

2022-2023

PEI ANNUAL UPDATE

MENTAL HEALTH SERVICES ACT

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CONTRA COSTA
HEALTH

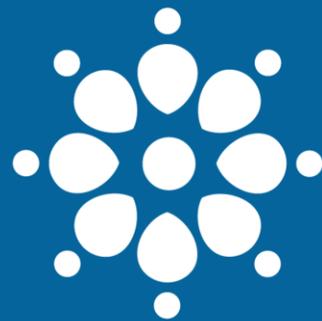




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Prevention and Early Intervention (PEI) is the component of the Three-Year Plan that refers to services designed to prevent mental illnesses from becoming severe and disabling. This means providing outreach and engagement to increase recognition of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

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

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

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

PEI Strategies:

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

PEI Priorities:

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

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

Prevention and Early Intervention STRATEGIES and PRIORITIES

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

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

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

Outcome Indicators.

PEI regulations (established October 2015) have data reporting requirements that programs started tracking in FY 2016-2017. In FYs 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.

EVALUATION COMPONENT

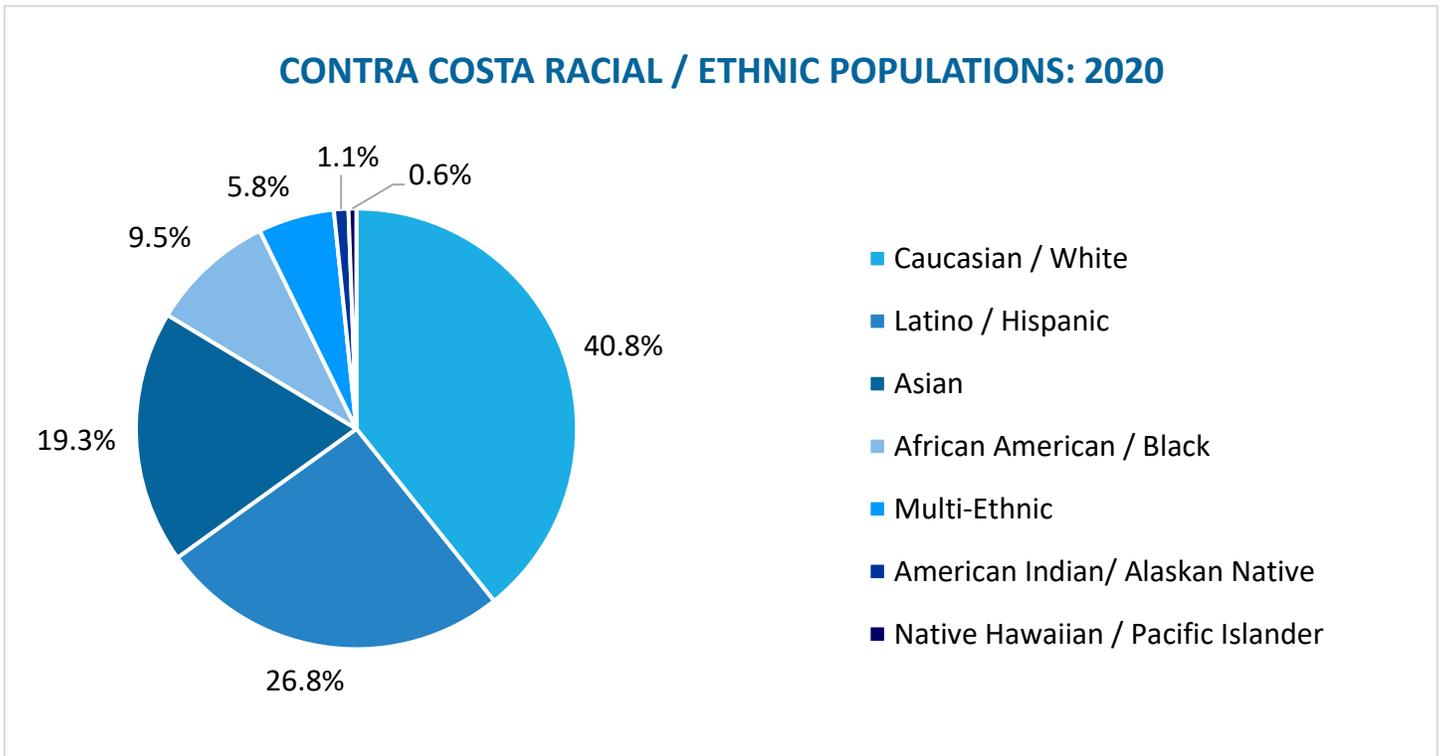
Contra Costa Behavioral Health Services is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end, a comprehensive program and fiscal review process has been implemented to: a) improve the services and supports provided; b) more efficiently support the County's MHSa Three Year Program and Expenditure Plan; c) ensure compliance with statute, 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.

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 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

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

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

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

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

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 - ECPIIC) 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

TOTAL1,359+ \$1,471,364

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.

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

TOTAL2,980 \$2,298,985

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

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/acclimation.
- 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

IMPROVING TIMELY ACCESS TO MENTAL HEALTH SERVICES FOR UNDERSERVED POPULATIONS

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

Six programs are included in this category:

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

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

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 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

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 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.

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
CaIMHSA	MOU	Countywide	\$78,000

TOTAL..... \$338,985

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

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

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

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ASIAN FAMILY RESOURCE CENTER (AFRC)

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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,

- 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

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)

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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 2021 contained a total of 141 unduplicated attendees.
 - There were 389 newsletters distributed to people (outreach) and 67 people attended outreach events.
 - Participants who attended the Mind, Body & Soul support groups received tools & techniques to identify barriers. Participants were individually provided services to help them address their current issues. Participants were referred to Contra Costa Crisis 211 and the Mental Health Access Line.
 - Staff assisted participants by helping them to navigate through the system by assisting with calls to the Mental Health Access line for appointments, attending doctor appointments, and following up with participants to check on progress.

