CONTRA COSTA HEALTH

Mental Health Services Act (MHSA)

Contra Costa Behavioral Health

Three Year Program and Expenditure Plan

FY 2024-25 Annual Update

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Executive Summary

We are pleased to present Contra Costa Behavioral Health Services (CCBHS) Mental Health Services Act (MHSA) Annual Update for FY 24-25. Previous MHSA Three Year Plans and Annual Updates can be found at: Mental Health Services Act (MHSA) | Contra Costa Health (cchealth.org)

The 24-25 Annual Update to the 23-26 Three Year Program and Expenditure Plan (referred to herein as the 24-25 Annual Update) includes strategies to address emerging statewide initiatives that prioritize housing and related treatment services that will better serve those at risk of housing insecurity and those who are not connected to appropriate behavioral health supportive services. We look forward to continued community partnerships that have emerged since 2020 to address the COVID 19 pandemic recovery, health inequities and community crisis response services. These on-going efforts will continue to provide learning opportunities that guide our work moving forward.

The Annual Update describes programs that are funded by the MHSA, what they will do, and how much money will be set aside to fund these programs. It also describes what will be done to evaluate plan effectiveness and ensure that all MHSA funded programs meet the intent and requirements of the Mental Health Services Act.

The Three-Year Plan includes the following components:

1. Community Services and Supports (CSS)
2. Prevention and Early Intervention (PEI)
3. Innovation (INN)
4. Workforce Education and Training (WET)
5. Capital Facilities/ Information Technology (CF/TN)

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Mental Health Services Act (MHSA) Background and Reporting Requirements

California approved Proposition 63 in November 2004, and the Mental Health Services Act became law. The Act provides significant additional funding to the existing public mental health system and combines prevention services with a full range of integrated services to treat the whole person. With the goal of wellness, recovery and self- sufficiency, the intent of the law is to reach out and include those most in need and those who have been traditionally underserved. Funding is to be provided at sufficient levels to ensure that counties can provide each child, transition age youth, adult and senior with the necessary mental health services and supports. Finally, the Act requires the Three-Year Plan be developed with the active participation of local stakeholders in a Community Program Planning Process (CPPP).

Welfare and Institutions Code (WIC) Section § 5847 and California Code of Regulations (CCR) § 3310 require that MHSA plans address each of the five components listed above and annual expenditure projections for each component. MHSA Three Year Plans must be posted for a 30-day public comment period and the Mental Health Commission (local mental health board) shall conduct a public hearing at the conclusion of the public posting period (WIC § 5484). MHSA Three Year Plans and Annual Updates must be adopted by the Board of Supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days of Board of Supervisor approval.

In March 2024, California voters passed **Proposition 1**, which will have a significant impact on MHSA planning and programming across the state. Some of these changes include an integrative planning and reporting process, as well as an emphasis on housing and intensive services. The program will be renamed Behavioral Health Services Act (BHSA) and implementation will begin July 1, 2026 with the roll out of the 2026-29 Three Year Plan.

Core principles of MHSA

- Consumer/client and family-driven services
- Cultural responsiveness
- Focus on wellness, recovery, and resiliency
- Community collaboration
- Integrated service experiences for clients and families

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Key Updates for FY 24-25

- **Budget updated to reflect estimated available funding for FY 24-25**
- **Community Supports and Services (CSS)**

  - Updates to Housing expansions to include increasing support to board & care operators; bolstering the housing continuum of care by adding more units of housing in various categories; and identifying funds to build out and expand housing and treatment programs
  - Children's mobile crisis response services are now offered by the County operated Anywhere Anyone Anytime (A3) 24/7 Mobile Crisis Response Team. A3 is funded by the local tax known as Measure X, so no longer reflected in the MHSA Three Year Plan
  - Multi-Systemic Therapy for Juvenile Justice Involved Youth – provided by Embrace, continues to contract with the County, but has been moved from the MHSA budget to a different funding source. No longer reflected in the MHSA Three Year Plan
  - TURN Behavioral Health, the provider for AOT and Central County FSP, is no longer contracting with the County. These programs are now County operated. Many of the TURN staff have been hired by the County to operate the program, so continuity of care for clients is maximized.

- **Prevention and Early Intervention (PEI)**
  - Prevention and Early Intervention (PEI) Data & Performance Indicators
  - Pending RFP to create a Peer Leadership & Training Program

- **Innovation**
  - Updates to Innovation projects: Psychiatric Advanced Directives (PADs) and Grants for Community Defined Practices

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Vision

The Mental Health Services Act serves as a catalyst for the creation of a framework that calls upon members of our community to work together to facilitate change and establish a culture of cooperation, participation, and innovation. We recognize the need to improve services for individuals and families by addressing their complex behavioral health needs. This is an ongoing expectation. We need to continually challenge ourselves by working to improve a system that pays particular attention to individuals and families who need us the most and may have the most difficult time accessing care.

Our consumers, their families and our service providers describe behavioral health care that works best by highlighting the following themes:

Access. Programs and care providers are most effective when they serve those with behavioral health needs without regard to Medi-Cal eligibility or immigration status.

They provide a warm, inviting environment, and actively and successfully address the issues of transportation to and from services, wait times, availability after hours, services that are culturally and linguistically competent, and services that are performed where individuals live.

Capacity. Care providers are most appreciated when they can take the time to determine with the individual and his or her family the level and type of care that is needed and appropriate, coordinate necessary health, behavioral health and ancillary resources, and then are able to take the time to successfully partner with the individual and his or her family to work through the behavioral health issues.

Integration. Behavioral health care works best when health and behavioral health providers, allied service professionals, public systems such as law enforcement, education and social services, and private community and faith-based organizations work as a team. Effective services are the result of multiple services coordinated to a successful resolution.

We honor this input by envisioning a system of care that supports independence, hope, and healthy lives by making accessible behavioral health services that are responsive, integrated, compassionate and respectful.

Suzanne K. Tavano, PHN, Ph D

Behavioral Health Services Director

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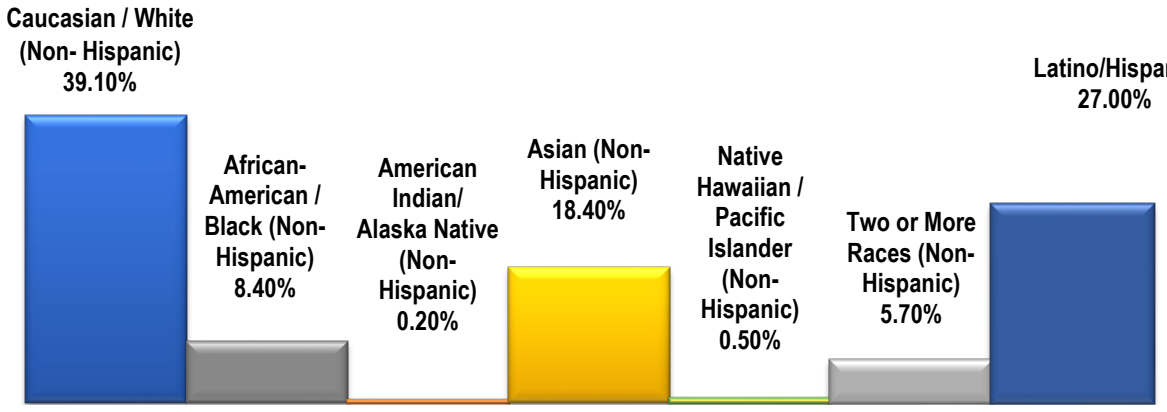
Contra Costa County Demographics

Contra Costa County Population Summary

According to the most recent 2020 US Census estimates, the population size in Contra Costa County is estimated at 1,165,927. It's estimated that about 8% of people in Contra Costa County are living in poverty and about 33% of the residents have public health coverage. Information released by the State of California's Department of Finance, projects that population size is expected to grow. An estimate of current racial/ethnic demographic data is illustrated below in Figure 1. In addition, about 77% of the population is 18 or older, with about 23% of the population being children. About a quarter of the residents are foreign born. The figure below was sourced from the 2020 Census Diversity Index by County.

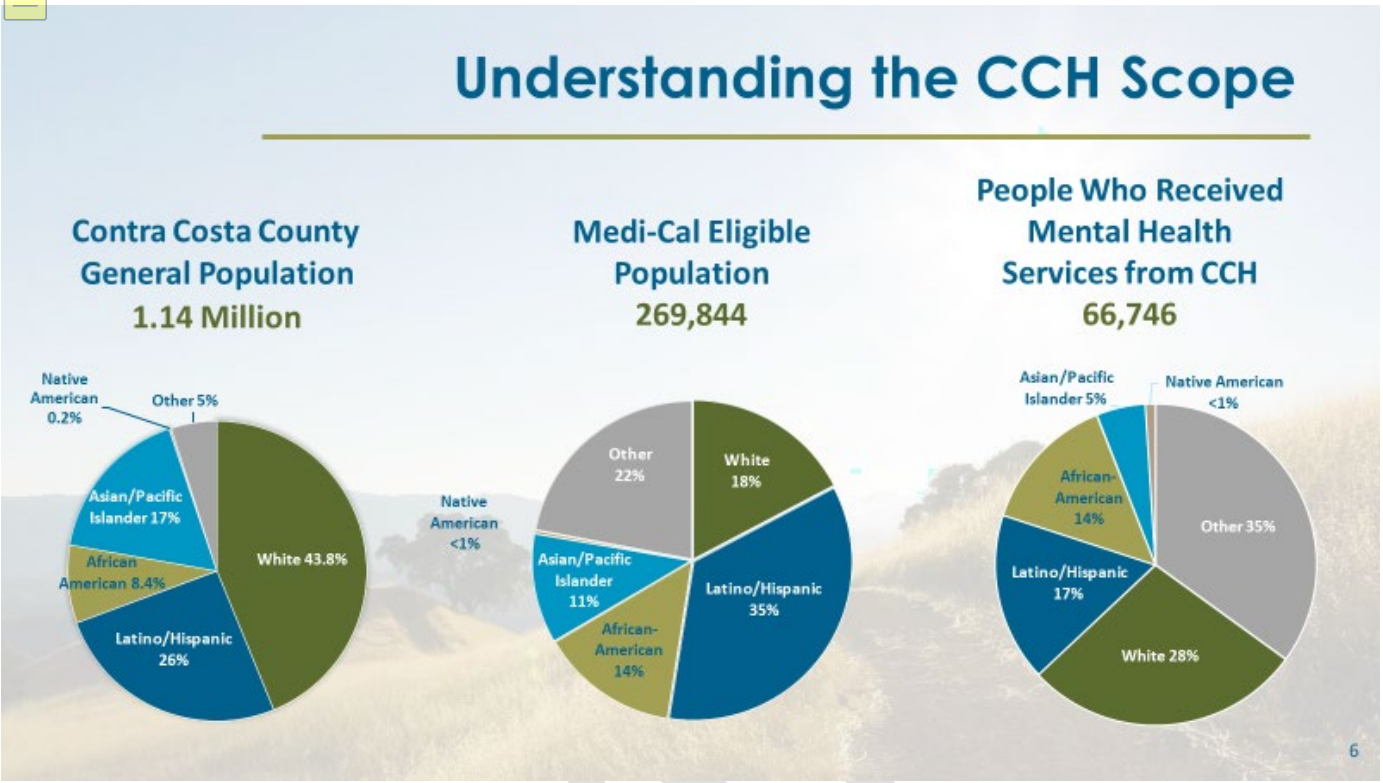
Figure 1: Contra Costa County 2020 Projected Racial/ Ethnic Populations



Disparities in Utilization of Services

In Contra Costa County there are nearly 270,000 residents that are eligible for Medi-Cal services. Data shows that of this group, Latino/Hispanic and Asian/Pacific Islander communities are accessing behavioral health services at lower rates than other ethnic communities (see Figure 2). Systems wide initiatives designed to address these disparities are outlined in the Cultural Humility Plan and throughout the MHSA Three Year Plan. The most recent 2023-26 CHP can be found at: [2023 – 2026 Cultural Humility Three Year Plan (cchealth.org)]

Figure 2



Contra Costa MHSA is proud to partner with a broad range of community-based organizations that serve diverse communities throughout the county. Below is a list of community partners (Figure 3), as well as a graph depicting the populations served by our Prevention and Early Intervention (PEI) programs (Figure 4).

Figure 3

Figure 4

Cultural Communities Served through MHSA Funding

	African American / Black	Latino/e/x	AAPI	Children & Youth	Older Adults	LGBTQ	Recent Immigrants	Faith-Based
Asian Family Resource Center			X		X		X	
Center for Human Development	X	X		X		X		
Child Abuse Prevention Council				X				
Contra Costa Crisis Center	X	X						
COPE	X	X		X				
Fierce Advocates	X	X		X				
First Five	X	X	X	X				
Hope Solutions	X	X		X				
James Morehouse Project	X	X	X	X				
Jewish Family & Community Services				X			X	
La Clinica de la Raza		X		X				
Lao Family Development			X				X	
Lifelong Medical Care	X				X			
NAMI Contra Costa	X	X	X					X
People Who Care	X	X		X				
Rainbow Community Center				X	X	X		
RYSE	X	X	X	X		X		
Stand!	X	X		X				
The Latina Center		X		X			X	
Vicente Martinez High School				X				
We Care Services for Children	X	X		X				

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The Community Program Planning Process

To prepare for the Three Year Plan, CCBHS utilizes a Community Program Planning Process (CPPP) to gather meaningful stakeholder input toward accomplishing the following:

- Identify issues related to mental illness that result from a lack of behavioral health services and supports
- Analyze behavioral health needs
- Identify priorities and strategies to meet these behavioral health needs

MHSA Advisory Council (formerly Consolidated Planning and Advisory Workgroup - CPAW)

CCBHS continues to seek counsel from its ongoing stakeholder body, the MHSA Advisory Council (formerly CPAW), which convenes every other month. Over the years MHSA Advisory Council members, consisting of consumers, family members, service providers and representative community members, have provided input to the Behavioral Health Services Director as each Three-Year Plan and yearly Plan Update has been developed and implemented. The Advisory Council has recommended that the Three-Year Plan provide a comprehensive approach that links MHSA funded services and supports to prioritized needs, evaluates their effectiveness and fidelity to the intent of the Act, and informs future use of MHSA funds. The Advisory Council has also recommended that each year's Community Program Planning Process build upon and further what was learned in previous years. Thus, the Three-Year Plan can provide direction for continually improving not only MHSA funded services, but also influencing the County's entire Behavioral Health Services Division.	***MHSA ADVISORY COUNCIL MEMBERSHIP SEATS*** • *Alcohol & Other Drug Services (AOD)* • *CBO Service Provider(s)* • *CCBHS Service Provider(s)* • *Consumer(s)* • *Criminal Justice* • *Education* • *Faith Based Leadership* • *Family Member(s)* • *Family Partner – Youth* • *Family Partner – Adult* • *Health, Housing and Homelessness* • *Mental Health Commission (Board)* • *Peer Provider* • *Underserved Population(s)* • *Veterans*

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Community Meetings

During the fiscal year, MHSA hosts numerous public stakeholder meetings.

Meeting	Purpose	Frequency
MHSA Advisory Council – Main Meeting	Opportunity for members of the public to dialogue with the Behavioral Health Director; discuss issues relevant to MHSA, including review existing programming, funding and evaluation	Bi - Monthly
MHSA Advisory Council Sub Committee – Innovation / Systems of Care	Learn, discuss, and provide input on new and emerging MHSA related programs that impact Behavioral Health Services system of care, including programs under the Innovation component.	Quarterly
MHSA Advisory Council Sub Committee – Steering	Develop monthly agenda for Advisory Council main meeting, including identifying presentation & discussion topics	Bi-Monthly
MHSA Advisory Council Sub Committee – Membership	Review new applications for CPAW Membership	As Needed
Suicide Prevention Coalition	Countywide collaborative co-hosted with the Contra Costa Crisis Center. Responsible for Suicide Prevention Strategic Planning	Monthly
Youth Suicide Prevention Sub-Committee	Youth-focused collaborative that serves as a platform for networking and information sharing around issues related to youth mental health and suicide prevention	Quarterly
Reducing Health Disparities	Focus on diversity, equity, inclusion and reducing disparities within the behavioral health care system with an ongoing goal of being trauma informed, working against racism, addressing historical barriers to services, and promoting equity, wellness, recovery and resiliency both in service delivery and within the workforce. Provides input related to the annual Cultural Humility Plan.	Quarterly

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Assisted Outpatient Treatment Workgroup (AOT)	Discussion and support around the work of County AOT providers, including Forensic Mental Health, Justice Partners and Community Based Organizations	Quarterly

Stakeholder Incentives

Incentives are offered to community members for participating in stakeholder events and meetings, including public forums, MHSA Advisory Council and sub-committee meetings through the use of gift cards. Gift cards of up to $30 may be given to non-paid community members for participation in meetings and events ranging from 1-4 hours.

MHSA Community Presentations & Forums

In addition to scheduled stakeholder meetings and community events, the MHSA Team provides informational presentations upon request. Some recent examples include:

- Annual MHSA presentation for the Service Provider Individualized Recovery and Intensive Training (SPIRIT) class. SPIRIT is a nine-unit college course taught in collaboration with Contra Costa College which offers peers and those with lived experience an opportunity to develop skills, obtain certification and ultimately find employment within the behavioral health care field.
- School-Based Mental Health Providers
- Contra Costa – Alameda Medical Association
- Alcohol and Other Drugs (AOD) Advisory Board
- Suicide Prevention Awareness Event at Vicente High School
- Virtual Community Forum: Understanding Proposition 1
- Presentations to the Mental Health Commission (Board) including *Understanding Proposition 1*
- Various presentations to staff and community organizations regarding Proposition 1

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In addition, MHSA staff regularly attend the Mental Health Commission (local mental health board) meetings and provide information and presentations related to MHSA, as requested. Orientations to the MHSA are provided upon request by individuals or groups.

Surveys

In January 2024, an electronic community survey was launched. It was distributed to at least 500 community members and available in multiple languages. The survey was intended to elicit feedback from the community regarding prioritization of MHSA funds and service needs.

Members of the community provided responses as indicated below.

- **Which programs in the 2023-26 Three Year Plan are most valuable to the community? (Top 5 in ranked order)**
  1. Intensive outpatient programs for people with mental illness and substance use disorder
  2. Housing and related support services
  3. Crisis Services
  4. Prevention and early intervention services targeting specific cultural groups
  5. Services for those involved with the justice system

- **Are there any individuals, groups and/or cultural communities whom you believe are not being adequately served by the Behavioral Health System? (Top 5 in ranked order)**
  1. Persons with Serious Mental Illness
  2. Persons with Substance Use Disorder, African American/Black (tied)
  3. Latino/Hispanic communities
  4. Older Adults, Persons experiencing Homelessness, Persons with Disabilities (tied responses)
  5. Youth (6-16)

- **What is needed to improve client engagement? (Top 5 in ranked order)**
  1. Offer services that match the level of need
  2. Help with unmet basic needs (food, shelter, etc.)
  3. Improve appointment availability (time, location, wait list)
  4. Providers who look like the community
  5. Resource navigation (insurance, benefits, etc.) / Offer services that are culturally appropriate (i.e. in the right language) / Improve response times (tied responses)

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- **Which MHSA service areas have been effective in addressing local behavioral health concerns? (Top 5 in ranked order)**
    1. Crisis Services
    2. Early Psychosis Program
    3. Housing Services for people with mental health challenges
    4. Full-Service Partnerships
    5. Prevention and Early Intervention Programs

Survey Respondent Demographic Info:

Age:

- 26-59 years – 66%
- 60+ years – 20%
- 17-25 years – 7%
- Prefer not to say – 7%
- Under 16 years – 0%

Region of Residence:

- East County – 32%
- West County – 29%
- Central County – 24%
- Prefer Not to Say – 10%
- South County – 5%

Affiliation / Identity:

- Consumer / Peer / Person with Lived Experience – 24%
- Community Member / Contra Costa Resident – 24%
- Provider – 21%
- Family Member – 16%
- Faith Community – 5%
- Student – 5%
- Active Military / Veteran – 2%
- Law Enforcement – 1%

Current Year Trends:

- **Zoom events preferred over In Person events**
- **Majority of respondents were from the East County Region**
- **Majority of respondents identified as a Consumer / Peer / Person with Lived Experience**
- **Majority of respondents were women**
- **Majority of respondents were between 26-59 years old**
- **Majority of respondents were Caucasian or Latino/Hispanic**

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Summary. The community program planning process identifies current and ongoing behavioral health service needs and provides direction for MHSA funded programs to address these needs. It also informs planning and evaluation efforts that can influence how and where MHSA resources can be directed in the future.

The full array of MHSA funded programs and plan elements described in this document are the result of current as well as previous community program planning processes. Thus, this year's planning process builds upon previous ones. It is important to note that stakeholders did not restrict their input to only MHSA funded services but addressed the entire health and behavioral health system. The MHSA Three Year Program and Expenditure Plan operates within the laws and regulations provided for the use of the Mental Health Services Act Fund. Thus, the Three-Year Plan does not address all the prioritized needs identified in the community program planning process but does provide a framework for improving existing services and implementing additional programs as funding permits.

The following chapters contain programs and plan elements that are funded by the County's MHSA Fund and will be evaluated by how well they address the Three-Year Plan's Vision and identified needs as prioritized by the Community Program Planning Process.

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The Plan

Community Services and Supports

Community Services and Supports (CSS) is the component of the Three-Year Program and Expenditure Plan that refers to service delivery systems for mental health services and supports for children and youth, transition age youth (ages 16-25), adults, and older adults (over 60). Contra Costa County Behavioral Health Services utilizes CSS funding for the categories of Full-Service Partnerships and General System Development.

First approved in 2006 with an initial State appropriation of $7.1 million, Contra Costa's budget has grown incrementally to approximately $81,905,000 million for FY 2023-24 in commitments to programs and services under this component. The construction and direction of how and where to provide funding began with an extensive and comprehensive community program planning process whereby stakeholders were provided training in the intent and requirements of the Mental Health Services Act, actively participated in various venues to identify and prioritize community mental health needs and developed strategies by which service delivery could grow with increasing MHSA revenues. The programs and services described below are directly derived from this initial planning process and expanded by subsequent yearly community program planning processes.

Full-Service Partnerships

Contra Costa Behavioral Health Services both operates and contracts with behavioral health service providers to enter into collaborative relationships with clients, called Full-Service Partnerships (FSP). Personal service coordinators develop an individualized services and support plan (or treatment plan) with each client, and, when appropriate, the client's family to provide a full spectrum of services in the community necessary to achieve agreed upon goals.

Children (0 to 18 years) diagnosed with a serious emotional disturbance, transition age youth (16 to 25 years) diagnosed with a serious emotional disturbance or serious mental illness, and adults and older adults diagnosed with a serious mental illness are eligible. These services and supports include, but are not limited to, crisis intervention/stabilization services, mental health and substance use disorder treatment, including alternative and culturally specific treatments, peer and family support services, access to wellness and recovery centers, and assistance in accessing needed medical, housing, educational, social, vocational rehabilitation, and other community

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services, as appropriate. A qualified service provider is available to respond to the client/family 24 hours a day, seven days a week to provide after-hours intervention. FSP programs are a crucial component that assists in recovery and wellness for individuals with a serious mental illness or serious emotional disturbance. An analysis of FSP programs has shown to have an impact on decreasing the following:

- Homelessness
- Incarceration
- Psychiatric Emergency Service (PES) visits

As per statute requirements, these services comprise most of the Community Services and Supports (CSS) budget.

Performance Indicators.

The rates of in-patient psychiatric hospitalization and psychiatric emergency service (PES) episodes for persons participating in FSPs indicate whether Contra Costa's FSP programs promote less utilization of higher acute and more costly care. For FY 2021-22 (the most recent year available), data was obtained for 450 participants who were served by FSP programs. Use of PES and in-patient psychiatric hospitalization was compared before and after FSP participation. Additional performance indicators were used to gauge *productive meaningful activity* and risk of homelessness. *Productive and meaningful* activities may include: work, education, vocation/ training programs and volunteerism for individuals with serious and debilitating mental health challenges. Engagement in FSP programs generally has a positive impact in this category, but due to the COVID pandemic during the reporting period (FY 21-22), opportunities for productive and meaningful activity were limited. Results are below:

- A 61.2% decrease in the number of PES episodes
- A 69.9% decrease in the number of in-patient psychiatric hospitalizations
- A 47.8% decrease in the number of in-patient psychiatric hospitalization days
- 19.7% decrease in productive meaningful activity (average hours per week)
- 55.5% decrease in number of unhoused

The following full-service partnership programs are currently established via MHSA:

Children. The Children's Full-Service Partnership Program is comprised of three elements, 1) personal services coordinators, 2) multi-dimensional family therapy for co- occurring disorders, 3) county operated children's clinic staff.

1) Personal Service Coordinators. Personal service coordinators are part of a program entitled Short Term Assessment of Resources and Treatment (START). Seneca Family of Agencies contracts with the County to provide personal services coordinators, a mobile crisis response team, and three to six months of short-term intensive services to stabilize the youth in their community and to connect them and their families with sustainable resources and supports. Referrals to this program are coordinated by County staff on a countywide assessment team, and services are for youth and their families who are experiencing severe stressors, such as out-of-home placement, involvement with the juvenile justice system, co-occurring disorders, or repeated presentations at the County's Psychiatric Emergency Services.
2) Multi-dimensional Family Therapy (MDFT) for Co-occurring Disorders. Lincoln Child Center contracts with the County to provide a comprehensive and multi-dimensional family-based outpatient program for adolescents with a mental health diagnosis who are experiencing a co-occurring substance abuse issue. These youth are at high risk for continued substance abuse and other problem behaviors, such as conduct disorder and delinquency. This is an evidence-based practice of weekly or twice weekly sessions conducted over a period of 4-6 months that target the youth's interpersonal functioning, the parents' parenting practices, parent-adolescent interactions, and family communications with key social systems.
3) Children's Clinic Staff. County clinical specialists and family partners serve all regions of the County and contribute a team effort to full-service partnerships. Clinical specialists provide a comprehensive assessment on all youth deemed to be most seriously emotionally disturbed. The team presents treatment recommendations to the family, ensures the family receives the appropriate level of care, and family partners help families facilitate movement through the system.

The Children's category is summarized below. *Note that the total amount of these programs is funded by a combination of Medi-Cal reimbursed specialty mental health services and MHSA funds.*

Amounts summarized below are the MHSA funded portion of the total cost for Children programming:

Program/Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2024-25 / Cost per Person

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Personal Service Coordinators	Seneca Family of Agencies (FSP)	Countywide	75	737,109 / 9,828
Multi- dimensional Family Therapy	Lincoln Child Center (FSP)	Countywide	60	618,225 / 10,304
Children's Clinic Staff	County Operated	Countywide	Support for full-service partners	633,205 / NA
Children's Flex Fund		Countywide		148,000 / TBD
Eating Disorder Treatment	Sunol Hills	Countywide	TBD	1,000,000 / TBD
Total			135	$3,136,539

Transition Age Youth. Eligible youth (ages 16-25) are individuals who are diagnosed with a serious emotional disturbance or serious mental illness, and experience one or more of the risk factors of homelessness, co-occurring substance abuse, exposure to trauma, repeated school failure, multiple foster care placements, and experience with the juvenile justice system.

1) Fred Finch Youth Center is in West County and contracts with CCBHS to serve West and Central County. This program utilizes the assertive community treatment model as modified for young adults that includes a personal service coordinator working in concert with a multi-disciplinary team of staff, including peer and family mentors, a psychiatric nurse practitioner, staff with various clinical specialties, to include co-occurring substance disorder and bilingual capacity. In addition to mobile mental health and psychiatric services the program offers a variety of services designed to promote wellness and recovery, including assistance finding housing, benefits advocacy, school and employment assistance, and support connecting with families.
2) Youth Homes Youth Homes is in East County and contracts with CCBHS to serve Central and East County. This program emphasizes the evidence-based practice of integrated treatment for co-occurring disorders, where youth receive mental health and substance abuse treatment from a single treatment specialist, and multiple formats for services are available, to include individual, group, self-help and family.

Amounts summarized below are the MHSA funded portion for Transition Age Youth Full-Service Partnership programming:

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Program	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 24-25 / Cost per Person
Transition Age Youth Full Service Partnership	Fred Finch Youth Center	West and Central County	70	365,254 / 5,427
Transition Age Youth Full-Service Partnership	Youth Homes	Central and East County	30	112,245 / 3,891
County support costs (vehicles)		Countywide	NA	24,000 / NA
Total			100	$501,499

Adult and Older Adult. Adult Full-Service Partnerships provide a full spectrum of services and supports to adults over the age of 18 who are diagnosed with a serious mental illness, are at or below 200% of the federal poverty level and are uninsured or receive Medi-Cal benefits.

CCBHS contracts with Portia Bell Hume Behavioral Health and Training Center (Hume Center) to provide FSP services in the West and East regions of the County. Prior to COVID-19, the Hume contract was increased to provide enhanced services including housing flex funds as well as serving 40 additional clients. Familias Unidas contracts with the County to provide the lead on full-service partnerships that specialize in serving the County's Latino/a/X population whose preferred language is Spanish. The Central County FSP program is now operated by the County.

Contracts may have multiple funding sources. Amounts summarized below include the MHSA funded portion (only) for Adult Full-Service Partnership Programming:

Program/ Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 24-25 / Cost per Person
Full-Service Partnership	Hume Center	West County	70 (Adult) 5 (Older Adult)	2,745,778 / 18,305

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		East County	70 (Adult) 5 (Older Adult)	
Full-Service Partnership	County Operated	Central County	47 (Adult) 3 (Older Adult)	1,365,544 / 27,311
Full-Service Partnership	Familias Unidas	West County	28 (Adult) 2 (Older Adult)	199,077 / 6,636
Adult Housing Flex Fund		Countywide	Varies	50,000
County Support for Client Transportation (vehicles)		Countywide	NA	343,876/ NA
Total			230	$4,704,275

Additional Services Supporting Full-Service Partners. The following services are utilized by full-service partners and enable the County to provide the required full spectrum of services and supports.

Adult Mental Health Clinic Support. CCBHS has dedicated clinicians at each of the three adult mental health clinics to provide support, coordination and rapid access for full-service partners to health and mental health clinic services as needed and appropriate. The team has been expanded this year since the Central County FSP provider, TURN Behavioral Health, did not renew their contract. The program is now County operated.

Rapid Access Clinicians offer drop-in screening and intake appointments to clients who have been discharged from the County Hospital or Psychiatric Emergency Services but who are not open to the county mental health system of care. Rapid Access Clinicians will then refer clients to appropriate services and, when possible, follow-up with clients to ensure a linkage to services was made. If a client meets eligibility criteria for Full-Service Partnership services, the Rapid Access Clinician will seek approval to refer the client to Full-Service Partnership services. Clinic management act as the gatekeepers for the Full-Service Partnership programs, authorizing referrals and discharges as well as providing clinical oversight to the regional Full-Service

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Partnership programs. Full-Service Partnership Liaisons provide support to the Full-Service Partnership programs by assisting the programs with referrals and discharges, offering clinical expertise, and helping the programs to navigate the County systems of care. Community Support Worker positions are stationed at all three adult clinics to support families of clients as they navigate and assist in the recovery of their loved ones.

Amounts summarized below are the MHSA funded portion for Adult Mental Health Clinic Support:

Program/Plan Element	**County/ Contract**	**Region Served**	**Number to be Served Yearly**	**MHSA Funds Allocated for FY 24-25**
FSP Support, Rapid Access	County Operated	West, Central, East County	Support for Full-Service Partners	2,601,251
Total				$2,601,251

Assisted Outpatient Treatment. In February 2015, the Contra Costa Board of Supervisors passed a resolution authorizing $2.25 million of MHSA funds to be utilized on an annual basis for providing mental health treatment as part of an assisted outpatient treatment (AOT) program. The County implements the standards of an assertive community treatment team as prescribed by Assembly Bill 1421, and thus meets the acuity level of a full-service partnership. This program provides an experienced, multi-disciplinary team who provides around the clock mobile, out-of-office interventions to adults, a low participant to staff ratio, and provides the full spectrum of services, to include health, substance abuse, vocational and housing services. Persons deemed eligible for AOT are served, whether they volunteer for services, or are ordered by the court to participate. CCBHS provides dedicated clinicians and administrative support within the Forensic Mental Health Clinic to 1) receive referrals in the community, 2) conduct outreach and engagement to assist a referred individual, 3) conduct the investigation and determination of whether a client meets eligibility criteria for AOT, 4) prepare Court Petitions with supporting documentation and ongoing affidavits, 5) testify in court, 6) coordinate with County Counsel, Public Defender and law enforcement jurisdictions and 7) participate in the development of the treatment plan.

Amounts summarized below are the MHSA funded portion for Assisted Outpatient Treatment programming:

Program/ Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 24-25 / Cost per Person
Assisted Outpatient Treatment	County Operated	Countywide	70 (Adult) 5 (Older Adult)	2,458,030 / 32,774
Assisted Outpatient Treatment Clinic Support	County Operated	Countywide	Captured in above number	733,156 / 9,775
County Support Costs (Vehicles)	County Operated	Countywide		155,759
Total			75	$3,346,945

Hope House - Crisis Residential Center. The County contracts with Telecare to operate a 16-bed crisis residential facility. This is a voluntary, highly structured treatment program that is intended to support seriously mentally ill adults during a period of crisis and to avoid in-patient psychiatric hospitalization. It also serves consumers being discharged from the hospital and long-term locked facilities that would benefit from a step-down from institutional care to successfully transition back into community living. Services are designed to be short term, are recovery focused with a peer provider component, and treat co-occurring disorders, such as drug and alcohol abuse.

Amounts summarized below are the MHSA funded portion for the Crisis Residential Center programming:

Program	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 24-25 / Cost per Person
Hope House - Crisis Residential Center	Telecare	Countywide	200	2,755,810 / 13,779
Total			200	$2,755,810

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MHSA Funded Housing Services. MHSA funds for housing supports supplements that which is provided by CCBHS and the County's Health, Housing and Homeless (H3) Services Division, and is designed to provide various types of affordable shelter and housing for low-income adults with a serious mental illness or children with a severe emotional disorder and their families who are homeless or at imminent risk of chronic homelessness. Annual expenditures have been dynamic due to the variability of need, availability of beds and housing units, and escalating cost. Housing supports are categorized as follows:

1) Temporary Shelter Beds. The County's Health, Housing and Homeless Services (H3) Division operates several temporary bed facilities for adults and transitional age youth. CCBHS has a Memorandum of Understanding (MOU) with the H3 Division that provides MHSA funding to enable individuals with a serious mental illness or a serious emotional disturbance to receive temporary emergency housing in these facilities. This agreement includes up to 2.163 bed nights per year for the Pomona Street Apartments and McGovern House transitional living programs, staff for the Calli House Youth Shelter, up to 9,527 bed nights for the Brookside and Concord temporary shelters, and up to 1.610 bed nights for the Philip Dorn Medical Respite Shelter in Concord, which serves those in need of recuperative care following a hospital discharge.
2) Augmented Board and Care. The County contracts with several licensed board and care facilities to provide additional funds to augment the rental amount received by the facility from the SSI rental allowance. These additional funds pay for necessary supports for those with serious mental illness to avoid institutionalization and enable them to live in the community. An individualized services agreement for each person with a serious mental illness delineates needed supplemental care, such as assistance with personal hygiene, life skills, prescribed medication, transportation to health/mental health appointments, and connection with healthy social activities. These providers include, but are not limited to: Divines Home, Modesto Residential Living Center, Oak Hills Residential Facility, Pleasant Hill Oasis, United Family Care (Family Courtyard), Williams Board and Care Home, and Woodhaven. An additional provider, Crestwood Healing Center, has 64 augmented board and care beds in Pleasant Hill, and has a transitional residential program, The Pathway, that provides clinical mental health specialty services for up to a year (with a possible six-month extension) for those residents considered to be most compromised by mental health issues. During this three-year period CCBHS will seek to maintain and increase the number of augmented board and care beds available for adults with serious mental illness. Additional funding is also being allocated to address market competitiveness for rates being paid to small adult residential facilities and to assist older adult clients to maintain the home and placement that they have successfully lived in for many years.
3) Supportive Housing: Master Leased and Scattered Site. Shelter, Inc. contracts with the County to provide a master leasing program, in which adults or children and their families are provided

tenancy in apartments and houses throughout the County. Through a combination of self-owned units and agreements with landlords, Shelter, Inc. acts as the lessee to the owners and provides staff, maintenance and administers County-funded rental subsidies to support individuals and their families to move in and maintain their homes independently.

Until 2016 the County participated in a specially legislated state-run MHSA Housing Program through the California Housing Finance Agency (CalHFA). In collaboration with many community partners the County embarked on several one-time capitalization projects to create 39 permanent housing units for individuals with serious mental illness. These individuals receive their mental health support from CCBHS contract and county service providers. The sites include Villa Vasconcellos in Walnut Creek, Lillie Mae Jones Plaza in North Richmond, The Virginia Street Apartments in Richmond, Robin Lane apartments in Concord, Ohlone Garden apartments in El Cerrito, Third Avenue (Arboleda) Apartments in Walnut Creek, Garden Park apartments in Concord, and scattered units throughout the County operated by Hope Solutions. The state-run MHSA Housing Program ended in 2016 and was replaced by the Special Needs Housing Program (SNHP). Under SNHP, the County added 5 additional units of permanent supportive housing at the St. Paul Commons in Walnut Creek.

In July 2016 Assembly Bill 1618, or **No Place Like Home**, was enacted to dedicate in future years $2 billion in bond proceeds throughout the State to invest in the development of permanent supportive housing for persons who need mental health services and are experiencing homelessness or are at risk of chronic homelessness Voters approved Proposition 2 in November 2018, and various rounds of competitive and non-competitive funding were made available to counties. In Contra Costa, this resulted in over 60 additional permanent supportive housing units in the following locations:

- Veteran's Square – Satellite Affordable Housing Associates (SAHA) - East County (operational)
- Galindo Terrace – Resources for Community Development (RCD) - Central County (completion expected December 2024)
- 699 Ygnacio Valley Rd. - RCD - Central County (pre-development)
- Legacy Court – Community Housing Development Corporation (CHDC) and Eden Housing – West County (pre-development)

4) <u>Housing Continuum and Resource Development.</u> Over the course of this three-year planning period, the State and Federal government have and will release multiple housing infrastructure-related grant opportunities for Counties. Including but not limited to Behavioral Health Continuum Infrastructure Program (BHCIP) and Behavioral Health Bridge Housing (BHBH). CCBHS has also accepted an allocation from Department of Social Services to fund the

Community Care Expansion Preservation program intended to stabilize existing licensed adult residential facilities (ARF) and residential care facilities for the elderly (RCFE). County intends to continue to apply for other opportunities as they are released. CCBHS recognizes supported housing for people living with a mental health condition as a priority issue and is committed to leveraging existing resources to meet that need by fortifying our existing housing continuum of care. This plan budgets funds to allow CCBHS to complete proposed projects and provides funding for any potential County required funding match needed to take advantage of historic funding opportunities. Additional funding has also been allocated to allow the CCBHS to locally fund and take advantage of potential projects that address other gaps in the housing continuum.

Finally, in order to better support clients additional funding is being allocated to emergency care funds to support clients at certain facilities while social security benefits are pending. Additionally, this budget allocates funding to support clients and Housing Services staff address the often-unforeseen challenges that arise by creating a housing flex fund. This fund may be used to address small, unplanned and/or temporary financial needs related to maintaining a home.

5) Coordination Team. The Housing Services Coordination Team provides support to residents, facilitates linkages with other Contra Costa behavioral health programs and services, and provides contract monitoring and quality control. A Chief of Supportive Housing Services oversees the Coordination Team and MHSA funded housing units.

Amounts summarized below are the MHSA allocation for MHSA funded housing services:

Plan Element	County/ Contract	Region Served	Number of MHSA beds, units budgeted	MHSA Funds Allocated for FY 24-25 / Cost per Person
Shelter Beds	County Operated	Countywide	75 beds (est.)	2,828,899 / 37,719
Augmented Board and Care *	Crestwood Healing Center – Bridge Program	Countywide	64 beds	1,113,620 / 17,400
Augmented Board and Care *	Various	Countywide	335 beds	6,943,356 / 20,726

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Master Lease	Contract	Countywide	110 units	3,289,660 / 29,906
Scattered Site	Contractor Operated	Countywide	39 units	State MHSA funded
CCE Preservation Match		Countywide	Varies	336,320
BHCIP/Infrastructure Program Match		Countywide	Varies	3,000,000
BHCIP Program Estimates		Countywide	Varies	5,952,021
Coordination Team	County Operated	Countywide	Varies	1,584,155
Emergency Care Funds (ECF)		Countywide	Varies	60,000
Housing Flex Fund		Countywide	Varies	140,000
County Support Costs (Vehicles)		Countywide		192,676
Continuum Resource Development	To be determined	Countywide	TBD	3,800,000
Total			690	$29,240,707

*Augmented Board and Care facility contracts vary in negotiated daily rate, and several contracts have both realignment as well as MHSA as funding sources. Thus, the budgeted amount may not match the total contract limit for the facility and beds available. The amount of MHSA funds budgeted are projections based upon: 1) history of actual utilization of beds paid by MHSA funding, 2) history of expenditures charged to MHSA, and 3) projected utilization for the upcoming year. CCBHS will continue to look for and secure additional augmented board and care beds. Annual Three-Year Plan Updates will reflect adjustments in budgeted amounts.

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Non-FSP Programs (General System Development)

General System Development is the service category in which the County uses Mental Health Services Act funds to improve the County's mental health service delivery system for all clients who experience a serious mental illness or serious emotional disturbance, and to pay for mental health services for specific groups of clients, and, when appropriate, their families. Since the Community Services and Supports component was first approved in 2006, programs and plan elements included herein have been incrementally added each year by means of the community program planning process. These services are designed to support those individuals who need services the most.

Funds are now allocated in the General System Development category for the following programs and services designed to improve the overall system of care:

Supporting Older Adults. There are two MHSA funded programs serving the older adult population over the age of 60, 1) Intensive Care Management, and 2) IMPACT (Improving Mood: Providing Access to Collaborative Treatment).

1) Intensive Care Management. Three multi-disciplinary teams, one for each region of the County, provide mental health services to older adults in their homes, in the community, and within a clinical setting. The primary goal is to support aging in place and to improve consumers' mental health, physical health and overall quality of life. Each multi-disciplinary team is comprised of a psychiatrist, a nurse, a clinical specialist, and a community support worker. The teams deliver a comprehensive array of care management services, linkage to primary care and community programs, advocacy, educational outreach, medication support and monitoring, and transportation assistance.
2) IMPACT. IMPACT is an evidence-based practice which provides depression treatment to older adults in a primary care setting who are experiencing co-occurring physical health impairments. The model involves short-term (8 to 12 visits) problem solving therapy and medication support, with up to one year follow-up as necessary. MHSA funded mental health clinicians are integrated into a primary treatment team.

Amounts summarized below are the MHSA funded portion for Older Adult Mental Health Program:

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Program	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 24-25 / Cost per Person
Intensive Care Management	County Operated	Countywide	237	4,353,949 / 18,371
IMPACT	County Operated	Countywide	138	455,213 / 3,299
Total			375	$4,809,162

Supporting Children and Young Adults. There are two programs supplemented by MHSA funding that serve children and young adults: 1) Wraparound Program, and 2) expansion of the Early and Periodic Screening, Diagnosis and Treatment Program.

Wraparound Program. The Countywide Wraparound Program is a strength based approach which supports youth and their families in identifying their own strengths. Wraparound is an intensive, holistic team-based method of engaging with individuals with complex needs (typically children, youth, and their families) so that they can live in their homes and communities and realize their hopes and dreams. Wraparound staff include Facilitators (clinicians), Family Partners (community support workers/peers) and Mentors (mental health specialists).

Wraparound Facilitators provide comprehensive team coordination, including bringing youth, families, natural supports and providers to the table to coordinate treatment, develop a plan and support the team in the execution of the plan. These professionals arrange and facilitate team meetings between the family, treatment providers and allied system professionals.

Family partners are individuals with lived experience as parents of children and adults with serious emotional disturbance or serious mental illness who assist families with advocacy, transportation, navigation of the service system, and offer support in the home, community, and county service sites. Family partners participate as team members with the mental health clinicians who are providing facilitation to children and their families.

Mentors are non- licensed care providers offering rehabilitative services to children and youth including building independent living skills, developing coping mechanisms, and linking to community resources for clients to move towards the goals.

1) EPSDT Expansion. EPSDT is a federally mandated specialty mental health program that provides comprehensive and preventative services to low-income children and adolescents that are conjointly involved with Children and Family Services. State realignment funds have been

utilized as the up-front match for the subsequent federal reimbursement that enables the County to provide the full scope of services. This includes assessment, plan development, therapy, rehabilitation, collateral services, case management, medication support, crisis services, intensive home- based services (IHBS), and Intensive Care Coordination (ICC). The Department of Health Care Services has clarified that the continuum of EPSDT services is to be provided to any specialty mental health service beneficiary who needs it. In addition, Assembly Bill 403 mandates statewide reform for care provided to foster care children, to include the County's responsibility to provide Therapeutic Foster Care (TFC) services. This significant expansion of care responsibility, entitled Continuing Care Reform (CCR), will utilize MHSA funds as the up-front match for the subsequent federal reimbursement that enables the County to provide the full scope of services, and includes adding County mental health clinicians, family partners and administrative support.

The MHSA funded portion of the Children Wraparound Support/ EPSDT Support are summarized in the following:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 24-25 / Cost per Person
Wraparound Support	County Operated	Countywide	Supports Wraparound Program	1,272,229 / Included in Children's Clinic Cost
EPSDT Expansion	County Operated	Countywide	Supplements Children's System of Care	799,921
Total				$2,072,150

Concord Health Center. The County's primary care system staffs the Concord Health Center, which integrates primary and behavioral health care. A Behavioral Health Clinician and Community Support Worker (peer) work together as a team to provide an integrated response to adults visiting the clinic for medical services who also have a co- occurring behavioral health issues.

MHSA funds additional similar positions in the regional behavioral health clinics to provide enhanced support.

The MHSA allocation for the Concord Health Center and clinics is summarized below:

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Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 24-25
Supporting all Outpatient Clinics	County Operated		Supports clients served by clinics	964,869
County Support Costs (Vehicles)				73,834
Total				$1,038,703

Liaison Staff. CCBHS partners with CCRMC to provide Community Support Worker positions to liaison with Psychiatric Emergency Services (PES) to assist individuals experiencing a psychiatric crisis connect with services that will support them in the community. These positions are on the CCBHS Transition Team, and schedule regular hours at PES.

The allocation for the Liaison Staff is as follows:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 24-25
Supporting Liaison Staff	County Operated	Countywide	Supports clients served by PES	173,976
Total				$173,976

Clinic Support. County positions are funded through MHSA to supplement clinical staff implementing treatment plans at the adult clinics. These positions were created in direct response to identified needs surfaced in prior Community Program Planning Processes.

1) Resource Planning and Management. Dedicated staff at the three adult clinics assist consumers with money management and the complexities of eligibility for Medi-Cal, Medi-Care, Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits. Money management staff are allocated for each clinic, and work with and are trained by financial specialists.
2) Transportation Support. The Community Program Planning Process identified transportation to and from clinics as a critical priority for accessing services. Toward this end one-time MHSA funds were purchased in prior years to purchase additional county vehicles to be located at the clinics. Community Support Workers have been added to adult clinics to be dedicated to the transporting of consumers to and from appointments.

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3) Evidence Based Practices. Clinical Specialists, one for each Children's clinic, have been added to provide training and technical assistance in adherence to the fidelity of treatment practices that have an established body of evidence that support successful outcomes.
4) Transitions Team Expansion. Funds have been allocated to support a ***Street Psychiatry*** initiative, which will offer field-based nursing and psychiatry services to community members who are unhoused or facing other challenges that prevent them from coming into the clinic. The Transitions Team will also support a new ***Mental Health Library Initiative*** by fielding a team of two field-based staff (one clinician and one peer support specialist). This team will work with county libraries that have been identified as having a high number of unhoused patrons who are living with untreated mental health and substance use disorders. The team with provide outreach and engagement, linkage to community supports and services, and support to library staff.

The MHSA allocation for Clinic Support are as follows:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 24-25
Resource Planning and Management	County Operated	Countywide	Supplements Clinic Staff	627,289
Transportation Support	County Operated	Countywide	Supplements Clinic Staff	166,342
Evidence Based Practices	County Operated	Countywide	Supplements Clinic Staff	455,213
Total				$1,248,843

Forensic Team. Clinical specialists are funded by MHSA to join a multi-disciplinary team that provides mental health services, alcohol and drug treatment, and housing supports to individuals with serious mental illness who are either referred by the courts for diversion from incarceration, or on probation and at risk of re-offending and incarceration. These individuals were determined to be high users of psychiatric emergency services and other public resources, but very low users of the level and type of care needed. This team works very closely with the criminal justice system to assess referrals for serious mental illness, provide rapid access to a treatment plan, and work as a team to provide the appropriate mental health, substance abuse and housing services needed.

The MHSA allocation for the Forensic Team are as follows:

Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 24-25
Forensic Team	County Operated	Countywide	Support to the Forensic Team	455,213
Total				$455,213

Quality Assurance and Administrative Support. MHSA funding supplements County resources to enable CCBHS to provide required administrative support, quality assurance and program evaluation functions for statutory, regulatory and contractual compliance, as well as management of quality-of-care protocols, such as fidelity to Assisted Outpatient Treatment and Assertive Community Treatment. County staff time and funding to support the mandated MHSA community program planning process are also included here. County positions have been incrementally justified, authorized and added each year as the total MHSA budget has increased.

The MHSA allocation for the following functions and positions are summarized below:

1) Quality Assurance.

Function	MHSA Funds Allocated for FY 24-25
Medication Monitoring	276,387
Clinical Quality Management	891,967
Clerical Support	299,694
Total	1,468,048

2) Administrative Support.

Function	MHSA Funds Allocated for FY 24-25
Program and Project Managers	1,841,739
Clinical Coordinator	143,858
Planner/Evaluators	606,802
Family Service Coordinator	129,185
Administrative and Financial Analysts	563,531

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Clerical Support	484,608
ACT/AOT Fidelity Evaluation (contract)	100,000
Evaluation and Reporting	100,000
CPP	25,000
Language (Interpreter Services)	10,000
AOD New Positions	708,155
Total	$4,712,878

Community Services and Supports (CSS) FY 24-25 Program Budget Summary

Full-Service Partnership (FSP Programs)		**Number to be Served: 1,380**	**$46,287,026**
	Children	3,136,539	
	Transition Age Youth	501,499	
	Adults – Includes total funding listed in *Adult Full-Service Partnership Programming* table and *Adult Mental Health Clinic Support* table.	7,305,526	
	Assisted Outpatient Treatment	3,346,945	
	Crisis Residential Center	2,755,810	
	MHSA Housing Services	29,240,707	
Non-FSP Programs (General System Development)			**$15,978,973**
	Older Adult Mental Health Program	4,809,162	
	Children's Wraparound, EPSDT Support	2,072,150	
	Concord Health Center	964,869	
	Liaison Staff	173,976	
	Clinic Support	1,322,677	
	Forensic Team	455,213	

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	Quality Assurance	1,468,048	
	Administrative Support	4,712,878	
Total			**$62,266,000**

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PEI 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:

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- 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.

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Prevention and Early Intervention STRATEGIES and PRIORITIES

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 Mental Health Connections RYSE		COPE First Five Hope Solutions We Care	OCE	JMP STAND! Juvenile Justice	CHD RCC	CCCC
Culture & Language			AFRC JFCS Latina Center			CHD CAPC La Clinica LFCD RCC	CCCC
Older Adults	Mental Health Connections and Mental Health Connection Peer Connection Centers		AFRC Hope Solutions JFCS	OCE	NAMI CC	CHD La Clinica Lifelong LFCD RCC	CCCC
Early Identificati	BBK		Hope Solutions			CAPC	

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on			Latina Center COPE We Care				

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 22-23, 37,336 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.

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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 MHSA Advisory Council, formerly CPAW; and distributed at the monthly stakeholder meeting, or to the public upon request. During FY 22-23, the completed PEI Program and Fiscal Review report completed for the program Counseling Option for Parents (COPE) was distributed at the following Mental Health Commission monthly meeting: February 16, 2023.

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PEI AGGREGATE DATA FY 22-23

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 96,000 individuals during the previous three-year period, FYs 20-23. 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 MHSA Advisory Council and various sub-committees. In addition, PEI programs engage in the Community Program Planning Process (CPPP) by participating in annual community forums.

The below tables outline PEI Aggregate Data collected during the during the previous three-year period, FYs 20-23. 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 20-21: 29,105; FY 21-22: 30,442; FYs 22-23: 37,336

TABLE 1. AGE GROUP	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED
Child (0-15)	831	1,211	1,880
Transition Age Youth (16-25)	2,944	2,376	3,329
Adult (26-59)	7,204	10,029	12,458
Older Adult (60+)	3,185	5,029	5,260
Decline to State / Data Not Captured	14,941	11,798	14,409

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TABLE 2. PRIMARY LANGUAGE	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED
English	22,766	24,169	29,352
Spanish	1,522	2,060	2,367
Other	891	1,392	1,194
Decline to State / Data Not Captured	3,926	2,852	4,422

TABLE 3. RACE	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED
More than one Race	318	488	1,210
American Indian/Alaska Native	136	162	91
Asian	1,512	2,134	2,700
Black or African American	2,251	4,040	4,027
White or Caucasian	8,270	8,737	10,881
Hispanic or Latino/a	2,812	3,510	4,653
Native Hawaiian or Other Pacific Islander	55	192	139
Other	142	508	277
Decline to State / Data Not Captured	13,842	10,709	13,476

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TABLE 4. ETHNICITY (IF NON-HISPANIC OR LATINO/A)	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED
African	309	231	88
Asian Indian/South Asian	754	794	23
Cambodian	2	1	1
Chinese	37	51	46
Eastern European	27	9	5
European	128	142	2
Filipino	30	39	24
Japanese	5	2	3
Korean	6	1	6
Middle Eastern	14	478	216
Vietnamese	185	217	228
More than one Ethnicity	109	78	116
Other	110	368	945
Decline to State / Data Not Captured	26,650	27,395	34,884

TABLE 5. ETHNICITY (IF HISPANIC OR LATINO/A)	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED
Caribbean	3	3	9
Central American	100	174	252
Mexican/Mexican American /Chicano	713	694	384
Puerto Rican	14	12	13
South American	23	17	3
Other	95	326	269

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TABLE 6. SEXUAL ORIENTATION	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED
Heterosexual or Straight	16,400	20,926	3,842
Gay or Lesbian	198	214	240
Bisexual	132	141	189
Queer	21	71	57
Questioning or Unsure of Sexual Orientation	52	36	72
Another Sexual Orientation	111	68	105
Decline to State / Data Not Captured	12,193	8,990	32,842

Table 7. Gender Assigned at Birth	FY 20-21 # Served	FY 21-22 # Served	FY 22-23 # SERVED
Male	7,031	7,930	9,443
Female	10,822	14,682	16,526
Decline to State / Data Not Captured	11,252	7,830	11,367

TABLE 8. CURRENT GENDER IDENTITY	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED
Man	6,846	8,008	9,248
Woman	10,696	14,319	15,742
Transgender	91	96	154
Genderqueer	14	24	200
Questioning or Unsure of Gender Identity	15	10	29
Another Gender Identity	68	58	73
Decline to State / Data Not Captured	11,377	7,927	11,890

Table 9. Active Military Status	FY 20-21 # Served	FY 21-22 # Served	FY 22-23 # SERVED
Yes	81	105	1
No	2,894	2,983	1,141

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Decline to State / Data Not Captured	26,132	27,354	34,745

Table 10. Veteran Status	FY 20-21 # Served	FY 21-22 # Served	FY 22-23 # SERVED
Yes	178	124	34
No	3,173	3,863	3,615
Decline to State / Data Not Captured	25,756	26,455	33,324

Table 11. Disability Status	FY 20-21 # Served	FY 21-22 # Served	FY 22-23 # SERVED
Yes	965	557	1,172
No	1,410	1,588	1,939
Decline to State / Data Not Captured	26,730	28,297	34,225

Table 12. Description of Disability Status	FY 20-21 # Served	FY 21-22 # Served	FY 22-23 # SERVED
Difficulty Seeing	101	65	113
Difficulty Hearing or Have Speech Understood	66	46	75
Physical/Mobility	252	228	336
Chronic Health Condition	225	297	293
Other	62	575	382
Decline to State / Data Not Captured	28,399	6,737	32,924

Table 13. Cognitive Disability	FY 20-21 # Served	FY 21-22 # Served	FY 22-23 # SERVED
Yes	115	141	203
No	1,983	2,461	2,067
Decline to State / Data Not Captured	27,007	27,840	34,916

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Table 14. Referrals to Services	FY 20-21 # Served	FY 21-22 # Served	FY 22-23 # SERVED
Clients Referred to Mental Health Services	964	1,141	1,028
Clients who Participated/ Engaged at Least Once in Referred Service	794	1,093	789

Table 15. External Mental Health Referral	FY 20-21 # Served	FY 21-22 # Served	FY 22-23 # SERVED
Clients Referred to Mental Health Services	20,397	22,675	27,550
Clients who Participated/ Engaged at Least Once in Referred Service	214	544	349

Table 16. Average Duration Without Mental Health Services	FY 20-21 # Served	FY 21-22 # Served	FY 22-23 # SERVED
Average Duration for all Clients of Untreated Mental Health Issues (In weeks)	67.5	51.6	153.45

Table 17. Average Length of Time Until Mental Health Services	FY 20-21 # Served	FY 21-22 # Served	FY 22-23 # SERVED
Average Length for all Clients between Mental Health Referral and Services (In weeks)	5	4.8	8.25

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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 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

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Parent Partners who can offer mentoring, emotional support, and assistance in navigating social service and mental health systems.

7) 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. 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 24-25 / Cost per Person
Asian Family Resource Center	Countywide	50	$170,928 / 3,419
COPE	Countywide	210	$287,789 / 1,370
First Five	Countywide	(Numbers included in COPE)	$95,704 / Included in COPE reporting
Hope Solutions	Central and East County	200	$438,069 / 2,190
Jewish Family Community Services	Central and East County	350	$198,291 / 557
The Latina Center	West County	300	$142,666 / 476
We Care Services for Children (0-5 Children Outreach RFP)	Countywide	99 families	$137,917 / 1,393 (per family)
TOTAL		**1,359+**	**$1,471,364**

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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) Fierce Advocates 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) Mental Health Connections (formerly 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) Mental Health Connections – Peer Connection Centers contracts with the County to provide wellness and recovery centers situated in West, Central and East County to ensure the full spectrum of mental health services ares available. These centers, known as Peer Connection Centers, offer peer-led recovery-oriented, rehabilitation and self-help groups that teach self-management and coping skills. The centers offer recovery planning, physical health, nutrition education, advocacy services and training, arts and crafts, and support groups.
6) 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.

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The allocation for the Prevention category is summarized below:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 24-25 / Cost per Person
Fierce Advocates	West County	400	$255,246 / 638
Vicente	Central County	80	$211,105 / 2,639
People Who Care	East County	200	$407,581 / 2,038
Mental Health Connections House	Countywide	300	$853,405 / 2,845
Mental Health Connections: Peer Connections Centers	Countywide	200	$1,709,491 / 8,548
RYSE	West County	2,000	$571,648 / 286
TOTAL		**2,980**	**$4,008,475**

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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 24-25 / Cost per Person
First Hope	Countywide	200	$3,893,365 / 19,467
TOTAL		**200**	**$3,893,365**

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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.

These programs are included in this category:

2) The James Morehouse Project (JMP) (fiscal sponsor Bay Area Community Resources -BACR) JMP is a school-based wellness center at El Cerrito High School. The JMP provides services for young people exposed to trauma who are at risk for school failure. This includes specific outreach to English language learners and their families. The JMP provides individual/group counseling, crisis intervention and support, youth leadership/advocacy and youth development programs. Because the program is on-site and school-based, JMP staff and interns are able to follow up with students to ensure that they have successfully engaged with services. If there is a crisis or urgent referral, students are connected with services immediately. When immigrant students enroll at the school, the registrar alerts the JMP so that Youth ELAC (immigrant/bi-cultural student leaders) students can embrace new arrivals and offer them community and solidarity to support their transition to the US and El Cerrito High School.
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. Staff may refer students to their Children's Counseling Program for therapy, or to other community mental health programs including Contra Costa County Behavioral Health Services, on-site school resources and other low-fee programs. Follow up was provided to ensure students referred to internal or external mental health services participated in at least one referred service.
4) Experiencing the Juvenile Justice System. Within 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. Clinicians are out stationed at juvenile probation offices. The clinicians provide direct short-term therapy and coordinate appropriate linkages and referrals to services and supports as youth transition back into their communities.
5) Transitions Team Expansion. Transitions is a County-operated program that provides linkage to care for adults who are living with a behavioral health condition, at risk of homelessness and not connected to routine care or services. Clients are typically referred to the program following hospital or PES discharge. Intensive out-patient services are provided by a multi-disciplinary team. New positions have been added to support the following:
    a. Library Initiative – a mental health clinician and community support worker (peer) work as a team to support countywide libraries that have been identified as having a high number of patrons who are at risk due homelessness and behavioral health issues. The team offers support to library staff and provides identified patrons with community resources and referrals to housing programs, health and behavioral health services. Warm hand-offs are provided as well as follow up to encourage engagement in care.

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b. Street Psychiatry – a multidisciplinary team (including nurse practitioner, substance use counselor, peer support worker and mental health clinician) provides outreach and support to unhoused people, including those living in encampments. Services include linkages to psychiatric care, medication management, care management, health services and housing resources for those who are not linked to care and not able to come to a clinic. Services are provided in the field. The team collaborates with community partners including Healthcare for the Homeless, to provide warm hand-offs and follow up to encourage on-going engagement in care.

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 24-25 / Cost per Person
James Morehouse Project	West County	300	$120,448 / 402
STAND! Against Domestic Violence	Countywide	750	$156,982 / 209
Experiencing Juvenile Justice	Countywide	300	$455,213 / 1,517
Transition Team Expansion	Countywide	800	$834,796 / 1,044
TOTAL		**1,350**	**$1,567,439**

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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.

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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 24-25 / Cost per Person
Child Abuse Prevention Council	Central and East County	120	$200,004 / 1,667
Center for Human Development	East County	230	$183,698 / 799
La Clínica de la Raza	Central and East County	3,750	$328,402 / 88
Lao Family Community Development	West County	120	$222,888 / 1,857
Lifelong Medical Care	West County	115	$153,089 / 1,331
Rainbow Community Center	Countywide	1,125	$887,288 / 789
TOTAL		**5,460**	**$1,975,369**

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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) The Overcoming Transportation Barrier (OTB) Flex Fund provides funding to cover a one-time cost specific to transportation needs and help provide support to clients who need to get to their appointments. Some examples of what these funds cover include: the cost of a new tire, or a loaded Clipper card to provide fare to and from appointments or groups. This programming is a continuation of a former Innovation Project that sunset in September 2021.
4) The OCE supports SB803 Implementation in Contra Costa County which enables Contra Costa, along with all California counties, to expand the behavioral health workforce by allowing certification of Peer Support Specialists. This bill makes it easier for people with lived mental health experiences to be trained and hired while providing supportive services to others in the behavioral health system.
5) 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.

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

Program	County/Contract	Region Served	MHSA Funds Allocated for FY 24-25
OCE	County Operated	Countywide	$807,341
CalMHSA	MOU	Countywide	$78,000
RFP New Funding - Peer Leadership	TBD	Countywide	$300,000
TOTAL			**$1,185,341**

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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 24-25 / Cost per Person
Contra Costa Crisis Center	Countywide	25,000	$434,375 / 17

County Supported	Countywide	N/A	Included in PEI administrative cost
TOTAL		**25,000**	**$434,375**

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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	$607,272
TOTAL		**$607,272**

PREVENTION AND EARLY INTERVENTION (PEI) SUMMARY FOR FY 2024-25

Outreach for Increasing Recognition of Early Signs of Mental Illness	$1,471,364
Prevention	$4,008,475
Early Intervention	$3,893,365
Access and Linkage to Treatment	$1,567,439
Improving Timely Access to Mental Health Services for Underserved Populations	$1,975,369
Stigma and Discrimination Reduction	$1,185,341
Suicide Prevention	$434,375
Administrative, Evaluation Support	$607,272
Total	**$15,143,000**

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Innovation

Innovation is the component of the Three-Year Program and Expenditure Plan that funds new or different patterns of service that contribute to informing the behavioral health system of care as to best or promising practices that may be subsequently added or incorporated into the system. Innovative projects for CCBHS are developed by an ongoing community program planning process that is described in the CPPP chapter of this report.

Innovation Regulations went into effect October 2015. While Innovation projects have always been time-limited, the Innovation Regulations have placed a five-year time limit on Innovation projects. As before, innovative projects accomplish one or more of the following objectives:

- Increase access to underserved groups
- Increase the quality of services, to include better outcomes
- Promote interagency collaboration
- Increase access to services.

The MHSA Advisory Council and Innovation Sub-Committee are the driving stakeholder bodies behind this work. These groups have contributed to the development of the two newest Innovation projects: Psychiatric Advanced Directives (PADs) and Supporting Equity Through Grants for Community-Defined Practices (both described below).

New Innovation Projects

Psychiatric Advanced Directives (PADs). PADs is a Multi-County Collaborative Innovation Project approved by the Mental Health Systems Oversight and Accountability Commission (MHSOAC). PADs are used to support treatment decisions for people who are experiencing a mental health crisis. The project will offer standardized training on the usage and benefits of PADs, development of a peer-created standardized PAD template, provide a training toolkit (in 9 languages) and implement a customized cloud-based technology platform to access and utilize PADs. Unlike an electronic health record, the technology will not be used to store HIPAA protected data. The technology will be developed with peers and stakeholders. Phase One of his project was approved from 2022-2025. Phase Two is expected to begin in 2025.

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PADs CA - Psychiatric Advance Directives

Supporting Equity Through Grants for Community Defined Practices. The newest Innovation project, approved by the MHSOAC in March, 2023, addresses the problem of equitable access to behavioral health supports for underserved and unserved communities including Asian American/Pacific Islander (AAPI), Latino/a/x, Black/African American, LGBTQ and others. Through a competitive RFP process, community organizations may apply for grants that support community-defined practices and other forms of outreach, engagement and treatment not offered within the existing Contra Costa County Behavioral Health System of Care.

New Organizations funded through MHSA Innovation Project: Grants for Community Defined Practices

	African American / Black	Latino/e/x	AAPI	Children & Youth	Older Adults	LGBTQ	Recent Immigrants	Faith-Based
Being Well				X				
Center for Human Development				X		X		
Contra Costa AAPI Coalition			X					
CoCo Family Justice Alliance	X	X	X					
Early Childhood Mental Health Program	X	X		X				
East Bay Center for Performing Arts	X	X	X	X				
Genesis Church	X							X
International Rescue Committee							X	
James Morehouse Project		X					X	
La Clinica de la Raza		X					X	
La Concordia		X						
NAMI Contra Costa	X	X	X			X		X
One Day at A Time		X		X				
One Accord	X							X
PEERS	X		X					X
Richmond Community Foundation	X	X	X	X				
Village Community Resource Center		X						

Links to Innovation annual reports can be found in the Appendix section.

The allocation for Innovation projects is summarized below:

Project	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 24-25 / Cost per Person
Psychiatric Advanced Directives (PADs)	Concepts Forward Consulting	Countywide	NA	499,732
Supporting Equity Through Grants for Community Defined Practices	County Operated	Countywide	850	2,003,139 / 2,357
Administrative Support/Contract Providers	County	Countywide	Innovation Support	525,129
Total			**850**	**$3,028,000**

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Workforce Education and Training

Workforce Education and Training (WET) is the component of the Three-Year Plan that provides education and training, workforce activities, to include career pathway development, and financial incentive programs for current and prospective CCBHS employees, contractor agency staff, and clients/consumer/peers and family members who are paid or volunteer their time to support the public behavioral health effort. The purpose of this component is to develop and maintain a diverse behavioral health workforce capable of providing client/consumer/peer and family-driven services that are compassionate, culturally and linguistically responsive, and promote wellness, recovery and resilience across healthcare systems and community-based settings.

CCBHS's WET Plan was developed and first approved in May 2009, with subsequent yearly updates. The following represents funds and activities allocated in the categories of 1) Workforce Staffing Support, 2) Training and Technical Assistance, 3) Mental Health Career Pathway Programs, 4) Residency and Internship Programs, and 5) Financial Incentive Programs.

Workforce Staffing Support

1) Workforce Education and Training Coordination. County staff are designated to develop and coordinate all aspects of this component. This includes conducting a workforce needs assessment, coordinating education and training activities, acting as an educational and training resource by participating in the WET Greater Bay Area Regional Partnership and state level workforce activities, providing staff support to County sponsored ongoing and ad-hoc workforce workgroups, developing and managing the budget for this component, applying for and maintaining the County's mental health professional shortage designations, applying for workforce grants and requests for proposals, coordination for intern placements throughout the County, managing contracts with various training providers and community based organizations who implement the various workforce education and training activities, and lastly coordinating training efforts.
2) Supporting Family Members. A cadre of volunteers are recruited, trained and supervised for the purpose of supporting family members of persons experiencing mental health challenges. Critical to successful treatment is the need for service providers to partner with family members and loved ones of individuals experiencing mental health and wellness challenges. Family members of clients/consumers/peers should be provided with assistance to enable them to become powerful natural supports in the recovery of their loved ones. Stakeholders have voiced the need to provide families and loved ones with education and training, emotional support, and assistance with navigating the behavioral health system. CCBHS

contracts with the NAMI Contra Costa to recruit, train and develop family members and loved ones with lived experience to act as subject matter experts in a volunteer capacity to educate and support other family members in understanding, navigating and participating in the system of care.

3) Senior Peer Counseling Program. The Senior Peer Counseling Program within the CCBHS Older Adult Program recruits, trains and supports volunteer senior peer counselors to reach out to older adults at risk of developing mental health challenges by providing home visits and group support. Two clinical specialists support the efforts aimed at reaching Latina/o and Asian American seniors. The volunteers receive extensive training and consultation support.

The MHSA funding for Workforce Staffing Support is summarized below:

Program/Plan Element	County/ Contract	Region Served	MHSA Funds Allocated for FY 24-25
WET Coordination	County Operated	Countywide	264,936
Supporting Families	NAMI CC	Countywide	702,317
Senior Peer Counseling	County Operated	Countywide	151,738
Total			$1,118,992

Training and Technical Assistance

1) Staff Training and Technical Assistance. Various individual and group staff trainings will be funded that support the values of the MHSA. As a part of the MHSA community program planning process, CCBHS workforce surveys, CCBHS's Training Advisory Workgroup and Reducing Health Disparities Workgroup, stakeholders identified training needs prioritized for MHSA funding in the Three-Year Plan. Training is offered by various vendors primarily to CCBHS staff, CCBHS CBO staff, and when possible other Contra Costa Health staff and community partners. Training topics may include, but are not limited to: Mental Health First Aid (MHFA), Crisis Intervention, (CIT), Culturally and Linguistically Appropriate Services (CLAS), Suicide Assessment, Law and Ethics, Health Insurance Portability and Accountability Act (HIPAA), Trans and Gender Expansive Communities, 5150 Involuntary Holds, Taking Action, Peer Provider Support, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Family Based Therapy, Trauma Informed Care, Clinical Supervision, Integrated Substance Abuse Treatment, Cultural Humility, Diversity, Equity and Inclusion, and other training topics. Other expanded training efforts are directly related to California Advancing and Innovating Medi-Cal (CalAIM) implementation to support training for both CCBHS and CBO staff.
2) CCBHS is participating in the California Mental Health Services Authority (CalMHSA) Behavioral Health Master Workforce Program aimed at addressing workforce staffing shortages, workforce retention strategies and training needs. CCBHS is participating in the following; 1) Temporary Clinical Staffing/Permanent Staff Recruitment Program to support temporary and

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permanent in-person staffing for behavioral health needs, specifically for hard-to-fill/retain positions; 2) Remote Supervision for clinicians working towards licensure as a Clinical Psychologist (PhD, PsyD), Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Social Worker (LCSW), and Licensed Professional Clinical Counselor. 3) Training and Certification Courses related to law and ethics focused on 5150 involuntary holds, care coordination; and 4) Medi-Cal Peer Support Specialist Certification Offerings to provide support for peer providers wishing to become Medi-Cal Certified Peer Support Specialist and allow for the CCBHS SPIRIT program to become a designated and official training provider for Medi-Cal Certified Peer Support Specialists.

3) NAMI Basics/ Faith Net/ Family to Family (De Familia a Familia)/ Conversations with Local Law Enforcement. NAMI CC will offer these evidence-based NAMI educational training programs on a countywide basis to family members, care givers of individuals experiencing mental health challenges, faith leaders/ communities, and local law enforcement. These training programs and classes are designed to support and increase knowledge of mental health issues, navigation of systems, coping skills, and connectivity with community resources that are responsive and understanding of the challenges and impact of mental illness. NAMI CC shall offer NAMI Basics and Family to Family/ De Familia a Familia in Spanish and Chinese languages. NAMI CC shall also offer Conversations with Local Law Enforcement. This shall allow for conversations between local law enforcement and consumers/families through CCBHS's Crisis Intervention Training (CIT) as well as other conversations in partnership with local law enforcement agencies throughout the County to enhance learning and dialogue between all groups in response to community concerns and mental health supports. The desired goal is to enhance information sharing and relationships between law enforcement and those affected by mental health.

The MHSA funding allocation for Training and Technical Support is summarized below:

Plan Element	County/ Contract	Region Served	MHSA Funds Allocated for FY 24-25
Staff Training	Various vendors	Countywide	615,203
NAMI Basics/ Faith Net/ Family to Family/ De Familia a Familia/ Conversations with Local Law Enforcement	NAMI Contra Costa	Countywide	79,456
Total			**$694,659**

Mental Health Career Pathway Program

1) Service Provider Individualized Recovery Intensive Training (SPIRIT). SPIRIT is a college accredited recovery oriented, peer led classroom and experiential-based program for individuals with lived behavioral health experience as a client/consumer or a family member of

a client/consumer. This classroom and internship experience leads to a certification for individuals who successfully complete the program and is accepted as the minimum qualifications necessary for employment within CCBHS in the classification of Community Support Worker. Participants learn peer provider skills, group facilitation, recovery planning development, wellness self-management strategies and other skills needed to gain employment in peer provider and family partner positions in both County operated and community-based organizations. The Office for Consumer Empowerment (OCE) offers this training annually and supplements the class with a monthly peer support group for those individuals who are employed by the County in various peer and family partner roles. The SPIRIT Program also provides support and assistance with placement and advancement for SPIRIT graduates consistent with their career aspirations.

The MHSA funding allocation for the Mental Health Career Pathway Program is summarized in the following:

Program	County/ Contract	Region Served	Number to be Trained Yearly	MHSA Funds Allocated for FY 23-24
SPIRIT	Contra Costa College	Countywide	50	25,000
Total			**50**	**$25,000**

Residency and Internship Programs

Internships. CCBHS supports internship programs which place graduate level students in various County operated and community-based organizations. Emphasis is put on the recruitment of individuals who can meet the linguistical and cultural need of clients/consumers and/or the family member experience, and individuals who can reduce the disparity of race/ethnicity identification of staff with that of the population served. CCBHS provides funding to enable approximately 50 graduate level students to participate in paid internships in both County-operated and contracted community-based agencies that lead to licensure as a Marriage and Family Therapist (MFT), Clinical Social Worker (LCSW), Professional Clinical Counselor and Clinical Psychologist.

The MHSA funding allocation for Internship Programs is summarized below:

Program	County/ Contract	Region Served	Number to be Trained	MHSA Funds Allocated for FY 23-24
Graduate Level Internships	County Operated	Countywide		237,350
Graduate Level Internships	Contract Agencies	Countywide		500,000
Total			**TBD**	**$737,350**

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Financial Incentive Programs

Loan Repayment Program. For the Three-Year Plan CCBHS is continuing its County funded Loan Repayment Program and contracting with CalMHSA to deliver payment. This program assists in addressing diversity equity and inclusion and critical staff shortages, such as language need, and hard-to-fill, hard-to-retain positions with a primary focus on filling psychiatric and nurse practitioner shortages within CCBHS.

CCBHS has partnered with CalMHSA to administer the Workforce Education and Training Greater Bay Area Regional Partnership Loan Repayment Program. This partnership is between the Bay Area counties, the California Department of Health Care Information Access (HCAI), formerly Office of Statewide Health Planning and Development (OSHPD), and CalMHSA to enhance CCBHS's existing Loan Repayment Program. No funding is allocated in this fiscal year, as CCBHS has provided its 33% matching funds in previous years with the remaining 67% of funding provided through HCAI. This loan repayment program is patterned after state level loan repayment programs but differing in providing flexibility in the amount awarded to each individual, and the County selecting the awardees based upon workforce needs. This program focuses, but is not limited to providers such as; Registered Nurses, Psychologists, LCSWs, LMFTs, LPCCs, and peer providers prioritizing providers with language and cultural capacity to fill needs both within CCBHS and contracted CBO partners.

Workforce Education and Training (WET) Component Budget Authorization for FY 2024-25:

Workforce Staffing Support	1,118,991
Training and Technical Assistance	694,659
Mental Health Career Pathways	25,000
Residency and Internship Program	737,350
Financial Incentive Programs	0 (already funded)
Total	**$2,576,000**

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Capital Facilities/Information Technology

The Capital Facilities/Information Technology component of the Mental Health Services Act enables counties to utilize MHSA funds on a one-time basis for major infrastructure costs necessary to i) implement MHSA services and supports, and ii) generally improve support to the County's community mental health service system.

For the Three-Year Plan, Contra Costa has one Information Technology Project.

Information Technology

1) Electronic Mental Health Record System – Data Management. In 2017, Contra Costa adopted an electronic behavioral health record system (EHR) called Epic (ccLink). This allowed clinical documentation to become centralized and made accessible to all members of a consumer's treatment team, with shared decision-making functionality. The EHR system allows doctors to submit their pharmacy orders electronically, permits sharing between psychiatrists and primary care physicians to allow knowledge of existing health conditions and drug inter-operability and allows consumers to access part of their medical record, make appointments, and electronically communicate with their treatment providers. The EHR also has data management capability by means of ongoing and ad hoc reports, which improve planning, analysis, communication and decision making to improve the overall quality of services provided.

   For the upcoming three-year period, CCBHS will set aside MHSA CFTN funds to support major new initiatives as required by CalAIM healthcare reform. One major milestone beginning July 1, 2023 involves two significant changes:

   1. Sunsetting the current billing system (ShareCare) and using ccLink for claims to DHCS. A major part of this change involves using healthcare standard CPT/HCPCS codes for claiming/reimbursement purposes rather than local codes currently in use.
   2. ccLink will now be used for both clinical documentation and billing in a unified system. This integration will significantly improve efficiencies and reporting capacity.

   After going live with the new billing functionality there will be a period of auditing in ccLink to ensure the correct coding is taking place, the claim cycle is tested and validated, and required reporting is submitted correctly. Another part of the process is optimization of current and new workflows and the user experience with the system.

BHS is currently engaged in prioritizing projects for the next year and beyond. For 2023 Q3/Q4 there are a number of IT projects, including plans to expand use of MyChart – the ccLink Patient Portal; redesigning ccLink for CalAIM initiatives such as Enhanced Care Management (ECM), and optimizing the appointment scheduling for BHS.

Capital Facilities

Funds have been set aside to support Capital Facilities projects that may arise in the upcoming cycle. Pending the outcome of grant applications and the availability of potential other funding, MHSA funds may be used as one of the funding sources to support these efforts. Proposed capital facilities project ideas have been developed with stakeholder participation and include building and construction of:

- Two 16-bed social rehabilitation facilities on the border between Central and East County
- A recovery center campus that would include various programs comprising a full continuum of mental health and housing services in one location. The proposed site would be located in West County.

Capital Facilities/ Information Technology (CFTN) Budget Authorization for

FY 2024-25:

Electronic Mental Health Data Management System and Capital Facilities Projects	5,000,000

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The Budget

Previous chapters provide detailed projected budgets for individual MHSA plan elements, projects, programs, categories and components for FY 2024-25. The following table summarizes a budget estimate of total MHSA spending authority by component.

	CSS	PEI	INN	WET	CF/TN	TOTAL
FY 24-25	62,265,999	15,143,000	3,028,000	2,576,000	2,500,000	85,513,000

Appendix E, entitled *Funding Summaries,* provides a FY 2024-25 through FY 2025-26 Three Year Mental Health Services Act Expenditure Plan. This funding summary matches budget authority with projected revenues and shows sufficient MHSA funds are available to fully fund all programs, projects and plan elements for the duration of the three-year period. The following fund ledger depicts projected available funding versus total budget authority for FY 24-25:

A. Estimated FY 2024-25 Available Funding	**CSS**	**PEI**	**INN**	**WET**	**CF/TN**	**Prudent Reserve**	**TOTAL**
1.Estimated unspent funds from prior fiscal years	37,446,814	19,883,617	11,921,250	652,917		11,579,248	81,483,845
2. Estimated new FY 24-25 funding	63,912,930	15,978,232	4,204,798				84,095,960
3. Transfers in FY 24-25	(6,500,000)			4,000,000	2,500,000		
4.Estimated available funding for FY 24-25	94,859,743	35,861,849	16,126,048	4,652,917	2,500,000	11,579,248	165,579,805

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B. Budget Authority for FY 24-25	62,266,000	15,143,000	3,028,000	2,591,000	2,500,000		85,528,000
C. Estimated FY 24-25 Unspent Fund Balance	32,593,743	25,718,849	13,098,048	2,076,917		11,579,248	80,051,805

Estimated Prudent Reserve for FY 24-25	**11,579,248**

Notes.

1. The Mental Health Services Act requires that 20% of the total of new funds received by the County from the State MHSA Trust Fund be allocated for the PEI component. The balance of new funding is for the CSS component. The exception to this funding percentage mandate is for instances in which a County has Innovation (INN) projects; in which 5% combined PEI & CSS funding will be utilized to fund INN. CCBHS has existing INN projects and therefore the funding percentages are divided as follows; 76% CSS, 19% PEI, and 5% INN. The estimated new funding for each fiscal year includes this distribution.
2. Estimated new funding year includes the sum of the distribution from the State MHSA Trust Fund and interest earned from the County's MHSA fund.
3. The County may set aside up to 20% annually of the average amount of funds allocated to the County for the previous five years for the Workforce, Education and Training (WET) component, Capital Facilities, Information Technology (CF/TN) component, and a prudent reserve. For this period, the County has allocated an $7,000,000 transfer in FY 2023-24
4. The MHSA requires that counties set aside sufficient funds, entitled a Prudent Reserve, to ensure that services do not have to be significantly reduced in years in which revenues are below the average of previous years. The County's prudent reserve balance through June 30, 2024, is $11,579,248, and includes interest earned. This amount is less than the estimated maximum allowed of $13,188,000 as per formula stipulated in Department of Health Care Services Information Notice No. 19-037
5. It is projected that the requested total budget authority for the Three-Year Plan period enables the County to fully fund all proposed programs and plan elements while maintaining sufficient funding reserves (prudent reserve plus unspent funds from previous years) to offset any reduction in state MHSA Trust Fund distribution.

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Evaluating the Plan

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, and c) ensure compliance with statute, regulations and policies. During COVID 19, the process has been put on hold for safety reasons but has gradually resumed beginning in September 2022.

Typically, during each three-year period, the MHSA funded contract and county operated programs undergo a program and fiscal review which entails the following: site visit, interviews and surveys of individuals both delivering and receiving 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 the Mental Health Services Act.
- 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 the 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 each of the above areas. Promising practices, opportunities for improvement, and/or areas of concern will be noted for sharing or

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follow-up activity, as appropriate. The emphasis will be to establish a culture of continuous improvement of service delivery, and quality feedback for future planning efforts.

In addition, a MHSA Financial Report is generated that depicts funds budgeted versus spent funds for each program and plan element included in this plan. This enables ongoing fiscal accountability, as well as provides information with which to engage in sound planning.

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Acknowledgements

We acknowledge that this document is not a description of how Contra Costa Behavioral Health Services has delivered on the promise provided by the Mental Health Services Act. It is, however, a plan for how the County can continually improve upon delivering on the promise. We have had the honor of meeting many people who have overcome tremendous obstacles on their journey to recovery. They were quite open that the care they received literally saved their life. We also met people who were quite open and honest regarding where we need to improve. For these individuals, we thank you for sharing.

We would also like to acknowledge those Contra Costa stakeholders, both volunteer and professional, who have devoted their time and energy over the years to actively and positively improve the quality and quantity of care that has made such a difference in people's lives. They often have come from a place of frustration and anger with how they and their loved ones were not afforded the care that could have avoided unnecessary pain and suffering. They have instead chosen to model the kindness and care needed, while continually working as a team member to seek and implement better and more effective treatment programs and practices. For these individuals, we thank you, and feel privileged to be a part of your team.

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Appendix A
Service Maps

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Central County Adult Mental Health Services

Augmented Board and Care Homes

Care for One
(Concord)
Concord Royale
(Concord)
Crestwood Hope Center
(Vallejo)
Crestwood Our House
(Vallejo)
Crestwood The Bridge
(Pleasant Hill)
Gine's Residential Care Home II
(Alamo)
JVTCM- Camino Ramon Home for Seniors
(Danville)
JVTCM- Harmony House
(Walnut Creek)
JVTCM- Ramona Care Home
(Pleasant Hill)
Pleasant Hill Oasis
(Pleasant Hill)
Psynergy
(5 sites – out-of-county)
Williams Board and Care Home
(Vallejo)
Woodhaven
(Concord)

** All Board and Care Programs are available for all beneficiaries*

Forensic Services

Transition Services

Vocational Services

Conservatorship/Guardianship

Older Adult Services

Housing Support Services

Central County Adult Mental Health Services

Population Served:
Adults, Older Adults & TAY

Services:
Mental Health Services
Case Management
Crisis Intervention
Medication Support
Benefits Assistance
Housing Services

Peer Operated Services

Connections House

Individual and Group Private Practitioners

The provider network is comprised of individual & group providers consisting of MDs, NPs, LMFTs, LCSWs, & LPCCs.

Long-term Care Providers (IMD/MHRC/STF/STP):

Idylwood, Telecare (4 sites), Canyon Manor, Crestwood (11 sites), CPT

All out of county facilities

Residential Services/Social Rehabilitation

The Pathway (Adult Residential)
Hope House (Crisis Residential)

MHSA Housing
Master leased and scattered sites (184 Units)

Don Brown Shelter
(Antioch)
Available to all County Adult Behavioral Health Clients

Prevention & Early Intervention Programs

Child Abuse Prevention Council
(Concord)
Contra Costa Crisis Center
(Walnut Creek)
Center for Human Development
(Pleasant Hill)
C.O.P.E. Family Support Center
(Concord)
Hope Solutions
(Walnut Creek)
Jewish Family & Children's Svcs
(Walnut Creek)
La Clinica de la Raza
(Concord)
Rainbow Community Center
(Concord)
STAND!
(Concord)

Contracted Hospitals
John Muir BH; BHC Sierra Vista; BHC Heritage Oaks; BHC Fremont Hospital; San Jose BH

Community Based Organizations

- Portia Bell Hume Behavioral Health and Training Center
- Rainbow Community Center
- Telecare Corporation

Community Defined Practice Contractors

- Early Childhood MH Program
- La Concordia
- La Clinica
- International Rescue Committee
- NAMI CC

Countywide Services
Contracted Hospitals
Private Practitioners
Augmented Board & Care Homes
Long-term Care Providers
Prevention & Early Intervention Programs
System of Care Community Based Organizations

Central County Children's Mental Health Services

Child and Family Services

- Intensive Care Coordination
- Consultation & Assessment Team – Social Services
- CHS – Mental Health Liaisons
- Continuum of Care Reform Liaison

Continuum of Care contracts /ICC-IHBS
Seneca, A Better Way, Mountain Valley, Youth Homes, Lincoln, We Care

Hospital & Residential Services
County-wide Assessment Team

- Emergency Foster Care
- Hosp. & PES Liaison
- Therapeutic Behavioral Services (TBS) coordination

Mental Health and Probation Services

- Juvenile Detention Mental Health
- Regional Probation Liaisons
- Community Pathways

First Hope
Early Intervention in Psychosis

A3
Anyone, Anywhere, Anytime
Mobile Crisis Response

TBS Provider

- Seneca
- Fred Finch
- Youth Homes
- La Cheim
- Mountain Valley
- Center for Psychotherapy

Room for Overcoming, Achievement and Recovery (ROAR)

Mental Health and Substance Use Treatment for Adolescents

School Based Mental Health Services

- Fred Finch Bel Air Elementary
- Fred Finch Shore Acres Elementary
- Fred Finch Ygnacio Valley Elementary
- Fred Finch El Dorado
- Fred Finch at Mt. Diablo
- Fred Finch Meadow Homes Elementary
- Fred Finch Ygnacio Valley High School
- Fred Finch Concord High
- Fred Finch Wren Elementary
- Fred Finch Oak Grove
- MDUSD Wraparound & Counseling Center
- MDUSD ACSEL
- MDUSD Alliance
- MDUSD Bases
- MDUSD Olivera
- MDUSD Sunrise
- MDUSD PHMS CEP
- MDUSD Sun Terrace
- MDUSD Meadow Homes
- Seneca Alhambra High

Central County Children's Mental Health Services

Population Served:
Children, Adolescents, & TAY

Services:
Mental Health Services
Case Management
Crisis Intervention
Medication Support
Parent Partner Svcs
Wraparound Services
Evidence-Based Practices

Seneca

- Mobile Response Team MRT
- START FSP
- Therapeutic Outpatient Program

Lincoln:

- Multi Dimensional Family Therapy
- In Home Behavioral Services

Embrace

- Multi-Systemic Therapy
- Functional Family Therapy

Youth Homes

- TAY FSP
- Community Outpatient Services

Individual and Group Private Practitioners

The provider network is comprised of individual & group providers consisting of MDs, NPs, LMFTs, LCSWs, & LPCCs.

Prevention & Early Intervention Programs

- Child Abuse Prevention Council
- Contra Costa Crisis Center
- Hope Solutions
- Center for Human Development
- C.O.P.E
- Jewish Family and Children's Services.
- La Clinica de la Raza
- Vicente(Martinez)
- Rainbow Community Center
- STAND!

Contracted Hospitals
John Muir Behavioral Health, Herrick Hospital, BHC Sierra Vista, CHB Vallejo, BHC Heritage Oaks

Short Terms Residential Treatment Programs (STRTP)
Youth Homes, La Cheim, Paradise Adolescent Homes, Bay Area Alliance

Community Defined Practice Contractors

- Being Well CA
- Early Childhood MH Program
- One Day At a Time

Community Based Organizations

- We Care (0 – 5)
- YWCA
- Hope Solutions
- EMBRACE
- MDUSD
- Fred Finch Youth Center
- Seneca
- Youth Homes
- Alternative Family Services (Out-of-County)
- A Better Way (Out-of-County))

Countywide Services
Contracted Psych. Hospitals
Private Practitioners
Augmented Board & Care Homes
School Based Programs
Prevention & Early Intervention Programs
System of Care Community Based Organizations (CBO)
Community Services and Support

West County Adult Mental Health Services

Augmented Board and Care Homes

A&A Health Services
(San Pablo)
Divine's Home
(San Pablo)
Ducre's Residential Care
(Richmond)
Family Courtyard
(Richmond)
God's Grace
(Hayward)
Psynergy
(5 sites – out-of-county)
Williams Board and Care Home II
(Richmond)
Yvonne's Home Care Services
(Richmond)

** All Board and Care Programs are available for all beneficiaries*

Forensic Services

Transition Services

Vocational Services

Conservatorship/Guardianship

Older Adult Services

MHSA Housing
Master leased and scattered sites
(184 Units)

West County Adult Mental Health Services

Population Served:
Adults, Older Adults & TAY

Services:
Mental Health Services
Case Management
Crisis Intervention
Medication Support
Benefits Assistance
Housing Services

Housing Support Services

Individual and Group Private Practitioners

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Residential Services/Social Rehabilitation

The Pathway (Adult Residential)
Hope House (Crisis Residential)

Don Brown Shelter
(Antioch)
Available to all County Adult Behavioral Health Clients

Peer Operated Services

Connections House

Long-term Care Providers (IMD/MHRC/STF/STP):

Idylwood, Telecare (4 sites), Canyon Manor, Crestwood (11 sites), CPT

All out of county facilities

Community Based Organizations

- Familias Unidas
- Fred Finch-TAY
- Hume Center Adult FSP

Community Defined Practice Contractors

- CoCo API Coalition
- Richmond Community Foundation
- Early Childhood MH Program
- International Rescue Committee
- PEERS
- NAMI CC
- One Accord Project

Prevention & Early Intervention Programs

Asian Family Resource Center
(Richmond)
Fierce Advocates
(Richmond)
The James Morehouse Project
(El Cerrito)
Lao Family Community Development
(San Pablo)
The Latina Center
(Richmond)
Lifelong Medical Center
(Richmond)
RYSE
(Richmond)
STAND!
(Richmond)

Contracted Hospitals

John Muir BH; BHC Sierra Vista; BHC Heritage Oaks; BHC Fremont Hospital; San Jose BH

Countywide Services
Contracted Hospitals
Private Practitioners
Augmented Board & Care Homes
Long-term Care Providers
Prevention & Early Intervention Programs
System of Care Community Based Organizations

West County Children's Mental Health Services

Child and Family Services

- Intensive Care Coordination
- Consultation & Assessment Team – Social Services
- CHS – Mental Health Liaisons
- Continuum of Care Reform Liaison

Continuum of Care contracts /ICC-IHBS
Seneca, A Better Way, Mountain Valley, Youth Homes, Lincoln

Hospital & Residential Services
County-wide Assessment Team

- Emergency Foster Care
- Hosp. & PES Liaison
- Therapeutic Behavioral Services (TBS) coordination

Mental Health and Probation Services

- Juvenile Detention Mental Health
- Regional Probation Liaisons
- Community Pathways

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Early Intervention in Psychosis

A3
Anyone, Anywhere, Anytime
Mobile Crisis Response

TBS Provider

- Seneca
- Fred Finch
- Youth Homes
- La Cheim
- Mountain Valley
- Center for Psychotherapy

Room for Overcoming, Achievement and Recovery (ROAR)

Mental Health and Substance Use Treatment for Adolescents

West County Children's Mental Health Services

Population Served:
Children, Adolescents, & TAY

Services:
Mental Health Services
Case Management
Crisis Intervention
Medication Support
Parent Partner Svcs
Wraparound Services
Evidence-Based Practices

Seneca

- Mobile Response Team MRT
- START FSP
- Therapeutic Outpatient Program

Lincoln:

- Multi Dimensional Family Therapy
- In Home Behavioral Services

Embrace Mental Health

- Multi-Systemic Therapy
- Functional Family Therapy

Fred Finch

- TAY FSP

Individual and Group Private Practitioners

The provider network is comprised of individual & group providers consisting of MDs, NPs, LMFTs, LCSWs, & LPCCs.

