%

Parenting classes and OVW:

- ✓ This year we also focused on identifying the different mistreatment and abuse that often happens to our children in our Latino community with behavior patterns that are not healthy and affect them. That is why in each session a small educational component has been included that encourages better discipline, with a safety plan in cases of emergency, so that each parent who faces some type of abuse from their partner are able to protect themselves and their children. We put emphasis on helping them understand what the best way is to heal the trauma that their children go through, by encouraging to speak up and express or share their situations to seek help. Some testimonies have been included at the end of this report.

Among our 261 participating parents, some mentioned having experienced some type of violence (physical, emotional, verbal, sexual, or economic type of abuse) at some point in their lives between childhood, adolescence, adulthood, and up to the present:

- 78 parents identified with Domestic Violence by their partner.
- 31 parents identified with Intrafamilial Violence.
- 5 parents identified with Symmetrical Violence where the two parents were violent towards each other.

The following results have been identified as secondary victims of the participants who mentioned being survivors of some type of abuse. Of these identified secondary victims none received services from our organization

- 51 children were victims of physical abuse
- 60 children were victims of verbal abuse
- 52 children were victims of emotional abuse
- 28 children were victims of psychological abuse.

Referrals from other organizations:

We continue providing support to the community with our parenting classes, thanks to referrals from other

organizations such as San Francisco, Richmond Supreme Courts, CFS, School Districts, as well as referrals from other clients.

- 5 Participants from CFS
- 11 Participants from Courts
- 20 Participants from other's clients
- 50 participants from Schools
- 114 Participants from The Latina Center Programs
- 10 participants Call themselves

Graduates:

- ✓ As a result of our classes, we continue assisting each one of our participants, until they complete the program thoroughly.
- ✓ Up to this moment, we have been able to graduate fifty-nine parents by delivering their certificates to their homes previous explanations and congratulations for their achievements.

The situation right now in our community is not easy yet, because the COVID pandemic has affected the income of many families, for which many people were forced to increase their working hour schedules. All of this has made it very hard for each parent to participate and connect to their classes. However, as an organization that takes the well-being and improvement of our clients very seriously, we have the task of continuing to offer flexible schedules.

Mental Health Workshops:

During the months of May and June, we had 4 Mental Health workshops presented by our Mental Health expert Mr. Ernesto Hidalgo via our zoom platform, broadcasted live on Facebook media.
Thanks to those workshops we were able to reach out 50 parents to participate in mental health services.
Only 30 participants filled out a pre-survey and a post-survey questionnaire about Mental Health illnesses that mostly affect our Latino community.
The results of the surveys will be described at the end of this report.
The results of the outreach and presentations of these workshops were as follows:

May 9, 2022, we presented the topic: "What is Mental Health in General"

- 16 participants were connected during the workshop on Zoom
- 21 participants interacted during the workshop on Facebook live by making a comment or liking the workshop.
- 12 people shared this workshop on Facebook, during and after the presentation.
- Currently, there are 243 views, as this workshop continues being available on The Latina Center Facebook Live page.

May 16, 2022, we presented the topic: "Mental Health in Children"

- 10 participants were connected during the workshop on Zoom
- 12 participants interacted during the workshop on Facebook live
- 21 people shared this workshop on Facebook, during and after the presentation.
- Currently, there are 211 views, as this workshop continues being available on The Latina Center Facebook Live page

May 23, 2022, we present the topic of ("Mental Health in young adolescents")

- 12 participants were connected during the workshop on Zoom.
- 12 participants interacted during the workshop on Facebook live
- 49 persons shared this workshop on Facebook live, during and after the presentation.
- Currently, there are 282 views, as this workshop continues being available on The Latina Center Facebook Live page

June 6, 2022, we present the topic: "Mental Health resources for parents with diagnosed children".

- 4 participants were connected during the workshop on Zoom

- 13 participants interacted during the workshop on Facebook live
- 46 people shared this workshop in Facebook live, during and after the presentation.
- Currently, there are 306 views, as this workshop continues being available on The Latina Center Facebook Live page

Mental Health post-evaluations

30 participants understood that mental illnesses are caused by distortions in the ability to think that affect their emotions and ultimately, their behavior

- 26 participants could now recognize a sign of mental disorder
- 12 participants mentioned having a slight depression now for different situations
- 15 participants mentioned having anxiety now
- 30 participants mentioned suffering stress now due to their work, COVID, and other economic situations

Psycho-educational Therapy:

- 28 participants were assisted by our professionals. Their information is attached

VALUES:

The Latina Center serves the Latino Community with culturally and linguistically relevant parenting classes structured to support parents by giving them the necessary tools that they can easily adopt to help them strengthen family ties and understand the feelings and rights of each member of the family. These services are provided in Spanish with flexibility in our schedules to better assist our working families. We also consider the different cultural approaches families bring to this country in relation to the way they raise their children to prevent them from using nonhealthy or dangerous methods.

As an organization, our team members, facilitators, and people trained in the different topics, strive in providing excellent services for families. By using surveys, we evaluate the program, the objectives and the work done by each staff member.

At the end of the program, the result of the evaluation gives us a better understanding of all the effort and work that each person did for our community which ultimately helps us to improve our services.

During these times of need, we are expanding our outreach efforts beyond our local community, and that is why we are making connections and referrals to other organizations that go along with the work we do at The Latina Center, such as San Francisco, Richmond Supreme Courts, Health Clinics, School Districts, Churches, and Early Childhood Mental Health.

VALUABLE PERSPECTIVES:

PARENTING CLASSES: Testimonies

- During the sessions, YL0279 learned to express her love to her children through words, kisses, and hugs, which was something that she did not consider important as she did not have these types of experiences in her childhood. However, the more she practiced and engaged in doing it, her children reacted happier and more open to following her instructions which was the reason she had participated in the classes several times.

- At the beginning of the classes, MO4014 shared that she has two children with whom she does not get along so well, especially the eldest who is always questioning the responsibilities and instructions given to him. Because he is already of legal age but still lives at home and does not contribute with anything, the participant commented that after chapter number 6 (a discipline that makes sense) she understood that she was making mistakes when giving him directions, by criticizing him and comparing him with his younger brother. So, she

decided to stop doing this and use instead words of encouragement each time. Now her son responds in a different way without feeling pressured but rather motivated to look for work and to continue studying. The participant indicated that today's result is due to the classes that taught her how she was not being as effective as she wanted and found new ways to better approach her family.

- YC9141 started the parenting classes because she thought her daughter had hyperactivity and conduct problems, hoping that she would be able to apply more effective discipline and that her daughter would obey her. But from the first session, she understood that her daughter was not so much the one with the problem but herself, because she did not have patience, she was a very demanding and bossy mother who only used to give her commands. She worked all day to meet her daughter's needs and they didn't spend much time together. In class, she learned to identify her daughter's feelings and her corporal language, she learned that material things do not replace the presence of parents and that through family meetings an agreement can be reached to spend time together. Now the participant does not feel so stressed, and they seek to spend quality family time, enjoying other activities, each one separately. She finally said she feels more relaxed now.

MENTAL HEALTH:

- ER1758: Stated that her son was diagnosed with Attention Deficit and Hyperactivity Disorder (ADHD) when he was five years old, but the doctors were not sure whether he had developed schizophrenia and/or bipolarity. The doctors were unable to give a specific diagnosis because the child was still very young, and his brain was still developing. The client stated that this was a very difficult process because she was going through different problems in her life. Thanks to receiving the classes, she was able to better understand the instructions she was giving to her son with special skills. The parenting classes helped her to better understand how to provide what her son really needed. The Topic in mental health illnesses, helped her to learn more about her son's behavioral symptoms.

- Now she is more understanding and works on her patience and on helping her child to deal with his special needs until he is properly diagnosed.

- AR9888 shared during the topic of mental health that he had finally identified his symptoms and learned he had suffered from anxiety since he was a child, due to his parents' financial conditions that led him to stop going to school and take responsibility for his family and start working at very young age.

- IZ1942 shared that in his adulthood, he married the mother of his children, and everything was going well, but over time they separated. Since then, his anxiety and panic attacks resumed. He sought help from therapy and medication and accepted his treatment but as soon as he starts feeling well, he immediately stops treatment without consulting his doctor. He does not have a stable improvement; after these classes, he understood the importance of being compliant with his treatment for his and his children's benefit.

- MC5634 had not been able to participate in these classes before due to her husband's controlling behavior towards her. However, this time she decided to look for help because her eldest son had been expelled from school several times. Although it took several months, last year, the 17-year-old was diagnosed with schizophrenia and immediately entered treatment, thus being able to manage his mood and aggression, little by little the young man began to feel better but without saying anything to his parents, he stopped take the medication for several months. In January of this year, he had a very strong aggressive crisis where the young man fainted and had to be hospitalized immediately. The Doctors perform some tests, and the results were that his potassium was insufficient, he was dehydrated and had stopped taking his medication. After that diagnosis the client spoke with a psychiatrist and requested another evaluation, this time the doctor told her that the young man seemed to have a combination of bipolarity and schizophrenia and it was necessary to keep him for a few days in a psychiatric hospital under vigilance since his life was at risk. The mother accepted and he was hospitalized for a week.

Now she seeks information about her son's condition to help him reincorporate with his family again by

practicing healthy behaviors, following his medical treatment and where everybody could understand his condition. For this reason, she was referred to National Alliance for Mental Illness (NAMI), our workshops at The Latina Center and the Mental Health coach Veronica McManus. As for the young man he is stable taking the medication and with psychological and occupational therapy.

PARENTING CLASSES AND OVW:

- SP 6822 After the topic of Domestic Violence, the participant shared that during the class she remembered when she and her sister were little and were sexually touched repeatedly by a family member who lived with them, until one day they courageously talked to her mother and accused the person. She plucked up courage because she saw how her sister suffered every time she was touched, and she just wanted to protect her. From that day on, she promised herself that she would not let anyone else hurt her. In her marriage everything was going well, until her husband began to mistreat her and tried to hit her on several occasions even when she was pregnant. SP stated she did not allow it and protected her son, however, she admits that after that she became an overprotective mother which was not healthy either because there were so many restrictions her son suffered, so she decided to participate in the program to have a balance in her discipline, work how to heal her fears and give her child options in making decisions that will not affect his life. Now she can say that she is more flexible by encouraging her son to do more things, by talking to him about his safety, responsibility and how to protect himself. At the end of the classes, the client said she was very happy to have participated in the program.

- KG8590 shared that her parents left her and her siblings in charge of very aggressive and violent grandparents in their country of origin, Honduras. Her grandfather became very aggressive when he got drunk, which he did almost every day. when they came to live with them the mistreatment was not so constant, but over time they got increased, especially toward the girls, who were abused physically and verbally. One day the participant, still at young age, left home and decided to look for her parents in USA. She did find them, but they did not want to take responsibility of her, for which she started to work with a family as a babysitter. At the same time, she took care of her brothers in Honduras by sending money and talking to her sisters to take care of their little brothers. Then she got married and soon after word her husband began to mistreat her which for her was “normal” until her five-year-old daughter told her she feared her father when he was drunk and was bad with them. She remembered everything she went through and made the decision to separate from her husband to protect her daughters. Since then, she has been looking for all kinds of workshops in different organizations to educate and prepare her daughters to protect themselves against violence because is not normal or healthy. Now she is alone with her daughters, but the girls are safe, she has enjoyed and learned a lot from the classes, especially the family reunions that help reinforce her bonds of love and trust.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

□ Provide access and linkage to mental health care
X Improve timely access to mental health services for underserved populations
□ Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / PROGRAM SETTING:

Lao Family Community Development's (LFCD) Health and Well-Being Program for CCC Asian Families (HWB) continued to focus on delivering PEI services to 120 unique clients targeting South Asian and South East Asian immigrant/refugee/underserved residents living in Contra Costa County. This report covers services provided during the program year, July 2021 to June 2022. We served 127 participants from both communities representing a diverse group (Nepali, Tibetan, Lao, and Mien).

We provided navigation and timely access to internal and external services including linkages to mental health and other service providers such as: a) Partnerships for Trauma Recovery in Berkeley, a community based organization offering linguistically accessible mental health care and clinical services; b) Contra Costa Regional Hospital in Martinez, West County Health Center in San Pablo, Contra Costa County Mental Health Services in San Pablo, California's Employment Development Department, and Highland Hospital in Oakland, all public health facilities for physical health services and severe mental health access; c) La Clinica Fruitvale Free Clinic in Oakland for free physical medical and mental health service, d) Bay Area Legal Aid in Oakland and Richmond, for related services in family violence, restraining orders, and other civil legal assistance, e) linkages to access the American Bar Association for pro-bono and consultation in legal services (free or low cost consultation), and f) Jewish Family Services – East Bay for naturalization and citizenship services to address our clients' issues affecting their mental health and recovery needs.

For timely access, we escorted high barrier clients such as seniors with visual and physical disabilities; monolingual language barriers, and those with few other options for transportation to 1) mental/physical health evaluations and appointments at to Contra Costa Regional Hospital in Martinez, West County Health Center in San Pablo, Contra Costa County Mental Health Services in San Pablo, Partnerships for Trauma Recovery in Berkeley, Highland Hospital in Oakland, and La Clinica Fruitvale Free Clinic in Oakland; 2) the USCIS office in San Francisco for immigration assistance; 3) Jewish Family and Community Services – East Bay for onsite legal assistance with naturalization and immigration services 4) Federal SSA offices in Richmond or Oakland for SSI benefits or Temporary Protected Status. These access and linkage services were provided for clients by providers located in both inside and outside CCC County in line with participants' individual service plans. With rigorous follow-up, and redirection of these individual service plans we have been able to assist our clients in receiving mental health services in a timely manner.

OUTCOMES AND PROGRAM EVALUATION:
Participants were given a Pre and Post Lubben Social Networking Scale (LSNS-6) mental health assessment to help identify mental health needs. The LSNS-6 assessment was administered to each individual program participant at the beginning and end of their time in the program. According to program protocol, clients with initial or final scores that indicate a high level of social isolation and/or a lack of social connectivity are recommended and referred for mental health assistance.

The LSNS-6 assessment is a tool that measures social connectivity and gauges social isolation in adults by analyzing the perceived support that the participant receives from family, friends and neighbors. According to Boston College's School of Social Work, the LSNS-6 "consists of an equally weighted sum of 10 items used to measure size, closeness and frequency of contacts of a respondent's social network." This provided quantitative data that measured the effectiveness of our HWB program within the framework of establishing mental health/well-being through social

interaction/community building.

NOTE: Based on discussions with clinicians at the Mental Health Services of Contra Costa County, an improved assessment tool will be used to identify mental health needs. The Refugee Health Screener (RHS-15) is a screening tool developed in a community public health setting to detect a range of emotional distress among refugee groups that better aligns with the populations that are served by this program.

A total of 127 clients completed the Pre LSNS assessment and 127 clients completed the Post LSNS assessments. The average progression was 5 with a high correlation between the participant's progression and level of participation in monthly social peer support groups' activities and workshops. Please refer to the table for LSNS results:

Pre-LSNS	Post-LSNS	Progression	
# of Completion:		127	127
Average Range:	12	24	12
(Min) Range:	12	19	7
(Max) Range:	16	27	11

In addition, case management provides a continuous contact and monitoring of clients to determine if any trauma or event has affected their mental health status. Referrals to link participants to more rigorous mental health assessments and treatment were provided on an as-needed basis.

Internal evaluation of the program includes reviewing cases to ensure strategies for communication take into account the cultural competency of the counselors. Cases are reviewed to ensure participants in the program receive services that are linguistically and socially appropriate. Examples of these services include communicating in their native language (Mien, Lao, Thai, Nepalese, etc.) and understanding the cultural norms in order to address health and well-being issues in an appropriate and effective manner. A thorough review of cases every 6 months ensure that the confidentiality and integrity of the participants' information is protected.

A program activity evaluation form was completed per each activity conducted (e.g. ethnic peer support gatherings and SFP workshops). In each program activity, 5 random participants were asked to complete the activity evaluation form. This process allowed a program staff or volunteer to work one-on-one with the non-English monolingual participant to complete the form. Each set of completed evaluation forms are attached to an activity reflection form for documentation purposed. The evaluation forms are reviewed by the program staff and changes were implemented according to the participants' evaluations. Comments in the evaluations included recommendations for cultural activities, outdoor events including using the recently re-constructed Community Garden at the San Pablo office.

The last evaluation tool used was a general program evaluation form that was created by the program staff to measure the participants' comfort level, participants' engagement and the cultural competency of the program services. The tool was also used to measure the participants' knowledge of accessing services that were related to their mental health and well-being and the impact of stigma on their will to seek services after receive program services. The evaluation was completed via phone by non-program staff that spoke the same languages as the participants.

The results stated that the 94% (120 of 127 respondents) of the participants were satisfied with the program services, and 5% (6 of 127 respondents) were somewhat satisfied with the program services. Some of the resources the participants listed on the survey were West County Health Center in San Pablo, Contra Costa County Mental Health Services in San Pablo, Community Health for Asian Americans in Richmond, California EDD in Richmond, Department of Rehabilitation in Richmond, Center for Human Development, Contra Costa Regional Medical Center in Martinez, Highland Hospital in Oakland, La Clinica Fruitvale Free Clinic in Oakland, and East Bay Area Legal Aid in Oakland and Richmond, Law office of Laura A. Craig, Jewish Family Services – East Bay in Walnut Creek, etc.

LINKAGE AND FOLLOW-UP:

Participants were linked to mental health services and other providers depending on their need and goals identified in the individual service plan. From July 2021 to June 2022, this PEI program referred 64 participants to different agencies inside and outside Contra Costa County using the following step-by-step procedure:

1) We carefully, patiently and attentively listen to the participants in a safe confidential setting as they explained their needs. Through our culturally competent counselors, we begin to establish understanding and trust with the participants.
2) We gave support to participants while helping them develop their individual service plan with step by step goals and tasks including identifying linkage providers.
3) Then, we encouraged individual participants to access and seek service provided by others. This process can take from 1 to 8 weeks in duration.
4) Once the participant feels strongly that they can trust us with their confidential information, then we escort them (most of the time) to the provider for the warm handoff.
5) If we are not able to do this, we set up a phone conference call to provide an introduction and assure that there is a translator available when they go to their appointments. We also provide the participants with name and address to assist them. If the provider is not available, we send an email and call while the participant is there to witness this.
6) Next, we followed up with the participant and referral partner within the week. Then we stay in contact either weekly, every two weeks, 3 weeks, or monthly depending on the length of time in their treatment and in the program with more attention upfront until the treatment is complete. Average time from the referral to consultation first appointment, evaluations and then entering into the treatment at the referral partners' office is 1 to 8 weeks (depending on availability of interpreters and appointment slots at the outside partners; we have found public providers take longer than CBOs or private).
This is the list of the external services including linkages to mental health and other service providers such as:

1) West County Health Center in San Pablo, Contra Costa County Mental Health Services in San Pablo, Community Health for Asian Americans in Richmond, California EDD in Richmond, Department of Rehabilitation in Richmond, Center for Human Development, Contra Costa Regional Medical Center in Martinez, Highland Hospital in Oakland, La Clinica Fruitvale Free Clinic in Oakland, Trauma Recovery in Berkeley, and Regional Center of the East Bay in Concord for physical health services, severe mental health access and/or developmental disability services.
2) Dr. Lee Hee, MD, a private practice medical doctor in Oakland for affordable medical care.
3) Soledad Miranda, a Medical enrollment navigator from Center for Human Development, Mrs. Miranda assist our client with faster and more accessible connection to Medical and Cal Fresh needs.
4) Bay Area Legal Aid in Oakland and Richmond, East Bay Sanctuary Covenant in Berkeley, law office of Judith Lott in Oakland for related services in family violence, restraining orders, immigration assistance and other civil legal assistance and linkages to access the American Bar Association for pro-bono and consultation in legal services (free or low cost consultation) for our participants' needs affecting their mental health and recovery needs.

5) Jewish Family Services – East Bay with naturalization and immigration services.

VALUES:

At the end of the 12-month period, we reflect on our work and partner linkages. Our evaluation is that our program values reflect MHSA values in these areas:

1. Our written program policies and agency commitment and practice of providing a safe, trusting, and confidential setting at LFCD and elsewhere engenders feelings that there is no stigma. We patiently listen to understand. Knowing that anything shared is safe and that no one other than who they authorized will know.
2. We have a zero-tolerance policy for discrimination or prejudice on the basis of race, place of origin, gender, religion, disabilities, etc. and our practice gives participants confidence that they are not discriminated upon.
3. Our practice and demonstration of our commitment to timely access for our clients. This results in the high

level of satisfaction feedback we get from our clients with service provided in terms of case management, peer support, reduction of isolation, comfort in asking for helping and talking to others about mental health and increased knowledge of services in the community. Our services are provided day time, night time, weekends, and escorted assistance.

4. Our strategy to establish trust first through case management-leads to participants engaging at a higher level and higher graduation from the program and accomplishment of their goals. Our Case Managers are well-respected members of the communities that they serve which allows for an engaging relationship with participants.

5. Providing participants with timely access and warm handoffs to linkages (specific person with the linguistic competency) to the mental health PEI services and providers helps participants to begin their recovery path sooner.

Our thematic peer group activities; individual connections to the counselors, linkage providers, and each other; cultural activities, food, music and indoor/outdoor physical activities selected based on participants' wants and needs engenders resiliency and wellness. They activities help participants build their resiliency and their recovery from crisis.

VALUABLE PERSPECTIVES:

During this time period, we have had several clients with mental health stress as a result of issues concerning immigration, housing, finances and physical health. Here are a few stories:

During the program year, we had a client G. Pudasaini who was self-reporting that he was suffering from depression prior to joining our HWB program. After one by one counseling, participation in SFP workshops, attending social gathering and community events, he became more relaxed and mentally healthier. Case manager also helped him to find a job at the transportation company in Rodeo California. He was also driving Uber and Lyft to earn more money in preparation for his family immigrating to the US. Case manager also referred him to Kaiser Permanente Richmond for the mental health counselling. In January 2022, his family members also joined him here in USA. He became so happy after the reunion of his family. A month before the program graduation, he called us and let us know that he was able to buy a liquor store in San Jose California. He now moved to San Jose with his family and taking care of his business. It was a great achievement for him.

Additionally, we had a 75-year-old Filipino female client, N. Lacuesta who was on EDD benefits due losing her job from COVID pandemic. She then exhausted her EDD benefit, the client was an elderly woman who couldn't work anymore both emotional and physically. Client doesn't have any family member that lives here in California. The client was not eligible to receive retirement due to her work credit, however the client luckily happened to be a US citizen and that made her eligible to apply for SSI. Case Manager assisted the client with calling and scheduling appointments for the client to apply for her SSI benefit. It took the client a few months to finally get through the whole process and started receiving her SSI monthly benefit. The client was really appreciative because she almost became homeless as well as experiencing both mental and physical stress. Case Manage would contact her landlord and explain and reassure the process of her benefit process and that client will pay as soon as her benefits are distributed out. In addition to helping ease the financial stressors, our case managers high encouraged N. Lacuesta to join our peer support groups and social gatherings to help strengthen her familiarity with this area of California.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

- ✓ Provide access and linkage to mental health care
- ✓ Improve timely access to mental health services for underserved populations
- ✓ Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / PROGRAM SETTING:

LifeLong Medical Care's SNAP program provides underserved seniors in West Contra Costa County with opportunities for social engagement, creative expression, lifelong learning, and case management support. Program goals include reducing isolation and promoting feelings of wellness and self-efficacy; increasing trust and openness to reveal unmet needs and accept support services; improving quality of life by reducing loneliness and promoting friendships and connections with others; and improving access to mental health and social services for underserved populations. Service access is improved by accommodating the seniors' individual physical, mental and financial limitations and hinderances. By delivering service and support directly to the seniors, it eliminates the stress that accompanies the inability to access services due to lack of finances, transportation or otherwise compromised health.

LifeLong Medical Care provided services on-site at three housing developments: Nevin Plaza, Friendship Manor, and Harbour View Senior Apartments. During this reporting period, LifeLong conducted in person wellness checks and social calls, hosted senior resource health fairs, provided individualized social service support, and conducted home visit assessments. LifeLong also provided monthly community resource in-services, distributed meals and groceries monthly, hosted community resource holiday celebrations and free flea markets. All services provided by LifeLong were in observance of COVID-19 safety protocols and local mandates and ordinances.
This reporting period, LifeLong gradually restarted in-person social gatherings for the SNAP program with COVID-19 safety protocols. Examples of this include craft workshops, walking groups, ice cream socials, outside productions with live entertainment, and doll shows where program participants can display dolls they crafted during craft workshops. Participants demonstrated excitement for reintroducing in-person social events.

OUTCOMES AND PROGRAM EVALUATION:

LifeLong assesses mental health at the initial enrollment and during regular interactions with case management staff. The SNAP enrollment form includes questions about mental health symptoms and whether participants would like support to access services. The enrollment form also screens for depression using the PHQ-2 and PHQ-9 as appropriate. If the participant is unable to complete a form, staff are trained to ask these questions verbally. In addition to this formal process, we also check in with participants throughout the year to identify emerging issues.

- **List of indicators measured, including how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.**

In addition to the use of the PHQ-2, LifeLong measures mood, isolation, and program satisfaction through a confidential annual survey developed with consumer input. LifeLong staff completed regular wellness checks and social calls to participants throughout the year and administered the PHQ-2 assessment when appropriate. Data on all services provided was collected and submitted through the SNAP program as part of our monthly reporting.

Feedback from participants was overall positive, with the vast majority reporting high levels of satisfaction and agreeing

that SNAP helps people with their nutrition and grocery needs, feel less isolated, and improves morale. Results from 25 completed surveys show that 84% of participants agreed that participation in SNAP helped them feel less isolated, 96% of participants expressed satisfaction with SNAP, and 72% of participants expressed SNAP helped improve their mood.

