# BUILT BY US: A COMMUNITY BLUEPRINT FOR THE AFRICAN AMERICAN HOLISTIC WELLNESS & RESOURCE HUB



**FEASIBILITY STUDY FOR THE AFRICAN AMERICAN HOLISTIC WELLNESS AND RESOURCE HUB (AAHWRH) IN CONTRA COSTA COUNTY**

**PREPARED FOR: CONTRA COSTA COUNTY OFFICE OF RACIAL EQUITY AND SOCIAL JUSTICE (ORESJ)**

**PREPARED BY: CERES POLICY RESEARCH**

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# DEDICATION

This report is dedicated to the African American communities of Contra Costa County who have long navigated systemic inequities in health, economic security, and social well-being. It is built upon the lived experiences, insights, and collective wisdom shared through listening sessions, community surveys, and direct engagement. We recognize the resilience of Black residents and the necessity of a holistic, community-driven service model that addresses systemic disparities with culturally competent, sustainable solutions.

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This project would not have been possible without the collective brilliance, lived experience, and deep dedication of the African American Holistic Wellness & Resource Hub Steering Committee.

From shaping the initial vision to guiding outreach, site selection, and implementation strategy, this group has been the heart of the process. Their leadership grounded the work in community needs, cultural wisdom, and a commitment to wellness and equity for Black Contra Costans.

We honor and extend our deepest gratitude to the following Steering Committee members:

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Your time, thought partnership, and unwavering belief in the vision of the Hub have shaped this initiative at every stage. Because of your contributions, this work is not only more grounded, but more transformative. Thank you for walking with us and for helping to build a model of care rooted in justice, healing, and community power.

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# Executive Summary

For generations, Black communities in Contra Costa County have fought for justice, healing, and self-determination—resisting anti-Black racism and state-sanctioned neglect that has compounded generational harm. Yet, deep racial disparities persist—shaping outcomes in health, housing, and economic security. These inequities are not new; they stem from long-standing policies that have under-resourced and destabilized Black communities.

A bold, community-led and community-accountable response is urgently required—not more studies, but immediate, sustained action. The African American Holistic Wellness and Resource Hub is that response—providing culturally responsive care, economic empowerment, and holistic support so Black residents can access the resources and stability to thrive.

This study, conducted by Ceres Policy Research in collaboration with the Contra Costa County Office of Racial Equity and Social Justice (ORESJ), builds on decades of Black-led advocacy, paired with recent county investments and research on racial inequities.

The study affirms that immediate action is required to:
1. Immediately expand and culturally coordinate services for Black residents —especially for Black men, Black youth, and justice-impacted populations.
2. Strengthen coordination between county agencies and Black-led organizations.
3. Establish a phased governance model beginning with a MOU-based oversight committee, evolving into a hybrid model with a Black-led fiscal agent and advisory committee, and ultimately transitioning into a Joint Powers Authority (JPA) rooted in community ownership and racial equity.

To move from planning to full implementation, the African American Holistic Wellness and Resource Hub Feasibility Study Steering Committee must transition into an active oversight body. Within 90 days, the Steering Committee should formally become a Transitional Oversight Committee responsible for ensuring equitable funding allocation, efficient service delivery, and infrastructure development for long-term impact. The Committee will report quarterly and support the appointment of an Executive Director.

## Why This Hub is Needed

Years of underinvestment have created severe racial disparities in Contra Costa County. Black residents face disproportionately higher rates of chronic illness, maternal mortality, housing instability, and economic precarity. While some county services exist, they are fragmented, inaccessible, culturally unsafe, and too often perpetuate anti-Black harm.

This study is informed by 4,074 community survey responses, 16 listening sessions, and stakeholder interviews. It also builds upon past research from the Office of Racial Equity and Social Justice and Contra Costa Health Services.

## Alignment with Existing County Initiatives

The Hub aligns with ongoing county and state-level efforts to reduce racial disparities:

- Quality Improvement and Health Equity Committee (QIHEC) within Contra Costa Health Services: This is initiative was created with the intent to understand and prioritizing racial equity in mental health access and crisis response for the county's most impacted residents.
- State-Level Equity Initiatives: State-level equity efforts in California are advancing health and social services to address long-standing disparities affecting Black communities. The expansion of Medi-Cal benefits includes initiatives such as the Foster Youth Carve-In, which aims to improve healthcare access for Black foster youth, who are disproportionately represented in the child welfare system. Additionally, the Dual Special Needs Plan (D-SNP) will enhance coordinated care for Black elders and low-income individuals with disabilities by integrating Medicaid and Medicare services. The Perinatal Equity Initiative (PEI) is another critical statewide effort designed to improve Black maternal and infant health outcomes by expanding access to culturally responsive services such as Black-centered doula programs, maternal health peer groups, and early childhood wellness initiatives. Furthermore, California is investing in trauma-informed reentry support to provide justice-impacted individuals with essential health, housing, and economic resources, ensuring they receive the care and stability needed for successful reintegration. These initiatives reflect the state's commitment to advancing racial health equity through targeted, data-driven interventions.

By integrating the Hub into these initiatives, Contra Costa County can leverage existing funding pathways and infrastructure rather than duplicating efforts.
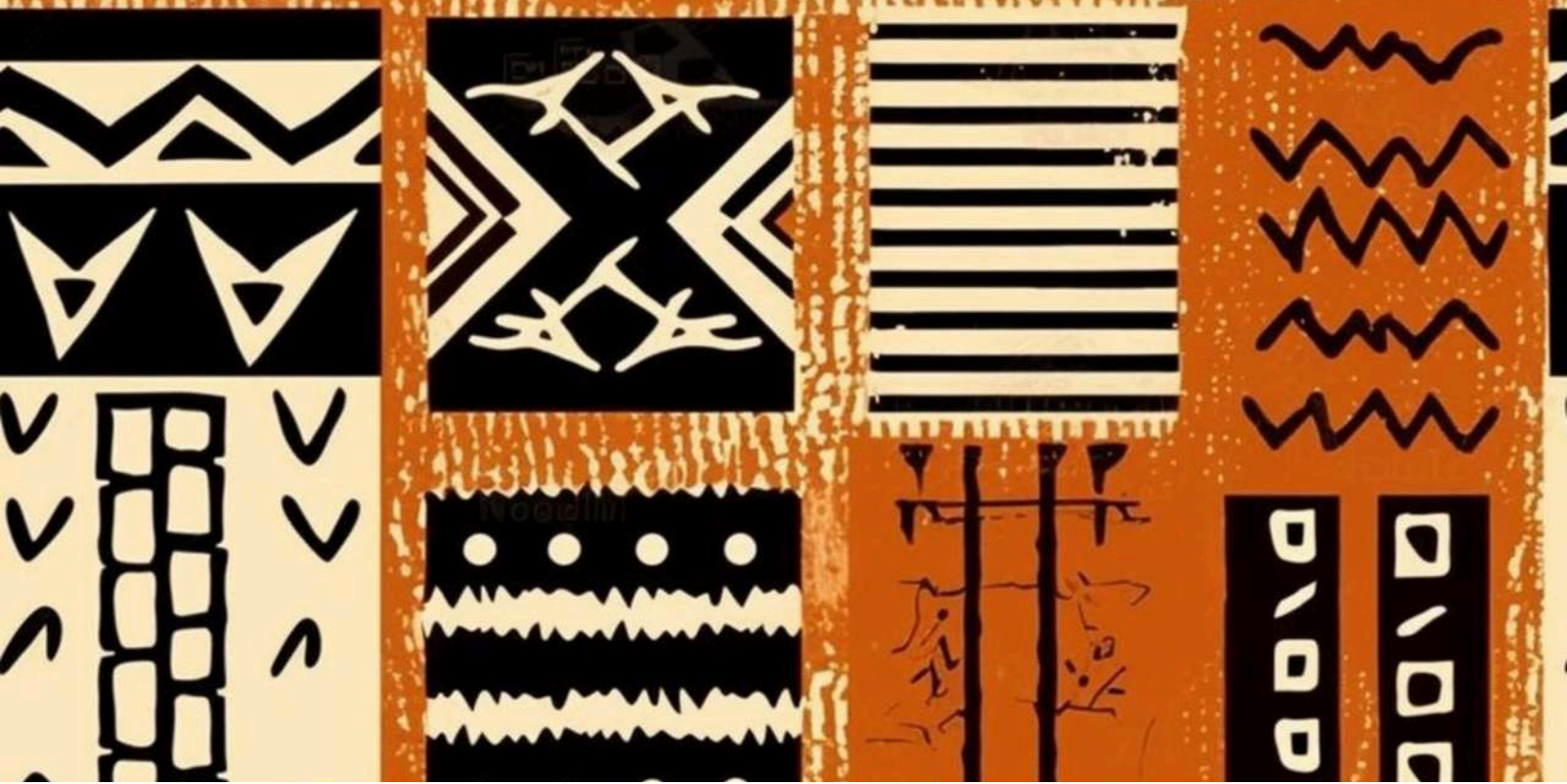
## Immediate Implementation: Expanding the Steering Committee's Scope

Originally convened for feasibility planning, the Steering Committee must now shift into an implementation and oversight role.

Its responsibilities will include:
- Service Deployment: Advise the coordination of rapid mobilization of health, housing, and economic services.
- Funding Oversight: Advise the allocation of resources equitably and ensuring sustainability.
- Governance Planning: Preparing for the transition to a Joint Powers Authority (JPA) to manage long-term operations.

The Oversight Committee will use public dashboards, quarterly reports, and KPIs to promote transparency and track progress toward racial equity outcomes.

## Mobilizing County Agencies & Black-Led Partnerships

The Hub's overall intention is not to duplicate existing services but to establish mechanisms for coordinating them to provide seamless, culturally competent care. This includes developing both an external referral process and an intra-referral system to facilitate immediate wrap-around support. Additionally, consideration will be given to whether services will operate solely on a drop-in basis or as a combination of scheduled and drop-in support.

Key actions over the next six to nine months include:

·        Expanding Requests for Proposals (RFPs) from the most recent call for Holistic Health Services in September 2024 to provide long-term funding to Black-led organizations.

- Deploying multi-disciplinary mobile teams for health, housing, and economic support in high-need areas.
- Embedding county staffing and resources within the Hub's operational structure.

Service Partners Should:

- Be Black-led (defined as organizations with at least 51% of leadership, board, or governing members identifying as Black and with core programs developed by and for Black residents of Contra Costa County)
- Demonstrate cultural competence and community trust
- Offer wraparound services (mental health, maternal care, housing, etc.)
- Employ staff with lived experience (formerly incarcerated, etc.)
- Prioritize mentorship, leadership development, and fair compensation

This dual-track approach allows services to launch immediately while laying the groundwork for a permanent governance structure.

## Long-Term Sustainability: Establishing a Sustainable Governance Structure

Governance will evolve through a phased approach, beginning with MOU-based collaboration, transitioning to a hybrid fiscal agent + advisory model, and eventually to a Joint Powers Authority (JPA) as trust and readiness are established.

This will encourage:
- Sustained funding through public investments and philanthropic contributions.
- Interagency coordination to integrate services effectively.
- Participatory budgeting to guarantee community oversight.

While the JPA is being formalized, the Steering Committee will continue overseeing implementation to facilitate a smooth transition without service disruptions. Additionally, implementation will be organized through subregional service zones, prioritizing East County as the launch site based on population data, community need, and existing Black-led momentum.