School Based Mental Health Services

- **Bay Area Community Resources** (Chavez Elementary, DeJean Middle, Dover Elementary, Helms Middle, Carquinez Middle, John Swett High, Kennedy High, Downer Elementary, King Elementary, Lincoln Elementary, Nystrom Elementary, Peres Elementary, Richmond High. Rodeo Hills Elementary, Stege Elementary, Washington Elementary, Willow Continuation)
- **La Cheim Richmond/El Sobrante School**
- **Seneca Family of Agencies** (Caliber Beta Academy, All-In Verde, All-In Ford Elementary, All-In Grant Elementary, Catalyst Academy, All-In Montalvin Manor Elementary)
- **West Contra Costa Unified School District**

Community Based Organizations

- Early Childhood Mental Health Program
- Child Therapy Institute
- Community Health for Asian Americans
- Contra Costa Youth Service Bureau
- Familias Unidas
- La Cheim
- Seneca Family of Agencies
- WCCUSD
- Bay Area Community Resources
- Alternative Family Services (Out-of-County)
- A Better Way (Out-of-County)
- Berkeley Youth Alternatives (Out-of-County)

Prevention & Early Intervention Programs

- RYSE
- Latina Center
- Child Abuse Prevention Council
- Contra Costa Crisis Center
- C.O.P.E
- Rainbow Community Center
- STAND!
- Lao Family Community Development
- James Morehouse Project

Contracted Hospitals
John Muir Behavioral Health, Herrick Hospital, BHC Sierra Vista, CHB Vallejo, BHC Heritage Oaks

Short Terms Residential Treatment Programs (STRTP)
Youth Homes, La Cheim, Paradise, Bay Area Alliance

Community Defined Practice Contractors

- Early Childhood MH Program
- East Bay Center for Performing Arts
- James Morehouse Project (JMP)

Countywide Services
Contracted Psych. Hospitals
Private Practitioners
Augmented Board & Care Homes
School Based Programs
Prevention & Early Intervention Programs
System of Care Community Based Organizations (CBO)
Community Services and Support

East County Adult Mental Health Services

Augmented Board and Care Homes

AFU'S One Voice
(Bay Point)
Baltic Sea Manor II
(Pittsburg)
Blessed Care Home
(Pittsburg)
Menona Drive Care Home
(Antioch)
Menona Drive Care Home II
(Antioch)
Modesto Residential Living Center
(Modesto)
Oak Hills Residential Facility
(Pittsburg)
Paraiso Homes
(Oakley)
Psynergy
(5 sites – out-of-county)
Springhill Home
(Pittsburg)
Everwell Health Systems
(7 sites)

** All Board and Care Programs are available for all beneficiaries*

Forensic Services

Transition Services

Vocational Services

Conservatorship/Guardianship

Older Adult Services

Housing Support Services

Individual and Group Private Practitioners

The provider network is comprised of individual & group providers consisting of MDs, NPs, LMFTs, LCSWs, & LPCCs.

MHSA Housing
Master leased and scattered sites
(184 Units)

East County Adult Mental Health Services

Population Served:
Adults, Older Adults & TAY

Services:
Mental Health Services
Case Management
Crisis Intervention
Medication Support
Benefits Assistance
Housing Services

Residential Services/Social Rehabilitation

The Pathway (Adult Residential)
Hope House (Crisis Residential)

Long-term Care Providers (IMD/MHRC/STF/STP):

Idylwood, Telecare (4 sites), Canyon Manor, Crestwood (11 sites), CPT

All out of county facilities

Don Brown Shelter
(Antioch)

Peer Operated Services

Connections House

Contracted Hospitals

John Muir BH; BHC Sierra Vista; BHC Heritage Oaks; BHC Fremont Hospital; San Jose BH

Community Based Organizations

- La Clinica Oakley
- Community Health for Asian Americans
- Portia Bell Hume Behavioral Health and Training Center

Community Defined Practice Contractors

- Village Community Resource Center
- La Clinica
- La Concordia
- Richmond Community Foundation
- Early Childhood MH Program
- CoCo Family Justice Alliance
- PEERS
- NAMI CC

Prevention & Early Intervention Programs

Hope Solutions
(Pittsburg)
La Clinica de la Raza
(Pittsburg)
People Who Care
(Pitsburg)
STAND!
Hume Center

Countywide Services
Contracted Hospitals
Private Practitioners
Augmented Board & Care Homes
Long-term Care Providers
Prevention & Early Intervention Programs
System of Care Community Based Organizations

East County Children's Mental Health Services

Child and Family Services

- Intensive Care Coordination
- Consultation & Assessment Team – Social Services
- CHS – Mental Health Liaisons
- Continuum of Care Reform Liaison

Continuum of Care contracts /ICC-IHBS
Seneca, A Better Way, Mountain Valley, Youth Homes, Lincoln

Hospital & Residential Services County-wide Assessment Team

- Emergency Foster Care
- Hosp. & PES Liaison
- Therapeutic Behavioral Services (TBS) coordination

Mental Health and Probation Services

- Juvenile Detention Mental Health
- Regional Probation Liaisons
- Community Pathways

First Hope
Early Intervention in Psychosis

A3
Anyone, Anywhere, Anytime
Mobile Crisis Response

TBS Provider

- Seneca
- Fred Finch
- Youth Homes
- La Cheim
- Mountain Valley
- Center for Psychotherapy

Room for Overcoming, Achievement and Recovery (ROAR)

Mental Health and Substance Use Treatment for Adolescents

East County Children's Mental Health Services

Population Served:
Children, Adolescents, & TAY

Services:
Mental Health Services
Case Management
Crisis Intervention
Medication Support
Parent Partner Svcs
Wraparound Services
Evidence-Based Practices

School Based Mental Health Services

- Lincoln Hope CC Black Diamond High
- Lincoln Hope CC Foothill Elementary
- Lincoln Hope CC Heights Elementary
- Lincoln Hope CC Highlands
- Lincoln Hope CC Hillview Jr High
- Lincoln Hope CC Los Medanos
- Lincoln Hope CC Marina Vista Elementary
- Lincoln Hope CC MLK Jr. High
- Lincoln Hope CC Park Middle
- Lincoln Hope CC Parkside Elementary
- Lincoln Hope CC Pittsburg High
- Lincoln Hope CC Rancho Medanos Jr High
- Lincoln Hope CC Stoneman Elementary School
- Lincoln Hope CC Willow Cove Elementary
- Lincoln Hope CC Antioch Middle
- Lincoln Hope CC Dallas Ranch Middle
- MDUSD Pacifica

Seneca

- Mobile Response Team MRT
- START FSP
- Therapeutic Outpatient Program

Lincoln:

- Multi Dimensional Family Therapy
- In Home Behavioral Services

Embrace Mental Health

- Multi-Systemic Therapy
- Functional Family Therapy

Youth Homes

- TAY FSP
- Community Outpatient Services

Individual and Group Private Practitioners

The provider network is comprised of individual & group providers consisting of MDs, NPs, LMFTs, LCSWs, & LPCCs.

Prevention & Early Intervention Programs

- Child Abuse Prevention Council
- Contra Costa Crisis Center
- Hope Solutions
- Center for Human Development
- C.O.P.E
- Jewish Family and Children's Services
- La Clinica de la Raza
- Rainbow Community Center
- STAND!
- People Who Care

Short Terms Residential Treatment Programs (STRTP)
Youth Homes, La Cheim, Paradise, Bay Area Alliance

Contracted Hospitals: John Muir Behavioral Health, Herrick Hospital, BHC Sierra Vista, CHB Vallejo, BHC Heritage Oaks

Community Defined Practice Contractors

- One Day at a Time
- Center for Human Development
- Genesis Church
- Being Well CA
- Early Childhood MH Program

Community Based Organizations

- Aspiranet
- Center for Psychotherapy
- Community Health for Asian Americans
- Child Therapy Institute
- Fred Finch
- Lincoln
- Lynn Center (0 -5)
- La Clinica
- Contra Costa Youth Services Bureau
- Youth Homes
- YWCA
- Alternative Family Services (Out-of-County)
- A Better Way (Out-of-County)

Countywide Services
Contracted Psych. Hospitals
Private Practitioners
Augmented Board & Care Homes
School Based Programs
Prevention & Early Intervention Programs
System of Care Community Based Organizations (CBO)
Community Services and Support

APPENDIX B – PROGRAM PROFILES

CSS

PEI

WET

CSS

CENTRAL COUNTY ADULT MENTAL HEALTH CLINIC (CONTRA COSTA HEALTH)

1420 Willow Pass Road, Suite 200, Concord, CA 94520, https://cchealth.org/mentalhealth/#simpleContained4

Point of Contact: Terry Ahad, Mental Health Program Manager, (925) 646-5480, Terry.Ahad@CCHealth.org

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 Central Adult Mental Health Clinic operates within Contra Costa Mental Health's Adult System of Care, and provides assessments, case management, therapy, groups, psychiatric services, crisis intervention, peer support, housing services, and benefits assistance. Within the Adult Mental Health Clinic are the following MHSA funded programs and plan elements:

PLAN ELEMENT: ADULT FULL-SERVICE PARTNERSHIP SUPPORT - CSS

Contra Costa Mental Health has dedicated clinical staff at each of the three adult mental health clinics to provide support, coordination and rapid access for full-service partners to health and mental health clinic services as needed and appropriate. Rapid Access Clinicians offer drop-in screening and intake appointments to clients who have been discharged from the County Hospital or Psychiatric Emergency Services but who are not open to the county mental health system of care. Rapid Access Clinicians will then refer clients to appropriate services and, when possible, follow-up with clients to ensure a linkage to services was made. If a client meets eligibility criteria for Full-Service Partnership services, the Rapid Access Clinician will seek approval to refer the client to Full-Service Partnership services. Clinic management acts as the gatekeepers for the Full-Service Partnership programs, authorizing referrals and discharges as well as providing clinical oversight to the regional Full-Service Partnership programs. Full-Service Partnership Liaisons provide support to the Full-Service Partnership programs by assisting the programs with referrals and discharges, offering clinical expertise, and helping the programs to navigate the County systems of care.

PLAN ELEMENT: CLINIC SUPPORT - CSS

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to 1) assist consumers in obtaining benefits they are entitled to, educate consumers on how to maximize use of those benefits and manage resources, and 2) provide transportation support for consumers and families.

a. Clinic Target Population: Adults aged 18 years and older, who live in Central County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
b. Number Served: For FY 22-23: Approximately 2,330 Individuals.

CENTRAL COUNTY CHILDREN'S MENTAL HEALTH CLINIC (CONTRA COSTA HEALTH)

2425 Bisso Lane, Suite 200, Concord, CA 94520, https://cchealth.org/mentalhealth/#simpleContained4

Point of Contact: Betsy Hanna, PsyD, Mental Health Program Manager, (925) 521-5767, Betsy.Hanna@CCHealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health and Alcohol & Other Drugs into a single system of care. The Central Children's Mental Health Clinic operates within Contra Costa Behavioral Health's Children's System of Care, and provides psychiatric and outpatient services, family partners, and Wraparound services. Within the Children's Mental Health Clinic are the following MHSA funded plan elements:

PLAN ELEMENT: CLINIC SUPPORT - CSS

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to assist consumers in the following areas:

- Family Partners and Wraparound Facilitation. The family partners assist families with advocacy, transportation assistance, navigation of the service system, and offer support in the home, community, and county service sites. Family partners support families with children of all ages who are receiving services in the children. Family partners are located in each of the regional clinics for children and adult services, and often participate on wraparound teams following the evidence-based model.
- A Clinical Specialist in each regional clinic who provides technical assistance and oversight of evidence-based practices in the clinic.
- Support for full-service partners.

a. Target Population: Children aged 17 years and younger, who live in Central County, are diagnosed with a serious emotional disturbance or serious mental illness and are uninsured or receive Medi-Cal benefits.
b. Number Served: For FY 22-23: Approximately 942 Individuals.

CRESTWOOD BEHAVIORAL HEALTH, INC.

Contact Information: 550 Patterson Boulevard, Pleasant Hill, CA 94523, https://crestwoodbehavioralhealth.com/

Point of Contact: Travis Curran, Campus Administrator for Pleasant Hill Campus,

(925) 938-8050, tcurran@cbhi.net

GENERAL DESCRIPTION OF THE ORGANIZATION

The mission at Crestwood Healing Center is to partner with Contra Costa County clients, employees, families, business associates, and the broader community in serving individuals affected by mental health issues. Together, they enhance quality of life, social interaction, community involvement and empowerment of mental health clients toward the goal of creating a fulfilling life. Clients are assisted and encouraged to develop life skills, participate in community-based activities, repair or enhance primary relationships, and enjoy leisure activities. A supportive, compassionate, and inclusive program increases motivation and commitment.

PROGRAM: THE PATHWAY PROGRAM (MENTAL HEALTH HOUSING SERVICES – CSS

The Pathway Program provides psychosocial rehabilitation for 16 clients who have had little, if any, previous mental health treatment. The program provides intensive skills training to promote independent living. Many clients complete their high school requirements, enroll in college or are participating in competitive employment by the end of treatment.

a. Scope of Services:
   - Case management
   - Mental health services
   - Medication management
   - Crisis intervention
   - Adult residential

b. Target Population: Adults aged 18 years and older, who live in Central County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.

c. Payment Limit: FY 24-25 $1,113620

d. Number served: For FY 22-23: Capacity of 64 beds at The Bridge in Pleasant Hill. Capacity of 30 beds at Our House in Vallejo.

DIVINE'S HOME

2430 Bancroft Lane, San Pablo, CA 94806

Point of Contact: Maria Riformo, (510) 222-4109, HHailey194@aol.com

GENERAL DESCRIPTION OF THE ORGANIZATION

The County contracts with Divine's Home, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

PROGRAM: AUGMENTED BOARD AND CARES – MHSA HOUSING SERVICES - CSS

a. Scope of Services: Augmented residential services, including but not limited to:
   - Medication management
   - Nutritional meal planning
   - Assistance with laundry
   - Transportation to psychiatric and medical appointments
   - Improving socialization
   - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
   - Encouraging meaningful activity
   - Other services as needed for individual residents

b. Target Population: Adults aged 60 years and older, who live in Western Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.

c. Number served: For FY 22-23: Capacity of 6 beds.

EAST COUNTY ADULT MENTAL HEALTH CLINIC (CONTRA COSTA HEALTH)

2311 Loveridge Road, Pittsburg, CA 94565, https://cchealth.org/mentalhealth/#simpleContained4

Point of Contact: Beverly Fuhrman, Program Manager, (925) 431-2621, Beverly.Fuhrman@CCHealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

East County Adult Mental Health Services operates within Contra Costa Mental Health's Adult System of Care. Services are provided within a Care Team model. Each Care Team is comprised of a core team of psychiatrists, therapists, and community support workers. Additional services may be provided by nurses, family support worker, and a substance abuse counselor. The initial assessment, Co-Visit, is provided jointly by a psychiatrist and a therapist where both mental health and medication needs are addressed at this initial visit. Other services include crisis intervention, individual/group therapy, case management, housing services, benefits assistance, vocational services, and linkage to community-based programs and agencies.

PLAN ELEMENT: ADULT FULL-SERVICE PARTNERSHIP SUPPORT - CSS

Contra Costa Mental Health has dedicated clinicians at each of the three adult mental health clinics to provide support, coordination and rapid access for full-service partners to health and mental health clinic services as needed and appropriate. Rapid Access Clinicians offer drop-in screening and intake appointments to clients who have been discharged from the County Hospital or Psychiatric Emergency Services but who are not open to the county mental health system of care. Rapid Access Clinicians will then refer clients to appropriate services and, when possible, follow-up with clients to ensure a linkage to services was made. If a client meets eligibility criteria for Full-Service Partnership services, the Rapid Access Clinician will seek approval to refer the client to Full-Service Partnership services. Clinic management act as the gatekeepers for the Full-Service Partnership programs, authorizing referrals and discharges as well as providing clinical oversight to the regional Full-Service Partnership programs. Full-Service Partnership Liaisons provide support to the Full-Service Partnership programs by assisting the programs with referrals and discharges, offering clinical expertise, and helping the programs to navigate the County systems of care.

PLAN ELEMENT: CLINIC SUPPORT - CSS

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to assist consumers in 1) obtaining benefits they are entitled to, educate consumers on how to maximize use of those benefits and manage resources, and 2) provide transportation support for consumers and families.

a. Clinic Target Population: Adults aged 18 years and older, who live in East County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
b. Number Served: For FY 22-23 Approximately 2,418 Individuals.

EAST COUNTY CHILDREN'S MENTAL HEALTH CLINIC (CONTRA COSTA HEALTH)

2335 Country Hills Drive, Antioch, CA 94509, https://cchealth.org/mentalhealth/#simpleContained4

Point of Contact: Christine Madruga, Program Manager, (925) 608-8736, Christine.Madruga@CCHealth.org

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 East Children's Mental Health Clinic operates within Contra Costa Behavioral Health's Children's System of Care, and provides psychiatric and outpatient services, family partners, and wraparound services. Within the Children's Behavioral Health Clinic are the following MHSA funded plan elements:

PLAN ELEMENT: CLINIC SUPPORT - CSS

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to assist consumers in the following areas:

- Family Partners and Wraparound Facilitation. The family partners assist families with advocacy, transportation assistance, navigation of the service system, and offer support in the home, community, and county service sites. Family partners support families with children of all ages who are receiving services in the clinic. Family partners are located in each of the regional clinics for children and adult services, and often participate on wraparound teams following the evidence-based model.
- A Clinical Specialist/EBP Team Leader in each regional clinic who provides technical assistance, clinical consultation, and oversight of evidence-based practices in the clinic.
- Support for full-service partnership programs.

a. Target Population: Children and youth aged 5 through 22 years, who live in East County, are diagnosed with a serious emotional disturbance or serious mental illness and are uninsured or receive Medi-Cal benefits.

b. Number Served in FY 22-23: Approximately 2,507 Individuals.

EVERWELL HEALTH SYSTEMS, LLC

Contact Information: Administrative Offices 310 James Way, Ste. 280, Pismo Beach, CA 93449

Point of Contact: Dr. Chris Zubiate, czubiate@everwellhealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Everwell operates modern therapeutic treatment communities that bring lasting recovery in a changing healthcare environment. Their residential behavioral health services provide care to adults diagnosed with serious mental illness (SMI) who are stepping down from acute and sub-acute care settings and transitioning back to the community. Services are provided in an adult residential facility (ARF) or residential care facility for the elderly (RCFE), as Everwell operates multiple locations that utilize the Healing Enclave Model. There are varying phases of on-site supportive services, depending on the client's level of need. Services are provided on-site by a multi-disciplinary team and may include:

- Behavioral health treatment services
- Medication management
- Crisis intervention
- Care management
- Individual and group treatment
- Independent living skill development
-

f. Target Population: CCBHS clients who are diagnosed with an SMI and stepping down from an acute treatment facility to a community setting

g. FY 23-24 MHSA Budget: $1,256,899 (increased to 18 beds in 23-24)

h. Number served in 22-23: 6

i. Successful Outcomes:

- Participants demonstrate improved health and functioning and progress to the least restrictive level of care possible
- Health condition(s) are well-controlled with medications and/or lifestyle supports
- Participants discharge to supported or independent living

FAMILIAS UNIDAS (FORMERLY DESARROLLO FAMILIAR, INC.)

205 39th Street, Richmond, CA 94805, http://www.familias-unidas.org/
Point of Contact: Lorena Huerta, Executive Director, (510) 412–5930, LHuerta@Familias-Unidas.org.

GENERAL DESCRIPTION OF THE ORGANIZATION

Familias Unidas exists to improve wellness and self-sufficiency in Latino and other communities. The agency accomplishes this by delivering quality mental health counseling, service advocacy, and information/referral services. Familias Unidas programs include: mental health, education and prevention, and information/referrals.

PROGRAM: FAMILIAS UNIDAS – FULL-SERVICE PARTNERSHIP - CSS

Familias Unidas provides a comprehensive range of services and supports in Contra Costa County to adults with serious emotional disturbance/serious mental illness who are homeless or at serious risk of homelessness. Services are based in West Contra Costa County.

a. Scope of Services:
   - Services are provided using an integrated team approach, based on a modified Assertive Community Treatment (ACT) model of care. Services include:
   - Outreach and engagement
   - Case management
   - Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems
   - Crisis Intervention
   - Collateral services
   - Medication support (may be provided by County Physician)
   - Housing support
   - Flexible funds
   - Contractor must be available to the consumer on a 24/7 basis

b. Target Population: Adults in West County, who are diagnosed with a serious mental illness, are homeless or at imminent risk of homelessness, are at or below 300% of the federally defined poverty level and are uninsured or receive Medi-Cal benefits.

c. Payment Limit: FY 24-25 $199,077 (cost based portion)

d. Number served: For FY 22-23: 178 Individuals

e. Outcomes: For FY 22-23:
   - Program participants will experience a net reduction in their Psychiatric Emergency Services utilization rate of at least 40% when the annual utilization rate for the clients' most recent 12 months of service, or total number of months the client has been enrolled for less than 12 months, is compared to the pre-enrollment rate.*
   - Program participants will experience a net reduction in their inpatient utilization rate of at least 60% when the annual utilization rate for the clients' most recent 12 months of service, or total number of months if a client has been enrolled for less than 12 months, is compared to the pre-enrollment rate.*
   - 75% of FSP participants placed into housing will receive housing support to maintain housing stability or be progressively placed into more independent living environments, as appropriate.
   - 75% of FSP participants will rank Familias Unidas FSP services with a score of 4 or higher in the Client Satisfaction Questionnaire (CSQ-8), twice annually, or upon client discharge from the program.
   - Less than 25% of active Familias Unidas FSPs will be arrested, or incarcerated post-enrollment measured at the end of the fiscal year.
   - Collect baseline data utilizing an engagement in meaningful activity/quality of life assessment tool (tool to be determined).
   - Reduction in incidence of psychiatric crisis
   - Reduction of the incidence of restriction

Table 1. Pre-and post-enrollment utilization rates for 20 Familias Unidas (Desarrollo Familiar, Inc.) FSP Participants enrolled in the FSP program during FY 21-22

	No. pre-Enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
PES episodes	22	0	0.094	0.000	-100.0%
Inpatient episodes	6	0	0.026	0.000	-100.0%
Inpatient days	41	0	0.175	0.000	-100.0%
DET	7	4	0.030	0.018	-39.2%

FORENSIC MENTAL HEALTH (CONTRA COSTA HEALTH)

1430 Willow Pass Road, Suite 100, Concord CA 94520

Point of Contact: Natalie Dimidjian, Program Manager, (925) 313-9554, Natalie.Dimidjian@CCHealth.org

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 Forensic Services team operates within Contra Costa Mental Health's Adult System of Care, and works closely with Adult Probation, *the courts, and local police departments.*

PROGRAM: FORENSIC SERVICES - CSS

The Forensics Services team is a multidisciplinary team comprised of mental health clinical specialists, registered nurses and community support workers. The purpose of the team is to engage and offer voluntary services to participants who are seriously and persistently mentally ill and are involved in the criminal justice system. Forensic Services hosts office hours at the three regional probation offices to enhance the opportunity for screening and service participation. The co-located model allows for increased collaboration among the participants, service providers, and Deputy Probation Officers.

The Forensic MHCS, CSWs, and nurses coordinate to offer Case Management services, individual therapy, and evidence-based group therapies (CBSST, Seeking Safety and WRAP). WRAP services are also provided on an individual basis.
In addition, monthly Case Coordination meetings are held for each probation department (east, west, and central) with the Probation Officers, Forensic MH staff, and other community providers. These meetings are used to discuss and coordinate services for individual probationers that are facing challenges in engaging and utilizing services.

The forensic staff participates in continuation of care by initiating contacts with probationers while in custody. These contacts are both pre-release and during probation violations. In addition, the Forensic CSW and clinicians provides WRAP & CBSST groups in MDF. The Forensic MHCS located at east county probation has begun coordination of, and providing, services for the TAY population in conjunction with re-entry services.

AOT: The Forensic Mental Health Team (FMHT) manages and provides an Assistant Outpatient Treatment Program, aka Laura Law AB 1421. The FMHT works in conjunction with Mental Health Systems (MHS) to provide contracted services. All requests for potential AOT services come through the FMHT.

The FMHT is responsible to determine if the requestors meet the requirements as stated in the Welfare and Institution code and if the person for whom the request is being made meets the 9 criteria for eligible AOT services. The FMHT also provides linkage to other services for individuals that do not meet all the criteria for AOT.
The Forensic Team expanded its mobile crisis response capacity from fielding a mobile Mental Health Evaluation Team (MHET) to fielding a full
Mobile Crisis Response Team to respond to adult consumers experiencing mental health crises in the community. Mental health clinicians and community support workers will work closely with the County's Psychiatric Emergency Services and law enforcement, if necessary, to respond to residents in crises who would be better served in their

respective communities. MHSA funds will be utilized to supplement funding that enables this team to respond seven days a week with expanded hours of operation and the addition of two positions.

a. Scope of Services: Authorized in Fiscal Year 2011-12 four clinical specialists were funded by MHSA to join Forensics Services Team. This team works very closely with the criminal justice system to assess referrals for serious mental illness, provide rapid access to a treatment plan, and work as a team to provide the appropriate mental health, substance abuse and housing services needed.
b. Target Population: Individuals who are seriously and persistently mentally ill who are on probation and at risk of re-offending and incarceration.
c. MHSA-Funded Staff: 4.0 Full-time equivalent
   Number Served for FY 22-23: 312

FRED FINCH YOUTH CENTER

2523 El Portal Drive, Suite 201, San Pablo, CA 94806, https://www.fredfinch.org/

Point of Contact: Julie Kinloch, Program Director, (510) 439–3130 Ext. 6107, juliekinloch@fredfinch.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Fred Finch seeks to provide innovative, effective, caring mental health and social services to children, young adults, and their families that allow them to build on their strengths, overcome challenges, and live healthy and productive lives. Fred Finch serves children, adolescents, young adults, and families facing complex life challenges. Many have experienced trauma and abuse; live at or below the poverty line; have been institutionalized or incarcerated; have a family member that has been involved in the criminal justice system; have a history of substance abuse; or have experienced discrimination or stigma.

PROGRAM: CONTRA COSTA TRANSITION AGE YOUTH FULL-SERVICE PARTNERSHIP - CSS

Fred Finch is the lead agency that collaborates with the Contra Costa Youth Continuum of Services, The Latina Center and Contra Costa Mental Health to provide a Full-Service Partnership program for Transition Age Youth in West and Central Contra Costa County.

a. Scope of Services: Services will be provided using an integrated team approach, based on a modified Assertive Community Treatment (ACT) model of care and the Individual Placement and Support (IPS) model designed to support our TAY with gaining and maintaining competitive employment. The team includes a Personal Service Coordinator working in concert with a multi-disciplinary team of staff, including a Peer Mentor and Family Partner, an Employment Specialist, a Psychiatric Nurse Practitioner, staff with various clinical specialties, including co-occurring substance disorder and bi-lingual capacity. Services include:
   - Outreach and engagement
   - Case management
   - Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems
   - Crisis Intervention
   - Collateral
   - Medication support (may be provided by County Physician)
   - Housing support
   - Flexible funds
   - Referrals to Money Management services as needed
   - Supported Employment Services
   - Available to consumer on 24/7 basis

a. Target Population: Young adults with serious mental illness or serious emotional disturbance. These young adults exhibit key risk factors of homelessness, limited English proficiency, co-occurring substance abuse, exposure to trauma, repeated school failure, multiple foster-care or family-caregiver placements, and experience with the juvenile justice system and/or Psychiatric Emergency Services. Fred Finch serves Central and West County.

b. Payment Limit: FY 24-25 $379,864 (cost based portion)

c. Number served: For FY 22-23: 30

d. Outcomes: For FY 21-22:
   - Reduction in incidence of psychiatric hospitalizations
   - Reduction in detention bookings

Table 1. Pre- and post-enrollment utilization rates for 33 Fred Finch FSP participants enrolled in the FSP program during FY 21-22

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	% change
PES episodes	27	11	0.082	0.030	-63.4%
Inpatient episodes	13	7	0.039	0.019	-51.3%
Inpatient days	126	154	0.382	0.418	+9.42%
DET Bookings	2	2	0.006	0.005	-16.7%

LINCOLN

1266 14th Street, Oakland CA 94607, http://lincolnfamilies.org/

Point of Contact: Allison Staulcup Becwar, LCSW President & CEO, (510) 867-0944, allisonbecwar@lincolnfamilies.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Lincoln was founded in 1883 as the region's first volunteer-run, non-sectarian, and fully integrated orphanage. As times and community needs evolved, Lincoln's commitment to vulnerable children remained strong. In 1951, Lincoln began serving abused, neglected and emotionally challenged children. Today, as a highly respected provider of youth and family services, Lincoln has a continuum of programs to serve children and families impacted by poverty and trauma throughout Alameda and Contra Costa Counties. Their therapeutic school and community-based services include early intervention to intensive programming and focus on family strengthening, educational achievement and youth positive outlook.

PROGRAM: MULTI-DIMENSIONAL FAMILY THERAPY (MDFT) – FSP - CSS

Multidimensional Family Therapy (MDFT), an evidence-based practice, is a comprehensive and multi-systemic family-based outpatient program for adolescents with co-occurring substance use and mental health issues who may be at high risk for continued substance abuse and other challenging behaviors, such as emotional dysregulation, defiance and delinquency. Working with the youth and their families, MDFT helps youth develop more effective coping and problem-solving skills for better decision making, and helps the family improve interpersonal functioning as a protective factor against substance abuse and related problems. Services are delivered over 5 to 7 months, with weekly or twice-weekly, face-to-face contact, either in the home, the community or in the clinic.

a. Scope of Services:
   - Services include but are not limited to:
   - Outreach and engagement
   - Case management
   - Outpatient Mental Health Services
   - Crisis Intervention
   - Collateral Services
   - Group Rehab
   - Flexible funds
   - Contractor must be available to consumer on 24/7 basis

b. Target Population: Children in West, Central and East County experiencing co-occurring serious mental health and substance abuse challenges. Youth and their families can be served by this program.

c. Payment Limit: FY 24-25 $618,225 (cost based portion)

d. Number Served: For FY 22-23: 21

e. Outcomes: For FY 21-22:
   - Reduction in delinquency or maintained positive functioning in community involvement
   - Increase in detention bookings

Table 1. Pre- and post-enrollment utilization rates for 39 Lincoln Child Center participants enrolled in the FSP program during FY 21-22

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	3	0	0.009	0.010	-100.0%
Inpatient episodes	0	0	0.000	0.000	-0%
Inpatient days	0	0	0.000	0.000	-0%
JACS Bookings	10	12	0.031	0.047	+51.6%

PH SENIOR CARE, LLC (PLEASANT HILL MANOR)

40 Boyd Road, Pleasant Hill CA, 94523

Point of Contact: Evelyn Mendez-Choy, (925) 937-5348, emendez@northstarsl.com

GENERAL DESCRIPTION OF THE ORGANIZATION

The County contracts with Pleasant Hill Manor, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

PROGRAM: AUGMENTED BOARD AND CARES – MHSA HOUSING SERVICES - CSS

a. Scope of Services: Augmented residential services, including but not limited to:
   - Medication management
   - Nutritional meal planning
   - Assistance with laundry
   - Transportation to psychiatric and medical appointments
   - Improving socialization
   - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
   - Encouraging meaningful activity
   - Other services as needed for individual residents

b. Target Population: Adults aged 60 years and older, who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
   Number served: For FY 22-23: Capacity of 37 beds.

MENTAL HEALTH CONNECTIONS (FORMERLY PUTNAM)

3711 Lone Tree Way, Antioch, CA 94509 (East County)

2975 Treat Boulevard C-8, Concord, CA 94518 (Central County)

2101 Vale Road #300, San Pablo, CA 94806 (West County),

Point of Contact: Tamara Hunter, Executive Director, (925) 691-4276, tamara@mentalhealthconnectionsca.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Mental Health Connections (formerly 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 programing.

PROGRAM: PEER CONNECTION CENTERS – CSS

Peer Connection Centers provide self-help/peer support groups, social/recreational activities, educational supports, and linkages to community resources in the East, Central and West regions of Contra Costa County. Peer Connection Centers refer any peer members seeking employment and/or school enrollment to Mental Health Connections Clubhouse for vocational supports. They provide transportation, when possible, by Supporting Transportation and Rides (STAR), for individuals participating in the Peer Connection Center programs. Assist CCBHS in supporting Service Provider Individualized Recovery Intensive Training (SPIRIT) offered in partnership with Contra Costa Community College and CCBHS's Office for Consumer Empowerment (OCE). Provide SPIRIT students interested in working within the local mental health service delivery system with learning opportunities in partnership with OCE. Administer stipends to SPIRIT students in accordance with documentation provided by OCE and Contra Costa Community College. Encourage Peer Connection Center participants to learn about SPIRIT and if possible, apply to participate in SPIRIT as part of their recovery journey. Recovery is embodied in the vision and mission of The Contra Costa Clubhouses, Inc. which provides a safe and welcoming place where participants (called members, not patients or clients or consumers) build on personal strengths instead of focusing on illness.

a. Scope of Services:

- Peer and family support
- Personal recovery planning using the Peer Connection Coaching model
- Quarterly one-on-one coaching and meaningful outcome tracking
- Recovery-focused curriculum including: Wellness Recovery Action Plan (WRAP), evidence-based Illness Management Recovery (IMR) groups, and wellness education focused on topics such as relationships, boundaries, structure, mindfulness, nutrition, spirituality, physical health, and financial soundness.
- Community outreach and collaboration
- Care coordination - supporting citizens in obtaining/receiving medical, dental, mental health, addiction medicine and other health/wellness services.
- Supportive employment program is done in partnership with the Clubhouses School and Work Supports (SAWS) Unit including, but not limited to support filling out applications, writing resumes/cover letters, preparing for interviews
- Healthy snacks and lunch during operating hours
- Transportation to/from the Peer Connection Centers and community activities relating to programming; when possible to/from medical appointments, interviews, and school/work.

- Access to computers/phones for studying, seeking employment, working and engaging in virtual appointments.

b. Target Population: Adult mental health participants in Contra Costa County. The Clubhouse services will be delivered within each region of the county through Peer Connection Centers located in Antioch, Concord and San Pablo.
c. Annual MHSA Payment Limit: FY 24-25 $1,709,491
d. Number served FY 22-23: 224 (Antioch 89, San Pablo 78, Concord 57)
e. Outcomes FY 22-23:

- Participation was increased by 20% at the Antioch and San Pablo sites.
- 100% of participants were welcomed/greeted with Putnam Peer Connection Center information.
- 100% of participants were invited to attend a Putnam Peer Connection Center orientation and become involved and contribute to the Wellness Community.
- Wellness classes/groups offered at all three sites twice per day, Monday-Thursday, and one core group on Friday
- Regular Town Hall Meetings were held to make announcements, acknowledge participant achievements and receive feedback regarding programming/services.
- Monthly activity/class calendars were created for each site with member input.
- Provided/facilitated weekly opportunities for psycho-education, skill-building and social engagement.
- Provided unique programming for young adults, older adults and LGBTQIA+ participants.
- Recreational and community service opportunities were offered to all
- The average number of hours attended per site was between 6.5 hours per day.
- Survey participants reported the following:

    - Percentage of individuals feeling involved. **98%**
    - 2. Percentage of individuals feeling they can recover. **96%**
    - 3. Percentage of individuals feeling hopeful. **97%**
    - 4. Percentage of individuals feeling supported. **95%**
    - 5. Percentage of individuals feeling meetings were helpful. **93%**
    - 6. Percentage of individuals feeling they learned about personal responsibility. **90%**

- Peer Connection Wellness Plans were created - Concord (10), San Pablo (17), and Antioch (28).

MHSA HOUSING SERVICES (CONTRA COSTA HEALTH, HOUSING, AND HOMELESS SERVICES – H3)

2400 Bisso Lane, Suite D2, Concord, CA 94520, https://cchealth.org/h3/

GENERAL DESCRIPTION OF THE ORGANIZATION

The Behavioral Health Services Division partners with the Health, Housing and Homeless Division to provide permanent and temporary housing with supports for person experiencing a serious mental illness and who are homeless or at risk of being homeless.

PROGRAM: HOMELESS PROGRAMS - TEMPORARY SHELTER BEDS - CSS

The County's Health Housing and Homeless Services Division operate a number of temporary bed facilities in West and Central County for transitional age youth and adults. CCBHS, maintains a Memorandum of Understanding with the Health Housing and Homeless Services Division that provides additional funding to enable up to 64 individuals with a serious mental illness per year to receive temporary emergency housing for up to four months.

a. Target Population: Individuals who are severely and persistently mentally ill or seriously emotionally disturbed; and are homeless.
b. Total MHSA Portion of Budget: $2,828,899
c. Number Served: FY 22-23: 75 beds fully utilized for 365 days in the year.

PROGRAM: PERMANENT HOUSING - CSS

Having participated in a specially legislated MHSA Housing Program through the California Housing Finance Agency the County, in collaboration with many community partners, the County completed a number of one-time capitalization projects to create 50 permanent housing units for individuals with serious mental illness. These individuals receive their mental health support from Contra Costa Behavioral Health contract and county service providers. The sites include Villa Vasconcellos in Walnut Creek, Lillie Mae Jones Plaza in North Richmond, The Virginia Street Apartments in Richmond, Robin Lane apartments in Concord, Ohlone Garden apartments in El Cerrito, Third Avenue Apartments in Walnut Creek, Garden Park apartments in Concord, and scattered units throughout the County operated by Hope Solutions (formerly Contra Costa Interfaith Housing).

a. Target Population: Individuals who are severely and persistently mentally ill or seriously emotionally disturbed and are homeless or at risk of homelessness.
b. Total MHSA Portion of Budget: One Time Funding Allocated.
c. Number Served: FY 21-22 50 units.

PROGRAM: COORDINATION TEAM - CSS

The CCBHS Health Housing and Homeless Services Coordinator and staff work closely with County's Homeless Services Division staff to coordinate referrals and placements, facilitate linkages with other Contra Costa mental health programs and services, and provide contract monitoring and quality control of 26 augmented board and care providers to provide permanent supportive housing for chronically homeless disabled individuals.

a. Target Population: Individuals who are severely and persistently mentally ill or seriously emotionally disturbed and are homeless or at risk of homelessness.
b. Total FTE: 9.0 FTE
c. Total MHSA Portion of Budget: $1,584,155
Number Served: FY 22-23: Approximately 700 individuals per year receive permanent or temporary supportive housing by means of MHSA funded housing services.

MODESTO RESIDENTIAL LIVING CENTER, LLC.

1932 Evergreen Avenue, Modesto CA, 95350
Point of Contact: Dennis Monterosso, (209) 530-9300, info@modestoRLC.com

GENERAL DESCRIPTION OF THE ORGANIZATION

The County contracts with Modesto Residential, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

PROGRAM: AUGMENTED BOARD AND CARES – MHSA HOUSING SERVICES - CSS

The County contracts with Modesto Residential Living Center, a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

a. Scope of Services: Augmented residential services, including but not limited to:
- Medication management
- Nutritional meal planning
- Assistance with laundry
- Transportation to psychiatric and medical appointments
- Improving socialization
- Assist with activities of daily living (i.e., grooming, hygiene, etc.)
- Encouraging meaningful activity
- Other services as needed for individual residents

b. Target Population: Adults aged 18 years to 59 years who lived in Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits and accepted augmented board and care at Modesto Residential Living Center.
Number served: For FY 21-22: Capacity of 12 beds.

OAK HILLS RESIDENTIAL FACILITY

141 Green Meadow Circle, Pittsburg, CA 94565

Point of Contact: Rebecca Lapasa, (925) 709-8853, Rlapasa@yahoo.com

GENERAL DESCRIPTION OF THE ORGANIZATION:

The County contracts with Oak Hills, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

PROGRAM: AUGMENTED BOARD AND CARES – MHSA HOUSING SERVICES - CSS

a. Scope of Services: Augmented residential services, including but not limited to:
   - Medication management
   - Nutritional meal planning
   - Assistance with laundry
   - Transportation to psychiatric and medical appointments
   - Improving socialization
   - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
   - Encouraging meaningful activity
   - Other services as needed for individual residents

b. Target Population: Adults aged 18 years to 59 years who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.

Number Served: Capacity of 6 beds.

OLDER ADULT MENTAL HEALTH (CONTRA COSTA BEHAVIORAL HEALTH SERVICES)

2425 Bisso Lane, Suite 100, Concord, CA 94520, https://cchealth.org/mentalhealth/#simpleContained4

Point of Contact: Heather Sweeten-Healy, (925)-521-5620,

Heather.Sweeten-Healy@cchealth.org or Ellie Shirgul, (925)-521-5620, Ellen.Shirgul@cchealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

The Older Adult Mental Health Clinic is in the Adult System of Care and provides mental health services to Contra Costa's senior citizens, including preventive care, linkage and outreach to under-served at risk communities, problem solving short-term therapy, and intensive care management for severely mentally ill individuals.

PROGRAM: INTENSIVE CARE MANAGEMENT - CSS

The Intensive Care Management Teams (ICMT) provide mental health services to older adults in their homes, in the community and within a clinical setting. Services are provided to Contra Costa County residents with serious psychiatric impairments who are 60 years of age or older. The program provides services to those who are insured through Medi-Cal, dually covered under Medi-Cal and MediCare, or uninsured. The primary goal of these teams is to support aging in place as well as to improve consumers' mental health, physical health, prevent psychiatric hospitalization and placement in a higher level of care, and provide linkage to primary care appointments, community resources and events, and public transportation in an effort to maintain independence in the community. Additionally, the teams provide services to those who are homeless, living in shelters, or in residential care facilities. There are three multi-disciplinary Intensive Care Management Teams, one for each region of the county that increases access to resources throughout the county.

PROGRAM: IMPROVING MOOD PROVIDING ACCESS TO COLLABORATIVE TREATMENT (IMPACT) - CSS

IMPACT is an evidence-based practice which provides depression treatment to individuals aged 55 and over in a primary care setting. The IMPACT model prescribes short-term (8 to 12 visits) Problem Solving Therapy and medication consultation with up to one year of follow-up as necessary. Services are provided by a treatment team consisting of licensed clinicians, psychiatrists, and primary care physicians in a primary care setting. The target population for the IMPACT Program is adults aged 55 years and older who are receiving health care services at a federally qualified health center. The program focuses on treating older adults with late-life depression and co-occurring physical health impairments, such as cardio-vascular disease, diabetes, or chronic pain. The primary goals of the Impact Program are to prevent more severe psychiatric symptoms, assist clients in accessing community resources as needed, reducing stigma related to accessing mental health treatment and providing access to therapy to this underserved population.

a. Target Population: Depending on program, Older Adults aged 55 or 60 years and older experiencing serious mental illness or at risk for developing a serious mental illness.
b. Total Budget 24-25: Intensive Care Management - $4,353,949; IMPACT - $455,213
c. Staff: 22 Full time equivalent multi-disciplinary staff.
d. Number served: For FY 22-23: Impact: 164; Intensive Care Management: 225
e. Outcomes: For IMPACT and ICM: Changes in Level of Care Utilization System (LOCUS) scores, reductions in Psychiatric Emergency Service visits, reductions in hospitalizations, decreased Patient Health Questionnaire (PHQ-9) scores, and reduced isolation, which is assessed by the PEARLS (ICM only).

PORTIA BELL HUME BEHAVIORAL HEALTH AND TRAINING CENTER (HUME CENTER)

555 School Street, Pittsburg, CA 94565, https://www.humecenter.org/
Point of Contact: Reynold Fujikawa, Community Support Program East, (925) 384-7727, rfujikawa@humecenter.org
3095 Richmond Parkway #201, Richmond, CA 94806, https://www.humecenter.org/
Point of Contact: Margaret Schiltz, Community Support Program West, (510) 944-3781, mschiltz@humecenter.org

GENERAL DESCRIPTION OF THE ORGANIZATION

The Hume Center is a Community Mental Health Center that provides high quality, culturally sensitive and comprehensive behavioral health care services and training. The agency strives to promote mental health, reduce disparities and psychological suffering, and strengthen communities and systems in collaboration with the people most involved in the lives of those served. They are committed to training behavioral health professionals to the highest standards of practice, while working within a culture of support and mutual respect. They provide a continuity of care in Contra Costa that includes prevention and early intervention, behavioral consultation services, outpatient psychotherapy and psychiatry, case management, Partial Hospitalization services, and Full-Service Partnership (FSP) Programs. Their FSPs are located in East and West County.

PROGRAM: ADULT FULL-SERVICE PARTNERSHIP - CSS

The Adult Full-Service Partnership is a collaborative program that joins the resources of Hume Center and Contra Costa County Behavioral Health Services.

a. Goal of the Program:
- Prevent repeat hospitalizations
- Transition from institutional settings
- Attain and/or maintain medication compliance
- Improve community tenure and quality of life
- Attain and/or maintain housing stability
- Attain self-sufficiency through vocational and educational support
- Strengthen support networks, including family and community supports
- Limit the personal impact of substance abuse on mental health recovery

b. Referral, Admission Criteria, and Authorization:
   i. Referral: To inquire about yourself or someone else receiving our Full-Service Partnership Services in our Community Support Program (CSP) East program, please call our Pittsburg office at (925) 432-4118. For services in our CSP West program, please contact our Richmond office at (510) 778-2816.
   ii. Admission Criteria: This program serves adult aged 26 and older who are diagnosed with severe mental illness and are:
      - Frequent users of emergency services and/or psychiatric emergency services
      - Homeless or at risk of homelessness
      - Involved in the justice system or at risk of this
      - Have Medi-Cal insurance or are uninsured
   iii. Authorization: Referrals are approved by Contra Costa Behavioral Health Division.

c. Scope of Services: Services will be provided using an integrated team approach called Community Support Program (CSP). Our services include:
- Community outreach, engagement, and education to encourage participation in the recovery process and our program
- Case management and resource navigation for the purposes of gaining stability and increasing self-sufficiency
- Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems

- Crisis Intervention, which is an immediate response to support a consumer to manage an unplanned event and ensure safety for all involved, which can include involving additional community resources
- Collateral services, which includes family psychotherapy and consultation. These services help significant persons to understand and accept the consumer's condition and involve them in service planning and delivery.
- Medication support, including medication assessment and ongoing management (may also be provided by County Physician)
- Housing support, including assisting consumers to acquire and maintain appropriate housing and providing skill building to support successful housing. When appropriate, assist consumers to attain and maintain MHSA subsidized housing.
- Flexible funds are used to support consumer's treatment goals. The most common use of flexible funds is to support housing placements through direct payment of deposit, first/last month's rent, or unexpected expenses in order to maintain housing.
- Vocational and Educational Preparation, which includes supportive services and psychoeducation to prepare consumers to return to school or work settings. This aims to return a sense of hope and trust in themselves to be able to achieve the goal while building the necessary skills, support networks, and structures/habits.
- Recreational and Social Activities aim to assist consumers to decrease isolation while increasing self-efficacy and community involvement. The goal is to assist consumers to see themselves as members of the larger community and not marginalized by society or themselves.
- Money Management, which is provided by sub-contractors, aims to increase stability for consumers who have struggled to manage their income. Services aim to increase money management skills to reduce the need for this service.
- 24/7 Afterhours/Crisis Line is answered during non-office hours so that consumers in crisis can reach a staff member at any time. Direct services are provided on weekends and holidays as well.

d. Target Population: Adults diagnosed with severe mental illness in East, Central and West County who are diagnosed with a serious mental illness, are at or below 300% of the federally defined poverty level and are uninsured or receive Medi-Cal benefits.

e. Payment Limit: For FY 23/24 (East and West): $ $2,745,778 (cost based portion only)

f. Number served FY 22-23: 53 individuals (East); and 37 individuals (West)

g. Outcomes: For FY 21/22 (East):
   - Reduction in incidence of psychiatric crisis
   - Reduction of the incidence of restriction
   - For FY (West): 1. Reduction in incidence of psychiatric crisis 2. Reduction of the incidence of restriction

Table 1. Pre- and post-enrollment utilization rates for 47 Hume West FSP participants enrolled in the FSP program during FY 21-22

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	96	64	0.180	0.113	-37.2%
Inpatient episodes	14	2	0.026	0.004	-84.6%
Inpatient days	145	30	0.272	0.053	-80.5%

DET Bookings	13	2	0.024	.004	-83.3%

Table 1. Pre- and post-enrollment utilization rates for 67 Hume East FSP participants enrolled in the FSP program during FY 21-22

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	302	72	0.378	0.091	-75.9%
Inpatient episodes	44	16	0.055	0.020	-63.6%
Inpatient days	381	176	0.477	0.223	-53.2%
DET Bookings	22	12	0.028	0.015	-46.4%

PRIMARY CARE CLINIC BEHAVIORAL HEALTH SUPPORT (CONTRA COSTA HEALTH)

3052 Willow Pass Road, Concord, CA 94519, https://cchealth.org/mentalhealth/#simpleContained4

Point of Contact: Kelley Taylor, Ambulatory Care Clinic Supervisor, (925) 681-4100, Kelley.Taylor@CCHealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Behavioral health clinicians staff the county Primary Care Health Centers in Concord. The goal is to integrate primary and behavioral health care. Two mental health clinicians are part of a multi-disciplinary team with the intent to provide timely and integrated response to those at risk, and/or to prevent the onset of serious mental health functioning among adults visiting the clinic for medical reasons.

PLAN ELEMENT: CLINIC SUPPORT - CSS

a. Scope of Services: Perform brief mental health assessment and intervention with adults, children, and their families. Provide short term case management, mental health services, individual and family support, crisis intervention, triage, coordination of care between primary care and Behavioral Health Services. Tasks also include linkage to schools, probation, social services and community services and lead groups at County Primary Care Center.
b. Target Population: Adults in central county, who present at the clinic for medical reasons
c. Number Served: For FY 22/23: 200+.
d. Outcomes: Improve overall health for individuals through decrease medical visit and increase coping with life situations.

PSYNERGY PROGRAMS, INC

Contact Information: 18225 Hale Ave., Morgan Hill, CA 95037

Point of Contact: Arturo Uribe, LCSW, President/CEO, amuribe@psynergy.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Psynergy Programs offers Adult Residential Facilities (ARF), Residential Care Facilities for the Elderly (RCFE) and specialty mental health outpatient clinics in close proximity to the client home. Providing reliable adult residential home care in combination with intensive outpatient mental health services can help individuals with mental illness avoid the unnecessary expense and emotional trauma often associated with incarceration and hospitalization. The program utilizes tenets of the Wellness and Recovery, Integrated Dual Diagnosis Treatment and Modified Therapeutic Community (MTC) treatment models. Psynergy programs are an alternative to locked settings such as a State Hospital, Psychiatric Hospital, an Institute for Mental Disease (IMD), Psychiatric Health Facility (PHF) and Jail. The intent and goal of Psynergy services is to improve individual's quality of life, to help gain the skills and ability necessary to stay out of locked hospital settings and to move into a less restrictive living arrangement in the community.

Psynergy Programs provide innovative treatment programs for individuals living with a serious mental illness to assist them in successfully graduating from locked settings to community living. Services may include:

- Mental health services
- Medication management
- Crisis intervention
- Care management
- Individual and group treatment
- Independent living skill development
- Nutrition and Wellness including three well-balanced meals per day
- Clean and comfortable lodging and accommodations
- Comprehensive daily activities program
- Holistic health
- Physical fitness
- Peer and family support
- Linkage to community resources

j. Target Population: CCBHS clients who are diagnosed with an SMI and stepping down from an acute treatment facility to a community setting

k. Payment Limit: FY 23-24 MHSA portion of total contract:$91,737

l. Number served FY 22-23: 14

Successful Outcomes:

Clients will transition to independent living or the least restrictive environment in their community
They will be linked to the appropriate community resources to maintain stable community living

SENECA FAMILY OF AGENCIES

3200 Clayton Road, Concord, CA, 94519, http://www.senecafoa.org/

Point of Contact: Jennifer Blanza, Program Director (415) 238-9945, jennifer_blanza@senecacenter.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Seneca Family of Agencies is a leading innovator in the field of community-based and family-based service options for emotionally troubled children and their families. With a continuum of care ranging from intensive crisis intervention to in-home wraparound services, to public school-based services, Seneca is one of the premier children's mental health agencies in Northern California.

PROGRAM: SHORT TERM ASSESSMENT OF RESOURCES AND TREATMENT (START) - FSP - CSS

Seneca Family of Agencies (SFA) provides an integrated, coordinated service to youth who frequently utilize crisis services, and may be involved in the child welfare and/or juvenile justice system. START provides three to six months of short-term intensive services to stabilize the youth in their community, and to connect them and their families with sustainable resources and supports. The goals of the program are to 1) reduce the need to utilize crisis services, and the necessity for out-of-home and emergency care for youth enrolled in the program, 2) maintain and stabilize the youth in the community by assessing the needs of the family system, identifying appropriate community resources and supports, and ensuring their connection with sustainable resources and supports, and 3) successfully link youth and family with formal services and informal supports in their neighborhood, school and community.

Payment Limit FY 23-24: $737,109

Number Served FY 22-23: 48

SHELTER, INC.

PO Box 5368, Concord, CA 94524, https://shelterinc.org/

Point of Contact: John Eckstrom, Chief Executive Office, (925) 957-7595, john.eckstrom@shelterinc.org

GENERAL DESCRIPTION OF THE ORGANIZATION

The mission of SHELTER, Inc. is to prevent and end homelessness for low-income, homeless, and disadvantaged families and individuals by providing housing, services, support, and resources that lead to self-sufficiency. SHELTER, Inc. was founded in 1986 to alleviate Contra Costa County's homeless crisis, and its work encompasses three main elements: 1) prevent the onset of homelessness, including rental assistance, case management, and housing counseling services, 2) ending the cycle of homelessness by providing housing plus services including employment, education, counseling and household budgeting to help regain self-sufficiency and 3) providing permanent affordable housing for over 200 low-income households, including such special needs groups as transition-age youth, people with HIV/AIDS, and those with mental health disabilities.

PROGRAM: SUPPORTIVE HOUSING - CSS

SHELTER, Inc. provides a master leasing program, in which adults or children and their families are provided tenancy in apartments and houses throughout the County. Through a combination of self-owned units and agreements with landlords SHELTER, Inc. acts as the lessee to the owners and provides staff to support individuals and their families move in and maintain their homes independently. Housing and rental subsidy services are provided to residents of the County who are homeless and that have been certified by Contra Costa Behavioral Health as eligible. This project is committed to providing housing opportunities that provide low barriers to obtaining housing that is affordable, safe and promotes independence to MHSA consumers.

a. Scope of Services.

- Provide services in accordance with the State of California Mental Health Service Act (MHSA) Housing Program, the Contra Costa County Behavioral Health Mental Health Division's Work Plan, all State, Federal and Local Fair Housing Laws and Regulations, and the State of California's Landlord and Tenants Laws.
- Provide consultation and technical support to Contra Costa Behavioral Health with regard to services provided under the housing services and rental subsidy program.
- Utilize existing housing units already on the market to provide immediate housing to consumers through master leasing and tenant-based services.
- Acquire and maintain not less than 100 master-leased housing units throughout Contra Costa County.
- Negotiate lease terms and ensure timely payment of rent to landlords.
- Leverage housing resources through working relationships with owners of affordable housing within the community.
- Integrate innovative practices to attract and retain landlords and advocate on behalf of consumers.
- Leverage other rental subsidy programs including, but not limited to, Shelter Plus Care and HUD Housing Choice Voucher (Section 8).
- Reserve or set aside units of owned property dedicated for MHSA consumers.
- Ensure condition of leased units meet habitability standards by having Housing Quality Standard (HQS) trained staff conduct unit inspections prior to a unit being leased and annually as needed.
- Establish maximum rent level to be subsidized with MHSA funding to be Fair Market Rent (FMR) as published by US Department of Housing and Urban Development (HUD) for Contra Costa County in the year that the unit is initially rented or meeting rent reasonableness utilizing the guidelines established by HUD and for each year thereafter.
- Provide quality property management services to consumers living in master leased and owned properties.
- Maintain property management systems to track leases, occupancy, and maintenance records.

- Maintain an accounting system to track rent and security deposit charges and payments.
- Conduct annual income re-certifications to ensure consumer rent does not exceed 30% of income minus utility allowance. The utility allowance used shall be in accordance with the utility allowances established by the prevailing Housing Authority for the jurisdiction that the housing unit is located in.
- Provide and/or coordinate with outside contractors and SHELTER, Inc. maintenance staff for routine maintenance and repair services and provide after-hours emergency maintenance services to consumers.
- Ensure that landlords adhere to habitability standards and complete major maintenance and repairs.
- Process and oversee evictions for non-payment of rent, criminal activities, harmful acts upon others, and severe and repeated lease violations.
- Work collaboratively with full-service partnerships and/or County Mental Health Staff around housing issues and provide referrals to alternative housing options.
- Attend collaborative meetings, mediations and crisis interventions to support consumer housing retention.
- Provide tenant education to consumers to support housing retention.

b. Target Population: Consumers eligible for MHSA services. The priority is given to those who are homeless or imminently homeless and otherwise eligible for the full-service partnership programs, including carrying an SMI diagnosis.

c. Annual Payment Limit 24-25: $3,289,660

d. Number served FY 22-23: Shelter, Inc. served 110 consumers.

- Outcomes: Quality of life: housing stability.

i. Goal: 70% of MHSA Consumers residing in master leased housing shall remain stably housed for 18 months or longer.

ii. Goal: 70% of MHSA Consumers residing in SHELTER, Inc. owned property shall remain stably housed for 12 months or longer.

iii. Capacity of 110 Units.

TELECARE CORPORATION

300 Ilene Street, Martinez, CA 94553, https://www.telecarecorp.com/
Point of Contact: Bjay Jones, Program Administrator, (925) 266-6521, bjjones@telecarecorp.com or Caitlin Young, Clinical Director, chyoung@telecarecorp.com

GENERAL DESCRIPTION OF THE ORGANIZATION

Telecare Corporation was established in 1965 in the belief that persons with mental illness are best able to achieve recovery through individualized services provided in the least restrictive setting possible. Today, they operate over 145 programs staffed by more than 5,000 employees in California, Oregon, Washington, Arizona, Nebraska, North Carolina, Texas, New Mexico and Pennsylvania and provide a broad continuum of services and supports, including Inpatient Acute Care, Inpatient Non-Acute/Sub-Acute Care, Crisis Services, Residential Services, Assertive Community Treatment (ACT) services, Case Management and Prevention services.

PROGRAM: HOPE HOUSE CRISIS RESIDENTIAL FACILITY - CSS

Telecare Corporation operates Hope House, a voluntary, highly structured 16-bed Short-Term Crisis Residential Facility (CRF) for adults between the ages of 18 and 59. Hope House is serves individuals who require crisis support to avoid hospitalization or are discharging from the hospital or long-term locked facilities and need step-down care to transition back to community living. The focus is client-centered and recovery-focused and underscores the concept of personal responsibility for the resident's illness and independence. The program supports a social rehabilitation model, which is designed to enhance an individual's social connection with family and community so that they can move back into the community and prevent a hospitalization. Services are recovery based and tailored to the unique strengths of each individual resident. The program offers an environment where residents have the power to make decisions and are supported as they look at their own life experiences, set their own paths toward recovery, and work towards the fulfillment of their hopes and dreams. Telecare's program is designed to enhance client motivation to actively participate in treatment, provide clients with intensive assistance in accessing community resources, and assist clients develop strategies to maintain independent living in the community and improve their overall quality of life. The program's service design draws on evidence-based practices such as Wellness Action and Recovery Planning (WRAP), motivational interviewing, and integrated treatment for co-occurring disorders.

a. Scope of Services:

- Individualized assessments, including, but not limited to, psychosocial skills, reported medical needs/health status, social supports, and current functional limitations within 72 hours of admission.
- Psychiatric assessment within 72 hours of admission.
- Treatment plan development with 72 hours of admission.
- Therapeutic individual and group counseling sessions on a daily basis to assist clients in developing skills that enable them to progress towards self-sufficiency and to reside in less intensive levels of care.
- Crisis intervention and management services designed to enable the client to cope with the crisis at hand, maintaining functioning status in the community, and prevent further decompensation or hospitalization.
- Medication support services, including provision of medications, as clinically appropriate, to all clients regardless of funding; individual and group education for consumers on the role of medication in their recovery plans, medication choices, risks, benefits, alternatives, side effects and how these can be managed; supervised self-administration of medication based on physician's order by licensed staff; medication follow-up visit by a psychiatrist at a frequency necessary to manage the acute symptoms to allow the client to safely stay at the Crisis Residential Program, and to prepare the client to transition to outpatient level of care upon discharge.

- Co-occurring capable interventions, using the Telecare Co-Occurring Education Group materials for substance use following a harm reduction modality as well as availability of weekly AA and NA meetings in the community.
- Weekly life skills groups offered to develop and enhance skills needed to manage supported independent and independent living in the community.
- A comprehensive weekly calendar of activities, including physical, recreational, social, artistic, therapeutic, spiritual, dual recovery, skills development and outings.
- Peer support services/groups offered weekly.
- Engagement of family in treatment, as appropriate.
- Assessments for involuntary hospitalization, when necessary.
- Discharge planning and assisting clients with successful linkage to community resources, such as outpatient mental health clinics, substance abuse treatment programs, housing, full-service partnerships, physical health care, and benefits programs.
- Follow-up with client and their mental health service provider following discharge to ensure that appropriate linkage has been successful.
- Daily provision of healthy meals and snacks for residents.
- Transportation to services and activities provided in the community, as well as medical and court appointments, if the resident's case manager or county worker is unavailable, as needed.

b. Target Population: Adults ages 18 to 59 who require crisis support to avoid psychiatric hospitalization or are discharging from the hospital or long-term locked facilities and need step-down care to transition back to community living.
c. Payment Limit: FY 24-25 $2,755,810
d. Number served: FY22-23 Unduplicated client count of 214
e. Outcomes:
    - Reduction in severity of psychiatric symptoms: Discharge at least 90% of clients to a lower level of care.
    - Consumer Satisfaction: Maintain an overall client satisfaction score of at least 4.0 out of 5.0.

UNITED FAMILY CARE, LLC (FAMILY COURTYARD)

2840 Salesian Avenue, Richmond, CA 94804
Point of Contact: Juliana Taburaza, (510) 235-8284, JuTaburaza@gmail.com

GENERAL DESCRIPTION OF THE ORGANIZATION

The County contracts with United Family Care, LLC (Family Courtyard), a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

PROGRAM: AUGMENTED BOARD AND CARE HOUSING SERVICES - CSS

a. Scope of Services: Augmented residential services, including but not limited to:

- Medication management
- Nutritional meal planning
- Assistance with laundry
- Transportation to psychiatric and medical appointments
- Improving socialization
- Assist with activities of daily living (i.e., grooming, hygiene, etc.)
- Encouraging meaningful activity
- Other services as needed for individual residents

b. Target Population: Adults aged 60 years and older who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.

c. Number served: Capacity of 40 beds.

WEST COUNTY ADULT MENTAL HEALTH CLINIC (CONTRA COSTA HEALTH)

13585 San Pablo Avenue, 2nd Floor, San Pablo CA 94806, https://cchealth.org/mentalhealth/#simpleContained4

Point of Contact: Robin O'Neill, Mental Health Program Manager, (510) 215-3700, Robin.ONeill@CCHealth.org

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 East Adult Mental Health Clinic operates within Contra Costa Mental Health's Adult System of Care, and provides assessments, case management, psychiatric services, crisis intervention, housing services, and benefits assistance. Within the Adult Mental Health Clinic are the following MHSA funded programs and plan elements:

PLAN ELEMENT: ADULT FULL-SERVICE PARTNERSHIP SUPPORT - CSS

Contra Costa Mental Health has dedicated clinicians at each of the three adult mental health clinics to provide support, coordination and rapid access for full-service partners to health and mental health clinic services as needed and appropriate. Rapid Access Clinicians offer drop-in screening and intake appointments to clients who have been discharged from the County Hospital or Psychiatric Emergency Services but who are not open to the county mental health system of care. Rapid Access Clinicians will then refer clients to appropriate services and, when possible, follow-up with clients to ensure a linkage to services was made. If a client meets eligibility criteria for Full-Service Partnership services, the Rapid Access Clinician will seek approval to refer the client to Full-Service Partnership services. Clinic management acts as the gatekeepers for the Full-Service Partnership programs, authorizing referrals and discharges as well as providing clinical oversight to the regional Full-Service Partnership programs. Full-Service Partnership Liaisons provide support to the Full-Service Partnership programs by assisting the programs with referrals and discharges, offering clinical expertise, and helping the programs to navigate the County systems of care.

PLAN ELEMENT: CLINIC SUPPORT - CSS

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to 1) assist consumers in obtaining benefits they entitled to, educate consumers on how to maximize use of those benefits and manage resources, and 2) provide transportation support for consumers and families.

a. Clinic Target Population: Adults aged 18 years and older who live in West County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
b. Total Number Served: For FY 22-23: Approximately 2,139 Individuals.

WEST COUNTY CHILDREN'S MENTAL HEALTH CLINIC (CONTRA COSTA BEHAVIORAL HEALTH SERVICES)

13585 San Pablo Avenue, 1st Floor, San Pablo CA 94806, https://cchealth.org/mentalhealth/#simpleContained4

Point of Contact: , (510) 374-7208, marilyn.franklin@CCHealth.org

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 West Children's Mental Health Clinic operates within Contra Costa Mental Health's Children's System of Care, and provides psychiatric and outpatient services, family partners, and wraparound services. Within the Children's Mental Health Clinic are the following MHSA funded plan elements:

PLAN ELEMENT: CLINIC SUPPORT - CSS

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to assist consumers in the following areas: Family Partners and Wraparound Facilitation. The family partners assist families with advocacy, transportation assistance, navigation of the service system, and offer support in the home, community, and county service sites. Family partners support families with children of all ages who are receiving services in the children. Family partners are located in each of the regional clinics for children and adult services, and often participate on wraparound teams following the evidence-based model. A Clinical Specialist in each regional clinic who provides technical assistance and oversight of evidence-based practices in the clinic. Support for full-service partners.

a. Target Population: Children aged 17 years and younger, who live in West County, are diagnosed with a serious emotional disturbance or serious mental illness, and are uninsured or receive Medi-Cal benefits
b. Number Served: For FY 22-23: Approximately 676Individuals.

WILLIAMS BOARD AND CARE

430 Fordham Drive, Vallejo CA, 94589

Point of Contact: Frederick Williams, (707) 731-2326, Fred_Williams@b-f.com or Katrina Williams, (707) 731-2326

GENERAL DESCRIPTION OF THE ORGANIZATION

The County contracts with Williams Board and Care, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

PROGRAM: AUGMENTED BOARD AND CARE - HOUSING SERVICES - CSS

a. Scope of Services: Augmented residential services, including but not limited to:

- Medication management
- Nutritional meal planning
- Assistance with laundry
- Transportation to psychiatric and medical appointments
- Improving socialization
- Assist with activities of daily living (i.e., grooming, hygiene, etc.)
- Encouraging meaningful activity
- Other services as needed for individual residents

b. Target Population: Adults aged 18 years to 59 years who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.

c. Number served: Capacity of 12 beds.

WOODHAVEN

3319 Woodhaven Lane, Concord, CA 94519

Point of Contact: Milagros Quezon, (925) 349-4225, Rcasuperprint635@comcast.net

GENERAL DESCRIPTION OF THE ORGANIZATION

The County contracts with Woodhaven, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

PROGRAM: AUGMENTED BOARD AND CARE - HOUSING SERVICES - CSS

a. Scope of Services: Augmented residential services, including but not limited to:
   - Medication management
   - Nutritional meal planning
   - Assistance with laundry
   - Transportation to psychiatric and medical appointments
   - Improving socialization
   - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
   - Encouraging meaningful activity
   - Other services as needed for individual residents

b. Target Population: Adults aged 18 years to 59 years who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.

c. Number served: Capacity of 6 beds.

YOUTH HOMES, INC.

3480 Buskirk Avenue #210, Pleasant Hill, CA 94523, https://www.youthhomes.org/

Point of Contact: , Chief Executive Officer or Byron Iacuaniello, Clinical Director, (925) 324-6114, byroni@youthhomes.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Youth Homes, Inc. is committed to serving the needs of abused and neglected children and adolescents in California's San Francisco Bay Area. Youth Homes provides intensive residential treatment programs and community-based counseling services that promote the healing process for seriously emotionally abused and traumatized children and adolescents.

PROGRAM: TRANSITION AGE YOUTH FULL-SERVICE PARTNERSHIP – CSS

Youth Homes implements a full-service partnership program using a combination of aspects of the Integrated Treatment for Co-Occurring Disorders model (also known as Integrated Dual Disorders Treatment – IDDT) and aspects of the Assertive Community Treatment (ACT) model. These models are recognized evidence-based practices for which the Substance Abuse and Mental Health Services Administration (SAMHSA) has created a tool kit to support implementation. The Assertive Community Treatment (ACT) model continues to be the strongest model of services to keep those with serious mental illnesses out of institutional care (hospital or criminal justice system) through intensive, coordinated multidisciplinary treatment. Integrated Treatment for Co-Occurring Disorders is an evidence-based practice for treating clients diagnosed with both mental health and substance abuse disorders. Youth Homes is committed to advancing training and integration of the ACT and IDDT models into daily practice. Participants in the Youth Homes FSP program are assigned a team of providers, so consumers do not get lost in the health care system, excluded from treatment, or confused by going back and forth between separate mental health and substance abuse programs. Each client will have a primary clinician/case manager to facilitate treatment. The team may also include a life skills coach, substance abuse specialist, youth advocate, psychiatrist, nurse, or family clinician depending on the need of the client. Employment, education and life skills workshops and individual coaching occur weekly through Youth Homes' Steppingstones program, which is an integral part of Youth Homes' TAY Services. It is not expected that all full-service partners will be experiencing a substance use issue; however, for those who have co-occurring issues, both disorders can be addressed by one team of providers. Although the program has office space in Antioch and in Pleasant Hill, the bulk of all meetings and support services occur in the community, in homes, parks, and other community locations which are part of the young adult consumer's natural environments.

a. Scope of Services (FSP):

- Outreach and engagement
- Case management
- Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems
- Crisis Intervention
- Collateral
- Medication support (may be provided by County Physician)
- Housing support
- Flexible funds
- Money Management
- Vocational Services
- Contractor must be available to consumer on 24/7 basis

b. Target Population: Young adults ages 16 to 25 years with serious emotional disturbance/serious mental illness, and who are likely to exhibit co-occurring disorders with severe life stressors and are from an underserved population. Services are based in East Contra Costa County as well as Central Contra Costa County.
c. Annual MHSA Payment Limit (FSP) 24-25: $116,735 (cost based portion only)
d. Number served FSPFY 22-23: 23 individuals
e. Outcomes FSP: For FY 21-22:
   - Reduction in incidence of psychiatric crisis
   - Reduction of the incidence of restriction

Table 1. Pre- and post-enrollment utilization rates for 33 Youth Homes FSP Participants enrolled in the FSP program during FY 21-22

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
PES episodes	131	42	0.358	0.119	-66.5%
Inpatient episodes	36	13	0.098	0.037	-62.6%
Inpatient days	441	181	1.205	0.513	-57.4%
DET Bookings	12	7	0.033	0.020	-39.4%

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 24-25: $170,928

g. Number served: FY 20-21: 584; FY 21-22: 624; FY 22-23: 706

h. Outcomes:

- FY 22-23
  - Expanded our goal to serve multilingual and multicultural communities, including those of Vietnamese, Lao, Khmu, Mien, Thai, and Chinese backgrounds.
  - Successfully managed over 90 cases in multiple languages, assisting clients with resources, translation services, medication education, counseling, and transportation services.
  - Distributed over 350 program brochures in Vietnamese, Lao, Mien, and Chinese to 19 locations throughout the Bay Area, enhancing outreach and engagement.
  - Hosted 24 psychoeducation workshops on mental health awareness, self-care, and human wellness, with an average of 25 attendees per workshop, demonstrating strong community interest and participation.
  - Conducted weekly group sessions for 10 – 17 people on essential life skills such as financial literacy, nutrition, housing, and safety awareness, addressing a broad range of community needs.
  - Emphasized support for vulnerable populations, including the elderly and homeless, and raised awareness on safety and prevention strategies amid rising anti-Asian hate crimes, reflecting our commitment to these communities.
  - Increased outreach efforts post-pandemic, focusing on interpersonal community engagement and leveraging family-to-family resources and word of mouth to reach more individuals.
  - Utilized various strategies to provide access to mental health treatment and support, including direct referrals for Medi-Cal recipients and offering individual/family consultation and wellness support groups in multiple Asian languages under the PEI program.
  - Received updated training for our staff to better serve and understand the needs of underserved populations, ensuring services are tailored and supportive.
  - Implemented the Demographics Form for evaluating program outcomes and measuring impact, with modifications for cultural competency and confidentiality maintained for all participants.

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 24-25: $183,698

d. Number served: FY 20-21: 198; FY 21-22: 262; FY 22-23: 227

e. Outcomes:

- FY 22-23 African American Wellness Program:
  - The program successfully served 150 unduplicated participants in East Contra Costa County.
  - Facilitated 72 Mind, Body, & Soul Support Groups across three locations: Pittsburg Health Center, Pittsburg Senior Center, and Ambrose Community Center.
  - Disseminated 1,147 monthly newsletters in person at group meetings or through email and USPS to all participants.
  - Conducted 281 one-on-one consultations to discuss holistic wellness resource needs with participants.
  - Outreach efforts at four community events reached approximately 189 people in East County, providing information and referrals for health, mental health, and other community resources.
  - Achieved the annual goal of reaching 150 unduplicated participants, offering navigational support to increase emotional well-being and access to culturally appropriate mental health services.

- Returned to full operations for support groups post-COVID-19 restrictions, adhering to CDC guidelines to ensure participant health and safety.
- Engaged participants through the "Get Walking" program, promoting mental and physical health improvement, with an increase in participation during the spring walk.
- Hosted the Second Health Awareness Fair to connect participants and the community to accessible and affordable health care, including mental health resources.
- Maintained continuous engagement with participants through various modes of communication, ensuring that services were accessible and met the needs of the community in a post-pandemic environment.

- FY 22-23 Youth Empowerment Program:
  - Served 74 unduplicated LGBTQ+ identified youth in East Contra Costa County.
  - Held 84 educational group sessions across four locations, including schools and CHD's East County Office.
  - Conducted 761 individual check-ins, assessments, and one-on-one support sessions.
  - Referred 10 LGBTQ+ youth for mental health services, with 8 accessing those services.
  - Achieved an average of 2 weeks from referral to accessing services.
  - 88% of surveyed youth reported having someone to turn to in a crisis since attending support groups.
  - 92% of surveyed youth felt better informed about LGBTQ+ resources and services in their community.
  - 76% of surveyed youth felt more comfortable accessing LGBTQ+ services and resources.
  - 92% of surveyed youth started working with a therapist since attending the program.

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 24-25: $200,004

d. Number served: FY 20-21: 159; FY 21-22: 213; FY 22-23: 116

e. Outcomes:

- FY 22-23:
  - Implemented two 18-week sessions of The Nurturing Parenting Program (NPP) targeting the Latino community in Central and East County, with sessions beginning in July 2022 and concluding in June 2023.
  - Enrolled a total of 63 Latino parents and 53 children, emphasizing the importance of parenting skills, mental health awareness, and the reduction of stigma around accessing mental health services.
  - Adapted program delivery to a hybrid approach in response to feedback from parents about preferences for in-person vs. online participation, addressing challenges related to returning to the workforce and managing school demands.
  - Collaborated with local community agencies and school districts to promote the program and recruit families, ensuring a culturally sensitive approach.
  - Provided hands-on, collaborative group sessions for parents and children, enhancing skills in key areas such as empathy, discipline, and understanding developmental milestones.
  - Engaged Dr. Hector Rivera-Lopez to offer sessions on identifying behavioral/mental health needs, furthering the program's goal of normalizing mental health discussions within the community.
  - Distributed the Surviving Parenthood Resource Guide and facilitated access to a wide range of community services, supporting families in navigating various support systems.
  - Administered the Inventory AAPI "A" and "B" as evaluation tools at the beginning and end of the program, demonstrating improvements in parenting practices and reductions in risk factors associated with child abuse and neglect.

CONTRA COSTA CRISIS CENTER

Elaine Cortez Schroth, elainecs@crisis-center.org

P.O. Box 3364 Walnut Creek, CA 94598 925 939-1916, x107, www.crisis-center.org

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 itand

  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 tothe 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 willco- chair the Countywide Suicide Prevention Committee.

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

c. Payment Limit: FY 24-25: $434,375

d. Number served: FY 20-21: 20,082; FY 21-22: 21,971; FY 22-23: 27,226

e. Outcomes:

- FY 22-23:
  - Exceeded target goals for the operation of 24-hour Crisis & Suicide Hotlines, providing immediate counseling, active listening, emotional support, and referrals to community resources via phone and text.
  - Successfully recruited and trained a diverse volunteer pool, exceeding the target goal for the number of active call center volunteers with multilingual skills.
  - Exceeded target goals for Community Outreach & Education by providing 9 free trainings on Suicide Risk Assessment & Intervention to partner service providers and mental health clinicians countywide.
  - Met target goals for co-chairing Suicide Prevention Coalition monthly meetings, enhancing collaborative efforts for suicide prevention.
  - Met target goals for processing County Coroner referrals and analyzing suicide data to inform prevention strategies.
  - Responded to four Postvention/Mobile Grief Response Requests, offering critical support following sudden deaths in schools, businesses, or agencies.
  - Met target goals for providing Grief Support Groups, enrolling 85 grief clients in services between 07/01/22-06/30/23.
  - Successfully promoted and implemented the Psychiatric Emergency Follow-Up Program, receiving 73 total referrals and providing follow-up to consenting patients discharged from PES.

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

Natasha Paddock, n.paddock@copefamilysupport.org

3000 Citrus Circle, Ste. 220, Walnut Creek, CA 94598 (925) 689-5811, http://copefamilysupport.org/

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 24-25: $287,789

d. Number served: FY 20-21: 200; FY 21-22: 217; FY 22-23: 269

e. Outcomes:

   - FY 22-23:
     - Successfully completed all contract provisions, ensuring program activities were delivered by accredited

Triple P practitioners.

- Offered twenty-two Triple P Positive Parenting Group classes and seminars across West, Central, and Eastern Contra Costa County.
- Enrolled 269 individuals in these classes and seminars, exceeding the annual goal.
- Trained and accredited 14 new facilitators across various Triple P levels, enhancing the program's capacity to serve families with children from birth to age 18.
- Provided extensive case management services, including supportive check-ins and resource referrals, to every enrolled family.
- Delivered 21 classes and one seminar throughout the county, utilizing Zoom video-conferencing and in-person meetings to reach English and Spanish speaking communities.
- Achieved significant outcomes through pre and post assessments, showing reductions in dysfunctional discipline practices, parental perceptions of disruptive child behavior, and symptoms of depression, anxiety, and stress among parents.
- Engaged in a variety of outreach efforts, collaborating with partner agencies and attending meetings to recruit families at risk, and faced challenges such as high demand for classes which required over-enrollment to meet community needs.

FIERCE ADVOCATES (FORMALLY BUILDING BLOCKS FOR KIDS - BBK)

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GENERAL DESCRIPTION OF THE ORGANIZATION

Fierce Advocates 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. Fierce Advocates 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:
Fierce Advocates, 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 24-25: $255,246

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

e. Outcomes
- FY 22-23:
  - Coordinated monthly wellness and community engagement activities with community-based organizations, including nature hikes and park clean-ups, to decrease isolation and support community connection.
  - Expanded the life coaching program to include Latinx women who speak Spanish, providing them with mental wellness support and referrals to culturally competent mental health resources.
  - Fully re-launched in-person family wellness activities, connecting families to the importance of physical and mental health through cooking classes, exercise, dance classes, and team-building activities.

- Continued offering three sanctuaries for emotional well-being support tailored to men of color, Latinx women, and Black women, providing access to mental health tools, knowledge about well-being resources, and community connections.

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 24-25: $95,704

d. Number Served: FY 20-21: 189; FY 21-22: 193; FY 22-23: 172

e. Outcomes: FY 21-22:

- Conducted fifteen Group Triple P classes specifically designed for parents of children ages 0-5, addressing early childhood behavior and development. (Through partnership with C.O.P.E.)
- Held both in-person and Zoom classes across the county to enhance accessibility for all families, acknowledging and addressing transportation barriers.
- Successfully enrolled 194 parents in Triple P classes, aiming to strengthen parenting skills and family relationships.
- Achieved a program completion rate of 89%, with 172 participants graduating from the Triple P Parenting classes.
- Conducted outreach efforts that reached 431 parents/caregivers, significantly increasing awareness and enrollment in the program.
- Provided additional case management services to 47 families, offering personalized support and resource connections.
- Held 13 presentations and briefings for early childhood organizations as part of an outreach strategy to educate about Triple P class offerings.
- Added four new Triple P facilitators to the team, expanding the program's capacity to serve more parents of young children.
- Implemented strategies to improve service access for underserved populations, including offering classes in English and Spanish and addressing specific community preferences for in-person engagement.
- Overcame challenges in reaching Spanish-speaking and Black/African American communities by adapting outreach strategies and utilizing culturally relevant approaches.

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 24-25: $3,893,365

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

e. Number served: FY 20-21: 987; FY 21-22: 876; FY 22-23: 983

f. Outcomes:

- FY 22-23:
  - Delivered 19 community outreach presentations and trainings on early psychosis intervention, reaching 146 attendees from various health and community organizations.
  - Enhanced the program's cultural and linguistic accessibility by hiring a Spanish bilingual Psychiatric Nurse Practitioner, catering specifically to the Latinx community's needs.
  - Significantly expanded therapy and rehabilitation group offerings to combat social isolation, providing a wide array of support groups including Nature Walk Group, Cognitive Behavioral Social Skills Treatment (CBSST), Dungeons & Dragons, and more.
  - Reduced the conversion rate to psychosis from 33% to 2%, demonstrating the program's effectiveness in early psychosis intervention.
  - Incorporated a former First Hope program client as a peer specialist/mentor, leveraging lived experience to enhance program delivery and relatability..

- 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 propertymanagement 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 24-25: $438,069

d. Number served: FY 20-21: 367; FY 21-22: 429; FY 22-23: 700

e. Outcomes: FY 22-23:
  - Implemented strategies to eliminate barriers to accessing services by providing on-site support in affordable housing settings, ensuring full-time availability of case managers and youth enrichment coordinators.
  - Reduced stigma around mental health needs by integrating culturally aware case management and youth enrichment services, facilitating easier access to a multitude of community services, including mental health treatment.
  - Achieved an improvement in social functioning among school-aged youth in enrichment programs, with at least 75% expected to show improvement in self-esteem and confidence.
  - Demonstrated improved family functioning in the realm of self-sufficiency, with at least 75% of families served showing improvement in at least one area of self-sufficiency.

- Ensured stability of housing for program participants, aiming for 95% of households to retain safe, permanent housing.

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 24-25: $120,448

d. Numbers Served: FY 20-21: 328; FY 21-22: 399; FY 22-23: 364

e. Outcomes: FY 22-23:
   - The James Morehouse Project provided essential mental health and wellness services, demonstrating a robust engagement with 1,064 unique individuals accessing the JMP, which accounted for a significant portion of the school population.
   - A notable 95% of students engaged in JMP activities reported improvements in various resiliency indicators, reflecting the program's impact on enhancing coping skills and well-being.
   - Spanish-speaking parents and guardians found a supportive community in Rincón Latino, with 54 participants attending groups, emphasizing the program's inclusive and culturally responsive approach.
   - The program successfully conducted 19 community outreach presentations/trainings, enriching the educational community's understanding of early intervention and support for mental health issues.
   - The addition of a Spanish bilingual Psychiatric Nurse Practitioner expanded access to psychiatric services for the Latinx community, addressing linguistic and cultural barriers to care.
   - By hiring a former client as a peer specialist/mentor, JMP enriched its service model with lived experience, strengthening its client-centered approach.
   - The program faced challenges in maintaining a stable and supportive school environment due to significant staff turnover, highlighting the importance of continuity and community in fostering a nurturing educational setting..

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 client homes. 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 24-25: $198,291

d. Number served: FY 20-21: 225; FY 21-22: 461; FY 22-23: 203

e. Outcomes:

- FY 22-23:
  - Implemented 2 online trainings on cross-cultural mental health concepts for a wide range of service providers, enhancing their understanding and skills in working with culturally diverse clients.
  - Hosted 4 online interactive workshops on public health topics for Afghan parents, tailored to address their specific interests and challenges, with efforts to collect feedback and ensure satisfaction.
  - Facilitated two community-building events, aiming to reduce social isolation among Afghan newcomer families and foster community connections.
  - Provided individual mental health education sessions via phone to Russian-speaking seniors, adapting the delivery method to their comfort level and ensuring personalized support.

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: 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:

   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.

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

c. Payment Limit: FY 24-25: $455,213

d. Staff: Mental Health Clinical Specialists: 3 probation liaisons

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

f. Outcomes:

- FYs 20-21, 21-22, and 22-23:
  - 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 24-25: $328,402

d. Number served: FY 20-21: 845; FY 21-22: 799; FY 22-23: 896

e. Outcomes:

- FY 22-23 Vías de Salud:
  - Vías de Salud exceeded its targets by conducting 9,164 depression and anxiety screenings, providing a clear indication of the high demand and necessity for such services within the community.
  - The program further excelled by delivering 1,496 assessments and early intervention services, addressing the critical need for early identification of mental health issues.
  - With 6,025 follow-up support/brief treatment services, Vías de Salud ensured ongoing care and support for adults facing mental health challenges.
- FY 22-23 Familias Fuertes:
  - Familias Fuertes, focused on youth and families, surpassed expectations by providing 1,126 screenings for risk factors in youth, demonstrating a proactive approach to identifying potential issues early on.
  - Through 777 assessments for parents and caregivers, Familias Fuertes equipped families with the tools and knowledge needed to support their children's mental and emotional well-being.
  - The program also made significant strides in offering comprehensive support by conducting 1,131

follow-up visits with children and families, providing valuable psycho-education and brief treatment services.

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 24-25: $222,888

d. Number served: FY 20-21: 126; FY 21-22: 127; FY 22-23: 127

e. Outcomes: FY 22-23:
   - Completed 127 Pre LSNS assessments and Post LSNS assessments, showing an average progression that strongly correlated with the level of participation in monthly social peer support groups' activities and workshops.
   - Achieved a high satisfaction rate among participants, with 94% satisfied and 6% somewhat satisfied with the program services.
   - Conducted 13 workshops, engaging 183 participants, and 13 peer support groups with 163 participants participating, illustrating the program's capacity to foster community and individual resilience.
   - Organized 4 social gatherings, with a total of 255 participants, and 19 community outreach events, reaching 853 clients, highlighting the program's expansive reach and ability to engage the community effectively.
   - Ensured timely access to a wide range of services, including mental health care, legal assistance, and health insurance navigation, by escorting high-barrier clients to essential appointments and facilitating warm handoffs to service providers.
   - Utilized a variety of evaluation tools, including activity evaluation forms and a general program evaluation form, to continuously assess and improve program services based on participant feedback.

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 fordeveloping serious mental illness.

c. Payment Limit: FY 24-25: $142,666

d. Number served: FY 20-21: 309; FY 21-22: 291; FY 22-23: 293

e. Outcomes:

- FY 22-23:
  - Made over 3,200 outreach calls, resulting in 387 registrations for parenting classes. Out of these, 189 participants took part in the classes, and 54 parents completed all sessions and graduated.
  - Formed 21 parent groups for the classes, with 18 conducted on Zoom and 3 in person, demonstrating adaptability to participant needs and preferences.
  - Hosted 5 workshops on various mental health topics, reaching 82 participants through Zoom and Facebook live broadcasts, evidencing an effective use of digital platforms to engage the community.
- Offered a stress management program to 3 groups, totaling 22 participants, covering anxiety and stress control, emotional awareness, and self-care strategies.
- Provided referrals to a Mental Health Coach for clients needing specialized mental health support, highlighting a tailored approach to individual needs.
- Addressed several challenges, including participation rates and logistical issues with class venues, through diligent follow-up and community collaboration..

LIFELONG MEDICAL CARE

Brenda Goldstein, bgoldstein@lifelongmedical.org

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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 24-25: $153,089

d. Number served: FY 20-21: 106; FY 21-22: 137; FY 22-23: 175

e. Outcomes:

- FY 22-23:
  - Initiated a new service at St. John Apartments, expanding their reach and providing social services to a broader older adult population.
  - Established a resident council at Harbour to improve communication and advocacy for quality-of-life enhancements.
  - Organized Health & Wellness events across Nevin, Harbour, and Friendship locations to promote physical, mental, and spiritual health.
  - Aided a Nevin Plaza resident with healthcare navigation for cardiac surgery, demonstrating their commitment to individual health needs.
  - Adapted to the logistical challenges of building renovations and management changes at Nevin Plaza by providing group education and increasing one-on-one visits.

MENTAL HEALTH CONNECTIONS HOUSE (FORMERLY PUTNAM CLUBHOUSE)

Jane Fischberg, jane@mentalhealthconnectionsca.org

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

GENERAL DESCRIPTION OF THE ORGANIZATION

Mental Health Connections 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: Mental Health Connections' 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. Mental Health Connections 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: Mental Health Connections 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: Mental Health Connections 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: Mental Health Connections 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 24-25: $853,405

d. Number served: FY 20-21: 505; FY 21-22: 326; FY 22-23: 328

e. Outcomes:

- FY 22-23:
  - Achieved an increase in membership activity, serving 328 unduplicated members, surpassing the target of 300 and contributing to a total of 42,425 hours of engagement in Clubhouse programming.
  - Exceeded enrollment targets for new Clubhouse members, with 72 new members participating in Clubhouse activities, notably including 53 young adults aged 18 to 25 years.
  - Hosted a significant number of activities specifically tailored for young adults, with 53 activities conducted, demonstrating a strong focus on this demographic.
  - Provided 10,996 meals to members at the Clubhouse, ensuring nutritional support and social engagement.
  - Offered comprehensive transportation support with 671 rides provided to members for various essential purposes.

- Executed 283 in-home outreach visits, adapting service delivery to meet member needs outside the traditional Clubhouse setting.
- Published 42 blog postings on the Career Corner Blog and conducted 39 career workshops, greatly exceeding the target and supporting members' vocational aspirations.
- Celebrated member achievements and community connections through significant events, including the SPIRIT graduation and community partners picnics and holiday parties, enhancing social cohesion and recognition of member successes.
- Conducted targeted outreach efforts, achieving remarkable engagement and recruitment results, including the successful recruitment of 248 parents for Parent Groups, and the delivery of Home-Based Support to 57 families.
- Demonstrated high levels of satisfaction and positive outcomes among members and caregivers, with significant improvements in independence, well-being, peer interactions, and access to mental health resources.

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

Jennifer Tuipulotu, Jennifer.Tuipulotu@cchealth.org

1340 Arnold Drive, Suite 200, Martinez, CA 94553, (925) 957-5206

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.
- The Overcoming Transportation Barrier (OTB) Flex Fund provides funding to cover a one-time cost specific to transportation needs and help provide support to clients who need to get to their appointments. Some examples of what these funds cover include: the cost of a new tire, or a loaded Clipper card to provide fare to and from appointments or groups. This programming is a continuation of a former Innovation Project that sunset in September 2021.
- The OCE supports SB803 Implementation in Contra Costa County which enables Contra Costa, along with all California counties, to expand the behavioral health workforce by allowing certification of Peer Support Specialists. This bill makes it easier for people with lived mental health experiences to be trained and hired while providing supportive services to others in the behavioral health system.
- 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.

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

c. Total MHSA Funding for FY 24-25: $260,985

d. Staff: Three

e. Number Served: FY 20-21: 1336; FY 21-22: 485; FY 22-23:738

f. Outcomes:

- FY 22-23:
  - Social Inclusion:

- Facilitated 11 monthly committee meetings and 11 monthly planning sessions including participation from 58 community members (duplicated).
- Committee members, in addition to OCE support staff, engaged in tabling and outreach at 11 community events, interacting with 585 members of the public while sharing mental health resources and information on reducing stigma

- WRAP:
  - County-employed Advanced Level Facilitators, in coordination with OCE, facilitated 3 WRAP Seminar II trainings with 37 participants representing staff from county-operated programs and community-based organizations. Participants obtained training on facilitating WRAP in group settings.
  - County-employed WRAP Facilitators, in coordination with OCE, facilitated 9 WRAP Seminar I trainings with a total of 77 participants, including SPIRIT 2023 students and clients from East and Central County Adult Behavioral Health, as well as Forensic Mental Health. Participants learned how to complete their own personal Wellness Recovery Action Plan.
  - 1 on 1 WRAP facilitation with 8 clients at East County Adult Behavioral Health, in coordination with OCE.
- Overcoming Transportation Barriers (OTB) Flex Funds:
  - Processed 10 requests on behalf of clients and/or caregivers for one-time financial assistance for transportation-related needs to help sustain appointment attendance with county-operated behavioral health programs.

PEOPLE WHO CARE (PWC) CHILDREN ASSOCIATION

Constance Russell, Russell@pwccassociation.org

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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 24-25: $407,581

d. Number served: FY 20-21: 140; FY 21-22: 130; FY 22-23: 220

e. Outcomes:

- FY 22-23:
  - Successfully provided green jobs, financial literacy, and vocational training to 150-200 students in the Clinical Success After-school Program.
  - Offered incentives for student participation in green jobs/financial literacy programs, enhancing engagement and learning outcomes.
  - Conducted classes and projects both at the program site and in community locations, expanding the reach and impact of services.
  - Employed a part-time mental health clinician intern and a full-time Licensed Therapist to provide comprehensive clinical services to clients and their families.
  - Established a Memorandum of Understanding with Pittsburg Unified School District to extend clinical services to students in need on and off school sites.
  - Served 220 unduplicated at-risk clients, offering programs to build self-esteem, cope with trauma, and prevent further psychological issues or criminal activities.
  - Facilitated mental health preventative services for 53 clients and families, addressing depression and anxiety through clinical support.
  - Incentivized 22 clients in the Entrepreneurial Training Program, covering key business skills over a four-week period.
  - Engaged clients in the Green Jobs Training Program in partnership with the East Bay Regional Park District, focusing on environmental justice and sustainability.
  - Supported 106 clients to complete 3,036 hours of volunteering at community events, enhancing their civic engagement and community service experience.