- **Average length of time between report of symptom onsetand entry into treatment and the methodology used.**

N/A. SNAP staff are not mental health clinicians and therefore do not conduct clinical histories/assessments or provide therapy. This information is therefore not available to report. Referrals to mental health providers are provided as follow up to a positive PHQ-2 screen or upon client request.

LINKAGE AND FOLLOW-UP:

This year, LifeLong was able to gradually return to in-person services following strict COVID-19 protocols. LifeLong continually evaluates safety for the program participants, accesses risk to staff and participants, and adjusts COVID protocols as needed.

Service linkages and referrals are conducted on a case-by-case basis via a behavioral/mental health assessment. Once a resident not previously involved with SNAP, is willing, we ask them to fill out an enrollment form that includes questions about mental health symptoms and whether they would like support to access services. The enrollment form also screens for depression. If the participant is unable to complete a form, then staff asks these questions verbally. For residents who are already involved with SNAP, staff regularly check in on their well-being and offer mental health referrals as appropriate. Follow-ups occur via telephone or in person to determine the need for additional support.

For participants who are open to mental health or community support referrals, the SNAP case manager does regular check-ins to determine if the referral was met. She also checks in with participants with established mental health services, to offer support should barriers to access arise.

Treatment and the methodology used is determined by the treating agency. The SNAP program staff is not involved with direct clinical treatment.

VALUES:

SNAP promotes MHSA values to the fullest, as described below:

1) Wellness, recovery, resilience: SNAP staff create inclusive, welcoming, and accepting environments where participants support and encourage each other.

2) Access and linkage: SNAP offers highly accessible services in the buildings where our target population live, with extensive telephone contact added during COVID-19. Staff get to know and develop the trust of each resident, so that participants have a safe channel to disclose their needs. The SNAP case manager links participants to social services and facilitates referrals to mental health resources as needed. If the participant already sees a mental health provider, staff checks in regularly to encourage them to participate with external care providers.

3) Timely access for underserved populations: Services are provided directly in the building or local neighborhood (and now over the phone) to promote accessibility for elderly residents; culturally sensitive services are provided for this low-income and primarily African American population.

4) Non-stigmatizing, non-discriminatory: SNAP staff use a strengths-based approach in resident outreach, engagement and services. When operating in-person, SNAP facilitators create group environments that support diverse social thought processes, energy levels, and abilities, allowing each participant's strengths to surface and shine. Participants

can come and go from groups as they need, and it is each person's choice to participate or not. Participants have become comfortable and trusting enough in these groups to talk freely about their mental health issues, without fear of being judged. We continue to support consumers in a manner that is non-stigmatizing and non-discriminatory (and have normalized food distribution to reduce stigma around food insecurity). In addition, LifeLong staff are offered and regularly participate in training to support non-stigmatizing, non-discriminatory approaches including trauma informed care, motivational interviewing, and cultural humility.

VALUABLE PERSPECTIVES:

Ms. J is an elderly African American female residing in the Harbour View senior housing complex in Richmond, California. Her preference has always been to limit interactions with her neighbors and SNAP staff, choosing not to participate in the SNAP program on any level.

During the onset of the COVID-19 pandemic, SNAP established a hot meal and grocery distribution program to support the Harbour View seniors with maintaining healthy nutrition. Over a period of time during SNAP's social service welfare checks, Ms. J began to open up and pleasantly discuss various topics. When informed of the two nutritional programs, Ms. J repeatedly declined support. However, she welcomed the weekly welfare checks and conversation. After several months of declining nutritional support, Ms. J accepted and offered to assist with an upcoming grocery distribution.

Ms. J's volunteer support grew from assisting with one initial grocery distribution, to maintaining monthly grocery distribution support and interactions with her Harbour View neighbors. She also volunteered and assisted at LifeLong's SNAP Harbour View Senior Resource Health Fair and will be manning a table at an upcoming SNAP Harbourview Community Resource Free Flea Market. She stated that she "loves being out" and it "gives her something to do." Ms. J no longer self-secludes and is happy to interact with staff and others.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

X Provide access and linkage to mental health care
X Improve timely access to mental health services for underserved populations
X Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / STRATEGIES:

Types and settings of potential responders:

Despite the impact of COVID-19 shelter in place, the Native American Health Center continued to use the strategy of outreach by providing prevention and early intervention services to increase the awareness of early signs of mental illness, assist community members to access culturally appropriate mental health services. We accomplished this through virtual Native American cultural groups, community events, mental health and wellness workshops. These services increase social connectedness, cultural connection, and general awareness of community and county resources to improve member's overall well-being while providing an opportunity for linkages to other required services.

Strategies to provide access and linkage to treatment:

From July 2021 to June 2022, Native American Health Center (NAHC) served the Contra Costa County Native community as well as underserved and underrepresented populations. NAHC strongly believes that culture is prevention, and integrates Native American cultural practices and traditions throughout our programming.

Throughout Contra Costa County, we provide advocacy for the needs of the community and build partnerships with local organizations within our PEI network and throughout Contra Costa County. These partnerships have grown the network of potential responders for our service population. We are able to increase access and linkages to treatment are unique to each individual's needs and medical preferences. For example, most of the time we are using the 211 phone number to connect members to services. Typically, we call together with the member to ensure timely access to care.

Strategies to improve timely access to services for underserved populations:

We conduct an intake to enroll members into our prevention services. During intake interviews (either by phone or virtually through RingCentral) staff assess members for potential resources or services. Referrals by appointment are encouraged so that staff can dedicate a significant amount of time to ensure the needs of members are fulfilled. Staff ensures that all referrals issued to members are followed up within a 48-hour window. Referrals are issued to both continuing and new members for services that are offered inter-agency and externally. Inter-agency services include Medical, Dental, youth or transitional- age youth, and behavioral health services. In instances where we cannot provide the members with the resources they are looking for, our goal is to ensure their needs are met in other ways by providing them with information about the services we do provide and connecting them with other local organizations that may have the resources that they need.

During this reporting period we have pivoted our tracking on Smartsheets, a web-based project management program. This fiscal year, we made 25 referrals to behavioral and related services, for 13 individuals through our early intervention one-on-one services.

Methods to engage potential responders:

We engage potential responders through our cultural based services that include peer support, cultural groups and

workshops, wellness checks, virtual community evets, and one on one resource support. We effectively use collaboration with community partners to support and network while sharing vital resources with each other. This reporting period we served 307 participants, 307 unduplicated through our group, peer support, cultural workshops, wellness checks, virtual events and one on one resource support.

On-Going Prevention Groups

On-going prevention groups are a key component to reaching first responders. NAHC hosts weekly prevention groups to serve the needs, empower, uplift, motivate, and connect with potential first responders. Groups are facilitated by traditional consultants and trained NAHC staff members on site with a focus on traditional arts integrated with mental health and wellness messaging. These groups at the Native Wellness Center are a great resource and foundation for the services that take place here. They allow us to engage community members through culture and help translate mental health concepts in an informal and safe space. These different ways include:

- Exposure to and in-depth practice of Native Culture and Tradition
- Participating in and learning ceremony and etiquette
- Learning skills and various techniques associated with Native American focused crafts
- Community building and social connectedness
- Promotion of health and wellness
- Awareness and destigmatizing of mental health and behavioral health services

It is important to distinguish between the different ways people engage in our groups; our community is vastly diverse in cultural practice. This is why providing services based on the Holistic System of Care for Urban Natives is so important and useful. Being in the Bay Area, most of our clients are a long way from their homelands. Participation here in an urban setting means that ceremonies and traditions are upheld despite our small numbers, and that makes the resiliency factor that much more important to positive mental health outcomes. Our groups are offered to all and serve a diverse group of individuals. This plays an important role in bridging the gap between people of different cultures and experiences. It allows for the opportunity for non-Natives to learn about the Native community first-hand, reduces misconceptions, corrects misrepresentations, and increases cultural humility. Our ongoing groups are Wisdom Holder's, Traditional Drum Circle and Pow Dance Practice, Urban Rez Book Club and Story Time, Beading Circle, Art for Therapy, Quarterly Basket Weaving, Quarterly Quilting, and Health and Fitness Workshop. All these groups share a common goal; to foster learning, connect members to cultural practices, provide a safe space, empower members, all while promoting healthy lifestyles, and both health and wellness education.

Wisdom Holder's Elder Support Group:

This group meets virtually and over the phone on a weekly basis to provide our elders a positive outlet to communicate any issues or concerns that they may be struggling with. There are also opportunities for them to gain knowledge on issues surrounding health and nutrition, Native culture, family support and prevention in regards to depression and isolation. Monthly events are planned by the group to do outreach and interaction within the Native community. We have recently implemented a formal curriculum of goals we hope to accomplish with the elders. The curriculum includes three important components: Formal health and Wellness education- which includes workshops ranging from healthy food demonstration to information on "how to fall" for example. The second component is cultural education- this in particular focuses on teaching Native history, bringing awareness to issues surrounding the Native community, and providing positive entertainment that sparks awareness and constructive conversation within the group. The third component and most recent is the implementation of scheduled activities that focus on exercising the mind. Understanding that elders are commonly diagnosed with Alzheimer's and Dementia, we are more frequently scheduling activities that will help with combatting the diseases. For example, facilitating days dedicated to playing games that are proven to support brain function. In collaboration with Lifelong Medical, we partner once a month to provide our Elder's with additional support and activities they may need or want to have. Our groups combine in an effort for both programs to expand membership and build healthy relationships within the elder community. There is also a social worker with Lifelong who regular attends our elders group to provide additional support and access for wellness outside of our abilities. Throughout programming staff continually assesses attendees for way in which we may provide support

or resources and the goal is to support the members to achieve independence and empower them to take control of their own well-being.

Our elders continue to express their gratitude and appreciation for this group specifically. Many of the group members have expressed their dependence on these meetings for support because they either live alone or are facing challenges. They have expressed their need for social connection as a way to combat depression and isolation. The group facilitator also ensures that their needs outside the group are addressed as well as doing regular wellness check-ups when members are not in attendance.

Elder's Fruit Day at NAHC Oakland: Combination of Elder's Support groups from Richmond and Oakland where they gather every second Wednesday of the month. This group uses a similar strategy as the Wisdom Holder's group on a larger scale, while also providing each participant with package of fresh fruit, vegetables, and other nutritious foods.

Traditional Arts Circle:

This group has become well established in our Center and in the community, and has transformed from in person to virtually. As the group gathers more, the beading skills improve and they are getting to do more advanced projects. It's been amazing to see members begin the group with no skills at all, and now they are making beautiful jewelry, medicine bags, and accessories with intricate designs that incorporate many traditional techniques. Also, to see people that started with no patience and get frustrated easily, be able to sit for 2 hours in a very calm environment and focus on their beading techniques. While in transition of instructors, this group had remained a drop-in group where members are able to work individually on their own projects in a safe and welcoming space until the new instructor had begun facilitation in February of 2018. Since then she has established a specific curriculum focus on developing the coordination of members necessary to complete beadwork. She also focuses on the therapeutic aspects that beading provides to members and impact that on mental health this class promotes by providing a way in which the Native community can connect to cultural practices they're unable to learn at home. Beadwork is a common practice in the American Indian/Alaskan Native community and the skill is typically passed down through familial interaction. For many urban Natives this tradition is not as common and by providing this class we have the opportunity to allow members to relearn lost traditions and promote cultural connectedness.

Traditional Drum Circle and Pow Wow Dance Practice:

This group is offered virtually for Men of all ages, and often combines youth, adults, and their families. The facilitator teaches various types of Pow Wow songs like Honor Songs, Northern and Southern Drum styles with a focus on learning the words to the songs which are majority in the Sioux language. Each song is broken down into the English phonetics spelling of the words for members to learn in a visual and auditory way. This group is important because it exposes members to cultural tradition and practices, promotes healing through traditions and spirituality, and provides a sense of identity and cultural connection to our Urban Native community. The facilitator has been successful in ensuring that the members not only learn songs and drum techniques, but rather they understand the stories and reasons behind specific traditional practices. This speaks to the high importance of the Oral tradition within the Native community. Recently, we have added the Pow Wow dance practice aspect to the group in an effort to attract more women and families to the center because traditionally drumming is a men's practice and the center does not want to encourage disconnection and separation. Through doing this both genders are able to learn about the culture and the reason why certain practices are gender exclusive. This is part of the cultural education component of our work.

In response to the pandemic, NAHC has moved our groups to a virtual platform. We now offer weekly classes and workshop through the RingCentral platform. New members are required to pre-register and adhere to our virtual group guidelines. Our data has shown this transition has had both negative and positive impacts on our program. In terms of deliverables, the program has seen a significant decrease in numbers because we are unable to open our doors and provide our normal services. Many of our members lack access to electronic devices, cell phones, and even adequate housing. This has created a communication barrier and a huge challenge for the staff to address their needs and provide crucial services. We also serve a large elder population in Richmond and many of our members have since declined

services until they are able to return in person. Some positives outcomes since the transition include; reaching a larger target population, members who experience transportation barriers and/or have mobility issues not find our program to be more accessible, and we are not able to record lessons and workshops to send out to those who have missed a class or are unable to attend due to scheduling conflicts.

Urban Rez Book Club and Story Time:

This group has just emerged during the COIVD-19 Shelter in Place. During the Drum Group, there had been many questions and stories shared to further enhance the learning of the songs and understanding of the history and traditions of our Native people. We quickly realized there were so many stories to be told there was not enough time and space to tell and share stories. This group is important because it give Native Americans the opportunity to tell our own stories of our people, from our people instead of the misunderstandings and misrepresentations many of us experience in public schools and in the media at large. This group also allow us to teach members about cultural traditions and practices, promotes healing through traditions and spirituality, and provides a sense of identity and cultural connection to our Urban Native community.

Virtual Events

Community events are a fundamental approach to reaching first responders. Traditionally, we host many in person events, such as: Traditional Medicine Workshop, Dream Catcher Making Workshop, Health and Wellness Fair in collaboration with Lifelong Medical SNAP Program, as well as many others. Community events allow us the opportunity to outreach to potential responders and link critical resources to prevent a mental health crisis. The pandemic negatively impacted our ability to host in person events, however also provided an opportunity for virtual collaboration with other programs, expanding our reach and capacity to serve new individuals.

This fiscal year, we were able to hold six virtual community events and four in-person socially distanced events.

Virtual Gathering of Native Americans

Prevention staff attended (2) family virtual GONAs, and facilitated mindfulness activities. During this event, members are put into groups to discuss the importance of the medicine wheel. This traditional teaching is important for our community to learn the importance of wellness as a whole, not just diet and exercise. The medicine wheel is divided into 4 categories, (mental, spiritual, emotional and physical) each section describing how we can have wellness in our lives pertaining to that section. This collaboration was an opportunity to outreach and recruit individuals into early intervention services. This event reached an estimated 60 people.

Virtual Teachings of the Water

In partnership with San Francisco-based Prevention programming, the Teachings of the Water allows community to learn about the traditional and spiritual connectedness water gives to the people. The outcomes of Dr. Masaru Emoto's water experiment was taught to the group, which concludes that the energy you put into water reflects the shape and energy the water holds. We used this fact to encourage participants to give that same logic to how they treat themselves and foster positive thinking and positive self-talk as a way to prevent a mental health crisis. During this event, we had the opportunity to link members to one another during a time of isolation to foster social wellbeing during a vulnerable time. Participants reported back that they felt more connected to community, and that it is important to share the knowledge of water with generations to come.
39 people attended this virtual event.

Virtual Tobacco is Sacred Event

This virtual event was way to educate our community on the importance of sacred tobacco. The tobacco plant is a sacred gift to Native Americans. Our indigenous community uses traditional tobacco for spiritual and medicinal purposes for generations; it is central to culture, spirituality and healing. That is why it is important to educate our community and to unlearn all of the misuse of our sacred plant. Our department teamed up with the medical department to teach on the dangers of commercial tobacco use and the importance to promote healing within our communities. This event

reached 30 community members.

Virtual Mindful Harvest Event
In place of our in person annual harvest dinner, we decided to shift to a virtual platform to engage our community during this important time of year for our Indigenous community. Traditionally, this is the time of year when the crops are ready to harvest, and we teach the importance of the relationship we have with the land and the food we eat. To demonstrate this importance we lead an activity called, Mindful Eating. This exercise teaches you how to observe your food, your body, and your body's reaction to eating. Each bite and chew was taught to observe with all of your senses. This slowed down form of eating is a great way to engage in your body's satiety glands and learn when you are really full to prevent over eating. This is also a traditional lesson of only taking what you need from the earth and nothing more. All community members left with a grocery gift card and made the commitment to teach the mindful exercise to at least one family member. In total, we had 13 participants.

Virtual Halloween Event
This event was in partnership with our Youth Department. Our members from Richmond loved to see the children dress up in their Halloween outfits, some reported it made their day and remembered to be happy and smile. During this event, I lead a movement activity that involved a lot of stretching while incorporating story time. This fun –filled event was a great way to get our community together for some lighthearted fun and games with prizes. We promote alternatives to candy during this time of year. This event there was a total of 11 participants and their families.

Virtual Hope for Life Movement Event
During the month of September, which is National Suicide Prevention Awareness month, we facilitated weekly Mindful Movement series, entitled, Hope for Life Mindful Movement. Each week members would join virtually to bring awareness to their minds and bodies in a gentle way. I gave education on the rising numbers around suicide amongst Native Americans and especially during the pandemic those rates have risen, not just for Native Americans, but also for all races. During the class, participants learned how to mindfully engage their movements connected with their breath. This method of breathing can lower your blood pressure and ease your mind of anxieties. There were 11 total participants during this event. Overall a great turn out and those who attended reported they felt more calm and at ease after the class.

<u>In-Person Events</u>
This fiscal year we were unable to host our normal events such as Traditional Medicine workshop, Dream Catcher Making Workshop, and Health and Wellness Fair with Lifelong Medical SNAP Program. However, we were able to host in-person Indigenous Family Wellness Day since shelter-in-place, Mental Health Awareness Month at the Indigenous Red Market with Socially Distanced Beading Circle, and Stick Ball Game Day with TANF.

Indigenous Family Wellness Day
This event was in collaboration with Contra Costa Public Health Department and the mobile COVID-19 testing and vaccine team. We wanted to come together to find ways of combining traditional Native American culture and wellness. We brought the community out to play a fun game of traditional Stick Ball, (where lacrosse comes from). This energetic sports game is a great way to move your body while having fun doing it. Along with Stick Ball, we provided basket weaving demonstration and finger weaving activity for participants to learn and leave with a finished project. Finger and basket weaving is especially important to integrate into our programming because this provides a traditional way to focus your mind on a single task while in a calm environment, similar to meditation, which is known to help with mental health and wellness. This event was a huge success as we are able to connect community to valuable resources and connect with our members who are not able to join in our virtual services. During this event, we had a total of 13 vaccinations and 32 community members in attendance.

Mental Health Awareness Month at the Indigenous Red Market with Socially Distanced Beading Circle
This event is a staple in the Native American community at large across all bay area counties. We gather to sing, dance, socialize and practice our culture. Indigenous Artists come to sell and promote their artwork. This is a socially healing

event as a way to connect and nourish our social wellbeing and connectedness. The Richmond site of Native American Health Center held a socially distanced beading circle during this event. We gave out beading kits and promoted our weekly virtual group. During this event, we were able to connect our community to our services in Richmond. We reached 61 individuals.

Traditional Stick Ball Event with TANF
In collaboration with TANF (Temporary Assistance for Needy Families) in Concord, we held a similar event to the Indigenous Family Wellness Day with the Indigenous youth and families in Concord. The participants learned about the importance of wellness in Native Culture with the four elements of the medicine wheel, (mental, emotional, spiritual, and physical). Along with education, community members also played a fun game of stickball. In total, there were six youth participants and their families. This was a great opportunity to collaborate with another Native organization and promote our ongoing groups and services.

OUTCOMES AND PROGRAM EVALUATION:

The Center's program evaluation uses an electronic health record system and a web-based project management system to manage and track data such as member demographics, participation and satisfaction surveys. We discuss the data along with regular debriefs on services at the weekly program status meeting. Additionally, we use a Plan, Do Study, Act approach to improve programming informed by qualitative and quantitative data.

A key piece of community feedback is collected through our annual satisfaction survey normally administered twice a fiscal year. This reporting period, due to COVID-19, we used a web-based platform and distributed the survey in June 2022. We received 6 responses from members engaged in the Center services. Given this was our first year of on-line surveys, we will work to increase the number of surveys and improve survey recruitment.

Outcome 1: Engage 150 community members through prevention service programming.
Result: This fiscal year we engaged 307 community members through prevention programming.
Outcome 2: 65% of our members utilizing referral services will be successful in accessing (connecting with) services over a 12 month period.
Result: 100% of the 13 members who accessed individual referrals services were successfully linked to the requested aid, such as food, behavioral health.

Outcome 3: Program staff will participate in 20 outreach events or activities throughout the course of the year.
Result: Program staff participated in 10 events or activities throughout the course of the year.

Outcome 4: 10 participants, including NAHC staff, community members, volunteers and interns, and partner agencies will be trained in Mental Health First Aid.
Result: This fiscal year, we NAHC trained 1 intern and 1 staff in prevention and intervention modalities. This staff participated in Question Persuade and Refer, an emergency response training to self-harm and suicide. She participated in a virtual 8-week San Francisco MHSA certification training that focused on behavioral modalities such as Wellness Recovering Action Plan, Motivational Interviewing, Mental Health First Aid, and Safety Planning.

<u>Outcomes, FY 20-21</u>
Members will have increased access to prevention activities and mental health support.
During this reporting period, 6 of 6 members report they are having an increased ability in accessing resources.

Members will increase their engagement in NAHC mental health prevention and treatment services.
When asked what areas improved due to NAHC prevention services, the 6 participants, reported mental health, emotional stress, substance abuse prevention. In examining the annual data comparing FY 19-20 and FY 20-21, attendance has doubled. In FY 19-20 we offered 506 points of contact in prevention services. In FY 20-21, we offered 1004. This data tells us that members has been an increased engagement in NAHC mental health prevention services since the onset of the pandemic.

NAHC will engage a diverse population of first responders throughout Contra Costa County.
Members, Peers, and Staff will be trained in behavioral health related topics including but not limited to Mental Health First Aid.

During this last year, our center staff trained 1 intern in partnership with the SPIRIT (Service Provider Individualized Recovery Intensive Training) Program of Contra County Behavioral Health, Office of Consumer Empowerment and Contra Costa College. This 8-week intensive program trained peer interns the valuable tools necessary to become a Peer Support Specialist. Throughout the program participants were educated on how to use and apply 211 resources to community members, QPR (Question, Persuade, Refer) Suicide training, data entry, Microsoft Office skills, and effective goal coaching techniques.

One Center staff also received training on Question, Persuade, Refer, and participated in an 8-week virtual training that focused on behavioral modalities such as Wellness Recovering Action Plan, Motivational Interviewing, Mental Health First Aid, and Safety Planning.

VALUES:

Historical traumas and mistreatment have resulted in the Native community disproportionately experiencing generational poverty, substance abuse, and mental illness. NAHC aims to address these social determinants of health using a cultural framework. We focus on overall wellness, recovery, and resilience. These principles are embedded in traditions and culture, and are aligned with MHSA values.

Our philosophy, culture is prevention, is the driving force behind our service strategies and goals. Traditions and culture are embedded in all our programming. Exposing members to traditional practices has been proven to reduce stress by providing an outlet as well as played a key role in promoting healing from historical trauma (which we as a community understand causes those to suffer from mental illnesses). Participants report feeling a sense of belonging to community through our groups and events. The social connectedness and pride developed here directly supports wellness and recovery. It allows individual members to build relationships and prevent isolation. Our program builds upon the resiliency of our members to empower them toward the goal of self-sufficiency and self-efficacy.

NAHC also takes an intentional approach to bridging both western and traditional modalities. We integrate health related topics such as nutrition, diabetes prevention and management, self-care strategies, and insurance eligibility are all discussed in a group or event setting. Topics are covered sensitively and are mindful of language and presentation style. The values of NAHC strongly enforce a drug and alcohol-free policy while also encouraging healthy lifestyle choices outside the center. We offer events focused celebrating sobriety and recovery as well as referrals to drug and alcohol counselors.

Native Wellness Center staff are specifically trained in Mental Health first aid, trauma-informed care, suicide prevention and intervention, and are well versed in identifying outside resources useful to members. Our Community Health Workers, serve as system navigators bridging relationships with local agencies, and ensuring members are linked with reliable providers internally and externally.

Lastly, external outreach efforts are targeted toward visibility of our program and advocacy for the community. NAHC ensure our presence on various committees as well as our involvement in a number of city, county, and overall healthcare events, meetings, and groups. By doing this we provide an outlet for our staff to advocate and provide a voice for our member population. The Native community has a history of misrepresentation and under-representation. This community has its own unique identity and rich history to be proud of and it is our intention to represent so accurately and effectively.

VALUABLE PERSPECTIVES:

Our program participants are the heart and soul of our community at the Native American Health Center. Before the pandemic, the Native American Health Center played a vital role in the community for support and a safe space from the busy city life. We created a drop-in space where members can come in and have a safe space to relax and remove themselves from environments that may cause stress or be triggering to bad habits. Throughout this difficult year of shelter-in-place, many of our members expressed their gratitude for the program and staff despite not being able to meet in person.

For example, one member told us that our virtual groups were the only form of human connection they had while isolating at home. This person knew how important it was to stay in tune with their community who grew into family, as we all shared time and space with each other every day through a tiny screen.