- FY20-21 Youth Empowerment Program:
 - 57 individuals were served. This number is much less than previous years due to the extreme difficulty in connecting with LGBTQ+ youth in their home environments during COVID-19. Youth cited lack of privacy in their home environments and overall stress due to the pandemic as a reason for lack of participation.
 - Telephone communications, email and secure video conferencing, via Zoom, were the main forms of delivering telehealth support to participants, since COVID-19.
 - Staff facilitated 43 educational group sessions, one leadership session, and 833 individual check-ins, assessments and support sessions. This is double the number of individual check-ins and one-on-one meetings from the previous year. The sharp increase in this number is due primarily to the shelter in place order, which led to many participants being willing to only engage in one-on-one, non-video, communication with staff, and not wanting to participate in groups via telehealth platforms.
 - Staff worked closely with local schools in East County to coordinate care and referrals.
 - Staff periodically administers the Adolescent Mental Health Continuum Short Form (MHC-SF) during one-on-one meetings to help assess need for referral to mental health services. Staff provided 10 clients with mental health referrals.
 - All Empowerment participants receive an emergency services “Safety Phone List”, including contact information for CHD’s Empowerment Program, Contra Costa Crisis Center, The Trevor Project, Planned Parenthood, Community Violence Solutions, STAND Against Violence, Runaway Hotline, Homeless Hotline, as well as having space to add information for trusted adults and friends. Additional referrals and linkages are provided as needed, and upon participant assent.
- FY 21-22 African American Wellness Program:
 - The African American Wellness Program serves adults 18 and older, living in East Contra Costa County. African American Wellness Program supports participants by empowering them to recognize and achieve inner strengths and coping strategies to maintain emotional wellness.
 - Provided support groups for 155 unduplicated attendees.
 - 755 newsletters were distributed
 - Outreached to 120 people at community events.
 - Participants who attended Mind, Body & Soul support groups received tools & techniques to identify barriers. Participants were individually provided services to help them address their current issues. Participants were referred to Contra Costa crisis center 211, mental health access line.
 - C.H.A. Michelle Moorehead & R.L. Lisa Gordon assist participants with system navigation.
 - The Community Health Advocate called the mental health access line with participants to support making appointments. They also attended doctor’s appointment, provided follow up.
- FY 21-22 Youth Empowerment Program:
 - Staff facilitated 116 educational group sessions and 1137 individual check-ins, assessments and support sessions. This is more than double the number of group sessions and more than 300 more individual check-ins and one-on-one meetings from last year.
 - Information on mental health topics and services comes up “naturally” during the weekly support groups so this is not seen as a “stand alone” component by staff. However, regular check-ins and one-on-one meetings and assessments were provided allowing staff to identify possible “red flags”, such as symptoms of anxiety, depression, and suicidal ideation, or youth are distressed.
 - During check-ins and one-on-one meetings, staff always inquires as to youth’s experiences with school, family and peers, interest, wellness, and willingness to participate in mental health services, outside and in addition to Empowerment’s programming.

- Telephone communications, email and secure video conferencing, via Zoom, are the main forms of delivering telehealth support to participants, in addition to in person meetings, since COVID-19.
- As indicators warrant, staff makes referrals to appropriate, culturally responsive services.
- Staff has ongoing relationships with Care and Cost Teams at Hillview Junior High, in Pittsburg; Pittsburg High, in Pittsburg; and Deer Valley High, in Antioch which include mental health providers allowing expeditious entry into treatment, as youth became willing to do so (except in emergency circumstances).
- Staff also had a functioning knowledge of the processes for referral to access services through Contra Costa Health Services and private providers and actively support participants and their guardians navigate these systems.
- The average length of time between referral and access to treatment for this year is just four (4) weeks. The average duration of symptoms related to mental illness prior to referral is also four (4) weeks.
- 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 20-21:
 - Two 20-week classes in Central and East County serving parents and their children. Modifications were made as needed to accommodate challenges that arose due to the COVID-19 pandemic.
 - The Nurturing Parenting Program enrolled a total of 83 Latino parents and 76 children during the fiscal year.
 - The first semester Central County served 22 parents, successfully graduating 17 parents, East County served 20 and graduated 12 parents. The second semester Central County served 21 parents and graduated 13, East County served 20 parents and graduated 15.
 - Parents who dropped out of the program were contacted to gather feedback and offer additional support. Parents dropping out reported having the opportunity to return to the work force, others shared feeling overwhelmed with school demands and not having time to attend sessions.
 - All parent participants completed pre- and post-tests. Overwhelmingly, parents improved their scores on at least four out of five 'parenting constructs' (appropriate expectations, empathy, discipline, appropriate family roles, and values power independence)
 - FY 21-22:
 - Four 18-week classes in Central and East County serving parents and their children.
 - Enrolled a total of 91 Latino parents and 122 children during the fiscal year.
 - The first semester Central County served 26 parents, 18 participated and 13 successfully graduated the program. East County served 32 parents, 19 participated in sessions and 16 successfully graduated.

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

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GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: SUICIDE PREVENTION CRISIS LINE

a. Scope of Services:

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

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

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

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

c. Payment Limit: FY 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 20-21:
 - Services provided in English and Spanish, and callers have access to the Language Line interpreter services in 240+ languages.
 - 20,082 Mental Health / Crisis Calls received. Provided callers linkage to mental health services through community resources as appropriate for each call. 100% of callers were assessed for suicide risk level, and all callers with a risk level of medium or high were offered a follow-up call.
 - Maintained a pool of 58 active call center volunteers during this reporting period.
 - Provided 54 hours of training curriculum over 10 weeks virtually (30 hours) and in-person (24+ hours) for each new volunteer training cohort in June-July 2020 and January-February 2021.
 - Continued to provide virtual outreach and education presentations regarding Crisis Center Agency Services, Suicide Prevention, Grief & Loss, and participated in virtual resource fairs due to COVID-19 concerns during this reporting period
 - Continued to co-chair the Suicide Prevention Coalition monthly meetings virtually with County Mental Health
 - Exceeded target goals for Suicide Assessment and Intervention Trainings by providing free virtual trainings offered to all partner agency providers countywide with optional CE credits available:
 - Three- 6-hour Trainings
 - Three- 1-hour Trainings (one conducted in Spanish)
 - Two- 4-hour Trainings
- FY 21-22:
 - Provided immediate counseling, active listening, emotional support, and referrals to community resources via a 24-hour Crisis & Suicide hotline via phone and text. Calls and texts were answered by live Call Specialists in English and Spanish, as well as access to the 24/7 Language Line interpreter services for over 240 languages.
 - Provided callers linkage to mental health services through community resources as appropriate. 100% of callers were assessed for suicide risk level, and all callers with a risk level of medium or high were offered a follow-up call.
 - Provided debriefing, supervision, silent monitoring, and consultation for staff and volunteers. Staff and volunteers reflect County demographics in diversity of country of origin, languages spoken, culture, gender, religion, sexual orientation and socio-economic class.
 - Exceeded target goals for total mental health/crisis/suicide calls, call response time, and call abandonment rate during this reporting period.
 - Exceeded target goal for number of active call center volunteers including several with multilingual skills during this reporting period.
 - Provided 54+ hours of classroom and one-on-one mentoring training curriculum for two new volunteer training cohorts (August 2021 and May 2022).
 - Exceeded target goals for Suicide Assessment and Intervention Trainings by providing free virtual trainings offered to all partner agency providers countywide with optional CE credits available:
 - Three- 6-hour Trainings (two virtual, one in-person)
 - Three- 1-hour Virtual Trainings (one conducted in Spanish)
 - Two- 4-hour Virtual Trainings

- Continued to provide virtual outreach and education presentations regarding Crisis Center Agency Services and Suicide Prevention.
- Continued to co-chair the Suicide Prevention Coalition monthly meetings.
- Responded to ten Postventions/Mobile Grief Response Requests after the sudden death of a student or colleague at a school, business, or agency.
- Conducted several planning and coordination meetings with the PES team for the follow-up program for consenting patients discharged from PES. Follow-Up program promotion to patients began August 1, 2022.
- 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

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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,

- 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.

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,

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:

- 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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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,

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

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

- 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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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/acclimation); 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."

