Three Year PEI Evaluation Report

Contra Costa Behavioral Health Services

Mental Health Services Act

As submitted for MHOAC
FY 2015-2018

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Executive Summary

Prevention and Early Intervention (PEI) is the component of the Three-Year Plan that refers to services designed to prevent mental illnesses from becoming severe and disabling. This means providing outreach and engagement to increase recognition of early signs of mental illness and intervening early in the onset of a mental illness.
First approved in 2009, with an initial State appropriation of $5.5 million, Contra Costa's Prevention and Early Intervention budget has grown incrementally to $8.6 million for FY 2017-18 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 similar to that conducted in 2005-06 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.
The programs and services described below are directly derived from this initial planning process, and expanded by subsequent yearly community program planning processes, to include current year. New regulations and demographic reporting requirements for the PEI component went into effect on October 6, 2015. Programs in this component now focus their programming on one of the following seven PEI categories:

1) Outreach for increasing recognition of early signs of mental illness
2) Prevention
3) Early intervention
4) Access and linkage to treatment
5) Improving timely access to mental health services for underserved populations
6) Stigma and discrimination reduction
7) Suicide prevention

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 FY 17-18, a total of 25,024 consumers of all ages were served by PEI programs in Contra Costa County. This report includes updates from each program (including data collected during FY 17-18) and is organized by PEI program category.

The information gathered enables CCBHS 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 of Programs

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

- Delivering services according to the values of MHSA
- Serving those who need the service
- Providing services for which funding was allocated
- Meeting the needs of the community and/or population
- Serving the number of individuals that have been agree 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. Links to PEI program and fiscal reviews can be found here: https://cchealth.org/mentalhealth/mhsa/cpaw/agendas-minutes.php.

During the previous three-year period (FY16-19), completed PEI Program and Fiscal Review reports were distributed at the following monthly CPAW meetings: March ’19, Feb ’19, Oct ’18, May ’18, March ’18, Feb ’18, Jan ’18, June ’17, April ’17, Jan ’17, Sept ’16.

PEI programs are listed within the seven 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 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 provides 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 a number of 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 (Triple P) method to mental health practitioners who serve this at-risk population.

4) 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, and Los Medanos Village in Pittsburg. Services include 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 and Community Services of the East Bay provides culturally grounded, community-directed mental health education and navigation services to refugees and immigrants of all ages in primarily the Afghan, Bosnian, Iranian and Russian communities of Contra Costa 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 provides a variety of culturally specific methods of outreach and engagement to educate Native Americans throughout the County regarding mental illness, identify those at risk for developing a serious mental illness, and help them access and navigate the human service systems in the County. Methods include an elder support group, a youth wellness group, a traditional arts group, talking circles, Positive Indian Parenting sessions, and Gatherings of Native Americans.

7) The Latina Center serves Latino parents and caregivers in West Contra Costa County by providing culturally and linguistically specific twelve-week parent education classes to high risk families utilizing the evidence-based curriculum of Systematic Training for Effective Parenting (STEP). In addition, the Latina Center trains parents with lived experience to both conduct parenting education classes and to become Parent Partners who can offer mentoring, emotional support and assistance in navigating social service and mental health systems.

The allocation for this category is summarized below:

Program	**Region Served**	**Numbers Served FY 17-18**	**MHSA Funds Allocated for FY 17-18**
Asian Family Resource Center	Countywide	554	137,917
COPE	Countywide	246	238,703
First Five	Countywide	(included in COPE)	79,568
Interfaith Housing	Central and East County	428	78,000
Jewish Family & Children's Services	Central and East County	330	169,403

Native American Health Center	Countywide	162	231,419
The Latina Center	West County	144	108,565
Total		**1,864**	**$1,043,575**

Aggregate Data
Outreach for Increasing Recognition of Early Signs of Mental Illness
Total Served FY 17/18=1,329

Table 1. Age Group	# Served
Child (0-15)	233
Transition Age Youth (16-25)	128
Adult (26-59)	860
Older Adult (60+)	100
Decline to State	183

Table 2. Primary Language	# Served
English	726
Spanish	326
Other	298
Decline to State	102

Table 3. Race	# Served
More than one Race	86
American Indian/Alaska Native	47
Asian	30
Black or African American	205
White or Caucasian	167
Hispanic or Latino/A	576
Native Hawaiian or Other Pacific Islander	10
Other	220
Decline to State	161

Table 4. Ethnicity (If Non- Hispanic or Latino/a)	# Served
African	4
Asian Indian/South Asian	1
Cambodian	0
Chinese	0
Eastern European	16
European	5
Filipino	2

Japanese	2
Korean	0
Middle Eastern	199
Vietnamese	0
More than one Ethnicity	17
Decline to State	161
Other	0

Table 5. Ethnicity (If Hispanic or Latino/a)	**# Served**
Caribbean	0
Central American	15
Mexican/Mexican American /Chicano	52
Puerto Rican	0
South American	3
Other	0

Table 6. Sexual Orientation	**# Served**
Heterosexual or Straight	521
Gay or Lesbian	11
Bisexual	0
Queer	2
Questioning or Unsure of Sexual Orientation	1
Another Sexual Orientation	0
Decline to State	970

Table 7. Gender Assigned Sex at Birth	**# Served**
Male	448
Female	908
Decline to State	149

Table 8. Current Gender Identity	**# Served**
Man	431
Woman	883
Transgender	0
Genderqueer	0
Questioning or Unsure of Gender Identity	0
Another Gender Identity	0
Decline to State	193

Table 9. Active Military Status	**# Served**
Yes	4
No	574
Decline to State	877

Table 10. Veteran Status	# Served
Yes	7
No	911
Decline to State	553

Table 11. Disability Status	# Served
Yes	106
No	823
Decline to State	524

Table 12. Description of Disability Status	# Served
Difficulty Seeing	11
Difficulty Hearing or Having Speech Understood	3
Physical/Mobility	30
Chronic Health Condition	37
Other	35

Table 13. Cognitive Disability	# Served
Yes	14
No	268

Table 14. Referrals to Services	# Served
Clients Referred to Mental Health Services	163
Clients who Participated/ Engaged at Least Once in Referred Service	141

Table 15. External Mental Health Referral	# Served
Clients Referred to Mental Health Services	68
Clients who participated/ engaged at least once in referred service	36

Table 16. Average Duration without Mental Health Services	Week Totals
Average Duration for all Clients of Untreated Mental Health Issues (In weeks)	8

Table 17. Average Length of Time until Mental Health Services	Week Totals
Average Length for all Clients between Mental Health Referral and Services	39

Prevention

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

may include relapse prevention for those in recovery from a serious mental illness.

Five programs are included in this category:

1) The Building Blocks for Kids Collaborative, 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 Briones Continuation High School in the Martinez Unified School District provides career academies for at-risk youth that include individualized learning plans, learning projects, internships, and 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 after-school 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 licensed clinical specialist provides emotional, social and behavioral treatment through individual and group therapy.

4) Putnam Clubhouse provides peer-based programming for adults throughout Contra Costa County who are in recovery from a serious mental illness. Following the internationally recognized clubhouse model this structured, work focused programming helps individuals develop support networks, career development skills, and the self-confidence needed to sustain stable, productive and more independent lives. Features of the program provide respite support to family members, peer-to-peer outreach, and special programming for transition age youth and young adults.

5) The RYSE Center provides a constellation of age-appropriate activities that enable at-risk young people 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 a number of 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 this category is summarized below:

Program	**Region Served**	**Numbers Served FY 17-18**	**MHSA Expenditures for FY 17-18**
Building Blocks for Kids	West County	649	210,580
Vicente Briones High School	Central County	140	180,353
People Who Care	East County	212	216,604
Putnam Clubhouse	Countywide	308	565,883
RYSE	West County	680	474,144
Total		**1,989**	**$1,647,564**

Aggregate Data Prevention
Total Served FY 17/18=2,110

Table 1. Age Group	**# Served**
Child (0-15)	300
Transition Age Youth (16-25)	911
Adult (26-59)	259
Older Adult (60+)	1
Decline to State	10

Table 2. Primary Language	**# Served**
English	1364
Spanish	314
Other	63
Decline to State	58

Table 3. Race	**# Served**
More than one Race	305
American Indian/Alaska Native	29

Asian	49
Black or African American	552
White or Caucasian	370
Hispanic or Latino/A	715
Native Hawaiian or Other Pacific Islander	23
Other	8
Decline to State	34

Table 4. Ethnicity (If Non-Hispanic or Latino/a)	**# Served**
African	87
Asian Indian/South Asian	2
Cambodian	0
Chinese	7
Eastern European	11
European	284
Filipino	9
Japanese	1
Korean	2
Middle Eastern	11
Vietnamese	0
More than one Ethnicity	99
Decline to State	45
Other	2

Table 5. Ethnicity (If Hispanic or Latino/a)	**# Served**
Caribbean	0
Central American	13
Mexican/Mexican American /Chicano	156
Puerto Rican	1
South American	3
Other	6

Table 6. Sexual Orientation	**# Served**
Heterosexual or Straight	1,258
Gay or Lesbian	31
Bisexual	62
Queer	7
Questioning or Unsure of Sexual Orientation	19
Another Sexual Orientation	3
Decline to State	94

Table 7. Gender Assigned Sex at Birth	**# Served**
Male	879

Female	548
Decline to State	32

Table 8. Current Gender Identity	# Served
Man	992
Woman	891
Transgender	7
Genderqueer	2
Questioning or Unsure of Gender Identity	0
Another Gender Identity	3
Decline to State	39

Table 9. Active Military Status	# Served
Yes	0
No	1,244
Decline to State	11

Table 10. Veteran Status	# Served
Yes	9
No	1,441
Decline to State	11

Table 11. Disability Status	# Served
Yes	98
No	1,153
Decline to State	210

Table 12. Description of Disability Status	# Served
Difficulty Seeing	13
Difficulty Hearing or Having Speech Understood	8
Physical/Mobility	18
Chronic Health Condition	13
Other	1

Table 13. Cognitive Disability	# Served
Yes	34
No	533

Table 14. Referrals to Services	# Served
Clients Referred to Mental Health Services	402
Clients who Participated/Engaged at Least Once in Referred Service	313

Table 15. External Mental Health Referral	# Served
Clients Referred to Mental Health Services	53
Clients who participated/ engaged at least once in referred service	54

Table 16. Average Duration without Mental Health Services	Week Totals
Average Duration for all Clients of Untreated Mental Health Issues (In week	260

Table 17. Average Length of Time Until Mental Health Services	Week Totals
Average Length for all Clients between Mental Health Referral and Services (weeks)	27.25

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.

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 psycho-education, education and employment support, and occupational therapy.

The allocation for this program is summarized below:

Program	Region Served	Numbers Served FY 17-18	MHSA Expenditures for FY 17-18
First Hope	Countywide	1762	2,377,280
Total		**1762**	**$2,377,280**

Aggregate Data Early Intervention
Total Served FY 17/18=528

Table 18. Age Group	# Served
Child (0-15)	35

Transition Age Youth (16-25)	34
Adult (26-59)	0
Older Adult (60+)	0
Decline to State	0

Table 19. Primary Language	**# Served**
English	61
Spanish	8
Other	1
Decline to State	0

Table 20. Race	**# Served**
More than one Race	11
American Indian/Alaska Native	0
Asian	5
Black or African American	9
White or Caucasian	19
Hispanic or Latino/a	23
Native Hawaiian or Other Pacific Islander	0
Other	1
Decline to State	1

Table 21. Ethnicity (If Non- Hispanic or Latino/a)	**# Served**
African	6
Asian Indian/South Asian	1
Cambodian	0
Chinese	3
Eastern European	1
European	10
Filipino	2
Japanese	0
Korean	0
Middle Eastern	0
Vietnamese	1
More than one Ethnicity	10
Decline to State	4
Other	2

Table 22. Ethnicity (If Hispanic or Latino/a)	**# Served**
Caribbean	0
Central American	1
Mexican/Mexican American /Chicano	21

Puerto Rican	0
South American	4
Other	2

Table 23. Sexual Orientation	# Served
Heterosexual or Straight	50
Gay or Lesbian	25
Bisexual	2
Queer	1
Questioning or Unsure of Sexual Orientation	0
Another Sexual Orientation	1
Decline to State	7

Table 24. Gender Assigned at Birth	# Served
Male	29
Female	38
Decline to State	1

Table 25. Current Gender Identity	# Served
Man	26
Woman	34
Transgender	2
Genderqueer	0
Questioning or Unsure of Gender Identity	0
Another Gender Identity	0
Decline to State	0

Table 26. Active Military Status	# Served
Yes	0
No	64
Decline to State	1

Table 27. Veteran Status	# Served
Yes	0
No	60
Decline to State	1

Table 28. Disability Status	# Served
Yes	13
No	46
Decline to State	2

Table 29. Description of Disability Status	# Served

Difficulty Seeing	0
Difficulty Hearing or Having Speech Understood	0
Physical/Mobility	0
Chronic Health Condition	1
Other	11

Table 30. Cognitive Disability	# Served
Yes	5
No	0

Table 31. Referrals to Services	# Served
Clients Referred to Mental Health Services	90
Clients who Participated/ Engaged at Least Once in Referred Service	75

Table 32. External Mental Health Referral	# Served
Clients Referred to Mental Health Services	47
Clients who participated/ engaged at least once in referred service	38

Table 33. Average Duration Without Mental Health Services	Week Totals
Average Duration for all Clients of Untreated Mental Health Issues (In weeks)	45

Table 34. Average Length of Time Until Mental Health Services	Week Totals
Average Length for all Clients between Mental Health Referral and Services (In weeks)	1.5

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:

1) The James Morehouse Project 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 coping with anger, violence and bereavement, factors leading to substance abuse, teen parenting and caretaking, peer conflict and immigration acculturation.

2) 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.

3) 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, and two clinicians work with the Oren Allen Youth Ranch. 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 this category is summarized below:

Program	**Region Served**	**Numbers Served FY 17-18**	**MHSA Expenditures for FY 17-18**
James Morehouse Project	West County	413	99,900
STAND! Against Domestic Violence	Countywide	2074	130,207
Experiencing Juvenile Justice	Central County	300	702,521
Total		**2,787**	**$932,628**

Aggregate Data Access to Linkage toTreatment
Total Served FY 17/18 = 1,450

Table 1. Age Group	**# Served**
Child (0-15)	608
Transition Age Youth (16-25)	634
Adult (26-59)	2
Older Adult (60+)	0
Decline to State	383

Table 2. Primary Language	**# Served**
English	889
Spanish	38
Other	11
Decline to State	0

Table 3. Race	# Served
More than one Race	277
American Indian/Alaska Native	4
Asian	216
Black or African American	515
White or Caucasian	212
Hispanic or Latino/A	929
Native Hawaiian or Other Pacific Islander	33
Other	53
Decline to State	393

Table 4. Ethnicity (If Non- Hispanic or Latino/a)	# Served
African	0
Asian Indian/South Asian	142
Cambodian	0
Chinese	0
Eastern European	0
European	0
Filipino	0
Japanese	0
Korean	0
Middle Eastern	0
Vietnamese	0
More than one Ethnicity	277
Decline to State	392
Other	50

Table 5. Ethnicity (If Hispanic or Latino/a)	# Served
Caribbean	0
Central American	0
Mexican/Mexican American /Chicano	0
Puerto Rican	0
South American	0
Other	801

Table 6. Sexual Orientation	# Served
Heterosexual or Straight	0
Gay or Lesbian	1
Bisexual	0
Queer	0
Questioning or Unsure of Sexual Orientation	0
Another Sexual Orientation	0

Decline to State	0

Table 7. Gender Assigned Sex at Birth	# Served
Male	184
Female	224
Decline to State	5

Table 8. Current Gender Identity	# Served
Man	884
Woman	949
Transgender	4
Genderqueer	0
Questioning or Unsure of Gender Identity	0
Another Gender Identity	3
Decline to State	385

Table 9. Active Military Status	# Served
Yes	0
No	413
Decline to State	0

Table 10. Veteran Status	# Served
Yes	0
No	0
Decline to State	0

Table 11. Disability Status	# Served
Yes	0
No	0
Decline to State	0

Table 12. Description of Disability Status	# Served
Difficulty Seeing	0
Difficulty Hearing or Having Speech Understood	0
Physical/Mobility	0
Chronic Health Condition	0
Other	0

Table 13. Cognitive Disability	# Served
Yes	0
No	0

Table 14. Referrals to Services	# Served
Clients Referred to Mental Health Services	643

Clients who Participated/Engaged at Least Once in Referred Service	573

Table 15. External Mental Health Referral	# Served
Clients Referred to Mental Health Services	47
Clients who participated/ engaged at least once in referred service	38

Table 16. Average Duration without Mental Health Services	Week Totals
Average Duration for all Clients of Untreated Mental Health Issues (In weeks)	24

Table 17. Average Length of Time until Mental Health Services	Week Totals
Average Length for all Clients between Mental Health Referral and Services (In weeks)	1

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 serves the primarily African American population of Bay Point in Eastern 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. In addition, the Center for Human Development provides mental health education and supports for gay, lesbian, bi-sexual, and questioning 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 Clinica de la Raza reaches out to at-risk Latina/os 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 provides 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 in order 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 this category is summarized below:

Program	**Region Served**	**Numbers Served FY 17-18**	**MHSA Expenditures for FY 17-18**
Child Abuse Prevention Council	Central and East County	140	121,465
Center for Human Development	East County	116	142,129
La Clinica de la Raza	Central and East County	7669	272,386

Lao Family Community Development	West County	127	184,870
Lifelong Medical Care	West County	154	126,978
Rainbow Community Center	Countywide	1460	737,245
Total		**9,666**	**$1,585,073**

Aggregate Data
Improving Timely Access to Mental Health Services for Underserved Populations
Total Served FY 17/18 = 9,624

Table 1. Age Group	# Served
Child (0-15)	1,488
Transition Age Youth (16-25)	1,094
Adult (26-59)	4,884
Older Adult (60+)	1,167
Decline to State	1,179

Table 2. Primary Language	# Served
English	2,918
Spanish	4,913
Other	298
Decline to State	1,451

Table 3. Race	# Served
More than one Race	97
American Indian/Alaska Native	33
Asian	621
Black or African American	500
White or Caucasian	1,220
Hispanic or Latino/A	5,770
Native Hawaiian or Other Pacific Islander	101
Other	134
Decline to State	1,103

Table 4. Ethnicity (If Non- Hispanic or Latino/a)	# Served
African	115
Asian Indian/South Asian	139
Cambodian	1
Chinese	42

Eastern European	12
European	39
Filipino	144
Japanese	1
Korean	18
Middle Eastern	126
Vietnamese	15
More than one Ethnicity	119
Decline to State	1,395
Other	62

Table 5. Ethnicity (If Hispanic or Latino/a)	**# Served**
Caribbean	6
Central American	437
Mexican/Mexican American /Chicano	3,233
Puerto Rican	12
South American	148
Other	9

Table 6. Sexual Orientation	**# Served**
Heterosexual or Straight	1,144
Gay or Lesbian	181
Bisexual	101
Queer	16
Questioning or Unsure of Sexual Orientation	28
Another Sexual Orientation	71
Decline to State	1,174

Table 7. Gender Assigned Sex at Birth	**# Served**
Male	3,168
Female	5,118
Decline to State	1,153

Table 8. Current Gender Identity	**# Served**
Man	425
Woman	786
Transgender	80
Genderqueer	13
Questioning or Unsure of Gender Identity	8
Another Gender Identity	39
Decline to State	1,126

Table 9. Active Military Status	**# Served**
Yes	1

No	682
Decline to State	1,513

Table 10. Veteran Status	# Served
Yes	9
No	6,091
Decline to State	1,530

Table 11. Disability Status	# Served
Yes	249
No	1,663
Decline to State	1,459

Table 12. Description of Disability Status	# Served
Difficulty Seeing	5
Difficulty Hearing or Having Speech Understood	11
Physical/Mobility	50
Chronic Health Condition	42
Other	0

Table 13. Cognitive Disability	# Served
Yes	12
No	172

Table 14. Referrals to Services	# Served
Clients Referred to Mental Health Services	812
Clients who Participated/ Engaged at Least Once in Referred Service	452

Table 15. External Mental Health Referral	# Served
Clients Referred to Mental Health Services	156
Clients who participated/ engaged at least once in referred service	39

Table 16. Average Duration without Mental Health Services	Week Totals
Average Duration for all Clients of Untreated Mental Health Issues (In weeks)	600

Table 17. Average Length of Time until Mental Health Services	Week Totals
Average Length for all Clients between Mental Health Referral and Services (In weeks)	12.3

Stigma and Discrimination Reduction

Activities in this category are designed to 1) reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to having a mental illness, 2) increase acceptance, dignity, inclusion and equity for individuals with mental illness and their families, and 3) 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 a number of 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 in order to raise awareness of the stigma that can accompany mental illness.

1) The PhotoVoice Empowerment Project enables consumers to produce artwork that speaks to the prejudice and discrimination that people with behavioral health challenges face. PhotoVoice's vision is to enable people to record and reflect their community's strengths and concerns, promote critical dialogue about personal and community issues, and to reach policymakers to effect change.

2) The Wellness Recovery Education for Acceptance, Choice and Hope (WREACH) Speakers' Bureau forms connections between people in the community and people with lived mental health and co-occurring experiences, using face to face contact by providing stories of recovery and resiliency and current information on health treatment and supports. Other related activities include producing videos, public service announcements and educational materials.

3) 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. OCE also supports a writers' group in partnership with the Contra Costa affiliate of the National Alliance on Mental Illness (NAMI).

4) 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.

5) Through the Each Mind Matters initiative California Mental Health Services Authority (CalMHSA) will provide technical assistance to encourage the County's integration of available statewide resources on stigma and discrimination reduction and suicide prevention. For FY 2017-20 CCBHS will partner via Memorandum of Understanding (MOU) with CalMHSA to link county level stigma and discrimination reduction efforts with statewide social marketing programs. This linkage will expand the County's capacity via language specific materials, social media, and subject matter consultation with regional and state experts to reach diverse underserved communities, such as Hispanic, African American, Asian Pacific Islander, LGBTQ, Native American and immigrant communities. Primary focus will be to reach Spanish speaking Latina/o communities via social media and materials adapted specifically for this population.

The allocation for stigma and discrimination efforts are summarized below:

Program	**Region Served**	**Numbers Served FY 17-18**	**MHSA Expenditures for FY 17-18**
OCE	County Operated	Countywide	217,495
CalMHSA	MOU	Countywide	78,000
Total			**$375,495**

*No Demographic Data Available for this Category in 17-18

Suicide Prevention

There are three plan elements that augment the County's efforts to reduce the number of suicides in Contra Costa County. 1) augmenting the Contra Costa Crisis Center, 2) dedicating a clinical specialist to support the County's adult clinics, and 3) supporting a suicide prevention committee.

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 County fields a mental health clinical specialist to augment the adult clinics for responding to those individuals identified as at risk for suicide. This clinician receives referrals from psychiatrists and clinicians of persons deemed to be at risk, and provides a short-term intervention and support response, while assisting in connecting the person to more long-term care.

3) A multi-disciplinary, multi-agency Suicide Prevention Committee has been established, and has published a countywide Suicide Prevention Strategic Plan. 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.

The allocation for this category is summarized below:

Program	**Region Served**	**Numbers Served FY 17-18**	**MHSA Expenditures for FY 17-18**
Contra Costa Crisis Center	Countywide	16,606	301,636
County Clinician	Countywide	70	133,742
Suicide Prevention	Countywide	NA	Included in PEI administrative cost
Total		**16,676**	**$435,378**

Aggregate Data Suicide Prevention
Total Served FY 17/18 =9,983

Table 1. Age Group	**# Served**
Child (0-15)	332
Transition Age Youth (16-25)	1,424

Adult (26-59)	5,132
Older Adult (60+)	2,262
Decline to State	7,456

Table 2. Primary Language	**# Served**
English	5,793
Spanish	716
Other	4
Decline to State	93

Table 3. Race	**# Served**
More than one Race	971
American Indian/Alaska Native	7
Asian	86
Black or African American	703
White or Caucasian	6,690
Hispanic or Latino/A	1,159
Native Hawaiian or Other Pacific Islander	27
Other	0
Decline to State	6,963

Table 4. Ethnicity (If Non- Hispanic or Latino/a)	**# Served**
African	0
Asian Indian/South Asian	0
Cambodian	0
Chinese	0
Eastern European	0
European	0
Filipino	0
Japanese	0
Korean	0
Middle Eastern	0
Vietnamese	0
More than one Ethnicity	0
Decline to State	0
Other	0

Table 5. Ethnicity (If Hispanic or Latino/a)	**# Served**
Caribbean	0
Central American	0
Mexican/Mexican American/Chicano	0
Puerto Rican	0
South American	0

Other	0

Table 6. Sexual Orientation	# Served
Heterosexual or Straight	1,365
Gay or Lesbian	19
Bisexual	0
Queer	0
Questioning or Unsure of Sexual Orientation	6
Another Sexual Orientation	0
Decline to State	5,216

Table 7. Gender Assigned Sex at Birth	# Served
Male	5,271
Female	6,094
Decline to State	5,231

Table 8. Current Gender Identity	# Served
Man	5,271
Woman	6,094
Transgender	19
Genderqueer	0
Questioning or Unsure of Gender Identity	6
Another Gender Identity	0
Decline to State	5,216

Table 9. Active Military Status	# Served
Yes	36
No	80
Decline to State	6,490

Table 10. Veteran Status	# Served
Yes	0
No	0
Decline to State	0

Table 11. Disability Status	# Served
Yes	0
No	0
Decline to State	0

Table 12. Description of Disability Status	# Served
Difficulty Seeing	0
Difficulty Hearing or Having Speech Understood	0
Physical/Mobility	0

Chronic Health Condition	0
Other	0

Table 13. Cognitive Disability	# Served
Yes	0
No	0

Table 14. Referrals to Services	# Served
Clients Referred to Mental Health Services	0
Clients who Participated/Engaged at Least Once in Referred Service	0

Table 15. External Mental Health Referral	# Served
Clients Referred to Mental Health Services	0
Clients who Participated/ Engaged at Least Once in Referred Service	0

Table 16. Average Duration without Mental Health Services	Week Totals
Average Duration for all Clients of Untreated Mental Health Issues (In weeks)	0

Table 17.Average Length of Time until Mental Health Services	Week Totals
Average Length for all Clients between Mental Health Referral and Services (In weeks)	0

PEI Administrative Support

A Mental Health Program Supervisor position 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 this activity is summarized below:

Program	Region Served	MHSA Expenditures FY 17-18
Administrative Support	Countywide	
Total		**$146,154**

Prevention and Early Intervention (PEI) Summary for FY 2017-18

Outreach for Increasing Recognition of Early Signs of Mental Illness	$1,043,575
Prevention	$1,647,564
Early Intervention	$2,377,280
Access and Linkage to Treatment	$932,628
Improving Timely Access to Mental Health Services for Underserved Populations	$1,585,073

Stigma and Discrimination Reduction	$375,495
Suicide Prevention	$435,378
Administrative Support	$146,154
Total	**$8,543,147**

Appendix A
Program Profiles

Asian Community Mental Health Services (ACMHS)

Point of Contact: Sun Karnsouvong
Contact Information: Asian Family Resource Center (AFRC), 12240 San Pablo Ave, Richmond, Ca.
Sunk@acmhs.org

1. **General Description of the Organization**

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

2. **Program: Building Connections (Asian Family Resource Center) - PEI**

   a. Scope of Services: Asian Family Resource Center (AFRC) a satellite site of Asian Community Mental Health Services (ACMHS) will provide comprehensive and culturally-sensitive, appropriate education and access to Mental Health Services for Asian and Pacific Islander (API) immigrant and refugee communities, especially the Southeast Asians and Chinese population of Contra Costa County. ACMHS will employ multilingual and multidisciplinary staff from the communities which they serve. Staff will provide the following scope of services.

      i. Outreach and Engagement Services: individual and/or community outreach and engagement to promote mental health awareness, educate community member on signs and symptoms of mental illness, provide mental health workshops, and promote mental health wellness through community events. Engage community member 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. ACMHS, 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 API immigrants and refugees in the Contra Costa County.

      ii. Individual Mental Health Consultation: this service will also be provided to those who are exhibiting signs of mental illness early in its manifestation, to assess needs, identify signs/symptoms of mental health crisis/trauma,

provide linkages/referrals or assist in navigating them into the mental health system in culturally responsive manner without stigma, and provide wellness support groups to prevent escalations in mental health symptoms or stressors, accessing essential community resources, and linkages/referral to mental health services. Peer Navigators will be utilized to support participants to access services in a cultural sensitive manner. These services will be provided for a period of less than one year unless psychosis is present. ACMHS will serve a minimum of 75 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.

b. Target Population: Asian and Pacific Islanders immigrants and refugees (especially Chinese and Southeast Asian population) in Contra Costa County
c. Payment Limit: $137,917
d. Number served: In FY 17/18: 554 high risk and underserved community members.
e. Outcomes:
    - All program participants received system navigation support for mental health treatment, Medi-Cal benefits, and other essential benefits.
    - Most respondents to survey report increased knowledge of mental health resources and benefits available.
    - 85% respondents reported better linkage to community resources.
    - 80% respondents reported a reduction in mental health symptoms, while 91% reported having less stress in their life after completion of the program.

Building Blocks for Kids (BBK)

Point of Contact: Sheryl Lane
Contact Information: 310 9th Street, Richmond, Ca 94801, (510) 232-5812
slane@bbk-richmond.org

1. General Description of the Organization

Building Blocks for Kids Richmond Collaborative is a place-based initiative with the mission of supporting the healthy development and education of all children, and the self-sufficiency of all families, living in the BBK Collaborative zone located in Central Richmond, California. BBK's theory of change is simple and enduring: we believe that providing effective supportive services and investing in individual transformation serves thriving families, which yields community change.

Program: Not Me Without Me (PEI)

a. Scope of Services:
Building Blocks for Kids Collaborative, a project of Tides Center, will provide diverse households in the Iron Triangle neighborhood of Richmond, CA 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 BBK Zone 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 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: Children and families living in Central and South Richmond.
c. Payment Limit: $210,580

d. Number served: In FY 17/18: 676 individuals
e. Outcomes
    - *BBK* hosted monthly gatherings to actively engage community members in the development and education of their children, while becoming aware of healthy and effective methods to strengthen family bonds. Families that work with BBK report improved access to mental health education and mental health support services.
    - BBK hosted monthly Sanctuary support groups for mothers and other female care providers to participate in a series of intimate, culturally responsive sessions each month. Mothers that work with BBK, feel fortified to affect community change and have increased access to needed mental health services.
    - BBK partnered with COPE and Child Abuse Prevention Council to offer weekly evidence based parenting classes. Care providers develop a strong knowledge base on child development and positive parenting skills.
    - BBK hosted a seven-week summer program to ensure that children in Central Richmond neighborhoods have access to at least one healthy meal per day, that family members have access to health promoting fitness activities that they can do individually or together as a family, and that families have access to enrichment activities.

Center for Human Development (CHD)

Point of Contact: David Carrillo
Contact Information: 901 Sun Valley Blvd., Suite 220, Concord, CA 94520
(925) 349-7333, david@chd-prevention.org

1. **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 positive 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.

2. **Program: African American Wellness Program and Youth Empowerment Program, PEI**

   a. Scope of Services: The Center for Human Development will implement the African American Wellness Program (formerly African American Health Conductor Program) and between the four programs components will provide a minimum of 150 unduplicated individuals in Bay Point, Pittsburg, and surrounding communities with mental health resources. The purpose is to increase client emotional wellness; reduce client stress and isolation; and link African American clients, who are underserved due to poor identification of needs and lack of outreach and engagement to mental health services. Key activities include: outreach at community events, culturally appropriate education on mental health topics through Mind, Body, and Soul support groups and community health education workshops in accessible and non-stigmatizing settings, and navigation assistance for culturally appropriate mental health referrals as early in the onset as possible.

      The Center for Human Development will implement the Empowerment Program, a Youth Development project, that will provide a minimum of 80 unduplicated 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 will include: a) Three weekly educational support groups that will 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 will meet a minimum of twice a month to foster community involvement; and c). referral linkage to culturally appropriate mental health services providers in East County as early in the onset as possible.

b. Target Population: Wellness Program: African American residents (East County) at risk of developing serious mental illness. Youth Empowerment Program: LGBTQ youth in East County
c. Payment Limit: $142,129
d. Number served: 116 individuals were served in both programs combined.
e. Outcomes:
    iii. Wellness Program
        - Mind-Body-Soul support groups in Pittsburg and Bay Point throughout the year with topics such as “Depression and Stress”, “Maintaining Emotional Well Being”, “Guide to Vitamins and Minerals in Fresh Foods”, “Self-Care (Physical, Emotional, Mental and Spiritual)”.
        - Several community health / mental health workshops throughout the year.
        - 100% of the participants in the Mind-Body-Soul peer health education support groups reported and increased wellness (wellbeing) within fiscal year.
        - Participants in AA Wellness Program received navigational support for their service referral needs.
    iv. Empowerment Program
        - LGBTQ youth empowerment support groups in Pittsburg and Antioch throughout the year with topics such as: “Family and Peer Conflict,” “Challenges to Relationships,” “Community Violence and Loss,” “Queer History and Activism,” “Stress, Anxiety and Depression,” “Identity Development and Coming Out.”
        - 85% of the participants in the Empowerment Psycho-Educational Leadership support groups reported an increased sense of emotional health and well-being within fiscal year.
        - 100% of participants in Empowerment in need of counseling services were informed and referred to LGBTQ-sensitive resources available to youth.

Child Abuse Prevention Council (CAPC)

Point of Contact: Carol Carrillo
Contact Information: 2120 Diamond Blvd #120, Concord, CA 94520
ccarrillo@capc-coco.org

1. **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 in order to provide the best possible support to the families of Contra Costa County.

2. **Program: The Nurturing Parenting Program, PEI**

   a. Scope of Services: The Child Abuse Prevention Council of Contra Costa will provide an evidence-based curriculum of culturally, linguistically, and developmentally appropriate, Spanish speaking families in East County, and Central County's Monument Corridor. Four classes will be provided for 12-15 parents each session and approximately 15 children each session 0-12 years of age. The 22 week curriculum will immerse 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 will be provided to each family served in the program using strategies that are non-stigmatizing and non-discriminatory. Families will be provided with linkages to mental health and other services as appropriate. Providing the Nurturing Parenting Program in the Monument Corridor of Concord and the Brentwood First Five Center 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: $121,465

   d. Number served: In FY 17/18: 140 parents and children

   e. Outcomes:

      - Four 22 week classes in Central and East County serving parents and their children.
      - All parent participants completed pre- and post-tests. All parents improved their scores on at least four out of five 'parenting constructs' (appropriate expectations, empathy, discipline, self-awareness, and empowerment).

Contra Costa Crisis Center

Point of Contact: Tom Tamura
Contact Information: P.O. Box 3364 Walnut Creek, CA 94598
925 939-1916, x107
TomT@crisis-center.org

1. **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

2. **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 in effort 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 multilingual/culturally competent individuals within the contract year; Spanish-speaking counselors will be provided 80 hours per week.

- The Crisis Center will provide community outreach and education about how to access crisis services. Priority and vigorous outreach efforts are directed to underserved and hard to reach populations such as youth, elderly, isolated, persons with limited English, LGBQT, etc. and focus changes as community needs emerge and are identified.
- The Crisis Center will liaison with the County Coroner to provide referrals for grieving survivors (and mitigating contagion).
- In Partnership with County Mental 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: $301,636
d. Number served: In FY 17/18: 16,606 crisis calls were fielded.
e. Outcomes:
    - Calls were answered in both English and Spanish 12 hours each day and in English with Spanish tele-interpreter back up during late night/early morning hours 8 hours per day.
    - Average response time was 7.7 seconds and call abandonment rate was 3.5 (losing less than half of industry standard number of calls).
    - Lethality assessments were provided for 100% of callers rated mid to high level risk.
    - Responded to 16,606 calls from people in crisis, suicidal or experiencing mental health issues.
    - New volunteers trained and maintained pool of 40+ volunteers.

Contra Costa Interfaith Housing (CCIH)

Point of Contact: Sara Marsh

Contact Information: 399 Taylor Blvd. Ste. 115, Pleasant Hill, CA 94530
(925) 944-2244, Sara@ccinterfaithhousing.org

1. **General Description of the Organization**

   Contra Costa Interfaith Housing (CCIH) 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.

2. **Program: Strengthening Vulnerable Families**

   a. Scope of Services:

   - Contra Costa Interfaith Housing, Inc. (CCIH) 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. CCIH provides services on-site in affordable housing settings and case managers are available fulltime to residents. This structure helps to eliminate barriers to timely access to services. 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 among general support, potential stigma related to mental health referrals is reduced. By providing services to all residents, potential biased or discriminatory service delivery is avoided.
   - At Garden Park Apartments in Pleasant Hill, on-site services are delivered to 28 formerly homeless families. Programming at this site is designed to improve parenting skills, child and adult life skills, and family communication skills. Program elements help families stabilize, parents achieve the highest level of self-sufficiency possible, and provide early intervention for the youth in these families who are at risk for ongoing problems due to mental illness, domestic violence, substance addiction, poverty and inadequate life skills. Key activities include: case management, family support, harm reduction support, academic 4-day-per-week homework club, early childhood programming, teen support group, and community-building events.
   - CCIH will also provide an Afterschool Program and mental health and case management services at two sites in East Contra Costa County: Bella Monte Apartments in Bay Point and Los Medanos Village in Pittsburg. These complexes offer permanent affordable housing to low-income families at risk for homelessness. The total number of households being offered services that are covered under this grant will be 155. Anticipated impact for services

at these sites will be improved school performance by the youth and improved parenting skills and mental health for these families due to lowered stress regarding their housing status (eviction prevention) and increased access to resources and benefits. Increased recognition of early signs of mental illness will be achieved as well, due to the on-site case management staff's ability to respond to possible family concerns about family members' mental health, as they arise.

- CCIH staff is also able to help community providers be aware of early signs of mental illness in their clients and support sensitive care and timely treatment for these issues.

b. Target Population: Formerly homeless/at-risk families and youth.
c. Payment Limit: $78,000
d. Number served: FY 17/18: 428
e. Outcomes:
    - Improved school functioning and regular attendance of school-aged youth in afterschool programs.
    - Improved family functioning and confidence as measured by the self-sufficiency matrix (SSM) and individual family goals and eviction prevention. (SSM evaluates 20 life skill areas including mental health, physical health, child custody, employment, housing stability).

Counseling Options Parent Education (C.O.P.E.) Family Support Center

Point of Contact: Cathy Botello
Contact Information: 2280 Diamond Blvd #460, Concord, Ca 94520. (925) 689-5811
cathy.botello@copefamilysupport.org

1. **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.

2. **Programs: Triple P Positive Parenting Education and Support (PEI)**

   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 (Contractor) 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 parents' capacity for the following five aspects:

   1. **Self-sufficiency** - having the ability to use one's own resources to independently solve problems and decrease reliance on others;
   2. **Self-efficacy** - having the confidence in performing daily parenting tasks;
   3. **Self-management** - having the tools and skills needed to enable change;
   4. **Personal agency** - attributing the changes made in the family to own effort or the effort of one's child;
   5. **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. In order 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 in an effort to build and maintain a pool of Triple P practitioners.

a. 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.
b. Payment Limit: $238,702 (6–17)
c. Number served: For FY 17/18: 246
d. Outcomes:
    - MHSA: Completed 30, Level 2-5 parent education classes and seminars addressing a variety of parenting problems.
    - First 5: Completed 17 Level 4 parent education classes
    - Pre-and-Post Test show improvements in measures of parenting style (laxness, over-reactivity, and hostility), decrease of depression, anxiety and stress measures, and decrease in frequency of child problem behavior, improvement in child adjustment behavior and caregivers level of stress about these behaviors.

First Five Contra Costa

Point of Contact: Wanda Davis
Contact Information: 1486 Civic Ct, Concord CA 94520. (925) 771-7300
wdavis@firstfivecc.org

1. **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.

2. **Programs: Triple P Positive Parenting Program - (PEI)**

   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 0 to 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 effect 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 to of the subcontractor, works closely with the subcontractor on program implementation, identify, recruit and on board new Triple P Practitioners, management the database, review of outcome measurements, and quality improvement efforts. The partnership intended outcome is the outreach for increase recognition of early signs of mental illness.

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

   c. Payment Limit: $79,568

   d. Number served: For FY 17/18: Served parents of children 0 – 5 yrs through C.O.P.E.

   e. Outcomes:

      - Completed 16 parent education classes and nine seminars for parents of children age 0 – 5 (C.O.P.E.)

First Hope (Contra Costa Behavioral Health)

Point of Contact: Jude Leung, Program Manager
Contact Information: 391 Taylor Blvd., #100, Pleasant Hill, CA 94523 (925) 608-6592. yleung@cchealth.org

1. **General Description of the Organization**

   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.

2. **Program: First Hope: Early Identification and Intervention in Psychosis - PEI**

   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 25 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.

   b. Target Population: 12-25 year old transition age youth and their families
   c. Total Budget: $2,377,280
   d. Staff: 14 FTE full time equivalent multi-disciplinary staff
   e. Number served: For FY 17/18: 1762 individuals and their family members served through assessment and clinical services, outreach and education, phone screenings and consultation to at-risk individuals, families and providers.

      Outcomes:
      - Help clients manage Clinical High Risk symptoms
      - Help clients maintain progress in school, work, relationships
      - Reduce the stigma associated with symptoms
      - Prevent development of psychotic illnesses
      - Reduce necessity to access psychiatric emergency services/ inpatient care

      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

James Morehouse Project at El Cerrito High, YMCA East Bay

Point of Contact: Jenn Rader
Contact Information: 540 Ashbury Ave, El Cerrito, CA 94530 (510) 231-1437
jenn@jmhop.org

1. **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.

2. **Program: James Morehouse Project (JMP) - PEI**

   a. Scope of Services: The James Morehouse Project (JMP), the school health center at El Cerrito High School (fiscal sponsor: YMCA of the East Bay), will provide services that increase access to mental health/health services and a wide range of innovative youth development programs for 300 multicultural youth in West Contra Costa County. The JMP will provide a wide range of innovative youth development programs through an on-campus collaborative of community-based agencies, local universities and County programs. Key activities designed to improve students' well-being and success in school include: AOD Prevention; Migrations/Journeys (immigration/acculturation); Bereavement Groups (loss of a loved one); Culture Keepers (youth of color leadership); Discovering the Realities of Our Communities (DROC – environmental and societal factors that contribute to substance abuse); Peer Conflict Mediation; Mindfulness skills (anger/stress management); Young men's gender/relationship.

      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 any stigma around coming into the health center or accessing services.

   b. Target Population: Students at-risk for trauma and violence at El Cerrito HS
   c. Payment Limit: For FY 17/18: $99,900
   d. Numbers Served: For FY 17/18: 413
   e. Outcomes:

- Stronger connection to caring adults/peers (build relationships with caring adult(s), peers) for participating youth.
- Increased well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self-confidence, etc.) for participating youth.
- Strengthened connection to school (more positive assessment of teacher/staff relationships, positive peer connections, ties with caring adults) for participating youth.
- Reduced likelihood of ECHS youth being excluded from school.
- Strengthened culture of safety, connectedness and inclusion schoolwide.

Measures of Success

- 90% of participating students will show an improvement across a range of resiliency indicators, using a resiliency assessment tool that measures change in assets within the academic year, 2017 to 2018.
- 90% of participating students will report an increase in well-being through self-report on a qualitative evaluation tool within the academic year, 2017 to 2018.
- ECHS School Climate Index (SCI) score will increase by 15 or more points from 2017 to 2018.

Jewish Family & Community Services East Bay (JFCS East Bay)

Point of Contact: Amy Weiss, Director of Refugee & Immigrant Services
Contact Information: 1855 Olympic Blvd. #200, Walnut Creek, CA 94596
(925) 927-2000, aweiss@jfcs-eastbay.org

1. **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.

2. **Program: Community Bridges.**

   a. Scope of Services: During the term of this contract, Jewish Family & Community Services East Bay will assist Contra Costa Mental 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. The Contractor's program shall be carried out as set forth in the Work Plan for this Contract, which is incorporated herein by reference, a copy of which is on file in the office of the County's Mental Health Director and a copy of which the County has furnished to the Contractor.

      Individuals receiving Contractor's services pursuant to this Agreement are hereinafter referred to as "Clients." These clients are also Clients of the County's Mental Health Division and other County-approved referral agencies.

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

   c. Payment Limit: $169,403

   d. Number served: For FY17/18: 330

e. Outcomes:
   - Conduct pre- and post-assessments of 100 to 200 clients.
   - Provide bilingual/bicultural case management/systems navigation for 125 to 175 clients.
   - Provide 4 trainings on cross-cultural mental health concepts for 35 to 40 frontline staff from JFCS East Bay and other community agencies.
   - Provide 2 (2-hour) mental health education classes to 20-24 Arabic-speaking clients.
   - Provide 4 (2-hour) mental health education classes to 10-12 Dari/Farsi-speaking seniors.
   - Provide 4 (2-hour) Dari/Farsi-bilingual parenting classes to 10-12 Afghan and Iranian parents.
   - Provide 4 (2-hour) mental health education classes to 10-12 Russian-speaking seniors.
   - Refer 25 to 45 high-risk individuals to bilingual therapy services in the community or, as capacity allows, to JFCS East Bay's bilingual therapist.

Juvenile Justice System – Supporting Youth (Contra Costa Behavioral Health)

Point of Contact: Daniel Batiuchok
Contact Information: 202 Glacier Drive, Martinez, CA 94553 (925) 957-2739
Daniel.Batiuchok@cchealth.org

1. **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.

2. **Program: Mental Health Probation Liaisons and Orin Allen Youth Ranch Clinicians - PEI**

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

   a. Scope of Services:

      Orin Allen Youth Rehabilitation Facility (OAYRF)
      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.

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

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

   c. Payment Limit for 18/19: $702,521

d. Staff: 5 Mental Health Clinical Specialists: 3 probation liaisons, 2 clinicians at the Ranch
e. Number served: For FY 16/17: 300+
f. Outcomes:
    - 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
    - Decrease of symptoms of mental health disturbance
    - Increase of help seeking behavior; decrease stigma associated with mental illness.

La Clinica de la Raza

Point of Contact: Whitney Greswold
Contact Information: PO Box 22210, Oakland, CA, 94623
(510) 535 2911
wgreswold@laclinica.org

1. **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.

2. **Program: Vías de Salud and Familias Fuertes (PEI)**

   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) 3,000 depression screenings; b) 500 assessment 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; and c) 1,000 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) 150 Assessments (includes child functioning and parent education/support) with the a Behavioral Health Specialist will be provided to parents/caretakers of children ages 0-18; 3) Two hundred (200) follow up visits 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. 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: $272,386

d. Number served For FY 17/18: 7669
e. Outcomes: Vias de Salud - Participants of support groups reported reduction in isolation and depression. Familias Fuertes - 100% of parents reported increased knowledge about positive family communication, 100% of parents reported improved skills, behavior, and family relationships.

The Latina Center

Point of Contact: Miriam Wong, 3701 Barrett Ave #12, Richmond, CA 94805
(510) 233-8595, mwong@thelatinacenter.org

1. **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.

2. **Program: Our Children First/Primero Nuestros Niños- PEI**

   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: $108,565

   d. Number served: For 17/18: 371

   e. Outcomes:

      - 100% of parent participants surveyed responded that the program has helped them become a better parent, improve their relationships with their family, improved communication with their children and given them more strategies for relating to and raising their children.
      - 25 classes were held in Richmond/San Pablo schools, churches and community centers.
      - Offered 4 trainings for community partners
      - Goal to engage Latino Fathers
      - Outreached to 415 people

LAO Family Community Development

Point of Contact: Kathy Chao Rothberg
Contact Information: 1865 Rumrill Blvd. Suite #B, San Pablo, Ca 94806
(510) 215-1220 krothberg@lfcd.org ; www.lfcd.org

1. **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.

2. **Program: Health and Well-Being for Asian Families - PEI**

   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 South East 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 South East Asian Families at risk for developing serious mental illness.

   c. Payment Limit: $184,870

   d. Number served: For FY 17/18: 127

   e. Outcomes:

- 100% of program participants completed the Lubben Social Networking Scale assessments.
- High participation and completion rates suggest cohesiveness among participants and reduction of social isolation.

Lifelong Medical Care

Point of Contact: Kathryn Stambaugh
Contact Information: 2344 6th Street, Berkeley, CA 94710 (510) 981-4156
kstambaugh@lifelongmedical.org

1. **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.

2. **Program: Senior Network and Activity Program (SNAP) - PEI**

   a. Scope of Services: LifeLong's PEI program, SNAP, brings therapeutic drama, art, music and wellness programs to isolated and underserved older adults 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 housing locations, including weekly group activities, one-on-one check-ins, and case management. Activities vary based on consumer interests; some examples 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: $126,978
d. Number served: For FY 17/18: 154
e. Outcomes:
    - More than 50% of participants demonstrated self-efficacy and purpose by successfully completing at least one long-term project.
    - 100% of respondents self-reported improvement in mood as a result of participating in SNAP.
    - 100% of respondents reported satisfaction with the SNAP program.

Native American Health Center (NAHC)

Point of Contact: Chirag Patel

Contact Information: 2566 MacDonald Ave, Richmond, 94804

(510) 434-5483, chiragp@nativehealth.org

1. **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 include medical, dental, behavioral health, nutrition, perinatal, substance abuse prevention, HIV/HCV care coordination and prevention services.

2. **Program: Native American Wellness Center – PEI**

   a. Scope of Services: Native American Health Center provides outreach for the increase 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: beading, quilting, shawl making and drumming. Other activities include: Positive Indian Parenting to teach life and parenting skills, Talking Circles that improve communications 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: $234,788
   d. Number served: For FY 17/18: 162
   e. Outcomes:

- Program participants will increase social connectedness within a 12 month period.
- Program participants will increase family communications.
- Participants that engaged in referrals and leadership training increased their ability to navigate the mental health/health/education systems.

Office for Consumer Empowerment (Contra Costa Behavioral Health)

Point of Contact: Jennifer Tuipulotu
Contact Information: 1330 Arnold Drive #140, Martinez, CA 94553
(925) 957-5206, Jennifer.Tuipulotu@cchealth.org

1. **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.

2. **Program: Reducing Stigma and Discrimination – PEI**

   a. Scope of Services

   - The PhotoVoice Empowerment Project equips individuals with lived mental health and co-occurring experiences with the resources of photography and narrative in confronting internal and external stigma and overcoming prejudice and discrimination in the community.
   - The Wellness and Recovery Education for Acceptance, Choice and Hope (WREACH) Speakers' Bureau encourages individuals with lived mental health and co-occurring experiences, as well as family members and providers, to effectively present their recovery and resiliency stories in various formats to a wide range of audiences, such as health providers, academic faculty and students, law enforcement, and other community groups.
   - Staff leads and supports the Committee for Social Inclusion. This is an alliance of community members and organizations that meet regularly to promote social inclusion of persons who use behavioral health services. The committee promotes dialogue and guides projects and initiatives designed to reduce stigma and discrimination, and increase inclusion and acceptance in the community.
   - 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.
   - Staff partner with NAMI Contra Costa to offer a writers' group for people diagnosed with mental illness and family members who want to get support and share experiences in a safe environment.

3. **Program: Mental Health Career Pathway Program -- WET**

   a. Scope of Services

- The Mental Health Service Provider Individualized Recovery Intensive Training (SPIRIT) is a recovery-oriented peer led classroom and experientially based college accredited program that prepares individuals to become providers of service. Certification from this program is a requirement for many Community Support Worker positions in Contra Costa Behavioral Health. Staff provide instruction and administrative support, and provide ongoing support to graduates who are employed by the County.

4. <u>Program: Overcoming Transportation Barriers – INN</u>

a. Scope of Services
   - The Overcoming Transportation Barriers program is a systemic approach to develop an effective consumer-driven transportation infrastructure that supports the entire mental health system of care. The goals of the program are to improve access to mental health services, improve public transit navigation, and improve independent living and self-management skills among peers. The program targets peers and caregivers throughout the mental health system of care.

b. <u>Target Population</u>: Participants of public mental health services and their families; the general public.

c. <u>PEI Funding for FY 17/18</u>: $217,495

d. <u>Staff</u>: 11 full-time equivalent staff positions.

e. <u>Outcomes:</u>
   - Increased access to wellness and empowerment knowledge and skills by participants of mental health services.
   - Decrease stigma and discrimination associated with mental illness.
   - Increased acceptance and inclusion of mental health peers in all domains of the community.

People Who Care (PWC) Children Association

Point of Contact: Constance Russell
Contact Information: 2231 Railroad Ave, Pittsburg, 94565
Ph: (925) 427-5037, Pwc.cares@comcast.net

1. **General Description of the Organization**

People Who Care Children Association has provided educational, vocational and employment training programs to children ages 12 through 21, 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 children to become productive citizens by promoting educational and vocational opportunities, and by providing training, support and other tools needed to overcome challenging circumstances.

2. **Program: PWC Afterschool Program (PEI)**

a. Scope of Services: Through its Clinical Success After-school Program, People Who Care (PWC) Children Association provides 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 Intervention support and linkage to Mental Health Counseling, as well as civic engagement and community service activities.

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

c. Payment Limit: $216,604

d. Number served: For FY 17/18: 212

e. Outcomes:

• Participants in "Youth Green Jobs Training Program" increased their knowledge and skills related to entrepreneurship, alternative energy resources and technologies, and "Green Economy" through economically friendly projects that consist of sustainability guidelines that reinforce no harm upon ecosystems or the environment.

• Through civic engagement, participants have increased interest in issues concerning the well-being of their community by participating at town halls held by congress, and meetings with local government and city officials discussing the topics that have arisen around the well-being and educational opportunities for youth within their communities.

• Participants of the "PWC After-School Program" showed improved youth resiliency factors (i.e., self-esteem, relationship, and engagement).

• 75% of participants did not re-offend during the participation in the program

• Participants in "PWC After-School Program" reported having a caring relationship with an adult in the community or at school.

• 75% showed increase in school day attendance among "PWC After-School Program" participants.

• 75% decrease in the number of school tardiness among "PWC After-School Program" participants.

Putman Clubhouse

Point of Contact: Tamara Hunter

Contact Information: 3024 Willow Pass Rd #230, Concord CA 94519; 925-691-4276; www.putnamclubhouse.org; Tamara: 510-926-0474, tamara@putnamclubhouse.org;

General Description of the Organization

Putnam Clubhouse provides a safe, welcoming place, where participants (called members), recovering from mental illness, build on personal strengths instead of focusing on illness. Members work as colleagues with peers and a small staff to maintain recovery and prevent relapse through work and work-mediated relationships. Members learn vocational and social skills while doing everything involved in running The Clubhouse.

1. **Program: Preventing Relapse of Individuals in Recovery - PEI**
   a. Scope of Services:
      i. Project Area A: Putnam Clubhouse's peer-based programming helps adults recovering from psychiatric disorders access support networks, social opportunities, wellness tools, employment, housing, and health services. The work-ordered day program helps members gain prevocational, social, and healthy living skills as well as access vocational options within Contra Costa. The Clubhouse teaches skills needed for navigating/accessing the system of care, helps members set goals (including educational, vocational, and wellness), provides opportunities to become involved in stigma reduction and advocacy. Ongoing community outreach is provided throughout the County via presentations and by distributing materials, including a brochure in both English and Spanish.. The Young Adult Initiative provides weekly activities and programming planned by younger adult members to attract and retain younger adult members in the under-30 age group. Putnam Clubhouse helps increase family wellness and reduces stress related to caregiving by providing respite through Clubhouse programming and by helping Clubhouse members improve their independence.
      ii. Project Area B: Putnam Clubhouse assists the Office for Consumer Empowerment (OCE) by providing career support through hosting Career Corner, an online career resource for mental health consumers in Contra Costa County, and holding countywide career workshops.
      iii. Project Area C: Putnam Clubhouses assists Contra Costa County Mental Health in a number of other projects, including organizing community events and by assisting with administering consumer perception surveys.
      iv. Project Area D: Putnam Clubhouse assists Contra Costa County Mental 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: $565,883
d. Number served FY 17/18: 308
e. Outcomes :
   - 134 members worked in paid employment and 64 members attended school
   - 56 new members were enrolled in the Clubhouse
   - The Clubhouse administered the MHSIP consumer surveys for two separate weeks at area clinics under the supervision of Contra Costa Mental Health.
   - The Clubhouse sponsored several community events such as the annual picnic, holiday party and SPIRIT graduation party

Rainbow Community Center

Point of Contact: Kevin McAllister
Contact Information: 2118 Willow Pass Rd, Concord, CA 94520.
(925) 692-0090, kevin@rainbowcc.org

1. **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.

2. **Programs: A.) Outpatient Behavioral Health and Training**
   B.) Community-based Prevention and Early Intervention (PEI)

   a. Scope of Services:
      i. Outpatient Services: Rainbow works with LGBTQ mental health consumers to develop a healthy and un-conflicted self-concept by providing individual, group, couples, and family counseling, as well as case management and linkage/brokerage services. Services are available in English, Spanish, and Portuguese.
      ii. Pride and Joy: Three-tiered prevention and early intervention model. Tier One: outreach to hidden groups, isolation reduction and awareness building. Tier Two: Support groups and services for clients with identified mild to moderate mental health needs. Tier Three: Identification and linkage of clients with high levels of need and who require system navigation support. Services are aimed at underserved segments of the LGBTQ community (seniors, people living with HIV, and community members with unrecognized health and mental health disorders).
      iii. Youth Development: Three tiered services (see above) aimed at LGBTQ youth as a particularly vulnerable population. Programming focuses on building resiliency against rejection and bullying, promoting healthy LBGTQ identity, and identifying and referring youth in need of higher levels of care. Services are provided on-site and at local schools.
      iv. Inclusive Schools: Community outreach and training involving school leaders, staff, parents, CBO partners, faith leaders and students to build acceptance of LGBTQ youth in Contra Costa County schools, families, and faith communities.
   b. Target Population: LGBTQ community of Contra Costa County who are at risk of developing serious mental illness.
   c. Payment Limit: $737,245 for PEI, including counseling and case management services onsite and at Contra Costa schools.
   d. Number served: For FY 17/18: 1460

e. Outcomes:
    i. Provided outreach to 1,054 consumers (exceeding goal of 900)
    ii. Group level services offered to 387 community members (exceeding goal of 290)
    iii. Individual services offered to 204 community members
    iv. Senior Programming reached 143 community members

RYSE Center

Point of Contact: Kanwarpal Dhaliwal
Contact Information: 205 41st Street, Richmond. CA 94805 (925) 374-3401
Kanwarpal@rysecenter.org http://www.rysecenter.org/

1. **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.

2. **Program: Supporting Youth - PEI.**
   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 17/18: $474,144
d. Unique Number served: For FY 17/18: 680 youth
e. Outcomes:
    - 680 new members signed up during the year (exceeding goal of 250)
    - 75 unduplicated members completed tailored intakes
    - 254 unduplicated members participated in at least two programs/activities
    - Youth created 7 videos to address health, social inequity and stigma reduction
    - 51 young people received services through school-linked clinical services and referrals
    - Implemented community wide and sector specific Trauma Informed Care (TIC) Training Series, which included 12 presentations, 8 local or regional trainings and reached 500 adults and 300 young people

STAND! For Families Free of Violence

Point of Contact: Reina Sandoval Beverly

Contact Information: 1410 Danzig Plaza #220, Concord, Ca 94520

reinasb@standffov.org

1. **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 local 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.

2. **Program: "Expect Respect" and "You Never Win With Violence" - PEI.**

   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 17/18: $130,207
   d. Number served: For FY 17-18: 2427 participants
   e. Outcomes:
      - Offered 77 workshops throughout west and east county
      - Served 1987 students though You Never Win With Violence
      - Served 192 students through Expect Respect
      - Served 31 adults through Adult Ally Trainings
      - Engaged 15 students in Youth Leadership

Vicente Martinez High School - Martinez Unified School District

Point of Contact: Lori O'Connor – Vicente Martinez High School Principal,
Contact Information: 925 Susana Street, Martinez, CA 94553
(925) 335 – 5880, loconnor@martinez.k12.ca.us

1. **General Description of the Organization**

   The program serves Vicente Martinez High School 9-12th grade, at-risk students with 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. These services are also provided to Briones School students grades 6-12th. The program is jointly facilitated within a unique partnership between Martinez Unified School District (MUSD) and the New Leaf Collaborative (501c3).

2. **Program: Vicente Martinez High School & Briones School- PEI**

   a. Scope of Services: Vicente Martinez High School and Briones School provides its 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.

   All students enrolled in Vicente and Briones have access to the variety of intervention services through in-school choices that meet their individual learning goals. Students at Vicente attend classes with 23 or less students led by teachers and staff who have training in working with at-risk students and having restorative conversations. Briones students experience one-on-one weekly meetings with their teachers. Students regularly monitor their own progress through a comprehensive advisory program designed to assist students to become more self-confident through various academic, leadership, communication, career and holistic health activities.

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

   b. Payment Limit: $180,353

c. Number served: For FY 17/18: 140
d. Outcomes:
    i. Engagement Focus: Increased engagement of Vicente/Briones students in PEI related services.
    ii. Short Term Focus: Increased mental health resiliency among Vicente/Briones students.
    iii. Intermediate Focus: Students enrolled in Vicente and Briones will:
        - Develop an increased ability to overcome social, familial, emotional, psychiatric, and academic challenges and hence work toward academic, vocational, relational, and other life goals
        - Participate in four or more different PEI related activities throughout the school year
        - Decrease incidents of negative behavior
        - Increase attendance rates

Appendix B
Program Annual Reports

PEI SEMI-ANNUAL REPORTING FORM

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS REPORTING FORM **FISCAL YEAR: 2017-2018**

Agency/Program Name: Asian Community Mental Health
Reporting Period (Select One): ☐ Semi-Annual Report #1 (July – Dec)
☑ Semi-Annual Report #2 (Jan – June)

PEI STRATEGIES:
Please check all strategies that your program employs:

☑ **Provide access and linkage to mental health care**

☑ **Improve timely access to mental health services for underserved populations**

☑ **Use strategies that are non-stigmatizing and non-discriminatory**

SERVICES PROVIDED / STRATEGIES:
Please describe the services you provided in the past reporting period. Please include qualitative and quantitative data depicting: 1) the types and settings of potential responders you reached during the past reporting period; 2) methods used to reach out and engage potential responders; 3) any strategies utilized to provide access and linkage to treatment, and4) strategies utilized to improve timely access to services for underserved populations.

1) The types and settings of potential responders include multilingual and multicultural individuals and families (mainly Chinese, Vietnamese, Lao, Cambodian, and Mien) that live in Contra Costa County (most of which are from the western part of the county) and are underserved due to language barriers and cultural reasons.

2) We made use of program brochures printed in Chinese, Vietnamese, and Laos to reach out to and engage potential responders. These brochures include our mission, the types of services we offer under this program, the language we speak, and our contact information. We place the brochures in areas of interest to the APIC population such as libraries, supermarkets, restaurants, and adult schools. Additionally, we mail the brochures to those who had attended our outreach events during previous years. They are also distributed to the diverse participants in community activities.

In order to further engage within our community, we collaborate with other community agencies such as Family Justice Center both in Richmond and Concord, Regional Center of the East Bay, Senior Peer Counseling, Community Violence Solutions, Bay Area Legal Aid, school district, SSA, housing corporations, for service resources and case referrals.
Furthermore, we conduct psychoeducation workshops for community members in regard to the importance of prevention and early intervention of mental health, self-care and human wellness,

cultural/historical issues, and family/parenting issues in order to raise the attendees' awareness and understanding to early signs of mental health, increase their knowledge about mental health, and reduce the stigma. We provide information about where and how to get help if needed, especially for those who have language needs.

3) We utilize multiple strategies to provide access and linkage to treatment. For example, when there is a potential case that needs mental health assessment and treatment, the case would be transferred to our other program, Medi-Cal Specialty, which provides treatment services to full-scope Medi-Cal recipients. For individuals who are not qualified for this treatment program, he/she would then be referred out to other CBOs. For all others with mild symptoms, that are not at risk, and having difficulties to access to or receive services in English because of language and cultural issues, they would be encouraged to receive individual/family consultation for up to 1 year under the PEI program, or participate in wellness support groups in various Asian languages, which are also under PEI program.

4) To improve timely access to services for underserved populations, we attend community meetings and workshops, and receive training for new and updated information about laws, public benefits, social services, etc. This way, we, as providers, can receive a better understanding about the needs of services for underserved populations and provide more catered and supportive services.

5) On October 30, 2017, our agency hosted healthy eating in different Asian cultures in our office in Richmond, CA. We had an attendance of 53 people, including those from the Chinese, Vietnamese, Laos, Khmu, and Mien communities. It was a fun activity for all. Everyone brought in food from their own ethnicities to show and share to each other.

6) On June 21, 2018, our agency hosted an outdoor event for the community at Alvarado Park in Richmond, CA. All people, young and old, joined us at the picnic. We had an attendance of 67-70 people, including those from the Chinese, Vietnamese, Laos, Khmu, and Mien communities. It was a fun day for all, with a lot of food and activities – they enjoyed spending time talking and eating with good friends and good food. The picnic was very successful, bringing many different people together for a day of fun and get together. It was our pleasure being able to share resources with all.

OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- ***Include a list of indicators measured, how often data was collected and analyzed,as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.***

  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 groups, their ages, and the number of hours attended. The Demographics Form does not include the client name so their information will always be confidential. We use 1 form per 1 individual per 1 contact. The data is compiled at end of the month and analyzed.

DEMOGRAPHIC DATA: ☑ Not Applicable ***(Using County form)***
If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

Not Applicable

VALUES:
Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non- discriminatory?

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 assistance, regardless of race, color, ethnicity, religion, sexual orientation and with the assistance of our bilingual staff; we are able to provide language-based care and services. Being able to provide language-based care is something that we value deeply and believe that it truly provides a safe place for those who are ESL and need services.

VALUABLE PERSPECTIVES:
Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

My name is Jenny Chao, and I began my employment with Asian Mental Health Service in July 2016 as a case manager. I had the privilege to serve many mental health clients in the Richmond area. My goal is to continue to provide services to my current clients' loads and to continue to network with other agencies to better understand the needs of our community.

As a case manager, I have been working with a client who came to the United States by marriage. She has been living in the United States for quite some time now. She has four girls, whom she never lets anyone else take care of because she doesn't trust that people will take good care of them. She always appeared mad and unhappy. One day, I went to her house and asked her if she needed help and explained to her what ACMHS had to offer and she accepted. During my initial meeting with her, she told me she is very stressed that she has to be with her kids all the times. Due to the stress, she had gained a lot of weight. She also cries a lot and felt like nobody cared about her, not even her own husband. It's seemed to me that she doesn't have any support system in place to help her at home. She told me that, her husband just goes to work and comes home from work and goes straight to sleep and doesn't care for her, nor does he help her kids. She felt hopeless and unwanted by her husband. The worst part is that she doesn't know how to speak English. I

introduce her to our counselor at ACMHS.

I continued to work with her, and have been working with her for over a year now. We helped her to overcome her stress by providing a safe environment for her to express her feeling and we continue to encourage her to allow her children to play with other children. To help her feel unlimited, I put her in a ESL class, which she didn't like at first, but we kept encouraging her that she needed to know English in order to help herself and her children to get around. She became motivated and began to learn English through YouTube on her own. I am proud to say that now she knows a little bit of English.

She has grown much more comfortable to leave her kids at home with her mother-in-law and commutes to work. With my encouragement, she is now able to use the highway, unlike before where she could only drive on the city streets. She has lost a lot of weight and has gained self-confidence and overall appears happier. She is excited that she is able to work and able to take care of her kids, but more importantly, she looks good and feels better for herself. Through our outreach programs, we were able to help her feel better about herself and able to encourage her to trust her family members to care for her kids and to gain enough self-confidence to land a job. We encouraged her to not focus so adeptly on the negative aspects of her life but to focus on the positive things. My next goal is to encourage her to continue to learn English and be more comfortable using the highway.

I work with so many clients that are in similar situations and have needs as described above. It is important that we continue to serve these clients through providing mental health and general support to them. That they can get back on their feet and be a positive member of our community and society.