CONTRA COSTA COUNTY, CALIFORNIA **AFRICAN AMERICAN HOLISTIC WELLNESS RESOURCES HUB**
**HUB MODEL OVERVIEW**

Cultural Spaces

Core Services

Mental Health
Workforce Development
Housing Navigation

JPA
Steering Committee
Advisory Board

Governance

Economic Improvement

**AAHWRH MODEL**

● **Key Partners and Funding Sources**

Community-led co-design

● **COMMUNITY ENGAGEMENT PATHWAYS**

## Building Permanent Infrastructure: Securing a Hub Location

While mobile teams provide immediate outreach, Contra Costa County must select and establish a permanent Hub facility within 12 to 18 months.

The Hub will serve as a centralized space for holistic wellness, economic support, and Black-led community programming. Potential sites include:

- 1650 Cavallo in Antioch (County-owned property, Asset #613))
- Other strategically located county-owned facilities to maximize accessibility
    - 4549 Delta Fair Blvd, Antioch, CA (Secondary Option)
    - Pittsburg Health Center (Contingent on free space availability)
    - Antioch Health Center (If expansion space is permitted)

A permanent Hub creates stability, strengthens community trust, and expands access by co-locating essential services in one space. By bringing health care, economic support, and holistic wellness under one roof, the Hub makes it easier for Black residents to receive integrated, culturally responsive care without navigating multiple disconnected systems.

## Service Delivery Model: Mobile, Temporary, and Full-Scale Services

The Hub will follow a phased service approach that blends mobile deployment with semi-permanent satellite spaces to accelerate service delivery while building toward permanent infrastructure.

**Phase 1: Mobile & Temporary Service Locations**

- Preventive Health Screenings (diabetes, hypertension, vaccinations)
- Drop-in Behavioral Health Counseling (trauma-informed care, crisis response)
- Maternal Health Outreach (prenatal & postnatal care, doula services)
- Naloxone Distribution & Substance Recovery Support
- Housing Navigation Pop-Ups (rental assistance, eviction prevention)
- Economic & Workforce Development (job fairs, financial literacy workshops)
- Cultural & Healing Spaces (art therapy, community healing circles)

**Phase 2: Full-Scale Facility Services**

- Comprehensive Behavioral Health Clinics (therapy, psychiatric care, addiction recovery)
- Chronic Disease Management (diabetes, hypertension, maternal health)
- Integrated Primary Care (health check-ups, immunizations, specialist care)
- Youth & Family Services (safe recreational spaces, child development programs)
- Workforce Development Hubs (vocational training, entrepreneur support)
- Cultural & Community Healing Spaces (storytelling, wellness circles, trauma-informed therapy)

*By structuring services in phases, the Hub can provide immediate relief while ensuring long-term investment in sustainable, community-led programming.*

# CONCLUSION

**The Time for Action Is Now**

This study confirms what Black residents, service providers, and advocates have long called for: Contra Costa County must act immediately.

1. Expand the Steering Committee's authority to oversee implementation and funding allocation until the permanent Hub is secured and operating.
2. Mobilize county agencies and Black-led organizations to coordinate service delivery.
3. Deploy mobile and temporary services now while securing a permanent Hub location.
4. Transition governance to a JPA to secure funding, oversight, and long-term sustainability.

By investing in the Hub today, Contra Costa County can set a national precedent for how to eliminate racial health disparities, stabilize Black communities, and advance economic justice. The Hub is not just a policy recommendation—it is a moral imperative, born of community grief and vision, and must be implemented now to reverse generations of harm.

# Background & Justification

## Why a Black-Led Wellness Hub Is Urgently Needed

### 1. Systemic Challenges Facing Black Communities in Contra Costa County

Black residents in Contra Costa County face structural and systemic barriers in health, housing, economic security, and criminal justice, resulting in disproportionate disparities that continue to deepen generational inequities. These disparities are not incidental but the product of anti-Black policies, disinvestment, and generational trauma perpetuated through local systems, including health care, housing, education, and law enforcement. These findings also inform a subregional implementation strategy and support a phased governance model grounded in community trust and Black leadership.

### 1.1 Health Disparities & Barriers to Care

Black communities in Contra Costa County experience some of the worst health outcomes in the state, compounded by structural racism in healthcare access, provider bias, and environmental injustice.

- Black maternal and infant health disparities in Contra Costa County are among the highest in the state. Black maternal mortality rates are three to four times higher than those of white women, driven by racism in medical decision-making, lack of culturally competent care, and limited access to Black maternal health professionals (Mitchem, 2007; Afua, 2000). Additionally, between 2014 and 2017, Black perinatal health disparities in Contra Costa County included significantly higher rates of fetal deaths (11.3%), infant deaths (9.4%), premature births (10.5%), low birth weight (9.8%), and severe maternal morbidities (311.8 per 10,000 delivery hospitalizations). These rates were two to three times higher than those of white women of reproductive age during the same period (Source: Contra Costa County Perinatal Equity Initiative). These disparities highlight the urgent need for culturally responsive maternal and infant health care tailored to Black families.

- Chronic illness rates (diabetes, hypertension, cardiovascular disease) remain significantly higher in Black communities, exacerbated by food apartheid, environmental toxins, and stress from racial discrimination (Hill, 2016).
- Mental health services remain inaccessible, with Black residents experiencing higher rates of untreated PTSD, depression, and anxiety due to racial trauma and systemic medical neglect (Akbar, 1995; Brown & Keith, 2003).
- Institutional distrust of medical systems, fueled by historical abuses (e.g., the Tuskegee Experiment), continues to prevent Black residents from accessing healthcare services (Bruce & Hawkins, 2005).
- Black residents shared that many county-operated clinics feel culturally unsafe or judgmental, leading them to avoid services even when in crisis. This distrust must be addressed through Black-led and culturally grounded alternatives.
- Community members emphasized the need for access to non-Western healing modalities, such as sound therapy, ancestor reverence, and spiritual health—practices that remain unrecognized in traditional healthcare systems.

To address these disparities, the Hub will offer culturally-affirming health models to increase service utilization and build community trust. These models include Black-led therapy, community healing circles, and traditional African herbal medicine, all grounded in holistic, healing-centered care. Initial mobile wellness teams and pop-up services will focus on high need areas, partnering with Black-led and faith-based organizations to deliver trauma-informed, culturally rooted services.

## 1.2 Housing Instability & Displacement

Housing instability and displacement are active forms of racial violence against Black residents, driven by rising rents, evictions, and policies that fail to protect long-time communities.
- Over 30% of Black renters spend more than half their income on rent, making them highly vulnerable to eviction and displacement (Reed, 2010)

- Black residents comprise 12% of the unhoused population but only 6% of the total population.

- Gentrification has forced longtime Black residents out of Contra Costa County, severing cultural ties and leaving many without access to familiar community networks or resources (Treadwell & Xanthos, 2016).

As part of a holistic approach to community stabilization, the Hub will provide eviction prevention services, tenant advocacy, and transitional housing support. These services should be coordinated through formal partnerships—established via Memoranda of Understanding (MOUs)—with city agencies, housing advocates, and legal service providers.

## 1.3 Economic Inequities & Employment Barriers

Black workers in Contra Costa County experience higher unemployment rates, overrepresentation in low-wage jobs, and systemic obstacles to wealth-building.

- Black-owned businesses remain underfunded, with fewer opportunities for grants, capital investment, and government contracts (Reed, 2010).
- Barriers to financial literacy persist, limiting economic mobility and access to homeownership (Butler-Derge, 2010).
- Formerly incarcerated Black residents face additional employment discrimination, creating cycles of economic instability (Bruce & Hawkins, 2005).

To break generational cycles of economic disenfranchisement, the Hub will provide culturally relevant financial education, promote cooperative economics, and offer workforce development and targeted entrepreneurship support for Black residents. The Hub will also serve as a workforce development site by hiring Black therapists, case managers, and doulas, and creating leadership pipelines through partnerships with community colleges and community-based organizations.

## 1.4 Criminalization & Systemic Racism in Law Enforcement

The recent Antioch Police Department texting scandal of 2023 has exposed broader patterns of police misconduct, unconstitutional policing practices, and civil rights violations, reaffirming long-standing calls from community advocates to address systemic inequities in law enforcement. These disparities extend beyond policing and impact multiple aspects of life for Black residents in Contra Costa County, including education, economic stability, and healthcare access.

- Black youth are disproportionately disciplined in schools, including higher suspension and expulsion rates, which increases their risk of justice involvement instead of connecting them to academic and behavioral support (Brown & Keith, 2003).
- Justice-impacted Black residents face systemic barriers to reentry, including the denial of housing, job opportunities, and mental health care—perpetuating the very conditions that led to incarceration.
- The opioid crisis has disproportionately affected Black communities, yet culturally responsive harm reduction and treatment programs remain insufficient (Mitchem & Townes, 2013).
- The Antioch Police Department's racist text scandal is not an outlier but a reflection of widespread anti-Blackness embedded in local enforcement practices. This has fueled trauma and mistrust across generations.

To address these harms, the Hub will provide community-centered reentry support, job placement, and mental health services tailored to the needs of Black residents. These services are designed to disrupt cycles of criminalization, promote long-term healing, and build an infrastructure of care grounded in Black autonomy, safety, and trust. Referral systems for justice-impacted individuals will be integrated into subregional planning, ensuring access to wraparound services through coordinated provider networks and shared evaluation tools.

## 2. Literature Review:
## Historical & Theoretical Foundations

## 2.1 African American Folk Healing & Traditional Medicine

Historically, Black communities have relied on ancestral healing practices, spiritual medicine, and community-based interventions to sustain their well-being. Scholars highlight how folk healing has remained a central aspect of Black resilience:

- Mitchem (2007) emphasizes the continuity of herbal medicine, faith-based healing, and intergenerational health practices.

- Afua (2000) discusses womb wellness, spiritual baths, and detox practices as essential elements of Black maternal health interventions.

- Afrika (1994) argues that African health should be approached from a culturally relevant perspective, integrating sound therapy, food sovereignty, and plant medicine into wellness models.