Another program participant was able to remain sober through our cultural groups and workshops. This person was taught the value of cultural traditions and practiced spirituality through our Traditional Arts Circle. In order to make art and sit in the circle, they were required to remain true in their sobriety. They stated to myself and the group as a whole, “beading saved my life.” Never in a million years would I have thought that a Native American elder would be willing to teach through a virtual platform because of historical traditions and values always had been in person with hands on teaching. There were many ups and downs with learning new technology, but when this member told us how the Traditional Arts Circle transformed their life, they were even more committed to keep teaching. This sacred Traditional Arts Circle is more than putting beads on a string, it brings in a sense of focus and perseverance to be one’s higher self.

Multiple members conveyed their dire need for crucial resources, such as weekly COVID-19 testing and linkage to the COVID-19 vaccine. Serving a community of some of the most vulnerable population in the Bay Area, this connection to resources is our pledge to ensure a healthy community. One of the members who received these resources told us that we saved their life and potentially the lives of those around her. The Native American Health center is committed to linking services as prevention and early interventions of a mental health crisis, a public health crisis and beyond.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:
☑Provide access and linkage to mental health care
☑Improve timely access to mental health services for underserved populations
☑Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

For Project A, during the contract year of this report (2021/2022), 326 unduplicated members (target: 300) spent 39,637 hours engaged in Clubhouse programming activities (target: 40,000 hours). 40 newly enrolled Clubhouse members (target: 70) participated in at least one Clubhouse activity; 10 of these new members were young adults aged 18 to 25 years (target: 12 young adults). In addition, at least 49 activities (target: 40) were held specifically for the young adult age group.

For yet another year, Clubhouse exceeded the target goal of number of unduplicated members its served (326, 109% of goal). However, this is the second year of having virtual programming due to Covid restrictions and members are not so excited about participating in activities that are presented virtually. In addition, dues to COVID spikes, there were times when Clubhouse had to put their membership enrollment on hold. As such, the number of new members participating in at least one Clubhouse activity was slightly lower this year than in previous years.

Table 1: Clubhouse Membership Activity

	Target Goal	Actual	% of Target
Number of unduplicated members served	300	326	109%
Number of Hours spent in Clubhouse programming	40,000	39,637	99%
Number of new members participating in at least one Clubhouse activity	70	40	57%
Number of young adults (age 18-25 yrs.) participating in at least one Clubhouse Activity	12	10	83%
Number of activities specifically for young adults (age 18-25 yrs.)	40	49	123%

Other services:
Members helped prepare and eat 9,681 meals at the Clubhouse (target: 9,000). Although a target had not been set for rides, 432 rides were provided to members to and from Clubhouse activities, job interviews, medical appointments, and more. During the contract year 427 in-home outreach visits (no target set) were provided. Again, as it was for last year's programming, the significant increase is directly attributable to shifts made in response to COVID-19 which resulted in more outreach visits, walks, mobile wellness calls, and visits to members receiving food delivery.

Additionally, under Project B, 127 postings (target 124) were made on the Career Corner Blog and 17 career workshops were held (target 4), over 4 times the number that was targeted. The topics of the workshops included: Interagency Meet and Greet; How to Disclose when looking for employment; Boundaries and wellness-how to care for yourself when you are working; Is School for you? Managing your mental wellness; and Effective Resume building 101 & 102.

Table 2: Other services provided to Clubhouse Members

	Target Goal	Actual	% Target
Number of Meals prepared and eaten at Clubhouse	9,000	9,681	108%
Number of Rides to and from Clubhouse Activities	No target set	432	N/A
In-home outreach visits	No target set	427	N/A
Number of Blog Postings	124	127	102%
Number of Career Workshops	4	17	425%

Gratefully, the SPIRIT graduation was held in person on July 27, 2022 with 287 in attendance and 58 virtual attendees. The community partners holiday party was on December 16th. We had 305 people in attendance. The attendees were happy to have our community events in person again. The annual Community Picnic will be held on August 11, 2022. Everyone is very excited about it. We have not held a community partners picnic in person since 2019. Multiple agencies will participate, and we will have lot of games, crafts, music, and a BBQ.

OUTCOMES AND MEASURES OF SUCCESS:

Project A data is collected upon initial membership in the Clubhouse and then daily through a combination of self-completed forms, surveys, sign-on logs, and phone calls. None of the program-level outcome data is confidential and it is recorded in the program database. Any confidential information provided on individual intake forms is securely kept in the locked office of the Director of Putnam Clubhouse. Data from annual self-reported surveys is collected on Survey Monkey, an online survey site, and analyzed by Hatchuel Tabernik and Associates, an external evaluation firm.

In June 2022, members and their family members (called caregivers in this report) were encouraged to complete the annual Clubhouse survey via Survey Monkey. The number of members and caregivers completing the survey was 122 (the target was 120), of whom 20 were caregivers and 102 members. Among members who completed the survey, 1% were aged 18-21, 1% were 22-25, 17.6% were 26-35, 21.6% were 36-45, 27.5% were 46-59, and 31.4% were 60 years or older. The age distribution is representative of the age range of Clubhouse members overall.

Because not all respondents answered each item, all survey data reported below reflects the responses of those completing each individual survey item. The survey percentages referenced in this report consist of those who 'Agree' or 'Strongly Agree' with the given statement. Those who responded 'Don't know' or 'No opinion' were not included in the analysis.

Caregiver Respite

The data in this report represents only those caregivers completing the survey who reside in Contra Costa County (N=20). Of the 20 Contra Costa County caregivers who responded to the survey, 65% were parents or guardians of a Clubhouse member, 5% were the child of the Clubhouse member, 20% were siblings, 5% were a husband/wife and 5% were friends.

Caregivers who participated in this year's survey reported the highest level of satisfaction with 100% of respondents Agreeing/Strongly Agreeing that they were satisfied with the Clubhouse activities and programs that their family member attended and 100% reporting satisfaction with the Clubhouse activities/programs that they themselves participated. This is the same high level of satisfaction as reported last year and in both areas the target of 75% was exceeded.

All of the caregivers (100%) also reported that Clubhouse activities and programs provided them with respite care. Such respite is intended to reduce their stress and also lead to more independence for the Clubhouse members. Eighty six percent (86%) of the members agreed or strongly agreed that in the last year, their independence had increased and 89% of caregivers who responded also perceived that their family member had become more independent in the last year. Both these measures finding far exceed the goals of 75% and indicate how important Contra Costa Clubhouse is to both members and caregivers at all times, but especially during these trying times of Covid.

Table 3a: Caregiver Respite

		GOAL	ACTUAL
Measures of Success:	**N**	**%**	**%**
% caregivers reporting Clubhouse activities provided them with respite care	15	75	100
% caregivers reporting high level of satisfaction with Clubhouse activities and programs in which their family member participated	18	75	100
% caregivers reporting high level of satisfaction with Clubhouse activities and programs in which they participated	17	75	100
% caregivers reporting an increase in member's independence	18	75	89
% members reporting an increase in independence	92	75	86

Below are some responses from the caregiver and member survey about the Clubhouse:

> "It's accepting and understanding how to help adult mentally ill members socialize, participate, be responsible, & feel needed & capable." (caregiver)
>
> "It's a place where I can go and be myself where I don't have to worry about what others think of me. It's fun and educational." (member)
>
> "That everyone is very encouraging, you don't feel as alone in your illness. I have isolated during this Global Pandemic and I am coming back in now that Putnam Clubhouse has re-opened." (member)
>
> "It changed my son's life." (caregiver)

Although no goals were set for these measures, members were also asked about their independence in terms of advocating for themselves, understanding about health and wellness and ability to access healthcare services and resources. Eighty four percent (84%) of members reported an increase in their knowledge about health and wellness and 73% reported that Clubhouse supported them in areas such as advocating for themselves and communicating with healthcare providers. While not substantially high, well over half of the members (69%) reported an increase in access to healthcare and/or resources. It is possible that the support Clubhouse gave the member in terms of healthcare knowledge and advocacy and increasing their independence may have contributed to an increase in access to health services.

Table 3b: Member Independence and Autonomy

		GOAL	ACTUAL
Measures of Success:	**N**	**%**	**%**
% members reporting Clubhouse supporting them in areas such as advocating for themselves and communicating with healthcare providers.	93	N/A	73
% members reporting Clubhouse contributing to an increase in knowledge about health and wellness.	93	N/A	84
% member reporting an increase in access to healthcare resources and/or services	93	N/A	69

Member and Caregiver Well-Being

Several survey items addressed improvements to the well-being of the caregivers and the members in terms of emotional, physical, and mental health. When averaging responses to self-perceived improvement of their own mental, physical and emotional well-being, 100% of caregivers agreed or strongly agreed their health (emotional, physical, mental well-being) had improved. When asked the same questions about the well-being of their family member, 94.3% also agreed or strongly agreed that their family members overall health had improved.

The member ratings for their own improvements in these categories averaged 91%, far greater than the goal of 75%. The combined family members rated improvement and the member's self-ratings for improvement in these areas in

these areas averaged 95.5%. Additionally, 92.5% of the members reported that they had more interactions with peers during the year (75% target).

Table 4: Member and Caregiver Well-Being

		GOAL	ACTUAL
Measures of Success:	**N**	**%**	**%**
% caregivers reporting increase in their own health (mental, physical, emotional well-being)	17	75	100
% members reporting increase in their own health (mental, physical, emotional well-being)	94	75	91
% members & caregivers combined reporting increase in their health (mental, physical, emotional well-being)	111	75	96
% members reporting an increase in peer interactions	93	75	93

"[What I like best is that] it doesn't center around mental illness and focusing on our wellbeing." (member)

"It is the reason I am not mentally ill. I have a great fondness for clubhouse, they have done a lot for me." (member)

"I like the interactions I have with people. I know that they went through a similar thing. We have shared experiences." (member)

"The continuous support and a place that my son has attended for over 14 years that has helped him regain his confidence and social activities." (caregiver)

Further questions were added to the survey this year to dig deeper into the well-being of members and caregivers in terms of connectiveness and belonging, areas that Clubhouse strive to nurture.

A high proportion of the Clubhouse members felt that they belonged to a community (94%) where they were happy with their friendships (90%) and had people to do fun things with (87%). In addition, the majority of Caregivers (94%) felt that Clubhouse provided them with the opportunities to meet and connect with other caregivers/family members of people recovering from serious mental illness.

Table 5: Member Connectiveness and Belonging

		GOAL	ACTUAL
Measures of Success:	**N**	**%**	**%**
% members feel that they belong in their community	100	N/A	94
% members reporting that they have people with whom to do enjoyable things	100	N/A	87
% member happy with the friendships they have	100	N/A	90
% caregiver provided with opportunities through Clubhouse to meet/interact with other caregivers/family members of people recovering from serious mental illness.	16	N/A	94

Other comments made on the surveys by members and caregivers include the following:

"My family member has grown in independence, ability to socialize, intellect, planning and maturity." (caregiver)

"It is a wonderful place, where my son feels accepted and part of a community." (caregiver)

"My son has made very good friendships at the Clubhouse. He had been isolated, now he has a place to go and enjoys going and seeing his friends." (caregiver)

"The continuous support and a place that my son has attended for over 14 years that has helped him regain his confidence and social activities." (caregiver)

"…that everyone is very encouraging, you don't feel as alone in your illness. I have isolated during this Global Pandemic and I am coming back in now that Putnam Clubhouse has re-opened." (member)
"That I have to chance to meet people and I feel I belong." (member)

"Making new friends with the people I am surrounded with, i.e. meeting new people." (member)

"I like the interactions I have with people. I know that they went through a similar thing. We have shared experiences." (member)

"Being part of a Community." (member)

"The Clubhouse is R's family. He would not be doing as well as he is if it weren't for the support of members and the kind staff." (caregiver)

Hospitalizations
The decision was made to not collect Self-report Hospitalization data for the report this year as such self-report data is not always accurately reported. However, in this year's survey, members were asked if they had been hospitalized in the past year. Ten members had been hospitalized in the past year, seven (70%) for more than one hospitalization and the majority for less than 7 days in total (80%). These ten members when asked whether, when compared to last year, they had spent more, less or the same amount of time in hospital, 60% said less time, 10% the same and 30% more time. However when asked if they felt their participation in Putnam Clubhouse programming helped prevent them from being hospitalized for their mental health, 9 of the ten members (90%) who had been hospitalized responded "yes".

Career Development Unit
During the 2021-22 contract year the Clubhouse made career support services available to all members including the 219 members working in paid employment and the 107 members who attended school during this period. The Clubhouse provided support to all members who worked and attended school during the contract year including the 23 who began jobs during the year and the 10 who returned to school. Of the members completing the member survey who used career services (n=64) 96% said they were satisfied or very satisfied with the services related to employment or education (target 75%).

During the contract year Clubhouse members completed personal career plans (32 had employment goals and 14 had education goals). 100% of members who indicated employment as a goal in their career plan successfully completed their goal and were referred to employers, applied for jobs, and/or had a job interview within three months of indicating the goal (target 80%). In addition,100% of the members who indicated education in their career plan as a goal (i.e., return to school/finish degree/enroll in a certificate program) successfully completed their goal and were referred to appropriate education resources within 14 days (target 80%).

Table 6: Career/ Educational Development of Clubhouse Members

		GOAL	ACTUAL
Measures of Success:	**N**	**%**	**%**
% members satisfied/very satisfied with services related to employment/education (of those using Career Unit services)	46	75	96
% members referred to appropriate education resources within 14 days (of those indicating education as goal)	14	80	100
% members referred to appropriate employment resources, applied for a job, or had a job interview within three months (of those indicating employment as goal)	32	80	100

Some of the comments made on the surveys about employment and education include the following:

> "getting a chance to learn and grow and feeling a sense of purpose. Also having support with school." (member)
>
> "I like the Putnam clubhouse because it helped me to get back on my feet and helped me through school and to get thru everyday challenges." (member)
>
> "I have a job thanks to the help I received from Putnam." (member)
>
> "The fact that it is a place for patients with mental health disabilities to grow and participate and not be discriminated against because of a disability. I like the comradery. I don't feel like I have to hide, I can be myself. Everyone accepts you for the way you are. It gives good training for jobs." (member)

Importance of Clubhouse programs to Members and Caregivers

Clubhouse Members and Caregivers were asked to indicate how satisfied they were with the different programs and activities provided by Clubhouse during the 2021-22 contract year.

Table 7 shows the percentage of members and caregivers were satisfied or very satisfied with the program. Those who did not participate in the program or whose family member did not participate did not respond to the survey item. As can be seen from the responses in Table 7, members and caregivers alike were satisfied or highly satisfied with Clubhouse programs, with a satisfaction rate of over 90% for most programs and activities, except Rides (members 83% & Caregiver 75%) and Virtual Shelter in Place (Members 88%) . Members were most satisfied with the Healthy Living Program and Young Adult Activities (100%) and least satisfied with the Rides program (83%) Caregivers were 100% satisfied with almost all the programs offered except the Rides Program (83%) and the Career Development Unit (90%).

Table 7: Member and Caregiver Satisfaction with Program Activities that Member or Caregiver's Member Participated in (% Satisfied/ Very Satisfied)

	% Very/Somewhat Satisfied (N)	
Clubhouse Programs/Activities	**Member**	**Caregiver**
Healthy Living Program	100% (47)	100% (11)
Young Adult Activities	100% (26)	100% (5)
Holiday programs	99% (69)	100% (14)
Weekend Activities	98% (64)	100% (14)
Work-Ordered Day (Monday – Friday daytime activities	97% (74)	100% (16)
Meals	96% (79)	100% (17)
Evening Programming (e. Putnam Gamers, Music Appreciation, Time to Unwind, Writing/Reflecting)	96% (56)	100% (14)
Career Development Unit (assistance with education and/or employment)	96% (46)	90% (10)
Virtual Shelter in Place Programming	88% (60)	100% (11)
Rides Program (transportation to/from Clubhouse)	83% (41)	75% (8)

Finally, both members and caregivers were separately asked to rank 10 Clubhouse programs/activities in order of importance to them. Programs/activities were ranked from 1-5 in terms of importance. Using a point system where #1 Rank carried 5 points and #5 Rank carried 1, point, rankings were averaged for each activity and the highest mean indicated the most important activity. For the members the top three ranked programs/activities were the Holidays Program, Healthy Living, and Rides. For caregivers, the top ranked activity/program was also Healthy Living, followed by Holiday Program, and Young Adult Activities.

Table 8: Ranking of Program Activities in terms of Importance by Caregiver and Member

	Mean (N)	
Clubhouse Programs/Activities	**Member**	**Caregiver**
Holiday programs	3.31 (51)	4.14 (14)
Healthy Living Program	3.27 (30)	4.20 (5)
Rides Program (transportation to/from Clubhouse)	3.19 (21)	2.60 (5)
Virtual Shelter in Place Programming	3.06 (32)	3.80 (5)
Weekend Activities and Outings	3.00 (51)	3.18 (11)
Career Development Unit (assistance with education and/or employment)	3.00 (30)	2.67 (3)
Evening Programming	2.61 (33)	3.09 (11)
Work-Ordered Day (Monday – Friday daytime activities	2.55 (62)	1.79 (14)
Meals	2.46 (67)	2.08 (13)
Young Adult Activities	2.31 (13)	3.75 (4)

*program/activities ranked for Members

Overall, the caregivers and members alike had many positive things to say about the Clubhouse programs and activities:

> "The caring, dedicated team and the warm, welcoming environment are always amazing. During the pandemic we have especially appreciated the commitment to continuing programming in creative ways. Our member has especially enjoyed Fridays in the Park and is hoping that these activities will become regular events, even when the pandemic is behind us." (caregiver)
>
> "Daily structure, meals , young adults and outings." (caregiver)
>
> "You get a meal and go about the day working in Hospitality unit, felt good about installing mailbox. Had a fun time at the St Patrick's day celebration and the scavenger hunt, for raffle ticket prizes." (member)
>
> "Provides structure and meaningful work to do, and is a way to make friends and work together. Also, celebration of holidays (gives me something to do when my family is not celebrating). And the many outings are beneficial." (member)
>
> "James regards Putnam as his family. He really benefits from the work environment and social programming as he tends to isolate." (caregiver)
>
> "What I like best about the Putnam Clubhouse is the people: the members and the staff. Coming to the Clubhouse is a good way for me to avoid isolating myself." (member)
>
> "I am thankful that I can reach out to Putnam when I am not doing well. They always greet me very warmly and are excited to see me when I come." (member)
>
> "I liked the social events and chores. liked to be a janitor." (member)
>
> "I love coming to Putnam to see all the members and our staff. I love working and helping make the club house look beautiful and nice for its members and those who visit the clubhouse." (member)
>
> "The continuous support and a place that my son has attended for over 14 years that has helped him regain his confidence and social activities." (caregiver)

EVIDENCE-BASED OR PROMISING PRACTICES:

Since 2011, Putnam Clubhouse has been continuously accredited by Clubhouse International, the SAMHSA-endorsed, evidence-based recovery model for adults with serious mental illness. All Putnam Clubhouse programming meets the 37 standards of Clubhouse International. A rigorous accreditation process and maintaining fidelity to the model require

Putnam Clubhouse to provide comprehensive program data to Clubhouse International annually, participate in ongoing external Clubhouse training, conduct structured self-reviews, and receive an onsite reaccreditation review every three years by Clubhouse International faculty. Learning about, discussing, and adhering to the 37 standards of the model are built into the work-ordered day structure. All program staff and program participants of Putnam Clubhouse commit to following the standards during program activities. Program participants are included in all aspects of program evaluation and accreditation.

In 2021/2022 Putnam Clubhouse, in collaboration with Fountain House, introduced social practice into our programs.

Social Practice
Pioneered by Fountain House and implemented in clubhouses across the world, the social practice model is a unique blended community of both mental health professionals and peers working together to foster a specific environment for recovery. This practice has successfully addressed symptoms associated with mental illness that are not directly managed through medication alone, such as social isolation, social withdrawal, apathy, the absence of self-confidence and self-worth.

Social Practice is a specialized form of therapy that uses the setting of an **intentional community** to assist people in their mental health **recovery**. It focuses on a community-based approach of helping individuals learn new skills, hone their talents, build dignity, develop a sense of belonging, and make progress towards their goals.

Recovery can be personal, that is — the process of regaining control over one's life in a social environment or can be one of the common outcomes in clubhouse programs - the reduction in hospitalizations, independent housing, and gainful employment.

Intentional Communities are social environments designed to combat social isolation as persons living with mental illness are often faced with barriers to access community due to stigma and discrimination. The intentionality of the group offers a safe space and the opportunity to foster mutual support between mental health professionals and peers.

The Five Elements of Social Practice
People living with a history of mental illness or living with a serious mental illness may often experience challenges such as trust issues, social injustices and marginalization, lack of self-worth, low motivation, stigmatization, social isolation and alienation. The five elements of social practice are practical ways to understand and address these common experiences:

1. Transformational/Social Design
2. Engagement
3. Relationship development
4. Integrated feedback & Intervention
5. Transitional Environments

In December 2022, Putnam Clubhouse will attend a 10 week training on social practice offered through Fountain House to learn how to further integrate these practices into our Clubhouse programming.

VALUES:

The Mental Health Service Act designed to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues, and their families. MHSA addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that effectively support the public behavioral health system.

Putnam Clubhouse is an intentionally formed, non-clinical, working community of adults and young adults diagnosed with SMI. The Clubhouse Model followed has been designed to promote recovery and prevent relapse. Putnam

Clubhouse operates under the belief that participants are partners in their own recovery—rather than passive recipients of treatment. That's why Clubhouse participants are intentionally called members rather than patients, clients, or consumers. These members work together as colleagues with peers and a small, trained staff to build on personal strengths, rather than focusing on illness. The term "member" reflects the voluntary, community-based nature of the Clubhouse, making clear that members are significant contributors to both the program and to their own well-being. Thus the term "member" is empowering rather than stigmatizing. Clubhouse membership is voluntary and without time limits. It is offered free of charge to participants. Being a member means that an individual is a valued part of the community and has both shared ownership and shared responsibility for the success of the Clubhouse.

All activities of the Clubhouse are strengths-based, emphasizing teamwork and encouraging peer leadership while providing opportunities for members to contribute to the day-to-day operation of their own program through what's called the work-ordered day. The work-ordered day involves members and staff working side-by-side as colleagues and parallels the typical business hours of the wider community. Work and work-mediated relationships have been proven to be restorative. Clubhouse participation reduces risk factors while increasing protective factors by enhancing social and vocational skill building as well as confidence. The program supports members in gaining access to mainstream employment, education, community-based housing, wellness and health promotion activities, and opportunities for building social relationships.

Putnam Clubhouse operates under the belief that every member has individual strengths they can activate to recover from the effects of mental illness sufficiently to lead a personally satisfying life. Fundamental elements of the Clubhouse Model include the right to membership and meaningful relationships, the need to be needed, choice of when and how much to participate, choice in type of work activities at the Clubhouse, choice in staff selection, and a lifetime right of reentry and access to all Clubhouse programming including employment.

Additional components include evening, weekend, and holiday activities as well as active participation in program decision-making and governance. Peer support and leadership development are an integral part of the Clubhouse. The programming also incorporates a variety of other supports include helping with entitlements, housing and advocacy, promoting healthy lifestyles, as well as assistance in finding quality medical, psychological, pharmacological and substance abuse services in the wider community.

The Clubhouse experience has been proven to result in positive outcomes for many members, including:

- Employment, with longer on-the-job tenure for members engaging in Clubhouse Transitional Employment.
- Cost effective, compared to other mental healthcare approaches. The cost of Clubhouses estimated to be one-third of the cost of the IPS model; about half the annual costs of Community Mental Health Centers; and substantially less than the ACT model.
- A significant decrease in hospitalizations as a result of membership in a Clubhouse program.
- Reduced incarcerations, with criminal justice system involvement substantially diminished during and after Clubhouse psychosocial program membership.
- Improved Well-Being compared with individuals receiving psychiatric services without Clubhouse membership. Clubhouse members were significantly more likely to report they had close friendships and someone they could rely on when they needed help.
- Better physical and mental health. A recent study suggests that service systems like Clubhouses that offer ongoing social supports enhance mental and physical health by reducing disconnectedness.

In Fall 2020, Fountain House launched the Care Responders campaign to advocate locally or statewide for public health responses to mental health crisis. Care Responders is currently active in 6 locations across the country including New York City, Michigan, Cleveland, Washington, San Antonio and California. In each jurisdiction, we paired a local public affairs partner with local clubhouse staff and membership. The results: Our partner clubhouse members and staff are leading coalitions and have a seat at the table with local elected and agencies. In several sites, our campaign has also fought to fund 988 as an alternative mental health crisis line to 911, which has racist roots and is not trusted by many of our constituents.

VALUABLE PERSPECTIVES:

Throughout this report we have included quotes from program participants and family members describing personal experiences and perspectives about the Clubhouse's impact on their lives.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:
X Provide access and linkage to mental health care
X Improve timely access to mental health services for underserved populations
X Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

The fiscal year began with the continuing cloud of the COVID-19 Pandemic hanging around. However, during this past year, PWC successfully provided our clients with services needed to reduce the likelihood of the Pittsburg Unified School Calendar Year 2021 - 2022 of school failure, disengagement, and recidivism that threatened their emotional health due to separation from school and community in the past two years.

Despite the challenges schools were experiencing because of reopening schools conversely affected due to the COVID-19 Pandemic, PWC served 130 clients and families this year. Therefore, PWC continued to succeed despite the many challenges encountered during this fiscal year. PWC served student referrals primarily from the juvenile court and probation. The PUSD Student Attendance Review Board (SARB) suspended community service hours for most of the 2021 - 2022 school year. This policy continued until March 2022, before the district began to refer its students for community service hours. PWC planned to serve 175 clients and families for this fiscal year. PWC served 130 clients and families from July 1, 2021 - June 30, 2022. Therefore, PWC continued to succeed despite the many challenges experienced during this fiscal year.