CONTRA COSTA HEALTH SERVICES

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PEI ANNUAL REPORTING FORM

PREVENTION REPORTING FORM **FISCAL YEAR:** **2017-2018**

Agency/Program Name:
Building Blocks for Kids Collaborative

PEI STRATEGIES:
Please check all strategies that your program employs:

X **Provide access and linkage to mental health care**

☐ **Improve timely access to mental health services for underserved populations**

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

SERVICES PROVIDED / ACTIVITIES:
Please describe the services you provided in the past reporting period. Please include types of problems/needs addressed, any activities that address these problems/needs, and any functional outcomes targeted by the services provided.

1)Ensure BBK Zone families are knowledgeable about and have access to a network of supportive and critical health and mental health information and services.

During the 2017-2018 fiscal year Health & Wellness Team members met with 33 community organizations, government agencies and individuals to strengthen our relationships with them and better understand how to connect Richmond residents to their services. The services include: mental health and wellness providers, access to health information, low-cost alternative health services, access to low-cost or free food, early literacy support, financial crisis support and housing. Additionally, Health and Wellness team members attended various networking events and trainings offered by community partners. They included: a restorative justice training organized by Catholic Charities, two trainings organized by The RYSE Center on the framework of atmospheric trauma and healing and its application in personal, organizational, and collective praxis; and understanding the principles of trauma-informed systems and developing organizational resilience and trauma-informed responses in workplace relationships. These trainings helped

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our staff develop a model for the way in which we interact with families that attend our programming. Team Members participated in a webinar organized by the California Immigrant Policy Center on how anti-immigrant policies impact the mental health of immigrants, a training by First 5 Alameda on how to effectively engage fathers, and two trainings by First 5 Contra Costa about the impact of organizational trauma on individuals & organizational functioning and Early Childhood and the Concept of Race.

Summer Program at Belding Garcia Park

In July 2017, Building Blocks for Kids continued the work at our Summer Program at Belding Garcia Park in Richmond. The focus of the summer program was to ensure that children in the Belding Woods neighborhood had access to at least one healthy meal per day and that family members had access to health promoting activities that they can do individually or together as a family. Three times a week we invited different organizations to visit the park and inform families about the services they provide in the community. During the program, we collaborated with: Youth Service Bureau, Inspiring Communities, First 5, West County Regional Group, Vision to Learn, The Watershed Project, and Tandem-Partners in Early Literacy. They facilitated activities with families that focused on health & wellness which included: workshops on healthy eating and living, a park clean-up day, free vision exams for children and family reading circles. Another component of the summer program was our developmental playgroups for families who had children ages 0-5. In addition to providing playgroups at Belding Garcia we also provided them at the Booker T. Anderson Community Center in South Richmond. Twice a week for seven weeks, parents received hands-on, bilingual guidance for building language and literacy through everyday activities. In July 2017, a total of 79 unduplicated participants attended a playgroup. Many participants of the playgroups were Nurturing Parenting class parents interested in picking up additional skills.

In June 2018, Building Blocks for Kids continued the Summer Program at Belding Garcia Park. Three times a week we invited different organizations to visit the park and inform families about the services they provide in the community. During the first month of programming, we collaborated with: The Native American Health Center, Richmond Public Library, East Bay Regional Park District, Healthy Richmond, Fresh Approach, Tandem-Partners in Early Literacy, The Watershed Project and YES Nature to Neighborhoods. These partner organizations facilitated activities with families that focused on health & wellness which included: workshops on healthy eating and living, a park clean-up day and family reading circles. This summer we continued our developmental playgroups for families who had children ages 0-5. In addition to providing playgroups at Belding Garcia we also provided them at the Monterey Pines Apartments in South Richmond. Twice a week for seven weeks, parents received hands-on, bilingual guidance for building language and literacy through everyday activities. In June, a total of 91 unduplicated participants attended a playgroup.

Sanctuary

From the start of the fiscal calendar year, in July 2017, participants received facilitated support for self-care, advocacy for self and family, setting personal goals and reclaiming positive cultural practices. The women report loving the opportunity to have this time to connect with other women and for themselves. Consequently, they show up regularly and bring other women to participate in these sessions. In March 2018, BBK launched a second African American Sanctuary group in South Richmond at the Monterey Pines Apartments. Facilitators at this location have focused on building new relationships and building trust within the group. In the last few months there have been a number of shootings and a stabbing that happened near or at Monterey Pines. The Sanctuary has become a space for women to receive emotional support during this challenging time. The women

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participating in the other two groups have a plan for supporting their mental wellness that includes cultivating support from the facilitators and other group participants. Each participant has been working to meet her wellness goals.

2) Train and support families to self advocate and directly engage the services they need.

In the last year, the women in the Sanctuary groups regularly share information about resources and community events with other group participants. In addition to sharing information within the Sanctuary groups, a total of eight women from the Sanctuary groups acted as an advisory committee and set the clinic's priorities alongside BBK staff to plan and develop our Women's Healing Clinic. A total of 104 women and children attended the Women's Health & Wellness Clinic on August 5, 2017 and had free access to health and wellness practitioners, education and information, workshops, peer support and referrals. Of the participants who completed the event evaluation:

- 100% responded that they learned something that they can do at home for themselves or for their family.
- 87% of respondents said that they know more about holistic health after attending the clinic.
- 97% of respondents stated that they intended on following up with a partner organization that was part of the the community resource fair at the clinic.

3) Provide a range of parent support services for parents/primary caregivers, including cumulative skills-based training opportunities on effective parenting approaches.

Nurturing Parenting

During the 2017-2018 fiscal year, BBK and the Child Abuse Prevention Council expanded our Nurturing Parenting program. We added two classes for Spanish speaking parents called Crianza Con Cariño. These classes were offered at Chavez Elementary School in Central Richmond and our Health & Healing Center. These classes were very successful and had a total of 45 parents who successfully completed the classes. In addition to the Spanish classes, we also offered the Nurturing Parenting class at Monterey Pines Apartments, a housing development in South Richmond. In the last year, there were a total of 61 parents/caregivers that successfully completed the 22-week program between the three community spaces in Richmond. During the mid-point check-in one parent stated, "This class has helped me to use other methods other than my own in all aspects of life situations." When asked how the class had helped them, a parent shared, "I have more patience, more respect, I set boundaries with love, and I have better communication with my family." Another parent shared, "This class has helped me improve the communication at home with my whole family and not just with my children." "I am also able to be more expressive and loving with my children." Lastly, a parent shared, "I'm learning to make space for personal care. I understand that if I'm well my family will be well too."

Family Engagement Night (FEN)

During the 2017-2018 fiscal year, FEN remained focused on providing a safe, affirming environment during which families – parents and children together – are able to share a healthy meal and engage in developmentally appropriate, interactive activities that promote bonding, quality family time and intentional time with service providers. Each month, a host organization provided information and materials regarding resources available to participating families and answered questions about challenges or needs. Host organizations included: the Richmond Public Library, the Mindful Life Project, Welcome Home Baby Program, Richmond Main Street,

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Contra Costa Health Services, Soul Flower Ranch, YES Nature to Neighborhoods, The West Coast Chess Alliance, and Republic Services. Each host organization is a community partner with expertise in some aspect of family engagement and support in addition to other content areas. We have also continued to collaborate with parent participants to plan and coordinate a FEN once a quarter. In the month of March 2018, we added Monterey Pines Apartment as a second FEN location. We have seen a slow increase of participants in the past three months at this location. During this reporting period, we hosted 12 Family Engagement Nights with an average attendance of 28 participants at our BBK location and an average of 15 participants attending each of the four Family Engagement Nights at Monterey Pines Apartments.

OUTCOMES AND MEASURES OF SUCCESS:
Please provide quantitative and qualitative data regarding your services.

- ***List of indicators that measured reduction of risk factors and/or increase in protective factors that may lead to improved mental, emotional and relational functioning. Please include how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.***

Outcomes

A. Parents develop knowledge base on child development and positive parenting skills

Since July 2017, 61 adults have successfully participated in a 22-week positive skills parenting class. 55 adults participated in a parent-child, skills development playgroup during the summer months of 2017. In the month of June 2018, 31 adults participated in the parent-child, skills development playgroup.

B. Service providers are responsive to mental health needs and requests of Central Richmond families.

BBK Zone families are increasingly accessing mental health services. In the last year, we have seen an increase in the confidence that Central Richmond families have in our partner mental health organizations' ability to respond to their needs. Many of our partners have improved their responsiveness by following up with us right away when asked for their assistance in guiding or referring a family who needs support. They have also been willing to come to planned activities that put them in front of families where they are able to make important connections and build rapport. We see this is as an important evolution however; it has become apparent that responsiveness doesn't quite capture all that families are looking for in mental and emotional health support. It makes sense that Central Richmond families, especially those who are high need, have a minimum expectation that they're going to be able to connect to a provider who can help them when a need arises. Getting a friendly initial response might even be enough to solve some short-term problems, but many families are looking for more from providers. Responsiveness is what families expect, but resolution is what they really need.

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Measures of Success

Sanctuary

Success Measure: 100% of the mothers participating in Sanctuary report a plan for supporting mental wellness for themselves

Result: 100% of the mothers participating in Sanctuary report a plan for supporting mental wellness for themselves

Success Measure: 80% of mothers will report progress on *achieving* at least one wellness goal.

Result: 100% of mothers reported *progress* on achieving at least one wellness goal.

All mothers reported that there is at least one other person from the group that they feel comfortable checking in with about their mental and emotional state, which was a goal for all participants.

Parent Partner

Success Measure: 75% of parents that work with a Parent Partner will report that they feel safe, confident and more knowledgeable about how to advocate for mental health services for themselves, their child or other family members.

Result: Of the parents that responded to this question, 100% reported that they feel safe, confident and more knowledgeable about how to advocate for mental health services for themselves, their child or other family members. However, many of the undocumented Latino families reported that they still did not know where to go to get services.

Parenting Support Services

Success Measure: 85% of all participants will report an increase in their use of positive parenting skills with their children

Result: At our midpoint check-in for our most recent parenting session, 100% of parents reported that there was an increase in their use of positive parenting skills with their children.

Linkages with Service Providers

BBK will establish procedures for identifying those individual/families that need more intensive mental health support and hence referrals to other service providers.

Families and individuals were identified from Sanctuary and Parenting Classes and referred for services by members of the Health and Wellness team. It continues to be difficult to refer undocumented families for mental health services because of the dearth of services available to them.

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Success Measure: 70% of families identified as needing mental health services will be successfully linked to providers.

It continues to be difficult to refer undocumented families for mental health services because of the dearth of services available to them. During this reporting period, BBK referred seven (7) participants to Full-Scope Medi-Cal services.These referrals were made to our Latina Sanctuary participants .

Fourteen (14) program participants were referred to external mental health support services. The referrals made to *West Contra Costa Youth Services Bureau* (YSB) were the most helpful to our participants, but require a child that is eligible and in-need of their services. Referrals were also made to the *Family Justice Center, Early Childhood Mental Health Program, West County Child and Adolescent Mental Health Services and Familias Unidas.*

Many BBK participants were referred to external support services such as those helping with housing issues, legal issues, problems with their children's school/s and short term financial crisis. From July 2017 to June 2018, BBK staff made thirteen (13) referrals to internal and external support services. (For a total of 22 unduplicated clients.) Many BBK families consistently experience income volatility and are vulnerable and are negatively impacted when monthly income dips or there are unexpected increases in rent. Gentrification and displacement impacting the Bay Area region are currently impacting Richmond families. For our participants, the well-founded fears of losing their housing or difficulty with finding money to cover a $100+ rent increase is extremely stressful and hard to mitigate. These financial and housing pressures greatly impact the emotional and mental well-being of the families we serve.

DEMOGRAPHIC DATA: ☐ Not Applicable ***(Using County form)***
If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

Unduplicated BBK program clients
1 July, 2017 – 30 June, 2018

From July 2017 to June 2018, BBK served a total of 649 unduplicated West Contra Costa County residents. Among the participants, 129.8 (25.96%) were under the age of 18 and 354 (70.8%) were adults.

Race & Ethnicity

Overall, BBK's participants closely reflect the racial and ethnic demographics of Richmond's Iron Triangle neighborhood. Latinos comprised 53.2% of program participants and 61.1% of residents in the Iron Triangle census tracts. African Americans represent 14.6% of July to December participants. and 24% of Iron Triangle residents. According to 2017 U.S. census estimates, ninety-four (94%) percent of South Richmond residents are people of color; 37% are African Americans and 49% are Latinos.

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	BBK clients		Iron Triangle Residents*	South Richmond Residents**
	Count	%		
African American	117	14.6%	24.7%	37.7%
Asian & Pac Islander	6	1.2%	6.9%	7.16%
Caucasian	10	2.0%	4.6%	4.27%
Latino/a	266	53.2%	61.1%	49.6%
Other Specified	2	0.4%	.5%	1%
Unspecified	2	--	--	

*Source: US Census. *2012-2016 American Community Survey 5-year estimates.* Includes CT3760, CT3770, CT3790, CT3810, CT3820. (details)

Monthly Client Counts

BBK served on average, between 148 and 278 residents each month — (BBK's large community summertime events make this number difficult to generalize.)

Gender

Most of BBK's clients are women and girls. Seventy-seven percent of participants (77%; 354) are female. Twenty-three percent of participants (23%; 115) are male – these are mostly boys in BBK's child care and family programs. (The gender of 94 clients was unspecified.)

Language Spoken

Because of the changing demographics of the Iron Triangle neighborhood and talents of the bilingual/bicultural staff at BBK, more than 175 (68%) of BBK program participants speak Spanish as their preferred language. Thirty-two percent (32%; 82) speak English. (The preferred language of 193 clients was unspecified.)

BBK's successful *Belding-Garcia Park Playgroups* and *Latina Women's Sanctuary* are attended mostly by Spanish-speaking women and the children in their care. This is due largely to the location of the programs at/near *Cesar E. Chávez Elementary School*. During the school year, eighty-nine percent (89%) of the students at *Chávez Elementary* are Latino. Sixty-eight percent (68%) of students are *English Language Learners*. Nearly all (95%) students at Chavez Elementary are low-income based on qualifying for free and reduced lunch. (Source: http://www.ed-data.org)

Justification for Selected Demographics.

1. Collecting extensive demographic information from our drop-in clients has been unfeasible and not suitable or proper in specific programmatic circumstances.

BBK's mental health prevention work is offered only in group settings (both small and large groups.) We have found that collecting detailed demographic information regarding each person's ethnicity, sexual orientation, gender at birth, and disability status using a self-administered MHSA demographic form was not feasible. At the

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time of BBK program registration, we are consistently limited to less than 1 minute per individual. Adults typically register themselves and each of their children (often up to 4).

It is important for BBK to understand who our clients are and to assess that we equitably serve Central Richmond families. As detailed in the report above, we routinely collect essential demographic fields (adult/child, race, gender, preferred language) on specially tooled dual-language sign-in sheets. (Available upon request.) Many of our participants are not strong readers in English or in Spanish. All self-administered forms must be simple and easy to understand/complete within a room full of distractions.

With the exception of the adults attending our *Nurturing Parenting* classes (only during weeks 6 through 22) – all other BBK program participation is on a drop-in basis. Many drop-in clients find even the most familiar demographic information too personal or immaterial to their attendance. Sometimes it is necessary to piece together a client's demographic profile over time using personal identifiers and sequential sign-in sheets. We view this as part of building a trusting client relationship, and is only possible among clients who continue their group participation.

2. Some demographic information is not pertinent to most of the individuals and families we serve and not an efficient use of time and resources

BBK serves very few or no veterans. They are not excluded from our programs, just uncommon in the populations we serve.As stated above, we serve women and children who live in the Iron Triangle neighborhood (CT3760, CT3770, CT3790) and the nearby Belding-Garcia neighborhood (CT3730.) In these census tracts, the percent of female veterans is estimated *U.S. Census Bureau* to be 0%-0.7%. We served very few adult men in our programs. Men constitute 80%-100% of U.S. veterans living in our program service area. In FY 2017-2018 BBK can expect to serve fewer than 2 veterans among our total estimated 500+ clients based on Census data.

The inconvenience to clients to request additional information that is not pertinent to them and repetitive data entry for a null value isn't the best use of the limited time that families spend during BBK programs. Therefore, we do not include veteran status among the demographic variables we collect. (Source: U.S. Census Bureau, *2010-2014 American Community Survey 5-Year Estimates*)

EVIDENCE-BASED OR PROMISING PRACTICES:

What evidence-based, promising practice, or community practice based standard is used in your program and how is fidelity to the practice ensured?

The Nurturing Parenting classes that we offer families is an evidence-based program. Nurturing Parenting is a trauma informed, family-based program designed for the prevention and treatment of child abuse and neglect. As a family, parents and their children learn positive and caring nurturing skills. Family Development Resources, Inc. provides programmatic materials, training and ongoing technical assistance to support program implementation. Training and support are also provided by Family Nurturing Centers, International which are organizations licensed by the Family Nurturing Center's national office to provide training, technical assistance, and services by nationally and internationally recognized trainers and consultants. Our team meets weekly to plan activities for the children's program. We use the Nurturing Parenting program manual to ensure that all activities are aligned with what is being taught in the parent program.

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VALUES:

Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non- discriminatory?

Since its founding in 2005, BBK has been a community of social innovators working to support Black and Latino families in Central Richmond. We support families to use their voices and experiences to directly inform the systems they interact with and which impact them.

BBK's theory of change is simple and enduring: we believe that providing effective supportive services and investing in individual transformation serves thriving families, which yields community change. We collaborate with families to overcome trauma and barriers so that they may strengthen their ability to support their children, family, and community toward healthy, successful development. Efforts focus specifically on ensuring the well-being of parents and supporting parents to determine long term success for their children. We do this by offering nurturing and culturally responsive environments where parents can heal and identify practices that promote well-being. We also help parents make direct linkages to mental health tools and resources that may not otherwise be accessed. Furthermore, we provide skills-based training that develop the leadership capacity of parents/primary caregivers. Our ultimate aim is that Richmond parents/primary caregivers effect positive changes in home, schools and neighborhoods to ensure that they are responsive to the needs of families and children.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

BBK continues to commit to the growth and development of our program participants. Therefore, in September we hired LaFrieda Attaway who has participated in our Family Engagement Nights, Nurturing Parenting classes and African American Sanctuary groups since 2014. LaFrieda is now facilitating our children's program in the Nurturing Parenting classes. She is also part of the planning and facilitation team for our monthly Family Engagement Nights. LaFrieda shares that she is excited to continue to grow and learn in the organization. In addition to hiring LaFrieda, we are also finalizing the process to hire Maria Del Carmen. Maria Del Carmen will join our team as a contractor who will be planning and co-facilitating the Latina Sanctuary monthly meetings. She has been a regular participant in the Crianza Con Cariño classes and the Latina Sanctuary group since 2017. Maria Del Carmen shares that she is looking forward to supporting women in her community and connecting them to resources that will help them and their families.

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PEI SEMI-ANNUAL REPORTING FORM

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS REPORTING FORM **FISCAL YEAR: 2017-2018**

Agency/Program Name:
CHILD ABUSE PREVENTION COUNCIL

Reporting Period (Select One): X☐ Semi-Annual Report #1 (July – Dec)
X☐ Semi-Annual Report #2 (Jan – June)

PEI STRATEGIES:
Please check all strategies that your program employs:

X Provide access and linkage to mental health care

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

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SERVICES PROVIDED / STRATEGIES:
Please describe the services you provided in the past reporting period. Please include qualitative and quantitative data depicting: 1) the types and settings of potential responders you reached during the past reporting period; 2) methods used to reach out and engage potential responders; 3) any strategies utilized to provide access and linkage to treatment, and4) strategies utilized to improve timely access to services for underserved populations.

Child Abuse Prevention Council - CAPC reached out to the Latino community to offer The Nurturing Parenting Program (NPP). During this Fiscal Year a total of 66 parents and 74 children were enrolled to participate in the 22-week parenting education program in East and Central County. NPP collaborated with community based agencies and school districts such as First 5 Center, Head Start, WIC, Antioch Unified and Oakley Elementary School District to promote this program. Upon starting the program participants reported to us that they learned about the program from parents that highly recommended our program. A total of 58 parents successfully completed and graduated from the program, 2 parents participated and partially completed the program, 6 parents enrolled and participated less than 50% of the 22 week program.
CAPC staff offered education for 22 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 or child.

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In addition to the materials recommended by the NPP staff, participants are given the opportunity to share areas of concerns in accessing community resources; to meet this need each parent received the Surviving Parenthood Guide to facilitate access to community based organizations providing a wide variety of services at no cost or sliding scale to encourage parents to connect and explore preventive/intervention programs. . NPP staff offered guidance to parents by providing the Mental Health access number as well as the process of advocating for services. NPP collaborated with other agencies and welcomed guess speakers to share information and psycho-education to help identify mental health/behavioral challenges that may need professional support. NPP has been enhanced by the collaboration of Dr. Hector Rivera-Lopez. Dr. Rivera's 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 just "part of their "cultural beliefs".

The NPP supervisor not only oversees sessions, she also offers direct services to help parents feel more comfortable and confident when accessing resources. NPP evaluates each case to offer linkages to the appropriate resources. Linkage includes but was not limited to the following: Access Line, Medical, Children Mental Health Services, Crisis Center, Food Bank and Community Based Organizations.

At the end of the program the NPP staff meets with parents to explore supportive services that they accessed and/or if they encounter challenges receiving services.

OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- ***Include a list of indicators measured, how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.***

The Nurturing Parenting Program offered two 22 week sessions starting in July, ending in December and the second semester starting January ending June. Parents were administered the evaluation tool AAPI "A" at the beginning of the program and AAPI "B" at completion of each program. Results of the AAPI forms are entered in a password protected data base (Assessing Parenting) which analyzes the results and provides a chart reflecting variation of participants starting and ending the program. Upon completion of the program staff reviews results which reflect areas of improvement and measures the "risk" of child abuse and neglect in the home. In the event that parents may score as "high risk", an invitation is offered to them to participate in the program one more time as well as additional resources to address their needs. All data entered in the Assessing Parenting site is password protected and only authorized personal has 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.

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Form	A	B	C	D	E
Form A	7.12	6.53	6.59	8.35	6.94
Form B	7.00	7.92	8.08	8.38	6.38

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

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

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

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

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

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

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

AAPI Results per Group

Construct	A	B	C	D	E
Form A	6.67	6.56	6.22	9.33	6.67
Form B	6.56	7.78	7.89	8.56	6.89
Form A	5.87	5.87	5.70	7.96	6.04
Form B	7.24	7.81	7.95	7.57	5.95
Form A	5.54	6.08	5.92	7.62	6.46
Form B	8.00	8.57	7.29	8.00	5.29
Form A	5.54	6.08	5.92	7.62	6.46
Form B	8.00	8.57	7.29	8.00	5.29

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- Scale 1 – 10 (Higher the score, lower the risk).

DEMOGRAPHIC DATA: ☐ **Not Applicable** ***(Using County form)***

If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

County demographics Forms will be mail.

VALUES:

Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non- discriminatory?

The CAPC Director and The Nurturing Parenting Program Supervisor meet regularly to discuss program outcomes, challenges and to ensure staff offering direct services receive support and guidance thought out the course of the session. We have learned the value of communication and collaboration as we offer this important service to our community. Staff met regularly to discuss issues parents identify as "triggers" of stress in their daily life. This program offered a safe place to identify staff challenges and receive support to decrease the risk of emotional fatigue which we often experience in this field. Staff brainstormed ideas to address the emotional needs parents are experiencing while maintaining the fidelity of the Nurturing Parenting curriculum. Staff discussed the importance of providing information and community resources to parents in an attempt to help decrease anxiety amongst our children who may have exposure to political comments suggesting the separation and disintegration of families. The Child Abuse Prevention Council staff agreed to continue being proactive in finding resources for undocumented families to refer them to so they can discuss their individual concerns. Staff has experienced challenges in identifying mental health resources for adult member in families we served. As a result, staff has developed a valuable collaboration with school districts who not only offer additional resources to support our programs but also attend sessions and interact with parents creating opportunity for families to connect with their children's school administrators and build trust. CAPC strongly believes in building community connections to increase children's safety. Staff recognizes the areas in which they can help in building bridges to connect the underserved population to the services much needed.

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VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

CAPC and the NPP valued parents' feedback to help us learn more about the outcomes of this program. Below you will find the translation of just a few letters parents have written for the program. Originals of the following letters and more are available to you upon request.

Parent 1

This program was a very nice experience. I learned many things to improve as a father. This program helped me strengthen, the love with my family and see life from another perspective. At the same time, it helped me to become a better parent, so my kids can be better citizens. This program has topics that made me reflect and changed my whole life.

Parent 2

I like this program very much. It helped me understand my son's behavior and helped me get to know myself. I wish we can have this program more days of the week. In general, everything went very well. Thank you for the support that you have given us.

Parent 3

The Nurturing Parenting Program helps parents understand children's behaviors and the changes according to their age. It is like a guide for the parents.

I really liked the program because the teachers explained the class very well, so we can better understand it. They are great people and very well prepared for this program. I love this class very much!

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PEI SEMI-ANNUAL REPORTING FORM

IMPROVING TIMELY ACCESS TO SERVICES FOR UNDERSERVED POPULATIONS REPORTING FORM

FISCAL YEAR: 17-18

Agency/Program Name:
CENTER FOR HUMAN DEVELOPMENT – AFRICAN AMERICAN WELLNESS PROGRAM

Reporting Period (Select One): ☐ Semi-Annual Report #1 (July – Dec)
☑ Semi-Annual Report #2 (Jan – June)

PEI STRATEGIES:
Please check all strategies that your program employs:

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

SERVICES PROVIDED / PROGRAM SETTING:
Please describe the services you provided in the past reporting period. Please include who the program has targeted and how your services have helped in improving access to services. Where are services provided and why does your program setting enhance access to services?

Center for Human Development's African American Wellness Program provides prevention and early intervention services that empowers clients to: 1. Increase emotional well-being. 2. Decrease personal stress and isolation. 3. Increase their ability to access culturally appropriate mental health services.

During the course of the contract, staff will provide MHSA-PEI services to African Americans living in Bay Point, Pittsburg and surrounding East County Communities. The annual goal is to reach 150 unduplicated individuals From January 1, 2018 through June 30, 2018.

Key activities included culturally appropriate education on mental health topics through three open ended Mind, Body and Soul support groups; community health education workshops; outreach at health –oriented community events; and navigation assistance for culturally appropriate mental health referrals.

Cynthia Garrett, Program Manager, facilitated the services listed below from January 1 through June 30, 2018. Ms. Garrett is a full-time employee of the Center for Human development. She was assisted by Resident Leaders, participants of the Mind, Body and Soul support group. Her office is at the SparkPoint Center in Bay Point. Seeing the valuable resources that Cynthia provides to clients and the local community, SparkPoint provides pro bono office

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space and equipment to the program.

The program activities during the 6 month period included the following:

Facilitate three Mind, Body, and Soul support groups in three separate locations:

- Pittsburg Health Center, Pittsburg, first and third Monday afternoon, 12 open-ended, ongoing sessions.
- Ambrose Community Center, Bay Point, first and third Monday afternoon, 12 open-ended, ongoing sessions.
- Pittsburg Senior Center, second and fourth Wednesday afternoon, Pittsburg, second and fourth Wednesday afternoons, 12 open-ended, ongoing session.

Facilitate Community Mental Health Education workshops based and community-based organizations in East Contra Costa County.

Conduct outreach services at health-oriented community events in East Contra Costa County.

Provide navigation of health services, including mental health referrals, for new and continuing clients in East Contra Costa County.

The three Mind, Body, and Soul support groups follow the same format. Often the same topic is presented in the different groups. The topics are all related to "Emotional Wellness" which is the term that is more welcoming than "mental health" for many African Americans. Guest speakers are sometimes featured. Besides the topic and discussion, each session includes a "fellowship" time with healthy refreshments. This "fellowship" time is culturally appropriate for African American clients and is an initial "draw" to the groups.

1. Pittsburg Health Center, Mind, Body, and Soul, support group, first and third Monday afternoons, 12 open-ended, ongoing sessions.

   From January 1 Through June 30, 2018, the group met 10 times. This represents 83 percent of the minimum goal for half the year.
   - Topics presented: Conducted Pre-Test Evaluations, Senior Peer Counseling conducted presentation on services, Alzheimer's presentation, Putting yourself first presentation, Self-Love Presentation, American Heart Association Living Healthy presentation, Vision Boards life goals activities, Self Esteem presentation, Reducing stress presentation, Mindfulness presentation, Affirmation I Am Enough presentation, Fresh Approach Presentation, Emotional Abuse Awareness presentation, St. Vincent DePaul Presentation on services and resources, SparkPoint presentation on services, A Guide to Managing Stress presentation, Conducted Post-Test Evaluations.

2. Ambrose Community Center, Mind, Body, and Soul, support group, first and third Wednesday afternoon, 12 open-ended, ongoing sessions.

   From January 1 through June 30, 2018, the group met 12 times. This represents 100 percent of the minimum goal for half the year.
   - Topics presented: Conducted Pre-Test Evaluations, Senior Peer Counseling conducted presentation on services, Alzheimer's presentation, Putting yourself first presentation, Self-Love Presentation, American Heart Association Living Healthy presentation, Vision Boards life goals activities, Self Esteem presentation, Reducing stress presentation, Mindfulness presentation, Affirmation I Am Enough presentation, Fresh Approach Presentation, Emotional Abuse Awareness presentation, St. Vincent DePaul Presentation on services and resources, SparkPoint presentation on services, A

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Guide to Managing Stress presentation, Conducted Post-Test Evaluations.

3. Pittsburg Senior Center, Mind, Body, and Soul support group, second and fourth afternoon, 11 open-ended, ongoing sessions.

   From January 1 through June 30, 2018, the group met 11 times. This represents 93 percent of the minimum goal for half the year.

   - Topics presented: Conducted Pre-Test Evaluations, Senior Peer Counseling conducted presentation on services, Alzheimer's presentation, Putting yourself first presentation, Self-Love Presentation, American Heart Association Living Healthy presentation, Vision Boards life goals activities, Self Esteem presentation, Reducing stress presentation, Mindfulness presentation, Affirmation I Am Enough presentation, Fresh Approach Presentation, Emotional Abuse Awareness presentation, St. Vincent DePaul Presentation on services and resources, SparkPoint presentation on services, A Guide to Managing Stress presentation, Conducted Post-Test Evaluations.

Facilitate Community Mental Health Education workshops based and community-based organizations in East Contra Costa County.

From January 1 through June 30, 2018, three one-time workshops were conducted. This represents 33 present of half of the year's goal.

Locations and Topics included.

- February 7, Mental Health presentation to 24 Women at Solomon Temple Ministries-Pittsburg. Topic: Unclutterly Organizing for Your Mind, Body and Soul workshop,
- February 16, Mental Health presentation to 16 Women Black Infant Health program-Antioch,Topic: Self-Care "Tool Box" Workshop.
- May 30, Mental Health presentation to12 Women in motion support group, Ambrose Center, Bay Point. Topic: Uncluterly Organizing for Your Mind, Body and Soul workshop.

Conduct outreach services at health-oriented community events in East Contra Costa, with a minimum of six one-time events.

From January 1 through June 30, 2018, five outreach services were conducted this represents 83 percent of the goal for half the year.

- February 28, Black History Program-Pittsburg Community Center, 91 people attended
- April 21, BPC All-N-One Community Picnic, Bay Point, Outreached to 29 people
- June 16, Juneteenth, Outreached to 49 people
- June 23, Unity in Community, Outreached to 48 people

Provide navigation of health services, including mental health referrals, for new and continuing clients in East Contra Costa County, for a minimum of 90 clients.

From January 1 through June 30, 2018, navigation services were provided to 39 new clients. This represents 33 percent of the annual goal at the half of the year mark.

Referrals, including mental health referrals, were made to these groups: Crisis Center 211, Contra Costa Mental Health Access Line and community resources.

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OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- ***How are participants identified as needing mental health assessment or treatment?***
- ***List of indicators measured, including how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.***
- ***Average length of time between report of symptom onset and entry into treatment and the methodology used.***

For January – June 2018, the program served 268 individuals. This number represents program participants and community members, which are identified and reached as needing mental health counseling, through the three Mind, Body, and Soul educational support groups, Community Education workshops, Community Outreach including health fairs and similar events, and referrals.

97 percent of clients were African American and 3 percent were other groups living in East Contra Costa.

CHD has been working with an evaluator to develop Pretest and Posttest surveys to measure the knowledge, awareness, attitude and behavior change for participants in Mind, Body and Soul groups. The instrument has 10 questions, which can be compared after the Posttest has been tabulated.

CHD will use Posttest tabulated to complete results June 2018 for the final results.

DEMOGRAPHIC DATA: ☐ Not Applicable ***(Using County form)***

If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

See Attachment: MHSA Aggregate reporting form

African American Wellness Program Roster for Support Groups from January to June 2018 total 42. Forty two Demographic forms were turned in. Total number for the year is 120 unduplicated participants,

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LINKAGE AND FOLLOW-UP:

Please explain how participants are linked to mental health services, including how the PEI program: 1) provides encouragement for individuals to access services; and 2) follows up with the referral to support successful engagement in services. Additionally, please include the average length of time between referral and entry into treatment and the methodology used.

Participants, who attend the Mind, Body and Soul support groups receive an assessment tool, identifying barriers, participants are individually provided services, helping them to address the current issues they are facing. Participants are referred to Contra Costa Crisis Center 211, Mental Health Access Line and community resources. The program manager and resident leader assist participant, helping them to navigate through the system. The staff will call the Mental Health Access Line with participant, insuring participant to get an appointment.
The appointment is scheduled from initial phone call. The time for scheduling an appointment and seeing therapist the time frame is 15 days. The program manager and resident leader follows up with participant is a week later, checking on progress.

The Healthy living questionnaire is administered to every Mind, Body and Soul support group participant in the beginning of the year. Based on the assessment this tool provides staff with information about participant's emotional wellness and the need for individual check in and possible referral.

VALUES:

Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non- discriminatory?

The African American Wellness Program serves adults ages 18 and older, living in East Contra Costa County. Currently the programs has participants ages 35 and up. Empowering them to achieve inner strengths and use coping strategies to maintain emotional wellness. Increasing their emotional wellness and reducing client stress and isolation. The program creates a welcoming and safe and confidential environment. The Mind, Body and Soul support group helps give the participant hope, while facing challenges. Helping them to address barriers such as; homelessness, no medical coverage, lack of transportation, lacking of food. Linking African American clients, who are low income and disadvantaged due to lack of resources and lack of outreach engagement to mental health services, to community resource and referring them to the appropriate service providers. Participants enter the program through word of mouth, referrals, community outreach and mental health Pittsburg Health Clinic. The key activities include: outreach at community events, culturally appropriate education on mental health topics through Mind, Body, and Soul support groups and Community health education workshops in accessible and non-stigmatizing settings, and navigating assistance for culturally appropriate mental health referrals as early in the onset as possible.

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VALUABLE PERSPECTIVES:
Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

Success Stories:
Story #1

T.B. is one of our female participants; age range is 46-59 years old. She has attended the ***Mind Body and Soul (MBS) Support Group*** for over 6 months now. T.B. came to our group seeking support after grieving for several months over her loved one. The tragedy of losing someone is devastating and when you are without positive support one may go into a deeper state of depression and think things up in their head that can become harmful to many... After attending our support groups and sharing with T.B. the many different tools and techniques for self-care and mindfulness the changes for T.B. started to grow rapidly.
One of T.B.'s goals upon entering this program was to lose weight. As we introduced the many resources of our community with different FREE groups, for low impact aerobics for the 50+ club in Pittsburg. She began to attend them and in one month T.B. lost 15lbs and learned how to eat healthier through our ***MBS Support Groups*** as well. She also is attending all of the support groups except one.
So for our friend T.B. to attend our program with such devastating beginning steps and see her developing her own characteristics and eagerness to learn new things again is quite refreshing. Her enthusiasm is so contagious to the remaining participants as well. We are greatly proud of her successful transition in her life at this time.

Story #2

D.M. is one of our female participants; age range 36-45 years old. She has attended the ***Mind Body and Soul (MBS) Support Group*** for 8 months now. She is the wife of R.M. our long term participant for over 6 years. Upon D.M. arrival at the MBS Support Group and feeling very down in her soul, quite depressed due to many circumstances that left her feeling alone and unsure of her next days on earth. D.M. was not at all vocal about herself nor did she speak up at all. Shelter, Food, Counseling, Clothing, were some of the needs she was seeking at the time. As D.M. continued to attend the ***MBS Support Groups*** learning new ways to deal with stress and release some of those frustrations that seems to overwhelm D.M. so much. We began to see changes in her character as a whole. D.M. will come in with a smile and input on the topics of the group. She has also been of help to others in our group as well. She had a goal to go back to school and the first part was accomplished this past month with her enrollment application being completed. More assistance with this process is still going forth with our referral to Spark point.

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Story #3

R.J.M. is one of our male long-term participants; age range 46-59 years old. He has attended the ***Mind Body and Soul (MBS) Support Group*** for 8 years now. R.J.M. is one of our most faithful participants who have attended this program for keeping his sanity and great fellowship with his peers. The goals set for R.J.M. for this year was to get some transportation for he and his wife to look for a place to live and also be there shelter for the time being. The couple has received a donation of a van and they are quite happy to have their own transportation to travel to and from the many medical appointments and or other appointments needed throughout the month. R.J.M. is also proud to share that his intake on food has now dropped greatly and now they are both eating healthier and R.J.M. has lost 7lbs since beginning to substitute more vegetables versus meat and starchy foods. R.J.M. has a therapist that he now sees on a regular monthly basis. We are here to assist the participants with the areas needed to become whole in their *Mind Body and Soul.*

Story #4

V.B. is one of our female long-term participants; age range 46-59 years old. She has attended the ***Mind Body and Soul (MBS) Support Group*** for 7 years now. V.B. has set many goals and also has accomplished many of them as well. We are celebrating this story of success as V.B. has shown us great growth in many areas today. V.B. is also one who lives with many ailments such as Bi-Polar disorder, Anxiety, depression, Memory loss, and many other issues. However, V.B. is full of life and great enthusiasm for others to grow and achieve as well. Sharing information with our participants on how to use the tools and techniques to self-care and practice the mindfulness breathing exercises we teach. Every day we must remind ourselves to practice these things to keep our minds healthy. V.B. has requested to speak with a phychotrist and continue the support groups. She also now takes her time to slow down before speaking and blurting out things that may be hurtful to others. V.B. has taken the time to help a stranger with his issues by inviting him to our group as well. Taking time to help others is also a part of healing us. When we can slow down enough to smell the roses and enjoy the sunshine, you may find the solution to your personal issue as well. V.B. is learning how to use her walking stick over her motorized scooter because she desires to become more independent as she can. Also V.B. has attended all of her medical appointments for the past 5 months. This is a great success story in itself.

Story #5

L.S. is one of our male participants; age range 60+ years old. He has been with the ***Mind Body and Soul (MBS) Support Group*** for 6 years. L.S. has attended this program for the many years thus far because he says it helps him to think of the good things in life no matter what he may physically or mentally be facing at the time. L.S. is very talented in many areas yet his specialty is music and singing. Before the MBS Support Groups were in L.S. life, he stated that he was in his room at home and did not come out side except early mornings to run. He was suffering with heavy depression and isolation. Then upon learning about the program L.S. took the advice of our team to begin journaling his thoughts on paper and start to come and talk or listen during our groups. He picked up on the tools and techniques taught to him about self-care as well. L.S. is very active for his age and did not have a full relationship with his children and grands for over a year. Today, L.S. is very active in their lives and starting to venture out and travel to visit them in the Sacramento area. L.S. has stated to us numerous times how this program helps him to open up again and trust others as well trust in him again. Now that he is able to travel without the fear of being amongst others he can restore his relationship with his family

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and grow from there. Isolation is not an issue today as it once was for L.S. We are quite proud of his accomplishment in life as well.

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PEI SEMI-ANNUAL REPORTING FORM

IMPROVING TIMELY ACCESS TO SERVICES FOR UNDERSERVED POPULATIONS REPORTING FORM

FISCAL YEAR: 2017-2018

Agency/Program Name:
CENTER FOR HUMAN DEVELOPMENT – EMPOWERMENT PROGRAM

Reporting Period (Select One): ☐Semi-Annual Report #1 (July – Dec)
× Semi-Annual Report #2 (Jan – June)

PEI STRATEGIES:
Please check all strategies that your program employs:

×**Provide access and linkage to mental health care**

× **Improve timely access to mental health services for underserved populations**

×**Use strategies that are non-stigmatizing and non-discriminatory**

SERVICES PROVIDED / PROGRAM SETTING:
Please describe the services you provided in the past reporting period. Please include who the program has targeted and how your services have helped in improving access to services. Where are services provided and why does your program setting enhance access to services?

Center for Human Development's Empowerment Program provides weekly meetings, youth leadership groups, and mental health resources for lesbian, gay, bisexual, transgender, queer, questioning (LGBTQ+) youth and their heterosexual allies, ages 14 – 20, in East Contra Costa. The annual goal is to reach 80 unduplicated youth from July 1, 2017 through June 30, 2018.

During the course of the contract, staff will provide the following services:

Component 1: Facilitate 25 to 30 weekly meetings at Pittsburg High School, Pittsburg for LGBTQ+ youth and their allies to promote emotional health, positive identity, and reduce isolation through life skill development.

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Component 2: Facilitate 25 to 30 weekly meetings at Deer Valley High School, Antioch for LGBTQ+ youth and their allies to promote emotional health, positive identity, and reduce isolation through life skill development.

Component 3: Facilitate 30 to 36 weekly meetings at Rivertown Resource Center, Antioch for LGBTQ+ youth and their allies to promote emotional health, positive identity, and reduce isolation through life skill development.

Component 4: Facilitate 16 to 20 twice-monthly youth leadership groups to foster community involvement.

Component 5: Facilitate 4 youth-led community service events or field trips to foster community involvement.

Component 6: Refer youth to culturally appropriate mental health services on an as needed basis, referral support to a minimum of 15 youth.

Kevin Martin, Empowerment Program Coordinator, facilitated the following services from January 1, 2018 through June 30, 2018. Mr. Martin is a part-time employee, working 30 hours per week on the project. During this reporting period, Empowerment has worked with 38 unduplicated youth, for a total of 74 unduplicated youth for the year, which is just short of our annual goal of 80 unduplicated youth.

Component 1: Facilitate 25 to 30 weekly meetings at Pittsburg High School, Pittsburg for LGBTQ+ youth and their allies to promote emotional health, positive identity, and reduce isolation through life skill development. Providing services at this 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 Pittsburg High School, 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.

> From January 1 through June 30, 2018, Kevin Martin facilitated 26 sessions of youth support groups on the campus of Pittsburg High School, for a total of 36 for the year. The number of meetings exceeds the goal of 25 to 30 sessions for the year. This is primarily due to the formation of a second group at Pittsburg High School, in April, to accommodate the number of youth referred to, and interested in participating in the Empowerment program. This second group is necessary, due to the level of need, limited space available for group sessions and desire to cap group size at 12 participants. There is also a shortage of confidential meeting space available at this site; service providers and school staff are

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constantly juggling available space and time to meet with students. Group sessions were closed at the end of May, just prior to final exams and the school letting out for summer recess. Participants were encouraged to attend the groups at Rivertown Resource Center over the break. Staff utilized CHD's agency van to accommodate transportation needs to make this possible.

The average group attendance for this period was 7.5. Low attendance was 5 in March, mid-semester, and high attendance was 11 in January. This group did not meet during "dead week" (final exam prep), during finals week, or while the school was closed for recess in April and June. Staff continues working closely with school staff and other service providers on campus to secure space for next year, as providing services at Pittsburg High School fills a need for youth who have difficulty with transportation to Antioch, and/or are not "out" in some aspect of their life (i.e. peers, family, or community). CHD also staff conducted 44 one-on-one meetings with students during this period.

Topics for the Pittsburg group included: group development, establishing group norms, grief and loss, internal "voices", safety planning, characteristics of healthy and functional relationships, reaching out for support during depression, Black History LBGTQ icons, Parkland School shooting in Florida, teen dating violence, supporting peers with suicidal thoughts, challenges to motivation, school walk-out for gun violence, "Every 15 Minutes" campaign, bisexual health awareness, spring break, "Day of Silence" campaign, addressing race and racist comments by peers and adults, social networks, family abandonment, prom, finals and end of school preparation, closure and appreciations.

Component 2: Facilitate 25 to 30 weekly meetings at Deer Valley High School, Antioch for LGBTQ youth and their allies to promote emotional health, positive identity, and reduce isolation through life skill development. Providing services at this location helps to increase access in a few ways: it eliminates the need for additional transportation, as students are already at school; 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; and CHD's Empowerment Program is the only external mental health service providers working specifically with LGBTQ+ youth at Deer Valley High School, allowing LGBTQ+ students access where otherwise there would not be any.

From January 1 through June 30, 2018, Kevin Martin facilitated 16 sessions of youth support groups on the campus of Deer Valley High School, for a total of 26 sessions. This number of meetings meets our goal of 25 to 30 sessions for the year. This group has been challenged by inconsistency of attendance. Some participants were frequently absent from school, and some participants preferred not to be pulled out of some classes for group. Group attendance during second lunch declined in the second half of the year, so groups were held only during the final hour of the school day, starting in February. Deer Valley High School runs on a block schedule, rotating odd period classes on day and even period

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classes the next. This helped attendance some, by ensuring participants were not pulled out of the same class each week.

Given continued challenges to group attendance, CHD staff checked-in more frequently with students, one-on-one. Staff continued to receive referrals from school staff and students, and continued promoting the group to students on the daily announcements and in the Daily Bulletin on campus. Average group attendance for this period was 3.4. Low attendance was 2 and high attendance was 5. This group, did not meet during "dead week", during finals week, or while the school was closed for recess in April and June. CHD also staff conducted 37 one-on-one meetings with students during this period.

Topics for the Deer Valley group included: group development, relationships and values, separation and loss of friends, Black history LGBTQ+ icons, school walkout for gun violence, positive self-image, bisexual health awareness, "Day of Silence" campaign, the impact of Heteronormativity and Cisnormativity on LGBTQ+ youth, gender identity versus sexual orientation, bi-gendered restrooms and locker rooms – access versus safety, body dysphoria and gender-transition, finals and end of school preparation, preparation for after graduation, group closure and appreciations.

Component 3: Facilitate 30 to 36 weekly meetings at Rivertown Resource Center, Antioch for LGBTQ+ youth and their allies to promote emotional health, positive identity, and reduce isolation through life skill development. Providing services at this location has challenges, but is the only year round, drop-in support program for LGBTQ+ youth in East Contra Costa County, providing access to youth from Bay Point, Pittsburg, Antioch, Oakley, and Brentwood. Staff began utilizing CHD's agency van to provide rides to and from this group for several youth in April in effort to mitigate ongoing transportation challenges.

From January 1 through June 30, 2018, Kevin Martin facilitated 22 sessions of youth support group in Antioch, for a total of 42 sessions for the year. The group met at Rivertown Resource Center at 10th and D Streets. The number of sessions exceeded the goal of 36 to 40 sessions for the year. This group had an average attendance of 5 youth per session for this reporting period. Low attendance was 2 in March and high attendance was 10 in May. Staff noted that attendance dipped when Pittsburg and Antioch schools were preparing for and holding midterm and end of semester exams. CHD staff also conducted 39 one-on-one meetings with youth during this period. One participant also volunteered, one hour per week for five weeks, to assist with group preparation and cleanup.

Topics for the Rivertown group included: group development, New Year's resolutions, LGBTQ+ safe spaces, types and characteristics of relationships, healthy and functional relationships, Black History LGBTQ+ icons, Valentine's Day, student activism after Parkland School shooting, affirmations, gun violence rallies and school walk-outs,

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LGBTQ+ Women's Month icons, bisexual health awareness, Pride dance planning, updates and preparations, "Day of Silence" campaign, macroaggressions and lack of family support, mandalas and self-awareness, Harvey Milk, celebrating high school graduates, Pride, fieldtrip to the Castro district in San Francisco, boundaries in relationships, and coming out experiences.

Component 4: Facilitate 16 to 20 twice-monthly youth leadership groups to foster community involvement. These groups meet at Rivertown Resource Center and are held in conjunction with support group meetings discussed in Component 3.

From January 1 through June 30, 2017, the youth leadership group met 12 times, for a total of 21 sessions for the year, which exceeded our goal of 16 to 20 sessions for the year. The group met at Rivertown Resource Center at 10th and D Streets. The average attendance was 3, with 1 being a low and 8 being a high. Staff is currently meeting with Leadership around regular Empowerment group meetings at Rivertown Recourse Center. This is exposing more members to Leadership and helping to address challenges associated with after school schedule conflicts and transportation hurtles, which are also noted challenges for Component 3. CHD staff also conducted 9 one-on-one meetings with youth during this period.

Activities for the leadership group during this time period are noted below:

January:

Leadership had one meeting focused on planning LGBTQ+ Black History Activities Empowerment groups.

February:

Leadership did not meet in February.

March:

Leadership met twice to begin planning events and fieldtrips related to LGBTQ+ Pride.

April:

Leadership met four times in April. Two meetings were conference calls with Rainbow Community Center's Youth Program staff, collaborating to plan an LGBTQ+ Youth Pride Dance in East Contra Costa County. One meeting was to create promotional material for the Pride Dance. One meeting to plan "Day of Silence" campaign activities.

May:

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Two meetings were held to work on preparations for the Pride Dance.

June:

Two meetings were held to create decorations and prepare for the Pride Dance.

Component 5: Facilitate 4 youth-led community service events or field trips to foster community involvement. These events occur in various locations, increasing East Contra Costa County LGBTQ+ youth's knowledge, experience of, and access to a range of surrounding communities, programs and support services. CHD staff also conducted 2 one-on-one meetings with youth, during this period, in conjunction with these events.

Empowerment members participated in 5 community service events or field trips during this period. The total for the year is 8 which exceeds our goal of 4 for the year.

March 14 - HIV/STD Prevention Workshop & Testing Event:

Empowerment hosted an HIV/STD Prevention Workshop & Testing Event for East County LGBTQ+ youth. The workshop and testing was facilitated by Contra Costa Health Services. Empowerment members promoted the event at their school sites and on social media. Seven Empowerment members and area youth participated in the workshop, six were tested for HIV.

April 20 - Day of Silence Campaign:

Ten Empowerment members, in collaboration with other school clubs, participated in a Day of Silence Campaign at Pittsburg High School. The Day of Silence is a campaign to raise awareness of the silencing effect of homophobia and transphobia. After pledging to be silent all morning, a Break the Silence rally was held during lunch, hosted by the school's Gay, Straight Alliance (GSA).

June 2 - Concord Pride Festival:

Three Empowerment members attended Concord's Pride Festival in Todos Santos Plaza. Empowerment hosted an information booth promoting the Empowerment and CHD's other programs. During this event, members had the opportunity to interact with youth and adults from the community, share information about Empowerment, receive information about other services and programs in the area and watch several LGBTQ+ Pride oriented entertainment acts. Members also promoted Empowerment's upcoming Pride Dance and fieldtrip to the historic Castro District, in San Francisco.

June 15 - East County LGBTQ+ Youth Pride Dance:

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In collaboration with Rainbow Community Center's Youth Program, Empowerment hosted East Contra Costa County's first ever LGBTQ+ Youth Pride Dance. The event was held at Community Presbyterian Church, in Pittsburg. The event was promoted on social media, during group sessions, at all meeting sites, with other community provider partners in the community and during community events leading up to the dance. Staff from Family Purpose, a partnering community provider agency, volunteered time to chaperone the dance. Rainbow Community Center (RCC) contracted DJ Sandio, whom they have worked with before, to provide music and MC the dance. Twenty area youth and one supportive parent attended the dance. Refreshments were provided by RCC, Family Purpose, and Empowerment. Empowerment and RCC provided decorations and were in charge of all promotion. Family Purpose offered to be an additional collaborating partner in next year's LGBTQ+ Youth Pride Dance, hoping to ensure it can become an annual event for youth in East Contra Costa County.

June 25 - Field trip to Historic Castro District, in San Francisco:

Empowerment hosted an educational field trip to the Castro District, in San Francisco, historically recognized as a LGBTQ+ community. RCC's youth program was invited to attend this trip as well. Six youth and three staff from RCC and CHD used public transportation to the Castro, took a guided walking tour of historical sites, including the Pink Triangle Garden, Harvey Milk's camera shop/campaign headquarters, and the building where the Memorial AIDS Quilt was started. Participants also had a guided docent tour of the GLBT History Museum, had lunch at Harvey's Restaurant and shopped for LGBTQ+ Pride souvenirs at local shops. This field trip has become an annual educational event for Empowerment that is highly anticipated by participants.

Component 6: Refer youth to culturally appropriate mental health services on an as needed basis, referral support to a minimum of 15 youth.

Specific referrals for new mental health support were made for 5 youth during this reporting period, for a total of 15 for the year. This meets this year's target of fifteen referrals for the year. One referral was made for youth at Deer Valley High School, and four were made for youth at Pittsburg High School. During this period, referrals were made to Community Violence Solutions, Pittsburg High School's Resource Office for 5150 assessment, and to Kody Meginnes LMFT/PPS. All referrals, except to Kody Meginnes, received a warm hand-off immediately to services. All Empowerment participants also continued to receive and encouraged to utilize an emergency phone list with listings for the Contra Costa Crisis Center, Trevor Project, GLBT Youth Talk-line, Planned Parenthood, Homeless Hotline, Run Away Hotline, Community Violence Solutions, and STAND Against Violence.

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- ***How are participants identified as needing mental health assessment or treatment?***
- ***List of indicators measured, including how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.***
- ***Average length of time between report of symptom onset and entry into treatment and the methodology used.***

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, periodic check-ins and occasional one-on-one meetings and assessments are provided when staff identifies 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, interest, and willingness to participate in mental health services, outside and in addition to Empowerment's programming. Staff also administers the Adolescent Mental Health Continuum Short Form (MHC-SF) during one-on-one meetings, when youth join Empowerment, then periodically to help assess need for referral to mental health services. Staff has had 131 individual one-on-one meetings with youth during this reporting period, in addition to group sessions, as noted in the individual components above.

As noted in the previous section, specific referrals for new mental health support were made for five youth during the second half of the year. The average length of time between report of symptoms onset and entry into treatment is 0.5 weeks, 1.7 weeks for the year. The methodologies used during treatment are generally unknown to Empowerment staff, as Empowerment staff does not provide therapy, and all mental health referrals are made to external providers.

Staff also facilitated pre- and post-surveys with members. Pre-surveys (29) were given starting in October, after school based group were formed, and at the first meeting for new members throughout the remainder of the year. Post-surveys (23) were given throughout the months of May and June. Notable results are as follows:

In general, participants noted having more people they could ask, if they need to talk to someone about a problem. Only one participant noted having fewer, compared to six months ago on post-surveys.

Fewer participants stated their immediate family is "unaware" of their sexual orientation in post-surveys.

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On average, participants note being more comfortable talking with their immediate family about their sexual orientation, and their immediate family is slightly more supportive.

Fewer participants noted that their immediate family is either "not aware" or "not at all supportive" of their gender identity.

Fewer participants stated they were "not at all comfortable" talking with their family about things related to gender identity, with more stating there are at least "somewhat more comfortable".

On average, participants note being better informed about LGBTQ sensitive resources and services in Contra Costa County.

On average, participants noted a slight decline in current state of mental/emotional health on post-surveys, with more people noting "poor" mental/emotional health at time of post-survey. This could possibly be due greater demands and stresses related to the timing of post-survey, most were administered just prior to final exams at the end of the school year.

Fewer participants note "never" being able to see themselves becoming happy adults in post-surveys.

Participants also noted that since being involved in Empowerment: they communicate a little better with their family; have come out to their friends a little more; have someone they can turn to in a crisis; have become better allies for others; have become a lot more informed about LGBTQ resources and services in their community; have become more comfortable accessing LGBTQ programs in their community; have become a better advocate for themselves; have become a better leader, have become more involved in their community; have become more confident in applying for a job and/or college; have become more confident getting around the area independently (i.e., using public transportation, or getting driver's license); and are doing a little better in school.

DEMOGRAPHIC DATA: × Not Applicable ***(Using County form)***

If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

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LINKAGE AND FOLLOW-UP:
Please explain how participants are linked to mental health services, including how the PEI program: 1) provides encouragement for individuals to access services; and 2) follows up with the referral to support successful engagement in services. Additionally, please include the average length of time between referral and entry into treatment and the methodology used.

As noted previously, all Empowerment participants receive an emergency services "Phone Tree", 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. Direct linkages are made via phone, fax or in person, such as during Care Team meetings at school sites.

1) General encouragement of all participants to seek services that could be of support to them is continual during all group sessions. Specific and direct encouragement and referrals are offered to participants during one-on-one check-ins and assessments by Empowerment staff. Staff 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.
2) Empowerment staff follows up, verbally, with participants regarding referrals to external services on a weekly basis until participant successfully engages in services, or no longer wishes to engage services. Individual check-in and follow ups are provided monthly, or as need arises, thereafter. The current average length of time between referral and entry into treatment is 0.5 weeks, 1.7 weeks for all referrals this year. Methodologies used are determined by participants and the external service provider with whom they enter into treatment.

VALUES:
Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non- discriminatory?

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Empowerment is a social-emotional support program for LGBTQ+ youth, ages 13 to 20, in East Contra Costa County, which is a highly diverse community in regard to ethnic makeup and socio-economic status, with large percentages of black, latino/a, and low-income families. Youth enter the program through referrals from self, peers, family, school staff, and service providers. Staff works hard to create safe, welcoming, confidential spaces for all who attend Empowerment. This is facilitated by the development of group agreements, which all attendees agree to adhere to. During groups and during one-on-one 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 for working through challenges, with the encouragement of Empowerment staff and peers. Through the process noted above, when youth are identified to need or would benefit from support services beyond the capacities of Empowerment staff, referrals and linkages are made to culturally appropriate service providers. All youth in Empowerment are treated with respect as individuals, and staff works hard to do so without bias or judgment. All LGBTQ+ youth, ages 13-20, and their heterosexual friends are welcome to join Empowerment's groups. Their level of participation is completely voluntary.

In Empowerment, LGBTQ+ youth are engaged in discussions topics and activities that are common to the 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, community development and engagement, leadership and activism, physical, mental and sexual health, welness and safety.

VALUABLE PERSPECTIVES:
Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

EH is a participant at Pittsburg High School. They were frequently reserved during group sessions, often noting experiencing significant, ongoing challenges throughout the year, including depression, hearing voices and suicidal ideation. EH was referred to the school resource officer twice by Empowerment staff for 5150 assessment. Each time they were transported to County Hospital. In June, staff was pleased to witness EH attend the LGBTQ+ Youth Pride Dance, accompanied by their mother. EH was in good spirits and enjoyed dancing and interacting with peers. EH and their mother stayed for the entire event and expressed happiness for attending the event.

CW, a trans-male participant at Deer Valley High School (noted in the previous semi-annual report), was unwilling to participate in group sessions during the first half of the year. Their mental health symptoms related to their gender identity were too overwhelming to be able to

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engage with their peers. CW started working with a gender specialist in Sacramento, CA, to address their issued related to depression, body dysmorphia and transitioning during the first half of the year. After several one-on-one meetings with and gentle encouragement from Empowerment staff, in January, CW agreed to try attending group sessions at DVHS. Over the remainder of the year, CW attended group sessions semi-regularly, and was increasingly able to share their story and interact with peers more easily. CW successfully graduated from DVHS in June.

To update on TF, another trans-male participant at Deer Valley High School, Rivertown Resource Center, and Leadership (noted in the previous semi-annual report). In the last report, it was noted that TF has pulled his grades up from "Ds" to "Bs", is more socially engaged with his peers at school, and his parents have expressed increased support for his identity at school and encourage his increased participation in Empowerment. TF has continued to be successful at school and volunteer at CHD's Antioch office to gain work experience he can add to his resume and job applications. TF successfully graduated from DVHS in June and is applying for jobs so that he can move into an apartment with one of his friends.

A total of 16 (nearly 100%) of Empowerment's regularly attending high school senior participants successfully graduated from high school this year.

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PEI SEMI-ANNUAL REPORTING FORM

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS REPORTING FORM **FISCAL YEAR: 2017-2018**

Agency/Program Name:
CHILD ABUSE PREVENTION COUNCIL

Reporting Period (Select One): X☐ Semi-Annual Report #1 (July – Dec)
X☐ Semi-Annual Report #2 (Jan – June)

PEI STRATEGIES:
Please check all strategies that your program employs:

X Provide access and linkage to mental health care

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

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SERVICES PROVIDED / STRATEGIES:
Please describe the services you provided in the past reporting period. Please include qualitative and quantitative data depicting: 1) the types and settings of potential responders you reached during the past reporting period; 2) methods used to reach out and engage potential responders; 3) any strategies utilized to provide access and linkage to treatment, and4) strategies utilized to improve timely access to services for underserved populations.

Child Abuse Prevention Council - CAPC reached out to the Latino community to offer The Nurturing Parenting Program (NPP). During this Fiscal Year a total of 66 parents and 74 children were enrolled to participate in the 22-week parenting education program in East and Central County. NPP collaborated with community based agencies and school districts such as First 5 Center, Head Start, WIC, Antioch Unified and Oakley Elementary School District to promote this program. Upon starting the program participants reported to us that they learned about the program from parents that highly recommended our program. A total of 58 parents successfully completed and graduated from the program, 2 parents participated and partially completed the program, 6 parents enrolled and participated less than 50% of the 22 week program.
CAPC staff offered education for 22 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 or child.

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In addition to the materials recommended by the NPP staff, participants are given the opportunity to share areas of concerns in accessing community resources; to meet this need each parent received the Surviving Parenthood Guide to facilitate access to community based organizations providing a wide variety of services at no cost or sliding scale to encourage parents to connect and explore preventive/intervention programs. . NPP staff offered guidance to parents by providing the Mental Health access number as well as the process of advocating for services. NPP collaborated with other agencies and welcomed guess speakers to share information and psycho-education to help identify mental health/behavioral challenges that may need professional support. NPP has been enhanced by the collaboration of Dr. Hector Rivera-Lopez. Dr. Rivera's 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 just "part of their "cultural beliefs".

The NPP supervisor not only oversees sessions, she also offers direct services to help parents feel more comfortable and confident when accessing resources. NPP evaluates each case to offer linkages to the appropriate resources. Linkage includes but was not limited to the following: Access Line, Medical, Children Mental Health Services, Crisis Center, Food Bank and Community Based Organizations.

At the end of the program the NPP staff meets with parents to explore supportive services that they accessed and/or if they encounter challenges receiving services.

OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- ***Include a list of indicators measured, how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.***

The Nurturing Parenting Program offered two 22 week sessions starting in July, ending in December and the second semester starting January ending June. Parents were administered the evaluation tool AAPI "A" at the beginning of the program and AAPI "B" at completion of each program. Results of the AAPI forms are entered in a password protected data base (Assessing Parenting) which analyzes the results and provides a chart reflecting variation of participants starting and ending the program. Upon completion of the program staff reviews results which reflect areas of improvement and measures the "risk" of child abuse and neglect in the home. In the event that parents may score as "high risk", an invitation is offered to them to participate in the program one more time as well as additional resources to address their needs. All data entered in the Assessing Parenting site is password protected and only authorized personal has 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.

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Form	A	B	C	D	E
Form A	7.12	6.53	6.59	8.35	6.94
Form B	7.00	7.92	8.08	8.38	6.38

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

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

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

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

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

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

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

AAPI Results per Group

Construct	A	B	C	D	E
Form A	6.67	6.56	6.22	9.33	6.67
Form B	6.56	7.78	7.89	8.56	6.89
Form A	5.87	5.87	5.70	7.96	6.04
Form B	7.24	7.81	7.95	7.57	5.95
Form A	5.54	6.08	5.92	7.62	6.46
Form B	8.00	8.57	7.29	8.00	5.29
Form A	5.54	6.08	5.92	7.62	6.46
Form B	8.00	8.57	7.29	8.00	5.29

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- Scale 1 – 10 (Higher the score, lower the risk).

DEMOGRAPHIC DATA: ☐ **Not Applicable** ***(Using County form)***

If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

County demographics Forms will be mail.

VALUES:

Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non- discriminatory?

The CAPC Director and The Nurturing Parenting Program Supervisor meet regularly to discuss program outcomes, challenges and to ensure staff offering direct services receive support and guidance thought out the course of the session. We have learned the value of communication and collaboration as we offer this important service to our community. Staff met regularly to discuss issues parents identify as "triggers" of stress in their daily life. This program offered a safe place to identify staff challenges and receive support to decrease the risk of emotional fatigue which we often experience in this field. Staff brainstormed ideas to address the emotional needs parents are experiencing while maintaining the fidelity of the Nurturing Parenting curriculum. Staff discussed the importance of providing information and community resources to parents in an attempt to help decrease anxiety amongst our children who may have exposure to political comments suggesting the separation and disintegration of families. The Child Abuse Prevention Council staff agreed to continue being proactive in finding resources for undocumented families to refer them to so they can discuss their individual concerns. Staff has experienced challenges in identifying mental health resources for adult member in families we served. As a result, staff has developed a valuable collaboration with school districts who not only offer additional resources to support our programs but also attend sessions and interact with parents creating opportunity for families to connect with their children's school administrators and build trust. CAPC strongly believes in building community connections to increase children's safety. Staff recognizes the areas in which they can help in building bridges to connect the underserved population to the services much needed.

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VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

CAPC and the NPP valued parents' feedback to help us learn more about the outcomes of this program. Below you will find the translation of just a few letters parents have written for the program. Originals of the following letters and more are available to you upon request.

Parent 1

This program was a very nice experience. I learned many things to improve as a father. This program helped me strengthen, the love with my family and see life from another perspective. At the same time, it helped me to become a better parent, so my kids can be better citizens. This program has topics that made me reflect and changed my whole life.

Parent 2

I like this program very much. It helped me understand my son's behavior and helped me get to know myself. I wish we can have this program more days of the week. In general, everything went very well. Thank you for the support that you have given us.

Parent 3

The Nurturing Parenting Program helps parents understand children's behaviors and the changes according to their age. It is like a guide for the parents.

I really liked the program because the teachers explained the class very well, so we can better understand it. They are great people and very well prepared for this program. I love this class very much!

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PEI SEMI-ANNUAL REPORTING FORM

SUICIDE PREVENTION REPORTING FORM **FISCAL YEAR:** 2017-18

Agency/Program Name: CONTRA COSTA CRISIS CENTER
Reporting Period (Select One): Semi-Annual Report #1 (July – Dec)
X Semi-Annual Report #2 (Jan – June)

PEI STRATEGIES:
Please check all strategies that your program employs:

X Provide access and linkage to mental health care

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

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SERVICES PROVIDED / ACTIVITIES:
Please describe the services you provided in the past reporting period. Please include who the program has targeted and influenced, as well as, any methods or activities used to change attitudes, knowledge and/or behavior.

The Contra Costa Crisis Center's services are:

1) The provision of 24-hour telephone response to mental health crisis calls via all local and toll-free hotlines. Our staff and volunteer Call Specialists are ALL trained, monitored and supervised in an intervention modality consistent with best practices/industry standards as set by the American Association of Suicidology. Services were provided in the manner agreed upon in the contract – language, follow-up, lethality assessments, etc.
2) Link callers in need to mental health services via referrals and warm transfers as appropriate for each call.
3) Continued staff in-service training regarding stigma and discrimination reduction; addressed service delivery to underserved population – LGBQT, Homeless, those living with mental illness. Focus training was provided around Grief and Suicide.
4) Continued to evaluate our repeat caller policies and adherence to providing services based on respective individual needs vs. call volume.
5) Continued to provide trainings for service providers throughout Contra Costa County on the warning signs of suicide, suicide risk assessment, and cultural competency and awareness when assessing for suicide risk.
6) The Crisis Text service was increased to be monitored 24/7/365.