- 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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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

- resolution of health or mental health issues.
 - 100% of the adult case management clients reported upon exit that they had an increased understanding of health and mental health care systems in Contra Costa County.
 - 94% of respondents from our cross-cultural staff trainings reported that they had a better understanding of recognizing stress and risk factors after the training.
 - 91% of respondents from our cross-cultural staff trainings reported that they had a better understanding of when to refer clients to specialized services.
 - 78% of participants of the Russian Mental Health Classes reported to have a better understanding of when and how to seek help.
 - 100% of participants of the Russian Mental Health Classes reported that they have an increased ability to recognize stress and risk factors in themselves and/or family members, reported feeling more supported after coming to the group, and reported having a better understanding of the concepts discussed in individual sessions.
 - 100% of participants of the Afghan Mothers' Support Groups reported having an increased ability to recognize stress and risk factors, a better understanding of trauma and how it affects the mind and body, a better understanding of the concepts discussed in group, having learned helpful techniques to deal with their own stress and emotions, a better understanding of when and how to seek help if I need it, feeling more supported after attending the group, having learned helpful parenting skills that they will use with their own children, and being able apply what they learned from the group in their own life.
 - Provided culturally and linguistically appropriate care to all consumers served.
- FY 21-22:
 - Served 461 people. Clients include 185 children (ages 0-15); 98 transition-aged youth (ages 16-25); 166 adults (ages 26-59); and 12 older adults (ages 60+).
 - Completed 208 pre-post assessments with adult case management clients (ages 18+).
 - Provided 10- week series family support with Sutter Health partnership serving 6 families.
 - Provided 208 clients with bilingual/bicultural case management: (ages 18 and older).
 - Health and Mental Health System Navigation (Case Management)
 - 96% of the adult case management clients reported upon exit that they were able to independently seek help for mental health services. At entry, 62 % of clients reported that they did not know how to do this.
 - 93% of the adult case management clients reported upon exit that they knew how to link to the appropriate persons within the county health care system or other community resources for resolution of health or mental health issues. At entry, 79% of clients reported that they did not know how to do this.
 - 100% of the adult case management clients reported upon exit that they had an increased understanding of health and mental health care systems in Contra Costa County. At entry, 91 % of clients reported that they did not understand care systems.
 - Women / Men Support / Educational Groups
 - 100% of participants reported to have an increased ability to recognize stress and risk factors in myself or family.
 - 100% of participants reported to have a better understanding of trauma and how it affects the mind and body.
 - 100% of participants reported to have a better understanding of the concepts discussed in group.

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

- 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.

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

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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GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: OUR CHILDREN FIRST/PRIMERO NUESTROS NIÑOS

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

- 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

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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.

- 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.

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.

- 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 within 14 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.

- 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.

NATIVE AMERICAN HEALTH CENTER (NAHC)

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GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: NATIVE AMERICAN WELLNESS CENTER

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

- 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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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 participating in 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 MHSF 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

- 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.

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

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.

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 unconflicted 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 LGBTQ 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

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 (RCKHFP) 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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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.

- 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.

- 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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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

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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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

- 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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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.

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

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 of the early signs of mental health issues, increase their knowledge about mental health, and reduce the stigma that surrounds the topic of mental health. Additionally, we provide information about where and how to get help if needed, particularly for those who may feel limited due to language barriers.

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.

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 of 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 MHS 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.

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:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	0	AFRICAN	0
AMERICAN INDIAN/ ALASKA NATIVE	0	ASIAN INDIAN/ SOUTH ASIAN	0
ASIAN	706	CAMBODIAN	0
BLACK/ AFRICAN AMERICAN	0	CHINESE	39
WHITE/ CAUCASIAN	0	EASTERN EUROPEAN	0
HISPANIC/ LATINO	0	FILIPINO	0
NATIVE HAWAIIAN/ PACIFIC ISLANDER	0	JAPANESE	0
OTHER		KOREAN	2
DECLINE TO STATE/ DATA NOT CAPTURED	0	MIDDLE EASTERN	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	706	VIETNAMESE	213
		MORE THAN ONE ETHNICITY	0
		OTHER	452

ETHNICITY (HISPANIC/LATINX)

ETHNICITY (ALL)

CARIBBEAN	0	DECLINE TO STATE/ DATA NOT CAPTURED	0
CENTRAL AMERICAN	0	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	706
MEXICAN AMERICAN	0		
PUERTO RICAN	0		
SOUTH AMERICAN	0		
OTHER	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:

CURRENT GENDER IDENTITY:

MALE	237	MAN	237
FEMALE	460	WOMAN	460
DECLINE TO STATE/ DATA NOT CAPTURED	9	TRANSGENDER	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	706	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

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	DECLINE TO STATE/ DATA NOT CAPTURED	0
NO	700	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	706

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

**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

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

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 through 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 their 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.

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 through AAWP outreach.

Participants who attended Mind, Body & Soul Support Groups received tools and techniques to identify 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

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.

- “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.

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:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	4	AFRICAN	0
AMERICAN INDIAN/ ALASKA NATIVE	0	ASIAN INDIAN/ SOUTH ASIAN	0
ASIAN	0	CAMBODIAN	0
BLACK/ AFRICAN AMERICAN	132	CHINESE	0
WHITE/ CAUCASIAN	6	EASTERN EUROPEAN	0
HISPANIC/ LATINO	8	FILIPINO	2
NATIVE HAWAIIAN/ PACIFIC ISLANDER	1	JAPANESE	0
OTHER	0	KOREAN	0
DECLINE TO STATE/ DATA NOT CAPTURED	2	MIDDLE EASTERN	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	153	VIETNAMESE	0
		MORE THAN ONE ETHNICITY	N/A

		OTHER	N/A
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ETHNICITY (HISPANIC/LATINX)

ETHNICITY (ALL)

CARIBBEAN	0	DECLINE TO STATE/ DATA NOT CAPTURED	151
CENTRAL AMERICAN	0	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	153
MEXICAN AMERICAN	2		
PUERTO RICAN	0		
SOUTH AMERICAN	0		
OTHER	0		

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:

CURRENT GENDER IDENTITY:

MALE	53	MAN	53
FEMALE	100	WOMAN	100
DECLINE TO STATE/ DATA NOT CAPTURED	0	TRANSGENDER	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	153	GENDERQUEER / NON-BINARY	0
		QUESTIONING	0
		ANOTHER GENDER IDENTITY	0
		DECLINE TO STATE/ DATA NOT CAPTURED	0
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	153

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	DECLINE TO STATE/ DATA NOT CAPTURED	150
NO		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	153

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

**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
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

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.

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

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 programming 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

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.

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:

"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

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:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	14	AFRICAN	3
AMERICAN INDIAN/ ALASKA NATIVE		ASIAN INDIAN/ SOUTH ASIAN	2
ASIAN	9	CAMBODIAN	
BLACK/ AFRICAN AMERICAN	13	CHINESE	1
WHITE/ CAUCASIAN	7	EASTERN EUROPEAN	3
HISPANIC/ LATINO	28	FILIPINO	4
NATIVE HAWAIIAN/ PACIFIC ISLANDER	1	JAPANESE	
OTHER		KOREAN	
DECLINE TO STATE/ DATA NOT CAPTURED	2	MIDDLE EASTERN	1
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	74	VIETNAMESE	
		MORE THAN ONE ETHNICITY	18

		OTHER	3
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ETHNICITY (HISPANIC/LATINX)

ETHNICITY (ALL)

CARIBBEAN		DECLINE TO STATE/ DATA NOT CAPTURED	17
CENTRAL AMERICAN		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	74
MEXICAN AMERICAN	20		
PUERTO RICAN	1		
SOUTH AMERICAN	1		
OTHER			

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:

CURRENT GENDER IDENTITY:

MALE	15	MAN	5
FEMALE	53	WOMAN	21
DECLINE TO STATE/ DATA NOT CAPTURED	6	TRANSGENDER	22
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	74	GENDERQUEER / NON-BINARY	17
		QUESTIONING	4
		ANOTHER GENDER IDENTITY	3
		DECLINE TO STATE/ DATA NOT CAPTURED	2
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	74

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

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

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

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 2022 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

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.