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 24-25: $887,288

d. Number served: FY 20-21: 677; FY 21-22: 547; FY 22-23: 508

e. Outcomes:

- FY 22-23:
  - Expanded mental health care access and linkage for the BIPOC LGBTQIA+ community, focusing on early intervention and prevention services.
  - Witnessed an increase in trans and nonbinary youth accessing programs, enhancing their support and resources.
  - Improved mental health care linkage, reducing wait times for clients seeking services.
  - Implemented harm reduction strategies, catering to clients' diverse needs and promoting safer practices.
  - Re-engaged clients with social and support groups, fostering community connections and reducing isolation.
  - Broadened internship opportunities, increasing clinical service provision and supporting professional

development.

- Adopted non-stigmatizing and non-discriminatory strategies, ensuring services are accessible and respectful to all.
- Noticed an increase in substance use among clients, prompting a focus on relevant support and intervention services.

RYSE CENTER

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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 24-25: $571,648

d. Number served: FY 20-21: 255; FY 21-22: 340; FY 22-23: 701

e. Outcomes:

- FY 22-23:
  - Enhanced mental health and wellness support at RYSE, with 96% of youth feeling safe, and established strong linkages with local schools to extend youth-centered resources.
  - Maintained high levels of youth engagement and satisfaction, with positive feedback on belonging, peer relationships, and emotional well-being across diverse groups.
  - Addressed interpersonal and systemic crises impacting youth, coordinating comprehensive care and identifying restorative solutions.
  - Transitioned to a new campus designed by and for youth, significantly increasing youth engagement in programming, services, and community events.

- Implemented COVID-19 safety protocols aligned with racial and disability justice, supporting impacted youth with measures that prioritize their health and safety.
- Launched peer-led workshops and community events, fostering a supportive environment for creative expression, leadership development, and community building.
- Provided individual counseling and case management, offering tailored support for mental health, education, career, and legal needs, ensuring accessible and culturally competent care.
- Engaged in impactful community collaborations, including initiatives to address youth homelessness and support legal needs, enhancing community care and support.

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 24-25: $156,982

d. Number served: FY 20-21: 743; FY 21-22: 649; FY 22-23: 1132

e. Outcomes:

- FY 22-23:
  - Educated 750 youth on teen dating violence through primary prevention activities.
  - Trained 60 school personnel and community members on the nuances of dating violence and healthy relationships.
  - Conducted 16 gender-based support groups, reaching 200 at-risk youth.
  - Provided linkage to mental health services, addressing the heightened need for support.
  - Adapted to challenges in school resource availability, ensuring continued engagement with students.
  - Implemented a new data management system to enhance outcome tracking and reporting.
  - Strengthened community ties and referral networks through active participation in local events and schools.
  - Offered a comprehensive support ecosystem, including counseling and crisis intervention services.

VICENTE MARTINEZ HIGH SCHOOL - MARTINEZ UNIFIED SCHOOL DISTRICT

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925 Susana Street, Martinez, CA 94553 (925) 335-5880, http://vmhs-martinez-ca.schoolloop.com/

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 24-25: $211,105

d. Number served: FY 20-21: 125; FY 21-22: 125; FY 22-23: 49

e. Outcomes:
   - FY 22-23:
     - Conducted prevention activities, educating 750 middle and high school students on teen dating violence.
     - Trained 60 school personnel, service providers, and parents on dating violence and healthy relationships.
     - Offered secondary prevention to 200 youth at risk for teen dating violence through 16 gender-based support groups.
     - Engaged students and staff at five high schools in West Contra Costa County, focusing on teen dating

violence and healthy relationships.

- Utilized tabling events and direct outreach to compensate for limited classroom presentations due to school staffing challenges.
- Transitioned to a robust data management system for improved tracking of program outcomes and participant demographics.
- Maintained strong connections with school staff for referrals and supported community incidents with individual support.
- Provided mental health counseling referrals within STAND! and to external community programs for comprehensive support.
- Actively participated in community events for Teen Dating Violence Awareness Month, advocating for prevention funding and raising awareness.

WE CARE SERVICES FOR CHILDREN

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2191 Kirker Pass Road, Concord, CA 94521 (925) 671-0777, https://www.wecarechildren.org/

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 24-25: $137,917

i. Number served: FY 21-22: 234; FY 22-23: 333

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).

- FY 22-23:
  - Collaborated effectively as part of an Early Childhood Mental Health collaborative, completing all provisions of the contract.
  - Provided program activities through staff trained in Triple P Parent Groups and Home-Based Support, emphasizing quality service.
  - Exceeded goals in Family Engagement & Outreach, recruiting 322 parents and contacting thousands, surpassing the recruitment target of 299 parents.
  - Conducted 25 Community Groups in English and Spanish, with 219 parents participating, learning strategies to aid their child's development and behavior improvement.
  - Achieved high engagement in Parent Groups, with 248 parents recruited and 219 participating, significantly exceeding the goal of 200 parents for Parent Groups.
  - Parent Groups reported positive impacts, with 89% of participating parents intending to use or follow the advice received and noting improved positive parenting practices.

- Delivered Home-Based Support to 57 families, offering services in English and Spanish across the county, with 99% of parents reporting increased confidence in their parenting.
- Maintained a focus on cultural competency, with diverse staff and training in cultural awareness, diversity, equity, inclusion, and belonging.
- Ensured integrity and confidentiality of data and records in compliance with HIPAA and county behavioral health guidelines.
- Overall, the program reflected MHSA values by providing integrated, community-based, culturally responsive services to promote wellness, recovery, and resiliency among traditionally underserved populations.

WET

FAMILIAS UNIDAS (FORMERLY DESARROLLO FAMILIAR, INC.)

205 39th Street, Richmond, CA 94805, http://www.familias-unidas.org/
Point of Contact: Lorena Huerta, Executive Director, (510) 412–5930,
LHuerta@Familias-Unidas.org.

GENERAL DESCRIPTION OF THE ORGANIZATION

Familias Unidas exists to improve wellness and self-sufficiency in Latino and other communities. The agency accomplishes this by delivering quality mental health counseling, service advocacy, and information/referral services. Familias Unidas programs include: mental health, education and prevention, and information/referrals.

PROGRAM: FAMILIAS UNIDAS – CBO INTERNSHIP PROGRAM – WET

a. Scope of Services: Develop, recruit, train, and supervise intern(s) which reflect the various communities, cultures and language capacity of clients served by the agency. Internships should be directed towards graduate-level interns pursuing a degree in a behavioral health related field.
b. Target Population: Graduate level interns pursuing a degree in a behavioral health related field.
c. Payment Limit: FY 24-25: TBD
d. Outcomes: For FY 22-23:
   - Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
   - Received a $23,000 award to support six interns averaging 19.5 internship hours per week.
   - All six interns had language capacity to support the program in Spanish.
   - Interns supported agency and families through play therapy, building social skills, group interventions, parenting and relationship skills, and self-care.

HOPE SOLUTIONS (FORMERLY CONTRA COSTA INTERFAITH HOUSING)

Contact Information: 399 Taylor Blvd. Ste. 115, Pleasant Hill, CA, 94530, https://www.hopesolutions.org

Point of Contact: Sara Marsh, (925) 944-2244, smarsh@hopesolutions.org

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: HOPE SOLUTIONS – CBO INTERNSHIP PROGRAM – WET

e. Scope of Services: Develop, recruit, train, and supervise intern(s) which reflect the various communities, cultures and language capacity of clients served by the agency. Internships should be directed towards graduate-level interns pursuing a degree in a behavioral health related field.

b. Target Population: Graduate level interns pursuing a degree in a behavioral health related field.

f. Payment Limit: FY 24-25: TBD

d. Outcomes: For FY 22-23:

- Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
- Received $26,000 to support three interns averaging between 20 internship hours per week.
- Interns supported agency and families through art, movement and play therapies, building social skills, group interventions, conflict resolution skills, parenting and relationship skills, and self-care.

JAMES MOREHOUSE PROJECT (JMP) AT EL CERRITO HIGH (FISCAL SPONSOR OF BAY AREA COMMUNITY RESOURCES)

540 Ashbury Avenue, El Cerrito, CA 94530, http://www.jamesmorehouseproject.org/

Point of Contact: Jenn Rader, (510) 231-1437, jenn@jmhop.org

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) – CBO INTERNSHIP PROGRAM – WET

a. Scope of Services: Develop, recruit, train, and supervise intern(s) which reflect the various communities, cultures and language capacity of clients served by the agency. Internships should be directed towards graduate-level interns pursuing a degree in a behavioral health related field.
b. Target Population: Graduate level interns pursuing a degree in a behavioral health related field.
c. Payment Limit: FY 24-25: TBD
d. d. Outcomes: For FY 22-23:
   - Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
   - Received $26,000 to support ten interns averaging 21 internship hours per week.
   - Five interns had language capacity to support the program in Spanish
   - Two interns had language capacity to support the program in Mandarin.
   - One intern had language capacity to support the program in Portuguese.
   - Interns supported agency and youth, and parent/guardians through individual and group counseling.

LINCOLN

1266 14th Street, Oakland CA 94607, http://lincolnfamilies.org/

Point of Contact: Allison Staulcup Becwar, LCSW, President & CEO, (510) 867-0944, allisonbecwar@lincolnfamilies.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Lincoln was founded in 1883 as the region's first volunteer-run, non-sectarian, and fully integrated orphanage. As times and community needs evolved, Lincoln's commitment to vulnerable children remained strong. In 1951, Lincoln began serving abused, neglected and emotionally challenged children. Today, as a highly respected provider of youth and family services, Lincoln has a continuum of programs to serve children and families impacted by poverty and trauma throughout Alameda and Contra Costa Counties. Their therapeutic school and community-based services include early intervention to intensive programming and focus on family strengthening, educational achievement and youth positive outlook.

PROGRAM: LINCOLN – CBO INTERNSHIP PROGRAM – WET

a. Scope of Services: Develop, recruit, train, and supervise intern(s) which reflect the various communities, cultures and language capacity of clients served by the agency. Internships should be directed towards graduate-level interns pursuing a degree in a behavioral health related field.
b. Target Population: Graduate level interns pursuing a degree in a behavioral health related field.
c. Payment Limit: FY 24-25: TBD
d. Outcomes: For FY 22-23:
    - Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
    - Received $19,000 to support four interns averaging 20 internship hours per week.
    - Interns supported agency, children youth, and parent/guardians.

NATIONAL ALLIANCE ON MENTAL ILLNESS CONTRA COSTA (NAMI CC)

2151 Salvio Street, Suite V, Concord, CA 94520, http://www.namicontracosta.org/
Point of Contact: Gigi Crowder, (925) 942-0767, Gigi@namicontracosta.org

GENERAL DESCRIPTION OF THE ORGANIZATION

NAMI CC has been assisting people affected by mental illness for over 30 years now. Services provide support, outreach, education, and advocacy to those affected by mental illness. NAMI's office is located in central Contra Costa County and the program has partnerships with other community and faith-based organizations throughout the county that allow them to utilize their space and meet with people in their communities.

PROGRAM: FAMILY VOLUNTEER SUPPORT NETWORK (FVSN) - WET

NAMI CC will recruit, train and manage a network of volunteers with lived experience to support families and loved ones of people experiencing mental health issues. These volunteers will be an extended support network of resources, while assisting families in navigating the behavioral health system. This group of subject matter experts will help families gain a basic understanding of various mental health and substance abuse issues, learn to advocate for themselves or their loves one's needs and become a network to other families experiencing similar situations.

a. Scope of Services: Operate a main site in the Central region of the county and utilize satellite sites to extend outreach to other regions for the purpose of conducting volunteer training, support groups, and other educational activities that will build and maintain a cadre of volunteers.
   - Continuously recruit volunteers from all county regions, communities, economic levels, age groups, cultures, race/ethnicities and sexual preferences
   - Partner with organizations who specifically prepare individuals for volunteer service in community, such as CCBHS's SPIRIT program.
   - Develop and maintain training curriculum as defined in Service Work Plan that prepares volunteers for their role in supporting family members and loved ones of persons experiencing mental health issues.
   - Establish partnerships with CCBHS and community and faith-based organizations; as well as ethnic and culturally specific agencies to coordinate family support efforts, assist CCBHS's connectivity with families of consumers, stay abreast and adapt to current and future needs. Key CCBHS partnerships include the Family Partner (Children's System of Care), Family Support Worker (Adult System of Care) Programs, and the Office for Consumer Empowerment.
b. Target Population: Family members and care givers of individuals with lived mental health issues.
c. Payment Limit: FY 23-24: $681,861
d. Number Served: FY 22-23: Outreach to 2200 individuals
e. Outcomes:
   - In FY 2022-23, 200 volunteers were recruited for FVSN training, of those 82 individuals completed FVSN training.
   - Facilitated a total of six volunteer training modules (in English, Mandarin and Spanish), which each consist of five sessions
   - Culturally specific outreach and support to the community

PROGRAM: FAMILY PSYCHO-EDUCATION PROGRAM (FAMILY TO FAMILY: SPANISH AND MANDARIN/CANTONESE, FAITHNET, NAMI BASICS, AND CONVERSATIONS WITH LOCAL LAW ENFORCEMENT) - WET

a. Scope of Services: Family to Family is an evidence-based NAMI educational training program offered throughout the county in Spanish, Mandarin and Cantonese languages to family members and caregivers of individuals experiencing mental health challenges. This training is designed to support and increase a family member's/care giver's knowledge of mental health, its impact on the family, navigation of systems, connections to community resources, and coping mechanisms. NAMI FaithNet is an interfaith resource network of NAMI members, friends, clergy and congregations of all faith traditions who wish to encourage faith communities to be welcoming and supportive of persons and families living with mental illness. NAMI Basics is aimed to give an overview about mental health, how best to support a loved one at home, at school and when in getting medical care. The course is taught by a trained team of individuals and loved ones with lived experience. Conversations with Local Law Enforcement will serve to support the dialogue between local law enforcement and consumers/families through CCBH's Crisis Intervention Training (CIT). NAMI CC will also host six other conversations in partnership with local law enforcement agencies throughout the County to enhance learning and dialogue between all groups in response to community concerns and mental health supports. The desired goal is to enhance information sharing and relationships between law enforcement and those affected by mental health.

- For Family to Family (Mandarin/Cantonese) and De Familia a Familia (Spanish); provide training program to help address the unique needs of the specified population, helping to serve Spanish, Mandarin and Cantonese speaking communities to help families develop coping skills to address challenges posed by mental health issues in the family, and develop skills to support the recovery of loved ones.
- For NAMI Basics, provide instruction related to the mental health concepts, wellness and recovery principles, symptoms of mental health issues; as well as education on how mental illness and medications affect loved ones.
- For the FaithNet program, implement a mental health spirituality curriculum targeting faith leaders and the faith-based communities in the County, who have congregants or loved ones with severe and persistent mental illness. The goals are to implement training to equip faith leaders to have a better understanding of mental health issues; and their roles as first responders at times and replace misinformation about mental health diagnoses, treatment, medication, etc. with accurate information.
- For Conversations with Local Law Enforcement, support dialogue between local law enforcement and consumers/families through CCBH's Crisis Intervention Training (CIT) throughout the County to enhance learning and dialogue between all groups in response to community concerns and mental health supports. The desired goal is to enhance information sharing and relationships between law enforcement and those affected by mental health.
- Create partnerships with CCBHS, local law enforcement agencies, community/faith-based organizations as well as ethnic and culturally specific agencies in order to coordinate family support efforts, ensure CCBHS connectivity with families of consumers, and stay abreast and be adaptive to current and future needs.
- All training will be augmented by utilizing sites, such as faith centers, community-based organizations, and community locations throughout the county on an as needed basis in order to enable access to diverse communities with the goal of reaching the broadest audiences
- Goal Deliver 6 Family-to-Family (at least one in Spanish and Mandarin/Cantonese) (12) week trainings during fiscal year.
- Deliver 4 NAMI Basics (6) session trainings during fiscal year, with at least one in Spanish.
- Hold 4 FaithNet events during fiscal year.
- Deliver 6 Conversations with Local Law Enforcement in partnership with local law enforcement agencies and individuals or families affected by mental health issues throughout the County to enhance learning and dialogue between all groups in response to community concerns and mental health supports.
- All trainings will educate individuals on how to manage crises, solve problems, communicate effectively, learn the importance of self-care, and assist in developing confidence and stamina to provide support with compassion, and learn about the impact of mental illness on the family.

- Feedback will inform decision making. Member participation surveys will be created, administered and collected on a regular basis. Information collected will be analyzed to adjust methods to better meet the needs of all involved. Surveys will gauge participant knowledge, and level of confidence and understanding of mental health, advocacy and the public mental health system.

b. Target Population: Family members, care givers and loved ones of individuals with mental health challenges, as well as faith communities, local law enforcement, and the overall community who would like to learn more about supporting those with mental health challenges.
c. Payment Limit: FY 23-24: $77,890
d. Number served: For FY 22-23: It is estimated that about 200 individuals participated in training, workshops, and events through the FPEP program.
e. Outcomes:

Volunteers delivered NAMI Basics Course (consisting of six sessions) to the following communities:

- 22 graduates from the English course
- 22 graduates from the Mandarin course
- 20 graduates from the Spanish course

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

1340 Arnold Drive, Suite 200, Martinez, CA 94553

Point of Contact: Jennifer Tuipulotu, (925) 957-5206, Jennifer.Tuipulotu@cchealth.org

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: MENTAL HEALTH CAREER PATHWAY PROGRAM - WET

a. Scope of Services: The Service Provider Individualized Recovery Intensive Training (SPIRIT) Program is a recovery-oriented peer led classroom and experientially based college accredited program that prepares individuals to become providers of service. Certification from this program is a requirement for many Community Support Worker positions in Contra Costa Behavioral Health. Staff provide instruction and administrative support and provide ongoing support to graduates.
b. Target Population: Participants of public mental health services, their families and the general public.
c. Total MHSA Funding for FY 23-24: $520,336
d. Staff: Five full-time equivalent staff positions.
e. Numbers Served: FY 22-23: 47 students graduated from the SPIRIT course
f. Outcomes:
   - 48 students enrolled, 47 students graduated.
   - All graduates received a certificate of completion that is accepted as the minimum qualifications necessary for employment within CCBHS in the classification of Community Support Worker.
   - Graduates learned peer provider skills, group facilitation, Wellness Recovery Action Plan (WRAP) development, wellness self-management strategies and other skills needed to gain employment in peer provider and family partner positions in both County operated and community-based organizations.
   - Monthly peer support groups were offered virtually and continue to be made available for peers employed by the County in various peer and family partner roles.
   - SPIRIT students are provided an internship in a behavioral health program, either through CCBHS, or through a contracted community-based agency, as part of the course.
   - All SPIRIT graduates are provided support and assistance with placement and advancement consistent with their career aspirations.

OLDER ADULT MENTAL HEALTH (CONTRA COSTA BEHAVIORAL HEALTH SERVICES)

2425 Bisso Lane, Suite 100, Concord, CA 94520, https://cchealth.org/mentalhealth/#simpleContained4

Point of Contact: Heather Sweeten-Healy, (925)-521-5620,

Heather.Sweeten-Healy@cchealth.org or Ellie Shirgul, (925)-521-5620, Ellen.Shirgul@cchealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

The Older Adult Mental Health Clinic is in the Adult System of Care and provides mental health services to Contra Costa's senior citizens, including preventive care, linkage and outreach to under-served at risk communities, problem solving short-term therapy, and intensive care management for severely mentally ill individuals.

PROGRAM: SENIOR PEER COUNSELING - WET

This program reaches out to isolated and mildly depressed older adults in their home environments and links them to appropriate community resources in a culturally competent manner. Services are provided by Senior Peer Volunteers, who are trained and supervised by the Senior Peer Counseling Coordinators. The Latino Senior Peer Counseling Program is recognized as a resource for this underserved population. This program serves older adults ages 55 and older who are experiencing aging issues such as grief and loss, multiple health problems, loneliness, depression and isolation. Primary goals of this program are to prevent more severe psychiatric symptoms and loss of independence, reduce stigma related to seeking mental health services, and increase access to counseling services to this underserved population.

f. Target Population: Older Adults ages 60 years and older experiencing serious mental illness or at risk for developing a serious mental illness.
g. Total MHSA Funding for FY 24-25: $151,738
h. Staff: One Full time equivalent staff person oversees the program.
i. Number served: For FY 22-23: Senior Peer Counseling (SPC) program trained and supported 18 volunteers (12 English speaking volunteers, and 6 Spanish speaking volunteers) and served 92 clients which included 64 English speaking clients and 28 Spanish speaking clients at various sites in the community
j. Outcomes: The SPC Program continues to administer the Depression Anxiety Stress Scales (DASS) at intake, and at the end of counseling to assess levels of anxiety and depression.

SENECA FAMILY OF AGENCIES

3200 Clayton Road, Concord, CA, 94519, http://www.senecafoa.org/

Point of Contact: Jennifer Blanza, Program Director (415) 238-9945, jennifer_blanza@senecacenter.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Seneca Family of Agencies is a leading innovator in the field of community-based and family-based service options for emotionally troubled children and their families. With a continuum of care ranging from intensive crisis intervention, to in-home wraparound services, to public school-based services, Seneca is one of the premier children's mental health agencies in Northern California.

PROGRAM: SENECA – CBO INTERNSHIP PROGRAM – WET

a. Scope of Services: Develop, recruit, train, and supervise intern(s) which reflect the various communities, cultures and language capacity of clients served by the agency. Internships should be directed towards graduate-level interns pursuing a degree in a behavioral health related field.
b. Target Population: Graduate level interns pursuing a degree in a behavioral health related field.
b. Payment Limit: FY 24-25: TBD
d. Outcomes: For FY 22-23:
   - Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
   - Received $20,000 to support six interns averaging 20 internship hours per week.
   - Interns supported agency, children and parent/guardians through individual and family therapy, facilitating groups, linkage and advocacy.

Appendix C

Glossary

AB 1421 or Laura's Law - Assembly Bill 1421. Enacted in 2002, to create an assisted outpatient treatment program for any person who is suffering from a mental disorder and meets certain criteria. The program operates in counties that choose to provide the services. Adoption of this law enables a court, upon a verified petition to the court, to order a person to obtain and participate in assisted outpatient treatment. The bill provides that if the person who is the subject of the petition fails to comply with outpatient treatment, despite efforts to solicit compliance, a licensed mental health treatment provider may request that the person be placed under a 72-hour hold, based on an involuntary commitment. The law would be operative in those counties in which the county board of supervisors, by resolution, authorized its application and made a finding that no voluntary mental health program serving adults, and no children's mental health program, would be reduced as a result of the implementation of the law.

ACT - Assertive Community Treatment. An intensive and highly integrated approach for community mental health service delivery. It is an outpatient treatment for individuals whose symptoms of mental illness result in serious functioning difficulties in several major areas of life, often including work, social relationships, residential independence, money management, and physical health and wellness. Its mission to promote the participants' independence, rehabilitation, and recovery, and in so doing to prevent homelessness, unnecessary hospitalization, and other negative outcomes. It emphasizes out of the office interventions, a low participant to staff ratio, a coordinated team approach, and typically involves a psychiatrist, mental health clinician, nurse, peer provider, and other rehabilitation professionals.

ADA - Americans with Disabilities Act. Prohibits discrimination against people with disabilities in several areas, including employment, transportation, public accommodations, communications and access to state and local government' programs and services.

AOD – Alcohol and Other Drugs. Is an office like Mental Health that is part of the division of Behavioral Health Services. Behavioral Health Services is under the Health Services Department.

AOT - Assisted Outpatient Treatment. A civil court ordered mental health treatment for persons demonstrating resistance to participating in services. Treatment is modeled after assertive community treatment, which is the delivery of mobile, community-based care by multidisciplinary teams of highly trained mental health professionals with staff-to-client ratios of not more than one to ten, and additional services, as specified, for adults with the most persistent and severe mental illness. AOT involves a service and delivery process that has a clearly designated personal services coordinator who is responsible for providing or assuring needed services. These include complete assessment of the client's needs, development with the client of a personal services plan, outreach and consultation with the family and other significant persons, linkage with all appropriate community services, monitoring of the quality and follow through of

services, and necessary advocacy to ensure each client receives those services which are agreed to in the personal services plan. AOT is cited under AB 1421 or Laura's Law.

APA - American Psychological Association. The mission of the APA is to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives.

BHS - Behavioral Health Services. A division under Contra Costa Health Services, which provides Mental Health and Alcohol and Other Drug Services (AODS).

Board and Care - Augmented. A facility licensed by the State that contracts with Contra Costa Behavioral Health Services (CCBHS) to provide a therapeutic home-like environment where residents can gain independence and skills through various wellness activities. Persons who experience severe and persistent mental illness are eligible.

BOS - Board of Supervisors. Elected body that is responsible for; 1) appointing most County department heads (except elected officials), and appointmenting all other County employees, 2) providing for the compensation of all County officials and employees, 3) creating officers, boards and commissions as needed, appointing members and establishing the terms of office, 4) awarding all contracts except those that are within the authority delegated to the County Purchasing Agent, 5) adopting an annual budget, 6) sponsoring an annual audit made of all County accounts, books, and records, 7) supervising the operations of departments and exercising executive and administrative authority through the County government and County Administrator 8) serving as the appellate body for Planning and Zoning issues, 9) serving as the County Board of Equalization (the Board has created an Assessment Appeals Board to perform this function

Brown Act. Established in 1953; ensures the public's right to attend and participate in meetings of local legislative bodies. It declares that the California public commissions, boards and councils and the other public agencies in this state exist to aid in the conduct of the people's business. Actions should be taken openly and their deliberations be conducted openly. The people should remain informed so that they may retain control over the instruments they have created. The Brown Act has been interpreted to apply to email communication as well.

CalMHSA - California Mental Health Services Authority. The mission of CalMHSA is to provide member counties a flexible, efficient, and effective administrative/fiscal structure focused on collaborative partnerships and pooling efforts in1) development and implementation of common strategies and programs, 2) fiscal integrity, protections, and management of collective risk, 3) accountability at state, regional, and local levels.

CAO - County Administrator's Officer. The County Administrator's Office is responsible for; 1) staffing the Board of Supervisors and Board committees, 2) overseeing implementation of Board directives, 3) planning, monitoring, and overseeing County operations, 4) ensuring that Board policies are carried out in the most efficient, cost-effective, and service oriented manner, 5) supervising appointed Department

Heads and performing general administrative duties, 6) preparing the annual budget, 7) administering the County's labor management relations program, including managing the collective bargaining process, grievance investigations, providing training and counseling to managers and employees, as well as problem resolution

Case Management. Refers to a service in which a mental health clinician develops and implements a treatment plan with a consumer. This treatment plan contains a diagnosis, level of severity, agreed upon goals, and actions by the consumer, the case manager, and other service providers to reach those goals. The mental health clinician provides therapy and additionally takes responsibility for the delivery and/or coordination of both mental and rehabilitation services that assist the consumer reach his/her goals.

CASRA - California Association of Social Rehabilitation Agencies. A statewide non-profit organization that service clients of the California public mental health system. Member agencies provide a variety of services to enhance the quality of life and community participation of youth, adults and older adults living with challenging mental health issues.

CBHDA – California Behavioral Health Director's Association. A non-profit advocacy association representing the behavioral health directors from each of California's 58 counties, as well as two cities (Berkeley and Tri-City). Through advocacy, lobbying and education efforts, CBHDA promotes the reduction of individual and community problems related to unaddressed behavioral health issues. CBHDA regularly brings together behavioral health professionals to discuss ways to inform public policy and improve the delivery of behavioral health services.

CBO - Community Based Organization. An agency or organization based in the community that is often a non-profit.

CCBHS - Contra Costa Behavioral Health Services. One of 58 counties, the City of Berkeley, and the Tri-Cities area East of Los Angeles legislatively empowered to engage in a contract, or Mental Health Plan, with the state to perform public mental health services. This enables Contra Costa County to utilize federal, state, county and private funding for these mental health services. The Mental Health Services Act is one source of state funding. CCSHS is divided into a Children's System of Care and an Adult and Older Adult System of Care.

CFO - Chief Financial Officer. Abbreviation used to describe term.

CF/TN - Capital Facilities/Information Technology. One of five components of the MHSA. This component enables a county to utilize MHSA funds for one-time construction projects and/or installation or upgrading of electronic health record systems.

CHHS – California Health and Human Services Agency. The agency which oversees twelve departments and five offices that provides a range of health care services, social services, mental health services, alcohol and drug services, income

assistance, and public health services to Californians. More than 33,000 people work for departments in CHHS at state headquarters in Sacramento, regional offices throughout the state, state institutions and residential facilities serving the mentally ill and people with developmental disabilities.

CIBHS - California Institute for Behavioral Health Solutions. A non-profit agency that helps health professionals, agencies and funders improve the lives of people with mental health and substance use challenges through policy, training, evaluation, technical assistance, and research.

Clinical Specialist. In the context of this document, refers to a licensed or registered intern in the specialties of social work, marriage and family therapy, psychology, psychiatric nurse practitioner, licensed professional clinical counselor, or psychiatrist. A Clinical Specialist is capable of signing a mental health consumer's treatment plan that can enable the County to bill Medi-Cal for part of the cost to deliver the service.

Clubhouse Model. A comprehensive program of support and opportunities for people with severe and persistent mental illness. In contrast to traditional day-treatment and other day program models, Clubhouse participants are called "members" (as opposed to consumers, patients, or clients) and restorative activities focus on their strengths and abilities, not their illness. The Clubhouse is unique in that it is not a clinical program, meaning there are no therapists or psychiatrists on staff. All participation in a clubhouse is strictly on a voluntary basis. Members and staff work side-by-side as partners to manage all the operations of the Clubhouse, providing an opportunity for members to contribute in significant and meaningful ways. A Clubhouse is a place where people can belong as contributing adults, rather than passing their time as patients who need to be treated. The Clubhouse Model seeks to demonstrate that people with mental illness can successfully live productive lives and work in the community, regardless of the nature or severity of their mental illness.

COLA - Cost of Living Adjustment. Abbreviation used to describe term.

Community Forum. In this context a community forum is a planned group activity where consumers, family members, service providers, and representatives of community, cultural groups or other entities are invited to provide input on a topic or set of issues relevant to planning, implementing or evaluating public services.

Conservatorship - A court proceeding where a judge appoints a responsible person (called a conservator) to care for another adult who cannot care for him/herself or his/her finances.

Consumer. In this context consumers refer to individuals and their families who receive behavioral health services from the County, contract partners, or private providers. Consumers are also referred to as clients, patients, participants or members.

Co-Occurring Disorders or Dual Diagnosis. Refers to more than one behavioral and/or medical health disorder that an individual can experience and present for care and treatment. Common examples are an individual with a substance abuse disorder

coupled with a mental health diagnosis, or a developmental disability, such as autism, coupled with a thought disorder.

CPAW - Consolidated Planning Advisory Workgroup. An ongoing advisory body appointed by the Contra Costa Mental Health Director that provides advice and counsel in the planning and evaluation of services funded by MHSA. It is also comprised of several sub-committees that focus on specific areas. It is comprised of individuals with consumer and family member experience, service providers from the County and community based organizations, and individuals representing allied public services, such as education and social services.

CPPP - Community Program Planning Process. This a term used in regulations pertaining to the Mental Health Services Act. It means the process to be used by the County to develop Three-Year Expenditure Plans, and updates in partnership with stakeholders to 1) identify community issues related to mental illness resulting from lack of community services and supports, including any issues identified during the implementation of the Mental Health Services Act, 2) Analyze the mental health needs in the community, and 3) identify and re-evaluate priorities and strategies to meet those mental health needs.

CSS - Community Services and Supports. Largest of the five components funded by the MHSA. It refers to behavioral health service delivery systems for children and youth, transition age youth, adults, and older adults. Within this category are: full service partnerships, general system development, outreach and engagement, and housing programs.

CSW – Community Support Worker. Peer Provider in Contra Costa County public behavioral health system.

CTYA – Children's, Teens, and Young Adults. Abbreviation used to describe term.

Cultural Humility. A process of self-reflection and discovery in order to build honest and trustworthy relationships. In this context, refers to a process that can address health disparities and social inequities among racial/ethnic, cultural, and linguistic populations or communities.

DHCS - Department of Health Care Services. The mission of DHCS is to provide Californians with access to affordable, integrated, high-quality health care, including medical, dental, mental health, substance use treatment services and long-term care. Our vision is to preserve and improve the overall health and well-being of all Californians.

DSM IV - Diagnostic and Statistical Manual of Mental Disorders Fifth Edition. The handbook used by health care professionals to diagnosis mental disorders. *DSM* contains descriptions, symptoms, and other criteria for diagnosing mental disorders.

Dual Diagnosis. See **Co-Occurring Disorders.**

Employment or Vocational Services. A continuum of services and supports designed to enable individuals to get and keep a job. It includes 1) pre-vocational services, such as removing barriers to employment, 2) employment preparation, to include career counseling and education, training and volunteer activity support, 3) job placement, to include job seeking, placement assistance and on-the-job training, and 4) job retention, to include supported employment.

EPIC System. A nationwide computer software company that offers an integrated suite of health care software centered on a database. Their applications support functions related to patient care, including registration and scheduling; clinical systems for doctors, nurses, emergency personnel, and other care providers; systems for lab technicians, pharmacists, and radiologists; and billing systems for insurers.

EPSDT - Early and Periodic Screening, Diagnosis and Treatment. A federally mandated specialty mental health program that provides comprehensive and preventative services to low-income children and adolescents that are also involved with Children and Family Services.

Evidence Based Practices. This term refers to treatment practices that follow a prescribed method that has been shown to be effective by the best available evidence. This evidence is comprised of research findings derived from the systematic collection of data through observation and experiment, and the formulation of questions and testing of hypotheses.

Family Partners. Also referred to as Parent Partners, this professional brings lived experience as a family member of an individual with a serious mental illness to their provision of services. They often participate as a member of a multi-disciplinary team providing mental health treatment, and assist families understand, acquire and navigate the various services and resources needed. In Contra Costa County, Family or Parent Partners have a job classification of Community Support Worker.

Family-to-Family Training. An educational course for family, caregivers and friends of individuals living with mental illness. Taught by trained volunteer instructors from NAMI CC it is a free of cost twelve-week course that provides critical information and strategies related to caregiving, and assists in better collaboration with mental health treatment providers.

Federal Poverty Level. This is a total household income amount that the federal government provides an annual guideline that defines whether individuals are living above or below the poverty level. For example, a family of four is determined to live under the poverty level if their total income in 2014 is $23,850.

5150. Refers to the Welfare and Institutions Code of California for the temporary, involuntary psychiatric commitment of individuals who present a danger to themselves or others due to signs of mental illness.

FY- Fiscal Year. A fiscal year is a specified 12-month period used for accounting and reporting purposes. In Contra Costa County, the fiscal year runs from July 1st of one year to June 30th of the next year.

Focus Groups. In this context, refers to a small group (usually 8-15) of individuals to provide input, advice and counsel on practices, policies or proposed rulemaking on matters that affect them. Often these individuals are grouped by similar demographics or characteristics in order to provide clarity on a particular perspective.

Forensics. In this context, refers to the term used for individuals involved in the legal court system with mental health issues.

4C. Term used to refer to Psychiatric Ward of Contra Costa County Regional Medical Center.

FSP - Full-Service Partnership. A term created by the MHSA as a means to require funding from the Act to be used in a certain manner for individuals with serious mental illness. Required features of full-service partnerships are that there be a written agreement, or individual services and supports plan, entered into with the client, and when appropriate, the client's family.

This plan may include the full spectrum of community services necessary to attain mutually agreed upon goals. The full spectrum of community services consists of, but is not limited to, mental health treatment, peer support, supportive services to assist the client, and when appropriate the client's family, in obtaining and maintaining employment, housing, and/or education, wellness centers, culturally specific treatment approaches, crisis intervention/stabilization services, and family education services.

Also included are non-mental health services and supports, to include food, clothing, housing, cost of health care and co-occurring disorder treatment, respite care, and wrap-around services to children. The County shall designate a personal service coordinator or case manager for each client to be the single point of responsibility for services and supports and provide a qualified individual to be available to respond to the client/family 24 hours a day, seven days a week.

The Full-Service Partnership category is part of the Community Services and Supports (CSS) component of the MHSA. At least 50% of the funding for CSS is to go toward supporting the County's full-service partnership category.

General System Development. A term created by the MHSA, and refers to a category of services funded in the Community Services and Supports component, and are similar to those services provided by community public mental health programs authorized in the Welfare and Institutions Code. MHSA funded services contained in the general system development category are designed to improve and supplement the county behavioral health service delivery system for all clients and their families.

Greater Bay Area Regional Partnership. Regional partnership means a group of County approved individuals and/or organizations within geographic proximity that acts

as an employment and education resource for the public mental health system. These individuals and/or organizations may be county staff, behavioral health service providers, clients, clients' family members, and any individuals and/or organizations that have an interest in developing and supporting the workforce of the public mental health system. The Greater Bay Area Regional Partnership refers to an ongoing effort of individuals and/or organizations from the twelve county greater California bay area regions.

Health Care Access and Information (HCAI) (formerly Office of Statewide Health Planning and Development (OSHDP)). A state department that assists California improve the structure and function of its healthcare delivery systems and promote healthcare accessibility. HCAI is the state entity responsible for the implementation of various MHSA state level funded workforce education and training programs, such as the mental health loan assumption program, psychiatric residency programs, and several graduate stipend and internship programs.

H3 – Health, Housing and Homeless Services Division. Division under Health Services that partners with Behavioral Health Services and focuses on the integration of housing and homeless services across this County's health system. It coordinates health and homeless services across county and in the community; and works with key partners to develop strategies to address the community's health and social needs.

HIPAA - Health Information Portability and Accountability Act. Enacted into law in 1996 and provides the following: 1) the ability to transfer and continue health insurance coverage for millions of American workers and their families when they change or lose their jobs, 2) reduce health care fraud and abuse, 3) mandates industry-wide standards for health care information on electronic billing and other processes, and 4) requires the protection and confidential handling of protected health information

HPSA - Health Professional Shortage Area. A geographic area, population, or facility with a shortage of primary care, dental, or mental health providers and services. The Health Resources and Services Administration (HRSA) and State Primary Care Offices (PCOs) work together using public, private, and state-provided data to determine when such a shortage qualifies for designation as a HPSA.

HSD - Health Services Department. The largest department of County government. The mission of HSD is to care for and improve the health of all people in Contra Costa County with special attention to those who are most vulnerable to health problems. Behavioral Health Services is one of the nine divisions under HSD.

IMD – Institution for Mental Disease. Facility established and maintained primarily for the care and treatment of individuals with serious mental illness. General criteria include: 1) licensed or accredited as a psychiatric facility; 2) under the jurisdiction of the state's mental health authority; 3) specializes in providing psychiatric care and treatment.

IMPACT - Improving Mood Providing Access to Collaborative Treatment. Evidence based mental health treatment for depression utilized specifically for older adults and

provided in a primary care setting where older adults are concurrently receiving medical care for physical health problems. Up to twelve sessions of problem-solving therapy with a year follow up is provided by a licensed clinical therapist, with supervision and support from a psychiatrist who specializes in older adults. The psychiatrist assesses for and monitors medications as needed, and both the clinician and psychiatrist work in collaboration with the primary care physician.

INN - Innovation. A component of the MHSA that funds new or different patterns of service that contribute to informing the behavioral health system of care as to best or promising practices that may be subsequently added or incorporated into the system. These innovative programs accomplish one or more of the following objectives; 1) increase access to underserved groups, 2) increase the quality of services, to include better outcomes, 3) promote interagency collaboration, and 4) increase access to services. All new Innovation programs shall be reviewed and approved by the Mental Health Services Oversight and Accountability Commission. The Act states that five per cent of a County's revenues shall go for Innovation.

Laura's Law. See **AB 1421**.

LCSW - Licensed Clinical Social Worker. Abbreviation used to describe term. See **Clinical Specialist.**

LGBTQI - Lesbian, Gay, Bi-sexual, Transgender, Queer, Intersex. Abbreviation used to describe this community.

Licensed Clinical Specialist. In this context, refers to the term a County civil service classification that denotes a person meeting minimum mental health provider qualifications, to include possessing a license to practice mental health treatment by the California Board of Behavioral Sciences (BBS). An intern registered by BBS also qualifies. A licensed clinical specialist or registered intern can sign mental health treatment plans that qualify for federal financial participation through the Medi-Cal program.

LMFT - Licensed Marriage Family Therapist. Abbreviation used to describe term. See **Clinical Specialist.**

LPS – Lanterman Petris Short Act. Established in 1967, codified California Welfare and Institutions Code 5000, the act was named for its co-authors — Assembly member Frank Lanterman and Senators Nicholas C. Petris and Alan Short. The intent of the LPS Act is to end inappropriate lifetime commitment of people with mental illness and firmly establish the right to due process in the commitment process while significantly reducing state institutional expense.

LRP - Loan Repayment Program. Abbreviation used to describe term.

MDFT - Multi-Dimensional Family Therapy. An evidence based comprehensive and multi-systemic family-based outpatient or partial hospitalization program for adolescents with co-occurring substance use and mental disorders, and those at high risk for

continued substance abuse. Treatment is delivered in a series of 12 to 16 weekly or twice weekly 60 to 90 minute sessions. Treatment focuses on the social interaction areas of parents and peers, the parents' parenting practices, parent-adolescent interactions in therapy, and communications between family members and key social systems, such as school and child welfare.

Medi-Cal. California's version of the federal Medi-Caid program, in which health and behavioral health care can be provided by public health entities to individuals who do not have the ability to pay the full cost of care, and who meet medical necessity requirements. The federal Medi-Caid program reimburses states approximately half of the cost, with the remainder of the cost provided by a variety of state and local funding streams, to include the MHSA.

Mental Health Career Pathway Program. Programs designed to educate, train, recruit prepare, and counsel individuals for entry into and advancement in jobs in the public mental health system. These programs are a category listed as part of the Workforce Education and Training (WET) component of the MHSA.

MHP - Mental Health Plan. An agreement each county has with the state detailing the services that are to be provided.

Mental Health Professional Shortage Designations. Term used by the federal Human Resource Services Administration (HRSA) to determine areas of the country where there is a verified shortage of mental health professionals. These geographical areas are then eligible to apply for a number of federal programs where financial incentives in recruiting and retention are applied to address the workforce shortage.

MH – Mental Health. Abbreviation used for term.

MHC - Mental Health Commission. A group of individuals, often with lived experience as a consumer and/or family member of a consumer, who are appointed as representatives of the County's Board of Supervisors to provide 1) oversight and monitoring of the County's behavioral health system, 2) advocacy for persons with serious mental illness, and 3) advise the Board of Supervisors and the Behavioral Health Director.

MHLAP - Mental Health Loan Assumption Program. A program that makes payments to an educational lending institution on behalf of an employee who has incurred debt while obtaining an education, provided the individual agrees to work in the public behavioral health system for a specified period of time and in a capacity that meets the employer's workforce needs. The MHLAP is funded by the MHSA in the Workforce Education and Training component.

MHSA - Mental Health Services Act or Proposition 63. Was voted into law by Californians in November 2004. This Act combines prevention services with a full range of integrated services to treat the whole person and promote wellness and recovery. The MHSA has five components; community services and supports, prevention and early intervention, innovation, workforce education and training, and capital facilities and

technology. An additional one percent of state income tax is collected on incomes exceeding one million dollars and deposited into a Mental Health Services Fund. These funds are provided to the County based upon an agreed upon fair share formula.

MHSA Three Year Plan - Mental Health Services Act Three Year Program and Expenditure Plan. Each County prepares and submits a three-year plan, which shall be updated at least annually; known as the **Plan or Annual Update** and approved by the County's Board of Supervisors. The plan is developed with local stakeholders by means of a community program planning process, and includes programs and funding planned for each component, as well as providing for a prudent reserve. Each plan or update indicates the number of children, adults and seniors to be served, as well as reports on the achievement of performance outcomes for services provided.

MHSIP - Mental Health Statistics Improvement Program. Is a survey used in Contra Costa as required by DHCS. QI staff elicit feedback from survey sites regarding barriers to acceptable response rates, and based on this, implemented a variety of strategies including training a substantial volunteer workforce to assist with participant recruitment and survey completion.

MHSOAC - Mental Health Services Oversight and Accountability Commission. Established by the MHSA to provide state oversight of MHSA programs and expenditures. Responsible for reviewing and approving each county's Innovation programs, expenditures and evaluation.

Money Management. Term that refers to services that can encompass all aspects of assisting an individual plan and manage financial benefits and resources. It can include counseling on the interplay of work and other sources of income on Medi-Cal, Medicare, Social Security Disability Income (SSDI), and Supplemental Security Income (SSI). It can include becoming a conservator of funds for an individual who has been deemed unable to manage their own funds.

MST - Multi-Systemic Therapy. An evidence based mental health service that is a community-based, family driven treatment for antisocial/delinquent behavior in youth. The focus is on empowering parents and caregivers to solve current and future problems, and actively involves the entire ecology of the youth; family, peers, school and the neighborhood.

NAMI - National Alliance on Mental Illness. The nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raise awareness and build a community for hope for all of those in need. NAMI is the foundation for hundreds of NAMI State Organizations, NAMI Affiliates and volunteer leaders who work in local communities across the country to raise awareness and provide essential and free education, advocacy and support group programs. In Contra Costa County, there is a NAMI Contra Costa Office or NAMI CC.

Needs Assessment. Refers to a process where the behavioral health services and

supports needs of the community are identified and assessed. This includes identifying populations, age groups and communities that remain unserved, underserved or inappropriately served.

NOFA – Notice of Funding Availability. Abbreviation used to describe term.

NPLH – No Place Like Home or Proposition 2. Allows the state to approve the use of the MHSA Funds to build and rehabilitate housing for those with mental illness who are homeless or at-risk of becoming homeless.

OCE – Office for Consumer Empowerment. A Contra Costa County operated program under the Behavioral Health Services division that offers a range of trainings and supports by and for individuals who have experience receiving mental health services. The goal is to increase access to wellness and empowerment for consumers; and to engage in their own individual recovery and become active in the community. This office leads the SPIRIT, WREACH, and WRAP programs.

Outreach and Engagement. In this context, is a MHSA term that is a community services and support category, and a category in which prevention and early intervention services can be provided. Services are designed to reach out and engage individuals in mental health care which have a serious mental illness, or are at risk of developing a serious mental illness. These are individuals who have not sought services in a traditional manner, possibly due to cultural or linguistic barriers.

Peer Provider. Term that refers to a professional who brings lived experience as a behavioral health consumer to their provision of services. They often participate as a member of a multi-disciplinary team providing mental health treatment, and assist consumers and their families understand, acquire and navigate the various services and resources needed. In Contra Costa County, Peer Providers often have a job classification of Community Support Worker.

PEI - Prevention and Early Intervention. Refers to a component of MHSA funding in which services are 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. Twenty percent of funds received by the MHSA are to be spent for prevention and early intervention services.

PES - Psychiatric Emergency Services. A unit of the Contra Costa County Regional Medical Center located next door to the Emergency Room in the county hospital in Martinez. It operated 24 hours a day, seven days a week, and consists of psychiatrists, nurses and mental health clinicians who are on call and available to respond to individuals who are brought in due to a psychiatric emergency. Persons who are seen are either treated and released, or admitted to the in-patient psychiatric hospital ward.

PhotoVoice Empowerment Program. The County sponsors classes designed to enable individuals to create artwork consisting of a photograph and a personally written story that speak to or represent the challenges of prejudice, discrimination and

ignorance that people with behavioral health challenges face. These artworks are then displayed in the community to educate, raise awareness and reduce stigma.

PIER Model - Portland Identification and Early Referral Model. This is an evidence based treatment developed by the PIERS Institute of Portland, Maine. It is an early intervention program for youth, ages 12-25 which are at risk for developing psychosis. It is a multi-disciplinary team approach consisting of a structured interview to assess risk for psychosis, multi-family group therapy, psychiatric care, family psycho-education, supported education and employment, and occupational therapy.

PSC - Personal Service Coordinators. Refers to a mental health clinician or case manager who develops and implements an individual services and support plan with an individual diagnosed with a serious mental illness, and who is part of a full-service partner program under the MHSA. This plan contains a diagnosis, level of severity, agreed upon goals, and actions by the consumer, the personal services coordinator, and other service providers to reach those goals. The personal service coordinator provides therapy, and additionally takes responsibility for the delivery and/or coordination of both mental health and rehabilitation services that assist the consumer reach his/her goals.

PTSD - Post-Traumatic Stress Disorder. An emotional illness that that is classified as an anxiety disorder, and usually develops as a result of a terribly frightening, life-threatening, or otherwise highly unsafe experience. PTSD sufferers re-experience the traumatic event or events in some way, tend to avoid places, people, or other things that remind them of the event (avoidance), and are exquisitely sensitive to normal life experiences (hyper arousal).

Public Health Services. A division under Health Services whose mission is to promote and protect the health and well-being of individuals, families and community in Contra Costa County.

Public Mental Health System. This term is used to describe the public system that is in place to provide mental health services. There are 58 counties and 2 cities that receive MHSA funds to support their public mental health system. Each county's system is uniquely structured where services are provided by county staff or through contractors, such as community based organizations and other agencies.

Pre-Vocational Employment Services. These are services that enable a person to actively engage in finding and keeping a job. Often the services remove barriers to employment services, such as counseling on how working affects benefits, stabilizing medications, obtaining a driver's license or general education diploma, and resolving immigration or other legal issues.

Prudent Reserve. Regarding MHSA, the term refers to a County setting aside sufficient MHSA revenues in order to ensure that services do not have to be significantly reduced in years in which revenues are below the average of previous years.

Psychiatric Residency. Physicians who specialize in psychiatry complete a four-year

residency program at one of several schools of psychiatry, such as that located at the University of California at San Francisco. This is essentially a paid work study arrangement, where they practice under close supervision and concurrently take coursework. At the final residency year, the psychiatrist can elect to work in a medical setting, teach, do research, or work in a community mental health setting.

QA/QI - Quality Assurance and Quality Improvement. Entities in Contra Costa County responsible for monitoring the Mental Health Plan's effectiveness by providing oversight and review of clinics, organizations, and clinicians providing services to consumers. The goals are to perform program development and coordination work to implement and maintain a quality management program that effectively measures, assesses, and continuously improves the access to and quality of care and services provided to the County's mental health consumers. The Quality Management Coordinator is responsible for Chairing and facilitating the Quality Improvement Committee (QIC) and ensuring members receive timely and relevant information.

RFA - Request for Application. Abbreviation used to describe term.

RFI - Request for Information. Abbreviation used to describe term.

RFP - Request for Proposal. Abbreviation used to describe term.

RFQ - Request for Qualifications. Abbreviation used to describe term.

RHD - Reducing Health Disparities. Abbreviation used to describe term.

SAMHSA - Substance Abuse and Mental Health Services Administration. The agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

SB - Senate Bill. Abbreviation used to describe term.

SNHP – Special Needs Housing Program. Allowed local governments to use MHSA and other local funds to provide financing for the development of permanent supportive rental housing that includes units dedicated for individuals with serious mental illness, and their families, who are homeless or at risk of homelessness.

SNF - Skilled Nursing Facility. A special facility or part of a hospital that provides medically necessary services from nurses, physical and occupational therapists, speech pathologists and audiologist. A SNF aims to prevent hospitalizations, optimize antipsychotic medication use, and serve as an intermediate step into the community.

STRTP – Short Term Residential Treatment Program. A residential treatment model that serves youth who have high-level mental health needs or are seriously emotionally disturbed. The goal of STRTPs is to focus on stabilizing high-needs youth to allow an expedient and successful transition to a home setting.

SED - Seriously Emotionally Disturbed. Children from birth up to age eighteen with serious emotional disturbance are persons who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual and results in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

SMI - Serious Mental Illness. Adults with a serious mental illness are persons eighteen years and older who, at any time during a given year, have a diagnosable mental, behavioral, or emotional disorder that meet the criteria of the Diagnostic and Statistical Manual, and the disorder has resulted in functional impairment which substantially interferes with or limits one or more major life activities.

SOC – System of Care. Term used to refer to this county's public behavioral health system.

SPIRIT - Service Provider Individualized Recovery Intensive Training. A recovery oriented, peer led classroom and experiential-based, college accredited educational program for individuals with lived experience as a consumer of mental health services. It is sponsored by Contra Costa Behavioral Health and Contra Costa Community College, and successful completion satisfies the minimum qualifications to be considered for employment by the County as a Community Support Worker.

Stakeholders. Stakeholders is a term defined in the California Code of Regulations to mean individuals or entities with an interest in mental health services, including but not limited to individuals with serious mental illness and/or serious emotional disturbance and/or their families, providers of mental health and/or related services such as physical health care and/or social services, educators and/or representatives of education, representatives of law enforcement, and any organization that represents the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families.

Stigma and Discrimination. In this context, refers to the negative thoughts and/or behaviors that form an inaccurate generalization or judgment, and adversely affects the recovery, wellness and resiliency of persons with mental health issues.

SUD - Substance Use Disorder. When recurrent use of alcohol and/or other drugs causes clinical and functional impairment that may include health issues, failure to meet major responsibilities at work, school or home, legal problems or problems with interpersonal relationships.

STEP - Systematic Training for Effective Parenting. A parent education program published as a series of books developed and published by the psychologists Don Dinkmeyer Sr., Gary D. McKay and Don Dinkmeyer Jr. STEP has reached more than four million parents and has been translated into several languages. It provides skills training for parents dealing with frequently encountered challenges with their children that often result from autocratic parenting styles. STEP is rooted in Adlerian psychology and promotes a more participatory family structure by fostering responsibility,

independence, and competence in children; improving communication between parents and children; and helping children learn from the natural and logical consequences of their own choices.

Supported Employment. A federal vocational rehabilitation term that means competitive work for individuals with significant disabilities that occurs in integrated work settings, or settings in which individuals are working toward competitive work. Such work is consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Supported employment usually means that a professional support person, or job coach, assists the individual in a competitive work setting until assistance is no longer needed.

Supportive Housing. A combination of housing and services intended as a cost-effective way to help people live more stable, productive lives. Supportive housing is widely believed to work well for those who face the most complex challenges—individuals and families confronted with homelessness and who also have very low incomes and/or serious, persistent issues that may include substance abuse, mental illness, or other serious challenges. Supportive housing can be coupled with such social services as job training, life skills training, alcohol and drug abuse programs, community support services, such as child care and educational programs, and case management to populations in need of assistance. Supportive housing is intended to be a pragmatic solution that helps people have better lives while reducing, to the extent feasible, the overall cost of care.

TAY - Transition Age Youth. Individuals between the age of 16 and 25 years of age. Specific mental health programs that address this age group are in the adult system of care, and were designed to assist in the transition of services from the children's system of care, where individuals stop receiving services at 18.

Triple P - Positive Parenting Program. An evidence-based practice designed to increase parents' sense of competence in their parenting abilities. It is a multi-level system of family intervention that aims to prevent severe emotional and behavioral disturbances in children by promoting positive and nurturing relationships between parent and child. Improved family communication and reduced conflict reduces the risk that children will develop a variety of behavioral and emotional problems.

WET - Workforce Education and Training. Refers to the component of the MHSA that funds programs and services that assist in the recruitment and retention of a skilled and culturally competent behavioral health workforce.

WIC - Welfare and Institutions Code. Regulations set that address services relating to welfare, dependent children, mental health, handicapped, elderly, delinquency, foster care, Medi-Cal, food stamps, rehabilitation, and long-term care, to name a few.

WRAP - Wellness Recovery Action Plan. An evidence-based practice that is used by people who are dealing with mental health and other kinds of health challenges, and by people who want to attain the highest possible level of wellness. It was developed by a group of people who have a lived experience with mental health difficulties and who

were searching for ways to resolve issues that had been troubling them for a long time. WRAP involves listing one's personal resources and wellness tools, and then using those resources to develop action plans to use in specific situations.

Wraparound Services. An intensive, individualized care management process for children with serious emotional disturbances. During the wraparound process, a team of individuals who are relevant to the well-being of the child or youth, such as family members, other natural supports, service providers, and agency representatives collaboratively develop an individualized plan of care, implement this plan, and evaluate success over time. The wraparound plan typically includes formal services and interventions, together with community services and interpersonal support and assistance provided by friends and other people drawn from the family's social networks. The team convenes frequently to measure the plan's components against relevant indicators of success. Plan components and strategies are revised when outcomes are not being achieved.

WREACH - Wellness Recovery Education for Acceptance, Choice and Hope. The WREACH Speaker's Bureau is designed to reduce the stigma that consumers and family members often face in the workplace, behavioral and physical health care systems, and in their communities. The WREACH program forms connections between people in the community and people with lived mental health and co-occurring disorders experiences by providing opportunities for sharing stories of recovery and resiliency, and sharing current information on health treatment and supports. Workshops are held to teach people and their families how to write and present their recovery and resilience stories. These individuals are then connected with audiences that include behavioral health providers, high school and college staff and students, law enforcement, physical health providers and the general community.

Appendix D – Certifications

Pending BOS approval

Mental Health Services Act
FY 2023-24 Through FY 25-26 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: Contra Costa Date: 6/6/2024

	MHSA Funding						
	A	B	C	D	E	F	
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve	Total
A. Estimated FY 2023/24 Funding							
1. Unspent Funds from Prior Fiscal Years	52,908,995	12,290,912	10,844,328	1,697,917	0	7,579,248	85,321,400
2. Estimated New FY2023/24 Funding	77,442,818	19,360,705	5,094,922				101,898,445
3. Transfer in FY2023/24	(11,000,000)			2,000,000	5,000,000	4,000,000	-
5. Estimated Available Funding for FY2023/24	119,351,813	31,651,617	15,939,250	3,697,917	5,000,000	11,579,248	187,219,845
B. Budgeted FY23/24 Expenditures	81,905,000	11,768,000	4,018,000	3,045,000	5,000,000	-	105,736,000
C. Estimated FY2024/25 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	37,446,813	19,883,617	11,921,250	652,917	0	11,579,248	81,483,845
2. Estimated New FY2024/25 Funding	63,912,930	15,978,232	4,204,798				84,095,960
3. Transfer in FY2024/25	(6,500,000)			4,000,000	2,500,000		-
4. Estimated Available Funding for FY2024/25	94,859,743	35,861,849	16,126,048	4,652,917	2,500,000	11,579,248	165,579,805
D. Budgeted FY2024/25 Expenditures	62,266,000	15,143,000	3,028,000	2,591,000	2,500,000	-	85,528,000
E. Estimated FY2025/26 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	32,593,743	20,718,849	13,098,048	2,061,917	-	11,579,248	80,051,805
2. Estimated New FY2025/26 Funding	42,999,394	10,749,849	2,828,908				56,578,150
3. Transfer in FY2025/26	(5,500,000)			3,000,000	2,500,000		-
4. Estimated Available Funding for FY2025/26	70,093,137	31,468,698	15,926,956	5,061,917	2,500,000	11,579,248	136,629,955
F. Budgeted FY2025/26 Expenditures	59,089,005	15,807,000	2,651,000	2,626,995	2,500,000	-	82,674,000
G. Estimated FY2025/26 Unspent Fund Balance	11,004,132	15,661,698	13,275,956	2,434,922	-	11,579,248	53,955,955

Notes:

(1) Unspent funds based on estimated FY2022/23 Unspent Fund Balance from Appendix E for the FY 22-23 Plan Update dated 4/5/23.

(2) Revenue estimates are based on M.Geiss 3/29/24 updated provided by CBHDA + $3,998,839 in actual interest earned in FY 22/23.

(3) The anticipated fund transfer to Prudent Reserve will bring the reserve to the maximium percentage of 26.5%.

(4) This Appendix reflects FY 24/25 Plan Update which includes program shifts out of CSS into PEI to reduce the anticipated deficit in FY 25/26 CSS component in prior version.

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2026	11,579,248 (2)

I. Beginning Balance for FY 2023/24	
1. Unspent Funds from Fiscal Year 2022/23	77,742,152
2. Local Prudent Reserve Balance on June 30, 2022	7,579,248
3. Total Beginning Balance	**85,321,400**

FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Contra Costa Date:

	Fiscal Year 2023/24				
	A	B	C	D	E
	Total Mental Health Expenditures	CSS Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount
FSP Programs					
1. Children	22,301,102	22,301,102			
2. Transition Age Youth	3,582,273	3,582,273			
3. Adults	12,287,853	12,287,853			
4. Assisted Outpatient Treatment	3,082,702	3,082,702			
5. Recovery Center	1,100,039	1,100,039			
6. Crisis Residential Center	2,408,428	2,408,428			
7. MHSA Housing Services	21,907,599	21,907,599			
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
Non-FSP Programs					
1. Older Adult Mental Health Program	4,397,822	4,397,822			
2. Children's Wraparound Support/EPSDT Support	1,973,476	1,973,476			
3. Clinic Support	1,916,157	1,916,157			
4. Forensic Team	660,904	660,904			
5. Concord Health Center	918,923	918,923			
6. Liaison Staffs	165,692	165,692			
7. Quality Assurance	1,457,030	1,457,030			
8.		0			
9.		0			
10.		0			
11.		0			
12.		0			
13.		0			
14.		0			
15.		0			
16.		0			
17.		0			
CSS Administration	3,745,000	3,745,000			
CSS MHSA Housing Program Assigned Funds		0			
Total CSS Program Estimated Expenditures	81,905,000	81,905,000	0	0	0
FSP Programs as Percent of Total	81.4%				

FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Contra Costa Date:

	Fiscal Year 2024/25				
	A	B	C	D	E
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount
FSP Programs					
1. Children	3,136,539	3,136,539			
2. Transition Age Youth	501,499	501,499			
3. Adults	7,305,526	7,305,526			
4. Assisted Outpatient Treatment	3,346,945	3,346,945			
5. Crisis Residential Center	2,755,810	2,755,810			
6. MHSA Housing Services	29,240,707	29,240,707			
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
Non-FSP Programs					
1. Older Adult Mental Health Program	4,809,162	4,809,162			
2. Children's Wraparound Support/EPSDT Support	2,072,150	2,072,150			
3. Clinic Support	1,322,677	1,322,677			
4. Forensic Team	455,213	455,213			
5. Concord Health Center	964,869	964,869			
6. Liaison Staff	173,976	173,976			
7. Quality Assurance	1,468,048	1,468,048			
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
CSS Administration	4,712,879	4,712,879			
CSS MHSA Housing Program Assigned Funds					
Total CSS Program Estimated Expenditures	62,266,000	62,266,000		0	0
FSP Programs as Percent of Total	74.3%				

FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Contra Costa Date:

	Fiscal Year 2025/26				
	A	B	C	D	E
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount
FSP Programs					
1. Children	3,168,200	3,168,200			
2. Transition Age Youth	501,499	501,499			
3. Adults	7,235,589	7,235,589			
4. Assisted Outpatient Treatment	3,332,173	3,332,173			
5. Crisis Residential Center	2,755,810	2,755,810			
6. MHSA Housing Services	25,439,695	25,439,695			
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
Non-FSP Programs					
1. Older Adult Mental Health Program	5,017,263	5,017,263			
2. Children's Wraparound Support/EPSDT Expansion	2,175,757	2,175,757			
3. Clinic Support	1,311,286	1,311,286			
4. Forensic Team	477,973	477,973			
5. Concord Health Center	1,013,113	1,013,113			
6. Liaison Staff	182,675	182,675			
7. Quality Assurance	1,541,450	1,541,450			
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
CSS Administration	4,936,519	4,936,519			
CSS MHSA Housing Program Assigned Funds					
Total CSS Program Estimated Expenditures	59,089,002	59,089,002	0	0	0
FSP Programs as Percent of Total	71.8%				

FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Contra Costa

Date: June 7, 2024

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Outreach for Increasing Recognition of Early Signs of Mental Illness	1,688,224	1,688,224				
2. Prevention	2,210,562	2,210,562				
3. Access and Linkage to Treatment	700,295	700,295				
4. Improving Timely Access to Mental Health Services for Underserved Population	1,899,393	1,899,393				
5. Stigma and Discrimination Reduction	326,577	326,577				
6. Suicide Prevention	813,652	813,652				
7.						
8.						
9.						
10.						
PEI Programs - Early Intervention						
11. First Hope	3,550,789	3,550,789				
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
PEI Administration	578,508	578,508				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	11,768,000	11,768,000	0	0	0	0

FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Contra Costa

Date: June 7, 2024

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Outreach for Increasing Recognition of Early Signs of Mental Illness	1,471,364	1,471,364				
2. Prevention	4,008,475	4,008,475				
3. Access and Linkage to Treatment	1,567,439	1,567,439				
4. Improving Timely Access to Mental Health Services for Underserved Population	1,975,369	1,975,369				
5. Stigma and Discrimination Reduction	1,185,341	1,185,341				
6. Suicide Prevention	434,375	434,375				
7.						
8.						
9.						
10.						
PEI Programs - Early Intervention						
11. First Hope	3,893,365	3,893,365				
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
PEI Administration	607,272	607,272				
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	15,143,000	15,143,000	0	0	0	0

FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Contra Costa

Date: June 7, 2024

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Outreach for Increasing Recognition of Early Signs of Mental Illness	1,530,218	1,530,218				
2. Prevention	2,390,943	2,390,943				
3. Access and Linkage to Treatment	1,643,037	1,643,037				
4. Improving Timely Access to Mental Health Services for Underserved Population	2,054,384	2,054,384				
5. Stigma and Discrimination Reduction	925,708	925,708				
6. Suicide Prevention	451,750	451,750				
7.						
8.						
9.						
10.						
PEI Programs - Early Intervention						
11. First Hope	4,094,719	4,094,719				
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
PEI Administration	637,241	637,241				
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	13,728,000	13,728,000	0	0	0	0

FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Contra Costa

Date: June 7, 2024

	Fiscal Year 23/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. ROAR Project	658,412	658,412				
2. CBSST Project	454,716	454,716				
3. Micro Grants	1,907,750	1,907,750				
4. PADS	494,646	494,646				
5. Contract Projects	78,782	78,782				
6.						
7.						
8.						
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10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
INN Administration	423,694	423,694				
Total INN Program Estimated Expenditures	4,018,000	4,018,000	0	0	0	0

FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Contra Costa

Date: June 7, 2024

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. ROAR Project		0				
2. CBSST Project		0				
3. Micro Grants	2,003,139	2,003,139				
4. PADS	499,732	499,732				
5. Contract Projects	78,438	78,438				
6.						
7.						
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10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
INN Administration	446,691	446,691				
Total INN Program Estimated Expenditures	3,028,000	3,028,000	0	0	0	0

FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Contra Costa

Date: June 7, 2024

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. ROAR Project		0				
2. CBSST Project		0				
3. Micro Grants	2,103,297	2,103,297				
4. Contract Projects	78,677	78,677				
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
INN Administration	469,026	469,026				
Total INN Program Estimated Expenditures	2,651,000	2,651,000	0	0	0	0

FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Workforce Education and Training (WET) Component Worksheet

County: Contra Costa Date: June 7, 2024

	Fiscal Year 23/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing Support	1,069,969	1,069,969				
2. Training and Technical Support	692,345	692,345				
3. Mental Health Career Pathway Program	545,336	545,336				
4. Internship Programs	737,350	737,350				
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
WET Administration						
Total WET Program Estimated Expenditures	3,045,000	3,045,000	0	0	0	0

FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Workforce Education and Training (WET) Component Worksheet

County: Contra Costa Date: June 7, 2024

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing Support	1,118,991	1,118,991				
2. Training and Technical Support	694,659	694,659				
3. Mental Health Career Pathway Program	25,000	25,000				
4. Internship Programs	752,350	752,350				
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
WET Administration						
Total WET Program Estimated Expenditures	2,591,000	2,591,000	0	0	0	0

FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Workforce Education and Training (WET) Component Worksheet

County: Contra Costa Date: June 7, 2024

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing Support	1,167,601	1,167,601				
2. Training and Technical Support	697,043	697,043				
3. Mental Health Career Pathway Program	25,000	25,000				
4. Internship Programs	737,350	737,350				
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
WET Administration						
Total WET Program Estimated Expenditures	2,626,994	2,626,994	0	0	0	0

FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Contra Costa

Date: June 7, 2024

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Capital Facilities Projects	5,000,000	5,000,000				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
CFTN Programs - Technological Needs Projects						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
CFTN Administration						
Total CFTN Program Estimated Expenditures	5,000,000	5,000,000	0	0	0	0

FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Contra Costa

Date: June 7, 2024

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Capital Facilities Projects	2,500,000	2,500,000				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
CFTN Programs - Technological Needs Projects						
11. 0						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
CFTN Administration						
Total CFTN Program Estimated Expenditures	2,500,000	2,500,000	0	0	0	0

FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Contra Costa

Date: June 7, 2024

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Capital Facilities Projects	2,500,000	2,500,000				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
CFTN Programs - Technological Needs Projects						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
CFTN Administration						
Total CFTN Program Estimated Expenditures	2,500,000	2,500,000	0	0	0	0

2022-2023
PEI ANNUAL UPDATE

MENTAL HEALTH SERVICES ACT

CCHEALTH.ORG/MENTALHEALTH.MHSA/

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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.

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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**

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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	

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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 22-23, 37,336 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.

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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. During FY 22-23, the completed PEI Program and Fiscal Review report completed for the program Counseling Option for Parents (COPE) was distributed at the following Mental Health Commission monthly meeting: February 16, 2023.

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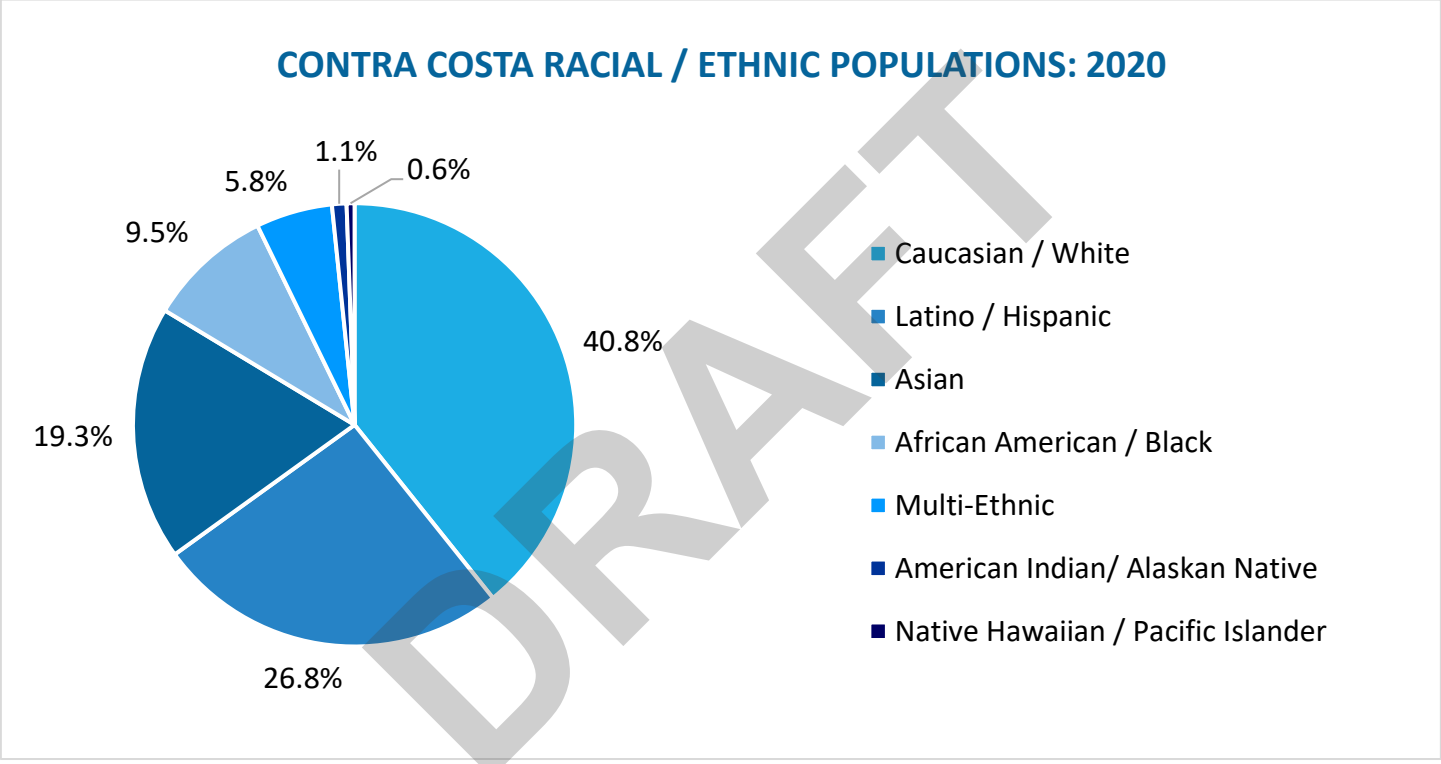
Contra Costa is a geographically and culturally diverse county with approximately 1.1 million residents. One of nine counties in the Greater San Francisco Bay Area, we are located in the East Bay region.

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.



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MHSA funded Prevention and Early Intervention (PEI) programs in Contra Costa County served over 96,000 individuals per year during the previous three-year period, FYs 20-23. 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 20-23. 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 20-21: 29,105; FY 21-22: 30,442; FYs 22-23: 37,336

TABLE 1. AGE GROUP	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED
Child (0-15)	831	1,211	1,880
Transition Age Youth (16-25)	2,944	2,376	3,329
Adult (26-59)	7,204	10,029	12,458
Older Adult (60+)	3,185	5,029	5,260
Decline to State / Data Not Captured	14,941	11,798	14,409

TABLE 2. PRIMARY LANGUAGE	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED
English	22,766	24,169	29,352
Spanish	1,522	2,060	2,367
Other	891	1,392	1,194
Decline to State / Data Not Captured	3,926	2,852	4,422

TABLE 3. RACE	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED
More than one Race	318	488	1,210
American Indian/Alaska Native	136	162	91
Asian	1,512	2,134	2,700
Black or African American	2,251	4,040	4,027
White or Caucasian	8,270	8,737	10,881
Hispanic or Latino/a	2,812	3,510	4,653
Native Hawaiian or Other Pacific Islander	55	192	139
Other	142	508	277
Decline to State / Data Not Captured	13,842	10,709	13,476

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TABLE 4. ETHNICITY (IF NON-HISPANIC OR LATINO/A)	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED
African	309	231	88
Asian Indian/South Asian	754	794	23
Cambodian	2	1	1
Chinese	37	51	46
Eastern European	27	9	5
European	128	142	2
Filipino	30	39	24
Japanese	5	2	3
Korean	6	1	6
Middle Eastern	14	478	216
Vietnamese	185	217	228
More than one Ethnicity	109	78	116
Other	110	368	945
Decline to State / Data Not Captured	26,650	27,395	34,884

TABLE 5. ETHNICITY (IF HISPANIC OR LATINO/A)	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED
Caribbean	3	3	9
Central American	100	174	252
Mexican/Mexican American /Chicano	713	694	384
Puerto Rican	14	12	13
South American	23	17	3
Other	95	326	269

TABLE 6. SEXUAL ORIENTATION	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED
Heterosexual or Straight	16,400	20,926	3,842
Gay or Lesbian	198	214	240
Bisexual	132	141	189
Queer	21	71	57
Questioning or Unsure of Sexual Orientation	52	36	72
Another Sexual Orientation	111	68	105
Decline to State / Data Not Captured	12,193	8,990	32,842

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Table 7. Gender Assigned at Birth	FY 20-21 # Served	FY 21-22 # Served	FY 22-23 # SERVED
Male	7,031	7,930	9,443
Female	10,822	14,682	16,526
Decline to State / Data Not Captured	11,252	7,830	11,367

TABLE 8. CURRENT GENDER IDENTITY	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED
Man	6,846	8,008	9,248
Woman	10,696	14,319	15,742
Transgender	91	96	154
Genderqueer	14	24	200
Questioning or Unsure of Gender Identity	15	10	29
Another Gender Identity	68	58	73
Decline to State / Data Not Captured	11,377	7,927	11,890

Table 9. Active Military Status	FY 20-21 # Served	FY 21-22 # Served	FY 22-23 # SERVED
Yes	81	105	1
No	2,894	2,983	1,141
Decline to State / Data Not Captured	26,132	27,354	34,745

Table 10. Veteran Status	FY 20-21 # Served	FY 21-22 # Served	FY 22-23 # SERVED
Yes	178	124	34
No	3,173	3,863	3,615
Decline to State / Data Not Captured	25,756	26,455	33,324

Table 11. Disability Status	FY 20-21 # Served	FY 21-22 # Served	FY 22-23 # SERVED
Yes	965	557	1,172
No	1,410	1,588	1,939
Decline to State / Data Not Captured	26,730	28,297	34,225

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Table 12. Description of Disability Status	FY 20-21 # Served	FY 21-22 # Served	FY 22-23 # SERVED
Difficulty Seeing	101	65	113
Difficulty Hearing or Have Speech Understood	66	46	75
Physical/Mobility	252	228	336
Chronic Health Condition	225	297	293
Other	62	575	382
Decline to State / Data Not Captured	28,399	6,737	32,924

Table 13. Cognitive Disability	FY 20-21 # Served	FY 21-22 # Served	FY 22-23 # SERVED
Yes	115	141	203
No	1,983	2,461	2,067
Decline to State / Data Not Captured	27,007	27,840	34,916

Table 14. Referrals to Services	FY 20-21 # Served	FY 21-22 # Served	FY 22-23 # SERVED
Clients Referred to Mental Health Services	964	1,141	1,028
Clients who Participated/ Engaged at Least Once in Referred Service	794	1,093	789

Table 15. External Mental Health Referral	FY 20-21 # Served	FY 21-22 # Served	FY 22-23 # SERVED
Clients Referred to Mental Health Services	20,397	22,675	27,550
Clients who Participated/ Engaged at Least Once in Referred Service	214	544	349

Table 16. Average Duration Without Mental Health Services	FY 20-21 # Served	FY 21-22 # Served	FY 22-23 # SERVED
Average Duration for all Clients of Untreated Mental Health Issues (In weeks)	67.5	51.6	153.45

Table 17. Average Length of Time Until Mental Health Services	FY 20-21 # Served	FY 21-22 # Served	FY 22-23 # SERVED
Average Length for all Clients between Mental Health Referral and Services (In weeks)	5	4.8	8.25

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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. Please note, NAHC's contract was not renewed for FY 23-24 due to changes in the organization and their closing of their Contra Costa County location.
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

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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. 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 24-25
Asian Family Resource Center	Countywide	50	$170,928
COPE	Countywide	210	$287,789
First Five	Countywide	(Numbers included in COPE)	$95,704
Hope Solutions	Central and East County	200	$438,069
Jewish Family Community Services	Central and East County	350	$198,291
The Latina Center	West County	300	$142,666
We Care Services for Children (0-5 Children Outreach RFP)	Countywide	99 families	$137,917
TOTAL		**1,359+**	**$1,471,364**

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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) Fierce Advocates 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) Mental Health Connections 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.

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The allocation for the Prevention category is summarized below:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 24-25
Fierce Advocates	West County	400	$255,246
Vicente	Central County	80	$211,105
People Who Care	East County	200	$407,581
Mental Health Connections	Countywide	300	$853,405
RYSE	West County	2,000	$571,648
TOTAL		**2,980**	**$2,298,985**

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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 24-25
First Hope	Countywide	200	$3,893,365
	TOTAL	**200**	**$3,893,365**

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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 24-25
James Morehouse Project	West County	300	$120,448
STAND! Against Domestic Violence	Countywide	750	$156,982
Experiencing Juvenile Justice	Countywide	300	$455,213
	TOTAL	**1,350**	**$732,643**

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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.

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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 24-25
Child Abuse Prevention Council	Central and East County	120	$200,004
Center for Human Development	East County	230	$183,698
La Clínica de la Raza	Central and East County	3,750	$328,402
Lao Family Community Development	West County	120	$222,888
Lifelong Medical Care	West County	115	$153,089
Rainbow Community Center	Countywide	1,125	$887,288
TOTAL		**5,460**	**$1,975,369**

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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) The Overcoming Transportation Barrier (OTB) Flex Fund provides funding to cover a one-time cost specific to transportation needs and help provide support to clients who need to get to their appointments. Some examples of what these funds cover include: the cost of a new tire, or a loaded Clipper card to provide fare to and from appointments or groups. This programming is a continuation of a former Innovation Project that sunset in September 2021.
4) The OCE supports SB803 Implementation in Contra Costa County which enables Contra Costa, along with all California counties, to expand the behavioral health workforce by allowing certification of Peer Support Specialists. This bill makes it easier for people with lived mental health experiences to be trained and hired while providing supportive services to others in the behavioral health system.
5) 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.

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

Program	County/Contract	Region Served	MHSA Funds Allocated for FY 24-25
OCE	County Operated	Countywide	$260,985
CalMHSA	MOU	Countywide	$78,000

TOTAL..... $338,985

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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 24-25
Contra Costa Crisis Center	Countywide	25,000	$434,375
RFP New Funding	Countywide		$300,000
County Supported	Countywide	N/A	Included in PEI administrative cost
TOTAL		**25,000**	**$734,375**

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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	$764,914

TOTAL $742,862

PREVENTION AND EARLY INTERVENTION (PEI) SUMMARY FOR FY 2024-25

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Outreach for Increasing Recognition of Early Signs of Mental Illness	$**1,471,364**
Prevention	$2,298,985
Early Intervention	$**3,893,365**
Access and Linkage to Treatment	$**732,643**
Improving Timely Access to Mental Health Services for Underserved Populations	$**1,975,369**
Stigma and Discrimination Reduction	$**338,985**
Suicide Prevention	$**734,375**
Administrative, Evaluation Support	$764,914

Total $12,210,000

APPENDIX A - PROGRAM PROFILES

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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 24-25: $170,928

g. Number served: FY 20-21: 584; FY 21-22: 624; FY 22-23: 706

h. Outcomes:

- FY 20-21:
  - Continued adaptation of services due to COVID-19 including telehealth, social distancing, mask wearing,

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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.

- FY 22-23
  - Expanded our goal to serve multilingual and multicultural communities, including those of Vietnamese, Lao, Khmu, Mien, Thai, and Chinese backgrounds.
  - Successfully managed over 90 cases in multiple languages, assisting clients with resources, translation services, medication education, counseling, and transportation services.
  - Distributed over 350 program brochures in Vietnamese, Lao, Mien, and Chinese to 19 locations throughout the Bay Area, enhancing outreach and engagement.
  - Hosted 24 psychoeducation workshops on mental health awareness, self-care, and human wellness, with an average of 25 attendees per workshop, demonstrating strong community interest and participation.
  - Conducted weekly group sessions for 10 – 17 people on essential life skills such as financial literacy, nutrition, housing, and safety awareness, addressing a broad range of community needs.
  - Emphasized support for vulnerable populations, including the elderly and homeless, and raised

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awareness on safety and prevention strategies amid rising anti-Asian hate crimes, reflecting our commitment to these communities.

- Increased outreach efforts post-pandemic, focusing on interpersonal community engagement and leveraging family-to-family resources and word of mouth to reach more individuals.
- Utilized various strategies to provide access to mental health treatment and support, including direct referrals for Medi-Cal recipients and offering individual/family consultation and wellness support groups in multiple Asian languages under the PEI program.
- Received updated training for our staff to better serve and understand the needs of underserved populations, ensuring services are tailored and supportive.
- Implemented the Demographics Form for evaluating program outcomes and measuring impact, with modifications for cultural competency and confidentiality maintained for all participants.

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CENTER FOR HUMAN DEVELOPMENT (CHD)

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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 24-25: $183,698

d. Number served: FY 20-21: 198; FY 21-22: 262; FY 22-23: 227

e. Outcomes:

- 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.

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- 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.

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- 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.

- FY 22-23 African American Wellness Program:
  - The program successfully served 150 unduplicated participants in East Contra Costa County.
  - Facilitated 72 Mind, Body, & Soul Support Groups across three locations: Pittsburg Health Center, Pittsburg Senior Center, and Ambrose Community Center.
  - Disseminated 1,147 monthly newsletters in person at group meetings or through email and USPS to all participants.
  - Conducted 281 one-on-one consultations to discuss holistic wellness resource needs with participants.
  - Outreach efforts at four community events reached approximately 189 people in East County, providing information and referrals for health, mental health, and other community resources.
  - Achieved the annual goal of reaching 150 unduplicated participants, offering navigational support to increase emotional well-being and access to culturally appropriate mental health services.
  - Returned to full operations for support groups post-COVID-19 restrictions, adhering to CDC guidelines to ensure participant health and safety.
  - Engaged participants through the “Get Walking” program, promoting mental and physical health improvement, with an increase in participation during the spring walk.
  - Hosted the Second Health Awareness Fair to connect participants and the community to accessible and affordable health care, including mental health resources.
  - Maintained continuous engagement with participants through various modes of communication, ensuring that services were accessible and met the needs of the community in a post-pandemic environment.
- FY 22-23 Youth Empowerment Program:
  - Served 74 unduplicated LGBTQ+ identified youth in East Contra Costa County.
  - Held 84 educational group sessions across four locations, including schools and CHD’s East County Office.
  - Conducted 761 individual check-ins, assessments, and one-on-one support sessions.
  - Referred 10 LGBTQ+ youth for mental health services, with 8 accessing those services.
  - Achieved an average of 2 weeks from referral to accessing services.
  - 88% of surveyed youth reported having someone to turn to in a crisis since attending support groups.
  - 92% of surveyed youth felt better informed about LGBTQ+ resources and services in their community.
  - 76% of surveyed youth felt more comfortable accessing LGBTQ+ services and resources.
  - 92% of surveyed youth started working with a therapist since attending the program.

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CHILD ABUSE PREVENTION COUNCIL (CAPC)

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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 24-25: $200,004

d. Number served: FY 20-21: 159; FY 21-22: 213; FY 22-23: 116

e. Outcomes:

- 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.

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- 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.

- FY 22-23:
  - Implemented two 18-week sessions of The Nurturing Parenting Program (NPP) targeting the Latino community in Central and East County, with sessions beginning in July 2022 and concluding in June 2023.
  - Enrolled a total of 63 Latino parents and 53 children, emphasizing the importance of parenting skills, mental health awareness, and the reduction of stigma around accessing mental health services.
  - Adapted program delivery to a hybrid approach in response to feedback from parents about preferences for in-person vs. online participation, addressing challenges related to returning to the workforce and managing school demands.
  - Collaborated with local community agencies and school districts to promote the program and recruit families, ensuring a culturally sensitive approach.
  - Provided hands-on, collaborative group sessions for parents and children, enhancing skills in key areas such as empathy, discipline, and understanding developmental milestones.
  - Engaged Dr. Hector Rivera-Lopez to offer sessions on identifying behavioral/mental health needs, furthering the program's goal of normalizing mental health discussions within the community.
  - Distributed the Surviving Parenthood Resource Guide and facilitated access to a wide range of community services, supporting families in navigating various support systems.
  - Administered the Inventory AAPI "A" and "B" as evaluation tools at the beginning and end of the program, demonstrating improvements in parenting practices and reductions in risk factors associated with child abuse and neglect.

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CONTRA COSTA CRISIS CENTER

Elaine Cortez Schroth, elainecs@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 itand

  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 tothe 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 willco- chair the Countywide Suicide Prevention Committee.

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

c. Payment Limit: FY 24-25: $434,375

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d. Number served: FY 20-21: 20,082; FY 21-22: 21,971; FY 22-23: 27,226

e. Outcomes:

- 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

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- 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.

- FY 22-23:
  - Exceeded target goals for the operation of 24-hour Crisis & Suicide Hotlines, providing immediate counseling, active listening, emotional support, and referrals to community resources via phone and text.
  - Successfully recruited and trained a diverse volunteer pool, exceeding the target goal for the number of active call center volunteers with multilingual skills.
  - Exceeded target goals for Community Outreach & Education by providing 9 free trainings on Suicide Risk Assessment & Intervention to partner service providers and mental health clinicians countywide.
  - Met target goals for co-chairing Suicide Prevention Coalition monthly meetings, enhancing collaborative efforts for suicide prevention.
  - Met target goals for processing County Coroner referrals and analyzing suicide data to inform prevention strategies.
  - Responded to four Postvention/Mobile Grief Response Requests, offering critical support following sudden deaths in schools, businesses, or agencies.
  - Met target goals for providing Grief Support Groups, enrolling 85 grief clients in services between 07/01/22-06/30/23.
  - Successfully promoted and implemented the Psychiatric Emergency Follow-Up Program, receiving 73 total referrals and providing follow-up to consenting patients discharged from PES.

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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 on strengthening 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 independently solve 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 or the 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 with identified special needs. Our targeted population includes caregivers residing in underserved communities throughout Contra Costa County.

c. Payment Limit: FY 24-25: $287,789

d. Number served: FY 20-21: 200; FY 21-22: 217; FY 22-23: 269

e. Outcomes:

   - FY 20-21:
     - Provided twenty-one (21) Triple P Positive Parenting Group classes and seminars to groups in West,

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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.
- FY 22-23:
  - Successfully completed all contract provisions, ensuring program activities were delivered by accredited Triple P practitioners.
  - Offered twenty-two Triple P Positive Parenting Group classes and seminars across West, Central, and Eastern Contra Costa County.
  - Enrolled 269 individuals in these classes and seminars, exceeding the annual goal.
  - Trained and accredited 14 new facilitators across various Triple P levels, enhancing the program's capacity to serve families with children from birth to age 18.
  - Provided extensive case management services, including supportive check-ins and resource referrals, to every enrolled family.
  - Delivered 21 classes and one seminar throughout the county, utilizing Zoom video-conferencing and in-person meetings to reach English and Spanish speaking communities.
  - Achieved significant outcomes through pre and post assessments, showing reductions in dysfunctional discipline practices, parental perceptions of disruptive child behavior, and symptoms of depression, anxiety, and stress among parents.
  - Engaged in a variety of outreach efforts, collaborating with partner agencies and attending meetings to recruit families at risk, and faced challenges such as high demand for classes which required over-enrollment to meet community needs.

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FIERCE ADVOCATES (FORMALLY BUILDING BLOCKS FOR KIDS - BBK)

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GENERAL DESCRIPTION OF THE ORGANIZATION

Fierce Advocates 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. Fierce Advocates 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:
Fierce Advocates, 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 24-25: $255,246

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

e. Outcomes
- 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,

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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.
- FY 22-23:

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- Coordinated monthly wellness and community engagement activities with community-based organizations, including nature hikes and park clean-ups, to decrease isolation and support community connection.
- Expanded the life coaching program to include Latinx women who speak Spanish, providing them with mental wellness support and referrals to culturally competent mental health resources.
- Fully re-launched in-person family wellness activities, connecting families to the importance of physical and mental health through cooking classes, exercise, dance classes, and team-building activities.
- Continued offering three sanctuaries for emotional well-being support tailored to men of color, Latinx women, and Black women, providing access to mental health tools, knowledge about well-being resources, and community connections.

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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 24-25: $95,704

d. Number Served: FY 20-21: 189; FY 21-22: 193; FY 22-23: 172

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:
  - Conducted fifteen Group Triple P classes specifically designed for parents of children ages 0-5, addressing early childhood behavior and development. (Through partnership with C.O.P.E.)
  - Held both in-person and Zoom classes across the county to enhance accessibility for all families,

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acknowledging and addressing transportation barriers.

- Successfully enrolled 194 parents in Triple P classes, aiming to strengthen parenting skills and family relationships.
- Achieved a program completion rate of 89%, with 172 participants graduating from the Triple P Parenting classes.
- Conducted outreach efforts that reached 431 parents/caregivers, significantly increasing awareness and enrollment in the program.
- Provided additional case management services to 47 families, offering personalized support and resource connections.
- Held 13 presentations and briefings for early childhood organizations as part of an outreach strategy to educate about Triple P class offerings.
- Added four new Triple P facilitators to the team, expanding the program's capacity to serve more parents of young children.
- Implemented strategies to improve service access for underserved populations, including offering classes in English and Spanish and addressing specific community preferences for in-person engagement.
- Overcame challenges in reaching Spanish-speaking and Black/African American communities by adapting outreach strategies and utilizing culturally relevant approaches.

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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 24-25: $3,893,365

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

e. Number served: FY 20-21: 987; FY 21-22: 876; FY 22-23: 983

f. Outcomes:

- 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.

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- 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.
- FY 22-23:
  - Delivered 19 community outreach presentations and trainings on early psychosis intervention, reaching 146 attendees from various health and community organizations.
  - Enhanced the program's cultural and linguistic accessibility by hiring a Spanish bilingual Psychiatric Nurse Practitioner, catering specifically to the Latinx community's needs.
  - Significantly expanded therapy and rehabilitation group offerings to combat social isolation, providing a wide array of support groups including Nature Walk Group, Cognitive Behavioral Social Skills Treatment (CBSST), Dungeons & Dragons, and more.
  - Reduced the conversion rate to psychosis from 33% to 2%, demonstrating the program's effectiveness in early psychosis intervention.
  - Incorporated a former First Hope program client as a peer specialist/mentor, leveraging lived experience to enhance program delivery and relatability..
- 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.

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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 24-25: $438,069

d. Number served: FY 20-21: 367; FY 21-22: 429; FY 22-23: 700

e. Outcomes:

- 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

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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.
- FY 22-23:
  - Implemented strategies to eliminate barriers to accessing services by providing on-site support in affordable housing settings, ensuring full-time availability of case managers and youth enrichment coordinators.
  - Reduced stigma around mental health needs by integrating culturally aware case management and youth enrichment services, facilitating easier access to a multitude of community services, including mental health treatment.
  - Achieved an improvement in social functioning among school-aged youth in enrichment programs, with at least 75% expected to show improvement in self-esteem and confidence.
  - Demonstrated improved family functioning in the realm of self-sufficiency, with at least 75% of families served showing improvement in at least one area of self-sufficiency.
  - Ensured stability of housing for program participants, aiming for 95% of households to retain safe, permanent housing.

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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 24-25: $120,448

d. Numbers Served: FY 20-21: 328; FY 21-22: 399; FY 22-23: 364

e. Outcomes:

- 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."