These studies support the integration of herbal medicine, sound healing, and Afrocentric wellness frameworks into the Hub's service model. These approaches will help shape the Hub's evolving identity—potentially rebranded as the Black Wellness Network—to reflect a decentralized, spiritually grounded model of care co-designed with the community.
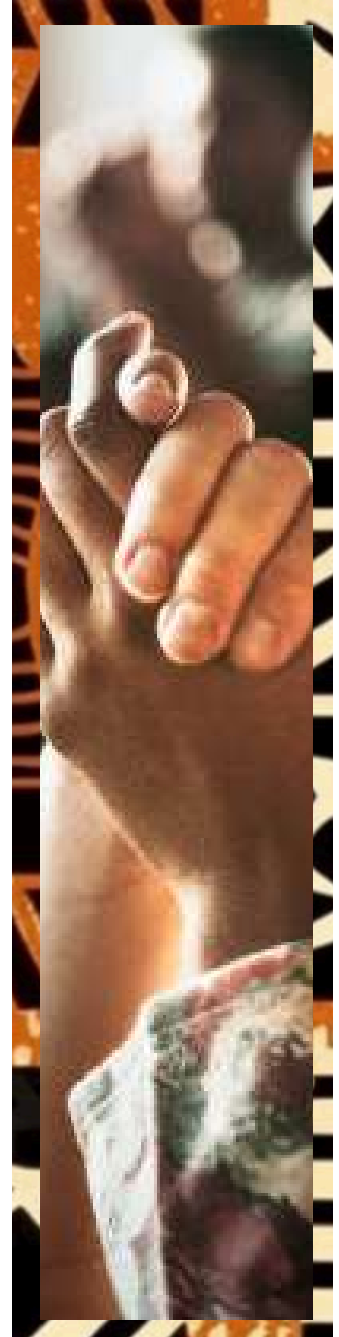
## 2.2 Psychological Trauma & Mental Health in Black Communities

Structural racism has profound psychological effects on Black communities, necessitating culturally competent therapeutic interventions (Akbar, 1995; Brown & Keith, 2003). The cumulative impact of racism-related stressors—such as racial bias, ethnic discrimination, and hate crimes—contributes to what scholars define as Race-Based Traumatic Stress (RBTS), a mental and emotional injury resulting from repeated exposure to racism (Helms, Nicolas, & Green, 2010). Addressing this trauma requires approaches that move beyond traditional Western psychology and incorporate culturally relevant healing strategies. The Hub's mental health services will be guided by key performance indicators (KPIs) that include community-defined measures of trust, cultural safety, and emotional well-being.

- Akbar (1995) argues that Western psychology fails to address the specific mental health challenges caused by historical oppression, necessitating an African-centered approach to healing.
- Mitchem & Townes (2013) highlight how faith institutions have historically served as key providers of mental health support, reinforcing the need for faith-based partnerships within the Hub.
- Bruce & Hawkins (2005) examine the intersection of health, crime, and punishment, underscoring the importance of mental health programming for justice-impacted individuals.
- Helms, Nicolas, & Green (2010) introduce Race-Based Traumatic Stress (RBTS), demonstrating how exposure to racism results in psychological distress similar to PTSD. This research reinforces the need for trauma-informed, culturally competent mental health services that directly address racialized stress.

## 2.3 Economic & Housing Interventions for Black Communities

Economic stability and housing security are critical determinants of health, requiring targeted interventions (Reed, 2010; Hill, 2016).

- Reed (2010) identifies economic instability as a primary determinant of poor health outcomes, reinforcing the importance of integrating financial literacy into health initiatives.
- Hill (2016) explores how racial discrimination in banking and real estate contributes to persistent housing disparities, making housing navigation services a necessity for wellness hubs.
- Kaestner & Sasso (2017) identify federal and state funding mechanisms that can support Black-led wellness initiatives.

The Hub must remain in ongoing dialogue with experts in Black Studies, African American psychology, and health equity to keep its approach grounded in evidence-based practices. Informed by historical Black healing traditions and contemporary research, the Hub will expand access to culturally competent healthcare, mental health, and harm reduction services, while addressing the root causes of economic instability. This initiative positions Contra Costa County as a leader in advancing Black health equity through community-driven, evidence-based solutions. Ongoing planning and budget priorities will be shaped by subregional advisory groups and a central Oversight Committee, ensuring that community voice is embedded at every level of decision-making.

# Community Engagement & Needs Assessment

The Feasibility Study design reflects the voices of thousands of Black residents in Contra Costa County who shared their lived experiences, community priorities, and bold solutions to guide this process. Central to this effort was a 13-member African American Holistic Wellness Hub Steering Committee, selected through an open application process designed to reflect geographic and experiential diversity. These members provided critical leadership, co-designed the research framework, and helped maintain accountability to the community throughout the study. At the heart of this process was the Steering Committee itself—a group of trusted, community-rooted leaders who made sure that the study did not just reflect Black voices, but was fundamentally shaped by them.

Through this extensive engagement process—including 4,074 survey responses, 16 listening sessions, targeted stakeholder interviews, and district-based town halls—this study captures both the breadth and depth of Black community perspectives. Rooted in the Key Performance Indicators (KPIs) developed and approved by the Steering Committee, the methodology was not only data-driven, but also community-led, grounded in the knowledge and expertise of those most directly impacted by systemic inequities.

This approach created an intentional platform for a wide range of Black voices—from youth and elders to justice-impacted individuals and Black mothers—to shape the vision for a healing-centered Hub. The scale and depth of participation underscore the urgency of this work and reflect a collective mandate for lasting, Black-led systems change in Contra Costa County.

## Steering Committee Priorities: Shaping the Hub's Focus

The African American Holistic Wellness Hub Steering Committee first convened in December 2023 to lay the foundation for the Feasibility Study. Composed of 13 members selected through a public application process, the Committee was intentionally formed to represent the geographic, generational, and lived experience diversity of Contra Costa County's Black communities. From the outset, they served as a trusted and representative advisory body to keep the study grounded in community priorities and responsive to those most impacted by systemic harm.

The Committee played an active role in shaping every phase of the research process—from initial design through data collection and analysis—ensuring that community voice was not only heard, but centered. Together, they:

- Defined priority populations, including justice-impacted individuals, Black mothers, elders, and families navigating the education system.
- Identified essential services such as culturally responsive health care, mental health and substance use support, housing assistance, and reentry programs.
- Developed preliminary approaches to service delivery, emphasizing co-location, trauma-informed care, and community leadership models.

In September 2024, Ceres Policy Research joined the process, supporting and structuring the research phase. The Steering Committee then reviewed and ratified a set of Key Performance Indicators (KPIs) to guide the evaluation of the Hub's future impact. These KPIs shaped the survey design, listening session questions, and overall analytical approach.

Grounded in these priorities, the study elevates the real needs, visions, and solutions of Black residents in Contra Costa County. As the project transitions toward implementation, the Committee's role as a trusted, community-rooted body remains essential to advancing a Black-led, healing-centered Hub. The following sections highlight the core challenges, strengths, and aspirations that emerged from this community-driven process.

## Health & Wellness

Black residents in Contra Costa County face persistent and compounding barriers to healthcare, particularly in accessing mental health and maternal care. Over 60% of survey respondents reported difficulty finding Black healthcare providers, with the most critical gaps in mental health care, primary care, and maternity services. Black women described pervasive medical neglect, including dismissal of pain and inadequate postpartum care, which has led to deep mistrust in healthcare systems. Many shared experiences of having their pain downplayed by medical professionals, delays in receiving treatment, and an overall lack of culturally competent care "I had to beg for pain meds after my C-section," one Richmond mother recalled. "The nurse kept telling me I was fine." Similarly, Black residents seeking mental health care reported long waitlists and a shortage of Black therapists, making it nearly impossible to receive consistent, culturally affirming support. "By the time I found a therapist who looked like me, they weren't taking new clients," shared a San Ramon resident. These experiences reveal a broader pattern of racialized medical harm, where Black patients are consistently misdiagnosed, undertreated, or dismissed.

Mental health disparities were especially severe among Black transitional-age youth (18–24), with 72% of survey respondents reporting a lack of access to culturally competent providers. In several districts, Black residents were more likely to undergo involuntary psychiatric holds (5150s) than to receive early intervention services—underscoring an over reliance on emergency response rather than prevention and care. They assume we're drug seekers before even listening to our pain," noted one Antioch community member.
These disparities varied by district, with Richmond and San Pablo (District 1) showing the highest demand for Black therapists and mobile mental health clinics, Antioch and Pittsburg (District 3) recording elevated mental health crisis incidents and involuntary psychiatric holds, and Walnut Creek and San Ramon (District 2) revealing that Black residents experience significant social isolation and a near-total lack of Black healthcare providers.

To address these critical gaps, community members identified several key priorities for the Hub: expanding on-site Black therapists and trauma-informed care teams, integrating maternal health services that include Black doulas and midwives, and establishing peer-led healing circles to provide culturally affirming mental health support. As a survey respondent emphasized, "We need preventative care, not just the ER when it's too late." These findings reinforce the urgent need for proactive, community-driven health interventions that center the lived experiences of Black residents.

## Economic Stability & Workforce Development

Economic insecurity remains a persistent challenge across all districts, as Black residents face structural barriers to workplace equity, business ownership, and career advancement. Survey findings revealed that 65% of respondents had experienced workplace discrimination—ranging from biased hiring practices and stalled promotions to pay inequity. Black entrepreneurs reported repeated loan denials, limiting their ability to launch, sustain, or scale their businesses. Additionally, 72% of unemployed respondents identified the absence of culturally responsive job training and placement programs as a major barrier to economic stability.

For many Black residents, these barriers reflect structural exclusion that blocks long-term economic security and disrupts generational wealth-building. "I applied for the same small business loan three times and was denied every time—but a white colleague got approved on the first try," recalled a Black business owner in Concord. These disparities have fueled frustration among Black entrepreneurs, who are often encouraged to pursue business ownership as a path to mobility—only to be excluded from capital and procurement opportunities. "If we don't own anything, we don't have real security," emphasized one survey respondent.

Beyond business ownership, Black workers described persistent challenges securing stable, well-paying jobs—often facing underemployment despite holding degrees or technical certifications. "When we talk about 'good jobs,' we don't mean just any job—we mean livable wages and dignity," noted a workforce specialist in Pittsburg. Participants also emphasized the disconnect between workforce programs and true economic mobility. As one Brentwood resident put it: "We're just told to go back to school, but no one is teaching us how to leverage what we already know to build wealth."

Economic disparities vary by district: Antioch and Pittsburg (District 3) show the highest demand for job training and Black business funding, while Brentwood and Oakley (District 5) face some of the starkest racial disparities in homeownership and access to capital. These inequities reinforce cycles of financial precarity, making it even more difficult for Black residents to build wealth or achieve lasting economic security.

To address these challenges, community members identified several priorities for the Hub: culturally relevant financial literacy programs, expanded funding pathways for Black entrepreneurs, and job training designed specifically for Black professionals and justice-impacted individuals. These investments are essential to closing the racial wealth gap and building pathways toward long-term economic empowerment for Black communities in Contra Costa County.

## Community & Cultural Spaces

Across all five districts, Black residents emphasized the urgent need for dedicated, affirming spaces to gather, organize, heal, and preserve cultural traditions. Survey results revealed that 81% of respondents reported no Black-led cultural, wellness, or multi-use community spaces in their neighborhoods. While some Black-led institutions such as churches and childcare programs exist, residents described a deep need for accessible, dedicated spaces for recreation, healing, social connection, and cultural expression—exposing a gap in community-driven infrastructure. Additionally, 65% of parents voiced concern about the lack of Black educators and mentors in their children's lives—citing the absence of Black leadership in schools and youth programs as a key factor undermining identity development and educational outcomes.

For many, Black-centered spaces are not optional—they are essential for survival, safety, and cultural continuity. "This is about more than just a community center. It's about survival," shared a resident from Antioch. A Richmond resident echoed similar concerns about safety and autonomy, saying, "We don't have a place to just exist without surveillance or judgment." Others raised urgent concerns about cultural erasure. As one Steering Committee member warned, "If we don't preserve our culture, we'll lose another generation to assimilation."

District-level disparities underscore the uneven distribution of community spaces throughout Contra Costa County. In Richmond and San Pablo (District 1), residents expressed strong demand for a dedicated Black cultural center. In Antioch and Pittsburg (District 3), the greatest need centered on youth mentorship, driven by the absence of Black educators and structured mentorship programs. The absence of these spaces contributes to social isolation, generational disconnect, and the gradual erasure of Black cultural memory and traditions.