Ms. Rhiana Ray, PWC Clinical Intern, from the Portia Bell Hume Behavioral Health Center, Concord, CA. Although PWC's office was closed to the public and student clients, we offered online and Telehealth mental health support on Mondays, Tuesdays, and Wednesdays, and weekly in-person mental health counseling on Tuesdays and Wednesdays, to students in Pittsburg and surrounding areas during the year. In addition, PWC conducted community service at various community events and worked with Pittsburg City and Cal Works Employees at the Pittsburg Senior Center by performing landscaping, clean-up, and other activities weekly on Tuesdays, Thursdays, and Fridays.

In addition, PWC also conducted two training classes this year. Both completed at the Senior Center, simultaneously conducted community service social distancing activities working in the community with the city of Pittsburg and Cal Works Employees and at the Pittsburg Senior Center by performing landscaping, clean-up, and other activities weekly on Tuesdays, Thursdays, and Fridays.

For this fiscal year, PWC conducted two training courses. The first of two, facilitated by Ms. Anna Green, Instructor, at Black Diamond Continuation High School, in Pittsburg for students in our distance learning Green Jobs Training Program - Financial Health. PWC conducted this program on Mondays between 4:00 pm and 5:30 pm from February 9, 2022, to March 23, 2022. This course section centered around the mindset and the skills needed for success in life and in business. We examined the qualities that we admire in others, in ourselves, and each other and then identified those exhibited most frequently by successful entrepreneurs and innovators who add value to organizations everywhere. We considered current events that drove discussions around how to develop a mindset that enables opportunity identification, innovation, value creation, and problem-solving ability. Via case studies, we highlighted principles, strategies, and skills through the experiences of others and applied them to our lives where possible. Every class began with several social-emotionally orienting questions and all content was delivered in a curriculum circle format.

In addition, PWC also conducted a Coding pilot program facilitated by Galaxy Kids LLC DBA Galaxy Kids Code Club on Mondays from April 25, 2022, to May 23, 2022, from 4:00 pm to 5:30 pm. The students completed three projects while learning the fundamentals of coding (algorithms, sequences, loops, variables, conditional statements, and functions).

Thus, because of all the above, PWC has and continues to succeed despite the many challenges experienced during this fiscal year.

OUTCOMES AND MEASURES OF SUCCESS:

Due to Covid-19 restrictions our client's mental and emotional health, needs, emotional state, and sense of well-being are assessed through zoom sessions, telephone calls, or in person with masks and social distancing. Additionally, the PWC team meets weekly for consultation. This also includes an associate marriage and family therapist, as well as a waivered psychologist and functional supervisor from the Portia Bell Hume Center. The team consults in the weekly meeting about client progress and needs as well as PWC's current community involvement.

PWC offers clients the opportunity to meet on-site, via phone, and through the web while providing additional access to staff members such as central office personnel. Diverse options through the pandemic have been vital in keeping the clients connected, engaged and reducing effects of isolation. They are welcomed to a myriad of programs, individual and family therapy, community event involvement and field visits. This fosters a sense of belonging while building resilience, support systems, resources and emotional stability. Improved scholastic attendance as well as decreased incidents of behavioral problems, and completed community hours, quantify the efficacy of our program. PWC's triage and assessment approach ensures that clients receive the most appropriate level of care including outside mental health services when needed.

Upon arrival, participants complete an intake packet which identifies their unique reasons for working with PWC. Our mental health resource specialist, Miss Pope, meets all clients and their families who sign up at PWC, sharing and discussing any possible community resources that may be available to the client and their family. This intervention allows her to build the necessary relationships needed to discover each client's needs and facilitates office staff's ability to provide resources and recommendations. As initial assessment information is gathered, the PWC team identifies clients that would benefit from further mental health support services. PWC team then places a referral for the clinician, consults with the client, and provides all pertinent information. The clinician then contacts the client and the client's guardian to welcome the family to the program and explain the clinician's role including confidentiality, limits to confidentiality, and informed consent. During the initial contact the clinician works on building the therapeutic relationship, assessing needs, and creating treatment goals. Once the client has established treatment ongoing sessions are scheduled.

Additionally, youth become familiar with supportive staff, looking out for additional support needed or signs of distress which they report to the clinician. The supporting team, Ms. Adriana and Mr. Jose play a key role in identifying and connecting clients to services. Their cultural competence and bi-lingual skills have helped facilitate the connection between family services provided at PWC. The referral system, frequent open communication, and clear protocols all play a vital role in effectively eliminating barriers to mental health access. PWC team members offer trauma informed support to families in an understanding, compassionate, and accepting way, while being mindful of intersecting cultural differences, shame, or stigma around mental health services.

DEMOGRAPHIC DATA:

PWC has and continues to utilize the County Demographics Form. However, PWC does not collect specific demographic domains (i.e., Veterans Status) due to family dynamics and clients (i.e., first and second-generation immigrants) that we serve.

EVIDENCE-BASED OR PROMISING PRACTICES:

Our clinical success program presents the evidence-based programs selected to meet the goals, objectives, and performance indicators. These evidence-based models include promising practices and exemplary programs from the Office of Juvenile Justice and Delinquency Preventions (OJJDP). Specifically, the utilization of a program model with

practical, proven systems that have shown to work for our at-risk and high-risk clients. This model complements our ongoing strategies and fits nicely into the underlying program foundation. Thus, the goal of the PWC program is much more than just prevention. Its purpose is to foster confidence, character, and competence at school, work, and life and to develop unity with positive peers, family, and community. Specifically, PWC aims to empower our clients with the education and training to help them successfully transition from their current educational status and career paths into well-adjusted and productive adulthood.

PWC conducts the clinical success program on-site and within the community. We built these practices on the success of its community-based programs, and the clients come to improve care processes and successful client outcomes. This therapist also utilizes evidence-based practices in sessions with our clients. Cognitive-Behavioral Therapy and Dialectical Behavior We conducted therapy in the theoretical realms from which therapy treatment and prevention sessions in groups, families, couples, or individual sessions. When meeting with individuals, families, or in a group setting, all the information discussed and explored during those sessions is data utilized for measuring the progress of the people involved. We also used this to create goals of continuation of progress, treatment planning, and development of focused material to address the individual's needs for continuation of services.

Several different tools, as well as strategies, were used in our outreach efforts as well to welcome and identify individuals who would benefit from our program. The evidence-based practice includes Cognitive-Behavioral Therapy and Dialectical Behavior Therapy when working in therapy treatment or prevention sessions in groups, family, couples, or individual sessions. PWC and this therapist value and utilize consultation that includes performance feedback is conducted weekly with the team. This method serves as oversight with adherence and competence to the program.

VALUES:

What mental health looks like to various individuals differs. This is why PWC offers mental health care tailored to the client's unique and diverse needs. With each individual, one of the first courses of action is to identify with the client what their therapeutic goals are and what an over-all sense of well-being would look like for them in particular. We conceptualize therapeutic goals with the S.M.A.R.T. goal acronym for optimal success. The goals that are created collaboratively between clinician and client (and sometimes client's guardians) are Specific, Measurable, Achievable, Realistic and Timely. One of the key features is to revisit goals regularly highlighting progress and when necessary adjusting them to fit their current situation. Being flexible is significant as even the most carefully created plans may occasionally need amending particularly due to the many variables our clients may not have control over in their lives. In this way, self-competence is increased, and clients can still feel successful if their situation changes.

Mental health services that PWC clinicians offer can take either a traditional or nontraditional stance to mental health at no cost to the client or the family, which facilitates reduction of high levels of stigma related to mental health. At PWC we encourage recovery with cultural awareness and through a trauma informed lens. This means realizing the importance of gaining a complete picture of the client's life including cultural influences and past events that may be informing their current situation. Helping to improve the client's resources and support systems can be critical to ensuring that the client feels safe and can concentrate on personal growth. PWC programs are designed to increase resilience for our clients and their families. One of the ways this goal is achieved is by practicing mindfulness and self-care techniques. Resilient people see life's difficulties as a challenge. We help to encourage this through cognitive restructuring, which includes changing how clients perceive their own locus of control and self-efficacy. This is done through activities and therapeutic sessions that build skills, confidence and positive outlook. When mistakes are made, rather than a punishment model, PWC encourages teachable moments allowing them to re-evaluate and make positive changes.

Building relationships in the community is particularly important to one's quality of life, mental wellness, recovery and resilience. Clients have ample time and space to practice "respecting the vest" which is key to learning how to represent one's self respectfully as a member of the community while representing PWC. The client's wear the vest to indicate belonging while serving others, participating, and engaging in community events such as car shows and holiday celebrations, or participating in City events that celebrate diversity. Through work and community service opportunities

at fun and entertaining events the clients can practice building social skills and self-esteem while being exposed to positive role models.

Access to mental health services is of utmost importance for the PWC team. Two of the ways PWC makes that a priority is through community participation and outreach. Another important factor is that PWC's clinicians provide various forms of access to mental health care, such as field visits, on-site sessions, internet (through Zoom), and telephone calls to increase and maintain accessibility to the community we serve. Relationships have been cultivated among the professionals in the community that promote increased access and awareness of mental health services through PWC. Additionally, PWC provides a safe space where clients can process their unique life situations and begin building healthier relationships and problem-solving skills that serve them in many ways, at home, at school, and in life.

With the support of the PWC team, a client may begin participating in PWC programs, and later reveal specific needs that could be addressed by being linked to other services in the community. Clients and families may experience lack of food, anxiety around housing stability, or health concerns. Families may need support when in crisis. Some crises the PWC team have helped with this year are sudden death, incarceration, deportation and drug abuse. PWC staff can then provide referrals and linkage to resources that support these individuals and families. When basic needs are met, and crisis is dealt with, individuals can then experience relief and begin to focus on inner growth. By normalizing mental health services and restorative conversations, we destigmatize and dismantle preconceptions about therapy and mental health care. It is no secret that mental health disparities are rampant in underserved communities and our program provides much needed support to our community.

VALUABLE PERSPECTIVES:

The following stories show the diverse perspective and background of PWC's participants, as well as the traditional and non-traditional mental health strategies utilized by the program to support and help clients and families succeed. Please note that to respect confidentiality and HIPAA regulations pseudo names will be used and identifying information will not be included.

#1) Malcolm is a 10-year-old African American male who was referred to PWC by his grandmother who is his guardian. He was referred due to grandma's report that he is repeatedly getting in trouble at school for lack of impulse control and respect for his teachers. He is also an athlete with costs that are difficult for his guardian to cover. PWC agreed to pay upfront for his sports camp which he could then work off at PWC community events as well as attending weekly therapy with the clinician. Malcolm came to live with his grandmother when he was 3 and he witnessed his mother's arrest. At the time he started with PWC both his brother and father were incarcerated. Malcolm has a very outgoing personality and warmed up quickly to the clinician. He reported enjoying having "someone to talk to" and a desire to "have more time" with the clinician. However, at first, he was reluctant to discuss any emotion or fears he was experiencing. The clinician introduced creative ways such as games and art (through zoom due to COVID restrictions) to discuss emotional content. In this way the client was able to open up to the clinician about fears he had. One example being when the clinician asked for the client to draw what his family is most afraid of when it comes to him. He drew a picture depicting himself laying on the ground with blood pouring out of him. This is a harsh reality of his environment and led to him opening up about his fears for his brother who is "always in the streets" and has been shot and incarcerated multiple times already at 14 years old. With empathetic exploration from the clinician, the client was able to identify coping skills for how he can protect himself including being "aware of his surroundings" and breathing deeply before reacting to charged situations to reduce impulsivity and perceived disrespect to elders. One way we were able to show that PWC cares about his education, was when the clinician and another team member together did a field visit to his school at lunch. Malcolm proudly showed them around the school and introduced them to teachers and friends. Previously Malcolm had been able to report up to five school days in a row with positive reports sent home. After identified coping skills he has been able to get positive reports 18 days in a row. Further, he is getting practice and guidance at PWC events where he works as a part of a team. The staff work closely with him to encourage "respecting the vest" which refers to a clear set of standards when representing PWC in the community. When he does not respect the vest, he is not punished for not meeting those standards even after three chances. He can, however, earn incentives and gain responsibilities by respecting the vest. Through PWC, Malcolm has also developed relationships with peers who are

positive influences, as well as important members of the community.

#2) The client, Christian, is a 10-year-old Mexican American boy. He lives with his mother, his two older sisters, his brother, and his niece in a small house. He and his 16-year-old sister have been members of PWC for a couple of years. He was referred to the clinician first by his mother who was concerned about a slight drop in grades, then by his sister when she reportedly found videos in his phone with him saying that he did not want to be alive anymore. He began weekly sessions over the phone until COVID restrictions lifted and he could come into the office to meet with the clinician. The client denied suicidality but explained that he felt like he had no one to talk to when he was really sad, or even when he was really excited about things. Shortly after beginning sessions with the therapist, his 16-year-old sister overdosed and passed away. This was incredibly devastating for the family. PWC and the clinician were able to support the family through the grieving process by providing field visits to the family, therapy for Christian, and providing resources for the mother to get her own therapy in Spanish as well. The clinician's focus with Christian was to identify and strengthen his support system. As determined by client report, this has been successful. He can now identify several people who he can turn to when he is feeling sad or excited. Once the family was past the worst of the grieving process PWC provided an opportunity for Christian to be the leader of a crew (his cousins and friends) to work at the Senior Center as a part of the community helping to build the garden. He and his crew receive monetary incentives for the work that they do. The clinician and staff at PWC take interest in his scholastic success as well, which he has been able to maintain even through tragic circumstances. He is an effective crew leader and proud of his position. He and his crew welcome new members and encourage them to take the High Road both at the senior center and community events.

#3) Ricardo (16) and Anthony (13) are Mexican American brothers. They were referred to PWC through SARB and to therapy by their mother who reported concerns that they were having adverse reactions due to problems in her current marriage and possibly from observing domestic violence in her previous relationship with their father. The brothers failed 9th and 6th grade completely as it was online due to COVID restrictions and they did not have the support needed space and resources to work with privacy. When they went back to school, they found themselves academically behind the other students which caused devastating effects to their motivation, self-esteem and self-efficacy. The client's began therapy with a family session facilitated by the clinician and Ms. Adrianna in both English and Spanish (mom's primary language). Then each week following they met individually with the clinician working on identifying barriers to and strategies for improving their scholastic success. Through the course of therapy, Anthony revealed symptoms that are linked to depression. A PHQ-9 depression scale assessment indicated his depression was moderate to severe. The clinician has since been identifying coping skills while empathetically exploring what may be the cause of his depression and building self-esteem. Both Ricardo and Anthony began to report concerning, strange and dangerous behaviors of their mother that are potentially indicative of experiencing moderate to severe psychosis. The clinician reported the concerns to CPS and worked with the social worker to ensure the safety of the children in the household and encourage the mother to get her own mental health services. She denied needing services and the clinician, with the help of the PWC staff, continue to monitor and support the family through weekly individual therapy with Anthony and Ricardo, as well as check-ins about attendance and performance at their school. Additionally, the PWC team performs home visits when we have not heard from them for extended periods of time. Ricardo's motivation has increased from wanting to drop out of school to reporting a desire to attend college and get an advanced degree. However, both boys are having difficulty attending school because of spill-over effects of their mother's mental health issues. The PWC team has helped to facilitate conversations with the school to bring awareness to their situation. Ricardo has been helped to enroll in an alternative school where he can make up lost units and be on track to graduate on time. The office staff has also helped try to get the boys enrolled in summer school. In addition to therapy, the brothers are able to work events in the community which further builds their support system and sense of belonging. Another way PWC and the clinician have tried to help the family is by encouraging family discussions and involvement.

APPENDIX

The underlying purpose of this evaluation is to help discern if program elements and activities are resulting in significant outcomes for targeted youth. Thus, the main focus is to track the progress of the objectives set for the program at the beginning of the year according to funder expectations as aligned with actual program activities as follows:

1. PWC Knowledge Test - A participant pre-/post-test designed to measure Financial Education and Entrepreneurial knowledge was not created for this fiscal year due primarily to challenges encountered due to the pandemic.
2. PWC Student Survey – Replicated as previously approved by Mental Health Administration staff, this year's participant pre-/post- PWC designed the survey to measure the following: resiliency, community support; recidivism; and program satisfaction.

Students take the pre-survey at program intake and the post-survey at the end of the usually 12-week program. As shown in Table 1, we divided the participants into cohorts based on when they started the PWC After-School Program.

It is important to note that many students chose to re-enroll in multiple courses upon completion. To that end, we recorded these students' surveys and stated the methodology used for the analysis.

Table 1. Participant Survey Administration (July 1, 2021 – June 30, 2022)

	PWC Survey			
	Participants N	Cohorts	Pre-	Post
Quarter 0	55	0	30	30
Quarter 1	28	1	28	27
Quarter 2	45	2	41	40
Quarter 3	41	3	36	36

School Day Attendance Data from Pittsburg Unified School District (PUSD)

Due to the pandemic and school closure this fiscal year, student attendance data was not available. However, as previously mentioned, PWC was very successful with assisting schools in approving student's school attendance by having students on community service log on to school and participate in school activities during school hours while also performing their community service hours.

Probation Data from the Contra Costa County Juvenile Services Department

PWC provided the Contra Costa County Juvenile Services Division, Director of Field Services, a list of the program participants and duration in the PWC After-school program. PWC asked the Director to report on the number of students who committed an offense or who re-offended or went to the juvenile hall during their participation in the PWC After-School Program.

EVALUATION FINDINGS:

In this year of implementation, PWC continues to make notable progress in assisting at-risk youth in striving for a higher quality of life by providing them with a safe and supportive environment to get vocational training, mentoring, counseling, and peer group support. Clients are encouraged to stay in school, develop goals for their future and lead a purposeful, healthy life. The following pages summarize the program's progress this year as related to its tangible goals and targets.

Outreach and Participation

PWC planned to serve a targeted number of 200 unduplicated participants in this reporting year. (See Table 2.) the actual number of unduplicated participants was **130**.

Table 2. Program Participation by Quarter (July 1, 2021 – June 30, 2022)

	July-Sept Quarter 0	Oct-Dec Quarter 1	Jan-March Quarter 2	Apr-June Quarter 3	Total Served
# of Students (Duplicated Served Each Quarter	57	28	45	41	171
# New Students Served Each Quarter	57	16	31	26	130

Our data collecting methods help in regard to maintaining clients' confidentiality. The client's confidential personal data are assured by following strict guidelines for collecting and managing the client's information. Clinical data are being filed away at the Hume Center while clients' program information is locked in the PWC office in double-locked file cabinets away from reach of our clients.

The PWC Clinical Success After-School Program strives to provide positive outcomes for youth and young adults by increasing protective factors such as providing structural opportunities to support at-risk youth's education and economic success and promoting lasting healthy development.

PWC used several measures, data sources, data collection tools, and strategies to track progress and outcome evaluations. We collected both qualitative and quantitative data over time. We would primarily rely on existing data or assessment tools and then, as necessary, interviews with key stakeholders to capture the process objectives. PWC developed protocols to ensure accuracy and reliability of the data and timely completion of evaluation tasks. All data is collected systematically, from various sources, in collaboration with multiple partners. For example, PWC acquired client probation data on recidivism from the Contra Costa County Juvenile Services Department. In addition, PWC acquired school attendance data from School Districts in Pittsburg and surrounding communities.

The purpose of this evaluation is to help discern if program elements and activities are resulting in significant outcomes for targeted youth. Thus, the focus is to track the progress of the objectives set for the program at the beginning of the year according to funder expectations as aligned with actual program activities as follows:

Summary of Findings

Table 3. Actual Outcomes as Compared to Target: Fiscal Year 2021-2022

Outcome Measure	Target	Actual	Percent
65% of the total number of **green jobs program** participants will increase their knowledge and skills related to entrepreneurship, and financial literacy and personal finance during their participation in the PWC After-School Program.	50%	71%	143%
Objective 2: 65% of the participants will show improved youth resiliency factors (i.e., self-esteem, relationship, and engagement during their participation in the PWC After-School Program	65%	81%	125%
Objective 3: 75% of the youth program participants will not re-offend for the duration of their program participation.	75%	100%	133%
Objective 4: 70% of the youth program participants will report having a caring relationship with an adult in the community or at school during their participation in the PWC After-School	70%	76%	108%
Objective 5: There will be a 60% increase in school day attendance among the After-School Program youth participants for the duration of their program participation.	60%	78%	130%
Objective 5: There will be a 60% decrease in school tardiness among the After-School Program youth participants for the duration of their program participation.	60%	67%	112%

Overall, PWC has fully met its targets. One of the most significant tributes to the program is that the youth continue to choose PWC to complete their community services hours, despite the ability to achieve their hours with other programs, churches, or in another city.

The above data indicates that the PWC Program serves the high-risk youth population that it has always intended to do. In addition, this fiscal year, we planned to provide services
for 200 multicultural youth residing in the Pittsburg communities; however, despite the pandemic and school closure, a total of 130 unduplicated students participated in
the program as of June 30th, 2022. This year PWC Clinical Success After-School Program has been an enormous success.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

- ✓ **Provide access and linkage to mental health care**
- ✓ **Improve timely access to mental health services for underserved populations**
- ✓ **Use strategies that are non-stigmatizing and non-discriminatory**

The following annual report flows through describing the following programs and their intersections in the following order:

1. Adult and Family Program
    a. HIV Prevention
    b. Older Adult
    c. Kind Hearts Food Pantry
2. Clinical Program
3. Youth Program

ADULT AND FAMILY PROGRAM

SERVICES PROVIDED / PROGRAM SETTING:

Rainbow Community Center of Contra Costa County (Rainbow) provided targeted community outreach and early intervention opportunities for members of Contra Costa County. Our focus is to serve Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, plus (LGBTQIA+) communities. These individuals include marginilized People of Color (POC), LGBTQIA+ seniors, undocumented and uninsured communities, people living with HIV, transgender identified community members, and folks with unrecognized health and mental health differences.

Our services focus on providing multiple learning opportunities and linkage to internal and external services to all community members. Pride and Joy (Tiers 1 and 2) activities brought opportunities focused on mental health/health disparities within our LGBTQIA+ community such as community members' increased rates of anxiety, isolation, housing instability, suicide, depression, substance abuse and victimization (e.g., bullying, family rejection, Intimate Partner Violence 'IPV', sexual assault, and hate violence).

Our community programs mentioned in this reporting section have focused on bringing services and assistance to underserved and differently resourced communities with a lens for them to feel culturally affirmed and welcomed to health and mental health support services, increasing their ability to cope with oppression when they accessed health and mental health services delivered by Rainbow. Rainbow staff have tracked an increase in depression, isolation, anxiety, housing instability and vulnerability to multiple intersections of trauma, particularly for those community members who are marginalized due to race, socioeconomic status, and other risk factors. Rainbow thoughtfully and rapidly adjusted its outreach and service model to move most of its services into in-person groups and events at the onset of the COVID pandemic. In addition to following public health protocols, the projects outlined here continued to deliver health promotion messages and increase LGBTQIA+ community members' knowledge of local and national resources available to provide mental health support – including Contra Costa County's Access Line, 211 services, Contra Costa County HIV/STI testing services, local domestic violence and sexual assault services, national suicide helplines and East Bay health and mental health services. Rainbow has increased our efforts on collecting demographic information from clients we serve to continually deepen our understanding of the changing needs of who we are serving. Our goal is to increase the efforts on serving marginalized communities.

- **HIV Services Provided:**

Rainbow's HIV Prevention outreach has increased during the past fiscal year. We have been targeting all our underserved LGBTQIA+ communities covering all of Contra Costa County.
Due to COVID-19 restrictions and relocating our facility, virtual outreach has increased our connection with our community members. This includes multiple social media platforms such as Facebook, Instagram, LinkedIn and Meetup. Part of these outreach strategies include targeted email blasts that educate and inform all community members about our HIV Prevention and Education services in Spanish and English.

We were able to re-engage with community members after events in person were possible and guided by public health. We started to shift our HIV/STI testing dates to Club 1220, a local LGBTQIA+ Bar in Walnut Creek and longtime Rainbow partner. Rainbow also provided multiple HIV/STI outreach events with community businesses such as Del Cielo Brewery and the Campbell Theater in the city of Martinez. These events provided safe services for folks to feel welcomed, accepted and safe in their own towns. While receiving HIV/STI prevention education and free testing services, enjoying activities that help reduce depression and isolation experiences have been important with affirming our community members.

Our HIV Prevention Manager focused in organizing "Men Who Have Sex with Men" (MSM) targeted groups and special events consistently throughout the past fiscal year. These activities helped promote all our services. We provided contactless and in-person HIV, Gonorrhea, Chlamydia, Hepatitis C, and Chlamydia testing along with Contra Costa County's "Home Is Where the Swab Is'' mobile in-home testing alternative. We have been in communication consistently with clients who called to receive information about PrEP, testing, Social and Support Groups, and our "Safer Sex Packages Drop Off Program". We continued to offer a range of monthly social groups in person, including "Men Living with HIV" for HIV positive male identified folx, "Amigos" for our MSM Spanish-speaking clients, "Mocha" for our MSM of color that are living with HIV, and our "Social GuyZing" group that is open and welcoming to all male identified folx including transgender and non-binary men.

Shifting to safe and healthy outdoor and indoor gatherings, we were able to offer a small number of in-person social events including a successful Cinco de Mayo event in Martinez targeting LGBTQIA+ Latinx community members who were linked to our HIV/STI prevention services. In the spring we continued to host in-person gatherings which brought new clients eager for social connection, some of whom were less comfortable and less accessed with on-line/virtual support. Returning and new clients welcomed in-person gatherings and celebrated the opportunity to reconnect and socialize face-to-face.