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

<i>Construct</i>	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>
Form A	6.31	6.08	5.62	7.46	6.00
Form B	5.73	7.55	8.00	8.27	6.18

<i>Construct</i>	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>
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

<i>Construct</i>	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>
Form A	6.11	6.11	3.67	7.00	5.22
Form B	6.80	6.60	7.40	6.80	7.00

<i>Construct</i>	<i>A</i>	<i>B</i>	<i>C</i>	<i>D</i>	<i>E</i>
<i>Form A</i>	7.50	7.17	7.33	8.17	7.33
<i>Form B</i>	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.

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.

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:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE		AFRICAN	
AMERICAN INDIAN/ ALASKA NATIVE		ASIAN INDIAN/ SOUTH ASIAN	
ASIAN		CAMBODIAN	
BLACK/ AFRICAN AMERICAN		CHINESE	
WHITE/ CAUCASIAN		EASTERN EUROPEAN	
HISPANIC/ LATINO	116	FILIPINO	
NATIVE HAWAIIAN/ PACIFIC ISLANDER		JAPANESE	
OTHER		KOREAN	
DECLINE TO STATE/ DATA NOT CAPTURED		MIDDLE EASTERN	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	116	VIETNAMESE	
		MORE THAN ONE ETHNICITY	

		OTHER	
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ETHNICITY (HISPANIC/LATINX)

ETHNICITY (ALL)

CARIBBEAN		DECLINE TO STATE/ DATA NOT CAPTURED	
CENTRAL AMERICAN	6	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	116
MEXICAN AMERICAN	110		
PUERTO RICAN			
SOUTH AMERICAN			
OTHER			

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:

CURRENT GENDER IDENTITY:

MALE	54	MAN	54
FEMALE	62	WOMAN	62
DECLINE TO STATE/ DATA NOT CAPTURED		TRANSGENDER	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	116	GENDERQUEER / NON-BINARY	
		QUESTIONING	
		ANOTHER GENDER IDENTITY	
		DECLINE TO STATE/ DATA NOT CAPTURED	
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	116

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

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	

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

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

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.

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.

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,

“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.”

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:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	838	AFRICAN	
AMERICAN INDIAN/ ALASKA NATIVE	29	ASIAN INDIAN/ SOUTH ASIAN	
ASIAN	1,503	CAMBODIAN	
BLACK/ AFRICAN AMERICAN	2,714	CHINESE	
WHITE/ CAUCASIAN	9,856	EASTERN EUROPEAN	
HISPANIC/ LATINO	1,472	FILIPINO	
NATIVE HAWAIIAN/ PACIFIC ISLANDER	91	JAPANESE	
OTHER	0	KOREAN	
DECLINE TO STATE/ DATA NOT CAPTURED	10,723	MIDDLE EASTERN	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	27,226	VIETNAMESE	
		MORE THAN ONE ETHNICITY	

	OTHER	
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ETHNICITY (HISPANIC/LATINX)

ETHNICITY (ALL)

CARIBBEAN		DECLINE TO STATE/ DATA NOT CAPTURED	
CENTRAL AMERICAN		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	
MEXICAN AMERICAN			
PUERTO RICAN			
SOUTH AMERICAN			
OTHER			

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:

CURRENT GENDER IDENTITY:

MALE	7,364	MAN	7,364
FEMALE	12,876	WOMAN	12,876
DECLINE TO STATE/ DATA NOT CAPTURED	6,986	TRANSGENDER	61
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	27,226	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

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)	

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	

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

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.P.E. enrolled 269 individuals in these classes and seminars.

C.O.P.E. 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.

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.

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).

- 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 Group Triple 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 than 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

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.

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:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	16	AFRICAN	n/a
AMERICAN INDIAN/ ALASKA NATIVE	3	ASIAN INDIAN/ SOUTH ASIAN	n/a
ASIAN	14	CAMBODIAN	n/a
BLACK/ AFRICAN AMERICAN	35	CHINESE	n/a
WHITE/ CAUCASIAN	79	EASTERN EUROPEAN	n/a
HISPANIC/ LATINO	87	FILIPINO	n/a
NATIVE HAWAIIAN/ PACIFIC ISLANDER	4	JAPANESE	n/a
OTHER	10	KOREAN	n/a
DECLINE TO STATE/ DATA NOT CAPTURED	21	MIDDLE EASTERN	n/a
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	269	VIETNAMESE	n/a
		MORE THAN ONE ETHNICITY	n/a

		OTHER	n/a
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ETHNICITY (HISPANIC/LATINX)

ETHNICITY (ALL)

CARIBBEAN	n/a	DECLINE TO STATE/ DATA NOT CAPTURED	n/a
CENTRAL AMERICAN	n/a	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	n/a
MEXICAN AMERICAN	n/a		
PUERTO RICAN	n/a		
SOUTH AMERICAN	n/a		
OTHER	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:

CURRENT GENDER IDENTITY:

MALE	104	MAN	n/a
FEMALE	159	WOMAN	n/a
DECLINE TO STATE/ DATA NOT CAPTURED	6	TRANSGENDER	n/a
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	269	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

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

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

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

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

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.

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

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 Lawrence. 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.*

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:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	0	AFRICAN	0
AMERICAN INDIAN/ ALASKA NATIVE	0	ASIAN INDIAN/ SOUTH ASIAN	0
ASIAN	11	CAMBODIAN	0
BLACK/ AFRICAN AMERICAN	164	CHINESE	0
WHITE/ CAUCASIAN	22	EASTERN EUROPEAN	0
HISPANIC/ LATINO	367	FILIPINO	0
NATIVE HAWAIIAN/ PACIFIC ISLANDER	0	JAPANESE	0
OTHER	0	KOREAN	0
DECLINE TO STATE/ DATA NOT CAPTURED	124	MIDDLE EASTERN	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	676	VIETNAMESE	0
		MORE THAN ONE ETHNICITY	0

		OTHER	0
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ETHNICITY (HISPANIC/LATINX)

ETHNICITY (ALL)

CARIBBEAN	0	DECLINE TO STATE/ DATA NOT CAPTURED	0
CENTRAL AMERICAN	0	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	0
MEXICAN AMERICAN	0		
PUERTO RICAN	0		
SOUTH AMERICAN	0		
OTHER	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:

CURRENT GENDER IDENTITY:

MALE	193	MAN	193
FEMALE	428	WOMAN	428
DECLINE TO STATE/ DATA NOT CAPTURED	55	TRANSGENDER	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	676	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

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

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

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

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

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.

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 de-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.

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.