To address these gaps, residents proposed several priorities for the Hub: intergenerational mentorship programs, Black arts and cultural preservation initiatives, and safe, affirming spaces for community organizing—free from surveillance and criminalization. These solutions reflect a broader call to build infrastructure that affirms Black cultural identity, nurtures leadership, and sustains collective resilience across Contra Costa County. The decentralized nature of these priorities reflects the need for localized, responsive wellness infrastructure, aligned with the subregional service model outlined in the governance framework.

## Housing & Legal Support

Survey responses and listening sessions confirm that Black residents in Contra Costa County experience the highest rates of eviction, housing discrimination, and homeownership barriers—fueling ongoing cycles of displacement and economic instability. Among survey respondents, 40% of Black renters reported being denied housing assistance Justice-impacted individuals identified housing instability as a leading driver of recidivism, underscoring how the lack of stable housing heightens vulnerability to re-incarceration and deepens economic hardship.

For many Black residents, the housing crisis is not merely a financial hardship—it reflects deliberate, systemic exclusion from stable and dignified living conditions. "I was on every waiting list for years, and I kept being told there were 'no available units,'" shared one survey respondent. A formerly incarcerated Pittsburg resident added, "Housing is a crisis in this county—but for us, it's a disaster." The lack of affordable and accessible housing leaves many trapped in cycles of temporary shelters, overcrowding, or forced relocation to areas with fewer resources. Additionally, Black renters frequently encounter discriminatory leasing practices, with an Antioch listening session attendee stating, "Landlords know they can discriminate against us because they know we have fewer options."

District-level disparities further emphasize geographic inequalities in housing access. Antioch, Pittsburg, and Bay Point (Districts 3 & 5) have the highest eviction rates and homelessness among Black residents, while Concord and Pleasant Hill (District 4) present major barriers to Black homeownership due to discriminatory practices in the real estate market.

To address these issues, community members identified several priorities for the Hub, including on-site housing navigation services, tenant advocacy programs, and Black-led legal aid services to support eviction prevention. Additionally, transitional housing and reentry support for justice-impacted individuals were identified as essential to breaking the cycle of homelessness and recidivism. These solutions reflect a broader demand for structural changes in housing policies, ensuring Black residents have access to stable, affordable, and non-discriminatory housing options.

## CONCLUSION

Across listening sessions, stakeholder interviews, and survey data, one truth emerged clearly: Contra Costa County's current systems do not meet the needs of Black residents. The African American Holistic Wellness Hub is not merely a proposal—it is an urgent, community-affirmed necessity designed to confront the systemic failures Black residents face through a Black-led, healing-centered approach. The Hub will offer comprehensive, culturally rooted services to address the root causes of racial inequities in health, housing, economic opportunity, and community infrastructure—building the foundation for collective healing and long-term stability.



CONTRA COSTA COUNTY, CALIFORNIA **AFRICAN AMERICAN HOLISTIC WELLNESS RESOURCES HUB SERVICE FLOWCHART**

Individuals/Families contact AAHWRH

Target Populations:
- Families/Parents of K-12 Youth (including IEPS, at-risk of suspension)
- African American Elders
- Justice-Impacted Individuals
- African American Women During Childbearing Years
- Unhoused Community Members
- African American Males
- Mental Health & Substance Use Support for African Americans

Intake and Assessment → Needs Identified → Referral → Needs Addressed

Referral: Mental Health, Economic, Legal Services, Housing Navigation, Workforce Development, Health, Maternal & Child Welfare

Ongoing Care Coordination

## Phased Implementation Strategy for Feasibility and Sustainability

The African American Holistic Wellness and Resource Hub (AAHWRH) will be implemented through a three-phase, readiness-based strategy to meet urgent needs while building the foundation for long-term sustainability, equity, and shared governance. This approach grounds early action in trust and community voice—beginning with mobile service delivery and evolving toward permanent infrastructure and co-governance through a Joint Powers Authority (JPA) or an alternative long-term structure.

- Phase 1: Deploy mobile wellness teams and street outreach teams in partnership with existing Contra Costa mobile clinics and initiatives to provide mental health services, housing support, and economic empowerment resources. Hire an Executive Director and initiate community-based partnerships with satellite locations.

- Phase 2: Expand physical presence through a network of library branches, faith-based centers, and/or temporary health office sites to ensure community access before securing a permanent facility.

- Phase 3: Open a permanent Hub at 1650 Cavallo Road (or another suitable county-asset), offering wraparound health and economic services with a sustainable funding model based on county contracts, private-public partnerships, and Medicaid reimbursement strategies.

## Phase 1: Rapid Implementation & Foundational Governance

**Key Actions:**
- Deploy mobile wellness teams in partnership with Black-led CBOs and county departments to offer trauma-informed care, housing navigation, economic support, and culturally responsive mental health services in high-need areas.
- Appoint a Founding or Interim Executive Director (within 90 days) to coordinate startup operations, stakeholder communication, and subregional implementation.
- Transition the Steering Committee into a Transitional Oversight Committee to guide implementation, provide accountability, and produce quarterly public updates on service metrics and equity goals.
- Launch community satellite activations in trusted spaces like churches, cultural centers, and childcare hubs to increase accessibility while permanent infrastructure is developed.
- Develop regional MOUs with municipalities and community partners to clarify shared roles, in-kind contributions, and equity-focused outcomes.
- Create a culturally grounded referral and service navigation directory ("The Green Book") to facilitate coordinated, accessible care.

**Metrics:**

- 2–3 mobile wellness units deployed in priority districts.
- 500+ Black residents served monthly through mobile/satellite outreach.
- 10+ partnership MOUs with Black-led service providers.
- Public dashboard and quarterly reports produced by the Oversight Committee.

## Phase 2: Subregional Activation & Co-Governance Development

Phase 2 deepens services through semi-permanent sites and formalizes governance structures to support shared leadership and funding transparency.

**Key Actions:**

- Activate semi-permanent hubs in libraries, schools, and community centers within each subregion (East, West, Central/South).
- Establish subregional planning groups to define localized service priorities and recommend budget allocations based on community needs.
- Formalize the Advisory & Oversight Committee as a co-governing body with representation from Black CBOs, justice-impacted individuals, youth, elders, and municipal partners.
- Identify a lead fiscal agent, such as a vetted Black-led nonprofit or regional foundation, to manage grants, budgets, and compliance.
- Pilot digital outreach and scheduling tools, including an AAHWRH mobile app and SMS referral system.
- Expand workforce pipelines by launching formal partnerships with colleges and employers to train and hire Black wellness professionals.

**Metrics:**

- 3+ semi-permanent wellness hubs operational in high-need subregions.
- JPA or hybrid co-governance structure drafted with community input.
- Increased access to and retention in culturally affirming care and support services.
- Training-to-hire programs initiated in coordination with local institutions.

## Phase 3: Permanent Infrastructure & Long-Term Governance

This phase formalizes long-term governance and launches the first permanent AAHWRH facility, while maintaining mobile and satellite operations.

**Key Actions:**
- Open the first permanent Hub at 1650 Cavallo Road (or similar site in East County) based on readiness, community need, and accessibility.
- Sustain mobile and semi-permanent services in West and Central/South County through rotating site activations and cross-agency staffing.
- Transition to a Joint Powers Authority (JPA) or permanent fiscal intermediary with embedded community oversight, jurisdictional cost-sharing, and public accountability measures.
- Deliver wraparound services including:
  - Integrated physical and mental health care
  - Black maternal health and doula support
  - Housing and legal advocacy
  - Workforce development and entrepreneurship programming
  - Cultural healing and restorative justice spaces
- Implement a long-term funding plan leveraging Medi-Cal reimbursements, philanthropic partnerships, and public investments.

**Metrics:**

- JPA or long-term governance entity fully operational with public board representation and oversight powers.
- Permanent East County Hub facility opened and delivering comprehensive services.
- Funding model secured with multi-year commitments.
- Annual public performance reports, community scorecards, and equity impact evaluations released.

## LONG-TERM GOVERNANCE: PATHWAY TOWARD A JOINT POWERS AUTHORITY (JPA)

The Joint Powers Authority (JPA) is the recommended long-term governance structure for the African American Holistic Wellness and Resource Hub (AAHWRH), providing a formal vehicle for public investment, shared ownership, and community oversight across Contra Costa County. A JPA offers the potential for legal stability, cross-agency coordination, and sustainable operations, while embedding racial equity and lived experience at the heart of decision-making.

As envisioned, the JPA would:
- Enable pooled public and philanthropic funding from local, state, federal, and foundation sources, with built-in fiscal transparency and compliance systems.
- Support a community-embedded governing board with real oversight authority—composed of Black-led CBO leaders, youth and elder representatives, justice-impacted community members, and municipal partners.
- Codify shared governance principles, including racial equity benchmarks, participatory budgeting, and public performance reporting.

While the JPA represents a future-state goal, it is not the starting point. The phased governance framework outlined in Appendix L allows the Hub to evolve responsibly over time, beginning with lower-barrier structures and building toward full formalization.

**Near-Term Governance: Phased, Flexible, and Community-Guided**

To support timely service delivery and early-stage accountability, interim governance will follow a phased model, beginning with:

- A Transitional Oversight Committee, evolved from the Steering Committee, that meets regularly and reports on service outcomes, community feedback, and implementation challenges.

- The Office of Racial Equity and Social Justice (ORESJ) serving as the interim fiscal and administrative home—supporting early deployment of mobile teams, partner contracts, and staffing.

- A potential Black-led nonprofit fiscal sponsor or foundation partner to manage early grants and budget operations, while sustaining culturally responsive implementation.

These readiness-based structures provide the flexibility to adapt based on political will, municipal alignment, and community priorities—without delaying critical services.

# PLANNING FOR THE JPA: CONDITIONS AND COMMITMENTS

Transitioning to a JPA will depend on:

- Demonstrated trust between public agencies and community partners
- Measurable impact from early-phase programs
- Alignment from municipal councils and legal counsel
- Investment in foundational infrastructure, including:
  - Legal formation and bylaws development
  - Executive Director recruitment and onboarding
  - Fiscal modeling and jurisdictional contribution formulas

The JPA may include sunset clauses or evolve into a permanent intermediary depending on future needs. In all cases, community governance, equity-centered decision-making, and public accountability will remain non-negotiable principles.