- **Kind Hearts Food Pantry:**

Rainbow Community Center's Kind Hearts Food Pantry (Food Pantry) delivered 172 meals and food resources to 27 unduplicated and 54 duplicated LGBTQIA+ Seniors (55+), and HIV positive community members throughout Contra Costa County this past fiscal year.
Additionally, due to COVID-19 restrictions and safety concerns for our staff and volunteers, we continued our successful partnership with Monument Crisis Center, and the Food Bank of Contra Costa County which provides an off-site pick-up location. Rainbow continues to deliver healthy fresh food and ensures that food supplements for community members living with HIV are being assessed and delivered. Additionally, Rainbow continued partnering with the county's Extra Helpings Food Program which specifically supplements community members with nutritional support specifically with immunocompromised statuses and diagnoses.

Our Food Pantry continued implementing COVID-19 safety protocols consistent with wearing masks, maintaining safe recommended distances, using gloves and serving aprons to all our staff and volunteers. Throughout the county we promoted safety for our community members, offering "social distance" drop off services, leaving food and resources in pre-designated areas or at the client's front door when requested. We continue to receive more requests for food service deliveries amongst our Seniors, community members with a positive HIV status, and marginalized populations, including LGBTQIA+ People of Color, and Black Trans identified community members in the county we serve.

Rainbow is invested in growing our Food Pantry and continue to help underserved communities that struggle with food insecurity, housing instability, depression, work harassment and/or elder abuse.

- **Older Adult Program:**

Rainbow's Older Adult Program offered a senior luncheon or program the first and third Friday of every month, where regular and newcomer senior attendees from the county socialize, engage, eat healthy meals, and gain information from other community partners, resources, and engage with special guests and presenters. During this last fiscal year, we continued to have virtual groups as well as in person gatherings, including the virtual support group for older adult women, "Women of the Rainbow''. This group focuses on women who have suffered isolation and lack of community exacerbated by the pandemic. Our Older Adult Program Manager and volunteers continued to assist older adults to build their technology skills through our continued Tablet Program which provides loaner tablets for seniors for them to gain experience with handheld devices and enable them to attend social zoom events, furthering the impact of decreasing feelings of isolation and depression for all who participated.

Rainbow's focus is to provide opportunities for seniors to connect with other program attendees and staff. This includes our Older Adult Program Manager and volunteers conducting wellness check phone calls with all our program attendees weekly. During our fiscal year, seniors continued to face difficulties with grief, loss, isolation and depression. We organized volunteers to outreach to 150+ senior clients to encourage luncheon participation, which increased to weekly check-ins during this past year of shelter-in-place. In the fourth quarter of the fiscal year alone, we provided case management/wellness calls to 88 seniors, totaling 151 phone calls.

In addition, we were able to offer a handful of in-person interactions after the restrictions on outdoor in-person gatherings were lifted. Free congregate meals were coordinated to LGBTQIA+ seniors at various local restaurants all around the county to meet seniors near their locations. The Older Adult Program started a walking group that meets mornings or evenings and walks in areas around different county neighborhoods. These are led by staff and volunteers to accommodate seniors' walking capacities.

Our adapted Friendly Visitor Program (FVP) was facilitated to help members with various needs, providing resources and referrals, such as: reducing isolation in the community, assessing supply needs, physical, mental, emotional and overall wellness. Additionally, our Older Adults Program Manager continued to cross collaborate with Rainbow's HIV Prevention Manager. This collaboration helped to inform older adults about our free HIV testing services and referrals to PrEP and PEP education and navigation.

New, as of this last fiscal year, in collaboration with our Food Pantry Coordinator, seniors received meal deliveries as part of our Kind Hearts Food Pantry Service described previously. As part of that collaboration between the two managers, the restructure of the distribution of the Senior Nutrition Program continued to enable client choice while receiving their nutritional package. During our fiscal year there was a cross collaboration with our FVP and Senior Outreach and Advocacy Program (SOAP) programs. We were able to assess seniors' need to facilitate a delivery service, providing basic materials, health/medical supplies, and all other necessary items.

SOAP continues to address the needs of seniors living or transitioning into higher care. The goal of the program is to ensure that our senior members are respected as they transition into these facilities, i.e., appropriate pronouns, access to gender appropriate clothing, visitation rights for partners, etc.

Our Older Adult Program continues to provide individual case management on an as needed or long-term basis. Clients benefitted from a myriad of services as well as internal and external resources and referrals to other agencies through our many regional partnerships.

OUTCOMES AND PROGRAM EVALUATION:

During FY22, Rainbow served a total of 547 unduplicated clients. Tier 1 and Tier 2 reached 410 unduplicated clients. Tier 3 served a total of 137 clients. Tier 3 is our one-on-one clinical services such as school-based counseling, clinical counseling, and case management. 1,765.75 hours of services were provided to clients with Tier 3 alone.

Rainbow clients receive information about our mental health services during programming and special events. We have also seen an increase in calls and emails from clients needing a health assessment or treatment. Our Food Pantry and Older Adult Programs contact our clients weekly to improve access to all of our services that they might need. Our data has been collected through sign-in sheets during groups and events. We have shifted into the practice of requesting our community members to complete our Demographic Form that helps us assess intersectional needs within our clients. These needs include Food Pantry assistance, mental health programming, HIV/STI testing opportunities, housing and more. The responses that we receive through these forms, help Rainbow plan upcoming groups and events that satisfy our members' needs.

LINKAGE AND FOLLOW-UP:

Rainbow provided encouragement for individuals to access services by announcing out services during support groups and special events. Services that we offer on our website along with promoting our services on multiple social media platforms including our Facebook and Instagram pages. We continued to provide case management and wrap-around support services for many clients who regularly access our support groups. Also, our Clinical Case Manager that oversees our waitlist and intake process, provided referrals to clients for faster access to services when Rainbow was not able to meet their needs immediately. Due to relocating our facility, we continued using our on-line intake form. As part of our intake process, we were also able to prioritize special needs including pairing clients with a Spanish speaking clinician, Eye movement desensitization and reprocessing (EMDR), alternative relationship styles, and connecting BIPOC clients to be seen by BIPOC clinicians.

VALUES:

- HIV Program

Our Program focuses on providing social and supportive services that include safe spaces to reduce stigma, shame and discrimination between clients living with HIV. The HIV Prevention Program also brings activities that provide education and linkage to care and prevention services. We cater to our underserved communities of color by expanding our programming celebrating diversity, culture and other languages.

- Volunteer Program/Food Pantry

Our Volunteer Program intersects with our Food Pantry Program to show resilience, wellness and recovery to all our community members. We want our program participants to feel welcomed and valued when joining our services. Rainbow Community Center's volunteers assist underserved communities that suffer from health hardships and housing instability by bringing healthy food and expanding easy access for supplements.

- Older Adult Program

Many of our senior program participants have shared their experience and hardships with isolation and depression. Our programming offers activities that break mental health stigma and provide linkage to services. Some of these activities include calling seniors regularly, mental health referrals and presentations by trained staff and community partners.

VALUABLE PERSPECTIVES:

- Client Story
    - Our community member has been attending multiple programming groups and events that provide a safe space for him to socialize. Eduardo has lived in CCC for over 20 years and identifies himself as a Latinx man living with HIV. He recently returned to our Mocha group and shared that he feels comfortable attending these meetings that help reduce stigma and language barriers between communities of color living with HIV. Eduardo has also shared that attending our programming has helped his anxiety and has motivated him to return to the LGBTQIA+ community. He attends multiple

groups and events that focus on promoting HIV prevention to communities of color, Spanish-Speaking folx while celebrating all cultures.

CLINICAL PROGRAM

SERVICES PROVIDED / PROGRAM SETTING:

Rainbow provides 50-minute counseling sessions to individuals, partnerships, and groups/families within the LGBTQIA+ community. Services are currently virtual still, and this ability allows for access to services from clients that are not comfortable at a community center or leaving their dwelling in general. This easier access has allowed our counseling program to stay open through Covid. The availability of virtual clinical services has increased and enhanced access, particularly with our adoption of Simple Practice as an electronic health records platform. In the past year, we've seen a significant increase in the demand for our services from various parts of the state, i.e., Southern California, counties of Alameda, Solano, Napa, Los Angeles, etc. along with an increased demand in more remote parts of the county. As our virtual outreach has increased to meet the demand. Due to the restoration of our clinical intern program, we will be moving back into exploring, with various school districts in fall of 2022, a return to offering LGBTQI+ clinical support groups more widely and in partnership internally with our Sexual Orientation, Gender Identity and Expression (SOGIE) training and education programming, in school GSA and wellness center settings. QScOUTs, queer affirming learning and affinity clubs, was offered district-wide with Mt. Diablo Unified School District through one of our clinicians. The pandemic has provided an expansive approach for RCC to work with the county's school districts when previously our in school work was limited to individual sites with our in-person service model.

OUTCOMES AND PROGRAM EVALUATION:

- Participants are identified through self-referral and are seen on a first-come first-served basis. Clinical participants are identified through assessing functional impairment. We also assess people for Domestic Violence and Substance Abuse for referrals outside of our agency, as well as internal referrals to a DV support group. While we do treat acute diagnoses, we are not a crisis center. The average length of time between symptom onset and entry into treatment is dependent on our waitlist rather than symptom severity.
- Symptoms are measured annually using the county's assessment form. Data is collected through various assessments at the beginning of each treatment plan along with as needed and annually. If something needs to be changed in the treatment plan, clinicians pivot accordingly due to regular assessments. Smaller assessments may be used throughout the year by clinicians, as well, i.e., PHQ-9. Data is collected monthly through service logs that track client attendance in sessions, as well as length of sessions. Each clinician is required to participate in an annual cultural competency training offered and required by the county through Relias. We also offer psychoeducation sessions and consultation groups for our mental health professionals on how to work with LGBTQIA+ folks.
- Clients are seen on a first come first served basis, unless they request a specialized clinician, i.e., Spanish-speaking clients. The waitlist tends to be, on average, a 9-12 month wait. However, the waitlist has gone from being over 40 potential clients in 2021, to about 20 in 2022, so the wait is actively being reduced. At the time of this report, we have effectively managed the waitlist to ~10.

DEMOGRAPHIC DATA:

Clinicians and case managers submit service logs internally once a week. The RCC Data and Systems Manager creates a report based on the service log once a month. Our Mental Health Billing Specialist collects Medi-Cal data by utilizing the Electronic Health Record System provided by RCC and the county, Simple Practice and ShareCare respectively.

LINKAGE AND FOLLOW-UP:

1) The PEI program provides encouragement for individuals to access services by allowing folks that cannot

afford services on their own to receive services.

2) We follow up with the referral by email, and regularly send out emails to support potential clients until they are successfully engaged in services.
3) Clients are seen on a first come first served basis, unless they need a specialized clinician (For example, Spanish-speaking clients). The waitlist tends to be, on average, a 9-12 month wait. However, the waitlist has gone from being over 40 potential clients in 2021, to about 20 in 2022, so the wait is actively being reduced.
4) Our clinical unduplicated numbers decreased by 50% since last year. For these reasons:
    a) We are no longer serving schools for mental health services.
    b) We have been down 2-3 full time mental health clinicians for the entire FY22. (Which makes up half of our clinical team) Retaining and hiring clinicians continues to be a significant challenge across our organization and for non-profits across the country.
    c) We have been committing to serving Medi-Cal clients, which means they are able to receive more consistent services. Which does not open room for new clients. Our Medi-Cal clients have high stay power because they are able to afford the care they deserve.

VALUES:

We improve timely access by giving referrals. Our whole organization is based in serving the underserved and centering the most marginalized and vulnerable. We focus more on members of the LGBTQI+ community for 1:1 counseling while allies are referred to broader group-based services or referrals out to partner agencies like PFLAG. We target specific instances of discrimination-based trauma in our treatment plans using wellness, resiliency and recovery reframed as measurable outcomes. We strategize as thought partners to ensure that all our training and curriculum work is non-discriminatory and non-stigmatizing. All of our training work is embedded with an intersectional lens towards our understanding of gender identity and sexual orientation-based discrimination and bias.

YOUTH PROGRAM

SERVICES PROVIDED / PROGRAM SETTING:

The Rainbow Community Center Youth Program aims to empower youth 12-25 to explore their identities, address internalized homophobia, promote resilience, & connect to peers and community through programming, mentorship, peer support, and leadership opportunities. This past fiscal year we pivoted from 100% virtual programming to a hybrid model offering both online and in person programming. Our youth team continued to offer virtual drop in space weekly and in response to the high need for extra support for Transgender identified youth during the pandemic, we added a weekly offering specifically for trans teens that we launched in April of 2022. Additionally, we collaborated with PFLAG Claycord and local high school youth to plan and offer the counties first ever Pride Prom in person with over 100 LGBTQIA+ juniors and seniors in attendance. While the pandemic has brought its challenges in outreach our team saw an opportunity to partner intentionally with outside agencies to develop new and innovative programming like Pride Prom and our new summer day camp, Camp Fierce serving youth ages 7-15 and its partner program Team Fierce serving youth ages 16-25.

Fierce stands for Freedom of Identity and Expression through Rainbow Community Empowerment. Camp FIERCE is an LGBTQIA+ affirming Summer Day Camp led by Rainbow Community Center Youth Program Staff and LGBTQIA+ High School/Young Adult Counselors called Team Fierce. The Purpose of Camp Fierce and Team Fierce is to build a scope and sequence continuum for our Youth Programs that builds over time addressing the needs of younger LGBTQIA+ youth/families in our communities while providing ongoing leadership skills and practice for older teens and young adults successfully preventing negative mental health outcomes at an earlier age by connecting youth and their families to affirming services and programs provided by Rainbow ongoing.

Camp FIERCE is the creative project our Youth Program Team at Rainbow manifested in July 2022 serving 32 youth.. The pandemic has been a collective social trauma, especially for youth; many LGBTQ+ youth have lost access to affirming spaces, and those who came out during the pandemic struggled to find spaces where they can connect with LGBTQ+

peers and adults. Camp FIERCE is a space where students who have felt stifled, isolated, and alone, can feel a sense of belonging, creativity, and relief. We envision a space for youth to fully express themselves, connect, play, and feel empowered in their identities, expressions, and leadership. They learned from LGBTQ+ artists and creators in their community and built connections with each other and the Team FIERCE leaders. We believe in a program that centers the positive impact of LGBTQ+ teens serving LGBTQ+ youth , which is why we have big dreams to empower our teen leaders through Team FIERCE. We are creating an environment where teens can take positive risks, develop confidence in their leadership skills, and give back to their communities. In the Inaugural year Camp Fierce served 32 youth.

Team FIERCE: is a summer program that served 7 LGBTQIA+ high school aged youth that included a leadership retreat, mentoring, advocacy workshops, and a counselor in training program to work at Camp FIERCE. Specific outreach for this program is centered with intersectional LGBTQIA+ youth. Over time participants who attended Camp FIERCE can become members of Team FIERCE growing a supportive community of LGBTQIA+ young adult activists.

OUTCOMES AND PROGRAM EVALUATION:

Participants are identified through self-referral, school wellness staff, and families seeking support for their child. Through annual demographic forms and program registrations we can assess and make recommendations for resources including but not limited to referrals for counseling. Additionally, for ongoing programs we also use a pre and post survey that helps evaluate the outcomes of our programming.

DEMOGRAPHIC DATA:

Youth Program Managers and Coordinators administer an annual demographic form to all youth attending programs. The RCC Data and Systems Manager creates a report based on the service log once a month. Additionally, we ask youth who participate in ongoing programs to fill out pre and post surveys where we can collect information about their identities and capture and evaluate programs. When Youth are under the age of 12 we ask that families participate in the demographic collection to ensure that we are receiving accurate information about the client.

LINKAGE AND FOLLOW-UP:

1. The PEI program provides encouragement for individuals to access services by allowing folks that cannot afford services on their own to receive services. We have offered all of our programs free of charge or for a suggested donation ensuring that all youth have access to affirming programs ongoing.

2. The youth program team follows up with referrals by email or phone with 24 hours of contact. Additionally, we send out a monthly eblast and regularly engage on social media with new and existing clients. Our program team contacts high school wellness staff to make sure that they are aware of our programs and can help refer youth to attend. Additionally, we visit school sites and events frequently with program information to connect youth/families to our services.

3. Because we can offer a hybrid model including weekly online groups there is only the potential for a week wait time before a youth is able to access a service/group.

VALUES:

Our youth programs are currently creating a wide variety of offerings to meet the diverse needs of our county. We focus on partnering with outside agencies and schools to ensure we are reaching our most marginalized youth. Our outreach materials are in both English and Spanish and we prioritize having Spanish speaking staff available to connect with youth and provide resources. Additionally, we survey youth ongoing in our programs and through social media to learn about what their needs are and how Rainbow can offer the most engaging

and relevant programs possible. By engaging directly with youth and families for their feedback, we are developing responsive programs that increase participation and have a positive impact on the mental health of our youth. Our programs operate in a hybrid model to ensure that youth without parent support or access to transportation can keep accessing our programs and services online. We also outreach specifically to areas in the east and west county to arrange school visits for outreach since these areas are not as close to our physical office.

VALUABLE PERSPECTIVES:

Quotes from Youth Participants

“I loved being here because it made me feel safe to be with my community”- 14-year-old.

“The Pride Prom is a powerful opportunity for young people to organize, celebrate, and exist as their most authentic selves, which is especially critical after the challenging years that so many of us have experienced. I'm really looking forward to having a prom full of queer people. Prom is such a big high school milestone; it should be a place where you feel safe to be your true self. The Pride Prom is going to do that in a whole new way." Ryan Nelson, Junior

Quotes from Families about their excitement for Camp Fierce!

"This world requires my daughter to be fierce each day; she has to assert who she is, teach others, and brace herself for how they may react. It was a relief to have a space for her to just be a kid. It was pure joy for her." - (Parent of 8-year-old camper)

“I was so relieved and excited to finally find an LGBTQ+ Camp for my teen. I had searched and searched the area and all I could find were sold out or camps that were in another state. My Trans teen feels most accepted with like-minded peers. I also feel it is a SAFE SPACE for him. We can't wait and are counting down the days!” - (Parents of teen camper)

“I'm excited for Camp FIERCE so that my kiddo has a safe, affirming, and fun camp experience. For him to have a place with other transgender, gender expansive, and gender non-conforming kids to connect with and enjoy what a summer camp is all about is heart-filling for me as a parent. He is so positive and assertive with his identity, and still, he shares that he doesn't understand why some people think you can only be a boy or a girl. It's so needed to have a space like Camp FIERCE for kiddos to be themselves without having to justify or explain, but just be accepted and understood.” (Parent of 7 yo camper)

Why Does Team Fierce Matter?

“Growing up as a queer kid can often be difficult in the world and environment we live in- I know that all too well, but it doesn't have to be that way. By showing kids that they can find community, friends, and happiness in the LGBTQ+ community, it can bring them security that will follow them through the rest of their lives. I would love to be the role model I never had to these kids, and it would make me proud to be a part of something so amazing; the outreach that this program could have in these kids' lives is something I would want to contribute to.” (16-year-old)

“I grew up quite rough, I quite literally escaped to the Bay Area earlier this year to be surrounded by more like-minded people, I want to get more invested in this community and think I have a lot to offer queer youth. I have spent most of my life taking care of anyone younger than me, and for once I would like to see the skills I've earned be used in an environment where I can truly be myself too.” (17-year-old)

“I think that queer youth having a positive queer role model is one of the best gateways into a strong foundation of self-acceptance. I would love to be a part of that acceptance for someone!” (17-year-old)

“Growing up as gay the lgbtq+ community has been a great safe space for me. After this camp got brought to my attention it sounded like a great way to help give back to the community.
I feel like this would be a great opportunity to maybe try and help the lgbtq+ youth seeing as I am trans (ftm) and I'm Omnisexual. i just feel like seeing the kids and possibly being able to help them would be awesome” (17-year-old)

FISCAL YEAR: 2021-2022

PEI STRATEGIES:
X Provide access and linkage to mental health care
X Improve timely access to mental health services for underserved populations
X Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

"RYSE is more than just a place. RYSE is more than just a building. More than just a campus. RYSE is a home. And not just because of the building itself, but because of the people in it."
- Adriana Avalos, 2022 Richmond Youth Poet Laureate

MHSA services provided by RYSE in the past reporting period continue to facilitate access and linkage to mental health care (through a racial & gender justice, trauma-informed, healing centered approach), improve timely access to mental health services for young people in West County strategies that non-stigmatizing, non-discriminatory, and which actively address stigma and discrimination that creates physical, mental, and emotional harm and burden for young people in West County.

We are proud to have completed construction of RYSE Commons and for it to serve as a beacon for hope in the future for Richmond and the Bay Area. We know, more than ever, that RYSE Commons will not just be a new building. It will be the physical manifestation of the collective care, creativity and healing that will steward our liberation praxis.

RYSE's work continued to be hybrid in 2021. We returned in-person Sept-Dec, limited to cohorts of young people. From Dec-Jan, RYSE pivoted back to virtual in response to the surge in COVID-19 cases. From Feb-May, in-person cohorts and direct service meetings took place on site. In May 2022, RYSE hosted a Member ReOpening Week and resumed capacity for drop-in youth attendance and small-scale community events. We have adapted safety and screening protocols, including full vaccination and weekly testing for staff, available testing for youth, COVID vaccine info-sharing, linkages and referrals. We continue to work in coalition across CCC toward an ecosystem of support for young people and their families. In June 2022, co-tenant partners The Hidden Genius Project and the Young Women's Freedom Center moved into RYSE Commons, with HGP providing weekly programming throughout the summer. Throughout the year, young people have stepped into leadership roles in the design and vision of RYSE Commons as a sanctuary, creative space, and healthy home for Black, Indigenous and Young People of Color (BIYPOC).

As RYSE expands from 6,600 to 45,000 square feet, we have increased our facilities staffing and administrative roles to hold this greater physical responsibility and be able to hold infrastructure needed for many of the big ideas for the next 5 years, including co-tenants and event rentals. RYSE has designed a microsite that shares the roots and vision of RYSE Commons and will continue to evolve to reflect young people's vision for WCCC.
https://rysecenter.org/rootedandrysing.

Direct Service

"Honestly, I have been very sad and—if not sad—mad. I don't like being at home as much, but I try to get over it. I don't feel physically healthy. I'm struggling to find motivation to do anything.
- Youth Member, Fall 2021

Amidst the ongoing and, in many cases amplified, impacts of the pandemic on our communities, we stay steadfast in all our relationships and connection. RYSE works in persistent proximity with young people to listen to, validate, and hold their lived experiences and articulations of distress, as well as those of resistance and resilience. We also work in proximity to the organizations and agencies responsible for young people. The RYSE clinical and case management team has continued to connect with young people in the methods that best fit with their lives and needs, from teletherapy to home visits to in-person, with increased in-person drop-in hours starting in February 2022. The team continues to refine our Clinical Referral process, and to update RYSE's case review process to help the broader system of staff support more young people coming into the center with more acute needs.

The COVID-19 pandemic continues to amplify existing inequities across all dimensions of health and well-being for our community, including health care, housing, economic security, education, and physical and emotional safety. In many cases, young people are struggling even more now than they were in 2020. Young people have raised the importance of wellness spaces, opportunities to share their feelings, and to (re)build relationships and social networks following the tumult of the past years.

As is common across the mental health field, we have encountered challenges in hiring a Clinical Director following the death of RYSE Clinical Director Marissa Snoddy in Jan. 2021. In February 2022, RYSE began a contract with Jen Leland, LMFT as an Interim Clinical Supervisor, working with Erica Woodland to support clinical staff and to conduct outreach for a full-time Clinical Director hire. This search is still ongoing. In July 2021, RYSE hired an additional bilingual therapist as well as a new clinical case manager.

Health and Wellness
RYSE's integrative program model works to improve the social and material conditions for young people in Richmond and West Contra Costa County. RYSE recognizes that a community mental health model must incorporate multiple modalities and points of entry for a youth to seek out the services they need to thrive. Health and wellness content promoted via social media (Instagram Live videos and TikTok) also engaged youth in our community. Ongoing inquiry and design spaces with young people have created spaces for them to design RYSE Commons for safety and belonging, and to share how leadership development, organizing, and arts-base healing are essential strategies for health and wellbeing in their lives.

In FY 21-22, we served 340 young people, plus hundreds of youths and adults engaged through online/events. As pandemic conditions shifted, RYSE began the year with virtual and hybrid programming only for closed cohorts of young people, which has shifted to in-person drop-in options through Spring-Summer 2022. Community events are largely through virtual trainings and workshops, as well as some in-person outreach and arts events held outdoors in RYSE's new courtyard. Staff have conducted outreach visits to high schools and partner agency sites and continue to conduct programming within juvenile hall.

We are experiencing the new challenge and opportunity to work with young people who have "aged out" of RYSE over the past 2+ years, and to conduct outreach to young people in local schools who are learning about RYSE's presence in the community for the first time.

- **COVID-19 Response -** Amidst the surge of the Omicron variant in December / January, RYSE staff and members needed to adapt to this period of uncertainty by suddenly pivoting back to a virtual model for the entire month of January. During this time, many students felt that their safety and quality of education was being sacrificed. In response, RYSE offered a virtual wellness space for youth and worked with WCCUSD educators & students on how to voice demands for better support from district leadership. Between RYSE's own fund and the Richmond Rapid Response Fund (in which RYSE is a lead partner), hundreds of COVID-19 emergency disbursements have been issued; partners are looking at the strategy and policy pathways between this response and the need for universal basic income. Our intake form asks participants to share what they want to know about COVID-19; we received some of the following support requests in responses: finding a health provider/insurance, how COVID-19 impacts youth, rights/resources for undocumented residents, signs and symptoms of COVID-19, student rights/resources, what to do if someone in my household has been exposed/tested positive, where to get a

COVID-19 test, and workers' rights/resources.