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:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	14	AFRICAN	N/A
AMERICAN INDIAN/ ALASKA NATIVE	2	ASIAN INDIAN/ SOUTH ASIAN	N/A
ASIAN	8	CAMBODIAN	N/A
BLACK/ AFRICAN AMERICAN	40	CHINESE	N/A
WHITE/ CAUCASIAN	31	EASTERN EUROPEAN	N/A
HISPANIC/ LATINO	69	FILIPINO	N/A
NATIVE HAWAIIAN/ PACIFIC ISLANDER	2	JAPANESE	N/A
OTHER	2	KOREAN	N/A
DECLINE TO STATE/ DATA NOT CAPTURED	4	MIDDLE EASTERN	N/A
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	172	VIETNAMESE	N/A
		MORE THAN ONE ETHNICITY	N/A

		OTHER	N/A
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ETHNICITY (HISPANIC/LATINX)

ETHNICITY (ALL)

CARIBBEAN	N/A	DECLINE TO STATE/ DATA NOT CAPTURED	N/A
CENTRAL AMERICAN	N/A	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	N/A
MEXICAN AMERICAN	N/A		
PUERTO RICAN	N/A		
SOUTH AMERICAN	N/A		
OTHER	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:

CURRENT GENDER IDENTITY:

MALE	51	MAN	N/A
FEMALE	120	WOMAN	N/A
DECLINE TO STATE/ DATA NOT CAPTURED	1	TRANSGENDER	N/A
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	172	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

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

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

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

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.

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

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

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 2023.

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

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.

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."

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:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	4	AFRICAN	
AMERICAN INDIAN/ ALASKA NATIVE	1	ASIAN INDIAN/ SOUTH ASIAN	1
ASIAN	2	CAMBODIAN	
BLACK/ AFRICAN AMERICAN	3	CHINESE	
WHITE/ CAUCASIAN	6	EASTERN EUROPEAN	1
HISPANIC/ LATINO	18	FILIPINO	1
NATIVE HAWAIIAN/ PACIFIC ISLANDER		JAPANESE	
OTHER		KOREAN	
DECLINE TO STATE/ DATA NOT CAPTURED	949	MIDDLE EASTERN	1
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	983	VIETNAMESE	
		MORE THAN ONE ETHNICITY	5

		OTHER (Afghan/Native/European)	3
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ETHNICITY (HISPANIC/LATINX)

ETHNICITY (ALL)

CARIBBEAN		DECLINE TO STATE/ DATA NOT CAPTURED	956
CENTRAL AMERICAN	2	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	983
MEXICAN AMERICAN	12		
PUERTO RICAN			
SOUTH AMERICAN			
OTHER (Hispanic)	1		

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:

CURRENT GENDER IDENTITY:

MALE	22	MAN	14
FEMALE	16	WOMAN	7
DECLINE TO STATE/ DATA NOT CAPTURED	945	TRANSGENDER	4
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	983	GENDERQUEER / NON-BINARY	4
		QUESTIONING	1
		ANOTHER GENDER IDENTITY	
		DECLINE TO STATE/ DATA NOT CAPTURED	953
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	983

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

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

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

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

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)

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, as 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

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.

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:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	2	AFRICAN	
AMERICAN INDIAN/ ALASKA NATIVE	1	ASIAN INDIAN/ SOUTH ASIAN	
ASIAN	15	CAMBODIAN	
BLACK/ AFRICAN AMERICAN	236	CHINESE	
WHITE/ CAUCASIAN	78	EASTERN EUROPEAN	
HISPANIC/ LATINO	296	FILIPINO	
NATIVE HAWAIIAN/ PACIFIC ISLANDER	5	JAPANESE	
OTHER		KOREAN	
DECLINE TO STATE/ DATA NOT CAPTURED	67	MIDDLE EASTERN	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	700	VIETNAMESE	
		MORE THAN ONE ETHNICITY	

**In 2022-2023, Hope Solutions tracked race and ethnicity according to federal classifications. New classifications will be tracked in 2023-2024.	OTHER	
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ETHNICITY (HISPANIC/LATINX)

ETHNICITY (ALL)

CARIBBEAN		DECLINE TO STATE/ DATA NOT CAPTURED	700
CENTRAL AMERICAN		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	700
MEXICAN AMERICAN			
PUERTO RICAN			
SOUTH AMERICAN			
OTHER			

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:

CURRENT GENDER IDENTITY:

MALE	244	MAN	
FEMALE	374	WOMAN	
DECLINE TO STATE/ DATA NOT CAPTURED	82	TRANSGENDER	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	700	GENDERQUEER / NON-BINARY	
		QUESTIONING	
		ANOTHER GENDER IDENTIY	
		DECLINE TO STATE/ DATA NOT CAPTURED	700

	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	700
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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

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

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

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.

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

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

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.”

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:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE		AFRICAN	
AMERICAN INDIAN/ ALASKA NATIVE	1	ASIAN INDIAN/ SOUTH ASIAN	
ASIAN	61	CAMBODIAN	
BLACK/ AFRICAN AMERICAN	84	CHINESE	
WHITE/ CAUCASIAN	69	EASTERN EUROPEAN	
HISPANIC/ LATINO	138	FILIPINO	
NATIVE HAWAIIAN/ PACIFIC ISLANDER	5	JAPANESE	
OTHER		KOREAN	
DECLINE TO STATE/ DATA NOT CAPTURED	6	MIDDLE EASTERN	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	364	VIETNAMESE	
		MORE THAN ONE ETHNICITY	

	OTHER	
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ETHNICITY (HISPANIC/LATINX)

ETHNICITY (ALL)

CARIBBEAN		DECLINE TO STATE/ DATA NOT CAPTURED	364
CENTRAL AMERICAN		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	364
MEXICAN AMERICAN			
PUERTO RICAN			
SOUTH AMERICAN			
OTHER			

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:

CURRENT GENDER IDENTITY:

MALE		MAN	145
FEMALE		WOMAN	207
DECLINE TO STATE/ DATA NOT CAPTURED	364	TRANSGENDER	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	364	GENDERQUEER / NON-BINARY	
		QUESTIONING	
		ANOTHER GENDER IDENTIY	
		DECLINE TO STATE/ DATA NOT CAPTURED	12
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	364

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

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

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

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

- 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

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.

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.

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:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE		AFRICAN	
AMERICAN INDIAN/ ALASKA NATIVE		ASIAN INDIAN/ SOUTH ASIAN	
ASIAN		CAMBODIAN	
BLACK/ AFRICAN AMERICAN		CHINESE	
WHITE/ CAUCASIAN	1	EASTERN EUROPEAN	1
HISPANIC/ LATINO	3	FILIPINO	
NATIVE HAWAIIAN/ PACIFIC ISLANDER		JAPANESE	
OTHER	199	KOREAN	
DECLINE TO STATE/ DATA NOT CAPTURED		MIDDLE EASTERN	199

TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	203	VIETNAMESE	
		MORE THAN ONE ETHNICITY110	
		OTHER	3

ETHNICITY (HISPANIC/LATINX)

ETHNICITY (ALL)

CARIBBEAN		DECLINE TO STATE/ DATA NOT CAPTURED	
CENTRAL AMERICAN	3	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	203
MEXICAN AMERICAN			
PUERTO RICAN			
SOUTH AMERICAN			
OTHER	200		

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

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	

	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)	

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	

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

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 Clínica'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.

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.

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 Clínica, 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.

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 sx's 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."