This long-term vision reflects a commitment to shared power, not centralized control—ensuring that Contra Costa County's Black communities are not just served, but empowered through durable infrastructure, community-rooted leadership, and system-wide alignment.
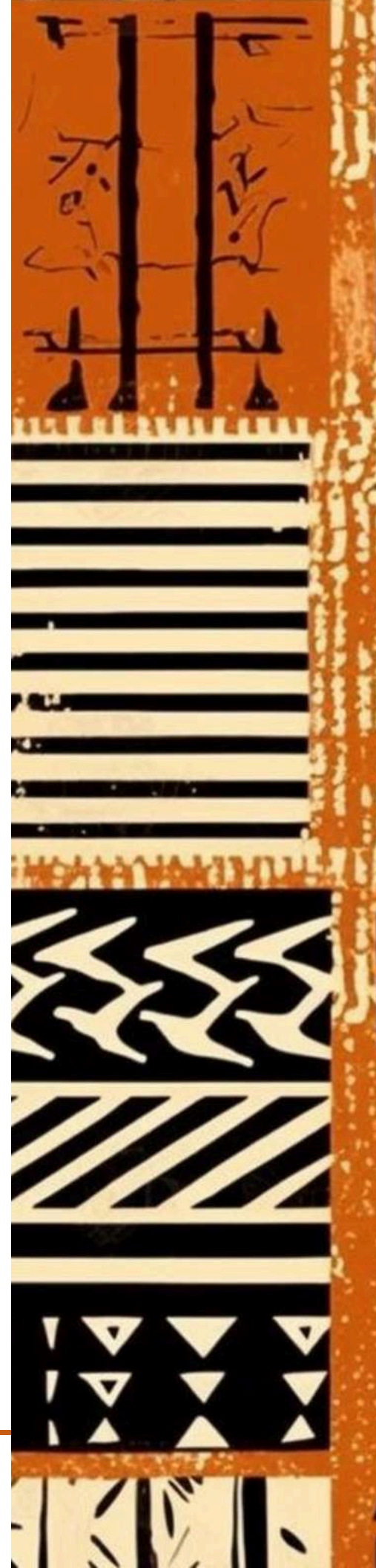
# SUSTAINABILITY PLAN & FUNDING STRATEGY: A PHASED, MULTI-SOURCE APPROACH

The long-term sustainability of the African American Holistic Wellness and Resource Hub (AAHWRH) depends on a phased, community-responsive funding strategy—one that reflects the urgency of present needs while laying the groundwork for lasting public infrastructure rooted in Black wellness, equity, and self-determination.

This approach follows a "revenue from everywhere" model, combining public, philanthropic, and earned income streams while honoring community leadership at every phase of implementation.

*Phase 1: Immediate Investment & Public Stewardship*

The initial $7.5 million investment—managed by the Office of Racial Equity and Social Justice (ORESJ)—will fund mobile wellness teams, community contracts, and early-stage coordination. During this phase, ORESJ will serve as the interim fiscal and administrative holder, enabling flexible deployment of services while formal governance is established.

Key funding sources include:
- Measure X allocations for direct services, outreach, and capital preparation
- County departmental contributions through existing wellness, housing, and economic development programs
- Early philanthropic partnerships with equity-focused institutions (e.g., Kaiser Permanente, Blue Shield Foundation)

This period will also support legal and operational groundwork for a future Joint Powers Authority (JPA) or alternative fiscal structure.

*Phase 2: Diversification & Capacity Building*

As services expand across semi-permanent sites, the Hub will implement a blended funding model that includes:
- Medi-Cal and D-SNP reimbursements for eligible health services (e.g., maternal care, behavioral health, substance use recovery)
- County and city participatory budgeting aligned with community priorities
- Philanthropic capacity-building grants to support Black-led CBOs participating in service delivery

A dedicated lead fiscal agent or intermediary may be identified during this phase to steward contracts, track impact, and manage multi-source compliance until a formal governance structure is operationalized.

*Phase 3: Revenue Generation & Long-Term Infrastructure*

Once a permanent facility is established, the Hub will generate earned income that supports reinvestment in local services and operations.

This includes:
- Sliding-scale wellness and workforce services
- Rental income from entrepreneurship incubators, shared-use space, and pop-up retail
- Onsite food, vending, and cooperative ventures led by local residents
- Philanthropic and public-private partnerships for site-based capital improvements

The long-term structure—whether a JPA or evolved intermediary—will manage pooled resources and expand investment pathways through:
- Federal and state grants
- Municipal contributions tied to population and equity impact
- Regional public health initiatives and innovation funds

## COMMUNITY OWNERSHIP & PARTICIPATORY INVESTMENT

Throughout every phase, the Hub will remain accountable to Black community priorities through:

- Participatory budgeting processes that allow residents to co-invest and vote on resource allocation
- Grassroots fundraising and community giving circles
- Subregional planning groups empowered to propose localized investment strategies and service models

These mechanisms support both fiscal transparency and community power, ensuring that the Hub's growth is not only financially sustainable, but politically and socially durable. Rather than rely on a single funding source or rigid structure, the African American Holistic Wellness and Resource Hub will build a financial ecosystem of care—one that scales with trust, centers Black leadership, and adapts to community-defined priorities. This strategy supports the phased implementation timeline— from mobile units to permanent infrastructure—and positions the Hub as a national model for healing-centered investment, equity-driven governance, and transformational public health innovation.

## CAVALLO ROAD FACILITY DEVELOPMENT: A CORNERSTONE FOR EAST COUNTY IMPLEMENTATION

As part of a broader subregional strategy, 1650 Cavallo Road in Antioch has been identified as the recommended anchor site for the East County implementation zone of the African American Holistic Wellness and Resource Hub (AAHWRH). Following an extensive analysis of available properties, this County-owned facility emerged as the most viable long-term location—offering over 10,000 square feet of adaptable space, strong transit access, and deep proximity to neighborhoods most impacted by racialized health and housing disparities.

The site is projected to become available in early 2028, upon relocation of the Employment & Human Services Department (EHSD) call center and final debt service payment. Repurposing Cavallo Road reflects the County's equity commitment to reinvesting in public infrastructure for community-centered healing, care, and support.

The redevelopment of 1650 Cavallo Road in Antioch will involve approximately a $2.5 million renovation grounded in trauma-informed architecture, ADA accessibility, and design rooted in Black cultural traditions. The facility will incorporate calming and culturally affirming spaces, sustainable features like solar panels and community gardens, and integrated wellness and economic service areas shaped through ongoing input from Black residents and service providers. Rather than centralizing control, the County will retain ownership and lease the site to Black-led or equity-aligned organizations through a master tenant model, with coordination overseen by a future governance body—such as a Joint Powers Authority, designated fiscal agent, or hybrid structure. Should governance evolve toward nonprofit stewardship, a direct transfer to a 501(c)(3) remains possible without triggering surplus land regulations. The property transfer will follow a standard interdepartmental process, allowing ORESJ or another County department to assume stewardship without requiring formal surplus procedures. While renovations are in progress, the Hub will continue to deliver mobile and site-based services across the county, with interim locations in Richmond, Pittsburg, and Central Contra Costa supporting immediate outreach. This approach allows Cavallo Road to serve as the East County anchor within a larger, countywide network—bringing services closer to where people live while advancing a model of healing-centered, community-rooted infrastructure.

# STRATEGIC NEXT STEPS FOR IMPLEMENTATION

The implementation of the African American Holistic Wellness and Resource Hub (AAHWRH) will follow a phased, equity-centered strategy that emphasizes readiness, community stewardship, and sustained interagency collaboration.

1. Transitioning the Steering Committee into a Transitional Oversight Committee: The current Steering Committee will formally evolve into a Transitional Oversight Committee, serving as the central body guiding early implementation. This group will meet regularly to review progress, provide input on service coordination, and steward the development of governance protocols. Within the first 90 days, this committee will collaborate with the Office of Racial Equity and Social Justice (ORESJ) to recruit and appoint a Founding or Interim Executive Director who will lead early operations, coordinate with subregional partners, and prepare the infrastructure for long-term governance.

2. Launching Early Services and Subregional Coordination: In alignment with the subregional strategy, mobile wellness teams and pop-up activations will begin in East County—particularly Antioch, Pittsburg, Oakley, and Brentwood—while additional activation will occur in West County (Richmond, San Pablo) and Central/South County (Concord, Walnut Creek, San Ramon). Temporary service locations, including libraries, community centers, and trusted CBO spaces, will support immediate access to culturally grounded care while the permanent facility is under renovation. These services will include housing navigation, maternal care, behavioral health, reentry support, and financial empowerment, supported by shared referral systems and cross-agency collaboration.

3. Operationalizing Governance and Legal Infrastructure: During this early phase, the Transitional Oversight Committee and ORESJ will initiate development of formal governance protocols, including bylaws, shared evaluation tools, and equity benchmarks. Simultaneously, legal agreements will outline roles and responsibilities of a lead fiscal agent—whether a vetted Black-led CBO or regional foundation—to manage early-stage contracts, compliance, and fund disbursement. This allows for fiscal accountability and operational flexibility while the JPA formation process progresses.

4. Advancing the Cavallo Road Transition and Master Tenant Model: The County will initiate the interdepartmental transfer process for 1650 Cavallo Road, which will eventually serve as the permanent Hub location. While the County retains ownership, a master tenant model will allow Black-led and equity-aligned organizations to lease space and deliver services under the coordination of the emerging governance structure. This approach balances public stewardship with community control and will be formalized once renovation timelines and legal structures are aligned.

5. Securing Long-Term Funding and Diversifying Revenue: The Hub's sustainability will be supported through a blend of Measure X funds, Medi-Cal reimbursements, county contracts, and philanthropic investments. ORESJ will lead coordination on startup costs, while the Oversight Committee will support development of a broader fund development strategy that includes earned income (e.g., workforce training, shared-use space), corporate partnerships, and a potential endowment. These efforts will prepare the financial foundation for the JPA to assume long-term oversight.

6. Laying the Groundwork for JPA Formation: Once early services are underway and governance protocols are tested, partners will assess readiness for JPA formation. This includes city and county alignment, approval of governance bylaws, and community validation. The future JPA will institutionalize community voice, pooled funding, and public transparency across Contra Costa County.

7. Sustaining Community Participation and Transparency: Throughout implementation, participatory governance mechanisms will remain in place. This includes subregional planning groups, quarterly reports from the Oversight Committee, public dashboards, and structured community engagement. These tools will help keep feedback loops active, support responsive service delivery, and uphold power rooted in the lived experience and leadership of Black communities.

# Conclusion: Building Toward a Just and Community-Governed Future

The African American Holistic Wellness and Resource Hub (AAHWRH) represents a collective vision born from decades of advocacy, grounded in lived experience, and affirmed through extensive community engagement. It responds directly to the systemic inequities Black residents in Contra Costa County have named—across health, housing, economic security, and justice. Designed not as a temporary intervention but as a permanent community-centered infrastructure, the Hub charts a path forward rooted in healing, accountability, and self-determination.

Through more than 4,000 survey responses, 16 listening sessions, and conversations with residents across five districts, the call for transformation has been clear: services must be culturally grounded, governance must reflect community leadership, and equity must be embedded at every level of decision-making. This effort begins with mobile and temporary services in high-need areas and builds toward a permanent facility at 1650 Cavallo Road—an anchor for East County and part of a broader subregional model that recognizes the diverse needs and strengths across the County.