- **Education & Economic Justice -** Over the past year, 83 young people engaged in direct education supports, including college access planning, reentry support, and graduation / post-graduation planning. RYSE staff have engaged in intensive and deep relationships with the young people on their caseloads during an extremely challenging time for young people's mental health. RYSE provided drop-in tutoring, educational advocacy, and college support for young people, both virtually and in-person. This includes supporting young people in creating SMART goals that establish both long-term goals and shorter-term milestones. All youth cohort members participated in a financial toolkit pilot designed by Community Financial Resources, that consisted of multiple modules and support with setting up a savings account and credit restoration as needed.
- **Identity Groups and Peer Support -** RYSE's Community Health Manager collaborated with the College Access, Education 4 Liberation, and Young Men's Group programs to hold Health and Wellness workshops tailored to each group. Throughout Summer 2022, RYSE held a Young Men's Circle and engaged young people in planning for and participating in PRYDE month activities in June 2022. This included a youth-led workshop on gender fluidity and was an open space for young people to come learn and deepen their understanding of gender. Additionally, RYSE staff provided warm hand offs and referrals to young people seeking case management, clinical therapy, or mental health supports.
- **Leadership Cohorts & Career Pathways -** RYSE continues to empower young people in building their capacity to lead and advocate for the health of their community. RYSE's April 2022 Youth Leadership Institute prioritized relationship-building and creative healing and organizing tools. Activities examples include LinkedIn workshops, an Organizer's Self Portrait, What's Going Down in Our Schools, HipHop and Me, Self-Portrait Painting, Ancestor Poetry Workshop, Historical Medicines and more. Feedback (n=24) included:
    - 89% of youth participants felt that their experience helped them feel more grounded in RYSE's values.
    - ⅓ of respondents identified Shared Power and Relationship-Building as the most clearly felt value in the new RYSE Commons Building; ¼ identified Safety; and ¼ identified Creativity and Play.
    - 95% felt like RYSE staff were supportive and followed community agreements; 89% felt like their peers were supportive and followed community agreements.
    - 89% felt that YLI workshops helped them feel more connected to their community.
    - 70% felt that the YLI workshops supported their leadership.

  In September 2021, the "outgoing" WCC District Local Control and Accountability Plan (DLCAP) cohort and RYSE staff conducted hiring of the next internship cohort for the 21-22 school year. After reading through 70 interest forms, hosting 2 info sessions, interviewing 29 youth and many google docs and conversations with staff, the team hired 12 young people for the DLCAPs, Immigrant Justice, and Richmond Youth Organizing Teams. Youth cohorts have been particularly concerned about covid safety and clear communication with families by the school district. They have been attending and providing statements at school board meetings, engaging in organizing with community partners, and helping to host wellness and debrief spaces for their peers as part of RYSE programming.
- **RYSE Culture Builders** - In Fall 2021, RYSE hired a team of 6 culture-builder interns, and in April 2022, hired 3 of them as part-time staff. This team of young people worked to plan for the opening of RYSE Commons, trained in RYSE's values and member agreements to engage their peers, provides new member orientation, and maintains culture in the RYSE space. Their work also included planning outreach activities to WCCUSD schools to bring new young people to RYSE Commons.
- **Arts-Based Healing -** RYSE's AMP internship program for young people ages 13-21 offers weekly artistic mentorship, project-based learning, and opportunities to facilitate workshops, create art, and apply their skills at RYSE and in the community. RYSE AMP cohorts include concentrations in Visual Arts, Performing Arts, and Music. RYSE transitioned to in person cohort-based programming in the fall of 2021, where all AMP interns met weekly with their peers and mentors to develop personal and collaborative projects, perform, present on panels, and co-facilitate workshops for educators and students. A few highlights include: Visual Arts AMP interns created animations in collaboration with RYSE dancers and videographers, Performing Arts AMP interns coordinated and performed at Raise the Bay (a concert held at RYSE in partnership with UC Theater, see slide 13 for more information), and Music AMP interns began producing beats and recording tracks in RYSE's newly

constructed and wired music studio. Performing Arts AMP intern (formerly an Event Production AMP intern), Sukari Wright completed the script for RYSE's multimedia production, The Land of Sankofa, and was invited as the lead young person in Hewlett Foundations' Think Tank on Creative Youth Development. RYSE launched our 2nd year of hiring a City of Richmond Youth Poet Laureate, who performed at numerous health and community outreach events in the Bay Area.

RYSE arts programs offer young people opportunities to explore diverse arts practices at beginner, intermediate, and advanced levels where they develop technical skills and creative voice with opportunities for public performance, publication, teaching, and speaking engagements. Visual Arts continues to be a critical practice in our community partnerships as well, including Freedom Beatz, a partnership with Contra Costa County's Juvenile Hall and Arts Now: Arts Integration Professional Development for West Contra Costa Unified School District teachers. Freedom Beatz promotes relationship building amongst youth, staff at The Hall, and arts educators, and focuses on healing, social-emotional learning, creativity, intellectual curiosity, and confidence building through song writing, poetry, and visual arts. In partnership with Richmond Art Center and East Bay Center for the Performing Arts, Arts Now offers professional development for WCCUSD classroom teachers. Arts-base healing is a core component of Arts Now; young people co-create teacher lesson plans, co-facilitate workshops, and share their voice and insights on their personal educational experience through conversation and performance.

- **Freedom Beatz** - Freedom Beatz promotes relationship building amongst youth and staff at Juvenile Hall and focuses on healing, social-emotional learning, creativity, intellectual curiosity, and confidence building through song writing, poetry, and visual arts. We offered two pop ups workshops and one full series for 41 participants, 8 probation staff, and 4 CCOE teachers.
- **Love and Rage Mural-** In Feb '22, RYSE members and staff completed the Love & Rage mural. The initial idea for the mural within RYSE Commons was born through RYSE's Designing Belonging partnership with California College of the Arts and was completed by RYSE's Alphabet Group members and local muralists. The mural reflects RYSE members' cultures, communities, and power: honoring those who came before us as well as those who work to create more safe and welcoming spaces for LGBTQ+ and BIPOC youth. The Love & Rage Mural was inspired and envisioned by RYSE members, honoring queer Black, Indigenous, People of Color (BIPOC) young people in Richmond, CA. The initial idea for the mural within RYSE Commons was born through RYSE's Designing Belonging program, in partnership with California College of the Arts (CCA). RYSE members partnered with CCA students to envision a mural that embodied the RYSE value of Love & Rage. Young people articulated a portal that connected their love and rage; they envisioned scenes that demonstrated the injustices that exist in Richmond and are mirrored throughout the world. They also hoped to highlight the intersectionality, power, struggle, and joy of the Richmond community. They defined scenes of celebration and peace, as well as protest, and wanted the mural to create a sense of belonging for each viewer to see themselves represented in the art.

  Ideation sessions continued into 2021 in partnership with East Bay Getting to Zero, RYSE's Alphabet group members, and local muralist Agana Espinoza (DJ Agana). Over Zoom meetings and jamboards, RYSE members reflected on the original mural ideas and the need to highlight the LGBTQ+ youth culture of Richmond & Contra Costa County, as well as the style, power, and creativity of Black, Indigenous, Youth of Color. Agana presented mural drafts to the team, who offered feedback and selected the final design. The mural was completed in January 2022 by Agana, with support from local artists, as well as RYSE members and staff. The mural reflects RYSE members' cultures, communities, and power: honoring those who came before us as well as those who work to create more safe and welcoming spaces for LGBTQ+ and BIPOC youth. The mural includes a dedication to those that passed away - founding RYSE member Kenji Jones and Clinical Director Marissa Snoddy. Love & Rage' was gifted to RYSE by East Bay Getting to Zero.
- **Healing Garden and Outdoor Space -** Also informed by the Design for Belonging and youth inquiry, the Healing Garden and Outdoor Space are in progress. Each space includes outdoor meeting and reflection spaces, and during Membership Week (May 17-22) staff held daily meetings to reflect on how spaces were used and adjustments that can be made. Spring 2022 Design for Belonging meetings, which have included 4 RYSE youth, 2 CCA students and 2 arts and design educators, who are planning a story collection process and zines about belonging and healing that informs how we design and construct the healing garden.

- **Youth-Led Community Events -** RYSE youth leaders have held community events engaging peers and have supported in-class outreach events during the Fall. From Jan - Feb '22, RYSE youth led in planning of RYSE's Black Culture's Month events – using collective brainstorming to uplift the power and resilience of Black culture. Honoring a core value of RYSE, Love & Rage, members coordinated BCM events, guest speakers, and a Black Culture's Month spirit week for members and staff. In collaboration with UC Theatre, RYSE hosted "Raise the Bay," a femme-centered concert in celebration of BIPOC women and the femme identified community for International Women's Month in April '22. This event was led by RYSE young people, and marks the first concert to be held on our newly completed RYSE Commons campus. In June '22, RYSE hosted its PRYDE Month with the theme Show Out and Be Proud.
- **Outreach and Linkages with Local Schools -** Since April, RYSE has hosted over 100 young people and 10 teachers for site visit field trips in collaboration with Richmond High School's Law Academy and Spanish-Speaking Summer Program for English Learners. During these visits, teachers and young people were able to see and experience our new, expanded campus, participate in staff-led arts workshops, and have a music- and activity-filled lunch in our outdoor courtyard. During this visit, teachers and young people were able to see and experience our new, expanded campus, participate in staff-led workshops, and have a music- and activity-filled lunch in our outdoor courtyard. Following the visit, over 50 youth attendees registered to become a RYSE member. All attendees participated in youth group reflections – here are a few comments about the day:
    - "The whole activity made me happy."
    - "My teachers brought me joy."
    - "Painting brought my heart peace."
    - "Seeing everyone enjoying themselves in the sun!"
    - "Being in the music room studio."
    - "The things that brought me joy were my friends and the fun activities. My heart is happy and healthy."

Trauma Response and Resiliency

RYSE staff have also seen how the health burdens of young people have continued to be exacerbated by conditions of the ongoing pandemic. As too many in our community are engulfed in survival mode to tend to basic needs, we are working to respond to those needs and the compounded distress. We are responding to an increase in severe mental illness, suicidal ideation, anxiety, and depression. We are fielding increases in domestic violence and intimate partner violence, human trafficking, eviction and displacement, and gun violence - all alongside the ongoing harms and disregard by the systems responsible for young people. Clinical and case management staff were deemed essential workers in order to provide in-person supports where needed, along with flexible virtual supports as met young people's needs. In-person supports have included hospital bedside support, emergency triage meetings, clinical therapy, case management, juvenile custody transition/reentry meetings, and emergency transportation support. In FY 21-22, we served 65 young people with clinical and case management services.

- **Community Triage and Care -** RYSE coordinates with social work staff at John Muir to ensure that young people served through that program have medical coverage, including connecting them to advocacy/ navigation support in getting enrolled with insurance. RYSE actively partners with school service providers, foster care case workers, transitional housing, hospitals, probation to do outreach and linkages. RYSE also works to increase access to mental health services for Spanish speaking community members, including hiring multiple Spanish speaking community engagement staff as well as Spanish-speaking clinical therapists. These partnerships with John Muir Medical Center, Lifelong, and others work to improve timely linkages to psychiatric consultation. RYSE prioritizes providing mental health access to people who are not insured or who are experiencing gaps in coverage, through our intake process and partnerships.
- **Case Management & Clinical Therapy -** RYSE's clinical team works to address acute and ongoing needs of violently injured youth and their families through mentoring, intensive case management, resource navigation, and holistic supports. Intervention Specialists provide bedside intervention and post-discharge support services for young people affected by violence. In this grant period, RYSE has provided at least 4 support services per client, including: welcome home care packages; support with transportation; legal referrals/support; health care enrollment; providing information to the family; clothing support; DMV appointments; transportation; grocery shopping; housing and rental assistance; anger management programming; academic support;

employment/career support; and providing personal protective equipment. Crisis response and case management continued to be acute and ongoing for young people in RYSE's network; with the return to in-person programming we have revived and updated our case review and referral process, working to ensure that staff with the strongest relationships with impacted young people are working in alignment to support needs both onsite and off.

- **Probation, District Attorney's Office -** RYSE's Education & Justice Department continues to provide tailored Transition and Reentry plans in collaboration with young people and staff at the Probation Department, as well as facilitate our R.E.S.T.O.R. pilot program, a Restorative Justice diversion program in which youth who are arrested are referred to RYSE by the District Attorney's office, then engage in a restorative conference to identify, address, and meet unmet needs in the youth's life. All young people in R.E.S.T.O.R. also have access to RYSE's onsite linkages, wherein a young person can enroll in RYSE workshops and programming (spoken word, youth organizing, visual arts, beat making, etc). These linkages between diversion and RYSE programming encourage a greater sense of belonging and purpose for the young person – making for a seamless transition from R.E.S.T.O.R. into RYSE's general youth programming.
- **School Climate -** RYSE staff and youth have been working on building responsiveness from the district to what young people are experiencing, especially in the conditions exacerbated by the pandemic and recent threats of community violence. With recent national mass shootings and a school system that provides little emotional, social, or mental health support to its students, youth and staff have felt a need for deliberate and intentional safety measures and mental health support. Maintaining our commitment to the safety of young people and their communities, RYSE remains in direct contact with district leadership – giving direct and immediate feedback to schools about the safety of their students and holding them accountable to the WCCUSD Safety and Positive Climate Resolution. Before the pandemic and increasingly during the pandemic, RYSE has also begun a practice of reaching out to as many partners and district staff as possible when we learn of serious incidents involving threats, violence, and harm at or near school campuses. This impromptu response has become a go-to email group to share, inquire, and provide updates on incidents and concerns. Central staff including the Superintendent, the teacher's union, district trustees, as well as a range of community partners are part of this space. RYSE remains part of school district safety task forces, and recently joined the District's Community Schools Support Collaborative. We continue to field daily requests and referrals from schools and school-based clinics for mental health and crisis response supports.

Inclusive Schools

RYSE continues to raise visibility and promote action on gender justice and queer liberation in WCCUSD as integral to youth leadership and to creating safe space for young people of color. By staying committed to serving young people through all their varied experiences, self-discovery, and changing identity awareness and expression, RYSE served youth identifying as LGBTQ, and maintains an environment that prioritizes queer safety and leadership for all members.

- RYSE PRYDE Month activities included Fly Your Flag, Femmly Masc, Wear My Pride in my Hair, and jewelry making workshops. Young people involved in our open Sashay Away workshop series, a program dedicated to fashion design, confidence building, and runway walking, hosted the RYSE PRYDE Fashion Show at the end of the month to showcase their work.
- In the Spring 2022 semester, RYSE youth continued to host Student Town Halls and conduct Youth Participatory Action Research into the impact of high school conditions on students' mental health. Youth organizers in the Education for Liberation cohort completed a website that can hold data gathered by students and continue to advocate for policies and practices in schools that meet the emotional needs of students as full human beings. One RYSE member is currently serving on the WCCUSD Student Youth Council and Student Board of Trustees and has spoken at District Board Meetings to advocate for greater COVID safety and testing protocols in district schools.
- RYSE youth attended the SF Bay Area Regional Community Schools Forum hosted by California Department of Education on Wed, Dec 1. These forums are for students, families, educators, and community members to impact decisions the State is making about how the $3 Billion Community Schools program will be implemented next year and beyond. This investment came out of the advocacy and organizing of many grassroots

organizations, students, families, educators and community members. Out of over 90 attendees, only 4 were youth - 3 were RYSE members.

- As an organization, RYSE has continued our arts partnerships wherein RYSE youth artists collaboratively co-design and co-lead professional development sessions for WCCUSD teachers to help teachers build capacity for arts-based healing in their classrooms and cultivating trauma-informed spaces. After a successful pilot collaboration supporting WCCUSD's Visual and Performing Arts program and teaching artist practice exchanges, RYSE hosted its first onsite Arts Now Saturday Institute for 50 WCCUSD teachers, in partnership with young artists, East Bay Center for the Performing Arts, and Richmond Art Center in March 2022. Classroom teachers attended a series of workshops on exploring their own identities, including the art of monologues, embodied healing practice, and black-out poems to process experiences and access their inner child. Feedback from Arts Now attendees included:
    - "This is so grounding. Thank you."
    - "My colleagues talked about the vulnerability they experienced and how it helped them grow."
    - "I learned so many things, Adriana's spoken word poem was incredibly inspiring- I want to share it with my students and it reminds me to dig deep into poetry."
    - "I want to continue educating myself on equitable teaching, and how to elevate all cultures in my class."
    - "I am very excited to get my students thinking about their own past and celebrating themselves."

Systems Change

Our Theory of Liberation and service-for-systems change frame requires proximity, loving support and response, and collective power-building. It has allowed RYSE to center communities that experience disproportionate harm by systems and pandemics. RYSE continued to coordinate mutual aid and rapid response through the WCC Care Coalition, The R3F, and RYSE's COVID-19 Youth Fund.

- **RYSE Commons & Activation -** In May 2022, RYSE completed construction for the RYSE Commons 45,000 square foot campus, and the space fully opened for young people. During our 2021 Youth Leadership Institute, 28 youth leaders attended tours of the campus under construction and engaged in planning and values working groups that guide RYSE Commons opening and presence. 16 Reopening Interns spent July-October engaged in review of RYSE's cultural agreements, design of the physical space and technology protocols, and planning for RYSE's opening for their peers. Youth reopening cohorts worked through Summer and Fall 2021 developing house agreements and designing the innovation center, visual arts and music production studios, black box theatre, and digital media lab. The RYSE Facilities Team is now working to implement the recommendations and RYSE members continue to be in inquiry spaces as new phases of outdoor space, murals, and the health clinic design move forward. By building a space in which young people feel comfortable and enriched, RYSE will be a better container for transformative systems, policy, and environmental change within the community, as youth will want to stay and invest their time into RYSE's space, activities, and values.
- **RYSE Climate Resilience & Liberation Hub -** (held with partner organization APEN) interns engaged in planning activities that directly informed solar installation and infrastructure planning on RYSE campus. We have selected a solar panels and battery storage system installer - installed by end of 2022. The process of working with climate interns at APEN has been a strong example for cross-organizational partnership and building community power without necessarily adding more RYSE programs at each juncture. As we benefit from APEN's expertise in the technical components for a climate resilience center, both partners agree that the next step is deeper work with young people across both organizations to determine governance and culture/ components that will ensure RYSE Commons stays relevant and accessible for young people and their families in Richmond.
- **RYSE Health Home** - RYSE has continued our convening of stakeholders and health partners to design infrastructure and develop capacity for a health home partnership model that is located on the RYSE Commons campus. Partners from Contra Costa Health Services, Lifelong Medical Care, CareStar Foundation, John Muir, and Health Leads toured RYSE Commons and the future clinic space. The transformation of our previous space into RYSE Commons and co-located Health Clinic will expand partnerships, bridge institutional services and systems in Contra Costa County, and serve as an anchor for youth movement building, grounded in racial justice and equity. In May 2022 a presentation and conversation about progress to-date was held with 20 participants. This Partner Update shared the ways that the entire RYSE Commons campus is designed to be a liberatory health

home, with the clinic positioned as a critical component of RYSE's liberatory public health model. Initial physical design plans were shared, along with insight from inquiry among young people from 2018 through present. Partners were asked to share capacity and expertise in a follow up survey to help determine next steps for organizing and planning for the clinic. A team of Public Health youth interns will also begin work in Fall 2022 to further design and activation for the clinic space.

- SLIDE DECK:
- RECORDING

- **Rapid Response for Systems Transformation -** Since March 2020, RYSE has convened monthly WCC COVID Community Care calls with up to 100 WCCC city and public systems, health and social services providers. Community-wide coordination through these meetings has included sharing of resources for the community and youth-specific materials about COVID-19 and school requirements/policies/supports, including updates/presentation/ social media posts about COVID-19 public health research, guidelines, and local ordinances. RYSE leadership communicated directly with CCC Health Services Dept., the CCC Board of Supervisors, City of Richmond staff, and WCCUSD leadership to share needs, understand, and coordinate resources and response.
- **Trauma & Healing Learning Series -** In April and May, RYSE launched its Trauma and Learning Series with a 2-part session on Understanding and Disrupting the Medical Industrial Complex, presented by Health Justice Commons. These sessions illuminated the incessant ableism and racism within medical and health institutions, as well as adjacent and intersecting industries, public and private.
- **Reimagining Public Safety -** RYSE is engaged in Reimagining Public Safety efforts and is cited as a model for what a non-police response to addressing mental health issues looks like.
- **Office of Racial Equity and Social Justice -** RYSE continues to serve in key roles for the development and launch of the Contra Costa Office of Racial Equity and Social Justice (ORESJ). At the end of January, RYSE led an ORESJ planning meeting that shared field research on systems harm and outlined a six-month work plan for reducing harm and making policy recommendations through community learning sessions. This was followed by a survey engaging 2600 respondents and listening sessions engaging 400 participants - to be presented throughout July in Community Cafes county-wide.
- **Health System Funding, Training and Sharing Praxis (CCHS, Health Partners) –** RYSE remains in partnership and advocacy along with public health practitioners across the state. RYSE staff and youth leaders participated in and led in 2-5 conferences, trainings or webinars per month. A list is available if requested. RYSE's Executive Director is also serving on the Measure X Community Advisory Board, formed to advise on the use of new sales tax revenue intended for regional hospitals, community health centers, emergency response, childhood services and protective services of vulnerable populations.
- **Justice Reinvestment -** In planning for the closing of the DJJ in June 2023, RYSE continues to position itself as an advocate for and collaborator with young people, their families, and their communities. RYSE has sustained its efforts in building community engagement pathways / partnerships within local school and justice systems. In our work with the Contra Costa County Probation Office, our Director of Education & Justice is on the DJJ Realignment Committee and was nominated a co-chair along with the Probation Chief. With young people now coming to county facilities instead of state, we are working to create a clear step-down approach that includes robust community-based programming and placements. RYSE is also working to improve county-wide coordination and reentry support for young people returning to schools amidst discipline and over-policing. It will require new funding and broad collaboration.

OUTCOMES AND MEASURES OF SUCCESS:

Key measures:

- 70% of RYSE members report benefits of RYSE programs and services that support mental health and wellness.
- 70% of RYSE members report positive or increased sense of self-efficacy, positive peer relations, youth-adult relations, and agency in impacting change in the community.

Findings: Fall 2021 and Spring 2022 Surveys found that 95% of members agreed or strongly agreed that they are paying

more attention to their and others' emotions and feelings and that mental health supports are okay and positive. 80% of clinical and case management participants who responded agreed or strongly agreed that counseling or case management is a space of safety, mutual trust, and helping with emotional and navigation goals. 88% of RYSE members who responded agreed or strongly agreed that they are interacting more with people of different races or cultures, speaking up more about concerns, and believe they can make a positive difference in their school or community.
Some of the ways that respondents describe RYSE services as different from other spaces they spend time in: "Non-institutional", "More support and less judgment", "safety, comfort, genuine and personal", "Que en verdad si ayudan".
Quotes from participants about their experience in the program:

- "[I have learned] new and better coping mechanisms."
- "I trusted my therapist and I felt safe with them. I was always helped by them and enjoyed talking to them. It is a place where I can express my need and concern without judgment."
- "It feels very open and allows me to tap into parts of myself I am not always comfortable with doing."
- "I am accomplishing goals I thought were almost impossible to complete."
- "The program allows you to learn more about yourself. Also, it builds relationships."
- "It's a safe place for me."
- "They communicate very well."
- "I liked the diversity within RYSE."
- "That I can express myself."

Key measures: 70% of members demonstrate progress toward desired skills/goals related to their participation at RYSE (subset of members with a defined plan)

Findings: Using RYSE's case management database to track SMART goals, as well as case notes, at least 70% of members with a defined plan demonstrated progress toward a desired skill or goal.

- "I feel very comfortable and safe at RYSE and the staff is always patient and nice."
- "You actually get to speak about any problem, and they listen."
- "It's a safe space where I get to share stuff I don't have the courage to share with others."

Key Measures: 70% of RYSE members report an understanding and capacity to build community with races, cultures and sexual orientations and genders different from their own.

Findings: Fall 2021 and Spring 2022 Surveys found that 95% of members agreed or strongly agreed that they have a better understanding of themselves and of self in relationship to other people, cultures, identities.

- "This program opened up my mind to a bunch of issues in our community and ways we can help with that. It helped me gain control in situations like this. And also, was very creative."
- "It taught me how to make a workshop. How to socialize with people I've never talked to before. It reinforces a sense of community/family."

Key Measures: 80% of the total number of stakeholders involved in TRRS series will report increased understanding and capacity to practice trauma-informed youth development.
Findings: In evaluation surveys conducted at Arts Now professional development workshops, the following feedback was shared (n=39):

- 92% of participants either agreed or strongly agreed that they increased their knowledge on culturally responsive, healing-based arts curriculum.
- 95% of participants either agreed or strongly agreed that they learned something they can incorporate in their classroom curriculum immediately.
- 92% of participants either agreed or strongly agreed that the pacing of RYSE's workshop facilitation fit them well.

Quotes from attendees included:

- "This is so grounding. Thank you."
- "My colleagues talked about the vulnerability they experienced and how it helped them grow."

- "I learned so many things, Adriana's spoken word poem was incredibly inspiring- I want to share it with my students and it reminds me to dig deep into poetry."
- "I want to continue educating myself on equitable teaching, and how to elevate all cultures in my class."
- "I am very excited to get my students thinking about their own past and celebrating themselves."

DEMOGRAPHIC DATA:

While the total number of youths served during this year is 340, the Race section adds up to more because youth marked both more than one race and the races they identified. Similarly, the Gender Identity and Sexual Orientation sections add up to more because some youth selected multiple responses.

➢ Part 2 is blank because we collect info on race and ethnicity together and with some differentiated categories than MHSA.

➢ Part 5 is blank because RYSE does not ask about specific disability on the member application. We noticed that there is no place to document atmospheric trauma and distress our member's experience.

➢ Regarding referrals out for Part 7. We do refer youth to outside services (clinical and non-clinical), however they often report negative or uncomfortable experiences with outside referrals. In most cases, RYSE staff continue to provide case management to support engagement in external non-clinical services. On occasion, members will inform us that they were unable to make an appointment.