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:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE		AFRICAN	
AMERICAN INDIAN/ ALASKA NATIVE	1	ASIAN INDIAN/ SOUTH ASIAN	
ASIAN	22	CAMBODIAN	
BLACK/ AFRICAN AMERICAN	49	CHINESE	
WHITE/ CAUCASIAN	102	EASTERN EUROPEAN	
HISPANIC/ LATINO	707	FILIPINO	
NATIVE HAWAIIAN/ PACIFIC ISLANDER		JAPANESE	
OTHER	3	KOREAN	
DECLINE TO STATE/ DATA NOT CAPTURED	12	MIDDLE EASTERN	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	896	VIETNAMESE	
		MORE THAN ONE ETHNICITY	

	OTHER	
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ETHNICITY (HISPANIC/LATINX)

ETHNICITY (ALL)

CARIBBEAN		DECLINE TO STATE/ DATA NOT CAPTURED	
CENTRAL AMERICAN		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	
MEXICAN AMERICAN			
PUERTO RICAN			
SOUTH AMERICAN			
OTHER			

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:

CURRENT GENDER IDENTITY:

MALE	277	MAN	207
FEMALE	619	WOMAN	496
DECLINE TO STATE/ DATA NOT CAPTURED		TRANSGENDER	2
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	896	GENDERQUEER / NON-BINARY	3
		QUESTIONING	
		ANOTHER GENDER IDENTITY	2
		DECLINE TO STATE/ DATA NOT CAPTURED	186
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	896

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)	

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	

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

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,

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.

- 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 purposes. 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 MHSVA 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 MHSVA values in these areas:

- 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 Motor 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.

- 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.

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:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE		AFRICAN	
AMERICAN INDIAN/ ALASKA NATIVE		ASIAN INDIAN/ SOUTH ASIAN	
ASIAN	127	CAMBODIAN	
BLACK/ AFRICAN AMERICAN		CHINESE	
WHITE/ CAUCASIAN		EASTERN EUROPEAN	
HISPANIC/ LATINO		FILIPINO	
NATIVE HAWAIIAN/ PACIFIC ISLANDER		JAPANESE	
OTHER		KOREAN	
DECLINE TO STATE/ DATA NOT CAPTURED		MIDDLE EASTERN	

TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	127	VIETNAMESE	
		MORE THAN ONE ETHNICITY	
		OTHER	127

ETHNICITY (HISPANIC/LATINX)		ETHNICITY (ALL)	
CARIBBEAN		DECLINE TO STATE/ DATA NOT CAPTURED	
CENTRAL AMERICAN		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	127
MEXICAN AMERICAN			
PUERTO RICAN			
SOUTH AMERICAN			
OTHER	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	

	QUESTIONING	
	ANOTHER GENDER IDENTIY	
	DECLINE TO STATE/ DATA NOT CAPTURED	
	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

ACTIVE MILITARY STATUS:

VETERAN STATUS:

YES		YES	
NO	127	NO	127
DECLINE TO STATE/ DATA NOT CAPTURED		DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	127	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	127

DISABILITY STATUS:

DISABILITY TYPE:

YES	41	DIFFICULTY SEEING	
NO	86	DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	
DECLINE TO STATE/ DATA NOT CAPTURED		PHYSICAL MOBILITY	36
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	127	CHRONIC HEALTH CONDITION	5
		OTHER	86
		DECLINE TO STATE/ DATA NOT CAPTURED	
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	127

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

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

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.

- 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.

- 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.

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

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.

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		Totally Agree	
	Disagree	Disagree	Agree	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 can 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%

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 can 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%

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

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

	YES	NO
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

	YES	NO
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

- 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

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.

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.

- LI. 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.

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:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE		AFRICAN	
AMERICAN INDIAN/ ALASKA NATIVE		ASIAN INDIAN/ SOUTH ASIAN	
ASIAN		CAMBODIAN	
BLACK/ AFRICAN AMERICAN		CHINESE	
WHITE/ CAUCASIAN		EASTERN EUROPEAN	
HISPANIC/ LATINO	293	FILIPINO	
NATIVE HAWAIIAN/ PACIFIC ISLANDER		JAPANESE	
OTHER		KOREAN	
DECLINE TO STATE/ DATA NOT CAPTURED		MIDDLE EASTERN	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	293	VIETNAMESE	
		MORE THAN ONE ETHNICITY	

		OTHER	
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ETHNICITY (HISPANIC/LATINX)

ETHNICITY (ALL)

CARIBBEAN		DECLINE TO STATE/ DATA NOT CAPTURED	
CENTRAL AMERICAN	73	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	293
MEXICAN AMERICAN	220		
PUERTO RICAN			
SOUTH AMERICAN			
OTHER			

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:

CURRENT GENDER IDENTITY:

MALE	19	MAN	19
FEMALE	274	WOMAN	274
DECLINE TO STATE/ DATA NOT CAPTURED		TRANSGENDER	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	293	GENDERQUEER / NON-BINARY	
		QUESTIONING	
		ANOTHER GENDER IDENTIY	
		DECLINE TO STATE/ DATA NOT CAPTURED	
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	293

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

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

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

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.

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.

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.

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:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	1	AFRICAN	55
AMERICAN INDIAN/ ALASKA NATIVE	1	ASIAN INDIAN/ SOUTH ASIAN	2
ASIAN	5	CAMBODIAN	0
BLACK/ AFRICAN AMERICAN	57	CHINESE	0
WHITE/ CAUCASIAN	4	EASTERN EUROPEAN	0
HISPANIC/ LATINO	9	FILIPINO	0
NATIVE HAWAIIAN/ PACIFIC ISLANDER	0	JAPANESE	0
OTHER	2	KOREAN	0
DECLINE TO STATE/ DATA NOT CAPTURED	96	MIDDLE EASTERN	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	175	VIETNAMESE	0
		MORE THAN ONE ETHNICITY	1

		OTHER	3
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ETHNICITY (HISPANIC/LATINX)

ETHNICITY (ALL)

CARIBBEAN	0	DECLINE TO STATE/ DATA NOT CAPTURED	113
CENTRAL AMERICAN	0	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	175
MEXICAN AMERICAN	1		
PUERTO RICAN	0		
SOUTH AMERICAN	0		
OTHER	0		

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:

CURRENT GENDER IDENTITY:

MALE	16	MAN	21
FEMALE	52	WOMAN	57
DECLINE TO STATE/ DATA NOT CAPTURED	107	TRANSGENDER	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	175	GENDERQUEER / NON-BINARY	0
		QUESTIONING	0
		ANOTHER GENDER IDENTITY	0
		DECLINE TO STATE/ DATA NOT CAPTURED	97
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	175

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	DECLINE TO STATE/ DATA NOT CAPTURED	172
NO	0	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	175

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

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

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%	

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.

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)

“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%

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%

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

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)

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%.

Table 7: Member and Caregiver Satisfaction with Program Activities that Member or Caregiver's Member Participated in (% Satisfied/ Very Satisfied)

Clubhouse Programs/Activities	% Very/Somewhat Satisfied (N)	
	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

Clubhouse Programs/Activities	Mean (N)	
	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)

“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 DREEM, 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)

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.