Implementation will follow a phased approach guided by the governance roadmap in Appendix L. The current Steering Committee will evolve into a Transitional Oversight Committee, service delivery will begin through existing trusted partnerships, and the groundwork for a Joint Powers Authority (JPA) will be developed collaboratively. The JPA—once fully established—will institutionalize shared governance, fiscal transparency, and public accountability.
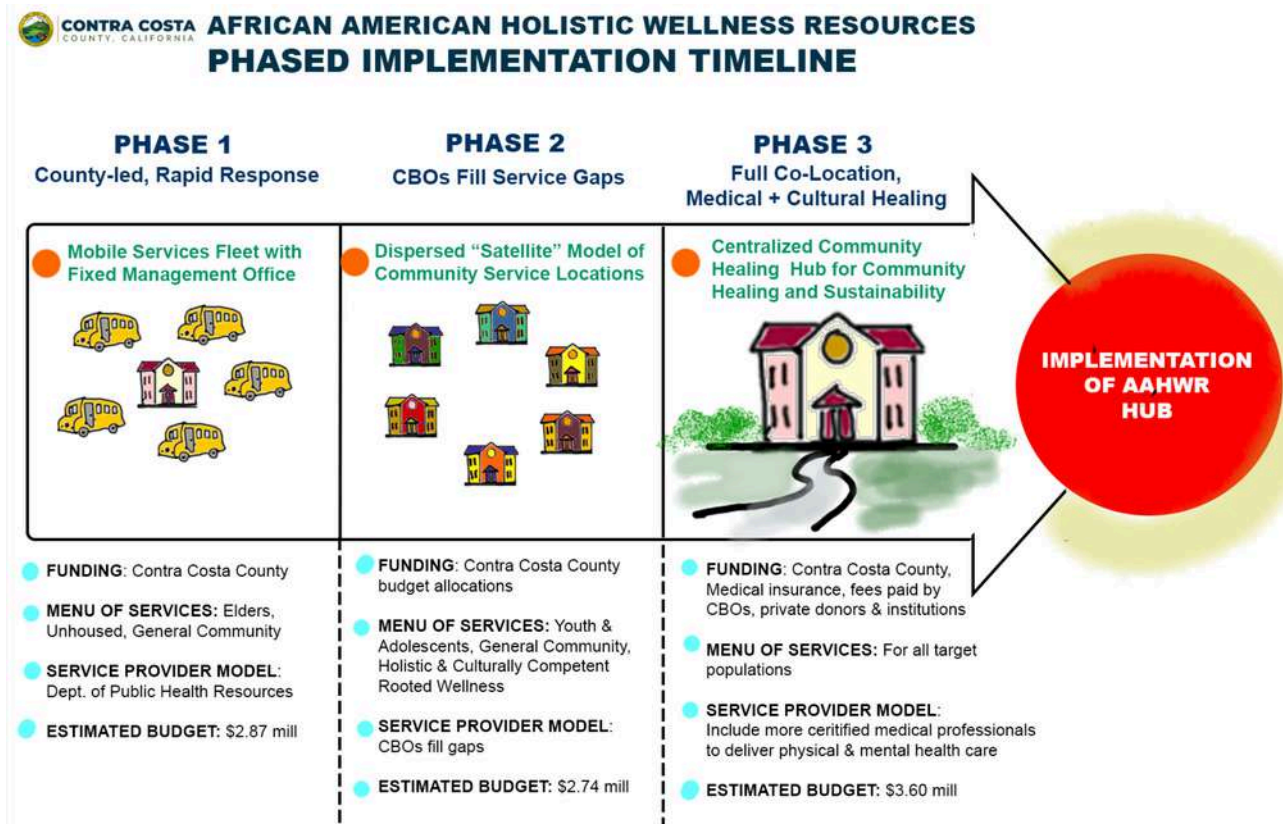
Ongoing evaluation will reflect both qualitative and quantitative measures co-developed with the community.

Progress will be tracked through key indicators such as:
- Access to culturally affirming mental, maternal, and behavioral health services;
- Housing stability and reentry support for justice-impacted individuals;
- Economic participation, job placement, and entrepreneurship;
- Representation and participation in governance, planning, and oversight structures.

But success will not be defined by metrics alone. It will be reflected in the trust rebuilt between residents and systems, the spaces reclaimed for collective healing, and the partnerships formed across generations. The Hub is not a demonstration project—it is a countywide commitment to invest in Black wellness infrastructure, not just through funding but through sustained collaboration and shared leadership.

As Contra Costa County enters this next chapter, the AAHWRH offers a model for what it means to build systems with—not just for—Black communities. This is a long-term undertaking rooted in readiness, regional coordination, and racial justice. And it begins now.



**CONTRA COSTA COUNTY, CALIFORNIA — AFRICAN AMERICAN HOLISTIC WELLNESS RESOURCES PHASED IMPLEMENTATION TIMELINE**

**PHASE 1**
County-led, Rapid Response

- Mobile Services Fleet with Fixed Management Office

- FUNDING: Contra Costa County
- MENU OF SERVICES: Elders, Unhoused, General Community
- SERVICE PROVIDER MODEL: Dept. of Public Health Resources
- ESTIMATED BUDGET: $2.87 mill

**PHASE 2**
CBOs Fill Service Gaps

- Dispersed "Satellite" Model of Community Service Locations

- FUNDING: Contra Costa County budget allocations
- MENU OF SERVICES: Youth & Adolescents, General Community, Holistic & Culturally Competent Rooted Wellness
- SERVICE PROVIDER MODEL: CBOs fill gaps
- ESTIMATED BUDGET: $2.74 mill

**PHASE 3**
Full Co-Location, Medical + Cultural Healing

- Centralized Community Healing Hub for Community Healing and Sustainability

- FUNDING: Contra Costa County, Medical insurance, fees paid by CBOs, private donors & institutions
- MENU OF SERVICES: For all target populations
- SERVICE PROVIDER MODEL: Include more ceritified medical professionals to deliver physical & mental health care
- ESTIMATED BUDGET: $3.60 mill

**IMPLEMENTATION OF AAHWR HUB**

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# Appendix A: Models for Consideration to Support the African American Holistic Wellness and Resource Hub (AAHWRH)



This appendix outlines case-informed funding structures, phased implementation models, and institutional strategies that can guide the development of the African American Holistic Wellness and Resource Hub (AAHWRH). These examples serve as potential frameworks for the AAHWRH, focusing on community-driven approaches to health equity, racial justice, and wellness. Drawing from existing models across various sectors and regions, these examples provide a range of strategies for scaling wellness services, from pilot projects to fully integrated and sustainable initiatives.

These strategies emphasize flexibility, phased development, and the importance of centering community leadership in wellness delivery. The application of these models to the AAHWRH offers insights into how the Hub can build on local and national best practices while advancing long-term community-driven health and wellness infrastructure.

# Case-Informed Funding Structures

| Organization | Focus | Potential Application |
|---|---|---|
| California Endowment | Community-driven health equity and racial justice initiatives | Potential funding source for the AAHWRH's health equity initiatives |
| California Wellness Foundation | Health equity and community-based trauma care initiatives | Model for securing long-term funding through a Joint Powers Authority (JPA) or similar structure |
| California Department of Public Health (CDPH) - Office of Health Equity | Statewide health equity initiatives | Model equity strategies for AAHWRH based on CDPH's Health in All Policies (HiAP) approach |
| Keystone Community Center (MN) | Wellness, social services, and mental health support | Wellness hub model integrating health and economic resilience |
| Bay Area Housing Finance Authority (BAHFA) | Affordable housing and economic development | Collaborate on integrating housing solutions into wellness services |
| Keystone Community Center (Minnesota) | Community wellness, social services, and mental health support | Runs wellness hubs focused on holistic health and economic resilience |
| Bay Area Housing Finance Authority (BAHFA) | Affordable housing and economic development | AAHWRH could collaborate with BAHFA to integrate housing solutions into its wellness framework |
| Youth Uprising Center (Oakland, CA) & Ashland Youth Center (Alameda County, CA) | Youth empowerment, trauma-informed care, and workforce development | AAHWRH could adopt a similar co-location model for integrating youth services |
| Richmond Health Equity Partnership (RHEP) | Reducing racial health disparities and increasing access to quality care | AAHWRH could align its strategies with RHEP's initiatives |
| Detroit People's Food Co-op (MI) | Food justice and economic empowerment through cooperative systems | AAHWRH could incorporate cooperative food justice models to support health and economic stability |
| Harlem Children's Zone (HCZ) – New York, NY | Comprehensive community support through cradle-to-career programming | AAHWRH could start with pilot programs in a specific area before expanding countywide |
| La Clínica de La Raza (California) | Primary care, behavioral health, dental care, mobile health units | AAHWRH could replicate La Clínica's mobile health model to reach underserved populations |

# Phased Implementation Models for Community Wellness Hubs

| Model | Focus | Phase 1 | Phase 2 | Phase 3 |
|---|---|---|---|---|
| **Harlem Children's Zone (NY)** | Education and community wellness | Pilot in a select block with workshops | Expand to cradle-to-college pipeline | Integrated housing, health, and jobs |
| **HealthRight 360 (CA)** | Mental health, substance use, and primary care | Behavioral health services | Integrated primary care | Mobile clinics for wider reach |
| **Sierra Health Foundation (CA)** | Community wellness hubs | Identify community needs | Launch service hubs | Develop permanent hubs for comprehensive care |
| **Live Well San Diego (CA)** | Health equity and community well-being | Needs assessment and engagement | Pilot health programs | County-wide rollout and policy integration |
| **Alameda County African American Wellness Hub** | Black wellness and mental health | Outreach and pop-ups | Culturally responsive mobile services | Expansion to permanent hubs |
| **San Francisco Wellness Hubs (CA)** | Harm reduction and community care | Pop-up services for high-need areas | Integrate health and behavioral services | Develop permanent hubs for long-term service |

# Institutional Models and Collaborative Approaches

| Institution/Model | Focus | Potential Application to AAHWRH |
|---|---|---|
| **Bay Area Housing Finance Authority (BAHFA)** | Housing and economic development | Integrate housing solutions into wellness infrastructure |
| **Center for Health Equity Transformation (CHET)** | Racial health disparities and trauma-informed care | Conduct data-driven interventions to reduce disparities |
| **Youth Uprising (Oakland, CA)** | Youth services and trauma-informed care | Co-locate youth services with health and wellness programs |
| **California Health Equity Project** | Equity-based policy interventions | Align AAHWRH's advocacy with statewide health equity initiatives |
| **African-Centered Wellness Model (AACWI)** | Culturally specific mental health services | Integrate Afrocentric mental health frameworks for addressing historical trauma |
| **California Reducing Disparities Project (CRDP)** | Community-driven mental health solutions | Use CRDP's model for expanding mental health services and funding |

**Key Considerations for AAHWRH Implementation**

- Most models begin with a small-scale pilot or temporary service hubs and expand over time. Early-phase investments should focus on building trust, infrastructure, and relationships with local partners.
- Effective models incorporate community input at all stages of development, from service design to evaluation. Uphold the leadership of Black-led organizations and embed local stakeholders as core participants in governance and decision-making processes.
- While initial funding may come from government grants or philanthropic sources, look for models that create long-term sustainability through partnerships, co-investment strategies, and diversified revenue streams.

The AAHWRH can draw insights from the case examples and phased implementation models provided. By focusing on flexible, community-rooted strategies, AAHWRH can scale effectively, build long-term sustainability, and advance equitable outcomes for Black residents in Contra Costa County. This appendix offers a guide to structuring the Hub's development across phases while integrating lessons learned from successful initiatives.

# Appendix B: Example Partner Criteria for Service Deployment

This framework is rooted in the lived experiences, ancestral knowledge, and healing traditions of Black communities in Contra Costa County. It was developed in direct response to community testimony that spoke urgently and powerfully about systemic harm, racial inequities, and the need to center Black voices in public decision-making.

At its core, the framework prioritizes culturally rooted, community-governed partnerships that elevate Black wellness—especially the voices of Black men, youth, elders, and system-impacted individuals. It acknowledges the deep mistrust caused by historical and ongoing institutional harm and affirms that wellness must be defined by those most impacted.