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- 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.
- FY 22-23:
  - The James Morehouse Project provided essential mental health and wellness services, demonstrating a robust engagement with 1,064 unique individuals accessing the JMP, which accounted for a significant portion of the school population.
  - A notable 95% of students engaged in JMP activities reported improvements in various resiliency indicators, reflecting the program's impact on enhancing coping skills and well-being.
  - Spanish-speaking parents and guardians found a supportive community in Rincón Latino, with 54 participants attending groups, emphasizing the program's inclusive and culturally responsive approach.
  - The program successfully conducted 19 community outreach presentations/trainings, enriching the educational community's understanding of early intervention and support for mental health issues.
  - The addition of a Spanish bilingual Psychiatric Nurse Practitioner expanded access to psychiatric services for the Latinx community, addressing linguistic and cultural barriers to care.
  - By hiring a former client as a peer specialist/mentor, JMP enriched its service model with lived experience, strengthening its client-centered approach.
  - The program faced challenges in maintaining a stable and supportive school environment due to significant staff turnover, highlighting the importance of continuity and community in fostering a nurturing educational setting..

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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 client homes. 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 24-25: $198,291

d. Number served: FY 20-21: 225; FY 21-22: 461; FY 22-23: 203

e. Outcomes:

- 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

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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.

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- 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.

- FY 21-22:
  - Implemented 2 online trainings on cross-cultural mental health concepts for a wide range of service providers, enhancing their understanding and skills in working with culturally diverse clients.
  - Hosted 4 online interactive workshops on public health topics for Afghan parents, tailored to address their specific interests and challenges, with efforts to collect feedback and ensure satisfaction.
  - Facilitated two community-building events, aiming to reduce social isolation among Afghan newcomer families and foster community connections.
  - Provided individual mental health education sessions via phone to Russian-speaking seniors, adapting the delivery method to their comfort level and ensuring personalized support.

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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 24-25: $455,213

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 20-21, 21-22, and 22-23:
  - 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.

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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 24-25: $328,402

d. Number served: FY 20-21: 845; FY 21-22: 799; FY 22-23: 896

e. Outcomes:

- 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).

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- 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 22-23 Vías de Salud:
  - Vías de Salud exceeded its targets by conducting 9,164 depression and anxiety screenings, providing a clear indication of the high demand and necessity for such services within the community.
  - The program further excelled by delivering 1,496 assessments and early intervention services, addressing the critical need for early identification of mental health issues.
  - With 6,025 follow-up support/brief treatment services, Vías de Salud ensured ongoing care and support for adults facing mental health challenges.
- 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).
- FY 22-23 Familias Fuertes:
  - Familias Fuertes, focused on youth and families, surpassed expectations by providing 1,126 screenings for risk factors in youth, demonstrating a proactive approach to identifying potential issues early on.
  - Through 777 assessments for parents and caregivers, Familias Fuertes equipped families with the tools and knowledge needed to support their children's mental and emotional well-being.
  - The program also made significant strides in offering comprehensive support by conducting 1,131 follow-up visits with children and families, providing valuable psycho-education and brief treatment services.

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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 24-25: $222,888

d. Number served: FY 20-21: 126; FY 21-22: 127; FY 22-23: 127

e. Outcomes:

- 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

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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.

- FY 22-23:
  - Completed 127 Pre LSNS assessments and Post LSNS assessments, showing an average progression that strongly correlated with the level of participation in monthly social peer support groups' activities and workshops.
  - Achieved a high satisfaction rate among participants, with 94% satisfied and 6% somewhat satisfied with the program services.
  - Conducted 13 workshops, engaging 183 participants, and 13 peer support groups with 163 participants participating, illustrating the program's capacity to foster community and individual resilience.
  - Organized 4 social gatherings, with a total of 255 participants, and 19 community outreach events, reaching 853 clients, highlighting the program's expansive reach and ability to engage the community effectively.
  - Ensured timely access to a wide range of services, including mental health care, legal assistance, and health insurance navigation, by escorting high-barrier clients to essential appointments and facilitating warm handoffs to service providers.
  - Utilized a variety of evaluation tools, including activity evaluation forms and a general program evaluation form, to continuously assess and improve program services based on participant feedback.

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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 fordeveloping serious mental illness.

c. Payment Limit: FY 24-25: $142,666

d. Number served: FY 20-21: 309; FY 21-22: 291; FY 22-23: 293

e. Outcomes:

- 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.
- FY 22-23:
  - Made over 3,200 outreach calls, resulting in 387 registrations for parenting classes. Out of these, 189 participants took part in the classes, and 54 parents completed all sessions and graduated.
  - Formed 21 parent groups for the classes, with 18 conducted on Zoom and 3 in person, demonstrating adaptability to participant needs and preferences.
  - Hosted 5 workshops on various mental health topics, reaching 82 participants through Zoom and Facebook live broadcasts, evidencing an effective use of digital platforms to engage the community.
  - Offered a stress management program to 3 groups, totaling 22 participants, covering anxiety and stress

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control, emotional awareness, and self-care strategies.

- Provided referrals to a Mental Health Coach for clients needing specialized mental health support, highlighting a tailored approach to individual needs.
- Addressed several challenges, including participation rates and logistical issues with class venues, through diligent follow-up and community collaboration..

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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 24-25: $153,089

d. Number served: FY 20-21: 106; FY 21-22: 137; FY 22-23: 175

e. Outcomes:

- 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.

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- 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.
- FY 22-23:
  - Initiated a new service at St. John Apartments, expanding their reach and providing social services to a broader older adult population.
  - Established a resident council at Harbour to improve communication and advocacy for quality-of-life enhancements.
  - Organized Health & Wellness events across Nevin, Harbour, and Friendship locations to promote physical, mental, and spiritual health.
  - Aided a Nevin Plaza resident with healthcare navigation for cardiac surgery, demonstrating their commitment to individual health needs.
  - Adapted to the logistical challenges of building renovations and management changes at Nevin Plaza by providing group education and increasing one-on-one visits.

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MENTAL HEALTH CONNECTIONS (FORMERLY PUTNAM CLUBHOUSE)-

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GENERAL DESCRIPTION OF THE ORGANIZATION

Mental Health Connections 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: Mental Health Connections' 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. Mental Health Connections 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: Mental Health Connections 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: Mental Health Connections 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: Mental Health Connections 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 24-25: $853,405

d. Number served: FY 20-21: 505; FY 21-22: 326; FY 22-23: 328

e. Outcomes:

- 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.

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- 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.
- FY 22-23:
  - Achieved an increase in membership activity, serving 328 unduplicated members, surpassing the target of 300 and contributing to a total of 42,425 hours of engagement in Clubhouse programming.
  - Exceeded enrollment targets for new Clubhouse members, with 72 new members participating in Clubhouse activities, notably including 53 young adults aged 18 to 25 years.
  - Hosted a significant number of activities specifically tailored for young adults, with 53 activities conducted, demonstrating a strong focus on this demographic.
  - Provided 10,996 meals to members at the Clubhouse, ensuring nutritional support and social engagement.
  - Offered comprehensive transportation support with 671 rides provided to members for various essential purposes.

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- Executed 283 in-home outreach visits, adapting service delivery to meet member needs outside the traditional Clubhouse setting.
- Published 42 blog postings on the Career Corner Blog and conducted 39 career workshops, greatly exceeding the target and supporting members' vocational aspirations.
- Celebrated member achievements and community connections through significant events, including the SPIRIT graduation and community partners picnics and holiday parties, enhancing social cohesion and recognition of member successes.
- Conducted targeted outreach efforts, achieving remarkable engagement and recruitment results, including the successful recruitment of 248 parents for Parent Groups, and the delivery of Home-Based Support to 57 families.
- Demonstrated high levels of satisfaction and positive outcomes among members and caregivers, with significant improvements in independence, well-being, peer interactions, and access to mental health resources.

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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 NAHCstaff, 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 westregion), who are at risk for developing a serious mental illness.

c. Payment Limit: FY 24-25: N/A contract is no longer active due to program closing their Contra Costa County location.

d. Number served: FY 20-21: 143; FY 21-22: 307; FY 22-23: 194

e. Outcomes:

- 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.

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- 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.
- FY 22-23:
  - Focused on outreach, prevention, and early intervention to recognize early signs of mental illness and ensure access to culturally appropriate mental health services.
  - Engaged a remarkable number of community members in prevention and early intervention services programming, significantly exceeding their engagement goal.
  - A high success rate in linking community members to essential services via referrals, showcasing effective case management and support systems.
  - Hosted culturally relevant groups, workshops, and events to foster social connectedness, cultural connection, and awareness of available resources.

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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.
- The Overcoming Transportation Barrier (OTB) Flex Fund provides funding to cover a one-time cost specific to transportation needs and help provide support to clients who need to get to their appointments. Some examples of what these funds cover include: the cost of a new tire, or a loaded Clipper card to provide fare to and from appointments or groups. This programming is a continuation of a former Innovation Project that sunset in September 2021.
- The OCE supports SB803 Implementation in Contra Costa County which enables Contra Costa, along with all California counties, to expand the behavioral health workforce by allowing certification of Peer Support Specialists. This bill makes it easier for people with lived mental health experiences to be trained and hired while providing supportive services to others in the behavioral health system.
- 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.

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

c. Total MHSA Funding for FY 24-25: $260,985

d. Staff: Three

e. Number Served: FY 20-21: 1336; FY 21-22: 485; FY 22-23:738

f. Outcomes:

- FY 20-21:
  - Facilitated 12 monthly Committee for Social Inclusion meetings with an unduplicated count of 63

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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.
- FY 22-23:
  - Social Inclusion:
    - Facilitated 11 monthly committee meetings and 11 monthly planning sessions including participation from 58 community members (duplicated).
    - Committee members, in addition to OCE support staff, engaged in tabling and outreach at 11 community events, interacting with 585 members of the public while sharing mental health resources and information on reducing stigma
  - WRAP:
    - County-employed Advanced Level Facilitators, in coordination with OCE, facilitated 3 WRAP Seminar II trainings with 37 participants representing staff from county-operated programs and community-based organizations. Participants obtained training on facilitating WRAP in group settings.
    - County-employed WRAP Facilitators, in coordination with OCE, facilitated 9 WRAP Seminar I trainings with a total of 77 participants, including SPIRIT 2023 students and clients from East and Central County Adult Behavioral Health, as well as Forensic Mental Health. Participants learned how to complete their own personal Wellness Recovery Action Plan.
    - 1 on 1 WRAP facilitation with 8 clients at East County Adult Behavioral Health, in coordination with OCE.
  - Overcoming Transportation Barriers (OTB) Flex Funds:
    - Processed 10 requests on behalf of clients and/or caregivers for one-time financial assistance for transportation-related needs to help sustain appointment attendance with county-operated behavioral health programs.

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PEOPLE WHO CARE (PWC) CHILDREN ASSOCIATION

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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 24-25: $407,581

d. Number served: FY 20-21: 140; FY 21-22: 130; FY 22-23: 220

e. Outcomes:

- 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

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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.

- FY 22-23:
  - Successfully provided green jobs, financial literacy, and vocational training to 150-200 students in the Clinical Success After-school Program.
  - Offered incentives for student participation in green jobs/financial literacy programs, enhancing engagement and learning outcomes.
  - Conducted classes and projects both at the program site and in community locations, expanding the reach and impact of services.
  - Employed a part-time mental health clinician intern and a full-time Licensed Therapist to provide comprehensive clinical services to clients and their families.
  - Established a Memorandum of Understanding with Pittsburg Unified School District to extend clinical services to students in need on and off school sites.
  - Served 220 unduplicated at-risk clients, offering programs to build self-esteem, cope with trauma, and prevent further psychological issues or criminal activities.
  - Facilitated mental health preventative services for 53 clients and families, addressing depression and anxiety through clinical support.
  - Incentivized 22 clients in the Entrepreneurial Training Program, covering key business skills over a four-week period.
  - Engaged clients in the Green Jobs Training Program in partnership with the East Bay Regional Park District, focusing on environmental justice and sustainability.
  - Supported 106 clients to complete 3,036 hours of volunteering at community events, enhancing their civic engagement and community service experience.

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RAINBOW COMMUNITY CENTER

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2118 Willow Pass Rd, Concord, CA 94520. (925) 692-0090, https://www.rainbowcc.org/

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 24-25: $887,288

d. Number served: FY 20-21: 677; FY 21-22: 547; FY 22-23: 508

e. Outcomes:

- 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

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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.
- FY 22-23:
  - Expanded mental health care access and linkage for the BIPOC LGBTQIA+ community, focusing on early intervention and prevention services.
  - Witnessed an increase in trans and nonbinary youth accessing programs, enhancing their support and resources.
  - Improved mental health care linkage, reducing wait times for clients seeking services.
  - Implemented harm reduction strategies, catering to clients' diverse needs and promoting safer practices.
  - Re-engaged clients with social and support groups, fostering community connections and reducing isolation.
  - Broadened internship opportunities, increasing clinical service provision and supporting professional development.
  - Adopted non-stigmatizing and non-discriminatory strategies, ensuring services are accessible and respectful to all.
  - Noticed an increase in substance use among clients, prompting a focus on relevant support and intervention services.

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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 24-25: $571,648

d. Number served: FY 20-21: 255; FY 21-22: 340; FY 22-23: 701

e. Outcomes:

- 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.

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- 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.

- FY 22-23:
  - Enhanced mental health and wellness support at RYSE, with 96% of youth feeling safe, and established strong linkages with local schools to extend youth-centered resources.

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- Maintained high levels of youth engagement and satisfaction, with positive feedback on belonging, peer relationships, and emotional well-being across diverse groups.
- Addressed interpersonal and systemic crises impacting youth, coordinating comprehensive care and identifying restorative solutions.
- Transitioned to a new campus designed by and for youth, significantly increasing youth engagement in programming, services, and community events.
- Implemented COVID-19 safety protocols aligned with racial and disability justice, supporting impacted youth with measures that prioritize their health and safety.
- Launched peer-led workshops and community events, fostering a supportive environment for creative expression, leadership development, and community building.
- Provided individual counseling and case management, offering tailored support for mental health, education, career, and legal needs, ensuring accessible and culturally competent care.
- Engaged in impactful community collaborations, including initiatives to address youth homelessness and support legal needs, enhancing community care and support.

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STAND! FOR FAMILIES FREE OF VIOLENCE

Rhonda James, rhondaj@standffov.org

1410 Danzig Plaza #220, Concord, CA 94520, (925) 676-2845, http://www.standffov.org/

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 24-25: $156,982

d. Number served: FY 20-21: 743; FY 21-22: 649; FY 22-23: 1132

e. Outcomes:

- 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

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Church Women United foundation.

- FY 22-23:
  - Educated 750 youth on teen dating violence through primary prevention activities.
  - Trained 60 school personnel and community members on the nuances of dating violence and healthy relationships.
  - Conducted 16 gender-based support groups, reaching 200 at-risk youth.
  - Provided linkage to mental health services, addressing the heightened need for support.
  - Adapted to challenges in school resource availability, ensuring continued engagement with students.
  - Implemented a new data management system to enhance outcome tracking and reporting.
  - Strengthened community ties and referral networks through active participation in local events and schools.
  - Offered a comprehensive support ecosystem, including counseling and crisis intervention services.

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VICENTE MARTINEZ HIGH SCHOOL - MARTINEZ UNIFIED SCHOOL DISTRICT

Patty O'Malley, pomalley@martinez.k12.ca.us

925 Susana Street, Martinez, CA 94553 (925) 335-5880, http://vmhs-martinez-ca.schoolloop.com/

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 24-25: $211,105

d. Number served: FY 20-21: 125; FY 21-22: 125; FY 22-23: 49

e. Outcomes:
   - 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

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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.
- FY 22-23:
    - Conducted prevention activities, educating 750 middle and high school students on teen dating violence.
    - Trained 60 school personnel, service providers, and parents on dating violence and healthy relationships.
    - Offered secondary prevention to 200 youth at risk for teen dating violence through 16 gender-based support groups.
    - Engaged students and staff at five high schools in West Contra Costa County, focusing on teen dating violence and healthy relationships.
    - Utilized tabling events and direct outreach to compensate for limited classroom presentations due to school staffing challenges.
    - Transitioned to a robust data management system for improved tracking of program outcomes and participant demographics.
    - Maintained strong connections with school staff for referrals and supported community incidents with individual support.
    - Provided mental health counseling referrals within STAND! and to external community programs for comprehensive support.
    - Actively participated in community events for Teen Dating Violence Awareness Month, advocating for prevention funding and raising awareness.

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WE CARE SERVICES FOR CHILDREN

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2191 Kirker Pass Road, Concord, CA 94521 (925) 671-0777, https://www.wecarechildren.org/

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.

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"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 24-25: $137,917

i. Number served: FY 21-22: 234; FY 22-23: 333

j. Outcomes:
   - FY 21-22:

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- 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).

- FY 22-23:
  - Collaborated effectively as part of an Early Childhood Mental Health collaborative, completing all provisions of the contract.
  - Provided program activities through staff trained in Triple P Parent Groups and Home-Based Support, emphasizing quality service.
  - Exceeded goals in Family Engagement & Outreach, recruiting 322 parents and contacting thousands, surpassing the recruitment target of 299 parents.
  - Conducted 25 Community Groups in English and Spanish, with 219 parents participating, learning strategies to aid their child's development and behavior improvement.
  - Achieved high engagement in Parent Groups, with 248 parents recruited and 219 participating, significantly exceeding the goal of 200 parents for Parent Groups.
  - Parent Groups reported positive impacts, with 89% of participating parents intending to use or follow the advice received and noting improved positive parenting practices.

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- Delivered Home-Based Support to 57 families, offering services in English and Spanish across the county, with 99% of parents reporting increased confidence in their parenting.
- Maintained a focus on cultural competency, with diverse staff and training in cultural awareness, diversity, equity, inclusion, and belonging.
- Ensured integrity and confidentiality of data and records in compliance with HIPAA and county behavioral health guidelines.
- Overall, the program reflected MHSA values by providing integrated, community-based, culturally responsive services to promote wellness, recovery, and resiliency among traditionally underserved populations.

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APPENDIX B - PROGRAM REPORTS

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ASIAN FAMILY RESOURCE CENTER (AFRC) - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2022 – 2023

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
X	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
X	ACCESS AND LINKAGE TO TREATMENT
X	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
X	CULTURE AND LANGUAGE
X	OLDER ADULTS
X	EARLY IDENTIFICATION

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NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Our goal is to serve multilingual and multicultural communities. Specifically of Vietnamese, Laos, Khmu, Mien, Thai, and Chinese background.
- Over the past year, we managed over 90 cases to in several languages, helping clients in connecting to resources, translation services, medication education, counseling, and transportation education services.
- We distributed over 350 program brochures to 19 locations throughout the Bay Area in 4 languages, including Vietnamese, Lao, Mien, and Chinese.
- We hosted 24 psychoeducation workshops over the past fiscal year on topics such as mental health awareness, self-care, and human wellness with an average of 25 attendees per workshop.
- We hosted weekly group sessions of about 10 – 17 people on financial literacy, nutrition, housing, safety awareness, and other life skills.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

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, , 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. We also supported these vulnerable populations through spreading awareness and safety and preventions on strategies during the rise in anti-Asian hate crimes.

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. We have begun to increase our outreach once again after pandemic 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 workshop for community members in regard 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 ger help if needed, particularly for those who may feel limited due to language barriers.

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.)

We were able to host small workshops for groups of about ten to seventeen 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.

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Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

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 or individuals that attend group, their ages, and the number of hours attended. The Demographics Form does not include the client's name so their information will always be confidential. We use 1 form per 1 individual per 1 contact. The data is compiled at the end of the month and analyzed.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

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 Costa 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 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.

Include examples of notable community impact or feedback from the community if applicable.

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AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)
TOTAL SERVED FOR FY 22-23: 706

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
4	12	290	400	0	706

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
0	0	706	0	706
IF OTHER, PLEASE SPECIFY: Vietnamese, Laos, Khmu, Mien, Thai, and Chinese.				

RACE:

MORE THAN ONE RACE	0
AMERICAN INDIAN/ ALASKA NATIVE	0
ASIAN	706
BLACK/ AFRICAN AMERICAN	0
WHITE/ CAUCASIAN	0
HISPANIC/ LATINO	0
NATIVE HAWAAIAN/ PACIFIC ISLANDER	0
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	706

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	0
ASIAN INDIAN/ SOUTH ASIAN	0
CAMBODIAN	0
CHINESE	39
EASTERN EUROPEAN	0
FILIPINO	0
JAPANESE	0
KOREAN	2
MIDDLE EASTERN	0
VIETNAMESE	213
MORE THAN ONE ETHNICTY	0
OTHER	452

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ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	0
CENTRAL AMERICAN	0
MEXICAN AMERICAN	0
PUERTO RICAN	0
SOUTH AMERICAN	0
OTHER	706

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	706

SEXUAL ORIENTATION:

HETEROSEXUAL	706	QUESTIONING / UNSURE	0
GAY / LESBIAN	0	ANOTHER SEXUAL ORIENTATION	
BISEXUAL	0	DECLINE TO STATE/ DATA NOT CAPTURED	
QUEER	0	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	706

SEX ASSIGNED AT BIRTH:

MALE	237
FEMALE	460
DECLINE TO STATE/ DATA NOT CAPTURED	9
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	706

CURRENT GENDER IDENTITY:

MAN	237
WOMAN	460
TRANSGENDER	0
GENDERQUEER / NON-BINARY	0
QUESTIONING	0
ANOTHER GENDER IDENTIY	0
DECLINE TO STATE/ DATA NOT CAPTURED	9
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	706

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ACTIVE MILITARY STATUS:

YES	0
NO	706
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	706

VETERAN STATUS:

YES	34
NO	665
DECLINE TO STATE/ DATA NOT CAPTURED	7
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	706

DISABILITY STATUS:

YES	402
NO	300
DECLINE TO STATE/ DATA NOT CAPTURED	4
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	706

DISABILITY TYPE:

DIFFICULTY SEEING	25
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	33
PHYSICAL MOBILITY	196
CHRONIC HEALTH CONDITION	144
OTHER	4
DECLINE TO STATE/ DATA NOT CAPTURED	304
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	706

COGNITIVE DISABILITY:

YES	6
NO	700

DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	706

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PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	**0**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**0**

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	**48**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**21**

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	**0**
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	**1 WEEK**

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CENTER FOR HUMAN DEVELOPMENT - AFRICAN AMERICAN WELLNESS PROGRAM - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2022 – 2023

PEI STRATEGIES (CHECK ALL THAT APPLY):

	PREVENTION
	EARLY INTERVENTION
	OUTREACH
	STIGMA AND DISCRIMINATION REDUCTION
	ACCESS AND LINKAGE TO TREATMENT
x	**IMPROVING TIMELY ACCESS TO TREATMENT**
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
	CULTURE AND LANGUAGE
	OLDER ADULTS
	EARLY IDENTIFICATION

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NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- The African American Wellness Program (AAWP) provided services to 150 Unduplicated Participants in East County Costa County.
- AAWP facilitated 72 Mind, Body & Soul Support Groups at three (3) locations (Pittsburg Health Center, Pittsburg Senior Center, and Ambrose Community Center.
- 1,147 Monthly Newsletters were disseminated to all participants in person at group meetings or sent by email or via USPS.
- AAWP provided 281 One-on-One Consultations to discuss their holistic wellness resource needs with participants.
- Outreach for all program services was conducted at four community events to reach approximately 189 people in East County.
- We provided 175 referrals to participants in East County for Health, Mental Health, and other

community resources.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

Center for Human Development's African American Wellness Program provides Prevention and Early Intervention Services that empowers participants to establish pathways to better Mental Health. Our target population are those in need of a trusted community, ally, and group support. Most participants are low income and underserved due to lack of resources and knowledge of community resources available to them. During the July 1, 2022 - June 30, 2023, contract period, the annual goal was to reach 150 unduplicated participants. During this time our program provided the following services.

- Navigational support to increase emotional well-being.
- Ongoing group support to decrease personal stress and isolation.
- Increased access to culturally appropriate Mental Health Services for African Americans living in East County Costa County.

Michelle Moorehead, Community Health Advocate, and Lisa Gordon, Residential Leader, coordinated a range of services for the African American Wellness Program at the Bay Point Spark Point Center and three other East County locations. Key activities included the delivery of a culturally specific health education curriculum on various Mental Health topics for participants in six Mind, Body & Soul support groups. Throughout the year, a monthly newsletter, outreach at community health events, and navigation assistance helped to promote Mental Health services. And the co-location and collaboration with Spark Point Multi-Service Center helped to facilitate referrals of local community members into the program. The program activities during the 12-month period included facilitating six (6) Mind, Body & Soul support groups at 3 locations in East Contra Costa County:

- Pittsburg Health Center, Pittsburg Every 1st and 3rd Tuesday of the month.
- Pittsburg Senior Center, Pittsburg Every 2nd and 4th Wednesday of the month.
- Ambrose Center, Bay Point Every 1st and 3rd Wednesday of the month.

With restrictions lifted for COVID-19 all our support groups have returned to full operations. Following all CDC Guidelines to ensure health and safety, our participants masks requirements are optional during program meetings and or activities. Participants choosing to wear a mask had one provided to them. Hand sanitizer was provided as well to participants as requested.

During July 1, 2022-June 30, 2023, fiscal year, AAWP conducted outreach at 3 community events: 1) Senior Center Health & Resource Fair, 2) Juneteenth Celebration, and 3) Unity in the Community.

- The health fair at the Senior Center event was hosted by Joy Walker, Recreation Supervisor, for Pittsburg Senior Center. AAWP provided information about mental health services, invitations to attend our bi-monthly support groups meetings and a copy of our newsletter. We were able to reach 40 participants with information about our program.
- AAWP attended a Juneteenth Celebration in collaboration with the Souljah's Pastor Greg Osorio, at Pittsburg City Park. During the event, AAWP team provided information about mental health

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services, support group meetings, incentives, and a copy of our newsletter. We outreached to 48 participants at this event.

- In collaboration with Bay Point All in One, Delano Johnson CEO. Our program tabled at this event to provide information regarding mental health services, support group meetings, incentives, and our monthly newsletter. We outreached to 30 participants at this event.

Some participants have not returned to our support groups since the restrictions were lifted. We still maintain contact through the distribution of monthly newsletters to all past participants via USPS or email. This communication strategy provided non-participants with the monthly curriculum and a reminder of the available resources and services AAWP provides. There are several instances in which the AAWP team was able to provide non-attending group members with mental health referrals and navigation services though Zoom, Facetime, or in-person one-on-one meetings at the Ambrose Center (Sparkpoint). We believe, meeting participants "where they are" and "how they wish to receive services" is very important for establishing trust with the African American population. Meeting one-on-one with an AAWP ally can help decrease stress, anxiety, and depression levels. Making our services available upon demand in a post-pandemic environment has helped to ensure that all participants' needs were being met.

African American Wellness Program continued our "Get Walking" program beginning in the fall (September 9-October 28, 2022), and again in the spring (April 21 - July 7, 2023). Our twelve-week program, which is endorsed by the American Heart and Lung Associations, is offered twice a year in collaboration with Joy Walker, Recreation Supervisor for the Pittsburg Senior Center. Our participants meet once a week at Small World Park, in Pittsburg for health education talks on various topics by guest speakers and a vigorous walk inside the park. All safety measures were applied at the time. Participants documented there process each week. Group T-shirts, sun visors, water, and healthy snacks (fruit & granola bars) were provided. The fall walk had a total of 129 participants with an average of 12 participants per week. Spring walk participation increased to 215 participants walking with an average of 19 participants per week. During the year, AAWP collaborated with Girl Trek, a nationwide women's walking group. Many Girl Trek women live in East County and participated in our weekly walks. AAWP shared mental health information, as well as information about our Mind Body Soul Support Groups by distributing our newsletter to Girl Trek email list and posting it on their social media page. AAWP gained new participants in our support groups as a result. The "Get Walking" program allowed our participants to re-connect with nature and to get healthier mentally & physically. Walking decreased stress, depression, anxiety, and isolation. Participants shared feeling better during and after weekly walks.

On January 13, 2023, AAWP hosted its Second Health Awareness Fair. The purpose of the event is to gather participants to celebrate Dr. Martin Luther King Jr.'s Birthday as a community. It was Dr. King who said, "Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death." The City of Pittsburg, John Muir Health, and John Muir Medical Group helped to sponsor the Health Awareness Fair to connect AAWP participants and the general community to accessible and affordable health care and community resource, including Mental Health resources, AAWP monthly newsletters, and support group invitations. 71 people attended this event to hear an inspiring keynote speech by Rev. Wade Harper, regarding community and life choices, and a Health Talk delivered by Tosan Boyo, Senior V.P. of Hospital Operations at John Muir Health. Demetrius Burnett performed a spoken word poem, and participants in the audience sang "We shall overcome" together.

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Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

The roster for African American Wellness Program, July 1, 2022-June 30, 2023, shows a total of 120 unduplicated attendees with 33 non-group participants who received services, resource referrals, and one-on-one consultations. AAWP serves adults 18 and older, living in East Contra Costa County. The program supports participants by empowering them to recognize and achieve inner strengths and coping strategies to maintain emotional wellness. The unduplicated number of participants for the fiscal year is 153. 1,147 newsletters were distributed via USPS, email, and in-person. 189 people were engaged at community events though AAWP outreach.

Participants who attended Mind, Body & Soul Support Groups received tools and techniques to identity barriers. One-on-One services were provided to help participants to address their current issues. Participants were referred to Contra Costa Crisis Center (211) and the Mental Health Access Line for intake. The AAWP staff team assisted participants navigate the systems to receive the care they needed, ensuring they receive an appointment. Warm hand-off referrals included attending doctors' appointments to advocate for the client's care. Typically, the appointment is scheduled during the initial intake, although appointments for treatment or other providers was 6 -8 weeks. CHD followed up with participants to ensure that they make it to the appointments and their needs were met.

Participants are provided resources and 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 and Soul group helps give a participant hope, while facing life challenges. Helping them to address and overcome barriers such, as homelessness, lack of medical coverage, transportation, or poor nutrition. AAWP links participants with a range of community resources to holistically meet their needs. Many participants enter the program through word of mouth, referrals provided by 211, and sent by Contra Costa Mental Health Services at the Pittsburg Health Center.

Mind, Body and Soul support is designed as a supportive system to address different types of trauma clients encounter in life and begin the healing. We strive to teach the tools and techniques that will help defuse a hectic situation by using self-care practices such as mindfulness, leveraging protective factors, taking a brief walk, and journaling.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

African American Wellness Program is active in the community. Our program collaborates and conducts outreach with other agencies. The AAWP team attends bi-weekly collaboration meetings in Bay Point at West Pittsburg Community Church. The meeting includes key community partnerships such as, the Bay Church, John Muir, and Bay Point All in One. Our Community Health Advocate attends the East County Network Meeting weekly via zoom with other non-profits to better serve the community. Together this multi-service alliance provides food, clothing, and showers for homeless individuals. AAWP provides Mental Health information and

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an invitation to attend our bi-monthly support groups, also community resource referrals. Another agency participant, Hope Solutions assists with housing referrals for participants experiencing homeless or at risk of homeless.

Include examples of notable community impact or feedback from the community if applicable.

- M.T. is a participant age range 60+ years old. She has attended the Mind, Body & Soul support group. She began 8+ years ago. She was a Resident leader for the program and performed outreach activities. M.T. came to MBS group dealing with a substance abuse issue. She worked her sobriety program and participated in MBS group for extra support regarding her anxiety. M.T. shared her life experience with other participants and felt love and acceptance. Using both programs' tools & techniques she has been clean and sober for some time now. M.T. shares her experience with others, and advocates for others to join our support group. M.T. continues to attend to maintain her emotional wellness and physical health.

- G.M. is a 26–59-year-old participant. She has attended the Mind, Body and Soul Support Group. A year ago, she was experiencing stress, depression and anxiety. G.M. has mobility issues that require the use of a walker. G.M. was given tools and techniques to decrease her stress, by journaling her feelings and mindfulness exercises. Her depression gradually decreased by connecting with other participants with similar experiences to share. As she discussed her feelings, G.M. developed new friendships while attending MBS group. G.M. also has improved her eating habits, which helped her improve her mood. She continues to attend our support groups and has maintained the gains she made in emotional wellness and physical health.

- C.M. is a participant in the 60+ age range. Two years ago, she began attending the Mind, Body and Soul support group. She was experiencing stress, and anxiety. C.M. was very quiet in the beginning when attending our support group. As she listened to other participants share their experiences, she was able to practice and use learning tools and techniques to express her feelings. Such as active listening, mindfulness, and deep breathing. She has decreased her stress and anxiety levels since attended the support groups. She also attended our 'get walking "program and developed new friendships and has become more active with others. This helped her to decrease her stress and anxiety levels. C.M. has continued to attend our support groups to maintain her emotional wellness and physical health.

- A.B. is a 60+ years old participant who has been a Mind Body & Soul group member for 6+ years. He was experiencing stress and health related (diet) issues. A.B. was diagnosed with high blood pressure. A.B. remembered to monitor is diet and eating habits that he learned previously learned about in our support groups. A.B. has changed his diet he is choosing to eat meals lower in sodium to keep is blood pressure level, decreased. He started listening to soft music and reading positive affirmations to decrease his stress. He also took morning walks in his neighborhood. He is working closely with is Primary care Doctor regarding his Blood pressure and regularly taking his prescribed medication. A.B. shared with the support group how he has been able to decrease his stress level. Other participants can relate to A.B. and shared their experiences also. A.B. continues to attend our support groups to maintain his emotional wellness and physical health.

Quotes from participants of Mind, Body & Soul support group.

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- “I receive so much valuable information I glad I decide to attend “S.A.
- “We can ask questions and really be heard” V.M.
- “Michelle & Lisa are always helpful and take their time with our group” C.C.
- “I appreciate all the new friends I have made in the group” R.O.
- “Our support group is my 2nd family “R.M.
- “I feel comfortable to share in the meetings and not judged “M.A.

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AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)
TOTAL SERVED FOR FY 22-23: 153

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
N/A	4	80	69	N/A	153

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
146	7	2	N/A	153
IF OTHER, PLEASE SPECIFY:				

RACE:

MORE THAN ONE RACE	4
AMERICAN INDIAN/ ALASKA NATIVE	0
ASIAN	0
BLACK/ AFRICAN AMERICAN	132
WHITE/ CAUCASIAN	6
HISPANIC/ LATINO	8
NATIVE HAWAAIAN/ PACIFIC ISLANDER	1
OTHER	0
DECLINE TO STATE/ DATA NOT CAPTURED	2
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	153

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	0
ASIAN INDIAN/ SOUTH ASIAN	0
CAMBODIAN	0
CHINESE	0
EASTERN EUROPEAN	0
FILIPINO	2
JAPANESE	0
KOREAN	0
MIDDLE EASTERN	0
VIETNAMESE	0
MORE THAN ONE ETHNICTY	N/A

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		OTHER	N/A

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	0
CENTRAL AMERICAN	0
MEXICAN AMERICAN	2
PUERTO RICAN	0
SOUTH AMERICAN	0
OTHER	0

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	151
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	153

SEXUAL ORIENTATION:

HETEROSEXUAL	153	QUESTIONING / UNSURE	0
GAY / LESBIAN	0	ANOTHER SEXUAL ORIENTATION	0
BISEXUAL	0	DECLINE TO STATE/ DATA NOT CAPTURED	0
QUEER	0	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	153

SEX ASSIGNED AT BIRTH:

MALE	53
FEMALE	100
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	153

CURRENT GENDER IDENTITY:

MAN	53
WOMAN	100
TRANSGENDER	0
GENDERQUEER / NON-BINARY	0
QUESTIONING	0
ANOTHER GENDER IDENTIY	0
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	153

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ACTIVE MILITARY STATUS:

YES	
NO	0
DECLINE TO STATE/ DATA NOT CAPTURED	153
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	153

VETERAN STATUS:

YES	5
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	148
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	153

DISABILITY STATUS:

YES	17
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	136
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	153

DISABILITY TYPE:

DIFFICULTY SEEING	3
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	2
PHYSICAL MOBILITY	11
CHRONIC HEALTH CONDITION	5
OTHER	N/A
DECLINE TO STATE/ DATA NOT CAPTURED	132
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	153

COGNITIVE DISABILITY:

YES	3
NO	

DECLINE TO STATE/ DATA NOT CAPTURED	150
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	153

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PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	**0**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**0**

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	**41**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**41**

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	**6 weeks**
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	**8 weeks**

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CENTER FOR HUMAN DEVELOPMENT – EMPOWERMENT PROGRAM - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2022 – 2023

PEI STRATEGIES (CHECK ALL THAT APPLY):

	PREVENTION
	EARLY INTERVENTION
	OUTREACH
	STIGMA AND DISCRIMINATION REDUCTION
	ACCESS AND LINKAGE TO TREATMENT
×	**IMPROVING TIMELY ACCESS TO TREATMENT**
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
	CULTURE AND LANGUAGE
	OLDER ADULTS
	EARLY IDENTIFICATION

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NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Provided services to 74 unduplicated LGBTQ+ identified youth in East Contra Costa County.
- Facilitated 84 educational group sessions at four (4) locations (CHD's East County Office, Hillview Junior High School, Pittsburg High School, and Deer Valley High School).
- Facilitated 761 individual check-ins, assessments, and one-on-one support sessions.
- 10 LGBTQ+ youth were referred for mental health services, 8 youth accessed services.
- Average time between referral for services and accessing services is 2 weeks.
- 88% of youth surveyed stated that since they started attending Empowerment support groups, they have someone they can turn to in a crisis.
- 92% of youth surveyed stated that since they started attending Empowerment support groups, they are a little or a lot better informed about LGBTQ+ resources and services in their community.

- 76% of youth surveyed stated since they started attending Empowerment support groups, they a little or a lot more comfortable accessing LGBTQ+ services and resources.
- 92% of youth surveyed stated they have started working with a therapist since they first started attending Empowerment support groups.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

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 68 unduplicated youth from July 1, 2022, through June 30, 2023. During the course of 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 East County 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 twelve to twenty in East Contra Costa County.

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Kevin Martin, Empowerment Program Coordinator, facilitated the following services from July 1, 2022, through June 30, 2023. Mr. Martin is a full-time employee, working 40 hours per week on the project. During this reporting period, Empowerment has worked with 74 unduplicated youth, which exceeds our goal of 68 unduplicated youth. This number is less than the previous year due to the difficulties establishing a new location for a community-wide group after having to close our office at Rivertown Resource Center in Antioch. 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 school teachers, 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: 122
- Group sessions: 25
- Unduplicated participants: 13

At Pittsburg High School staff facilitated:

- Individual check-ins, assessments, support sessions: 330
- Group sessions: 34
- Unduplicated participants: 30

At Deer Valley High School Staff facilitated:

- Individual check-ins, assessments, support sessions: 257
- Group sessions: 21
- Unduplicated participants: 23

From July 1, 2022, through June 30, 2023, Kevin Martin facilitated 80 group sessions specifically for youth from these three school sites. This number is far less than past year. Staff believes this could be due to the increased perception of safety by LGBTQ+ youth and regained ability to self-regulate emotional situations after being back in the school environment for some time following the COVID closures. Staff continued to conduct frequent individual check-ins, assessments and one-on-one support sessions in addition to group sessions. Staff conducted 709 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 high number of youth seeking support service at Pittsburg High School, staff formed multiple groups at this site, and formed a waiting list toward the end of the year 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 66. 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 new East County office, in Pittsburg, and/or are not "out" in some aspect of their life (i.e. peers, family, or community).

Topics discussed with participants at school site included: Initial Assessment, Establishing Norms, Group Development, Fears about Coming Out to Family, LGBTQ+ Pride Flags, Coping with Stress Relating to Family, Bullying by Former Friends, LGBTQ+ Trivia, SOGIE (Sexual Orientation, Gender Identity & Expression) Spectrums, Addressing Conflict – "I" Statements, Safety Planning, Celebrating End of Fall Semester, Winter Break, Accepting Consequences of Behavior, Goal Setting, Healthy versus Unhealthy Boundaries & Relationships, Resolving Conflict, Black LGBTQ+ Trailblazers, Disclosing Identity (Coming OUT) to Parents, Black LGBTQ+ Historical Icons, LGBTQ+ Women Trailblazers, LGBTQ+ Women Who Made History, "How do I see myself?", Donald Trump Indictment, Preparing Mentally for Spring Break, Mental Health Awareness, Relaxation Skills, Addressing Confidentiality being Broken, LGBTQ+ Pride Trivia, LGBTQ+ History Icons, LGBTQ+ History, Rejections of Preferred Name, Boundaries & Stalking, "Do you need to share your sexual orientation with your partner?", Surviving Divorce, Questioning Sexual Orientation, Fear of Receiving Psychological Diagnosis, Labeling One's Identity, The Impact of Questioning Identity on Mental Health, Safety Planning, Impact of MLK (Martin Luther King Jr.) on LGBTQ+ Rights Movement, Goal Setting, Healthy Boundaries, Resolving Conflict

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within Relationships, Black LGBGQ+ Trailblazers, Manipulation & Gaslighting, Stress of Questioning Gender, Suicidality, Supporting Friends who Threaten Self-harm, International Asexuality Awareness Day, Addressing Disrespectful Behavior from Peers, Verbal Harassment (Rude & Personal Questions), Self-reflection, Relaxation Skills, Heightened Attentiveness of Family after 5150 Hospitalization, Pre and Post-Surveys, 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 East County 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 which were exacerbated by the need to relocate this group and the agency's East county office from Antioch to Pittsburg. This 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 agency's East County office facilitated:

- Individual check-ins, assessments, support sessions: 52
- Group sessions: 4
- Unduplicated participants: 8

From July 1, 2022, through June 30, 2023, Kevin Martin facilitated 4 virtual and in-person youth support group sessions for youth ages 12-20 from throughout East Contra Costa County. The group met using the Zoom platform and at Rivertown Resource Center, in Antioch. The number of meetings is less than our goal of 20 sessions for the year and group attendance numbers were down significantly, due to difficulties securing a new confidential location to hold groups sessions and relocate the agency East County Office. This group had an average attendance of 3 youth per session for this reporting period. The number of unduplicated participants was 8. Staff predicts these numbers to increase in the next year, as outreach and promotion of the new location permeates the community. CHD staff conducted 52 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, Queer History, SF Declaration of August as Trans History Month, New School Year Anxiety, Having to Relocate Office and Meeting Space.

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 for 10 youth throughout the year. Eight referred participants confirmed accessing referred supports, a significant increase from the previous year. The average duration between stated onset of symptoms and referral was five (5) weeks, and the average length of time from referral to accessing services was two (2) weeks. The number of referrals is short of our target of 15 annual referrals, likely due to not having an ongoing non-school based group. However, all participants were

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given Safety Phone Lists and repeatedly encouraged 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 Family Services, 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 74 unduplicated youth, in East Contra Costa County, exceeding our goal without an ongoing non-school based group or active Leadership program.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

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In post-surveys, participants were asked a series of questions asking them to state how, or if they note changes in particular areas including determinants of health since participating in Empowerment support programming. Twenty-five post-survey responses were received. Responses show:

- 68% of respondents note communicating a little or a lot better with their families.
- 96% of respondents noted that they have come out to a little or a lot of their friends.
- 88% of respondents stated they have someone they can turn to in a crisis.
- 92% of respondents noted that they are a little or a lot better informed about LGBTQ+ resources and services in their community.
- 76% of respondents noted being a little or a lot more comfortable accessing LGBTQ+ services and resources.
- 72% of respondents state they have become a little or a lot better leader.
- 84% of respondents noted they are a little or a lot better advocate for themselves and others.
- 80% of respondents noted being a little or a lot more involved in their community.
- 68% of respondents noted they are doing a little or a lot better in school.
- 92% of respondents noted starting to work with a therapist.
- Also, 52% of respondents stated they can see themselves as a happy adult all or most of the time in post-surveys, as opposed to only 34% of pre-survey respondents.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

Empowerment is a social-emotional and educational support program for LGBTQ+ youth, ages 12 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 youth throughout the Empowerment Program. All LGBTQ+ youth, ages 12-20, 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.

Include examples of notable community impact or feedback from the community if applicable.

It is not an uncommon experience for staff to hear from participants and parents/guardians that Empowerment Program is the only source of positive support participants are able to identify; especially during times of mental, or emotional struggle related to their identity. Staff also frequently hears from community partners how important the Empowerment Program is, and how needed the work Empowerment does to support LGBTQ+ youth is in our communities.

Staff asked participants to share their personal experiences with the Empowerment Program. Here are a few of their responses:

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"I love to come to this group because I know there are people here who understand what I am going through." ~AB

"Being in group is very supportive and fun because you can be surrounded by people who are alike." ~AM

"It's a great space to relax and make friends and learn about LGBTQ things." ~GA

"My experience in Empowerment was wonderful. I love it." ~FA

"Don't be embarrassed about sharing, it honestly helps a lot." ~EA

"It's fun and you get to meet new people that are like you." ~MA

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AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)
TOTAL SERVED FOR FY 22-23: 74

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
38	36				74

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
74				74
IF OTHER, PLEASE SPECIFY:				

RACE:

MORE THAN ONE RACE	14
AMERICAN INDIAN/ ALASKA NATIVE	
ASIAN	9
BLACK/ AFRICAN AMERICAN	13
WHITE/ CAUCASIAN	7
HISPANIC/ LATINO	28
NATIVE HAWAAIAN/ PACIFIC ISLANDER	1
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	2
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	74

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	3
ASIAN INDIAN/ SOUTH ASIAN	2
CAMBODIAN	
CHINESE	1
EASTERN EUROPEAN	3
FILIPINO	4
JAPANESE	
KOREAN	
MIDDLE EASTERN	1
VIETNAMESE	
MORE THAN ONE ETHNICTY	18

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		OTHER	3

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	
CENTRAL AMERICAN	
MEXICAN AMERICAN	20
PUERTO RICAN	1
SOUTH AMERICAN	1
OTHER	

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	17
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	74

SEXUAL ORIENTATION:

HETEROSEXUAL	3	QUESTIONING / UNSURE	9
GAY / LESBIAN	17	ANOTHER SEXUAL ORIENTATION	4
BISEXUAL	31	DECLINE TO STATE/ DATA NOT CAPTURED	5
QUEER	5	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	74

SEX ASSIGNED AT BIRTH:

MALE	15
FEMALE	53
DECLINE TO STATE/ DATA NOT CAPTURED	6
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	74

CURRENT GENDER IDENTITY:

MAN	5
WOMAN	21
TRANSGENDER	22
GENDERQUEER / NON-BINARY	17
QUESTIONING	4
ANOTHER GENDER IDENTIY	3
DECLINE TO STATE/ DATA NOT CAPTURED	2
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	74

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ACTIVE MILITARY STATUS:

YES	
NO	74
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	74

VETERAN STATUS:

YES	
NO	74
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	74

DISABILITY STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	74
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	74

DISABILITY TYPE:

DIFFICULTY SEEING	
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	
PHYSICAL MOBILITY	
CHRONIC HEALTH CONDITION	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	74
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	74

COGNITIVE DISABILITY:

YES		DECLINE TO STATE/ DATA NOT CAPTURED	74
NO		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	74

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PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	**10**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**8**

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	**5 weeks**
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	**2 weeks**

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CHILD ABUSE PREVENTION COUNCIL - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2022 – 2023

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
	EARLY INTERVENTION
X	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
X	ACCESS AND LINKAGE TO TREATMENT
	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
X	CULTURE AND LANGUAGE
	OLDER ADULTS
X	EARLY IDENTIFICATION

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NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Prevention – offering education in parenting skills, increasing ability to provide guidance in loving manner, to decrease risk of child abuse and neglect. Guide
- Early Identification – educate parents on child development to help them identify age-appropriate behavior vs. developmental needs of additional support.
- Raise mental health awareness offering guidance on child development, helping parents best identify early signs of mental health illness or behavioral challenges normalizing and decreasing stigma.
- Decrease stigma of accessing Mental Health services.
- Provide services in a culturally and linguistically appropriate approach.
- Utilize evidence-based curriculum to increase positive parenting skills in the following five areas:
- Appropriate expectations of children
- Increase in empathy

- Reduction in physical punishment
- Reducing role reversal
- Understanding appropriate developmental power and independence
- Increase competence and confidence in parenting utilizing a nurturing approach.
- Protective Factors are well established for parents upon graduation from the program.
- Outreach to help families access mental health care, support in the educational system, special needs support, etc.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

The Child Abuse Prevention Council(CAPC) reached out to the Latino community in Central and East County offering The Nurturing Parenting Program (NPP) starting the first 18-week session in July 20222 ending December 2022 and the second session starting January 2023 ending in June 2023. Parents and their children enrolled to participate in the 18-week evidenced informed parenting education program offered in the evening. The Nurturing Parenting Program (NPP) collaborated with community-based agencies and school districts such as First 5 Center, Head Start, WIC, Contra Costa County Behavioral Health, Mt. Diablo Unified, Antioch Unified and Oakley Elementary School District to promote this program. The Nurturing Parenting Program enrolled a total of 63 Latino parents and 53 children during the fiscal year. The Nurturing Parenting Staff collaborated with community agencies to recruit families and motivated them to go back to in-person settings. A few parents (not reflected in total count reporting above) dropped out of the program, staff reached out to gather feedback. Parents dropping out reported having the opportunity to return to the workforce, others shared not feeling ready to be in back in person and others reported being overwhelmed with school demands and not having time to attend sessions. In response to their feedback, CAPC utilized the hybrid approach. CAPC staff planned 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. Each weekly group session introduced new skills to parent and children groups utilizing materials creating a hands on and collaborative session. Staff maintained communication in between classes to motivate parents to stay connected and offer support and remind parents of skills being learned and importance to implement during the week. Parents have reported more challenges understanding emotional response not only from their children but also their own.

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 identify mental health/behavioral challenges that may need professional support. NPP held sessions with the collaboration of Dr. Hector Rivera-Lopez. Dr. Rivera-Lopez, 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. Presentations enhance the program promoting self-care to increase emotional availability for parents caring for their children and decrease the risk of child abuse.

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

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Health support, crisis line, EDD services, food banks, low-cost housing, and other community resources as needed. 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 linkages to the appropriate resources and staff follows up to gather information about the outcome of services.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

Parents enrolled in The Nurturing Parenting Program were administered the evaluation tool Inventory AAPI "A" at the beginning of the program and Inventory AAPI "B" at completion of each program. Results of the AAPI forms are entered in a password protected database (Assessing Parenting) which analyzes the results and provides a chart reflecting variation of participants starting and ending the program. After administering Inventory AAPI A outcomes are reviewed to develop strategies and identify parents whose parenting practices or emotional state may interfere with parenting putting them at higher risk of child abuse. The Nurturing Parenting Program complements the evidence-based curriculum with a Mental Health consultant who attends parent groups to discuss mental health with participants. During these sessions mental health awareness is offered, and staff support with linkage for parents interested in accessing early intervention programs for their children or higher level of care. Staff meets regularly to discuss group dynamics and review participants' response and staff's observations. Upon completion of the program, staff reviews the results of both inventories to help reflect areas of improvement and measures the "risk" of child abuse and neglect after parents' participation. Staff discusses results of parents who may score as "high risk", an invitation is offered to the family to participate in the program one more time as well as offer additional resources to address their needs. All data entered in the Assessing Parenting site is password protected and only authorized personnel have access to these records.

The Nurturing Parenting Program focuses and encourages participants in developing skills along five domains of parenting: age-appropriate expectations; empathy, bonding/attachment; non-violent discipline; self-awareness and self-worth and empowerment, autonomy, and independence.

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. Find 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.

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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 Strengthening 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 1& 2 East County

Construct	*A*	*B*	*C*	*D*	*E*
Form A	6.31	*6.08*	*5.62*	*7.46*	*6.00*
Form B	5.73	7.55	8.00	8.27	6.18

Construct	*A*	*B*	*C*	*D*	*E*
Form A	*5.60*	*6.20*	*6.40*	*7.20*	*6.50*
Form B	7.33	6.78	*6.67*	8.22	4.89

AAPI Results Session 1 & 2 Central County

Construct	*A*	*B*	*C*	*D*	*E*
Form A	6.11	6.11	3.67	7.00	5.22
Form B	6.80	6.60	7.40	6.80	7.00

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Construct	*A*	*B*	*C*	*D*	*E*
Form A	7.50	7.17	*7.33*	8.17	7.33
Form B	7.80	8.40	9.00	8.40	6.80

· Scale 1 – 10 (Higher the score, lower the risk).

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

This program is implemented honoring our targeted population's background. CAPC's staff is built of a diverse group of people, who live and work in the community we serve. Staff who have lived experience at times may share obstacles they may have encountered, per observations on parents' response this connection with the lived experience staff has helped increase the trust and open up a door for those who shared feeling hopeless.

CAPC continues to motivate all staff to help others and most importantly to practice and model self-care and safety. Staff meets regularly to modify our approach and ensure we are taking care of our own Mental Health as we support others. Our NPP team agrees that it is highly important to dedicate time to know families utilizing a cultural approach to help them feel comfortable and most importantly developing the trust as they share areas of need. This program offers a safe place for families following. CAPC encourages conversation to help identify our own challenges, countertransference to support parents in the most effective manner possible and ensure they have access to the support they need in a timely manner. NPP staff shares areas in which more support may be needed to help manage our mental health decreasing the risk of emotional fatigue and projecting to the community we serve.

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 throughout 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 opportunities for families to connect with families in their own neighborhood. CAPC strongly believes in building community connections to increase children's safety.

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Include examples of notable community impact or feedback from the community if applicable.

During our sessions we have the honor to witness change in many families; here is a story of one mom who prior to attending the group felt helpless.

Teodora's Story (translated from Spanish)

When I started attending the Nurturing Parenting program my expectations about the program were not even close to what I have learned about myself and parenting.

I am a mother of 3 children, a 15-year-old boy, 10-year-old girl and 2-year-old boy. I started attending the NPP program with my daughter and younger boy, during the first class I noticed other families came all together and I assumed then that my husband would not agree to come with us. We were going through some difficult times in our relationship, we were not communicating and when we did, we hardly ever enjoyed our interaction. We did not agree on our parenting styles and often use that as an excuse to grow apart. After the first class of NPP, my daughter asked me "Why is my dad not coming with us? Other kids have their dad with them", I told her to ask dad directly and so she did.

When we arrived home my daughter asked dad, at the beginning I overheard him say "I have to work and I can't make it", my daughter insisted and shared that other children's fathers were present. The following class I was surprised dad showed up in his work clothes, my daughter was happy, and I was surprised to see him and deeply touched.

That was the beginning of our new journey, together as a family we learned how our own story growing up and experiences were impacting not only our parenting styles but our lives and relationship. We attended the course as a family, my husband and I started communicating not only about parenting but about us, things that mattered to our family and to us as a couple. I also accessed community resources for my children, this program changed my life and saved my marriage. I will forever be thankful to the nurturing parenting program for giving me and my family the opportunity to grow and learn to be the best mom, wife and woman I can be.

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AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)
TOTAL SERVED FOR FY 22-23: 116

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
47	6	63			116

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
	116			116
IF OTHER, PLEASE SPECIFY:				

RACE:

MORE THAN ONE RACE	
AMERICAN INDIAN/ ALASKA NATIVE	
ASIAN	
BLACK/ AFRICAN AMERICAN	
WHITE/ CAUCASIAN	
HISPANIC/ LATINO	116
NATIVE HAWAAIAN/ PACIFIC ISLANDER	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	116

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	
ASIAN INDIAN/ SOUTH ASIAN	
CAMBODIAN	
CHINESE	
EASTERN EUROPEAN	
FILIPINO	
JAPANESE	
KOREAN	
MIDDLE EASTERN	
VIETNAMESE	
MORE THAN ONE ETHNICTY	

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		OTHER	

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	
CENTRAL AMERICAN	6
MEXICAN AMERICAN	110
PUERTO RICAN	
SOUTH AMERICAN	
OTHER	

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	116

SEXUAL ORIENTATION:

HETEROSEXUAL	116	QUESTIONING / UNSURE	
GAY / LESBIAN		ANOTHER SEXUAL ORIENTATION	
BISEXUAL		DECLINE TO STATE/ DATA NOT CAPTURED	
QUEER		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	116

SEX ASSIGNED AT BIRTH:

MALE	54
FEMALE	62
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	116

CURRENT GENDER IDENTITY:

MAN	54
WOMAN	62
TRANSGENDER	
GENDERQUEER / NON-BINARY	
QUESTIONING	
ANOTHER GENDER IDENTITY	
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	116

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ACTIVE MILITARY STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	116
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	116

VETERAN STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	116
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	116

DISABILITY STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	116
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	116

DISABILITY TYPE:

DIFFICULTY SEEING	
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	
PHYSICAL MOBILITY	
CHRONIC HEALTH CONDITION	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	116
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	116

COGNITIVE DISABILITY:

YES	1	DECLINE TO STATE/ DATA NOT CAPTURED	
NO	115	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	116

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PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	**13**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	

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CONTRA COSTA CRISIS CENTER - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2022 – 2023

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
X	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
X	ACCESS AND LINKAGE TO TREATMENT
X	IMPROVING TIMELY ACCESS TO TREATMENT
X	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
	CULTURE AND LANGUAGE
	OLDER ADULTS
X	EARLY IDENTIFICATION

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NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- 24-hour Crisis & Suicide Hotlines: Exceeded target goals
- Recruit & Train Diverse Volunteer Pool: Exceeded target goals
- Community Outreach & Education: Exceeded target goals
- Co-Chair Suicide Prevention Coalition Monthly Meeting: Met target goals
- County Coroner Referrals and Suicide Data: Met target goals
- Postvention/Mobile Grief Response: Met target goals
- Grief Support Groups: Met target goals
- Psychiatric Emergency Follow-Up Program: Met target goals

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

Scope of Services:

24-hour Crisis & Suicide Hotlines

1. Provided immediate counseling, active listening, emotional support, and referrals to community resources on our 24-hour Crisis & Suicide hotlines 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 (AAS) accreditation standards. Our agency maintains AAS accreditation and was also recently accredited by the International Council of Helplines (ICH) in June 2023 for five years. 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.

Recruit and Train Diverse Volunteer Pool

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

2. Exceeded target goal for number of active call center volunteers including several with multilingual skills during this reporting period, maintaining an active pool of 35 volunteers in the Call Center this reporting period (Goal: 25 volunteers).

3. Provided 60+ hours of classroom and one-on-one mentoring training curriculum for four new volunteer training cohorts (September 2022, December 2022, March 2023, June 2023). Exceeded target goal (Goal: 2 trainings).

Community Outreach & Education

1. Exceeded target deliverables for Suicide Risk Assessment & Intervention Trainings (minimum: 4) by providing 9 free trainings to partner service providers and mental health clinicians countywide with optional CE credits available:
    a. 8: Virtual Trainings
    b. 1: In-Person Training
2. Continued to provide virtual outreach and education presentations regarding Crisis Center Agency Services and Suicide Prevention.

Co-chair Suicide Prevention Coalition Monthly Meeting

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1. Continued to co-chair the Suicide Prevention Coalition monthly meetings virtually in partnership with Contra Costa Health.

County Coroner Referrals and Suicide Data

1. Continued to receive monthly Coroner data and maintain collaboration for referrals from the Coroner's Office and Family, Maternal, and Child Health Program to our Grief Counseling Support Group services for grieving survivors.

Postvention/Mobile Grief Response

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

Grief Support Groups

1. Provided on-going grief support group services for Survivors After Suicide Loss, Parents Who Have Lost A Child, Partner & Spouse Loss, and Family & Friend Loss. 85 grief clients enrolled in support group services between 07/01/22-06/30/23.

Psychiatric Emergency Services Follow Up

1. Provided several outreach meetings with the PES staff team promoting the optional follow-up program for consenting patients discharged from PES. Follow-Up program promotion to patients began 08/01/22. We received 73 total referrals between 08/01/22-06/30/23. 58 patients opted in to the follow-up program via text, and 15 patients provided consent via a faxed consent form.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

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I. Outcome Statements

A. Continue to operate 24-hour crisis and suicide hotlines, providing immediate counseling, emotional support, and resource information around the clock to callers in distress.
B. 100% lethality assessment of crisis calls and 100% follow-up with med-high lethality callers upon consent of caller.
C. Maintain Spanish-language counselor availability to serve Spanish-speaking calls 80 hours per week (minimum 2.0 FTE).
D. Maintain average call response time under 30 seconds in answering 24-hour crisis line calls, and to have an overall abandonment rate on crisis lines under 15% percent.
E. Continuously recruit and train crisis line volunteers to a minimum pool of 25 culturally competent individuals, several with multilingual skills, within the contract year.
F. Provide outreach, education, and suicide risk assessment & intervention trainings to the community (minimum 4).
G. Co-Chair the monthly Suicide Prevention Committee.
H. Provide follow-up to consenting individuals upon referral and discharge from PES.
I. Provide Postvention/Mobile Grief Response Services and Grief Support Groups.

II. Measures of Success

A. Answered 27,226 mental health/crisis/suicide calls on the 24-hour hotlines, an increase from last fiscal year by over 5,000 calls. We exceeded the target goal of answering 12,000 mental health/crisis/suicide calls.

B. Provided 100% follow-up with med-high assessed lethality callers upon caller's consent. 99% or more of callers assessed to be at medium to high risk of suicide were still alive 30 days later based on the Coroner's monthly suicide data reports.

C. Maintained 80 hours per week (minimum 2.0 FTE) or more of Spanish-language coverage on 24-hour crisis lines.

D. Exceeded both target goals of answering all crisis calls within an average of 20.8 seconds (Goal: 30 seconds) and have an abandonment rate on crisis lines of 11.6 % (Goal: Less than 25%). Our Crisis Line abandonment rate decreased by an additional 1.4% compared to last fiscal year.

E. Exceeded target goal of providing four volunteer trainings per year (Goal: 2), consistent with AAS accreditation for training, to a minimum pool of 25 culturally competent individuals, several with multilingual skills, within the contract year. Maintained 35 active volunteers in the Call Center this fiscal year.

F. Provided 9 suicide risk assessment & intervention trainings to service providers and clinicians; Exceeded target goal of providing a minimum of 4.

G. Provided follow-up attempts to 100% of consenting patients who have been referred to the Crisis Center upon discharge from PES via text or phone.

H. Provided grief counseling services which included Postvention/Mobile Grief Response Services and Grief Support Groups.

This fiscal year we hosted 28 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 Suicide Prevention Coalition, 988 Lifeline, Striving for Zero, Community Care Coalition, Help Me Grow Café, 988 CA Crisis Centers, Bay Area Suicide & Crisis Intervention Alliance (BASCIA), Child Death Review Team, 211 CA, Homeless Providers, 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.

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Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

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.

Include examples of notable community impact or feedback from the community if applicable.

Crisis Hotline Caller, Moderate-High Risk; 17 calls

"C" is 16 years old, identifies as female, and a Junior in high school. She was sexually assaulted by two men at a music concert several years ago. She suffers from an eating disorder and frequent panic attacks. She calls the hotline for emotional support when she's feeling hopeless and trapped and when she has thoughts of suicide. She called the crisis hotline 17 times between 2022-2023 for support. Her suicide risk level on the calls were assessed for either moderate or high depending on her intent at the time of the call. She currently sees a Psychiatrist and a Dietitian and is on medication. She is grateful that we are here to answer her call 24/7 when she has thoughts of suicide to help her to stay safe.

Mobile Grief Response Feedback

Grief Mobile Responses/Postventions were provided during FY 2022-23 for Rocketship Futro Academy, Clayton Valley Youth Football, Walnut Creek Ford, and Clayton Valley Parent Preschool due to sudden deaths of students or colleagues. Crisis Center teams comprised of staff and volunteers provided emotional support and grief counseling for the participants in large group, small group, and individual counseling support formats. Participants were incredibly grateful for our team's quick response to help them through their grief process. A parent emailed us stating,

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"We really really appreciate your support so much. A lot of us parents and board members at the school feel very shocked, numb, and sad, but we are pulling together to keep going for our kids/students. I've had parents come to me saying this is their child's first time experiencing someone close to them dying and they just don't know how to address it/talk about it with their child…thank you so much for your time and support."

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AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)
TOTAL SERVED FOR FY 22-23: 27,226

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
166	1,479	10,070	4,369	11,142	27,226

LANGUAGE:0

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
26,175	607	14	430	27,226
IF OTHER, PLEASE SPECIFY: Arabic, Chinese, Farsi, Mandarin, Vietnamese				

RACE:

MORE THAN ONE RACE	838
AMERICAN INDIAN/ ALASKA NATIVE	29
ASIAN	1,503
BLACK/ AFRICAN AMERICAN	2,714
WHITE/ CAUCASIAN	9,856
HISPANIC/ LATINO	1,472
NATIVE HAWAIIAN/ PACIFIC ISLANDER	91
OTHER	0
DECLINE TO STATE/ DATA NOT CAPTURED	10,723
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	27,226

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	
ASIAN INDIAN/ SOUTH ASIAN	
CAMBODIAN	
CHINESE	
EASTERN EUROPEAN	
FILIPINO	
JAPANESE	
KOREAN	
MIDDLE EASTERN	
VIETNAMESE	
MORE THAN ONE ETHNICITY	

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		OTHER	

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	
CENTRAL AMERICAN	
MEXICAN AMERICAN	
PUERTO RICAN	
SOUTH AMERICAN	
OTHER	

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

SEXUAL ORIENTATION:

HETEROSEXUAL		QUESTIONING / UNSURE	
GAY / LESBIAN		ANOTHER SEXUAL ORIENTATION	
BISEXUAL		DECLINE TO STATE/ DATA NOT CAPTURED	
QUEER		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

SEX ASSIGNED AT BIRTH:

MALE	7,364
FEMALE	12,876
DECLINE TO STATE/ DATA NOT CAPTURED	6,986
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	27,226

CURRENT GENDER IDENTITY:

MAN	7,364
WOMAN	12,876
TRANSGENDER	61
GENDERQUEER / NON-BINARY	120
QUESTIONING	2
ANOTHER GENDER IDENTITY	
DECLINE TO STATE/ DATA NOT CAPTURED	6,803
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	27,226

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ACTIVE MILITARY STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

VETERAN STATUS:

YES	2,188
NO	3,557
DECLINE TO STATE/ DATA NOT CAPTURED	21,481
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	27,226

DISABILITY STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

DISABILITY TYPE:

DIFFICULTY SEEING	
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	
PHYSICAL MOBILITY	
CHRONIC HEALTH CONDITION	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

COGNITIVE DISABILITY:

YES		DECLINE TO STATE/ DATA NOT CAPTURED	
NO		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

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PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	**27,226**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	

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C.O.P.E FAMILY SUPPORT CENTER - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2022 – 2023

PEI STRATEGIES (CHECK ALL THAT APPLY):

	PREVENTION
	EARLY INTERVENTION
x	**OUTREACH**
	STIGMA AND DISCRIMINATION REDUCTION
	ACCESS AND LINKAGE TO TREATMENT
	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
	CULTURE AND LANGUAGE
	OLDER ADULTS
x	**EARLY IDENTIFICATION**

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NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

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-two (22) Triple P Positive Parenting Group classes and seminars to residents in West, Central and Eastern Contra Costa County.

C.O.PE. enrolled 269 individuals in these classes and seminars.

C.O.PE. Trained (14) facilitators who became accredited to teach Triple P classes to families with children 0-18 in the below levels:

- Level 3 Primary Care 0-12 (1 person)

- Level 3 Primary Care Teen (2 people)
- Level 4 Group Teen (7 people)
- Level 4 Group Stepping Stones (1 person)
- Level 5 Pathways (1 person)
- Level 5 Transitions (1 person)
- Level 5 Lifestyles (1 person)

Clinical and Master level social work interns were provided pre-accreditation training through assisting accredited Triple P practitioners in their classes.

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.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

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, Monument Impact, 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.

This fiscal year, we experienced high demand from both English and Spanish speaking communities for a parenting class. This presented a challenge and to address it, we had to over-enroll families in order to meet the high demand. This was a challenge for our facilitators as they had to teach over-capacity classes.

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Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

C.O.P.E delivered 21 classes and one seminar throughout the county at various times and days via Zoom video-conferencing or in person. C.O.P.E. provided classes in English and Spanish in West, Central and East County.

Settings for Potential Responders for the 2022-2023 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.

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

Indicators:

- The Parenting Scale. measures dysfunctional discipline practices in parents.
- **Outcomes**:
    - 100 % of the parents showed a reduction in Laxness (tendency to behave permissively and inconsistently when parenting children).
    - 100 % of the parents showed reduction in Over-Reactivity (parenting intense emotional reaction to a child's misbehavior).
    - 100 % of the parents showed 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**:
    - 82% of the parents showed reduction in the Intensity Scale that measures the frequency of each problem behavior.
    - 81% of the parents showed reduction in the Problem Scale that 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**:
    - 95% of the parents showed reduction in depression.
    - 95% of the parents showed reduction in anxiety.
    - 95% of the parents showed a reduction in stress.

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Pre-assessments were administered at the first class and post-assessments were administered at the 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.

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 classroom where parents and staff recognize, appreciate, and capitalize on diversity to enrich the overall learning experience.
Current practices include:

- Designated language. i.e. Spanish speaker
- All participants are provided services regardless of race, gender, sexual orientation, legal status or religion.
- 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.

- 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

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

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.

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**:**

- Sliding scale Triple P classes for all participants
- Delivery of classes throughout the county by Zoom Video-conferencing or in person at community-based organizations.
- 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).

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- 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.

Include examples of notable community impact or feedback from the community if applicable.

A client was referred to C.O.P.E. by a probation officer and was enrolled in our 52-Week Parenting Program. In his case plan he was ordered to take multiple parenting classes so that he could fulfill the requirements for the 52-Week Parenting Program. The first class that this client completed was our Group Triple P class that was funded by MHSA. In addition to case management services our client was provided with resources for public benefits, financial coaching, and counseling services. After completing his case plan, he shared that he was able to utilize positive parenting strategies with his children and he feels supported by his wife who is also implementing the learned strategies. Our case management department will continue to support him by providing support services and engaging in monthly check-ins for the duration of his enrollment in the 52-Week Parenting Program.

From the Family Transitions portions of our class one parent said she was able to implement the steps to having a child related discussion with her co-parent that has been widely successful. She credits her intentional effort of staying regulated while being focused on listening to hear and understanding him as opposed to listening to respond has gone a long way towards improving their communication. As a result of the positive shift, she sees in her co-parent she states that it has become easier to validate his expressed feelings and experiences even when she doesn't agree with him. In GroupTriple P class the parent shared that her biggest take away was the revelation of how her own behavior and habits were contributing to the misbehavior she was experiencing with her daughters. She went on to say that as a result of this experience she is more aware of the examples she is setting, and she is more committed than ever to model appropriate self-regulation and communication when frustrated or angry.

One participant reported a huge success with the implementation of a rewards chart combined with the Ask-Say-Do strategy to teach her 11-year-old autistic son how to tie his shoes. The participant shares that within a week of introducing the intervention and the strategy her son was tying his shoes by himself and smiling (at his own accomplishment) bigger than she's ever seen.

A parent shared that as a result of the Family Transitions model she was able to see that her attempts to dictate and monitor how the other parent parented their daughters was more about her need for control then it was out of concern for her children. She went on to say that acknowledging that freed her from what felt like a big burden. She now knows that there is more than one way to parent and in her case neither way is right or wrong - they are just different.

A couple taking the Teen Triple P class together shared how complicated it was communicating with their children. The father had problems drinking, he spanked his children most of the time and Mom mentioned being tired and stressed all the time. Their children started missing school and they were referred by the SARB program to start Coaching class, but they did not attend. They enrolled in Teen Triple class in Monument Impact. In the beginning they had problems with attending on time, making excuses. Later they started

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participating in class, sharing small changes they made at home, and they completed all sessions. The father is working on quitting drinking, being more present at home, and having more quality time with his children. Now he is having more communication and is taking his kids to school. He stopped spanking his children and is asking for more support and more classes to learn more positive strategies. His wife was more talkative at the end of the classes, asking for more support from COPE. They were very grateful to share this class with more families going through similar challenges.

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AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)
TOTAL SERVED FOR FY 22-23: 269

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
	16	240	5	8	269

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
238	31			269
IF OTHER, PLEASE SPECIFY:				

RACE:

MORE THAN ONE RACE	16
AMERICAN INDIAN/ ALASKA NATIVE	3
ASIAN	14
BLACK/ AFRICAN AMERICAN	35
WHITE/ CAUCASIAN	79
HISPANIC/ LATINO	87
NATIVE HAWAAIAN/ PACIFIC ISLANDER	4
OTHER	10
DECLINE TO STATE/ DATA NOT CAPTURED	21
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	269

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	n/a
ASIAN INDIAN/ SOUTH ASIAN	n/a
CAMBODIAN	n/a
CHINESE	n/a
EASTERN EUROPEAN	n/a
FILIPINO	n/a
JAPANESE	n/a
KOREAN	n/a
MIDDLE EASTERN	n/a
VIETNAMESE	n/a
MORE THAN ONE ETHNICITY	n/a

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		OTHER	n/a

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	n/a
CENTRAL AMERICAN	n/a
MEXICAN AMERICAN	n/a
PUERTO RICAN	n/a
SOUTH AMERICAN	n/a
OTHER	n/a

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	n/a
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	n/a

SEXUAL ORIENTATION:

HETEROSEXUAL	252	QUESTIONING / UNSURE	0
GAY / LESBIAN	1	ANOTHER SEXUAL ORIENTATION	0
BISEXUAL	7	DECLINE TO STATE/ DATA NOT CAPTURED	9
QUEER	0	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	269

SEX ASSIGNED AT BIRTH:

MALE	104
FEMALE	159
DECLINE TO STATE/ DATA NOT CAPTURED	6
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	269

CURRENT GENDER IDENTITY:

MAN	n/a
WOMAN	n/a
TRANSGENDER	n/a
GENDERQUEER / NON-BINARY	n/a
QUESTIONING	n/a
ANOTHER GENDER IDENTITY	n/a
DECLINE TO STATE/ DATA NOT CAPTURED	n/a
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	n/a

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ACTIVE MILITARY STATUS:

YES	n/a
NO	n/a
DECLINE TO STATE/ DATA NOT CAPTURED	n/a
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	n/a

VETERAN STATUS:

YES	2
NO	267
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	269

DISABILITY STATUS:

YES	10
NO	259
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	269

DISABILITY TYPE:

DIFFICULTY SEEING	0
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	4
PHYSICAL MOBILITY	0
CHRONIC HEALTH CONDITION	6
OTHER	0
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	10

COGNITIVE DISABILITY:

YES	n/a	DECLINE TO STATE/ DATA NOT CAPTURED	n/a
NO	n/a	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	n/a

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PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	**92**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**43**

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	**1**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**1**

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	**n/a**
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	**n/a**

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FIERCE ADVOCATES (FAMILIES AND INDIVIDUALS EQUITABLY ROOTED IN COLLECTIVE EMPOWERMENT) - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2022 – 2023

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
	ACCESS AND LINKAGE TO TREATMENT
	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
X	CULTURE AND LANGUAGE
X	OLDER ADULTS
X	EARLY IDENTIFICATION

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NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- FIERCE Advocates, formerly Building Blocks for Kids (BBK), coordinated monthly wellness and community engagement activities in partnership with community-based organizations Rich City Rides, Urban Tilth, and Moving Forward 510, including nature hikes, community Halloween event, and park clean-ups, that decreased isolation and supported families and individuals with feeling connected to others and confident in their strengths.
- We expanded our life coaching program for Latinx women who speak Spanish as their primary language, resulting in participants having a resource for supporting mental wellness and referrals to culturally competent mental health resources in our community.
- We fully re-launched our in-person family wellness after a hiatus during the height of the COVID-19 pandemic so that they can learn about the connection between physical and mental health during family engagement activities. These activities included cooking classes, exercise and dance classes, and team-building activities.

- FIERCE Advocates continued its three sanctuaries to support emotional well-being for men of color, primarily Black men, Latinx women, and Black women, resulting in access to mental health tools, knowledge about community resources for well-being, and connections with others in our community.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

One of our goals for wellness-centered communities is to cultivate community and family engagement. To do this, we 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. We supported families that wanted to learn about the connection between physical and mental health.

We worked with a myriad of organizations to facilitate events that would help educate families about anxiety coping strategies, building healthy communication skills, the impact of performing arts on social development, and different methods of practicing mindfulness. We accomplished this by each month facilitating wellness hikes at various parks throughout the East Bay in collaboration with Moving Forward 510, Rich City Rides, and Urban Tilth. Our team hosted themed cooking classes during the 2022 Thanksgiving and the winter holiday period and multiple classes in Spring 2023, including one with Fresh Approach. These cooking classes gave families an opportunity to spend time baking holiday treats together as well as time to learn about healthy eating. Additionally, we hosted a presentation that educated people about the benefits of owning service animals in collaboration with ARF, monthly community service/clean-up events at Unity Park, exercise/dancing classes, and team-building activities.

Another primary goal of our healing-centered care strategy is to connect with East Bay service providers that provide mental health and support services, especially those that prioritize cultural competency, humility, affordability, and language access for Spanish-speaking clients. Through our programs, participants have connected to a total of 31 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. For example, we have hosted Latinx clinicians in our monthly Latina Sanctuary sessions who subsequently provide discounted mental health services to referred FIERCE Advocates participants.

Our Sanctuaries continue to be spaces for Black and Latinx women and men of color to have safe spaces that support their emotional well-being. In the 2022-2023 fiscal, FIERCE Advocates hosted a total of 33 peer wellness support meetings. Sanctuary sessions created robust relationships among participants and access to information about mental health, financial wellness, and other enriching resources. For example, Latina Sanctuary hosted sessions with guest speakers about health topics: menopause, breast cancer, and food to learn and share about their emotional and physical impacts on mind and body. In Black Women's Sanctuary, the theme for 2022 that continues in 2023, is how to build a lasting legacy that effectuates change in the community. Guest speakers and meeting topics included Learning about limiting beliefs and how to overcome them, Mindset changes to move past fear and frustration, and recognizing trauma. We are proud that our Holding Space for Men group continues to proceed since its launch in 2021 during the height of the pandemic. The men who attend continue to design topics that resonate with them and support their need for community, emotional well-being support, and leadership development. They have discussed topics such as

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defining what love means to them in all facets of their relationships, how to connect with young people in our community, and how to manage grief.

We are proud to continue our life coaching program that provides at no-cost 1-1 support for parents, caregivers, and other adults in our community. In 2023, we served 35 people we expanded life coaching to include men of color and Latinx women. We continue to learn what best fits the needs of those we work with, such as for some of our life coaching clients who are in need of more clinical mental health support and are referred to licensed counselors. For men, we are learning that we may have to provide a different approach other than 1-1 life coaching since, for some, due to the business of lives, having a commitment to coaching is challenging. Ultimately, we are learning that with 1:1 coaching, clients are able to better self-advocate and directly engage in the services they need, in addition to better navigation toward their life goals. Another component of our expansion of life coaching is that two of our life coaches are of and from the community we serve, facilitate our Latia Sanctuary and Holding Space program, and were provided with professional development by FIERCE Advocates to become certified life coaches.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

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 2022-2023, FIERCE Advocates 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 31 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. As a result, community members had increased access to resources to support their mental, emotional, and physical health.

Family Engagement: In the 2022-2023 fiscal year, a total of 676 people participated in 203 Family Engagement in person and virtual events. 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 2022-2023 fiscal, FIERCE Advocates hosted a total of 33 peer support meetings. A total of 153 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 28 participants. Through these meetings, men have continued building relationships with other men in their community and have improved their emotional intelligence and interpersonal communication skills.

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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 this fiscal year, 22 African-American, 12 Latinx women, and 2 African-American men received six free one-hour sessions with a certified life coach. Participants set short-term, midterm, and long-term goals and used a strength-based approach to create a plan to achieve them. As a result of participating in these sessions, clients identified strengths and support systems and worked on shifting mindsets.

Quantitative and qualitative data, data collection methodology

Tools used to collect quantitative data were sign in sheets; attendee reports from virtual meeting platforms at each program, event, training or activities; qualitative data was collected utilizing focus groups; individual interviews and using google forms at pre, mid and post.

FIERCE Advocates routinely collects essential demographic fields (adult/child, race, gender, preferred language). For this fiscal year (27) children ages 0-15, (5) transitional youth ages 16-25, (69) adults ages 26-59, (5) older adults ages 60+, and (570) participants who did not provide their age attending our virtual programming and in person programming.

FIERCE Advocates 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.

FIERCE Advocates 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.

Parent-led advocacy, healing-centered care, and leadership development are our three core strategies. 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 & well-being 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 to reduce risk factors for developing a potentially serious mental illness and increase protective factors.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

Our participants guide FIERCE Advocates programs based on what their needs are, what resonates with them, and their input, which is gathered in multiple ways. Additionally, all of our staff identify as Black and Latinx, and many are of and continue to live in the communities we serve in West Contra Costa County. A

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demonstration of community-based and culturally responsive programs is our life coaching program. Our coaches understand our coaches' cultural values because they belong to the cultures represented in the community, and this helps guide the culturally relevant strategies they develop with coaches. In February 2023, FIERCE Advocates launched its life coaching for Latinas who speak Spanish as their primary language. Our life coach, Maria 'Lupita' Villalobos, a former program participant, began facilitating Latina Sanctuary years ago and became a certified life coach last year. She focuses on our monolingual Spanish-speaking coaching participants and can connect with them on issues Latinx women and families face, free of language barriers. Her cultural and linguistic backgrounds have been essential in helping us develop meaningful and lasting relationships with our clients.

Our guest speakers for our Sanctuary are primarily Black and Latinx with similar backgrounds and/or understanding of the experiences of participants. In October 2023, the Black Woman's Sanctuary program featured guest speaker, and real estate pioneer Traci Lawerence. Traci facilitated an intense and powerful conversation with sanctuary participants about the important role of resilience in building a lasting legacy that effectuates change in the community. Traci shared that as a woman of color with years of education and experience, she gained the courage to start her own real estate business from the ground up. There was a point in time when her business became successful to the extent that she was able to purchase her own home independently out of pocket. However, when she was negatively impacted by the recession in 2008, as many other real estate agents were, she was left with no choice but to shut down her business. Consequently, she lost her home. However, she shared with sanctuary members that she became determined to rebuild her life and after years of persistence, she was able to re-establish her real estate practice.

Include examples of notable community impact or feedback from the community if applicable.

Below is feedback from participants and are Sanctuary staff about the impact of our programs for their emotional well-being.

Black Woman's Sanctuary Facilitator shared the following:

- *An AMAZING Wife and Mom was so busy taking care of everyone, she neglected herself. Our Self Care group discussion and 1 on 1 Life Coaching was the inspiration she needed. Choosing to make her own internal mindset changes, life transformation happened. She found her value, her voice, and a new view of being Wife and Mom.*

Holding Space Men's Sanctuary Facilitator shared the following:

- *There has been evidence of many success stories. Some men put together their resume for the first time, while others practice their job interview skills. Some talk about opening conversations with their kids about tough topics that they didn't feel they could do before they were uplifted by this group.*

Latina Sanctuary Facilitator shared the following:

- *The women at Latina Women's Sanctuary hail from many different countries. What they have in common is their language and their desire and focus to improve the well-being of women. Feelings and emotions are universal. Struggles are common, yet personal. Speaking in Spanish, they are able to communicate without barriers and learn from each other's experiences and with that learning, they can manage better in a world that all too often is not that accommodating, friendly, or just.*

Latina Sanctuary Participant

- *This group helps me spiritually, physically, and emotionally. If I am strong, I can pour that into my family.*

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AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)
TOTAL SERVED FOR FY 22-23: 676

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
27	5	69	5	570	676

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
216	317	3	140	676
IF OTHER, PLEASE SPECIFY:				

RACE:

MORE THAN ONE RACE	0
AMERICAN INDIAN/ ALASKA NATIVE	0
ASIAN	11
BLACK/ AFRICAN AMERICAN	164
WHITE/ CAUCASIAN	22
HISPANIC/ LATINO	367
NATIVE HAWAAIAN/ PACIFIC ISLANDER	0
OTHER	0
DECLINE TO STATE/ DATA NOT CAPTURED	124
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	676

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	0
ASIAN INDIAN/ SOUTH ASIAN	0
CAMBODIAN	0
CHINESE	0
EASTERN EUROPEAN	0
FILIPINO	0
JAPANESE	0
KOREAN	0
MIDDLE EASTERN	0
VIETNAMESE	0
MORE THAN ONE ETHNICITY	0

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		OTHER	0

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	0
CENTRAL AMERICAN	0
MEXICAN AMERICAN	0
PUERTO RICAN	0
SOUTH AMERICAN	0
OTHER	0

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	0

SEXUAL ORIENTATION:

HETEROSEXUAL	0	QUESTIONING / UNSURE	0
GAY / LESBIAN	0	ANOTHER SEXUAL ORIENTATION	0
BISEXUAL	0	DECLINE TO STATE/ DATA NOT CAPTURED	0
QUEER	0	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	0

SEX ASSIGNED AT BIRTH:

MALE	193
FEMALE	428
DECLINE TO STATE/ DATA NOT CAPTURED	55
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	676

CURRENT GENDER IDENTITY:

MAN	193
WOMAN	428
TRANSGENDER	0
GENDERQUEER / NON-BINARY	0
QUESTIONING	0
ANOTHER GENDER IDENTITY	0
DECLINE TO STATE/ DATA NOT CAPTURED	55
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	676

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ACTIVE MILITARY STATUS:

YES	0
NO	0
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	0

VETERAN STATUS:

YES	0
NO	0
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	0

DISABILITY STATUS:

YES	0
NO	0
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	0

DISABILITY TYPE:

DIFFICULTY SEEING	0
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	0
PHYSICAL MOBILITY	0
CHRONIC HEALTH CONDITION	0
OTHER	0
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	0

COGNITIVE DISABILITY:

YES	0	DECLINE TO STATE/ DATA NOT CAPTURED	0
NO	0	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	0

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PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	**35**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**35**

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	**6**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**6**

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	**260WKS**
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	**260WKS**

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FIRST 5 CONTRA COSTA- PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2022 – 2023

PEI STRATEGIES (CHECK ALL THAT APPLY):

	PREVENTION
	EARLY INTERVENTION
x	**OUTREACH**
	STIGMA AND DISCRIMINATION REDUCTION
	ACCESS AND LINKAGE TO TREATMENT
	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
	CULTURE AND LANGUAGE
	OLDER ADULTS
x	**EARLY IDENTIFICATION**

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NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Fifteen (15) Group Triple P classes were conducted for parents with children ages 0-5.
- In-person and zoom classes held throughout the county to increase accessibility for all families.
- 194 Parents enrolled in Triple P classes.
- 172 Participants graduated from Triple P Parenting classes during the fiscal year.
- Eighty-nine percent (89%) of families completed the Triple P program.
- 431 parents/caregivers were outreached to.
- 47 families with children ages 0-5 received additional case management services.
- 13 presentations and briefings as outreach activities to early childhood organizations to educate them about Triple P class offerings and program participation requirements.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

Services provided to Target Population

Fifteen (15) Group Triple P classes were conducted for parents with children ages 0-5 within Contra Costa County. Four new Triple P facilitators were added this year to support parents of young children. 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.

Outreach activities to a variety of groups and individuals that serve families with children 0-5 in West, Central and East Contra Costa County. Class flyers and enrollment links were provided to families who inquired through the C.O.P.E website or who were referred through a partner organization. Additionally, a Triple P informational table was available at community events to provide flyers and on-site class registration.

Strategies utilized to improve 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
- Ten 9-week classes hosted by the First 5 Center were offered every quarter via Zoom video conferencing or in person as requested by the centers.
- Four 6-week and one 10-week classes were scheduled based on need and conducted by Zoom.
- Classes were free to all participants.
- Reminder emails and text messages were sent to participants in advance of the first class.
- Triple P facilitators supported participants completing pre- and post-assessments over the phone, when needed.
- Triple P facilitators distributed books, tip sheets, and incentives at First 5 Centers throughout Contra Costa County, as well as through mail when parents lacked transportation.
- Culturally and linguistically Informational flyers were developed to target underserved or marginalized populations.

Challenges and needs addressed

Challenges promoting Triple P classes within Contra Costa County:
Outreach to Spanish communities was challenging due to the fact that the classes were not conducted in person. We learned that these communities had difficulty navigating virtual services for various reasons including challenges with internet access, computer availability, lack of privacy and other family responsibilities. The outcome for Spanish classes was low enrollment if the class was offered on zoom, therefore, with the support from the First 5 Centers, classes in Spanish were mostly offered in person. Flyers were distributed at the First 5 centers.

Another challenge was outreach to Black/ African American communities. We learned that these communities preferred to be approached in person by an African American facilitator. In March 2023 as the government terminated the state's COVID-19 State of Emergency, Triple P facilitators of African American background were permitted once again to table at community events and do in person presentations as well as attend

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community meetings to network with other agencies serving Black/African American communities.

We also learned that word of mouth continues as the best referral method, as we offered families attending Triple P seminars to invite their family and friends for an extra incentive.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

First 5 contract outcome efforts.

- 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.
- Data was collected after the first and last session through a pre- and post-assessment. Data was analyzed with use of the following assessments:
- The Parenting Scale. measures dysfunctional discipline practices in parents.
- **Outcomes**:
    - 100 % of the parents showed a reduction in Laxness (tendency to behave permissively and inconsistently when parenting children).
    - 100 % of the parents showed reduction in Over-Reactivity (parenting intense emotional reaction to a child's misbehavior).
    - 100 % of the parents showed 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**:
    - 88% of the parents showed reduction in the Intensity Scale that measures the frequency of each problem behavior.
    - 89% of the parents showed reduction in the Problem Scale that 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**:
    - 100% of the parents showed reduction in depression.
    - 100% of the parents showed reduction in anxiety.
    - 100% of the parents showed a reduction in Stress.

Data collection methodology

Parent demographics and pre and post assessments are entered into ETO (Efforts to Outcomes Database). 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. Assessments are administered via google forms accessible by email or text as well as printed if required by the parent.

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Cultural responsiveness and confidentiality :

- The Triple P Facilitators are culturally and linguistically diverse. Triple P facilitators 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.
- All participants are provided services regardless of race, gender, sexual orientation, or religion.
- Classes are taught in English and Spanish. Arabic services available upon request. Practitioners are trained to understand cultural differences in parenting practices that nurture the uniqueness of each family.
- 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
- Participants are not asked about immigration status

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

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.

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.

To improve timely access to services we employ a variety of strategies. First, families with intensive needs have access to management support to connect them to additional community resources. Additionally, families can be connected to Help Me Grow resources and navigation support to link to community base culturally responsive services. Thirdly families who receive Triple P classes at the First 5 Centers have support from Community Resource Specialists to obtain a wide variety of needed resources. These services include but are not limited to food securement, parent-child activities, case therapy, various support groups as well as leadership opportunities.

To improve timely access to mental health care families attending Triple P can be directly referred to our subcontractor COPE's Clinical department to receive therapy. This process is a successful strategy in linking and di-stigmatizing mental health for these families due to having a prior trusted relationship established through Triple P.

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

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.

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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.

Include examples of notable community impact or feedback from the community if applicable.

The Parents voices /Quotes demonstrate the impact Triple P

"I am a single parent that works full time, and it was difficult for me to implement some of the strategies taught in this class, but I learned that even one little thing can make a big difference, so I am working with baby steps and taking my time to get where I need to get without stressing myself".

"When I started this class my children were out of control, right now that I am implementing family weekly meetings, I am practicing more active listening and staying with the plan my life somehow has become easier. I will continue implementing everything from the book especially because I can see positive results".

"I thought I was doing the right thing with my children, but this class taught more ways to implement positive discipline not just for my children but for myself. If I change my family and people around me will also change. Group triple p has a lot of different options for me to use as a parent. I learned a lot during this class. It is important to be consistent and stay with the plan. By honoring my words and my actions my children will learn that also".

Parents Success Story

While attending Parent/child classes at the Delta First 5 Center one mother enrolled in the Triple P class per The Resource specialists' advice. The parent explained that she was a widow and that her boyfriend had passed away when their daughter was 2 months old (daughter is now 2 years old). She stated "It's only the two of us. We have to work side by side. She's my little partner; my only best friend." At the start of the class, she reported not knowing how to manage some of her daughter's behaviors and questioned her ability to effectively parent while still grieving. As the weeks went by, she would share her successes using behavior charts and redirection. By graduation week, she stated "I'm giving myself kudos for being a good mom."

The parent was also invited to attend the seminars for African American families where she became a regular, and soon invited other parents to attend as well.

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AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)
TOTAL SERVED FOR FY 22-23: 172

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
0	27	141	4		172

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
134	38			172
IF OTHER, PLEASE SPECIFY:				

RACE:

MORE THAN ONE RACE	14
AMERICAN INDIAN/ ALASKA NATIVE	2
ASIAN	8
BLACK/ AFRICAN AMERICAN	40
WHITE/ CAUCASIAN	31
HISPANIC/ LATINO	69
NATIVE HAWAAIAN/ PACIFIC ISLANDER	2
OTHER	2
DECLINE TO STATE/ DATA NOT CAPTURED	4
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	172

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	N/A
ASIAN INDIAN/ SOUTH ASIAN	N/A
CAMBODIAN	N/A
CHINESE	N/A
EASTERN EUROPEAN	N/A
FILIPINO	N/A
JAPANESE	N/A
KOREAN	N/A
MIDDLE EASTERN	N/A
VIETNAMESE	N/A
MORE THAN ONE ETHNICITY	N/A

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			OTHER	N/A

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	N/A
CENTRAL AMERICAN	N/A
MEXICAN AMERICAN	N/A
PUERTO RICAN	N/A
SOUTH AMERICAN	N/A
OTHER	N/A

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	N/A
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	N/A

SEXUAL ORIENTATION:

HETEROSEXUAL	172	QUESTIONING / UNSURE	N/A
GAY / LESBIAN	N/A	ANOTHER SEXUAL ORIENTATION	N/A
BISEXUAL	N/A	DECLINE TO STATE/ DATA NOT CAPTURED	N/A
QUEER	N/A	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	172

SEX ASSIGNED AT BIRTH:

MALE	51
FEMALE	120
DECLINE TO STATE/ DATA NOT CAPTURED	1
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	172

CURRENT GENDER IDENTITY:

MAN	N/A
WOMAN	N/A
TRANSGENDER	N/A
GENDERQUEER / NON-BINARY	N/A
QUESTIONING	N/A
ANOTHER GENDER IDENTITY	N/A
DECLINE TO STATE/ DATA NOT CAPTURED	N/A
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	N/A

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ACTIVE MILITARY STATUS:

YES	0
NO	172
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	172

VETERAN STATUS:

YES	0
NO	172
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	172

DISABILITY STATUS:

YES	1
NO	171
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	172

DISABILITY TYPE:

DIFFICULTY SEEING	0
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	1
PHYSICAL MOBILITY	0
CHRONIC HEALTH CONDITION	0
OTHER	0
NONE/DECLINE TO STATE/ DATA NOT CAPTURED	171
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	172

COGNITIVE DISABILITY:

YES	0	DECLINE TO STATE/ DATA NOT CAPTURED	
NO	172	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	172

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PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	**11**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**6**

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	**6**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**N/A**

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	**Unknown**
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	**One WEEK**

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FIRST HOPE - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2022 – 2023

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
X	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
X	ACCESS AND LINKAGE TO TREATMENT
X	IMPROVING TIMELY ACCESS TO TREATMENT
X	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
X	EARLY PSYCHOSIS
X	YOUTH OUTREACH AND ENGAGEMENT
X	CULTURE AND LANGUAGE
	OLDER ADULTS
X	EARLY IDENTIFICATION

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NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Conducted 19 community outreach presentations/trainings on the importance of early intervention in psychosis, how to recognize early warning signs of psychosis, and how to make a referral to our First Hope program
- Hired a Spanish bilingual Psychiatric Nurse Practitioner to improve cultural and linguistic accessibility to psychiatric services for our Latinx community
- Significantly expanded therapy and rehabilitation group offerings to ameliorate the social isolation caused by mental health challenges and exacerbated by the pandemic
- Decreased conversions to psychosis from 33% to 2%
- Hired a former client of our First Hope program as a staff member in the role of a peer specialist/mentor, which has enhanced our ability to be guided by the voices of those with lived experience

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

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. 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 2022/2023 we provided 19 presentations/trainings in early intervention in psychosis. We reached 146 attendees that included staff from county and community-based mental health agencies such as the Contra Costa Behavioral Health East Adult Clinic and La Clinica, as well as staff from other community organizations such as Children and Family Services (CFS), the Public Defender's office, the Workforce Health Ambassador program, Shephard's Gate shelter, and Public Health. We also trained graduate-level students and interns in a variety of mental health-related fields including occupational therapy, social work, marriage and family therapy, psychology, and peer support, as well as community members at NAMI meetings and fairs and at university-sponsored conferences.