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:

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:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	11	AFRICAN	23
AMERICAN INDIAN/ ALASKA NATIVE	1	ASIAN INDIAN/ SOUTH ASIAN	6
ASIAN	10	CAMBODIAN	0
BLACK/ AFRICAN AMERICAN	26	CHINESE	2
WHITE/ CAUCASIAN	242	EASTERN EUROPEAN	0
HISPANIC/ LATINO	7	FILIPINO	2
NATIVE HAWAIIAN/ PACIFIC ISLANDER	1	JAPANESE	1
OTHER	8	KOREAN	1
DECLINE TO STATE/ DATA NOT CAPTURED	22	MIDDLE EASTERN	2
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	328	VIETNAMESE	1
		MORE THAN ONE ETHNICITY	14

		OTHER	272
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ETHNICITY (HISPANIC/LATINX)

ETHNICITY (ALL)

CARIBBEAN	0	DECLINE TO STATE/ DATA NOT CAPTURED	57
CENTRAL AMERICAN	0	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	328
MEXICAN AMERICAN	1		
PUERTO RICAN	0		
SOUTH AMERICAN	2		
OTHER	268		

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:

CURRENT GENDER IDENTITY:

MALE	164	MAN	162
FEMALE	130	WOMAN	130
DECLINE TO STATE/ DATA NOT CAPTURED	34	TRANSGENDER	3
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	328	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

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	DECLINE TO STATE/ DATA NOT CAPTURED	106
NO	213	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	328

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**

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

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.

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.

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.

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:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE		AFRICAN	
AMERICAN INDIAN/ ALASKA NATIVE	30	ASIAN INDIAN/ SOUTH ASIAN	
ASIAN	3	CAMBODIAN	
BLACK/ AFRICAN AMERICAN	1	CHINESE	
WHITE/ CAUCASIAN	2	EASTERN EUROPEAN	
HISPANIC/ LATINO	2	FILIPINO	
NATIVE HAWAIIAN/ PACIFIC ISLANDER		JAPANESE	
OTHER		KOREAN	
DECLINE TO STATE/ DATA NOT CAPTURED	156	MIDDLE EASTERN	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	194	VIETNAMESE	
		MORE THAN ONE ETHNICITY	

	OTHER	
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ETHNICITY (HISPANIC/LATINX)

ETHNICITY (ALL)

CARIBBEAN		DECLINE TO STATE/ DATA NOT CAPTURED	194
CENTRAL AMERICAN		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	194
MEXICAN AMERICAN			
PUERTO RICAN			
SOUTH AMERICAN			
OTHER			

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:

CURRENT GENDER IDENTITY:

MALE		MAN	
FEMALE		WOMAN	
DECLINE TO STATE/ DATA NOT CAPTURED	194	TRANSGENDER	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	194	GENDERQUEER / NON-BINARY	
		QUESTIONING	
		ANOTHER GENDER IDENTIY	
		DECLINE TO STATE/ DATA NOT CAPTURED	194
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	194

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

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

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

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

“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.

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:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE		AFRICAN	
AMERICAN INDIAN/ ALASKA NATIVE		ASIAN INDIAN/ SOUTH ASIAN	
ASIAN		CAMBODIAN	
BLACK/ AFRICAN AMERICAN		CHINESE	
WHITE/ CAUCASIAN		EASTERN EUROPEAN	
HISPANIC/ LATINO		FILIPINO	
NATIVE HAWAIIAN/ PACIFIC ISLANDER		JAPANESE	
OTHER		KOREAN	
DECLINE TO STATE/ DATA NOT CAPTURED	X	MIDDLE EASTERN	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)		VIETNAMESE	
		MORE THAN ONE ETHNICITY	

	OTHER	
--	-------	--

ETHNICITY (HISPANIC/LATINX)

ETHNICITY (ALL)

CARIBBEAN		DECLINE TO STATE/ DATA NOT CAPTURED	X
CENTRAL AMERICAN		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	
MEXICAN AMERICAN			
PUERTO RICAN			
SOUTH AMERICAN			
OTHER			

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:

CURRENT GENDER IDENTITY:

MALE		MAN	
FEMALE		WOMAN	
DECLINE TO STATE/ DATA NOT CAPTURED	X	TRANSGENDER	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)		GENDERQUEER / NON-BINARY	
		QUESTIONING	
		ANOTHER GENDER IDENTITY	
		DECLINE TO STATE/ DATA NOT CAPTURED	X
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

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)	

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

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

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.

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.

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

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 destigmatize and dismantle preconceptions about therapy and mental health care. It is no secret that mental health disparities are rampant in underserved communities, and our program provides much-needed support to our community.

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 Giovanni 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

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.

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:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	12	AFRICAN	0
AMERICAN INDIAN/ ALASKA NATIVE	1	ASIAN INDIAN/ SOUTH ASIAN	6
ASIAN	6	CAMBODIAN	0
BLACK/ AFRICAN AMERICAN	40	CHINESE	0
WHITE/ CAUCASIAN	17	EASTERN EUROPEAN	0
HISPANIC/ LATINO	127	FILIPINO	0
NATIVE HAWAIIAN/ PACIFIC ISLANDER	6	JAPANESE	0
OTHER	8	KOREAN	0
DECLINE TO STATE/ DATA NOT CAPTURED	3	MIDDLE EASTERN	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	220	VIETNAMESE	0
		MORE THAN ONE ETHNICITY	0

	OTHER	75
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ETHNICITY (HISPANIC/LATINX)

ETHNICITY (ALL)

CARIBBEAN	0	DECLINE TO STATE/ DATA NOT CAPTURED	12
CENTRAL AMERICAN	112	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	220
MEXICAN AMERICAN	15		
PUERTO RICAN	0		
SOUTH AMERICAN	0		
OTHER	0		

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:

CURRENT GENDER IDENTITY:

MALE	135	MAN	120
FEMALE	85	WOMAN	69
DECLINE TO STATE/ DATA NOT CAPTURED	0	TRANSGENDER	1
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	220	GENDERQUEER / NON-BINARY	0
		QUESTIONING	0
		ANOTHER GENDER IDENTIY	11
		DECLINE TO STATE/ DATA NOT CAPTURED	19

		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	220
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ACTIVE MILITARY STATUS:

VETERAN STATUS:

YES	0	YES	
NO	207	NO	
DECLINE TO STATE/ DATA NOT CAPTURED	13	DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	220	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

DISABILITY STATUS:

DISABILITY TYPE:

YES	0	DIFFICULTY SEEING	0
NO	207	DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	0
DECLINE TO STATE/ DATA NOT CAPTURED	13	PHYSICAL MOBILITY	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	220	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

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

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

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

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

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

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

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.

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.