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OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- ***Please detail any methods used in evaluating change in attitudes, knowledge and/or behavior, and include frequency of measurement***
- ***How have your selected methods proven successful? Please reference any evidence- based, promising practice or community practice standards used, as well as how fidelity to the practices have been ensured.***
- ***How does the program evaluation reflect cultural competency and protect the integrity and confidentiality of the individuals served?***

- Each call is evaluated for pre and post mood. Callers are asked if the service helped and if their mood has changed.
- Methods of intervention and lethality assessment are done in accordance with industry standards set by AAS. Supervision of the calls and the data/call records indicates that fidelity to the model is being well maintained. We are happy to report 0% completed suicides by those who are assessed as at risk.
- Confidentiality - 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, (non)use of identifying client information on server.
- Competency – Our supervision is informed by constant trainings and educational opportunities regarding multiple populations and social issues. Staff is diverse in regard to country of origin, languages spoken, culture, gender, religion, sexual orientation and class; our values of inclusion and continuous competency development is written, spoken and practiced. Our policies and office environment supports same.

DEMOGRAPHIC DATA: x Not Applicable ***(Using County form)***

If your agency has elected to not utilize the County Demographics Form <u>AND</u> have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

The Crisis Center is utilizing its own custom form as negotiated and approved by our county contract monitor.

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VALUES:

Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non- discriminatory?

Our services are designed based on the belief that support can make huge difference in a caller's ability to self-manage and minimize hospital (5150) visits when the support is available WHENEVER it is needed 24/7. Because we also provide the entire county with 211 Information and Referral services we have a well maintained database from which to refer and link our callers.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

January 2018-June 2018

Call Record #252082

Caller said she was in her bathroom and had taken the pills about 15 minutes before calling. She took 20 Prozac pills, 20 milligrams each, and was very scared. The volunteer stayed calm under pressure, and quickly developed rapport as her shift team member called police. The volunteer was able to obtain the caller's address and police were notified.

The volunteer let the caller know help was on the way and she would stay on the line until police arrived. She gave positive encouragement for calling us for help, and found out that the caller's mother was in the home but she did not want to talk to her mom or let her know that she had taken the pills. She was scared of how her mom would react, she had a headache and was about to throw up. She eventually agreed to give us her mother's number so we could call her and let her know that the police were on the way. The shift team member called the mother while the volunteer stayed on the line with the caller, to let her know the situation and that police were on their way.

Both team members stayed on the lines until police arrived, providing a calm, compassionate, and reassuring presence to both the caller and her mother during this crisis. They provided active listening and emotional support while remaining on the lines. Once the police arrived they offered a follow-up call to check in with the family, and reminded them that we are available 24/7 for emotional support following the hospitalization.

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Call Record # 181102

Caller was a 20 year old male who wanted to remain anonymous. He was feeling upset about a fight he had with his girlfriend, and he does not get along with sister. His sister and his girlfriend both put him down emotionally. The call specialist learned that he was currently a college student in his second year and also works. He had a prior suicide attempt in the past by standing on a ledge but luckily he did not jump. The caller uploaded a phone app (Calm Harm) that has really helped him utilize healthy coping skills and he was considering seeing a counselor at this school. The call specialist gave him space to express in his own manner, actively listened, and provided emotional support and resources. The caller stated he will call this line again before acting upon thoughts of suicide and was very appreciative of the support. He declined a follow-up call since he wishes to remain completely anonymous, but promised to call us in the future when needed.

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PEI SEMI-ANNUAL REPORTING FORM

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS
REPORTING FORM **FISCAL YEAR: 7/17 - 6/18**

Agency/Program Name:
CONTRA COSTA INTERFAITH HOUSING

Reporting Period (Select One): ☐ **Semi-Annual Report #1 (July – Dec)**
X **Semi-Annual Report #2 (Jan – June)**

PEI STRATEGIES:
Please check all strategies that your program employs:

X Provide access and linkage to mental health care

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

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SERVICES PROVIDED / STRATEGIES:
Please describe the services you provided in the past reporting period. Please include qualitative and quantitative data depicting: 1) the types and settings of potential responders you reached during the past reporting period; 2) methods used to reach out and engage potential responders; 3) any strategies utilized to provide access and linkage to treatment, and4) strategies utilized to improve timely access to services for underserved populations.

Contra Costa Interfaith Housing staff provided support services at 4 affordable housing sites, including on-site case management/eviction prevention, mental health advocacy and support, youth enrichment activities, afterschool programming and life skills groups. The housing sites are located in Pleasant Hill (Monument Corridor), Concord, Bay Point and Pittsburg, serving a total of 274 households. Case managers worked with residents who were referred by the property manager or by self-referral, and met with residents on a drop-in basis and by appointment. Youth enrichment programming was offered to all youth residing at these housing sites.

Types of needs supported by case managers include access to basic resources like food, furnishings, clothing, transportation as well as access and referral to medical/mental health resources, employment resources and education resources. Youth enrichment services included afterschool programming with academic and social skill building activities and summer youth enrichment activities. Life skills

CONTRA COSTA HEALTH SERVICES

CONTRA COSTA MENTAL HEALTH
1340 ARNOLD DRIVE, SUITE 200
MARTINEZ, CA 94553-4639
PH: (925) 957-7548 FAX: (925) 957-5156
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activities included 8 support groups (8 sessions each) including 5 Community Café (parenting support) groups, 1 Wellness/Harm Reduction group, one Sobriety Support group and one parent/pre-school child support group. In addition to these supportive services several community building events were held including holiday events in December at each housing site, end-of-school-year youth celebrations of school achievements, and other smaller events in response to community celebrations and requests.

Potential responders reached in our program included the property management personnel, school personnel, family members of mental health consumers, and mental health consumers themselves living in the four affordable housing sites. Settings where CCIH staff communicated with responders included the community center and offices of the housing sites, the homes of residents who requested services at home, and the schools of some of the youth.

Methods used to reach out and engage potential responders included outreach with information fliers to the entire housing community regarding services available, a welcome/information (about services) letter to all new residents offered by property management, community building fun events (holiday dinner and gift raffle event, school backpack giveaway event, summer fun activities). Youth enrichment staff and case management staff also provided outreach and advocacy for residents in the school system and with various community service providers (ie. mental health, alcohol and drug, education and employment providers).

Strategies used to provide access and linkage to treatment included supporting residents with behavioral problems (referred by property manager) to consider accessing mental health resources (as appropriate), explaining the resources and referral process to these potential consumers, assisting individuals to call the 800 Access line, providing transportation to appointments and, if requested, attending appointments to facilitate consumer communication with mental health provider (ie psychiatrists). Case managers and mental health staff were also available to manage immediate conflicts or crisis concerns of residents at the time the concerns occurred.

On-site staff work to develop ongoing, trusting, consistent relationships with families and youth so that when concerns of possible mental health needs come up, staff are sought to help access resources. Finally, when youth in our programs have conflicts in school settings that might be helped with mental health resources, CCIH staff are able to identify this need and help youth/families access resources. Strategies utilized to improve timely access to services for underserved populations included providing consistent, ongoing availability of staff on-site where families live. Many homeless, formerly homeless and low-income residents have fears about and avoidance of mental health resources due to stigma and lack of knowledge of the resources available. Additionally, transportation can be a difficult barrier to timely access. By providing trusted, on-site staff, residents can get support for making appointments, transportation to appointments and follow up after appointments. If residents are interested in finding a mental health provider,
it can be difficult to make their way through the appointment process. On-site, trained staff can help overcome that barrier to timely access by helping negotiate the referral system, advocate for timely appointments and support residents to follow through with appointments when made

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OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- ***Include a list of indicators measured, how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.***

Outcome Statements

1. Improved school functioning of the school-aged youth in the afterschool programs.
2. Improved family functioning in the realm of self-sufficiency for families receiving case management.
3. Improved self-esteem and progress on self-identified goals for families receiving case management

Measures of Success

- At least 75% of the youth regularly attending homework club will achieve two or more academic benchmark skills during the school year ending in June, 2018.

  Outcomes for our programs at the three sites for youth enrichment include the following:

  - Ninety-three percent (39/42) of the youth regularly attending our afterschool program achieved 6 or more new academic benchmarks this year.
  - One hundred percent of youth in the afterschool programs are passing on to their next grade level in school (55/55)
  - One hundred percent (3/3) of youth in the teen club showed improved self-esteem on the Piers-Harris Self Esteem Assessment (statistically valid and reliable tool for measuring self-esteem) (We had 3 continuing from last year and 3 new teens in this group. The 3 new teens showed self-esteem in average ranges at the end of the program year).
  - 17 youth and parents attended college preparation programming over the past year including workshops on college life, academic requirements for college, and accessing financial aid. The youth group skewed younger (elementary and middle school) this year, and the college prep programming was adjusted to their age level.

- At least 75% of the families with children, in residence at Garden Park Apartments, will show improvement in at least one area of self-sufficiency as measured annually on the 20 area, self-sufficiency matrix within the fiscal year, 2017 to 2018.

Outcomes for families using the self-sufficiency matrix are as follows:

The Self Sufficiency Matrix (SSM) is an evidence based assessment tool that gives a score of "crisis to thriving" on a five-point likert scale for twenty areas of basic life skills including parenting, mental health and child education. We are reporting for the families at GPA as well as the families in the other programs served. Ninety-four percent (47/50 families) maintained or improved their SSM score this year. Additionally. Fifty-three of

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fifty-six families (95%) achieved a self-set family goal. Examples of goals included learning more parenting skills, applying for a new job and going back to school.

Our number of families for this outcome do not reflect all families served because not all families choose to become involved with services at this level. We have learned to respect the privacy and pride of some of our families who seek support, but don't want to go through an extensive intake process if they are just needing assistance for one situation (ie. access to food resources one time). This seems to be a respectful way to offer our services. We notice that as families get to know our staff and trust is built, they become willing to engage at a more intensive level. This number has increased over the years we have offered services at the various sites. We also track other outcomes (ie. Issues resolved) to assess our success with the families we serve.

- Two (2) family vignettes twice a year, showing the improvements and positive outcomes of the work of this project (including GPA, Lakeside, LMV, and BMA communities) will be provided within the fiscal year, 2017-2018, with the final report.

Please see attached vignettes.

DEMOGRAPHIC DATA: ☐ **Not Applicable** ***(Using County form)***
If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

In this contract year we have served 428 individuals including 226 adults, 202 youth and 178 families with case management/life skills/youth enrichment programming. We have been able to collect most of the data requested. Form attached. When we work closely with a family or individual we are able to collect more of the data. In other cases we are able to use property management resident lists to collect age/race/ethnicity data on residents attending community events or utilizing services occasionally.

VALUES:
Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non- discriminatory?

Contra Costa Interfaith Housing reflects the MHSA values of wellness, recovery and resilience by providing on-site support services to formerly homeless families, where they live. Most of these families include an adult member with a disability; most disabilities are in the mental health/substance

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abuse area.
By supporting housing stability and providing on-site case managers and youth enrichment programming, easy access to mental health care is increased. Supervisory and on-site staff are trained, licensed mental health providers, and are familiar with the signs and symptoms of mental health problems. Residents are able to get to know the case managers over time, in social settings, that create a climate of trust. With this foundation, when a family member needs support from mental health providers, the case manager can offer support or a referral, that is personal and tailored to the individual's needs. We can also follow up with the family to assess if the referral is meeting their requirements.

If a resident's housing is at risk due to behavioral issues (referred by property management), the on-site case manager is available to offer advocacy with property management, as well as support and referrals to services, to help lower the stress of potential homelessness. All residents living at the sites we serve (274 households funded by this grant), are eligible for services. By having no other requirements for service eligibility, we provide non-stigmatizing and non-discriminatory services to the entire community. Residents attend community-building events, seek assistance with concrete needs (food, clothing, furniture), and attend support groups offered on-site (parenting support, stress management). Through these activities residents get to know the staff, and are able to access other types of support when the time comes (ie. mental health referrals).

It is the vision of CCIH that all families have secure housing and the dignity of self-sufficiency. Consistent with this vision, our programming is designed to support the highest level of wellness and resiliency possible. In this way our organizational values and MHSA values are complimentary.

VALUABLE PERSPECTIVES:
Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

One of the support groups we provide is the wellness group. This group provides a combination of experiential activities (mindfulness, art activities) and coping strategies, and has been very popular with the GPA community.

Specific comments participants made regarding what they found valuable about the group this past year included:

- "I really like this class because it's exactly where I'm at in my life. I think this class is specifically for me. Do more!"
- "I liked learning new ways to cope and using self nurturing will help me a lot."

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- "Unhealthy relationships are all I ever saw. Growing up, the unhealthy was the most common. I like learning what healthy relationships can look like and next time that's what I'm looking for."

- "I wish I had got told about what warning signs to look for in unhealthy relationships because I wouldn't have never got with my first man if I'd had known. They should teach that in junior highs!"

As further examples of the impact of the CCIH program, please see attached two vignettes of two families who utilized support services.

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PEI SEMI-ANNUAL REPORTING FORM

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS
REPORTING FORM **FISCAL YEAR: 2017-2018**

Agency/Program Name: **C.O.P.E. Family Support Center**

Reporting Period (Select One): ☐**Semi-Annual Report #1 (July – Dec)**
☐**Semi-Annual Report #2 (Jan – June)**

PEI STRATEGIES:
Please check all strategies that your program employs:

✓ **Provide access and linkage to mental health care**

✓ **Improve timely access to mental health services for underserved populations**

✓ **Use strategies that are non-stigmatizing and non-discriminatory**

SERVICES PROVIDED / STRATEGIES:

Please describe the services you provided in the past reporting period. Please include qualitative and quantitative data depicting: 1) the types and settings of potential responders you reached during the past reporting period; 2) methods used to reach out and engage potential responders; 3) any strategies utilized to provide access and linkage to treatment, and4) strategies utilized to improve timely access to services for underserved populations.

Types and Settings of Potential Responders

Demographic Highlights

- 57% of participants were Hispanic/Latino(a); 23% were Caucasian; 4% were African-American; 4% were Asian/Pacific Islander; 7% reported more than one race/ethnicity
- 60% of participants were female
- 49% of participants were age 36-59; 40% were age 18-35; 3% were 60+
- 46% of participants had a 2-year college degree/certification or above

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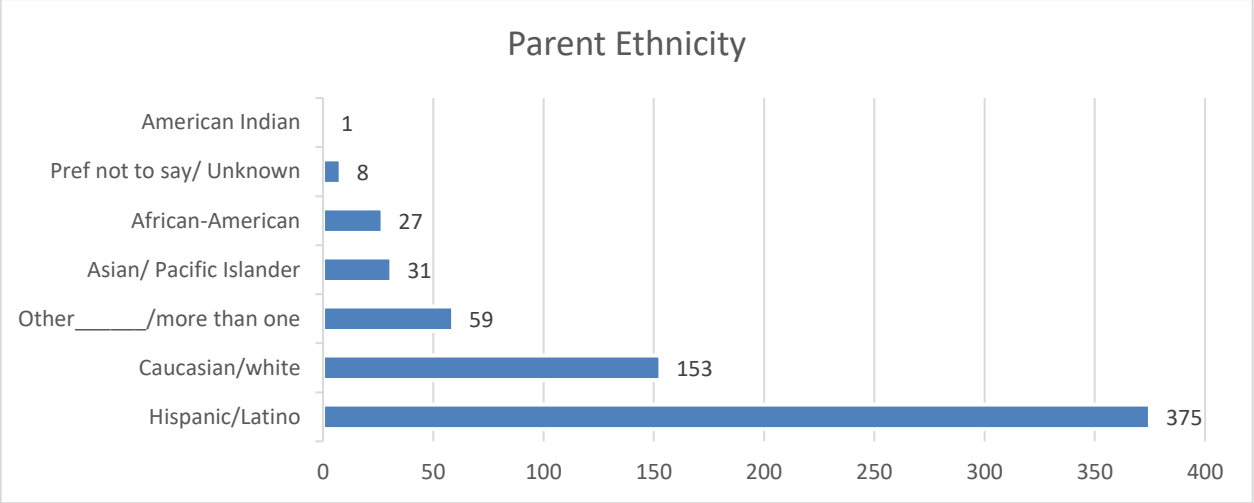
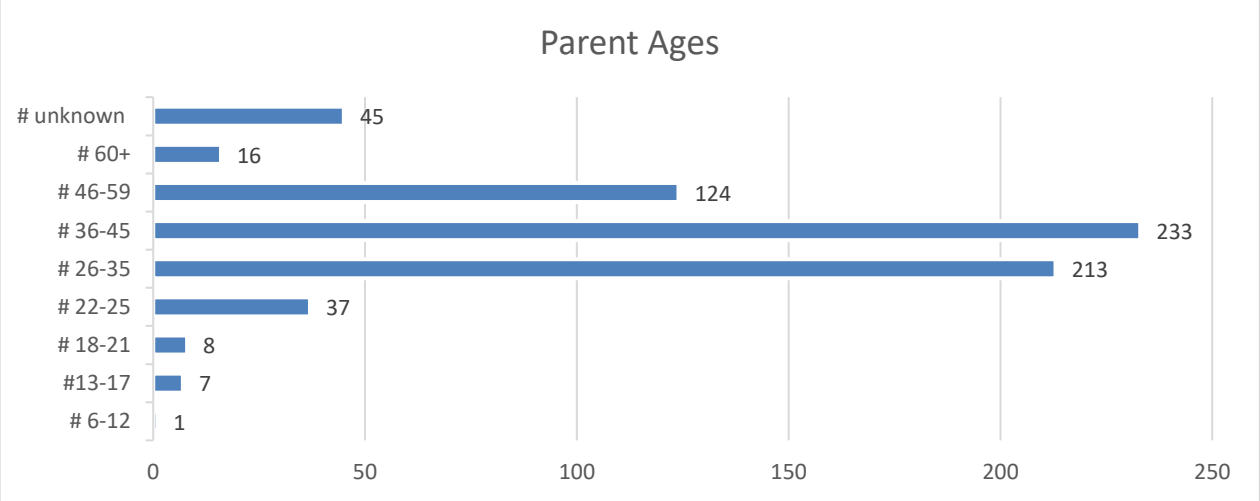
1a) Demographic information below depicts the types of potential responders and is organized by Ethnicity, Gender, Education, Income, Language Age and Location:

Overall Participant Demographics (MHSA & First 5)





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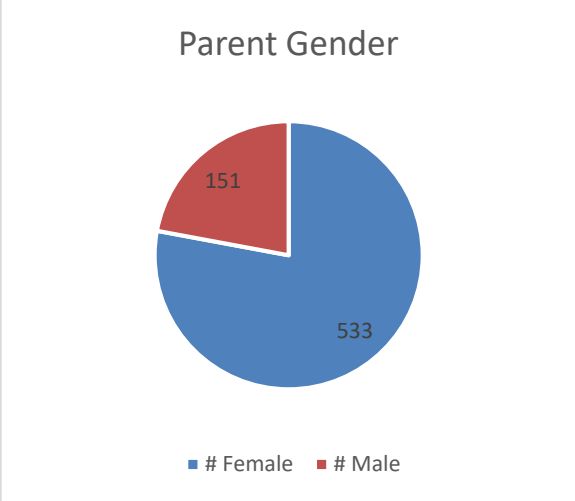
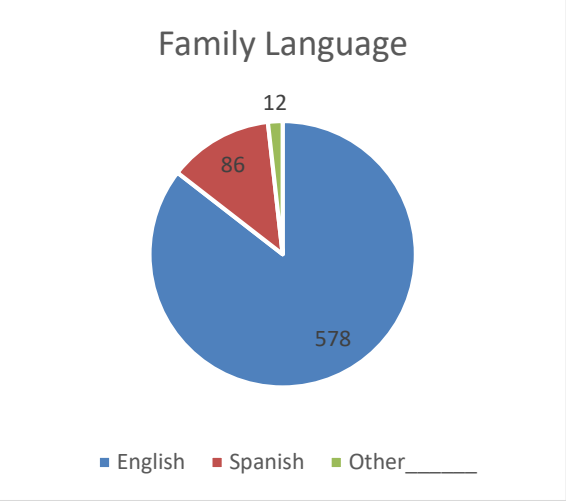
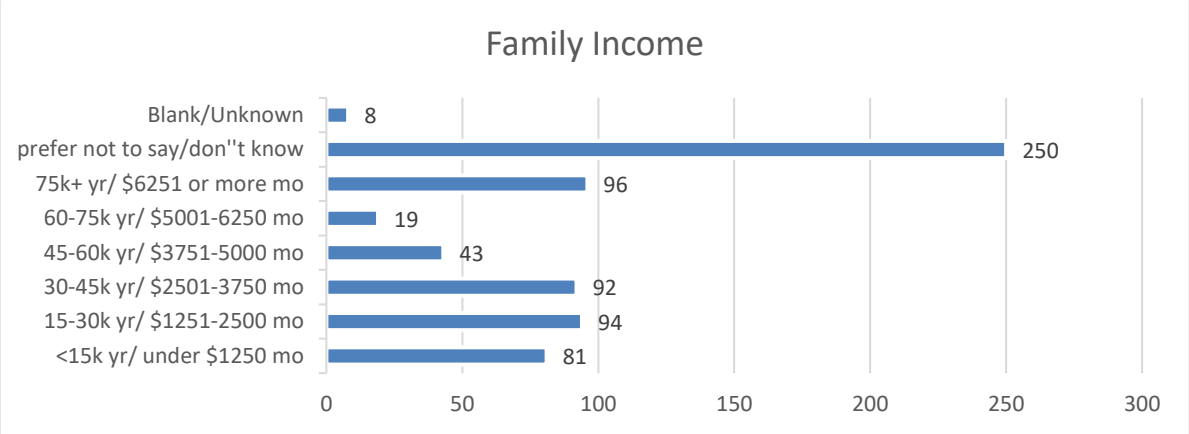
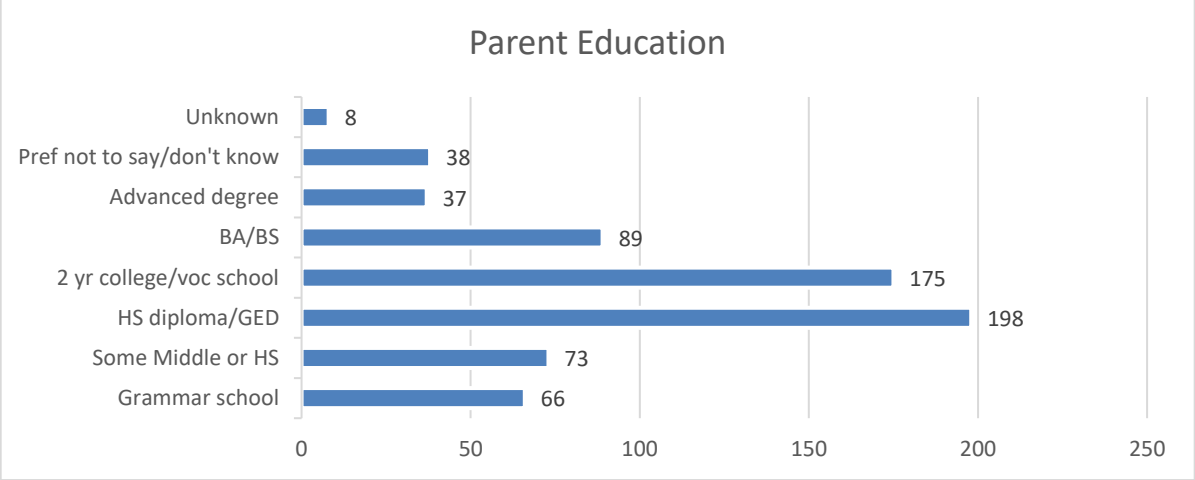
Overall Demographics, cont.









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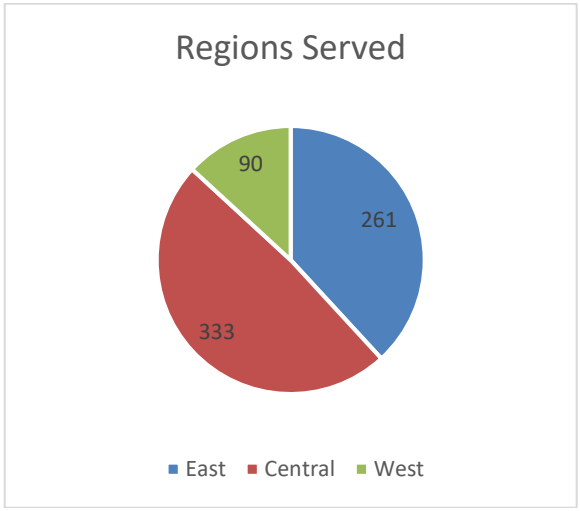
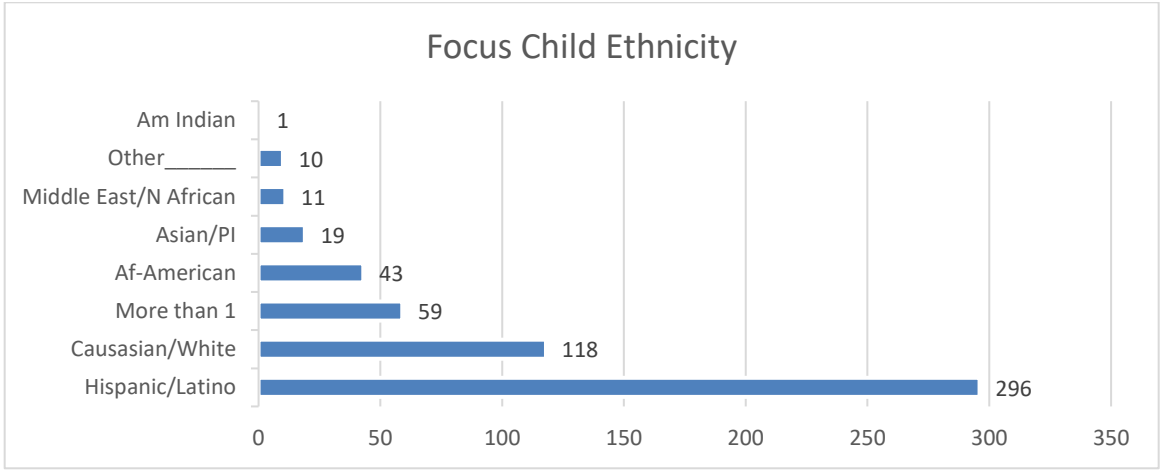
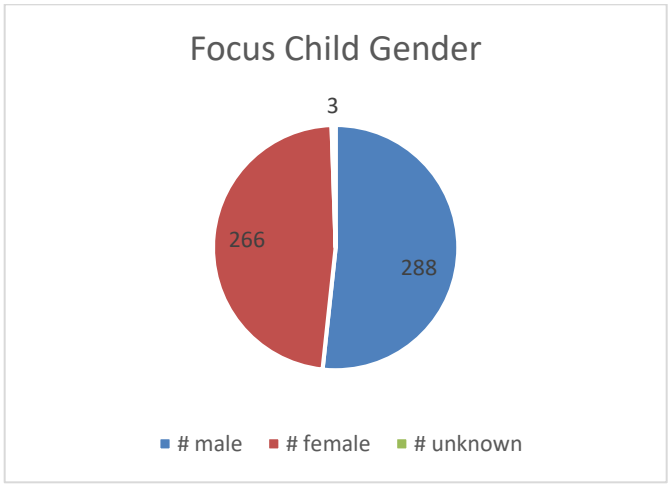
Overall Demographics, cont.



Children Information





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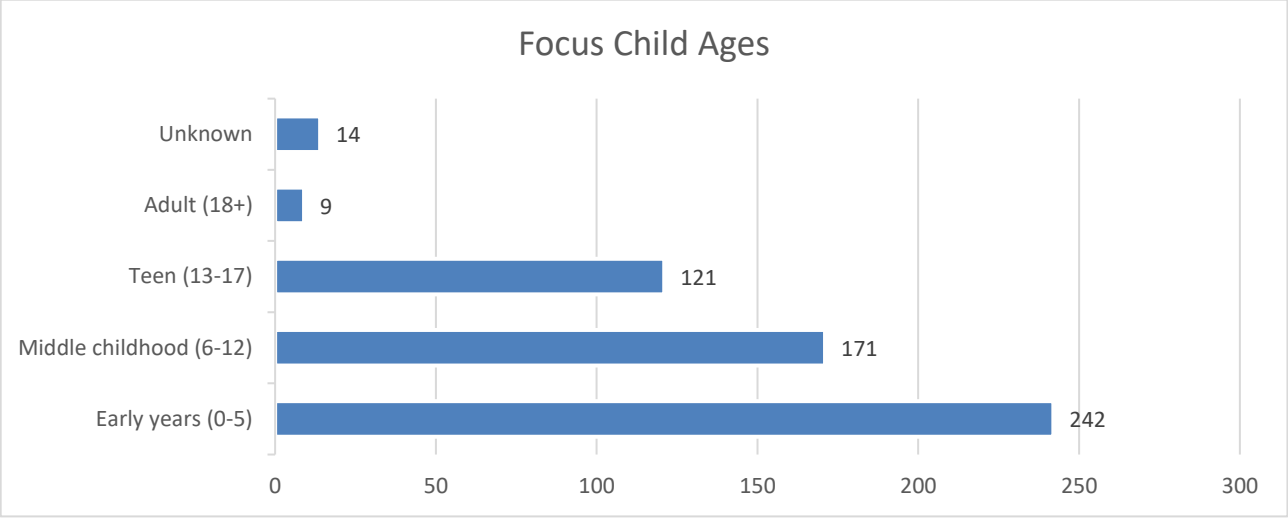
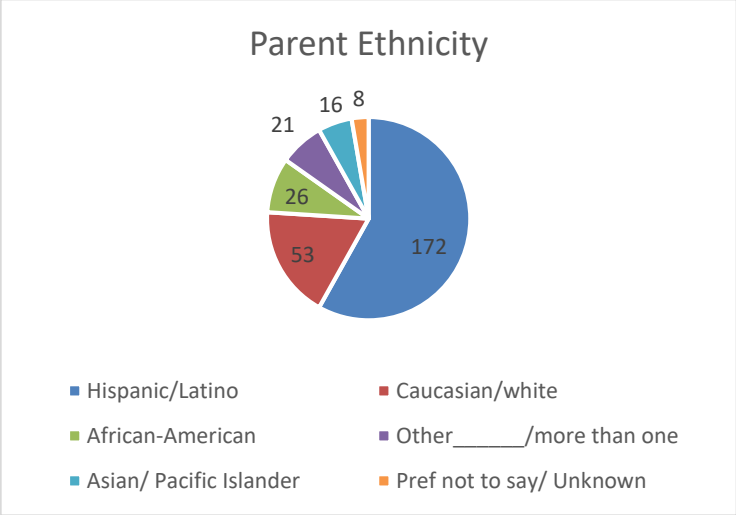
Overall Demographics, cont.



Overall Participant Demographics (First 5)



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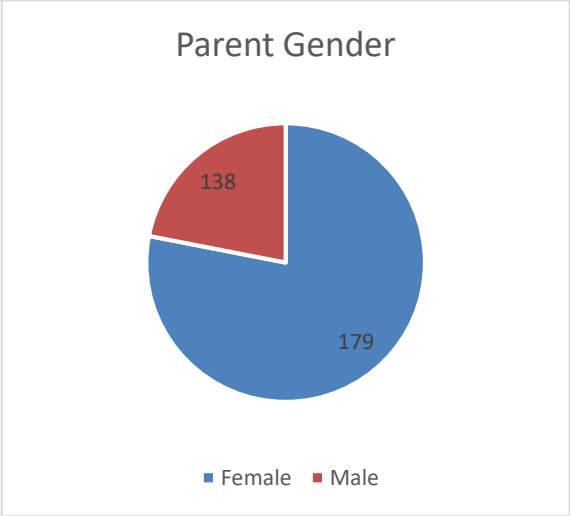
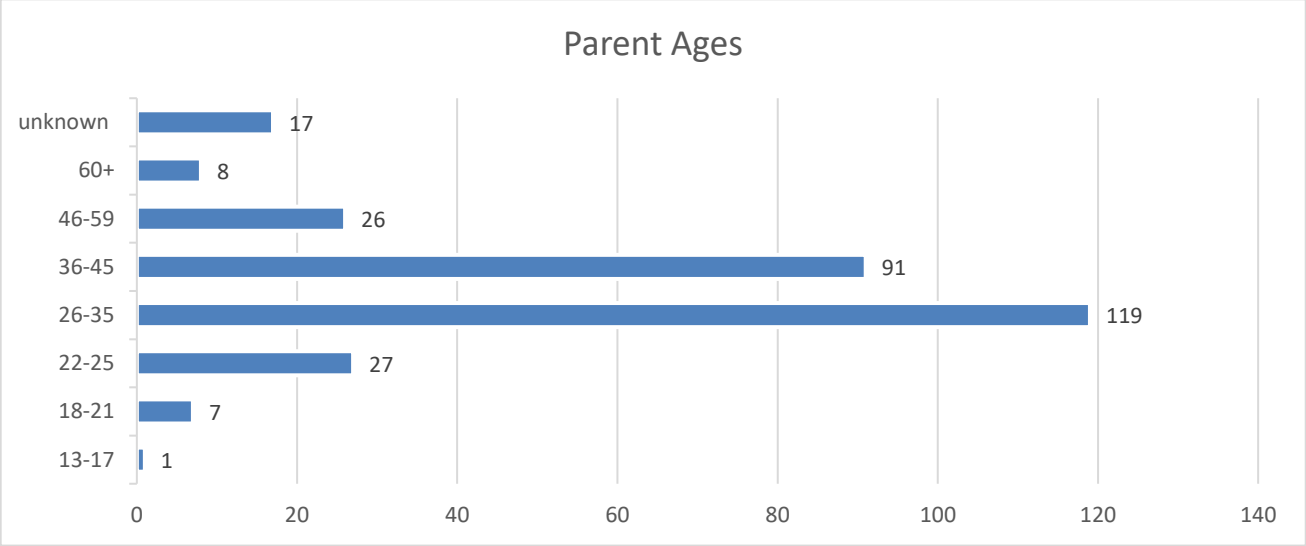
Overall F5 Demographics, cont.





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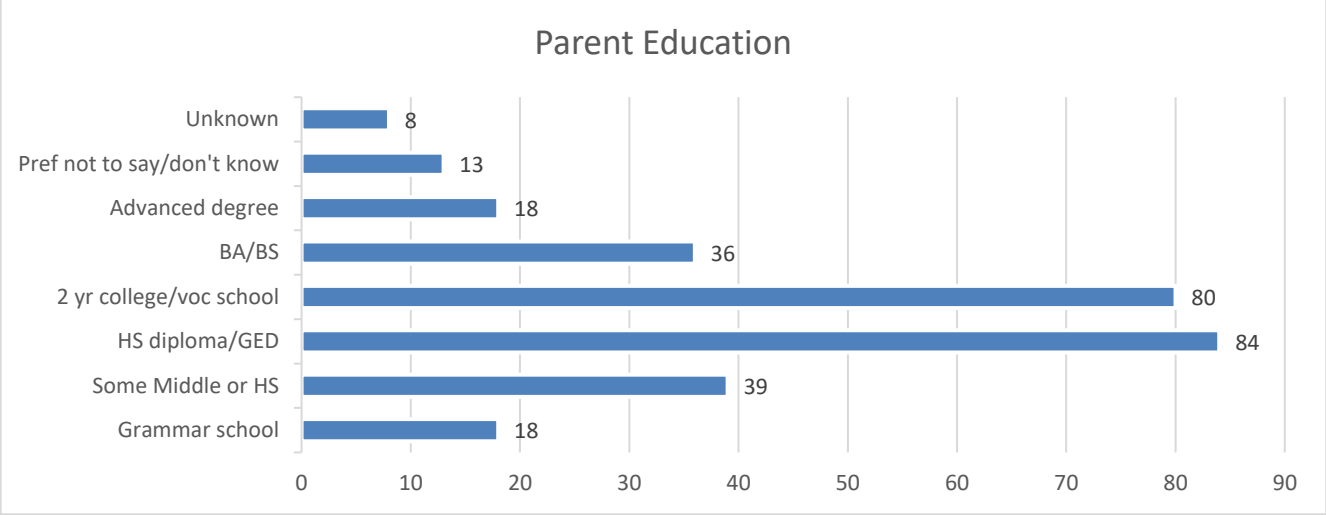
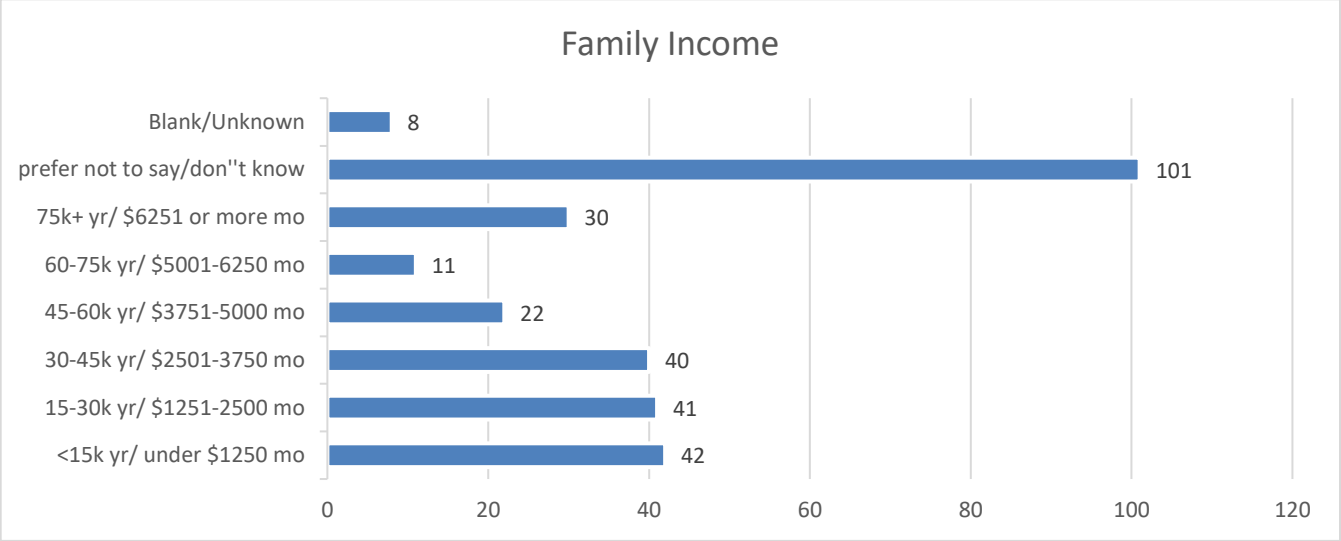
Overall F5 Demographics, cont.





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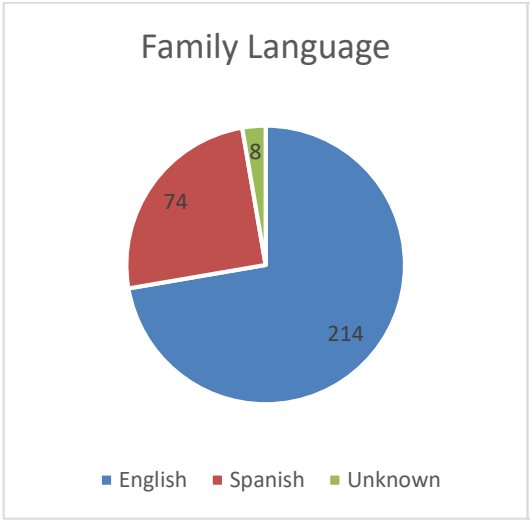

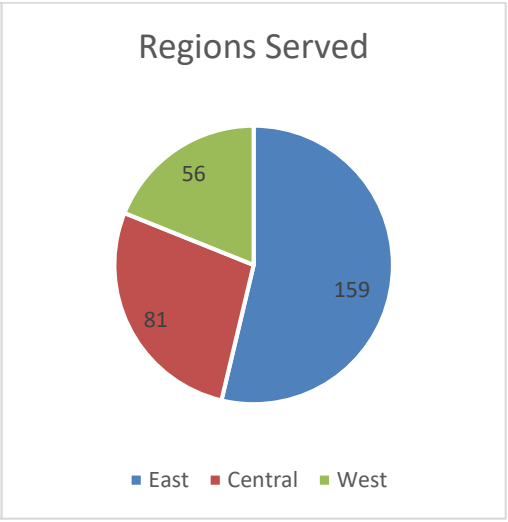

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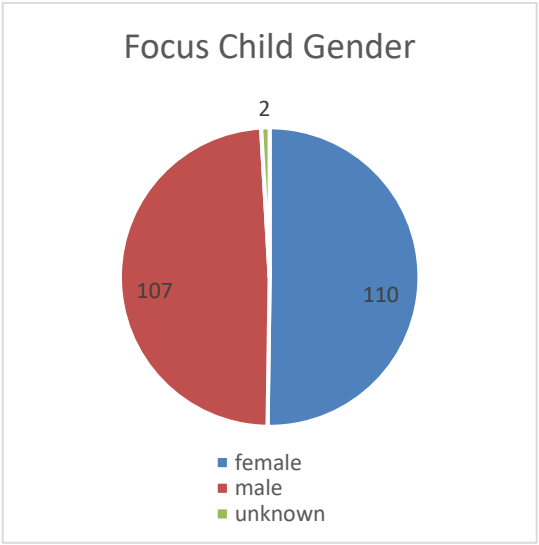

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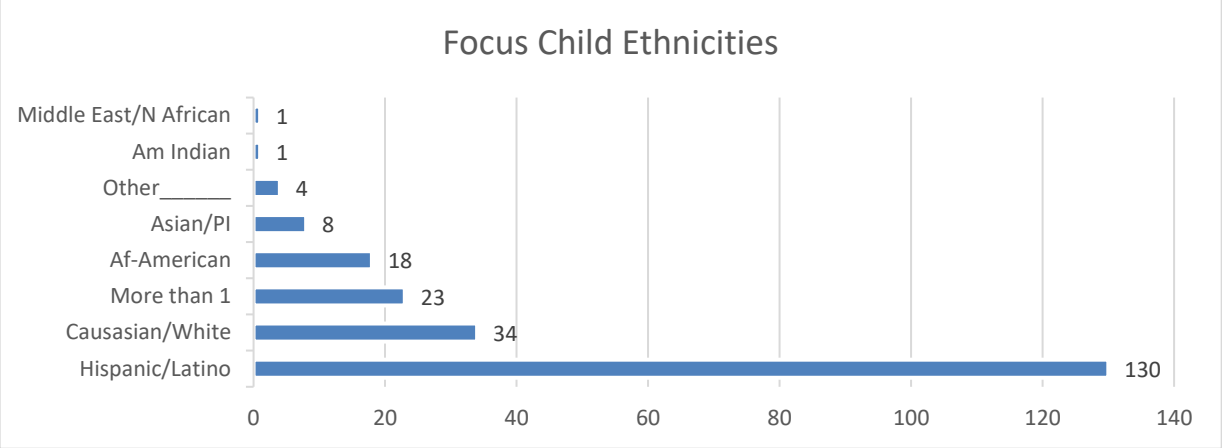

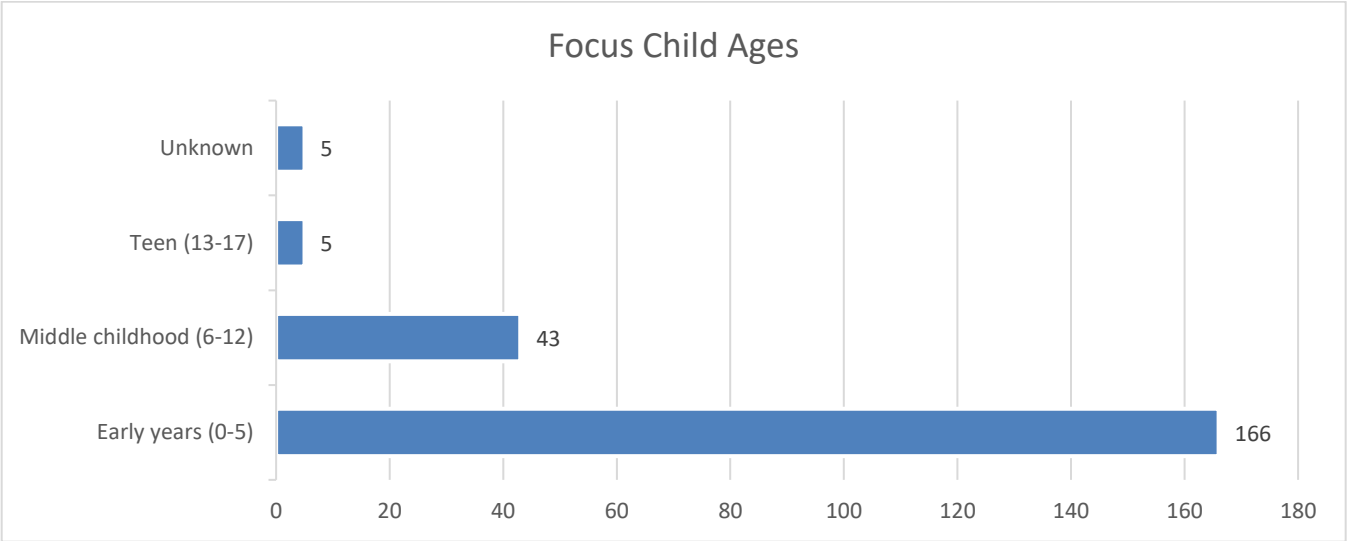

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1b) Settings of Potential Responders for the 2017-18 FY included elementary, junior and high schools, early education centers, homeless shelters and community-based organizations. Below is a list of class site locations for Triple P:

MHSA Triple P Site Locations
C.O.P.E. Family Support Center – Central County
Family Justice Center – West County
Las Juntas Elementary School – Central County
Martin Luther King Jr. High School – East County
Black Diamond High School – East County
Kaiser Antioch Medical Center – East County
O'Hara Jr. High School – East County
Ranchos Medanos Jr. High School – East County
Hillview Jr. High School – East County
Pueblo Del Sol – Central County
Coronado Elementary School – West County
Contra Costa Juvenile Hall – Central County
Shelter Inc., Mountain View House - Central

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Site locations, cont.

First 5 Triple P Site Locations
GRIP (Greater Richmond Interfaith Program) – West County
Bay Point First 5 Center – East County
Vintage Parkway Elementary School – East County
Antioch First 5 Center – East County
Delta First 5 Center – East County
Monument First 5 Center – Central County
West County First 5 Center – West County
Martinez Early Childhood Center (Seminar) – Central County
First Baptist Head Start (Seminar) – Central County
WE CARE Services for Children – Central County
Gehringer Elementary School – East County
Highlands Elementary School – East County
Pueblo Del Sol – Central County
YWCA Bay Point – East County

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Methods Used to Engage Potential Responders

2) Methods Used to Reach Out and Engage Potential Responders include:
   - Distribution of flyers for upcoming classes to community members and other CBOs in both electronic and hard copy
   - Attended community events to provide resources
   - Collaboration with the Contra Costa Truancy Court, Probation and CFS to refer families to parenting classes
   - Collaboration with school districts and administrative staff to provide referrals to parents of students within each district
   - Case Management referrals for parents working with C.O.P.E. case management staff
   - Website advertising of class schedule
   - Referrals from community partners such as Family Justice Center, Miller Wellness Center and SHELTER Inc.
   - Provided briefing/orientation meetings to community agencies interested in referring members to the Triple P program

Strategies Utilized to Provide Access and Linkage to Treatment

3) 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
   - 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
   - Training staff in available resource opportunities to strengthen the support given to each participant

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Strategies Utilized to Improve Timely Access to Services for Underserved Populations

4) Strategies Utilized to Improve Timely Access to Services for Underserved Populations included:
    - Free and sliding scale Triple P classes for low-income participants
    - Delivery of classes throughout the county at various times and convenient locations to accommodate transportation barriers (accessible via public transportation)
    - Increased capacity to offer case management services for parents and families with more intensive challenges
    - Provided classes in English and Spanish, Farsi and Arabic in each region 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 supports and resources.
    - Tailored classes that include focus topics that directly address parenting needs (ex. Having a discussion around teen's use of social media in a Group Teen Triple P parenting class where parent have expressed this as a challenge)
    - After assessing family needs, we link to other community supports such as county mental health, housing, crisis centers and other resources

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OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- *Include a list of indicators measured, how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.*

- Data is collected from participants through Pre and Post assessments which are collected during Week 1 and Week 8-10 of the class;
- This data generated by C.O.P.E. through a data base developed by Applied Survey Research. Data is evaluated by an accredited Triple P Practitioner and Program Coordinator during Week 3; outcomes are shared with participates during a confidential coaching phone call on week 6 of workshop.
- Outcomes are stored in class files in a locked cabinet in the program coordinator's office with limited access.
- The evaluation tools reflect cultural competency as they are standardized assessment tools that have been utilized across cultures and proven to be consistently effective at producing quality data through research and clinical trials. Curriculum and assessments are part of the Triple P evidence- based program.
- The integrity and confidentiality of participants is preserved by omitting identifying factors such as first and last name from any published data, and assigned a unique Client ID.

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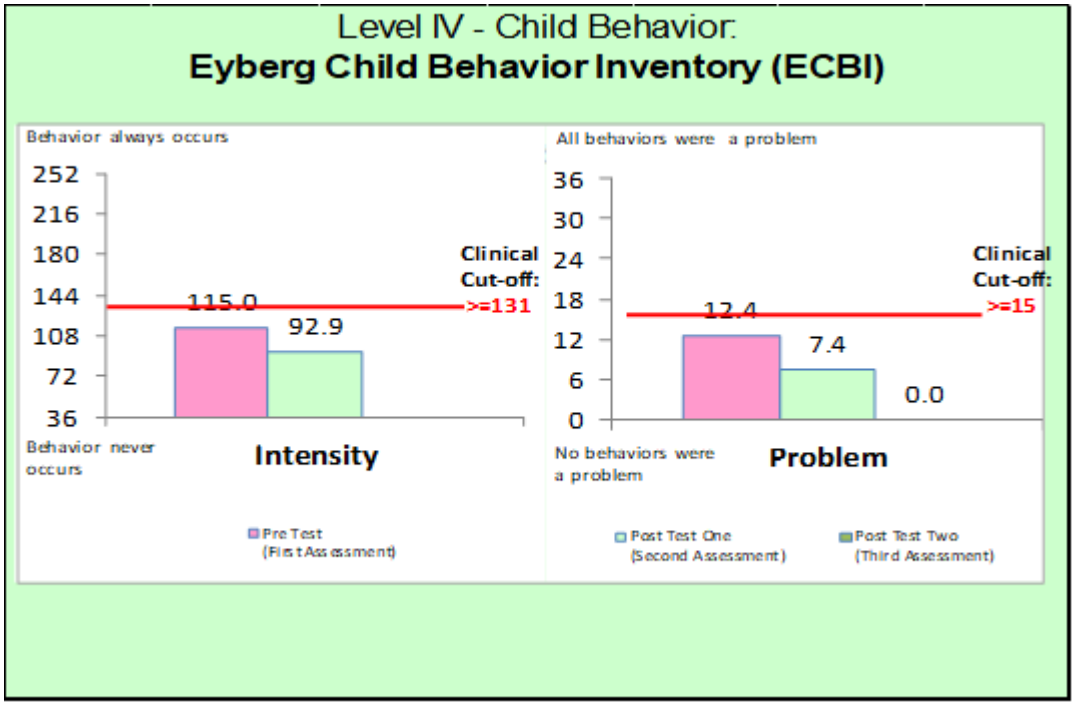
Overall Clinical Outcomes (MHSA & First 5)



Intensity decreased an average of 20% from pre-test to post-test
Problem decreased an average of 41% from pre-test to post-test

Eyberg:

The ECBI is a standardized parent report instrument that measures child disruptive behaviors and the caregivers' level of distress about these behaviors.

1) The intensity scale measures how often problematic behaviors occur. Scores above 131 percentile indicated by the red line are considered clinically significant and in need of intervention.

2) The problem scale measures how distressed parents are by the behaviors. Scores above the 15 percentiles, indicated by the red line are considered clinically significant and in need of intervention

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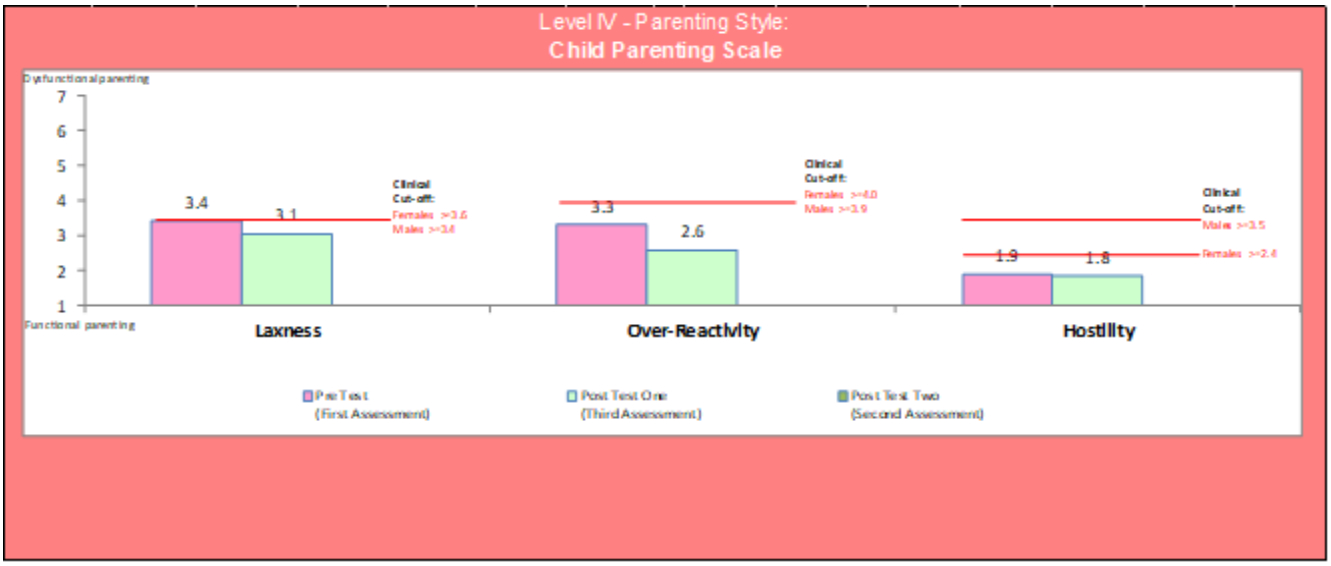
Overall Outcomes, cont.

Overall Child Parenting Scale



Laxness intensity decreased an average of 9% from pre-test to post-test
Over-reactivity intensity decreased an average of 22% from pre-test to post-test
Hostility intensity decreased an average of 5% from pre-test to post-test

Parenting Scale:

Measures dysfunctional discipline practices in parents in children (0-12)

1. Laxness: refers to parents being overly permissive in response to a child's behavior. (Example: "If my child gets upset, I back down and give in.")

2. Over-reactivity: Refers to a parent being overly punitive in response to a child's behavior or displays anger, meanness and irritability. (Example: "When I am under stress, I am on my child's back.")

3. Hostility: Refers to the use of verbal or physical force.

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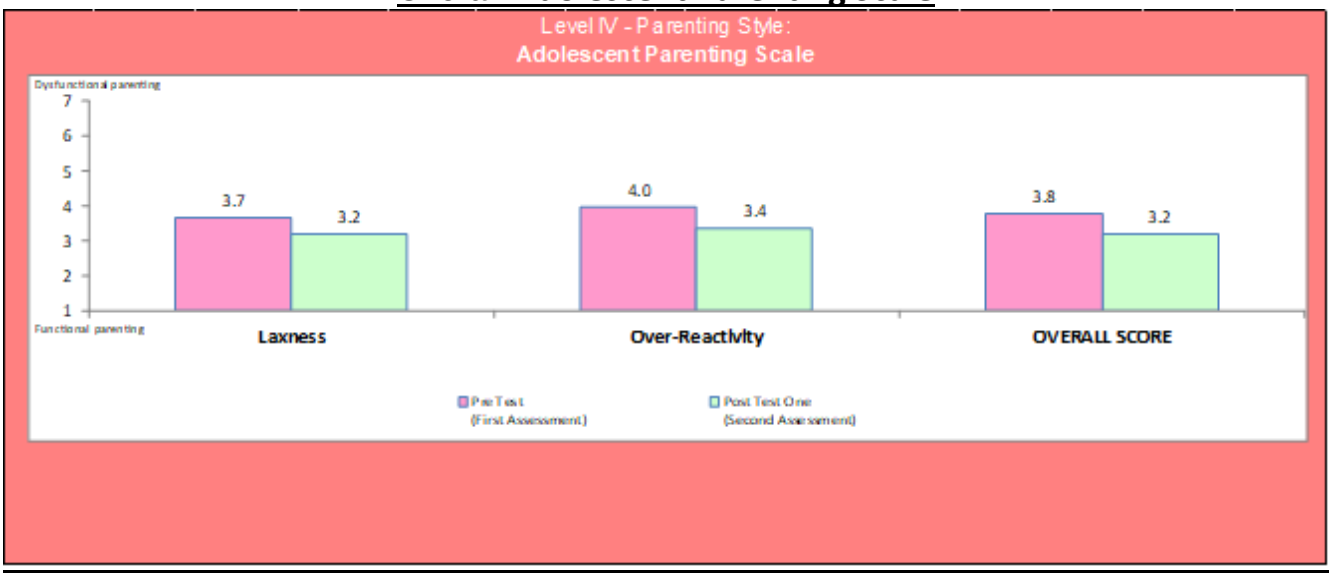
Overall Outcomes, cont.

Overall Adolescent Parenting Scale



Laxness intensity decreased an average of 13% from pre-test to post-test
Over-reactivity intensity decreased an average of 15% from pre-test to post-test
Hostility intensity decreased an average of 16% from pre-test to post-test

Parenting Scale:

Measures dysfunctional discipline practices in parents of adolescents (13-17):

1. Laxness: refers to parents being overly permissive in response to an adolescent's behavior. (Example: "If my adolescent gets upset, I back down and give in.")

2. Over-reactivity: Refers to a parent being overly punitive in response to an adolescent's behavior or displays anger, meanness and irritability. (Example: "When I am under stress, I am on my adolescent's back.")

3. Hostility: Refers to the use of verbal or physical force

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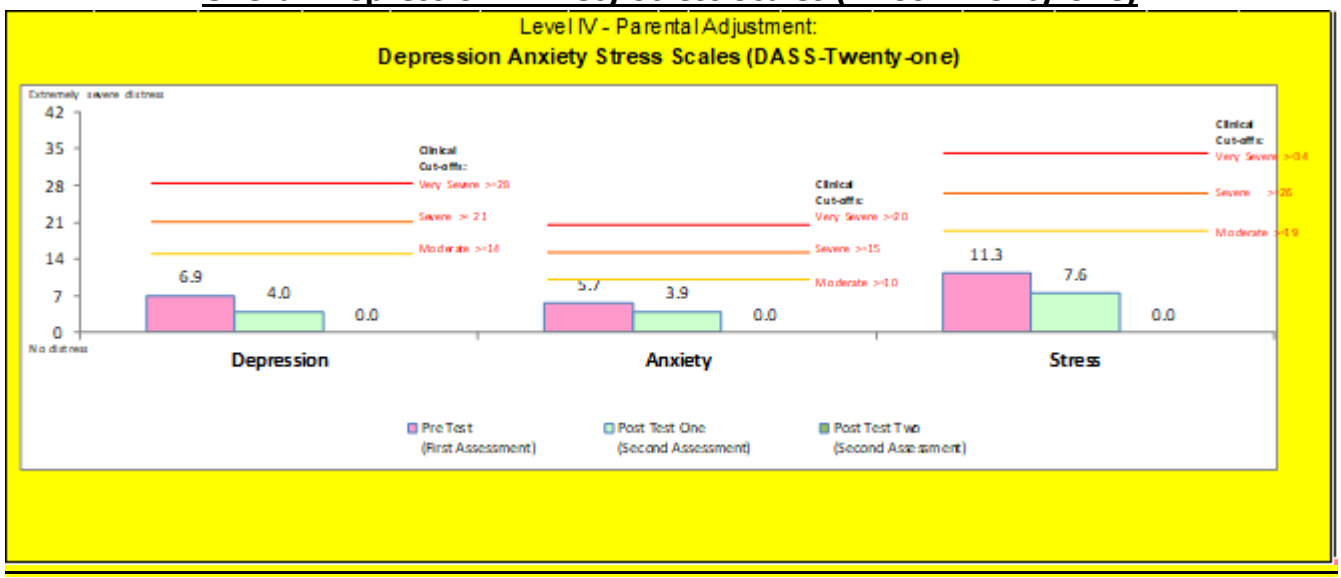
Overall Outcomes, cont.

Overall Depression Anxiety Stress Scales (DASS-Twenty-one)



Depression decreased an average of 42% from pre-test to post-test
Anxiety decreased an average of 31% from pre-test to post-test
Stress decreased an average of 33% from pre-test to post-test

Depression, Anxiety, and Stress Scale

Assess symptoms of depression, anxiety, and stress in adults. The DASS Short Form is a 21- item measure of caregiver reported symptoms of stress experienced in the previous week, Caregivers endorse the frequency of symptoms on a scale of 0 (never) to 3 (most of the time). The symptoms may or may not be related to parenting. (Example: I found it hard to wind down.)

1. Depression: Dysphonia, hopelessness, devaluation of life, self-depreciation, lack of interest/involvement, anhedonia, and inertia.

2. Stress: Difficulty relaxing, nervous arousal, and being easily upset/agitated, irritable/over-reactive, and impatient.

3. Anxiety: Autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect.

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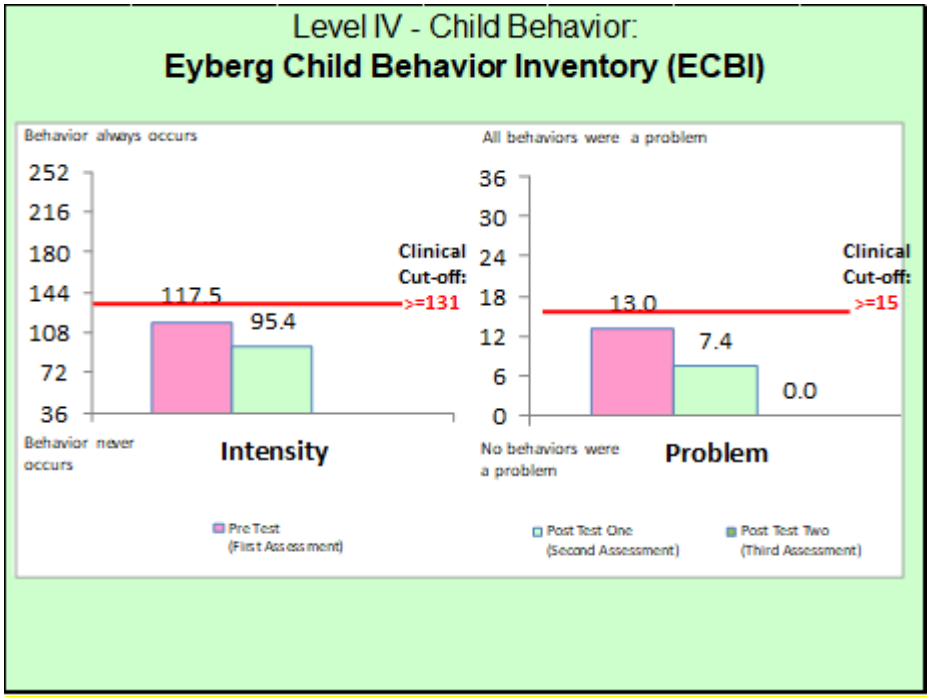
Overall Clinical Outcomes (First 5)



Intensity decreased an average of 19% from pre-test to post-test
Problem decreased an average of 43% from pre-test to post-test

Eyberg:

The ECBI is a standardized parent report instrument that measures child disruptive behaviors and the caregivers' level of distress about these behaviors.

1. The intensity scale measures how often problematic behaviors occur. Scores above 131 percentiles indicated by the red line are considered clinically significant and in need of intervention.

2. The problem scale measures how distressed parents are by the behaviors. Scores above the 15 percentile, indicated by the red line are considered clinically significant and in need of intervention

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Overall Outcomes (First 5), cont.

Child Parenting Scale

Laxness intensity decreased an average of 12% from pre-test to post-test
Over-reactivity intensity decreased an average of 19% from pre-test to post-test
Hostility intensity decreased an average of 12% from pre-test to post-test

Parenting Scale:

Measures dysfunctional discipline practices in parents in children (0-12)

1. Laxness: refers to parents being overly permissive in response to a child's behavior. (Example: "If my child gets upset, I back down and give in.")
2. Over-reactivity: Refers to a parent being overly punitive in response to a child's behavior or displays anger, meanness and irritability. (Example: "When I am under stress, I am on my child's back.")
3. Hostility: Refers to the use of verbal or physical force

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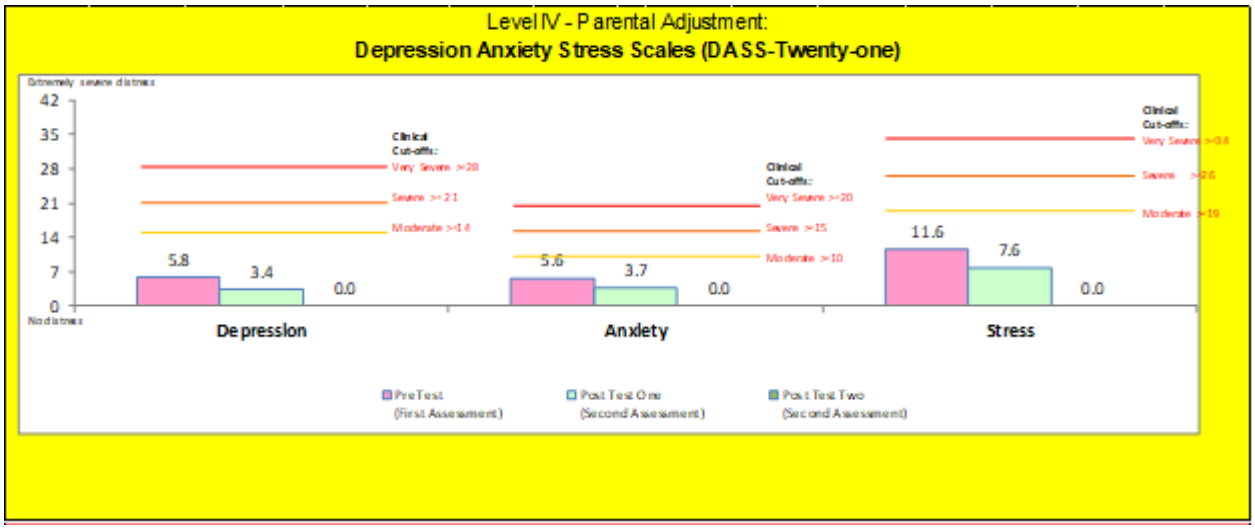
Overall Outcomes (First 5), cont.

Depression Anxiety Stress Scales (DASS-Twenty-one)



Depression decreased an average of 41% from pre-test to post-test
Anxiety decreased an average of 34% from pre-test to post-test
Stress decreased an average of 33% from pre-test to post-test

Depression, Anxiety, and Stress Scale

Assess symptoms of depression, anxiety, and stress in adults. The DASS Short Form is a 21- item measure of caregiver reported symptoms of stress experienced in the previous week, Caregivers endorse the frequency of symptoms on a scale of 0 (never) to 3 (most of the time). The symptoms may or may not be related to parenting. (Example: I found it hard to wind down.)

1. Depression: Dysphonia, hopelessness, devaluation of life, self-depreciation, lack of interest/involvement, anhedonia, and inertia.
2. Stress: Difficulty relaxing, nervous arousal, and being easily upset/agitated, irritable/over-reactive, and impatient.
3. Anxiety: Autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect.

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DEMOGRAPHIC DATA: ☐ **Not Applicable** ***(Using County form)***

If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

Please see attached Aggregate Reporting Form for MHSA funded classes.

First 5 collects a Family Survey from all parents new to First-5 funded services. We use the same questionnaire across all our services so that we can collect standard information. Because this is a broad, general survey, we cannot respond to requests for additional data to be collected.

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VALUES:

Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non-discriminatory?

Values

C.O.P.E. Family Support Center fosters a holistic approach to family wellness and recovery by providing evidence-based parenting classes along with other complementary services. Parents in need of further intervention are identified through their participation in Triple P parenting classes and are linked to supplementary services. Participants may express a need for more intensive support and utilize other programs offered such as individual and family counseling, Anger Management and Truancy Intervention. By offering a menu of services, C.O.P.E. can provide customized support to families in need as well as identify referrals to additional resources such as county mental health, housing, food banks and family law centers.