All service partners selected through this framework must demonstrate a clear commitment to racial justice, community accountability, and trauma-informed innovation, aligning with both national best practices and local demands for change. The goal is to disrupt entrenched cycles of exclusion and to offer a reparative, trust-building approach to public health, economic opportunity, and collective healing.

This community-driven process calls for:
- Prioritizing Black-led, culturally grounded organizations
- Funding mentorship and leadership development for Black residents, with an emphasis on Black men
- Recognizing lived experience as essential expertise
- Shifting power toward community-governed models
- Repairing institutional harm through intentional investment

# I. CORE CRITERIA FOR SERVICE PARTNERS

*1. Mission Alignment & Community Trust*

Demonstrated Commitment to Black Wellness:

1. Partners must have a verifiable history of serving Black communities in Contra Costa County.
2. Organizations must demonstrate deep knowledge of the structural racism and intergenerational trauma harming Black communities and embody a healing-centered, justice-rooted mission that reflects lived experience and builds trust with the most impacted.
3. Organizations must be committed to culturally competent service delivery, including hiring staff and evaluators who reflect the lived experience of the populations most harmed.

Rooted in Culturally Responsive Practices:

1. Service providers must integrate Afrocentric, faith-based, or culturally tailored wellness models, such as Black maternal health doulas, peer-led trauma circles, and economic healing initiatives.
2. Services should be adapted to address racial disparities in health outcomes, economic stability, and housing security.

Community-Led and Trusted by Residents:

1. Black-led is defined as an organization with at least 51% of its executive leadership, board, or governing body identifying as Black, and with core programs developed by and for Black residents of the geography in which services are delivered. These organizations must demonstrate accountable leadership structures and a consistent history of community-rooted service delivery shaped by Black stakeholders.

2. Preference will be given to organizations that meet this definition of Black-led and are headquartered or primarily operating in historically Black neighborhoods of Contra Costa County. This place-based approach reflects a commitment to community self-determination and complies with legal mandates under Proposition 209 by grounding selection criteria in geographic, historical, and experiential equity rather than racial classification alone.

3. We recognize that many non-Black organizations have long served Black residents and have built meaningful, trusted relationships in the community. This framework is not intended to discourage engagement from these organizations, but rather to create space for capacity-building investments that grow Black-led infrastructure while continuing to support high-impact, culturally competent providers of all backgrounds who demonstrate sustained commitment and effectiveness in serving Black communities.

4. Where Black-led organizational infrastructure is still emerging, preference will be given to partnerships that actively mentor, share power with, and build capacity among Black-led and community-governed organizations.

5. Must demonstrate a history of meaningful engagement and partnerships with grassroots organizations.

6. Organizations should have existing trust and credibility within Black communities to support strong program participation and overall effectiveness.

## 2. Service Delivery Capabilities

- Comprehensive, Wraparound Services

  - Service providers must deliver multi-faceted programs that address intersecting needs such as mental health, housing stability, workforce training, and financial coaching.
  - Preference is given to organizations that employ an integrative service model, ensuring individuals receive holistic support.

- Trauma-Informed and Healing-Centered Approaches

  - All service models must be rooted in trauma-informed care and racial justice frameworks.
  - Providers should employ professionals trained in systemic harm, intergenerational trauma, and racial health disparities.

- Mobile and Fixed-Site Capabilities

  - Partners must be able to operate at the Hub's primary location as well as in satellite locations, including libraries, schools, and mobile wellness units in under-resourced areas.
  - Mobile service partners should demonstrate the ability to reach populations that face barriers to accessing traditional healthcare and social services.

- Data-Driven and Outcome-Oriented Approaches

  - Service providers must track key metrics such as program utilization, effectiveness, and long-term impact.
  - Metrics should include health outcomes, economic mobility indicators, and housing stability rates.
  - Partners must participate in regular data reporting and evaluation to support accountability and drive continuous improvement.

*3. Workforce and Hiring Standards*

Lived experience in carceral systems, homelessness, and racial trauma is recognized as essential expertise. Preference will be given to organizations that recruit, train, and compensate staff with direct experience navigating these systems.

Prioritization of Black Providers and Practitioners

- Organizations should prioritize hiring Black therapists, case managers, social workers, and community health navigators.

- Preference is given to entities that provide culturally competent training to their staff to better serve Black residents.

Fair Compensation and Economic Opportunity for Black Workers

- Partners must provide competitive wages and workforce development opportunities for Black professionals.

- Programs should include mentorship, career advancement pathways, and support for certification and licensure for Black providers.

Leadership Development and Succession Planning

- Organizations should demonstrate a commitment to training emerging Black leaders in the wellness sector.

- Preference will be given to entities that have established pipelines for Black professionals to advance into leadership roles.

## II. SERVICE PARTNER CATEGORIES

Partners will be selected based on key wellness priorities identified by the community.

1. Mental Health and Healing Justice
Key Services Needed:

- Black-led trauma-informed therapy, including individual and group counseling.
- Peer-led crisis response teams to provide alternatives to law enforcement interventions.
- Culturally affirming grief support, healing circles, and mental health navigation.

*Example Partner: A Black mental health collective providing culturally competent therapy and peer crisis intervention support.*

2. Black Maternal and Reproductive Health
Key Services Needed:
- Culturally responsive doulas and midwifery services for Black mothers.
- Postpartum care, lactation support, and maternal wellness initiatives.
- Legal advocacy addressing disparities in maternal health care.

*Example Partner: A Black-led doula network offering comprehensive pre- and postnatal care services.*

3. Economic Empowerment and Financial Wellness
Key Services Needed:
- Workforce development and job placement services, with a focus on formerly incarcerated individuals.
- Financial literacy programs, wealth-building support, and homeownership education.
- Cooperative business incubators and Black-led entrepreneurship training.

*Example Partner: A Black-led financial services nonprofit offering credit-building support and small business grants.*

## 4. Holistic Health and Preventative Care

Key Services Needed:

- Community-based chronic disease prevention programs addressing hypertension, diabetes, and heart disease.
- Nutrition education, herbal medicine, and alternative healing modalities tailored to Black communities.
- Mobile health screenings for Black elders and underserved populations.'

*Example Partner: A Black holistic health clinic integrating Western and alternative medicine approaches.*

## 5. Housing, Legal Aid, and Reentry Services

Key Services Needed:

- Tenant advocacy, eviction prevention, and fair housing education.
- Legal assistance for formerly incarcerated individuals, including expungement clinics.
- Reentry services focused on employment, housing access, and financial stability.

*Example Partner: A Black-led reentry program offering legal support and transitional housing navigation.*

## 6. Black Male Wellness and Multigenerational Leadership

Key Services Needed:

- Peer-led mentorship programs led by formerly incarcerated Black men
- Black fatherhood and intergenerational healing initiatives
- Leadership training and civic engagement pathways for Black youth and elders
- Listening sessions and narrative justice initiatives that elevate Black male voices

*Example Partner: A Black-led mentorship collective providing trauma-informed coaching and policy advocacy rooted in lived experience.*

# III. ACCOUNTABILITY AND OVERSIGHT

1. Performance and Equity Measures
To uphold racial equity in funding distribution, the RFP process must include mandatory racial equity scoring rubrics, clear criteria for assessing culturally rooted innovation, and proactive safeguards against implicit bias.

Additionally, service partners must commit to transparent, data-driven evaluations, including:

- Number of Black residents served per quarter.
- Impact on reducing racial disparities in health, economic stability, and housing access.
- Community engagement levels and program retention rates.

2. Community-Led RFP Review Panels

To ground scoring and evaluation processes in the lived experience of the most impacted communities:
- All RFP review panels will include community members with direct lived experience related to the service area.
- Review panels must be racially and experientially diverse, and must receive cultural competency and racial bias training.
- ·Scoring rubrics will prioritize mission alignment, community trust, and service to Black populations, rather than legacy funding relationships or institutional size.
- ·Applications from Black-led orgs must be reviewed by panels that include Black leadership and lived experience representation. Any scoring panel must undergo anti-racism and bias training before evaluating applicants.

# 2. EQUITABLE REQUEST FOR PARTNERSHIP (RFP) PROCESS

To support an inclusive and accessible selection process, the Hub will implement a low-burden, equity-driven RFP model that:

- Minimizes administrative barriers for grassroots organizations

- Protects intellectual property and organizational autonomy.

- Prioritizes equity, lived experience, and community impact over traditional bureaucratic requirements.

- Maintains transparency in scoring and selection, offering opportunities for public feedback and appeals.

- Funding structures must reflect reparative justice models, not punitive compliance. Advance payments, simplified reporting, and accessible technical assistance must be standard, especially for emerging Black-led groups. Fiscal sponsorship and legal support must be provided at no cost to grantees new to public contracts.

## Step 1: Expression of Interest (EOI) – Simple and Accessible

- A short application form will allow community organizations to express their interest in becoming a partner.

- No extensive proposal writing required at this stage.

## Step 2: Collaborative Application & Community Review Process

- Selected organizations will engage in a participatory application process where they co-develop their service plans with community stakeholders.

- Community members will participate in the selection process to reflect their needs and priorities.

## 3. Funding and Contracting Models

Flexible, Multi-Year Commitments

- Service partners will receive multi-year contracts (e.g., two to three years) to support long-term stability.
- Funding agreements will prioritize sustainability, avoiding short-term, project-based funding models.

Equity-Based Disbursement Models

- Small organizations will have the option to receive advance payments rather than reimbursement-based funding.
- Partners with fewer financial resources will be prioritized for upfront disbursements to support capacity building.

Capacity-Building Support for Emerging Organizations

- Grassroots organizations new to public funding will have access to fiscal sponsorship models.
- Legal and compliance assistance will be provided for first-time government contractors.

# IV. VENUE AND SERVICE SITE SELECTION

To maximize accessibility, the Hub will combine fixed-site locations with mobile wellness services to reach communities where they are.

**1. Criteria for Venue Partners**

Equity-Based Site Selection

- Service sites will be prioritized based on a need index that considers social vulnerability, health disparities, and economic conditions.

- Venues must have ADA accessibility, stable infrastructure, and community trust.

Tiered Service Model for Partner Sites

- Tier 1: Full-Service Hubs – Fixed locations operating on a daily basis, with full-scale service delivery.

- Tier 2: Rotational Partner Sites – Community sites offering services on a weekly or biweekly basis.

- Tier 3: Pop-Up Service Locations – One-time or event-based wellness service activations in high-need neighborhoods.

**2. Annual Review and Continuous Improvement**

- All service providers and venue partners will undergo an annual performance review to assess effectiveness and impact.

- Community feedback will inform adjustments in programming and service site allocations.

# Appendix C: Health Equity Measures for the Hub

The African American Holistic Wellness and Resource Hub (AAHWRH) is committed to driving measurable improvements in Black health and economic equity through a transparent, data-informed accountability structure. The following Health Equity Measures serve not only as indicators of racial disparity, but as tools for driving systemic transformation. Drawing from the Rhode Island Health Equity Zone model and influenced by King County's Office of Equity and Racial and Social Justice (Ordinance 16948)—which mandates countywide benchmarking and reporting on racial equity outcomes—this framework calls for Contra Costa County to baseline its current performance across multiple equity indicators and commit to tracking progress over time.