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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 Structured Interview for Psychosis-risk Syndromes (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 preventing conversion to psychosis, decreasing psychotic symptoms, ameliorating disability associated with psychotic disorder, 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 family partner, peer specialists, a rehab counselor, an RN, and psychiatric providers. Services include immediate access for evaluation, family psychoeducation and multifamily groups, individual and family psychotherapy, care coordination, crisis intervention, 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.

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 regularly 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.

Assessment and treatment services in Spanish are provided by our Spanish-speaking clinicians, while services in languages other than English and Spanish are offered using interpreter services. Our First Hope program offers services both via telehealth to those who desire it and in-person sessions as clinically indicated or as preferred by the client or family. In-person group programming has fully returned, with some telehealth group options still available.

Over this past year, we have significantly expanded our therapy and rehabilitation group offerings in order to address the significant social isolation that often results from living with serious mental health challenges, and which was further exacerbated by the pandemic over the past few years. Our groups are designed to enhance coping skills, interpersonal communications, problem-solving, self-care, independent living skills, and identity development, and have included Nature Walk Group, Cognitive Behavioral Social Skills Treatment (CBSST), Dungeons & Dragons, DMV Study Group, Adulting Workshop, Young Men's Group, Job Club, Bocce, Knitting Group, Caregiver Support Group, and many others.

Services are provided up to two years for our CHR clients and up to five years for our FEP clients. Upon discharge from First Hope, all clients are offered a referral to the appropriate level of care, or if they are declining ongoing mental health care, they are provided with the phone number for the county Mental Health ACCESS line in case their needs change in the future.

One major challenge that has impacted our First Hope program this past fiscal year 2022-2023 was difficulties with staff retention and recruitment, similar to the difficulties that have been faced by many other employers both within the mental health field and across other fields. This resulted in longer wait times for clients and families to begin comprehensive First Hope services between Dec 2022 and Apr 2023. We worked extensively with our county's Behavioral Health Administration and Personnel Department to identify and implement additional staff retention and recruitment strategies and were ultimately successful in hiring five additional

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staff to join our team, including a peer support specialist who is a former client of our program and a psychiatric nurse practitioner who is bilingual in Spanish and English. We have also been able to bring on additional graduate-level psychology trainees and to temporarily borrow part of the time of a substance abuse counselor from another county department this year to provide services at First Hope, which has partially mitigated the ongoing impacts of three other staff positions that remain open despite our active recruitment efforts for the past five months.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

We have made significant revisions to our First Hope program evaluation protocols and data analysis tools over this past fiscal year 2022-2023. Working with our county's Health Informatics department, we identified assessments to integrate into our electronic health record. The Role Functioning Scale, the Brief Cognitive Assessment Tool for Schizophrenia (B-CATS), and the Structured Interview for Psychosis-risk Syndromes (SIPS) have all been successfully built into our county electronic health record. The Role Functioning Scale measures educational and occupational functioning. The B-CATS allows for a universal screening protocol for cognitive symptoms of psychosis. The SIPS tracks positive and negative symptoms of psychosis. We look forward to being able to analyze this data for our next annual report. Ongoing meetings with the Informatics team will focus on finalizing analytic reports to be developed once the Informatics department has more availability after other time-sensitive projects such as the CalAIM payment reform revisions are complete.

In addition, we maintain a database to track critical events such as psychiatric emergency room visits, hospitalizations, and suicide attempts. The county Behavioral Health Division's Utilization Review/Quality Improvement Committee also provides ongoing analysis of the qualitative aspects of our program each month. When issues are identified, the First Hope Program Manager identifies and implements a corrective plan of action.

In Fiscal Year 2022-2023, we continued 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 1 conversion from CHR to psychosis from July 2022 through June 2023, out of 45 CHR clients served, which is a conversion rate of 2%.

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

From July 2022 through June 2023, 74% of First Hope clients had 0 psychiatric emergency room visits or inpatient psychiatric hospitalizations. This comprised of 89 individuals who could manage well enough the entire year without requiring emergency or inpatient level of care. The vast majority of these individuals had previously required inpatient hospitalization before enrolling in First Hope. The other 31 First Hope clients

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had a combined total of 57 visits to the psychiatric emergency room, about half of which resulted in an inpatient hospital stay (30 out of 57 visits). Six First Hope clients represented 44% of the PES visits (25/57). For several of these clients, there was a clear trend of decreasing PES and hospital visits over time as they were further engaged in First Hope services. One individual visited PES 7 times during the first half of the year, and only 2 times the second half. Another individual visited PES 4 times during the first half, and 0 times the second half.

Regarding incarcerations, we are not aware of any of our clients being arrested during the time period of July 2022 through June 20223.

Suicide risk is 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 2022 through June 2023, we had 1 known suicide attempt and 0 completed suicides.

We experienced no client deaths for any reason during this time period.

Improvement in age-appropriate functioning is also a critical measure of a successful intervention. Our qualitative observations indicate 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.

We have also observed (and research has shown) that cognitive symptoms are frequently underrecognized and undertreated in the population of young people living with psychosis yet have a significant and long-term negative impact on our clients' ability to succeed in their educational, vocational, and interpersonal goals even when their positive symptoms are well-managed. Implementing the B-CATS universal cognitive screening protocol at First Hope has substantially raised the awareness of staff, clients, and clients' families about cognitive impairments and their impacts on client functioning. This has in turn increased interest and involvement in cognitive rehabilitation programming, as well as helped to enhance empathy and understanding and decrease conflicts in the family related to frustrations over clients' continuing struggles to succeed in work and school settings even when other psychosis symptoms have largely subsided.

We anticipate having more quantitative data from the Global Functioning Scale and the B-CATS available for our next MHSA annual report.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

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

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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 each and every interaction thereafter. We use person-first language, e.g., an individual living with schizophrenia. Whenever possible, we have transitioned to using the terms "care coordination" instead of "case management", and "client roster" instead of "caseload" to honor the "I am NOT a case, and I don't need to be managed" movement pioneered by the peer leader Jay Mahler. We are also committed to asking about and using correct pronouns.

Our ability to be guided by the voices of those with lived experience has been strengthened by having four First Hope staff members who identify as peer providers, with personal experience of navigating the mental health care system. This group includes two individuals whom we hired this past fiscal year, one of whom is a former client and graduate of our First Hope program. She brings a unique perspective to our team discussions and has been repeatedly cited as a source of inspiration and hope for our current clients and families who are newer to their recovery journeys.

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. 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 been highly successful in reaching the Latinx community who represent 27% of our county's population but are typically underrepresented within mental health services. One-third of our clinical staff speak Spanish, making services especially inviting to families with monolingual members. Furthermore, for the first time in the history of our program, we have a Spanish-speaking psychiatric provider on our team, which has greatly enhanced our ability to provide culturally and linguistically accessible psychiatric services for our Latinx clients and families. Our program brochures, psychoeducational materials, and family psychoeducation workshop are also offered in Spanish, and our MultiFamily groups have consistently included at least one (currently two) Spanish-language groups.

Include examples of notable community impact or feedback from the community if applicable.

Many of the individuals and families who have graduated from First Hope keep in touch with us, and several of them returned on 7/6/22, 7/14/22, 2/16/23, and 2/23/23 as volunteers to speak with our newer clients and families about their experiences with First Hope.

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One of our First Hope graduates was also hired during this past fiscal year by the county's A3 Miles Hall Crisis Call Center, where he serves as a peer support specialist on the mobile crisis response team. He has shared with us how his personal lived experience with psychosis and with receiving person-centered and family-oriented care at First Hope have informed how he approaches his work with individuals and families in crisis, and how appreciative he is to have this opportunity to pay it forward.

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

"This program is so valuable and helpful."

"Going to group session, counseling, and medications have been the most helpful thing. First Hope has a lot of resources to help young people and young adults."

"I love First Hope and I feel that I always have a place here."

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AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)
TOTAL SERVED FOR FY 22-23: 983 (includes all outreach participants and assessment and treatment clients)

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
13	24	2		944	983

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
29	7	2	945	983
IF OTHER, PLEASE SPECIFY:				

RACE:

MORE THAN ONE RACE	4
AMERICAN INDIAN/ ALASKA NATIVE	1
ASIAN	2
BLACK/ AFRICAN AMERICAN	3
WHITE/ CAUCASIAN	6
HISPANIC/ LATINO	18
NATIVE HAWAAIAN/ PACIFIC ISLANDER	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	949
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	983

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	
ASIAN INDIAN/ SOUTH ASIAN	1
CAMBODIAN	
CHINESE	
EASTERN EUROPEAN	1
FILIPINO	1
JAPANESE	
KOREAN	
MIDDLE EASTERN	1
VIETNAMESE	
MORE THAN ONE ETHNICTY	5

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		OTHER (Afghan/Native/European)	3

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	
CENTRAL AMERICAN	2
MEXICAN AMERICAN	12
PUERTO RICAN	
SOUTH AMERICAN	
OTHER (Hispanic)	1

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	956
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	983

SEXUAL ORIENTATION:

HETEROSEXUAL	19	QUESTIONING / UNSURE	3
GAY / LESBIAN	1	ANOTHER SEXUAL ORIENTATION	1
BISEXUAL	4	DECLINE TO STATE/ DATA NOT CAPTURED	953
QUEER	2	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	983

SEX ASSIGNED AT BIRTH:

MALE	22
FEMALE	16
DECLINE TO STATE/ DATA NOT CAPTURED	945
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	983

CURRENT GENDER IDENTITY:

MAN	14
WOMAN	7
TRANSGENDER	4
GENDERQUEER / NON-BINARY	4
QUESTIONING	1
ANOTHER GENDER IDENTIY	
DECLINE TO STATE/ DATA NOT CAPTURED	953
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	983

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ACTIVE MILITARY STATUS:

YES	
NO	28
DECLINE TO STATE/ DATA NOT CAPTURED	955
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	983

VETERAN STATUS:

YES	
NO	30
DECLINE TO STATE/ DATA NOT CAPTURED	953
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	983

DISABILITY STATUS:

YES	11
NO	20
DECLINE TO STATE/ DATA NOT CAPTURED	952
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	983

DISABILITY TYPE:

DIFFICULTY SEEING	1
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	1
PHYSICAL MOBILITY	1
CHRONIC HEALTH CONDITION	1
OTHER	5
DECLINE TO STATE/ DATA NOT CAPTURED	974
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	983

COGNITIVE DISABILITY:

YES	7	DECLINE TO STATE/ DATA NOT CAPTURED	976
NO		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	983

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PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	**50**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**39**

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	**38**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**30**

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	**31 weeks**
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	**10 weeks**

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HOPE SOLUTIONS - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2022 – 2023

PEI STRATEGIES (CHECK ALL THAT APPLY):

x	**PREVENTION**
x	**EARLY INTERVENTION**
	OUTREACH
x	**STIGMA AND DISCRIMINATION REDUCTION**
x	**ACCESS AND LINKAGE TO TREATMENT**
x	**IMPROVING TIMELY ACCESS TO TREATMENT**
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

x	**CHILDHOOD TRAUMA**
	EARLY PSYCHOSIS
x	**YOUTH OUTREACH AND ENGAGEMENT**
x	**CULTURE AND LANGUAGE**
x	**OLDER ADULTS**
x	**EARLY IDENTIFICATION**

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NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

Hope Solutions will provide an array of on-site, on-demand, culturally appropriate and evidence-based approaches for its "Strengthening Vulnerable Families" program, which serves formerly homeless families and families at risk for homelessness and for mental illness.

- Goal: Eliminate barriers to timely access to services.
- Strategy: Hope Solutions will provide services on-site in affordable housing settings, Case managers and youth enrichment coordinators are available full-time to residents.
- Goal: Reduce stigma and discrimination related to mental health needs and services. Strengthen access and linkage to treatment.
- Strategy: Culturally aware youth enrichment and case management providers assist youth and families to access a multitude of community services, including mental health treatment. By incorporating these services into general support provision, individuals seeking mental health support are not singled out and potential stigma related to mental health referrals is avoided.

- Objective: School-aged youth in youth enrichment programs will demonstrate improved social functioning.
- Metric: At least 75% of the youth engaged in programming will show improvement in self-esteem and confidence as measured by the Piers-Harris Self-Concept Scale during the school year ending in June 2023.
- Objective: Families receiving case management will demonstrate improved family functioning in the realm of self-sufficiency.
- Metric: At least 75% of the families served will show improvement in at least one area of self-sufficiency as measured annually on the 20 area, self-sufficiency matrix within FY22-23.
- Objective: Residents in the *Strengthening Vulnerable Families* program receiving case management will demonstrate stability of housing.
- Metric: 95% of households will retain safe, permanent housing. 95% of households referred for eviction prevention will retain housing.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

Hope Solutions provides support services to 7 housing sites. On-site case managers and youth enrichment coordinators support 4 of the 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 in the area of 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 of the residents in these sites are offered on-site support services in their housing setting.

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 are able to 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. Concerns about emerging mental health problems are addressed in a timely manner. Monthly team meetings and weekly staff supervision allow 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 are able to 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 are able to collaborate with families, schools and community mental health providers when

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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.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

The outcomes below allow us to monitor our progress during the year. Our assessment demonstrates that we continue to provide reliable housing retention and eviction prevention support. We are aware that our efforts are strengthened by our relationship with both residents and property management, allowing us all to work together towards a common goal. We also see that our efforts to strengthen families are successful. Finally, our youth data demonstrates that students are still struggling with mental health issues and lower self-esteem. We used this data to intensify the current year's social skills training and to help inform our training for staff and volunteers working with youth.

- Objective: School-aged youth in youth enrichment programs will demonstrate improved social functioning.
- Metric: At least 75% of the youth engaged in programming will show improvement in self-esteem and confidence as measured by the Piers-Harris Self-Concept Scale during the school year ending in June 2023.
- Outcome: 64% of children and youth demonstrated an increased sense of competency and mastery of social skills on the Piers Harris Self-Concept Scale (16/25) *Overall, we have seen a decline in this area, which is in line with national trends. Since the pandemic, students have been struggling with mental health issues and lower self-esteem. We plan to use this data to better focus our social skills lessons on specific issues our youth are struggling with.*
- Objective: Residents receiving case management will demonstrate improved personal/family functioning in the realm of self-sufficiency.
- Metric: Metric: At least 75% of the households served will show improvement in at least one area of self-sufficiency as measured annually on the 20 area, self-sufficiency matrix within FY22-23.
- Outcome: 96% of households have maintained or improved on their Self Sufficiency Matrix (SSM) in the past year (45/47)
- Objective: Residents in the *Strengthening Vulnerable Families* program receiving case management will demonstrate stability of housing.
- Metric: 95% of households will retain safe, permanent housing. 95% of households referred for eviction prevention will retain housing.
- Outcome: 99.6% of households served (283/284) maintained permanent housing or moved to permanent housing. 100% of households referred for eviction prevention retained housing or moved to permanent housing, without eviction (72/72)

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Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

Hope Solutions staff work on-site at housing for vulnerable residents. Staff are trained and supported in relationally based, culturally responsive, and trauma informed approaches to care. Many of our staff have lived experience with homelessness, mental health conditions, and substance use disorder. Our goals are designed around strengthening the community, the family, and the individual. Community events, such as the annual National Night Out Barbecue at Lakeside Apartments, bring the community together to celebrate their shared interests. Family events, such as the Multicultural Potluck at Los Medanos, engage families in sharing who they are with their neighbors, es well as expressing pride in their family. Individual goal setting at the MHSA houses encourages residents to look ahead on their wellness path to set reasonable for the coming year (we also do family goal setting). At each level, our staff strive to build community, support recovery, and strengthen wellness. Case managers, youth enrichment coordinators, and mental health clinicians collaborate to provide support groups at all sites in addition to the services described above. These groups are offered to all residents, who can select what fits their needs. Groups focus on parenting, harm reduction, wellness, etc., and are offered to all residents to support growth in a non-stigmatizing way.

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 support 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 are able to engage with these services.

Include examples of notable community impact or feedback from the community if applicable.

Often our community impact is measured one household at a time. We serve a young mother who struggles with alcohol abuse when she is depressed. She both identifies the challenges created by her alcohol use and denies that she needs any treatment. She acknowledges her history of loss and depression and trauma but doesn't want to talk to a therapist. But she'll talk to us. Without judgement, we are able to assist her from

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where she is at to where she wants to go in that moment. Each step is a success. Each step maintains her overall wellbeing and her housing. She has a community of support, something she didn't have before working with Hope Solutions. Each resident has a story of being unhoused and of being judged for their illness, their mental health condition, their substance use.

This past year, Hope Solutions served over 3,500 people across Contra Costa County with housing and services that end homelessness and transform lives, each with a story that parallels that of our young mother.

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AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)
TOTAL SERVED FOR FY 22-23: 700

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
239	107	290	64		700

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
121	12		567	700
IF OTHER, PLEASE SPECIFY:				

RACE:

MORE THAN ONE RACE	2
AMERICAN INDIAN/ ALASKA NATIVE	1
ASIAN	15
BLACK/ AFRICAN AMERICAN	236
WHITE/ CAUCASIAN	78
HISPANIC/ LATINO	296
NATIVE HAWAAIAN/ PACIFIC ISLANDER	5
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	67
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	700

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	
ASIAN INDIAN/ SOUTH ASIAN	
CAMBODIAN	
CHINESE	
EASTERN EUROPEAN	
FILIPINO	
JAPANESE	
KOREAN	
MIDDLE EASTERN	
VIETNAMESE	
MORE THAN ONE ETHNICTY	

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****In 2022-2023, Hope Solutions tracked race and ethnicity according to federal classifications. New classifications will be tracked in 2023-2024.**		**OTHER**	

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	
CENTRAL AMERICAN	
MEXICAN AMERICAN	
PUERTO RICAN	
SOUTH AMERICAN	
OTHER	

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	**700**
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	**700**

SEXUAL ORIENTATION:

HETEROSEXUAL	**93**	**QUESTIONING / UNSURE**	
GAY / LESBIAN	**1**	**ANOTHER SEXUAL ORIENTATION**	
BISEXUAL	**1**	**DECLINE TO STATE/ DATA NOT CAPTURED**	**605**
QUEER		**TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)**	**700**

SEX ASSIGNED AT BIRTH:

MALE	**244**
FEMALE	**374**
DECLINE TO STATE/ DATA NOT CAPTURED	**82**
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	**700**

CURRENT GENDER IDENTITY:

MAN	
WOMAN	
TRANSGENDER	
GENDERQUEER / NON-BINARY	
QUESTIONING	
ANOTHER GENDER IDENTIY	
DECLINE TO STATE/ DATA NOT CAPTURED	**700**

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		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	700

ACTIVE MILITARY STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	700
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	700

VETERAN STATUS:

YES	
NO	268
DECLINE TO STATE/ DATA NOT CAPTURED	432
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	700

DISABILITY STATUS:

YES	41
NO	59
DECLINE TO STATE/ DATA NOT CAPTURED	600
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	700

DISABILITY TYPE:

DIFFICULTY SEEING	2
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	
PHYSICAL MOBILITY	2
CHRONIC HEALTH CONDITION	10
OTHER	13
DECLINE TO STATE/ DATA NOT CAPTURED	673
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	700

COGNITIVE DISABILITY:

YES		DECLINE TO STATE/ DATA NOT CAPTURED	700
NO		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	700

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PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	**40**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**38**

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	**21**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**18**

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	**260**
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	**3mo**

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JAMES MOREHOUSE PROJECT - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2022 – 2023

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
X	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
X	ACCESS AND LINKAGE TO TREATMENT
X	IMPROVING TIMELY ACCESS TO TREATMENT
X	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	CHILDHOOD TRAUMA
X	EARLY PSYCHOSIS
X	YOUTH OUTREACH AND ENGAGEMENT
X	CULTURE AND LANGUAGE
	OLDER ADULTS
X	EARLY IDENTIFICATION

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NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- 95% of participating students showed an improvement post-JMP participation across a range of resiliency indicators through self-report on a qualitative evaluation tool across the academic year, 2022-2023.
- 93% of participating students reported an increase in well-being (i.e., “I deal with stress and anxiety better”) post-JMP participation through self-report on a qualitative evaluation tool across the academic year, 2022-2023.
- 96% of youth reported feeling, “there is an adult at school I could turn to if I need help,” post-JMP participation across the academic year, 2022-2023.
- 1,064 unique individuals (out of a school population of 1,590) signed in to the JMP in the 2022-2023 school year demonstrating that “stigma” is not a barrier for young people accessing services at the JMP.
- Initiation of Spanish speaking program for parent/guardians, Rincón Latino. 54 Spanish speaking parent/guardians attended two or more groups over 2022-2023.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

The James Morehouse Project (JMP) is a school-based wellness center at El Cerrito High School, a public high school in the West Contra Costa USD. The JMP targets for services young people exposed to trauma and at risk for school failure, this includes specific outreach to English Language Learners and their families. The JMP provides individual/group counseling, crisis intervention and support, youth leadership/advocacy and youth development programs. JMP groups engaged a wide range of young people facing mental health and equity challenges. In 2022-2023, 364 unduplicated young people participated in 19 different groups and/or individual counseling. Because the JMP is an on-site school-based program, JMP staff/interns are able to follow up with students to ensure that they have successfully engaged with services. If there is a crisis or urgent referral, students are connected with services immediately. When immigrant students enroll at ECHS, the registrar alerts the JMP so that Youth ELAC (immigrant/bi-cultural student leaders) students can embrace new arrivals and offer them community and solidarity to support their transition to the U.S. and El Cerrito High School.

A new program for 2022-2023, Rincón Latino, a Spanish speaking program for parent/guardians, graduated its first cohort in May 2023. Participating parents shared that the group was a therapeutic space; often, the group would go well past the scheduled end time as parents/guardians shared, offered and received support. In 2023-2024, the program will include a leadership/mentoring component for returning graduates to partner with new participants throughout the school year, and a recruitment focus on families of incoming 9th grade students to ensure that participants have the skills, information and relationships to support their students over their four years of high school. For both young people and adult participants, relationships, safety, and the opportunity to learn meaningful skills are healing and empowering.

While JMP programming and services were robust and vibrant over this year, it was a difficult year for El Cerrito High School. Both school psychologists with whom JMP staff worked very closely left at the close of the school year, along with the principal, 2 of 4 academic guidance counselors and a number of teachers. This level of turnover makes it difficult to build and sustain an inclusive anti-racist school culture. The JMP continues to lean into its commitment to nourish and sustain a trauma sensitive, racially just school community.

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Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

To assess the impact of youth participation in JMP programs and services, the JMP measures a range of post-participation indicators (see Work Plan for 2022-2023 and below). The JMP engages in ongoing formative assessments throughout the school year that include participation by JMP staff/interns, school staff and youth participants. The JMP tracks referrals and program participation through a customized Salesforce database. Youth participant evaluation is based on the "Resiliency and Youth Development Module," California Healthy Kids Survey.

Outcome Statements (from JMP Workplan for 2022-2023)

A. Stronger connection to caring adults/peers (build relationships with caring adult(s), peers) for participating youth. From student evaluations: 96% 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: 93% 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 evaluations: 73% of participating students reported they "skip less school/cut fewer classes" after program participation.

JMP staff and interns discuss confidentiality and mandated reporting (i.e. when confidentiality must be broken) and check for understanding prior to any clinical conversation with young people. The JMP is committed to offering young people the information they need to be able to discern when/if they want to share reportable information, and what would happen should the JMP need to share reportable information with CFS. The JMP always informs young people should they need to report to CFS and, as much as possible, include young people's voices and concerns in any reporting process.

In 2022-2023, the JMP staff/interns were able to provide services in English, Spanish, Tagalog and Cantonese.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

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. Every aspect of JMP work supports "doing dignity" with young people and their families. This includes adults (JMP staff/interns and community partners) and young people who all partner together to create and sustain a space where young people and adults alike feel known and valued.

Many participating students have trauma histories and their experience at school has often been marked by disconnection—from peers, adults and classroom instruction. In this context, "healing" interventions include and go beyond traditional mental health interventions (i.e. therapeutic counseling) to foster a sense of community, agency and belonging. In addition to clinical services, the JMP also offers a wide range of youth development programs and activities, so the JMP space has the energy and safety of a youth center. Students are able to be in relationship with caring adults and peers in their home languages, in a cultural context that feels welcoming and familiar. For that reason, students do not experience stigma coming into the health center or accessing JMP services. One young man, who is undocumented and is a recent arrival from Central America, shared, in response to a question, "why do you come to the JMP?" *"Porque aquí somos libres."*

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 program (Youth ELAC) , Culture Keepers, Skittles (a group for queer identified youth of color) or a myriad other possibility. The JMP is a vibrant sanctuary on campus for

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youth of color and young people from low-income families in a school building where social identity threat is often pervasive in other spaces.

At a population level, the JMP works with faculty and school staff to build a trauma sensitive school culture. This includes broad outreach, training and support to teachers and other school staff to strengthen adult capacity to work skillfully and compassionately with a wide range of students up against significant life challenges and mental health needs. JMP staff work with English Language Development (ELD) teachers and other faculty to strengthen teachers' capacity to integrate trauma informed strategies into their instructional practices

In 2022-2023, the JMP integrated its referral process with the school's "Care Team." The Care team includes JMP staff, school administrators, school psychologists and academic counselors who meet weekly to go over referrals, plan interventions and track follow up. Mental/behavioral health and other needs that align with JMP resources are separated out for the JMP. The Care team referral form is widely available on the school campus and online through the school and JMP websites. When the JMP receives a referral through the Care Team, a JMP staff/intern meets 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.

Include examples of notable community impact or feedback from the community if applicable.

The JMP is proud of our capacity to provide high quality culturally responsive services to a diverse student population. In 2022-2023 our team included Spanish and Cantonese speakers. Interns/staff identified as Latinx, Asian and white.

The JMP leader for Youth ELAC and the parent/guardian group, Rincón Latino, 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. Participating students and families report feeling less isolated, and more connected to school.

A recent ECHS/JMP graduate (class of 2020), Alika Africa, was solicited by the White House (through the JMP) in July for an advocacy campaign the Biden administration is working on around youth mental health and school-based wellness programs. She was asked to reflect on her experience at the JMP; the following excerpt is from her reflection:

"…There is a profound, village-wide ripple effect when a young person is given the tools to build their emotional literacy, or when an overworked teacher is offered extra support. The JMP is like an oasis or a watering hole in nature, it's an essential fixture in a tough environment where water is accessible for all kinds of life, big and small – but is also a physical place where all life can find deeper refuge. That is what the JMP is to my community: an essential, desegregated oasis, a restorative place, where young people can receive individual healthcare, but also where we build empathy and collective power; where we can create more meaningful relationships with people who are different from us, that nurture and enrich our lives."

From JMP student participant evaluations: May 2023

"The JMP feels different than the rest of school. I always feel safe there--even if I'm not there to see a

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counselor, I feel better just being there."

"When things are hard, I feel like I can do something to feel better. My counselor helped me figure out tools that work for me. My mental health is way better now than in the fall."

"I have friends, but don't always feel like I can talk with them about things at home. It was really helpful to be able to talk with my counselor about things and know that it would be confidential and that she would never make me feel judged."

From ECHS staff evaluations, May 2023

"I am not using hyperbole when I say that the JMP has saved lives at ECHS….I can't imagine going to campus every day without the JMP there ready to help students with the wide variety of problems they face…"

"JMP is a tremendous resource to have on our campus; students AND STAFF are truly supported emotionally and mentally."

"Every one of them at JMP are caring, supportive and kind. They always look at positive side and try to find solutions together."

"As a teacher, I can't imagine not having a resource like the JMP to help deal with a myriad of student issues. It certainly makes for a generally more welcoming school for many of our students."

"Students always feel safe, supported, and heard at the JMP. It is 100% the most loved and used resource at ECHS."

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AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)
TOTAL SERVED FOR FY 22-23: 364

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
163	201				364

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
269	83	12		364
IF OTHER, PLEASE SPECIFY:				

RACE:

MORE THAN ONE RACE	
AMERICAN INDIAN/ ALASKA NATIVE	1
ASIAN	61
BLACK/ AFRICAN AMERICAN	84
WHITE/ CAUCASIAN	69
HISPANIC/ LATINO	138
NATIVE HAWAAIAN/ PACIFIC ISLANDER	5
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	6
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	364

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	
ASIAN INDIAN/ SOUTH ASIAN	
CAMBODIAN	
CHINESE	
EASTERN EUROPEAN	
FILIPINO	
JAPANESE	
KOREAN	
MIDDLE EASTERN	
VIETNAMESE	
MORE THAN ONE ETHNICTY	

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		OTHER	

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	
CENTRAL AMERICAN	
MEXICAN AMERICAN	
PUERTO RICAN	
SOUTH AMERICAN	
OTHER	

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	364
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	364

SEXUAL ORIENTATION:

HETEROSEXUAL		QUESTIONING / UNSURE	
GAY / LESBIAN		ANOTHER SEXUAL ORIENTATION	
BISEXUAL		DECLINE TO STATE/ DATA NOT CAPTURED	364
QUEER		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	364

SEX ASSIGNED AT BIRTH:

MALE	
FEMALE	
DECLINE TO STATE/ DATA NOT CAPTURED	364
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	364

CURRENT GENDER IDENTITY:

MAN	145
WOMAN	207
TRANSGENDER	
GENDERQUEER / NON-BINARY	
QUESTIONING	
ANOTHER GENDER IDENTIY	
DECLINE TO STATE/ DATA NOT CAPTURED	12
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	364

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ACTIVE MILITARY STATUS:

YES	
NO	364
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	364

VETERAN STATUS:

YES	
NO	364
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	364

DISABILITY STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	364
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	364

DISABILITY TYPE:

DIFFICULTY SEEING	
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	
PHYSICAL MOBILITY	
CHRONIC HEALTH CONDITION	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	364
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	364

COGNITIVE DISABILITY:

YES		DECLINE TO STATE/ DATA NOT CAPTURED	364
NO		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	364

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PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	**391**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**364**

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	**19**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**14**

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	**12**
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	**1**

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JEWISH FAMILY & COMMUNITY SERVICES - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2022 – 2023

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
X	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
X	ACCESS AND LINKAGE TO TREATMENT
	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
X	YOUTH OUTREACH AND ENGAGEMENT
X	CULTURE AND LANGUAGE
X	OLDER ADULTS
X	EARLY IDENTIFICATION

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NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

JFCS East Bay used the following tools to measure outcomes:

A. Post-clinical support group assessments from clients.
B. Post mental health education evaluation forms from Russian seniors.
C. Pre- and post-case management assessments from clients who receive case management support.
D. Post-training session evaluation forms from attendees.
E. Tracking logs of:
    1. Number of clients linked to project clinician and/or other mental health services.
    2. Number of unduplicated participants served by the Prevention and Early Intervention Program.
    3. Number of unduplicated clients who participated in the clinical support groups.
    4. Number of unduplicated clients who received case management navigation assessments.
    5. Number of unduplicated Russian seniors who participated in mental health education sessions.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

JFCS-East Bay has been searching for a Farsi/Dari-speaking mental health professional to fill the position of PEI supervisor for a couple of years. Following the conversation with Ms. Jessica Hunt and Ms. Windy Murphy Taylor, the Director of Refugee and Immigrant Services, Ms. Fouzia Azizi, decided to contract Dr. Sohi Lachini who was JFCS-East Bay's PEI program supervisor from 2017-2019. JFCS-East Bay has hired a senior recruiter and continues to search for a permanent hire for this position.

Dr. Lachini is a licensed clinical psychologist contracting with JFCS East Bay to complete PEI requirements. In FY 2022-23, she presented and/or co-presented on the provider training on cross-cultural topics and for the Afghan client public health workshops. She also provides therapy and other kinds of mental health support to clients in a limited capacity. Dr. Lachini is bilingual in Farsi/Dari and provides her services in clients' preferred language.

A. JFCS East Bay completed 2 (2-hour) online training on cross-cultural mental health concepts for frontline staff at JFCS East Bay and other Contra Costa County providers who serve culturally diverse clients. The participants of these trainings serve clients in various settings and capacities, such as county case managers, social workers, teachers and school staff, public library staff, medical professionals and nurses, volunteers, etc. JFCS East Bay staff shared the flyers with community partners and on mailing lists.
    a. JFCS East Bay collaborated with Child Abuse Prevention Council on September 23rd to provide training on Mandated Reporting. The training covered the definition of child abuse, what constitutes reasonable suspicion, and the reporting procedures for when there is suspicion of abuse. The training focused on preventative care, such as establishing relationships with families, strengthening communities, and making resources available, including translators.
    b. JFCS East Bay held a training on April 28th on better understanding the complexities of working with Afghan newcomer families. This training covered the contemporary history of

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B. Afghanistan, the essentials of Afghan culture and practice, and strategies for implanting multiculturally sensitive practices to promote social justice when serving clients different from themselves. Training also discussed local resources, translation services, and tools to build trust in serving Afghan clients.

C. JFCS East Bay completed 4 (2 hours) online interactive workshops on public health topics for Afghan parents. Dr. Lachini designed the workshops based on newcomer clients' interests and challenges shared with her and case managers. The workshops were either in Farsi/Dari or with live translation to Farsi/Dari. The workshop flyers were shared on JFCS East Bay's client mailing list, which includes current clients and alumni. The information about the workshops was also spread by word of mouth from Afghan case managers to clients. During each workshop, Dr. Lachini introduced herself and her services at the beginning of each workshop. She continued to be available to clients to provide support in case presenting topics and/or conversations were triggering to clients or if they are interested in support post-workshop. Clients were also provided with other mental health support resources such as the ACCESS Line, Crisis hotlines, and translation services. JFCS East Bay shared the satisfaction surveys at the end of each workshop by sharing a link to the Farsi/Dari translated survey. Unfortunately, clients struggled to complete the survey online. The number of completed surveys is much lower than the number of workshop participants. Participants expressed verbal satisfaction and gratitude at the end of all four workshops. Dr. Lachini and JFCS East Bay staff are working hard to figure out a way to collect written feedback.
    a. JFCS East Bay collaborated with Child Abuse Prevention Council on November 7th and held a workshop on Child Abuse Prevention. Parents received presentation slides and pamphlets on strength-based parenting, which focuses on preventing adverse childhood experiences, building positive relationships with children, and involving fathers in parenting. All mentioned resources were in Farsi/Dari. Parents were engaged and curious about US Laws, and they shared their insights on the cultural differences in parenting. Parents expressed concerns about the acculturation gap that they are experiencing with their children, which informed the next workshop.
    b. JFCS East Bay held a workshop on Challenges of Immigration, mainly in relation to parenting on February 3rd. This workshop was for female clients only. Dr. Lachini led a discussion on the challenges of immigration such as experiencing feelings of loss and grief and isolation, acculturation, learning a new language and parenting in a different culture.
    c. JFCS East Bay held a workshop for Afghan men on Creating Safe Families on February 17th. We invited Dr. Farid Younos, who has many years of experience working with Afghan families on domestic violence prevention for this workshop. Dr. Younos and Dr. Lachini discussed critical elements of a healthy marriage: healthy communication, healthy boundaries, mutual respect, and support for one another. The training also covered the impact of growing up in a safe family on children's development.
    d. JFCS East Bay held its final workshop for the FY2022-23 on Women's Health and Parenting children through Puberty on March 3rd. The workshop started with a presentation on women's health and changes in the body during puberty by Ms. Lina Nazar, a registered nurse, and Dr. Zarin Nour, a pediatrician. Then Dr. Lachini, Dr. Nour, and Ms. Nazar discussed the challenges of parenting adolescents.

D. JFCS East Bay facilitated and hosted two community-building events in FY2022-23. These events included an informational presentation on a relevant topic, Afghan entertainment, food, and time for clients to socialize and build community. One of the main challenges of Afghan newcomer families is social isolation and loss of their community in Afghanistan. These community-based events provide

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clients opportunities to meet other newcomers, build community, and prevent mental health problems secondary to social isolation.

E. The Law & Community: March 17th and March 18th
F. Omid-e-Bahar - Afghan Community Event May 21st
G. 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.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

JFCS East Bay's commitment and dedication to our clients significantly 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 a strengths-based approach in everything we do. Given this, goals and services are regularly evaluated with the client/family to ensure they have the primary decision-making role. Staff also expand on clients' existing strengths and play to them when creating personalized case management plans and throughout 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 where there may not be programs in place for mental health and well-being or, if a program exists, it is only for those severely mentally ill. To combat any potential stigma, staff educate clients about programs that may not have been available abroad.

Because JFCS East Bay frequently contacts 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.

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Include examples of notable community impact or feedback from the community if applicable.

1. Assif and his wife arrived in the United States through the Wartime Allies program and became clients of JFCS in July of 2022. With the support of JFCS East Bay's case manager, they could find permanent housing within a week. JFCS East Bay network of volunteers helps this couple settle into their new home and furnish it using donations that are carefully monitored for quality. Case managers worked on signing them up for their benefits such as Medical Insurance, cash- aid, file for social security, etc. Assif and his wife were connected to healthcare providers, and they were both able to obtain driver's licenses. They had their educational credentials accredited for the US job market, and the case manager connected them with a career coach who helped them refine their skills and create resumes. The couple actively participated in JFCS events, such as PEI parenting workshops, and inspired by their experience, Assif applied for a position at JFCS-EB and got a job offer. Now Assif is serving other refugees, and their remarkable journey is an inspiring example for others.

2. Nabiullah, 30 arrived in the Bay Area in the last days of 2021 by himself When he arrived as a client of JFCS-EB he was assigned to a case manager who could speak his native language of Pashtu. Nabiullah did not know the English language and was not familiar with the US system. His case manager provided culture orientation for him in detail, along with his enrollment in the ESL classes. The case manager also signed him up for Refugee Health Screening and public benefits and helped him find housing. As a result, by the three-month mark of his stay in the USA, he was settled and showed tremendous improvement. Nabiullah managed to get a job, play in a local soccer team where he would travel to different states for competitions, and have a permanent place to live. Recently, JFCS-EB case manager connected the client to a volunteer who donated a vehicle to him. Nabiullah was extremely happy to have received a good-condition car and was relieved that it would help him commute to work, school, and other daily life activities.

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AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)
TOTAL SERVED FOR FY 22-23: 203

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
78	37	82	6		203

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
	3	200		203
IF OTHER, PLEASE SPECIFY: Dari, Pashto, & Russian				

RACE:

MORE THAN ONE RACE	
AMERICAN INDIAN/ ALASKA NATIVE	
ASIAN	
BLACK/ AFRICAN AMERICAN	
WHITE/ CAUCASIAN	1
HISPANIC/ LATINO	3
NATIVE HAWAAIAN/ PACIFIC ISLANDER	
OTHER	199
DECLINE TO STATE/ DATA NOT CAPTURED	

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	
ASIAN INDIAN/ SOUTH ASIAN	
CAMBODIAN	
CHINESE	
EASTERN EUROPEAN	1
FILIPINO	
JAPANESE	
KOREAN	
MIDDLE EASTERN	199

DRAFT

TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	203

VIETNAMESE	
MORE THAN ONE ETHNICTY110	
OTHER	3

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	
CENTRAL AMERICAN	3
MEXICAN AMERICAN	
PUERTO RICAN	
SOUTH AMERICAN	
OTHER	200

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	203

SEXUAL ORIENTATION:

HETEROSEXUAL	200	**QUESTIONING / UNSURE**	
GAY / LESBIAN		**ANOTHER SEXUAL ORIENTATION**	
BISEXUAL		**DECLINE TO STATE/ DATA NOT CAPTURED**	1
QUEER	2	**TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)**	203

DRAFT

SEX ASSIGNED AT BIRTH:

MALE	110
FEMALE	93
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	203

CURRENT GENDER IDENTITY:

MAN	110
WOMAN	93
TRANSGENDER	
GENDERQUEER / NON-BINARY	
QUESTIONING	
ANOTHER GENDER IDENTIY	
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	203

ACTIVE MILITARY STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

VETERAN STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

DISABILITY STATUS:

YES	5
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

DISABILITY TYPE:

DIFFICULTY SEEING	1
DIFFICULTY HEARING/ HAVING SPEECH	
UNDERSTOOD	
PHYSICAL MOBILITY	5
CHRONIC HEALTH CONDITION	

DRAFT

	OTHER	
	DECLINE TO STATE/ DATA NOT CAPTURED	
	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

COGNITIVE DISABILITY:

YES		**DECLINE TO STATE/ DATA NOT CAPTURED**	
NO		**TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)**	

DRAFT

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	31
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	31

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	30
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	3

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	

DRAFT

LA CLINICA - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2022 – 2023

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
X	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
X	ACCESS AND LINKAGE TO TREATMENT
X	IMPROVING TIMELY ACCESS TO TREATMENT
X	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	CHILDHOOD TRAUMA
X	EARLY PSYCHOSIS
X	YOUTH OUTREACH AND ENGAGEMENT
X	CULTURE AND LANGUAGE
X	OLDER ADULTS
X	EARLY IDENTIFICATION

DRAFT

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Vías de Salud (Pathways to Health) program has provided 9,164 depression and anxiety screenings to Latinos residing in Central and East Contra Costa County.
- Vías de Salud (Pathways to Health) program has provided 1,496 assessments and early intervention services to identify risk of mental illness or emotional distress, or other risk factors such as social isolation.
- Vías de Salud (Pathways to Health) program has conducted 6,025 follow up support/brief treatment services to adults.
- Familias Fuertes (Strong Families) program has provided 1,126 screenings for risk factors in youth ages 0-17.
- Familias Fuertes (Strong Families) program has provided 777 Assessments to parents/caretakers of children ages 0-17.

- Familias Fuertes (Strong Families) program has conducted 1131 follow up visits with children/families to provide psycho-education/brief treatment regarding behavioral health issues.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

Vías de Salud (Pathways to Health) targets Latinos residing in Central and East Contra Costa County and has provided: a) 9,164 depression and anxiety screenings (305.47% of yearly target); b) 1,496 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 (598% of yearly target); and c) 6,025 follow up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment (482% 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) 1,126 screens for risk factors in youth ages 0-17 (150.13% of yearly target) ; 2) 777 Assessments (includes child functioning and parent education/support) with the Behavioral Health Specialist were provided to parents/caretakers of children ages 0-17 (1,036% of yearly target); 1131 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 (377% 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.

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Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

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. 9,164 out of 3,000 Depression & Anxiety Screenings at La Clinica's primary care sites.
B. 1,496 out of 250 assessments and early intervention services were provided by a Behavioral Health Specialists within the FY 22-23
C. 6,025 out of 1,250 support/brief treatment services were provided by a Behavioral Health Specialists within FY 22-23

La Clinica tracked the following data on an ongoing basis:

A. 1,126 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 777 out of 75 assessments or visits (including child functioning and parent education/support were provided for FY 22-23
C. 1131 out of 300 follow-up individual/family visits with Integrated Behavioral Health Clinicians were provided with children/caretakers. This includes psycho-education/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues.

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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 of 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 1.2 months. To obtain this data, we did a chart review of 10 randomly selected patients that received treatment this fiscal year.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

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.

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.

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The average length of time between referral and entry into treatment is 1.2 months. To obtain this data, we did a chart review of 10 randomly selected patients that received treatment this fiscal year.

Include examples of notable community impact or feedback from the community if applicable.

A patient was referred 9 months ago after stage 4 cancer diagnosis. Her PCP referred her to the Pittsburg IBHC (Integrated Behavioral Health Clinician) because she disclosed experiencing sadness, fear, sleep difficulty, appetite loss, loss of interest, and no motivation. Also, not controlling her diabetes and uncontrolled blood pressure. IBH Clinician met with her and helped her develop coping strategies to manage her depression and anxiety. In addition to her cancer diagnosis the client was having partner relational issues due to guilt. Patient has been attending IBHC sessions and reports significant emotional and physical improvements. Patient reports the most important coping skill she learned is living one day at a time and engaging in mindfulness. It's been 2 years since she was given 3-6 months to live (she reports, "not living life before now").

There was a warm hand off (WHO) from Pittsburg PCP to IBHC due to a patient experiencing significant depression and not linked to therapist. After IBHC briefly met with adolescent patient, she reported audio hallucinations (with commands) and thoughts of suicide (previously not disclosed to medical staff or PCP). After consulting with the IBHC consult line, IBHC included mother in safety planning and recommended mother to take patient to the nearest emergency room for further psychiatric evaluation due to thoughts of suicide (with plan/intent). Mother was appreciative of IBHC risk assessment and recommendations for psychiatric hospitalization (patient was hospitalized for 1 week). Mother later reported not realizing how much daughter needed behavioral services and had attempted to get her into therapy. Patient was linked with weekly therapist (outside referral provider) before hospital discharge.

"25 y/o female returned to IBH services for history of depression and anxiety. Patient benefited from a prior IBH episode where she experienced postpartum depression. This time patient self-referred to IBH. Patient was pregnant with her second child and was experiencing a high-risk pregnancy. Her medical situation led to sxs of dep/anx returning as well as high stress. Patient reported mood changes, irritability, sleep issues, fatigue, persistent worry. IBHC provided support for symptom management through her pregnancy and postpartum. Once her child was born, IBHC supported the patient with her adjustment process as well as with parenting 2 children under 5 years old. The patient expressed the benefits of IBH services which helped her manage her symptoms and the ongoing support throughout her pregnancy journey. Patient expressed that this time, despite the challenges she faced with her pregnancy, she was able to manage better compared to previous MH episodes."

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AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)
TOTAL SERVED FOR FY 22-23: 896

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
172	127	496	101	0	896

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
294	597	5		896
IF OTHER, PLEASE SPECIFY: Other languages are Dari, Pashto, Portuguese, and American Sign Language.				

RACE:

MORE THAN ONE RACE	
AMERICAN INDIAN/ ALASKA NATIVE	1
ASIAN	22
BLACK/ AFRICAN AMERICAN	49
WHITE/ CAUCASIAN	102
HISPANIC/ LATINO	707
NATIVE HAWAAIAN/ PACIFIC ISLANDER	
OTHER	3
DECLINE TO STATE/ DATA NOT CAPTURED	12
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	896

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	
ASIAN INDIAN/ SOUTH ASIAN	
CAMBODIAN	
CHINESE	
EASTERN EUROPEAN	
FILIPINO	
JAPANESE	
KOREAN	
MIDDLE EASTERN	
VIETNAMESE	
MORE THAN ONE ETHNICTY	

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		OTHER	

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	
CENTRAL AMERICAN	
MEXICAN AMERICAN	
PUERTO RICAN	
SOUTH AMERICAN	
OTHER	

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

SEXUAL ORIENTATION:

HETEROSEXUAL	651	QUESTIONING / UNSURE	10
GAY / LESBIAN	4	ANOTHER SEXUAL ORIENTATION	3
BISEXUAL	10	DECLINE TO STATE/ DATA NOT CAPTURED	218
QUEER	0	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	896

SEX ASSIGNED AT BIRTH:

MALE	277
FEMALE	619
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	896

CURRENT GENDER IDENTITY:

MAN	207
WOMAN	496
TRANSGENDER	2
GENDERQUEER / NON-BINARY	3
QUESTIONING	
ANOTHER GENDER IDENTIY	2
DECLINE TO STATE/ DATA NOT CAPTURED	186
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	896

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ACTIVE MILITARY STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

VETERAN STATUS:

YES	
NO	**803**
DECLINE TO STATE/ DATA NOT CAPTURED	**93**
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	**896**

DISABILITY STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	**896**
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	**896**

DISABILITY TYPE:

DIFFICULTY SEEING	
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	
PHYSICAL MOBILITY	
CHRONIC HEALTH CONDITION	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	**896**
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	**896**

COGNITIVE DISABILITY:

YES		**DECLINE TO STATE/ DATA NOT CAPTURED**	
NO		**TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)**	

DRAFT

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	

DRAFT

LAO FAMILY COMMUNITY DEVELOPMENT'S (LFCD) - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2022 – 2023

PEI STRATEGIES (CHECK ALL THAT APPLY):

✓	**PREVENTION**
✓	**EARLY INTERVENTION**
	OUTREACH
✓	**STIGMA AND DISCRIMINATION REDUCTION**
✓	**ACCESS AND LINKAGE TO TREATMENT**
✓	**IMPROVING TIMELY ACCESS TO TREATMENT**
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
✓	**CULTURE AND LANGUAGE**
✓	**OLDER ADULTS**
	EARLY IDENTIFICATION

DRAFT

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- To access and obtain treatment for mental healthcare and evaluation for severe mental health issues, such as Post Traumatic Stress Disorder(PTSD), etc.
- To access SSI benefits for elderly participants with visual impairment and other disabilities
- Access health and mental health services through Covered California exchanges or other low-cost health insurance options including County
- Basic Care, Medical, Medicare, Kaiser health, Blue Cross of California and free service.
- To obtain/increase access to preventative health care, including annual physical examinations

- To access permanent affordable housing (public housing, section 8, foreclosure assistance, etc.)
- To reduce anxiety and depression related to citizenship, naturalization,
- unemployment, and underemployment.
- To reduce stress related to financial hardships and lack of money for basic needs (mental health stress and well-being-related illnesses)
- To develop and maintain healthier lifestyle behaviors among the family members
- To improve their relationships with immediate family members/children/grandchildren
- To be more engaged and civic-oriented within their community
- To increase integration into US society through citizenship

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

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 Southeast Asian immigrant/refugee/underserved residents living in Contra Costa County. This report covers services provided during the program year, July 2022 to June 2023. We served 127 participants from both communities representing a diverse group (Nepali, Tibetan, Bhutanese , 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 California , Contra Costa County Mental Health Services in San Pablo, California's Employment Development Department, employment and Human Services in Hercules California, Kaiser hospital in Pinole and Richmond California and Highland Hospital in Oakland, all public health facilities for physical health services and severe mental health access; c) Rota care in Richmond for free physical medical health service, lifelong medical center in San Pablo California 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, Kaiser hospital in Richmond and Oakland California, West County Health Center in San Pablo, Contra Costa County Mental Health Services in San Pablo, Partnerships for Trauma Recovery in Berkeley,

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Highland Hospital in Oakland, and Rota Care clinic in Richmond California and Lifelong Medical Center in San Pablo California; 2) the USCIS office in San Francisco for immigration assistance and USCIS application support center in Oakland California; 3) Jewish Family and Community Services – East Bay for onsite legal assistance with naturalization and immigration service's 4) Federal SSA offices in Richmond or Oakland for SSI benefits or Temporary Protected Status (TPS). 5) We also assisted our clients to take them DMV offices in El Cerrito, Vallejo California .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.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

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:	11	-	22 = 11 (Min)
Range:	11	-	19 = 8
(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.

- During the program period from July 2022 to June 2023 we have conducted 13 workshops and 183 participants had participated in the workshops.
- Similarly, we had conducted 13 peer support groups, and 163 participants had participated in the peer support groups.
- We had conducted 4 social gatherings 09/18/2022, 12/18/2022, 03/26/2023 and 06/25/2023 with 255 total participants.

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- Similarly, we had total 19 community outreach events, and we were able to outreach 853 clients for our HWB program.

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.
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 6% (7 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, Kaiser hospital in Richmond and Oakland , Highland Hospital in Oakland, Rota Carefree Clinic in Richmond, and East Bay Area Legal Aid in Oakland and Richmond, Law office of Laura A. Craig, law office of Yagya Prasad Nepal in San Leandro California, East bay Sanctuary Covenant in Berkeley California, Dr. Ricardo office in Berkeley California, Jewish Family Services – East Bay in Walnut Creek, etc.

Unlikely last program year, many of our clients got medical, SSI and CalFresh benefits. Many of them got California driving licenses and got Tax filing helps . Many of our clients were able to increase their income level and credit scores. As a result, many of them were able to buy houses for their family. On the other sides, many clients got problem to move into the new apartments because apartment prices had increased more than 2021-2022. Similarly, many clients could not enroll at Covered California because of their income barrier.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

At the end of the 12-month period from July 1st 2022 to June 30th 2023, we reflect on our work and partner linkages. Our evaluation is that our program values reflect MHSA values in these areas:

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- 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.
- 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.
- 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 daytime, nighttime, weekends, and escorted assistance.
- 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.
- 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 clients received timely access to the linkage while they were active clients because we accompanied them to the social security office, USCIS application support center for biometric appointments ,
- Department of Moter Vehicle(DMV), Contra Costa regional Hospital in Martinez, Richmond Kaiser Hospital, Oakland Kaiser hospital , Contra Costa health center, Pinole Kaiser hospital , Rota Care, Lifelong Medical Center etc.
- Those clients whom we had accompanied to the services were the underserved and underprivileged senior and ailing clients. They have no resources to pay for the uber, Lyft and other means of transportation. Due to their limited English language capacity, they cannot express their pain .In this situation our counsellors had accompanied them and helped them to communicate effectively with service providers . Therefore, these clients were able to accomplish their goals.

Our thematic peer group activities; workshops, social gathering , community and ethnic outreach and 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. During the works their activities helped participants build their resiliency and their recovery from crisis. Our door-to-door services to the clients helped us to make strong working relationship with the clients and also we were able to build a trust in the community.

Include examples of notable community impact or feedback from the community if applicable.

- During the program year from July 2022 to June 2023, we have served 127 clients. Among those we were able to help one of our clients Mrs. G Sitaula Bhattarai for her critical treatment of breast cancer. We referred her Contra Costa Medical in the beginning of her treatment and later she was transferred to UC Davis Hospital for the cancer treatment. After chemotherapy, and well managed treatment plan at the hospital, she was able to get rid of cancer and now she is out of danger.
- This is one of the great examples of positive community impact.

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- Many senior citizens who were the patients of heart diseases , diabetes and high blood pressure came to meet their children here in Pittsburg, Concord, El Cerrito, Richmond, San Pablo Pinole, Hercules, El Sobrante and Martinez California. They received great help from our program to refill their prescriptions with the help of free services from Rota Care Richmond , Lifelong Medical Center , Contra Costa Regional Hospital, Highland Hospital in Oakland California. Our senior clients such as B. P Khanal, KP Rijal, R.Khanal.
- M. Rijal HM Sapkota, TR Kandel were able to receive these services. They are always happy and blessing our organization and its counsellor.
- Many of our clients were able to buy new homes due to our financial workshops. We helped them how to increase the credit scores and how to manage the debts. Our CPAs gave them presentation about the Tax filing and how to get optimum refunds etc. Similarly, our loan officers and realtors also gave presentations about how to make an offer and how to close the loan without any hassle. During the time Mr. P Lama, S. Basnet, B.Ghimire, S. Bimali. , S. Oli, R Regmi, S. Rai, G. Amatya , A.Giri were able to buy their dream home. It has always positive community impact.
- Kaiser permanent hospital in Richmond and Oakland had helped our clients to get mental health counseling and therapy session and prescribed them medications to reduce their mental stress and anxiety . R. Adhikari, S. Bajagai, N. Itani. RC Prajapati , A. Basnet , D. Shakya were among those who got help from Kaiser Hospital and now they all feel much better than they were before.
- Many of our SEA clients had passed the citizenship tests and were able to restore their SSI benefits . Many of them became permanent residence and were able to bring their other families to USA. They received such help from East Bay Sanctuary Covenant and Jewish Community in East Bay. They have been helping immigrant communities with their lawyers.
- Due to our help, many of our clients were able to get CA driving licenses and driving Uber, Lyfts , Uber Eats, Amazon delivery and Door Dash to make more money rather than to work for the store or WallMart . Many of these clients were able to save money to buy home or businesses when they get that opportunity. They are financially very stable now.
- Many of our past and current clients also bought Gas Station, Liquor stores, and Smoke Shops in the various parts of Northern California. Mr. R Shah, Mr. K P Dahal, Mr. P Karki, Mr. G Pudasaini, Ms. A. Pandey bought liquor and Smoke shops. Similarly, Mr. S. Khanal, Ms. D. Ghimire, G. Basnet, RK Shrestha , D . Tamang have bought Nepali/Indian restaurants . They are very happy now.
- Due to our “door to door services to the clients many of the senior clients felt now not isolated and they are now connected with the community through religious program, chanting religious songs among the senior people in the community . Now, they are mentally much relied on than before.
- On the other side, our younger clients who are driving uber, Lyfts and deliver food and goods door to door are also happy with their jobs and they are able to buy houses and also saving money in 401K through Primerica Life Insurance company for the future of their children. They are happier and more relaxed now.
- Only one thing we are getting hard time to refer our clients to the Mental health issues to the Contra Costa behavioral health and Kaiser hospital due to insurance issues and longtime waiting process for the counselling and treatment. Some other private psychologists are charging more fees our clients cannot afford . However, we are trying our best to find more and more affordable services through CBOs and other facilities.
- In this way, we are able to make positive impact in the community , we help people to find jobs , help them to find rooms and apartment when they are new in the community.

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AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)
TOTAL SERVED FOR FY 22-23: 127

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
0	5	70	52	0	127

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
		127		127
IF OTHER, PLEASE SPECIFY: Nepali , Newari, Tamang, Lao Mien				

RACE:

MORE THAN ONE RACE	
AMERICAN INDIAN/ ALASKA NATIVE	
ASIAN	127
BLACK/ AFRICAN AMERICAN	
WHITE/ CAUCASIAN	
HISPANIC/ LATINO	
NATIVE HAWAAIAN/ PACIFIC ISLANDER	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	
ASIAN INDIAN/ SOUTH ASIAN	
CAMBODIAN	
CHINESE	
EASTERN EUROPEAN	
FILIPINO	
JAPANESE	
KOREAN	
MIDDLE EASTERN	

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TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	127

VIETNAMESE	
MORE THAN ONE ETHNICTY	
OTHER	127

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	
CENTRAL AMERICAN	
MEXICAN AMERICAN	
PUERTO RICAN	
SOUTH AMERICAN	
OTHER	127

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	127

SEXUAL ORIENTATION:

HETEROSEXUAL	127	QUESTIONING / UNSURE	
GAY / LESBIAN		ANOTHER SEXUAL ORIENTATION	
BISEXUAL		DECLINE TO STATE/ DATA NOT CAPTURED	
QUEER		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY) 127	127

SEX ASSIGNED AT BIRTH:

MALE	54
FEMALE	73
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	127

CURRENT GENDER IDENTITY:

MAN	54
WOMAN	73
TRANSGENDER	
GENDERQUEER / NON-BINARY	

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QUESTIONING	
ANOTHER GENDER IDENTIY	
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

ACTIVE MILITARY STATUS:

YES	
NO	127
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	127

VETERAN STATUS:

YES	
NO	127
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	127

DISABILITY STATUS:

YES	41
NO	86
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	127

DISABILITY TYPE:

DIFFICULTY SEEING	
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	
PHYSICAL MOBILITY	36
CHRONIC HEALTH CONDITION	5
OTHER	86
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	127

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COGNITIVE DISABILITY:

YES		**DECLINE TO STATE/ DATA NOT CAPTURED**	
NO	**127**	**TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)**	**127**

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	**1**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**1**

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	**5**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**3**

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	**8-12 weeks**
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	**7 weeks**

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THE LATINA CENTER - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2022 – 2023

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
X	OUTREACH
	STIGMA AND DISCRIMINATION REDUCTION
X	ACCESS AND LINKAGE TO TREATMENT
	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
X	CULTURE AND LANGUAGE
	OLDER ADULTS
	EARLY IDENTIFICATION

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NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- The Latina Center's 8–10-week parenting program is linguistically adapted to our Spanish-speaking Latino community. During the fiscal year 2022-23, parent educators and staff made over 3,200 outreach calls to parents from our community to invite them to participate in our Parenting classes.
- Due to this outreach, 387 people registered for our classes; of these, 189 participated in the classes, and 54 parents completed all the classes and graduated from the program.
- With the support of 3 schools where the Parenting classes were given in person, we formed 21 groups of parents to participate in the classes: 18 were on Zoom, and 3 were in person.
- With the support of two psychologists, Ernesto Hidalgo and Karen Flores, experts in the mental health field, we had 5 workshops throughout this year on different mental health topics. The workshops were on Zoom and broadcast on Facebook live: 82 participants connected to the workshops.

- We also offered stress management workshops to 3 groups. This 5-week program reached a total of 22 participants. The main topics of these workshops were how to control anxiety and stress and how to focus on the emotions that cause physical and psychological reactions in our bodies.

- We referred some of our clients with mental health needs to our Mental Health Coach, Karen Flores. Her mental health report is attached at the end of this document.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

- Target population and setting: Our 8–10-week parenting program Primero Nuestros Ninos/Our Children First is focused on our Spanish-speaking Latino community. It is offered both in-person, generally at The Latina Center or in schools, and on Zoom
- Parents were called and invited to participate in our ZOOM classes. They share some customs and ideas in the upbringing and disciplining of children and learned some helpful tools they can adapt to their style of education to support the healthy, emotional, and social development of their children. Based on the parenting guide, we teach pointing out the importance for parents to stop hitting, shouting, and punishing their children. Instead, we teach them how to focus on their feelings to understand them better and engage in communication skills and parenting tools to promote a healthier family environment. This helps parents to be aware of their own unhealthy practices that can lead to abuse and domestic violence within their own family, as well as other emotional imbalances and mental disorders such as anxiety or depression.
- In coordination with our 3 parent educators and staff members, we made 3,200 outreach calls and sent text messages to invite parents to take our classes on Zoom. During outreach, people are asked a few questions, fill out a registration form, and finally, we gather the demographics survey of each parent.
- During this intake call, we also identify the participants' different living situations, for example, domestic violence or some mental health conditions, whether they may need emotional support group services, housing services, or other community resources. We also determine if they were referred by the Family Courts of San Francisco or Richmond, Children and Family Services, schools, clinics, social workers, etc.
- When appropriate, we refer them to some of our services here at The Latina Center or refer them to other community-based organizations.
- During the fiscal year 2022-23, some of the following challenges were addressed:
- It is difficult for many parents to participate. Out of 387 people who registered for the class, 189 participated (49%), and 54 of these participants (29%) completed all 10 classes.
- When we made follow-up calls to invite them to finish the program, we learned that most participants' work schedules did not allow them to join the classes by Zoom or attend in person.
- It was more difficult than in past years to find a proper space to hold the groups. However, thanks to the support of 3 Schools, Chavez Elementary School, Shannon Elementary School and Nystrom Elementary School that gave us a space for parents, we could provide our classes in person. The other 18 groups were presented on Zoom.

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- To address their children's most challenging behaviors and consequences, we collaborated with Psychologist Ernesto Hidalgo and Mental Health Coach Karen Flores. With their help, we had 5 mental health workshops that were broadcast on Facebook Live throughout the year:
    - 1.- Mental Health Workshop: Suicide Prevention on 9/26/2022
    - 2.-Seasonal depression on 11/26/2022
    - 3.-Psychological consequences of divorce in children and adolescents, part 1 on 1/23/2023
    - 4.-Psychological consequences of divorce in children and adolescents, part 2 on 3/27/2023
    - 5.-Adolescence "age incomprehensible" part 1 for time, on 6/19/2023, part number 2 of this topic will take place on August 28, 2023.
- More details about these workshops are attached below in the description.
- Due to the success and evaluation results of the mental health workshops, we were motivated to develop another group for parents and include some stress management tools and exercises, where participants could learn breathing techniques to control anxiety and stress, stretching and relaxation exercises, learn to identify thoughts that cause feelings and those that cause a physical reaction in the body. The total number of participants in the 3 groups was 22 participants. More details are attached in the description of each workshop down below.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

Week 1.- INTRODUCTION: In the first week of our Parenting program, we talked about how difficult it is to be a parent and the importance to have support and seek help in different organizations, schools, medical facilities, or other community resource.

- We invited them to analyze each style of education each parent has and be mindful on how and why they implemented punishments, either emotional or physical, that led to repeating the same patterns of behavior with our children.
- We also encouraged a healthy way of communication to teach our children to be responsible adults with a sense of values and principles in accordance with the Latino culture.
- Spanish Language was used to help participants feel comfortable and use it with their own children as well.
- At the end of this session, some homework was given to share in the next session, such as: observing their children's behavior to analyze in our next class.

Week 2 Chapter 1- How to understand your child and yourself, Chapter 2 How to understand beliefs and feeling:

- In these topics, we observed and identified the different behaviors of children; most of the time, if they are not taught in a different way to react to frustration, boredom or attention, children will believe that the best way to capture the parent's attention is by throwing tantrums and irritate their parents, and their parents reward the bad behavior of children, by hitting, yelling, in a way to correct them. With this as a prize, kids learn that tantrums are the only way to get what they want.
- We understand that many unhealthy children's behaviors reflect their parents' behavior, where children learn to treat others the way they are being treated. It gives them the distorted idea that violence is normal, as well as the abuse of others.

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- In the second chapter, parents are given the techniques to correct the behaviors of children, with a discipline focused on love but with firm limits and practicing values and principles. Parents learn the importance of stopping rewarding children's bad behavior and working on developing patience; when parents are addressing their children's behaviors, they need to make sure that they are being heard, and also, the parents need to understand their feelings and value them. This week's homework is to correct their children's behavior with the tools they learn. Like listening first instead of yelling.

Week 3.- Chapter 3: How to encourage your children and yourself, Chapter 4: How to listen and talk to your child:

- In Chapter 3, we learn about the language of motivation and validation that every child needs to hear during the years when we are learning new things, a language without criticism or rejection, without fear of making mistakes, with simple words like "thank you, I trust you, I know you can try." These words have a very healthy impact when applied correctly. We invite parents to stop having favorite children, to always be on someone's side, and you should not have conflict with mistakes. It is a way to encourage and motivate children's actions, and equality is always sought without giving way to the abuse that, as parents, we usually commit against children.
- In chapter 4: we learn to listen reflectively to all the situations that our children have and the situations of danger, to avoid abuse or mistreatment by others. When listening reflectively, capturing feelings in what children say, recognizing feelings and verbalizing them, reaching assertive communication, here we must make agreements with our children, when they are very angry, instead of saying something that will hurt the other. It's better to take some time and wait for the fumes to go down, then get back to the conversation and negotiate some deals for everyone's emotional safety. Through "I Messages" we learn to communicate the feelings and situations that affect us individually, without blaming others of our reactions. This week's homework is to practice 5 motivational phrases to their children and observe their reaction when mention, also let the parent practice the "Message in I."

Week 4: Chapter 5: How to help your child learn to cooperate, Chapter 6: A discipline that makes sense.

- In chapter 5, we learned about equality at home, to be responsible for our own actions, we want to provide our children with firm standards, respect for values, through our family gatherings, we give time and space for all of us to cooperate at home and be heard. In our family gatherings we learn to listen and be listened to with the necessary time, no matter the age, we all have a voice and vote and cooperate with the different responsibilities at home.
- These family gatherings are different from the gatherings that as a culture we are taught to spend quality time with the family. Family time that we must have as a family, however, in our programs its objective is the cooperation of all work at home and see that a family is a unit where everyone is respected equally.
- Chapter 6: In this chapter we are taught to make agreements with our children, every action has a reaction and there are two types of consequences(the natural consequences, these are apply when the agreements between parents and children, the agreement depends on each family, most of the time they are extra tasks assigned or keep the material things away, that are important to the children, such as the telephone or the computer) these type of consequences are applied only to correct the behavior of the children, by doing this, it helps parents to stop punishing, since punishment is a very negative way to correct the behavior of children and leaves emotional wounds in their feelings. It is proven that when a parent applies punishments, children learn to punish others as well, become aggressive and commit injustices and mistreatment in their future families. This week's homework is to plan their family meeting, with the steps shown before.

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Week 5: Chapter 7: How to choose your strategy, Chapter 8: The consequences of stress.

- In chapter 7: In this chapter we see a review of the most important points of each topic such as: the behaviors of parents, children, family gatherings, the "message in I", and something very important that is for the well-being of children, when their parents have a cordial relationship even after separated or divorce and what it implies when any parent brings a new partner to their family and is given permission to correct stepchildren in a negative way and with punishment, likewise children learn to always be defensive, their bad behavior increases, they could hurt themselves and are more likely to develop mental disorders such as anxiety, depression, stress, in a way to vent they also punish other children. We see how we should prepare ourselves to deal with when we talk about special topics with our children, such as drugs, sex, domestic violence, mental health disorders. After de session, a post-evaluation is made.
- Chapter 8: After the post-evaluation, we move on to the special topics to further prepare the knowledge of the parents and the next topic is about how stress can affect us both physically, emotionally and that implies that if parents have a very high level of stress, due to the high demands of their lives, that same will be transmitted to the children. Self-care is very important in order to take good care of their family. This chapter shows the different levels of stress and in which parts of our body can affect us and the consequences of not receiving help in time, breathing techniques, exercises for self-care are also provided. Promoting spend time with the family, having a healthy lifestyle

Week 6

- Week 6: In this week of recovery, the most important points of each chapter are chosen and reviewed, then the tasks that have been left as a homework are reviewed too, we ask questions of the practices that the participants have done, this is done to give people the opportunity to recover all the sessions and can take their certificate, When they require it, they are also invited to take the full session they need in another group with a different schedule. It is important to have this review only of parenting classes before moving on to special topics.

Week 7

- Week 7: Mental Health: In this topic, we see the importance of taking care of our mental health and our family too; we see some of the most common illnesses as well as some mental disorders; we describe some of the most common symptoms, how they affect when the person does not receive adequate help such as therapy, medication or other treatment; there is talk of having an emergency plan in case of crisis of a family member with a condition. We share some resources in the community where you can talk to ask for information about other resources, and the most important is to go to the doctor for any further questions. At the end of the presentations, we make sure to have enough time to discuss what they learned, what they like the most, and any other questions they may have about the topic. It is also important to keep in mind that they should not be suggestive with the information received, nor self-diagnose or diagnose their children; in case of any doubt, always go to their doctor

Week 8

- Week 8:Domestic Violence: In this topic, we explain the different types of violence and the characteristics of each one; we also see the stages of violence and how it escalates little by little and how the victim should be protected, and how to protect their family; it shows how D.V affects young children and what they can learn and commit when they are older and have their own families or in general, how it affects adolescents when a family lives under these patterns of behavior and

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sometimes explains their own behavior of teens, how it affects children who are victims of sexual abuse and the symptoms and consequences of abuse, who may be the abusers and how parents can predict them in case of any situation, We also see a safety plan, step by step, 5 most important things are shown in a plan,

  - Talk to your children about the situation
  - Have at hand phone numbers of people to help you in case of emergency
  - Have a plan of where they will meet in case they have to leave their home for an emergency
  - Gather more important documents and have them together and at hand
  - Have copies of car keys, cash, clothes, and shoes in a suitcase, or have it with someone you trust. Before making any decision, look for resources in the community that may be helpful, look for a legal representative, and seek information from different special organizations for help in this aspect

- The most important thing is to take care of yourself and your family

Week 9

- Suicide Prevention: The statistics are increasing both anxiety or depression disorders, young behaviors, and the absence of parents at home for increasingly demanding jobs is something to worry about, so this topic shows the different risk factors that our children are exposed to and are living in a not very healthy family environment, The presentation shows the different behavioral changes they show. Also, when a child suffers from a disorder, it is important to be present at all times in our children's lives; we not only believe that adolescence is one more stage that every human being goes through, but we need to pay careful attention to this situation. We also show how depression affects our physical, mental, and emotional state, mention the previous safety plan again, and apply it to each emergency situation. And when a person says they no longer want to live, you must pay attention and help. Some resources are mentioned in the community and as an organization, as well as the different services that The Latina Center has. We can save someone's life

Week 10

- GRADUATION and certificates are given; this is the moment to celebrate with the whole group and share points of view and experiences of their practices.

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Below are the results of the PRE-EVALUATIONS, that are made during the registration call.

	Never	Rarely	Frequently	Always
Identifies the reasons for the behavior of your children.	3.2%	14.8%	46.6%	34.4%
Avoids doing things for your children when they can do it themselves?	3.7%	24.3%	52.4%	19.6%
Recognizes positive qualities and actions of your children?	2.6%	4.8%	46%	46.6%
Listen to detect feelings in what your children say?	1.6%	10.6%	48.7%	39.2%
Express your feeling to your children in a serene way?	2.6%	15.9%	46.6%	34.9%
Solves problems, talking about solutions with your children?	2.6%	15.3%	48.7%	33.3%
Allow your children to learn from the consequences of their own choices?	2.1%	9.5%	54%	34.4%
Uses discipline that is related to your children’s bad behavior	3.7%	14.8%	55.6%	25.9%
Knows what approach or response to use when disciplining your children?	5.8%	22.8%	48.1%	23.3%
Hold family gatherings?	20.1%	35.4%	31.7%	12.7%

Accept your children's mistakes?	2.6%	9%	47.6%	40.7%
Show respect for your children's opinions?	0%	6.9%	42.9%	50.3%

Section #2 de la PRE-EVALUACION	Totally Disagree	Disagree	Agree	Totally Agree
Parents should not engage in verbal arguments with their children?	6.9%	29.1%	51.3%	12.7%
Parents should make their children do their chores	0%	3.7%	61.4%	34.9%
Children misbehave for a specific reason	0.5%	5.8%	68.8%	24.9%
Children learn better when they are pointed out the mistakes they made?	1.1%	7.4%	64%	27.5%
Effective communication with children requires of certain skills	0.5%	5.3%	68.3%	25.9%
Parents who listen carefully to their children do not seem to know how to act	22.8%	40.7%	29.1%	7.4%
Discipline needs to be understood by children	3.7%	4.2%	68.3%	23.8%
Physical punishment is effective in teaching cooperation	51.9%	34.4%	10.6%	3.2%
Children must be responsible for their belongings	1.1%	5.8%	71.4%	21.7%
Parents can do very little to change the behavior of their children	39.7%	42.3%	14.3%	3.7%
Positive encouragement motivates your children	0.5%	2.1%	63.5%	33.9%
Demonstrating concern for the feelings of your children, gives them too much control	15.3%	27.5%	46%	11.1%
Children learn by watching parents use positive behavior	1.1%	2.6%	68.8%	27.5%
Disobedience is a challenge for the authority of a father	2.1%	18.5%	60.3%	19%
Learning from their own experiences helps children to be responsible	1.6%	3.2%	65.6%	29.6%
Solving children's problems, helps them to be responsible	29.6%	36%	27%	7.4%
Children con be involved in developing solutions for family problems	9.5%	29.1%	52.9%	8.5%
Praising children for their good behavior it shows that you accept them as they are	0.5%	8.5%	61.4%	29.6%
Responsible parents help their children to learn from their decisions	0%	3.7%	69.3%	27%
Children's misbehavior would end, if parents ignore it	40.7%	39.7%	16.9%	2.6%

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To continue with the results of the POST-EVALUATION not all participants finish the STEP course, for that reason only 130 could be answered

	Never	Rarely	Frequently	Always
Identifies the reasons for the behavior of your children?	0.8%	6.9%	46.9%	45.4%
Avoids doing things for your children when they can do it themselves?	1.5%	24.6%	45.4%	28.5%
Recognizes positive qualities and actions of your children?	0%	2.3%	43.8%	53.8%
Listen to detect feelings in what your children say?	0%	7.7%	49.2%	43.1%
Express your feeling to your children in a serene way?	0%	12.3%	46.9%	40.8%
Solves problems, talking about solutions with your children?	0.8%	9.2%	50.8%	39.2%
Allow your children to learn from the consequences of their own choices?	0%	11.5%	46.2%	42.3%
Uses discipline that is related to your children's bad behavior	0.8%	16.2%	53.2%	30.8%

Knows what approach or response to use when disciplining your children?	0%	16.2%	49.2%	34.6%
Hold family gatherings?	3.8%	30.8%	33.1%	32.3%
Accept your children's mistakes?	1.5%	2.3%	34.6%	61.5%
Show respect for your children's opinions?	0%	0.8%	26.9%	72.3%

POST-EVALUATION Part 2

	Totally Disagree	Disagree	Agree	Totally Agree
Parents should not engage in verbal arguments with their children?	8.5%	39.2%	34.6%	17.7%
Parents should make their children do their chores	0.8%	1.5%	49.2%	48.5%
Children misbehave for a specific reason	0%	5.4%	56.2%	38.5%
Children learn better when they are pointed out the mistakes they made?	0%	2.3%	60.8%	36.9%
Effective communication with children requires of certain skills	0%	6.2%	63.1%	30.8%
Parents who listen carefully to their children do not seem to know how to act	14.6%	59.2%	22.3%	3.8%
Discipline needs to be understood by children	0.8%	6.9%	57.7%	35.6%
Physical punishment is effective in teaching cooperation	34.9%	57.4%	7.8%	0%
Children must be responsible for their belongings	0%	8.5%	60.8%	30.8%
Parents can do very little to change the behavior of their children	20%	63.8%	15.4%	0.8%
Positive encouragement motivates your children	0%	2.3%	52.3%	45.4%
Demonstrating concern for the feelings of your children, gives them too much control	3.8%	43.1%	41.5%	11.5%
Children learn by watching parents use positive behavior	0%	3.1%	56.9%	40%
Disobedience is a challenge for the authority of a father	0.8%	36.9%	46.9%	15.4%
Learning from their own experiences helps children to be responsible	0%	4.6%	60%	35.4%
Solving children's problems, helps them to be responsible	16.9%	58.5%	17.7%	6.9%
Children con be involved in developing solutions for family problems	3.8%	31.5%	53.8%	10.8%
Praising children for their good behavior it shows that you accept them as they are	0.8%	12.3%	56.9%	30%
Responsible parents help their children to learn from their decisions	0%	4.6%	63.1%	32.3%
Children's misbehavior would end, if parents ignore it	21.5%	63.8%	10%	4.6%

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STEP PROGRAM EVALUATION

	Totally disagree	Disagree	Agree	Totally Agree
The STEP program has given me information that has helped me in my skills as a parent			17.7%	82.3%
The STEP program has helped me to improve relationships in our family			25.4%	76.6%
As a result of the STEP program, communication with my children has improved			28.5%	71.5%

MENTAL HEALTH WORKSHOOPS

Due to the different questions of our clients on the subject of mental health, we asked for the support of our collaborator and psychologist Ernesto Hidalgo who helped us prepare the information for our first workshop of the year, focus on teenagers and children.

1.- 9/26/2022: SUICIDE PREVENTION.

For this workshop, we had a pre-registration of 18 people who were interested in participating; on the day of the presentation on Zoom, which was also broadcast on Facebook live, 6 people connected, and another 6 participated on Facebook. In this workshop, we saw the importance of recognizing some warning signs of suicide attempt that occur in the lives of people in general who lives in depression. What can possibly cause depression in our children or adolescents? Where can we seek professional help and some evaluation so that our loved one receives the necessary help? Psychologist Ernesto Hidalgo explains a little about the importance of treatment and the different ways to help them get better.

The results of this workshop are:

2.- 11/26/2022: SEASONAL DEPRESSION.

This workshop began with the question open to the public about seasonal depression and Psychologist Ernesto Hidalgo several factors as to why it happens once we enter the autumn-winter schedule; Ernesto also mentioned the warning symptoms, both in adults and adolescents and children, and when is the right time to seek professional help and why it is important. He also mentioned the risk factors that can affect people, like being bullied at school or home having domestic violence at home, which can cause depression and other mental disorders. For this workshop, we had 36 pre-registrations, and on the day we presented the topic, 17 people connected on Zoom; 5 people were watching on Facebook live.

3.-1/23/2023: PSYCHOLOGICAL CONSEQUENCES OF DIVORCE IN CHILDREN AND ADOLESCENTS

More and more, we have parents who go through various situations such as separation and divorce, and the rebellion of the children is overlooked, thinking that it is only one more stage and will pass very soon, but Ernesto shows us through the presentation that there are many factors by which our children behave like this, for example, the guilt that children feel when parents separate and the lack of communication worsens their behavior, we review some techniques to be able to talk to them and give them the news, we analyze some reactions on the part of the children so that the parents feel prepared. We had several questions from the parents, but the time ran out, so we decided to have a second part on this topic. For this workshop, 50 interested people were pre-registered, but 26 could connect on Zoom, and another 6 people followed us on Facebook.

4.- 3/27/2023: PSYCHOLOGICAL CONSEQUENCES OF DIVORCE IN CHILDREN AND ADOLESCENTS PART 2

For this second part, we had the questions of how staying in a dysfunctional relationship affects the children and what affects them more, staying or moving away from an abusive person; we also observed that most of the time, the mother does not seek psychological help for her and her children, since as a Latino culture we do not consider that part important. Ernesto shared the benefits of seeking help for the mother, children, and the family. Ultimately, we shared some of Ernesto's groups for women and mentioned other resources for children and adolescents. For this workshop, we had 31 persons pre-registered, but only 17 were connected on Zoom, and another 3 followed us on Facebook.

5.- 6/19/2023: ADOLESCENCE "MISUNDERSTOOD AGE”

As a follow-up to the behavior of adolescents due to the diverse situations they face, we continue our focus on

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them with this topic; this time, our Mental Health Coach, Karen Flores, who has a lot of experience working with adolescents, presented this topic. That is why, in her presentation, she explained the different behaviors of adolescents and the biological chemical changes they go through, which are normal, what risk factors for behaviors in the future, and why some young people have more struggle passing these changes, she gave us some techniques to deal with these difficult behaviors and I invite us to continue educating ourselves as parents to be able to help them too, During the presentation we had several questions from parents concerned about their children that we ran out of time, but a second part is soon coming. For this workshop, we had 30 persons who pre-registered before, but only 16 were connected on that day on Zoom; the other 6 persons followed us on Facebook Live.

In total, 165 people were interested in the topics of this workshop and could pre-register.
With a total of 82 participants who connected on Zoom. took the time to do the pre-evaluation

Below are the results of the mental health pre-evaluation

		NO
YES		
Can you recognize any symptoms or signs of mental illness?	24	58
Do you suffer from depression?	57	25
Do you suffer from anxiety?	52	30
Do you suffer from stress?	40	42
Do you know if any members of your family present any situation with mental abilities?	57	25
Do you know if the person has been diagnosed by any professional	50	32
Would you like to make an appointment with our mental health counselor?	50	32

THESE ARE THE RESULTS OF THE POST-EVALUATION

This pos- evaluation is done after the workshop		NO
YES		
Can you recognize any symptoms or signs of mental illness?	10	60
Do you suffer from depression?	60	22
Do you suffer from anxiety?	39	43
Do you suffer from stress?	30	52
Do you know if any members of your family present any situation with mental abilities?	46	36
Do you know if the person has been diagnosed by any professional	57	25
Would you like to make an appointment with our mental health counselor?	66	16

STRESS MANAGEMENT SESSIONS

For our 5-week stress control groups, 3 groups could be formed with a total of 22 participants, each week with different topics such as:

- Week 1.- Introduction to meditation, breathing The different techniques that would be used as stretching exercises were presented: In this introduction, there is a brief presentation of the different methods that they used to make sure that they practice breathing and the stretching exercises and where these emotions are stuck and how it affects them in their body

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- Week 2.- Identifying stressful moments and how they affect your nervous system: In this class, they are explained about the nervous system and the nerves that affect the body in certain areas and that make the person react in a state of flight and alert that presents as anxiety and constant worry.
- Week 3.- Breathing practices to control stress: Continue with breathing techniques and the technique called RAIN; this allows you to recognize, understand, and accept the different situations in your life and favors relationships with others along with the stretching exercise.
- Week 4.- Controlling our emotions and thoughts and how they affect our reactions to others: In this class, each one recognizes that most of the time, we live in the past and want to change the results that already passed; we see that part of our brain is resides our emotions of fear, worry and how we feed those thoughts, that is why we feel exalted all the time, with the breathing and the change of thoughts from negative to positive, We can change the physical symptoms in our body and bring out those stuck feelings in different parts of our body, giving way to calm through exercises
- Week 5: Facing denial and forgiveness to let go of negative feelings: In this last session, we had a review of the previous techniques of breathing and stretching exercises; we had time to talk a little about how in general, they had felt with all the sessions and their experience and offer other resources for those who feel still have something to work on.

To continue with the results of the pre-evaluation

	NO	SI
Do you suffer from muscle tension?	7	15
Do you suffer from anxiety?	8	14
Do you suffer from depression?	13	9
Do you suffer from stress?	0	22

This are the result from the post-evaluation

	NO	SI
Do you suffer from muscle tension?	9	13
Do you suffer from anxiety?	11	11
Do you suffer from depression?	16	6
Do you suffer from stress?	0	22
Were you able to improve your symptoms during class?	0	22
Do you think the program taught you techniques to improve your symptoms?	0	22

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Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

In each group of parenting class, we try to form a support group where they feel understood and listen; we use the language that most people are committed to listening to, always respecting each participant's beliefs and ideas. In each class, we promote communication in the family, union, quality time, and self-care; as a parent, we must seek time for ourselves, and in that way, the well-being of our family will be shown in the behavior of the children, feelings are also sought and valued, through our tasks at the end of each session, They are invited to practice from the first class the self-care and behavioral reflection of each parent. Observe the children's behavior and leave behind negative customs such as shouting, hitting, and criticism of behavior.

Instead, each parent begins to work on their practices, and adapting to the new tool can be favored to correct and discipline in a healthier way; they are also invited to use a language with love and kind words since most of the participants understand that as children, most never received these types of words, so, they are not limited to saying to their children, even if they feel that they have all the love in the world for them, parents are unable to express and say it. As human beings, we are designed to answer or assume things before listening, and that gets a parent into trouble with their children, so every time a child wants to say something to their parents or talk about a situation, parents respond before listening to what children want to tell them, in chapter 4 we learn the message in "I" where listening is very important and let children express what bothers them about anything, With this message, we end up making agreements, parents and children creating healthy limits where they have to be respected on both sides, sometimes when the agreements are not respected by the children the consequences will be applied, which eliminates the practices of punishment and anger. You can be a firm father and correct their behavior with love, even as a parent. Sometimes, parents commit abuse and mistreatment against children, creating emotional wounds that, in the long term, break trust with children and distance families.

That's why we promote our family meetings, which are very different from what we, as Latinos, are used to practicing and having; most Latino parents believe that a reunion is a moment only of celebration and sharing food and music, and family members are invited to meet. Our family meetings are carried out with the necessary steps to have a meeting with a purpose, the purpose of uniting only the children and parents; the meetings are used to share and be heard during the meeting, assign responsibilities to all family members no matter the age of each, make agreements, Schedules In the collaboration of the different activities, we are shown the place of each member of the family and that everyone has the same opportunities, rights to express what they feel without fear of being judged or criticized, every time they are judged. Every time a mistake is made, it is important to point it out and learn from it to avoid repeating it since our Latino culture believes that no mistakes should ever be made for the person's well-being. In the special topics, we promote each person's well-being and consider that it is a complete package of mind, body, and feelings care. Healthy habits are what successfully carry out the practices of all tools; in the end, we also prepare to talk about some issues that we think are uncomfortable to talk to our children, taboo topics that should not be mentioned for our good. Still, the way of thinking is changed in that way. The more parents are informed of these issues, such as sex, drugs, and alcohol use, the more confident parents will be to talk to their children and that there is no need to fear if they are wrong. That is why communication will be a very important pillar in the family.

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Include examples of notable community impact or feedback from the community if applicable.

- N.B 1507 from Colombia stated: This program has helped me a lot because I used to live very stressed, and thanks to their advice, I was able to get ahead and be safer; I was encouraged to get my cleaning license, it has helped me to have more security to make my dreams. The program is very worthwhile because now it is how to discipline serenely, identify bad behavior, and not make others feel bad.
- J.L 6193 from Mexico stated: I learned a lot about how to be a mother. I learned many tips to understand my children since I have children of different ages, and I learned how to treat them and how I could help them since before I did not help them understand their behavior; now I listen to them and validate them. I also learned to identify if someone in the family needs mental health help and to hold family meetings because they didn't before.
- M.M 3717 from Mexico stated: In the classes I was learning to get tools to become a better mother, I learned how parents should be more patient to treat our children better. They also gave us the different types of behaviors and tools to understand those behaviors; I learned to make weekly family meetings to lead a better relationship with my children in a calm way without despair or

yelling.

- Ll. S 3476 from Guatemala stated: I took the classes I was pregnant, I was in a bad mood and punished them; I was cruel to them because I sent them to their room and yelled at them. I learned to be patient to speak quietly and calmly, explain to them so that they understand, and know how to communicate better so that they understand how to do it. I lacked good communication with them, but now I have meetings to be able to reach agreements with them; I really liked the class. Thank you
- L.T 4677 from Mexico stated: learned to make family meetings, to be more tolerant, more patient, not to shout, to communicate in a calm way, and talk about agreements in family meetings; I learned to give time to the family so that we can express our ideas, our emotions and live together. Also, we must heal our childhood wounds to give a good upbringing to our children. I did not do many things before, and now that I do them, I see family harmony.
- J.G 5926 from Mexico stated: My experience during the classes, I learned more forms of family coexistence. what motivated me to take the classes was to improve the quality of time with my children. before, I did not play with them, and now we plan visits to the park; thanks to the organization, I learned to ask my children what they want. Before, I did not let my daughter decide on her things, and now we agree that now I know how significant it is.
- G.H 1985 from Mexico stated: What motivated me to take the classes for parents was to be a better mom; I learned to use less technology to attend to my children first, now I listen and attend to them; I learned to have more communication with them in a quiet way, now we do family meetings, I am trying to go out and meet more often to enjoy. My experience was very pleasant; I learned topics such as teaching them to call attention to children serenely, the different types of behavior, and the consequences of their good or bad behavior. Now their behavior has improved because I no longer yell at them, and now we create agreements giving each one their place. Thanks to The Latina Center for providing these classes, which greatly helped me.
- M.R 7298 from Mexico stated: My experience taking parenting classes was that I felt supported because now my relationship with my family has improved, now I share quality time with them and before I didn't, now my children have learned to be responsible they learned about the consequences, what motivated me to take the classes was my interest in mental health issues such as anxiety, depression and how to identify symptoms. The tools I use are that I am now more understanding through assertive communication with them, and I share more quality time with my family. Thank you for these programs that help parents be better.
- A.E 1010 from Mexico stated: What motivated me to take the classes for parents in their organization was to improve the relationship with my 17-year-old daughter because we disagreed on several things that I did not understand about her; the teacher explained that we must put ourselves at their level without forgetting that we are their parents, This has helped me to create a relationship of trust with my family and to understand my daughter better, the tools I am using are, communication, attention, attending to her needs to understand her better, my experience taking parenting classes was very comfortable, I felt good in the group, I really liked the topics about discipline, Now I do family meetings, and before I did not do them, it has helped me a lot to get closer to my daughter and understand her more, understand that she likes it. Thank you for everything because we never stop learning.

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AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)
TOTAL SERVED FOR FY 22-23: 293

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
0	10	256	24	3	293

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
0	278	15	0	293
IF OTHER, PLEASE SPECIFY: Bilingual				

RACE:

MORE THAN ONE RACE	
AMERICAN INDIAN/ ALASKA NATIVE	
ASIAN	
BLACK/ AFRICAN AMERICAN	
WHITE/ CAUCASIAN	
HISPANIC/ LATINO	293
NATIVE HAWAAIAN/ PACIFIC ISLANDER	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	293

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	
ASIAN INDIAN/ SOUTH ASIAN	
CAMBODIAN	
CHINESE	
EASTERN EUROPEAN	
FILIPINO	
JAPANESE	
KOREAN	
MIDDLE EASTERN	
VIETNAMESE	
MORE THAN ONE ETHNICTY	

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			OTHER	

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	
CENTRAL AMERICAN	73
MEXICAN AMERICAN	220
PUERTO RICAN	
SOUTH AMERICAN	
OTHER	

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	293

SEXUAL ORIENTATION:

HETEROSEXUAL	287	QUESTIONING / UNSURE	
GAY / LESBIAN		ANOTHER SEXUAL ORIENTATION	
BISEXUAL		DECLINE TO STATE/ DATA NOT CAPTURED	6
QUEER		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	293

SEX ASSIGNED AT BIRTH:

MALE	19
FEMALE	274
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	293

CURRENT GENDER IDENTITY:

MAN	19
WOMAN	274
TRANSGENDER	
GENDERQUEER / NON-BINARY	
QUESTIONING	
ANOTHER GENDER IDENTIY	
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	293

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ACTIVE MILITARY STATUS:

YES	1
NO	285
DECLINE TO STATE/ DATA NOT CAPTURED	7
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	293

VETERAN STATUS:

YES	0
NO	287
DECLINE TO STATE/ DATA NOT CAPTURED	6
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	293

DISABILITY STATUS:

YES	11
NO	279
DECLINE TO STATE/ DATA NOT CAPTURED	3
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	293

DISABILITY TYPE:

DIFFICULTY SEEING	9
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	4
PHYSICAL MOBILITY	0
CHRONIC HEALTH CONDITION	0
OTHER	5
DECLINE TO STATE/ DATA NOT CAPTURED	275
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	293

COGNITIVE DISABILITY:

YES	11	DECLINE TO STATE/ DATA NOT CAPTURED	
NO	282	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	293

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PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	**85**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**43**

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	**1**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**unknown**

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	**14**
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	**12-9**

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LIFELONG MEDICAL CARE - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2022 – 2023

PEI STRATEGIES (CHECK ALL THAT APPLY):

	PREVENTION
	EARLY INTERVENTION
	OUTREACH
	STIGMA AND DISCRIMINATION REDUCTION
	ACCESS AND LINKAGE TO TREATMENT
x	**IMPROVING TIMELY ACCESS TO TREATMENT**
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
	CULTURE AND LANGUAGE
x	**OLDER ADULTS**
	EARLY IDENTIFICATION

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NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Established a partnership with a new senior residential facility to implement social services for their older adult client population. (St. John Apts.)
- Facilitated collaboration among clients to create a resident council to increase communication with administrators and staff, learn the needs of the residents, and advocate for better quality of life and care. (Harbour)
- Conducted Health & Wellness events to encourage community comradery and foster physical, spiritual and mental well-being (Nevin, Harbour & Friendship).
- Assisted a client with healthcare and insurance navigation for cardiac surgery. (Nevin)
- Supported Nevin residents, in collaboration with EAH housing, to prepare for building ownership change and temporary relocation during renovation including multiple group education events, written communications and individual meetings.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

LifeLong Medical Care's SNAP program provides seniors in Richmond 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.