C.O.P.E. also provides a comfortable, family-oriented atmosphere for community members visiting the office for services. C.O.P.E. staff pride themselves in

Case management is provided to participating families which includes:

- Initial assessments of program needs
- Parent/Family coaching
- Resource referrals
- Enrollment into appropriate C.O.P.E. programs
- Weekly check-ins from C.O.P.E. staff
- Preparation of progress reports/attendance verification

C.O.P.E. has a culturally diverse staff, both personally and professionally with sensitivity and training in the needs and characteristic 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 so as to enrich the overall learning experience. Fostering a culturally inclusive learning environment that encourages all individuals – regardless of age, gender, ethnicity, religious affiliation, socioeconomic status, sexual orientation or political beliefs – to develop effective and consistent parenting skills that nurture the uniqueness so of each family.

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VALUABLE PERSPECTIVES:
Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

Participant Testimonials

"I learned to be firm when I tell my child something. And learned to control things before they get out of control."

"Everything in general was useful."

"The teachers helped us with the techniques and explanations for spending time with our children."

"The most helpful part was where I learned that body language can affect a child. I wouldn't change anything about the class."

"I really enjoyed learning new strategies and hearing stories from other parents."

"The class helped me in finding positive ways to solve situations: speak, instruct, direct, and explain."

"Establishing rules, using age appropriate strategies, and creating routines helped me a lot. Everything about the class is excellent."

"I liked the videos and the communication between parents. Thank you!"

"where we can share our experiences."

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Participant Testimonials, cont.

Participant Testimonials

"I liked the interaction and feeling listened to by everyone in the class. Would like longer time frame and longer sessions."

"I liked discussing better ways to communicate, video examples, and classroom discussions. I don't have any recommendations to improve the class."

"I learned to be calmer with my children, and I learned better parenting techniques."

"This class helped me communicate with my daughter, the program is excellent."

"It helped me to better understand my son and help him with his confidence at school. This program is awesome and (the Facilitator) is great!"

"This program helped remind us what it's like to be looking at situations from a teenager's perspective."

"I learned to be more patient and to better communicate with my children."

"I learned to control my anger and to better raise my child in the future."

"It helped me become more patient with my children."

"This program helped me establish rules concerning the use of technology. I would like this program to continue forever but I know that's not possible."

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Triple P Class Photos

Martin Luther King Jr. High School

Group Triple P

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Triple P Class Photos

C.O.P.E. Family Support Center

Family Transitions Group Triple P

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Triple P Class Photos

Vintage Parkway Elementary School

Group Stepping Stones Triple P

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Triple P Class Photos

West County First 5 Center

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Triple P Class Photos

C.O.P.E. Holiday Workshop

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PEI SEMI-ANNUAL REPORTING FORM

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS
REPORTING FORM **FISCAL YEAR: 2017-2018**

Agency/Program Name: **First 5 Contra Costa**

Reporting Period (Select One): ☐**Semi-Annual Report #1 (July – Dec)**
X **Semi-Annual Report #2 (Jan – June)**

PEI STRATEGIES:
Please check all strategies that your program employs:

✓ **Provide access and linkage to mental health care**

✓ **Improve timely access to mental health services for underserved populations**

✓ **Use strategies that are non-stigmatizing and non-discriminatory**

SERVICES PROVIDED / STRATEGIES:

Please describe the services you provided in the past reporting period. Please include qualitative and quantitative data depicting: 1) the types and settings of potential responders you reached during the past reporting period; 2) methods used to reach out and engage potential responders; 3) any strategies utilized to provide access and linkage to treatment, and4) strategies utilized to improve timely access to services for underserved populations.

Services Provided

First 5 Contra Costa has met it's annually program plan. Our efforts have resulted in serving 182 parents form diverse backgrounds and needs. We have completed 17 classes within east central and west parts of the county. We continuous evaluated and collect data on our efforts achieving high consumer satisfaction and positively impacting the child parent interaction. This year we were offered level 4 Triple P training with all 14 trainees passing accreditation. Additionally Triple P practitioners engaged in peer support meetings to enhance their skill set and receive ongoing support. First 5 worked diligently to provide oversite and to its subcontractor COPE and to adhere to the PEI regulations as required.

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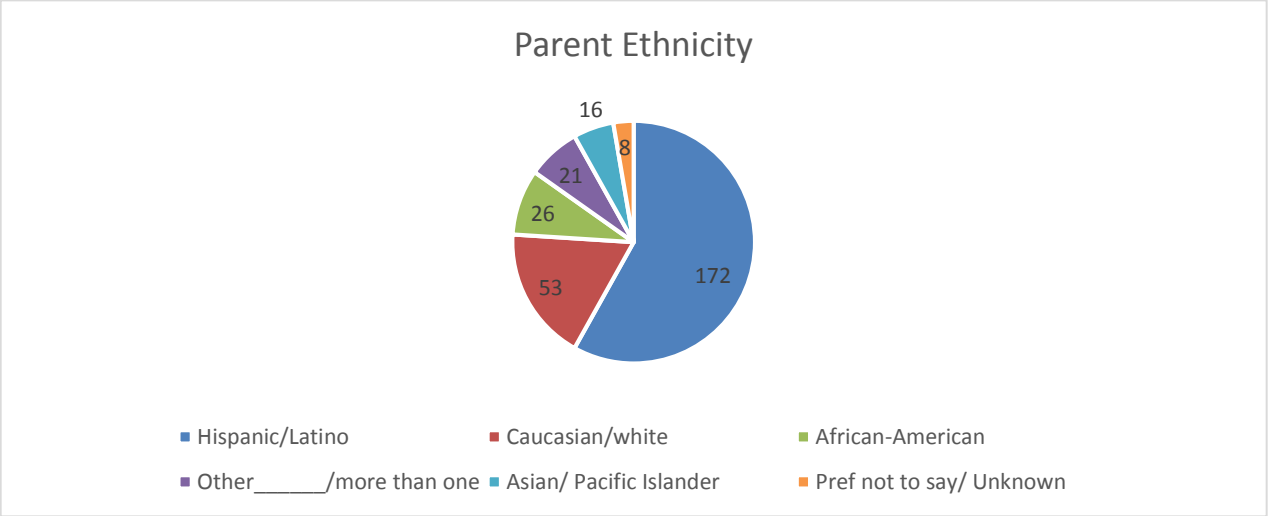
Types and Settings of Potential Responders

Demographic Highlights

- 57% of participants were Hispanic/Latino(a); 23% were Caucasian; 4% were African-American; 4% were Asian/Pacific Islander; 7% reported more than one race/ethnicity
- 60% of participants were female
- 49% of participants were age 36-59; 40% were age 18-35; 3% were 60+
- 46% of participants had a 2-year college degree/certification or above

1a) Demographic information below depicts the types of potential responders and is organized by Ethnicity, Gender, Education, Income, Language Age and Location:

Overall Participant Demographics (First 5)



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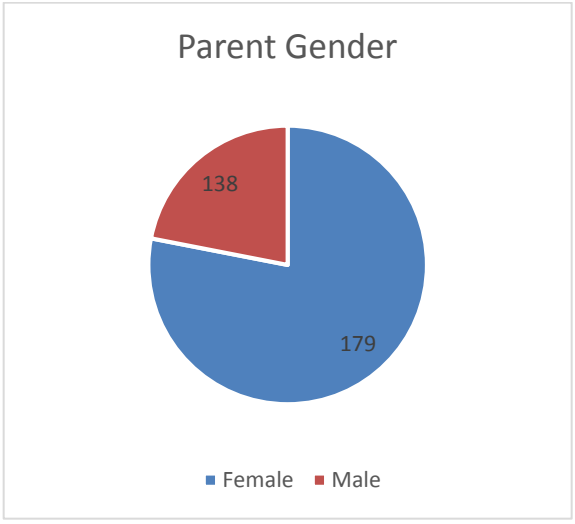

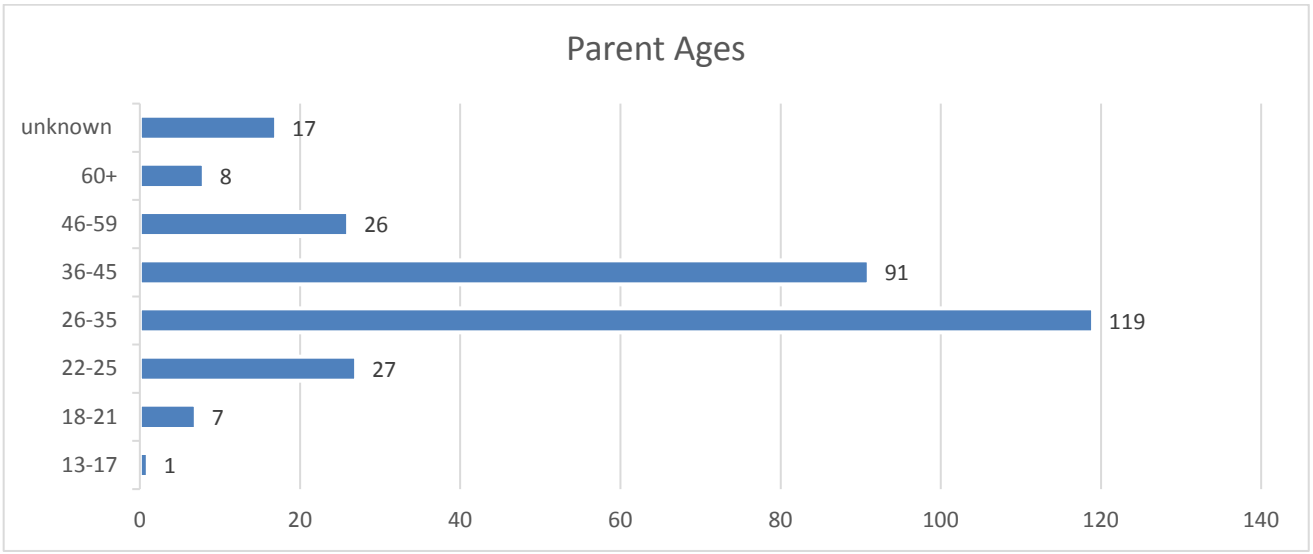

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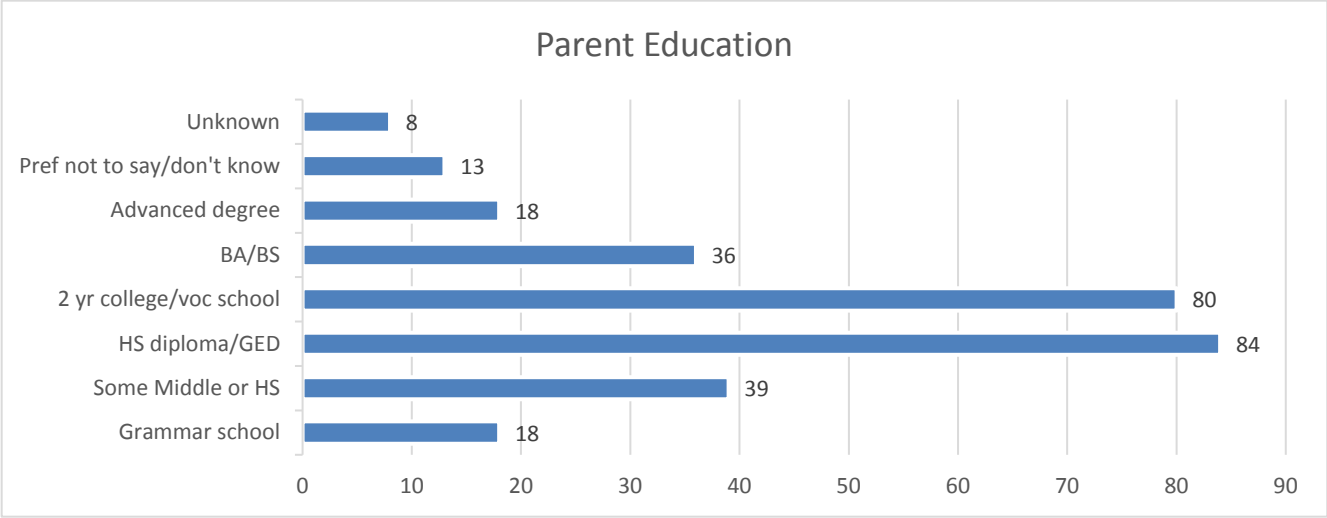

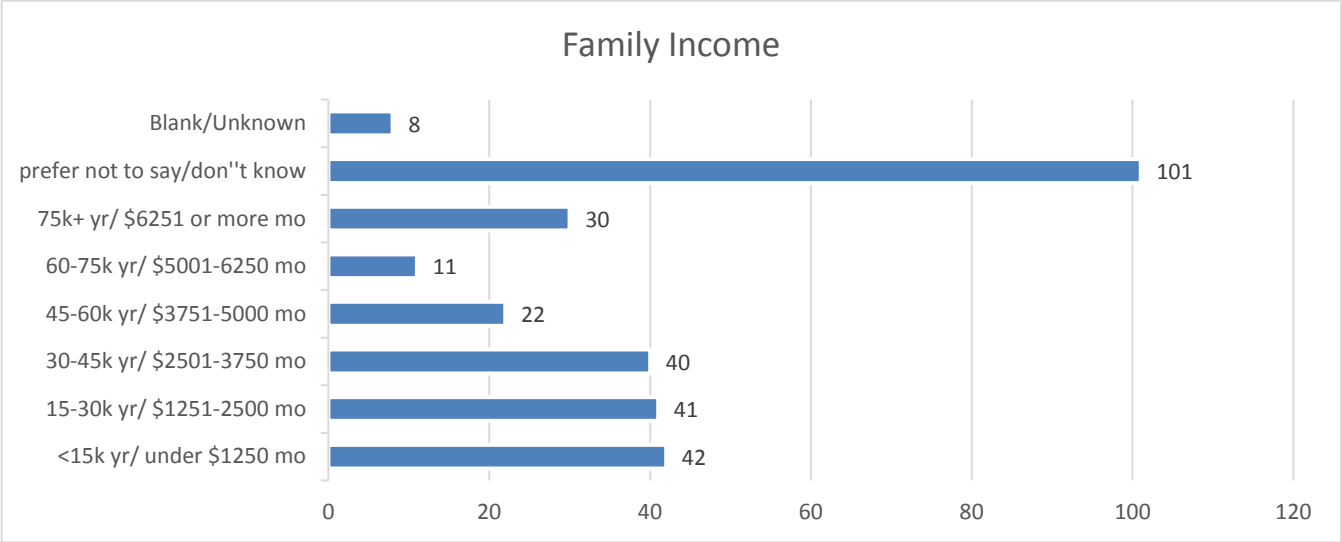

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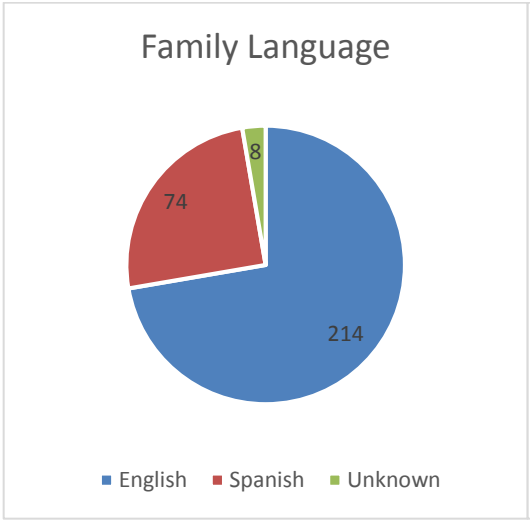
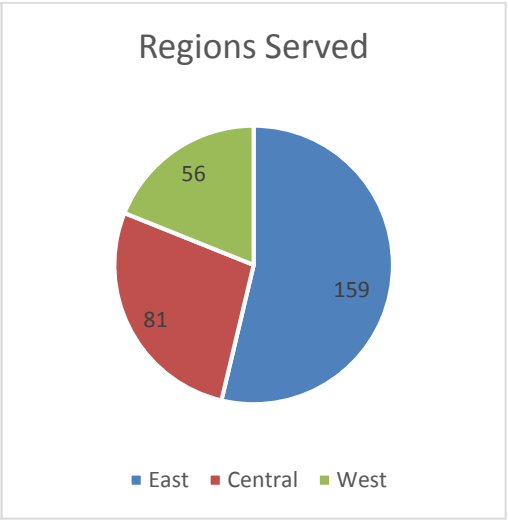
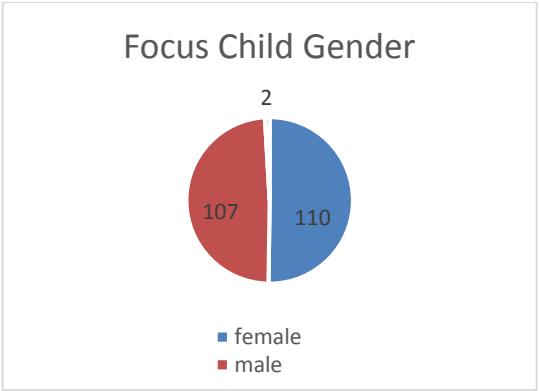
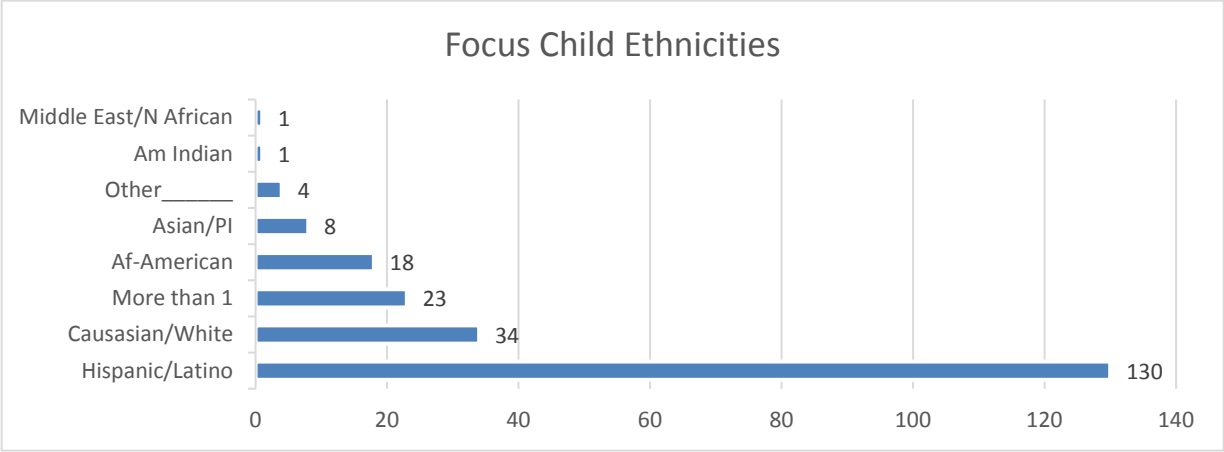




Children Information





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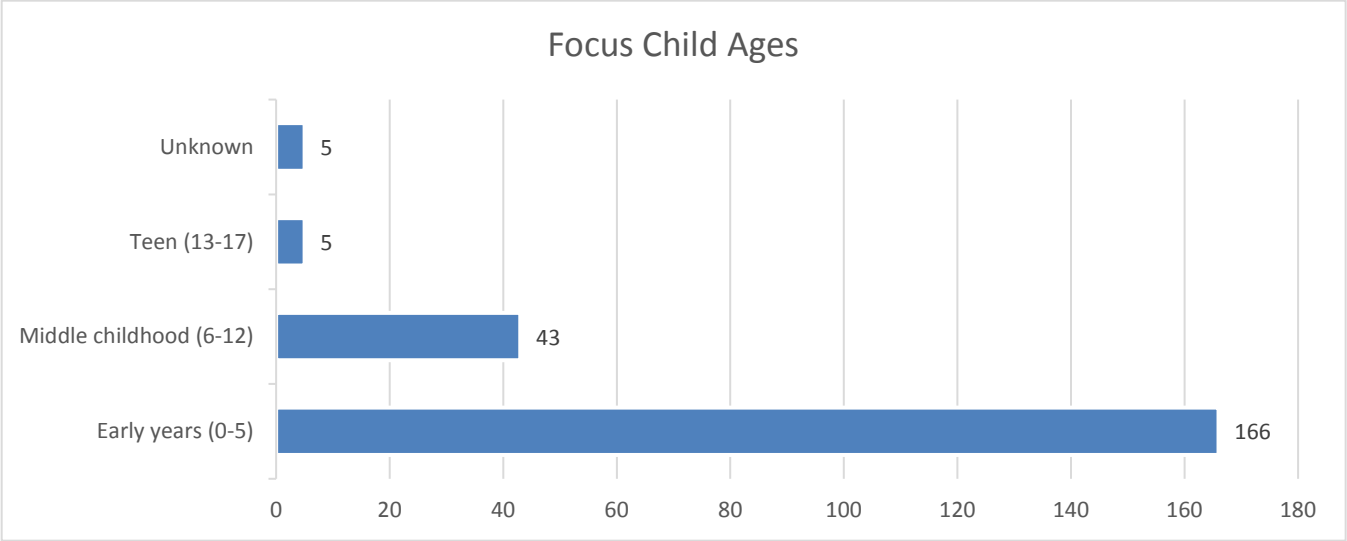

1b) Settings of Potential Responders for the 2017-18 FY included elementary schools, early education centers, homeless shelters and community-based organizations. Below is a list of class site locations for Triple P:

First 5 Triple P Site Locations
GRIP (Greater Richmond Interfaith Program) – West County
Bay Point First 5 Center – East County
Vintage Parkway Elementary School – East County
Antioch First 5 Center – East County
Delta First 5 Center – East County
Monument First 5 Center – Central County
West County First 5 Center – West County
Martinez Early Childhood Center (Seminar) – Central

County
▪ First Baptist Head Start (Seminar) – Central County
▪ WE CARE Services for Children – Central County
▪ Gehringer Elementary School – East County
▪ Highlands Elementary School – East County
▪ Pueblo Del Sol – Central County
▪ YWCA Bay Point – East County

Methods Used to Engage Potential Responders

2) Methods Used to Reach Out and Engage Potential Responders include:

- Distribution of flyers for upcoming classes to community members and other CBOs in both electronic and hard copy
- Attended community events to provide resources
- Collaboration first 5 Centers, school districts preschools
- Collaboration with CFS and Parent court
- Case Management referrals for parents working with C.O.P.E. case management staff
- Website advertising of class schedule
- Referrals from community partners such as Family Justice Center, Miller Wellness Center and SHELTER Inc.
- Provided briefing/orientation meetings to community agencies interested in referring members to the Triple P program

Strategies Utilized to Provide Access and Linkage to Treatment

3) 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 Help Me Grow and 211 for 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
- 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
- Training staff (First 5 HMG Café), in available resource opportunities to strengthen the support given to each participant

Strategies Utilized to Improve Timely Access to Services for Underserved Populations

4) Strategies Utilized to Improve Timely Access to Services for Underserved Populations included:
    - Free and sliding scale Triple P classes for low-income participants
    - Delivery of classes throughout the county at various times and convenient locations to accommodate transportation barriers (accessible via public transportation)
    - Increased capacity to offer case management services for parents and families with more intensive challenges
    - Provided classes in English and Spanish, Farsi and Arabic in each region of the county
    - Individual assessment, consultations and referrals to county mental health as needed
    - Collaboration with preschools, parent partners, other service providers and families to create a service plan for individuals, to ensure timely access to supports and resources.
    - Tailored classes to teen moms that include focus topics and developmental screening that directly address parenting After assessing family needs, we

link to other community supports such as First 5 Centers, county mental health, housing, Help Me Grow, and other resources

OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- *Include a list of indicators measured, how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.*

- Data is collected from participants through Pre and Post assessments which are collected during Week 1 and Week 8-10 of the class;
- Data is analyzed through a data base and results shared with participants during Week 3; outcomes are shared with participates during a confidential coaching phone call on week 6 of workshop.
- The evaluation tools are standardized and normed on diverse groups to insure cultural appropriateness. Additionally Triple P is an evidence based curriculum that been standardized across cultures and proven to be consistently effective at producing quality data through research and clinical trials. Participants are taught in the primary language. All evaluations and assessments are provided in the language of the client in ether a group or individual format with their special needs being accommodated.
- The integrity and confidentiality of participants is preserved by omitting identifying factors such as first and last name from any published data, and assigned a unique Client ID.

Overall Clinical Outcomes (First 5)

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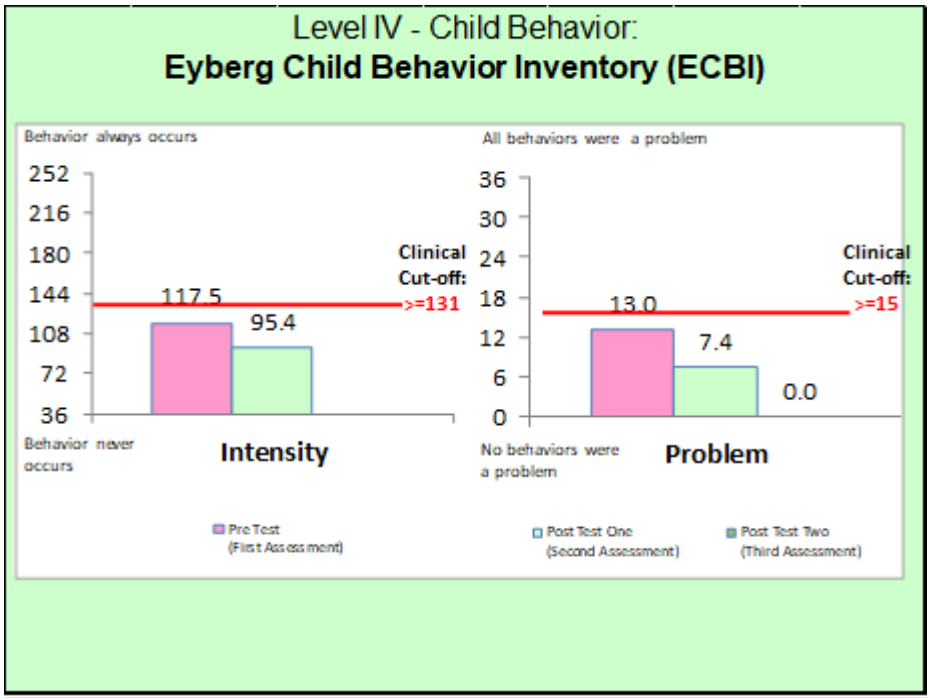

Intensity decreased an average of 19% from pre-test to post-test
Problem decreased an average of 43% from pre-test to post-test

Eyberg:

The ECBI is a standardized parent report instrument that measures child disruptive behaviors and the caregivers' level of distress about these behaviors.

1. The intensity scale measures how often problematic behaviors occur. Scores above 131 percentiles indicated by the red line are considered clinically significant and in need of intervention.

2. The problem scale measures how distressed parents are by the behaviors. Scores above the 15 percentile, indicated by the red line are considered clinically significant and in need of intervention

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Child Parenting Scale

Laxness intensity decreased an average of 12% from pre-test to post-test
Over-reactivity intensity decreased an average of 19% from pre-test to post-test
Hostility intensity decreased an average of 12% from pre-test to post-test

Parenting Scale:

Measures dysfunctional discipline practices in parents in children (0-12)

1. Laxness: refers to parents being overly permissive in response to a child's behavior. (Example: "If my child gets upset, I back down and give in.")
2. Over-reactivity: Refers to a parent being overly punitive in response to a child's behavior or displays anger, meanness and irritability. (Example: "When I am under stress, I am on my child's back.")
3. Hostility: Refers to the use of verbal or physical force

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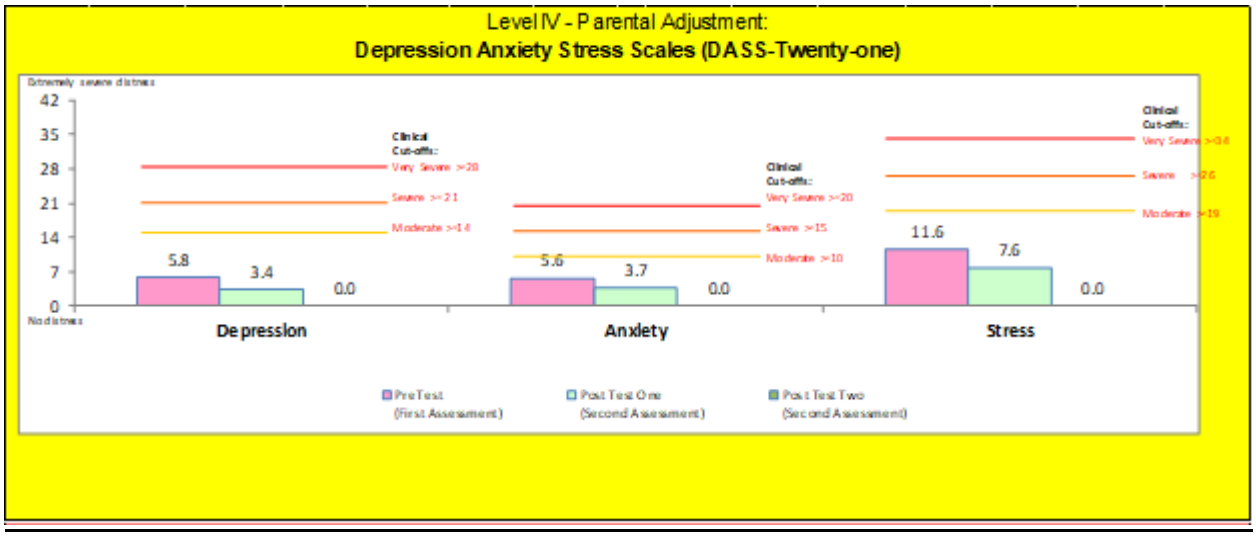
Depression Anxiety Stress Scales (DASS-Twenty-one)



Depression decreased an average of 41% from pre-test to post-test
Anxiety decreased an average of 34% from pre-test to post-test
Stress decreased an average of 33% from pre-test to post-test

Depression, Anxiety, and Stress Scale

Assess symptoms of depression, anxiety, and stress in adults. The DASS Short Form is a 21- item measure of caregiver reported symptoms of stress experienced in the previous week, Caregivers endorse the frequency of symptoms on a scale of 0 (never) to 3 (most of the time). The symptoms may or may not be related to parenting. (Example: I found it hard to wind down.)

1. Depression: Dysphonia, hopelessness, devaluation of life, self-depreciation, lack of interest/involvement, anhedonia, and inertia.
2. Stress: Difficulty relaxing, nervous arousal, and being easily upset/agitated, irritable/over-reactive, and impatient.
3. Anxiety: Autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect.
4.

DEMOGRAPHIC DATA: ☐ Not Applicable ***(Using County form)***

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If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

First 5 collects a Family Survey from all parents new to First-5 funded services. We use the same questionnaire across all our services so that we can collect standard information. Because this is a broad, general survey, we cannot respond to requests for additional data to be collected.

VALUES:

Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non-discriminatory?

First 5 Contra Costa fosters a holistic approach to family wellness and recovery by providing evidence-based parenting classes along with other complementary services. Parents in need of further intervention are identified through their participation in Triple P parenting classes and are linked to supplementary services. Participants may express a need for more intensive support and utilize other programs offered such as individual and family counseling, Anger Management and Truancy Intervention. By offering a menu of services, we can provide customized support to families in need as well as identify referrals to additional resources such as county mental health, housing, food banks and family law centers.

Our subcontractor, C.O.P.E. also provides a comfortable, family-oriented atmosphere for community members visiting the office for services. C.O.P.E. staff pride themselves in

Case management is provided to participating families which includes:

- Initial assessments of program needs
- Parent/Family coaching
- Resource referrals
- Enrollment into appropriate service supports
- Weekly check-ins from staff
- Preparation of progress reports/attendance verification

The Triple P program has a culturally diverse staff, both personally and professionally with sensitivity and training in the needs and characteristic of diverse populations of participants. Program staff cultivates 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.

The program site includes a culturally program space where parents and staff recognize, appreciate and capitalize on diversity so as to enrich the overall learning experience. Fostering a culturally inclusive learning environment that encourages all individuals – regardless of age, gender, ethnicity, religious affiliation, socioeconomic status, sexual orientation or political beliefs – to develop effective and consistent parenting skills that nurture the uniqueness so of each family.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

Participant Testimonials

"I learned to be firm when I tell my child something. And learned to control things before they get out of control."

"Everything in general was useful."

"The teachers helped us with the techniques and explanations for spending time with our children."

"The most helpful part was where I learned that body language can affect a child. I wouldn't change anything about the class."

"I really enjoyed learning new strategies and hearing stories from other parents."

"The class helped me in finding positive ways to solve situations: speak, instruct, direct, and explain."

"Establishing rules, using age appropriate strategies, and creating routines helped me a lot. Everything about the class is excellent."

"I liked the videos and the communication between parents. Thank you!"

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"where we can share our experiences."

"I liked the interaction and feeling listened to by everyone in the class. Would like longer time frame and longer sessions."

"I liked discussing better ways to communicate, video examples, and classroom discussions. I don't have any recommendations to improve the class."

"I learned to be calmer with my children, and I learned better parenting techniques."

"This class helped me communicate with my daughter, the program is excellent."

"It helped me to better understand my son and help him with his confidence at school. This program is awesome and (the Facilitator) is great!"

"This program helped remind us what it's like to be looking at situations from a teenager's perspective."

"I learned to be more patient and to better communicate with my children."

"I learned to control my anger and to better raise my child in the future."

"It helped me become more patient with my children."

"This program helped me establish rules concerning the use of technology. I would like this program to continue forever but I know that's not possible."

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PEI SEMI-ANNUAL REPORTING FORM

EARLY INTERVENTION REPORTING FORM **FISCAL YEAR: 17/18**

Agency/Program Name: CCCMH/First Hope
Reporting Period (Select One): X Semi-Annual Report #1 (July – Dec)
X Semi-Annual Report #2 (Jan – June)

PEI STRATEGIES:
Please check all strategies that your program employs:

X Provide access and linkage to mental health care

X Improve timely access to mental health services for underserved populations

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

SERVICES PROVIDED / ACTIVITIES:

Please describe the services you provided in the past reporting period. Please include types of problems/needs addressed, any activities that address these problems/needs, and any functional outcomes targeted by the services provided.

First Hope provides early identification, assessment and intensive treatment services to young people ages 12-25, and their families, who show signs and symptoms indicating they are at Clinical High Risk (CHR) for psychosis. In addition, with additional funding support from the SAMHSA Mental Health Block Grant (MHBG) set-aside, we have been able to expand our assessment and intensive treatment services to young people, and their families, who have recently (within the past 30 days) experienced their first episode of psychosis (FEP).

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

1) Community outreach and psychoeducation – We have continued to offer and respond to community requests for staff trainings. 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. We have also revisited organizations we had presented to previously, in order to train new employees of those agencies and to help staff refine their skills in early identification and referral. Some of the organizations we have presented to in fiscal year 2017/2018 include Community Violence Solutions (CVS), NAMI, Holy Names University, the Adult SOC committee, and CCRMC medical residents.

2) Screening and assessment – In order to provide a high level of responsiveness and access to immediate

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help, First Hope has a Clinician of the Day (COD) who takes screening calls as well as any urgent calls when the primary clinician is not available. The telephone screen helps to determine whether a more extensive SIPS assessment is indicated or whether the caller is referred to more appropriate services. Services are offered in any language using the language line. Services in Spanish are provided by our Spanish-speaking clinicians.

3) Intensive treatment services – Please see section below on Evidence-based or promising practices. Treatment services are offered in any language using the language line. Treatment services in Spanish are provided by our Spanish-speaking clinicians.

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

During this fiscal year, we also secured a new location and funding for 9 additional staff positions, including new positions of program supervisor and a part-time RN, in support of our opening a second program for young people who are within the first 18 months of their FEP. We are currently in the midst of hiring and anticipate the start of the FEP program by the end of 2018.

OUTCOMES AND MEASURES OF SUCCESS:

Please provide quantitative and qualitative data regarding your services.

- ***Which mental illness(es) were potentially early onset***
- ***How participant's early onset of a potentially serious mental illness was determined***
- ***List of indicators that measured reduction of prolonged suffering and other negative outcomes, and data to support overall reduction. Include how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.***

We work with youth ages 12-25 who are at Clinical High Risk (CHR) for developing psychosis, or within 30 days of their first episode of psychosis (FEP), as established by the Structured Interview for Psychosis risk Syndromes (SIPS) assessment.

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. Secondary outcomes include reduction in crises, hospitalization, incarceration and suicide attempts or completions. We had 0 conversions from CHR to psychosis from July 2017 through June 2018. From the inception of our program in 2013 we have had 4 conversions, a conversion rate of less than 5% and a nearly 90% reduction in the predicted conversion rate if no services were provided.

This past year we intensified our collaboration with Juvenile Hall and started providing First Hope services to clients while they were still incarcerated, if they otherwise qualified for our program and were scheduled to be discharged from the correctional setting in the near future. This allowed us to implement intervention services

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even earlier than we had been able to previously. Three of our clients were re-incarcerated during the 2017/2018 fiscal year.

We have significantly reduced the rate of PES visits and hospitalization over baseline rates in our clients. We had 3 suicide attempts and 0 suicides from July 2017 through June 2018.

Improvement in age-appropriate functioning is also critical. Our data indicates that at the beginning of treatment the vast majority of clients were failing in school, while at discharge they were stable in school. Many who were work-eligible were now working at least part-time. We also showed a 15 point average increase in GAF for all clients, including those who did not complete the program.

We gather data on outcomes every six months of treatment and at discharge. This data is treated like all other PHI. This data is also entered into a First Hope Database that is housed on the CCC Behavioral Health server and is password protected. Only de-identified/aggregate data is shared with individuals outside of First Hope.

DEMOGRAPHIC DATA: ☐ *Not Applicable (Using County form)*
If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

We gather County Demographics data for clients who engage in our assessment and treatment services. We gather different data during the outreach and screening components of our program, as described below:

Outreach: We collected different demographics for this component to target the important information needed to assess our outreach goals. The data collected include the type of service provider, the region of the county served, and the number of participants.

Screen Calls: We do not use the county demographic form in order to avoid barriers that may be encountered due to stigma or lack of a release of information. Screen calls are designed for same day conversation with one of our clinicians and in a manner that allows the caller, whether it is the client, family member, or professional, to disclose concerns without requiring background information, unless the caller is able to do so and is willing. Also, since the caller has not engaged in services and may be cautious about disclosure, we only asked pertinent questions about the client's symptoms, important history related to the symptoms, contact information, region of the county, and the referral source. The call allows the caller to inquire about First Hope services and discuss symptoms to determine if an assessment is recommended, and allows our clinician to offer an assessment or a recommendation of another service. If needed, we also offer advice about how to talk to the client, son, daughter or the family about the need for early intervention.

EVIDENCE-BASED OR PROMISING PRACTICES:
What evidence-based or promising practices are used in your program and how is fidelity to the practice ensured?

First Hope uses the evidence-based Portland Identification and Early Referral (PIER) and Coordinated Specialty

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Care (CSC) models, which have been shown to be effective in preventing conversion to psychosis and the subsequent disability associated with psychotic disorders, and in ameliorating psychotic symptoms and promoting functional recovery. Both models provide comprehensive and needs-driven services utilizing the combined skills of a multidisciplinary team. Our First Hope treatment team includes a clinician, occupational therapist, educational and/or employment specialist, community support worker, and psychiatrist. In addition to individual therapy, peer groups, case management, educational/employment support, psychosocial rehabilitation, and psychiatric services, clients also benefit from a heavy emphasis on family psychoeducation and engagement in Multi-Family Group Treatment (MFGT).

In addition, our clinicians are trained and certified to provide Structured Interview for Psychosis risk Syndrome (SIPS) assessments and Cognitive-Behavioral Therapy for psychosis (CBTp), evidence-based practices for assessing and treating CHR and FEP.

Weekly team meetings and weekly supervision meetings with First Hope's program manager provide opportunities to discuss services and assure fidelity to the treatment model. We also hold a weekly consultation call with Dr. Barbara Walsh, one of the co-authors of the SIPS assessment. In addition, we have occasional refresher trainings to review important components of the various treatment models. One such training occurred Aug 24-25, 2017 with Dr. Barbara Walsh on the SIPS.

VALUES:
Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non- discriminatory?

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 work closely with our families to identify and problem-solve barriers to accessing care, including child care and transportation difficulties.

We over-screen so as not to miss any individual 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, treatment begins immediately with engagement (termed Joining sessions) with their assigned clinician.

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

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English and in Spanish.

VALUABLE PERSPECTIVES:
Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

Many of the individuals and families who have graduated from First Hope keep in touch with us, and several have returned as volunteers to speak with new clients and families about their experiences with First Hope. At our most recent MFG psychoeducation workshop, one recent graduate and her mother described how with the support of First Hope, she had gone from not attending school at all to graduating with her high school diploma, enrolling in community college, and now working as a student ambassador at the college. They also spoke about the tremendous gains they had made in improving their relationships with each other and with other members of the family.

Below are some additional feedback we have received from our clients and families:

"All of it has been helpful, the group and individual. I think 2 things that really help lower stress (and the whole model is focused on lowering stress) is meals available before group and another big help – the individual therapist coming to our house."

"We love Leslie and coming to group, we feel comfortable and supported."

"New psychiatrist seems to really listen to us."

"We are so grateful for the services."

"She has acquired the skills to cope with her anxieties enough to allow her to do more things by herself."

"When my daughter has been in a dark place, she was able to talk to her therapist and make a plan."

"The staff have been so wonderful, saying hi, being friendly, coming to my home for meetings, taking me places to practice social skills."

"I have received services that help me work on problems and let me just rant if I need to."

"Las conversaciones que hemos tenido nos an ayudado muchisimo para tartar de entendernos. Estoy muy agradecida con todos por la ayuda que nos an brindado el apoyo incondicional que nos ofrecen por corresponder a todas nuestras necesidades. Muchas gracias."

"Staff made lots of helpful recommendations to organize my lifestyle."

"Dr. Whalen was very helpful. He was very patient and listening to [my son]. Also, therapy were the best. He got along well with Marcela and Jennifer, he always wanted to come and talk to them especially whenever he was in crisis."

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PEI SEMI-ANNUAL REPORTING FORM

ACCESS & LINKAGE TO TREATMENT REPORTING FORM

FISCAL YEAR: 2017-2018

Agency/Program Name: JAMES MOOREHOUSE PROJECT
Reporting Period (Select One): ☐ Semi-Annual Report #1 (July – Dec)
■ Semi-Annual Report #2 (Jan – June)

PEI STRATEGIES:
Please check all strategies that your program employs:

■ **Provide access and linkage to mental health care**

☐ **Improve timely access to mental health services for underserved populations**

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

SERVICES PROVIDED / ACTIVITIES:
Please describe the services you provided in the past reporting period. Please include types of problems/needs addressed, any activities that address these problems/needs, and any functional outcomes targeted by the services provided.

Our direct service clinical work continued to be the backbone of our services provided in 2017-2018 (see attached demographic report for quantitative data). We have eleven clinical interns confirmed for participation in our clinical training program in 2018-2019. We offered 19 different supportive/therapeutic groups this year that included support for trauma impacted young men, young women of color, students working with grief and loss, queer identified young people of color and many others. We continue to integrate non-talking (somatic) modalities into our clinical work and our innovative youth leadership/school climate initiative, Culture Keepers (CKs), continued to support struggling students in classrooms. Staff from our collaborative partner, the Niroga Institute, partnered with CKs to lead in-class dynamic mindfulness practices in classrooms and offered ongoing coaching for participating classroom teachers to strengthen their own classroom leadership of dynamic mindfulness practices. CKs mentored 9th grade young men 1:1 in weekly sessions and partnered with a JMP intern to lead 30 minute classroom presentations and in-class follow-up discussions around sexual harassment using curriculum they have been working on since the CK cohort of 2016. CKs are working to support a campus culture that does not allow for harmful speech and/or unwanted/uninvited sexual contact.

Our targeted support for English Language Learners (ELLs) and their families built on the strengths of previous years' work. This included pushing into classrooms, clinical therapeutic support, youth development-leadership work with young people, and case management and organizing with parents and families. Twenty-five young core students supported an ELL student club that brought over 60 students

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into stronger community and included field trips to UC Berkeley and the Exploratorium in S.F. ELL leaders spoke to UCB Social Welfare students in the MSW program at Cal and made two separate trips to Sacramento to meet with MHSA leadership and state legislators to advocate for the needs of recent immigrant students and English Language Learners. Two students also co-presented with a JMP staff person about their experiences as ELLs and their advocacy work with the JMP at the annual conference for the CA School Based Health Alliance in Sacramento in May. ELL students met weekly for support, advocacy and community building. Twenty – Forty people attended our monthly evening English Language Advisory Committee (ELAC) meetings. Almost a dozen families received case management support connecting them to resources in the community around immigration, housing and other family supports in addition to counseling services for youth that we provide on-site. We were also able to sustain our in-class work throughout the year with ELD classrooms, Migrations and Journeys.

A challenge over this continued to be working with an administrative team that was inexperienced and not oriented toward collaboration. In the face of rising schoolwide discontent, the superintendent transferred the principal from ECHS in June and we look forward to starting fresh with a strong new administrative team (new principal and one new assistant principal) in the coming year.

Our director continues to support school communities and school linked providers to build trauma sensitive disciplinary, community building and instructional practices. She continued her work in Contra Costa and Alameda Counties as a trainer for T2 (T Squared), the Bay Area wide collaboration working to shift public systems toward trauma informed practices. She also continued to offer trainings around racial justice work with teachers and school staff through the CA School Based Health Alliance offering trainings at their annual conference in Sacramento and to school health staff in the Central Valley at a Fresno convening in the fall.

The JMP is excited to play a role in the broader movement to help schools implement more compassionate and effective practices to support trauma impacted young people to be successful in school and to integrate strategies for including racial justice in every conversation around trauma. At ECHS this work included teacher-student restorative conferences, ongoing coaching around trauma sensitive instructional strategies and the second year of a JMP led year-long professional development group with 14 ECHS teachers on race and equity. Participants co-created a safe container to deepen their self-reflection around the ways that white privilege, white supremacy and implicit bias impact their own instructional practices and drive inequitable outcomes on campus. This group will continue for a third year into 2018-2019.

OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- ***How are participants identified as needing mental health assessment or treatment?***
- ***List of indicators measured, including how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.***
- ***Average length of time between report of symptom onset and entry into treatment and the methodology used.***

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

We measure a range of indicators (see Work Plan for 2017-2018) including connection to caring adults/peers and school, and a sense of well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self-confidence). The JMP engages in ongoing formative assessments throughout the school year that include participation by JMP staff/interns, school staff and youth participants.

(From 2017-2018 Work Plan)

Outcome Statements

A) Stronger connection to caring adults/peers (build relationships with caring adult(s), peers) for participating youth.
From UCSF evaluation: 96% of participating youth reported feeling like "there is an adult at school I could turn to if I need help." 91% "I get along better with people at my school."

B) Increase in well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self-confidence, etc.) for participating youth.
From UCSF evaluation: 96% of participating youth "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 UCSF evaluation: 81% of participating students reported they "skip less school/cut fewer classes after program participation.

DEMOGRAPHIC DATA: ☐ Not Applicable ***(Using County form)***

If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

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

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

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

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

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Part 5: See Part 3 above.

LINKAGE AND FOLLOW-UP:
Please explain how participants are linked to mental health services, including, how the PEI program follows up with the referral to support successful engagement in services. Additionally, please include the average length of time between referral and entry into treatment and the methodology used.

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

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

VALUES:
Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non- discriminatory?

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. Our clinical program and youth centered initiatives challenge the dominant narrative that sees youth as "at risk" or as problems to be fixed. We partner with young people to build their capacity, and connect them with opportunities for meaningful participation in the school community. Students in counseling or a therapeutic group have direct access to wider opportunities for participation in JMP programs. All of these efforts foster resilience and wellness as they engage young people and caring adults in active and robust relationships.

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

VALUABLE PERSPECTIVES:
Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your

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work as you see fit.

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The following quotes are from spring 2018 student evaluations of JMP services and programs:

The JMP is my second family

My counselor helped me understand where my anger is coming from. I don't get into so many conflicts at home like I used to.

The mindfulness exercises that I do with my counselor have helped me a lot with my anxiety. If I feel myself getting overwhelmed I think about my breath and do that thing with my fingers.

My favorite thing about the JMP is that they keep things confidential. It's the only place I can go where I can say what's really on my mind.

The following quotes are from spring 2019 teacher evaluations of the JMP:

The JMP is the heart and soul of our school. I don't know what we'd do if you all weren't here

I can focus on my teaching, because I know that my students are well cared for when I refer them to the JMP for support.

The Culture Keepers are a gem—please keep them coming to my classroom for presentations, student support and mindfulness! Great stuff!

The work we're doing around racism has given me a whole new way of relating to my students. I feel more awake now, better able to connect to students that before I couldn't connect with.

The JMP on campus is like a sun sending out its warm rays into every classroom. It just feels safer knowing you all are here.

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PEI SEMI-ANNUAL REPORTING FORM

EARLY INTERVENTION REPORTING FORM **FISCAL YEAR: 2017-2018**

Agency/Program Name: Jewish Family & Community Services East Bay/ Community Bridges
Reporting Period (Select One): ☐ Semi-Annual Report #1 (July – Dec)
☒ Semi-Annual Report #2 (Jan – June)

PEI STRATEGIES:
Please check all strategies that your program employs:

☒ **Provide access and linkage to mental health care**

☒ **Improve timely access to mental health services for underserved populations**

☒ **Use strategies that are non-stigmatizing and non-discriminatory**

SERVICES PROVIDED / ACTIVITIES:
Please describe the services you provided in the past reporting period. Please include types of problems/needs addressed, any activities that address these problems/needs, and any functional outcomes targeted by the services provided.

---

1) We completed our tenth year of providing the **Opening Doors** training series about cross-cultural mental health.
2) We provided culturally appropriate mental health education for client groups in their native languages.
3) We served 330 individual clients – including children, parents, and older adults.
4) We provided individual mental health and health navigation services to 141 clients.
5) We completed assessment and short-term early intervention with 141 bilingual clients.
6) We provided community outreach and engagement activities in all of our target populations.

1. **Cross-Cultural Mental Health Training Series.** The training series began in October 2017 with all four projected presentations being held, as follows:
    - *October 10, 2017: Partner Violence Prevention* – Presented on intimate partner abuse across all genders and sexual orientations and the mental health impact of intimate partner violence on partners/spouses and children. There was an emphasis on vulnerabilities and barriers faced by refugee women that promote disparities in power and control and can perpetuate cycles of violence. And the best practices to promote self-sufficiency among Afghan women and empower them to lead self-determining and violence-free lives.

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- *February 5, 2018: Diversity, Equity, and Inclusion: Frameworks and Tools for Connection and Community* – Presenters gave an overview of the traumatic experiences that refugees are facing as well as the impact of culture on communication, stigma, and mental health outcomes. Presenters described the experiences of Iraqi refugees and SIV holders who worked for the U.S. armed forces. Several mental health experts were panelists.
- *May 23, 2018: Living in Fear* – The presenters provided an overview/introduction to U.S. immigration law, information about the recent orders related to immigration, and changes under the new presidential administration. The presenters also provided know-your-rights information for immigrant communities and information regarding local nonprofit organizations for immigration legal assistance. Presenters spoke about the essentials of cultural history, reasons for migration, as well as reasons for staying in the U.S. despite the constant fear of deportation. The presenter also spoke about the mental health impact of immigration enforcement policies on children, families, and communities. Presenters also discussed the barriers and struggle of living in mixed-status families and communities and the ideas of collective healing practices and culturally appropriate ways to cope and seek support
- *June 20, 2018: Cultural Awareness* – The presentation addressed the mental health impact of life stressors specific to refugees and immigrants. For example, how to understand the concept of liberty within different cultural and religious approaches. The presenter focused on enhancing our self-awareness and tolerance by thinking about our personal biases as providers.

2. JFCS East Bay held **mental health education groups** throughout the year for the Dari-, Farsi-, Arabic-, and Russian-speaking communities.

   Russian psycho-educational senior groups took place at Mt. Diablo Adult Day Health Center in Pleasant Hill. Katya Vorobeyva, Ph.D, hosted the psycho-educational groups, which were facilitated by Lila Katz:

   - *December 6, 2017: Mood and Balance* (12 participants) – focus of the group was to familiarize participants with the various symptoms of anxiety and stress as well as various ways of managing these symptoms.
   - *January 31, 2018: Psychoeducation* (11 participants) – focus of the group was to improve mood and socialization by encouraging group participation in positive reminiscing through games and discussion.
   - *February 26, 2018: Improve Mood, Socialization, and Reduce Stress* (12 participants) – psychotherapist provided psycho-education about expressing feelings though art and helped participants to become aware of their feelings.
   - *April 23, 2018: Improve Mood, Socialization, and Reduce Stress* (12 participants) – therapist led a group therapy session that focused on the expression of gratitude and the promotion of positive feelings to improve coping and relaxation.

   Afghan/Iranian parenting groups took place in our office and community spaces. Dr. Sohi Lachini facilitated the groups with help from Mahboba Satar, Afghan Case Manager:

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- *September 12, 2017: Parenting Group* (7 participants) – library field trip to help isolated mothers learn about community resources.
- *September 27, 2017: Parenting Group* (10 participants) – art therapy for mothers and children.
- *October 29, 2017: Parenting Group* (10 participants) – focused on the importance of play and how community can be built using play.
- *January 22, 2018: Women's Group* (8 participants) – focused on the specific health and mental health issues for mothers.
- *March 16, 2018: Spring Celebration* (26 participants) – a gathering at a park to promote community connection and reduce isolation.

Afghan senior groups took place in a community space; the focus was self-regulation and de-stressing for the aging community. Mahboba Satar, Afghan Case Manager, facilitated the groups:

- *August 30, 2017: Women's Rights in Islam* (11 participants) – focused on diverse approaches and perspectives on Islam and feminism, and how to balance this with being new in the country.
- *February 14, 2018: Major Anxiety Prevention* (12 participants) – outlined and discussed coping with panic disorders, social anxiety, phobias, and so on, as related to post-traumatic stress.
- *April 18, 2018: Violence Prevention and Risk Factors* (12 participants) – discussed violence and related forms of abuse against elders.

Arabic-speaking mental health education classes took place in our office and community spaces. Case Manager Kate Goodin facilitated the groups.

- *January 21, 2018: Parent and Children Group* (48 participants) – focused on the importance of play and how community can be built using play.
- *March 15, 2018: Parenting Group* (14 participants) – a gathering at a park to promote community connection and reduce isolation.

OUTCOMES AND MEASURES OF SUCCESS:

Please provide quantitative and qualitative data regarding your services.

- ***Which mental illness(es) were potentially early onset***
- ***How participant's early onset of a potentially serious mental illness was determined***
- ***List of indicators that measured reduction of prolonged suffering and other negative outcomes, and data to support overall reduction. Include how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.***

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

- Participants/clients evaluation forms for education sessions.

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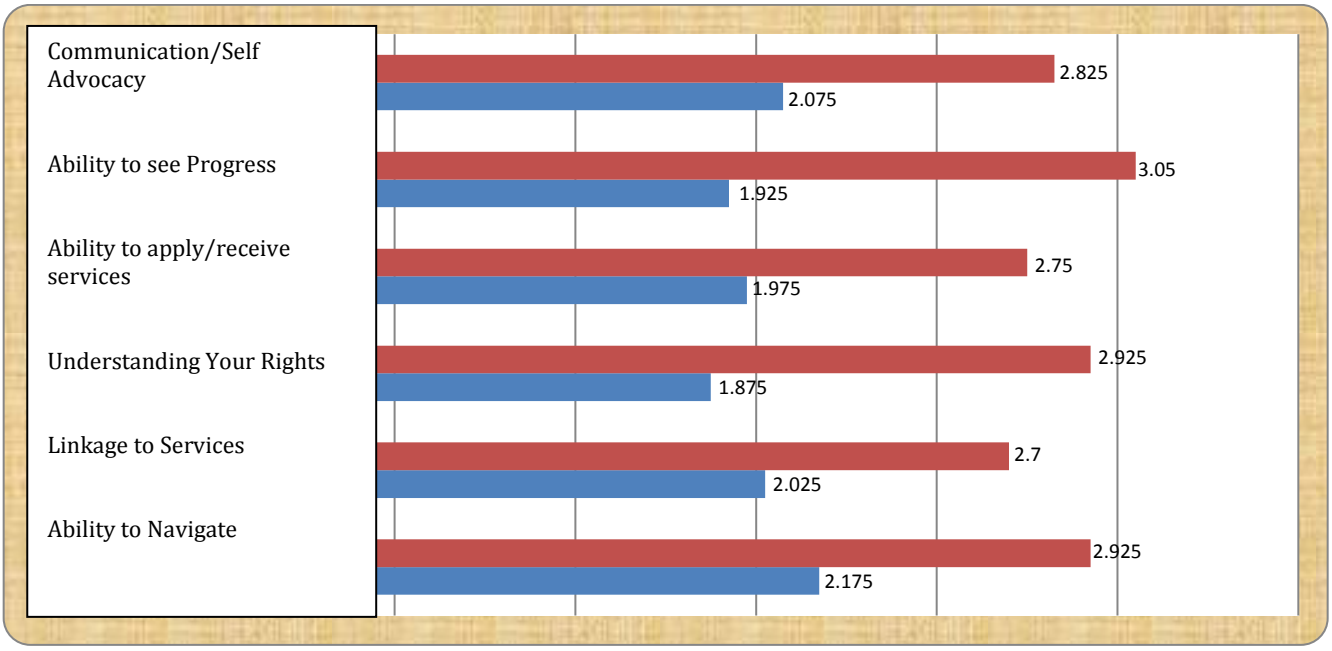
  - Collected after education session.
- Staff and community members evaluation forms for education sessions.
  - Collected after training session.
- Tracking logs for:
  - Participants/clients associated with clinician and other mental health services.
  - Participants/clients associated with case managers for assessment and early intervention to community mental health services.
  - Number of participants/clients.
  - Number of participants/clients receiving navigation services.
- Pre- and post-assessments to measure progress.
  - Collected once at intake and once at exiting the program.

The indicators measured for this reporting period were:

- Ability to communicate, self-advocate, and see progress.
- Ability to apply for and receive services.
- Understanding rights.
- Access to and ability to navigate mental health system.

These indicators reflect both objective and value-based performance. The blue bar in the chart below reflects participants' assessments before entering the program; the red bar indicates assessments upon exiting. Assessments are made on a scale of 1.0 to 4.0, with 1.0 being the lowest ranking and 4.0 the highest.



The chart reflects a total of 141 individual adult participants/clients who completed the pre- and post-assessments. (In addition, 185 participants/clients were served in the prior reporting period, for a year-end total of 330 participants/clients.) All participants increased in their ability to advocate for

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themselves, understand their rights, link themselves to mental health service, and navigate the system.

Cultural Competency: The case managers and staff are aware of, and responsive to, the cultural and demographic diversity of the population and specific client profiles. Case managers and staff understand relevant cultural information and communicate effectively, respectfully, and sensitively within the client's cultural context. During the grant period, we had Farsi-, Dari-, Arabic-, Russian-, and English-speaking staff.

Integrity & Confidentiality: The case managers and staff adhere to applicable local, state, and federal laws, as well as employer policies, governing the client, client privacy, and confidentiality rights, and act in a manner consistent with the client's best interest. Staff have up-to-date knowledge of, and adherence to, applicable laws and regulations concerning confidentiality, privacy, and protection of client medical information issues.

DEMOGRAPHIC DATA: ☒ *Not Applicable* *(Using County form)*
If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

EVIDENCE-BASED OR PROMISING PRACTICES:
What evidence-based or promising practices are used in your program and how is fidelity to the practice ensured?

The majority of our clients are refugees who fled war, persecution, trauma, and sometimes torture. Each person and family endured a trial of survival and endurance. We work with each person using a holistic, bio-psycho-social model.

We also use a strength-based approach, understanding that people are resilient when they have the proper supports. Our team of multilingual, multicultural staff builds rapport with clients through cultural and linguistic mirroring. We facilitate connection to mental health services within JFCS East Bay or with partner organizations. We believe in collaborating and building partnerships to increase access to mental health services.

VALUES:
Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non- discriminatory?

At JFCS East Bay, we provide services primarily to new refugees and immigrants. Our clients are often survivors of human rights abuse. They seek refuge from war, torture, persecution, and other forms of traumatic experiences in their home country and during their migration journey to the U.S. Our clients

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continue to face many hardships after arrival as they grieve the loss of their home, culture, values, and support system. Rebuilding trust and engaging in healthy secure relationships is essential to healing and restoring emotional well-being following traumatic experiences. JFCS East Bay's team of multilingual, multicultural staff emphasizes building rapport with clients through cultural and linguistic mirroring. Clients are able to receive wrap-around services at JFCS East Bay's Walnut Creek office; these services include case management, health and mental health navigation, mental health services, and parent education classes. We take into account each individual's strengths and needs and utilize personalized strategies to empower clients in participating in their own life and taking steps towards self-sufficiency.

We value collaborating and building partnerships with other providers to increase access to mental health services. For example, we partnered with two elementary schools in Mount Diablo Unified School District. JFCS East Bay's team provided parent education classes and community-based psychoeducation events at the school sites for Farsi-speaking parents/families. In addition, our Farsi/English-bilingual psychologist provided consultation to the school staff and teachers in regard to facilitating new refugee families' integration and engagement in school activities.

We will be continuing our partnership with a group of licensed psychologists who have offered to provide pro-bono services to our refugee clients. In addition, the Director of Contra Costa Health Services, Sally McFalone, has taken on the role of "refugee health ombudsman" in order to offer additional support navigating through the health and mental health care system to refugees and immigrants.

VALUABLE PERSPECTIVES:
Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

** In the stories below, names have been changed to protect client confidentiality.*

Story 1
Mobey and Azara have been married for about a year and moved to the United States in March 2018. They were granted Special Immigrant Visa (SIV) status because Mobey worked with the U.S. Army as a security guard in Afghanistan. Mobey was determined to pursue a better life in the United States because Afghanistan had become too dangerous. When the couple first arrived in the U.S., they lived with Mobey's brother.

Azara was diagnosed with Alopecia in Afghanistan and her symptoms were becoming more aggressive after they moved to the United States. Mobey and Azara were very worried about Azara's health and they struggled to focus on any other aspect of their acculturation, such as learning English, finding a job, and looking for their own apartment. They requested that their JFCS East Bay Case Manager prioritize Azara's treatment. Our Case Manager expedited the family's health screening by reaching out to the agency's ombudsman in Contra Costa County and helped Azara connect to specialists. In

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addition, our Case Manager provided cultural orientation training on topics such as public transportation, public benefits, and employment services.

Working with our Volunteer Services Manager, Mobey and Azara's Case Manager introduced Azara to a volunteer with the same diagnosis to support her with the host of feelings that she was experiencing. It was important to show Azara that this diagnosis is something one can live with and be successful. The volunteer's role was to not only provide moral and emotional support to Azara, but also to accompany the couple to their medical appointments.

Azara's specialists prescribed medication to stabilize her condition, yet when she was told that the medication would not reverse her hair loss, it caused Azara and Mobey to experience severe emotional pain. Witnessing the couple's emotional distress, our Case Manager referred both Mobey and Azara to the our staff psychologist. Our psychologist met with the couple separately as they were in different emotional stages of dealing with this news. Mobey was struggling to find motivation to find a job and move his family out of his brother's home. Our psychologist recommended that our Case Manager provide additional support for Mobey in finding a job. The case manager introduced Mobey to a local business owner, who hired Mobey and he is now able to pay the couple's expenses. Our psychologist continues to provide Azara support, as needed. We also connected Azara with a volunteer ESL tutor.

Mobey and Azara are currently looking to get their own apartment. Through all the challenges, they have both put their best foot forward and continue to grow together. They are coping with all their challenges with great help from family, friends, JFCS East Bay staff, and volunteers.

Story 2

A few months ago, JFCS East Bay resettled an Afghan family of four in Contra Costa County. The family includes the husband, Aram, and wife, Sahara, and their two young boys, ages 2 and 4. The family was housed for about three months through JFCS East Bay's hosted housing program. Both parents spoke limited English and after a couple of months, Aram was able to get a job as a security guard. Their JFCS East Bay Case Manager helped the family find a two-bedroom apartment and provided the family with essential furniture and kitchen items. Although Aram and Sahara were becoming financially stable, Sahara was struggling to raise their sons since Aram was at work for long hours. The Case Manager suggested that Sahara participate in JFCS East Bay's Afghan mother's group. In the group, she was able to share her struggles with parenting while being so far away from her kinship-based support system and within an unfamiliar culture. The mother's group provided her with parenting tools, as well as an opportunity to connect with other Afghan mothers and meet JFCS East Bay's Farsi-speaking staff psychologist. A few weeks into the program, Sahara and Aram contacted their case manager and expressed worries about their son's speech. Their Farsi-speaking case manager accompanied them to the doctor appointment and assisted them in understanding the test results and doctor's recommendations. The doctor ruled out any medical problem and recommended speech evaluation through the school district as well as therapy and parenting support. After a home visit by our staff psychologist, a plan was developed to have weekly parent-child dyadic sessions with our psychologist. These sessions are focused on helping Sahara support her children's social/emotional development during her own process of adjusting to life in the United States.

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PEI SEMI-ANNUAL REPORTING FORM

IMPROVING TIMELY ACCESS TO SERVICES FOR UNDERSERVED POPULATIONS REPORTING FORM

FISCAL YEAR: 2017/18

Agency/Program Name: La Clínica de La Raza, Inc.
Program: Vias de Salud and Familias Fuertes
Reporting Period (Select One): XSemi-Annual Report #1 (July – Dec)
X Semi-Annual Report #2 (Jan – June)

PEI STRATEGIES:
Please check all strategies that your program employs:

X Provide access and linkage to mental health care

X Improve timely access to mental health services for underserved populations

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

SERVICES PROVIDED / PROGRAM SETTING:
Please describe the services you provided in the past reporting period. Please include who the program has targeted and how your services have helped in improving access to services. Where are services provided and why does your program setting enhance access to services?

Vías de Salud (Pathways to Health) targets Latinos residing in Central and East Contra Costa County and has provided: a) 7153 depression screenings (238% of yearly target); b) 633 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 (253% of yearly target); and c) 1,554 follow up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment (124% 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) 1,618 screens for risk factors in youth ages 0-17 (216% of yearly target) ; 2) 151Assessments (includes child functioning and parent education/support) with the a Behavioral Health Specialist were provided to parents/caretakers of children ages 0-17 (201% of yearly target); 287 follow up visits occurred with children/families to provide psycho-education/brief treatment regarding behavioral health issues

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including parent education, psycho-social stressors/risk factors and behavioral health issues (96% 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.

OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- ***How are participants identified as needing mental health assessment or treatment?***
- ***List of indicators measured, including how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.***
- ***Average length of time between report of symptom onset and entry into treatment and the methodology used.***

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 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.

The indicators measured for Vias de Salud are:
A. 3,000 Depression Screenings will be completed annually by clients of La Clínica primary care.
B. 250 assessments and early intervention services will be provided by a Behavioral Health Specialists within the FY 17-18
C. 1,250 support/brief treatment services will be provided by a Behavioral Health Specialists within FY 17-18

The data for A-C are collected at the appointment and captured in La Clínica's Practice Management Computer system and data reports (NextGen or SSRS)

The indicators measured for Familias Fuertes are:

Familias Fuertes program, Project #6:
A. 750 Behavioral Screenings of clients aged 0 – 17 will be completed during the 12-month period by parents (of children 0-12) and adolescents (age 12-17)
B. A total of 75 assessments or visits (including child functioning and parent education/support will be provided for FY 17-18
C. 300 follow-up individual/family visits with Integrated Behavioral Health Clinicians to provide

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children/caretakers will participate in follow up individual/family education/brief treatment sessions with a Behavioral Health Clinician to provide children/families with psycho-education/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk facots 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.

La Clínica complies with HIPAA regulations and guidelines for all client health information and do not release any client health information to entities outside of the health center.

The average length of time between the report of symptom onset and entry into treatment for Vias de Salud and Familias Fuertes is 124 weeks (a little over two years). This was determined by reviewing a random sample of new appointments for 20 clients and looking at the chart notes which document how long the presenting problem has occurred.