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 Darrenogue:

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

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"l 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

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:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	101	AFRICAN	7
AMERICAN INDIAN/ ALASKA NATIVE	3	ASIAN INDIAN/ SOUTH ASIAN	6
ASIAN	35	CAMBODIAN	1
BLACK/ AFRICAN AMERICAN	36	CHINESE	4
WHITE/ CAUCASIAN	207	EASTERN EUROPEAN	0
HISPANIC/ LATINO	94	FILIPINO	16
NATIVE HAWAIIAN/ PACIFIC ISLANDER	2	JAPANESE	2
OTHER	25	KOREAN	2
DECLINE TO STATE/ DATA NOT CAPTURED	5	MIDDLE EASTERN	7
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	508	VIETNAMESE	1
		MORE THAN ONE ETHNICITY	92
		OTHER	155

ETHNICITY (HISPANIC/LATINX)**ETHNICITY (ALL)**

CARIBBEAN	0	DECLINE TO STATE/ DATA NOT CAPTURED	135
CENTRAL AMERICAN	9	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	508
MEXICAN AMERICAN	56		
PUERTO RICAN	3		
SOUTH AMERICAN	12		
OTHER			

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:**CURRENT GENDER IDENTITY:**

MALE	251	MAN	117
FEMALE	250	WOMAN	120
DECLINE TO STATE/ DATA NOT CAPTURED	7	TRANSGENDER	50
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	508	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

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

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

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

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.

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 McCCasey; 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

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

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.

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.*

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

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.

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

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

- 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.

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.

- **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

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.”

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:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	89	AFRICAN	
AMERICAN INDIAN/ ALASKA NATIVE	13	ASIAN INDIAN/ SOUTH ASIAN	
ASIAN	55	CAMBODIAN	
BLACK/ AFRICAN AMERICAN	230	CHINESE	
WHITE/ CAUCASIAN	32	EASTERN EUROPEAN	
HISPANIC/ LATINO	290	FILIPINO	
NATIVE HAWAIIAN/ PACIFIC ISLANDER	15	JAPANESE	
OTHER	0	KOREAN	
DECLINE TO STATE/ DATA NOT CAPTURED	83	MIDDLE EASTERN	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	807	VIETNAMESE	
****While the total number of youth served during this reporting period is 701 , the Race		MORE THAN ONE ETHNICITY	

section adds up to more because youth can mark upon member enrollment both <i>more than one race and the races they identified.</i>	OTHER	
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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 IDENTITY	

		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.**

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.**

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

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 bullying and sexual harassment, to increase knowledge and 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 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.

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.

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.

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:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	77	AFRICAN	N/A
AMERICAN INDIAN/ ALASKA NATIVE	3	ASIAN INDIAN/ SOUTH ASIAN	N/A
ASIAN	77	CAMBODIAN	N/A
BLACK/ AFRICAN AMERICAN	84	CHINESE	N/A
WHITE/ CAUCASIAN	71	EASTERN EUROPEAN	N/A
HISPANIC/ LATINO	350	FILIPINO	N/A
NATIVE HAWAIIAN/ PACIFIC ISLANDER	5	JAPANESE	N/A
OTHER	2	KOREAN	N/A
DECLINE TO STATE/ DATA NOT CAPTURED	26/437	MIDDLE EASTERN	N/A
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1132	VIETNAMESE	N/A
		MORE THAN ONE ETHNICITY	N/A

		OTHER	N/A
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ETHNICITY (HISPANIC/LATINX)

ETHNICITY (ALL)

CARIBBEAN	N/A	DECLINE TO STATE/ DATA NOT CAPTURED	1132
CENTRAL AMERICAN	N/A	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1132
MEXICAN AMERICAN	N/A		
PUERTO RICAN	N/A		
SOUTH AMERICAN	N/A		
OTHER	N/A		

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:

CURRENT GENDER IDENTITY:

MALE	N/A	MAN	N/A
FEMALE	N/A	WOMAN	N/A
DECLINE TO STATE/ DATA NOT CAPTURED	1132	TRANSGENDER	N/A
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1132	GENDERQUEER / NON-BINARY	N/A
		QUESTIONING	N/A
		ANOTHER GENDER IDENTIY	N/A
		DECLINE TO STATE/ DATA NOT CAPTURED	1132

		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1132
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ACTIVE MILITARY STATUS:

VETERAN STATUS:

YES	N/A	YES	N/A
NO	N/A	NO	N/A
DECLINE TO STATE/ DATA NOT CAPTURED	N/A	DECLINE TO STATE/ DATA NOT CAPTURED	N/A
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	N/A	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	N/A

DISABILITY STATUS:

DISABILITY TYPE:

YES	N/A	DIFFICULTY SEEING	N/A
NO	N/A	DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	N/A
DECLINE TO STATE/ DATA NOT CAPTURED	1132	PHYSICAL MOBILITY	N/A
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1132	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

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

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

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.

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

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"

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:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	5	AFRICAN	
AMERICAN INDIAN/ ALASKA NATIVE	1	ASIAN INDIAN/ SOUTH ASIAN	
ASIAN	0	CAMBODIAN	
BLACK/ AFRICAN AMERICAN	3	CHINESE	
WHITE/ CAUCASIAN	16	EASTERN EUROPEAN	
HISPANIC/ LATINO	24	FILIPINO	
NATIVE HAWAIIAN/ PACIFIC ISLANDER	0	JAPANESE	
OTHER		KOREAN	
DECLINE TO STATE/ DATA NOT CAPTURED		MIDDLE EASTERN	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	49	VIETNAMESE	

	MORE THAN ONE ETHNICITY	
	OTHER	

ETHNICITY (HISPANIC/LATINX)

ETHNICITY (ALL)

CARIBBEAN		DECLINE TO STATE/ DATA NOT CAPTURED	
CENTRAL AMERICAN		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	
MEXICAN AMERICAN			
PUERTO RICAN			
SOUTH AMERICAN			
OTHER			

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:

CURRENT GENDER IDENTITY:

MALE	27	MAN	29
FEMALE	22	WOMAN	20
DECLINE TO STATE/ DATA NOT CAPTURED		TRANSGENDER	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	49	GENDERQUEER / NON-BINARY	
		QUESTIONING	
		ANOTHER GENDER IDENTITY	
		DECLINE TO STATE/ DATA NOT CAPTURED	

	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	49
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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

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

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

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

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

- 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.

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
- ECPIIC 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.

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

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

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 que 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 sabia 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. ”

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:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	22	AFRICAN	
AMERICAN INDIAN/ ALASKA NATIVE	0	ASIAN INDIAN/ SOUTH ASIAN	
ASIAN	31	CAMBODIAN	
BLACK/ AFRICAN AMERICAN	80	CHINESE	
WHITE/ CAUCASIAN	33	EASTERN EUROPEAN	
HISPANIC/ LATINO	148	FILIPINO	
NATIVE HAWAIIAN/ PACIFIC ISLANDER	1	JAPANESE	
OTHER	18	KOREAN	
DECLINE TO STATE/ DATA NOT CAPTURED		MIDDLE EASTERN	7
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	333	VIETNAMESE	
		MORE THAN ONE ETHNICITY	

	OTHER	
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ETHNICITY (HISPANIC/LATINX)

ETHNICITY (ALL)

CARIBBEAN		DECLINE TO STATE/ DATA NOT CAPTURED	326
CENTRAL AMERICAN		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	333
MEXICAN AMERICAN			
PUERTO RICAN			
SOUTH AMERICAN			
OTHER			

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:

CURRENT GENDER IDENTITY:

MALE	53	MAN	
FEMALE	280	WOMAN	
DECLINE TO STATE/ DATA NOT CAPTURED		TRANSGENDER	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	333	GENDERQUEER / NON-BINARY	
		QUESTIONING	
		ANOTHER GENDER IDENTIY	
		DECLINE TO STATE/ DATA NOT CAPTURED	333
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	333

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

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