LifeLong Medical Care provided services on-site at three housing developments: Nevin Plaza, Friendship Manor, and Harbour View Senior Apartments. Throughout this reporting period, LifeLong provided in person wellness checks, conducted 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. For social gatherings, LifeLong provided craft workshops, walking groups, ice cream socials, and outside productions with live entertainment.

Notable developments this reporting period included the change in management and building renovations at Nevin, an increase in SNAP services at Friendship, discontented residents at Harbour, and a new SNAP service site at St. Johns Apartments.

To offset residents' anxiety/frustration resulting from the building renovations and new management, staff provided the following updates to SNAP services :

1. Increase 1 to 1 visits and case management services
2. Implementation of specialized social service activities (examples: Men's and Women's luncheons with speakers
3. Increase site visits
4. Increase stress reduction and MH resources.

At Nevin, building renovations and a change in management created logistical challenges for staff to provide services. LifeLong and Nevin's building management worked on accommodating the transition by allowing LifeLong staff to drop off activity packages including puzzles, word search and other workbook activities, and recreational art activities. LifeLong modified services to provide in-service resources and relocated service deliveries (example: grocery distributions) to a more public area and catered to a broader client population.

At Friendship, staff report an increase in client and services. More in-person activities were provided including drawing-painting sessions, jewelry making, themed diorama activities, and greenhouse events.

At Harbour, a group of residents expressed their discontent with management and staff. Despite multiple attempts to honor suggestions and adjust services, staff were unable to provide SNAP services from May 2023. A new site (St. Johns Apartments) was added, and staff provided services at this location. In addition, the activities coordinator offered Harbour residents access to classes at the LifeLong Jenkins Health Center during the time that the Harbour community room was unavailable.

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Additional activities that engaged the target population

- During the winter holiday season, staff decorated residents' doors to bring festivity and cheer to those isolating due to COVID.
- An art teacher developed projects to engage clients, especially those who do not think they have artistic skills. The teacher framed the project as a creative expression of wellness and a way to enliven living spaces and share with loved ones. Activities included puppets, dolls, portrait drawing, and magnets. This reframe brought in clients who never expressed themselves through art, and many described it as the first time they had a chance to experience leisure activities.
- Tai Chi
- Provided 1x/week at Jenkins Health Center
- Provided 2x/week at Harbour
- Staff explored evidenced-based Tai Chi for arthritis to include in future classes.
- Live Entertainment
- Staff provided snacks and raffles during the events
- Clients were seen dancing and enjoying the music and entertainment

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

LifeLong's Elder Care Coordinator captured a wealth of individual feedback during and after activities. The residents at Nevin expressed their anxiety and worry around receiving social services and support during the building renovations. LifeLong's pivot to increase individualized in-person services was met with positive feedback including comments on feeling less anxious. The physical relocation of the grocery distribution was met with some gripes with residents, but also expressed that LifeLong's ability to swiftly overcome the logistical challenges was beneficial.

Events hosted by LifeLong were met with excitement and creativity as seniors came together for socialization. The holiday celebrations, ice cream socials, craft workshops, and live entertainment had the most positive feedback from residents. One resident stated "I like talking to friends I made here especially during the holidays. It gives us a chance to catch up and plan to attend the next event together" and another resident said "The musician here today is fantastic. They are playing all the music I like, and I cannot wait to get out there and dance.". There was also constructive feedback on what to add to the live entertainment, "It would be nice to get something else besides music. A show or comedian?". Feedback from clients significantly influences decisions in the program. For example, staff are currently exploring specific performances such as inviting a theater group and drumming circles. Staff require inclusivity of these activities to ensure participants with reduced mobility and other issues have an equal opportunity to gain benefits from SNAP activities.

LifeLong's SNAP program strives to expand capacity for the rising demand in care. This year, activities and participation significantly increased, and staff had the capacity to only collect verbal feedback.

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Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

SNAP promotes MHSA values to the fullest, as described below:

1. Integrated, Community Based, Culturally Responsive Services:
   SNAP staff are trained and guided by mental health principles of fully seeing and valuing clients for all aspects of their identity, background, and experience. Staff acknowledge the impact of culture of a person's values, customs, and lifestyle. For example, SNAP staff do not make assumptions about clients and provide every detail of programming tailored to each client's unique needs and understanding. LifeLong is intentional in hiring employees from the communities that are served. SNAP's participants are majority African American, and the staff includes an African American project coordinator, activity coordinator, and case manager. Staff highly value client input and the programming are based on consumer ideas and preferences gathered through informal focus groups.

2. Wellness, recovery, resilience: SNAP staff create inclusive, welcoming, and accepting environments where participants support and encourage each other. Art and music encourage participants to expand their skills and experience success with others. These activities lead to resilience and feelings of self-efficacy, all while community presence improves mood and supports personal recovery.

3. Access and linkage: SNAP offers highly accessible services in the buildings where the target population lives. 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 check in regularly to encourage them to participate with external care providers.

4. Timely access for underserved populations: Services are provided directly in the building or local neighborhood to promote accessibility for elderly residents; culturally sensitive services are provided for this low-income and primarily African American population.

5. Non-stigmatizing, Non-discriminatory: Residents are accepted into SNAP wherever they are in their personal journey and whoever they are in terms of identify. SNAP facilitators create group environments that promote and support diverse social thought processes, energy levels, and abilities, allowing each participant's strength to surface and shine. Participants could come and go from groups as they needed to, and it is perfectly acceptable to take part or not. Participants tended to talk freely about their mental health issues because they were comfortable and knew they were not being judged.

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AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY23)
TOTAL SERVED FOR FY 22-23: 175

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
0	1	20	65	89	175

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
74	5	1	95	175
IF OTHER, PLEASE SPECIFY:				

RACE:

MORE THAN ONE RACE	1
AMERICAN INDIAN/ ALASKA NATIVE	1
ASIAN	5
BLACK/ AFRICAN AMERICAN	57
WHITE/ CAUCASIAN	4
HISPANIC/ LATINO	9
NATIVE HAWAAIAN/ PACIFIC ISLANDER	0
OTHER	2
DECLINE TO STATE/ DATA NOT CAPTURED	96
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	175

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	55
ASIAN INDIAN/ SOUTH ASIAN	2
CAMBODIAN	0
CHINESE	0
EASTERN EUROPEAN	0
FILIPINO	0
JAPANESE	0
KOREAN	0
MIDDLE EASTERN	0
VIETNAMESE	0
MORE THAN ONE ETHNICTY	1

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			OTHER	3

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	0
CENTRAL AMERICAN	0
MEXICAN AMERICAN	1
PUERTO RICAN	0
SOUTH AMERICAN	0
OTHER	0

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	113
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	175

SEXUAL ORIENTATION:

HETEROSEXUAL	62	QUESTIONING / UNSURE	1
GAY / LESBIAN	1	ANOTHER SEXUAL ORIENTATION	0
BISEXUAL	0	DECLINE TO STATE/ DATA NOT CAPTURED	111
QUEER	0	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	175

SEX ASSIGNED AT BIRTH:

MALE	16
FEMALE	52
DECLINE TO STATE/ DATA NOT CAPTURED	107
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	175

CURRENT GENDER IDENTITY:

MAN	21
WOMAN	57
TRANSGENDER	0
GENDERQUEER / NON-BINARY	0
QUESTIONING	0
ANOTHER GENDER IDENTIY	0
DECLINE TO STATE/ DATA NOT CAPTURED	97
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	175

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ACTIVE MILITARY STATUS:

YES	0
NO	51
DECLINE TO STATE/ DATA NOT CAPTURED	124
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	175

VETERAN STATUS:

YES	1
NO	8
DECLINE TO STATE/ DATA NOT CAPTURED	166
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	175

DISABILITY STATUS:

YES	57
NO	21
DECLINE TO STATE/ DATA NOT CAPTURED	97
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	175

DISABILITY TYPE:

DIFFICULTY SEEING	2
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	4
PHYSICAL MOBILITY	20
CHRONIC HEALTH CONDITION	31
OTHER	2
DECLINE TO STATE/ DATA NOT CAPTURED	97
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	175

COGNITIVE DISABILITY:

YES	3
NO	0

DECLINE TO STATE/ DATA NOT CAPTURED	172
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	175

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PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	**0**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**N/A**

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	**8**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**N/A**

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	**N/A**
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	**N/A**

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MENTAL HEALTH CONNECTIONS - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2022 – 2023

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
	EARLY INTERVENTION
	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
X	ACCESS AND LINKAGE TO TREATMENT
X	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
	CULTURE AND LANGUAGE
X	OLDER ADULTS
	EARLY IDENTIFICATION

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NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Membership Activity
- Member Services
- Caregiver Respite
- Caregiver and Member Well-being
- Member Independence and Autonomy
- Member Connectiveness and Belonging
- Hospitalizations
- Satisfaction and Importance of Clubhouse to Members and Caregivers

Briefly report on the services provided by the program during the past reporting period. Please

include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

During this past fiscal year (2022/2023), 328 unduplicated members (target: 300) spent 42,425 hours engaged in Clubhouse programming activities (target: 40,000 hours). 72 newly enrolled Clubhouse members (target: 70) participated in at least one Clubhouse activity; 53 of these new members were young adults aged 18 to 25 years (target: 12 young adults). In addition, at least 53 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 it served (328, 109% of goal). In all other measures (apart from Number of activities specifically for Young Adults) the percentage by which the actual count exceeded the target goal was higher than the previous contract year (2021/2022). In particular, the number of young adults (age 18-25 yrs.) participating in at least one Connections House Activity increased four-fold since the prior contract year!

Table 1: Connections House **Membership Activity**

	2022-23			2021-22	Increase or decrease from last year
	Target Goal 2022-23	**Actual 2022-23**	**% of Target 2022-23**	**Comparison % of Target 2021-22**	
Number of unduplicated members served	300	328	109%	109%	↔
Number of Hours spent in Connections House programming	40,000	42,425	106%	99%	↑
Number of new members participating in at least one Connections House activity	70	72	103%	57%	↑
Number of young adults (age 18-25 yrs.) participating in at least one Connections House Activity	12	53	442%	83%	↑
Number of activities specifically for young adults (age 18-25 yrs.)	40	47	118%	123%	↓

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Other services:
In 2022-23, members helped prepare and eat 10,996 meals at the Clubhouse (target: 9,000). Although a target has not been set for rides, 671 rides were provided to members to and from Clubhouse activities, job interviews, medical appointments, and more. In addition, 283 in-home outreach visits (no target set) were provided. The decrease of in-home visits this year compared to last year is directly attributable to program shifts made in response to the lifting of COVID-19 restrictions which had impacted the delivery of Connections House programming and services in the prior programming year (2021-22).

Additionally, under Project B, 42 postings (target 124) were made on the Career Corner Blog, and 39 career workshops were held (target 4), almost 10 times the number that was targeted!

Table 2: Other services provided to Connections House Members

	2022-23			2021-22	Increase or decrease from last year
	Target Goal 2022-23	Actual 2022-23	% of Target 2022-23	Comparison % of Target or # 2021-22	
Number of Meals prepared and eaten at Connections House	9,000	10,996	122%	108%	↑
Number of Rides to and from Connections House Activities	No target set	671	n/a	432	↑
In-home outreach visits	No target set	283	n/a	427	↓
Number of Blog Postings	124	42	34%	127	↓
Number of Career Workshops	4	39	975%	425%	↑

Project C
SPIRIT graduation was July 27,2022 and attended by 298 guests and 50 graduates
Community Partners Picnic was August 11th at Pleasant Hill Park. 318 guests attended from 18 community-based organizations
Community Partners Holiday Party was December 14th at Pleasant Hill Civic Center and was attended by 309 guests.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

Project A data is collected upon initial membership in the Connections House, 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 Connections House. 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 2023, members and their family members (called caregivers in this report) were encouraged to complete our annual Connections House surveys via Survey Monkey. The number of members and caregivers completing the survey was 116 (the target was 120), of whom 28 were caregivers and 88 members. Among the 88 members who completed the survey, the average age was 46 years with 1% aged 18-21, 7% 22-25, 22% 26-35, 15% 36-45, 26% 46-59, and 28% 60 years or older; one additional person (1%) did not report their age. The age distribution is representative of the age range of Connections House 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.

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Caregiver Respite

The data in this report represents only those caregivers completing the survey who reside in Contra Costa County (N=27). Of the 27 Contra Costa County caregivers who responded to the survey, 54% were parents or guardians of a Connections House member, 35% were siblings, 4% were Grandparents, 4% were friends and 4% were other relative (aunt, uncle or cousin etc.).

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 Connections House activities and programs that their family member attended and 100% reporting satisfaction with the Connections House 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.

The majority of the caregivers (94%) also reported that Connections House activities and programs provided them with respite care. Such respite is intended to reduce their stress and also lead to more independence for the Connections House members. A large proportion of the members (87%) agreed or strongly agreed that in the last year their independence had increased, and all of the 27 caregivers (100%) who responded also perceived that their family member had become more independent in the last year. Both these measures exceed the goals of 75% and indicate how important Connections House is to both members and caregivers. As with last year, caregiver satisfaction with programs either they or their loved ones attended remained high with an increase in reported independence of members by both the members themselves, as well as by the caregivers. Despite a slight decrease from last year in the percentage of caregivers reporting Connections House activities provided them with respite care, the percentage of agreement was still reassuringly high at 94%.

Table 3a: Caregiver Respite

Measures of Success:	N	GOAL %	ACTUAL % 2022-23
% caregivers reporting Connections House activities provided them with respite care	17	75	94
% caregivers reporting high level of satisfaction with Connections House activities and programs in which their family member participated	27	75	100
% caregivers reporting high level of satisfaction with Connections House activities and programs in which they participated	19	75	100
% caregivers reporting an increase in member's independence	27	75	100
% members reporting an increase in independence	86	75	87

Below are some responses from the caregiver and member survey about Connections House and the support and respite it provides to members and caregivers:

"It gives Richard a place to go and family as he has no biological family-everyone loves and cares for him and protects him" (caregiver)

"I like that it gives my niece a place to go, and she is accepted the way she is and has friends and activities." (caregiver)

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"The Clubhouse is a supportive community that has made a tremendous difference in my life and my family member's life. I truly appreciate the welcoming environment, the structured time, the fun activities, and the practical assistance with the stuff of everyday life." (caregiver)

"The community, the support, and how they helped turn around my son's life" (caregiver)

"The Connection House provide my son with a professional and fun environment where he feels safe and gives him sense of belonging. Also presents him with opportunities to benefit from the program and contribute to the cause." (caregiver)

"Even if I don't always come, it is a huge weight off my shoulders knowing it's here when I need it, knowing I can come in for a healthy meal, and less worried about running out of food because of the free pantry in the front." (member)
*"I like the people best: members and staff. It is a real community wherein the members and staff all care for each other. I feel like Connections House is my second home, and the people are like family." (*member)

"It gives me a sense of not being alone" (member)

"It is a support system that I can rely on when I go through a crisis, and it gives me structure." (member)

Although no goals were set for member independence and autonomy 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 six percent (86%) of members reported an increase in their knowledge about health and wellness, and 78% reported that Connections House supported them in areas such as advocating for themselves and communicating with healthcare providers. While not substantially high, over half of the members (65%) reported an increase in access to healthcare and/or resources. This data is reflective of last year's findings, and it is possible to infer that the support Connections House gives members in terms of healthcare knowledge and advocacy and increasing their independence may contribute to an increase in access to health services.

Compared to last year's results, members showed a slight increase in being able to advocate for themselves and communication with healthcare providers (78% compared to 73%) as well as an increase in knowledge about health and wellness (84% to 86%). There was a very slight decrease in access to healthcare resources and/or services.

Table 3b: Member Independence and Autonomy

Measures of Success:	N	GOAL %	ACTUAL % 2022-23
% members reporting Connections House supporting them in areas such as advocating for themselves and communicating with healthcare providers.	85	N/A	78%
% members reporting Connections House contributing to an increase in knowledge about health and wellness.	84	N/A	86%
% member reporting an increase in access to healthcare resources and/or services	85	N/A	65%

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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, 94% of caregivers agreed or strongly agreed their own health (emotional, physical, mental well-being) had improved. When asked the same questions about the well-being of their family member, all caregivers (100%) agreed or strongly agreed that their family members overall health had improved.

The member ratings for their own improvements in these categories averaged 84%, greater than the goal of 75%. The combined family member-rated improvement and the member's self-ratings for improvement in these areas averaged 89%. Additionally, 92% of the members reported that they had more interactions with peers during the year (75% target).

Although still over 80% for both Caregivers and Members, well-being (mental, physical and emotional) was slightly lower than for the previous year with 89% of Members and Caregivers reporting an increase in their overall well-being in 2022-23 compared to 96% in 2021-22.

Table 4: Member and Caregiver Well-Being

Measures of Success:	N	GOAL %	ACTUAL % 2022-23
% caregivers reporting increase in their own health (mental, physical, emotional well-being)	17	75	94%
% members reporting increase in their own health (mental, physical, emotional well-being)	86	75	84%
% members & caregivers combined reporting increase in their health (mental, physical, emotional well-being)	103	75	89%
% members reporting an increase in peer interactions	85	75	92%

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Caregivers commented on how Connections House impacted the well-being of their loved one:

"My son has a lot of anxiety-the staff are very patient and kind and welcoming" (caregiver)

"My son is doing better than ever, more independent, got straight As in community college SPIRIT program all due to his determination and the help and support of the Connections house!!" (caregiver)

"The support model provided and reinforcement of self-esteem" (caregiver)

Following last year's survey, further questions were added to the survey to understand more deeply the well-being of members and caregivers in terms of connectiveness and belonging, areas that Connections House strives to nurture.

A high proportion of the Connections House members felt that they belonged to a community (86%) where they were happy with their friendships (91%) and had people to do fun things with (87%). In addition, the majority of Caregivers (83%) felt that Connections House provided them with the opportunities to meet and connect with other caregivers/family members of people recovering from serious mental illness. Although the proportion of caregivers who felt they were provided with opportunities through Connections House to meet/interact with other caregivers/family members of people recovering from serious mental illness fell slightly (from 94% in 2021-22 to 83% in the current year) and Connections House members who felt they

belonged in their community also fell slightly (from 94% to 86%), the remaining two measures of success for member connectiveness and belonging remained the same or increased.

Table 5: Member Connectiveness and Belonging

Measures of Success:	N	GOAL %	ACTUAL % 2022-23
% members feel that they belong in their community	84	N/A	86%
% members reporting that they have people with whom to do enjoyable things	87	N/A	87%
% member happy with the friendships they have	85	N/A	91%
% caregiver provided with opportunities through Connections House to meet/interact with other caregivers/family members of people recovering from serious mental illness.	18	N/A	83%

Members and caregivers emphasized the importance of community at Connections House in the open comments section:

"I like the communal aspect of the Clubhouse. It's nice to come here and interact with others on a daily basis." (member)

"The friendships and people you connect with there." (member)

"Working side by side with people who share my same issues, people are kind and understanding." (member)

"That I can be and work somewhere I feel I belong in, and work with others like myself." (member)

"Is good to come here and talk to good folks, the work ordered day" (member)

"I love going to connections House and meeting new members and staff. I feel very appreciated and welcomed when I come in or leave for the day. Everyone helps one another here and we work as a team…." (member)

"It is a nurturing community for people who in many cases have been discarded" (caregiver)

"It gave him daily purpose and community" (caregiver)

"My daughter has a place to go and a place to be and not isolating at home." (caregiver)

"My brother really enjoys the Clubhouse especially the social programs" (caregiver)

Hospitalizations

As with last year, questions about hospitalization were included on this year's Member survey. Members were first asked if they had been hospitalized in the past year. Eleven of the eighty-eight members (12.5%) reported that had been hospitalized in the past year. Seven of the eleven (64%) reported that they had more than one hospitalization, and the majority (64%) for less than 7 days in total. These eleven members when asked whether, when compared to last year, they had spent more, less or the same amount of time in hospital: over half (55%) said less time, 27% the same and 18% more time. When asked if they felt their participation in Connections House programming helped prevent them from being hospitalized for their mental health, 7 of

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the 11 members who had been hospitalized (63%) responded "yes". However, when asking all 88 members if their participation in Connections House programming helped prevent them from being hospitalized for their mental health, the majority (81%) responded “yes”.

When comparing this year’s hospitalization data to last year, of the 10 who were hospitalized last year, the proportion who were hospitalized for more than one episode was higher at 70%, although of those ten, 8 (80%) were hospitalized for less than 7 days in total, compared to 64% this year. In addition, 9 of the 10 (90%) hospitalized members in 2021-22 felt that Connections House programming helped prevent them from being hospitalized for their mental health compared to 7 of the 11 (63%) in this current year.

Career Development Unit

During the 2022-23 contract year the Connections House made career support services available to all members including the 86 members working in paid employment and the 36 members who attended school during this period. The Connections House provided support to all members who worked and attended school during the contract year including the 17 who began jobs during the year and the 7 who returned to school. Of the members completing the member survey who used career services (n=60) 82% said they were satisfied or very satisfied with the services related to employment or education (target 75%).

During the contract year Connections House members completed personal career plans (19 had employment goals and 11 had education goals). Nineteen members (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, 11 (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

Measures of Success:	N	GOAL %	ACTUAL % 2022-23
% members satisfied/very satisfied with services related to employment/education (of those using Career Unit services)	60	75	82%
% members referred to appropriate education resources within 14 days (of those indicating education as goal)	11	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)	19	80	100%

Some of the comments made on the surveys about employment and education include the following:

“My son has a job because of the Clubhouse. He has been transformed! I have not had my son do so well is such a long time-he is now a provider!” (caregiver)

“Being able to receive education/employment support, having activities to participate in, and being able to access community resources and build my life away from parents.” (member)

“The Clubhouse helped me get back to school and to work, I couldn’t have done that without their support” (member)

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When asked how Connections House could improve their vocational support, including education and employment, some members emphasized the need for a little more support in these areas:

"Better support and networks with different agencies to help accelerate the process for those that are comfortable" (member)

"More support and resources to do what we like, like help on becoming a cartoonist" (member)

"I wish there was more. Like I said, I always feel a little lost when I'm here. I would really like some help going back to school, but some of the pre-covid programs don't seem to have re-started." (member)

"More opportunities for career development and employment support." (caregiver)

Importance of Clubhouse programs to Members and Caregivers

Connections House Members and Caregivers were asked to indicate how satisfied they were with the different programs and activities provided by Connections House during the 2022-23 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. Overall, members were highly satisfied with activities and programs they attended in the last year (93%). 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, excluding Rides (82%) and Career Development Unit (82%) for Members only. Caregivers demonstrated a satisfaction rate greater than 90% for all programs, the lowest being at 92% for the Rides program. These rates of satisfaction are comparable to last year's figures, although satisfaction with the rides program had increased for the Caregivers from 75% to 92% and from 83% to 88% for the members. However, although satisfaction of the Career development programming increased for Caregivers from 90% to 94%, there was a drop in satisfaction for the members from 96% to 82%.

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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**
Evening Programming (e. Putnam Gamers, Music Appreciation, Time to Unwind, Writing/Reflecting)	98% (59)	100% (17)
Weekend Activities	98% (53)	100% (21)
Holiday programs	97% (58)	100% (22)
Meals	96% (75)	100% (22)
Young Adult Activities	93% (27)	100% (9)
Work-Ordered Day (Monday – Friday daytime activities	92% (66)	100% (26)
Healthy Living Program	92% (47)	100% (12)
Healthy Silvers Activities	91% (32)	100% (8)
Rides Program (transportation to/from Clubhouse)	88% (34)	92% (12)
Career Development Unit (assistance with education and/or employment)	82% (60)	94% (16)

Finally, both members and caregivers were separately asked to rank 10 Connections House 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 satisfactory activity. For the members the top three ranked programs/activities were Meals, Young Adult Activities & Work Ordered Day compared to last year (2021-22) where Holiday program, Healthy Living Program and Rides Program were the top 3 for members. For caregivers, the top ranked activity/program was Work Ordered Day, followed by Meals, and Rides, a change compared to last year where the top-rated activities in terms of importance were Healthy Living, followed by Holiday Program, and Young Adult Activities. This difference may be attributed to priority changes that have come about with the lift of Covid restrictions.

Table 8: Ranking of Program Activities in terms of Importance by Caregiver and Member

	Mean (N)	
Clubhouse Programs/Activities	**Member**	**Caregiver**
Meals	3.92 (63)	3.74 (19)
Young Adult Activities	3.83 (12)	1.68 (6)
Work-Ordered Day (Monday – Friday daytime activities	3.77 (53)	4.30 (20)
Weekend Activities and Outings	2.94 (49)	2.67 (18)
Career Development Unit (assistance with education and/or employment)	2.81 (42)	3.64 (14)
Evening Programming	2.80 (49)	2.80 (15)
Healthy Living Program	2.79 (19)	2.75 (4)
Healthy Silvers Activities	2.48 (23)	3.00 (2)
Rides Program (transportation to/from Clubhouse)	2.41 (34)	3.17 (6)
Holiday programs	2.16 (37)	1.94 (16)

*program/activities ranked for Members

Members and Caregivers were asked what they would like to change about Connections House and/or how to improve the programming overall. Both members and Caregivers had suggestions that focused on transportation:

"I would like more rides to be able to get to Clubhouse more often" (member)

"Providing car service to activities and to the club house" (member)

"Transportation, I need transportation support home because I walk to Bart and then from Bart to home." (member)

"It would be helpful to have more rides available as the county is large and can be difficult to get an older person around" (caregiver)

"Provide transportation to members to and from connections house. Invite guest speakers to teach and encourage members ways to improve their personality and wellbeing" (caregiver)

Members had some specific suggestions for activities:

"I would like to start our bowling league, except if a bowler can't be there on a particular night another bowler can take his place." (member)

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"There should be other holiday parties/ celebrations other than Christian ones" (member)

"*a little more structure towards returning to work or school. I feel like the work ordered day is geared towards making the clubhouse run, but not beyond*" (member)
"*Add more art projects in Wednesday evenings*" (member)

"Would like to be able to do administrative tasks, like we used to do in DREEAM, every day. I will do hospitality tasks to help out, but do not enjoy this." (member)

Caregivers had suggestions for how to involve them more in activities, but also shared many positive affirmations for Connections House:

"Looking for more ways to find a sense of purpose...more outings as a group within the community both as fun activities and volunteering." (caregiver)

"Present/Improve Parents/guardians participation in program and activities alongside loved ones." (caregiver)

"Having the Clubhouse for __ has made my life easier as I am responsible for his care." (caregiver)

"Our family is grateful to the Clubhouse; it helps our family because we know __ is in a safe place" (caregiver)

"It has given my loved one a sense of purpose (volunteering in the kitchen preparing meals)." (caregiver)

"An essential community service with good results… " (caregiver)

"I am grateful that the Clubhouse is growing and thriving" (caregiver)

"I am so happy to have this wonderful place and so is my family, we are forever grateful" (caregiver)

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Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory.

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.

Connections House (formerly Putnam Clubhouse) is an intentionally formed, non-clinical, working community of adults and young adults diagnosed with SMI. The Clubhouse Model OF Connections House followed has been designed to promote recovery and prevent relapse. Connections House operates under the belief that participants are partners in their own recovery—rather than passive recipients of treatment. That's why 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 Connections House, 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. Connections House 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 Connections House.

All activities of Connections House 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. Connections House 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.

Connections House 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 Connections House 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 Connections House, choice in staff selection, and a lifetime right of reentry and access to all Connections House 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 Connections House. 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.

Connections House experience has been proven to result in positive outcomes for many members, including:

- Employment, with longer on-the-job tenure for members engaging in Connections House Transitional Employment.
- Cost effective, compared to other mental healthcare approaches. The cost of Connections House 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 Connections House program.
- Reduced incarcerations, with criminal justice system involvement substantially diminished during and after Connections House psychosocial program membership.
- Improved Well-Being compared with individuals receiving psychiatric services without Connections House membership. Connections House 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 Connections House that offer ongoing social supports enhance mental and physical health by reducing disconnectedness.

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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 Connections House 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.

Since 2011, Connections House (formerly Putnam Clubhouse) has been continuously accredited by Clubhouse International, the SAMHSA-endorsed, evidence-based recovery model for adults with serious mental illness. All Connections House programming meets the 37 standards of Clubhouse International. A rigorous accreditation process and maintaining fidelity to the model require Connections House 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 Connections House commit to following the standards during program activities. Program participants are included in all aspects of program evaluation and accreditation.

In 2021/2022 Connections House, 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:

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1. Transformational/Social Design
2. Engagement
3. Relationship development
4. Integrated feedback & Intervention
5. Transitional Environments

In December 2022, Connections House attended a 10-week training on social practice offered through Fountain House to learn how to further integrate these practices into Connections House programming.

Include examples of notable community impact or feedback from the community if applicable.

Quotes from the community are included throughout this report.

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AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)
TOTAL SERVED FOR FY 22-23: 328

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
		297	31		328

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
317	11			328
IF OTHER, PLEASE SPECIFY:				

RACE:

MORE THAN ONE RACE	11
AMERICAN INDIAN/ ALASKA NATIVE	1
ASIAN	10
BLACK/ AFRICAN AMERICAN	26
WHITE/ CAUCASIAN	242
HISPANIC/ LATINO	7
NATIVE HAWAAIAN/ PACIFIC ISLANDER	1
OTHER	8
DECLINE TO STATE/ DATA NOT CAPTURED	22
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	328

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	23
ASIAN INDIAN/ SOUTH ASIAN	6
CAMBODIAN	0
CHINESE	2
EASTERN EUROPEAN	0
FILIPINO	2
JAPANESE	1
KOREAN	1
MIDDLE EASTERN	2
VIETNAMESE	1
MORE THAN ONE ETHNICTY	14

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		OTHER	272

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	0
CENTRAL AMERICAN	0
MEXICAN AMERICAN	1
PUERTO RICAN	0
SOUTH AMERICAN	2
OTHER	268

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	57
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	328

SEXUAL ORIENTATION:

HETEROSEXUAL	235	QUESTIONING / UNSURE	2
GAY / LESBIAN	9	ANOTHER SEXUAL ORIENTATION	1
BISEXUAL	2	DECLINE TO STATE/ DATA NOT CAPTURED	76
QUEER	3	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	328

SEX ASSIGNED AT BIRTH:

MALE	164
FEMALE	130
DECLINE TO STATE/ DATA NOT CAPTURED	34
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	328

CURRENT GENDER IDENTITY:

MAN	162
WOMAN	130
TRANSGENDER	3
GENDERQUEER / NON-BINARY	2
QUESTIONING	2
ANOTHER GENDER IDENTIY	0
DECLINE TO STATE/ DATA NOT CAPTURED	29
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	328

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ACTIVE MILITARY STATUS:

YES	0
NO	189
DECLINE TO STATE/ DATA NOT CAPTURED	239
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	328

VETERAN STATUS:

YES	6
NO	102
DECLINE TO STATE/ DATA NOT CAPTURED	220
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	328

DISABILITY STATUS:

YES	276
NO	17
DECLINE TO STATE/ DATA NOT CAPTURED	35
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	328

DISABILITY TYPE:

DIFFICULTY SEEING	29
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	4
PHYSICAL MOBILITY	38
CHRONIC HEALTH CONDITION	56
OTHER	114
DECLINE TO STATE/ DATA NOT CAPTURED	87
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	328

COGNITIVE DISABILITY:

YES	9
NO	213

DECLINE TO STATE/ DATA NOT CAPTURED	106
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	328

DRAFT

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	**54**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**48**

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	**23**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**23**

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	**1month***
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	**2.5**

***This is a self-report number that can be difficult to obtain from our members**

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NATIVE AMERICAN HEALTH CENTER-RICHMOND NATIVE WELLNESS CENTER

FISCAL YEAR: 2022 – 2023

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	**PREVENTION**
x	**EARLY INTERVENTION**
x	**OUTREACH**
x	**STIGMA AND DISCRIMINATION REDUCTION**
x	**ACCESS AND LINKAGE TO TREATMENT**
x	**IMPROVING TIMELY ACCESS TO TREATMENT**
x	**SUICIDE PREVENTION**

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
x	**YOUTH OUTREACH AND ENGAGEMENT**
x	**CULTURE AND LANGUAGE**
x	**OLDER ADULTS**
x	**EARLY IDENTIFICATION**

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NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Provide outreach, prevention and early intervention services to increase recognition of early signs of mental illness.
- Assist community member's access to culturally appropriate mental health services.
- Host culturally appropriate Native American cultural groups, community events, workshops, and classes that increase social connectedness, cultural connection, and member's awareness of community/county resources.
- Engage 150 community members in prevention and early intervention services programming through weekly prevention groups, referrals and outreach.
- 93% of our members utilizing referral services were successful in accessing services over a 12-month period.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

Target Population

Native American families and other residents of the surrounding Richmond communities. In addition, local contra costa county community-based organizations, health care providers, social services providers, and faith-based organizations. As well as employers and schools.

Program Setting(s), Types of Services

Despite the continued impact of COVID-19, 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/Activities Utilized to Provide Access and Linkage to Treatment

From July 2022 to June 2023, 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.

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Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

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. However, due to unforeseen circumstances our program ended early and because of this we are unable to administer the survey.

Outcome 1: Engage 150 community members through prevention service programming.
Result: This fiscal year we engaged 194 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: 93% of the 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 10 outreach events or activities throughout the course of the year.
Result: Program staff participated in 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.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

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.

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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.

Include examples of notable community impact or feedback from the community if applicable.

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 these difficult years of the pandemic, many of our members expressed their gratitude for the program and staff despite not being able to meet in person.

For example, one of our long-term houseless community members committed to sobriety and finding a home and stable income. Throughout many obstacles and hardships, this individual landed a job and a spot in a shelter that eventually led to stable housing. The member expresses gratitude for the cultural groups and events that helped him stay sober throughout this pivotal time in his life.

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AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)
TOTAL SERVED FOR FY 22-23: 194

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
4	2	18	7	163	194

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
30	1		163	194
IF OTHER, PLEASE SPECIFY:				

RACE:

MORE THAN ONE RACE	
AMERICAN INDIAN/ ALASKA NATIVE	30
ASIAN	3
BLACK/ AFRICAN AMERICAN	1
WHITE/ CAUCASIAN	2
HISPANIC/ LATINO	2
NATIVE HAWAAIAN/ PACIFIC ISLANDER	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	156
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	194

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	
ASIAN INDIAN/ SOUTH ASIAN	
CAMBODIAN	
CHINESE	
EASTERN EUROPEAN	
FILIPINO	
JAPANESE	
KOREAN	
MIDDLE EASTERN	
VIETNAMESE	
MORE THAN ONE ETHNICTY	

DRAFT

		OTHER	

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	
CENTRAL AMERICAN	
MEXICAN AMERICAN	
PUERTO RICAN	
SOUTH AMERICAN	
OTHER	

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	194
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	194

SEXUAL ORIENTATION:

HETEROSEXUAL		QUESTIONING / UNSURE	
GAY / LESBIAN		ANOTHER SEXUAL ORIENTATION	
BISEXUAL		DECLINE TO STATE/ DATA NOT CAPTURED	194
QUEER		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	194

SEX ASSIGNED AT BIRTH:

MALE	
FEMALE	
DECLINE TO STATE/ DATA NOT CAPTURED	194
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	194

CURRENT GENDER IDENTITY:

MAN	
WOMAN	
TRANSGENDER	
GENDERQUEER / NON-BINARY	
QUESTIONING	
ANOTHER GENDER IDENTIY	
DECLINE TO STATE/ DATA NOT CAPTURED	194
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	194

DRAFT

ACTIVE MILITARY STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	194
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	194

VETERAN STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	194
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	194

DISABILITY STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	194
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	194

DISABILITY TYPE:

DIFFICULTY SEEING	
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	
PHYSICAL MOBILITY	
CHRONIC HEALTH CONDITION	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	194
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	194

COGNITIVE DISABILITY:

YES		DECLINE TO STATE/ DATA NOT CAPTURED	194
NO		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	194

DRAFT

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	**13**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**10**

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	**0**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**0**

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	**n/a**
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	**2**

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OFFICE FOR CONSUMER EMPOWERMENT (OCE) - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2022 – 2023

PEI STRATEGIES (CHECK ALL THAT APPLY):

	PREVENTION
	EARLY INTERVENTION
	OUTREACH
X	**STIGMA AND DISCRIMINATION REDUCTION**
	ACCESS AND LINKAGE TO TREATMENT
	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
	CULTURE AND LANGUAGE
	OLDER ADULTS
	EARLY IDENTIFICATION

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NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- The Committee for Social Inclusion, a stigma and discrimination reduction initiative supported by OCE staff, facilitated 11 monthly committee meetings and 11 monthly planning sessions including participation from 58 community members (duplicated).
- Committee members, in addition to OCE support staff, engaged in tabling and outreach at 11 community events, interacting with 585 members of the public while sharing mental health resources and information on reducing stigma.
- As part of OCE's coordination of the countywide Wellness Recovery Action Plan (WRAP) program, county-employed Advanced Level Facilitators led 3 WRAP Seminar II trainings with 37 participants representing staff from county-operated programs and community-based organizations. Participants obtained training on facilitating the evidence-based practice of WRAP in group settings.
- County-employed WRAP Facilitators, in coordination with OCE, facilitated 9 WRAP Seminar I trainings with a total of 77 participants, including SPIRIT 2023 students and clients from East and

Central County Adult Behavioral Health, as well as Forensic Mental Health. Participants learned how to complete their own personal WRAP.

- County-employed facilitators provided 1 on 1 WRAP facilitation with 8 clients at East County Adult Behavioral Health, in coordination with OCE.
- Overcoming Transportation Barriers (OTB) Flex Funds processed 10 requests on behalf of clients and/or caregivers for one-time financial assistance for transportation-related needs to help sustain appointment attendance with county-operated behavioral health programs.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

Social Inclusion targeted its efforts towards clients, family members, and members of the community broadly with a focus on educating people of every background about the detrimental effects of internal, external and institutional stigma and discrimination while uplifting the values of wellness, recovery, and resiliency for every person. Committee meetings continued transitioning from pandemic-era, virtual-only format to increasingly frequent in-person and/or hybrid meetings, with one at Antioch Peer Connections Center in May 2023. WRAP targeted clients of county-operated programs and community-based organizations (CBOs) with groups taking place at various county and CBO locations. WRAP centered on training facilitators to educate their peers to utilize the evidence-based practice as a resource for personal wellness, with clients being empowered to lead and guide their own recovery journeys. OTB Flex Funds fulfilled transportation-related needs to assist clients and caregivers in getting to their behavioral health appointments.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

As Social Inclusion continued outreaching through more in-person meetings and tabling events, the footprint of the initiative grew, taking the message of recovery and wellness to greater populations. The training of new WRAP facilitators expanded the reach of that program to include more clients in participation and more favorable outcomes for their wellness. OTB Flex Funds worked to improve client and caregiver access to appointments, facilitating better health outcomes for individuals seeking services.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

Social Inclusion reflects MHSA values through emphasizing the importance of wellness and recovery in every person's life and the imperative of eliminating stigma in our community. WRAP promotes self-determination in pursuing wellness for the populations served by the behavioral health system of care. OTB Flex Funds promotes access to services through aiding clients and caregivers in getting to appointments.

Include examples of notable community impact or feedback from the community if applicable.

Social Inclusion Committee members collaborated to design a new Social Inclusion T-shirt with the slogan

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“Hope Starts with Us: We Are People, Not Cases.” Members wore the shirts at a Mental Health Awareness Month Board of Supervisors Proclamation that same month. Training of additional WRAP facilitators increased the visibility of the program in different areas of the county.

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AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)
TOTAL SERVED FOR FY 22-23: 738

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
				X	

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
			X	
IF OTHER, PLEASE SPECIFY:				

RACE:

MORE THAN ONE RACE	
AMERICAN INDIAN/ ALASKA NATIVE	
ASIAN	
BLACK/ AFRICAN AMERICAN	
WHITE/ CAUCASIAN	
HISPANIC/ LATINO	
NATIVE HAWAAIAN/ PACIFIC ISLANDER	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	X
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	
ASIAN INDIAN/ SOUTH ASIAN	
CAMBODIAN	
CHINESE	
EASTERN EUROPEAN	
FILIPINO	
JAPANESE	
KOREAN	
MIDDLE EASTERN	
VIETNAMESE	
MORE THAN ONE ETHNICTY	

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		OTHER	

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	
CENTRAL AMERICAN	
MEXICAN AMERICAN	
PUERTO RICAN	
SOUTH AMERICAN	
OTHER	

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	X
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

SEXUAL ORIENTATION:

HETEROSEXUAL		QUESTIONING / UNSURE	
GAY / LESBIAN		ANOTHER SEXUAL ORIENTATION	
BISEXUAL		DECLINE TO STATE/ DATA NOT CAPTURED	X
QUEER		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

SEX ASSIGNED AT BIRTH:

MALE	
FEMALE	
DECLINE TO STATE/ DATA NOT CAPTURED	X
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

CURRENT GENDER IDENTITY:

MAN	
WOMAN	
TRANSGENDER	
GENDERQUEER / NON-BINARY	
QUESTIONING	
ANOTHER GENDER IDENTIY	
DECLINE TO STATE/ DATA NOT CAPTURED	X
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

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ACTIVE MILITARY STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	**X**
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

VETERAN STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	**X**
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

DISABILITY STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	**X**
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

DISABILITY TYPE:

DIFFICULTY SEEING	
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	
PHYSICAL MOBILITY	
CHRONIC HEALTH CONDITION	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	**X**
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

COGNITIVE DISABILITY:

YES		**DECLINE TO STATE/ DATA NOT CAPTURED**	**X**
NO		**TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)**	

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PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	**N/A**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**N/A**

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	**N/A**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**N/A**

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	**N/A**
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	**N/A**

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PEOPLE WHO CARE CHILDREN ASSOCIATION - PEI ANNUAL REPORTING 2022-2023

FISCAL YEAR: 2022 – 2023

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
	EARLY INTERVENTION
X	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
X	ACCESS AND LINKAGE TO TREATMENT
X	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	CHILDHOOD TRAUMA
X	EARLY PSYCHOSIS
X	YOUTH OUTREACH AND ENGAGEMENT
X	CULTURE AND LANGUAGE
	OLDER ADULTS
	EARLY IDENTIFICATION

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NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Provide green jobs, financial literacy, and vocational training for one-hundred-fifty (150) to two-hundred (200) students in its Clinical Success After-school Program
- Provide incentives to students participating in the green jobs/financial literacy programs
- Conduct classes and projects at the program site and other properties made available to PWC in the community
- Make available one-part-time mental health clinician (intern) to provide clinical services to clients and client families
- Hire one full-time Licensed Therapist (i.e., LSW, LMFT, etc.) to provide clinical services to clients and client families
- Negotiate Memorandum of Understanding with Pittsburg Unified School District to provide clinical services to students needing services on and off school sites

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

PWC served 220 unduplicated at-risk clients (at-risk of dropping out of school or turning to crime) in its Clinical Success After-school Program this past reporting period. The PWC program aims to help clients build self-esteem, navigate adolescence's pressures, and cope with trauma. The PWC program implements strategies to engage at-risk clients to prevent further psychosis and juvenile criminal justice system involvement. PWC Clinician (Doctoral Intern Part-time) Tom Jorgensen provided mental health preventative service opportunities to fifty-three (53) clients and client families, some experiencing depression and anxiety. In November 2022, PWC successfully obtained funds from Contra Costa Behavioral Health to hire a full-time Therapist. PWC will continue to network with the Hume Center in Pittsburg to hire for this position. We hope to employ this individual by the end of October 2023.

Through the Entrepreneurial and Financial Literacy Education component, PWC incentivized twenty-two (22) unduplicated clients in the Entrepreneurial Training Program lasting four weeks. Clients learned pricing (calculating profit and estimating expenses), target market/audience, the 4 Ps of marketing, competition, etc. Since 2011, PWC has conducted its annual Therapeutic Summer Program, which includes hiking and other activities in various state parks, and as a result of PWC's history of attending multiple state parks in Contra Costa County during its Summer Program, the East Bay Regional Park District reached out to PWC for collaborative opportunities. In its Green Jobs Training Program this year, in collaboration with the EBRPD, PWC's clients participated in the program with the goals of connecting the Regional Parks, sharing stories, creating interpretive content related to the themes of parks, and learning about a variety of staff positions while building social skills applicable to employment at EBRPD. Thirty-eight (38) unduplicated youth and eleven (11) families participated in the youth development program on field trips to the various parks. Ten (10) clients were provided $500 each by the EBRPD for participating in the Thurgood Marshall Regional Park: Home of the Port Chicago 50 job training program centered around social justice and parks.

In addition, through its program's Community Service component, PWC successfully supported eighty-four unduplicated clients by providing incentives or community service hours (those assigned community service hours) for their leadership and participation by engaging them in community events and participating in various city and cultural events. One hundred and six (106) unduplicated clients performed 3,036 hours volunteering at events such as the Juneteenth, Cesar Chavez, Martin Luther King (MLK) Birthday Celebrations, etc. The Pittsburg Unified School District, Probation, and courts primarily assigned students community service hours due to attendance and behavior. In addition, two (2) of its bi-lingual clients earning incentives working with staff members participated in the Contra Costa Cares Program, pre-enrolling undocumented individuals in Medi-Cal.

Finally, due to PWC's success in providing programs for at-risk youth, PWC is collaborating with the Pittsburg Unified School District to provide as a pilot program vocational training, mentoring, counseling, and peer group support to its students at the three middle schools (Rancho, Hillview, and Martin Luther King Junior, and one elementary school, Willow Cove Elementary) this upcoming 2022-23 school year.

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Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

PWC measures clients' risk, protective factors, and mental, emotional, and relational functioning through an initial Pre-Survey, quarterly follow-up Surveys, and a final Post Survey. In addition, clients often self-report their emotional state to staff during PWC events, at the office during PWC after-school hours, or through text and telephone check-ins. Therapy clients self-report functioning weekly, with additional feedback provided through clinician discussions with caregivers. Therapy clients primarily meet in person, though telephone and Zoom sessions are also provided. Offering therapy clients options for session modality, access to staff members, and invites to PWC events has kept clients engaged and connected. They are welcomed to myriad offsite and on-site programs throughout the week to foster a sense of belonging, build resilience and enhance emotional stability.

Our staff is a diverse group of professionals from African American, Latinx, and Caucasian backgrounds. PWC's staff receives weekly consultation in partnership with Porta Bella Hume Counseling Center in its work setting. Additionally, our Office Manager and Program facilitator speak fluent Spanish to communicate and support many clients/families from Spanish-speaking homes. Our data-collecting methods help in regard to maintaining clients' confidentiality. 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 the reach of our clients.

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EVALUATION FINDINGS
Metrics such as improved school attendance, decreased incidents of behavioral problems, and completed community hours support the efficacy of our program.

School Day Attendance Data from Pittsburg Unified School District (PUSD)
PWC acquired this data through connections made at Unified School Districts in East Contra Costa County and staff from our participants' schools. PWC secured permission from parents/guardians.

Probation Data from the Contra Costa County Juvenile Services Department
PWC acquired data on recidivism from the Contra Costa County Juvenile Services Division that reported on the number of students who committed an offense, re-offended, or went to the juvenile hall while participating in the PWC After-School Program.

Summary of Findings

(Actual Outcomes as Compared to Target: Fiscal Year 2022-2023)

Outcome Measure	Target	Actual	Percent
50% *of the total number of* **Youth Green Jobs/Financial Literacy Training Program** *participants* will increase their knowledge and skills related to entrepreneurship, financial literacy and personal finance, environmental justice, and sustainability according to program curricula for the duration of their program participation.	50%	100%	200%
65% of the youth program participants will show improved youth resiliency factors (i.e., self-esteem, relationship, and engagement.)	65%	81%	124%

75% of the youth program participants will not re-offend for the duration of their program participation.	75%	100%	133%
70% of youth participants will report that they have a caring relationship with an adult in the community or at school during their program participation.	70%	80%	114%
There will be a **60%** increase in school day attendance among youth participants for the duration of their program participation.	60%	86%	143%
There will be a **60%** decrease in the number of school tardiness among the youth participants for their program participation.	60%	90%	150%

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

PWC's triage assessment approach aims to ensure that clients receive timely and appropriate levels of care. Depending on client needs, this approach offers clients preventative services through participation in PWC community programs, individual and group therapy, and referrals to additional outside services. Under the triage model, participants complete an intake packet, identifying their unique reasons for working with PWC. Our Peer Counselor, Mr. Jose, meets all clients to review their intake information, discuss client needs, and determine community resources currently being used. Our Resource Specialist, Ms. Pope, examines the intake packet plus additional information gathered by the Peer Counselor and then determines which PWC services would most benefit the client. Ms. Pope also links families to other community services such as food providers, housing support specialists, and medical providers if needed.

Clients identified during the initial assessment phase as likely to benefit from further mental health support are referred to the clinician. The clinician reviews the intake information and then contacts the client and caregivers to introduce himself, explain the clinician's role, learn more about what is going on for the client, and set a time for weekly therapy sessions. During the initial session, the clinician explains confidentiality, limits to confidentiality, and informed consent. The clinician also builds rapport, further assesses client needs, and develops a treatment plan to reduce the client's symptoms within a brief therapy framework.

Under the triage model, clients not referred for therapy upon intake may later be referred by staff. As youth begin to participate in events and become familiar with staff, they at times share new information or show signs of distress. Ms. Adriana and Mr. Jose are crucial in identifying and linking clients to PWC's psychological services. Their cultural competence and bi-lingual skills facilitate rapport, trust, and open communication, and they are keen observers of possible client distress. Moreover, on some occasions, clients reveal to trusted staff resource needs previously unmentioned during intake, and PWC staff can then provide the necessary referrals and linkages to outside services. All staff are mindful of cultural differences and possible stigma related to mental health services, and staff approach client and family struggles with understanding, compassion, and acceptance. Our sensitive and open communication, internal referral system, and clear protocols all play a vital part in making the triage model work – a model which greatly reduces barriers to accessing mental health services.

PWC essentially operates under a continuum of care model. For most participants, PWC's values-based community programs led by emotionally sensitive and culturally competent staff provide a safe space for clients to process their unique life situations, build healthier relationships, gain confidence, develop problem-solving skills, and build resilience. In addition, PWC's programs -- including experiential outings, community service

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projects, and in-house events -- provide opportunities for clients to cultivate their curiosity, practice serving others, establish relationships in the community, and make new positive peer connections. In those cases where clients are experiencing particularly elevated levels of distress, a higher level of care in psychological services is also provided.

Due to the high levels of stigma related to mental health, PWC strives to reduce resistance to exploring therapy. This year the clinician participated in several PWC events, and clients could see the clinician as just another regular person and interact with him outside the formal intake process. PWC also held an event where clients could discuss their therapy experiences. One client, in particular, expounded eloquently to the group about the benefits of therapy in her life. By normalizing mental health services and restorative conversations, we de-stigmatize 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.

Include examples of notable community impact or feedback from the community if applicable.

Clinician Vignettes:

Alejandra is a client whose mom came to PWC seeking services for her daughter due to concerns about drug use, fighting, restricted food intake, and the client's overall mental health. Alejandra enthusiastically engaged in therapy, exploring how childhood stressors and traumas might relate to current patterns of thinking and behaving. She also explored how she is impacted by family dynamics and how they might be understood in relation to her caregivers' life experiences, including immigration and their childhood stressors. Alejandra says she greatly values therapy as a place where she feels understood, never judged, and learns new ideas without feeling pressured to accept those ideas. She says, "I now think I can be the better person I want to be." Alejandra has become aware that prior patterns of fighting or using substances might be related to feeling unheard, and she has been experimenting with expressing herself outside of therapy. For example, she recently described a significant interaction during a city event that PWC attended. Alejandra and other PWC participants felt mistreated by an adult manning a concession stand (unrelated to PWC), and she noticed herself having an urge to confront the person physically. When she realized this was not an option, she wanted to cry. Rather than sit with these conflicting emotions, she chose to tell Ms. Pope what was happening. Alejandra felt heard, respected, and validated by Ms. Pope, and she noticed herself thinking, "I wish my family could react to things this way." She also remarked that regardless of how her family reacts, she can choose different ways of relating to herself.

Giovanni is a client whose mom sought therapy over concerns that Giovani was isolating himself from the family, failing a class at school, and having arguments with his dad (including a recent physical altercation). During individual therapy, Giovanni expressed feeling misunderstood by his parents about why he was struggling in class and angry towards his dad due to his dad's reactive response. During family sessions, members reminisced about earlier times when the family felt more harmonious, and the parents expressed a desire to return to those times. Giovanni agreed that the family felt harmonious during his childhood, but he also felt that his parents needed to allow him more independence as he moved into adulthood. Dad shared that as an immigrant with only a grade school education, his job prospects had been limited to manual work and that he hoped Giovanni would have more opportunities in life. Giovanni's poor class grades, combined with his increasing isolation from the family, were causing Dad to become angry and reactive. After the clinician validated Dad's concerns and described how positive parenting skills might be useful, Dad agreed to experiment with different ways of communicating with Giovanni. After a few sessions, Giovanni and his parents expressed that home life had improved, and Giovanni figured out a solution for the class he was failing. Giovanni decided he no longer needed therapy, despite also noticing that he is shy and needed to "work on (his) social skills." Rather than continue therapy, he decided that attending PWC events and interacting with other participants would be sufficiently

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helpful for him.

Christian was brought in for therapy by his mother due to symptoms of depression and anxiety, including fear of leaving the house, not engaging in hobbies, avoiding family interaction, and acting grumpy towards his sister. In therapy, Giovanni shared his fears about social interaction, his anxiety about his emotional reactivity, and his concerns about feeling unsure of how to establish himself as an independent adult. Through clinician psychoeducation, he began to understand how his autism complicates social interaction, heightens emotional responses, and relates to certain traits such as preferring regular schedules. Christian stated that he values therapy as a place to talk about things he would not feel comfortable sharing with anyone else. He also seems to shine in session when discussing his hobbies mainly, and the clinician engaged enthusiastically in these discussions to build self-esteem by validating the client's sometimes atypical interests (compared to his non-autistic peers). Christian now says he no longer feels sad or overly anxious, although interactions with strangers sometimes cause him to feel overwhelmed. Mom says that since starting therapy, the client is doing "much better." He joins the family on outings, has re-engaged his hobbies, and is getting along with his sister. PWC has referred mom and dad to a facility that provides low-cost psychological testing and assessment, an option that might help the family obtain additional support services related to autism.

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AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)
TOTAL SERVED FOR FY 22-23: 220

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
84	136	0	0	0	220

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
122	8	90	0	220
IF OTHER, PLEASE SPECIFY:				

RACE:

MORE THAN ONE RACE	12
AMERICAN INDIAN/ ALASKA NATIVE	1
ASIAN	6
BLACK/ AFRICAN AMERICAN	40
WHITE/ CAUCASIAN	17
HISPANIC/ LATINO	127
NATIVE HAWAAIAN/ PACIFIC ISLANDER	6
OTHER	8
DECLINE TO STATE/ DATA NOT CAPTURED	3
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	220

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	0
ASIAN INDIAN/ SOUTH ASIAN	6
CAMBODIAN	0
CHINESE	0
EASTERN EUROPEAN	0
FILIPINO	0
JAPANESE	0
KOREAN	0
MIDDLE EASTERN	0
VIETNAMESE	0
MORE THAN ONE ETHNICTY	0

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		OTHER	75

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	0
CENTRAL AMERICAN	112
MEXICAN AMERICAN	15
PUERTO RICAN	0
SOUTH AMERICAN	0
OTHER	0

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	12
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	220

SEXUAL ORIENTATION:

HETEROSEXUAL	189	QUESTIONING / UNSURE	0
GAY / LESBIAN	2	ANOTHER SEXUAL ORIENTATION	4
BISEXUAL	6	DECLINE TO STATE/ DATA NOT CAPTURED	19
QUEER		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	220

SEX ASSIGNED AT BIRTH:

MALE	135
FEMALE	85
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	220

CURRENT GENDER IDENTITY:

MAN	120
WOMAN	69
TRANSGENDER	1
GENDERQUEER / NON-BINARY	0
QUESTIONING	0
ANOTHER GENDER IDENTIY	11
DECLINE TO STATE/ DATA NOT CAPTURED	19

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		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	220

ACTIVE MILITARY STATUS:

YES	0
NO	207
DECLINE TO STATE/ DATA NOT CAPTURED	13
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	220

VETERAN STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

DISABILITY STATUS:

YES	0
NO	207
DECLINE TO STATE/ DATA NOT CAPTURED	13
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	220

DISABILITY TYPE:

DIFFICULTY SEEING	0
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	0
PHYSICAL MOBILITY	0
CHRONIC HEALTH CONDITION	0
OTHER	0
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	0

COGNITIVE DISABILITY:

YES	0	DECLINE TO STATE/ DATA NOT CAPTURED	0
NO	0	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	0

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PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	**53**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**9**

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	**0**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**0**

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	**0**
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	**0**

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RAINBOW COMMUNITY CENTER OF CONTRA COSTA - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2022 – 2023

PEI STRATEGIES (CHECK ALL THAT APPLY):

x	**PREVENTION**
x	**EARLY INTERVENTION**
x	**OUTREACH**
x	**STIGMA AND DISCRIMINATION REDUCTION**
x	**ACCESS AND LINKAGE TO TREATMENT**
x	**IMPROVING TIMELY ACCESS TO TREATMENT**
x	**SUICIDE PREVENTION**

PEI STRATEGIES (CHECK ALL THAT APPLY):

x	**CHILDHOOD TRAUMA**
x	**EARLY PSYCHOSIS**
x	**YOUTH OUTREACH AND ENGAGEMENT**
x	**CULTURE AND LANGUAGE**
x	**OLDER ADULTS**
x	**EARLY IDENTIFICATION**

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NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Provide access and linkage to mental health care with BIPOC LGBTQIA+ community
- Prevention early intervention services for underserved communities
- increase in trans and nonbinary youth accessing our programs.
- Improve linkage to mental health care waiting
- Harm reduction
- Clients are able to re-engage with social and support groups
- Expanding internship opportunities to provide more clinical service
- Use strategies that are non-stigmatizing and non-discriminatory
- Increase on people that use substances

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

The following annual report flows through describing the following programs and their intersections in the following order:

1. Adult and Family Program
2. HIV Prevention
3. Older Adult
4. Kind Hearts Food Pantry
5. Clinical Program
6. Youth Program

Rainbow Community Center of Contra Costa County (Rainbow) continues to provide a focus on maintaining and sustaining early intervention opportunities and resources for Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, plus (LGBTQIA+) communities of Contra Costa County. We aim to serve LGBTQIA+ marginalized People of Color (POC), persons living with disabilities, people who use substances, older adults and youth that are undocumented and uninsured. Our programming is also committed to serving folks living with HIV, transgender identified community members, and folks with unrecognized health and mental health differences.

Our programming provides multiple engaging and learning opportunities that are connected to internal and external services to all community members. Pride and Joy (Tiers 1 and 2) activities arrange opportunities focused on reducing stigma and mental health disparities within our LGBTQIA+ community. Our clinicians have noticed increased rates of anxiety due to financial hardships, 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 have centered all services and assistance to prioritize underserved and differently resourced communities. Creating culturally affirmed and welcoming spaces that lead folks to connect to our mental health support services. This increased their ability to cope with oppression when they accessed health and mental health services delivered by Rainbow Community Center. Our staff has noticed that many of our clients are being impacted due to the recent economic changes. This has increased levels of anxiety caused by housing instability and vulnerability to multiple intersections of trauma, specifically for communities that are marginalized due to race, language, socioeconomic status, and other risk factors. Rainbow strategically adjusted our outreach and service model to continue providing more in-person services, such as social and support groups, presentations and events that deliver health promotion messages by increasing 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. We continue to collect client demographic information in order to strengthen and reflect our understanding of the changing needs of our community members.

Adult and Family Program

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HIV Prevention Services

- Our HIV Prevention social and support groups have completely moved to in-person programming. We continue to educate and share resources through 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 Spanish and English HIV prevention resources and services.
- Rainbow also offered HIV/STI testing dates at Club 1220, a local LGBTQIA+ bar in Walnut Creek and longtime Rainbow partner. Our HIV prevention program created various HIV/STI outreach events with local businesses such as Del Cielo Brewery in Martinez and Azucar Dulceria in the city of Brentwood. These events bring visibility to our services in other cities of the county where HIV continues to be stigmatized. Every outreach event allows us to share HIV/STI prevention education, HIV rapid test services, while enjoying activities that help reduce depression and isolation experiences that reaffirm our community members about our free services.
- Our HIV Prevention Manager has shifted our outreach to fully focus on youth and seniors that continue to be affected by HIV. Our activities help promote HIV, Gonorrhea, Hepatitis C, and Chlamydia testing along with Contra Costa County's "Home Is Where The Swab Is'' mobile in-home testing alternative. We continue to receive client calls requesting information about our PrEP services, testing dates, social and support groups, and in the past fiscal year MPOX vaccines. Our programming offered 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.
- Rainbow hosted many in-person social events to reduce stigma and connect folks to our HIV Prevention Services in the Latinx Community. Two of our successful events include the Cinco de Mayo party in Martinez and Dia de los Muertos in Brentwood. These events targeted our LGBTQIA+ Latinx/Spanish speaking population in the county. We partnered with 5 businesses and nonprofits that provide HIV/STI prevention services in Contra Costa County.

Older Adults

- Rainbow's Older Adult Program facilitated two senior luncheons during the first and third Friday of every month. This allowed our regular and newcomer senior attendees to connect, socialize, eat healthy meals, and attend workshops from other community partners like Gilead, Meals on Wheels and Empowered Aging. During the last fiscal year, we continued to have virtual groups and in-person gatherings, this includes our virtual support group "Women of the Rainbow''. This group focuses on empowering women identified folks who have suffered isolation and depression in the past. 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 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'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 of our program attendees weekly. During our fiscal year, seniors continued to face difficulties with finances, grief, loss, isolation and depression.
- In addition, we were able to offer free luncheons for our LGBTQIA+ seniors at various local restaurants, all around the county in order to meet seniors near their locations.
- The Older Adult Program started an exercise group that meets weekly and allows seniors to

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connect and learn about multiple techniques to increase movement. These are led by our Older Adult Program Manager and our community partners from Meals on Wheels.

- 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/STI testing, MPOX vaccines, referrals to PrEP and PEP education and navigation services.
- In collaboration with our Food Pantry Coordinator, seniors continued to receive meal deliveries as part of our Kind Hearts Food Pantry Service. We continued distribution of the Senior Nutrition Program while enabling clients to select their own food based on health needs. During our fiscal year there was a cross collaboration with Meals on Wheels, where they were able to give seniors a grocery bag after each exercise and nutrition class.
- SOAP continues to address the needs of LGBTQIA+ 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 as needed or on a 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.

Kind Hearts Food Pantry

- 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.
- 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.

Clinical Program

- Rainbow provides counseling sessions to individuals, partnerships, and groups/families within the LGBTQIA+ community. Services are available in person and virtually, these abilities allow for access to services from clients that do not have reliable transportation or leaving their dwelling in general. 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.

Youth Program

- The Rainbow Community Center Youth Program aims to empower youth 12-25 to explore their

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identities, address internalized homophobia, promote resilience, & connect to peers and community through programming, mentorship, peer support, and leadership opportunities. This past fiscal year our programs flourished with the return of weekly drop in spaces, a new support group for trans teens, the continuation of Team Fierce Leadership program and Camp Fierce, our summer day camp in its second year. Additionally, due to the continued need for accessible online programming for teens without access to our location or who feel more comfortable in online groups exploring identity, we launched an online discord channel for our youth community in June 2023. This platform allows us to offer social groups, resources, peer support and mentoring ongoing to our clients in a space that is moderated by our staff and our teen leadership program members. Lastly, with the influx of enthusiastic teen leaders who are looking to develop skills we instituted rotating volunteer roles for our youth including, a peer support mentor, and a social media coordinator.

- Team 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. Due to the popularity of this program and investment from youth we continued the Team Fierce programming on a monthly basis during the school year and then launched into our second summer with over double the amount of members.
- **Camp FIERCE** continued in its second year serving 34 youth. Camp FIERCE is a space where youth 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. This past summer 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. .
- **Team FIERCE:** is a summer program that served 15 LGBTQIA+ high school aged youth in 2023 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.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

Adult and Family Program

HIV Prevention Services

- Our HIV Prevention Program brought over 50 new members to our social and support groups by

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implementing multiple cultural events for people of color led by our staff and volunteers.

- We expanded our groups to serve black communities living with HIV, people who use substances and suffer mental health disorders plus our annual Cinco de Mayo event where we provided safer sex resources and HIV testing to over 200 people in Contra Costa.

Older Adults

- We organized about 25 volunteers to outreach to 86+ senior clients to encourage luncheon participation, which increased monthly attendance during this past year. In the fourth quarter of the fiscal year alone, we provided case management/wellness calls to these seniors, totaling 120 phone calls.

Kind Hearts Food Pantry

- Rainbow Community Center's Kind Hearts Food Pantry (Food Pantry) delivered 336 meals and food resources to 10 unduplicated and 14 duplicated LGBTQIA+ Seniors (55+), and HIV positive community members throughout Contra Costa County this past fiscal year.

Clinical Program

- During FY22, Rainbow served a total of 508 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 our demographic forms 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.
- 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.

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Spanish-speaking clients. The waitlist tends to be, on average, a 9-12 month wait. However, the waitlist is actively being reduced. At the time of this report, we have effectively managed the waitlist to ~20.

Youth Program

- 161 individual youth received services in our youth programs this past fiscal year with 71% of these youth identifying as BIPOC or multi racial and 60% identifying as transgender, nonbinary or gender diverse. We are noticing an increase in trans and nonbinary youth accessing our programs. With the increase of youth participating in Team Fierce, our youth leadership program, we are developing opportunities for the youth to serve as peer support mentors, social media coordinators, and speakers at community events. These leadership opportunities are increasing our participation in the older age range of 16-25 and giving youth more opportunities to connect with Rainbow in meaningful ways while developing skills and receiving mentorship from our staff.
- Participants are identified through self-referral, school wellness staff, and families seeking support for their child. Through annual demographic forms and program registrations we are able to 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.
-

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

Adult and Family Program

HIV Prevention Services

- 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.

Older Adults

- 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.

Kind Hearts 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.

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Clinical Program

- 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

- 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.

Include examples of notable community impact or feedback from the community if applicable.

Adult and Family Program

HIV Prevention Services

- Great presentations (and food), I always think I have enough knowledge about my sexual health then find out I still don't have enough info. Matthew

Older Adults

- Although I've been volunteering at Rainbow Community for less than 1 year, my life has been enriched by the gratitude, kindness, and genuineness of not only the clients I serve but the staff at the center as well. Knowing that I am providing essential food delivery to folks in need gives me great joy and a sense of pride in giving back to the LGBTQ+ community. As a senior, volunteering at Rainbow helps me stay active and connected to my community. An added bonus is it keeps me up to date on current events and the latest lingo. All in all, I feel blessed to be a "Food Pantry Angel". - Teri Darrenougue:

Kind Hearts Food Pantry

- Being a volunteer for the Rainbow Community Center has been a very fulfilling experience for me. I feel supported in doing the volunteer work, and it is personally satisfying to be able to be of service and provide assistance to people in need. Doing volunteer work gives me a sense of worth in that I

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am doing a positive thing for our society. I am very grateful for the opportunity to give back to the community in this way.

Clinical Program

- "I still struggle a lot emotionally, thank you for not giving up on me and continuing to help me to navigate my situation. This means a lot to me to start my new life after the abusive relationship and coming out as gay father to my kids and get my new life organized. Looking back, I've accomplished a lot with your help." -Clinical Case Management Client
- "I can't thank you guys enough for your help; I don't think I could do this on my own and it means the world to me to have the extra support. Let's get this DONE!!!" -Therapy and Clinical Case Management Client who we were able to help qualify for SSDI.
- "Good news! I was approved for [redacted], and they are applying [redacted] to our [redacted] account! Thank you for always having a solution for us. I appreciate all your help." -Therapy and Clinical Case Management Client who is struggling with finances

Youth Program

- "I am a queer youth living in Contra Costa county. I've identified as LGBTQ+ since about 2016, and as Trans since about 2019. I've experienced a lot of harassment and isolation due to this fact, but eventually I was able to find a sense of community, and a large part of that was through Rainbow Community Center. At the center I've been able to make new friends and grow closer with old ones, while also learning and understanding more about myself. I am lucky enough to have an accepting f"I first learned of opportunities for LGBTQIA+ in 2019, when I first started high school. Though I had known I was queer for years before that date, I was not aware of the programs, events, and other possibilities that were open for people like me. At first, I was shy. I spoke when needed but kept quiet otherwise, worried about what other people had thought of me. Then, I realized an obvious truth. Those who came to these programs were like me and I had no reason to be afraid. They've gone through similar struggles and successes, and they were here for the same reason: this was a place where they could be themselves. I stopped overthinking, knowing that if there was anywhere I could be free with no fear of consequence, it would be here. I later became a camp counselor for the LGBTQIA+ summer day camp called Camp Fierce. It was here where the campers (and the counselors too) had become open and true to themselves. Conversations on gender and sexuality were spoken as casually as one would talk about the family, but many people aren't, and I've heard many stories about people dealing with a lack of acceptance finding home in RCC." -Youth Program Participant/ Age 16
- shows they enjoy watching. There was no fear of rejection in this space, and they were well aware of this, taking advantage of the opportunity they were given, meeting people from different backgrounds, but shared the same sentiment for LGBTQIA+ community: we were all equal. I wonder if I had been aware of these programs from an earlier age, would I even have had the fear I had in the first place?" -Youth Program Participant/ Age 17
- "I would love to be a part of Team Fierce because, as a transgender woman, I feel like I have a lot to offer young trans children in terms of advice and support. When I was little, I knew I was a girl, but I couldn't come out because I faced so much repression and I knew I wouldn't be accepted by the peers and adults I was around at the time. I repressed it until I was 19–I don't want any more girls to have to go through that again. I want to do everything I can to see the next generation of trans people grow up with self-esteem and connections to the other trans people in their lives." -Team Fierce Member/Age 20

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AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)
TOTAL SERVED FOR FY 22-23: 508

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
28	133	221	86	40	508

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
361	26	7	114	508
IF OTHER, PLEASE SPECIFY: Tagalog, Vietnamese, Portuguese, Korean				

RACE:

MORE THAN ONE RACE	101
AMERICAN INDIAN/ ALASKA NATIVE	3
ASIAN	35
BLACK/ AFRICAN AMERICAN	36
WHITE/ CAUCASIAN	207
HISPANIC/ LATINO	94
NATIVE HAWAAIAN/ PACIFIC ISLANDER	2
OTHER	25
DECLINE TO STATE/ DATA NOT CAPTURED	5
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	508

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	7
ASIAN INDIAN/ SOUTH ASIAN	6
CAMBODIAN	1
CHINESE	4
EASTERN EUROPEAN	0
FILIPINO	16
JAPANESE	2
KOREAN	2
MIDDLE EASTERN	7
VIETNAMESE	1
MORE THAN ONE ETHNICITY	92
OTHER	155

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ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	0
CENTRAL AMERICAN	9
MEXICAN AMERICAN	56
PUERTO RICAN	3
SOUTH AMERICAN	12
OTHER	

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	135
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	508

SEXUAL ORIENTATION:

HETEROSEXUAL	73	QUESTIONING / UNSURE	34
GAY / LESBIAN	174	ANOTHER SEXUAL ORIENTATION	84
BISEXUAL	74	DECLINE TO STATE/ DATA NOT CAPTURED	38
QUEER	31	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	508

SEX ASSIGNED AT BIRTH:

MALE	251
FEMALE	250
DECLINE TO STATE/ DATA NOT CAPTURED	7
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	508

CURRENT GENDER IDENTITY:

MAN	117
WOMAN	120
TRANSGENDER	50
GENDERQUEER / NON-BINARY	44
QUESTIONING	20
ANOTHER GENDER IDENTITY	57
DECLINE TO STATE/ DATA NOT CAPTURED	100
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	508

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ACTIVE MILITARY STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	508
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	508

VETERAN STATUS:

YES	16
NO	251
DECLINE TO STATE/ DATA NOT CAPTURED	241
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	508

DISABILITY STATUS:

YES	273
NO	5
DECLINE TO STATE/ DATA NOT CAPTURED	230
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	508

DISABILITY TYPE:

DIFFICULTY SEEING	41
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	22
PHYSICAL MOBILITY	27
CHRONIC HEALTH CONDITION	35
OTHER	153
DECLINE TO STATE/ DATA NOT CAPTURED	230
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	508

COGNITIVE DISABILITY:

YES	87	DECLINE TO STATE/ DATA NOT CAPTURED	416
NO	5	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	508

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PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	**22**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**22**

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	**40**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**40**

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	**16+**
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	**1**

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RYSE - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2022 – 2023

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
	OUTREACH
	STIGMA AND DISCRIMINATION REDUCTION
	ACCESS AND LINKAGE TO TREATMENT
	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	CHILDHOOD TRAUMA
X	EARLY PSYCHOSIS
X	YOUTH OUTREACH AND ENGAGEMENT
X	CULTURE AND LANGUAGE
	OLDER ADULTS
	EARLY IDENTIFICATION

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NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- RYSE's integrative after-school programming and services ensured that young people in West Contra Costa County have a culturally affirming and responsive space that supports their mental health and wellness. 96% of members feel as safe or safer at RYSE compared to other places they spend time; 86% feel safer at RYSE. Virtually all youth (98-99%) said feeling safe and feeling like they belong influences why they come to RYSE. At least seven local schools built intentional linkages through classroom visits and field trips so that students are connected to RYSE's youth-centered resources and opportunities when outside of school hours.
- RYSE members' May 2023 ratings on key scales of positive sense of belonging, positive peer relationships, positive relationships with staff, and experiencing love at RYSE, experiencing emotional wellbeing, sense of agency, and understanding of self and others are, on average, positive and consistent (3.0-3.4 on 4-point scale) across disaggregated groups (LGBTQIA+, BMOC; GWOC; Youth Served Offsite e.g. hospitals, legal system; n=107).

- 99% of youth members reported that staff at RYSE really care about them and 100% reported that staff at RYSE always try to be fair. 99% said the staff's ability to help them when needed influenced why they continue to come to RYSE.
- 97% of youth members report a better understanding, since coming to RYSE, of how different groups in their school and community share common challenges; and 91% report more involvement in decision-making processes regarding school and community issues alongside a belief that they can make a positive difference in these spaces.
- 90% of the WCCUSD teachers involved in RYSE-led learning series (WCCUSD Arts Now) report increased understanding and capacity to practice trauma-informed creative youth development.
- RYSE fielded and coordinated supports for dozens of incidences of interpersonal and systems crises directly impacting young people, which includes supporting young people, parents, schools, district staff, community partners and systems partners in sharing information, triage, coordinated response, care, and identifying resolution/restorative paths forward. We continue to field daily requests and referrals from schools and school-based clinics for mental health and crisis response supports.
- RYSE provided training, TA and support for over 20 organizations in the Contra Costa ecosystem, both tailored and as convener of the West Contra Costa COVID Care Coalition, sharing best practices in nonviolent communication, restorative practices, safety in practice and radical inquiry. As part of the Host Table for the CCC Office of Racial Equity and Social Justice, RYSE convened Listening Sessions and Community Cafes with WCCC youth and adult residents about the impacts of County systems and recommendations for reconciliation and healing.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

RYSE is now situated in a new campus, a space dreamed of, designed by, and built for youth. Over 700 young people have engaged in programming and services over the past year, RYSE has hosted member-centered events such as RYSing Arts Festival, Wellness Day at RYSE, and Night Out for Safety & Liberation, and served as a meeting place for partners and agencies across Contra Costa County. Local schools are holding field trips and using RYSE's space for student project work. We have held site visits and tours for dozens of partners and organizations. Young people are increasingly holding leadership roles at RYSE as staff and in facilitation work, and RYSE is increasing connections for young people from local schools in the district. In May 2023, we completed renovation of the Health Justice Center (HJC) at RYSE. This is a significant moment for RYSE in our lineage within intersecting movements for liberation and freedom, especially as we consider the legacy of the young people and staff (both with us and now ancestors) whose existence and ideas helped shape what it will become. With an updated Theory of Liberation and 5-Year Impact Plan as a guide, and with a full year of sharing renewed physical space with and learning from young people, we stay clear that trauma is structural, historical, political, institutional, intergenerational, interpersonal, and embodied. So then must be our healing, our care, and our solidarity.

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Health and Wellness

COVID-19 Response: RYSE's COVID-19 protocols align with our values and commitment racial justice and disability justice. While major health, medical, and educational institutions have rolled back on mitigation and protective measures, we stay steadfast in our care for young people, attuned to the epidemiology and health inequities, centering those most structurally vulnerable. In May 2023, following months of checking in with members and staff, RYSE removed the indoor masking mandate, while continuing to provide masks to members, test staff weekly, conduct daily screening, and contact-trace exposures. In August 2023, we reinstated the masking protocol and will continue until rates of COVID spread are down. RYSE's Youth Emergency Fund supported youth who became ill with cash payments and resource linkages. We are continuing the fund into FY23-24. Many of our members have expressed appreciation for our ongoing measures and for inquiring with them as we consider pivots and adjustments to our protocols, as they feel abandoned and uncared for by their schools and by adults. May 2023 Member Survey found that 77% of members feel RYSE's approach to COVID is about right and for one-third it influences them coming to RYSE more often.

Atmospheric Trauma, Youth Wellbeing and Distress: Among young people we are seeing a stark increase in severe mental illness, suicidal ideation, anxiety, and depression. We are also triaging and tending to increase in domestic violence and intimate partner violence, human trafficking, evictions, and gun violence. We are noticing increases in disordered eating, particularly for trans and gender non-conforming youth, as well as requests to support with testing, treatment, and anxiety and stress related to sexual health and STIs. In addition and often concurrently, young people are presenting to RYSE with increased experiences of harmful responses when they have accessed care from clinics and outpatient mental health providers including experiences of transphobia, prescribing psychotropic medications without thorough assessment or monitoring, and coercive treatment approaches to self-harm and disordered eating that exacerbates feeling of shame rather than honoring and building upon young peoples' natural and robust resources.

RYSE Care Review/ House Meetings/ Practitioner Development: There is an increased desire for mental health support services from youth, as well as many ways that young people's distress are being made visible and shared in interactions with peers and staff while at RYSE. We continue to strategize about how the campus can be a source of predictability, connection, and culture for young people who have spent the last 3 years coping with unpredictability and disconnection, and adjusted Summer 2023 programming accordingly. Program staff have updated our Case Review process - now called Care Review - to coordinate and communicate care plans for young people. Young people are supported in Culture Builder roles to conduct New Member Orientations with their peers, share/co-lead ideas for relationship-building and relevance with their peers, and co-lead House Meetings as spaces for all members and staff to share ideas and concerns for ensuring the space is meeting young people's needs. Programming for the past year always included a Community Care Room if young people need a quiet space to rest or take a break from peer interactions. As is our ongoing practice, RYSE staff have engaged in numerous trainings to support skill-building as practitioners, including Creative Youth Development for healing through arts with creative consultant, Indi McCasey; Suicide and Self Harming in Young People with RYSE Interim Clinical Supervisor, Jen Leland; Adolescent Brain Development with Dr. Joyce Dorado; and BIYOC Adol Dev and Impacts of Pandemic with Kia Jarmon (Nonprofit Equity Collaborative) and Ingrid Cockhren (PACEs Connection). RYSE facilitated numerous trainings and TA

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sessions on our healing-centered model for partners locally and statewide. A full list of trainings attended by and led by RYSE staff is available upon request.

Peer-Led Workshops and Edutainment Activities: Over 50 distinct programs were held, with over 1,000 sessions offered. Examples include Alphabet Group, Tasty Tuesdays, Young Men's Group, RYSing Arts Club, Sashay Away, Education Justice Action Research Cohort, Advanced Media Production Cohorts, Culture Builder internship, Youth Organizing Club, Media/Arts/Culture Pop-Up Workshops, W.O.R.T.H. Performing Arts workshops, Youth Anti-Displacement cohort, GRYOT Storytelling Workshops, Beyond Youth Organizing & Power Cohort, Taxes 101, Designing Belonging, Studio Drop-In, Vocal Lessons with Lady Sneak, Rooted INJustice, Let's Talk About Sex, You Got Something to Say? Podcasting, Thursday Gains, What in the Adult?, Hidden Genius Project Cohort, Decoden (Let's Decorate) Pop Up, Zymbolic Workshops, Pickleball. In April 2023, young people and staff planned a weeklong Youth Leadership Institute with 48 young people in attendance, with workshops such as: Twerk Church; Let it Out and Love Ya'self, Health Inequities 101, Know Your Rights Jeopardy, Let's Talk About Sex Family Feud, Rhythm Circle, Power Essential Oil Blends, Resilience Hub Planning, Trap Yoga, and Organizers Self Portrait. The focus of the leadership institute was to cultivate beloved community amongst RYSE youth leaders/members and staff, get grounded in RYSE's values and ToL, and hold space for political and leadership development, holistic healing, and cultural identity development. Over 95% of youth participants shared that the activities of the day helped them feel more grounded in RYSE's values, with 85% sharing that the days felt creative, 60% saying the days felt healing, 70% sharing that workshops helped them feel more connected to their community, and 75% sharing that the YLI helped them want to be/ keep being a leader in their community.

Family-friendly and community events included Night Out for Safety and Liberation, La Feria de Septiembre, Holiday Luncheon, CCC Board of Supervisors Reorganization Event, WCCUSD Arts Now Institutes, Be A Kid. RYSE Lounges continued throughout the 22-23FY on the last Friday of each month, and included a Holiday Member Lounge, Black Cultures Month Cookout & Open Mic, Video Game Tournament, Halloween Fashion Show, Lip Sync Battle, Women's Appreciation Dinner, and a Graduation Lounge for graduating high school seniors.

Individual counseling and case management: Individual clinical therapy ranged from 3-6 stabilizing counseling sessions to continuous relationship and monitoring between the therapist and young person over the entire year. This included case management support with connections to legal entities, school systems, and county CPS, housing, SARB process at school, a safety plan in response to bullying at school, and navigating the community college system, financial planning, employer issues, and queer affirming sexuality. As mentioned, there is an increased desire for mental health support services from youth, as well as many ways that young people's distress are being made visible and shared in interactions with peers and staff while at RYSE. RYSE's health justice team is growing in staff and coordination over the past year, providing integrative support of care review meetings, restorative circles and linkages with youth justice services.

Aging Up & Bay Legal: RYSE launched a formal transition process with TAY who are 21 (aging up from RYSE membership age) who were seeking continued engagement as they continued their journey into adulthood with supports for post-secondary education, scholarships, employment, housing and basic needs. This included special alum hours for use of computer lab, meeting with staff for specific resources, opportunities, needs and just to be in the space; participation in campus and community events; tailored supports especially

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in the areas of mental health, career support and housing; RYSE emergency fund resources available as needed. In our first 6 months of Aging Up, all 5 young people with partnership plans successfully got jobs. RYSE and Bay Area Legal Aid's Youth Justice Project partnered to offer free legal clinics, supporting young people in the following areas: homelessness (if youth are experiencing homelessness or do not have a space or place to live), foster care (if youth want help getting into foster care or getting AB12 benefits), guardianship (if youth need help making someone their guardian), medical (if youth need access to medical or mental health services), school (if youth want help with school (enrollment, discipline, special education), public benefits (if youth were denied public benefits like food stamps or cash aid), and more.

Resilience Hub & Healing Justice Youth Leadership: RYSE Youth Power Building team held workshops, convenings and meetings for Resilience & Liberation Hub planning, engaging youth in thinking about climate, health, and just transition policy. This work has evolved into the development of a Youth Liberation Hub Advisory Board, over the next year. Young people in the Designing for Belonging cohort worked with CCA Design & Architecture college students and professor, focusing on BIPOC youth healing through art and nature. The group is designing arts elements that include a mural and sculptures within the RYSE Village, another youth designed outdoor space adjacent to our Health Justice Center. Young people were supported to share their stories and testimonies in support of local and statewide policies affecting their communities, and to build their narrative skills in cohorts like GRYOT storytelling, Freedom Beatz, WORTH Performing Arts, Global Warriors Institute, and You Got Something to Say? podcasting. Young people visited the Fresh Approach community garden and participated in tours and feedback sessions for the Health Justice Center opening. RYSE also held two healing clinics with youth (YO! California Youth Organizing Institute) and with staff (June Staff Development). These clinics included modalities that are new to many young people and staff and help us all to learn about their relevance and usefulness in RYSE's healing justice work long-term.

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Trauma Response and Resiliency

RYSE operates with an intensive relationship-based approach, seeking to engage with young people personally and build upon their strengths. RYSE provides evidence-informed services to this group including: Hospital-Based Violence Intervention; individual and group mentoring; case management; individual and group clinical and non-clinical mental health supports, including Trauma Focused CBT; media and arts activities; education and career preparation; and leadership and community organizing. RYSE accepted 100% of referrals from local hospitals, Probation and the DA's office. 43 of the young people reached during this grant period were connected through Probation as part of transition & reentry or through the DA's office as part of restorative justice diversion.

- Through RYSE's annual Member LIT (Liberation Impact Tool), young people engaged in offsite programming (e.g. hospital linked or probation; n=17) shared the following about their experiences with RYSE:
    - 93.3% of participants report feeling safe at RYSE; 100% feel supported by RYSE adult staff.
    - 100% of participants feel that staff at RYSE really care about them and 73% feel they could go to RYSE staff for help solving a problem.
    - Participants report increased and/or strong sense of self-efficacy (86.7%) and belonging (93.8%).

- 100% of participants reported a positive outlook towards mental health supports including therapy or group supports. They shared some of the following feedback:
    - *RYSE supported me during COVID by being able to talk to my mentor about how I was feeling.*
    - *Staff at RYSE have our back but hold me accountable*
    - *Love at RYSE looks like staff actually caring and listening to our problems even though they don't have to.*
    - *Since coming to RYSE, changes I have noticed in myself are that I'm understanding myself more.*
    - *Since coming to RYSE, changes I have noticed in myself are my confidence.*
    - *Safety at RYSE is important and always present.*

- In evaluation interviews with young people engaged with RYSE's Restorative Justice Diversion Pilot, young people reported positive experiences, including improved relationships, personal growth, and access to necessary support services.
    - Youth felt valued and accepted, and the process increased their feelings of connection to their community.
        - *"I felt loved, I felt they really cared about me. I met people that made me feel like I matter, and that's why I did the things I did." - Responsible Youth*
        - "Having someone to talk to that I felt genuinely cared for my well-being and supported me through the times when I was at my lowest. Also helping me and Mom get our relationship back right. We're not perfect but after this program, I know how to handle myself in a better way." - Responsible Youth
    - A number of persons harmed expressed transformational experiences that addressed their needs, provided them with a "better" sense of justice than the traditional legal system, and inspired them to keep building relationships with the responsible youth.

- On Sunday, April 23, an 18-year-old young man by the name of Sincere Martin was shot and killed in West Contra Costa County. He was a part of the R2P2 program at RYSE, having been a youth member since his initial referral in May 2022. RYSE supported his family and held grief spaces for staff and youth. Some words and reflections on his life and spirit from the Youth Justice Team at RYSE who worked closely with him in case management. These were also shared at his high school's graduation in June 2023: *To know Sincere was to love him. As soon as he walked into the room, he brought a certain aura. Light, love, and gratitude. I would text at the beginning of every week and tell him to have a great week, but sometimes I felt like we switched roles as needed. If I happened to miss a Monday, he wouldn't miss a beat. I could always count on that text from Sincere wishing good health and good fortune. He accomplished so much within his 18 years of life and has every reason to be celebrated. He earned his diploma early, in February 2023, months before his ceremony was set to take place. He enrolled in business courses pursuing his dreams of becoming an entrepreneur. He also maintained his own apartment and expenses, keeping and building a savings account for his rainy days. He was a loving older sibling, looking after his baby brother when mom was unable to. Not to mention, all the hardships that he endured as a young person impacted by the criminal legal system. Obstacles that Sincere faced made him stronger, and he was growing into a responsible and self-sufficient young adult right before my eyes. He was a young man of many facets, an athlete, musically talented, amazing fashion sense, and most importantly, a heart of gold.*

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One thing we will remember about him is his smile and how full of life he was. We will always remember Sincere and his bravery, his charisma, his leadership, his laughter, his willingness to try new things, his open mindedness and his big heart. But wherever a beautiful soul has been, there is a trail of beautiful memories. It doesn't feel right saying goodbye Sincere, so we'll say see you later. Rest In Peace Sincere! With love in our hearts, The YJ Team

- In February 2023, the Guardian published the following interviews with RYSE members on youth experiences of gun violence.
- The following article was developed by a RYSE member, sharing their personal experiences with violence and published by Ensemble News. Recommended Reading: Strong Lighting by Jason Madison, RYSE member. Another youth member Laisha Aguilar, a high school senior starting her own photography business, photographed Jason Madison for his headshot and spoke about their connection and her experience at the Alliance for Boys and Men of Color advocacy day.
- In February 2023, RYSE's Freedom Beatz hip hop and healing program re-launched at the John A. Davis Juvenile Hall ("the Hall") in Contra Costa County, with a cohort of 9 young women and staff, the first time RYSE has worked with young women at The Hall. The sessions included guest artist, Donte Clark, self-portrait paintings, poetry lessons, and song writing.
- RYSE was part of the core leadership responsible for winning the County Office of Racial Equity and Social Justice, we hope to leverage this win by mobilizing and advocating for work and policy that center BIYOC residents. RYSE was part of the Core Committee that conducted a community survey that collected information from more than 2,600 people and convened five community cafés with 300 attendees to share the findings from the listening sessions and survey. Throughout July 2022, the community cafes convened community members and partners with the goals of: 1) acknowledging and understanding racial harms and burdens in Contra Costa County,2) activating a County ecosystem more coordinated and responsive to the priorities and needs of residents most burdened by racial inequity, 3) developing a plan to launch the CCC Office of Racial Equity and Social Justice, and 4) cultivating a more committed & collectivized base of residents that ensures accountability and transparency, and the ability to mobilize to emergent conditions and opportunities. During sessions, community survey results were shared with service providers, outlining the systems harm experienced by Contra Costa residents, as well as how local systems/institutions can better advocate for important policy goals in the county. Participants of the survey expressed most concern for the following systems harms (n = 2600): - Employment Services (876), - Health Systems (734 in Health and 739 in Mental Health), - Education Systems (739 in general education and 400 in early education), - Housing (718), - Social Service System (655), - Criminal justice/legal system (593 in adult and 490 in youth), - Child Welfare System (431), - Planning (449), - Election System (333), - Transportation System (155)
- The Contra Costa County Office of Racial Equity and Social Justice Host Table reported its findings and recommendations to the Board of Supervisors in Oct. 2022. The BOS approved the recommendation of hiring two co-directors to lead the office. This process is being led by a County Equity Committee.
- West and Central/East County Care Coalitions (RYSE launched the WCC COVID Care Coalition in the early days of March 2020) have converged into the Contra Costa Community Care Coalition (The C5). The C5 will continue to center the priorities of our communities and convene the ecosystem of community partners, public agencies, advocates and organizers, and electees who work in service

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to our communities. Various collaboratives and campaigns have developed out of, been shared at, and informed by the Coalition.

- The Richmond Rapid Response Fund (R3F) was born directly out of the WCC Care Coalition. RYSE is a founding partner of R3F and led the financial disbursement process for the Fund. To date, R3F has provided direct financial disbursement and rent relief to over 1,000 families in Richmond. R3F has hired staff and is working toward a Universal Basic Income pilot. Much of the R3F disbursement process was based on RYSE's Youth COVID-19 Care Fund, launched within the first month of the Shelter in Place.

- RYSE is part of numerous other coalitions including a city-wide homelessness task force, arts education coalitions, and education and youth justice policy spaces. We have started initial planning to launch a pilot for TAY homelessness prevention; this should be launched in the new contract year.
- RYSE engaged in meetings with health partners on the Health Table for the activation of the Health Justice Center and entered into a new contract with West Contra Costa Health Care District for opening the HJC over the coming years, which includes the launch of the Listening Campaign 2.0 (described below). .
- We have provided tours of RYSE Commons and held meetings with teams from each of our state and national electees and will continue to stay in contact to leverage young people's expertise, experiences, and recommendations for health justice and addressing structural racism in West Contra Costa.

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Inclusive Schools

RYSE worked to deepen linkages to schools for students who are still navigating the impacts of the pandemic and looking for more resources and opportunities in their out-of-school ecosystem. RYSE fielded and coordinated supports for dozens of incidences of interpersonal and systems crises directly impacting young people, which included supporting young people, parents, schools, district staff, community partners and systems partners in sharing information, triage, coordinated response, care, and identifying resolution/restorative paths forward. We continue to field daily requests and referrals from schools and school-based clinics for mental health and crisis response supports. As young people navigate safety plans and/or transitions following criminal legal system involvement, RYSE has worked to ensure schools are meeting access needs. RYSE continues to lift up young people's priorities for LGBTQIA+ health, wellness and leadership both with the District and in the larger community through narrative sharing, linkages, and program opportunities.

- **School linkages & student support:** School site visits, where students from the Kennedy Family of Schools, Richmond High, Summit, and other middle and high schools have come to RYSE as part of their school day to learn about the space and build relationships between students, teachers and RYSE, as an afterschool option for youth. With the closure of the Department of Juvenile Justice and directive to better serve young people in their communities, RYSE staff serve as student advocates for young people who require credit transfers, safety plans, IEPS, and other access to reach their academic goals.