DEMOGRAPHIC DATA: ☐ Not Applicable ***(Using County form)***

If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

Data for gender identity, ethnicity and disability will only be collected by clients seen by a behavioral health provider. Other demographic data is already collected and a standard part of the data collection process for all clients during registration for medical care. It would be burdensome and could harm the client relationship to try to collect this data as part of the screening process during a medical appointment.
The Familias Fuertes program serves children and data on veteran status and military status will not be tracked.

For clients under the age of 18, La Clínica collects sexual orientation if it is directly connected to the reason for referral or treatment plan. Given that La Clínica is providing brief treatment, La Clínica wants assessments to be as targeted as possible. La Clínica also wants to be sensitive to the reality that our adolescent population is in the process of forming their identity and sexual preferences and do not think would be appropriate to ask sexual orientation in our entire adolescent client population.

For the Familias Fuertes program, data for gender identity, ethnicity and disability is only collected by clients

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

LINKAGE AND FOLLOW-UP:

Please explain how participants are linked to mental health services, including how the PEI program: 1) provides encouragement for individuals to access services; and 2) follows up with the referral to support successful engagement in services. Additionally, please include the average length of time between referral and entry into treatment and the methodology used.

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.

For clients in the Vias de Salud and Familias Fuertes program, the average length of time between referral and treatment is 18 days. This is measured from date of referral from their primary care provider (or self-referral) to the date of the appointment. Please note the next available appointment may be sooner but may not fit in with the client's needs so the appointment is scheduled later.

VALUES:

Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non- discriminatory?

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

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inability to navigate the larger behavioral health system due to language barriers and system complexity. La Clínica makes every effort to provide services equally to all clients who are open to receiving care. Staff use non-stigmatizing language by interchanging the terminology of mental health with emotional well-being, allowing for a more receptive message to be communicated. La Clínica emphasizes the improvement in well-being, recognizing disequilibrium, and providing tools and resources for establishing emotional well-being, physical health, and supportive, healthy relationships in one's life. La Clínica also helps normalize mental health issues by pointing out the prevalence of mental health challenges, the availability of a range of treatment services, and the efficacy of support and treatment to help reduce stigma.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

Client story #1:
A 20 year old female client was referred to Integrated Behavioral Health Services due to long standing depression and anxiety. The client's symptoms included panic attacks related to phase of life problems and indecision about her school major. At her initial appointment, the client had scores of GAD-7: 17 (severe anxiety) and PHQ-9: 21 (severe depression) and she was given a diagnosis of major depressive disorder, severe type without psychotic features, and anxiety disorder, unspecified. The IBHC used the interventions of supportive counseling and psycho education including managing symptoms of depression and anxiety, panic attacks and stress management, teaching diaphragmatic breathing, behavior activation, and exploring resource options. At the second visit, the client reported scores of GAD-7: 9 (mild) and PHQ-9: 17 (moderately severe). The IBHC observed the client's reactivation of physical and pleasurable activities. The client was able to sign up for a more realistic course load at school (6 classes versus 8 classes in previous semester), and experienced increased motivation to connect to career planning services at school, as well as interest in engaging in weekly therapy.

Client Story #2:
A client was recently diagnosed with cancer and was scheduled for surgery. Her Primary Care Provider referred her to the Pittsburg Integrated Behavioral Health Clinician (IBHC) because the client disclosed she was experiencing sadness, difficulty sleeping, and changes in appetite. The IBHC met with the client leading up to the surgery and helped the client develop coping strategies to manage her depression and anxiety. In addition to her cancer diagnosis the client was contemplating leaving her partner. After the surgery, the IBHC continued to meet with the client. After her final session with the IBHC, the client reported feeling emotionally well and physically healthy. Her relationship with her partner has improved and she felt secure about ending her Integrated Behavioral Health services.

Client Story #3:
A 51 year old female client was referred to the IBH department due to severe depression and anxiety. The patient's depression and anxiety symptoms were due to housing and relationship problems. The client had been living on friend's property and was underemployed. The client's friend had asked the patient to move out since the client was unable to pay rent. However, the client's depression and anxiety symptoms prevented her from the taking necessary steps to move out. The IBHC assisted the patient with reactivating behavioral coping strategies, linking to weekly counseling, and providing problem solving strategies. At the last visit, the client continued to report high level of depression and anxiety symptoms, however, the client presented much calmer, demonstrated increased confidence in resolving housing situation, and had decreased suicidal ideation. The client had made great progress with packing and moving belongings out of friend's property and had clearer plan for temporary

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living arrangements for herself and her teenage son.

Client Story #4

A 70 year old client was referred to the IBH department due to depression and anxiety symptoms caused by caregiver stress. At her initial appointment, this client had scores of GAD-7: 11 (moderate anxiety) and PHQ-9: 10 (moderate depression) and reported having an onset of panic attacks in past two weeks. She was given a diagnosis of major depressive disorder, recurrent episode, moderate type. The Integrated Behavioral Health Clinician used interventions such as supportive counseling, psycho education, panic attacks and stress management and behavior activation. At the second visit, the client reported scores of GAD-7: 3 (minimal anxiety) and PHQ-9: 0 (no depression). Progress observed included the client having an increased acceptance of her caregiver role, reactivation of behavioral strategies to manage stress; and no panic attacks since initial visit.

Client Story #5

A 16-year old client was referred to the IBH department and was seen for a total of six sessions between the dates of 5/17/17 and 12/6/17. The client was referred by her primary care provider due to symptoms of depression and anxiety, including recurrent panic attacks. At her initial visit, the client reported scores of GAD-7: 13 (moderate anxiety) and PHQ-9: 19 (moderately severe depression), and was diagnosed with major depressive disorder, recurrent episode and panic disorder without agoraphobia. Sessions with the Integrated Behavioral Health Clinician focused on strengthening the client's relaxation skills (4-count breathing ex, progressive muscle relaxation) and cognitive strategies (identifying thinking traps and alternative thoughts), and behavior activation. During the last session, the client reported scores of GAD-7: 0, PHQ-9: 2. Progress seen by the last session included that the client had reactivated social activities, reconnected with friends, improved academics, and had not experienced panic attacks within at least past three months. The client was also was able to develop and maintain positive coping skills, cognitive and behavioral, to manage stressors.

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PEI SEMI-ANNUAL REPORTING FORM

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS REPORTING FORM

FISCAL YEAR: 2017-2018

Agency/Programa Ñame: **The Latina Center/*Primero Nuestros Niños***

Reporting Period (Select One): ☐ Semi-Annual Report #1 (July – Dec)
☒ Semi-Annual Report #2 (Jan – June)

PEI STRATEGIES:

*Please check **all** strategies that your program employs:*

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

SERVICES PROVIDED / STRATEGIES:

Please describe the services you provided in the past reporting period. Please include qualitative and quantitative data depicting: 1) the types and settings of potential responders you reached during the past reporting period; 2) methods used to reach out and engage potential responders; 3) any strategies utilized to provide access and linkage to treatment, and 4) strategies utilized to improve timely access to services for underserved populations.

Mental Health Services

Using a pre-assessment tool, The Latina Center identified 15.9% of parents at the beginning of the class who self-reported experiencing very difficult and/or stressful situations in their lives such as: emotional stress, involvement with CPS, sexual abuse, divorce, depression, health problems, and unemployment. We identified 57.5% of participants who said they needed emotional support for themselves, their children/teens and/or their husbands. Most identified counseling/therapy as the support they needed which, unfortunately, can be a very difficult service/resource for them to access. We were able to refer many to see a counselor on-site at The Latina Center. In addition, 20 people were referred to other types of mental health and peer support services at The Latina Center including support groups (domestic violence and Celebrating Recovery) and a 12-week cognitive behavioral therapy (CBT) group for adults who have experienced trauma, depression and/or anxiety.

We also identified that 8.7% people needed support with mental health services for their children, especially those diagnosed with ADHD. They also needed assistance with being able to advocate for the

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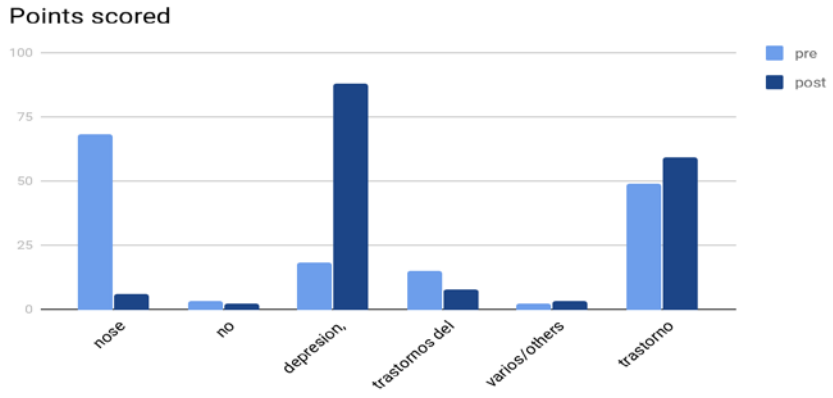
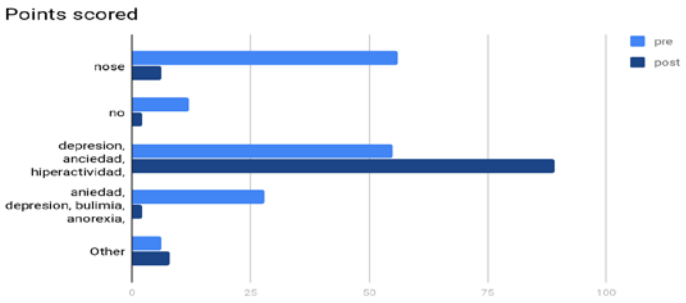
rights of their children in schools. At least 39 people said they needed to speak with a counselor right away. Included are some graphs/statistics associated with our outcomes:

1. What is a mental disorder?
   PRE & POST



2. What mental disorders do you know?
   PRE & POST



3. Do you know the signs of mental disorders?
   PRE

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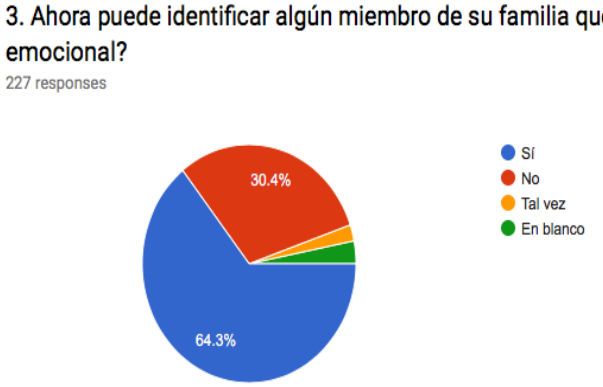
POST
Can you identify a family member that needs emotional support?



a. If the answer is yes, which family member needs support?

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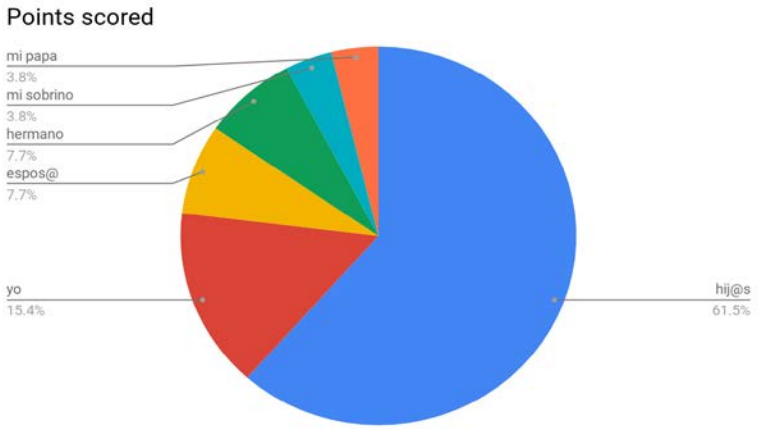
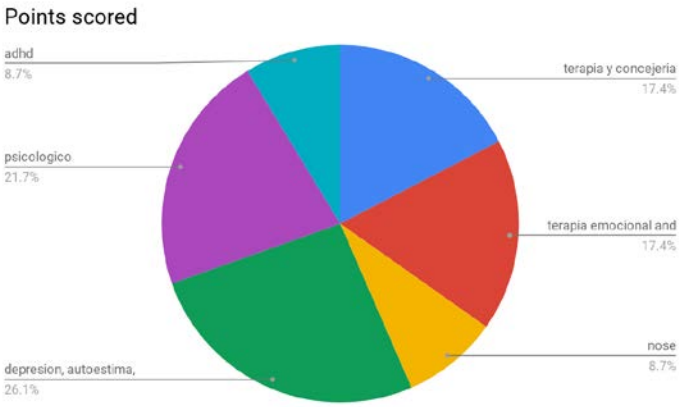
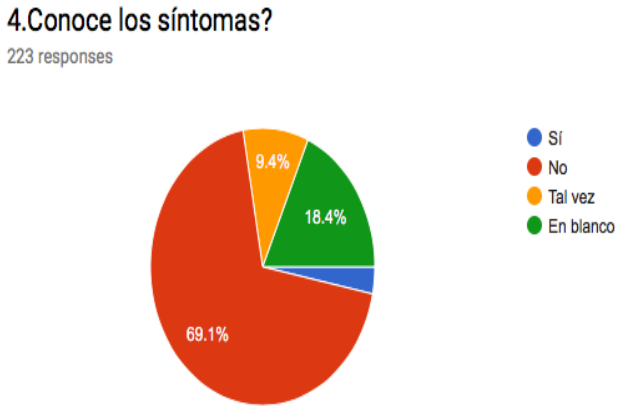


b. What type of support?



4. Do you know the signs?
PRE



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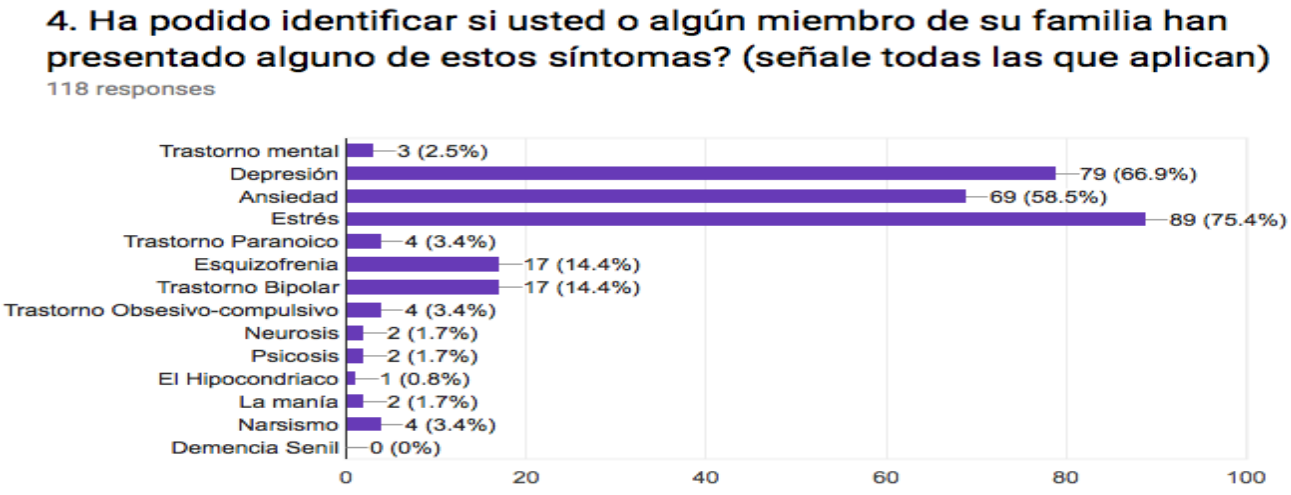
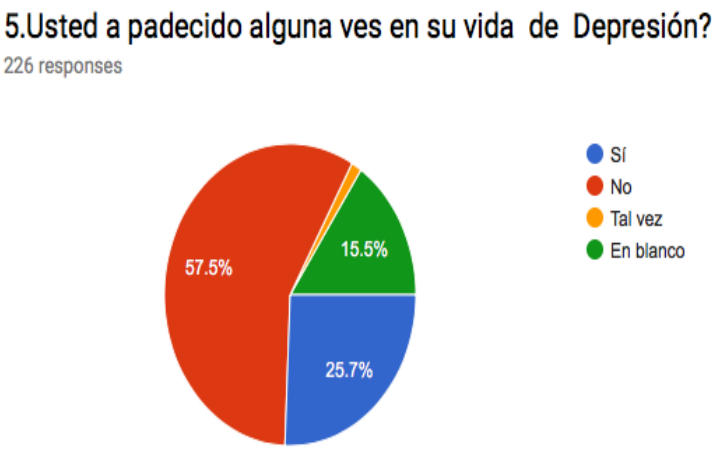
POST

Were you able to identify if one of your family members has one of these disorders (mark them all).



5. Have you ever feel depressed?

PRE



a. How long?

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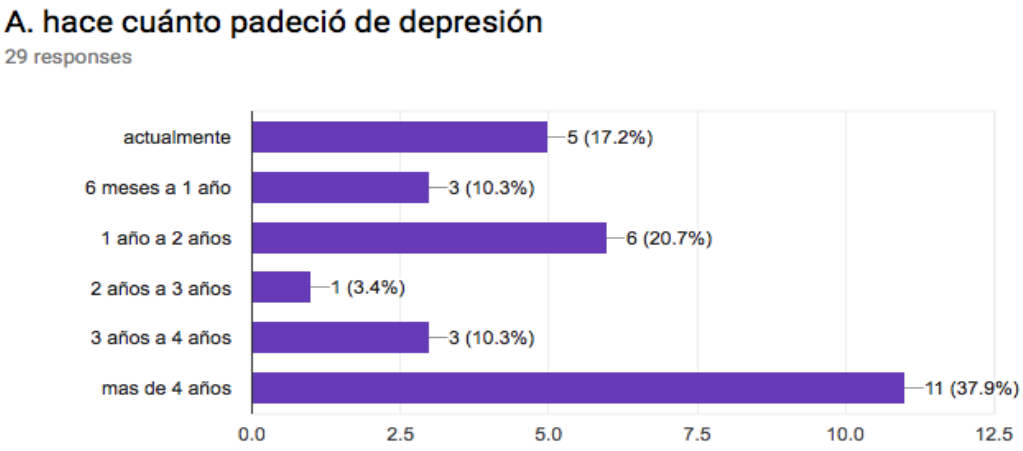
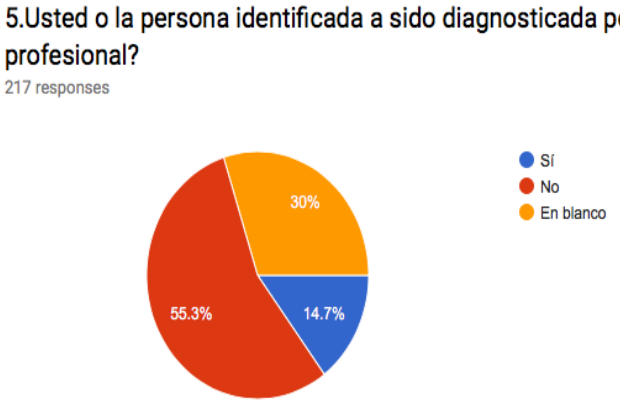


POST
Have you or the identified person ever been diagnosed by a doctor or a profesional?



a. Who was diagnosed?

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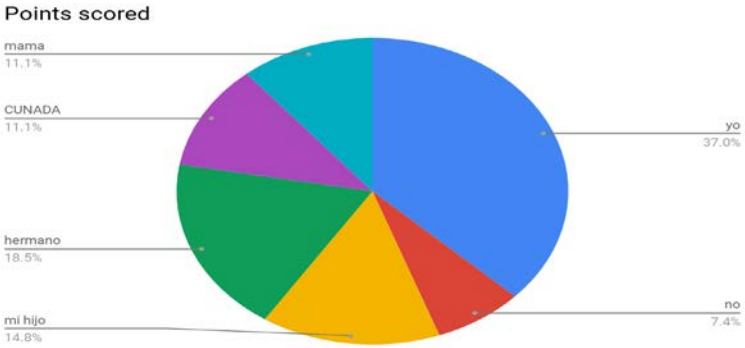
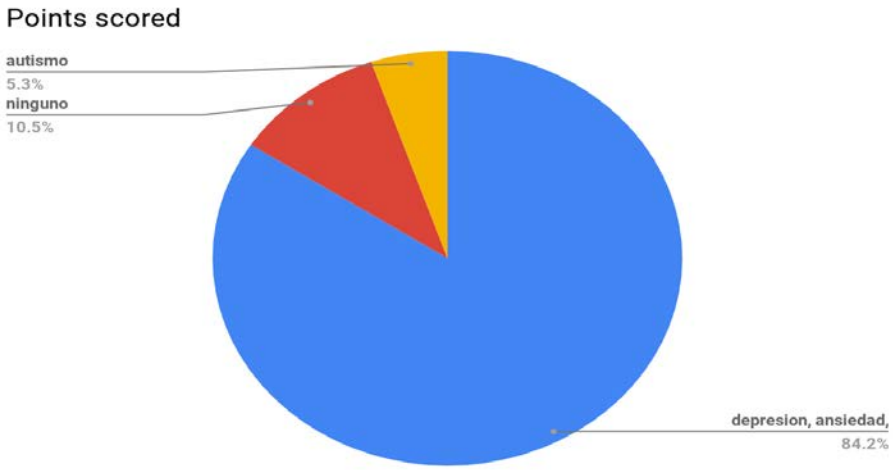


b. What was the diagnosed?



6. Have you ever had anxiety?
PRE

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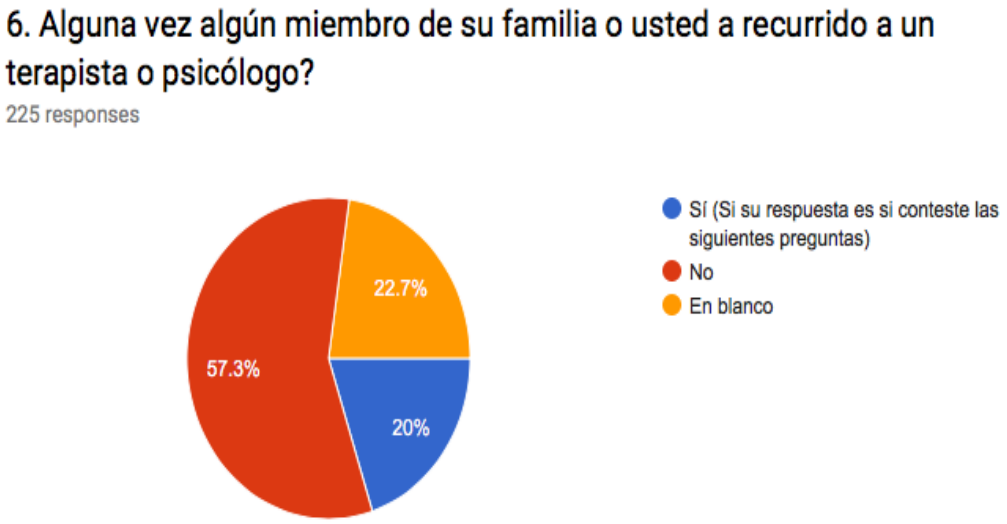
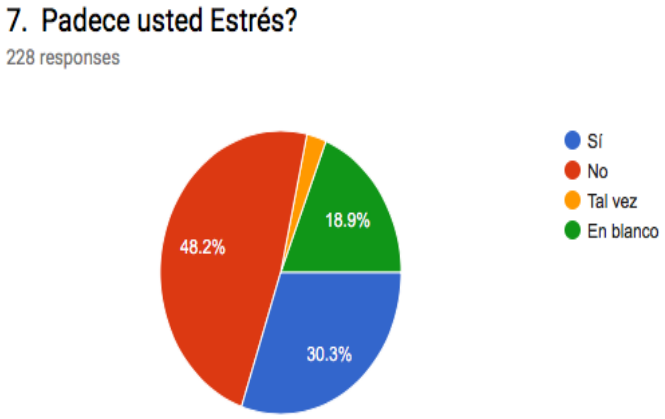
POST

7. Have you ever felt stress?

PRE

Have you or any family member seen a therapist or psychologist?





8. Would you like to make an appointment with a counselor?

POST

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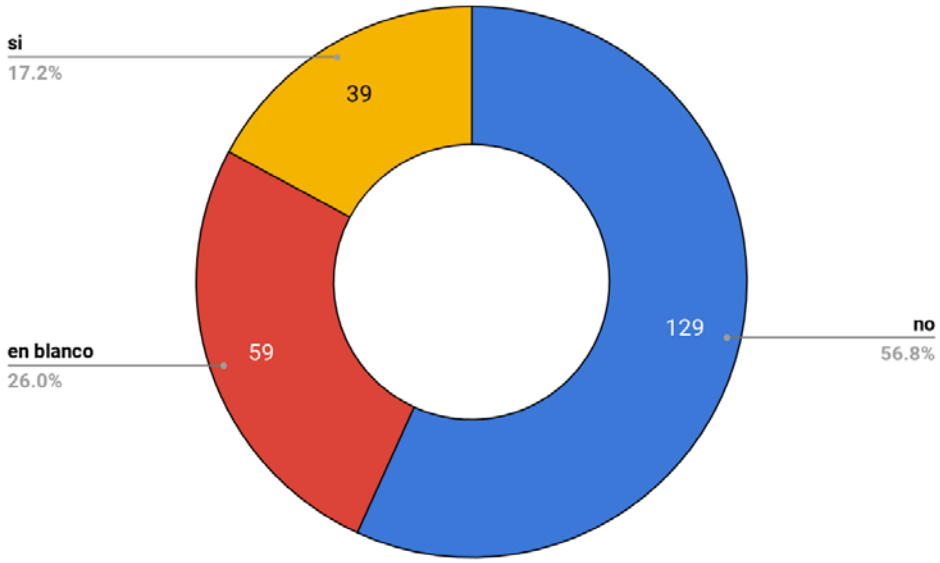

Pregunta #1	
No se	68
No se	6
differencia	62
No	3
No	2
diferencia	1
depresión, ansiedad, estrés, bipolaridad, esquizofrenia, bipolaridad, narcisismo,	18
ansiedad, depresión, esquizofrenia, bipolaridad, hipocondriacos, narcisista, manía, toc, trastorno paranoide, trastorno bipolar, tdah, demencia senil, neurosis, psicosis, adhd, fobia	88
diferencia	70

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trastornos del comportamiento	15
ansiedad, depresión, autismo, esquizofrenia, estrés, anorexia, alzheimer, claustrofobia, adicción, trastorno por abuso o violencia,	8
Diferencia/difference	7
varios/others	2
varios/others	3
Diferencia/differencia	1
Trastorno psicológico	49
Trastorno psicológico	54
differencia	5
Pregunta #2	
No se	56
No se	6
diferencia	50
No	12
No	2
Diferencia	10
depresión, ansiedad, hiperactividad, esquizofrenia, desórdenes de personalidad, bipolaridad, demencia, ADHD, psicosis,	55
ansiedad y depresión	89
Diferencia	34

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ansiedad, depresion, bulimia, anorexia, narcisismo, ADHD,desórdenes alimenticios, claustrofobia, estrés postraumático, dolor de cabeza, huesos, síndrome de down, epilepsia, autismo, Alzheimer, tuberculosis, cáncer, diabetes, escoliosis, parálisis cerebral, colesterol, la presión, migraña, comer, parkinson,	28
bipolaridad trastornos por abuso o violencia, depresión , fobia, anorexia	2
difference	26
Other	6
varies	8
difference	2
# Pregunta 3	
## Sección A	
Hijas	16
Yo	4
Esposa	2
Hermano	2
Toda la familia	
Mi sobrino	1
Mi papa	1

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total	26
Sección b	
Terapia y consejería	4
Terapia emocional and tecnicas de respiracion, comprensión y ansiedad	4
No se	2
Depresión, autoestima, ansiedad, pánico, esquizofrenia	6
Psicológico	5
ADHD	2
total	23
Pregunta 5	
Sección A	
Yo	10
No	2
Mi hijo	4
Hermano	5
Cuñada	3

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Mama	3
Total	27
Sección B	
depresion, ansiedad, estres, adhd, claustrofobia, esquizofrenia	16
No	2
autismo	1
total	19

Other Activities

Activities for Children: Learning Circles: In addition to the Our Children First parenting classes, The Latina Center provided 17 activities reaching 254 children ages 0-5 (68 girls and 70 boys) and ages 6-15 (67 girls and 49 boys).

Trainings: The Latina Center offered the following trainings for staff, Parent Educators, volunteers and parents in the community.

- Stand Together Contra Costa (Immigration support)
- NAMI Smart for Advocacy
- Supporting Latino clients in Mental Health Services with a Focus on Trauma.
- Roundtable on emergency preparedness and environmental health for health workers and community leaders in the Bay area

Outreach: The Latina Center conducted outreach activities aimed at recruiting parents into the different programs: flyers and phone calls were distributed to 415 people resulting in an increase in parent participants (55%).

OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

168 participants completed a pre-survey before the 12-week class, 61.9% said they wanted to acquire new skills and 43% said they wanted to improve their family relationship. Through the first survey we learned:

104 (61.9%) Wanted to acquire new skills
• 80 (47.6%) Improve communication with your partner
• 107 (63.6%) Improve communication with your children
• 73 (43%) Wished to improve the family relationship

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• 47 (27.9%) Learn more about their child's development
• 32 (19%) About Mental Health
• 25 (14%) Wanted information on how to access other resources in their community (English classes, finishing their studies) and others
• 65 (38%) Indicated that they were going through some difficult situation
• 60 (35%) Indicated that they, or a member of their family, needed emotional support
• 50 (29%) Indicated that they, or a family member, needed support to seek mental health services.
• 28 (16%) Indicated that they needed individual counseling.

Among the services that would like to have more information:

• 39 (23%) Indicated about treatment for depression and anxiety
• 9 (5%) Schizophrenia, depression, bipolarity or other mental illness
• 6 (3%) Support on grief
• 27 (16%) Support group for domestic violence
• 12 (7%) Celebrating the recovery
• 3 (1.7%) Suicide prevention
• 8 (4.7%) Child abuse
• 66 (39%) Techniques to reduce stress
• 84 (50%) Improve communication with their children
• 65 (38%) Improve communication with your partner
• 43 (25.5%) Counseling for children
• 50 counseling for young people (which is very difficult to find)
• 12 (7%) Counseling for the elderly
• 49 (29%) How to improve self-esteem
• 15 (8.9%) Legal services
• 23 (13.6%) Housing assistance
• 11 (6.5%) Food assistance among others

It was also possible to identify:

• 66 (39%) Would like to make an appointment with a counselor at The Latina Center
• 14 (8%) Received the service
• 28 (16%) Indicated that they would like to receive another service

Some of these people were referred to internal services as to external services as recorded in the following information:

Internal Services:
• 9 (5%) support Group
• 5 (2.9%) Celebrating recovery
• 7 (4%) one on one Nancy
• 5 (2.9%) Group Therapy
• 4 (2%) MSL of which 4 are already enrolled in the program
• 1 (0.59%) Sewing Club
• 1 (0.59%) Legal services
• 1 (0.59%) English Classes
• 4 (2%) Character Defect

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External services

- 4 (2%) Javier Norton
- 1 (0.59%) Bay Area Legal Aid
- 3 (1.7%) Family Justice Center
- 3 NAMI

VALUES:

Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non-discriminatory?

Through the PEI program Our Children First, we had the opportunity to identify and refer residents of the community who needed mental health services. You can see in the testimonials below that our program reaches the people where they are located, are culturally and linguistically relevant, and employ strategies that are not stigmatizing or discriminatory. However, we see that there is much more to do: many people tell us that they cannot receive the help they need (not eligible for services, without insurance, high cost of care, lack of bilingual providers, scheduling conflicts, etc.). A cognitive behavioral therapy (CBT) group meets weekly with a bilingual/bicultural psychologist at The Latina Center for 10 weeks. But the need among our immigrant families is much greater than what we can provide. Currently, many Latino residents, especially immigrants, are experiencing high rates of depression, anxiety and fear. We have seen an increase in the need for our programs at The Latina Center, but other programs are also being affected: schools are reporting high absenteeism rates due to fear and the current climate. Young people need additional resources such as Counseling and Therapy, which is very difficult to access because there are not many. We refer our parents to our partner, Familias Unidas, but they have a long waiting list.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

- I, Manuel, have learned many forms of communication, I have learned to express myself and relay a message to other people, I have learned to identify the cause of the problem without giving up or fighting, I am grateful to be able to take this class, I really feel that I have changed for the best. Thank you
- I took these classes and I have changed my way of educating my children, not only my children, they also helped me to learn to see other people's behavior and understand them and instead look for the alternatives, these classes taught us how to resolve conflicts in a

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more healthy and beneficial way to both parties, to me and to the people with whom there is a conflict. Before taking this course, I had a lot of problems with my children and now I can communicate more with them and treat them better. A clear example is in this small testimony that happened to my children. One week my children had conflicts with their teachers at school and they called me a lot for their daily misbehavior. But fortunately in the second class I was able to find the answers I needed and can resolve my son's misbehavior and stop his conflicts with the school on time, so I am deeply grateful for having attended this course and finding the help I needed, truly this kind of course changed me completely. I also want to thank the people who made this possible. Without them it would not be possible, Martha, Nancy, Juanita, Alicia. Keep being motivating and encouraging because they benefit a lot of other people who listen to them. Thank you to The Latina Center and Contra Costa Mental Health for bringing us this program. **Heriberto T.**

- I loved these classes because they have helped me to understand and get closer to my children knowing what they ask me with the behavior they have both at school and at home today, thanks to these classes, I understand each type of behavior they have when they want my attention, when they need a hug to feel that I love them, I always remind them that I love them and that they can achieve as many things as they want with a little effort. Before these classes, I did not understand their bad temper, their anger, their tantrums, or their bad behavior. I did not listen to them and I scolded and shouted at them. I punished them, because I did not understand that they just wanted a bit of my time, a hug, a kiss or just a word of encouragement. Thank you for this opportunity I had to participate in these classes. They have changad mi life. **Lucia V.**
- I would like to share that before taking these classes I did not know how to deal with the behavior of my children, my behavior and that of my wife, but I learned how to detect bad behavior in all the places where I am most, such as at home and at work and with my friends. Before I was very authoritarian and did not give options to my children, they did it or they didn't do it and especially my older son. Now this course taught me to give options, to respect the opinions of my children, to have a better communication with them and with my wife. It was a bit difficult for me to communicate with my wife and talk about what bothered me without her getting upset. Now we hold family meetings every week and in those meetings we talk about what we like and what we do not like. We also talk about activities. Before it was a problem to clean the house but with the meetings we all organize and together we do something together. With my older son it is easier to talk, make agreements and above all to respect the agreements we have. As I said before, I was very authoritarian but now I just let everyone do what is theirs and I have also learned to "listen" to my children and my wife. I know that it is the beginning, but little by little, I am improving and I know because I feel more relaxed. I know there are things that I cannot interfere with. Cesar P.
- I want to deeply thank The Latina Center, Mental Health, Nancy, Juanita, and Alicia for teaching these classes. My husband and I are very stressed, and frustrated because we were going through the adolescence of our eldest son, these classes have helped us to identify what he wanted with his behavior, which was power and attention. He surprised us so much when we started giving him options and made him feel that he had power and it worked!! Also at school we try to motivate them daily and let them know how they make us feel: sad, angry, happy, etc. The motivation is also applied by my husband and I do not know if he has noticed (because he also takes more classes) how much he has changed!

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I've noticed it with more initiative and wanting to learn new things. The truth is I highly recommend these classes. They will not want to miss one! Thank you so much. **Mayra**

- When I started these classes I was desperate and tired of fighting with my children. I had a 15 year old teenager and a 10 year old boy. Every day there were constant fights and discussions because they did not want to do what I asked them to do: tasks, bathe, clean, just respecting each other. What made it more difficult is that they were one week with me and the other week with their father. In the week that they were with their father he let them do what they wanted and when they returned with me to my house it was all a disaster because they got used to doing nothing, they got mad at me because they had to do what was assigned to them. After these classes they helped me to control myself, think and then to act in situations. It gave me tools for how to talk with my children and not only with them but with other people, such as coworkers, family and friends. Now my children are not perfect but the house is a little more quiet, we talk and tell each other how we feel and it is more comfortable, I do not want to be the perfect mom, but I'm looking for a way to help my children **Katya R**.
- These classes are very important for us as parents. Personally, I learned a lot and in most situations that happen with my children, I try to remember what I learned. I have learned to handle my older child, giving alternatives instead of saying you are punished. I have learned how to handle each of the situations and it has always been good to tell my children how much I LOVE them. Thanks for teaching these kind of classes. THANK YOU MENTAL HEALTH, THANK YOU LATINA CENTER. **Guadalupe G.**

- For me this class had many impacts, for example I learned the kinds of bad behavior that there are in both my children and myself. I can also identify my husband's bad behavior and that helps me communicate better with him. Now I can use messages on myself with my children and with my husband. I give alternatives when my children do not want to do something and I can also give them the consequences when they do not do things right. I can also give them my admiration when they do their best because I know they deserve it. I appreciate the classes because there are things that I did not know and that through the classes I now know today. **Anonymous**

- The parenting class is an excellent program. It has helped me improve my way of educating my children, to have more empathy, and in my house, to be able to have better relationships with my family and with my children. Thanks to the parenting classes for informing and teaching us how to have better communication with my family and make us grow as better human beings.
- Thanks to The Latina center **Maria L.E.**

- During the parenting classes in these 12 weeks I was able to recognize that it had a great impact on my life. The 7 steps video they showed, the examples touched my heart and I could understand and recognize that I needed to focus more on my children's behavior. I have had the fortune of being able to meet positive people and they help me with a lot with love, but it had to get to me to be able to make certain changes in my life, I am not perfect I am not always positive, but I like to learn and put into practice what I learn. **Maritza**

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- First of all I want to thank The Latina Center because it exists, because it is a great support for many people. Thanks to The Latina Center I was able to overcome my sorrows and I have been able to become strong, also I have learned to take care of myself. Each step we learned was excellent for me and my family, hopefully they continue to support as they have so far. **B. Lopez**

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PEI SEMI-ANNUAL REPORTING FORM

☑ ACCESS & LINKAGE TO TREATMENT REPORTING FORM FISCAL YEAR: 2017-2018

Agency/Program Name: Lao Family Community Development, Inc. (LFCD)
Reporting Period (Select One): ☐ Semi-Annual Report #1 (July – Dec)
☒ Semi-Annual Report #2 (Jan – June)

PEI STRATEGIES:
Please check all strategies that your program employs:

☐ **Provide access and linkage to mental health care**

☒ **Improve timely access to mental health services for underserved populations**

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

SERVICES PROVIDED / ACTIVITIES:
Please describe the services you provided in the past reporting period. Please include types of problems/needs addressed, any activities that address these problems/needs, and any functional outcomes targeted by the services provided.

The Lao Family Community Development's (LFCD) Health and Well-Being Program for CCC Asian Families (HWB) continued to focus on delivering PEI services to 120 unique clients targeting South Asian and South East Asian immigrant/refugee/asylee residents living in Contra Costa County.

This report covers services provided between semi-period January 2017 to June 2018. We served 28 participants from both communities representing a diverse group (Nepali, Tibetan,, Lao, and Mien) Majority (79%) were aged 26-59; seniors over 60+ years was approximately 18%; and young adults ages 16 to 25 were (3%).

For FY 2017 – 2018, a total of 126 participants were enrolled (105% of enrollment goal for this fiscal year).

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*

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Pablo, Contra Costa County Mental Health Services in San Pablo, California's Employment Development Department, and Highland Hospital in Oakland, all public health facilities for physical health services and severe mental health access; c) La Clinica Fruitvale Free Clinic in Oakland for free physical medical and mental health service, d) Bay Area Legal Aid in Oakland and Richmond, for related services in family violence, restraining orders, and other civil legal assistance, e) linkages to access the American Bar Association for pro-bono and consultation in legal services (free or low cost consultation), and f) Jewish Family Services – East Bay for naturalization and citizenship services to address our clients' issues affecting their mental health and recovery needs.

For timely access, we escorted high barrier clients such as seniors with visual and physical disabilities; monolingual language barriers, and those with few other options for transportation to 1) mental/physical health evaluations and appointments at to **Contra Costa Regional Hospital in Martinez, West County Health Center in San Pablo, Contra Costa County Mental Health Services in San Pablo, Partnerships for Trauma Recovery in Berkeley, Highland Hospital in Oakland, and La Clinica Fruitvale Free Clinic in Oakland; 2) the USCIS office in San Francisco for immigration assistance; 3) Jewish Family and Community Services – East Bay for onsite legal assistance with naturalization and immigration services 4) Federal SSA offices in Richmond or Oakland for SSI benefits or Temporary Protected Status.** These access and linkage services were provided for clients by providers located in both inside and outside CCC county in line with participants' individual service plans.

Program Settings for the peer support groups (January 2018 through June 2018) were in clients houses, regional parks and LFCD's community building. We conducted 5 SFP workshops at clients' houses and LFCD offices. Case management is provided at the LFCD office in San Pablo which is an established and central location that is easily accessible by public transportation.

Enhanced services included: 1) assisting individuals to build connections and links in their cultural communities; 2) strengthening family relationships and communication within their families; 3) reducing stigmas associated with seeking mental health support through education and awareness; and 4) helping individuals learn how to navigate the public and community mental health and well-being systems and in some cases private providers.

The following were activities that were carried out in the first half of the program year:

1. **<u>Strengthening Families Program (SFP) Educational Workshops:</u>**
   LFCD held a total of 5 SFP workshops during the second half of the program year. (1 workshop per month from January 2018 to May 2018). We focused on graduation and closing out of cases in June 2018.

   We continued to conduct SFP workshops for the two population groups separately to accommodate their specific needs. SFP workshops for SA and SEA populations varied from 4-5 hours per month. Weekly 1-2 hour SFP sessions were delivered on an as-need basis. SFP workshops and sessions were delivered in a variety of locations and timeframes. Locations

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included participants' homes, community parks, community buildings and at LFCD's community-based facilities during the week day evenings, days and weekends as needed.

For our South Asian population, a 5-hour SFP workshop session was preferred due to personal, work, and school schedules. The top 5 most significant challenges identified by the South Asian population were: 1) parent relationship conflicts 2) mental and health insurance access, 3) behavioral health in areas of alcohol and drug abuse and its relationship to well-being, 4) healthy communication conflict resolution skills within the family, 4) wellbeing and resilience in the areas of immigration status such as **Temporary Protected Status (TPS**), green cards and citizenship, 5) need for jobs-employment-financial stress. These topics were incorporated into the SFP workshops including having guest trainers and additional ones were provided as requested.

The Southeast Asian population preferred monthly 5-hour workshops in addition to weekly sessions as needed to allow clients to make up missed workshops. The top 5 most significant challenges identified by the SEA population were: 1) mental health/SSI related assistance, 2) affordable housing assistance, 3) health insurance/mental health access, 4) citizenship and employment, 5) parenting and reducing family conflicts.

Program format for both populations included integration of these identified challenges into each SFP workshop module using discussion and group peer counseling and individual case management and counseling. Linkages and connections to resources were provided to participants in line with their individual goals. Timely access and referral are part of the case management protocol and participants were provided services through internal programs and CBO providers in the community. This timely and relevant menu of linkages are critical in providing positive reputation for successful outreach, engagement and retention of participants, and SFP workshop completion and individual service plan achievement. Program feedback from SFP workshops and/sessions indicated that program participants continue to prefer the following:

- Outdoor settings for peer/individual activities-physical health and mental health benefits (Note: LFCD opened a new Health and Well-Being Community Garden at the San Pablo office in April 2018 and has facilitated individual and peer group support activities at this location.)
- Strong preference for community and spiritual related events for building social connections
- Preference for interactive socialization time with other participants and outside groups
- Live music/dancing as therapy to help reduce stress, reduce pain, depression, anxiety
- Interactive activities in workshops/social gatherings

2. <u>Enrollment and Participants Individual and Family Goals</u>

For the reporting period from January 2018 to June 2018, 28 program participants were enrolled. By June 30, 2018, a total of 126 program participants were enrolled for FY

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2017/2018. Each intake enrollments took 1.5 to 2 hours to complete. Participants developed individual and/or family written goals working closely with case managers. Exits and entrance are on a rolling basis.

Participant goals examples include:

a) To access and obtain treatment for mental healthcare and evaluation for severe mental health issues, PTSD, etc.
b) To access SSI benefits for elderly participants with visual impairment and other disabilities
c) To access health and mental health services through Covered California exchanges or other low-cost health insurance options including County Basic Care, Medical, Medicare, and free service.
d) To obtain/increase access to preventative health care including annual physical examinations
e) To access permanent affordable housing (public housing, section 8, foreclosure assistance, etc.)
f) To reduce anxiety and depression related to citizenship, naturalization, unemployment and under employment.
g) To reduce stress related to financial hardships and lack of money for basic needs (mental health stress and well-being related illnesses)
h) To develop and maintain healthier lifestyle behaviors
i) To improve their relationships with immediate family members/children/grandchildren
j) To be more engaged and civic oriented within their community
k) To increase integration into US society through citizenship access

Outreaching strategies continue to include word-of-mouth referral from alums, current participants and South Asian/Southeast Asian community members. LFCD has a strong and established reputation among the communities of the targeted population.

Alums are important for outreach and referrals through their networks to build awareness of the services available. Case managers must still continue to actively do direct outreach at local ethnic events such as community New Year celebrations (e.g. Mien, Khmu, and Nepalese) and social faith based events. Case managers also conducted outreach at ethnic grocery stores, ethnic community leadership meetings, and other ethnic community gatherings. Outreaching at these events allowed case managers to continue to build awareness of the program services; personally engage and build collaboration and rapport with ethnic group leaders; and to outreach to new community members. The HWB outreach strategy ensured that program staff continue to connect with hard-to-reach populations.

Case managers continued to leverage partner relationships with local service providers. Community building with CBOs and stakeholders has allowed the HWB program to expand deliverable services. An example of this is an MOU signed with Jewish Family Services to

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provide on-site legal assistance with immigration and citizenship issues at the LFCD San Pablo office once a month. Referral relationships have been valuable in recruiting and retaining program participants by allowing participants to become more aware of different community, public and private resources available to them within Contra Costa County.

3. **Thematic Peer Support Groups**

The HWB program participated in 4 thematic peer support groups during this reporting period. These events allowed individuals to 1) make connections in the community, 2) become more aware of available public and private services including mental health assistance, 3) communicate with family members across generations and 4) increase timely access to services by making a personal connection with HWB staff. The following is a brief summary and highlights of each event.

- March 24, 2018 – A social gathering for Mien Lunar New Year was attended by 25 participants at a Case Manager's residence in San Pablo that is centrally located for several residents to attend who have limited transportation issues. The event took place in the backyard where participants made garlands of colored eggs in accordance with their cultural traditions. Elder participants taught younger children and grandchildren about the tradition. Discussions among participants included the issues of conflict and stress in their families and how to address the mental and emotional challenges to promote their well-being. . Comments from the evaluations included having more outdoor events.

- March 31, 2018 - A mini social gathering was held at the Vista Park in El Cerrito California with 45 people attending. The event focused on the "Mien and Chinese New Year." Peer group activities began with physical exercise like rope pulling and hiking followed by refreshments to create connections. Group discussions began with introductions and continued with smaller group discussions (5 to 10 people) through self-selection. . Discussion topics included understanding legal processes and options to represent themselves or seek legal assistance from others. After the presentation, participants stated they now have more information and facts to reduce their stress. Evaluation forms were distributed at the end of the gathering with feedback that included: "I like this peer social gathering" and "The activities were organized, and staff provided helpful information and resource connections." Participants, along with their family and friends, found the relaxed outdoor environment helpful for their well-being.

- April 22, 2018 – A combined social gathering at Wild Cat Canyon Regional Park celebrated Lao/Burmese/Nepali New Year's. A presentation of traditional Lao and Nepali New Year customs was presented. Participants broke into small groups and discussed their traditions from their native countries (Laos, Burma and Nepal). There were about 70+ participants and families were there. The Bay Area Legal Aid representatives presented new information about community health program. A representative of Every Women Counts also briefed the clients about their cancer screening program. There sports activities, hiking and musical games for the clients. Some incentives were raffled for the clients.

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- June 25, 2018 - A social gathering (graduation event) at the community building near the LFCD office in San Pablo had 87 participants in attendance. Important information about the PEI program was presented to the participants. Certificates of completion for SFP workshops were presented to graduates of the HWB program in FY 2017-2018 with the Executive Director and the Program Coordinator in attendance.

  Presenters from Bay Area Legal Aid, Every Women Counts, Nepali Association of Northern California (NANC), and Creative Nepal Youth Organization (CNYO) highlighted their organizations efforts in the community. Information included mental health access and health care insurance options that are free and low cost. Small group discussions focused on how to access different services and the previous experiences of some of the clients.

  Group activities included cultural dances and songs from children of the participants. Incentives were raffled and distributed among the participants. Evaluations were distributed with comments including how important it is to have access to services and information about mental health.

OUTCOMES AND PROGRAM EVALUATION:
Please provide quantitative and qualitative data regarding your services.

- ***How are participants identified as needing mental health assessment or treatment?***
- ***List of indicators measured, including how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.***
- ***Average length of time between report of symptom onset and entry into treatment and the methodology used.***

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Participants were given a Pre and Post Lubben Social Networking Scale (LSNS-6) mental health assessment to help identify mental health needs. The LSNS-6 assessment was administered to each individual program participant at the beginning and end of their time in the program. According to program protocol, clients with initial or final scores that indicate a high level of social isolation and/or a lack of social connectivity are recommended and referred for mental health assistance.

The LSNS-6 assessment is a tool that measures social connectivity and gauges social isolation in adults by analyzing the perceived support that the participant receives from family, friends and neighbors. According to Boston College's School of Social Work, the LSNS-6 "consists of an equally weighted sum of 10 items used to measure size, closeness and frequency of contacts of a respondent's social network." This provided quantitative data that measured the effectiveness of our HWB program within the framework of establishing mental health/well-being through social interaction/community building.

NOTE: Based on discussions with clinicians at the Mental Health Services of Contra Costa County, an improved assessment tool will be used to identify mental health needs. The Refugee Health Screener (RHS-15) is a screening tool developed in a community public health setting to detect a range of emotional distress among refugee groups that better aligns with the populations that are served by this program.

A total of 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. Please refer to the table for LSNS results:

	Pre-LSNS	Post-LSNS	Progression
# of Completion:	126	126	-
Average Range:	17	2	5
(Min) Range:	12	17	5
(Max) Range:	22	28	6

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

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in order to address health and well-being issues in an appropriate and effective manner. A thorough review of cases every 6 months ensure that the confidentiality and integrity of the participants' information is protected.

A program activity evaluation form was completed per each activity conducted (e.g. ethnic peer support gatherings and SFP workshops). In each program activity, 5 random participants were asked to complete the activity evaluation form. This process allowed a program staff or volunteer to work one-on-one with the non-English monolingual participant to complete the form. Each set of completed evaluation forms are attached to an activity reflection form for documentation purposed. The evaluation forms are reviewed by the program staff and changes were implemented according to the participants' evaluations. Comments in the evaluations included recommendations for cultural activities, outdoor events including using the recently opened Community Garden at the San Pablo office.

The last evaluation tool used was a general program evaluation form that was created by the program staff to measure the participants' comfort level, participants' engagement and the cultural competency of the program services. The tool was also used to measure the participants' knowledge of accessing services that were related to their mental health and well-being and the impact of stigma on their will to seek services after receive program services. The evaluation was completed via phone by non-program staff that spoke the same languages as the participants.

The results stated that the 92% (113 of 123 respondents) of the participants were satisfied with the program services, and 8% (10 of 123 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, Contra Costa Regional Medical Center in Martinez, Highland Hospital in Oakland, La Clinica Fruitvale Free Clinic in Oakland, and East Bay Area Legal Aid in Oakland and Richmond, Law office of Laura A. Craig, Jewish Family Services – East Bay in Walnut Creek, etc.

From January 2018 to June 2018, there were 3 participants that were referred to mental health services as a result of monitoring clients' mental health status. Most of the participants were referred to therapy related to PTSD and expressed symptoms of distress, anxiety and depression. The average length of time between report of symptom onset and entry into treatment was from 2 to 4 weeks depending on availability of services with an average time of about 3 weeks.

One of our continuing challenges is utilizing the county mental health services as it can take up to 16 weeks to get an appointment. By comparison, access to private low-cost and CBO mental health services takes an average of 3 weeks.

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DEMOGRAPHIC DATA: ☒ **Not Applicable** ***(Using County form)***
If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

LINKAGE AND FOLLOW-UP:
Please explain how participants are linked to mental health services, including, how the PEI program follows up with the referral to support successful engagement in services. Additionally, please include the average length of time between referral and entry into treatment and the methodology used.

Participants were linked to mental health services and other providers depending on their need and goals identified in the individual service plan. From January 2018 to June 2018, this PEI program referred 28 participants to different agencies inside and outside Contra Costa County using the following step-by-step procedure:

1) We carefully, patiently and attentively listen to the participants in a safe confidential setting as they explained their needs. Through our culturally competent counselors, we begin to establish understanding and trust with the participants.

2) We gave support to participants while helping them develop their individual service plan with step by step goals and tasks including identifying linkage providers.

3) Then, we encouraged individual participants to access and seek service provided by others. This process can take from 1 to 8 weeks in duration.

4) Once the participant feels strongly that they can trust us with their confidential information, then we escort them (most of the time) to the provider for the warm handoff.

5) If we are not able to do this, we set up a phone conference call to provide an introduction and assure that there is a translator available when they go to their appointments. We also provide the participants with name and address to assist them. If the provider is not available, we send an email and call while the participant is there to witness this.

6) Next, we followed up with the participant and referral partner within the week. Then we stay in contact either weekly, every two weeks, 3 weeks, or monthly depending on the length of time in their treatment and in the program with more attention upfront until the treatment is complete. Average time from the referral to consultation first appointment, evaluations and then entering into the treatment at the referral partners' office is 1 to 8 weeks (depending on

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availability of interpreters and appointment slots at the outside partners; we have found public providers take longer than CBOs or private).

This is the list of the external services including linkages to mental health and other service providers such as:

1) West County Health Center in San Pablo, Contra Costa County Mental Health Services in San Pablo, Community Health for Asian Americans in Richmond, California EDD in Richmond, Department of Rehabilitation in Richmond, Contra Costa Regional Medical Center in Martinez, Highland Hospital in Oakland, La Clinica Fruitvale Free Clinic in Oakland, Trauma Recovery in Berkeley, and Regional Center of the East Bay in Concord for physical health services, severe mental health access and/or developmental disability services.

2) Dr. Lee Hee, MD, a private practice medical doctor in Oakland for affordable medical care.

3) Bay Area Legal Aid in Oakland and Richmond, East Bay Sanctuary Covenant in Berkeley, law office of Judith Lott in Oakland for related services in family violence, restraining orders, immigration assistance and other civil legal assistance and linkages to access the American Bar Association for pro-bono and consultation in legal services (free or low cost consultation) for our participants' needs affecting their mental health and recovery needs.

4) Jewish Family Services – East Bay with naturalization and immigration services

VALUES:
Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non- discriminatory?

At the end of each 6-month period, we reflect on our work and partner linkages. Our evaluation is that our program values reflect MHSA values in these areas:

1. Our written program policies and agency commitment and practice of providing a safe, trusting, and confidential setting at LFCD and elsewhere engenders feelings that there is no stigma. We patiently listen to understand. Knowing that anything shared is safe and that no one other than who they authorized will know.

2. We have a zero-tolerance policy for discrimination or prejudice on the basis of race, place of origin, gender, religion, disabilities, etc. and our practice gives participants confidence that they are not discriminated upon.

3. Our practice and demonstration of our commitment to timely access for our clients. This results in the high level of satisfaction feedback we get from our clients with service

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provided in terms of case management, peer support, reduction of isolation, comfort in asking for helping and talking to others about mental health and increased knowledge of services in the community. Our services are provided day time, night time, weekends, and escorted assistance.

4. Our strategy to establish trust first through case management-leads to participants engaging at a higher level and higher graduation from the program and accomplishment of their goals. Our Case Managers are well-respected members of the communities that they serve which allows for an engaging relationship with participants.

5. Providing participants with timely access and warm handoffs to linkages (specific person with the linguistic competency) to the mental health PEI services and providers helps participants to begin their recovery path sooner.

Our thematic peer group activities; individual connections to the counselors, linkage providers, and each other; cultural activities, food, music and indoor/outdoor physical activities selected based on participants' wants and needs engenders resiliency and wellness. They activities help participants build their resiliency and their recovery from crisis.

VALUABLE PERSPECTIVES:
Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

During this time period, we have had several clients with mental health stress as a result of issues concerning immigration, housing, finances and physical health. Here are a few stories:

Mr. A was referred to us by word of mouth from other members of the Nepalese community in January 2018. He was upset, worried, fearful and full of hopelessness. He was extremely worried about his family in Nepal and had been severely beaten in Nepal for which he still suffers nightmares. He continues to struggle with a back problem because of this incident. He was referred to a private practitioner in Oakland for mental health concerns as he was losing a lot of weight and would not participate in daily activities. Through medication and monthly visits to the La Clinica Fruitvale Free Clinic, he is making progress. He participates in the LFCD PEI program activities and has made more connections in the community.

Ms. B came to the program frustrated, stressed and angry because her family would not assist her with her preparations and transportation to her cataract surgery. Familial issues with her son and daughter resulted in her missing many appointments while increasing her stress level. Our Case Manager assisted her with preparations for the surgery and ensured that she made all of her appointments. She had successful cataract surgery and completed the Strengthening Families Workshops to assist her with her familial relationships.

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PEI SEMI-ANNUAL REPORTING FORM

IMPROVING TIMELY ACCESS TO SERVICES FOR UNDERSERVED POPULATIONS REPORTING FORM

FISCAL YEAR: 17/18

Agency/Program Name: LifeLong Medical Care
Reporting Period (Select One): X Semi-Annual Report #1 (July – Dec) X Semi-Annual Report #2 (Jan – June)

PEI STRATEGIES:

*Please check **all** strategies that your program employs:*

√Provide access and linkage to mental health care

√ Improve timely access to mental health services for underserved populations

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

SERVICES PROVIDED / PROGRAM SETTING:

Please describe the services you provided in the past reporting period. Please include who the program has targeted and how your services have helped in improving access to services.

LifeLong's PEI program, SNAP, is based on a growing body of research linking improvements in depression, morale, and loneliness among older adults to ongoing participation in community-based cultural programs. About 9% of seniors living in poverty experience depression, more than double the rate of depression among community-dwelling older adults in general (3.8%) (Gum AM, 2007). Many factors known to cause depression among elders living in poverty, such as increased burden of medical illnesses, exposure to chronic adversity, and an inability to access help, are prevalent among seniors living in West County. SNAP reaches low-income seniors who face isolation and other stressors associated with outcomes including depressive symptoms, reductions in coping skills, and cognitive decline.

SNAP creates safe and accessible places for underserved populations to experience community, enjoy meaningful activities, learn new skills, and obtain referrals for needed resources. Program

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goals include: 1) Increase morale, self-esteem, self-efficacy and sense of purpose; 2) Increase meaningful social engagement and participation in pleasant activities; and 3) Provide referrals to other mental health and support services as appropriate.

The SNAP program ensures timely access by providing services in the community rooms at Nevin Plaza, Friendship Manor, and Harbour View (senior and/or low-income housing sites in Richmond where many program participants reside), and in partnership with the Native American Wellness Center, located across the street from Nevin Plaza. Offering services in convenient and familiar environments encourages participation while also improving the dynamic in the public housing buildings by introducing positive activities and reducing disruptive behaviors.

In addition to offering services in highly accessible community locations, SNAP uses programmatic strategies to promote access and wellness, including hiring staff who reflect the race/ethnicity of populations served, creating safe and inviting spaces that welcome participants of all different abilities, needs and interests, providing case management to identify and address mental health and other support service needs, and reaching out regularly to encourage participation.

Services Provided:
During FY17-18, SNAP provided social activities and case management as described below:

Social Activities:
This program year, SNAP offered activity programs 1-2 times weekly at Nevin Plaza, once per week at Friendship Manor, and once per week at Harbour View (starting in December 2017). Additional monthly groups at the Native American Wellness Center (NAWC) provided opportunities for cross-cultural experiences and took advantage of the NAWC's calm and inviting space. These social programs provided opportunities for residents to support each other, relax and enjoy themselves, try new experiences, and learn new skills -- all of which reduce isolation and support mental health and well-being. Members of the former Elders Learning Community, which merged into SNAP at the beginning of this fiscal year, became active participants at the NAWC.

Each of the SNAP locations has its own "personality" and requires different styles of activity programming. At Nevin Plaza, participants especially enjoy BINGO, Uno, word games, and light exercise. On-site, one-time activities tend to work best (rather than ongoing projects or excursions). With varied literacy and education levels among participants, they support each other with mutual encouragement, patience and shared determination. Friendship Manor residents especially enjoy music and conversation. They often sing together, and there is always a lot of laughter. They are able to participate in outings and longer-term projects, such as learning songs to perform. At Harbour View, residents enjoy more intellectual activities and longer projects, such

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as Spanish classes and arts & crafts. All sites enjoy guest speakers and performers. Highlights this year included the following:

Excursions, including a movie outing to Hilltop with lunch and transportation, and a ferry ride and lunch at Fisherman's Wharf in San Francisco. The trip to San Francisco was especially meaningful, because many participants had lived or worked in the City, but had not been there in many years. There was much reminiscing!

Performances: Participants sang at Center for Elders Independence (at sites in Oakland and Berkeley), at The Idaho in El Cerrito (permanent supportive housing for formerly homeless adults), and for LifeLong Medical Care's Black History Month celebration in Berkeley.

Spanish: Participants at all sites enjoyed simple games, songs and other Spanish language-based activities. Spanish language classes were offered at Harbour View.

Exercise: SNAP staff continued to incorporate Tai Chi into the exercise program, encouraging participants to focus on movement, balance, centering and breath. The Tai Chi instruction was based on an evidence-based fall prevention program that has both physical and emotional benefits. Staff are also starting a walking group, starting with short walks to the library.

Crafts: Guest artist Karen Oyekanmi of Oakland taught residents how to make amazing cloth dolls during a special 4-session class at Harbour View.

Guest Speakers always drew a big crowd, as participants are eager to learn about free or low-cost community resources. This year's topics included:

- Fall prevention (a speaker from Spectrum Community Services)
- Vital Link (emergency response)
- CTAP/Deaf & Disabled Telecommunications Program (free phone service)
- "Ask a Doctor" (A LifeLong Medical Care primary care provider led chair yoga and answered questions about diabetes and hypertension)
- Coping with Grief & Loss
- Alta Bates' Tele-Care program (daily phone calls from friendly volunteers)
- Home Health services

Special Events provided lively and festive opportunities to share food and entertainment, and to attract new participants to the SNAP program.

- Movie Day at Nevin Plaza, with popcorn and snacks

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- African Drumming at Friendship Manor (intended as a one-time event, but was so well attended we now plan to do this more often)
- Musical performance by Ron Matthews at Nevin Plaza
- "Food as Medicine" healthy cooking class and luncheon at Harbour View

Case Management: SNAP began offering case management in July 2017 with the addition of a half-time social worker who is a native of Richmond and has provided case management for diverse elderly populations for many years.

SNAP's case management program supports seniors with a listening ear, regular "wellness checks," follow-up on positive PHQ-2 depression screens, referrals to behavioral health and social services, and assistance/encouragement to access care, including new referrals and follow-up with existing behavioral health providers. The most common areas of support this year included health insurance navigation, benefit applications (such as ParaTransit and IHSS), food assistance, small DME needs (canes, walkers, raised toilet seat), obtaining eyeglasses, hearing aids, and dentures, and support around health issues, grief/loss, and concern about family members. The case manager is also available to provide extra help in special situations (for example, mobility assistance so a participant could attend a friend's funeral).

OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- *How are participants identified as needing mental health assessment or treatment?*
- *List of indicators measured, including how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.*
- *Average length of time between report of symptom onset and entry into treatment and the methodology used.*

How are participants identified as needing mental health assessment or treatment?

SNAP staff outreach to all residents of Nevin Plaza, Friendship Manor and Harbour View each month with fliers posted in public places and delivered door-to-door. Staff talk to residents about the program, and current participants encourage others to attend or tell staff when they think someone might be interested or could benefit. It often takes some time (up to several months) before a resident decides to attend, and during that time staff continues to reach out to build trust and offer support. These informal outreach strategies work well given the contained nature of the community and the preferences of residents.

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Once a resident is willing, we ask them to fill out an enrollment form that includes questions about mental health symptoms and whether they would like support to access services. The enrollment form also screens for depression. If the resident is unable to complete a form, then staff asks these questions verbally.

Average length of time between report of symptom onset and entry into treatment: **448 weeks**
At time of enrollment and as issues arose, SNAP staff asked consumers about the duration of their mental health symptoms. Many consumers refused to disclose this information. The data we were able to capture ranged significantly, from two months to 30 years, for an average duration of 448 weeks during this fiscal year. We believe it is accurate that seniors in our program have lived for many years with mental health challenges, but we are not sure if an average figure is useful given the wide range of responses.

List of indicators measured:
SNAP measures depression, isolation, and program satisfaction using a two-page survey that we developed with consumer input. In addition to this formal process, we also check in with participants throughout the year, to identify emerging issues and gather feedback about the program. The small size of our program allows us to stay connected to consumers on a regular basis, providing support as needed.

Feedback from participants was very positive overall, with the vast majority reporting high levels of satisfaction and the belief that SNAP helps people develop friendships, feel less isolated, and improve morale. Below, survey results are matched with our contract's "measures of success":

1) *50% of participants will demonstrate self-efficacy and purpose by successfully completing at least one long-term (multi-week or multi-month) project by July 2018*.

   SNAP offered both short and long-term projects to create a variety of experiences: one-time activities designed to be fun and require no long-term commitment (such as games, sing-a-long, and Spanish Bingo), as well as longer projects requiring significant commitment and effort (such as Spanish language classes, the SNAP choir, and our doll-making project this spring). In total, 42 people completed at least one long-term project (52% of the residents who participated in more than one group activity).

2) *75% of respondents will self-report improved feelings of morale as a result of participating in SNAP by July 2018*.

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93% of SNAP respondents reported that they agree (41%) or strongly agree (52%) with the statement, "SNAP helps improve my mood." 7% responded, "I don't know."

3) *75% of respondents will self-report improved social connections and/or decreased isolation as a result of participating in SNAP by July 2018.*

100% of SNAP respondents reported that they agree (48%) or strongly agree (52%) with the statement, "SNAP helps me feel more connected to others."

4) *75% of respondents will be satisfied with the engagements and activities provided by staff, volunteers and peers by July 2018.*

98% of SNAP respondents indicated that they agreed (41%) or strongly agreed (57%) with the statement "I am very satisfied with SNAP." 2% responded, "I don't know."

Summary of Survey Responses

N= 46	Strongly Agree	Agree	Disagree	Strongly Disagree	I Don't Know
I am very satisfied with SNAP.	57%	41%	0%	0%	2%
SNAP helps improve my mood.	52%	41%	0%	0%	7%
SNAP helps me feel like I can handle my problems.	43%	48%	2%	0%	7%
SNAP helps me feel more connected to others.	52%	48%	0%	0%	0%
SNAP staff respects me and listens to my ideas.	59%	39%	0%	0%	2%
Case Management has improved my ability to access services *N=40*	67.5%	27.5%	2.5%	2.5%	n/a

DEMOGRAPHIC DATA: ☐ Not Applicable *(Using County form)*

If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

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The county form is attached.

LINKAGE AND FOLLOW-UP:

Please explain how participants are linked to mental health services, including how the PEI program: 1) provides encouragement for individuals to access services; and 2) follows up with the referral to support successful engagement in services. Additionally, please include the average length of time between referral and entry into treatment and the methodology used.

Program staff reach out to residents of Nevin Plaza, Friendship Manor, and Harbour View Senior Apartments each month, making extra effort to reach those who express interest in services, appear to be struggling, or who are referred by other residents. Residents of the housing sites tend to know each other and have a good sense of who might be interested in or benefit from the program. Also since staff is on site frequently, they hear from residents directly or pick up cues about their interests and needs.