➢ Regarding Part 7: Item 10 requesting the average duration of untreated mental health issues, RYSE defines and addresses trauma and distress as historical, structural, and atmospheric, operationalized through racial oppression and dehumanization of young people of color (RYSE Listening Campaign,2013; Hardy, 2013; Leary, 2005; Van der Kolk, 2015). Therefore, RYSE's work is focused on addressing the conditions and systems that induce and perpetuate distress and atmospheric trauma, cultivating and supporting community building for collective healing and mobilization to address the harmful conditions and their generational impacts, and providing tailored supports and services necessary to provide safety, stabilization, and hope for individual young people and as a community.

We measure impacts related to RYSE's core strategies and prioritization of relationships as prevention and early intervention of mental health issues (reflected in our service workplan). We do not measure duration of untreated mental health issues, as it does not fully reflect, and is dismissive of, the context and magnitude of what young people are experiencing and embodying. It falls short of the rigor and dynamism we employ as a community mental health and healing organization. That said, we work in persistent proximity with individual members to listen to, validate, and hold their lived experiences and articulations of distress, as well as those of resistance and resilience.

EVIDENCE-BASED OR PROMISING PRACTICES:

Again and again, healing-based spaces and programming have been identified by young people and partners as crucial and lifesaving in the face of compounding mental health, physical, and economic tolls throughout the pandemic, combined with institutional disregard and neglect. Again and again, RYSE has pivoted and provided community care and creative healing opportunities for young people and their families. Even while virtual, RYSE's role as a leader in the field of Creative Youth Development (CYD) has deepened over the past year. Our CYD model humanizes through reflection, connection, meaning-making, and narrative building. Young people have identified CYD as fundamental for healing from violence and distress (interpersonal and institutional), and for building power to dream and enliven the community and relationships they need and deserve. Some examples include:

- In spring of 2021, RYSE advocated for the Richmond Arts & Culture Commission to create a position for a Youth Poet Laureate for our city. After an application process led by RYSE, Sheila McKinney was selected to become the City of Richmond's first Youth Poet Laureate. With support from CieraJevae Gordon, RYSE's Media, Arts, & Culture Manager and former Richmond Poet Laureate, Sheila, age 16, led several workshops and events for youth and educators. These included Poet's Corner, a virtual spoken word production by Richmond youth. The Richmond Youth Poet Laureate enhances youth leadership, encourages self-advocacy skills, and serves as the ambassador for literary arts, and youth expression in the community. Sheila was interviewed on KTVU on November 16th 2021, and shared that she started writing and performing in 2020, using poetry as a tool for

moving the world into a more just and loving place. At the beginning of 2022, Richmond's 2nd Youth Poet Laureate, Adriana Avalos, was named. This year's fellowship expanded to be a part of the National Youth Poet Laureate program housed by Urban Word, increasing the reach for the community. In her term as Richmond's 2nd YPL, Adriana Avalos was able to build in her event planning skills, host an assembly on her campus, and bring the art of spoken word to a variety of audiences throughout her term. As mentioned in the previous section, she was able to write new works and use poetry to inspire her peers to write spoken word around their own lived experiences.

- The RYSE Community Portrait Project process was launched in Summer 2021 with staff and youth members, rooting community building and belonging for Commons in embodied arts. This is a process of honoring and humanizing, designing belonging in the building before it opens and ensuring that the visual identities of our community are centered and celebrated.
- In preparation for our RYSE Commons Grand Opening in May '22, RYSE AMP interns spent several months creating new work to welcome the community into our new space. Visual Arts Interns worked on a journal exhibition and dance animations to project in a 10ft tall RYSE designed dome, Performing Arts Interns created original poems in collaboration with RYSE dancers, and Music interns created an archive of RYSE member created music, both past and present, to share during the event. These interns collaborated in deeper ways than they could have virtually and developed relationships and creative partnerships with each other. Themes that emerged from their work included liberation, belonging, home, and celebrating and honoring BIYOC (Black, Indigenous, Youth of Color) of Richmond and West County.

VALUES:

In thinking about how we can best serve our youth in our expanded campus and future health clinic, RYSE engaged young people in thinking about what safety and belonging look and feel like in 2022. Young people were clear in wanting a space that feels safer than school-based clinics where young people may be afraid to ask questions, not feel their questions are respected and/or feel unsure of how their information will be used. As one young person shared:

"What mainly pushed me away from even talking or just thinking about my mental health was like, my experiences at certain places and with certain people. And people not really caring about you, but… just, it's their job type thing."

In the forthcoming clinic, young people see the potential for internships, shadowing, and certification opportunities. They also hope to access a full spectrum of health services – everything from qualified professionals, people who can render first aid in an emergency/urgent care to therapy, aroma therapy, yoga, skin care, nutrition, drug and alcohol prevention and support, dental, queer and trans inclusive sexual and reproductive health – including support related to sexual assault or sexual harassment. The full spectrum of support included several mentions of support for people having their periods, from supplies and resources to alleviate cramps (heating pads, pain meds) to laundry facilities and extra clothing.

This summary marks a point in time. RYSE's practice of Radical Inquiry (described in the section that follows) and Impact Planning continues as the new space and programming come to life as RYSE Commons. Future conversation groups will refer to and build upon the conversations summarized here and will be coordinated with RYSE Partners from Hidden Genius Project, Young Women's Freedom Project, Native American Health Center. Collectively, they will engage with larger groups of young Black women and men, queer and trans young people who have engaged in survival economies now or in the past, and Indigenous youth. Additionally, RYSE intends to develop and engage young people in paid positions to continue to advise RYSE Commons, including future inquiry.

The shift in our world and work since March 2020 has illuminated the opportunities and challenges to how RYSE conducts youth-centered programming, holds systems accountable, holistically supports young people and staff, and leverages our campus to truly serve as a hub for youth-led visions for equity.

VALUABLE PERSPECTIVES:

- In early May, RYSE made the decision to cancel the Grand Opening of our newly constructed building, RYSE Commons. With over 700 guests registered during a COVID surge in the Bay Area, we decided to postpone the event to prioritize the safety of our young people and community and focus instead on a member week where we could welcome young people and celebrate our return to drop in programming. All of the work young people developed were showcased for their peers and staff during our Grand Opening week for members and are featured as well as on our microsite. The Rooted & Rysing Microsite is an interactive experience showcasing RYSE's values, new spaces, and our community: all of which contributed to RYSE's latest evolution, The RYSE Commons campus. The 45,000 square foot space now includes a multi-purpose courtyard, meditation garden, and new state-of-the-art facility designed by Richmond youth. This microsite reflects RYSE's Theory of Liberation and features a youth-led map of the space. RYSE's seven values of Safety, Youth Power, Love & Rage, Shared Power & Relationships, Healing Centered, Racial Equity & Justice, and Creativity & Play come together in this visual representation. This site will continue to grow and blossom and be a home for young artist work.
- In Nov 2021, for The Lewis Prize for Music, young people conducted a tour, performed, and described our healing-centered approach and how they envision RYSE Commons as a hub for youth creativity and systems transformation. On January 11, 2022, The Lewis Prize for Music announced that RYSE is one of four recipients of the Accelerator Award. The Lewis Prize produced the following video highlighting RYSE.
- YR Media, an organization dedicated to young, majority BIPOC creatives, journalists, music producers, content creators and entrepreneurs, visited RYSE and conducted interviews with staff and members. On the cusp of the new campus getting ready to open, they spoke on where RYSE came from, where it's at, and what it means to them in this video: Healing a Community Through it's Youth.
- Opening the RYSE Commons campus, we knew that in order to deepen our commitment to youth power, we needed to go beyond what RYSE could do as a single organization. To more holistically serve and empower young people, we partnered with organizations who shared our commitment to youth power and social justice while offering their own unique perspectives, missions, and modes of support. The Hidden Genius Project trains and mentors' Black male youth in technology creation, entrepreneurship, and leadership skills to transform their lives and communities. As they continue to celebrate their 10 year anniversary, The Hidden Genius Project seeks to strengthen the field of technology education for young people across communities. The partnership and perspectives of participants is highlighted in this video: RYSE x Hidden Genius Project.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

☒ Provide access and linkage to mental health care
☐ Improve timely access to mental health services for underserved populations
☒ Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

1. Our Youth Education and Support Services (YESS) program offers education, prevention and early intervention services that support middle and high school students with navigating healthy relationships. Our **You Never Win with Violence** workshops (one focuses on teen dating violence and healthy relationships and the other on teen sexual harassment) are offered in individual classrooms. Through these workshops we educate youth on warning signs for teen dating violence, inform them of the reporting process, and link them to supportive services (i.e., student health center, therapy, crisis lines, our support groups, and our STAND! counseling services). Our support groups (**Expect Respect and Promoting Gender Respect**) work with 10-15 youth for an entire semester utilizing evidence-based curriculum and promising practices to support youth in exploring relationship trauma, healing, and tools for healthy relationship behavior.

2. Our expected outcomes were to provide primary prevention activities to educate seven-hundred fifty (750) middle and high school youth about teen dating violence, up to sixty (60) school personnel, service providers, and parents, subject to their capacity to participate with Contractor's outreach efforts, with knowledge and awareness of the scope and causes of dating violence, including bullying and sexual harassment, to increase knowledge and awareness of the tenets of a healthy dating relationship.

3. We served **Six Hundred-Forty-Nine (649)** participants. With schools returning to in-person, following a year of at home studies due to Covid-19, most schools had a high number of student referrals for support groups awaiting us. This high number of referrals meant that we needed to bypass classroom presentations (where most participants are typically recruited) in most cases, getting straight to support groups. In multiple schools, we offered multiple support groups due to the high referral demand.

OUTCOMES AND PROGRAM EVALUATION:

In 2020, we shifted most of our services to an online format to be assemble for the students in Contra Costa County. Returning into schools in the fall of 2021, community partners like STAND! and schools in WCCUSD, had to strategize about how we could support students in getting reacclimated to the return to in-person services. At some schools, they had already accumulated large cohorts of student referrals, while in other schools we needed to take more strategic routes to getting students into services, i.e., tabling and outreach. Only a few schools were able to provide a space for us to continue our typical way of providing outreach and recruitment for services with classroom workshops and presentations.

The Covid-19 pandemic has had a huge impact on schools' accessibility, student services, and student learning. Schools continue to struggle to be equipped to accept many supportive services for students from outside providers due to the constraints caused by Covid-19.

By the beginning of 2022 and the Spring semester, most schools had sufficient time to reacclimate themselves and were ready to have STAND! rejoin them. We were able to provide a wider range of services at more schools than we were present in, in the fall. Due to Covid-19, two of the schools we are consistently providing services in were not able to

accommodate us for the full 21-22 school year. One of the two was able to welcome us back in the Spring, but the other was not able to accommodate us at all during that time. This did cause the total number of students reached to be lower than originally anticipated.

During this reporting period, we were able to provide the following services to students:

1. During this reporting period we served **Four hundred- Thirty-two (432)** participants in **eighteen (18)** presentations of "You Never Win with Violence".

2. **Twenty-One (21)** Expect Respect and Promoting Gender Respect gender-based support groups conducted.

3. We also reached Adult Allies: **Thirty (30) teachers through eighteen (18) presentations**, and **Twenty (20)** other school/community personnel trained. Additionally, we reached **sixty (60)** adults through a presentation in June 2022 for the Church Women United foundation.

All data collected from pre and post evaluation surveys are initially reviewed after each presentation and/or support group to determine if clients completed the questionnaire and if the surveys contained information requiring staff immediate follow up and/or intervention services. If staff identify a need for follow-up or intervention, they make additional contact with the student in need, and support them by linking them to the appropriate supportive service.

DEMOGRAPHIC DATA:

All demographic data is collected from pre and post evaluation surveys given to students when services are provided. This information is collected and entered our database.

Please Note: Our current database system only reflects inputs from students who elected to "complete" a survey. Data for students who elected not to do a survey or submitted an incomplete survey is not represented in our database. We always keep sign-in sheets that reflect the actual total number of students receiving each service. Our agency is in the process of finding a new database option that will better support our reporting needs.

Additionally, there are several pieces of demographic information that we do not formally collect and therefore cannot report on at this time. These areas are ethnicity, sexual orientation, gender assigned at birth, disability status, and military status (does not apply to age group receiving services). While we are often made aware of these pieces of information while working with students, these demographics are not included on our standard documentation and therefore we are unable to report on these numbers.

The YESS team provided services to **Four hundred-thirty-two (432)** students by providing **eighteen (18)** presentations of YNWWV. The demographics listed below only show **three hundred and sixty-two (362)** students from the completed and collected pre and post evaluation surveys received back from teachers. The remaining 70 students did not complete surveys.

Total Clients Served:
We have served a total of **six hundred-forty-nine (649)** clients through all our Prevention Programs throughout the Fiscal Year. **Four hundred-thirty-two (432**) of these students were reached through our **eighteen (18)** YNWWV presentations, while **two hundred seventeen (217)** were reached through our support groups. The data below is only representative of the students who completed both the pre and post evaluation surveys, not the full number of students reached.

Gender:
Male Identified: 192 clients; Female Identified: 273 clients; Unknown/Unreported: 55 clients.
Age:
0-12: 0 participants; 13 – 18: 520 participants

Race/Ethnicity:
African American/Black: 67 participants; American Indian/Alaska Native: 0 participants; Asian: 49 participants; Native Hawaiian/Pacific Islander: 2 participants; Caucasian/White: 20 participants; Hispanic/Latino: 292 participants; Indian: 0 participants; Other: 4 participants; Multi-racial: 61 participants; Unknown/Unreported: 25 participants

Region:
Central County: 0 participant; East County: 0 participants; Unknown: 0 participants; West County: 649 participants.

LINKAGE AND FOLLOW-UP:

Students who are identified as needing intervention services, which can include therapeutic services, will be linked to an appropriate service. Referrals are immediately responded to as it is a warm hand-off to another program.

VALUES:

The YESS program operates within the policies and procedures of our parent organization STAND! for Families Free of Violence. STAND! is a catalyst for breaking the multi-generational cycle of violence, promoting safe and strong families, and rebuilding lives. This requires that all staff adhere to state laws governing client confidentiality and professionalism. STAND!'s policies and procedures require staff employ a client centered, trauma informed approach to service provision. STAND!'s policy requires staff to respond to client's inquiry within 24 hours of contact with follow up services and support.

STAND! services include a twenty-four (24)-hour Crisis Line, twenty-four (24) bed Domestic Violence Emergency Shelter, seven (7) Transitional Housing Units, Community Services Intervention program located in east, central and west Contra Costa County; a clinical/mental health services program, and a Non-Violence Program for formerly incarcerated clients.

VALUABLE PERSPECTIVES:

STAND!'s YESS Team program is most proud of the following events in this reporting period:

1. We were able to successfully return to in-person services at 4 different High Schools in WCCUSD.

2. Two of our Youth Against Violence members (YAV) authored on a State-wide tool kit on teens dealing with Teen Dating Violence. This was in partnership with The California Partnership to End Domestic Violence, for Teen Dating Violence and Prevention month 2022 (February).

3. YAV volunteers and STAND! staff held a Teen Dating Violence and Prevention Month Campaign event at Fernandez Park in Pinole, Ca on February 26, 2022. The Youth Against Violence volunteers created a campaign called "Hands to Heal, not to harm" highlighting the sexual assault that shows up in teen relationships that goes unreported and unaddressed. The event included youth speakers, interactive activities based around education, and advocacy.

4. Through the months of April 2022 to June 2022, Our YESS team recrafted and refined our Youth Against Violence (YAV) summer program curriculum. The staff recruited a new cohort of participants to be in our Youth Against Violence program from the students who participated in our school-based support groups. They conducted interviews with the students and held orientations with their families as they were brought into the program. We welcomed 8 new YAV participants from 5 different High schools into our summer program this year.

5. In June 2022, one of our educators presented to the Church Women United (CWU) foundation. The

presentation covered the impact of teen dating violence and strategies for adults working with teens. Over 60 women from CWU were in attendance live on Zoom.

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

X Provide access and linkage to mental health care

X Improve timely access to mental health services for underserved populations

X Use strategies that are non-stigmatizing and non-discriminatory

SERVICES PROVIDED / ACTIVITIES:

The Prevention and Early Intervention (PEI) program at Vicente Martinez High School and Briones School is called C.O.R.E. which stands for Community Optimizing Resources for Empowerment. C.O.R.E. is an integrated mental health focused learning experience for 9th-12th grade at-risk students of all cultural backgrounds. The program is facilitated by Martinez Unified School District (MUSD). We provide 9th-12th grade at-risk students a variety of experiential and leadership opportunities that support social, emotional and behavioral health, career exposure and academic growth while also encouraging, linking and increasing student access to direct mental health services.

Key services include student activities that support:

1. Individualized learning plans
2. Mindfulness and stress management interventions
3. Timely access and linkage to direct mental health counseling
4. Team and community building
5. Character, leadership and asset development
6. Career-focused preparation and internships
7. Parent involvement
8. Outreach

Services support achievement of a high school diploma, transferable career skills, college readiness, post-secondary training and enrollment, democratic participation, social and emotional literacy and mental/behavioral health. PEI services are provided by credentialed teachers and an administrator,
qualified office staff, marriage family therapist, a Pupil Personnel Services credentialed academic counselor. All students also have access to licensed Mental Health Counselors for individual and group counseling.

All students enrolled in Vicente and Briones have access to the variety of PEI intervention services through in-school choices that meet their individual learning goals. Students sometimes switch between Vicente and Briones schools at different points in the school year. Mental health and social emotional activities and services are offered to all students at both schools and are deeply integrated into the Vicente school day. Data is collected for all students who participate in these programs no matter which school they attend, but demographics and statistics are based upon Vicente total enrollment.

This year the PEI program continued providing students experiential opportunities that fostered a strong sense of

positive, personal identity, leadership skills and intergenerational connection to the community and place that they live. These opportunities provided students an alternative to a traditional high school education while they continue to make progress toward earning the necessary credits for an accredited high school diploma. Experiences that enriched the curricula are presented below in the following categories:

· Service Learning

· Team-based Projects

· Career-Focused Internships

· Mental Health Focus

· Leadership Development

· Academic Skills Development

· College and Careers

· Teacher and Staff Professional Development

Service Learning: Due to the ongoing COVID-19 pandemic, service-learning projects were limited. Students participated in several volunteer projects with Feet First Foundation.

Career-Focused Internships: The internship program continued to be paused due to the pandemic.

Mental Health Focus: Students continue to participate in holistic health activities and seminars that support their emotional, social and academic health.

Leadership Development: Students continue to participate in leadership programs and mentorships that support students needing increased academic or emotional skill development.

Academic Skills Development: Students continue to receive academic instruction and support from teachers/contracted service providers through integrated, project-based curriculum, specific academic skills instruction and individualized, differentiated instruction.

College and Careers: Students continue to be exposed to a variety of careers and colleges through guest speakers, introduction to internship seminars and field trips in order to help them prepare for a successful transition into independent adulthood.

Teacher Professional Development: Teachers continue to attend professional development opportunities to increase knowledge about supporting at-risk students.

Outreach: Vicente Martinez High School continues to advertise the program and to inform the public about the educational opportunities that the school offers for at-risk students and to dispel misconceptions about the school and the population who attend the school.

Vicente/Briones staff and outside service providers have worked cooperatively to continue to create opportunities for all students to develop academically, socially, emotionally and mentally through participation in hands-on, place-based learning and experiential projects. Currently, all Vicente teachers and staff are actively engaged in supporting and implementing PEI program services.

Service Learning: One of our PEI fundamental values is Service. To that end, staff place great emphasis upon student participation in service-learning opportunities. Vicente and Briones require seniors to volunteer for at least 15 hours their final year and many participate in more than that. Due to the ongoing COVID-19 pandemic, the service-learning requirement was suspended. Many students still chose to participate in service-learning opportunities presented by Vicente and Briones staff.

- **Feet First Car Show:** Students volunteered at multiple car shows helping with crowd control and set up and tear down.
- **MEF Run:** Students and staff volunteered at the Martinez Education Foundation Run for Education, which is a fundraiser for Martinez Unified School District schools.
- **Service-learning guest speakers & presentations:** Service-learning focused guest speakers shared their experience, passion and expertise with students. Students were positively engaged, asking questions and some of whom committed to participating in various aspects of the speakers' groups.
- **Career-Focused Internships:** The internship program was limited due to the COVID-19 pandemic.. All students at Vicente and Briones were given the opportunity to apply, interview and participate in these career-focused internships. Internships for the year included:
  - **Culinary Academy:** This program was offered in a modified format this year due to COVID-19. This ten week program is sponsored by Loaves and Fishes and is located at their headquarters in Martinez where students learn culinary skills four days a week after school. Training in a state-of-the-art kitchen provided by Loaves and Fishes has inspired some of our students to move forward in this career pathway. Students reported going long hours or entire days without eating in their homes, and since attending the culinary program they've gained skills to make food on their own. Students who participate and complete the program become certified food handlers. All students who have participated have been hired in the hospitality industry and have been offered enrollment in Diablo Valley College's culinary certificate program, which is an impacted program.
  - **Martinez Early Intervention Preschool Program:** This program was not offered this year due to COVID-19, but will resume next school year. Twice per week there are classroom aides in special needs classrooms at our district's preschool program.
  - **Career and Internship Focused Guest Speakers:** There were a variety of guest speakers throughout the school year.

Mental Health Focus: All Vicente and Briones staff seek to infuse a social-emotional and mental health focus into every aspect of each student's experience. Students participate in holistic health activities and seminars that support their emotional, social and academic health. This school year we had one full time mental health counselor on campus daily and two part time counseling interns. When once students were resistant to participating in mental health counseling, now it is the norm among our students.

- **COPE Family Support Services:** PEI funds were utilized to contract with COPE Family Support Services. Social work and MFT interns provided virtual support for students and parents.

- **Feet First:** Thanks to a generous donor, a group of our students participated in Feet First. This program promotes discipline, self-awareness, empathy and self-control while building self-confidence and increasing focus.

- **Boys' Group:** One of the mental health counseling interns started a Boys Group. This group met weekly to discuss the impact of cultural ideas of masculinity on their personal experiences.

- **Guest Speakers:** Speakers from Martinez Unified School District presented on their career path and educational experience. Mental Health focused guest speakers included Mothers Against Drunk Driving and Tobacco Use and Prevention Education.

- **MFT Counseling Opportunities:** Vicente and Briones students have access to individual and group mental

health counseling.

● **Psychology Club:** Psychology Club met once a week for sessions during the school day with the mental health counselor. Students created group norms which were reviewed and agreed upon. Students were given the opportunity to choose what to learn about along the lines of behavioral health, throughout the year twelve students participated in Psych Club. Topics that were covered in depth included:

- stigma of mental and behavioral health
- substance abuse
- parent child relationships
- coping strategies

Allowing students to have a say in what they were learning and using teaching tools they were familiar with created a platform for safe sharing of personal experiences with the content they were learning about simultaneously. Often students had valuable moments of clarity in regard to their past or present experiences. The club continued their weekly podcast where they interview professionals in the field of psychology. They also produced 5 short films about mental health andsuicide prevention for the Directing Change mini grant. One film was featured at the Contra Costa County Board of Supervisors meeting for May is Mental Health month.

● **Restorative Practices:** Vicente and Briones continued the work that we did over the last three years with Services that Encourage Effective Dialogue and Solutions (SEEDS) for restorative conversations and practices. We offer restorative circles with students when a wrong needed "righting" and to remedy challenges on campus instead of turning students away through suspension. Teachers and staff also learned strategies for working with students in the classroom in lieu of sending students to the office.

● **Sandy Hook Promise:** Students continued to access the Say Something Program and can anonymously report incidents of bullying and campus safety concerns.

Leadership Development: Many students volunteered for leadership roles in activities and events that were offered.

● **Get Real Academy:** Our Vicente mental health counselor coordinated the virtual participation of junior girls for the Get Real Academy. The girls attended various workshops on how to manage their finances, their health, solutions to violence, how to secure a job and insurance.

● **Academic Development:** Students continued to receive common core centered academic instruction and support from their Vicente and Briones teachers. Strategies used included integrated instruction, project/place-based curriculum, specific skill instruction and individualized and differentiated instruction.

● **Alternative School Setting:** Vicente Martinez High School and Briones School are both alternative school options. Both schools offer individualized, scaffolded and differentiated instruction, small class sizes, engaging activities, project-based learning, skills instruction, on-line courses, self-pacing, flexible scheduling and chunking of instructions and assignments.

● **Individual Success Plans:** Teachers, the academic counselor and principal facilitated frequent check-ins with students. Students created goals for academic skills, attendance and self care. Their ultimate goals were chunked into small weekly goals and adjusted which the student reviewed every Friday.

● **Multi-Tier System of Support & Response to Intervention:** Vicente staff met weekly to discuss students of concern and academic progress of students. Staff came up with interventions and support for each individual student as needed based on their challenges and struggles. The principal developed a shared Google Doc where data was recorded on each individual student including attendance, credit accrual and social emotional wellness. Teachers and staff could view the document for insights about each student as well as provide their own comments about what was working for the student.

College and Careers: Students continued to be exposed to a variety of careers and colleges through guest speakers, introduction to internships, and seminars in order to help them successfully transition to young adulthood.

- **College Visits:** Students had the opportunity to virtually visit and tour Diablo Valley College.

- **Concurrent College Enrollment:** Ten Vicente and Briones students were concurrently enrolled at Diablo Valley College over the course of the school year. Our academic counselor and internship coordinator supported the students who were enrolled by checking in with them. The objective was to provide support for students for them to be able to complete their courses successfully. Discussions took place among students regarding their successes and challenges.

- **FAFSA Support:** Seniors were offered individual instruction on how to complete and file the Free Application for Federal Student Aid (FAFSA). Most of our students qualify for some level of free assistance for college and most are unaware of this. Once they realize that funding is available this removes the financial obstacle for our students moving on to college.