- **WCCUSD & Community Schools:** As part of our engagement and advocacy within the schools and the District, we work to center what young people are actually experiencing, whether or not they fit into systems timelines or outcomes. An example of this includes RYSE's leadership in calling out the Community Schools Support Collaborative to more intentionally and explicitly activate the key pillars of racial equity and healing center engagement that are part of the legislation. This has resulted in pausing and recalibrating the process to create a more community-led and community-grounded design in the needs assessment and implementation. We work to keep reminding our school and systems partners that we are still very much experiencing the pandemic and its impacts. We are committed to continue to work at the pace of community health, community trust, and community care, no matter how frustrating or challenging it may be.

- **Pride Month & Board of Supervisors Pride Proclamation:** Pride month at RYSE included workshops like Stride with PRYDE and the Fashion Show & Pride Spirit Week. RYSE staff and youth read RYSE's Pride Statement at the June Board of Supervisors meeting, which honored the youth and programming at RYSE and Rainbow Community Center. Video here.

- **Health linkages:** RYSE teamed up with Rainbow Community Center to provide STD testing; RYSE partnered with Contra Costa County Health Services for a COVID, Flu and MPOX clinic; RYSE's Let's Talk About Sex workshop engaged young people where they were at with "pop-up style" sexual health education. Health Justice Center planning and feedback workshops and focus groups engaged young people across their identities and asked them to consider these social locations in making recommendations for the HJC. These events and resources were shared on RYSE's social media.

- **WCCUSD Arts Now:** The Media, Arts, & Culture team (youth and staff) planned and facilitated one VAPA liaison arts integration workshop and two West Contra Costa Unified School District Saturday Arts Now Institutes for classroom teachers. Teachers were paid to participate in CYD workshops, talked about liberation and student leadership in schools, and walked away with arts integration lessons to use in their classrooms. Each Institute was planned in partnership with young artists, who also co-facilitated, performed, and attended workshops alongside teachers. Teacher feedback included, "Everything was so well planned, the instructors were excellent, and it is so heartwarming to have the students participate in the whole experience. My students really enjoyed the activities I brought back from the day" and "Really enjoyed this and I love that it was youth led. This is good for bringing joy back into the classroom."

- **Youth Leadership:** Youth organizers in RYSE's Education Justice Action Research Cohort completed a website (https://www.ryseejar.com/) 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. The Education Action Research cohort continued in our Fall 2022 program season with a previous EJAR member stepping into a fellowship role and 4 new youth that learned about the project and received training in data analysis, inductive coding, and literature review with recommendations. The youth fellow will collaborate with the Education Justice Program Manager to plan and co-facilitate workshop sessions for the new cohort. RYSE members were also part of the Community Design Advisory Partnership with Richmond High School: where RYSE youth are providing insight for the physical design of the school detailing what they want in the future and want to discontinue from the past. The Media, Arts, & Culture youth co- facilitated WCCUSD Saturday Arts Now Institutes for classroom teachers.

- **Listening Campaign 2.0:** RYSE has begun planning and hired Ceres Policy Researchers to work with

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RYSE staff and youth researchers to engage our current cross-system partners, young people and adults in inquiry. To build understanding and response to the conditions BIYPOC are navigating; ensure relevance for continuing to cultivate healing, belonging, power for these times and the "generations" of young people we are connected to; and lift up what policies, praxes, investments are needed to employ and ensure healing-centered engagement and alignment in all the systems and ecosystems responsible for young people. Key partners and collaborations already identified include the WCCUSD Community Schools Collaborative, individual school sites, school-based and school/linked programs, young people reentering school and community after engagement with criminal legal system, the WCCUSD Families in Transition program, and Contra Costa Continuum of Care for transitional age youth.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

RYSE service delivery is monitored through a customized database to track program utilization and tailored supports. Tailored intakes, case notes, and education/ career/ youth justice plans are used to understand the scope of individual and community-level issues and develop and track achievable goals in partnership with young people. RYSE partners with external evaluator JDC Partnerships, a woman and BIPOC-led firm, on the design, administration and analysis of multiple, multi-level tools to measure progress toward our Theory of Liberation outcomes. These include a seasonal Program Liberation Impact Tool (LIT), annual Member LIT, annual Organizational LIT, semi-annual Staff LIT and bi-annual Partner LIT. The Member LIT, is inquiry into the nature of relationships experienced between RYSE members and with staff, why being a part of RYSE matters to young people, and young people's experiences along RYSE's key measures of safety, belonging and love; understanding of self and others; emotional health and wellbeing; and sense of agency and influence. In May 2023, for the first time since returning to in-person programming together in the expanded RYSE campus, youth members were invited to complete the Member LIT; findings were consistent with if not more positive than trends over the past 14 years (n=107).

Outcomes/ Measures of Success:

- 93% of RYSE members report benefits of RYSE programs and services that support mental health and wellness, including 97% positively reflected that however they come in, staff at RYSE love them.
- 80% of members demonstrate progress toward desired skills/goals related to their participation at RYSE (subset of members with a defined plan)
- All RYSE members who were identified as needing more intensive MH services will be linked to culturally competent MH services, as available.
- 90% of the total number of stakeholders involved in TRRS series will report increased understanding and capacity to practice trauma-informed youth development.
- At least 200 stakeholders engaged in trainings and TA on RYSE healing-centered model; at least 40 stakeholders demonstrate shared commitment to trauma-informed policy that promotes the optimal health and wellness of West Contra Costa youth and young adults (surveyed only WCCUSD Arts Now participants)
- Among RYSE members who self-identify as LGBTQQ, key measures were positive and consistent with overall youth membership; over 90% report positive sense of safety and belonging at RYSE and positive or increased sense of self-efficacy, positive peer relations, youth-adult relations, and agency in impacting change in the community

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- Over 90% of RYSE members report an understanding and capacity to build community with races, cultures and sexual orientations and genders different from their own.

Other notable findings from the 2023 Member survey, the first since returning to shared physical space in the new campus, include:

- 96% reported a better understanding of self since coming to RYSE.
- 95% said getting to know other young people in their community influenced why they come to RYSE.
- 95% said the opportunity to be more involved in their community at and through RYSE influenced why they continue to come to RYSE.
- 93% of responding members noticed that RYSE has contributed to emotional wellbeing through paying attention to their own feelings and reducing stigma around mental health support.
- 97% positively reflected that however they come in, staff at RYSE love them.

Quotes from Members:

- Safety at RYSE is feeling like you belong somewhere
- Safety at RYSE is through all of us - we're always on a lookout for each other
- Love at RYSE looks like/feels like/ sounds like laughter and fun also empowerment and community.
- RYSE is a nice place to go whenever and hang out. My parents usually don't let me go to other places
- Since coming to RYSE I have noticed that I am more accepting of others and myself, I am more empowered and empathetic and I am more aware of my mental health.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

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RYSE's model is a community defined, community evaluated practice that centers on living our values. Since opening we have trended consistently across the scales and measures tied to our values, demonstrating a strong level of efficacy with this specific community (BIPOC young people and their families). RYSE belongs to young people - from how to engage parents and caregivers, to campus design, to how we share stories and successes. Youth lead in upholding values through Culture Builder Internships, House Meetings, co-facilitation roles, and more. For 14+ years, RYSE has enacted strategies grounded in racial, gender, and disability justice through holistic healing supports, mentorship, advocacy, and organizing. We utilize a range of culturally affirming and clinical modalities to address acute and chronic distress. Always rooted in the survival, fortitude, resilience and right to childhood of youth directly impacted by systems.

RYSE staff reflect and come from the diverse communities, languages and experiences of members. This is an intentional and ongoing practice as a trauma-informed organization. Staff hold experience inside and outside of formal institutions. 96% of staff identify as BIPOC. Ongoing practitioner training facilitates identifying our own relationships with systems, toward healing and intergenerational connection for collective action.

RYSE works with health and health justice partners to create a coordinated ecosystem of care to meaningfully address and respond to acute, chronic, structural, and historical trauma and violence. We work to be a safe and affirming out-of-school option for young people who seek alternative or extra support - forming a community ecosystem of care. Key examples of this work (also described in prior sections) include:

- **School & District Linkages & Coordination:** Classroom presentations, outreach, field trips and teacher partnership. Youth-led professional development for teachers. Referrals by teachers and school counselors to RYSE programming and mental health services. Student advocacy and accompaniment by RYSE staff. Crisis coordination and restoration across student and family systems. Tutoring, college access support and adult transition support for WCCUSD students. Youth-led research and leadership for youth mental health and school-based policies and practices.

- **Restorative Pathways Project (R2P2):** R2P2 provides intensive case management and mentoring for intentionally injured youth ages 13-25. Engagement begins in the hospital/ shortly after discharge and is grounded in empathetic connection, validation, and compassion. Stabilization support includes medical follow up, victims of crime compensation, and basic material needs, including links to RYSE programming.

- **Youth Justice Diversion and Transition Supports:** RYSE's Restorative Justice diversion program works with the District Attorney's Office, helping young people restore relationships, mend harm, and avoid charges (to avoid risks and harms of criminal legal systems). RYSE provides case management, mentoring, and sanctuary for youth reentering the community from juvenile hall, hospitals, and/or on probation engaged before, during and after their re-entry transitions.

- **Primary and Behavioral Healthcare Supports and Linkages:** RYSE provides trauma-informed, healing-centered counseling and case management. Our clinical therapists specialize in culturally and gender affirming arts-based practices. RYSE does not require insurance or diagnosis for any services. Our success and impact as a health home finds us increasingly supporting youth with severe mental illnesses - with support and coordination for treatment, but also with advocating and addressing the implicit and explicit racial bias of health, criminal legal, and child welfare systems. Our case management staff support linkages, access, and utilization of primary healthcare through linkages, referrals, and follow up with providers and partners.

- **Creative Expression and Youth Leadership Programming as Healing:** Creative expression and youth organizing are central healing strategies across all areas of our work - trauma response and triage, direct services and supports, identity groups, social support and community building, advocacy and organizing, and systems transformation. Activities include Freedom Beatz, a creative arts program for incarcerated young people; Organizing Club, a space for youth to connect, create and learn about social justice movements; and Youth Justice Fellows, supporting systems-impacted young people in county-wide coalition work.

- **Trauma and Healing Learning Series (THLS) for Systems Change:** Our ongoing convening for adults working in systems, to develop shared framework and approaches to addressing chronic trauma and distress, and to identify and commit to investments, policies, and practices responsive to and reflective of young people's priorities, needs, and interests. Training includes adolescent development and trauma, trauma-informed care, non-violent and restorative communication, racial trauma and historical/structural trauma, gender justice, ACEs and racial justice, and disability justice and understanding the medical industrial complex.

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- **West Contra Costa COVID Community Care Coalition:** Since March 2020 (just 4 days after the COVID-19 Shelter in Place began) RYSE has convened an ongoing community care call with city and public systems, health and social services providers, and the school district to elevate a range of critical supports for Contra Costa County. There is no formal threshold for membership or participation. What we are held by is our commitments to how we show up for each other and our communities. Now converged into the Contra Costa Community Care Coalition (The C5

- **Health Justice Center:** Increasing access to services with the opening of the The Health Justice Center at RYSE Commons in 2023, as a liberatory healthcare home for West Contra Costa youth and young adults. The HJC will provide, partner, train, and invest in a full spectrum of health services including qualified professionals competent in youth development, professional pathways for BIYOC and BIPOC health practitioners and providers, first aid in emergency/urgent care, therapy, aroma therapy, yoga, skin care, nutrition, alcohol and drug use, including overdose treatment and care, medicinal plants and herbs, dental care, queer and trans inclusive and affirming sexual and reproductive health, including support and treatment related to lethal and non-lethal injury, sexual assault, domestic violence and intimate partner violence. The HJC is creating and cultivating the spaces and resources for young people to imagine the systems they not only need currently, but desire to lead as next generation health leaders.

Include examples of notable community impact or feedback from the community if applicable.

https://rysecenter.org/blog/2022/10/28/ryse-youth-essay - **Strong Lightning** by Jason Madison

Excerpt: "A safe space feels warm. It looks like a bunch of unicorns, it sounds like kindness, encouraging words, like me snapping my fingers, like "PERIODT", like "yesss." It sounds vulnerable. Marissa [former RYSE Clinical Director] really made me feel comfortable. I said I was a Christian and I'm in the LGBTQ community and she also said she's a Christian and Queer. That made me comfortable ever since. You meet a lot of Queer people, and you meet a lot of Christian people. You don't meet a lot of people Queer Christians at the same time. We had conversations about how churches don't really accept us. RYSE taught me to not say all of them negative things about myself. They stopped me in a quick second. "Nope, you're not ugly, you're not dumb, you could do whatever you want to do." I feel like RYSE is very fun, very transparent, they look out for young people, they make sure we're safe, and they make sure we have food in our mouths. Anger for me, it feels like a pot of boiling water, just steaming. When I walk into RYSE the water would start to cool down. It would cool to the point where it's freezing; purple and teal and green. A few years ago in Marissa's office I walked in very frustrated, very upset. She could see it in my eyes. I was just hiding my face. And she said, "it's ok to cry, why are you hiding?" Marissa gave me permission to cry."

Building Culture, Building Community at the RYSE, by Jordan Daniel, former AMP Intern, current RYSE Culture Builder

Excerpt: "When RYSE provided me with that space, I knew it was the escape I've always craved: a space full of love and laughter; a space without judgment; a space where healing is key. I see now that I didn't know how to heal—all I knew was how to hurt. Growing up, I was taught to suck it up, because your pain isn't serious until you become an adult. Feelings weren't a thing, and neither were options. So when I joined a place that preached opposite ideas, I thought I had fallen into a parallel universe. I couldn't believe that I could make decisions for myself. I finally found a place where I could be free.
Our counselors are also very unique. Growing up, I didn't like the idea of talking about my problems with someone, and I had many horrible experiences with therapy. But when I was introduced to our Health Justice

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team, my perspective shifted immediately. They helped me understand that I don't need to have all the answers, because they don't have them either. In the meantime, creative self-expression can help us learn about ourselves and the world around us.

If I'm honest, I've learned more at RYSE than at school. I appreciate that they are always willing to bring someone in to help educate and provide tools for young people. Take sexual health, for instance—something that isn't (but should be) normalized for many young people. At RYSE, we have constant conversations on how to stay protected. They create a safe space to ask questions; they provide judgment-free help; and they keep all of the restrooms stocked with feminine products. Aside from health, RYSE cares about helping youth receive a proper education, so they offer academic help. I am in a college preparatory program at RYSE called Zymbolic. Applying to college this year was one of the most stressful things I've ever experienced, but Zymbolic helped me submit my applications and prepare me for the transition mentally."

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AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)
TOTAL SERVED FOR FY 22-23: 701

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
356	326	1		18	701

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
519	74	10	98	701
IF OTHER, PLEASE SPECIFY: Tagalog, American Sign Language, Punjabi, Thai, Other				

RACE:

MORE THAN ONE RACE	89
AMERICAN INDIAN/ ALASKA NATIVE	13
ASIAN	55
BLACK/ AFRICAN AMERICAN	230
WHITE/ CAUCASIAN	32
HISPANIC/ LATINO	290
NATIVE HAWAAIAN/ PACIFIC ISLANDER	15
OTHER	0
DECLINE TO STATE/ DATA NOT CAPTURED	83
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	807
****While the total number of youth served during this reporting period is 701, the Race	

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	
ASIAN INDIAN/ SOUTH ASIAN	
CAMBODIAN	
CHINESE	
EASTERN EUROPEAN	
FILIPINO	
JAPANESE	
KOREAN	
MIDDLE EASTERN	
VIETNAMESE	
MORE THAN ONE ETHNICTY	

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section adds up to more because youth can mark upon member enrollment both *more than one race* and *the races they identified*.		**OTHER**	

ETHNICITY (HISPANIC/LATINX) **ETHNICITY (ALL)**

CARIBBEAN		**DECLINE TO STATE/ DATA NOT CAPTURED**	**701**
CENTRAL AMERICAN		**TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)**	**701**
MEXICAN AMERICAN			
PUERTO RICAN			
SOUTH AMERICAN			
OTHER			

SEXUAL ORIENTATION:

****While the total number of youth served during this reporting period is 701, the Gender Identity and Sexual Orientation sections add up to more because some youth selected multiple responses.**

HETEROSEXUAL	**463**	**QUESTIONING / UNSURE**	**13**
GAY / LESBIAN	**24**	**ANOTHER SEXUAL ORIENTATION**	**8**
BISEXUAL	**52**	**DECLINE TO STATE/ DATA NOT CAPTURED**	**138**
QUEER	**14**	**TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)**	**712**

SEX ASSIGNED AT BIRTH: **CURRENT GENDER IDENTITY:**

MALE		**MAN**	**344**
FEMALE		**WOMAN**	**249**
DECLINE TO STATE/ DATA NOT CAPTURED	**701**	**TRANSGENDER**	**11**
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	**701**	**GENDERQUEER / NON-BINARY**	**10**
		QUESTIONING	
		ANOTHER GENDER IDENTIY	

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		DECLINE TO STATE/ DATA NOT CAPTURED	87
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	701

ACTIVE MILITARY STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	701
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	701

VETERAN STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	701
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	701

DISABILITY STATUS:

YES	27
NO	515
DECLINE TO STATE/ DATA NOT CAPTURED	159
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	701

DISABILITY TYPE:

DIFFICULTY SEEING	
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	
PHYSICAL MOBILITY	
CHRONIC HEALTH CONDITION	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	701
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	701

COGNITIVE DISABILITY:

YES	64	DECLINE TO STATE/ DATA NOT CAPTURED	221
NO	416	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	701

****We noticed that there is no place to document atmospheric trauma and distress our member's experience.**

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PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	**102**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**74**

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	**7**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**3**

****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.**

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	**n/a****
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	**1**

**** 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.**

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STAND! FOR FAMILIES FREE OF VIOLENCE - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2022 – 2023

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
X	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
X	ACCESS AND LINKAGE TO TREATMENT
X	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
X	YOUTH OUTREACH AND ENGAGEMENT
X	CULTURE AND LANGUAGE
	OLDER ADULTS
X	EARLY IDENTIFICATION

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NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Provide primary prevention activities to educate (750) middle and high school youth about teen dating violence
- Provide up to (60) school personnel, service providers and parents, with knowledge and awareness of the scope and causes of dating violence, including bulling and ssexual harassment, to increase knowledgeand awareness of the tenets of a healthy dating relationship.
- Provide secondary prevention activities to (200) youth experiencing or at risk for teen dating violence
- Conduct (16) gender-based support groups that are each (10) weeks long
- Create access and linkage to mental health services

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of servies, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

Our Youth Education Support Services (YESS) team provided services at five high schools in West Contra Costa County. These schools included Hercules High school, Pinole Valley High School, El Cerrito High School, De Anza High School, and Richmond High School. At the onset of each semester, our team provided either classroom presentations or tabling events to provide information and education about teen dating violence and healthy relationships. School staff, parents and other support providers were engaged in these activities as appropriate. From these presentations and events, our team recruited youth who were interested in joining our support groups, Promoting Gender Respect (for male identified students) and Expect Respect (for female identified students). These students then participated in a semester long support group, meeting weekly to discuss in depth issues around teen dating violence and healthy relationships. Following these successful support groups, we selected nine (9) youth to participate in our Youth Against Violence (YAV) leadership program. This program starts with a 4-week summer leadership program, and then continues throughout the school year. The main objective for this program is to support the youth in developing and utilizing leadership skills to become community advocates against teen dating violence. Their biggest project of the year is to create and implement a campaign for Teen Dating Violence Awareness Month (TDVAM). This year, the YAV team created a PSA that was played in movie theaters across the county, reaching an estimated 121,000 movie-goers.

Following the pandemic, we continue to see some changes within the schools that have impacted how we provide our services. Schools have been impacted by drastic reductions in school staffing and resources, so we have had to shift our model to work within these changes. For example, it has become very difficult to provide multiple classroom presentations as the coordination of these events is challenging for already stretched school staff. Our adaptation has been to increase tabling events to remain visible to students outside of class time. Additionally, due to the reduced resources available to schools, referrals into our program are higher than ever, leading us to have groups at maximum capacity.

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Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

As our numbers reported below demonstrate, there are pieces of data that we do not collect or cannot report on. We can report numbers of youth/adults reached but do not always have opportunities to gather their demographics consistently. For example, in our classroom presentations students engage in our pre/post surveys but often decline to provide other information about their own personal information. Another challenge is the limitations of our data management system, which has prevented us from capturing and being able to interpret/report out on data gathered. We are currently in the process of transitioning to a new and much more robust data management system which will allow us to not only store data, but also to pull accurate reports on our outcomes and client demographics.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

Our program strives to be very well connected to the areas we serve, and we highly value cultural responsiveness. Many of our staff have either worked or lived in the communities in which we provide services and are committed to increasing our understanding and learning about the unique needs and culture of each community. We monitor and evaluate the changes we observe in each setting so that we can adequately adapt our services to best meet the needs we identify. We engage in other community events which allow us to strengthen our referral network, as well as spread information about our programs and services. We participated in numerous club rush events on campuses in West Contra Costa Unified School District and back to school nights. For Teen Dating Violence Awareness month our Youth Against Violence leadership program attended the rally at the state capital advocating for more prevention funding from the state and sharing information on the seriousness of teen dating violence.

We maintain strong relationships with school personnel, who routinely reach out to members of our staff to make referrals into our program or into other STAND! programs and services. We also offer support as needed for incidents that occur in the community, which may include being present in a school for individual support after violence has occurred.Within STAND! we have several other programs that we refer clients to, including a Children's Counseling Program where youth can receive mental health treatment. We also refer students to community mental health programs such as Contra Costa County Behavioral Health, On-site school resources and other low-fee programs. STAND! operates a 24-hour crisis line that offers counseling and resources, and youth are given this number with any information they receive.

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Include examples of notable community impact or feedback from the community if applicable.

During Teen Dating Violence Awareness Month in February, STAND!'s Youth Against Violence program filmed a video PSA, highlighting the glamorization of abuse that happens in Hollywood and by their peers. This PSA played for the entire month of February during the trailers of movies rated PG-13 and higher in Richmond, Concord, and Walnut Creek Century Theatres, gaining over 121,000 views/impressions during its span in theatres.

AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)
TOTAL SERVED FOR FY 22-23: 1132

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
91	331	8	N/A	269/433	1132

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
N/A	N/A	N/A	1132	1132
IF OTHER, PLEASE SPECIFY:				

RACE:

MORE THAN ONE RACE	77
AMERICAN INDIAN/ ALASKA NATIVE	3
ASIAN	77
BLACK/ AFRICAN AMERICAN	84
WHITE/ CAUCASIAN	71
HISPANIC/ LATINO	350
NATIVE HAWAAIAN/ PACIFIC ISLANDER	5
OTHER	2
DECLINE TO STATE/ DATA NOT CAPTURED	26/437
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1132

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	N/A
ASIAN INDIAN/ SOUTH ASIAN	N/A
CAMBODIAN	N/A
CHINESE	N/A
EASTERN EUROPEAN	N/A
FILIPINO	N/A
JAPANESE	N/A
KOREAN	N/A
MIDDLE EASTERN	N/A
VIETNAMESE	N/A
MORE THAN ONE ETHNICTY	N/A

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		OTHER	N/A

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	N/A
CENTRAL AMERICAN	N/A
MEXICAN AMERICAN	N/A
PUERTO RICAN	N/A
SOUTH AMERICAN	N/A
OTHER	N/A

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	1132
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1132

SEXUAL ORIENTATION:

HETEROSEXUAL	N/A	QUESTIONING / UNSURE	N/A
GAY / LESBIAN	N/A	ANOTHER SEXUAL ORIENTATION	N/A
BISEXUAL	N/A	DECLINE TO STATE/ DATA NOT CAPTURED	1132
QUEER	N/A	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1132

SEX ASSIGNED AT BIRTH:

MALE	N/A
FEMALE	N/A
DECLINE TO STATE/ DATA NOT CAPTURED	1132
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1132

CURRENT GENDER IDENTITY:

MAN	N/A
WOMAN	N/A
TRANSGENDER	N/A
GENDERQUEER / NON-BINARY	N/A
QUESTIONING	N/A
ANOTHER GENDER IDENTIY	N/A
DECLINE TO STATE/ DATA NOT CAPTURED	1132

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		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1132

ACTIVE MILITARY STATUS:

YES	N/A
NO	N/A
DECLINE TO STATE/ DATA NOT CAPTURED	N/A
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	N/A

VETERAN STATUS:

YES	N/A
NO	N/A
DECLINE TO STATE/ DATA NOT CAPTURED	N/A
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	N/A

DISABILITY STATUS:

YES	N/A
NO	N/A
DECLINE TO STATE/ DATA NOT CAPTURED	1132
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1132

DISABILITY TYPE:

DIFFICULTY SEEING	N/A
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	N/A
PHYSICAL MOBILITY	N/A
CHRONIC HEALTH CONDITION	N/A
OTHER	N/A
DECLINE TO STATE/ DATA NOT CAPTURED	1132
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1132

COGNITIVE DISABILITY:

YES	N/A	DECLINE TO STATE/ DATA NOT CAPTURED	1132
NO	N/A	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1132

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PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	**4**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**4**

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	**2**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**2**

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	**Unknown**
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	**2 weeks**

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VICENTE MARTINEZ HIGH SCHOOL - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2022 – 2023

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
X	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
X	ACCESS AND LINKAGE TO TREATMENT
X	IMPROVING TIMELY ACCESS TO TREATMENT
X	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	CHILDHOOD TRAUMA
X	EARLY PSYCHOSIS
X	YOUTH OUTREACH AND ENGAGEMENT
	CULTURE AND LANGUAGE
	OLDER ADULTS
X	EARLY IDENTIFICATION

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NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

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
7. Parent involvement
8. Outreach

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): the target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow-up. Please note any differences from prior years or any challenges with the implementation of the program, if applicable.

Services support the 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, a Marriage Family Therapist, and a Pupil Personnel Services credentialed academic counselor. All students also have access to a licensed mental health counselor for individual and group counseling. All students enrolled in Vicente have access to the variety of PEI intervention services through in-school choices that meet their individual learning goals.

Mental health and social emotional activities and services are offered to all students at Vicente Martinez High School and are deeply integrated into the Vicente school day. Data is collected for all students who participate in these programs, but demographics and statistics are based upon Vicente total enrollment

This year the PEI program continued providing students with 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.

All students enrolled in Vicente have access to a variety of PEI intervention services through in-school choices that meet their individual learning goals. This year the PEI program continued providing students with 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 with an alternative to a traditional high school education while they continued to make progress toward earning the necessary credits for an accredited high school diploma.

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Experiences that enriched the curricula are presented below in the following categories:

- Service Learning
- Team-based Projects
- Career-Focused Resources
- Mental Health Focus
- Leadership Development
- Academic Skills Development
- College and Careers
- Teacher and Staff Professional Development

Service Learning:, Students participated in several volunteer opportunities such as Loaves and Fishes, events at the elementary school, mental health community building activities, Habitat for Humanity.

Career-Focused: Guest speakers, all school assemblies targeting specific careers, goal setting activities, small group career exploration

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.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

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 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 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

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Response to Intervention Model in order 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.

Include examples of notable community impact or feedback from the community if applicable.

Here is what 2022-23 current students have said about Vicente Martinez High

School: “It’s nice having someone to talk to about my problems”

“The counselor helps me work on my anger”

“I like coming to school, everyone gives us support”

“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”

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AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)
TOTAL SERVED FOR FY 22-23: 49

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
0	49	0	0		49

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
49				49
IF OTHER, PLEASE SPECIFY:				

RACE:

MORE THAN ONE RACE	5
AMERICAN INDIAN/ ALASKA NATIVE	1
ASIAN	0
BLACK/ AFRICAN AMERICAN	3
WHITE/ CAUCASIAN	16
HISPANIC/ LATINO	24
NATIVE HAWAAIAN/ PACIFIC ISLANDER	0
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	49

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	
ASIAN INDIAN/ SOUTH ASIAN	
CAMBODIAN	
CHINESE	
EASTERN EUROPEAN	
FILIPINO	
JAPANESE	
KOREAN	
MIDDLE EASTERN	
VIETNAMESE	

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		MORE THAN ONE ETHNICITY	
		OTHER	

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	
CENTRAL AMERICAN	
MEXICAN AMERICAN	
PUERTO RICAN	
SOUTH AMERICAN	
OTHER	

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

SEXUAL ORIENTATION:

HETEROSEXUAL	41	QUESTIONING / UNSURE	
GAY / LESBIAN	6	ANOTHER SEXUAL ORIENTATION	
BISEXUAL	2	DECLINE TO STATE/ DATA NOT CAPTURED	
QUEER		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	49

SEX ASSIGNED AT BIRTH:

MALE	27
FEMALE	22
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	49

CURRENT GENDER IDENTITY:

MAN	29
WOMAN	20
TRANSGENDER	
GENDERQUEER / NON-BINARY	
QUESTIONING	
ANOTHER GENDER IDENTITY	
DECLINE TO STATE/ DATA NOT CAPTURED	

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		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	49

ACTIVE MILITARY STATUS:

YES	0
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	49

VETERAN STATUS:

YES	0
NO	49
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	49

DISABILITY STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

DISABILITY TYPE:

DIFFICULTY SEEING	
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	
PHYSICAL MOBILITY	
CHRONIC HEALTH CONDITION	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

COGNITIVE DISABILITY:

YES	12	DECLINE TO STATE/ DATA NOT CAPTURED	
NO	37	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	49

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PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	**32**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**32**

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	**5**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**2**

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	**0**
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	**0**

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WE CARE SERVICES FOR CHILDREN - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2022 – 2023

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
X	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
X	ACCESS AND LINKAGE TO TREATMENT
X	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
	CULTURE AND LANGUAGE
	OLDER ADULTS
	EARLY IDENTIFICATION

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NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Information about the Everyday Moments program (and how parents can support the social-emotional development of their children birth to six) was distributed to hundreds of thousands of Contra Costa county residents, using the following channels:
    - Distribution/posting of flyers at 550 community partner sites and organizations such as libraries, pediatrician offices, daycares and preschools
    - Social media postings to over 80,000 specifically targeted individuals and groups in Contra Costa County with interest in early childhood
    - Email outreach with repeated follow-ups to 300 community partners
    - In-person outreach/presentations at 54 opportunities, including meetings with community partners, parent group presentations, and presence at local events.
- **25** Community Groups were conducted in English or Spanish for parents with children ages 0-5 within Contra Costa County, and **219** parents participated in these groups.

- **88%** of the parents attending the groups reported that they learned what to do to help their child gain new skills and improve behavior.

- **89%** of parents in the groups reported that they Intend to use or follow the parenting advice received.

- **89%** of parents in the groups reported that they had obtained information about questions they had about parenting.

- A total of **57** parents and **57** children across the county received one-on-one Home-Based Support in either English or Spanish to help with developmental challenges during "everyday moments" of interaction.

- **99%** of the parents receiving Home Based Support reported that the time they spent with the Everyday Moments specialist helped them feel more confident about their parenting.

- **85%** of parents receiving Home Based Support felt that their child's behavior improved during the time they were working with the Everyday Moments specialist.

- **96%** of parents receiving Home Based Support reported that they felt better able to support their child's development after the time they spent with the Everyday Moments specialist.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

1. Family Engagement & Outreach

First 5 Contra Costa and We Care worked together during this year to develop 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 updated the set of marketing assets developed in Year One, 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.

We Care 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, Early Childhood Mental Health Program, and Lynn Center/Vistability, who in turn reached out to their community contacts. We Care also conducted collaboration with community providers such as pediatricians and public health nurses, schools and daycares, and other community referral sources, reached out to families through community "hubs" such as the First 5 Centers and Help Me Grow, and conducted presentations at community partner sites via zoom during the fiscal year. We Care also posted

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physical flyers in libraries, community centers, and health clinics across the county, and conducted Social Media and email marketing campaigns.

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.

- Monthly Community Groups were conducted in English or Spanish for parents with children ages 0-5 within Contra Costa County. Topics were as follows:
    - Talking About the Tough Stuff with Children 0-5 8/17 English
    - Dealing with disobedience 8/24 Spanish
    - Dealing with disobedience 9/12 English
    - Developing Good bedtime routines 9/23 English
    - Self-care while parenting 9/29 English
    - Developing Good bedtime routines 10/3 Spanish
    - Managing fighting and aggression 10/10 English
    - Managing fighting and aggression 10/10 Spanish
    - Raising Resilient Children 10/27 English
    - Raising Resilient Children 10/28 Spanish
    - Dealing with disobedience 11/17 Spanish/ English
    - Hassle- Free Shopping with Children 11/18 English
    - Hassle- Free Shopping with Children 11/18 Spanish
    - Hassle-Free Mealtimes 12/05 Spanish
    - Hassle-Free Mealtimes 12/05 English
    - Taking Care of self and Family 12/16 English
    - Taking Care of self and Family 1/20 Spanish
    - Anxiety and fears in children 1/26 English
    - Anxiety and fears in children 1/26 Spanish
    - Dealing with Tantrums 1/27 Spanish
    - Taking Care of self and Family 3/15 English

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- Strategies for Parenting Multiple Children of Various Ages and Abilities 4/28 English
- How to help Multiracial Children Establish their identity 5/19 English
- Having tough conversations with children 6/20 Spanish
- Having tough conversations with children 6/22 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.

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STRATEGIES:

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

We Care, First 5 Contra Costa, C.O.P.E. Family Support Center, Early Childhood Mental Health Program 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 We Care activities above under Family Engagement and Outreach.

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 Everyday Moments 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.

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Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

Outcomes:

- We Care, C.O.P.E., First 5, Early Childhood, and Lynn Center completed all provisions of the 2022-23 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: **322** parents were recruited; 1000s were contacted.
    - Goal: Recruit 200 parents for Parent Groups
        - Actual: **248** parents were recruited; **219** participated
    - Goal: Recruit 99 parents for Home-Based Services
        - Actual: **74** parents were recruited; **57** parents and **57** children (total **114**) 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: **248** parents were recruited; **219** participated in **25** Parent Groups held by zoom or in person. 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: **89%** Intend to use or follow the parenting advice received; **89%** learned what to do to help their child gain new skills and improved behavior; **89%** 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 6 weeks per family (maximum 99 participants)
        - Actual: **74** parents were recruited; **57** parents and **57** children (total **114** people) participated in Home-Based Services offered in English and Spanish in East, West, and Central regions of the County. **35%** of parents requested the full 6 weeks of services. A total of **194** 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

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parents will report improvements in parenting self-efficacy beliefs and perception of child's behaviors.

- Actual: For **99%** of participants, caregivers' parenting self-efficacy beliefs improved (more confident), and for **85%** of participants, perception of their child's behaviors improved (behavior perceived as more positive and less negative). **96%** of parents receiving Home Based Support reported that they felt better able to support their child's development after the time they spent with the Everyday Moments specialist.
- **12** children were referred from the Everyday Moments program to regular Mental Health services at the three agencies.

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.

Include examples of notable community impact or feedback from the community if applicable.

Feedback from Parent Groups

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Parent Quotes:

"It was a great seminar with good visuals and good advice for real day-to-day scenarios"

"I enjoyed it as it was easy to follow. I liked that they used a video to start off the presentation".

Parent Success Story

A parent attending classes at the First 5 center saw the flyer for Everyday Moments discussion group topic named Tantrums and did not hesitate in enrolling as she was struggling with her 2-year-old child's behavior. After attending the group she requested to also be referred to the home-based services as well as enroll into a 6-week parenting class. The parent was very thankful to the program, attended other Discussion group topics, invited friends and family to join the program and has been able to see a change in her child and her own behavior and her approach to him.

Feedback from Home-Based Support

Parent Quotes:

"Nuestra especialista siempre se enfocó mucho en nuestra pequeña. Me ayudó a poder armar un paso a paso de cómo ayudar a mi hija a ir al baño, aunque aún estamos esperando el momento, a veces tengo alguna duda y ella me contesta mis dudas."

Translated: "Our specialist was always very focused on our little girl. It helped me to be able to put together a step by step on how to help my daughter go to the bathroom, although we are still waiting for the moment, sometimes I have questions and she answers my questions."

"Es una pequeño de un año y medio; está aprendiendo todo lo qué pasa en su vida. Mi especialista me ayudó a que ella pueda ser una niño más independiente."

Translated: "I have a boy who is a year and a half old; he is learning everything that happens in his life. My specialist helped me so that he can be a more independent child."

"Yo no savia de lugares que me ayudarán ni como empezar a pedir ayuda asta que la especialista me ayudo… Nos ayudo a entender que algo pasaba y a buscar la ayuda correcta para mi hijo."

Translated: "I didn't know of places that would help me or how to start asking for help until the specialist helped me…it helped us understand that something was wrong and to find the right help for my son. "

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AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: (NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)
TOTAL SERVED FOR FY 22-23: 333 (219 in the groups; 57 adults and 57 children in the home-based services)

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
57		276			333

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
184	146		3	333
IF OTHER, PLEASE SPECIFY:				

RACE:

MORE THAN ONE RACE	22
AMERICAN INDIAN/ ALASKA NATIVE	0
ASIAN	31
BLACK/ AFRICAN AMERICAN	80
WHITE/ CAUCASIAN	33
HISPANIC/ LATINO	148
NATIVE HAWAAIAN/ PACIFIC ISLANDER	1
OTHER	18
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	333

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	
ASIAN INDIAN/ SOUTH ASIAN	
CAMBODIAN	
CHINESE	
EASTERN EUROPEAN	
FILIPINO	
JAPANESE	
KOREAN	
MIDDLE EASTERN	7
VIETNAMESE	
MORE THAN ONE ETHNICTY	

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		OTHER	

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	
CENTRAL AMERICAN	
MEXICAN AMERICAN	
PUERTO RICAN	
SOUTH AMERICAN	
OTHER	

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	326
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	333

SEXUAL ORIENTATION:

HETEROSEXUAL		QUESTIONING / UNSURE	
GAY / LESBIAN		ANOTHER SEXUAL ORIENTATION	
BISEXUAL		DECLINE TO STATE/ DATA NOT CAPTURED	333
QUEER		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	333

SEX ASSIGNED AT BIRTH:

MALE	53
FEMALE	280
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	333

CURRENT GENDER IDENTITY:

MAN	
WOMAN	
TRANSGENDER	
GENDERQUEER / NON-BINARY	
QUESTIONING	
ANOTHER GENDER IDENTIY	
DECLINE TO STATE/ DATA NOT CAPTURED	333
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	333

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ACTIVE MILITARY STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	333
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	333

VETERAN STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	333
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	333

DISABILITY STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	333
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	333

DISABILITY TYPE:

DIFFICULTY SEEING	
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	
PHYSICAL MOBILITY	
CHRONIC HEALTH CONDITION	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	333
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	333

COGNITIVE DISABILITY:

YES		DECLINE TO STATE/ DATA NOT CAPTURED	333
NO		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	333

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PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	**12**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**NA**

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	**NA**
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	**NA**

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	**NA**
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	**< 1**

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2022-23
INNOVATION ANNUAL REPORT

MENTAL HEALTH SERVICES ACT

Mental Health Services Act (MHSA) | Contra Costa Health (cchealth.org)

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Table of Contents

INNOVATION INTORDUCTION

Innovation is the component of the Three-Year Program and Expenditure Plan that funds new or different patterns of service that contribute to informing the mental health system of care as to best or promising practices that can be subsequently added or incorporated into the system. Innovative projects for CCBHS are developed by an ongoing Community Program Planning Process that is sponsored by the Mental Health Advisory Council (formerly CPAW) through its Innovation Committee.

Innovation Regulations went into effect in October 2015. As before, Innovative projects accomplish one or more of the following objectives: a) increase access to underserved groups, b) increase the quality of services, to include better outcomes, c) promote interagency collaboration, or d) increase access to services. While Innovation projects have always been time-limited, the Innovation Regulations have placed a five-year time limit on all projects.

APPROVED PROGRAMS

The following programs have been approved, implemented, and funds have been allocated for Fiscal Year 2022-23:

1. **Room to Overcome Achieve and Recover (ROAR), formerly known as CORE**. CCBHS recognizes substance abuse/dependence in adolescence as it negatively affects physical, social, emotional and cognitive development. Early onset of alcohol or other drug use is one of the strongest predictors of later substance dependence. This is a priority because CCBHS does not have a coordinated system of care to provide treatment services to youth with substance use and co-occurring mental health disorders. The ROAR Project is an intensive outpatient treatment program offering recovery orientated supports and programming for youth. Services are provided by a multi-disciplinary team, and include individual and group therapy, educational supports, youth development activities, as well as linkage to community services. The ROAR project was funded through the Innovation component from 2018-2023.

2. **Cognitive Behavioral Social Skills Training (CBSST) in Board and Care Homes**. Many consumers spend years residing at County augmented Board and Care (B&C) facilities with little or no mental health treatment provided, and little or no functional improvement taking place. Often this lack of progress results in multiple admissions to the County's Psychiatric Emergency Services and other, more costly, interventions. Cognitive Behavioral Social Skills Training (CBSST) is an emerging practice with demonstrated positive results for persons with severe and persistent mental illness. The CBSST Project applies this therapeutic practice to the population of individuals that have been placed in augmented Board and Care facilities. The CBSST Project includes a clinical team, consisting of a licensed clinician and peer support worker, to lead Cognitive Behavioral Social Skills Training groups at Board and Care facilities. Adults with serious mental illness learn and practice skills that enable them to achieve and consolidate recovery-based skills. The Cognitive Behavioral Social Skills Training project was funded through the Innovation component from 2018-2023.

3. **Psychiatric Advance Directives (PADs)**. PADs is a Multi-County Collaborative Innovation Project approved by the Mental Health Systems Oversight and Accountability Commission (MHSOAC). PADs are used to support treatment decisions for people who are experiencing a mental health crisis. The project will offer standardized training on the usage and benefits of PADs, development of a peer-created standardized PAD template, provide a training toolkit (in 9 languages) and implement a customized cloud-based technology platform to access and utilize PADs. Unlike an electronic health record, the technology will not be used to store HIPAA protected data.

4. **Supporting Equity through Grants for Community Defined Practices (CDPs).** The newest Innovation project, approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in March, 2023, addresses the problem of equitable access to behavioral health supports for underserved and unserved communities including Asian American/Pacific Islander (AAPI), Latino/a/x, Black/African American, LGBTQ and others. Through a competitive RFP process, community organizations may apply for grants that support community-defined practices and other forms of outreach, engagement and treatment not offered within the existing Contra Costa County Behavioral Health System of Care.

PROGRAM ALLOCATIONS

Project	County/Contract	Regions Served	Annual Number Served	MHSA Funds Allocated FY 22-23
Room to Overcome Achieve and Recover (ROAR)	County Operated	West	80	734,181
Cognitive Behavioral Social Skills Training (CBSST) in Board and Care Homes	County Operated	Countywide	240	424,788
Psychiatric Advance Directives (PADs)	Contracted	Countywide	NA	503,680
Supporting Equity through Grants for Community Defined Practices	Contracted	Countywide	TBD	250,000
Administrative Support	County	Countywide	Innovation Support	416,351
Total			**320 +**	**$2,329,000**

The above concepts have been recommended by the Innovation Committee for development and submittal to the Mental Health Services Oversight and Accountability (MHSOAC) for approval. Detailed project descriptions were submitted to the MHSOAC for approval in a separate document. These concepts have been discussed by stakeholders in the most recent Community Program Planning Process and are consistent with stakeholder identified priorities.

The Mental Health Services Act (MHSA) states that five percent of MHSA funds will be used for Innovation Projects.

INNOVATION PROJECT ANNUAL AND FINAL REPORTS

CONTRA COSTA HEALTH

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INNOVATION PROJECT ANNUAL REPORTING FORM

FY: FY 22-23 Final Report
PROJECT NAME: Room to Overcome Achieve and Recover (ROAR)

Background and Summary:

The Room to Overcome Achieve and Recover (ROAR) Project was initially approved by the MHSOAC as an Innovation project in 2017 (under the name of Center for Recovery and Empowerment aka CORE). Services began in the fall of 2018 and as the program was beginning to approach full operation in early 2020, the global pandemic began. The program had to cease all in-person operations. Over the course of the following year, services were offered virtually and outdoors, to the extent possible. However, enrollment dropped significantly and the program struggled with critical staffing issues. It was ultimately closed in 2021, and Behavioral Health Administration took the opportunity to develop a multi-disciplinary workgroup to conduct client and family interviews, review and modify curriculum and ultimately re-design the program to be more welcoming and create low-barrier access for this vulnerable young population. ROAR re-opened in fall 2022 and has been thriving in its latest iteration of the program. This report contains information on its final year under the Innovation component. The program continues to exist under the Children's System of Care.

Services Provided:

The Room to Overcome, Achieve and Recover (ROAR) Project is an intensive outpatient day treatment program located in West Contra Costa County for adolescents with co-occurring substance use (SUD) and mental health disorders. ROAR provides a multitude of full-day services to youth that include individual therapy, family therapy, group therapy, independent living skills, high school education support, adventure therapy, connection to community recovery services, transportation, and healthy meal and nutrition education.

Referrals to the ROAR program are made by psychiatrists, social workers, school counselors, nurses, probation, inpatient facilities , community-based organizations or caregivers/self. Referrals are initially screened over the phone by the Program Supervisor or other dedicated staff and then the client and/or family member are asked to come to the center for an assessment. To be accepted into the project, clients need to have an appropriate mental health

or substance use disorder at a high level of need and willingness/ability of client and family (if appropriate) to participate in the program. Once admitted, program enrollment and on-site treatment begin.

Through the final reporting period several alterations have been made to strengthen the program. These are the extension of hours, the addition of clinical interns, a growing roster of empowerment and enrichment programming, integration of incentives (The ROAR Store), and the implementation of safety protocol per evaluation and review.

Day program schedule is as follows:

1. Transportation provided by van pick-up or HopSkipDrive
2. Check-in Group led by BHS Staff
3. Independent Study and/or Individual Therapy and/or Individual Rehab Session
4. Lunch and Social Skills Integration
5. Independent Study and/or Individual Therapy and/or Individual Rehab Session
6. Group Treatment: Dialectical Behavioral Therapy (DBT) Rehabilitation Groups such as Photovoice, Cooking, Expressive Art Therapy, Games, Outdoor Activities, Substance Use Psychoeducation
7. Adventure Therapy – ecotherapy, mindfulness, and recreational activities for youth (individually or in a group) using the nearby natural environment, and outings such as hikes, kayaking and geo-coaching.
8. Family therapy – Family therapy is conducted 1x/week per client and as needed in the late afternoon or evening. Focus of family therapy is often around family conflict resolution, psychoeducation of mental health and substance use disorders, and integrating interventions in the home environment.
9. Vocational Support - Youth meet with a vocational specialist for assessment of occupational strengths, needs, and interests. Youth are encouraged to seek some type of employment or volunteering as academic performance allows. Youth are connected to local agencies which specialize in hiring young people such as Youthworks and East Bay Regional Parks.
10. Integrative Education - Youth participate in independent study with Golden Gate Community Schools, which provides a full-time Accredited Teacher. The program specializes in one-to-one and small classroom instruction with tailored subject matter towards credit recapture. Youth have access to Chromebooks, an online platform to access coursework and upload assignments, one-to-one tutoring, and the option of weekly meetings with the ROAR Teacher via Zoom.
11. Enrichment Programming: For the 2023-2024 cohort, ROAR has launched several new and exciting enrichment opportunities with the following partners:
    a) **UC Berkeley's Master Gardener Program**: Horticultural and agricultural education via a group Session 1x/month
    b) **Pathways to College**: Career and education planning via group Session 1x/week
    c) **Richmond Police Activities League (RPAL):** Justice system prevention programming

via group session 1x/week

d) **Empower Ed**: Provides standalone seminars on specific health and wellness topics relevant to youth including Sex Ed and Fentanyl Awareness
e) **Community Outings**: ROAR has engaged in successful outings to the Exploratorium, African American History Museum, Library of Oakland, local restaurants and cinemas, fishing trips, and college tours.

Service Impact from COVID 19:

During FY 20-21, the ROAR program provided a hybrid curriculum for the majority of the year. In-person services included adventure therapy (bike rides and other outdoor activities), while education support through Golden Gate Schools, YPAA (12-Step) meetings, and individual therapy were offered via Zoom. By the spring of 2021, the remaining three staff members left their positions, which made the program impossible to continue in its current state. A decision was made to temporarily close the program (due to staffing shortages and loss of enrollment) and conduct an extensive re-design. The six existing clients were transferred to the West County Children's Clinic where they were offered the opportunity to continue clinical and case management services. The ROAR program began its re-design phase immediately and a workgroup was developed to guide this process throughout the 21-22 fiscal year.

Lessons Learned:

In 21-22, Behavioral Health Services leadership seized the opportunity to re-design the program in order to better meet the needs of the community. This began with the implementation of a ROAR Workgroup made up of key staff from both Mental Health and Alcohol and Other Drugs (AOD). Initial tasks included interviewing former clients, parents/ caregivers, and staff to determine what worked well and what should change. Valuable feedback was received, including the following suggestions:

- Adopting a harm reduction framework to be less punitive and more welcoming
- Revising the recovery curriculum to be more orientated toward a cognitive behavioral framework
- Providing substance use disorder (SUD) training to staff
- Hiring an SUD counselor as part of the multi-disciplinary team
- Incorporating more youth development opportunities

Other goals for ROAR include providing more direct clinical and administrative support and oversight, as the program is in a stand-alone location. Workflows and policies were reviewed to allow for greater enrollment and program completion and success.

In the spring of 2022, we started hiring new staff, beginning with the Program Supervisor. She worked hard during her first six months to study the initial objective and structure of the

program, fully staff the team, re-brand and publicize the program in preparation for the re-opening in August 2022.

Responsivity:

Care was taken during the re-building phase of the program to determine strengths and challenges of original program design. There was a focus on responding to the needs of the community and trying to meet people where they are. Valuable feedback was obtained through interviews with past participants and family members.

Strengths of the program included: several services being offered in one place in a tranquil setting, improved integration of substance use and mental health treatment, improved access to a higher level of care than the traditional outpatient BHS clinic and offering of a multi-modal treatment approach not typically extended to youth insured via Medi-Cal, Contra Costa Health Plan (CCHP), or via limited or no insurance at all. This was accomplished through a high staff to client ratio, a structured day treatment model and successful integration of several community partners including La Familia, East Bay Youth Alcoholics Anonymous, White Pony Express, CCHP Psychiatric Nursing, and West Contra Costa County School District.

In addition, several areas of the program were identified as challenging. These included: a strict referral, assessment, and enrollment model that included panel interviewing; active and sober participation of the whole family system; and a relapse and attendance policy which impeded participation in treatment for any significant length of time. Areas of change regarding responding to community needs, therefore included lightening the participation burden on both the youth and family in order to attend. Changes to programming included adoption of a 'buffet' model service, where youth may agree to attend one, few, several, or all aspects of program (i.e., education, substance abuse treatment and mental health). This new structure allowed for referrals to be considered for youth that may not be co-occurring, but evidence severe functional impairments as the result of either a substance use or mental health disorder. The 'buffet' model also allowed for youth who were not willing to engage in treatment in one area to still have access to integrated behavioral health services. A youth no longer needs to present in the preparation or action stage of change, nor acknowledge a severe mental illness in order to be admitted to treatment. Youth only attending the school portion of the program still meet the criteria either for a severe substance use or mental health disorder but may decline therapy or substance use counseling at the present. They may also have outside providers which they wish to continue with while attending the school. All youth engage in some level of behavioral health services in the form of linkage, collateral, and short-term case management. The distinction in program participants was indicated on record as Part-Time (attending school and a low level of case management), and Full-Time (attending school and either one or more specialty aspects of the program such as individual therapy or group). Youth also now had the option of remaining at their current school for instruction while attending a group or individual treatment services.

The most noticeable benefit of these strategic changes to the referral, assessment, and enrollment model is evidenced by a predicted increase in capacity and improvement in accessibility and timely access to specialty behavioral health care. The objectives of increased service capacity, while not original to the programs design, became more and more a desired outcome of care following the pandemic. Post-pandemic, the state of California has seen a growth in the demand for behavioral health services within the landscape of an unprecedented shortage of behavioral health providers across the state as many health practitioners left county programs to provide telehealth services from home. For the 22-23 year, we saw a steady increase in referrals and enrollments accumulating in a full cohort of 19 youth for the beginning of the 2023 school year. Enrollment numbers have since been stable around 15-19 youth enrolled in the full day program. In reflecting on lessons learned during the 21-22 year, this increase in service capacity is in line with the desired program changes identified from the rebranding and workgroup phase of design. This was accomplished via the name rebranding and with a revised referral system which as designed was flexible and adaptive.

Harm Reduction Model:

Harm Reduction was adopted as a treatment model in response to provider feedback and in line with an intention to be more inclusive to youth in various stages of change. This model adapts a cognitive behavioral approach with a focus on reducing the most harmful behavior without a commitment to abstain. Harm Reduction allows for an individualized treatment approach which normalizes relapse as part of recovery and places equal emphasis on reduction of use and relapse prevention. A Harm Reduction framework has the advantage that it can be leveraged by multiple disciplines including those that are non-clinical such as peer providers and recovery coaches.

Staff Training of Evidence Based Practice (EBP):

The previously used Modal Recognition Therapy (MRT) was seen by providers and participants as relatively limiting in that it seemed to equate substance use and mental health conditions with a life of crime. The workbook being used at the time featured a prison cell with the title, “How to Escape your Prison” (A Moral Recognition Therapy Workbook by Gregory L Little, PhD and Kenneth Robinson, PhD). Per the title page, this manual was last updated in 1997. During the late 1990s, the predominant treatment approach to treating youth with substance use disorders was a “Just Say No” approach made popular by the D.A.R.E (Drug Abuse Resistance Education) Program. Since that time, youth treatment has been more often focused on strength-based approaches, an understanding of systemic factors, and the development and application of many evidenced based practices.

For the county’s relaunch of ROAR, a modality developed by the University of Cincinnati was adopted. Cognitive Behavioral Intervention for Substance Abuse combines CBT, Motivational

Interviewing, and DBT interventions so youth can engage in problem solving for settings and situations that are meaningful to them. This model can be offered as a group or in an individual setting as most if not all of its sessions can be offered in a stand-alone context. Fidelity to the model is none the less encouraged to achieve the best outcome, and the manual for this treatment is highly scripted and structured. In June of 2022, this training was provided to newly hired staff including Program Supervisor, Substance Use Counselor, Community Support Worker, and 5 additional staff from behavioral health. This training was conducted in person in the course of one week by an instructor from the University of Cincinnati.

Outcomes and Program Evaluation:

Demographics of Referrals Received 7/1/2022 - 12/31/2023 ROAR

Total Referrals Received during this period: 37

Ages	
Yrs	Total
13	5
14	4
15	7
16	11
17	6
18	1
19	3
Total:	**37**

Gender	
Male	20
Female	15
Non-Binary	2
Transgender	0
Total:	**37**

Race/Ethnicity		
	Total	Percentage
Hispanic	25	67.57%
Black/African American	6	16.22%
White/Caucasian	3	8.1%
Asian	2	5.4%
Unknown	1	2.7%
Total:	**37**	**100%**

Diagnosis at Intake		
	Total	Percentage of Referrals
Substance Use Disorder ONLY	0	0.0%
Mental Health Disorder ONLY	22	59.46%
1 + Mental Health Disorder	19	51.35%
Both Substance Use & Mental Health	12	35.29%
No Diagnosis	0	0.0%

**Referrals meeting neither the criteria for a substance use or mental health disorder were linked to appropriate resources but did not enter the program.*

Outcome of Referral		
	Total	Percentage
Opened to Program	23	62.16%
Not Opened	14	37.84%
Total:	**37**	**100%**

**Reasons for unopened referrals include 1) No Client Response, 2) Referral Withdrawn from Provider, 3) Does Not Met Criteria/Medical Necessity, and/or 3) Client or Parent/Caregiver Declines Services*

Take-Aways from comparing the above data for the 21-22 and 22-23 reporting periods:

- **Age**: Age 15 and 16 make up the majority of youth referred in both periods.
- **Race/Ethnicity**: There was a noticeable increase in Hispanic referrals from 52.94% of referrals in 21-22 to 67.57% in 22-23.
- **Gender**: The ratio of male to female referrals received from increased from 35.29% of referrals in the 21-22 period to 54.05% of referrals in the 22-23 period.
- We are seeing an increase in youth that identify as non-binary.
- **Diagnosis**: Percent of referrals identified at intake as having only a substance use disorder flatlined. We have received no referrals during the 22-23 period which were singularly identified as substance abuse only. Percent of referrals that indicated mental health or co-occurring mental health and substance abuse remained relatively stable.
- **Outcome of Referral**: Successful admissions increased from 58.82% of referrals received to 62.16%
- **Overall**: There was an overall increase of referrals received between reporting periods 21-22 and 22-23 of 45.95%.

Linkage and Follow Up:

ROAR provides an extensive intake process upon enrollment. If the program cannot meet the needs of the client, they may be referred out to various other services. ROAR refers youth and parents to the following:

- West County Child & Adolescent Services (WCCAS) Behavioral Health
- West Contra Costa Unified School District (WCCUSD)
- WCCAS outpatient SUD
- Psychiatric Emergency Services
- Seneca Mobile Response Team and Seneca START
- Kaiser Chemical Dependency Recovery Program (CDRC)
- John Muir Behavioral Health
- East Bay Young People in Alcoholics Anonymous (EBYPAA)
- Young People Narcotics Anonymous
- REACH
- Hanna Boys Center (residential but not primarily SUD)
- Rebekah House (residential but not primarily SUD)
- RYSE Center
- MISSEY, Inc. (for sexually exploited youth)
- Golden Gate Schools/County Office of Education - Alternative Education
- Contra Costa County Child & Family Services (CFS)
- First Hope – Early Psychosis Program
- James Morehouse Project
- Behavioral Health Access Line
- West County Health Center
- Richmond Works Program
- West County High Schools Health Centers
- Monument Crisis Center
- Familias Unidas
- La Familia
- Latina Center
- Access Mental Health and Substance Abuse Line
- East Bay Regional Parks
- Contra Costa Health Services - Public Health
- Wellness in Schools Program (WISP)

If a client is enrolled in the program and needs additional services, they may be referred to activities such as sports, art, dance, summer jobs and other similar programs. There is no lapse in referral time therefore this is not a measured outcome.

MHSA INNOVATION PROJECT ANNUAL REPORTING FORM

FY: 22-23 – Final Report
PROJECT NAME: Cognitive Behavioral Social Skills Training (CBSST) in Board & Care Homes

Overview:

Cognitive Behavioral Social Skills Training (CBSST) is an evidenced-based practice that combines Cognitive Behavioral Therapy (CBT), Social Skills Training (SST) and Problem-Solving Therapy (PST) into one treatment protocol. It has been effectively used around the world as a therapeutic, non-medication-based intervention for clients with serious persistent mental illness (SPMI) diagnoses. Contra Costa Behavioral Health Services (CCBHS) Innovation project uses CBSST to assist clients residing in Board & Care (B&C) homes. The intent is to offer a more service-enriched housing model by optimizing B&Cs with the goal of them becoming healing centers where residents are able to learn proactive skills in the environment in which they live. B&Cs have historically served to house our most functionally impaired clients but offered little in the way of recovery services. The CBSST in Board & Cares Project seeks to bring evidenced-based practical interventions to the settings where problems are most likely to occur and assist B&C residents in achieving practical goals to enhance wellness, self-sufficiency and improve overall quality of life.

The concept of offering CBSST groups within the Board and Care setting was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in 2017. Program implementation began in 2018 and operated under the Innovation component through 2023. During this time, many changes and modifications took place, primarily due to the COVID-19 pandemic. During the FY 22-23 year, the team was able to rebuild following a period of hiatus during the pandemic. In early 2023, the program hired two new clinical positions, resumed in person groups, and expanded the number of B&C homes served. It has since been incorporated into the Behavioral Health Adult System of Care and is operated by the Housing Services Team.

Services Provided:

The CBSST project is designed to enhance the quality of life for those residing in B&Cs by incorporating meaningful activity and skills into their daily routines and increasing overall functional improvement. This involves both group and individual work provided by a licensed

clinician and peer support worker team. During FY 22-23, the project provided the following services:

- Number of clients served: 24
- Number of client contacts (January – June): 430
- Services provided at five different board & care homes

Lessons Learned:

- The *CBSST in Board & Care Homes* model works best in person. Despite attempts to conduct virtual sessions during the pandemic (and offer technology to make this more accessible), clients did not respond as favorably to this modality.
- Virtual sessions can be useful for individual work, but not for group sessions within this context.
- When fully staffed, the CBSST team was able to administer surveys and questionnaires, as needed, at appropriate pre and post time intervals to gauge effectiveness of the interventions.
- Relationship and trust building with B&C operators and administrators are key and take time to establish.
- CBSST skills, when adopted, help improve self-sufficiency and quality of life for vulnerable community members!

Project Changes:

The project continued to be severely impacted by the COVID-19 pandemic for approximately three years during the pandemic. New staff members were hired in early 2023, at which time the program was able to resume in person services at full capacity. The CBSST team is now housed under the CCBHS Housing Services Team, which provides a variety of services and supports to clients living in various types of Behavioral Health / MHSA funded housing.

Outcomes and Program Evaluation:

The goals of the project were to learn the following:

1. *Will CBSST have a positive effect on the client's mental stability and growth? (e.g., decrease need for intensive clinic services, reduce 5150 holds, increase likelihood of compliance with mental health treatment, increase likelihood of reaching out voluntarily to mental health supports when needed)*
2. *Will CBSST lead to a higher overall functionality and quality of life? (e.g. , increase engagement with community resources and social supports, increase independent living skills, increase self-reported life satisfaction)*
3. *Will CBSST help clients develop skills to maintain a stable living environment?*

Client Satisfaction Survey

In 20-21, we introduced a Client Satisfaction Survey, an additional tool to help gauge improvements in overall functionality and quality of life. The survey elicits direct feedback *from the clients' perspective* as to whether the project is having a positive impact. Questions relate to quality of life, independence, and ability to maintain a stable living environment. Surveys are intended to be administered annually.

At the end of FY 22-23 after the program resumed full operations, a total of 16 surveys were collected from program participants. Average scores are reported below, indicating an overall favorable client response.

Survey Questions *N=16*	Average Response
Q1: CBSST has given me tools that improve my overall quality of life	4.31/5
Q2: CBSST has taught me skills that help me live more independently	4.06/5
Q3: CBSST has helped me maintain a stable living environment	4.06/5

Client Comments

"Thank you for all your support and help. I really enjoy our groups weekly. I really am progressing."

"Keep up the outstanding work!"

"We really love the people and group is wonderful."

"Clinicians are prepared and provide value to our treatment.."

CBSST Profile of a Female Group Participant: Ms. M.

By Andrew Smith, Ph.D. 6/15/23

Ms. M. is a woman in her late twenties diagnosed with Schizoaffective Disorder, Bipolar Type, and Cannabis, Amphetamine, and Alcohol Use Disorders in Remission. She began exhibiting psychotic and mood symptoms in her mid-to-late adolescence culminating in her first acute inpatient hospitalization at age seventeen for self-injurious behavior of cutting and jumping

from a moving car. A year later she came close to jumping from a second story building, but did not follow through. An assault on a family member in her early 20s in response to auditory and visual hallucinations and mood instability resulted in another acute inpatient hospitalization, as did a threat to kill a roommate in an outpatient treatment setting. At age twenty-five Ms. M. was hospitalized again, and upon discharge went missing before finally being reconnected with mental health services.

Ms. M.'s symptoms center around grandiose delusions of being the daughter of high officials and royal dignitaries, sometimes with accompanying visual hallucinations of the current or past Presidents, auditory hallucinations, and hypomanic and manic states. In contrast to her grandiose delusions, Ms. M.'s auditory hallucinations may be devaluing, telling her that she is worthless and "'in the wrong place.'" Uncontrolled symptoms contributed to physical and verbal aggression in the past with many people in her environment. Drug use, including crystal methamphetamine from ages eighteen to twenty-six also further exacerbated her symptoms and erratic behavior.

Beginning at age twenty-five Ms. M. lived for about one-and-a-half years in large and small residential treatment programs before arriving at her current board and care placement where she has resided for the past ten months. The Community Support Worker (CSW) who co-leads the Cognitive Behavioral Social Skills Training (CBSST) group was there when Ms. M. arrived in mid-Summer, 2022. She began introducing Ms. M. and the other residents to CBSST concepts in a group setting. In those early months the CSW noted how frequently Ms. M. verbalized delusional ideation and how inconsistent was her group attendance. Records also indicated that Ms. M. required a psychiatric emergency visit for tactile delusions about animals touching her within the first month of her placement at her current board and care home.

Ms. M.'s relatively recent progress has been noted by her caretakers in her board and care, by County Mental Health staff, and as assessed from objective measures. Many factors probably have contributed to Ms. M.'s progress, and may include 1) her current, comfortable, supportive board and care home in a suburban environment; 2) her two prior outpatient residential treatment programs; 3) her innate intelligence which appears to make Ms. M. inquisitive and able to learn fairly easily; 4) the support on Sundays of her paternal grandparents who take her to church; 5) a reasonably sound early education; 6) medications; and 7) the physical and emotional maturity that may come from nearing the end of one's twenties. However, CBSST training also has been ongoing throughout this period of significant improvement with the most consistent group schedule held from January up to the present (June) of 2023.

A full complement of CBSST staff was established in January 2023 and included the CSW along with a Mental Health Clinical Specialist (MHCS). Ms. M. attended seventeen of eighteen sessions of the weekly, seventy-five minute group for the past five months, and is committed to continuing it into the future. Ms. M. is a pleasure to have in the group, and appears to be benefitting a lot. Her consistent attendance is one factor, but she also seems to grasp CBSST concepts quickly, is able to articulate these sometimes complex ideas well, and to apply them to her life. A core feature of the CBSST group is to set a goal which the participant very much

wants to achieve. In the beginning of the year Ms. M. began to develop her goal of obtaining her driver's license for the first time. She methodically gathered the materials with help from staff and began studying them. She feels close to being ready to take the written exam after which, if passed, it would allow her to practice driving on a permit with an experienced driver, possibly her brother or grandfather.

Of her progress in CBSST so far she said at various times over the past few months, "Before now I wasn't able to do a lot of things mentally [or] physically as well. I've achieved a lot of my goals." She pointed to a sixty-five pound weight loss which began after she became clean and sober two years ago. "I am celebrating my sobriety, because before I didn't have any willpower," she said, and described herself as "my sober-self" now. In addition to improvements in insight and judgment into past substance use, Ms. M. has developed more insight into her mental health problems. In March 2023, for example, she said, "I notice that depression is when I'm hearing my 'voices.'" She responds to the support and frequent praise, freely given by staff, inherent in the CBSST group model. "When you complement me on anything I do, it makes me feel loved and happy," she said recently.

Ms. M. took the Recovery Assessment Scale-Revised (RAS-R), a self-report test which measured mental health recovery, twice in the past six months. She endorsed "strongly agree" to all 24 items supporting robust progress in her mental health recovery, including, "I'm hopeful about my future," "I have my own plan for how to stay or become well," and "My symptoms seem to be a problem for shorter periods of time each time they occur," among others. At the time of the two test administrations, the current CBSST group cycle was in its third and fourth months (April-May 2023) suggesting that these positive outcomes may reflect the added confidence and coping skills generated from the weekly CBSST groups. On a short screening test for anxiety (GAD-7), Ms. M.'s test scores indicated a progression from a state of anxiousness, nervousness, or of "being on edge" "More than half the days" in April 2023 to experiencing these problems "Not at all" one month later in May. In contrast, a brief screening tool for depression (PHQ-9) that was negative for all symptoms in April 2023 indicated that Ms. M. had difficulty falling asleep, staying asleep or with sleeping too much "More than Half the Days" the following month in May 2023. However, both of these more recent administrations of the PHQ-9 screen for depression were a marked improvement over a 2/14/17 record on file from six years ago indicating multiple depressive symptoms "Nearly Every Day."

When she felt verbally threatened by a peer two months ago, Ms. M. successfully obtained the help of the board and care operator to whom she explained the situation, and the issue was resolved without further incident. This event stood in contrast to Ms. M.'s history of some physical violence, and coincided with her completion of the Social Skills module of the CBSST group on 4/25/23. The portion of this group developed skills for dealing with potential conflict in a calm manner, and emphasized clear communication and not blaming the other person. The sessions also involved weekly role playing to get better at expressing both pleasant and unpleasant feelings to others, and so appears to have contributed to recent conflict resolution.

The weekly, predictable structure of the CBSST group is a contributing factor to Ms. M's psychiatric stability as may be evident by a reduction in her psychotic symptoms, including delusional ideation, noted by her case manager who sees Ms. M. independent of the CBSST training. In addition to the weekly group, which takes place at the same time each week and in the same family room of the house, participants are encouraged to call CBSST staff if they are in need of any help. Ms. M. utilized this mode of support several times in the past three months. Ms. M. also has not required any psychiatric emergency visits for ten months which coincides approximately with the length of time the CBSST group has been in place as well as placement in her most current board and care.

In summary, Ms. M. is exhibiting a greater sense of direction and purpose by utilizing the goal setting, social skills training, cognitive understanding, and supportive group atmosphere offered by the CBSST group brought to her board and care each week by CBSST staff. She is exhibiting better reality testing and spending less time caught up in grandiose ideation. Her mood has been more stable, and skills for expressing oneself in the face of stressful situations, garnered from the CBSST role plays and materials have helped reduce to zero any incidents of aggression these past months. Ms. M.'s innately good intellectual functioning has been tested and focused with each week's concepts and CBSST materials. Ms. M. appears to be making steady progress and is cautiously expected to continue to improve.

Further Analysis

As part of the CBSST model, additional standardized questionnaires may be utilized throughout the course of enrollment in order to measure depression, anxiety and community adjustment. These include:

- Patient Health Questionnaire – 9 (PHQ-9)
- Recovery Assessment Scale (RAS)
- Independent Living Skills (ILS) Survey

The below summary completed by clinical staff includes a detailed analysis of how questionnaires are applied and scored.

Preliminary Analysis of Pre- and Post-Group Effectiveness of Cognitive-Behavioral Social Skills Training (CBSST) on a Population of Adults Living in Psychiatric Board and Care Homes

The CBSST Team Housing Support Services*
September 27, 2023

INTRODUCTION

The Cognitive-Behavioral Social Skills Training (CBSST) staff within the Contra Costa County Behavioral Health Department, Housing Support Services, utilizes a small battery of tests and a self-report survey to help understand changes in mental health and behavior occurring within residents of five psychiatric board and care homes. The results of some of these tests were examined in the context of a review of the CBSST program within the fiscal year July 1, 2022 to June 30 2023. The CBSST program in Housing Support Services has been going on for approximately five years and consists of weekly seventy-five minute groups. The CBSST group is based on the book, *Cognitive-Behavioral Social Skills Training for Schizophrenia; A Practical Treatment Guide* by Eric Granholm (Granholm, et al., 2016). The group is divided into three Modules: Cognitive Skills Module, Social Skills Module, and Problem-Solving Skills Module, each with six sessions. The Modules may last longer than six weeks depending on the material covered each week, and generally the complete CBSST group lasts about five months. The groups are brought out to the board and care homes where psychoeducational resources may be limited and for clients who may not take advantage of CBSST and other groups offered in the adult outpatient clinics to which they are assigned.

The focus of this analysis is of a period of time within the 2022-23 fiscal year in which the CBSST team was fully staffed and in which the fact of the waning world-wide coronavirus pandemic allowed for more consistent and in-person CBSST groups to take place. The full complement of staff was resumed in December 2022 and groups in five board and care homes took place beginning in December-February. A test administration schedule was decided upon consisting of the General Anxiety Disorder (GAD-7), The Patient Health Questionnaire (PHQ-9), and the Recovery Assessment Scale-Revised (RAS-R) given to each participant at the beginning of the CBSST group, and at the end of each Module. The Independent Living Skills Survey (ILSS; Schizophrenia Bulletin, 2000) would be given at the beginning and ending of the entire CBSST group.**

* Andrew Smith, Ph.D., Shaunna Devlin, C.S.W., Wilhamenia Allen, A.S.W.

** For the purposes of this study, the ILSS may be examined separately at another time. The ILSS did not produce scores which could be compared in the way the other tests did, and it had sections on household duties and other responsibilities which some board and care operators and case managers did for the residents, and even prevented the residents from doing for themselves, such as food preparation, medication administration, and in the case of case managers, management of their own money. Other board and cares allowed for more responsibilities in these areas, but the fact that the items on the ILSS were not consistent across board and cares and that the scoring of Yes, No, Not Apply was more subjective all contributed to this measure being left out of this analysis for now.

This study is called *preliminary* for several reasons. Less consistent administration of the pre-test and a delay of the post-test past the Fiscal Year (2022-23) left the number of subjects for the period of interest, December 2022-June 2023, at only eight (8). The fact that the CBSST team present within the time period of this study just was becoming organized contributed to some inconsistencies in test administration. Tests were not always administered right at the beginning of the group or in a few cases not at the beginning at all; or the tests were not administered right after each CBSST module, but rather several weeks into the next module. Also, some test data for a given individual was missing, possibly due to the participant's absence on the day the tests were given. The post-test which was to be administered at the end of the CBSST's last module also was delayed, so that it fell just outside of the fiscal year 2022-23, thus technically making it ineligible for a study that purports strictly to examine the fiscal year.

The overall study is described as *preliminary* also because no guidance was found on how past studies of the measurements (GAD-7, PHQ-9, RAS-R) determined whether the difference between pre- and post-test scores were significant. As a result, the authors chose somewhat arbitrary cut-off scores for significance. In the case of the GAD-7 and PHQ-9, a two or more point difference in either direction conformed with what an objective observer might find meaningful, when examining either one of these tests for his or her client in an evaluation for anxiety and depression, respectively. The RAS-R measures recovery from mental health problems. It typically is broken into clusters of items, or *factors*, which may provide more meaningful interpretation of the data in this way:

Factor 1: Personal Confidence and Hope (sum items 7, 8, 9, 10, 11, 12, 19)
Factor 2: Willingness to ask for help (sum items 16, 17, 18)
Factor 3: Goal and Success Orientation (sum items 1, 2, 3, 4, 5)
Factor 4: Reliance on Others (sum items 6, 20, 21, 22)
Factor 5: Not Dominated by Symptoms (sum items 13, 14, 15)

However, as with the GAD-7 and PHQ-9, no cut-off scores for significance between pre- and post-test administrations were found in a cursory search on the internet. Instead, a score was considered significant based on what could draw a clinician's attention, when examining test results on the RAS-R, using the differences of one point up or down (pre- and post-test) between means from the scores on a given factor. Further studies of these tests gathered from future administrations given after CBSST modules and courses would be more meaningful if more established cut-off scores for significance could be established from the literature. The preliminary results of this study, however, still provide an opportunity to explore cautiously the test data and their meaning. Some tentative associations from the test data to the CBSST course may be proposed to broaden our understanding and help shape studies in the future.

Based on the foregoing discussion it appeared necessary to provide three different sets of analyses (Analysis #1, Analysis #2, Analysis #3) to make the most of what would be a relatively small group of nineteen (19) subjects who were in the group long enough to gather enough test data, and to use what data was obtained even if not strictly adhering in each analysis to the

time-line of the fiscal year 2022-23. For example, if the criteria for this study were rigidly applied and only data from December 2022 to May 2023 (the last set of test batteries administered before the end of the fiscal year, 2022-23) used, only eight of nineteen subjects could be evaluated. Using broader parameters, as described in Analyses #2 and #3, below, more subject data provides more information with which to ponder any changes in CBSST group members over the course of their participation in the group.

Also, for the purposes of this study and to simplify the analysis of the data, only the tests given at the *beginning* and *end* of the time frame of total test administrations for a given individual were used. As a result, some test administrations occurring at the end of a given CBSST Module will not be included in this study. The exception is for Analysis #1 in which the second test being analyzed is prior to the end of the Fiscal Year, even though for most of the participants there was a test administered in July 2023, after the Fiscal Year. Analyses #2 and #3 include the July 2023 tests.

The three different Analyses are as follows:

Analysis #1
This analysis model provides strict adherence to tests given within the Fiscal Year 2022-23. Each subject's pre-test and a follow-up test are at least three months apart. (Subjects N = 8.)

Analysis #2
This analysis model provides more leniency in the time frame so that a true post-test (i.e., after the entire group was completed) given in July 2023 may be used to compare with the pre-test, although this falls after the Fiscal Year 2022-23. (Subjects N = 6.)

Analysis #3
This analysis model allows for the fact that some participants in the analysis were not given the battery of tests until the end of Module 1. This would have been the earliest test, and no pre-test was given prior to the start of the group. It also includes a post-test in July of 2023, after the 2022-23 Fiscal Year. (Subjects N = 9.)

RESULTS of Preliminary Analysis #1

Raw Data Total Score Comparisons for the GAD-7 and PHQ-9

Pre- & Post-Tests within the Fiscal Year (FY; date of tests in parentheses) Analysis #1

Subject	**GAD-7** FY Early		**GAD-7** FY Late	Difference (> < 2 = significant)		
1	0	(1/30/23)	0	(4/24/23)	0	No
2	6	(1/30/23)	5	(5/8/23)	-1	No
3	5	(12/6/22)	1	(5/9/23)	-4	Yes*
4	17	(12/6/22)	15	(5/9/23)	-2	Yes*

5	0	(12/6/23)	0	(5/9/23)	0	No
6	0	(12/6/22)	2	(5/9/23)	+2	Yes*
7	8	(2/9/23)	7	(5/11/23)	-1	No
8	7	(2/9/23)	3	(6/20/23)	-4	Yes*

Subject	**PHQ-9** FY Early		**PHQ-9** FY Late	Difference (> < 2 = significant)	
1	0	(1/30/23)	0	(4/24/23)	0	No
2	3	(1/30/23)	2	(5/8/23)	-1	No
3	0	(12/6/22)	1	(5/9/23)	+1	No
4	12	(12/6/22)	15	(5/9/23)	+3	Yes*
5	6	(12/6/22)	2	(5/9/23)	-4	Yes*
6	0	(12/6/22)	0	(5/9/23)	0	No
7	11	(2/9/23)	8	(5/11/23)	-3	Yes*
8	10	(2/9/23)	16	(6/20/23)	+6	Yes*

Raw Data (Mean Comparisons Within Factors) Analysis #1

RAS-R Factors:
Factor 1: Personal Confidence and Hope (sum items 7, 8, 9, 10, 11, 12, 19)
Factor 2: Willingness to ask for help (sum items 16, 17, 18)
Factor 3: Goal and Success Orientation (sum items 1, 2, 3, 4, 5)
Factor 4: Reliance on Others (sum items 6, 20, 21, 22)
Factor 5: Not Dominated by Symptoms (sum items 13, 14, 15)

Subject	RAS-R Factors FY Early		RAS-R Factors FY Late	Difference (> < 1 = significant)	
1		(1/30/23)	(4/24/23)		
	Factor 1	4.86	4.29	-0.57	No
	Factor 2	2.67	5.0	+2.67	Yes*
	Factor 3	5.0	5.0	0	No
	Factor 4	4.75	4.0	-0.75	No
	Factor 5	2.67	3.67	+1.0	Yes*
2		(1/30/23)	(5/8/23)		
	Factor 1	4.7	4.1	-0.57	No
	Factor 2	4.0	4.3	+0.33	No
	Factor 3	4.4	4.4	0	No
	Factor 4	4.0	4.75	+0.75	No
	Factor 5	4.67	4.33	-0.33	No

3		(12/6/23)	(5/9/23)		
	Factor 1	4.14	4.29	+0.15	No
	Factor 2	2.4	4.3	+1.9	Yes*
	Factor 3	4.6	5	+0.4	No
	Factor 4	4.0	4.25	+0.25	No
	Factor 5	3.0	3.7	+0.7	No

Subject		RAS-R Factors FY Early	RAS-R Factors FY Late	Difference (> < 1 = significant)	
4		(12/6/22)	(5/9/23)		
	Factor 1	3.43	3.43	0	No
	Factor 2	3.33	4.33	+1	Yes*
	Factor 3	3.6	3.8	+0.2	No
	Factor 4	4.67	3.5	+1.17	Yes*
	Factor 5	3.67	3.67	0	No
5		(12/6/22)	(5/9/23)		
	Factor 1	5.0	5.0	0	No
	Factor 2	4.33	5.0	+0.67	No
	Factor 3	5.0	5.0	0	No
	Factor 4	5.0	5.0	0	No
	Factor 5	4.0	5.0	+1	Yes*
6		(12/6/22)	(5/9/23)		
	Factor 1	4.0	4.0	0	No
	Factor 2	3.67	3.67	0	No
	Factor 3	4.2	4.2	0	No
	Factor 4	4.0	4.0	0	No
	Factor 5	4.0	4.0	0	No
7		(2/9/23)	(5/11/23)		
	Factor 1	3.29	3.29	0	No
	Factor 2	3.0	3.0	0	No
	Factor 3	2.2	2.8	+0.6	No
	Factor 4	3.5	3.75	+0.25	No
	Factor 5	2.33	2.67	+0.34	No
8		(2/9/23)	(6/20/23)		
	Factor 1	3.14	3.29	+0.15	No

Factor 2	3.0	3.0	0	No
Factor 3	4.2	4.4	+0.2	No
Factor 4	4.0	3.75	-0.25	No
Factor 5	3.3	2.67	-0.93	No

DISCUSSION (Analysis #1)

The small sample size notwithstanding, Analysis #1 most closely resembles the study of CBSST participants within the Fiscal Year in question (2022-23) on three standardized tests, which had been the purpose of the study of the test results in the first place. The treatment team was in place, robust, and finally seeing clients *in person* after the pandemic. The team also adhered as closely as possible to the CBSST materials presented in the CBSST Consumer Workbook in *Cognitive-Behavioral Social Skills Training for Schizophrenia; A Practical Treatment Guide* by Eric Granholm (Granholm, et al., 2016). However, the last tests in the Fiscal Year were completed at the end of Module 2, Social Skills Training, and so do not represent an outcome of the CBSST group presented *in its entirety.* The team did not have time to give a post-test before the fiscal year, June 30 deadline, so it was administered as soon as possible in July 2023. (That more lenient review of the results will be examined in Analysis #2, below.)

The Recovery Assessment Scale-Revised (RAS-R) measures recovery from mental health problems and is a self-reported, 24-item test with five factors. Of the three tests given (GAD-7, PHQ-9, RAS-R), the RAS-R appears to have the most in common with the subject matter of the CBSST group. The third factor, "Goal and Success Orientation," has in its title a core tenet of CBSST, which is to consistently focus on a goal which the participant would like to obtain. "Personal Confidence and Hope," (1st factor), "Willingness to ask for Help" (2nd factor) and other factors also appear appropriate for trying to measure progress in the participant's life with which CBSST is meant to help. An increase in the factor would indicate some progress, and the cut-off score of significance was decided to be an increase or decrease of one point using the means of the given factor's scores.

Out of eight subjects, three showed increases on factor 2 (Willingness to Ask for Help), two showed increases on factor 5 (Not Dominated by Symptoms), and one showed an increase on factor 4 (Reliance on Others). Therefore, six of eight subjects saw a positive increase in the direction of health on a test measuring recovery from mental health problems and containing factors similar to some of the tenets of the CBSST group. Zero subjects showed a decline in these factors. The results may suggest that the CBSST group has been playing a positive role in increased progress in mental health for these individuals. If, for example, some group members are more comfortable in asking for help (factor 2), barriers in the areas of social interactions and insight into the need for help may have been reduced. It is assumed, however, that the CBSST group is just one therapeutic part of participants' lives and that other variables could have contributed to these measurements of progress. They could include the supportive milieu of the board and care, the outside attention a given participant may be receiving from friends or family members, interventions by case managers, psychiatrists, and medical staff, or any number of things in their lives.

With regard to measures of anxiety and depression, the GAD-7 and PHQ-9, respectively, were less consistent. Symptoms of *anxiety* had gone down in only three cases, and had gone up in one case in the five months under review in this analysis, whereas symptoms of *depression* had gone down in two cases and up in two cases. Symptoms of depression and anxiety may be helped by the weekly attention the CBSST staff pay to each person in a group context, but, as was suggested for the RAS-R, there may be other factors which also affect mood. Scores on tests of anxiety and depression may not be so directly affected by the CBSST group as scores on the RAS-R, because the group is not specifically for the treatment of disorders of mood. Nevertheless, it was informative that the GAD-7 and PHQ-9 showed a trend toward a reduction in the areas of anxiety and depression in more of the subjects in this group.

RESULTS of Preliminary Analysis #2

Raw Data Total Score Comparisons for the GAD-7 and PHQ-9

Pre- & Post-Tests within the Fiscal Year (FY; date of tests in parentheses) Analysis #2

Subject	GAD-7 FY Early		GAD-7 FY Late	Difference (> < 2 = significant)		
1	0	(1/30/23)	0	(7/17/23)	0	No
2	6	(1/30/23)	6	(7/17/23)	0	No
3	5	(12/6/22)	1	(7/18/23)	-4	Yes*
4	17	(12/6/22)	8	(7/18/23)	-9	Yes*
5	0	(12/6/22)	0	(7/18/23)	0	No
6	8	(2/9/23)	3	(7/20/23)	-5	Yes*

Subject	**PHQ-9** FY Early		**PHQ-9** FY Late	Difference (> < 2 = significant)		
1	0	(1/30/23)	0	(7/17/23)	0	No
2	3	(1/30/23)	3	(7/17/23)	0	No
3	0	(12/6/22)	0	(7/18/23)	0	No
4	12	(12/6/22)	10	(7/18/23)	-2	Yes*
5	0	(12/6/22)	0	(7/18/23)	0	No
6	11	(2/9/23)	5	(7/20/23)	-6	Yes*

RAS-R Raw Data (Mean Comparisons Within Factors) Analysis #2

Factor 1: Personal Confidence and Hope (sum items 7, 8, 9, 10, 11, 12, 19)
Factor 2: Willingness to ask for help (sum items 16, 17, 18)
Factor 3: Goal and Success Orientation (sum items 1, 2, 3, 4, 5)

Factor 4: Reliance on Others (sum items 6, 20, 21, 22)
Factor 5: Not Dominated by Symptoms (sum items 13, 14, 15)

Subject	RAS-R Factors FY Early	RAS-R Factors FY Late	Difference (> < 1 = significant)	
1	(1/30/23)	(7/17/23)		
Factor 1	4.86	4.71	-0.15	No
Factor 2	2.67	4.0	+1.33	Yes*
Factor 3	5.0	5.0	0	No
Factor 4	4.75	4.0	-0.75	No
Factor 5	2.67	3.67	+1.0	Yes*
2	(1/30/23)	(7/17/23)		
Factor 1	4.7	5.0	+.33	No
Factor 2	4.0	5.0	+1.0	Yes*
Factor 3	4.4	5.0	+0.6	No
Factor 4	4.0	5.0	+1.0	Yes*
Factor 5	4.67	5.0	+.33	No

Subject	RAS-R Factors FY Early	RAS-R Factors FY Late	Difference (> < 1 = significant)	
3	(12/6/22)	(7/18/23)		
Factor 1	4.14	4.29	+0.15	No
Factor 2	2.4	4.3	+1.92	Yes*
Factor 3	4.6	5.0	+0.4	No
Factor 4	4.0	4.25	+0.25	No
Factor 5	3.0	3.0	0	No
4	(12/6/22)	(7/18/23)		
Factor 1	3.43	3.57	+0.14	No
Factor 2	3.33	4.0	+0.67	No
Factor 3	3.6	3.4	-0.2	No
Factor 4	4.67	(factor omitted, did not do test item 22)		N/A
Factor 5	3.67	3.33	-0.34	No
5	(12/6/22)	(7/18/23)		
Factor 1	4.0	4.14	+0.14	No
Factor 2	3.67	3.33	-0.34	No
Factor 3	4.2	5.0	+0.8	No
Factor 4	4.0	4.25	+0.25	No
Factor 5	4.0	4.33	+0.33	No
6	(2/9/23)	(7/20/23)		
Factor 1	3.29	3.0	-0.29	No

Factor 2	3.0	3.0	0	No
Factor 3	2.8	2.2	-0.6	No
Factor 4	3.0	3.5	+0.5	No
Factor 5	2.33	2.67	+0.34	No

DISCUSSION (Analysis #2)

All of the subjects (N=6) in this Preliminary Analysis #2 were in Preliminary Analysis #1 (N=8), so one might expect a continuation of most of the results in the second study from that of the first study. Overall this was true, though with some differences. Analysis #2 found no subjects showing worsening symptoms on test items from the GAD-7 and PHQ-9 as compared to three subjects (1 on GAD-7, 2 on PHQ-9) showing worsening symptoms in the earlier Analysis #1 study. Thus, by the end of the group, it would appear that there were no Analysis #2 subjects showing worsening symptoms of anxiety or depression, and five subjects had shown a decline in those symptoms. The group may have been one variable that helped with this positive trend in the lives of the board and care group participants.

As noted in the earlier discussion, the Recovery Assessment Scale-Revised (RAS-R) measures recovery from mental health problems and is a self-reported, 24-item test with five factors, which may have particular relevance for what the CBSST group is trying to accomplish. An increase in the factor was seen as a person moving in a positive direction in the area represented by this factor. The results from this test had essentially the same outcome in Analysis #2 as in Analysis #1. Out of six subjects, three showed increases on factor 2 (Willingness to Ask for Help), one showed an increase on factor 4 (Reliance on Others), and one showed an increase on factor 5 (Not Dominated by Symptoms). This latter factor (5) had found significant increases by two subjects instead of one in the previous Analysis #1.

As was suggested in the previous discussion, most subjects (five of six) saw a positive increase in the direction of health on a test measuring recovery from mental health problems and containing factors similar to some of the tenets of the CBSST group. The results may suggest that the CBSST group has been playing a positive role in increased progress in mental health for these individuals. If, for example, some group members are more comfortable in asking for help (factor 2), barriers in the areas of social interactions and insight into the need for help may have been reduced. As noted before, it is assumed that the CBSST group is just one therapeutic part of their lives and that other variables could have contributed to these measurements of progress. They could include the supportive milieu of the board and care, the outside attention a given participant may be receiving from friends or family members, interventions by case managers, psychiatrists, and medical staff, or any number of things in their lives.

RESULTS of Preliminary Analysis #3

Raw Data Total Score Comparisons for the GAD-7 and PHQ-9

<u>Pre- & Post-Tests within the Fiscal Year (FY; date of tests in parentheses) Analysis #3</u>

Subject	**GAD-7** FY Early		**GAD-7** FY Late	Difference (> < 2 = significant)	
1	0	(4/24/23)	0	(7/17/23)	0	No
2	4	(3/15/23)	2	(7/19/23)	-2	Yes*
3	0	(3/15/23)	8	(7/17/23)	+8	Yes*
4	3	(3/15/23)	9	(7/19/23)	+6	Yes*
5	4	(3/22/23)	4	(7/19/23)	0	No
6	0	(4/5/23)	0	(7/19/23)	0	No
7	0	(4/5/23)	0	(7/19/23)	0	No
8	13	(4/5/23)	0	(7/19/23)	-13	Yes*
9	6	(3/16/23)	10	(7/20/23)	+4	Yes*

Subject	**PHQ-9** FY Early		**PHQ-9** FY Late	Difference (> < 2 = significant)	
1	0	(4/24/23)	0	(7/17/23)	0	No
2	3	(3/15/23)	0	(7/19/23)	-3	Yes*
3	2	(3/15/23)	9	(7/17/23)	+7	Yes*
4	3	(3/15/23)	4	(7/19/23)	+1	No
5	3	(3/22/23)	5	(7/19/23)	+2	Yes*
6	0	(4/5/23)	0	(7/19/23)	0	No
7	0	(4/5/23)	0	(7/19/23)	0	No

Subject	**PHQ-9** FY Early		**PHQ-9** FY Late	Difference (> < 2 = significant)	
8	3	(4/5/23)	11	(7/19/23)	+8	Yes*
9	6	(3/16/23)	6	(7/20/23)	0	No

RAS-R Raw Data (Mean Comparisons Within Factors) Analysis #3

Factor 1: Personal Confidence and Hope (sum items 7, 8, 9, 10, 11, 12, 19)
Factor 2: Willingness to ask for help (sum items 16, 17, 18)
Factor 3: Goal and Success Orientation (sum items 1, 2, 3, 4, 5)
Factor 4: Reliance on Others (sum items 6, 20, 21, 22)
Factor 5: Not Dominated by Symptoms (sum items 13, 14, 15)

Subject	RAS-R Factors FY Early		RAS-R Factors FY Late	Difference (> < 1 = significant)	
1		(4/24/23)	(7/17/23)		
	Factor 1	5.0	5.0	0	No
	Factor 2	5.0	3.67	-.33	Yes*
	Factor 3	5.0	5.0	0	No
	Factor 4	5.0	5.0	0	No
	Factor 5	5.0	5.0	0	No

2		(3/15/23)	(7/19/23)		
	Factor 1	5.0	5.0	0	No
	Factor 2	3.3	4.3	+1	Yes*
	Factor 3	5.0	5.0	0	No
	Factor 4	5.0	5.0	0	No
	Factor 5.	4.7	4.7	0	No
3		(3/15/23)	(7/17/23)		
	Factor 1	5.0	5.0	0	No
	Factor 2	5.0	5.0	0	No
	Factor 3	5.0	5.0	0	No
	Factor 4	5.0	5.0	0	No
	Factor 5	5.0	5.0	0	No
4		(3/15/23)	(7/19/23)		
	Factor 1	4.42	3.57	-0.8	No
	Factor 2	3.67	3.67	0	No
	Factor 3	5.0	4.6	-0.4	No
	Factor 4	2.75	3.5	+0.75	No
	Factor 5	3.67	4.0	+0.33	No

Subject	RAS-R Factors FY Early	RAS-R Factors FY Late	Difference (> < 1 = significant)	
5	(3/22/23)	(7/19/23)		
Factor 1	4.3	4.0	-0.3	No
Factor 2	3.0	3.0	0	No
Factor 3	4.2	4.4	+0.2	No
Factor 4	3.75	4.0	+0.25	No
Factor 5	4.33	4.33	0	No
6	(4/5/23)	(7/19/23)		
Factor 1	3.71	3.14	-0.56	No
Factor 2	2.0	2.0	0	No
Factor 3	4.6	2.8	-1.8	Yes*
Factor 4	3.0	1.75	-1.25	Yes*
Factor 5	2.67	2.67	0	No
7	(4/5/23)	(7/19/23)		

	Factor 1	5.0	5.0	0	No
	Factor 2	5.0	5.0	0	No
	Factor 3	5.0	5.0	0	No
	Factor 4	5.0	5.0	0	No
	Factor 5	5.0	5.0	0	No
8		(4/5/23)	(7/19/23)		
	Factor 1	4.0	4.0	0	No
	Factor 2	2.0	3.3	-1.3	Yes*
	Factor 3	4.2	2.8	-1.4	Yes*
	Factor 4	4.25	3.75	-0.5	No
	Factor 5	4.0	3.0	-1.0	Yes*
9		(3/16/23)	(7/20/23)		
	Factor 1	3.43	3.71	+0.28	No
	Factor 2	3.33	3.0	-0.33	No
	Factor 3	3.4	3.6	+0.2	No
	Factor 4	3.75	3.75	0	No
	Factor 5	3.0	3.0	0	No

DISCUSSION of Analysis #3 and CONCLUSIONS

The third study, Analysis #3, was completed in an attempt to glean information from a group of CBSST participants who had missed the pre-test for some reason. Some participants had not received a pre-test while the CBSST team was forming and less systematic in its administration of the tests. For example, using January 1st as an approximate starting date for the CBSST groups in the five board and care facilities, subjects in this study did not have tests until two or three months into the group. Because the first testing came so late, the tests administered *after* the fiscal year 2022-23 were used in order to analyze test results far enough apart to have merit in the study, and in which subjects had fully completed the CBSST group. Of necessity, the design of this study meant that the post-test was not given within the fiscal year 2022-23, but rather in July 2023. There were nine subjects in this group. It is important to note that all of the subjects in Analysis #3 *did* attend the group from the beginning and participated in it until its completion.