Residents are encouraged to participate in the programs to any degree, which allows people to "test the waters" by visiting, coming in and out, or otherwise limiting their involvement before they fully engage. Furthermore, all activities are designed to be highly accessible and welcoming for people with a variety of emotional, physical and cognitive abilities and needs. Staff maintains an environment of respect and support, in which participants help each other, and various opinions and interests are validated. Staff check in regularly with residents to encourage participation and offer support to access SNAP programs as well as off-site resources, including help with ParaTransit registration. Typically, it takes several months for a new participant to become fully engaged with SNAP.

SNAP staff identify individuals who might benefit from additional mental health services through the program enrollment form, which includes the PHQ-2 and also the question, "do you feel mental health symptoms like mood swings, being very angry or mad, sad, anxious, stressed out, isolated, unable to sleep, or something else?" We also ask the PHQ-2 questions as part of a year-end survey. In addition to these written tools, staff talk to participants regularly and hear about mental health and social service needs.

About half the time, participants describing mental health symptoms have a therapist already; in

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these cases, program staff encourages them to make an appointment with their provider. Staff may also make referrals to additional mental health resources for extra support. If a consumer does not already work with a therapist, staff will encourage them to speak to their primary care provider, or refer them to county mental health services. Staff will also ask if they need any help to get to an appointment (such as transportation), and will check back in to see if they got what they needed.

For residents who choose to pursue formal mental health services, the average length of time from referral to receipt of services is five weeks.

VALUES:

Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non-discriminatory?

SNAP promotes MHSA values as described below:

1) Wellness, recovery, resilience: SNAP staff create welcoming, accepting environments in which participants support and encourage each other. Art, music, and language classes encourage individuals s to expand their skills and experience success, which leads to greater feelings of self-efficacy and resilience, while being with other people improves mood and supports recovery. SNAP also provides cognitive stimulation as well as authentic community integration, support for mental health issues related to isolation and purposelessness, and the development of meaning and potential in aging.

2) Access and linkage: SNAP offers highly accessible services in the buildings where our target population lives. Staff get to know residents well and develop trust, so that participants turn to them in times of need. The SNAP case manager links consumers to social services, and suggests referrals to mental health resources as needed. If the consumer already sees a mental health provider, staff checks in regularly to encourage them to participate in their care.

3) Timely access for underserved populations: Services are provided right in the housing site or neighborhood to promote easy access for elderly residents; culturally sensitive services

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are provided for this isolated, low-income, primarily African American population.

4) Non-stigmatizing, non-discriminatory: Residents are accepted into SNAP as they are. The facilitators create group environments that are very accepting of diverse thought processes, energy levels, and abilities, and allow consumer's strengths to shine through. Consumers can come and go from groups as they need to, and it's okay to participate or not (for example, sometimes people come to SNAP but doze in and out because they are unable to sleep at night – that's okay). People tend to talk freely about their mental health issues because they know they are not being judged.

   The SNAP group is largely African-American, with an African-American facilitator and Latina teacher. The new half-time case manager (who started in July 2017) is an African-American woman originally from Richmond. The group is learning Spanish songs and greetings because they want to build relationships across cultures in their community. The program's ongoing partnership with the Native American Health Center's senior program is similarly based on a shared desire to break down cultural barriers and fight discrimination.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

This year we received quite a few comments from participants about how they have benefited from SNAP's activity programming and case management services. Here is a sample:

SNAP has helped me by …

- Singing and talking to people
- Happy, get closer to others and open up more. Relax me from thinking about my problems
- Not feeling so lonely, being able to communicate with other seniors, but giving us other activities to keep us busy and have my mind stay active
- Activities helped by offering services instead of me doing bad things
- Getting me more out of my apartment and meeting more people and going more places.
- Learning Spanish, Tai Chi exercise, knowledge of programs that maybe helpful – i.e. specialized phones

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- Being around different people
- Listening and understanding
- Opening up my eyes to new experiences
- Being able to talk when needed, and when I wasn't able to go outside, they were there for interaction.
- Checking on me to see how I feel
- Uplift my spirit

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PEI SEMI-ANNUAL REPORTING FORM

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS
REPORTING FORM PEI Semi Annual Report FISCAL YEAR: July 2017- June 2018

Agency/Program Name:
Native American Health Center Richmond

Reporting Period (Select One): Semi-Annual Report #1 (July – Dec)
X Semi-Annual Report #2 (Jan – June)

PEI STRATEGIES:
Please check all strategies that your program employs:

X Provide access and linkage to mental health care

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

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SERVICES PROVIDED / STRATEGIES:
Please describe the services you provided in the past reporting period. Please include qualitative and quantitative data depicting: 1) the types and settings of potential responders you reached during the past reporting period; 2) methods used to reach out and engage potential responders; 3) any strategies utilized to provide access and linkage to treatment, and4) strategies utilized to improve timely access to services for underserved populations.

The Native American Health Center in Richmond provides prevention and early intervention services through the strategy of Outreach. From July 2017 to June 2018, NAHC provided outreach, education, prevention/cultural groups, linkages, and events tailored to the Native American community living in Contra Costa County and the remaining local underserved and underrepresented populations. NAHC strongly believes that culture is prevention and integrates Native American cultural practices and traditions throughout our program. In addition to this, we continue to target outside events and activities sponsored by partnering agencies within our community that may serve the Native community. Our goal is to further establish our presence throughout Contra Costa County and continue to provide advocacy for the needs of the community that we serve.

This contract year was difficult due to the rate of staff turnover. In April of this year we hired a new Community Health Worker and promoted one staff member to Program Coordinator. Though this may have caused a delay in services, it also provided the opportunity for the program to take strides in a positive direction by reflecting the ideas and outlooks on service of our new staff members. This led us

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further in exploration of ways in which we could continue to reach new members and create possible change. NAHC took time to ensure staff were properly trained and oriented to be able to effectively provide services to the community. Staff members were certified in Mental Health First-aid, Trauma Informed Care, suicide prevention and intervention, Team Leadership training, and safety and preparedness procedures. Since the transition, the Native Wellness Center has made significant progress. New groups and workshops have been added to our programming that has led to increased service hours and our ability to reach more potential responders. At this time, we are continuing to explore strategies that reduce the need for services in Central and East Contra Costa County where a large part of the underserved Native community currently resides. In order to do this we have begun strategizing on ways in which we can mobilize our program. Through partnerships with other organizations in Contra Costa County we have found an outlet in which we can do this and project planning has been initiated. This contract year our program focused on four main components: On-Going Prevention Groups and Workshops, Peer Support Referrals, Events, and Community Outreach. Through these pathways 162 potential responders (including unregistered Community Event attendees) accessed services at the Native Wellness Center throughout the year.

Peer Support for Referrals and Follow-ups:

During intake interviews (either by phone or in person) staff assess members regularly for potential needs for resources or services. Referrals by appointment are encouraged so that staff can dedicate a significant amount of time to ensure the needs of members are fulfilled as well as allowing us the opportunity to conduct wellness surveying to address any other possible concerns they may have. Staff ensures that all referrals issued to members are followed up within a 48-hour window. Referrals are issued to both continuing and new members for services that are offered inter-agency and externally. Inter-agency treatment services include Behavioral Health, Medical, Dental, and Social Services. In instances where we cannot provide the members with the resources they are looking for, our goal is to ensure their needs are met in other ways by providing them with information about the services we do provide and connecting them with other local organizations that may have the resources that they need. From July 2017 to June 2018 a total of 23 referrals were issued and completed by staff. Often times, these visits result in multiple referrals issued per member. For example, if a member comes to us looking to be connected with housing support they may also need resources for food support. The following are brief examples of the referrals processed within this contract period:

Referrals issued for transportation support services are very common at the Native Wellness Center. Eight referrals were completed in this category. When members are in need of help accessing transportation to get to their appointments we provide them with vouchers to ride public transportation. The inability to pay for transportation to access resources and be present at necessary appointments plays a key factor in the health and wellness of the community. By providing transportation support we have the ability to relieve our members from stressors that could contribute to mental illness crisis. We also issue many referrals to our elder population for paratransit services. Six referrals were completed for elder's seeking assistance with Paratransit applications. East Bay Paratransit applications are securely stored on site so that we can assist elder members in completing and faxing applications to the paratransit office. In doing so, we are helping members of the elder community become more independent as well helping them to access affordable transportation. This also contributes to relieving critical factors that would affect their health and wellness.

Referrals to social services are also commonly issued. Social Services include Tribal TANF, Calworks, Medi-cal, Housing resources, and others. A total of four referrals were completed to members in

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need of social services. Many of which had expressed multiple needs for example: housing support services are frequently requested. There is a great need for housing in Contra Costa County and many of our clients are having a hard time accessing the support that they need. This greatly contributes to the status of their mental health and our goal is to provide them with viable resources that can reduce their stress even though we do not have the resources to completely alleviate the problem. One example of this is recently was the opening of the Section 8 and Project-based housing waitlists. The Native Wellness Center both advertised and supported members in filling out applications. Drop-in times were established during programming where members could access computers and have a staff member on-site answer any question they might have. Referrals for emergency shelter and transitional housing were also completed.

Members were also referred to medical, dental, and vision services. We frequently get members of the Native American community who are seeking services provided by culturally competent providers (in this case predominantly Native doctors, etc.). Understanding this, we try to refer them to our clinics at the Native American Health Center for their healthcare needs. Culturally competent care is a critical factor in ensuring that our members get the help that they need in a manner in which is both respectful and empathetic to their experiences. Lack of culturally competent care contributes to many factors that may affect their mental health and well-being. A total of five referrals were completed in this category.

Behavioral health referrals were also issued during this time. A total of four referrals were issued and completed. This category specifically is quite difficult to complete due to the stigma surrounding accessing behavioral health services. We try our best to refer members to behavioral health services frequently and during follow-ups with members we see a pattern of lack of follow-through with intakes or appointments. When members of the Native American community come to us seeking behavioral health services, we refer them to our clinicians at the Native American Health Center because they usually seek care from Native clinicians specifically. This also relates to the ability to provide culturally relevant care. Other behavioral health referrals include members seeking counseling specific to sexual abuse and AOD.

Other referrals issued include: Connection to food pantry services, connection to low-cost hearing aid resources, and transitional-age youth support.

On-Going Prevention Groups

On-going prevention groups are a key component to reaching first responders. NAHC hosts weekly prevention groups to serve the needs, empower, uplift, motivate, and connect with potential first responders. Groups are facilitated by traditional consultants and trained NAHC staff members on site with a focus on traditional arts integrated with mental health and wellness messaging. These groups at the Native Wellness Center are a great resource and foundation for the services that take place here. They allow us to engage community members through culture and help translate mental health concepts in an informal and safe space. These different ways include:

- Exposure to and in-depth practice of Native Culture and Tradition
- Participating in and learning ceremony and etiquette
-Learning skills and various techniques associated with Native American focused crafts
-Community building and social connectedness
-Promotion of health and wellness
-Awareness and destigmatizing of mental health and behavioral health services

It is important to distinguish between the different ways people engage in our groups; our community is vastly diverse in cultural practice. This is why providing services based on NAHC's Holistic Model of Care for Urban Natives is so important and useful. Being in the Bay Area, most of our clients are

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a long way from their homelands. Participation here in an Urban setting means that ceremonies and traditions are upheld despite our small numbers, and that makes the resiliency factor that much more important to positive mental health outcomes. Our groups are offered to all and serve a diverse group of individuals. This plays an important role in bridging the gap between people of different cultures and experiences. It allows for the opportunity for non-Natives to learn about the Native community first-hand, reduces misconceptions, corrects misrepresentations, and increases cultural humility. Our ongoing groups are Wisdom Holder's, Traditional Drum Circle and Pow Dance Practice, Beading Circle, Art for Therapy, Quarterly Basket Weaving, Quarterly Quilting, and Health and Fitness Workshop. All these groups share a common goal; to foster learning, connect members to cultural practices, provide a safe space, empower members, all while promoting healthy lifestyles, and both physical & mental health, as well as wellness education.

Wisdom Holder's Elder Support Group

This group meets on a weekly basis to provide our elders a positive outlet to communicate any issues or concerns that they may be struggling with. There are also opportunities for them to gain knowledge on issues surrounding health and nutrition, Native culture, family support and prevention in regards to depression and isolation. Monthly events are planned by the group to do outreach and interaction within the Native community. With the recent transition of facilitators, the elders support group has made positive strides toward improvement. We have recently implemented a formal curriculum of goals we hope to accomplish with the elders. The curriculum includes three important components: Formal health and Wellness education- which includes workshops ranging from healthy food demonstration to information on "how to fall" for example. The second component is cultural education- this in particular focuses on teaching Native history, bringing awareness to issues surrounding the Native community, and providing positive entertainment that sparks awareness and constructive conversation within the group. The third component and most recent is the implementation of scheduled activities that focus on exercising the mind. Understanding that elders are commonly diagnosed with Alzheimer's and Dementia, we are more frequently scheduling activities that will help with combatting the diseases. For example, facilitating days dedicated to playing games that are proven to support brain function. In collaboration with Lifelong Medical, we partner once a month to provide our Elder's with additional support and activities they may need or want to have. Our groups combine in an effort for both programs to expand membership and build healthy relationships within the elder community. There is also a social worker with Lifelong who regular attends our elders group to provide additional support and access for wellness outside of our abilities. Throughout programming staff continually assesses attendees for way in which we may provide support or resources and the goal is to support the members to achieve independence and empower them to take control of their own well-being.

Our elders continue to express their gratitude and appreciation for this group specifically. Many of the group members have expressed their dependence on these meetings for support because they either live alone or are facing challenges. They have expressed their need for social connection as a way to combat depression and isolation. The group facilitator also ensures that their needs outside the group are addressed as well as doing regular wellness check-ups when members are not in attendance.

Elder's Fruit Day at NAHC Oakland: Combination of Elder's Support groups from Richmond and Oakland where they gather every second Wednesday of the month. This group uses a similar strategy as the Wisdom Holder's group on a larger scale, while also providing each participant with package of fresh fruit, vegetables, and other nutritious foods.

Traditional Beading Circle

This group has become well established in our Center and in the community. As the group gathers more,

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the beading skills improve and they are getting to do more advanced projects. It's been amazing to see members begin the group with no skills at all, and now they are making beautiful jewelry, medicine bags, and accessories with intricate designs that incorporate many traditional techniques. Also, to see people that started with no patience and get frustrated easily, be able to sit for 2 hours in a very calm environment and focus on their beading techniques. While in transition of instructors, this group had remained a drop-in group where members are able to work individually on their own projects in a safe and welcoming space until the new instructor had begun facilitation in February of 2018. Since then she has established a specific curriculum focus on developing the coordination of members necessary to complete beadwork. She also focuses on the therapeutic aspects that beading provides to members and impact that on mental health this class promotes by providing a way in which the Native community can connect to cultural practices they're unable to learn at home. Beadwork is a common practice in the AI/AN community and the skill is typically passed down through familial interaction. For many urban Natives this tradition is not as common and by providing this class we have the opportunity to allow members to relearn lost traditions and promote cultural connectedness.

Traditional Drum Circle and Pow Wow Dance Practice

This group is offered for Men of all ages, and often combines youth and adults. The facilitator teaches various types of songs like Honor Songs, Northern and Southern Drum styles with a focus on learning the words to the songs which are majority in the Sioux language. This group is important because it exposes members to cultural tradition and practices, promotes healing through traditions and spirituality, and provides a sense of identity and cultural connection to our Urban Native community. The facilitator has been successful in ensuring that the members not only learn songs and drum techniques, but rather they understand the stories and reasons behind specific traditional practices. This speaks to the high importance of the Oral tradition within the Native community. Recently, we have added the Pow Wow dance practice aspect to the group in an effort to attract more women and families to the center because traditionally drumming is a men's practice and the center does not want to encourage disconnection and separation. Through doing this both genders are able to learn about the culture and the reason why certain practices are gender exclusive. This is part of the cultural education component of our work.

Art for Therapy

This group is offered to the community with all ages welcomed. This class was newly established in June of this year with the help of one of our volunteers, a local artist named Juan Nunez. The idea for the class came from his own education and experience. He is currently a psychology student and in thinking of how he could align his education with his interests, we worked to come up with an art class that allows the community an outlet to express their creativity, build community and social connectedness, and reduce stress. This provides members with a therapeutic alternative to traditional clinical settings where they might feel discouraged due to the negative connotations and stigma associated with accessing behavioral health services. It also allows the opportunity for staff to connect with community members and assess for potential needs of members. A few specific examples of the ways in which we've seen this class prove to be effective is the through the demographic of first responders that have attended. There has been families who attended in an effort to strengthen their relationships with their children through bonding, elderly members who suffer from dementia have been brought to participate (arts and crafts have been proven to help relieve patients from symptoms associated with dementia as well as help to calm them during extremely stressful times), and lastly members who seek to participate in paint nights in a sober environment. There has been an increased popularity of "paint nights" due to the recent establishment of "wine and canvas" paint nights at different restaurants and social spaces. This is our

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alcohol-free alternative for those who seek family and recovery friendly settings. Alternatively, we offer refreshments or community dinner/potlucks where members are still able to engage with one another and learn a new skill in a safe space.

Quarterly Basket Weaving Workshop

Basket Weaving has a similar goal and curriculum as our Beading Circle. Basket Weaving is also an important part of Native history and tradition and we offer a six week course each quarter with the goal that each participant complete one basket project. All the materials are "natural" and either gathered or purchased from specialized stores. Our first workshop of the year took place in April and had a total of 8 participants.

Quarterly Quilting Workshop

The Quilting workshop was also newly established this year and similarly to the basket weaving workshop and lasted for six weeks. Programming was scheduled on Saturdays to address the need for "after-work" hour's programs. The goal of this class was to teach the basic techniques needed for quilting as well as allow community members to work on their own personal projects who may not own the tools and materials necessary to complete the work. This program was significant because it allowed community members to repair quilts that had sentimental value. This led to community members sharing stories about the history of the quilts, family stories, and most importantly community connectedness.

Health and Fitness Coaching Workshop

This workshop was created to help members address their health concerns and think of creative ways in which they may be able to address those concerns independently. The facilitation was provided by a Native volunteer who was diagnosed with diabetes and was able to change his lifestyle and eating habits. During this workshop members were able to identify reasons that have caused or prevented them from making healthy choices and begin a plan on how they will achieve their health goals in which ensured their accountability. Topics discussed included: diabetes prevention and management, health food alternatives, weight management, etc.

Events

Talking Circle with Martin Martinez (Traditional Healer)-In collaboration with NAHC's Oakland site, this event is important because members get to meet and talk with a traditional healer in a safe and welcoming space. The traditional healer talks about various topics surrounding traditional practices, traditional medicines, healing, community and togetherness, and Native spirituality.

Elder's Coat Drive - In collaboration with NAHC's Oakland site, this event is specifically tailored towards our elder community. Year round we collect donations of winter apparel for our elder members and provide a special luncheon where we provide each elder with warm winter clothing.

Adopt-an-elder event- Richmond's Elder support group attends annually. This event is important because it ensures that our elder members get to enjoy a holiday celebration specifically catered to their wants and needs. Each elder writes a wish list of possible holiday gifts and is "adopted" followed by a luncheon celebration where gifts are distributed.

Harvest Dinner – Over 20 members in attendance for this Community Gathering. Free turkeys that were donated to NAHC by an agency called "Formagym" were given out to members in need.

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Holiday Dinner – Over 25 members in attendance. Activities surrounded our foundational concept of building social connectedness and support by connecting both youth and elder members.

Native Wellness Center's Open-House Event 2018- One success that we had during this contract year was the first open-house event since the hiring of a new staff. The goal of this event was to reintroduce the Native Wellness Center to the community along with its new goals and vision. With over 50 community members in attendance, we were successful in surveying the community for potential needs and concerns. This helped to guide programming for the year tailored to the specific wants and need of the community as opposed to implementing programming that we think they need. Results from the open-house include the need for programming after-work hours and the establishment of the Community Advisory Board. The purpose of the CAB is to continue the work of initiated by the open-house event. The goal is that the CAB will provide community members with a voice and the power to influence programs that provide social services.

Sage Wrapping- is an annual ceremony at NAHC. Following the annual Sage Run, year event where volunteers from the organization travel to gather traditional medicines for ceremony, the Sage Wrapping brings community members together to prepare the medicine for use. We use this event as an opportunity to teach members about traditional practice and ceremonial etiquette as well as a community building exercise. The Native Wellness Center hosted our Sage Wrapping in June with an attendance of 13 participants.

Basket Weaving workshop for BBK- Youth focused workshop in partnership with Building Blocks for Kids at Belding Garcia Park in Richmond, CA. The purpose of this workshop is was to increase our visibility in the community, outreach to youth who access services to other local organizations, and connect with new potential first responders. Our basket weaving instructor was able to teach a new skill and expose Native culture to children and families who may have never been exposed to it.

OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- ***Include a list of indicators measured, how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.***

The evaluation tool used to measure outcomes at the Native Wellness Center is the Prevention and Early Intervention Community Survey. This survey is administered to members who have accessed services at the center four or more times. All surveys collected are anonymous and once submitted; our data team analyzes them and inserts the results into a spreadsheet for future reporting. Please see the attached PEI Services Community Survey for specific details on the indicators that are measured.

The survey is divided in three parts: the first section asks questions related the outcomes reached as a direct result of accessing the services and supports offered at the Native Wellness Center; the second section asks members to rate the program services and staff on availability, locations, cultural sensitivity, respect, helpfulness, and likeliness to recommend to peers; the final section provides space for members to provide feedback regarding the program (i.e. what helped, what is missing, specific outcomes and impacts, and final thoughts).

In the first section, when asked, "I know there are people who will listen and support me when I

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need to talk to someone", 83 percent of members reported strongly agree, 16 percent reported a neutral response. When asked, "I can better deal with people and situations that used to be a problem for me", 66 percent of members reported a rating of 4 or higher on a scale from one to five. Members were also asked if they felt more connected to their culture and community and 83 percent reported a rating of four or higher.

In the final thoughts section of the surveys members reported the following: in response to question one- In thinking about how services and supports you received through this program what has been most beneficial or helpful to you? Answers include: learning about traditional dance and drumming, community support, learning better communication and understanding, art class, learning Native American history, collaboration with the SNAP program during Elder's support group, beading circle and elder's group, and feeling of social connectedness through groups. In this section members also reported the need for additional supports regarding housing, more non-recovery related mental health supports groups, and requests for us to add additional traditional arts programming. In response to the need for more mental health support groups, for the fiscal year 2018-2019 staff have worked to implement monthly, Talking Circles led by a Native American LCSW. Talking circles are our version of support groups that will focus on various topics related to mental health and healing. This is an alternative to traditional therapy where members might feel more comfortable expressing themselves in a non-formal group setting. As well as provides staff with the opportunity to connect with members and provide additional support and behavioral health referrals if needed.

DEMOGRAPHIC DATA: ☐ Not Applicable ***(Using County form)***
If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

Please see the MHSA Aggregate Reporting Form submitted in conjunction with this report.

VALUES:
Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non- discriminatory?

NAHC Richmond staffs 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. A significant portion of our work is dedicated to bridging relationships with local agencies, and ensuring referrals are made to reliable providers. NAHC's programming continues to reflect MHSA values by providing direct linkages through our Community Health Workers, addressing social determinants of health, and serving as system navigators for additional resources. In regard to behavioral health referrals specifically, NAHC Richmond partners with a number of local providers as well as NAHC's own Behavioral Health department which allows us to speak directly with staff regarding appointment scheduling and follow-ups. This reduces barriers and helps to speed up response times.

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Embedded in our programming is the philosophy of culture is prevention. Providing services that reflect this philosophy is a key component in our overall mission and the driving force behind our service strategies and goals. Traditional cultural practices provide Native community members with a sense of belonging, identity, and restored pride. These elements are important because they have been historically lost throughout generations due to a number of causes. 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 integrating health messaging in our programming, health related topics such as understanding historical trauma, 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 Native Wellness Center also serves a prevention center by providing information on preventing STD's, providing free condoms on-site and in collaboration with Contra Costa Health Services, we provide free HIV/HEP-C Testing twice a month to members.

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.

It is important to note that the community we serve suffers from historical trauma as well as continued poverty, substance abuse, mental illness, loss of identity, and distrust of our healthcare system. This is why the work that we do is so important and is specifically tailored the way in which it is. Wellness, recovery, and resilience not only reflect MHSA values but are also key values to keep in mind when serving the Native community.

Lastly, external outreach efforts are targeted toward visibility of our program and advocacy for the community. NAHC ensures our presence on various committees as well as our involvement in a number of city, county, and overall healthcare events, meetings, and groups. By doing this we provide an outlet for our staff to advocate and provide a voice for our member population. The Native community has a history of misrepresentation and under-representation. This community has its own unique identity and rich history to be proud of and it is our intention to represent so accurately and effectively.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

Members often express their gratitude and appreciation for our work. They have been many instances specifically where Community Health Workers went above and beyond to provide support to our members. All occasions speak to the abilities and dedication of staff to effectively serve the community. On one occasion, a member came in to the center expressing his need for emergency assistance with food.

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This member lives in transitional housing for foster youth who have aged out. Following and injury he was unable to work and could not purchase food on his own. Through our connection with the Rescue Mission in Richmond we were able to send him over (even though it was outside their pantry hours) and he received what he needed. This specific problem sparked interest with community members and we were able to gather food donation items to give out to our members in need. This speaks to the important work our staff is doing and the strong community network we are building. There has also been instances where elder members have come in expressing need for emergency dental and medical services (i.e. infections in teeth) where staff have taken the time to ensure members find providers and attend appointments. Elder and disabled members have also expressed appreciation for staff's dedication to getting each member in need into the East Bay Paratransit program. This took time to fill out applications, fax them over, help schedule appointments, etc.

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PEI SEMI-ANNUAL REPORTING FORM

PREVENTION REPORTING FORM
FISCAL YEAR: 2017-2018

Agency/Program Name: People Who Care Children Association
Reporting Period (Select One): ☐Semi-Annual Report #1 (July – Dec) X Semi-Annual Report #2 (Jan – June)

PEI STRATEGIES:

*Please check **all** strategies that your program employs:*

X Provide access and linkage to mental health care

X Improve timely access to mental health services for underserved populations

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

SERVICES PROVIDED/ACTIVITIES:

The services that PWC continues to provide include individual, couples, family and group therapy, along with case management in situations that merit additional collaboration to ensure appropriate level of care. The majority of our groups are prevention focused and mainly involve the development of life skills which include: strategies for coping, mindfulness techniques, anger management, communication skills, conflict management, emotional intelligence and stress management. Additional groups that are provided consist of team building, community support/peer relationships, creativity/expressive arts, self-discovery/ identity and self-awareness groups that allow clients to further explore their internal world and unearth what makes them who they are. The types of needs we have seen in the population we serve include: issues with anxiety and management/regulation of intense, complex emotions that are perceived as negative, challenges with resolving internal and external conflicts, struggles to identify and communicate thoughts and feelings when under pressure or dealing with hardships, conflict within the school setting and community setting with peers and a lack of ability to identify their goals, talents, ambitions, along with a lack of understanding in regards to their self-identity and how they fit into the world.

These prevention groups help clients to encourage self-awareness so that they are able to attune to their mental health needs which empowers them to ask questions, identify their needs and seek the appropriate support. We are striving towards our goal of empowering clients through prevention groups, which have been focused on the creation, development and maintenance of meaningful relationships to self as well as others while also assisting clients in finding who their support system is and building upon that to create a stronger more effective support system. In doing so, clients are able to learn about themselves which initiates the development of a personal growth mindset. These prevention groups foster learning

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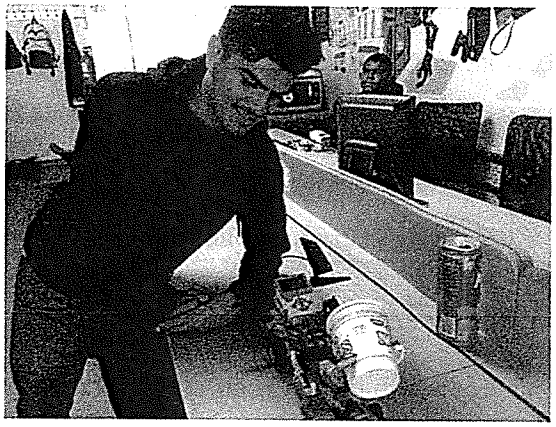
experiences that enhance the individual's ability to be self-aware which is a motivating factor in having a desire to caring for their mental health needs and becoming self-sufficient in managing whatever personal/internal challenges and/or external struggles, along with coping through difficult life experiences. Furthermore, the mental health program has decided to continue with the theme of self-discovery from the previous year as it has and continues to provide clients with many opportunities to learn and develop their skills in three crucial areas of strategizing and developing appropriate coping skills to manage and tolerate challenging emotions, people and situations, along with continuing to enhance communication skills to further develop and maintain necessary interpersonal relationships. Thus, also helping clients discover ways in which they can learn to manage negative emotions such as anger, so that they are capable of responding in a reasonable manner rather than being overtaken by their initial gut react so that they can find a resolution, if there is one, to whatever conflict they may be experiencing. All of these concepts provide clients with learning opportunities on how to resolve issues in a manner that will create the least amount of negative consequences and hopefully the best outcome for them that is possible. Our mental health program has recognized a need within our population when specifically focusing on clients' relationship with themselves and how they deal internally with their own self-concept, along with how that shapes their experiences of their own mental health. We have focused on providing a space where clients can discuss and present their complex and conflicting emotions to seek understanding of how to identify what they are feeling so that they can utilize that information to control their personal emotions. This has been especially important in helping to create the awareness needed to understand self/identity which allows clients to explore the depths of who they are and what makes them individuals that are worthwhile and unique. In providing this space clients has been able to explore what makes them similar and different from others without the stigma of us vs. their mentality of seeking out only those who are similar to them. This has helped to create more connections within the population and foster a feeling of community and support for those who have been struggling to learn to accept themselves as well as others who are different from themselves. They are able to discuss and explore a complete range of complex feelings along with thoughts that are specific to their self and to others as they continue through their adolescent stage of development. We seek to encourage, empower and enable our clients to learn about who they are, where they have been, how it impacts them, the levels and layers of cultural impacts and the barriers that they may face along the way, in addition to providing a space for them to develop deeper understanding of the origins in which their emotions/ thoughts are shaped and how that influences their self-concept and identity which in turn creates their reality. In doing so, clients are learning that they are capable and competent in being able to manage, control and tolerate any challenges or obstacles that they experience over the course of their lives. Therefore, our goal is to



Client successfully completed "Green" Jobs Robotics Program Project 2017-2018

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create a mental health program that not only fosters clients' knowledge of themselves and others but that also allows them to continue to develop their life skills, which will empower them to strive towards their goals, their growth and their self-improvement. Through addressing these needs through group and individual sessions the students have demonstrated an increased ability to ask questions, seek support, discuss and explore their internal and external conflicts through communicating with the staff and an increase in their level of trust in the staff to help support them through their own challenges. There has also been an improvement in the clients' ability to work together and voice their opinions in ways that are productive and helpful to themselves and to their peers.

OUTCOMES AND MEASURES OF SUCCESS:

Our referral process is a crucial part of providing services. PWC utilizes those referrals, for not only referring clients and their families to the necessary resources but also to reassess the level of care provided when a client provides new information which may merit further mental health services and/or provides evidence that the client's needs are at a higher level and therefore require an adjustment in the mental health services being provided. This ensures that thee most appropriate level of care, whether that is providing in-house services for prevention or therapy groups/individual/family sessions or providing referrals to outside mental health services in the community are in place to continue breaking down stigmas of mental health. As reported previously, we had an instance where a female middle school student with a known past sexual trauma history, who at that time was not receiving any mental health services, sign up to do community service hours through PWC. We utilized our triage model and internal referral system to inevitably meet with the client. Through this process, we were able to determine that our level of care was not sufficient for the level of need that the student required due to the extensive trauma and challenges that the client was experiencing. Therefore, we were able to collaborate with the client's mother and provided her with support and resources for a higher level of mental health care for her daughter. The client was able to complete her community service hours and participated in a few groups during the time that she was in the PWC program. The client's mother was receptive to the resources and reported that she would seek out the appropriate treatment for her daughter.

For some individuals that face issues of anxiety, depression and/or symptoms of isolation and continued conflict with family have been seen and addressed through our assessments of clients through our referral system. When individuals exhibit these types of symptoms, our staff reach out to the individual to seek understanding and provide support so that a referral can be made. Our referrals have a list of symptoms that the individual can identify and also includes a portion for the length of time and severity of those symptoms as reported by the individual. Our peer counselor, Gerardo, then collects as much information as possible from the client and family, if necessary to get the referral filled out and passed along to our mental health resource specialist, Ms. Pope. After reviewing the referral, Ms. Pope assesses what resources the client and or their family may need and also collects more information that is necessary for us to determine the appropriate level of care. Once she has done so, she passes the referral along to the Clinical director, Ms. Deborah to further assess the needs of the client so that they will be provided the level of care required for their specific needs. In cases where clients present symptoms that are indica-

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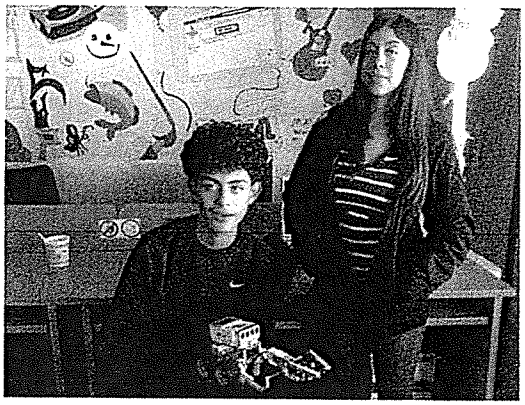
tors of possibly early onset of mental illness such as isolation, social withdrawal, sadness for an extended period of time, continuous anger or anxiety, along with chronic issues that cause distress those individuals are flagged for a higher level of care. Once initial referral is made and signs of early onset are determined, Ms. Deborah meets with the client and family, if necessary to further assess and if possible provide individual and/or family therapy services. This has been the case in several instances with clients who are being seen for individual therapy and additionally home visits are provided as a way to provide a space for the client and their family to openly share in the comfort of their own home. Home visits provide comfort and privacy for the client and their family to share their worries, concerns, needs and to allow for a culturally mindful level of service. Within the populations that we serve, there is a stigma and concern for privacy within the safety of the individual. Thus, offering to provide services in the home allows for clients and their families to feel supported and met where they are in their capacity to accept mental health services. When meeting with individuals, families or in a group setting, all the information that is discussed and explored during those sessions is data that is utilized for measuring the progress of the people involved, it is also utilized to create goals of continuation of progress, treatment planning, development of focused material to address the individual's needs for continuation of services.



Clients in the PWC "Green" Jobs Robotic Program 2017 - 2018

PWC use of a triage model allows for us to maintain an open streamline to our mental health services. As previously reported, first in line is our peer counselor, Gerardo, who has a close relationship with clients and their families as he is the person who provides all the initial paperwork for those individuals entering the PWC program. He is Spanish-speaking and is able to create a relationship with the incoming clients and their families by building rapport and inquiring about the clients' needs and the needs of the family which allows for him to make an internal referral if needed which is required for any potential mental health services. The next person in line is our mental health resource specialist, Ms. Pope, she meets all clients and their families who sign up at PWC, sharing and discussing any possible community resources that may be available to the client and their family. This allows for her to build the necessary relationships needed to discovery what each individual clients' needs are and what their family needs may be as well. When she is able to discover what those needs are she finds the necessary resources and/or fills out another internal referral to get the client to the next level of our mental health services. This is determining of whether to provide in-house individual and/or group prevention services or provide individual and group therapy according to their appropriate level of care. The clinical director then meets with the client to further assess based on their clinical needs and the appropriate services are provided. Our internal referral system has been a vital part of making our triage model flow smoothly and eliminate as many barriers as possible to our mental health services.

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DEMOGRAPHIC DATA: ☐ Not Applicable *(Using County form)*

PWC has and continues to utilize the County Demographics Form; however, as previously reported specific demographic domains (i.e., Veterans Status) are not collected due to family dynamics and clients that we serve.

EVIDENCE-BASED PRACTICES:

The evidence-based programs selected to meet the goals, objectives and performance indicators are presented within our clinical success program. **These evidence-based models include promising practices, and exemplary programs from the Office of Juvenile Justice and Delinquency Preventions (OJJDP).** Specifically, the utilization of a program model with effective proven systems that have shown to work for our at-risk and high-risk clients complement our ongoing strategies and fit well into the underlying program foundation. Thus, the goal within the PWC program is much more than just prevention. Its goal is to foster confidence, character, and competence at school, work and in life, as well as develop unity with positive peers, family and their community. Specifically, PWC's aim is to empower our clients with the education and training needed to help them make a successful-transitions from their current educational status and career paths into a well-adjusted and productive adulthood. The Clinical Success Program is conducted on site and out within the community. Over the past few years, our community-based program services incorporated PWC evidence-based practices centered on PWC's knowledge of the community and the clients we serve. These practices built on successes of its community-based programs, and clients, to improve care processes as well as successful client outcomes. Now that the fulfillment of the Mental Health Resource Specialist position along with the Clinical Director, the goal of increasing client care to a higher level of producing intended outcome continues to be focused around client services/needs and targeted population. **Effective clinical supervision, including performance feedback are conducted weekly to ensure that services are delivered with adherence and competence to the program along with the clients we serve. Along with clinical support, ongoing training and coaching of staff is conducted on a weekly basis. A number of different tools as well as strategies are used in our outreach efforts to welcome and identify individuals who would benefit from our program.** For instance, based on the clients that we serve, presentations regarding PWC's goal of empowering at-risk youth are addressed to Martinez, Pittsburg, Rodeo, and Brentwood, which are classified as Golden Gate Community Probation Schools and are also communities of high population of Spanish speaking youth. Thus, presentations are also given to Hispanic clubs such as Puente and the Latino Unidos, which are clubs located at Pittsburg High School. We continue to reach out to other agencies that provide or are able to serve our clients, such as La Clinica, which provides primary health care and other services to diverse individuals in community health centers in California. Also, we provide community service opportunities at various festive events such as, the Multi-Cultural and the Cesar Chavez events as well as Crab feeds at local churches such as the Church of the Good Shepherd in Pittsburg.

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VALUES:

Systematic **links to the educational system and schools** are a particular problem for our clients living in low-income, underserved communities in Pittsburg as well as around the Bay Point communities due to its overall disengaged and uninterested outcomes for youth facing life struggles.

PWC Clinical Success Program serves as an educational liaison to the school system to help our clients stay engaged and connected to continuation schools. As such, access to community resources is critical for every school. Schools are a primary place for prevention and intervention to occur. Clients who may need additional services are more likely to receive it if teachers and school administrators are aware of the warning signs and have the capacity to link clients to the appropriate resources. With the impressive array of excellent innovation programming in the district, there are obvious disconnections in the services continuum relative to accessible intensive services for the highest at-risk population, i.e., gang involved, drug/alcohol users, and sexual exploited clients. **Through partnership, we help to accelerate schools work to focus on implementing intensive prevention and interventions to serve our high-risk clients.** With a practical, affordable model our program encourages our clients to become active, contributing members of society. **The goals** are: 1) Individual and family prevention therapy. PWC provides at minimum four groups per week, one group on both Mondays and Tuesdays, along with two groups on Wednesdays, with the addition of providing individual therapy, family therapy and case consultation. 2) Staff peer groups and Peer Consultation, a staff support process, facilitated by the Hume Center, provides clinical tools and support for working with our clients. The Peer Consultation process emphasizes trust and curious exploration as its primary mechanism of approaching problematic behaviors and maladaptive patterns. Because of the explorative nature that this process engenders, staff and service providers are challenged to abandon preconceived conclusions and assumptions about the clients in an effort to understand the root of their suffering from the client's perspective. Doing so allows staff and service providers to approach the clients from a **non-stigmatizing, non-discriminatory** perspective that affects both clinical and managerial functioning on a program level.

VALUABLE PERSPECTIVES:

The client that was mentioned above, who was referred to outside mental health services ended up coming back to PWC due to a lack of consistent mental health services through her mother's insurance provider at Kaiser. The client's mother reported that she was not able to be seen weekly and needed a more consistent level of care. The PWC staff discussed and decided that we would provide her with the weekly individual therapy until we could find her a better suited mental health care services that would address and get her the appropriate assessment for her mental health needs. As it turned out, the sexual trauma that the client experienced had impacted the client so deeply she was experiencing symptoms of PTSD. The clinical director collaborate with the client's Kaiser mental health provider to make sure that the client would get the necessary assessment(s) done to determine the client's mental health diagnosis and get her the crucial and appropriate level of mental health services. Through this, the client was able

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to be assess so that she would no longer be needing to wait around for her mental health needs to be met. Fortunately, she was able to meet with the clinical director for individual therapy on a weekly basis as she needed until she was able to be provided with the higher level of care she required. It was apparent that the clients' needs were mainly surrounding her PTSD from the sexual trauma and that she was needing a higher level of care than we were able to provide. The clinical director also provided the client's mother with several referral to individual therapist who work specifically with sexual trauma and PTSD, along with resources in the community for her to access as well. The client's mother took the referrals and resources and agreed that her daughter needed a higher level of care surrounding those specific needs. The clinical director also provided some case management in ensuring that the client's Kaiser mental health team had all the necessary information to have the client properly assessed so that she could gain access to the mental health services that matched her mental health needs.

A client that has been with PWC for the past year and is still currently in individual therapy is a Mexican-American female who is currently in middle school. She has a history of trauma within her family and experiences challenges with anger. Due to her difficulty managing her anger she has received many disciplinary actions at school. As a result, she was referred through SARB for missing classes. The client has shared about her family and she described having strained family relationships with her mother, older sister and older brother. She reported that her father is no longer a part of the family, however she did not share under what circumstances he departed the family. She did disclose that she does not like her father and was reluctant to elaborate. Another factor that the client is presenting is the family's gang affiliation, which the client has expressed interest in being a part of the gang. The client presents much older than her actual age and has reported having friends outside of PWC whom are much older and who are involved in gangs. During individual sessions, the client has been open about her perspectives on life and reported that she does not take disrespect and she will fight someone if she believes they are talking about her negatively or saying negative things about her friends or family. The client has been observed in peer interactions as having challenges with prosocial behavior and her ability to manage feelings of anger when there is conflict between her and her peers. The client thus far has been forthcoming and willing to share her experiences and yet there is still much about her trauma history that she is not ready to share. The client struggles to identify her emotions apart from anger and she has a need to work on her social and communication skills since she struggles to effectively express herself without resorting to aggressive language and/or behaviors. Throughout her individual sessions, we continue to work on increasing her insight and self-awareness to foster her ability to recognize situations that are potentially going to provoke her and to learn how to respond and react in ways that do not result in negative consequences. For example, the client reported having issues with teachers which result in having disciplinary actions due to her angry outbursts and aggressive language, ultimately leading to her being either suspended from school or detention which in turn prevents her being present in classes and having the opportunity to learn the material. As a preventative measure we are working on equipping her with strategies and tools which will increase her ability to manage strong emotions and be able to tolerate distressing situations. The goal is that she is able to utilize her coping skills and prevent further hindrance of her education due to additional classes missed due to disciplinary actions. Furthermore, we are working to develop her capacity to control her reactions with the help of strategies for stress management, and increased ability to communicate effectively and in a manner that reduces negative

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consequences. The client participated in an anger management group and was able to openly share her experiences with anger and explore the many layers of emotions that are beneath feelings of anger, such as hurt or frustration. Additionally, during her individual sessions, the client had the opportunity for self-exploration to increase her awareness of what innate talents, skills, and abilities she may have. By focusing on her strengths, the goal is to empower her to see that she has control over herself, her life and that is accomplished through her own capacity for personal growth and development. In order to support this journey of self-exploration and growth, the focus will be on the development of her skills and creating a foundational social support system. Through PWC we hope to nurture, support and offer her access to resources and a safe space for her to feel a sense of community and belonging within a group that foster overall health and well-being. As previously reported, since being diagnosed the focus of her therapy has been on alleviating the symptoms of the student's diagnosis which are the cause of her distress. The client has had many successes and also some setback throughout the past 6 months. She has been able to work through many of her anger issues surrounding her peers, family members and friends whom she would do anything for. She has transitioned back into regular classes after being in a class for delinquent students and was able to maintain those regular classes through the end of the school year. She had some incidences of fighting with another student however the way in which it differed from her past experiences was in the fact that she sought out assistance from not only a teacher, but a campus cop and the staff at PWC. It is becoming apparent that she has developed a better sense of self and that she has realized by her own admission that she wants to achieve her goals and not be deterred by others who may be trying to antagonize her. She has developed coping strategies that she utilizes at home, at school and with peers to decrease her anger and reduced the incidences of her getting into fights with peers. She has had some setbacks as she struggles with her familial relationships but continues to seek support through therapy and is open about how distressing it is and expresses a desire to be able to work through and move past it. She continues to work on herself, be vulnerable, learning to trust adults in her life and seeking support and assistance more than she has ever done in the past. Her emotional regulation skills and communication skills are increasing and is evident in her interactions with the staff at PWC, as well as in school and with peers. She still struggles with her family; however, she continues to strive towards overcoming those challenges and working through the complexity of her feelings about them. We continue to work on these things in her individual therapy sessions.

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APPENDIX

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OVERVIEW:

The PWC Clinical Success After-School Program strives to provide positive outcomes for children and youth by increasing protective factors such as providing structural opportunities and caring relationships with mentors to support education and economic success of at-risk youth, and thereby promote lasting healthy development.

The underlying purpose of the evaluation check/study is to help discern if program elements and activities are resulting in important and meaningful outcomes for targeted youth. The main focus of this study is to track the progress of the objectives that were set for the program at the beginning of the year in accordance with funder expectations as aligned with actual program activities.

Participant surveys

1. ***PWC Knowledge Survey*** – A participant pre-/post-survey was developed previously in a collaborative effort between PWC program staff and the external evaluators (Hatchuel Tabernik & Associates, Michael Kee & Associates Architect), with feedback from Contra Costa Health Services staff. This test is designed to measure Entrepreneurial and Environmental knowledge prior to and following exposure to the 8-week Solar and Environmental Training course.

2. ***PWC Student Survey*** –A participant pre-/post- survey for this year was replicated as previously approved by Mental Health Administration staff from Contra Costa Health Services. This survey was designed to measure the following: resiliency; community support; recidivism; and program satisfaction.

   The pre-survey is designed to be taken at program intake, and the post-survey is to be taken at the end of the 12-week program. As shown in Table 1, the participants were divided into cohorts based on when they started the Solar and Environmental Training Training course.

Table 1. Participant Survey Administration (July 1, 2017- June 30, 2018)

		PWC Knowledge			
	Participants N	Cohort	Period	Pre-	Post
Quarter 0	77	0	July - September	65	50
Quarter 1	32	1	October - December	65	42
Quarter 2	79	2	January - March	54	29
Quarter 3	24	3	April - June	33	17

It is important to note that many students chose to re-enroll in multiple courses upon completion. To that end, we recorded these students' tests and noted the methodology used for the analysis.

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School Day Attendance Data from Pittsburg Unified School District (PUSD)

This data is acquired through connections made at PUSD and staff from the schools that our participants attend. Permission was secured from parents/guardians, and every effort was made to collect student records for as many participants as possible. Through networking efforts with PWC, and the PUSD Director of Student Services, Pittsburg Unified School District (PUSD) staff did provide attendance records for a majority of the Cohort participants attending public schools. Many of the students served by the PWC program are high-risk youth who did not regularly attend school, transferred through multiple schools and districts, participated in alternative school/independent study programs, had issues related to truancy and/or are on record as having dropped out of school. Despite these challenges, school day attendance data was available for **120** participants of which a total of **54** students was referred to the program through the Student Attendance Review Board (SARB) due to attendance and behavior issues.

Probation Data from the Contra Costa County Juvenile Services Department

Data on recidivism is acquired from the Contra Costa County Juvenile Services Division's Director of Field Services. The Director was provided with a list of program participants, and asked to designate which students, if any, had re-offended during the time period for which they were in the PWC program. Due to the sensitive nature of the information, the Director provided aggregated information only; student names were not identified. The Probation Department provided PWC with reporting information for 17 of the 19 students.

EVALUATION FINDINGS:

PWC continues to make notable progress in assisting at-risk youth to strive for a higher quality of life by providing them with a safe and supportive environment through which they can get vocational training, mentoring, counseling, and peer group support, and through which they are encouraged to stay in school, develop goals for their future and lead a purposeful, healthy life. The aim of the Solar and Environmental Training Class was to provide youth with environmental education, "green job" training, and opportunities to develop leadership and entrepreneurial skills related to a new "green" economy. Through our dedicated staff, and technology-advances, our success is well documented. The following pages summarizes the progress of the program this year as related to its tangible goals and targets.

Outreach and Participation

The target number of unduplicated participants that PWC was prepared to serve in this fifth reporting year was 200. The actual number of unduplicated participants was 212. (See Table 2.)

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Table 2. Program Participation by Quarter (July 1, 2017- June 30, 2018)

	July-Sept Quarter 1	Oct-Dec Quarter 2	Jan-March Quarter 3	Apr-June Quarter 4	Total Served
# Students (Duplicated) Served Each Quarter	133	179	194	139	**645**
# New Students Served Each Quarter	77	32	79	24	212

The PWC program served the lowest number of new students in the first, and fourth quarters, after the beginning of the school year as school was back in session, and students transitioning into winter break, and the end of the school year when summer vacation was approaching. A frequent occurrence that was experienced again this year was that students had a tendency to remain involved with the program across multiple quarters. One fourth of the participants served **54** or ***(25%)*** were engaged in program activities for at least two quarters.

Participant Demographics

This year the majority of program participant (n=212) fell within the 13-17 age range (77%), 18-21 age range (19%), and 6-12 age range (4%). The distribution of gender was 58% male and 42% female. Sexual orientation distribution of program participants was 0% bisexual, 93% heterosexual, 0% lesbian, and 7% declined to state. (See Figures 1, 2 and 3.)

Figure 1. Age of Participants for the Period: Year 5 (July 1, 2017 – June 30, 2018)

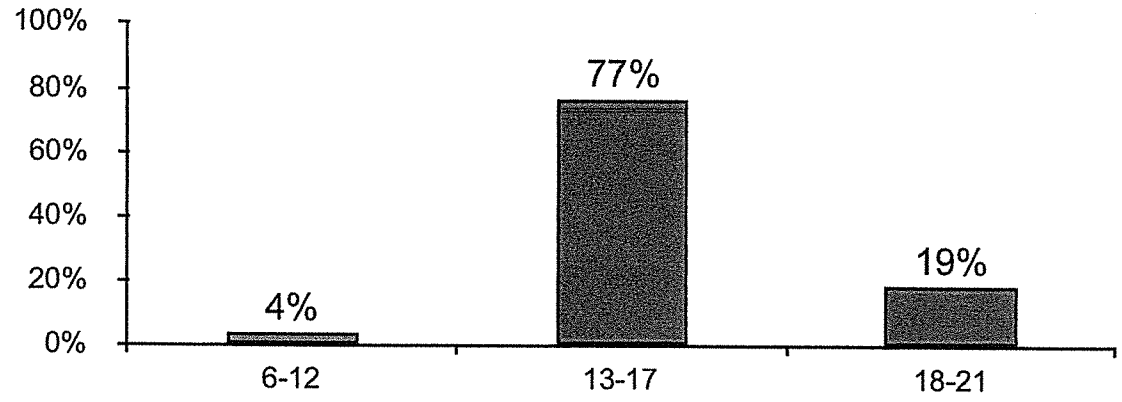

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Figure 2. Gender of Participants Enrolled in Program: Year (July 1, 2017 – June 30, 2018)

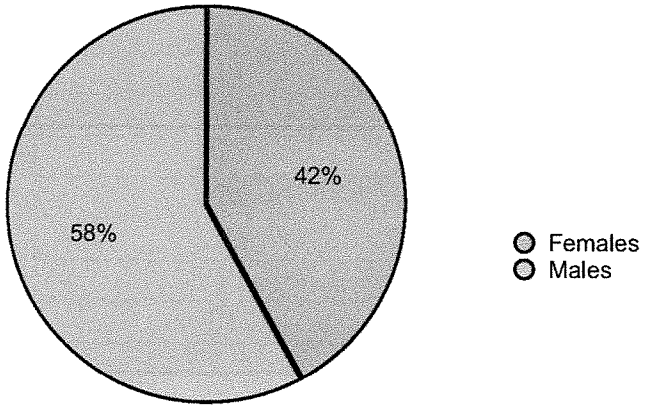
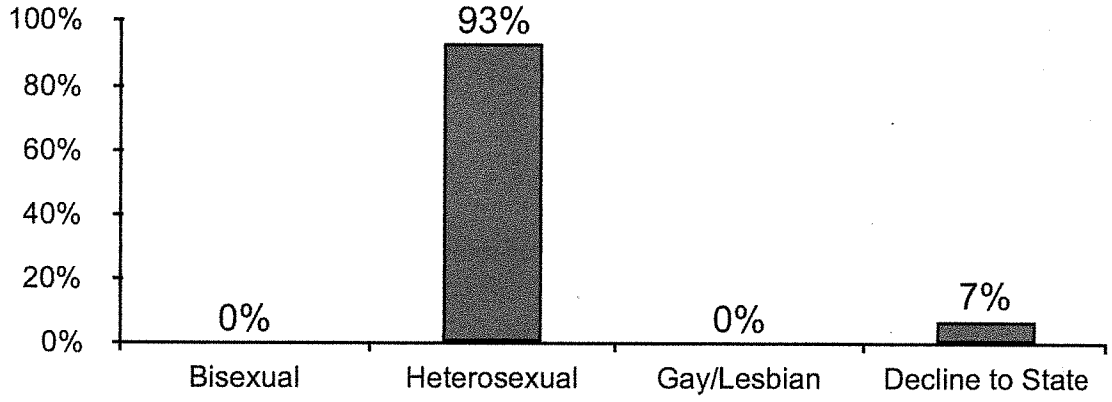


Figure 3. Sexual Orientation of Participants for the Period: Year (July 1, 2017 – June 30, 2018)



The majority of youth participants (75%) were high school aged (9th to 12th grade). The most participants from any one grade level were in the 12th grade. (See Table 3.)

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Table 3. Grade Level Distribution of Program Participants (n=216) (July 1, 2017 – June 30, 2018)

Grade Level	Frequency	Percent
6th Grade	4	2%
7th Grade	14	7%
8th Grade	19	9%
9th Grade	27	13%
10th Grade	44	21%
11th Grade	25	12%
12th Grade	62	29%
Unknown/Not Applicable	17	7%
Totals	212	100%

With regard to the types of schools that PWC participants attend, the majority (68%) of participants come from the traditional school system. (See Table 4.)

Table 4. Distribution of School Types Represented in the PWC Program Year: (July 1, 2017 – June 30,

School Type	Frequency	Percent
Alternative School placement (e.g. continuation, independent study)	73	34%
Traditional High School	82	39%
Traditional Middle School	45	21%
Adult School/Graduated	12	5%
Totals	212	100%

Of the **212** participants, almost all resided in the city of Pittsburg (91%). One Hundred Ninety Two (192) participants resided in Pittsburg, Fourteen (14) resided in Antioch, 2 in Bay Point, 2 in Concord, and 2 resided in Oakley. The predominant language of program participants was English 52%). The remaining 48% of participants identified as being primarily English/Spanish speaking.

As there is a large proportion of Spanish speakers in the PWC program, it comes of no surprise, that an examination of the ethnic distribution of PWC participants shows that the majority of all program participants were Hispanic/Latino (66%). (See Figure 3.) The second most represented ethnic group was African American (20%). These two ethnic groups account for 14% of program participants.

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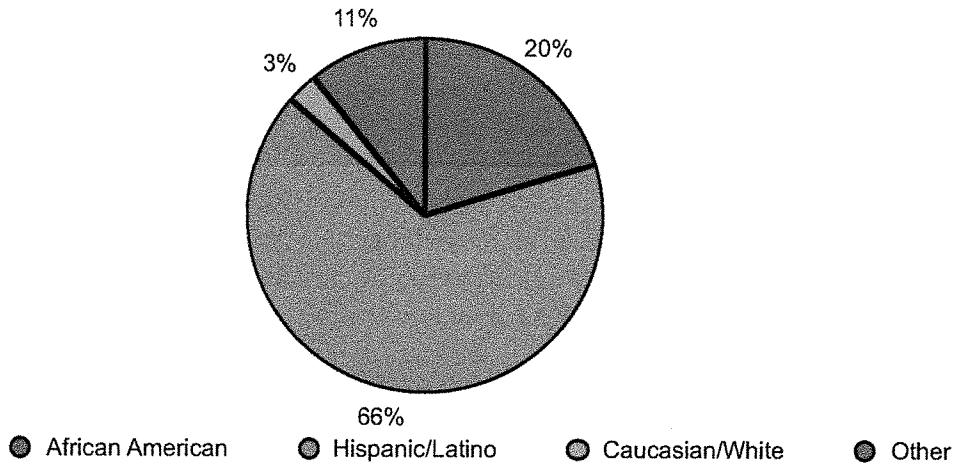
Figure 3. Ethnicity of Participants for the period Year 5: (July 1, 2017 – June 30, 2018)



In summary, in this fifth program year:

1) **The majority of the** participants in the program were between the ages of 13 and 18 (77%).
2) **Most** of the participants came from the traditional school system - high schools (39%). The second most represented participants (34%) came from alternative school placement.
3) **The majority** of the participants were Latino **(66%).** The next most predominant ethnic groups were African American **(20%)** and **(3%)** White. Asian and "Other" ethnicities represented a smaller part of the participant population **(11% combined)**. This ethnic distribution is similar to that which is found among the students served by the Pittsburg Unified School District as a whole.
4) The above demographic data indicates that the PWC Program is serving the high-risk youth population that it has always intended to serve.

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Goal 1: Enhance the Quality of and Access to Resources

Objective 1.1: 65% of the total number of green jobs program participants will increase their knowledge and skills related to entrepreneurship, alternative energy resources and technologies, and "green economy" according to program curricula for the duration of their program participation.

Result: Of the **29 (23 unduplicated)** students hired as Green Technicians for the Environmental Studies/ Entrepreneurial course who completed pre and post Knowledge Surveys, a full **78%** demonstrated an increase in knowledge between pre and post survey administrations. This far exceeds the target objective that **65%** of participants would demonstrate an increase in knowledge.

Between July 2017 and June 2018, PWC enrolled a total of 29 youth participants in their after school program. **The Solar and Environmental Training Class** was offered two times this year, between September, 2017 and December, 2017 and between and January, 2018 and June, 2018. Although a number of students repeated the class multiple times, it is important to note that the class reached **23** unduplicated individuals that applied for the program. Students who are struggling with self-esteem in their academic careers. Completing this program is evident of pride in their accomplishment.

Students completed a pre-survey and a post-survey at the beginning and end of each cohort. For students who were in multiple Cohorts, we used the first cohort pre-test(s) and the final cohort post-test(s). The scores of all other students were taken from the beginning and end of their respective cohorts.

Tests consisted of a total of 17 questions (11 true/false and 6 multiple choice) related to the environment and the future of green job industries. Each answer received a score of 1 if it was answered correctly or 0 if it was answered incorrectly. Totals for all 17 questions were tallied on the pre and post test of each student and analyzed for any increase or decrease in their scores between the two test administrations. Results are shown in Table 5. Of the students who completed pre and post tests, all demonstrated improvement **(78%).**

Additionally, when asked to rate their level of knowledge about "green industries" using a 5 point scale (1 being "very low" and 5 being "very high"), the average rating of respondents who answered this question (n=14) was 3.08 on the pre-test, and 3.64 on the post test after the 12-week course. Results by cohort and as a whole are presented in Table 5.

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Table 5. Participant Demonstration of Improved Knowledge and Skills: July 1, 2017 - June 30, 2018)

	N	Pre-Mean Score	Post-Mean Score	Change in Mean Test Score
Total # items correct on Knowledge test (Max=17)	14	14.14	10.01	4.87
Average rating of knowledge about green industries (Max=6)	14	3.08	3.64	0.56

Goal 2: Develop a safer environment for at-risk youth who are chronically truant or on probation.

Objective 2.1: 65% of the 200 youth program participants will show improved youth resiliency factors (i.e., self-esteem, relationship, and engagement.)

Result: Of the **212** students enrolled in the after school program answered all of the resiliency questions on pre-and-post Student Surveys, **70%** demonstrated improved resiliency. This exceeds the target objective that **65%** of participants would demonstrate improved resiliency.

A total of 90 students completed both a pre Student Survey and a post Student Survey. For students who were in multiple Cohorts, we used their first cohort pre-surveys, and the final cohort post-surveys. The results of all other students were analyzed from surveys taken at the beginning and end of their respective cohorts. A total of 7 questions on the survey directly addressed Youth Resiliency factors. Students were asked about satisfaction with life, stress, levels, future lives. the most positive answers were scored the highest, and the most negative were scored the lowest, utilizing a 1 to 6 point scale per item (depending on the number of answer options) A maximum score of 32 was attainable. Of the 212 student respondents, 90 answered all of the resiliency questions (enabling us to tally a score for them in this area).

It is important to note of the 90 students that answered the resiliency questions, 54 participated in multiple Cohorts, of which answers were unchanged from their first cohort surveys and the final cohort post-surveys. The results of each unchanged answer, analyzed utilizing the 1 to 6 point scale per item, positive and negative answers were combined in the categories of increased and decreased outcomes.

Responses of "Extremely and Moderately Satisfied" or "Very Little Stress and Some Stress" or "The future looks very bright and The future looks somewhat bright" were considered to be positive.

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Objective 2.2: 75% of the 200 youth program participants will not re-offend for the duration of their program participation.

Result: Of the 18 students enrolled in the after school program for whom probation data was provided, 3 omitted new offenses and went juvenile hall none of the participants **(83%)** did not re-offend while in the PWC program.

As described in the Methods, the Contra Costa County Juvenile Services Division Director of Field Services was asked to report on the number of students from the lists who committed an offense and the number of students who "re-offended" or went to juvenile hall. Of the 18 student names submitted there was 3 new offenses. Overall *(83%)* of the program participates did not "re-offend."

Objective 2.3: 70% of 200 youth participants will report that they have a caring relationship with an adult in the community or at school during their program participation.

Result: Of the 90 students enrolled in the after school program who answered all of the survey questions about caring adults on their 12-week post Student Surveys, **(70%)** indicated that they had caring relationships with adults in their lives. This is meets the target objective that **70%** of participants would have a caring relationship with an adult in the community or at school during their program participation.

Among the 7 youth resiliency questions were items specifically related to the role of caring adults in the lives of these youth. Four of the questions in particular were related to caring relationships with adults. Students were presented with the following 4-point scale to answer each question (1=Not at all true, 2=A little true, 3=Pretty much true, 4=Very much true).

To see if students reported that there was a caring adult in their lives, we examined their responses to these 4 questions on their 12-week post Student Surveys. The 12-week post surveys would best capture their feelings after having been served by the PWC program. Responses of "Pretty much true" or "Very much true" were considered to be positive. Results are presented in Table 6.

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Table 6. Demonstration of Participant Relationships with Caring Adults: (July 1, 2017 - June 30, 2018)

There is an adult (other than my parent/guardian) who…	% of positive responses Overall (n=90)
tells me when I do a good job	60%
I trust and could talk to	86%
believes that I will be a success	73%
notices when I am upset about something	61%
Average of all 4 questions	**70%**

A total of 90 students responded to all 4 questions on the 12-week post survey. Overall, the majority of students did self-report that they had caring relationships with adults in their lives. It is interesting to note that students who participated in more than one cohort had the most positive responses on their surveys. This data could indicate that students who have the most exposure to the program seem to feel more of a connection to the adults in the program.

In addition to the above questions about adult relationships, on the 12-week post survey students were also asked what they liked about PWC.

Students frequently cited the community events and activities, but many respondents also noted the open, familial environment. Some examples are listed below:

> "I like how they have jobs for the youth - help with attendance and school - have food and free therapy."
>
> "I like everything, job training, learning new skills."
>
> "The thing that I like best is being able to participate in the community."
>
> "The way they help with job resumes."

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Goal 3: Create a culture of career success among at-risk youth.

Objective 3.1: There will be a **60%** increase in school day attendance among 200 youth participants for the duration of their program participation.

Results: Of the students enrolled in the after school program with attendance data available for their respective cohort periods, **91%** improved or maintained perfect attendance. This exceeds the target objective that there would be a **60%** increase in student attendance.

Attendance data was collected for the entire **12-week period** that each cohort was in session. Student level data was compared between the first week of participation and the last week of participation in each cohort. Attendance was considered to be "perfect" if there was no indication of absence, truancy, tardiness, etc. In order to be considered "perfect" a student had to attend every full period of class for the entire week.

Attendance data was available for **120** students, of which **54** students enrolled in the after school program were referred through the Pittsburg Student Attendance Review Board (SARB) for attendance and behavior issues. A total of **22** (including those who participated in the program for more than 10 days, not attending adult education, or attending traditional high or middle schools) of the 40 students with attendance data available for their respective cohort periods, **20** or (**91%**) improved or maintained perfect attendance between the beginning and ending weeks of their cohorts. Results are displayed in Table 7.

Table 7. Participant Attendance (n=22): Fiscal Year 2017-18

	#	%
Students who improved attendance	8	36%
Students who maintained "perfect" attendance	12	55%
% of students who improved or maintained "perfect" attendance	**20**	**91%**

Objective 3.2: There will be a **60%** decrease in the number of school tardiness among the 200 youth participants for their program participation.

Results: Of the students enrolled in the after school program with attendance data available for their respective cohort periods, **82%** decreased or maintained a rate of 0 tardiness. This exceeds the target objective that 60% of participants would decrease tardiness.

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Attendance data was available for **120** students, of which **54** students enrolled in the after school program were referred through the Pittsburg Student Attendance Review Board (SARB) for attendance and behavior issues. A total of **22** (including those who participated in the program for more than 10 days, not attending adult education, or attending traditional high or middle schools) of the **40** students with attendance data available for their respective cohort periods, periods, 18 or **82%** decreased tardiness between the beginning and ending weeks of their cohorts. Results are displayed in Table 8.

Table 8. Participant Tardiness (n=22) Fiscal Year 2017-18

	#	%
Students who decreased tardiness	7	32%
Students who maintained a rate of 0 tardiness	11	50%
Students who decreased tardiness or maintained rate of 0	**18**	**82%**

Summary of Findings

Of the six program objectives, all six were fully achieved (increased knowledge, improved resiliency factors, low rates of re-offense, caring relationships with adults, increased school day attendance and decreased tardiness. (See Table 9 and Figure 4)

Table 9. Actual Outcomes as Compared to Targets: Fiscal Year 2017-18

Outcome Measure	Target	Actual	Percent
65% *of the total number of* **green jobs program** *participants* will increase their knowledge and skills related to entrepreneurship, alternative energy resources and technologies, and "green economy" according to program curricula for the duration of their program participation.	65%	75%	114%
65% of the youth program participants will show improved youth resiliency factors (i.e., self-esteem, relationship, and engagement.)	65%	70%	108%
75% of the youth program participants will not re-offend for the duration of their program participation.	75%	83%	111%
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%	70%	100%
There will be a **60%** increase in school day attendance among youth participants for the duration of their program participation.	60%	91%	152%
There will be a **60%** decrease in the number of school tardiness among the youth participants for their program participation.	60%	82%	137%

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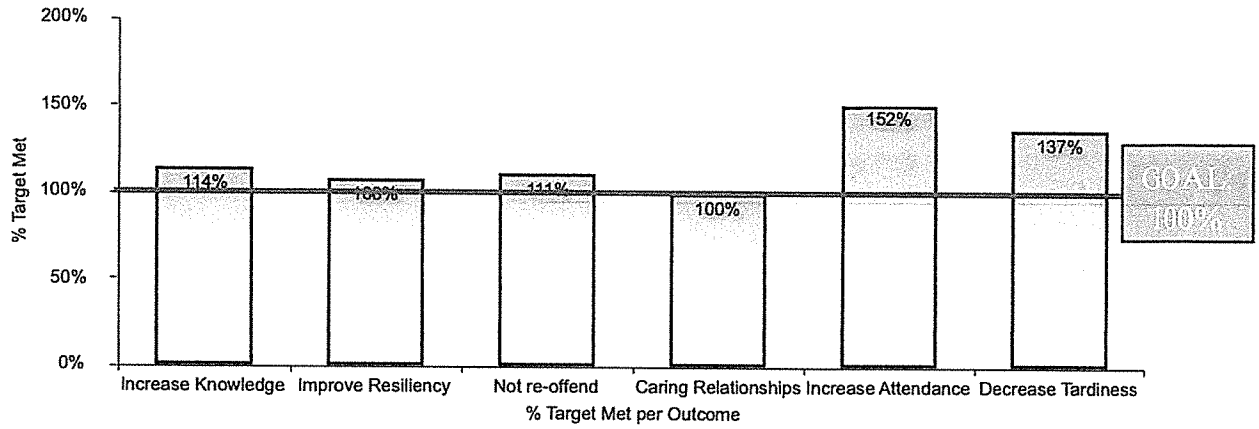
Figure 4. Measures of Success Progress Toward Target – Fourth Quarter Report: July 1st, 2017 – June 30th, 2018



Overall, PWC have fully met their targets in regards to the resiliency items in the surveys. One of the biggest tributes to the program is that there are youth who continue to choose PWC to complete their community services hours, despite the ability to complete their hours with other programs, churches or in another city. Another positive is due to PWCs' success, the program has been asked to participate in more new activities in Pittsburg, including setup/breakdown of the California Theater Mental Health performance.