- **Resume & Cover Letter Workshop:** Students received instruction and support in English classes to complete their resumes and cover letters.

- **Professional Development:** Teachers and staff continued to participate and lead professional development opportunities to increase their knowledge about how to better support at-risk students. Mental health counselor completed a four week Advancing Diversity, Equity and Inclusion for Therapists workshop. Mental Health Counselor teaches an ongoing course on TEAM-CBT Tips and Techniques for School-Based Practitioners.

- **Brief Intervention: An Approach for Substance Using Adolescents:** The mental health counselor provides a two session intervention for students who show up to school under the influence of a substance or who are being impacted by substance use. Students who agree to complete the sessions receive reduced days of suspension.

- **Restorative Practices:** Vicente and Briones continued to hone the skills they gleaned from their work with Services that Encourage Effective Dialogue and Solutions (SEEDS) for restorative conversations and practices. We held restorative circles with students when a wrong needed "righting" and in an effort to remedy challenges on campus instead of turning students away through suspension.

Outreach: Vicente and Briones continued its efforts to promote the program and to inform the public about the PEI opportunities. Most of our activities were adjusted to a virtual format.

- **Community Events:** The staff supported the development and student involvement in several community events.

- **Community Organizations:** The Vicente-Briones Psychology Club collaborates with local mental health agencies and interviews agency staff on their podcast.

- **New Family Orientation:** The principal meets one-on-one with each family before enrolling a student to orientate the family as to the school program, including the PEI services offered.
- **Partnerships:** We continued to work in partnership with Martinez Unified School District personnel and other local organizations to connect to various funding streams to support additional internships and service projects. We continued our work with the Contra Costa Crisis Center, Loaves and Fishes, Feet First, Sandy Hook Promise, Soroptomists, TUPE, Directing Change, COPE Family Services and the California Department of Education as well as local private families who provide funding for scholarships for our graduating seniors. Our Psychology Club received a $1500 mini grant from Directing Change to help produce and promote mental health themed films.

- **Western Association of Schools and Colleges:** We remain fully accredited by the Western Association of Schools

and Colleges (WASC). This means that all graduates receive a fully accredited high school diploma.

OUTCOMES AND MEASURES OF SUCCESS:

The following are our outcome measures of success from the 2020-21 PEI work plan. Engagement Focus:

1. Increase identification of students that have greater risk of developing a potentially severe mental illness and those who need additional supportive/protective factors.

2. Increase engagement of identified Vicente/Briones students in services.

Short Term Focus:

1. Increase timely access and linkage to supportive and mental health services.

2. Increase mental health resilience among Vicente/Briones students.

Intermediate Focus:

1. Increase student ability to overcome social, emotional and academic challenges by working toward reduction of stigma and discrimination while increasing academic success, vocational awareness, relational vitality and the ability to set and achieve life goals.

VII. Outcome Measures of Success

Engagement Focus:

1. At least 85% of enrolled students will receive a) an orientation on program offerings, b) a self-identified needs assessment targeting risk factors that may include, but are not limited to, poverty, ongoing stress, trauma, racism, social inequity, substance abuse, domestic violence, previous mental illness, prolonged isolation.

- Met. This goal was met at a rate of 97%. The Adverse Childhood Events (ACE) needs assessments showed that Vicente students have an average score of 6. Those with a score of 4 or more are 460% more likely to experience depression and 1220% more likely to attempt suicide.

2. At least 90% of identified students will participate in four services per quarter that supports their individual learning plan.

- Met. The average number of PEI activities of those who participated was seven.

Short Term Focus:

1. At least 90% of students identified as facing risk factors will be referred to supportive services and/or referred to mental health treatment and will participate at least once in referred support service or mental health treatment during the school year.

- Met.

2. At least 70% of students participating in four or more services within at least one full semester will report an increase in their Developmental Asset Profile or other risk management tool.

- Not Met. We did not administer the Developmental Asset Profile. We will revise this goal and use the

California Healthy Kids Survey (CHKS) which is completed annually. The goal will need to be an overall percentage since the CHKS does not disaggregate the individual student data, only schoolwide data is available. We did not administer CHKS during the previous school year due to the pandemic. However, students who received ongoing individual counseling services showed an average reduction of at least 60% in depression, anxiety and anger scores as measured by the Brief Mood Survey.

Intermediate Focus:

1. At least 70% of students who participate in four or more services and who have had chronic absenteeism will increase their attendance rate by 5% as measured at the end of the school year.

    ○ Met.

2. At least 70% of students who participated in four or more services and who regularly participate in mental health counseling will earn 100% of the expected grade level credits as measured at the end of the school year.

    ○ Met.

Indicators that measure reduction of risk factors and/or increase in protective factors that may lead to improved mental, emotional and relational functioning:

- Individual Success and Achievement Plan
    - Measured: Quarterly for all students
- School Attendance
    - Measured: Quarterly, individual and schoolwide percentages
- Credit Accrual
    - Measured: Quarterly, individual and schoolwide data
- Disciplinary Data
    - Measured: Semi-annually, schoolwide data
- Multi-Tier System of Support
    - Measured: Weekly by staff on an individual student basis
- Student Work Samples
    - Measured: Quarterly
- California Healthy Kids Survey
    - Measured: Annually
- Brief Mood Survey
    - Measured: At mental health counseling sessions

EVIDENCE-BASED OR PROMISING PRACTICES:

Evidence-Based Teaching Strategies

- Clear lesson goals
- Questioning to check for understanding
- Summarizing new learning in a graphical way
- Time for practice
- Provide students with feedback
- Flexibility for how long learning takes
- Teach strategies not just content
- Collaboration
- Project based learning

- Nurture meta-cognition
- Connections to real life
- Individualized supports to address each student's needs
- Professional Learning Community
    - Data analysis, results drive programs and instructional practices

    School-Based Mental Health Strategies
- Safe and Support School Model
    - Engagement
    - Safety
    - Environment
- Restorative Practices in lieu of punitive measures
- School Climate Assessment Tool
- Positive Behavioral Interventions and Supports (PBIS)
- Mental Health First Aid
- Trauma Informed Practices
- Collaborative for Academic, Social and Emotional Learning (CASEL)
    - Self-Management
    - Self Awareness
    - Social Awareness
    - Relationship Skills

Fidelity of these practices is upheld through teacher and staff training, surveys, classroom observations, staff meeting discussions, academic assessments and consistent monitoring of all practices.

VALUES:

Our program reflects MHSA values of wellness, recovery and resilience. Our whole staff embraces these values for our students, and we strive to ensure our students are held accountable and are supported in these ways in order for them to thrive. We provide access and linkage to mental health care by providing individual and group services during the school day and referrals to outside mental health services for students needing longer term support and services. The students at Vicente and Briones are some of our most underserved and at-risk students in our school district. Sixty-eight percent of students are on free and reduced lunch which means their families are in a low socio-economic status. The teaching staff, mental health counselor, principal and special education teacher meet regularly to discuss the needs of students and to review and analyze data. We practice the Multi-Tier System of Support or Response to Intervention Model to provide students with the individualized support that they need to be successful. While there are interventions built into the regular school day such as small class sizes, explicit expectations and universal responses to students, those who need something more are discussed, and it is determined what they need. As a staff we also utilize restorative practices and restorative conversations among ourselves and our students.

VALUABLE PERSPECTIVES:

Here is what 2021-22 current students have said about Vicente Martinez High School:

"Having a therapist on campus helps me to talk about what is going on in my life so I can focus on school. I come to school early now so I can play Uno with my friends and counselor. School is a welcoming and safe place."

"Psychology Club is like the movie Inside Out in real life. We get to learn more about our emotions and how to help ourselves and our friends."

From 2021-2022 Brief Mood Survey what students said they liked best about counseling:

“My counselor gave great advice and is very understanding”

“Talking and truly expressing myself”

“Being safe to talk about how I feel”

“The fact that you always have our best interests at heart”

FISCAL YEAR: 2021-2022

PEI STRATEGIES:

- ✓ Provide access and linkage to mental health care
- ✓ Improve timely access to mental health services for underserved populations
- ✓ Use strategies that are non-stigmatizing and non-discriminatory

We Care Services for Children is honored to submit this annual report to Contra Costa Behavioral Health Services for the Los Momentos Cotidianos/Everyday Moments program of Early Childhood Mental Health specifically for children from birth to age 6 and their families in Contra Costa County, to assist in the implementation of the Mental Health Services Act (MHSA) under the Prevention and Early Intervention (PEI) component.

SERVICES PROVIDED / STRATEGIES:

SERVICES PROVIDED:

1. Family Engagement & Outreach

First 5 Contra Costa developed family engagement and outreach to promote the Los Momentos Cotidianos/Everyday Moments programming, and to recruit families to Everyday Moments opportunities by tapping the power of word-of-mouth and trusted community supports.

The First 5 communications team developed a set of marketing assets, including a flyer, a texting template, and social media posts, with messaging that emphasizes the importance and empowering the role parents play in their children's social-emotional development, and that reaching out and collaborating with service providers are strengths rather than weaknesses. This messaging was chosen to help reduce stigma and foster understanding that early childhood mental health can be about healthy child development in the context of everyday relationships with trusted caregivers.

First 5 shared these assets with its community contacts and networks, including the member organizations in the Early Childhood Prevention and Intervention Coalition (ECPIC). ECPIC members and partners, including C.O.P.E Family Support Center, We Care Services for Children, Early Childhood Mental Health Program, and Lynn Center/Vistability reached out to their community contacts, conducted collaboration with community providers such as pediatricians and public health nurses, schools and daycares, and other community referral sources. First 5 also reached out to families through community "hubs" such as the First 5 Centers and Help Me Grow. Several presentations were conducted by We Care and First 5 at community partner sites via zoom during the fiscal year, and physical flyers were posted in libraries, community centers, and health clinics across the county.

It is estimated that messaging about the Everyday Moments program, whether through electronic distribution via newsletters, email blasts, social media posts, or via presentations, reached **1000s** of people in Contra Costa County at least one time. Messaging and social media campaigns were renewed quarterly, and presentations were offered continuously throughout the reporting period. Details about the types and settings of potential responders reached during the reporting period; as well as methods used to reach out and engage potential responders, to provide access and linkage to treatment, and to improve timely access to services for underserved populations are discussed below in the Strategies section of this report.

2. Parent Groups

The Parent Groups were provided by C.O.P.E. Family Support Center. Services consisted of small guided discussion groups of parents of young children (0-5 years) where parents swap stories, share wisdom, and ask questions. Topics

and strategies shared were based on the Triple P Positive Parenting Program, a multi-level system of family intervention for parents of children who have or are at risk of developing behavior problems. It is a prevention-oriented program that aims to promote positive, caring relationships between parents and their children, and to help parents develop effective management strategies for dealing with a variety of childhood behavior problems and common developmental issues.

- 30 Community Groups were conducted for parents with children ages 0-5 within Contra Costa County. Topics as follow:
    - Hassle- Free Shopping with Children 10/13 Spanish
    - Managing fighting and aggression 10/27 English
    - Managing fighting and aggression 11/8 Spanish
    - Dealing with disobedience 11/9 Spanish
    - Dealing with disobedience 11/11 English
    - Developing Good bedtime routines 12/8 English
    - Developing Good bedtime routines 12/9 Spanish
    - Dealing with disobedience 1/27 English
    - Managing fighting and aggression 1/31 English
    - Developing Good bedtime routines 2/4 Spanish
    - Managing fighting and aggression 2/7 English
    - Positive Communication with Children 2/10 English
    - Positive Communication with Children 2/28 Spanish
    - Potty training 3/8 English
    - Potty training 3/25 Spanish
    - Developing Good bedtime routines 4/5 English
    - Developing Good bedtime routines 4/13 Spanish
    - Raising Resilient Children 4/21 English
    - Hassle-Free Mealtimes 5/16 Spanish
    - Hassle-Free Mealtimes 5/17 English
    - Anxiety and Fear in Children 5/26 English
    - Seminar series 1- What is positive Parenting 6/1 English
    - Screen Time and Children: How to Guide Your Child 6/7 English
    - Seminar series 2- Parenting Traps to avoid 6/8 English
    - Seminar series #3, Helping Children Develop Good behaviors 6/15 English
    - Screen Time and Children: How to Guide Your Child 6/15 Spanish
    - Seminar series #4, Managing Misbehaviors 6/22 English
    - Taking Care of Self and Family 6/23 English
    - Dealing with Loss 6/27 Spanish
    - Seminar series #5 Planning Ahead, to prevent misbehaviors 6/29 English

3. Home-Based Support

The Home-Based Support services were provided by We Care Services for Children, Early Childhood Mental Health Program, and Lynn Center/Vistability. Services consisted of individualized, home-based (either in person at the family's home or in the community; or via telehealth video) parent-centered support for young children (newborn to age 6) and caregiver(s), focusing on whatever "everyday moment" the caregiver chooses to focus on. The services are flexible, empathic, and non-stigmatizing: Any parent has "everyday moments" with their child!

The Home-Based Support services provided a means for caregivers to learn about Early Childhood Mental Health and the social-emotional development of babies and young children, discuss intergenerational trauma as pertinent, and to try out community defined, culturally sensitive practices in support of their babies and young children. This component focused on working with a lens of empathy and understanding, allowing for shared space with the parent/caregiver in

support of healthy brain and mental health development for children ages 0-5. Services were provided in multiple languages, using culturally relevant supports wherever feasible.

"Meeting the child and family where they are," the Home-Based Support services provided non-didactic developmental guidance and encouragement to caregivers as they were engaging with their child in their home environment during "everyday moments" of interaction. Caregivers were supported to use these sessions to share about their emotional experiences associated with caregiving, think about how to support their young child's healthy development, and practice new skills and approaches with their little ones with the guidance of a trauma-informed Early Childhood Mental Health provider. This approach enabled an individualized, trauma-informed, and culturally sensitive delivery of caregiver support services and reinforcement of protective factors to support early childhood social-emotional development and resilience. Families whose needs were identified during the Home Based Support to require more intensive intervention were offered referral to the suite of early childhood mental health services offered by each agency.

STRATEGIES:

1) The types and settings of potential responders reached during the reporting period
First 5 Contra Costa, C.O.P.E. Family Support Center, We Care, Early Childhood and Lynn Center together reached out to a variety of groups and individuals that serve families with children 0-5 in West, Central and East Contra Costa County. We distributed flyers and posted program information on our respective websites and social media. See description of additional First 5 activities above under Family Engagement and Outreach. Additionally, program information briefings were provided to staff at the following organizations:

- We Care
- First 5 Centers
- Playgroups at First 5 Centers
- Help Me Grow
- Welcome Home Baby
- Seneca
- Interagency Collaborative
- Care Parent Network
- Contra Costa Office of Education
- Building Blocks for Kids
- Early Childhood Mental Health
- National Alliance of Mental Illness, Contra Costa chapter
- Bay Area Rescue Mission
- R R Ministries
- SparkPoint
- Tandem Partners in Early Learning
- School districts throughout Contra Costa County (Antioch/Pittsburg/Martinez/West Contra Costa/San Ramon/ Oakley and Brentwood/Concord)
- Daycares and preschools throughout Contra Costa County

2) Methods used to reach out and engage potential responders
- Online and printed paper flyers
- Outreach emails to social workers, health clinics, community organizations, etc.
- Social media: Instagram and Facebook
- ECPIC organization individual outreach to families and referring parties
- First 5 Contra Costa, We Care, and other websites

- Partner meetings and presentations
- Recruitment of "trusted supports" through outreach to pediatricians, nurses, teachers, faith groups
- For the groups in particular, outreach to past participants through emails and phone calls

3) Strategies utilized to provide access and linkage to treatment

- Single phone number and email address for the program, with trained personnel conducting intakes and explaining the services, simplifying the process for families.
- Prompt call-back and intake response for parents inquiring about the program.
- Custom online system for distributing online access to pre- and post-intervention questionnaires, as well as paper option for those who wanted to complete the questionnaires in person.
- All questionnaires and program materials offered in English and Spanish.
- Zoom video conferencing platform for ease of attendance.
- Home-Based Support services offered in families' homes or easy community locations to meet the needs of families.
- Zoom video conferencing technical assistance available.
- For families attending the Parent Groups, classes were adapted to ensure engagement, utilizing polls, break-out rooms, and chat rooms, and families were included in information outreach about other group parent education opportunities.
- For families receiving Home-Based Support, families with more intensive early childhood mental health needs were identified and provided with calls from intake coordinators to conduct intake appointments for the specialty mental health services provided by the three agencies, with no need for the parent to make another call or reach out separately.

4) Strategies utilized to improve timely access to services for underserved populations

- Parent Groups and Home-Based Support services were offered in East, West and Central Contra Costa County.
- Parent Groups and Home-Based Support were offered in both English and Spanish.
- All questionnaires and program materials offered in English and Spanish.
- Parent Groups were offered every other week, and Home-Based Support was offered weekly at times that fit with families' schedules.
- Reminder emails were sent to participants in advance of Parent Groups, the day of and one hour before start time.
- Program staff supported participants completing pre- and post-assessments over the phone or in person, when needed.
- For families receiving Home-Based Support, families with more intensive early childhood mental health needs were identified and provided with calls from intake coordinators to conduct intake appointments for the specialty mental health services provided by the three agencies, with no need for the parent to make another call or reach out separately.

OUTCOMES AND PROGRAM EVALUATION:

<u>Outcomes</u>

- We Care, C.O.P.E., First 5, Early Childhood, and Lynn Center completed all provisions of the 2021-22 contract, and worked together well as part of an Early Childhood Mental Health collaborative.
- Program activities were provided by staff who were trained and accredited in various levels of Triple P (Parent Groups) and dyadic intervention (Home-Based Support), with careful attention to quality of service.
- **Outcomes of the Family Engagement & Outreach**
    - Goal: Recruit minimum number of 299 parents
        - Actual: **420** parents were recruited; 4400 were contacted.
    - Goal: Recruit 200 parents for Parent Groups
        - Actual: **388** parents were recruited; 190 participated

- Goal: Recruit 99 parents for Home-Based Services
    - Actual: **32** parents were recruited; 22 participated

- **Outcomes of the Parent Groups**
    - Goal: Contractor will provide evidence-based Triple P Positive Parenting Program seminar classes 2 X per month with a maximum attendance of 10 parents per group (maximum 200 participants)
        - Actual: **388** parents were recruited; **190** participated in Parent Groups held by zoom 2 X per month. Groups were provided in English and Spanish in East, West, and Central regions of the County.
    - Goal: The Parent Groups will have a positive effect on participating caregivers' self-report of positive parenting practices. 80% of participating parents will report an improvement in positive parenting practices.
        - Actual: **95.5%** Intend to use or follow the parenting advice received; **90%** learned what to do to help their child gain new skills and improved behavior; **86%** Obtained information about questions they had about parenting.

- **Outcomes of the Home-Based Support**
    - Goal: Contractor will provide Home-Based Support services for up to 10 sessions per family (maximum 99 participants)
        - Actual: **32** parents were recruited; **22** participated in Home-Based Services offered in English and Spanish in East, West, and Central regions of the County, with an average number of 4.95 sessions requested by parents. **15%** of parents requested the full 10 sessions of services. A total of **109** Home-Based Support sessions were provided to caregiver-child dyads during the reporting period.
    - Goal: The Home-Based Support will have a positive effect on participating caregivers' parenting self-efficacy beliefs and perceptions of their child's behaviors. 80% of participating parents will report improvements in parenting self-efficacy beliefs and perception of child's behaviors.
        - Actual: For **97%** of participants, caregivers' parenting self-efficacy beliefs improved (more confident), and for **89%** of participants, perception of their child's behaviors improved (behavior perceived as more positive and less negative).

Data Collection

- Demographic data was collected at enrollment for both the Parent Groups and Home-Based Support services
- Pre- and post- measures data was collected before and after each Parent Group and before and after the series of Home-Based Support sessions.
- Data was collected with use of the following measures:
    - Child Behavior Checklist
    - Everyday Moments Parent Questionnaire 1 (Self-Efficacy Beliefs)
    - Everyday Moments Parent Group Evaluation

Cultural Competency in the Program

C.O.P.E., We Care, Lynn Center and Early Childhood Mental Health Program all have culturally diverse staff, and each organization cultivates an inclusive, non-judgmental environment for participants seeking services. Staff are regularly trained in areas such as ACES, trauma-informed care, self-regulation techniques, conflict resolution, as well as in topics related to cultural awareness, diversity, equity, inclusion and belonging. For the Parent Groups, C.O.P.E. provides a culturally-inclusive video conferencing classroom where parents and staff recognize, appreciate, and capitalize on diversity to enrich the overall learning experience. All participants are provided services regardless of race, gender, sexual orientation, or religion. All participants are treated with respect.

Integrity and Confidentiality

Integrity and confidentiality of data and records was ensured in compliance with applicable requirements and procedures established by the Health Insurance Portability and Accountability Act (HIPAA) and county behavioral health

guidelines.

- Participants signed a consent for collaborative services among the partner agencies.
- Participants for the Home-Based Support services additionally signed consents for services and acknowledged receipt of HIPAA Policies and Procedures.
- Data are stored according to HIPAA guidelines and applicable laws.
- Data are analyzed and reported using a non-identifying code and without divulging protected health information.

DEMOGRAPHIC DATA:

For Parent Groups

- Parent Gender 91.5% Female 8.5% Male
- Parent Race
  44% African American
  25% Hispanic/ Latino
  20% White
  8% Mixed
  1% Asian
  1% Middle Eastern
  1% Other

For Home Based Support

- Parent Gender 100% Female 0% Male
- Parent Race
  37% Hispanic/Latinx (8)
  18% Middle Eastern (4)
  18% White (4)
  14% African American (3)
  9% Other (2)
  5% Asian/Pacific Islander (1)

VALUES:

<u>Wellness, recovery, and resilience</u>

The Los Momentos Cotidianos/Everyday Moments program reflects the MHSA values of wellness, recovery, and resilience by working to improve outreach to families throughout the county and to reduce stigma associated with early childhood mental health. Program intentions include changing public perceptions about early childhood mental health so that it may be viewed as a means of promoting wellness and resilience for young children and families. Every family has "everyday moments!" Early childhood mental health supports can start wherever a family and their child are, and from there build and strengthen wellness and resilience. Every moment is an important moment in which a parent or caregiver can support his or her child's social and emotional development in positive, powerful ways.

In terms of the Parent Groups, the Triple P curriculum provides a self-regulatory model to choose strategies that support each family's dynamics. Participants define their own goals, work on strategies, and receive support from practitioners. Overall, positive parenting has a powerful impact on a child's emotional wellbeing and strengthens the parent-child relationship. The Home-Based Support services focus on supporting parents' confidence and capacities to understand their child's cues and to respond in ways that meet their child's needs in the moment. This attunement between parent

and child builds resilience by reinforcing healthy brain development pathways for the growing child during an important period of development, leading to improved self-regulation and mutual regulation skills, and by strengthening caregiver self-efficacy, which then leads to further healthy parental choices and actions. A strong parent-child relationship also supports the young child's Kindergarten readiness and forms the foundation for his or her later success in school, relationships, and life.

Providing access and linkage to mental health care

The continued collaboration among C.O.P.E., We Care, Early Childhood Mental Health, Lynn Center, First 5, and other organizations that provide resources to families with young children is important for an Early Childhood Mental Health System of Care in Contra Costa County, a System which can respond to families' needs more quickly and directly, reducing complexity for families and ensuring more direct access to a wide range of resources relevant to early childhood. These services include but are not limited to food procurement, parent-child activities, childcare, therapy, peer support and other various support groups. Families entering the System at any point have easy access to specialty mental health services as a result of this close collaboration. The Los Momentos Cotidianos/Everyday Moments program is a means by which families are able to enter the System of Care through a non-pathologizing, destigmatizing doorway, and their needs can be identified and responded to quickly so that if they require intensive intervention, they will not only have immediate access to services, but will have begun to develop a relationship with a provider that they trust and value, improving the chances that they will trust and value the next provider they encounter.

Improving timely access to services for underserved populations, and using strategies that are non-stigmatizing and non- discriminatory

The Los Momentos Cotidianos/Everyday Moments program reflects the MHSA commitment to improve timely access to services for underserved populations, and its commitment to using strategies that are non-stigmatizing and non-discriminatory. The program has been designed from the outset to address the needs of underserved groups, and its components include individualized, family-centric services that "meet families where they are" and respond to their unique needs. All program components have been available in English and Spanish in West, East, and Central regions of the county, and each organization's commitment to diversity, equity, inclusion and belonging has resulted in diverse workforces with many bicultural and bilingual staff. With The Los Momentos Cotidianos/Everyday Moments program, families of diverse cultural identities have access to supportive, culturally responsive and trauma informed support during the important "window of opportunity" presented by the early childhood years. From Family Engagement and Outreach, to the service components of the program in the Parent Groups and Home-Based Support, non-stigmatizing and non-discriminatory strategies were designed into this program from its inception.

VALUABLE PERSPECTIVES:

From the Parent Groups:

"I really enjoyed this class, I want to do the best for my babies"
"The seminar was perfect, the engagement was amazing as well"
"I like how the parents were asked questions so we all discussed it and made us respond, as a support group"
"The facilitator did an amazing job presenting and giving examples. I love the groups and hope to attend more in the future"
"The community group was above average to excellent. Keep improving on what you are doing"

From the Home-Based Support:

Do you feel that the Everyday Moments specialist helped you understand your child better?

"Yes, she helped point out sometimes when I expected my son to understand too much and also how to explain things to him in a way that worked with his learning style. I think in general I realized how much more I know about my child and how attuned I am to him."

"Yes. She supported me by understanding my child's needs in development and listened to my concerns."

“I feel like I became more confident so it helped me parent him better and he calmed a bit.”