The fact that the results found in Analysis #3 in various ways seemed to contradict those results in Analyses #1 and #2 may speak to the very *preliminary* nature of these studies of the CBSST group in Housing Support Services. The trend towards a reduction in scores on measures of anxiety (GAD-7) and depression (PHQ-9) seen in Analyses #1 and #2 surprisingly were reversed in the Analysis #3 study. A lower score was seen as a reduction in anxiety or depression, depending on the test. Two subjects showed a significant decrease in scores on the GAD-7, whereas three showed a significant increase. Similarly, only one subject in Analysis #3 showed a

significant decrease on the PHQ-9 as opposed to three that showed an increase, a possible indication of more symptoms of depression by the end of the group.

Results in Analysis #3 on the Recovery Assessment Scale-Revised (RAS-R), RAS-R also followed this pattern. The RAS-R factors which would indicate progress or a lack of progress in recovering from mental health problems also mostly went in the opposite direction from the more favorable outcomes in the first two studies. Two subjects showed a significant decrease on factor 2 (Personal Confidence and Hope) and factor 3 (Goal and Success Orientation), and one subject each on factor 4 (Reliance on Others) and factor 5 (Not Dominated by Symptoms) showed a significant decrease. Only one subject showed an increase, on factor 2.

It was expected that the group helped in the areas of anxiety and depression, however in Analysis #3 there was not a corresponding improvement on the tests that screened for these disorders. In fact, if subjects from this group had been given the pre-test earlier, they may have been included in the previous (Analyses #1 and #2) studies, and possibly the more positive outcomes on the GAD-7 and PHQ-9 would have been diminished by inclusion of these subjects when averaged together. This might have indicated a sort of statistical 'wash' with participants doing about the same before the group as after the group. On the other hand, many anecdotal observations and reports of individual clients obtained by the CBSST group leaders suggest that the group is of real help to many of the participants.

It is not clear how to interpret the data from this third study. Could Analyses #1 and #2 be incorrect and Analyses #3 correct? Are there better tests that would measure progress or lack of progress in the specific areas on which the CBSST training is trying to make an impact? Do the three tests used for these studies really capture the progress which anecdotal evidence suggests is taking place in at least some of the participants. Furthermore, this entire report is not based on a very rigorous study. In addition to the shortcomings already outlined, for example, there was not a control group of subjects who did not take the CBSST group to compare with the group that did take the training. The tests are very short (seven items for two of them, 24 items for the RAS-R). The participants take them often enough that some may pay less attention to how they are responding. A few items on the RAS-R (see items 16 and 17, for example) having to do with symptoms being less of a problem also were scored low by some participants who may not admit that symptoms are *ever* a problem, and so do not want to endorse anything that implies they have symptoms, *improved or not*. This could have the effect of driving down scores on factor 2, *Willingness to Ask for Help,* which is made up partially of those items. As with the more positive outcomes of the first two studies, there may be variables outside of the group which are impacting scores on tests taken within the Analysis #3 subjects. Loss, changes in the board and care program, anniversaries of traumatic events, and adjustments in medications could be just a few of many variables impacting how an individual scored on the tests in the CBSST group.

In spite of its shortcomings, and that the statistical results in Analysis #3 contrasted with those in Analyses #1 and #2, this has been a worthwhile look at the data gathered so far. A more careful study, perhaps with different tests, a better design, and careful follow-through on the

timing of administration of tests to each person in the future may provide a clearer interpretation of the CBSST group in the areas of anxiety, depression, and progress in recovering from mental health problems.

CONCEPTS FORWARD CONSULTING

Multi-County PADs Innovation Project

Annual Report
Calendar Year 2023

Created by Kiran Sahota, President
Concepts Forward Consulting
Project Director

The Multi-County Mental Health Services Act (MHSA) Psychiatric Advance Directive (PADs) Innovation's project, with the seven collaborating counties of, Contra Costa, Fresno, Mariposa, Monterey, Orange, Shasta, and Tri-City Mental Health Authority completed two and a half years of the four-year project as of December 31, 2023. Please note, Fresno County began the project in 2019, and will finalize their participation in the Phase One build as of June 30, 2024.

The PADs project, initially approved by the Mental Health Oversight and Accountability Commission (MHSOAC) on June 24, 2021, continued the momentum of the previous year. The subcontractor timeline was followed to achieve a streamlined effort of activities and expectations of the participating counties. This was no easy task as there were many overlaying activities that had to happen simultaneously. In addition, many challenges arose throughout the year with the change of staffing in both the counties and within the subcontractors.

Though the project objectives remain the same, as with any innovative project, a realistic look at what can be accomplished has been part of the evaluation of accomplishments throughout the year. The proposed project, as originally written, will engage the expertise of ethnically and culturally diverse communities, threshold populations, consumers, peers with lived experience, consumer and family advocacy groups, and disability rights groups. The project proposes to meet several unmet needs throughout the state. These objectives continued as follows:

1. Provide a standardized level of training regarding PADS for both communities and stakeholders.
2. Standardize a statewide PADs template.
3. Allow PADs to be a separate recognized document from a medical advance directive.
4. Standardize a PADs training "toolkit" to be easily replicated from county to county.
5. Align behavioral health PADs with medical Advanced Directives so both physical and mental health needs are equally addressed.
6. Utilize a Learning Management System (LMS) for ease of county access to PADs training and materials.
7. Utilize peers to create PADs based on lived experience and understanding, which can lead to open dialog and trust.
8. Create infrastructure for a cloud-based data warehouse for ease of access to PADs in a crisis, providing mobility of PADs throughout the state.
9. Create legislation to enforce the use and acceptance of standardized PADs in California.
10. Create a continuous evaluation process that is outcome driven, evaluating training, PADs template ease of use, and PADs utilization.

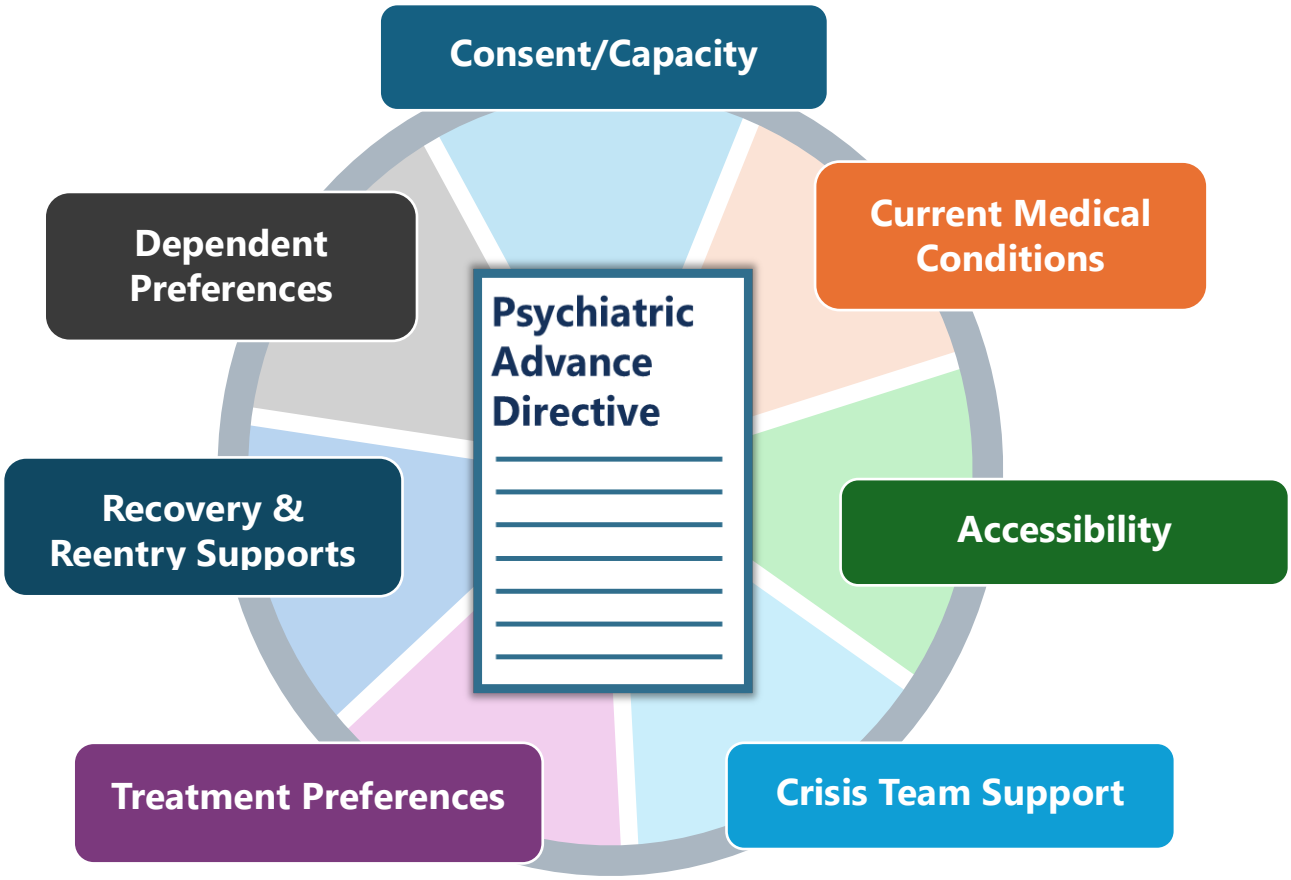
This annual report covers calendar year 2023, or fiscal years (FY) quarter three and four of FY 2022-23, and first and second quarter of FY 2023-24. The following is a recap of activities, with detailed subcontractor write-ups in the Appendix section at the of the report, with the fiscal intermediary review as concluding document.

In order to meet the requirement of ethnic and cultural diversity, the counties along with several subcontractors identified the need for ongoing translation and interpretative services that would fall outside of the scope of work and funding allocated by the counties. The project identified the ability to repurpose funding remaining from the previous FY. The company Alpha Omega was vetted and hired to create multi-lingual documents, interpretation, and interviews throughout the

project. Alpha Omega ensures the ability to address the multiple threshold languages identified within the participating counties.

Through the evaluation period it was clearly identified that this stage of the project is outlined as the technology platform build or Phase One PADs technology build. At no time during this phase of the project will the platform be “live” for access to the PAD in the public setting. The project's main priority continued with a build to streamline a PAD template/component(s) and move forward the components to be uploaded into the technology platform build.

Painted Brain and their subcontractor CAMHPRO worked with county peer support specialists, persons with a lived mental health condition, family member/caretakers and first responders in a series of listening sessions, ongoing workgroups, and cross-contractor collaboration. Painted Brain completed an exhaustive template review and submitted the components to Chorus for upload to the platform build. An idea of how the components will be address are as follows:



Their next step was to create a PADs facilitator curriculum to complement component understanding, digital literacy, and PADs within the platform. The curriculum was completed and submitted to counties for input. Once finalized, this curriculum will be part of the platform “toolkit.”

The template components once sent to Chorus allowed for the ability to build the infrastructure of the digital PAD. Parallel to the digital formation of the PAD, the flow of use, and Terms of Services were identified as areas to address. A county workgroup was created to work with the teams to identify appropriate language. This remains an ongoing workgroup.

Monthly participatory and community-centered stakeholder workgroups continued throughout the year, to discuss the technology build with county peer specialists, persons with a lived mental health condition, family member/caretakers and first responders. Chorus was able to create a mock design using “Richard” as a sample of how the PAD could look in the digital format.

Feeding into the design of the platform is the parallel layer of branding and marketing. Idea Engineering, worked through the Marketing Sub-Workgroup to identify a PAD logo, a logo that was easily identifiable by a person filling out a PAD or for a first responder, as identification and recognition of a PAD. With county peers and Peer Specialist as the prominent voice, the outcome was as follows:

Idea Engineering updated all print material, and the public facing website to highlight the efforts of the project and the unified voice of what the PAD means to those involved in the project.

Evaluation of the project fell to both RAND and the Burton Blatt Institute (BBI), which both had to delay their work in waiting for sections of the project to be completed. RAND developed and finalized the training evaluation protocol and workflow to enable a “two-level” evaluation with PADs platform users. It is expected that this evaluation will take place beginning in April 2024.

Though the BBI evaluation is managed by Orange County, it has been identified to represent the project in totality. Working with all seven counties, BBI used a qualitative research approach and conducted individual semi-structured interviews throughout the year. The evaluation framework will be looking at the direct and indirect benefit of a web-based platform, how the development of the PAD impacts the rates of homelessness, incarceration, and hospitalization of those that fill out the PAD, in this first phase of the project build. As this is the initial build phase, in theory, this will impact systemwide change.

As overall Project Director, Concepts Forward Consulting continued to move the project through each phase by allowing for input from all entities involved, but also setting appropriate boundaries with regards to potential “scope-creep” and finalization of decisions. The counties

have all agreed to provide their input within the period requested, and if they do not the project must move on regardless, to accomplish our projected goals.

The Project Director began the process of engaging legislation. A time-limited workgroup was created that included the support from the Painted Brain peer run services, California Hospital Association, State Psychiatric Association representatives, NAMI California, MHSOAC, California Behavioral Health Directors, and Patient Rights and Lanterman Petris Short act knowledgeable attorneys. Through this group it has been identified that legislation to move the PAD forward will take a legislative champion, which is currently the highest priority to achieve within the next calendar year. The idea will be to align PAD's language within the Probate and Welfare and Institution codes to create a streamlined PAD's statute, one that recognizes a PAD as a document of self-determination and autonomy.

Discussions were also held with law enforcement and Executive Officer Council on Criminal Justice and Behavioral Health California Department of Corrections and Rehabilitation, as the project sought to engage the Department of Justice in the investigation of the integration of the PAD's platform into the California Law Enforcement Telecommunication System (CLETS). This one connection would allow crisis teams, first responders and dispatch in-the-moment access to a PAD when dispatched to a call for service. This activity will continue into the next year.

Throughout the project the importance of in-person discussions, learning, and planning has been showcased in bi-annual convenings. During the FY, two in-person convenings were held. Monterey County hosted in the spring and Orange County hosted in the fall. Both convenings were showcased on the project website www.padsCA.org.

There is a certain depth of learning and momentum that takes place after a convening. The counties decided that the Spring 2024 convening needed to allow for more discussion and planning, and not just updates from the subcontractors. The counties opted for a two-day event to create time for learning and further development of the project goals or adjustments. Sharing the hosting responsibilities with all participating counties, Shasta County was chosen to host the next convening.

The project has not been without challenges. As with many employers in California, our counties and subcontractors encountered several staffing challenges throughout the year, this impacted the timeliness of goals. Some counties are small and have a small community of stakeholders, or a high staffing vacancy rate. The subcontractors experienced staffing turnover which created a domino effect as each layer of the project relies on each other. Staffing challenges also arose in the lack of peer staff. This is where the peer contract was invaluable to enlist the voice of the peer/person(s) with lived mental health experience throughout the project.

As this project is innovative, timeliness of goal completion was also a challenge. Aspects of the time needed to complete activities could not have been calculated in advance. This can be seen in the amount of work Painted Brain needed to cull through multiple nationwide PAD documents to create meaningful template discussion and present the components. When Painted Brain submitted the component questions to Chorus, it could not be anticipated that to create the digital PAD, each component question needed meaning attached to determine the best phrasing and digital location. The delay of the template components delayed the creation of the

PAD facilitator training curriculum, which in turn delayed the ability to provide and evaluate the training.

The project has met challenges as referenced above and throughout FY 2023, each project goal has been addressed, completed, or will continue to be shaped in the coming year. As we plan for 2024, the following prospective activities are anticipated.

- Two-day Spring convening in Shasta County.
- Facilitator Train the Trainer completed, edited, and finalized.
- County pilot populations test usage of the digital PAD.
- RAND and BBI to continue their evaluation efforts.
- Information videos created in multiple threshold languages.
- A legislative champion is identified, and legislative language moves forward.
- Investigate the feasibility of the CLETS integration.
- Fresno County sunsets their Phase One participation.
- Phase Two “live” roll-out and training planning and write-up finalized.
- Continued improvement to the platform Phase One build.

The counties all continue in the most collaborative nature, meeting multiple times a month and sending a variety of staff to the following meetings: individual county meetings with subcontractors, large full project meeting, county to county, sub- workgroups in template creation, technology, terms of service, and marketing. In addition, providing staff or county collaborators time for interviews with project evaluators. Overall, the accomplishments of calendar year 2023 outweighed the challenges. The project remains challenging in commitment and time, yet the reward of an innovated digital PAD is truly on the horizon and will be accomplished within this project Phase One build.

Appendix Section:

Alpha Omega- Translation/Interpretation
Burton Blatt Institute- Evaluation/Technology
Chorus Innovations-Technology
Idea Engineering- Marketing and Website
Painted Brain- Peer Voice
RAND- Evaluation/User experience
Syracuse University-Fiscal Intermediary

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Summary of activities for year 2023.

A. Summary of Activities and Accomplishments During the Reporting Period
B. Challenges Encountered and Resolved During the Reporting Period
C. Plans and Expectations for the Next Reporting Period
D. Attachments

A. Summary of Activities and Accomplishments During the Reporting Period

Customers:
Concept Forward
Idea Engineering Anthony

Translation of 73 document(s) from English (USA) to Arabic, Chinese, Farsi, Korean, Vietnamese for Idea Engineering
Service requested by Antony Del Castillo Schickram – **invoice I-06055**

Translation of 1 document(s) from English (USA) to Spanish for Idea Engineering
Service requested by Antony Del Castillo Schickram
Invoice **I-06228**

Translation of 2 document(s) from English (USA) to Arabic, Chinese, Farsi, Hmong, Korean, Vietnamese for Idea Engineering
Service requested by Jeanne Spencer
Invoice I-06214

Virtual interpreting from English (USA) to Spanish for Concepts Forward
Service requested by Kiran Sahota
Invoice I-06242

B. Challenges Encountered and Resolved During the Reporting Period

No challenges recorded. Customer expressed satisfaction with deliverables.

E. Plans and Expectations for the Next Reporting Period

Translation and interpretation projects as described in Master Contract.

A. Attachments

N/A

Report on Implementation of the Evaluation of Orange County Innovation Activities, with Particular Focus on Development and Outcomes of a PADs Technology Platform

Date Submitted: December 29, 2023

Period(s) Covered: January 1, 2023-December 31, 2023

Submitted by:
Gary Shaheen, Ph.D.
Project Director
Burton Blatt Institute
Syracuse University

Summary of the Qualitative Evaluation

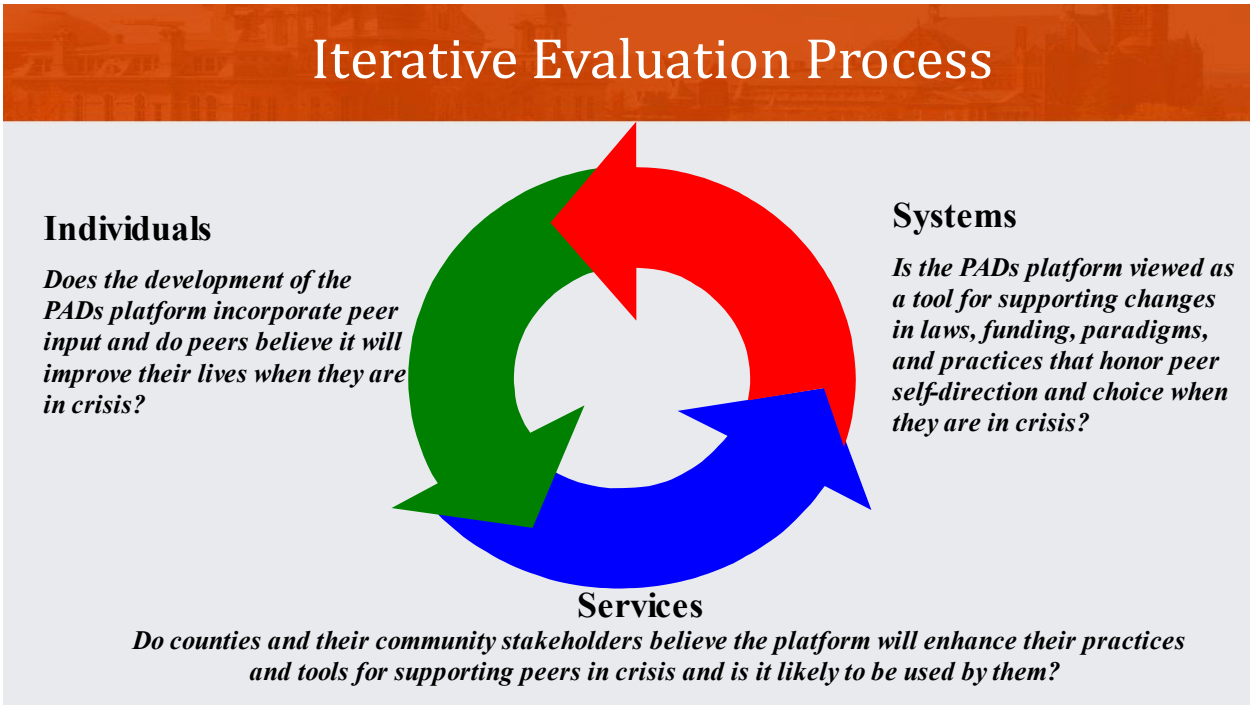
The Syracuse University (SU) Burton Blatt Institute (BBI) was tasked by Orange County, California to conduct a multi-year process and outcome qualitative evaluation of the web-based platform supporting Psychiatric Advanced Directives (PADs) implemented by 7 California counties. These 7 counties are Fresno, Mariposa, Monterey, Shasta, Tr-City, Contra Costa, and Orange counties who are using their Mental Health Administration Innovation Funds to support their efforts. BBI works directly with Project Manager Kiran Sahota, all 7 counties, and project subcontractors Chorus, Idea, Painted Brain, CAMPHRO, and Rand Corporation to obtain data supporting the evaluation. BBI also works with the Project Manager and SU's Office of Sponsored Programs to administer the requirements of the Orange County contract and for fiscal administration of County and Sub-Contractor sub-awards, including timely payments based upon submission and review of invoices. This Annual Project Report summarizes only the evaluation project activities implemented by BBI during the Project Year 1/1/2023-12/29/2023.

BBI uses a qualitative research approach. This included participant observations of in person and virtual meetings and workgroups, as well as conducting individual semi-structured interviews with PADS project County Managers, staff, and community stakeholders. The research objectives and methodological foundations are grounded in a comprehensive literature review focused on Psychiatric Advanced Directives for people with mental illnesses and disability studies. BBI collected data during the year by and by conducting participant observations and individual, semi-structured interviews with PADs Project County Mangers and staff, and with identified community project stakeholders who are participating in the PADs project

We have developed evaluation indicators framework (input, process and outcome) to document information at different stages of the project lifecycle. The indicators fall into three categories:

- Input indicators: to measure the contributions necessary to enable the program to be implemented (e.g., funding, staff, key partners, infrastructure).
- Process indicators: to measure the program's activities and outputs (direct deliverables of the activities).
- Outcome indicators: to measure whether the program is achieving the expected effects/changes in the short, intermediate, and long terms. BBI also gathers data on factors influencing adoption of the PADs web-based platform within county mental health departments and among staff who manage or support their county's PADs project.

BBI's evaluation framework is intended to describe the direct and indirect benefits of the web-based platform among county staff and Peers ("individual level"), its impact upon mental health and related services provided by agencies when they utilize PADs to support Peers who are in crisis ("services level"), and how the development and use of a PADs web-based platform influences public attitudes, policy, funding, law and regulations, and inter-agency dialogue and partnerships, as well as reduce the overall rates of homelessness, and incarceration among Peers ("systems level"). These dimensions are illustrated below:



We have also framed the development and use of the product as one element of a systems change process being articulated by the Project Manager. To measure these systems change dimensions, we have adopted the rubric for systems change developed by the Corporation for Supportive Housing:

Building Blocks of Systems Change: *(https://www.csh.org/resources/laying-a-new-foundation-changing-the-systems-that-create-and-sustain-supportive-housing/)*

"Achieving a real change in a system is different from making the system do something new. A real change in a system is one in which people habitually do the new thing, using resources, authority, technology, and ideas that are routinely associated with the new activity. You can recognize system change more easily when it is complete, or nearly complete, by these five signs:"

● **A change in power**: There are designated positions—people with formal authority—responsible for the new activity (not just committed or skillful individuals who happen to care about it).

● **A change in money**: Routine funding is earmarked for the new activity in a new way—or, failing that, there is a pattern of recurring special funding on which most actors in the system can rely.

● **A change in habits**: Participants in a system interact with each other to carry out the new activity as part of their normal routine—not just in response to a special initiative, demonstration, or project. If top-level authorities have to "command" such interactions to take place, then the system has not absorbed them, and thus has not yet changed.

● **A change in technology or skills**: There is a growing cadre of skilled practitioners at most or all levels in the delivery chain, practicing methods that were not previously common or considered desirable. These practitioners are now expert in the skills that the new system demands and have set a standard for effective delivery of the new system's intended results.

● **A change in ideas or values**: There is a new definition of performance or success, and often anew understanding of the people to be served and the problem to be solved. The new definition and understanding are commonly held among most or all actors in the system, such that they are no longer in great dispute.

Summary of the Evaluation:

Since formal data analysis and coding will not occur until 2024, BBI can only report on our assumptions of the emerging trends and issues. Many of these were included in a presentation we delivered at the September 2023 all-county convening event. A copy of our presentation detailing these assumptions is attached to this report (Attachment 1).

Project Implementation:

- BBI hired Dr. Nare Galstyan as Senior Research Associate and Ms. Isabel Torrence as Research Assistant to directly assist in implementing the evaluation.
- We scheduled and participated in regular teleconference meetings and e-mail exchanges with Concepts Forward Consulting, Chorus, Idea and Rand as needed to discuss and coordinate respective roles and deliverables.
- BBI submitted and received SU IRB approval to implement County Manager and community stakeholder interviews that were conducted throughout the year.
- We prepared presentation materials and participated in two PADs County and

Stakeholder in-person meetings in Monterey and Orange Counties that were held respectively on March 7, and September 12, 2023.

- BBI continued to add references to the comprehensive PADs Literature Review to strengthen the empirical basis for implementing BBI's evaluation.

- A summary of our observation and interview activities is provided below:
  - County – specific Subcontractor meeting observations: **63**
  - County Champions and other project meeting observations: **33**
  - Technology, PADs Template, and Marketing Workgroup observations: **70**
  - In-person Chorus – led County provider and partner on-site meetings: **12**
  - Interviews with County Managers, County-employed Peer Specialists and County Community Partners/Stakeholders: **34**
  - Annual Project Convenings: **2**

Preliminary Assumptions from the Research

Observation and interview data that we obtained throughout the year have yet to be coded and analyzed in order to report findings with empirical validity. Interviews with key community stakeholders including hospitals, law enforcement, other crisis and first responder agencies, and priority population providers were begun during the year and will continue during 2024. The data that was obtained and reviewed over the course of the year nonetheless allows BBI to present some emerging assumptions and concerns related to the process and outcomes associated with the design and implementation of the web-based PADs platform and address each component of the CSH Systems Change Framework.

- **Key Signs of Changes to Power**:

1) BBI observed that Peers from almost all participating counties were involved in meetings and workgroups from the start of the project, and their perspectives and input on the template, web-based platform and marketing were sought, valued and included in plans and products. They also helped ensure that the language, format, and intent of the web-based platform reflected perspectives gained from their lived experiences. Inclusion of the Peer voice was further strengthened by the addition of Peer-run advocacy organizations Painted Brain and Camphro as key project partners tasked with designing the PADs template upon which the platform will be based.

   Challenges: Peer participation in Technology and other workgroups has been primarily from county-employed Certified Peer Specialists. However not all counties have these staff. We note that in order for the project to be viewed as Peer -advised and enabled across all 7 counties, those counties without Peer representatives should consider how to make the voices of their Peer constituencies heard.

2) We also observe that development of the power to implement systems change is also being addressed by the active participation of some of the community agency stakeholders who would be likely to encounter peers in crisis when a PAD might be used. Our preliminary assumptions imply that including law enforcement, hospital staff, MH Crisis Teams and others in workgroups to share how they would access and use web-based PADs in their line of duty potentially empowers them and their sponsoring agencies to 'own' the product and may strengthen its potential for adoption and use.

   Challenges: Although most counties are represented in workgroups by law enforcement, hospitals, and other community partners and stakeholders, not all counties are so represented. Without stakeholder participation from all counties, varying levels of acceptance and use of the platform among community stakeholders, and/or delay in its testing while these issues are identified and resolved may emerge.

- **Key Signs of Changes to Money:**

1) A key feature of this project is its designation, use and incorporation of Mental Health Services Act (MHSA) "Innovation Funds" to support its development and implementation. County Managers talked about how the funding source allows them to exercise creativity and encourages them to develop the internal and external partners needed to address the myriad elements of the project. It also supports their allocation of time to the project in addition to their other responsibilities. It appears that having a dedicated funding stream used by all counties may also contribute to a shared sense of project-identity among counties, that BBI will explore more fully in its research.

2) BBI observes that the way that the PADs Innovation Funding as a funding source shared by 7 counties who pursue the same goals and outcomes and work with the same subcontractors may help to avoid the fragmentation and overlap that challenges many projects of this scale and scope. The project funding scheme also designates a single management and oversight entity, Concepts Forward Consulting that has been instrumental in ensuring that the project is implemented according to its goals, adheres to its timeline, and that all subcontractors and partners work closely with counties and each other as an integrated team,

   Challenges: Potential changes in the Mental Health Service Act could significantly impact the amount of funds counties have to continue programs. County staff often mention future funding as a concern in continuing and scaling up their PADs projects.

- **Key Signs of Changes in Habits:**

1) The PADs Innovation Project is somewhat unique in the experiences of counties who have generally implemented their own MH projects, but who have rarely participated with other counties to implement a joint initiative. Our preliminary assumption is that

regular zoom and in-person regular meetings as a group has begun to positively influence changes in habits among counties often heretofore pursuing separate initiatives. We are beginning to observe that they share a sense of project-identity, participate in regular cross county communication and knowledge exchange, and are developing a general familiarity with each other's challenges and successes that had not occurred previously.

2) PADs county MH Departments and their community partners and stakeholders appear to be developing a pattern of interaction across their respective services and systems. Ongoing communication with each other, primarily through Technology Workgroups includes discussions about embedding the web-based platform as component in the regular routines and operating procedures of law enforcement and hospitals. We note that the intent by county MH departments to reach out and involve these agencies and discuss how they can use the platform within their service systems represents another potential project innovation.

   Challenges: We observed varying levels of engagement among counties in providing input and feedback on the content, design, and marketing of the PAD's platform, with some counties demonstrating more active participation than others. This could also be due to the staff turnover among some counties, with new PADs Managers entering the project at various times in its development.

- **Key Signs of Changes in Technology and Skills:**

1) A key feature of the 7 county PADs Innovation Project in the opinion of the Project Manager and many County Managers is the development of its web-based platform. PADs in some form are being implemented across 27 states, and SAMHSA and its partner the American Psychiatric Association (APA) have developed and promulgated a web-based PAD application supported by a website, webinars and supporting materials. (https://smiadviser.org/padapp) BBI notes that many of the definitions and response fields developed for the SAMHSA/APA web-based PAD parallel those that are being developed in California. Both products could be accessible and used by Peers through their smart phone and using a QR code. However, the CA PADs project is also attempting to customize its product for Peers who may be challenged by diverse other conditions that may compromise their ability to develop and retrieve their data. These can include being homeless or being incarcerated, as well as having poor literacy skills and technology skills and for those requiring the App in languages other than English. Preliminary interview data suggests that these and other barriers are not only being recognized by CA PADs project partners, but efforts to consider how the app can be accessible to all Peer users are being seriously considered.

2) In addition to police officers and hospitals, we note that the platform is being developed within the context of CA Senate Bill 43 that establishes 'Care Courts' that would require counties to provide comprehensive treatment to the most severely impaired and untreated Californians and hold patients accountable to their treatment plan. Discussions about promoting the PADs web-based platform as a resource that Care Courts could consider when determining how to provide treatment that honors a Peer's preferences are also

occurring. Furthermore, preliminary efforts are being made to determine how the web-based PADs platform can be integrated into the CLETS system. This case identification technology is mandated for use by law enforcement and Crisis Teams among all counties.

Challenges: The SAMHSA/APA app as currently available requires Peers to have some familiarity with the use of technology and sufficient literacy skills to comprehend the instructions. Staff and partners we have interviewed identified three main barriers to the use of the PADs platform by peers. As the platform is tested and deployed, these barriers should be considered:

- Challenges with technology
- Reading comprehension
- The time it might take to complete a PAD.
- The availability of staff support to assist Peers in completing, accessing and updating their web-based PAD.

- **Key Signs of Changes in Ideas or Values**:

1) County Managers and staff, including Peer Specialists, community partners and stakeholders, and family members and others who have participated in workgroups articulate the belief that the web-based platform is a potentially valuable tool for ensuring Peer human rights and self-determination. Counties have identified a diverse range of conditions and circumstances affecting treatment and recovery of Peers. They may interact differently with MH services, legal authorities, personal support systems and these may also be influenced by the urban and rural communities where they reside. Chorus has been clear that the initial 'build' phase of the project will establish a foundation for future customization that directly applies to diverse Peer constituencies. While BBI will continue to gather data on this progress, we note that consensus about the ideas and values of self-determination is a foundation that guides project implementation.

   Challenges: The web-based platform is intended for use by Peers with diverse conditions and circumstances. Chorus implemented a series of county-level direct information sessions with agencies serving county identified Peer priority groups. However, it appears that more intensive efforts to obtain greater Peer priority population representation from all counties in the build and testing phases may be necessary.

Challenges Encountered and Resolved During the Reporting Period

- Dr. Galstyan took maternity leave from mid-September through mid-December. Dr. Shaheen and Ms. Torrence, assisted by other members of the BBI research team were able to continue to implement the evaluation and meet all deliverables during that time period.
- Identifying community partner agency, law enforcement and other stakeholders and obtaining their participation in interviews continues to be a challenge in some counties.
- Fresno ends its Phase 1 project by June 30, 2024. However, we have been challenged to

identify and interview community agency partners and stakeholders who also know enough about the project to provide useful data. BBI and Fresno PADs Managers will address this concern early in 2024.

Plans and Expectations for Calendar Year 2024

- We will seek approval from the SU IRB during the First Quarter of 2024, enabling BBI to schedule and conduct interviews Peers identified as county priority populations to obtain their insight into the access, use, and potential value of the PADs web-based platform.
- We will continue to update the BBI implementation plan located on the PADs share drive.
- BBI expects to participate in person at the April partners convening in Shasta.
- We will work closely with Fresno County PADs Managers to fast track their schedule of stakeholder and Peer interviews so that we can summarize their data for a brief report we will provide to them after July 1, 2024.
- BBI is preparing work plans and budgets to support the expected expansion of the PADs project to additional counties in 2024.

Chorus Innovations: Year End Project Update

Summary of Work Completed January - December 2023

1. Summary of Activities and Accomplishments

Chorus Innovations (Chorus) has embarked on a transformative journey over the past year, marked by a series of dynamic activities and notable accomplishments.

Participatory and Community-Centered Engagement Activities:

- Chorus, in partnership with Concepts Forward Consulting, Painted Brain, CAMHPRO, and the participating counties, started three monthly technology workgroups for peers, caregivers & family members, and first responders & services providers with participants across all of the seven counties. Chorus has maintained these monthly meetings throughout the year and used these workgroups to obtain valuable community feedback.

- In partnership with peers from the technology workgroups, Painted Brain, and CAMHPRO, Chorus created the user persona of Richard, whose story has been used to highlight the profound impact of the digital PAD. This persona has been utilized in multiple in-person workgroups with peers within the participating counties and in various presentations to the community about the PADs project.

- Chorus provided in-person community engagement sessions in Fresno, Shasta, Mariposa, Orange, Monterey, and Contra Costa counties to peers, caregivers and family members, and law enforcement. The purpose of these sessions was to obtain community feedback and build ongoing community relationships where participants can join Chorus' monthly technology workgroups in the future. In addition, Chorus staff participated in three ride along activities with law enforcement in Mariposa and Orange County to better understand how a PAD would be utilized by first responders in the field.

- In partnership with Concepts Forward Consulting and participating counties, additional presentations were provided to Orange County MHSA Planning Advisory Committee (PAC), Contra Costa Forensic Mental Health Team, and Shasta County's Mental Health Alcohol and Drug Advisory Board to share information about the PADs project to a larger community audience.

- In partnership with Concepts Forward Consulting and participating counties, co-led ongoing Terms of Service and Privacy Notice Workgroup meetings where a draft Terms of Service document is being developed and refined.

- In partnership with Concepts Forward Consulting, participated in an ongoing Legal and Legislative Workgroup where representatives from legal and psychiatric fields as well as from the California Behavioral Health Directors Association, Disability Rights California, Painted Brain, the California Hospital Association, Mental Health Services Oversight and Accountability Commission, NAMI California, and Patient's Rights San Diego have been present to discuss the PADs project.

Application Development and Design

- Over the course of the year, Chorus created and refined the product development process, eventually landing on a Hub and Spoke interface which centralizes the app experience to the Crisis Directives page. The Crisis Directives page, or the "Hub," acts as the primary touch point before branching out to other crisis and treatment related preferences within the PAD. The benefit to this approach includes the ability to adapt to a non-linear experience where completion of the PAD template has no bound sequence or order. As a result, Chorus is able to explore UX and design patterns that encourage both guidance and a voice to peers as they complete their PAD.

- In partnership with Painted Brain and CAMHPRO, Chorus assisted with reorganizing the PADs template into an app friendly format to be used in the build of the technology. So far, the following sections are in strong consideration to be incorporated into the full PAD:
    - Onboarding
    - My Profile (Crisis Directives)
    - My Support System
    - My Dependents & Pets
    - Supporting Me During a Crisis
    - Current Medications and Preferences
    - My Psychiatric Treatment Preferences
    - My Medical Conditions and Treatment Preferences
    - Gender Affirming Treatment
    - Sign and Activate my PAD

  The following sections are being considered but require more follow-up from other stakeholders. Chorus is working with these stakeholders to refine these sections as appropriate:
    - Reproductive Health
    - Recovery and Reentry Support

- Over the course of the year, Chorus continued to evolve the wireframes of the application and developed an initial prototype for the peer experience of the PAD based on insights and feedback received during the many technology workgroups. This prototype has been displayed to participating counties and subcontractors during the September PADs Convening in Orange County.

- Over the course of its development, the design of the application has undergone a remarkable transformation, evolving from its initial iteration into a more sophisticated and user-centric interface. User feedback from all of the collective workgroups played a pivotal role, illuminating areas for improvement and guiding the design towards a more intuitive user experience.

- Chorus began building v1 of the application, with the focus on the peer experience. The Crisis Directives are slated to be completed and ready for initial testing by January. The remaining Treatment Directives are anticipated to be completed by February.

2. Challenges Encountered and Resolved

Template Refinement

The PADs template required ongoing revisions as various stakeholders shared their feedback. As a result, Chorus worked closely with Painted Brain and CAMHPRO to restructure and reorganize the PADs template into a more app friendly format, with the focus on the Crisis Directives profile and putting a hold on other areas that require more stakeholder feedback.

Legal/Legislative and Terms of Service

Through discussions in the technology workgroups as well as in internal discussions, Chorus identified several compliance and risk issues that will need to be addressed in the terms of service/privacy policy created for the website application being developed. Several questions have also come up that pertain to the broader legal and legislative component of this project. In response to these questions, Concepts Forward Consulting convened an ongoing Legal and Legislative Workgroup, in which Chorus is participating. During these workgroups, concerns continue to be discussed and addressed to help move the PADs project forward. In addition, Concepts Forward Consulting and Chorus convened an ongoing Terms of Service/Privacy Notice Workgroup with representatives from all seven counties. This workgroup has led to a collaborative effort to create and review a Terms of Service draft document that is currently in the process of being refined and finalized.

3. Plans and Expectations for 2024

From January to December 2024, Chorus will plan for the following:

- Chorus to complete the peer experience build
- Begin testing of the web application with Painted Brain and CAMHPRO as well as peers involved with the PADs project to obtain feedback and iterate on the product design and functionality.
- Build out the full first responder/service provider experience in the web application
- Build out the healthcare agent experience in the web application
- Continue to host monthly workgroups to gather feedback
- Continue to engage in in-person community engagement activities with all participating counties
- Expand testing of the web application with the participating counties' priority population user groups
- Conduct tabletop exercises with all user groups present to simulate actual scenarios of web application usage
- Continue to iterate and improve on the product design and functionality
- Explore application and account access for all PAD users

4. Attachments

Richard's Story

WHO IT WILL SERVE

Meet Richard.

He's an uncle, an artist, and Dodger fan who experiences a mental health condition.

Like everybody else, sometimes he needs his community to support him.

Let's see how the platform will support him and the various service providers.

MHSA Psychiatric Advance Directive (PAD) | Multi-County Innovation Collaborative

ONBOARDING & SETUP

His decisions, His voice, His choice.

He's especially vulnerable when in a moment of crisis, so it's important that we understand him.

- Move from a 50-page medical form to a social media-like profile
- Ensure it's quick, personalized, and easy to comprehend
- Empowered with simple security and sharing preferences

RICHARD'S PHONE

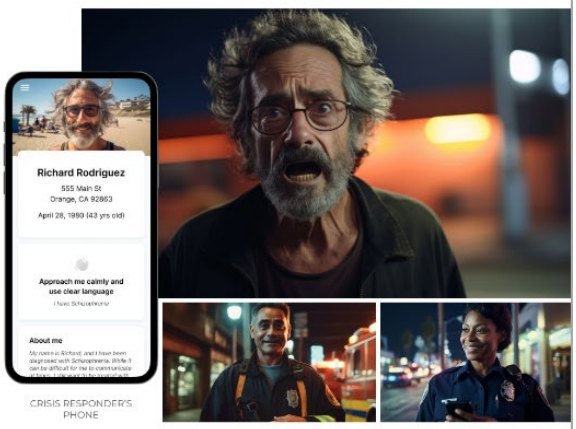
MHSA Psychiatric Advance Directive (PAD) | Multi-County Innovation Collaborative

CRISIS RESPONSE EXPERIENCE

Reduce harm to him in his time of need.

Clarity of communication is crucial, as mishandling a peer's care during a moment of crisis could lead to harm or trauma.

- Remind crisis teams that the peer's current state is not representative of them at all times
- Provide a clear understanding of how one reacts during moments of crisis, and the best approach to support them
- Design a simple experience with the most important info at a glance



CRISIS RESPONDER'S PHONE

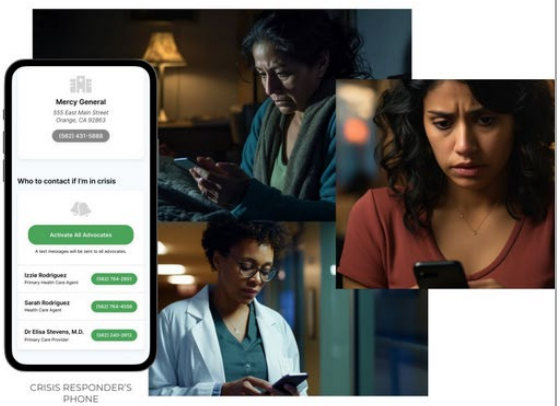
ACTIVATING ADVOCATES

Activate his community in one place.

By activating his chosen advocates with a simple push of a button, he will feel supported.

- Allow for the ability to notify all or select advocates to help everyone involved care for a peer in a well- informed and timely manner.

Richard Rodriguez is in crisis.
His Psychiatric Advance Directive has been activated, and he may need your support. Please reach out to Richard's advocate Izzy Rodriguez at (562) 764-2651



CRISIS RESPONDER'S PHONE

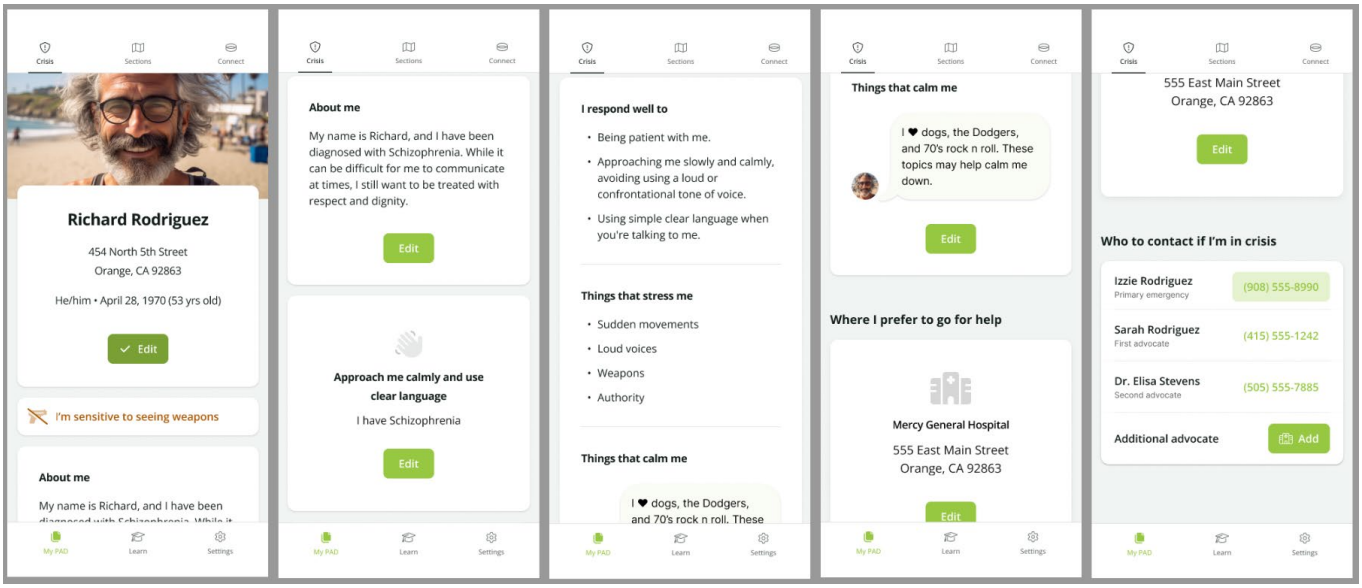
THE GOAL

His wellness, His community, His life.

The goal of the Psychiatric Advance Directive is to help him be the best version of himself.

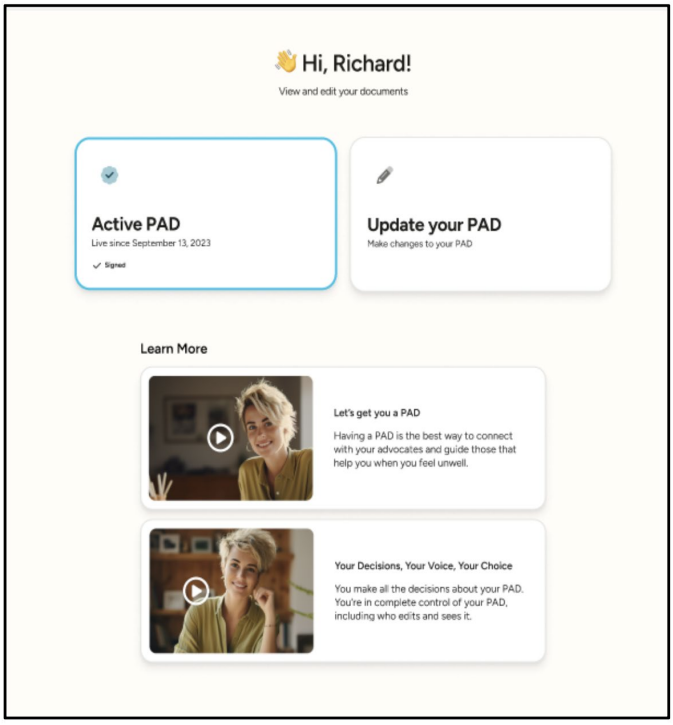
Thank you for helping him and making his voice heard.

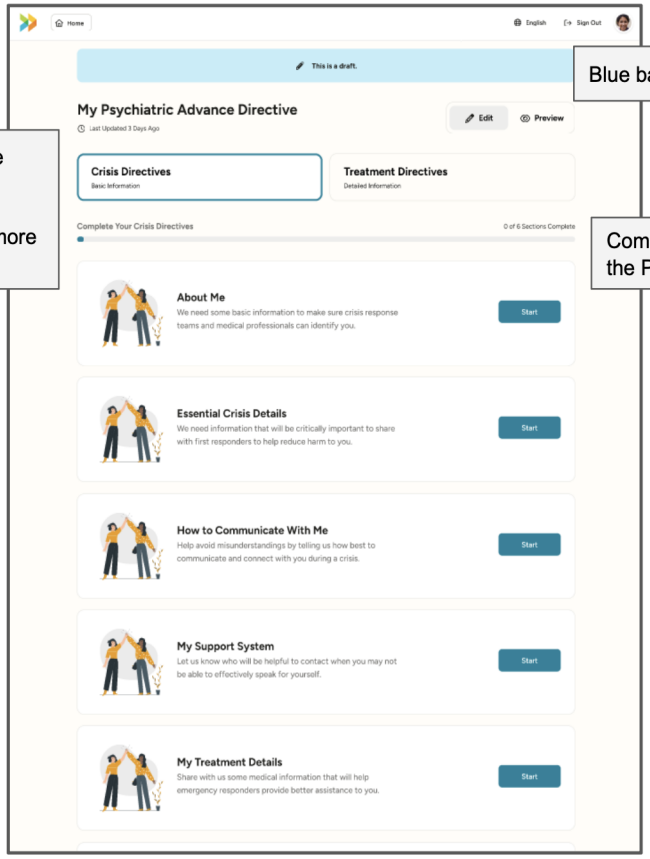
Wireframe Designs



Community Engagement in Mariposa County

Current App Designs



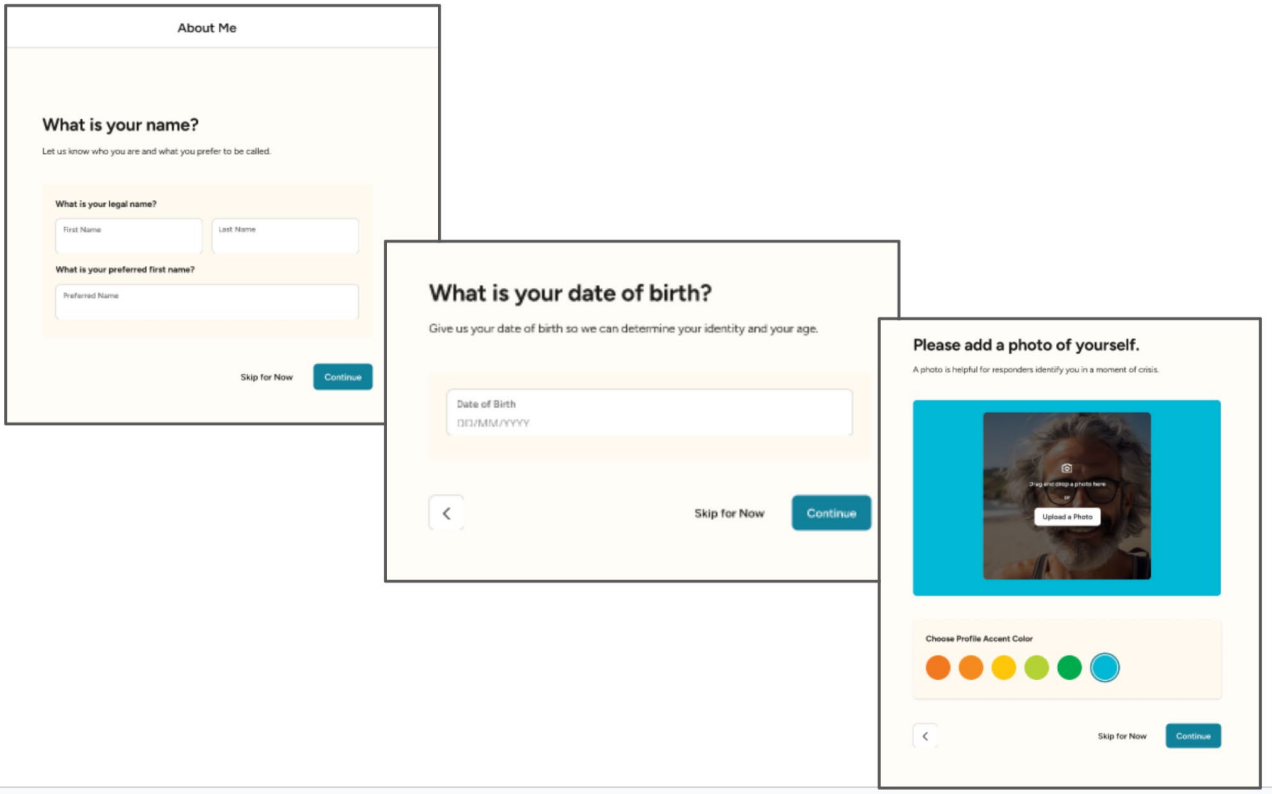


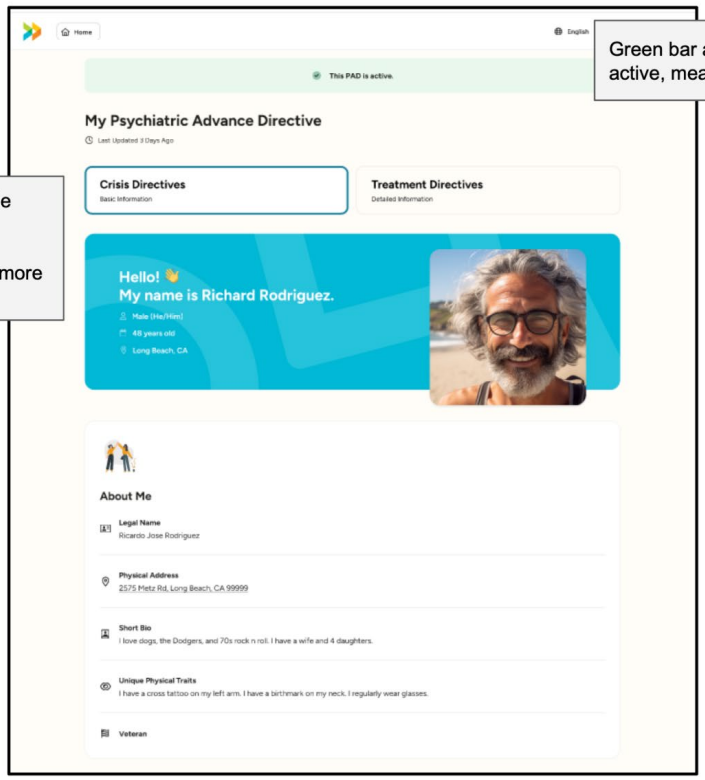
Crisis Directives - displays profile information

Treatment Directives - displays more detailed information

Blue bar shows the PAD is in draft

Completion bar shows how much of the PAD has been completed





Green bar and check mark shows PAD is active, meaning that is has been signed

Crisis Directives - displays profile information

Treatment Directives - displays more detailed information

Psychiatric Advance Directives 2023 Summary Report

Introduction

During 2023, Idea Engineering (IE) led the development of a unique brand identity for the Psychiatric Advance Directive (PAD) project. Extensive input from stakeholders led to a selection of a logo, tagline and branding direction, and updates to all communications materials with the new brand.

The introductory videos for the project were also in development during the year, with scripting, reviews, planning, filming and editing of three videos: English and Spanish versions for peers, family members and caregivers, and the general public, and an English version for first responders, healthcare and other service providers.

Collaborative Development

Throughout the year, IE participated in collaborative planning sessions with county staff and other subcontractors. They included convenings with representatives from all counties and subcontractors in Monterey County in March and Orange County in September. Monthly meetings included the full workgroup, subcontractors, "wrap" meetings with each county, marketing sub-workgroup meetings led by IE, and meetings with other subcontractors as needed. IE also visited tech and peer workgroups as needed to share logo, tagline and video concepts and request feedback from these stakeholders. The ongoing communication with shared perspectives and knowledge has contributed to the development of meaningful and cohesive branding and communications materials.

Marketing Sub-workgroup

Monthly meetings of the marketing sub-workgroup facilitated by Idea Engineering have provided valuable input as the branding and introductory videos developed. A focused group of county staff and subcontractors have reviewed communications materials in development before sharing with county leads for final approval. The marketing sub-workgroup will continue on an as needed basis going forward in 2024.

Psychiatric Advance Directive Branding

In 2023, logo and branding concepts were developed for the project, with ongoing input from key stakeholders including additional peer interviews, reviews at marketing and other meetings with county staff and subcontractors, and meeting with the Peer Template Workgroup and Technology Workgroups.

Branding

In the spring, a preliminary branding guidelines document was shared for review, with support agreed upon for the tone of the project, a balance of being "warm and inviting" with "professional and trustworthy." This and supporting language in the brand platform became the framework for developing and evaluating the logo and other identity materials as they were developed.

Logo

After initial exploration, the counties determined that the name would be "Psychiatric Advance Directive," to aid in building recognition for the phrase. Logo concepts included distinctive icons to aid in visual recognition when someone is in a crisis. The logo designs evolved during multiple rounds of feedback, then three options were shared via an online survey in English and Spanish. After a first round with input from peers and county outreach to priority populations and stakeholders, a second round of the logo survey was distributed online in collaboration with Chorus. The second round was narrowed to two logo options, and

audiences were targeted to include demographic gaps identified in the first survey. Alpha Omega reviewed both logo options with an eye to all upcoming threshold language needs and confirmed both options would work well across cultures. Upon review of survey results and recommendations from IE and Chorus, County representatives approved the logo design selection at the August Project Workgroup meeting.

Tagline
Tagline development was similar with multiple rounds of input and refining based on feedback, including reviews at Tech Workgroup meetings in September. At the Convening in September, County representatives voted to select "My Plan • My Voice" as the tagline for the project. The tagline provides a tone of personal power that supports the brand personality.

Branding
At the same Convening, IE shared initial options for visual directions for how the branding might extend to the website and other communications materials. The options were narrowed and revised based on input by peers and others from that meeting and following ones. In early November, county leads voted, selecting a branding design direction that includes engaging use of color, translucence and curves. IE began incorporating it across all materials and developing a brand guidelines document for use by all subcontractors and counties for unified messaging.

IE also drafted a shared Communications Guidelines document incorporating input from other subcontractors and disussions throughout the year, to support the goal of consistent written language for the PADs project. It includes a comprehensive list of key terms and phrases such as "peers" and "recovery" and style guidelines such as when to use the acronym "PAD." Initial feedback was received and will be incorporated with upcoming input from Painted Brain and CAMHPRO. Going forward, when agreed upon, all tems will be provided in both English and Spanish, and it will be shared with Alpha Omega for reference and for expansion to other languages as needed.

Stakeholder Engagement Promotional Materials

A standard PowerPoint template was developed for use by all subcontractors and county staff. Flyers were updated as needed, and expanded to additional audiences. They included a legislative advocacy sheet and a flyer for an informational session for Family Members & Caregivers. IE supported Painted Brain and CAMHPRO in customizing the PowerPoint presentation and flyers as needed.

Updates to all flyer and PowerPoint templates with the new branding were completed in December.

PAD Template Development

Idea Engineering participated in reviews of the template content and design at meetings led by CAMHPRO, Painted Brain and Chorus. IE and Chorus have met regularly to align development of the branding with the PAD template and technology platform.

PAD Introductory Videos

At the beginning of 2023, short, preliminary versions of the videos were proposed during planning meetings and filming was planned for February. Due to scheduling constraints, the preliminary versions were canceled before filming, and planning began for the videos as originally specified, 3-5 minute introductions to the project and what Psychiatric Advance Directives are for peers, family members, caregivers, and the general public, as well as a version for first responders, healthcare and other service

providers. The peer/general version will be delivered in eight threshold languages, and the complex planning for interpretation and translation needs included consultation with subcontractor Alpha Omega.

Scripts and storyboard concepts were developed to include a balance between short clips from peer, first responder and healthcare provider interviews with a narrator speaking while scenes illustrate the value of PADs. Planning was discussed and storyboards reviewed during meetings with county staff and subcontractors, at Marketing meetings and at Peer ad Professional Tech Workgroup meetings. The script was fine-tuned based on responses from peers and others during the process.

A key part of the videos are interviews with peers, first responders and healthcare providers. Recruiting and scheduling proved to be extremely challenging, with only one healthcare provider available, and first resopnders and Spanish peers being represented by actors. However, the three peers who participated provided valuable points of view, which will make the video extremely relatable and engaging.

Filming took place over multiple days, with interviews and actors speaking to the camera in October, and b-roll scenes in November. They included scenes of a peer in crisis, with first responders; and of peers with facilitators, healthcare providers, family members and by themselves, looking at their PAD on a variety of devices. The actors show diversity in race, age and gender, reinforcing the accessibility of PADs. Photos were also taken of key scenes for potential use in other communications materials such as the website and flyers. Editing is in progress for the English and Spanish versions with delivery anticipated in early 2024.

Website

The website www.padsca.org serves as the public facing online information portal for the project. During 2023, content updates included a new "For Peers" page with informational sessions listed, and a new "Technology" page featuring the advantages of a digital system, a technology overview, and updates from ongoing workgroup sessions, and a Contact page. IE continued to provide hosting and technical maintenance for the website, and monthly analytics reports.

In fall of 2023 a new website design was developed incorporating the new branding. The design was approved and programming is in progress, with content updates being incorporated based on input from the Marketing sub-workgroup. The new site is expected to go live in early 2024.

Upcoming

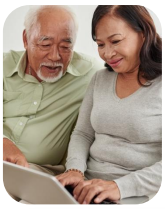
- In 2024, Psychiatric Advance Directive brand identity usage guidelines will be completed, as well as the shared Communications Guidelines.
- IE will continue developing PADs Toolkit promotional materials such as brochures, postcards and social media graphics.
- Stakeholder communications will include new handouts for Healthcare Agents and Family Members & Caregivers, with content currently in development by Painted Brain & CAMHPRO.
- The introductory videos in English and Spanish will be completed, and customized versions for the other threshold languages will be developed.
- The training videos are anticipated to begin development in summer 2024.
- The new website will go live, with ongoing content updates and technical support.

Psychiatric Advance Directive™

My Plan • My Voice

LOGO INPUT – RESULTS		
Psychiatric Advance Directive	Psychiatric Advance Directive	Psychiatric Advance Directive
• All: 75 • Peers: 43 • Chorus • Idea Engineering	• All: 73 • Peers: 41	• All: 25 • Peers: 6

Psychiatric Advance Directive™
My Plan • My Voice



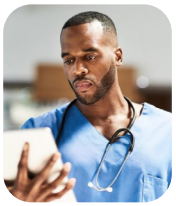
Title Text

Subtitle Text

Sample text.

Sample highlighted text.

Psychiatric Advance Directive™
My Plan • My Voice



Your Expertise & Input Are Needed

First Responders • Medical & Clinical Staff

When you encounter someone experiencing a mental health crisis, what would you need to know in order to best inform your ability to care, treat or provide resources? As a subject matter expert in your line of work, we are requesting your participation in one or more input sessions as we create a Psychiatric Advance Directive template in California.

If you are interested in helping develop this important tool, please contact:

, Title
rtment

OPTIONAL:
ADD COUNTY LOGO HERE

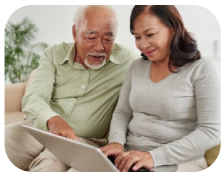
is a
iatric Advance Directive?

atric Advance Directive is a legal
nt allowing people with mental health
ns to identify their preferences for
nt in advance of a crisis.

Benefits include:

- Allowing individuals to take responsibility for their recovery
- Allowing an appointed person to assist in making decisions during times when the person's capacity is impaired

Psychiatric Advance Directive™
My Plan • My Voice



Your Voice is Needed

Peers • Family Members • Caregivers

In a mental health crisis, what would you want hospital staff or first responders to know about you or a loved one? We're looking for people who have lived experience with mental health and recovery. Individuals, family members, caregivers, your voice is needed.

We are requesting your participation in one or more input sessions as we create a Psychiatric Advance Directive template in California.
If you are interested in helping develop this important tool, please contact:

Name, Title
Department
Email
Phone

OPTIONAL:
ADD COUNTY LOGO HERE

What is a Psychiatric Advance Directive?

A Psychiatric Advance Directive is a legal document allowing people with mental health conditions to identify their preferences for treatment in advance of a crisis.

Psychiatric Advance Directives are a voluntary tool to help assist individuals in mental health crises to communicate in their own voices with first responders, hospital personnel and others.

Benefits include:

- Allowing individuals to take responsibility for their recovery
- Allowing an appointed person to assist in making decisions during times when the person's capacity is impaired
- De-escalating potential crisis situations
- Providing appropriate and supportive care

LEARN MORE: **www.padsca.org**

The Multi-County Psychiatric Advance Directives Innovation Project is funded by Mental Health Services Act.

Psychiatric Advance Directive™
My Plan • My Voice

How to Use Stakeholder Input Flyer Templates

Step 1: Replace Contact Information

Step 2: Add County Logo (Optional)

Delete placeholder county logo graphic.

To add your county's logo:
Windows: Select *Insert* > *Pictures* > *Insert Picture From This Device*
MacOS: Select *Insert* > *Pictures* > *Picture from File*
Navigate to the logo file, select it, and click Insert

Step 3: Replace or Delete Photo

To replace:
Windows: Right click on the photo, select *Change Picture* > *This Device*
MacOS: Right click on the photo, select *Change Picture* > *From a File*
Navigate to the new photo, select it, and click Insert

Step 4: Save as PDF

Select *File* > *Save As*
Choose the location to save the PDF
In the dropdown menu titled *Save as type (Windows)*
or *File Format (MacOS)*, select PDF
Select Save

Please note: Image in background will appear faded until saved as PDF.

The Multi-County Psychiatric Advance Directives Innovation Project is funded by Mental Health Services Act.

Psychiatric
Advance Directive™
My Plan • My Voice

Presentation Title Goes Here (Up to 3 Lines)

[Date]

Presented by
[Name, Organization]

OPTIONAL LOGO

OPTIONAL LOGO

Section Title

Page Title Here

Optional Subhead

- Lorem ipsum dolor sit amet, consectetuer adipiscing elit.
  - Maecenas porttitor congue massa. Fusce posuere, magna sed pulvinar ultricies, quis urna.
- **Bold text to highlight as needed**

Page Title Here

Optional Subhead

- Nunc viverra imperdiet enim. Fusce est. Vivamus a tellus.
- Lorem ipsum dolor sit amet, consectetuer adipiscing elit.
- **Bold text to highlight as needed**

Callout

Nunc viverra imperdiet enim. Fusce est. Vivamus a tellus. Lorem ipsum dolor sit amet, consectetuer adipiscing elit. Maecenas porttitor congue massa. Fusce posuere, magna sed pulvinar ultricies, quis urna.

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Bold text to highlight as needed

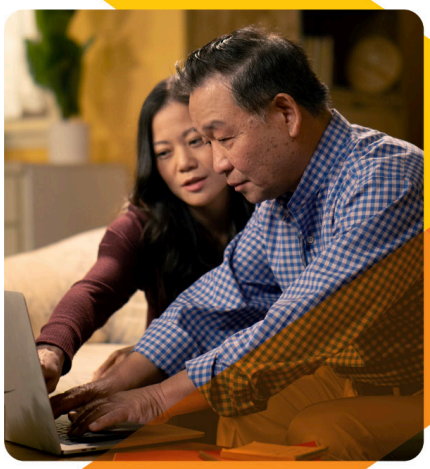
PowerPoint Template

HOME ABOUT TECHNOLOGY NEWS & UPDATES FOR PEERS COUNTIES SEARCH...

Digital PADs are coming in 2025. Contact us if your county is interested. >

Psychiatric Advance Directive™

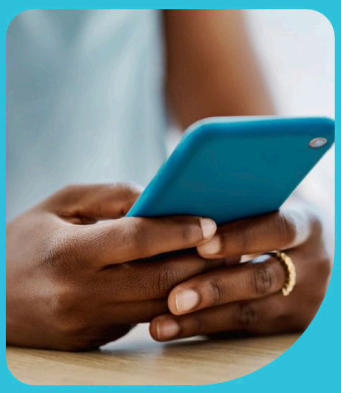
My Plan • My Voice



A multi-county collaborative has joined together in a Mental Health Services Act Innovations Project to develop and test the feasibility of Psychiatric Advance Directives in California.

Each county is identifying priority populations to focus on during this pilot project, such as foster youth, older adults, or people who experience homelessness. Priority populations are determined based on their robust stakeholder processes.

Learn More



Technology

A key part of this project is the development of a user-friendly and secure online tool for Psychiatric Advance Directives in California.

With this interactive app, people will be able to learn about, complete, and store their Psychiatric Advance Directives.

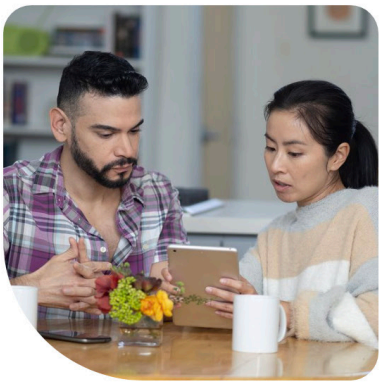
Learn More

Peers

Ongoing collaboration with peers, people with lived experience with mental health conditions, is integral to the development approach of this project.

A Psychiatric Advance Directive is a valuable tool empowering a person's voice and personal choices. The purpose is to assist in a quick recovery from a crisis situation. However, it benefits overall recovery as well, encouraging listening, being seen as a whole person, supporting self-direction and wellness.

Learn More



Website (in Progress)

Psychiatric Advance Directive™
My Plan • My Voice

www.padsca.org
All Traf c Overview

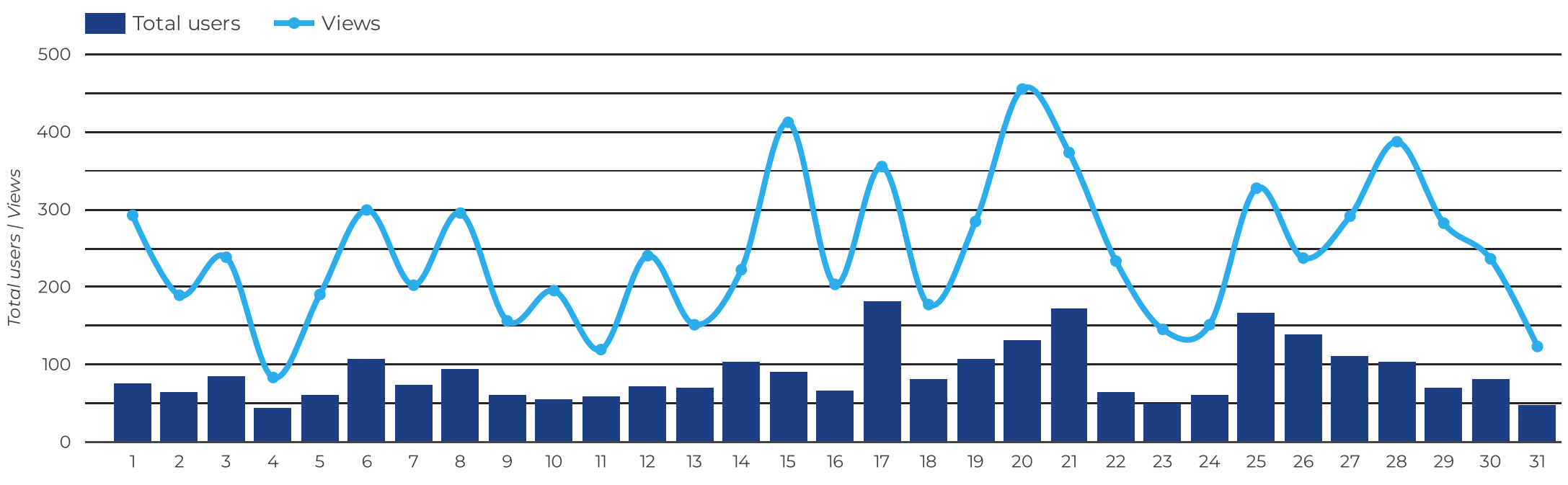
Jan 1, 2023 - Dec 31, 2023

Overview

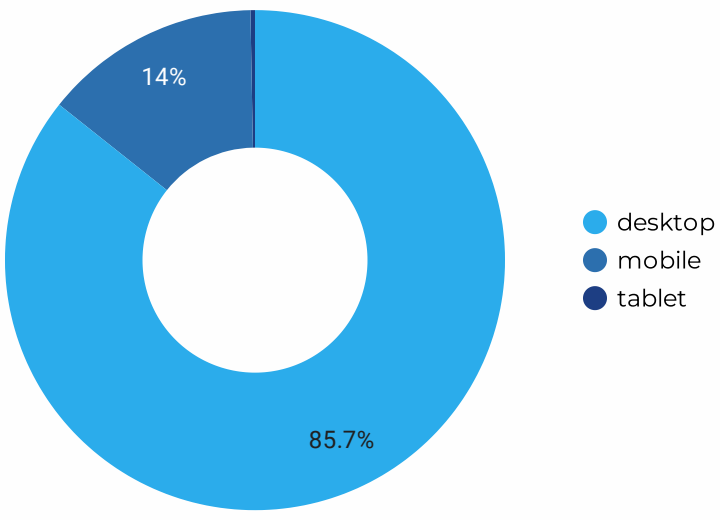
Total users	Active users	Views	Sessions
2,048	2,048	7,542	3,596
↑ 505.9%	↑ 505.9%	↑ 268.8%	↑ 479.1%

New users	Returning Users	Views per session	Average session duration
2,025	23	2.1	00:03:00
↑ 493.8%	↑ 866.7%	↓ -36.3%	↓ -24.4%

Daily Users & Pageviews

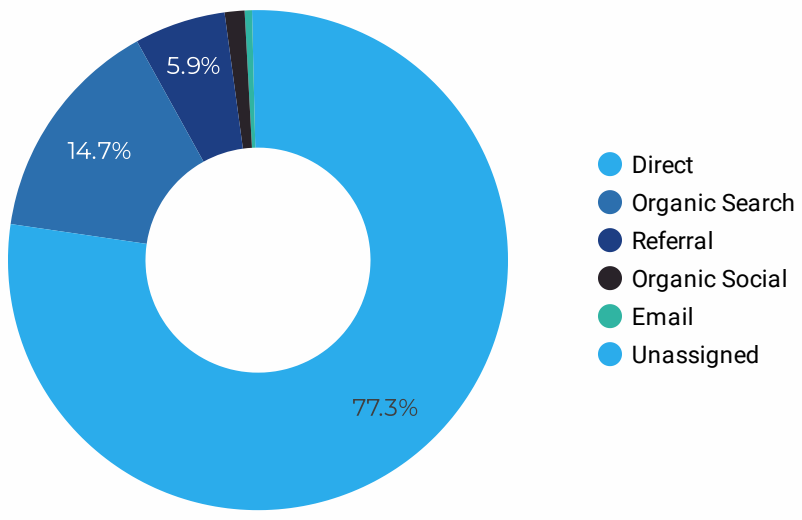


Users By Device Type



	Device category	Total users
1.	desktop	1,759
2.	mobile	288
3.	tablet	6
	Grand total	**2,048**

Users By Traffic Source



	Channel Group	Total users
1.	Direct	1,625
2.	Organic Search	308
3.	Referral	124
4.	Organic Social	27
5.	Email	10

User Location

	City	Views ▾
1.	Los Angeles	919
2.	Santa Maria	563
3.	Santa Barbara	532
4.	Goleta	400
5.	Oxnard	315
6.	Sacramento	287
7.	Cheyenne	277
8.	Moses Lake	276
9.	Undetermined	249
	Grand total	**7,542**

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Users by Language

	Language	Views ▾
1.	English	7,538
2.	Spanish	3
3.	German	1
	Grand total	**7,542**

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Top Page Views

	Page Title	Views
1.	PADs CA - Psychiatric Advance Directives	3,129
2.	Counties	791
3.	What is a PAD?	678
4.	News & Updates	531
5.	For Peers	508
6.	Technology	440
7.	Orange County	181
8.	Contra Costa County	120
9.	Shasta County	116
10.	Tri-City Mental Health Authority	107
	Grand total	**7,542**

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Top User Engagement

	Page Title	Avg Time ▾
1.	About	00:04:44
2.	Technology	00:01:56
3.	Counties Testing	00:01:42
4.	What is a PAD?	00:01:13
5.	Technology	00:01:03
6.	For Peers	00:00:54
7.	Monterey County	00:00:47
8.	Fresno County	00:00:36
9.	Counties	00:00:35
10.	Planning Meeting in Orange County	00:00:33
	Grand total	**00:01:03**

00 01:40 03:20

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De nitions

Total Users
Count of distinct visitors over a specific period, encompassing new and returning visitors.

Active Users
Number of unique recent visitors, indicating current user engagement.

New Users
Count of first-time visitors within a timeframe, reflecting marketing effectiveness.

Returning Users
Visitors who have interacted before, indicating user loyalty and retention efforts' success.

Views
Total instances a specific page or content is seen, providing insight into content popularity.

Views per Session
Average pages viewed in a single session, indicating user engagement depth.

Sessions
Total individual visits within a timeframe, starting upon access and ending with inactivity or exit.

Session Duration
Average time users spend on the site or app during a session, reflecting user engagement and experience quality.

Daily Users
Unique visitors accessing the website or app within a single day, indicating daily reach.

Pageviews
Total number of pages viewed, showing user engagement with content.

Users by Device Type
Categorizes visitors by devices (desktop, mobile, tablet) used to access, aiding in optimizing user experience.

Users by Traffic Source
Segments visitors based on channels (direct, search, social) they come from, assessing marketing effectiveness.

User Location
Provides geographic data (country, region, city) about visitors, enabling regional content customization.

Top Pages
Displays most visited pages, helping identify popular content and user interests.

Time on Page
Average duration users spend on a specific page, indicating content relevance and user engagement depth.

Disclaimer

This dashboard utilizes data from Google Analytics, a widely-used web analytics tool. While Google Analytics provides valuable insights, it may have limitations such as sampling, potential inaccuracies, and challenges in distinguishing bot traffic. Please be aware that the data presented here should be considered as estimates rather than precise figures. It's advisable to interpret the information in this dashboard with caution and to cross-reference it with other sources for a comprehensive understanding of your website's performance.

Painted Brain and CAMHPRO: Annual Report for MHSA's Multi-County Innovations Project

Over the contract year 2023, Painted Brain and CAMHPRO have exceeded contract deliverables for the MHSA Multi-County Psychiatric Advance Directive Innovations Project. Below is a detailed overview of the program outcomes, challenges and outlook for the year 2024.

A. Summary of Activities and Accomplishments During the Reporting Period

Listening sessions

- Painted Brain and CAMHPRO (PB & CAMHPRO) had two in-person listening sessions per county between the months of February to March. This totaled 14 in-person listening sessions. The purpose of these listening sessions was to gather information on what peers and community members thought of Psychiatric Advance Directives.
    - In Each County, over the course of 2 days PB & CAMHPRO had a virtual meeting for peers and a separate meeting for community members.
    - PB & CAMHPRO had an additional monthly virtual listening session which was open to peers and community members in all 7 counties.
- PB & CAMHPRO had one virtual listening session in October that focused on training curriculum development. PB & CAMHPRO received input from the county peers about what they would like to see covered in the curriculum.

Work Groups

- PB & CAMHPRO hosted monthly virtual Peer Template Workgroups, where peers from all 7 counties reviewed the PADs template together. These meetings took place from January-July of 2023.

Cross-Contractor Collaboration

- PB & CAMHPRO have been working closely with Chorus to support the development of language for the mock-ups and final version of the PADs Digital Platform website.
- PB & CAMHPRO have been working with RAND to support the development of the training survey to include recovery language and measurable peer values.
- PB & CAMHPRO attended a monthly Tech Workgroup facilitated by Idea Engineering and provided feedback on a variety of topics, including:
    - Marketing materials such as recovery language on flyers
    - Verbiage for the official PADs website
    - Feedback for the PADs website user interface
    - Other feedback as necessary.
- PB & CAMHPRO participated in the recording of promotional videos for Idea Engineering relative to the Innovations project. The peers shared their story and provided perspective on why PADs are important.

Milestones

- PB & CAMHPRO and the County Peers worked together to get the first draft of the PAD template sent to Chorus so they could begin implementing the template in the Digital PADs Platform
- PB & CAMHPRO successfully incorporated Peer Values into the PAD template and eliminated stigmatizing language
- PB & CAMHPRO incorporated the peer voices and feedback from all 7 counties into the train-the-trainer curriculum and PAD template
- PB & CAMHPRO presented about project at SHARE's Peer Workforce Conference "Bridging Research and Practice"
- PB & and Kiran Sahota presented with Health Management Association (HMA) on PADs for the CARE Act
- PB brought peer needs and concerns to the PADs legislative workgroup
- PB & CAMHPRO made significant progress on the Train the Trainer Curriculum
- PB & CAMHPRO met all deliverables
- PB & CAMHPRO have made the PADs template so exhaustive that it serves as a "tool-box" for individuals in a mental health crisis

B. Challenges Encountered and Resolved During the Reporting Period

1) Balancing the needs of all counties.

- Varying size of counties.
- Population size, diversity and resources vary.
- The amount of peers employed to send to work groups vary.
- Some Counties face unique transportation issues due to the rural setting.
- Some Counties face internet and technology inequity.

As a result the project began meeting with Counties on a separate basis so that we could assess and address the needs of each county.

2) There were several unanticipated challenges with getting feedback from the nine identified threshold language groups. Next year, we hope to focus on receiving feedback from target groups.

C. Plans and Expectations for the Next Reporting Period

- Complete Train the Trainer Curriculum and receive feedback from all 7 counties
- Train peers in all 7 counties to be trainer
- Develop peer advocacy groups to support the peer voice in PADs

D. Attachments

Attendance info:
https://drive.google.com/drive/folders/1LjubSb5Tja0bwEsQ5mXca3C_VAGucpIL

Convening Slideshow:
https://docs.google.com/presentation/d/1ZEC6_7t-h7Eb4EwsB1BKTZY52DSL9BiW/edit?usp=sharing&ouid=104331190930935840814&rtpof=true&sd=true

RAND – PADs Evaluation 2023 Year-End Summary

Summary of Activities and Accomplishments During the Reporting Period

RAND has attended ongoing meetings with subcontractors and/or counties in order to plan the evaluation and revise our approach based on the overall platform development. RAND has also met with Chorus and BBI on a 1:1: basis to discuss specific aspects of the proposed evaluation and to tailor the evaluations to reduce participant and/or county burden. RAND has also had monthly or bimonthly meetings with Painted Brain/CAMHPRO since May. These meetings have been used to discuss various aspects of the training evaluation, to learn more about the training curriculum under development, and to solicit feedback from Painted Brain/CAMHPRO on the evaluation survey with trainees.

RAND leads (Eberhart, Siconolfi) attended the September 2023 in-person convening in Orange County. RAND delivered a presentation on our work to-date and the proposed evaluation design for Peer Supporters (training evaluation) and Peers who completed a PAD (outcomes evaluation). The meeting also included group discussions and planning for a range of implementation and evaluation decisions.

Finally, the RAND team has continued biweekly internal team meetings for strategic planning between these larger, multi-stakeholder meetings.

Training evaluation

RAND developed and finalized the training evaluation protocol. This included a literature review to identify relevant constructs/measures, the development of a retrospective post-training survey and a post-training focus group protocol, and preparation of various logistics and administrative materials (e.g., recruitment materials, consent forms, info sheets, etc.). We submitted the training evaluation packet for Institutional Review Board (IRB) review/approval by RAND's internal IRB in December 2023.

Evaluation with Peers who completed a PAD

RAND also developed a workflow to enable a "two-level" evaluation with PADs platform users. The first level is a Mini Survey, an optional feedback form within the platform that elicits basic demographics, basic feedback on the PADs experience, and permission for future outreach by RAND. The second level is the "full evaluation" with PADs users. The sample for the full evaluation will be drawn from the Mini Survey participants who consented to outreach by RAND. We iterated the Mini Survey and its workflow (level 1) in consultation with counties and other subcontractors in 2023, and have finalized a working model. This aspect of the protocol was also submitted to RAND's IRB in December 2023. RAND is currently developing the remaining evaluation protocols (survey and/or interview/focus group protocols) for the Peer/PADs Consumer evaluation.

Challenges Encountered and Resolved During the Reporting Period

RAND has continued to adapt our originally-proposed evaluation to recent changes in the scope and focus of the innovation project.

RAND's evaluation activities inherently dependent on the development and implementation of the PADs Peer Supporter training and the launch of the PADs platform. In Fall 2023, RAND identified potential challenges to implementing the full evaluation within the remaining Phase 1 time (ending June 2025) if the launch of the training and/or platform was pushed back beyond early 2024. Our evaluation design includes longer-term follow-up windows (e.g., interviews/focus groups with trainees several months after they completed the training and have accrued "live" experience in the field facilitating PADs; surveys/interviews/focus groups with PADs consumers several months after they have completed their PAD). Further delays in the launch of the training and/or platform will shorten the period of time available for follow-up, because RAND will need time to analyze the data and prepare the final report before the project ends in June 2025.

We have communicated these potential challenges to the project coordinator and larger PADs Innovation group. As of December 2023, we believe we will still be able to implement the training and outcomes evaluations as-planned if the training and platform hit the launch targets of January/February 2024. Based on the degree of timeline slippage for training/platform launch beyond that target, we may need to shorten follow-up windows, or truncate some evaluation activities.

Plans and Expectations for the Next Reporting Period

The RAND team expects that data collection for its evaluation will begin shortly after the New Year.

RAND will also finalize the remaining evaluation protocols (survey and/or focus groups with Peers who have completed a PAD) and submit this for IRB review and approval. Following approval, we expect to launch this aspect of data collection in Spring 2024.

RAND will also begin working on analysis and reporting, following the implementation of data collection.

Anticipated accomplishments by end of FY2024

Based on the current overall project timeline, we anticipate that RAND will have launched and implemented training-related evaluation activities. We also expect that we will have developed and launched activities focused on the Peer-level impacts of PADs.

Fiscal Intermediary Updates for 2023

Overview

Syracuse University continued to serve in the role of Fiscal Intermediary for the Psychiatric Advance Directives (PADs) Project, which is a Mental Health Services Act Innovations Project involving the collaboration of multiple California Counties; namely, Contra Costa County, Fresno County, Mariposa County, Monterey County, Orange County, Shasta County and the Tri-City Mental Health Authority. In addition to the expertise and excellence in the programmatic areas of Disability Research and Advocacy that Syracuse University's Burton Blatt Institute brings forth to the PADs Project, Syracuse University has a dynamic research administration team that supports the world-class, top-tier research performed on campus and around the world. Syracuse University's Office of Sponsored Programs and Office of Sponsored Accounting provide the critical infrastructure to support the PADs Project contract(s) administration and fiscal oversight. Our offices primary functions are to facilitate the responsible and efficient stewardship of grant and contract funded projects from various external funding agencies. As a result of the significant federally funded research conducted by Syracuse University, we are required by federal policy, law, and regulations to have rigorous and well-documented fiscal oversight measures in place to responsibly administer these funds. Syracuse University routinely undergoes multiple audits from various agencies and external auditors with no material weaknesses noted in past years. Lastly, Syracuse University is a proud member of the Federal Demonstration Partnership (FDP), which is a cooperative of 10 federal agencies and over 200 research intensive institutions with the primary purpose to reduce the administrative burdens associated with research grants and contracts.

Why is this important to the PADs Project which is not federally funded? Syracuse University is able to leverage the best practices learned through its FDP membership to the benefit of all externally sponsored projects, including the PADs project. A prime example of this benefit is the University's enrollment in the FDP Expanded Clearinghouse which essentially provides a public facing organizational profile of Syracuse University, including audit and financial data that is regularly updated on an annual basis. To review Syracuse University's profile at any given time, simply navigate to this website (https://fdpclearinghouse.org/organizations/196) for the most recent information.

2023 Updates

Representatives from Syracuse University attended and presented at the PADs Project meeting held in Anaheim, CA September 11-12, 2023. Stuart Taub, Director, Office of Sponsored Programs, provided an overview presentation on Syracuse University's role, responsibility and financial update as the fiscal intermediary and fielded questions from the County representatives in attendance. Gary Shaheen, Project Director, Burton Blatt Institute, provided a presentation reflecting the Burton Blatt Institute at Syracuse University's progress on the Orange County Evaluation engagement with the PADs Project, and each fielded questions from County representatives following his presentation.

Seven (7) California Counties are actively engaged in funding the PADs Project, and with their authorization Syracuse University engaged subcontractors providing the necessary services for the PADs Project in the areas of Lead Project Management, Technology Platform Development, Marketing & Communications, PADs Advisory and Training, Peer Organization and Evaluation. During the 2023, with authorization from the Counties Syracuse University closed out the subcontract with Hallmark Compass and engaged Alpha Omega Translations.

Payment of subcontractor invoices continued in 2023 based on the proportional allocation distribution as originally established and each with approval from the Lead Project Manager. In **Table 1** below, we provide a fiscal status update of the PADs Project through December 31, 2023, on a County-by-County basis. Cumulatively across all counties, the project expenditures are tracking at 53.9% of the current **PADs Project** budget period which is from inception through June 30, 2025. **Table 2** reflects subrecipient spending to date. The "Obligated Amount" reflects each subcontractor's total budget for the period through June 30, 2024.

Please note, the time frames in which certain counties and subcontractors became engaged impacted the rates of expenditures shown. Contra Costa County's and Tri-City Mental Health Authority's involvement began months later that the other Counties. The largest portion of Mariposa County's budget is allocated to a Peer Organization for which Contra Costa County and Tri-City Mental Health Authority also include in their budgets but with subsequent start dates. The subcontract with Alpha Omega Translations was not executed until the summer of 2023. However, it is still expected the rate of expenditures for these counties will become more aligned with the overall allocation by the period ending June 30, 2024. Also, Fresno County's budget is compressed and scheduled to fully expend by June 30, 2024 compared to the others which are expected to end by June 30, 2025.

Table 1

Total Project Spending

County	Total Budget ending 6/30/24*	Actual Expenditures	% Expended
Contra Costa	**$1,211,136**	**$386,125**	**31.9%**
Fresno	**$863,087**	**$555,968**	**64.4%**
Mariposa	**$79,660**	**$61,650**	**77.4%**
Monterey	**$498,828**	**$256,606**	**51.4%**
Orange	**$9,545,470**	**$5,382,257**	**56.4%**
Shasta	**$207,735**	**$107,779**	**51.9%**
Tri-City	**$313,264**	**$104,355**	**33.3%**
PADS Project Sponsors	**$12,719,180**	**$6,854740**	**53.9%**

Table 2

Subrecipient Spending

Subcontractor	Invoiced through	Obligated Amount	Actual Expenditures	% Expended
Concepts Forward	11/30/2023	$656,181	$449,828	**68.6%**
Chorus	11/30/2023	$7,300,000	$5,491,665	**75.2%**
Idea	10/31/2023	$478,215	$302,435	**63.2%**
Rand	10/22/2023	$647,270	$137,310	**21.2%**
Painted Brain	7/31/2023	$296,593	$175,037	**59.0%**
Hallmark	06/30/2023	$73,440	$73,440	**100%**
Alpha Omega	8/31/2023	$206,607	$1,650	**0.8%**

MHSA INNOVATION PROJECT ANNUAL REPORTING FORM

FY: 22-23 New Project Summary
PROJECT NAME: Supporting Equity Through Community Defined Practices

Overview:

Contra Costa County recognized the problem of low access rates in Behavioral Health Services by underserved communities and communities of color. Through a community stakeholder process that began in 2022, a proposal was developed to address this problem by awarding grants to community organizations to serve these community members through culturally-defined practices. On March 23, 2023 the MHSOAC approved the following project: Supporting Equity Through Community Defined Practices. Total funding amount: $6,119,182 over four years.

Grants awarded under this project are intended for the following: supporting and increasing the number of cultural providers in implementing community outreach and engagement around mental health; implementing culturally responsive interventions and practices; increasing consumer satisfaction and help seeking behavior in Black, Indigenous, People of Color (BIPOC) communities. The project's goal is to reduce disparities in health care access for underrepresented populations through the provision of culturally-based initiatives and programs (e.g., traditional healing, life coaching, circles of care, mindfulness, radical inclusivity, and culturally and linguistically appropriate outreach) that are not currently offered in existing behavioral health care settings.

This Innovation (INN) Project is defined by the following general criteria:

___ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention.

___ Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population.

_X_ Applies a promising community-driven practice or approach that has been successful in non-mental health context or setting to the mental health system.

___ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services on site.

This Innovation (INN) Project serves the primary purpose:

_X_ Increases access to mental health services for underserved groups.

___ Increases the quality of mental health services, including measured outcomes.

___ Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes.

___ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing.

In May, 2023, a contractor (Indigo Consulting) was brought on board to provide technical assistance and evaluation. A total of six meetings took place prior to the end of FY 22-23. The following topics were addressed: timeline, project launch, developing and defining the role of an RFP Workgroup.

Next Steps during FY 23-24:

- Continue RFP Workgroup meetings to finalize RFP
- Contractor to host 5 technical assistance (TA) workshops to assist interested parties in completing their applications
- Issue RFP
- Award and execute contracts with community organizations
- Contractor to develop an annual reporting template that suits the needs of the project
- Provide ongoing training and technical support