This year of PWC After-School Green Jobs Youth Training Program has been a huge success. At this time, we believe we have created a formula for success and learning that will serve our community and our cohorts well, and increase understanding of climate change, renewable energy and conservation. More importantly, we believe we have created a program that helps youth learn real life skills like cooperation, patience, and caring. Our students realize that the program's success is based on their performance on the projects that we set before them. They have responded extremely well and they care the most important goal of all.

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PREVENTION
END-OF-YEAR REPORTING

FISCAL YEAR: 2017 - 2018

Reporting Period: Please Select One
☒ Semi-Annual Report #1 (July – Dec)
☒ Semi-Annual Report #2 (Jan – June)

Agency/Program: The Contra Costa Clubhouses, Inc.
DBA Putnam Clubhouse

PEI STRATEGIES:

Please check all strategies that your program employs:

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

SERVICES PROVIDED / ACTIVITIES:

Please describe the services you provided in the past reporting period. Please include types of problems/needs addressed, any activities that address these problems/needs, and any functional outcomes targeted by the services provided.

For Project A, during the contract year of this report (2017/2018), 308 unduplicated members (target: 300) spent 54,437 hours engaged in Clubhouse programming activities (target: 40,000 hours. A total of 52 newly enrolled Clubhouse members (target: 70) participated in at least one Clubhouse activity; 8 of these new members were young adults aged 18 to 25 years (target: 12 young adults). In addition, at least 46 activities (target: 40) were held specifically for the young adult age group.

Table 1: Clubhouse Membership Activity

	Target Goal	Actual	% of Target
Number of unduplicated members served	300	308	103
Number of Hours spent in Clubhouse programming	40,000	54,437	136
Number of new members participating in at least one Clubhouse activity	70	52	74
Number of new young adults (age 18-25 yrs.) participating in	12	8	67

at least one Clubhouse Activity			
Number of activities specifically for young adults (age 18-25 yrs.)	40	46	115

Other services:

Members helped prepare and eat 9,906 meals at the Clubhouse (target: 9,000). Although a target had not been set for rides, 1,509 rides were provided to members to and from Clubhouse activities, job interviews, medical appointments, and more. During the contract year 112 in-home outreach visits (no target set) were provided by members and staff to members and potential members and numerous outreach calls were made to members on a daily basis

Additionally, under Project B, 156 postings (target 124) were made on the Career Corner Blog and four career workshops were held (target 4). The workshops were held on 9/8/17, 12/7/17, 3/29/18 and 6/17/18. Respectively, 37, 17, 56 and 51 people attended the workshops.

Table 2: Other services provided to Clubhouse Members

	Target Goal	Actual	% Target
Number of Meals prepared and eaten at Clubhouse	9,000	9,906	110
Number of Rides to and from Clubhouse Activities	No target set	1,509	N/A
In-home outreach visits	No target set	112	N/A
Number of Blog Postings	124	156	126
Number of Career Workshops	4	4	100

For Project C, the SPIRIT graduation was successfully coordinated by the Clubhouse and attended by 324 people on 7/30/18. The holiday party on 12/8/17 had 390 people in attendance with the collaboration of multiple agencies along with OCE. The annual Community Picnic was held on 6/4/18 with 276 in attendance. By all reports, the the three events were highly successful.

The final portion of Project C requires the Clubhouse to recruit, coordinate, and supervise volunteer consumers to assist the County with the Adult Consumer Perception Surveys (MHSIP) administration at Contra Costa County mental health clinics twice a year. The first of the two annual MHSIP weeks took place in November 2017 and the second took place in May 2018 with the Clubhouse completing all contractual duties.

Under Project D, the Clubhouse assisted County Mental 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 as per contract.

OUTCOMES AND MEASURES OF SUCCESS:

Please provide quantitative and qualitative data regarding your services.

List of indicators that measured reduction of risk factors and/or increase in protective factors that may lead to improved mental, emotional and relational functioning. Please include how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.

Project A data is collected upon initial membership in the Clubhouse and then daily through a combination of self-completed forms, surveys, sign-in logs, and phone calls. None of the program outcome data is confidential and it recorded in the program database. Any confidential information provided on intake forms is securely kept in the locked office of the executive director. Data from annual self-reported member surveys, including the hospitalization survey, is collected on Survey Monkey instruments and analyzed by Hatchuel, Tabernik and Associates, an external evaluation firm.

In June 2018, members and their family members (called caregivers in this report) were encouraged to complete the annual Clubhouse survey via Survey Monkey, an online survey site. The number of unduplicated members and caregivers completing the survey was 139 (the target was 120), of whom 41 were caregivers and 98 members. Among members, 6% were aged 18-21, 14% were 22-25, 20% were 26-35, 20% were 36-45, 31% were 46-59, and 9% were 60 years or older. The age distribution is representative of the age range of Clubhouse members overall.

Because not all respondents answered each item, all survey data reported below reflects the responses of those completing each individual survey item. The survey percentages referenced in this report consist of those who 'Agree' or 'Strongly Agree' with the given statement. Those who responded 'Don't know' or 'No opinion' were not included in the analysis.

Caregiver Outcomes and Input

The data in this report represents only those caregivers completing the survey who reside in Contra Costa County (N=38). Of the 38 Contra Costa County caregivers who responded to the survey, 70% were parents or guardians of a Clubhouse member, 16% were siblings, 5% were the child of the Clubhouse member, 5% were the spouse of the member and the remaining 3% were associated with the member in some other way (e.g., cousin, aunt or uncle).

As in previous years, caregivers who participated in this year's survey reported the highest level of satisfaction with Clubhouse activities and programs that their family member attended (100% satisfied), as well as with the Clubhouse activities/programs that they themselves participated in (97% satisfied). In both areas the target of 75% was exceeded. A large proportion of caregivers (86%) also reported that Clubhouse activities and programs provided them with respite care. Such respite is intended to reduce their stress and also lead to more independence for the Clubhouse members, reflected in the data with 80% of the members agreeing or strongly agreeing that in the last year, their independence had increased. An even higher proportion of the caregivers (89%) also perceived that their family member had become more independent in the last year (target 75%).

Table 3: Caregiver Outcomes and Input

		GOAL	ACTUAL
Measures of Success	N	%	%
% caregivers reporting Clubhouse activities provided them with respite care	35	75	86

% caregivers reporting high level of satisfaction with Clubhouse activities and programs in which their family member participated	36	75	100
% caregivers reporting high level of satisfaction with Clubhouse activities and programs in which they participated	32	75	97
% caregivers reporting an increase in member's independence	37	75	89
% members reporting an increase in independence	94	75	80

Below are some responses from the caregiver survey to the question of what was liked best about the Clubhouse:

"Clubhouse provides great structure with excellent staff and wonderful members. Clubhouse has helped [member] gain independence and confidence." (caregiver)

"[Clubhouse is a] Safe and supportive environment that engages [member] who withdraws from everything when she stays at home." (caregiver)

"This is my son's support community. The members and staff are his friends. He would not have been able to become more independent this past year without this support." (caregiver)

"How inclusive everyone is. Seeing how passionate the team members are. Being a place of comfort and safety." (caregiver)

"It provides a fun and supportive and welcoming environment for my loved one. You always welcome him even if he doesn't go to the clubhouse very often. He feels safe with you." (caregiver)

"This is an amazing program. We need clubhouses in every city to be there for people in need, give them a community that they belong, give them a sense of pride in what they can accomplish, and help them create meaningful lives." (caregiver)

"The Clubhouse is part of why I am doing so well. I really appreciate having a place like this to come to." (member)

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 combining responses to self-perceived improvement of their own mental, physical and emotional well-being, 97% of caregivers agreed or strongly agreed their health (emotional, physical, mental well-being) had improved. When asked the same questions about the well-being of their family member, 97% also agreed or strongly agreed that their family members overall health had improved.

The member ratings for their own improvements in these categories averaged 93%, greater than the goal of 75%. The combined family members rated improvement and the member's self-ratings for improvement in these areas in these areas averaged 95%. Additionally, 78% of the members reported that they had more interactions with peers during the year (75% target).

Table 4: Member and Caregiver Well-Being

		GOAL	ACTUAL
Measures of Success	N	%	%
% caregivers reporting increase in their own health (mental, physical, emotional well-being)	35	75	97
% members reporting increase in their own health (mental, physical, emotional well-being)	95	75	93
% members & caregivers combined reporting increase in their health (mental, physical, emotional well-being)	130	75	95
% members reporting an increase in peer interactions	94	75	78

Other comments made on the surveys by members and caregivers include the following:

"I like the people here staff and members. They have been so kind to me and have helped me to become well physically and mentally. It is an oasis in the desert." (member)

"It raises your self-esteem and self-worth and all of the above." (caregiver)

"The interaction that the clubhouse provides members with is so important—members isolate less." (caregiver)

"It gives me a healthy environment to interact with peers and socialize. It gives me constructive things to do to keep my life busy." (member)

"There a lot of people that come and go. Whether staff or member. You become resilient and stronger towards the change. I socialize and have more confident because of Putnam Clubhouse." (member)

"The clubhouse has become a second home for me. I feel like I can be myself here and my personal well-being has improved since attending." (member)

Hospitalizations

For the eighth year in a row, members were asked to report on their hospitalizations and out-of-home placements (residential treatment) for the three years prior to joining the Clubhouse and for three years since joining the Clubhouse. Data was collected from a total of 63 active members in June 2018. If data had already been collected for the member in the previous year (June 2017) then this data was entered and information was garnered for the previous reporting year only (since July 1, 2017). Data was not collected from those who had been Clubhouse members for more than four years since the date of their joining, since the period of observation is a six year span from three years prior to membership to three years post-joining the Clubhouse.

Information on hospitalization was gathered in terms of “episodes” with an episode defined as each time a member was hospitalized or placed in a residential treatment program (NOT including board and cares or other long-term group living situations that are simply where the member lives but don't involve receiving treatment at his or her place of residence). Data was also collected on total number of days hospitalized or in residential care.

Of the 63 members, 5 were not included in the analysis as they showed that they had been hospitalized for an extended time prior to Clubhouse (an extended period comprises at least 1 episode of 800 plus days) and zero episodes/days after. Three of the members had been Clubhouse members for more than 1 year but less than years and 2 for more than 2 years but less than 4 years. By including these members, the data would be positively skewed and so these members are not included in the analysis and the final number of members included in the analysis was 58.

The number of hospital days prior to Clubhouse membership for those 58 members included in the analysis ranged from 0 to 228 days, with a mean of 23 days. Post Clubhouse membership, the number of days hospitalized ranged from 0 to 109 days with a mean of 3 days of hospitalization. In terms of episodes of hospitalization prior to Clubhouse membership, the Clubhouse members experienced zero to 9 episodes of hospitalization (a mean of 1.19 episodes). After Clubhouse membership, members experienced on average .34 episodes of hospitalization (range 0 to 5). In terms of change of episodes, 86% of those providing hospitalization data showed a decrease in hospitalizations or maintained zero hospitalizations, 7% showed no change (1 hospitalization episode before clubhouse membership and 1 after) and 5% showed an increase in hospitalization episodes from before to after Clubhouse membership. One member had been hospitalized for 5 separate episodes before Clubhouse and 5 after.

Table 5: Percentage of # of episode changes before and after Clubhouse Membership

Episode Change (prior & after Clubhouse membership)	N	%
Decrease or maintained 0 prior and after	50	86
No change (1 prior and 1 after)	4	7
No change (5 prior and 5 after)	1	2
Increase	3	5
TOTAL	58	

In terms of number of days (total) that Clubhouse members were hospitalized or in out-of-home placements, paired T-tests were used to look at change in days before Clubhouse membership and after Clubhouse membership. Findings showed a significant decrease in average number of hospitalization days from 22.5 days (range 0 to 228 days) before Clubhouse membership to 2.9 days (range 0-109 days) after Clubhouse membership ($t=2.90$, $df=57$, $p<.01$).

Hospitalizations were assessed in terms of change in number of episodes and days of hospitalization prior to and since Clubhouse membership, both of which decreased from before to after membership. In conclusion, the program achieved its goal (100%) of reducing hospitalizations in Clubhouse members.

When members were split into three groups according to their number of years as a Clubhouse member (less than 1 year (n=23), 1 to less than 2 years (n=17), and 2 to 3 years but less than 4 year (n=18) (see Table 6), although there appears to be a decrease in the proportion of those who showed a decrease or no change in episodes of hospitalization from those who have been Clubhouse members for less than a year (96%) to those who have been Club members from 2-3 years but less than 4 (67%), the proportion of those who show a decrease or no change in episodes still remains highest independent of how many years of clubhouse membership.

Table 6: Percentage of # of episode changes before and after Clubhouse Membership

	Years of Membership					
	Less than 1 year		1 to less than 2 years		2-3 years but less than 4 years	
Episode Change (prior and after Clubhouse membership)	N	%	N	%	N	%
Decrease or maintained 0 prior and after	22	96	16	94	12	67
No change (1 prior and 1 after or 5 prior and 5 after)	0	0	1	6	4	22
Increase	1	4	0	0	2	11
TOTAL	23		17		18	

When looking at actual number of Hospitalization episodes Before and After Clubhouse membership, although there is a decline in number of episodes independent of how many years of clubhouse membership. This difference was statistically significant for those who had been Clubhouse members for less than one year and those who had been members for 1-2 years. Although there was a decline in episodes for those who had been members longer at Clubhouse (2-3 years but less than 4 years), this was not statistically significant.

Table 7a: Change in number of episodes from before (Prior) to After (Post) Club Membership.

	Years of Membership					
	Less than 1 year		1-2 years		2-3 years but less than 4 years	
Episodes Hospitalization Prior Membership	23	1.22	17	1.18	18	1.17
Episodes Hospitalization After Membership		0.4**		0.29*		0.78

*p<.05;**p<.01;***p<.001

Paired t-tests were also used to look at number of hospitalization days prior to Clubhouse membership compared to number days after clubhouse membership for each membership category (<1 year, 1 to < 2 years, 2-3+ years) (see Table 7b). Although members showed a decrease in number of hospitalization days from prior to post membership for all categories of clubhouse membership (< 1 yr, 1-2 yrs and 2 to <4 years), these changes were not statistically significant.

Table 7b: Change in number of days from before (Prior) to After (Post) Club Membership.

	Years of Membership					
	Less than 1 year		1-2 years		2-3 years but less than 4 years	
Days Hospitalization Prior Membership	23	18.35	17	26.35	18	24.11
Days Hospitalization After Membership		0.13		6.41		3.22

*p<.05;**p<.01;***p<.001

Overall, using the self-report data of Clubhouse members, it would seem that members of Putnam Clubhouse show a decrease in hospitalization in terms of episodes and total days from before to after Clubhouse membership.

Career Development Unit

During the 2017-2018 contract year the Clubhouse made career support services available to all members including the 134 members working in paid employment and the 64 members who attended school during this period . The Clubhouse provided support to all members who worked and attended school during the contract year including the 40 who began jobs during the year and the 16 who returned to school. Of the members completing the member survey who used career services, 87% said they were satisfied or very satisfied with the services related to employment or education (target 75%).

During the contract year, 40 Clubhouse members completed personal career plans (33 had employment goals and 7 had education goals). Of the members who indicated employment as a goal in their career plans, 100% (target: 80%) were referred to employers, applied for jobs, and/or had a job interview within three months of indicating goal. In addition, 100% of the members who indicated education in their career plans as a goal (return to school/finish degree/enroll in a certificate program) were referred to appropriate education resources within 14 days (target: 80%)

Table 8: Career/ Educational Development of Clubhouse Members

		GOAL	ACTUAL
Measures of Success:	N	%	%
% members satisfied/very satisfied with services related to employment/education (of those using Career Unit services)	61	75	87
% members referred to appropriate education resources within 14 days (of those indicating education as goal)		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)		80	100

Importance of Clubhouse programs to Members and Caregivers

Clubhouse Members and Caregivers were asked to indicate how satisfied they were with the different programs and activities provided by Clubhouse during the 2017-2018 contract year.

Table 7 shows the percentage of members and caregivers were satisfied or very satisfied with the program. Those who did not participate in the program or whose family member did not participate did not respond to the survey item. As can be seen from the responses in Table 9, members and caregivers alike were satisfied or highly satisfied with Clubhouse programs, with a satisfaction rate of over 90% for the majority of programs and activities, bar the Rides program (for both caregiver and member) and Career services for the members. Members were most satisfied with the Holiday and Healthy Living Programs whereas Caregivers were most satisfied with the Weekend Activities and Wednesday Night Expressive Arts Programs.

Table 9**: Member and Caregiver Satisfaction with Program Activities** that Member or Caregiver's Member Participated in **(% Satisfied/ Very Satisfied)**

Clubhouse Programs/Activities	Member	Caregiver
	% Satisfied/ Very satisfied (N)	% Satisfied/ Very satisfied (N)
Holiday programs	99 (79)	96 (28)
Healthy Living Program	96 (56)	97 (31)
Work-Ordered Day (Monday – Friday daytime activities	95 (84)	94 (35)
Wednesday Nights Expressive Arts Program (music and/or art)	95 (62)	100 (26)
Young Adult Activities	94 (34)	95 (20)
Meals	92 (90)	94 (32)
TGIF Fridays	91 (70)	97 (31)
Weekend Activities	90 (61)	100 (27)
Rides Program (transportation to/from Clubhouse)	89 (45)	89 (18)
Career Development Unit (assistance with education and/or employment)	87 (61)	90 (31)

Finally, both members and caregivers were separately asked to rank 10 Clubhouse programs/activities in order of importance to them. For the members the top three ranked activities/programs were Meals TGIF Fridays and Holiday Programs. For caregivers, the top 3 ranked activities/programs were Rides and Career Development Unit (jointly ranked 1), Work Ordered Day, followed by Meals and Healthy Living Program (jointly ranked at 3),

Table 10**: Ranking of Program Activities in terms of Importance by Caregiver and Member**

Clubhouse Programs/Activities	Member	Caregiver
Meals	1	3
TGIF Fridays	2	6
Holiday programs	3	4
Work-Ordered Day (Monday – Friday daytime activities)	4	2
Career Development Unit (assistance with education and/or employment	5	1
Healthy Living program	6	3
Rides Program (transportation to/from Clubhouse)	7	1
Young Adult Activities	8	7
Wednesday Nights Expressive Arts Program (music and/or art)	9	5
Weekend Activities	10	7

*program/activities ranked for Members

Overall, the caregivers and members alike had many positive things to say about the Clubhouse programs and activities:

"It is a nice social place where having a mental health diagnosis is accepted. We are not judged and there is a lot of support. I really appreciate the atmosphere and the meals. Pat's Place is amazing. The director and staff are all amazing also." (member)

"My sister attends everyday and loves the work that she does in the hospitality department. I am so happy that my sister has a place to be everyday" (caregiver)

"The clubhouse structure really adds to the quality of my life, it allows me structure yet flexibility. The work ordered day and the extended evening dinner programming bring me much satisfaction, that I can be social and have a productive day each time I come to the clubhouse." (member)

"Good place for social activity - otherwise I would isolate at home." (member)

"I like the work ordered day and the activities and meals." (member)

"[I like] That my son has a positive place to go and work. He comes home always happy" (caregiver)

"The programs offered are very positive and have had a healthy effect on sister" (caregiver)

"I like the structure, the help with challenges and what has transpired in your life, making an accomplishment with peers, gaining knowledge with socialization, how to communicate with others, making a common goal to be rid of situations that hold you back." (member)

The Clubhouse was successful in achieving all contract goals and objectives for the 2017-2018 contract with the exception of the number of new members, including the number of new young adult members.

Various circumstances contributed to falling short of the goal of adding 70 new members, of whom we expected 12 to be young adults. The actual number of newly enrolled members was 56, of whom 8 were young adults. During the 2017-2018 contract year the program experienced a higher than usual turnover of the line staff (called staff generalists) due to circumstances outside of our control (staff members moving, returning to graduate school, etc.). Rather than focusing on growth during this period, which included hiring and training an almost entirely new line staff, we focussed on maintining program stability. We believe we were successful at maintining stabilitiy for the existing members and the new members who did join during the contract year given that the Clubhouse acheived or exceeded all of its other 2017-2018 goals. The Clubhouse is once again fully staffed and actively increasing the membership, including through revised policies that make it easier for potential new members to onboard into the program.

DEMOGRAPHIC DATA: X Not Applicable *(Using County form)*

If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

EVIDENCE-BASED OR PROMISING PRACTICES:

What evidence-based, promising practice, or community practice based standard is used in your program and how is fidelity to the practice ensured?

Since 2011, Putnam Clubhouse has been continuously accredited by Clubhouse International, the SAMHSA-endorsed, evidence-based recovery model for adults with serious mental illness. Putnam Clubhouse is required 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. In April of 2018, Clubhouse International reaccredited Puntam Clubhouse at the highest level with a three-year unconditional accreditation. Following the rigourous accreditation process, Clubhouse International determined that Putnam Clubhouse programming meets the 37 standards of the Clubhouse Intentational model and maintains fidelity to the model. Learning about, discussing, and adhering to the 37 standards of the model are built into the work-ordered day structure. All program staff and program participants of Putnam Clubhouse commit to following the standards during program activities. Program participants are included in all aspects of program evaluation and accreditation.

VALUES:

Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non- discriminatory?

Putnam Clubhouse is an intentionally formed, non-clinical, working community of adults and young adults diagnosed with SMI. The International Clubhouse Model followed has been designed to promote recovery and prevent relapse. Putnam Clubhouse operates under the belief that participants are partners in their own recovery—rather than passive recipients of treatment. That's why Clubhouse participants are intentionally called members rather than patients, clients, or consumers. These members work together as colleagues with peers and a small, trained staff to build on personal strengths, rather than focusing on illness. The term "member" reflects the voluntary, community-based nature of the Clubhouse, making clear that members are significant contributors to both the program and to their own well-being. Thus the term "member" is empowering rather than stigmatizing. Clubhouse membership is voluntary, without time limits, and offered free of charge to participants. Being a member means that an individual is a valued part of the community and has both shared ownership and shared responsibility for the success of the Clubhouse.

All activities of the Clubhouse are strengths-based, emphasizing teamwork and encouraging peer leadership while providing opportunities for members to contribute to the day-to-day operation of the their own program through what's called the work-ordered day. The work-ordered day involves members and staff working side-by-side as colleagues and parallels the typical business hours of the wider community. Work and work-mediated relationships have been proven to be restorative. Clubhouse participation reduces risk factors while increasing protective factors by enhancing social and vocational skill building as well as confidence. The program supports members in gaining access to mainstream employment, education, community-based housing, wellness and health promotion activities, and opportunities for building social relationships.

Putnam Clubhouse operates under the belief that every member has individual strengths they can activate to recover from the effects of mental illness sufficiently to lead a personally satisfying life. Fundamental elements of the Clubhouse Model include the right to membership and meaningful relationships, the need to be needed, choice of when and how much to participate, choice in type of work activities at the Clubhouse, choice in staff selection, and a lifetime right of reentry and access to all Clubhouse programming including employment.

Additional components include evening, weekend, and holiday activities as well as active participation in program decision-making and governance. Peer support and leadership development are an integral part of the Clubhouse. The programming also incorporates a variety of other supports include helping with entitlements, housing and advocacy, promoting healthy lifestyles, as well as assistance in finding quality medical, psychological, pharmacological and substance abuse services in the wider community.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.
Throughout this report we have included quotes from program participants and family members describing personal experiences and perspectives about the Clubhouse's impact on their lives.

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PEI ANNUAL REPORTING FORM

IMPROVING TIMELY ACCESS TO SERVICES FOR UNDERSERVED POPULATIONS REPORTING FORM

FISCAL YEAR: 2018

Agency/Program Name: Rainbow Community Center of Contra Costa County
Reporting Period (Select One): Annual Report

PEI STRATEGIES:
Please check all strategies that your program employs:

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

SERVICES PROVIDED / PROGRAM SETTING:
Please describe the services you provided in the past reporting period. Please include who the program has targeted and how your services have helped in improving access to services. Where are services provided and why does your program setting enhance access to services?

During fiscal year 2018, The Rainbow Community Center provided services to members of Contra Costa County's Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) community through the implementation of three different projects: Pride and Joy, LGBTQ Youth Support Programming, and Inclusive Schools Coalitions.

Project #1: Pride and Joy – Pride and Joy, an outreach and early intervention project, targets members of Contra Costa County's LGBTQ community. It places a special emphasis on reaching LGBTQ seniors, people living with HIV, and community members with unrecognized health and mental health disorders. Pride and Joy assists our historically underserved community members in finding culturally affirming health and mental health support services, and increasing their ability to cope with oppression when they are required to access health and mental health services in less affirming settings. Pride and Joy also raises awareness about existing health/mental health disparities within the LGBTQ community (e.g. community members' increased rates of depression, anxiety, suicide, substance abuse, and victimization), delivers health promotion messages, and increases LGBTQ community members' knowledge of local and national mental health resources. Pride and Joy accomplished these tasks through a three tier model; our successes for Fiscal Year 2018 are detailed below:

- Tier 1 (Universal) – Rainbow Community Center organized outreach programming that exceeded our goal of 900 consumers, reaching 1,054 members of the community through multiple in-person

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events/groups such as the weekly HIV+ group, bi-monthly Senior Luncheon and Gender Voice support group, and annual Crab Feed Fundraiser and Pride on the Plaza. Through our e-mail newsletters alone, Rainbow was able to reach and deliver health promotion messages and raise awareness about mental health/health disparities to over 4,000 LGBTQ households in Contra Costa County; through Facebook Rainbow was able to reach 4,600 community members.

- Tier 2 (Selected) – Rainbow carried out one-on-one brief-intervention services to 387 members of the target community in our convening group level services, which are designed to support at-risk LGBTQ community members who are HIV+, low-income, coming-out, transgender, diagnosed with a Serious Mental Illness (SMI), and/or in need of early intervention mental health and psycho-education services. We achieved our goal of 290 consumers.
- Tier 3 (Indicated) – Rainbow provided one-on-one services (Tier 3/Indicated) to 204 members of the target community in FY18. Tier 3 services are designed to assist at-risk community members in accessing needed care and treatment. One-on-one treatment services included providing brief and longer-term mental health counseling, assessments, and case management services. Administration of the PHQ-9 and GAD-2 depression and anxiety measures was included in all assessments. When needed, community members were referred within Rainbow to additional services, or linked to community resources using a warm hand-off method to connect people to care. We continued to rely on our staff case manager to provide quick linkage to care, and support consumers in following through with accessing needed services. We track internal and external referrals and can continue to follow consumers and link back to care as way to reduce barriers to access. During FY18 we piloted a collaboration between Rainbow's Clinical and Senior's programs to provide more home-based support for LGBT older adults. This program provides needed services for vulnerable and isolated members of our senior community, as well as opportunity for person-in-environment training for our social work interns.
- Senior Programming: Rainbow has identified LGBTQ seniors as a particularly vulnerable population. As such, programming for LGBTQ Seniors includes Tier 1, Tier 2, and Tier 3 components. Services include organizing two congregate meals (Outreach/Tier 1) per month, delivering regular in-person and telephonic Social and Support Groups (Tier 2), and offering brief-intervention and screening services (Tier 3). Rainbow's Seniors program served 143 members of the target community in FY18.

Project #2: LGBTQ Youth Support Programming – Rainbow has identified LGBTQ+ youth as a particularly at-risk population. As such, programming for this group incorporates components from all three tiers with services provided at Rainbow offices and in school and community-based locations throughout the county. Efforts also include continued development of support services designed to work with youth within a family-based context and transgender/gender nonconforming youth. Efforts reached 144 youth via outreach activities, 176 youth in group-level programming at RCC offices, and 43 youth through one-on-one work. An additional 387 youth were reached through school-based outreach (tabling, guest speaking engagements), 65 youth through the psycho-social group, QscOUTs, and 118 youth through mental health services.

Rainbow's Youth Program team increased school outreach efforts and adjusted programming to meet the needs of LGBTQ+ youth. Outreach efforts consisted of our monthly email blast, social media (Instagram, Facebook, website), and mobile outreach. Additionally, Rainbow collaborated with our Inclusive Schools Coalition, local school Gay Straight Alliance/Queer Straight Alliance (GSA/QSA) clubs, and presented and/or tabled at school events: Sequoia Middle School Career Day, Diablo Valley College Social Justice Program Panel, Concord High School Diversity Panel, Mt. Diablo Unified School District GSA Forum. Additional events/activities included: annual dances/shows (Valentine and Pride Dance, Youth Variety Show), youth and family workshops (family acceptance, faith and allyship), "Drag Queen Storytime" (book reading at a local bookstore), and anti-bullying

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workshops for LGBTQ+ Day of Silence. We met and/or collaborated with local schools such as: Concord, Northgate, College Park, Mt. Diablo High Schools, and Pleasant Hill, Sequoia, Valley View Middle Schools. Onsite youth group themes and special events were purposely planned around awareness and/or celebratory months/days that included: "Remembering Our Change Makers" for Black History Month, Bisexual Health Awareness, "Day of Silence" Workshops, LGBTQ+ Pride Dance and Variety Show, and "Youth Gender Voice" for Trans/gender non-conforming youth. These outreach efforts, youth groups and special events helped promote resiliency, collectivity, and youth leadership.

Project #3: Inclusive Schools – The Inclusive Schools Coalition continued the work of the MHSA Innovations Project to promote acceptance for LGBTQ+ youth in Contra Costa County schools, families, and faith communities. Rainbow ran the Central/East County Coalition, which focuses on collaborative work with school leaders, staff, and students to expand and solidify a base of action within four of the county's school districts: Mt. Diablo Unified School District, Pittsburg Unified School District/Pittsburg High School, Acalanes High School District, and West Contra Costa Unified School District.

The Coalition also contributed to the ongoing development of county-wide collaborative efforts to establish a strong network of schools, faith communities, service providers, parents, and community leaders that will make a commitment to shared values, principles and practices in advancing acceptance of LGBTQ+ youth in Contra Costa County. Target populations included: a) LGBTQ+ students, their peers, and groups of students who were bullied and marginalized due to racial, ethnic, class, sex, gender identity, physical, and emotional differences; b) school boards, school teachers and staff, parents and other adults whose attitudes and behavior are intrinsic to creating an inclusive climate in CCC schools; and c) school and community-based organizations that interface with students and schools on a regular basis in order to create a seamless, no-wrong-door network of supportive services for marginalized students across Contra Costa County.

The Coalition held monthly meetings to plan collaborative educational events and the Welcoming Schools and Communities Summit in the fall. Efforts have also consisted of reaching out to other faith communities and agencies/organizations. As a result, the Coalition was able to connect with a Catholic church-based LGBTQ+ inclusive group and a parent-teacher association in San Ramon. The Coalition facilitated four community educational events: family acceptance, faith and allyship, LGBTQ+ and ally prevention/anti-bullying, and Mt. Diablo Unified School District's Gay-Straight Alliance Forum.

OUTCOMES AND PROGRAM EVALUATION:

Please provide quantitative and qualitative data regarding your services.

- ***How are participants identified as needing mental health assessment or treatment?***
- ***List of indicators measured, including how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.***
- ***Average length of time between report of symptom onset and entry into treatment and the methodology used.***

How are participants identified as needing mental health assessment or treatment?

LGTBQ people are often reluctant to access mainstream services due to experiences of feeling unsafe or unwelcomed by other agencies. As a result, many of our community members do not access mainstream services, and some feel compelled to hide their HIV status or LGBTQ identities. These fears mean that LGBTQ

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people, especially those in the aging older adult population, struggle with greater isolation and other discrimination-related health concerns in comparison to their peers who are not living with HIV or do not identify as LGBTQ. Within Rainbow's social and support programming, drop-in hours, and clinical services, we provide a welcoming, culturally competent environment and various opportunities to identify the needs of the community members who utilize the services that we offer.

One of our primary methods of identifying the need for mental health assessment or treatment is through intake forms. Intake forms are an effective and culturally sensitive way to get a snapshot overview of a community member's current living situation, and they help RCC to determine if the community member might benefit from additional services. Other screening tools include the PHQ-9 depression scale and the GAD-2 anxiety scale, which alert us to when community members are experiencing high levels of anxiety and/or depression and may need additional services. When this happens, a program manager checks in with the community member and offers additional services.

In addition to intake forms, program managers and group facilitators can identify clients who might benefit from further health assessment or treatment through interaction and conversation. For example, during reminder calls and wellness checks for our Senior Luncheons, a senior might remark that they are experiencing pain or recently fell. This prompts program staff to research and seek out resources (e.g. the Fall Prevention Program through Meals on Wheels Senior Outreach Services). Similarly, when participants in youth group bring up serious issues with Youth Outreach Counselors, the YOC will help make sure they have a warm handoff to appropriate resources. If a client is referred to our Tier 3 services, a member of the clinical or case management team completes an intake and the Clinical Director assigns the case to a case manager.

Sometimes members choose to self-disclose their need for further treatment; this is encouraged by the RCC's dedication to a safe, LGBTQ-affirming environment and by our promotion of health/mental health services. For example, at Senior Luncheon a senior attending luncheon might stumble upon one of our case management brochures and decide to inquire about a need for housing help. From there the Seniors' Program Manager can refer them to an MSW intern, who can provide case management for that client. Similarly, at Food Pantry the wait time for shopping allows staff and volunteers to chat and get to know the clients. This builds rapport between the clients and Rainbow, removing the stigma associated with expressing the need to access additional services.

We also participate in various intra-agency case rounds and care team meetings. Rainbow clinicians at Hercules High School, Pittsburg High School, Ygnacio Valley High School and Las Lomas High School in Walnut Creek, and Mt. Diablo High School and Concord High School in Concord attend care team meetings where they collaborate with other educators. When LGBTQ youth are discussed, clinicians work to connect them to services with Rainbow or other CBO or county programs. Within adult services, we participate in multi-disciplinary team meetings for human trafficking and domestic violence (as part of Contra Costa's Zero Tolerance for Domestic Violence Initiative). Lastly, we attend the Children's, Teens', and Young Adult's Reducing Health Disparities Meetings and Contra Costa Health Department AIDS Program's case rounds.

Finally, our drop-in hours also provide a venue for identification. Social work interns staff the front desk and engage with consumers and community members with the intention of linking people to services that may benefit the whole person, from mental health needs, case management support, or social programming to increasing connection to the LGBTQ community.

List of indicators measured, including how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the

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integrity and confidentiality of the individuals served.

We continue to use our Salesforce database to collect data on consumers, including address, name, birthdate, ethnicity, sexual orientation, gender identity, and the types of agency programs that they attend. We also collect service utilization data on every time the consumers attend a program or service. This data is summarized monthly and submitted with our PEI demands for payment. Linkage and Referral data has been kept on clients in our counseling program. For those clients, we keep track of referrals by looking at the method of referral (e.g. walk-ins or referrals from a community partner) and other Rainbow programming the consumer is currently engaged in. In the counseling program we have started tracking the type of referral being made (e.g. AOD services, VA, CCHP). Counseling charts note the amount of time symptoms were present.

To evaluate PEI Outcome Measures, Rainbow has devised the following plan:

- Note how many consumers are identified and referred to appropriate levels of care
- Keep track of referrals by looking at the method of referral (e.g. walk-ins or referrals from a community partner), other Rainbow programming the consumer is currently engaged in, what program and to which staff the participant is referred, and the outcome
- Track the reason for the referral and the amount of time symptoms were present

Key staff on the Clinical Team (Patient Care Coordinator, Case Management Program Director, Clinical Director, and occasionally the Youth or Senior's Program staff) meet monthly to ensure that Rainbow is able to consistently follow up on referrals. Program managers, social workers, and clinicians are responsible for follow-up with community members who are identified as needing additional services or connection to care.

Average length of time between report of symptom onset and entry into treatment and the methodology used.

Rainbow's clinical program tracks internal requests for follow-up and linkage to care for outside services. We did not track length of time between symptom onset and entry into treatment, but do track length of time between intake and connection to care.

DEMOGRAPHIC DATA: X Not Applicable ***(Using County form)***
If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

LINKAGE AND FOLLOW-UP:
Please explain how participants are linked to mental health services, including how the PEI program: 1) provides encouragement for individuals to access services; and 2) follows up with the referral to support successful engagement in services. Additionally, please include the average length of time between referral and entry into treatment and the methodology used.

Rainbow uses multiple strategies to link participants into mental health and support services. One strategy is to bring resources directly to Rainbow programming. We routinely include speakers from outside agencies in our

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community programming. For example, during FY18 we had speakers at Senior Lunch talk about housing resources for seniors, and connecting with other seniors as roommates. Recently we have had presenters on fall prevention, fraud prevention and Alzheimer's/memory screening.

Similarly, in FY18 speakers presented to the youth program about these topics:

- "Trans*forming Families" Educational Panel (panel of transgender/gender nonconforming adults and youth speaking with parents/guardians and youth)
- Suicide Prevention Panel (participants included: a staff member from Monument Impact, Rainbow Community Center, and TAY youth)
- "Rainbow Families" (families and LGBTQ+ youth and family acceptance - Claycord+ PFLAG)
- Faith & Allyship (families and LGBTQ+ youth discussing and networking about inclusive faith communities - Walnut Creek United Methodist Church, Mt Diablo Unitarian Universalist Church, Clayton Valley Presbyterian Church, Community Presbyterian Church of Pittsburg)

Another strategy we employ is utilizing our Inclusive Schools Coalition and our training program to outreach to other mental health and social service agencies. Rainbow held twenty-eight trainings between June 2017 and July 2018 at various organizations, including Antioch Medical Center, Diablo Valley and Los Medanos Community Colleges, the School of the Performing Arts, and the Reproductive Science Center of the San Francisco Bay Area. We've found that the more we increase our partnerships, the more likely we are to be referred community members for various services.

We also focus on providing good customer service to all people who contact our agency. Everyone who works at the Rainbow Community Center is trained to understand the importance of meeting people where they are at, in an effort to create a safe, welcoming, and friendly space. Having our 3 Tier Service Model is critical to connecting community members. This range of services includes (but is not limited to) social and recovery groups. Through this we are able to connect people to multiple programs which address the needs of the individual as a whole person, rather than based solely on their mental illness or other struggles they may be experiencing.

Both program managers and clinical staff spend considerable time working to link participants to mainstream services and programs. As brokers for care between our participants and other providers, we are often able to educate providers who may be well-meaning but unsure or unfamiliar with how best to serve LGBTQ Seniors and people living with HIV/AIDS. We also help our community members by encouraging them to use social service programs, as well as inviting providers to partner with us and introduce themselves to our participants. For example, often times our Food Pantry program serves as the first point of contact for many community members. From their first time coming in to receive food services, they are exposed to the various other services that they can benefit from, including counseling and case management. The detailed intake procedure gives the food pantry manager the opportunity to make internal referrals and notify clients of other services that they can benefit from. In the same way, youth outreach counselors act as mentors to youth participants. When a youth is experiencing crisis, the act as brokers in connecting them to other services and then following up.

Once a referral makes its way to Rainbow's clinical program, we use an intake screening tool that can be completed either in-person or over the phone. This tool screens for needs of the individual, couple, or family, as well as issues around crisis, substance abuse, and domestic violence that may need to be addressed. Clinicians and our patient care coordinator complete intakes and use the opportunity to build rapport with community members, as well as share information about the variety of services and programs offered at Rainbow and with our community partners. Through use of the intake screening tool and staff's friendly approach to engaging with

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consumers, we are able to encourage individuals to access services that are beneficial to their immediate and longer term needs.

Our patient care coordinator is able to follow up with consumers who complete intakes and inquire about ability to engage with referrals made to community partners outside of the Rainbow Community Center. We are systematizing this process and working to create a way of tracking follow up for linkage into care. For our internal referrals, we utilize a form that we have created to track what service(s) consumer is already connected to, and what they are being referred for. Typically we use this form for making referrals to case management for counseling clients, and vice versa. We track the date of the referral, when the case was assigned to additional services, and a disposition of the case. This is in an effort to streamline assignment and getting consumers connected to additional services that may be beneficial.

VALUES:

Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non- discriminatory?

Rainbow reflects MHSA values of wellness and resilience by providing community members with a safe, inclusive space to build community in a stigma-free environment. Staff are educated on utilizing inclusive and culturally competent language when interacting with the LGBTQ community members. The LGBTQ community often faces discrimination in various aspects of their lives. Providing a safe environment where community members can access services free from fear of this discrimination is integral to the mission of the Rainbow Community Center. Our Community Agreements are designed to ensure that the space is kept welcome to all, and is enforced by all staff and volunteers, and encouragement is given to everyone who enters the space to further enforce these agreements. The Community Agreements are posted in all Rainbow meeting spaces, and group facilitators often refer to them.

In our mental health and case management programs, we utilize strengths-based and trauma informed approaches in all of our interactions with consumers. We believe that our mission to build community and promote well-being is accomplished through providing high quality services while being mindful of the whole person and ways that programming we offer throughout our 3 Tier Service Model may benefit everyone we serve. Through ongoing training and utilization of a team-based approach to the work we do, Rainbow staff provide a safe environment where our clients receive non-judgmental, supportive services that help them feel welcome and accepted.

Our Inclusive Schools Coalition work is focused on creating support networks for LGBTQ youth and providing cultural competency training to other Contra Costa organizations. Through this work, we aim to make mental health services for LGBTQ+ people more visible, more accessible, and more culturally competent by providing relevant information, collaboration, and opportunities for networking and connection between providers and consumers alike. For example, during our annual Welcoming Schools & Communities Summit/Rainbow High, we invite several different organizations to run resource tables during the event. As a result we are able to provide appropriate resources, facilitate face-to-face connections, and encourage future collaboration between community members and organizations.

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School-based youth programming was implemented through QscOUTs, social-emotional development groups, which were facilitated at Mt. Diablo High School, Ygnacio Valley High School and Las Lomas High School in Walnut Creek, Hercules High School and Pittsburgh High School. The QscOUTs curriculum not only provided a safe space for LGBTQ+ students on their campuses, it also helped youth with identity development, healthy relationships, and team building. In conjunction with QscOUTs, students were provided with one-on-one support from onsite Rainbow interns. This support included mental health assessments, short-term counseling and case management, and linkage and brokerage services. As a result, youth were able to receive help with short-term issues and be linked into higher levels of care when needed. The QscOUTs program worked well in creating safe and affirming spaces for LGBTQ+ youth at the
high schools. Ygnacio Valley High School saw interest both from returning and new participants. Mt. Diablo High School also consistently had student participants, who continued to show interest in following years. The QscOUTs program at Hercules High School had a large turnout of new students and some returning students.The program at Las Lomas had about 10-16 participants, and we plan to expand to offer QsOUTs twice during the 2018-19 school year to allow more students to participate.

VALUABLE PERSPECTIVES:

Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

Vignette 1

Charlene is a 62 year old lesbian identified, cisgender woman. She has been receiving counseling and case management services at the Rainbow Community Center for the past eight months for support with social isolation, severe mental illness, and safety issues in her shared housing. Charlene has a diagnosis of bipolar II disorder, a history of episodes of psychosis, and medication non-compliance. She has Medi-Cal and Medi-Care, and receives Social Security as her primary form of income. Client was referred to food pantry services as well as to spirituality support services since she reported food insecurity and concerns around losing her faith and lack of connection to a welcoming church community. Through supportive counseling services and case management to link her to outside resources, Charlene has been able to remain medication compliant, access additional food resources, and connect to an accepting church community. During the past few months Charlene has also started attending senior luncheon events, spirituality groups, and has been volunteering to give back to her community. Her counselor reports that Charlene appears to be less depressed, has a brighter outlook, and is less lonely than she was when she initially began receiving services at Rainbow.

Vignette 2

DJ is a 21 year old youth who is aging out of the foster care system. He identifies as transgender and has a history of multiple suicide attempts and 5150 psychiatric holds. DJ was referred to the Rainbow Community Center for counseling when he was being transferred from a different county to be placed in supportive housing in Contra Costa. He lacked coping skills and was struggling with his identity in that he knew he was male, but did not have adequate supports in place to begin to medically transition or have his identity validated. He also did not understand how to navigate insurance and finding a culturally competent medical provider who could prescribe hormones. DJ's counselor connected him to case management services at the Rainbow Community Center for help with the insurance navigation, and initiated a collaborative relationship with DJ's other care providers to advocate for him to be able

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to access transgender services that would benefit his mental health and physical well-being. DJ was able to get on gender-affirming hormones, and within a short amount of time his gender dysphoria decreased, as did his suicidality and other harmful behaviors. He has since started taking college courses and has secured part time employment.

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PEI SEMI-ANNUAL REPORTING FORM

PREVENTION REPORTING FORM **FISCAL YEAR: 2017-2018**

Agency/Program Name: RYSE
Reporting Period (Select One): ☐ Semi-Annual Report #1 (July – Dec)
X Semi-Annual Report #2 (Jan – June)

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

SERVICES PROVIDED / ACTIVITIES:
Please describe the services you provided in the past reporting period. Please include types of problems/needs addressed, any activities that address these problems/needs, and any functional outcomes targeted by the services provided.

An overview of RYSE history, values, programming, and departments can be seen here: RYSE At-a-Glance. Every season we do impact surveys, this reporting season, we received majority positive feedback about young people receiving the skills they need or desire in programs, learning about ways to make positive difference in their schools and communities, and that RYSE programs feel safe, welcoming and healing. Moving toward, we are working with our evaluation consultants to further refine the program inquiry based on drop-in, cohort, ongoing workshops or events and the desired impacts associated with each.

The following reflects RYSE's work during this reporting period (January 2018– June 2018) and is divided into program department updates:

Community Health Department
Programming and Community Engagement
RYSE is committed to multiple strategies both onsite and offsite to effectively meet the overall mental health and wellness needs of West County youth. Our community mental health model incorporates numerous modalities and points of entry for a young person to seek out the services they need to thrive.

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Wellness and Education & Career Plans/ Tailored Intakes

The plans have been a longstanding RYSE practice of building youth and adult partnership. Staff have continued to use a revised plan worksheet to track goals and progress in partnership with youth. Tailored intakes have also been conducted as more informal conversations similar to motivational interviewing that allow young people to dictate the priorities instead of a regimented set of questions.

Intensive Case Management

RYSE holds weekly case review meetings where staff from different departments determine specific support for individual members and develop coherent and empathetic action plans. Staff holding Case Review have been trained in non-violent communication, youth development best practices, and trauma-informed care. The space has been invaluable not only in supporting members, but also to identify gaps in RYSE's systems.

- *Trauma Response and Resilience Support (TRRS)* Please see Trauma Response and Resilience section for more detail

Youth Support and Leadership Groups

In addition to other services, RYSE continues to provide a number of support groups including Grief Groups and Healing Circles, Alphabet Group, Young Men's Circle, Sister Circle. This year, a new group was added called Cultura Cura, which explores familial, indigenous, and community-owned practices to cultivate healing relationships and sense of self.

- *Alphabet Group* Please see the West Contra Costa LGBTQQ Youth Advocacy Network section for more detail.

Youth Organizing Department

RYOT: Richmond Youth Organizing Team

RYOT held over 50 meetings and attended 3 youth organizing retreats, building relationships between peers and adults from across the Bay Area and deepening their political education, as well as hosted 5 events developing leadership skills and creating fun civic and social justice activities for their peers. RYOT and Voter Engagement Interns generated youth leadership in the following ways:

- Weekly meetings and workshops, some peer-led, on current events, political history, organizing practices, education system, school-to-prison pipeline, and art and culture in community change.
- Participated in community discussions, political education, organizing, and canvassing around supporting a ballot measure to create the "Kids First Richmond" fund, which was on the ballot and passed in June 2018. Interns put leadership into practice by conducting voter outreach and engagement across Richmond, and working to register their peers to vote.

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Leadership Development

Over 30 young people attended RYSE's weeklong (24 hours) Winter Leadership Institute, designed to foster deep community building, political education, and leadership development. Members also attended youth organizing conferences and training spaces, including Free Our Dreams, the Californians For Justice roundtable, the Bay Area Youth Organizing retreat, and many others throughout the year. Young people had the opportunity to learn and discuss topics such as Gender Justice and Leadership Styles.

Education & Justice

RYSE works to concretely intervene and support young people navigating two systems that too often have a harmful impact on the health and lives of young people of color - the education system and the justice system. RYSE continues to provide quality education and career support services and programs within the Center, the community, and at school sites.

Career Pathways Program

RYSE works to ensure youth have the educational, employment, and career opportunities and resources they need and deserve, including predictable, loving, and empathetic relationships with adults. These include personalized Education and Career plan meetings; public speaking workshops; participating in community service; attending Hire Up resume building and interview-skill workshops; participation in conferences by speaking on panels and performing; meeting with professional artists and tech programmers; linkages with academic and professional training courses at UC Berkeley; and fellowships/internships.

- The Career Pathways program has grown to include seven cohort programs with internship/ fellowship responsibilities for youth members.
- Career Pathways connected at least 15 young people to part-time and full-time jobs including: the UC Theater Concert Career Pathways program, Sutter Health, Target, Building Blocks for Kids.
- RYSE continued to provide drop-in and individualized tutoring, GED, literacy program referrals, and CAHSEE tutoring; Academic case management; and College Access workshops and field trips to UC Berkeley, to Southern California colleges, and to the Black College Expo. In June, an Education Engagement Advocate was hired in response to more members sharing a need for personalized advocacy in schools around IEPs, transfer credits, and other barriers in school.
- RYSE's first Youth Labor Research Project (YLP), formed for a 16-week action research project. Interns engaged in team building, local issue mapping, research and analysis of local economic challenges, and study of research methodologies. The YLP cohort used surveys and interviews to gather qualitative and quantitative data from 220 peers and community members, and is making plans for next steps and action.
- *RYSE & Hidden Genius Project* 40 young people have participated in RYSE's partnership with the Hidden Genius Project, which included skill-based training in the areas of computer science and software development.

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Positive School Climate Resolution

Ongoing advocacy by RYSE youth and partners led to WCCUSD passing this resolution in late 2017 to clarify the role of School Resource Officers (SRO) and identify alternatives to suspensions and reducing class sizes. Leading up to the resolution vote RYSE staff and youth attended numerous school board meetings to share personal stories and advocate. Now moving into implementation, RYSE hosted an event titled Transformative Healing and Just Schools: Intro to School Climate on April 24, 2018 to introduce the WCCUSD resolution. 30 parents, youth, and community members attended to ask questions, voice concerns and dream about what a safe school means. This milestone has created avenues for RYSE and partner organizations to establish a road map for assessing current school climate and recommending investments that will better support high needs students and support engagement, graduation, and pursuit of interests that can build career opportunities.

Youth Justice Direct Services - Diversion and Reentry

RYSE believes that in order to be successful, youth must be supported in all aspects of their lives. By implementing prevention and intervention services, our programming encourages early intervention for young people at risk of more serious offenses, as well as successful reentry and reintegration back into the community by providing reentry supports for youth who have significant involvement with the justice system through pre-release transition planning at local detention facilities and/or post- release assistance for youth already in community supervision. During this reporting period, staff worked in partnership with youth to complete Let's get Free Plans that identified their assets and steps needed to cultivate them; specific barriers to success and steps to be implemented to overcome them; education and career goals; and health needs and priorities. RYSE has been working with youth to provide transitional support and reentry services for youth leaving juvenile hall and the Boy's Ranch. Participants are connected with all community health and education supports at RYSE to support them with their transition.

- *Youth Justice Initiative/ Dept. of Probation partnership* RYSE was an integral planning and implementation partner in the County's Youth Justice Initiative steering committee and reentry pilot (March 2016-June 2018). The goal of the reentry pilot is to improve the pre-release and reentry process for young people through a holistic approach to meet their needs, support their relationships, and engage their interests. Additionally, the group of traditional and nontraditional stakeholders worked collaboratively to critique and push the Contra Costa justice system in a direction that is more trauma informed putting the needs of young people and their family first. RYSE supported youth through the YJI project, with positive feedback from youth, parents and systems stakeholders. However, the funding stream was discontinued for the current fiscal year. RYSE recently applied and was awarded funding through the Contra Costa County Department of Probation, which will allow a similar working partnership and referral process, and which we hope will open more pathways for service and system adjustments benefiting youth and their families.

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Media, Arts and Culture

The Media, Arts, and Culture (MAC) programming continues to be a crucial space for the integration of arts and healing. Core workshops hosted during this grant period: ProTools/Engineering, House Band, Beat Production, Spoken Word/Advanced Poetry, and Video Production. A few highlights:

- *Multimedia Showcase: Lead with Love* Please see Multimedia Showcase section for more detail
- *A Youth-Driven City:* Members have used art to explore and express youth visions of what it means for Richmond to be a youth-driven community. This includes participating in mural project at Richmond High school focused on images that redefine student success; collaborating on the Staying Power mural and poetry video featuring community action for more equitable housing; a partnership with KALW radio and RYSE Sister Circle were 5 members interviewed community members and completed an audio slideshow about what love and leading with love means; and produced a large-scale gallery show about home and displacement that was featured at both RYSE's Annual Be A Kid Event as well as at Kaleidoscope Coffee.
- *Youth-Produced Media:* RYSE continued to produce and release high-quality media projects. The release of these projects was an important avenue for elevating authentic youth voice, building community connections, and opening up opportunities for youth to exercise their skill sets.

Community Events

WEST CONTRA COSTA LGBTQQ YOUTH ADVOCACY NETWORK

During this reporting period, RYSE has continued to advocate for and with LGTBQQ youth. In addition to our Alphabet Group programming, RYSE has engaged in the following activities:

- RYSE's two Youth Leadership Summits centered gender justice, featuring a Gender Caucus and these workshops: *Gender Justice Warriors - Mask Off*; *Intro to Gender and Sexuality Spectrum*; *Organizing for LGBTQ Liberation*. RYSE held a Young Men's Leadership Retreat focused healing practices around gender justice.
- One RYSE member who attended the Queer Trans Summit put on by TCE's Building Healthy Communities initiative in December 2017 decided to use what he learned to organize and facilitate his own workshop for seven of his peers. His workshop discussed the language used in oppression in relation to identity, race, gender; and how these terms affect us as individuals, as a collective, and as organizers doing social justice work.
- June Pryde Month at RYSE included healing arts, a Queer and Trans POC Artist Panel, film screenings, the Queer Women of Color Film Festival, and a Queer Dance Party.
- A commentary about RYSE youth participatory action research (YPAR) conducted into trauma, coping, and gender and sexuality-based violence and bullying have been accepted for publication by the Journal of Family Violence.

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In our annual inquiry into how young people feel at RYSE, LGBTQQ youth share consistently positive feedback about their experiences at and benefits of RYSE along key scales (1-4) of a positive sense of belonging (3.2); positive peer (3.0) and adult relationships (3.2); improved sense of emotional and mental health (3.3); improved sense of agency (3.3), and sense of self in community (3.2). Results are consistent across all disaggregated groups, reflecting capacity to create safety and to recognize and validate diverse experiences, identities, and social locations.

TRAUMA RESPONSE AND RESILIENCE

Trauma and Healing Learning Series

Participant Quotes from 2017-18 Series:

"RYSE is so successful at creating authentic, safe spaces for exploration and discovery. I love coming to these events. It is also able to remain youth-centered, youth-driven while engaging adults in education and community."

"Presentations like this should be a mandatory part of education in our schools, communities, businesses, government, etc."

"Helpful in terms of facilitating healing conversations among youth, but also helpful for thinking about facilitating healing conversations among staff. If we can model good communication that will help youth feel safe. Participating in the casework example gave me even more respect."

The second half of our 6-session Trauma and Healing Learning Series was held during this grant period. These convenings, which include WCCUSD staff, probation department and law enforcement staff, health care workers, and other adult stakeholders, center the experiences and stories of young people navigating chronic trauma and work toward building collective commitment to shifting the systems that impact youth. Evaluation results are being compiled. Results indicate strong and continued interest building collective capacity and commitment to healing-centered policies, practices, and investments that meaningfully address the priorities, needs, and interests of young people. The three sessions held during the grant period were:

- January 26th, 10:00am-2:00pm - Stopping the School to Prison Pipeline with Tia Martinez (76 participants). The school to prison pipeline is a palpable, powerful, and harmful convergence of structural policies, practices, and punishment of young people of color's coping, survival, pain, and fortitude. This session will present the dynamics and effects of such convergence and hold space to discuss the implications and obligations to cultivate the policies, practices, and investments to repair the harms and enliven healing and just systems.

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- March 7th, 12:30-4:30pm - Revealing White Privilege and Healing Racial Trauma with Dr. Kenneth Hardy (243 participants). Against a backdrop of the national Black Lives Matter movement and the rich local history of intersecting movements for social justice, young people of color face continued threats and exposure to harm including displacement, unwelcoming schools, over-policing, and dominant media narratives fueling white denial and fear. Just as ever, more than ever, the adults and systems responsible for their well-being are more than obligated to recognize, remedy, and reimagine a world where their lives matter.

- June 6th, 1:00-5:00pm - Radical Healing for Systems Transformation: Building Collective Care in our Organizations with Dr. Shawn Ginwright of Flourish Agenda (126 participants). The cumulative toll of persistent, atmospheric trauma – direct, vicarious, and system-induced - looms large for too many, if not all organizations working in service to young people of color. The daily distress and dehumanization that our communities experience impact our organizations as well. This is understandable and even expected. However, without attention and intention to address the toll of such terror, or if we only move the work with best intentions, we run the risk of becoming rigid and reactionary in our work. We may become even more distanced from the communities we are a part of and in service to. What is needed just as ever, more than ever, is for our organizations and agencies to be responsive, compassionate, and ever strident towards liberation.

March for Our Lives: Gun Violence and Race

During this reporting period, there has been a groundswell in the national discourse and debate over gun violence and gun regulation. The grief and loss caused by the shootings at Parkland High School moved students at the school to voice their pain, frustration, and demands for changes in gun policy, inspiring the March 24th March for Our Lives. The youth led movement and moment reflects the origins of RYSE itself, with young people of color coming together after immense loss and violence to shift conditions and push adults to more meaningfully support them. Where it differs however is in the empathy, investment, and response of our local leaders. For example, the City committed resources to coordinate and organize a local event on March 24th, just over a year year after telling us that there were none available create a victim's compensation fund for families experiencing gun violence. Again, the pain, loss, and fortitude of young people of color right in our community are ignored and silenced, while resources that they and their families contribute to the City are attributed to "pomp and circumstance" moments that do little to nothing to ameliorate the distress too many Richmond families experience.

In light of and in spite of this ambivalence, we stepped into healthy struggle with the systems and stakeholders to name the inconsistencies in their words and actions, and and to ensure that young people of color were centered in the March 24th mobilization. Towards this centering, RYSE created an altar for youth lost to violence in Richmond and supported members' feelings after being asked to mourn youth in

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Florida when their losses are persistently ignored. RYSE members attended and participated at the central stage of the Washington DC March. Click HERE to see video highlights of our participation. RYSE staff presented at the Richmond event to read names of the hundreds of lost lives in our city. Congressman Mark DeSaulnier requested we convene a roundtable to report-back from the March and to more so to hear from those most proximate to the local impact of gun violence and trauma. Just 2 weeks after the March for Our Lives, 3 young people were killed and others injured by gun violence. The same leadership that paid for a local march remained silent for 5 days, and made public comment only after persistent requests from RYSE.

MULTIMEDIA SHOWCASE

Throughout the year, MAC programming has been oriented around the theme Lead with Love, and youth artists have participated in visioning workshops, arts activities, and event planning sessions to design RYSE's first on-site Multimedia Showcase, which took place over 3 showcases in August 3rd and 4th, 2018. This participatory immersive show provided audience members with an opportunity to move room-to-room and engage in themes, "What is Love?", "Love and Pain", "Love and Healing" and "Manifestations of Love." Leading up to the showcase, a variety of youth-led events, performances, presentations and exhibitions elevated youth voices in the community, from open mics, to art exhibitions, to community mural unveilings.

LISTENING TO HEAL

Listening to Heal Project

RYSE's Listening to Heal (LtH) Campaign is the platform for policy and systems change to create and sustain healthy school climates, through trauma-informed and healing centered practices, reformed discipline policies and systems that support the social and emotional health of students. The goals of LtH are to more intentionally understand the impact and implications of the multi-tiered trauma exposure and embodiment on biopsychosocial health and adolescent development, learning and achievement, school discipline, and the school to prison pipeline. LtH engages students, teachers, administrators, and parents/guardians in conversation about what kinds of practices, policies, and investments can support and sustain schools as sites of healing, connection, and meaningful success.

RYSE's work to pass the Positive School Climate Resolution, to conduct Listening to Heal, to provide school-based and school-linked supports and programs - for students and adults alike - and to continue to engage district leadership conversations to support the cultivation of healing-centered learning environments have resulted in plans for RYSE to present our framework, approach, and best practices during the August prep weeks leading up to the start of the WCCUSD school year. We have also begun conversations about RYSE becoming a formal diversion program for students who have been suspended or may be at near-risk of suspension, as well as planning a pilot for monthly listening sessions for adult staff at the Kennedy family schools.

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RYSE COMMONS

Building a Legacy of Healing, Hope, and Liberation – Our young people and partners have stated the need and expectation for RYSE to grow, lay down deeper roots, and serve as hub for youth arts, leadership and community transformation (RYSE Stakeholder Survey, 2015-16). Nearly 4,000 young people from across the diverse communities of WCC have joined RYSE since its opening. Yet, compared to other communities in the region, deliberate youth space in WCC is deficient and lacking. To this end, RYSE has grown exponentially to meet the needs of young people over the past nine years. Grounded in the expressed needs of young people, RYSE has begun a capital campaign to expand into RYSE Commons.

We have now purchased the land and building we currently are based on, as well as the neighboring lots, valued at over $1million. Designs for an expanded campus will increase programming space by 250%. This hub for healing and trauma-centered space that supports personal development, play, expression, incubating ideas, performance, art, launching businesses, exploring tech, and connecting with universities and partners will directly benefit the interests, needs, and passions of young people in Richmond. The space will allow RYSE to expand our age range to 11-24 year olds and open hours to include weekends. These changes will benefit young adults entering the workforce/ transitioning out of school as a safe space to receive mental health support and pursue and explore plans for their futures.

OUTCOMES AND MEASURES OF SUCCESS:

Please provide quantitative and qualitative data regarding your services.

- ***List of indicators that measured reduction of risk factors and/or increase in protective factors that may lead to improved mental, emotional and relational functioning. Please include how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.***

Key service volume indicators include the following:

Health and Wellness Program

- 250 young people sign up to become members; - During this reporting season we signed up 241 new members for a total of 680 for the entire year.
- 150 unduplicated RYSE members will complete a tailored intake such as Academic Assessment, Chat It Up/Wellness, or Let's Get Free Plan.; - During this reporting season, 75 RYSE members completed tailored intakes.
- 250 unduplicated RYSE members will participate in *at least* two programs and/or activities; - During this reporting period 254 unduplicated RYSE members participated in at least two programs within our integrative model.

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- At least, 5 youth-generated videos will be created annually to address health, social inequity and stigma reduction. During this reporting period, the following videos were created:

    - RYSE Commons Video: This video shows youth experiencing the vision they created for RYSE Commons in virtual reality.

    - Listening to Heal Video: This video is being shared with our local education stakeholders.

    - AMP team films:

        - Behind My Moves by Azaria Kate
        - Missing by AMP Intern Team
        - If Only You Knew by AMP Intern Team
        - Poem by RYSE Digital Storytelling participants
        - Interview and rap track by Jeremiah Gaines

- 250 members will engage in annual member survey.

    - 153 members engaged in the annual member Survey. Approximately 100 young people participated in the Gender Justice YPAR survey, and 220 youth and community members participated in the YLP survey. Program Impact Surveys were completed during this reporting period as well.

Trauma Response and Resiliency System (TRRS)

- *Intervention/Diversion/Re-Entry* will serve at least 150 unduplicated young people each year through probation referrals, community service, juvenile hall workshops and/or presentations, and drop-in programming. - During this reporting season, 75 unduplicated young people came to RYSE through referrals. Our projected number was based on partnership and referrals from Richmond Police Department. These referrals did not come to fruituion, despite our attempts to connect with the Department. We will continue to remain open to and prepared for their referrals. We are also pleased to share that we are in conversations with WCCUSD to pilot a diversion program with referrals coming directly from schools to help dismantle the school to prison pipeline.

    - *Hospital-linked Violence Intervention Program (R2P2)* is estimated to serve between 30 and 40 clients; - During this reporting season, RYSE provided at least 21 referrals, with at least 34 over the year.

    - Implementation of community-wide and sector specific Trauma Informed Care (TIC) Training Series (A minimum of 12 presentations a year, including at least 8

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local/regional trainings per year) reaching at least 500 adults and 300 young people.

- RYSE reached at least 1105 adults in community-wide and sector specific trauma-informed care trainings, presentations, and gatherings.
- Through programs, trainings, and events held at RYSE and at various school and community events, retreats, and gatherings, RYSE has reached at least 500 young people through TCE's Queer Trans Summit, RYSE held a Young Men's Leadership Retreat focused healing practices around gender justice, two YPAR projects focused on gender and sexuality-based violence and on economic justice for youth, work with K2 Summit schools, and the annual Sisterhood Rising week-long camp.

- At least 1 mixtape or CD will be created elevating youth voices regarding trauma, distress,, resiliency, and healing; - During this reporting season One AMP Graduate received one of the two artist in residence scholarships, over Summer 2018. He developed three videos to premiere at the Lead with Love showcase, mentored by Video Production Coordinator and Visual Arts Assistant, and helped develop a geodesic dome to screen the films within. RYSE members created a soundscape exhibit, with over 50 tracks (beats, songs, interviews, spoken word, and storytelling pieces) by 16 youth artists, exploring themes of Love, Pain, Resilience and Healing. These were developed to be shared with attendees to the Lead with Love showcase in August 2018.

- Publish at least one article on trauma, distress, and mental health de-stigmatization

    - RYSE will be contributing a chapter to as Special Edition of New Directions in Evaluation - Examining Issues Facing Communities of Color Today: The Role of Evaluation to Incite Change, scheduled for publication in Summer 2019. Abstract excerpt (full abstract available upon request): RYSE proposes a chapter for the New Directions on Evaluation focused on RI in and with schools. RYSE's Listening to Heal (LtH) Campaign is a RI process that explores the experiences of historical and racial trauma for YPOC in the context of school, identifying the impact and implications on social-emotional health and adolescent development, school climate, discipline, and the school to prison pipeline. The chapter will articulate and problematize "metrics of compliance", describe the core elements of RI as implemented in LtH, including the methods, tools, and implications and necessity for new directions in research and evaluation to incite liberation.

        - After a presentation by RYSE YPAR interns at the National Conference for Health and Domestic Violence, held by Futures Without Violence, RYSE was

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invited to submit a commentary to be published in the Journal of Family Violence. The article has been submitted to be published in October. Abstract: *The following commentary showcases the work of a non-profit youth empowerment organization's use of youth participatory action research as a response to community violence.*

West Contra Costa LGBTQQ Youth Advocacy Network

- At least 75 young people receive services through school-linked clinical services and referrals (includes individual and group); - At least 51 young people during this reporting period.
- At least 300 young people/students will participate in trainings, workshops, and events that promote awareness, advocacy, and leadership regarding the priorities and needs of LGBTQQ youth and young adults. - SEE ABOVE for description of events, conferences, trainings attended.
- At least 100 young people will participate in RYSE Alphabet Group and Alphabet Group activities, at RYSE and at local schools. This includes the inquiry/YPAR; - During this reporting period 164 young people participated in Alphabet Group activities.

Measures of Success

Health and Wellness

A. 65% of RYSE members report benefits of RYSE programs and services that support mental health and wellness. ACHIEVED.

- 93% report benefit of services that support mental health
- 90% report they paying more attention to their emotions.

B. 65% of RYSE members report positive or increased sense of self-efficacy, positive peer relations, youth-adult relations, and agency in impacting change in the community. ACHIEVED

- 90% report positive sense of self efficacy
- 89% report positive peer relationships
- 97% report positive youth-adult relationships
- 90 % report increase in agency.

C. 70% of members demonstrate progress toward desired skills/goals related to their participation at RYSE (subset of members with a defined plan); - This reporting period, RYSE members who attended our Youth Leadership Institute skills training reported the following:

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- 92% shared that they have facilitation skills needed to lead as a result of the training
- 100% shared that they have outreach and e-advocacy skills as a result
- 91% shared that they have research skills as a result

- 100% shared that they are more prepared to be a leader inside RYSE as a result
- 91% shared that they are more prepared to be a leader outside of RYSE as a result

D. RYSE members who are identified as needing more intensive MH services will be linked to culturally competent MH services. ACHIEVED, ongoing

Some quotes from our Member Liberation Impact Survey (conducted May 2018):

What makes RYSE special?

"They are very understanding about everything even if a situation may be difficult they always make sure they make a way to help" .

"The therapy that suits your schedule".

"Acceptance makes RYSE special because they accept you and treat you with the kind of respect and love that you deserve. You can be yourself and not have to worry about being judged by others".

Trauma Response and Resiliency

E. 60% of the total number of stakeholders involved in TRRS series will report increased understanding and capacity to practice trauma-informed youth development.

- At least 96% of participants in each session report increased understanding of trauma-informed youth development.
- At least 96 % feel more informed about what young people have expressed as needs and wants from adults to help them address the ways trauma and violence shows up in their lives.

F. At least 20 stakeholders demonstrate shared commitment to trauma-informed policy that promotes the optimal health and wellness of West Contra Costa youth and young adults

- At least 451 individual stakeholders from over 100 organizations and agencies participated in the Trauma and Healing Learning Series local sessions.
- At least 96% of participants indicated interest in shared commitment to trauma-informed policy and interest in continued participation in the learning series and connected opportunities for change

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Inclusive Schools

A. 65% of RYSE members who self identify as LGBTQQ 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. ACHIEVED

- 90% report positive sense of self efficacy
- 89% report positive peer relationships
- 97% report positive youth-adult relationships
- 90% report increase in agency.

B. 70% of RYSE members report an understanding and capacity to build community with races, cultures and sexual orientations and genders different from their own. ACHIEVED.

- 93% report interacting with people of different races or cultures, and of LGBTQ identity
- 90% report understanding more about people of different races or cultures, and of LGBTQ identity

C. 75% of the total number of adult stakeholders involved in the Inclusive Schools Coalition and/or Trainings will report increased understanding of the priorities and needs of LGBTQQ youth and their peers.

Numerous participants in the Trauma Healing and Learning Series have been part of the Inclusive Schools Coalition, including James Morehouse Project, Rainbow Community Center, Contra Costa County Health Services, School Based Health Alliance. As stated above, at least 96% feel more informed about what young people have expressed as needs and wants from adults to help them address the ways trauma and violence shows up in their lives.

DEMOGRAPHIC DATA: X Not Applicable *(Using County form)*
If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

Additional Items to note per the MHSA aggregate data form:

➢ While the total number of youth served during this reporting period is 438, the Race section adds up to more because youth marked both more than one race and the races they identified.

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Similarly, the Gender Identity and Sexual Orientation sections add up to more because some youth selected multiple responses.

- Part 2 is blank because we collect info on race and ethnicity together and with some differentiated categories than MHSA.
- Part 5 is blank because RYSE does not ask about specific disability on the member application. We noticed that there is no place to document atmospheric trauma and distress our members experience.
- Part 4: Item 8 shows a very high number of "Decline To State" because it's a field on the intake form that was only recently made a requirement.
- Regarding referrals out for question 9a. We do refer youth to outside services (clinical and non-clinical), however they often report negative or uncomfortable experiences with outside referrals. On occasion, members will inform us that they were unable to make an appointment.
- Regarding Part 7: Item 10 requesting the average duration of untreated mental health issues, RYSE defines and addresses trauma and distress as historical, structural, and atmospheric, operationalized through racial oppression and dehumanization of young people of color (RYSE Listening Campaign,2013; Hardy, 2013; Leary, 2005; Van der Kolk, 2015). Therefore, RYSE's work is focused on addressing the conditions and systems that induce and perpetuate distress and atmospheric trauma, cultivating and supporting community building for collective healing and mobilization to address the harmful conditions and their generational impacts, and providing tailored supports and services necessary to provide safety, stabilization, and hope for individual young people and as a community.

We measure impacts related to RYSE's core strategies and prioritization of relationships as prevention and early intervention of mental health issues (reflected in our service workplan). We do not measure duration of untreated mental health issues, as it does not fully reflect, and is dismissive of, the context and magnitude of what young people are experiencing and embodying. It falls short of the rigor and dynamism we employ as a community mental health and healing organization. That said, we work in persistent proximity with individual members to listen to,

validate, and hold their lived experiences and articulations of distress, as well as those of resistance and resilience.

Our intake, assessment, and case management tools document such proximity and complexity. Clinical and case management assessments are done in partnership with young people, including identifying areas of distress and noting diagnostic impressions. In turn, this informs partnership plans that are co-created with and led by young people. In the situation of a diagnostic impression that may lead to or characterize serious mental illness, we connect with partners who are capable of supporting a young person with this experience. Again, all done in partnership with young

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people.

EVIDENCE-BASED OR PROMISING PRACTICES:
What evidence-based, promising practice, or community practice based standard is used in your program and how is fidelity to the practice ensured?

The following was shared in our last report.
RYSE Theory of Liberation
This October marks nine years since RYSE opened its doors. The young people who responded to community violence by organizing to create the RYSE Center knew they would not directly benefit. At ages 14, 15, 16, 17, they challenged adults to listen, invest, and keep our word — in hopes that their younger siblings, cousins, nieces, and nephews did not have to experience their same grief and pain. Their fortitude and commitment were gifted to create "a strong foundation for future generations to thrive. A time and place where youth have opportunities to lead, to dream, and to love" (RYSE's Vision Statement).

Since then, we have worked to show up in bold, brave, and responsive ways to affirm the priorities of young people of color — to ensure that youth organizing, dreaming, taking risks, listening and learning together remains alive in all we do, all we are, and all we hope and incite.
In this spirit, we are pleased to share our Theory of Liberation!
Click HERE to learn more about what our Theory of Liberation looks, sounds, and feels like.

Radical Inquiry - Fidelity towards centering the priorities, needs, and interests of young people of color.
Conventional social science research too often replicates unjust and oppressive narratives and assumptions about young people of color's (YPOC) capacities, abilities, and needs, treating them largely, and sometimes solely, as risk, problem, or disease. Over emphasis on "metrics of compliance", such as individual behavior change, self-efficacy, and resilience perpetuate this burden while ignoring those of survival, fortitude, and resistance in the context of structural/historical subjugation, discrimination, and state-sanctioned violence communities of color have endured as part of US nation-building. Invisible, insidious, and assumed, the dominant tropes and frameworks render white middle class subjectivities as the gold-standard of achievement, status, and success.

As a community-based organization, we are too often beholden to and bound by measures and metrics that do not reflect or respect the realities of young people of color. This lived organizational experience necessitated us to develop and employ evaluative inquiry processes that help to ensure their lives matter.

Towards this, RYSE employs radical inquiry (RI). Through intentional, active, and ongoing listening, RI facilitates connection, proximity, and empathy – humanization. RI challenges and mitigates the research that overly confound social determinants of health, ignores structural dis/ease, and harmfully enforces individual/behavior change. It conflates and asserts the dynamic subjectivities and social locations of YPOC, their families, and communities in order to ensure their primacy across policies, practices,

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investments, research, and evaluation. RI also shift the focus of change to the systems responsible for young people of color's well-being. Radical Inquiry assesses the risk, problem, and burden systems produce and relegate to the lives, livelihoods, and deaths of young people of color. RI has been central to RYSE's creation of a Theory of Liberation, our Interacting Layers of Trauma and Healing, and our Capital Campaign for RYSE Commons.

VALUES:

Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non-discriminatory?

See previous section for RYSE's Theory of Liberation and Radical Inquiry.

Mental Health Services Administration Audit

During the previous reporting period Contra Costa MHSA conducted a program and fiscal audit. RYSE met the criteria for all the review standards and the following is a summary quote of MHSA's assessment of our program.

"This program models appropriate use of MHSA funds to field an effective prevention strategy. The culturally appropriate outreach and engagement strategies and subsequent linkage to mental health care for at-risk youth are exemplary."

VALUABLE PERSPECTIVES:

The following story is from RYSE member, Jaheim Jones, a RYOT intern (who recently was awarded a Community Champion Youth Award by the California Endowment):

Our Big Win: I don't see Richmond as a bad community, but as a diamond in the rough. I want to lift the reputation that Richmond has. When I came to RYSE I was introduced to a whole new type of organizing. My idea of changing Richmond came to life with E&K.

E&K is one of RYSE's biggest win. It was a ballot measure that demands Richmond set aside 3% of the city funding to fund programs that help local youth ages 0-24. These programs targeted youth who have been negatively impacted by the Incarceration/ Education/ Employment/ Child Welfare systems. I stayed devoted to the work because I know that it will have a big impact on me and the younger generation to come.

I like how the organizers engaged youth input in the ballot writing itself. I know this will make a big change for youth because what youth have been asking for so long is being written in the measure. This taught me what running a campaign is and what organizing is really like. I know I am able to use these

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skills later on in life as I continue to prevail my advocacy work here at RYSE and my community. Also we had fun doing the work together as a team. It was interesting even though we had turn downs, we stayed committed and determined to pivot and find find a solution that met our city official standards and also met what we needed as a community. We did some more canvassing and outreaching and our ballot had passed.

E&K was one of things that will benefit me even though it has not gone into effect. It will give youth a chance to thrive in a place like Richmond where gunshots and police sirens are the daily routines. And having these opportunities to talk to city officials and other supporters of youth were powerful personal and career-developing experiences. Looking forward, our work to register our classmates will make a difference and enhance our chances of winning and making sure youth opinion showed up in city, state, and federal elections. I look forward to the day when the sound of gunshots will be replaced with the sound of laughter, this is why I do the work I do.

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PREVENTION & EARLY INTERVENTION SEMI-ANNUAL REPORTING FORM

FISCAL YEAR: 2017-2018

Reporting Period: Please Select One
☐ Semi-Annual Report #1 (July – Dec)
☒ Semi-Annual Report #2 (Jan – June)

Agency:	STAND! For Families Free of Violence	**Project:**	9

SERVICE PLAN:

Briefly *summarize the Scope of Services as outlined in the Service Work Plan. What did you set out to accomplish?*

For the Fiscal Year 2017-2018 we plan to:

1. Deliver the "You Never Win With Violence" presentations to 500 middle and high school youth in Contra Costa County.
2. Facilitate 20 Expect Respect support groups with 250 high school aged youth.
3. Deliver informational presentations to 100 adults on the effects of Violence on Children, family violence, and trauma.
4. Implement youth leadership curriculum during the summer of 2017

SERVICES PROVIDED / ACTIVITIES:

Please describe the services you provided in the past reporting period. Please include procedures re: referrals and follow up. Attach case vignettes and any material that documents your work as you see fit.

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1. You Never Win with Violence: 1,987 participants served in 77 presentations.
2. Expect Respect: 192 participants served in 18 groups
3. Youth Against Violence: 10 youth leaders trained in summer 2017
4. Adult Allies: 31 adults trained in two presentations.

OUTCOMES, MEASURES OF SUCCESS, DEMOGRAPHIC DATA:

Please provide quantitative data re: your services.

- *For report #1 (half-year report, Jan 15): numbers served year-to-date.*
- *For report # 2 (year-end report, July 15) please include*
  a) ***year-to-date** demographic information for clients served (see demographic form).*
  b) *Report on measures of success indicators as defined in Service Work Plan (see separate form)*
  c) *Narrative of Outcomes*

"You Never Win With Violence" Presentations:

We have served a total of 1987 youth through our YNWWV presentations this Fiscal Year.

Gender

874 Male ; 740 Female; 2 Transgender; 3 Another Gender Identity; 368 Unknown/Not reported

Ages

0-15: 406 participants; 1225 16-25: participants; 368 Unknown/Unreported:

Race/Ethnicity

African American/Black: 345 participants; American Indian/Alaska Native: 1 participants; Asian: 122 participants; Native Hawaiian/Pacific Islander: 32 participants; Caucasian/White: participants; Hispanic/Latino: 719 participants; Other: 47 participants; Multi-racial: 237 participants; Unknown/Unreported: 116 participants

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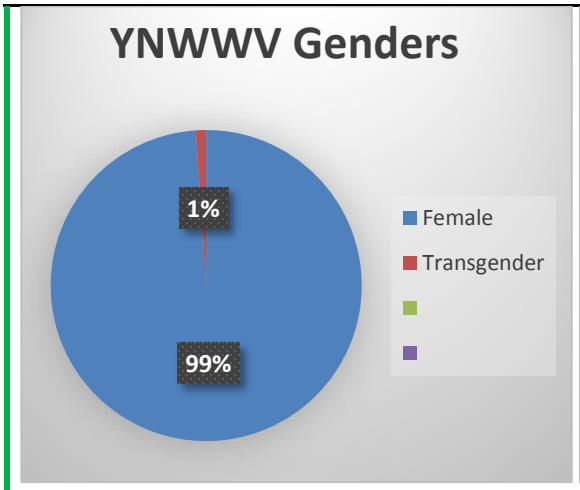

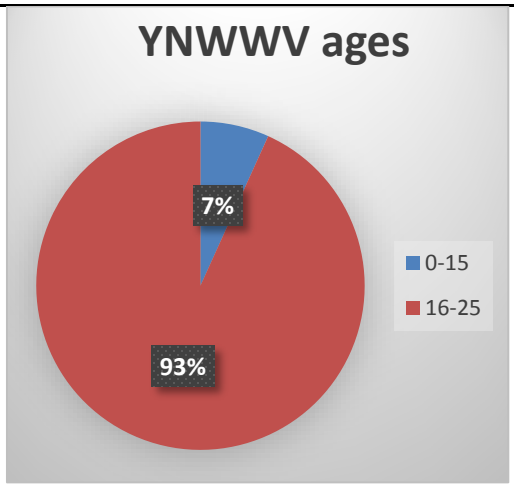

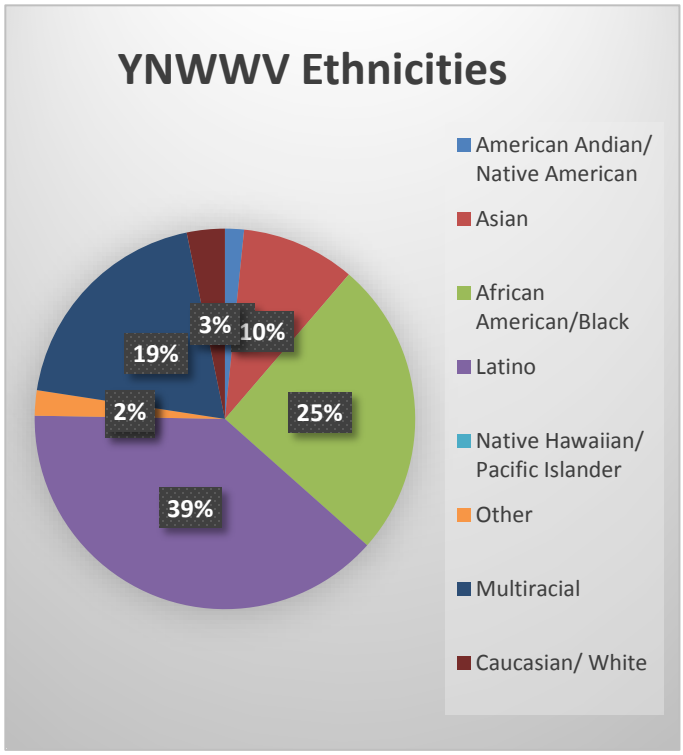

This year we served 1987 students, surpassing our goal of 500 students. We provided 77 workshops throughout west county and east county. This year we provided Antioch High's entire Freshman class with workshop. This was the first time in over five years we have presented at that school. The workshops were successful and the Antioch school staff indicated wanting us to return for the next academic year and to potentially partner to begin

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offering support groups. This year we were also able to serve Helms and DeJean middle schools, after three years of not having provided services. The hiatus in services is largely due to the delays in contracts with WCCUSD and staff/administration at both middle schools.

The YNWWV workshops continue to be the most successful source of sign-ups for support groups as well as an entry point to a cluster of services offered at STAND! and at each respective school. By highlighting support groups, crisis line access, and other on-campus services we are able to discretely and safely promote supportive services. Workshops were also the entry point to accessing intervention services as we had nine instances where youth reported sexual abuse, sexual harassment, teen dating violence, or domestic violence following a workshop. This year our prevention staff responded to a crisis line call with a youth caller who was being blackmailed (with intimate videos) into staying in an unhealthy relationship, the caller received emotional support and information on social media safety features. The youth knew about us through word of mouth at her school, due to our outreach efforts and previous workshops.

Expect Respect

We have served a total of 192 youth through Expect Respect this Fiscal Year.

Expect Respect: 192 Total

Gender

0 Female; 188 2 Transgender; 2 Unknown/Unreported

Ages

0-15: 13 participants; 16-25: 179 participants; Unknown/Unreported:0

Race/Ethnicity

African American/Black: participants; 47 American Indian/Alaska Native: 3 participant; Asian: 18 participants: Native Hawaiian/Pacific Islander: 0 participants; Caucasian/White: 6 participants; Hispanic/Latino: 72 participants; Other: 4 participants; Multiracial: 36 participants; Unknown/Not reported: 6 participants

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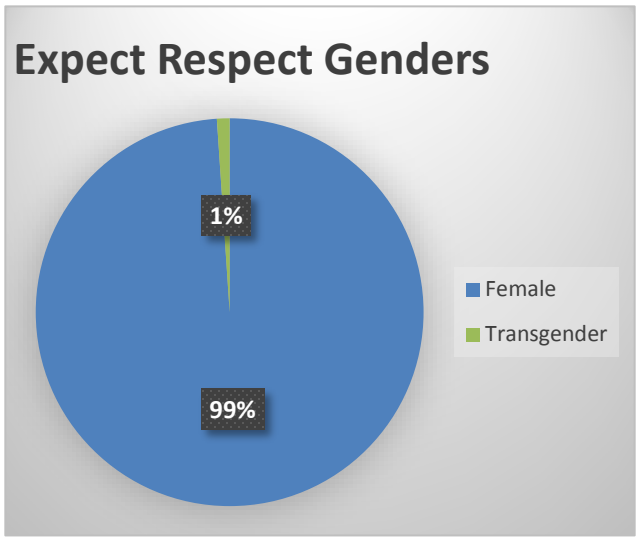

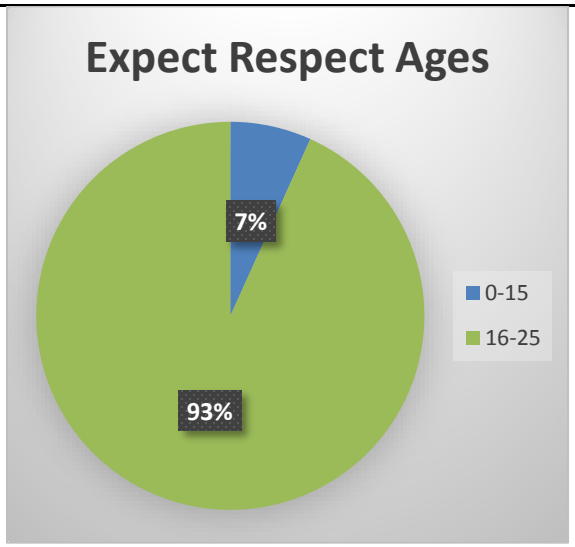

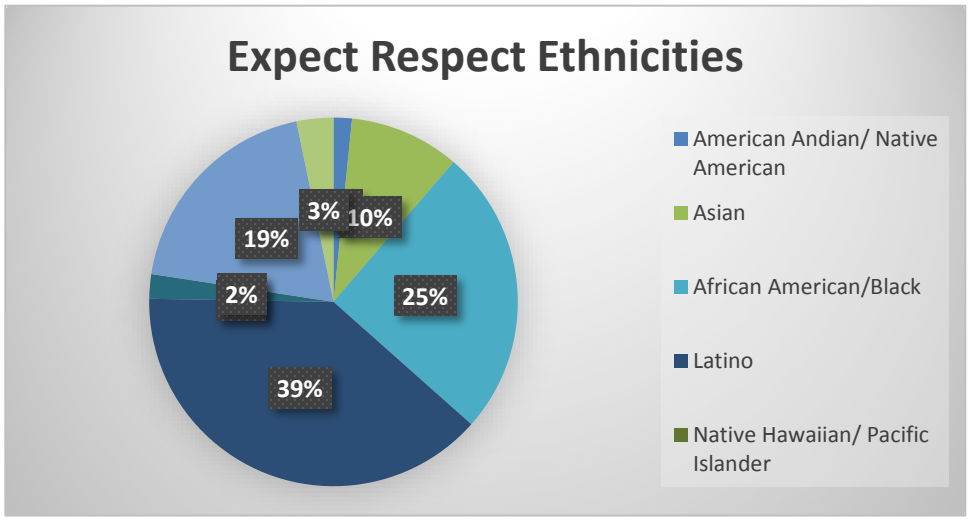

Our Expect Respect group served 192 participants during this Fiscal Year. We did not meet our goal of 250 primarily because we only have one facilitator to serve our female-identifying youth. This staff member is also responsible for co-delivering workshops, offering individual crisis support, among other direct service efforts. Additionally, this staff member worked more in east county than in the previous years. The combination of commute time and lack of infrastructure in many east county schools (lacking health centers or no full-service

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community schools) are factors that contribute east county support groups to be more time consuming.

On the other hand, we also experienced that smaller support groups are more effective, thus creating a more intimate forum for youth to learn and share. Smaller groups (10 participants or less) also allow for more natural rapport building and trust.

By the Spring semester we onboarded DeJean and Helms middle schools. Due to a lack of staff time, we were unable to serve Helms with Expect Respect groups. DeJean presented many high priority self-referrals and our program manager stepped in to staff support groups. The demand for our support groups continues to outweigh our ability to staff them, yet engaging youth at the middle school level is critical. For example, we supported a high danger client, a student who called our crisis line seeking support for stalking. The client's ex-partner had stalked her for weeks and threatened to kill her. We met the client at her school and supported her in creating a safety plan. This same client was in our Expect Respect support group four years ago when she was in middle school, and she cited that she called our crisis line because she remembered we were a 24/7 resource where she could call to get help,

One of our proudest achievements this year was the support group at Kennedy High school. As of last year, a new administrator enforced a new protocol that prohibited any student from missing class time for supportive services (with the exception of individual therapy or IEP activities. Therefore, our support groups were limited to lunch time and the few minutes of passing before and after. In spite of the challenge, our group members committed and graduated. One of our group members has committed to our youth leadership program this upcoming summer.

Adult Presentations:

Gender

2 Male; 14 Female; 15 Unknown/Not reported

Ages

0-15: 0participants; 16-25: 2 participants; 26-59: 12 participants; 60+: 2 participants; Unknown/Unreported:

Race/Ethnicity

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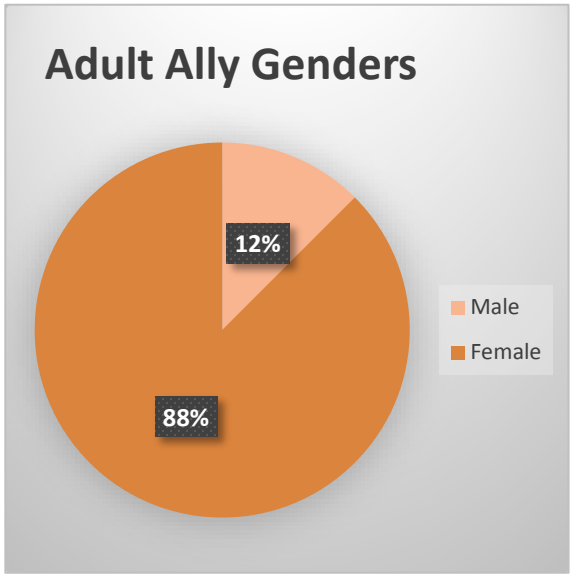
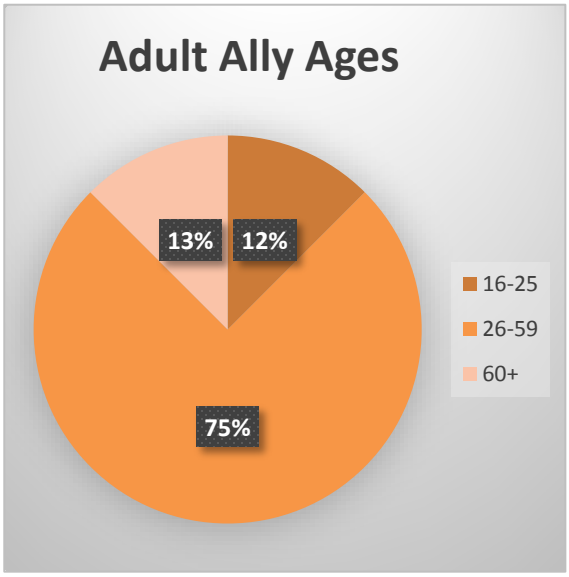
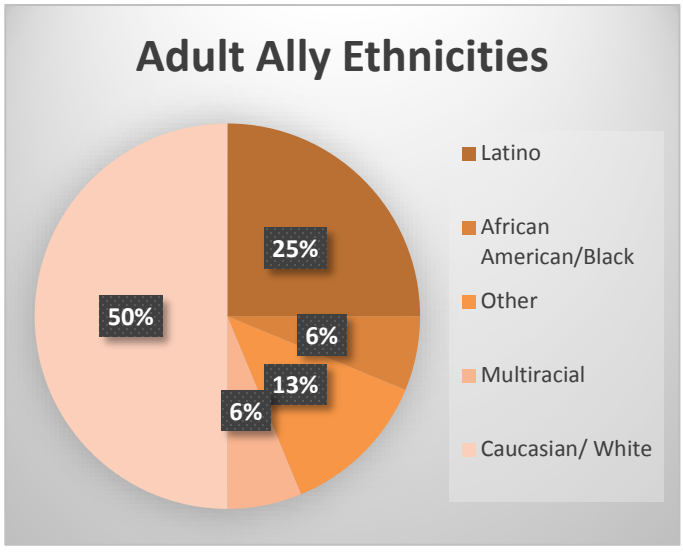
African American/Black: 1 participants; American Indian/Alaska Native: 0 participants; Asian: participants; 8 Caucasian/White: participants; 4 Hispanic/Latino: participants; Native Hawaiian/Pacific Islander: 0 participants; Other: 2 participants; 1 Multi-racial: participants; Unknown/Unreported: participants







We served a total of 31 adults through the Adult Ally Trainings this fiscal year. Despite not meeting the goal for adult "trainings", we did engage several adult allies in other platforms. We reached adult allies in outreach, phone conferences, and multiple small group meetings.

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For example, in the February PEI roundtable meeting we presented on Teen Dating Violence Prevention to a large group of grantees (25+) where we explored accessing STAND! services as well as signs for unhealthy teen relationships. In May we conducted a series of staff focus groups at Pittsburg high, where 35 teachers identified support services and trauma-informed practices, as well as receiving information on STAND services. Lastly, dozens of teachers who were present during our classroom workshops participated along with their classes and received critical information on becoming allies.

Youth Leadership:

YAV: 15 Total

Youth Leadership:

Gender

8 Male: 7 Female

Ages

0-15: 4 participants; **16-25**: 11 participants;

Race/Ethnicity

African American/Black: 2 participants; American Indian/Alaska Native: 0 participants; Asian: 2 participants; Caucasian/White: 0 participants; Hispanic/Latino: 6 participants; Native Hawaiian/Pacific Islander: 1; Other: 1; Multiracial: 3 participants; Unknown/Unreported: 0 participants

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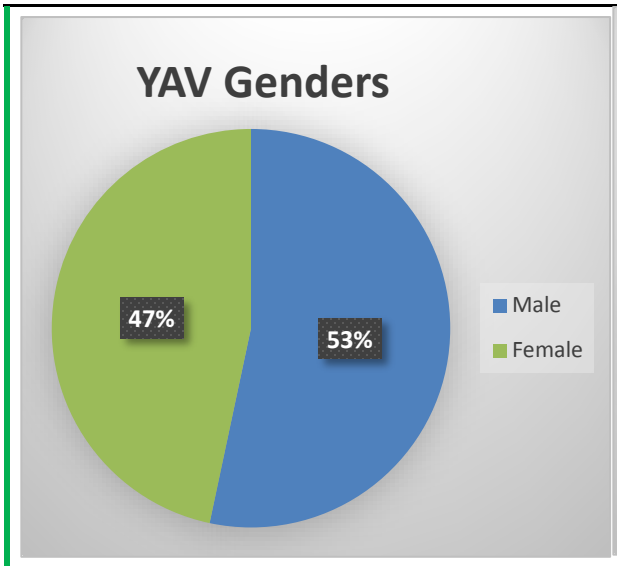

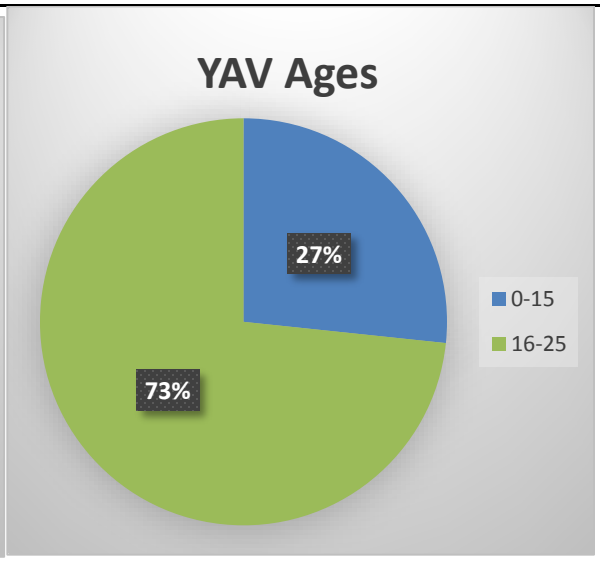

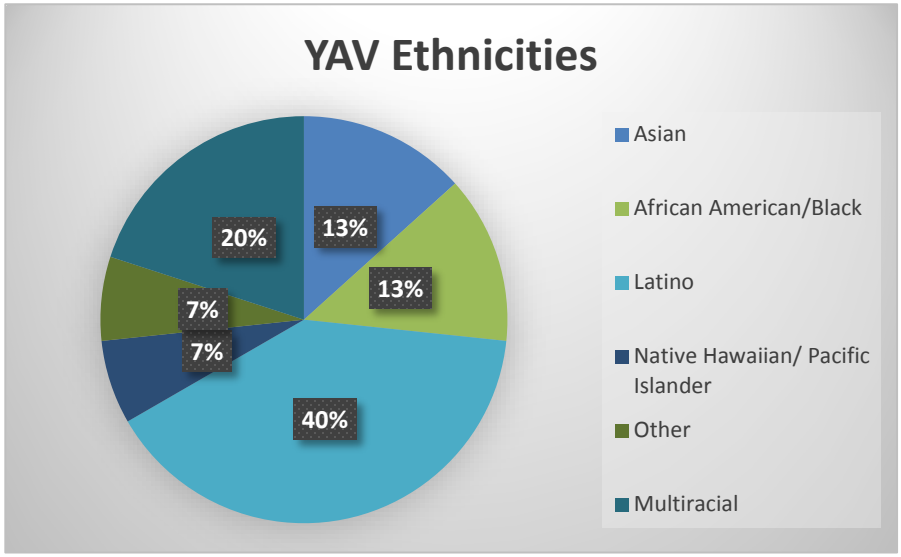

During the summer of 2017, ten YAV members trained in varying levels of leadership (peer presenter trainees, peer facilitator trainees, and community mobilizers.) This summer we had seven male youth join our program, a promising amount of young men to help us engage other male youth. Youth leaders received training on peer support, community organizing, and awareness campaigning. Additionally, the youth leaders visited the Contra Costa animal shelter to highlight the intersections of animal abuse and domestic violence. This led to a

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social media pet adoption campaign. Throughout the school year, we retained five previous youth leaders who joined our 10 new leaders in their year-long work.

During Teen Dating Violence Awareness Month (TDVAM) in February, our YAV leaders conducted an awareness campaign titled "Stand Against TDV (teen dating violence)." This campaign consisted of a 30-day "pin challenge" where leaders gave away 1000 pins and challenged other youth to raise awareness by wearing the pins every day the entire month. The campaign reached the West County schools and Pittsburg high. Each week, youth leaders added another layer of the challenge and a corresponding reward. For example, one week we hosted TDV trivia games during lunchtime and participants got candy with our crisis line information attached. Another week, we chose social media winners for the most creative post of our pin.

This year, five of the youth leaders graduated High School and are attending college. One of our retired YAV members (2014-2016) also graduated high school and received multiple scholarships and community service awards, most notably $20,000 scholarship from the footlocker foundation for athlete scholars.

FUTURE PLANNING / ADJUSTMENTS:

Reflections on your work: How does it measure up to your goals and the needs of the community? Are you planning any revisions? Lessons learned.

You Never Win With Violence-

We have exceeded our goal of reaching 500 youth in the first semester of the Fiscal Year. The workshops were a crucial opportunity for youth to opt in to support services. Additionally, these workshops were a stepping stone for us to offer services at schools where we do yet have capacity to offer comprehensive services. Such was the case for Antioch High. We plan to continue to offer these workshops as an entry point to comprehensive services.

Expect Respect

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Even though we were at 77% of meeting our goal, we were able to conduct four groups at Pittsburg High School and have re-engaged our Middle School partners in WCCUSD. By working with East County high schools and with WCCUSD middle schools we have expanded our reach to youth that otherwise might not happen. Smaller groups (10 or less participants) also proved to be much more manageable. In order to travel to various parts of the county and provide support groups, we will have to reduce the overall goal we have for number of participants in anticipation for the amount of time it will take to properly coordinate services as under-resourced schools.

Adult Presentations-

We did not meet our goal of adult allies trained this year. Our school partner's limited availability for hour-long presentations is a challenge for this particular goal. However we did a substantial amount of outreach and individual support to adult allies. Outreach and informal information sharing has long been a successful way to provide adults with tools to help youth at-risk or experiencing Teen Dating Violence. Perhaps these efforts as opposed to formal trainings ought to be our measure of success in the upcoming year.

Youth Leadership-

We trained 10 new youth who volunteered during the school year. These new leaders and our five recurring leaders, provided critical youth representation in our programs. This cohort spearheaded our Teen Dating Violence awareness campaign and they met bimonthly to execute their year of volunteerism.

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PEI SEMI-ANNUAL REPORTING FORM

PREVENTION REPORTING FORM **FISCAL YEAR: 2017-2018**

Agency/Program Name: Vicente Martinez High School
Reporting Period (Select One): ☐ Semi-Annual Report #1 (July – Dec)
X Semi-Annual Report #2 (Jan – June)

PEI STRATEGIES:
Please check all strategies that your program employs:

X Provide access and linkage to mental health care

X Improve timely access to mental health services for underserved populations

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

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SERVICES PROVIDED / ACTIVITIES:
Please describe the services you provided in the past reporting period. Please include types of problems/needs addressed, any activities that address these problems/needs, and any functional outcomes targeted by the services provided.

The PEI program at Vicente Martinez High School and Briones School is an integrated, mental health focused, learning experience for 10th-12th grade, at-risk students, of all cultural backgrounds. The program is jointly facilitated within a unique partnership between Martinez Unified School District (MUSD) and the New Leaf Collaborative (501c3) to assist Contra Costa Mental Health in implementing the Mental Health Services Act (MHSA), Prevention and Early Intervention Program to address PEI Program #9. Together, we provide 10th-12th grade, at-risk students a variety of experiential and leadership opportunities that support social, emotional and behavioral health, career exposure, and academic growth while also encouraging, linking and increasing student access to direct mental health services.

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Key services include student activities that support:

1. Individualized learning plans
   Mindfulness and stress management interventions
2. Team and community building
3. Character, leadership and asset development
4. Place-based learning, service projects that promote hands-on learning, ecological literacy and intergenerational relationships
5. Career-focused preparation and internships
6. 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. PEI services are provided by credentialed teachers, Marriage Family Therapists, Marriage Family Therapists Interns, a Pupil Personal Services credentialed counselor, an Internship Coordinator, Peer Mentor, Environmental Educator and other independently contracted service providers. All students also have access to licensed Mental Health Counselors for individual and group counseling.

All students enrolled in Vicente and Briones have access to the variety of PEI intervention services through a variety of in-school choices that meet their individual learning goals. Students sometimes switch between both Vicente and Briones schools at different points in the school year. PEI services are offered to all students at both schools, but deeply integrated into the Vicente school day. Data is collected for all students who participate in these programs where possible no matter which school they attend, but demographics and statistics are based upon Vicente total enrollment.

This year the PEI program continued providing students a variety of experiential opportunities that fostered a strong sense of positive, personal identity, leadership skills and intergenerational connection to the community and place that they live. These opportunities provided students an alternative to a traditional high school education while they continue to make progress toward earning the necessary credits for a high school diploma. Experiences that enriched the curricula are presented below in the following categories:

- Service Learning
- Team-based Projects
- Career-Focused Internships
- Mental Health Focus
- Leadership Development
- Academic Skills Development
- College and Careers
- Outdoor Appreciation and Field Trips
- Teacher Professional Development
- Outreach

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Service Learning:
Students continue to be involved in short-term, one-day service learning opportunities and team-based, hands-on, service-learning projects that benefit the local community and environment.

Team-based Projects:
These projects are coordinated by teachers, counselors and other contracted service providers.

Career-Focused Internships:
The internship program continues to be an increasingly important and valuable tool in our efforts to prepare students for rewarding and successful futures as individuals, citizens and community members. To ensure the success of the internships and the growth of the interns, interns learn, present and are evaluated through a series of tiered experiences designed to prepare them for future college and career opportunities. The internship coordinator continues to organize the internships in partnership with community professionals. Academic support is provided by the Vicente teaching staff.

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 skill 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.

Outdoor Appreciation Activities and Field Trips:
Students continue to be exposed to nature and outdoor adventure in ways that promote a healthy connection to the natural world and encourage students to utilize natural resources to promote environmental and community health. Students also continue to be exposed to nature and gardening as a stress management tool and healing agent.

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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 education opportunities that the school offers for at-risk students and to dispel misconceptions about the school and the population who attend the school.

Vicente/Briones staff and outside service providers have worked cooperatively to continue to create opportunities for all students to develop academically, socially, emotionally and mentally through participation in hands-on, place-based learning and experiential projects. Currently, all Vicente teachers and staff are actively engaged in supporting and implementing PEI program services.

In addition, New Leaf Collaborative (NLC) is able to hire people that have worked for years under this PEI contract, but were only MUSD Independent Contractors with no benefits. Now there are two full time NLC employees with benefits working at Vicente/Briones to continue to support the expanding PEI program. They have worked closely with the Vicente/Briones principal, teachers, counselors and coordinating partners to best fuse the program offerings together.

During the 2017-18 school year of this larger collaborative effort, an MOU was implemented and signed into agreement between MUSD and NLC for PEI services. In short, the two organizations:

1) Continue to provide a variety of services to all students;
2) Continue to encourage a collaborative culture between New Leaf Collaborative staff and Vicente staff;
3) Continue to develop NLC 501c3 structure to fully support the implementation of the PEI program through a Memorandum of Understanding (MOU) between NLC and MUSD.

There is a current MOU between the NLC and MUSD (which was renewed June 2017) to provide the protocol and agreements necessary to support the differentiation of PEI responsibilities between NLC and MUSD.

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Overall Summary of Services:
Throughout the 2017-18 school year the Vicente/Briones and New Leaf Collaborative staff organized and hosted 70 different types of activities and events. Experiences that were found to enrich the curricula are presented below in the following categories: Service Learning, Career-Focused Internships, Mental Health Focus, College and Careers, Career Pathways, Outdoor Appreciation, Academic Support, Student Leadership Development, Teacher Professional Development and Outreach.

Of the 115 students who were enrolled at Vicente over the course of the school year, 95% of the student body or 109 students participated in PEI activities. Students participated in an average of six different services per individual over the course of the year.

Of the 81 students who were enrolled at Briones during the school year, 37% of the student body or 30 students participated in PEI activities. This is an increase from previous years when Briones students were not included in the PEI services.

Service Learning:
One of our PEI fundamental values is Service. To that end, staff place great emphasis upon student participation in service learning opportunities. Vicente and Briones require seniors to volunteer for at least 15 hours their final year and many participate in more than that.

Students were involved in short-term, one-day service learning opportunities and team-based, hands-on, service-learning projects that benefited the local community and environment. These activities were organized primarily by the New Leaf Collaborative Internship Coordinator and were open to all students of Vicente and Briones. Team-based service projects were coordinated by the Vicente and New Leaf staff.

- ***Alameda Food Bank:*** Over the Thanksgiving holiday break, students worked with the Alameda Food Bank to prepare food packages for those in need.

- ***Coastal Clean Up:*** Students attended a beach clean at the local shoreline.

- ***Dia de Los Muertos:*** Students enjoyed volunteering at the Dia de Los Muertos event in downtown Martinez.

- ***Downtown Martinez Clean-up:*** Students volunteered at the annual Downtown City Clean-up Day to remove graffiti, power wash windows and streets, remove trash, weed and prune trees and bushes in the downtown blocks of Martinez. Students reported an increased sense of connection to and pride in the community.

- ***MEF Run:*** Students and staff volunteered at the Martinez Education Foundation Run for Education, which is a fund raiser for Martinez Unified School District schools.

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- ***Service-learning guest speakers & presentations:*** Service-learning focused guest speakers for this year included: Kops for Kids, Wilderness Program Manager for Wildlink Programs, a Business Management Consultant and a local club of artists. Guest Speakers shared their experience, passion and expertise with students. Students were positively engaged, asking questions and some of whom committed to participating in various aspects of the speakers' groups.

Career-Focused Internships:
The internship program continued to grow. All students at Vicente and Briones were given the opportunity to apply, interview and participate in these career-focused internships. The New Leaf Collaborative Internship Coordinator and Vicente teachers organized the internships in partnership with community professionals. Internships for the year included:

- ***Bike Shop:*** An internship was set up with a local bike shop owner for a student who was interested in this work.

- ***Botanical Trail Internship***: Inspired by the enthusiasm of the internship coordinator, six interns worked weekly with members of the Friends of Alhambra Creek, the National Park Service and California Native Plant Society, to maintain 16 previously planted gardens, and design and plant five new landscape installations on the walking trail from AmTrak to the John Muir National Historic Site. The popularity of this internship continued to grow as the interns realized the value and pleasure of being outdoors, working with friendly and knowledgeable community partners, learning about and planting native species and being able to proudly share their accomplishments with family and friends.

- ***Culinary Academy:*** Ten Students participated in a culinary training program hosted and facilitated by Loaves and Fishes. For two months these students went to Loaves and Fishes headquarters in Martinez to learn culinary skills four days a week after school. Training in a state of the art kitchen provided by Loaves and Fishes has inspired some of our students to move forward in this career pathway. Students reported going long hours or entire days without eating in their homes, and since attending the culinary program they've gained skills to make food on their own. The six students that participated and completed the program are now certified food handlers. Most students in this program plan to attend Diablo Valley's culinary Certificate program now. Several have been hired in the hospitality industry.

- ***Earth Team:*** A local organization committed to preserving the Earth selected three Vicente students to participate as interns on their team. Their work was centered around recycling and educating people about preserving the Earth.

- ***Martinez Early Intervention Preschool Program:*** Three students held internships with MEIPP. Twice per week they were classroom aides in special needs classrooms at our district's pre-school program. Two of these students also took an Early Childhood Education class at Diablo

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Valley College to further their knowledge and skills. One student was offered a position at MEIPP and another was offered a position at the Boys and Girls Club in Martinez.

- ***Martinez Teen Police Academy:*** Four students participated in an eight week teen police academy sponsored by Martinez Police Department. They learned about the work of a police officer and had real life experiences such as working with a police dog, going on a ride along and many other experiences.

- ***National Park Service Cultural Landscapes & Phenology Internship:*** Three students were hired for this internship working with an NPS at the John Muir National Historic Site.

- ***Technology Department:*** Two students interned for the Martinez Unified School District's Technology Department. With the department being short staffed, the two Vicente students kept busy with many technology tasks such as installing computers and tech equipment and learning about different tech systems in use by the district.

- ***Career and Internship Focused Guest Speakers:*** There were a variety of guest speakers throughout the school year. The Martinez Mayor, a police officer from Martinez Police Department, an EMT, a registered nurse, a teacher, just to name a few.

Mental Health Focus:
All Vicente, Briones and New Leaf Collaborative staff seek to infuse a social emotional and mental health focus into every aspect of each student's experience. Students participate in holistic health activities and seminars that support their emotional, social and academic health. This school year we had a full time mental health counselor and she supervised two mental health interns so there were two mental health professionals on our campus daily. When once students were resistant receiving mental health counseling, now it is the norm among our students. We also have a peer mentor who is a former Briones graduate. She also serves as our Environmental Educator.

- ***Briones Book Club:*** Our mental health counselor created a book club for our independent study students. The students meet weekly to interact and socialize since independent study school can be isolating. The group of six students has started doing service learning by raising money for cancer research and going to a local elementary school, John Muir Elementary, to read to their first grade class with special needs.

- ***Community Building:*** Our Leadership Class planned and facilitated community building and school spirit activities. These included class competitions such as a cake decorating contest, holiday door decorating contest and community events like the Fall Festival for our preschool friends.

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- ***Developmental Assets Profile (DAP)*** was administered to students once this year. This assessment measures the level of assets a student possesses in five different contexts:
    - Personal
    - Social
    - Family
    - School
    - Community

  Within the five contexts the assessment measures the following internal assets: a) commitment to learning, b) positive values, c) social competencies and d) positive identity. Additionally, these external assets are measured within the five different contexts: a) support, b) empowerment, c) boundaries and expectations and d) constructive use of time.

  Students scores place them into a risk level category:
    - Challenged
    - Vulnerable
    - Adequate
    - Thriving

  Challenged being the highest level of risk a student can be at, and thriving showing the least amount of risk a student may be facing. We have found that students placed in the Challenged and Vulnerable risk levels experience significant struggles and challenges in all aspects of their lives. The information gained from the DAP is used in targeting specific students for services, planning and in greater understanding our students. In addition, we used this data on a school-wide and individual student level to help measure our PEI Outcome Statements. Results of these assessments will be examined in the outcome section.

- ***Feet First:*** Thanks to a generous donor, a group of our female students participated in Feet First through the local FightKore gym. This program promotes discipline, self-awareness, empathy and self control while building self-confidence and increasing focus.

- ***Guest Speakers:*** Speakers from Martinez Unified School District presented on their career path and educational experience. Mental Health focused guest speakers included a School Psychologist and Special Needs high school teacher. Various other fields were represented as well.

- ***Lunch & Games Club:*** Before school and at lunch our mental health counselor welcomed students to sit with her and either play board games or get together for lunch. This allowed our students to have group to be a part of.

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- ***MFT Counseling Opportunities:*** Vicente and Briones students have access to individual and group mental health counseling with an MFT and/or her two MFT interns from both JFK University and St. Mary's University.

- ***Mindful Based Substance Abuse Treatment:*** Our Mental Health Counselor and one of our MFT Counseling Interns are both trained in mindful based substance abuse treatment. Twelve students voluntarily attended this twelve-week group. It was embedded in the school day to draw more students. The group was full and several other students wished they could have attended. We will be offering this group twice in the coming school year. A student who went through this program last year served as the group's student assistant.

- ***NAMI School Workshop:*** Three students attended this workshop to learn how to create a NAMI Club on campus.

- ***Psych Club:*** Psych Club met once a week for hour long sessions after school with the mental health counselor and peer mentor co-facilitating. Students created group norms which were reviewed and agreed upon at the beginning of each session. Students were given the opportunity to choose what to learn about along the lines of behavioral health, throughout the year thirty students participated in Psych Club. Topics that were covered in depth included:
    - stigma of mental and behavioral health
    - substance abuse
    - parent child relationships
    - coping strategies

  Allowing students to have a say in what they were learning and using teaching tools they were familiar with created a platform for safe sharing of personal experiences with the content they were learning about simultaneously. Often students had valuable moments of clarity in regards to their past or present experiences.

- ***Restorative Practices:*** Throughout the year, Vicente and Briones contracted with Services that Encourage Effective Dialogue and Solutions (SEEDS) for restorative conversations and practices. We held restorative circles with students when a wrong needed "righting" and in an effort to remedy challenges on campus instead of turning students away through suspension. Teachers and staff also learned strategies for working with students in the classroom in lieu of sending the student to the office.

- ***StrengthsFinder Workshop:*** All Vicente and Briones students and staff completed the Strengths Finder assessment to identify their top five strengths. A Vicente teacher and a certified Strengths Finder facilitator lead eleven workshops through math classes throughout the school year. Students learned about their personal talents and strengths and how to use them in all aspect of their lives. Each participant created and shared a talent map, discussed their strengths with other students and learned how to use their strengths in their personal, academic and professional lives. Seniors included naming their strengths and how they play out in their

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lives as a part of their senior portfolio and presentations. Staff also engaged in workshops to build professional capacity.

- ***Suicide Prevention:*** A representative from the Contra Costa Crisis Center provided a forty-five minute workshop to all of our students about suicide prevention.

- ***Team Building:*** As always, team building experiences were in high demand and occurred both as team/project experiences and whole group activities. Activities this semester focused getting your body moving, such as Double Dutch, Jump Rope, or walking. There were also class competitions that allowed classes to spend time doing something together.

- ***Welcoming Schools Summit:*** Several students attended this summit to learn more about creating an inclusive and accepting school community for LGBTQ students.

- ***Yoga:*** Yoga was held weekly in forty-five minute sessions on Friday afternoons. Fifteen to twenty students attended Yoga Club on a regular basis and many have reported that yoga has become a vital part of their lives and creates a sense of calm in their otherwise chaotic lives. The Yoga class also took a walking field trip to a local yoga studio to do one of their sessions.

Leadership Development:
Many students volunteered for leadership roles in the many activities and events that were offered.

- ***Get Real Academy:*** A Vicente teacher and counselor took fifteen senior girls to the Get Real Academy. The girls attended various workshops on how to manage their finances, their health, solutions to violence, how to secure a job and insurance.

- ***Leadership Club and Class:*** Fifteen Vicente students ran leadership club, organizing and volunteering for local events. Students organized spirit week at Vicente, for school wide team building. Additionally students worked to promote community volunteerism throughout the school advocating for community events such as Downtown Martinez Clean up Day and the Whole School End of the Year Celebration.

- ***Leadership Exchange:*** Vicente students joined with Alhambra High School students to attend a Leadership Exchange at Concord High School. Leadership groups from all schools in Contra Costa County came together for this event to learn from each other and do team building activities.

- ***Senior Community Service:*** As part of the newly aligned senior seminars and workshops all seniors from Vicente and Briones completed a minimum of 15 hours of community service at various events and business. Students reported this assignment was pivotal in learning how to work in a professional environment, as well as manage their time.

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- ***Teens Tackle Tobacco:*** Ten Vicente students attended this event that took place at UC Berkeley and was hosted by Alameda County Office of Education. Students participated in conversations about tobacco use, presentations about the effects of drug and tobacco on the body and other workshops.

Academic Development:
Students continued to receive common core centered academic instruction and support from their Vicente and Briones teachers. Strategies used included integrated instruction, project/place-based curriculum, specific skill instruction and individualized and differentiated instruction.

- ***Alternative School Setting:*** Vicente Martinez High School and Briones School are both alternative school options. Both schools offer individualized, scaffolded and differentiated instruction, small class sizes, engaging activities, project based learning, skills instruction, on-line courses, self-pacing, flexible scheduling and chucking of instructions and assignments.

- ***History Club:*** Students attended field trips to the Maritime Museum and Rosie the Riveter Museum. These field trips were led by a Vicente teacher who just earned her master's degree in Museum Studies. Students who attended created presentations for the students who did not attend.

- ***Individual Success Plans:*** Teachers, the academic counselor and principal facilitated weekly appointments with students. Students created goals for academic skills, attendance, and self care. Their ultimate goals were chunked into small weekly goals and adjusted which the student reviewed every Friday.

- ***Response to Intervention:*** Staff met weekly to discuss students of concern and academic progress of students. Staff came up with interventions of supports for each individual student as needed based up their challenges and struggles.

College and Careers:
Students continued to be exposed to a variety of careers and colleges through guest speakers, introduction to internships, seminars and field trips in order to help them successfully transition to young adulthood.

- ***Career Day:*** Thirty students attended the Annual Career Day at the John Muir National Historic Site. Over thirty different careers were represented and most had "hands-on" activities and experiences pertaining to the job.

- ***College Visits:*** Students had the opportunity to visit and tour Diablo Valley College, UC Davis, Cal State East Bay, Mills College and Chabot College. Diablo Valley College staff visited our campus as well to facilitate a FAFSA Workshop, application workshop and information on summer program offerings.

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- ***Concurrent College Enrollment:*** Twelve Vicente students were concurrently enrolled at Diablo Valley College this spring. Our mental health counselor, internship coordinator and a DVC counselor held a support group every Friday for these students. The objective was to provide support for students for them to be able to complete their courses successfully. Discussions took place among students regarding their successes and challenges.

- ***FAFSA Workshop:*** All seniors received a workshop on how to complete and file the Free Application for Federal Student Aid (FAFSA). Most of our students qualify for some level of free assistance for college and most are unaware of this. Once they realize that funding is available this removes the financial obstacle for our students moving on to college.

- ***Internship Coordination*****:** The coordinator worked one-on-one with students to develop their resumes, job search, interview tips, volunteer hours and career exploration opportunities. Students have the option to explore individual internships or to join group internships. There were dozens of events and activities throughout the year. and motivated dozens of students to The internship coordinator works 5 days a week and her classroom is always open to students.

- ***Resume & Cover Letter Workshop:*** In addition to individual appointments with the Internship Coordinator, students worked in groups to complete their resumes. Support was also given to students to create cover letters for job and internship applications.

- ***Senior Seminars and Workshops*****:** NLC's Internship Coordinator collaborated with teachers and worked diligently organizing, creating and facilitating a five month long series of seminars and workshops for seniors. Once a week for half an hour all seniors met for a lecture on relevant college and career preparatory topics. Lecture topics included resume writing, cover letter writing, getting and keeping a job, interview skills, budgeting, planning for life after high school, K-12 academic reflections, and goal setting. Following each lecture students were invited to an hour long workshop to receive support in completing an assignment according to each lecture topic.

- ***Senior Portfolios and Exit Interviews:*** Each senior was required to complete an extensive career portfolio and prepare a written packet and multi-media presentation that then was subsequently presented at an exit interview in front of staff.

Outdoor Appreciation Field Trips:
Students continued to be exposed to nature and outdoor adventure in ways that promoted a healthy connection to the natural world and encouraged them to utilize natural resources for environmental and community health. Students were also repeatedly exposed to nature as a stress management tool and healing agent.

- ***Garden Club:*** The Environmental Educator offered garden time throughout the week.

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Teacher Professional Development:
Teachers continued to participate and lead professional development opportunities to increase their knowledge about how to better support at-risk students.

- ***Brief Intervention: An Approach for Substance Using Adolescents:*** Our administrator was trained in this restorative approach and will be implementing it in the coming school year for students who show up to school under the influence of a substance or who are being impacted by substance use.

- ***Empowering Educators:*** One teacher attended a workshop called Brian Sparks: Uncommon Solutions to Common Classroom Challenges.

- ***Restorative Practices:*** Throughout the year, Vicente and Briones contracted with Services that Encourage Effective Dialogue and Solutions (SEEDS) for restorative conversations and practices. We held restorative circles with students when a wrong needed "righting" and in an effort to remedy challenges on campus instead of turning students away through suspension.

- ***StrengthsFinder Workshop:*** All Vicente and Briones students and staff completed the Strengths Finder assessment to identify their top five strengths. Staff worked together to learn how to leverage their talents among their professional peers. A Vicente teacher and a certified Strengths Finder facilitator lead eleven different workshops in math classes throughout the school year. Students learned about their personal talents and strengths and how to use them in all aspect of their lives. Each participant created and shared a talent map, discussed their strengths with other students and learned how to use their strengths in the personal, academic, and professional lives.

- ***Training Seminars:*** The Vicente and NLC staff were both trained by the mental health counselor in how to work with at-risk students and conflict management. This was a shared training so there are common responses to students. We also developed universal responses to students around expectations and behaviors which is allowing students to know what is expected of them. Teachers and staff were also trained in a variety of child welfare topics.

Outreach:
Vicente and Briones continued its efforts to promote the program and to inform the public about the PEI opportunities.

- ***Community Events:*** The staff supported the development and student involvement in many community events such as Earth Day, Dia de Los Muertos, City Clean Up, Kiwanis Club, Martinez Arts Association, Main Street Martinez, etc.

- ***Community Organizations:*** The Principal and other staff members have been invited to present to various groups in our community, such as Kiwanis and Rotary. Vicente hosted the Mental

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Health Services Act Community Forum. The Vicente-Briones Psychology Club presented to the Martinez Unified School District School Board regarding the mental health services at Vicente-Briones and advocating for services in other schools in the district. Vicente students also presented to the Mental Health Services Act staff regarding increasing funding for projects.

- ***Model Continuation School Recognition:*** Vicente is a recipient of the Model Continuation High School Recognition through the California Department of Education. The award highlights the mental health focus and other schools have sought guidance from Vicente regarding best practices to support the social emotional growth and development of students.

- ***New Family Orientation:*** The Principal meets one-on-one with each family before enrolling a student to orientate the family as to the school program, including the PEI services offered.

- ***Partnerships:*** Staff continued to work in close partnership with National Park Service Park rangers to complete agreed upon partnership goals and items identified in work plan. The Psychology Club worked with Contra Costa Crisis Center to develop a Public Service Announcement regarding their Crisis Line. A Vicente student's art was featured on the Contra Costa Crisis Center posted that was distributed countywide. We continued to work in partnership with Martinez Unified School District personnel and other local organizations to connect to various funding streams to support additional internships and service projects.

- ***Western Association of Schools and Colleges:*** We completed our accreditation process and received another six year term of accreditation.

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OUTCOMES AND MEASURES OF SUCCESS:

Please provide quantitative and qualitative data regarding your services.

- ***List of indicators that measured reduction of risk factors and/or increase in protective factors that may lead to improved mental, emotional and relational functioning. Please include how often data was collected and analyzed, as well as how the program evaluation reflects cultural competency and protects the integrity and confidentiality of the individuals served.***

The following are our outcome measures of success from the 2017-18 PEI work plan.

Engagement Focus:

- Increase identification of students that have a greater risk of developing a potentially severe mental illness and those who need additional supportive/protective factors
- Increase engagement of identified Vicente/Briones students in PEI services

Engagement Focus Goals:

- At least 75% of enrolling students will receive a) an orientation on program offerings; and b) a self-identified needs assessment targeting 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.
    - Met.
- At least 75% of identified students will participate in three PEI services per quarter that supports their individual learning plan.
    - Met. We increased this goal from one service per semester to three services per quarter and still met it.

Short Term Focus:

- Increase timely access and linkage to supportive and mental health service
- Increase mental health resiliency among Vicente/Briones students

Short Term Focus Goals:

- At least 70% of students identified as facing risk factors will be referred to supportive services and/or mental health treatment and will participate at least once in referred support service or mental health treatment.
    - Met.

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Intermediate Focus:

- Increase student ability to overcome social, emotional and academic challenges, by working toward reduction of stigma and discrimination while increasing academic success, vocational awareness relational vitality and the ability to set and achieve other life goals
- Increase faculty ability to facilitate agreed community practice-based standards of prevention to better ensure and increase of protective factors

Intermediate Focus Goals:

- At least 70% of students who participated for at least one full semester in 4 or more different types of PEI activities, or one internship, or regularly participated in referred mental health treatment AND have been identified to have had discipline issues will reduce the number of discipline entries into Aeries by 50% in comparison to the previous school year as measured at the end of the school year.
    - Met.

- At least 70% of students who participated for at least one full semester in 4 or more different types of PEI activities, or one internship, or regularly participated in referred mental health treatment AND have been identified to have attendance issues will improve their attendance rate by 20%.
    - Nearly met. We have a few students who participated fully in an internship, but rarely attended during the regular school day. We will be developing attendance criteria for students to be eligible to participate in internships.

- At least 70% of students who participated for at least one full semester in 4 or more different types of PEI activities, or one internship, or regularly participated in referred mental health treatment will earn 100% of the expected grade level credits as measured at the end of the school year.
    - Met.

Measurement/Evaluation Tools

1. Developmental Asset Profile (online assessment instrument from the Search Institute)
2. Individual Success and Achievement Plan (developed by teacher, internship coordinator and mental health counselor)
4. AERIES (school database) – Attendance, credit earning and disciplinary data
5. Google Response to Intervention Spreadsheets
6. Stages of Leadership Character Traits Evaluation Forms
7. Student Work Samples
8. California Healthy Kids Survey
9. Brief Mood Survey

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DEMOGRAPHIC DATA: ☐ **Not Applicable** ***(Using County form)***
If your agency has elected to not utilize the County Demographics Form AND have chosen to not collect specific demographic domains (i.e. Veteran Status, Disability, etc.), please provide justification.

Not applicable, using county form.

EVIDENCE-BASED OR PROMISING PRACTICES:
What evidence-based, promising practice, or community practice based standard is used in your program and how is fidelity to the practice ensured?

Brief Mood Survey: Students take this survey before and after counseling sessions to determine if the counseling session eliminated risk factors.

California Healthy Kids Survey: The California Healthy Kids Survey (CHKS) is the largest statewide survey of resiliency, protective factors, risk behaviors and school climate in the nation. Across California the CHKS has led to a better understanding of the relationship between students' health behaviors and academic performance, and is frequently cited by state policymakers and the media as a critical component of school improvement efforts to help guide the development of more effective health, prevention, and youth development programs. It provides a means to confidentially obtain data on student knowledge, attitudes and perceptions about the topics it covers. The CHKS, along with its partner surveys, the California School Staff Survey and the California School Parent Survey, is highlighted as a model program in a research document released by the US Department of Education highlighting the research behind the Obama administration's Blueprint for Reform: The Reauthorization of the Elementary and Secondary Education Act (pdf). With the CHKS, schools, districts, counties and the state have a standard tool that promotes the collection of uniform data within and across local education agencies that are also comparable to existing state and national survey datasets.

Cognitive Behavioral Therapy: Our counseling program utilizes Cognitive Behavioral Therapy (CBT) and Mindfulness. CBT is utilized in individual sessions and CBT techniques are taught to our psychology club students. At every counseling session, our head counselor utilizes a brief mood survey and evaluation of therapy form to evaluate student progress and therapist effectiveness. Additionally, our head counselor attends a bimonthly CBT supervision and consultation group as well as yearly workshop trainings. Mindfulness is taught at our weekly workshop on Mindfulness and Substance Abuse. Students also learn mindfulness strategies in individual counseling sessions.

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Developmental Asset Profile (DAP): We are using a self-assessment tool from the Search Institute's survey called the Developmental Assets Profile. It focuses on understanding the strengths and supports that young people experience in their lives. Extensive research has shown that having these assets in their lives helps young people make positive life choices. Students scores place them in a risk level category: Challenged, Vulnerable, Adequate and Thriving. Challenged being the highest level of risk a student can be at, and thriving showing the least amount of risk a student may be facing. Thousands of studies have confirmed that young people with higher levels of assets are mentally and physically healthier, safer, more caring, more productive, and more involved and contributing to society than are youth with lower levels of assets. They do better in school, and they are more prepared for college and career options after high school. The survey itself consists of 58 items that ask young people how often or how much they experience a variety of possible strengths in themselves, with their friends, and in their families, schools, and communities. This survey has been found to be a highly reliable and valid instrument in multiple contexts, cultures, and languages.

The survey assesses 8 categories of external and internal development assets within these asset-building Contexts: A) Personal, B) Social, C) Family, D) School and E) Community:

External Assets

1. Support
2. Empowerment
3. Boundaries and Expectations
4. Constructive Use of Time

Internal Assets

5. Commitment to Learning
6. Positive Values
7. Social Competencies
8. Positive Identity

Expected Schoolwide Learner Outcomes: A requirement of the Western Association of Schools and Colleges (WASC) Accreditation process, these are outcomes determined by the school of what we expect students to learn, know and be able to do when they leave our program.

Response to Intervention: Response to Intervention (RTI) is a multi-tier approach to the early identification and support of students with learning and behavior needs. The RTI process begins with high-quality instruction and universal screening of all children in the general education classroom. Vicente teachers, staff and administrator and the NLC internship coordinator work together to determine services that all students receive (Tier 1). If there is a student who needs more supports, whether academic, behavioral or social emotional, than what is offered to all students, the team brainstorms other interventions to support the student (Tier 2). If these supports are not effective and more resources are needed for the student, the team determines the needs and implements the more intensive interventions (Tier 3).

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Schoolwide Expectations: As a schoolwide practice, all students have knowledge of the expectations for them relating to behavior, attendance and protocols at our school site. This allows students to be able to know exactly what is expected of them. We hold students to a high level of accountability while providing a high level of support for them to achieve these expectations. This puts all students on a "level playing field" in knowing what is expected of them. Many students rise to the occasion when expectations are clear and consequences are outlined and fair.

VALUES:

Reflections on your work: How does your program reflect MHSA values of wellness, recovery, and resilience; provide access and linkage to mental health care, improve timely access to services for underserved populations, and use strategies that are non-stigmatizing and non- discriminatory?

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 accountability and are supported in these ways in order for them to thrive. We provide access and linkage to mental health care by providing individual and group services during the school day and referrals to outside mental health services for students needing longer term support and services. The students at Vicente and Briones are some of our most underserved and at-risk students in our school district. Thirty-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 Response to Intervention Model in order to provide students with the individualized supports 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.

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VALUABLE PERSPECTIVES:
Please include the stories and diverse perspectives of program participants, including those of family members. Feel free to attach case vignettes and any material that documents your work as you see fit.

Student A in our special education program who is highly intelligent and learns best with hands-on experiences has a difficult time staying in class. We have coordinated an internship for him in our school district office's technology department during one period per day to assist.

Student B enrolled in Vicente with learning challenges and failing grades. She has taken advantage of many of our PEI and Career Pathways opportunities, including mental health counseling, garden club, culinary academy, education pathway, psychology club, leadership club, among others. She is now a sophomore, has increased her self-confidence, has learned that her interest lies in Early Childhood Education (ECE) and is concurrently enrolled in an ECE class at Diablo Valley College.

Student C had chronic absenteeism in order to stay home and smoke marijuana. She began working with our mental health counselor and made a strong connection with her, She developed coping strategies around her drug use, made a commitment to attend school more regularly and joined a variety of clubs and career pathway opportunities. She is now on track to graduate.

Using the brief mood evaluation of therapy form, here are a few comments from students…

"learning how to deal with negative thoughts"
"thinking about the pros of being shy"
"I got helpful tips to help resolve my problems"
"fighting my anxiety"
"the fact that I was able to express myself"
"being able to talk"
"always a good listener and understands"
"evaluating my problems"