This approach establishes a countywide responsibility to eliminate disparities by explicitly tying outcomes to policy, budget, and institutional practice. By disaggregating data by race, income, ZIP code, and justice involvement status, the Hub will track the reach and impact of county services in impacted communities. The indicators are grouped into key domains: health access, housing stability, environmental justice, public safety, and workforce development.

By monitoring these indicators, the Hub will:
- Create a racial equity baseline for Contra Costa County that enables policymakers and community leaders to measure progress over time.
- Hold public institutions accountable by identifying gaps in service delivery and systemic barriers that drive racial disparities.
- Drive equity-focused decision-making by linking data to budget recommendations, policy reforms, and program design.
- Support funding sustainability by demonstrating need, tracking progress, and aligning with philanthropic and public grantmaking priorities.
- Strengthen local advocacy by offering Black-led organizations, residents, and coalition partners access to actionable data for change-making.

The following table outlines proposed health equity measures across domains, with stratification criteria designed to support full transparency and alignment with racial equity standards:

| Category | Measure | Strata |
|---|---|---|
| **Integrated Healthcare** | Percentage of Black and low-income residents who delayed or avoided medical/dental care due to cost | Race/Ethnicity, Income, ZIP Code |
| **Integrated Healthcare** | Rate of Black maternal mortality and severe maternal morbidity | Race/Ethnicity, ZIP Code |
| **Integrated Healthcare** | Percentage of Black residents reporting barriers to mental health services | Race/Ethnicity, Income, ZIP Code |
| **Integrated Healthcare** | Ratio of primary care providers (PCPs) to residents | ZIP Code |
| **Social & Economic Services** | Ratio of eligible Black households receiving CalFresh benefits | Race/Ethnicity, ZIP Code |
| **Social & Economic Services** | Employment rate among formerly incarcerated Black residents | Race/Ethnicity, ZIP Code, Justice-Involvement Status |
| **Community Resiliency & Public Safety** | Percentage of Black residents on county advisory boards and commissions | Race/Ethnicity |
| **Community Resiliency & Public Safety** | Number of mental health crisis calls handled by non-police response teams | Race/Ethnicity, ZIP Code |
| **Physical Environment & Environmental Justice** | Levels of particulate matter (PM 2.5) in historically Black neighborhoods | ZIP Code |
| **Physical Environment & Environmental Justice** | Tree canopy coverage in Black-majority neighborhoods | ZIP Code |
| **Housing Stability & Economic Mobility** | Percentage of Black households spending more than 30% of income on housing | Race/Ethnicity, Income |

| Category | Measure | Strata |
|---|---|---|
| **Housing Stability & Economic Mobility** | Number of Black individuals permanently housed through county services | Race/Ethnicity |
| **Education & Workforce Development** | Graduation rates and post-secondary enrollment for Black students | Race/Ethnicity, School District |
| **Education & Workforce Development** | Number of Black-owned businesses receiving county contracts or grants | Business Ownership Demographics |
| **Criminal Justice Reform & Public Safety** | Percentage of Black residents in pretrial detention compared to White residents | Race/Ethnicity, Arrest Data |
| **Criminal Justice Reform & Public Safety** | Participation rates in diversion programs for Black youth | Race/Ethnicity |
| **Additional Cross-Cutting Indicators** | Ratio of naloxone kits distributed to opioid overdose deaths | ZIP Code |
| **Additional Cross-Cutting Indicators** | Ratio of low-income housing units to low-income households | ZIP Code |
| **Additional Cross-Cutting Indicators** | Percentage of registered Black voters participating in elections | Race/Ethnicity, ZIP Code |
| **Additional Cross-Cutting Indicators** | Percentage of Black residents who report racial discrimination in healthcare settings | Race/Ethnicity |
| **Additional Cross-Cutting Indicators** | Percentage of children with high blood lead levels | ZIP Code |
| **Additional Cross-Cutting Indicators** | Number of Black residents under probation and parole supervision | Race/Ethnicity, ZIP Code |

The implementation of these Health Equity Measures will hold Contra Costa County accountable for addressing racial disparities in health and economic outcomes. By tracking these indicators over time, the African American Holistic Wellness and Resource Hub will operate as a critical institution for driving systemic change, securing sustained funding, and advancing racial justice through evidence-based policy advocacy.

# Appendix D: Place-Based Equity Approach

The Hub's strategy is rooted in a place-based equity framework, drawing on the work of urban geographer Alex Schafran, whose book The Road to Resegregation: Northern California and the Failure of Politics (2019) examines how decades of policy decisions, economic restructuring, and racialized disinvestment displaced Black communities from urban centers into segregated, under-resourced suburban areas. As Schafran writes, "this massive, racialized, and unequal new map is a form of segregation for the neoliberal era" (2019, p. 49).

In response to these spatial injustices, the Hub uses geographic, economic, and health-based disparities—legally neutral proxies—to guide investment and prioritize service delivery in Black communities that have long faced systemic exclusion.

To support this work, Ceres Policy Research partnered with RomoGIS to create an interactive mapping tool that visualizes where Black residents live in Contra Costa County and overlays key indicators like insurance status, income, education, and rent burden. This tool is a critical asset for aligning mobile wellness services, funding, and long-term infrastructure with community need.

Explore the map here: https://tinyurl.com/ROMOCERESHUBMAP

By structuring the Hub's services around place-based need, we can:
- Legally justify prioritization for historically underserved communities.
- Prioritize investments in Black-led service providers and workforce development.
- Target high-disparity areas without explicit race-based preferences.
- Build a sustainable funding model that expands equitably while keeping Black residents at the center of implementation.

This appendix outlines a multi-phase strategy that aligns with local health and economic data, ensuring that services are deployed strategically to maximize impact and sustainability.

# I. DEFINING PLACE-BASED INEQUITIES FOR TARGETED INVESTMENT

**To codify an equity-driven definition for service prioritization, we focus on four key disparity areas:**

**1. Geographic Disparities**

- Housing instability: High eviction filings, foreclosures, and rent burden.
- Food deserts: Limited access to fresh food within a reasonable distance.
- Environmental justice risks: Proximity to pollution sources and high asthma rates.

**2. Economic Inequities**

- Unemployment rates: ZIP codes with above-average joblessness.
- Wealth gap: Lower homeownership rates and lower median household wealth.
- Income inequality: Stark differences in median income compared to county averages.

**3. Health Disparities**

- Maternal health outcomes: High rates of low birth weight and Black maternal mortality.
- Chronic disease burden: Disproportionate rates of diabetes, hypertension, and asthma.
- Mental health crisis: Lack of culturally competent care, untreated trauma, and high suicide rates.

#### 4. Criminalization & Social Exclusion

- Over-policing: Higher arrest and incarceration rates for Black residents.

- Gentrification displacement: Rising housing costs forcing longtime residents out.

- Educational barriers: Disparities in graduation rates, college access, and school discipline.

By grounding service deployment in spatial indicators—such as eviction rates, foreclosures, and chronic illness burdens—we are responding to what Schafran (2019) calls "the culmination of multiple generations of decisions" that have normalized inequality and fragmented access to opportunity (p. 10). These indicators serve as legally viable metrics that reflect the lived realities of displacement and exclusion experienced by Black residents.

# II. IMPLEMENTING A PLACE-BASED SERVICE MODEL

### Phase 1: Immediate Investment in High-Disparity Communities Experiencing "Mobile Segregation"

Schafran (2019) introduces the concept of "mobile segregation," where communities of color migrate outward in search of affordability, only to find themselves resegregated in structurally unstable suburbs (p. 54). East Contra Costa communities such as Pittsburg and Antioch exemplify this shift, having seen their Black populations grow exponentially even as infrastructure and public services failed to keep pace (p. 73).

Target ZIP Codes & Census Tracts
- Richmond: 94801, 94804, 94806
- Pittsburg: 94565
- Antioch: 94509, 94531
- San Pablo: 94806
- Bay Point: 94565

Implementation Strategy
- Deploy mobile wellness units to provide mental health support, maternal care, and economic assistance in high-need areas.
- Partner with Black-led organizations and community institutions to support outreach efforts that reach those most affected.
- Use a data-informed rollout approach, applying geographic indicators to assess community impact.

**Phase 2: Expanding Access to Underserved Areas**

Target ZIP Codes
- Concord: 94518, 94519, 94520
- Walnut Creek: 94595, 94596
- Oakley & Brentwood: 94513, 94561
- Martinez: 94553
- Rodeo: 94572

Implementation Strategy
- Establish semi-permanent service sites in existing community centers, libraries, and city-run buildings.
- Expand workforce development and housing support programs to provide economic stability to displaced residents.
- Create partnerships with local governments to integrate services into urban planning and public health initiatives.

**Phase 3: Long-Term Sustainability & Countywide Integration**

Permanent Hub & Satellite Expansion

- Primary Hub Location: 1650 Cavallo Rd, Antioch

  - Additional Satellite Sites:

    - Second Hub in West County (to be determined based on community input)

    - Satellite locations in Pittsburg, Concord, and Walnut Creek

Implementation Strategy

- Secure additional public and private funding to expand wellness hubs without taking resources from existing Black-led initiatives.

- Develop long-term governance structures that keep racial equity central to funding distribution.

- Mandate a funding structure that guarantees continued prioritization of Black-led services while expanding to multi-ethnic communities.

# III. LEGAL & POLITICAL FRAMING: PROTECTING BLACK COMMUNITY INVESTMENT IN A RACE-NEUTRAL SYSTEM

Due to legal restrictions under Proposition 209, race-specific funding allocations must be framed around economic and geographic need rather than race alone. The following strategies protect funding prioritization for communities most harmed by racialized suburbanization, even within the constraints of Proposition 209. As Schafran (2019) explains, resegregation is not a relic of the past, but a "deeply historical phenomenon" that "forces us to see that this is… happening simultaneously" with older forms of exclusion (p. 9).

1. Justifying Black Community Investment Through Data

- Use health and economic disparities as the basis for funding decisions (e.g., Black maternal mortality rates, chronic disease burdens).
- Leverage models like the California Reducing Disparities Project, which legally prioritizes culturally specific health programs based on data-driven need.

2. Prioritizing Organizations with Historical Exclusion from Funding

- Focus on service providers from high-disparity areas instead of race-based language.
- Use criteria like past exclusion from county funding to justify targeted investments.

3. Binding Governance & Fiscal Policies to Protect Black Community Investment
- Establish a Black Community Funding Guarantee to ensure that a minimum of 50% of all JPA funds remain allocated to Black-led services.

- Use a two-tiered funding structure:
  - Tier 1: Core investment in Black-led initiatives.

  - Tier 2: Expanded funding for broader multi-ethnic service delivery.

- To prevent the erasure of Black-led service providers under broader regional frameworks, a binding governance model must reflect what Schafran (2019) identifies as "the unrealized coalition" needed to challenge inequity in the county—a coalition that includes "communities who had once fought each other over scarce resources, but now realized they were all being left behind" (p. 234).

By embedding equity-driven legal frameworks into the funding model, we can prevent dilution of Black-led investment while ensuring sustainability and growth.

# IV. ENSURING GEOGRAPHIC & RACIAL EQUITY IN SERVICE DEPLOYMENT

Targeted Outreach & Deployment Strategies
Mobile Service Deployment Strategy

| Day | Region | ZIP Codes | Primary Site | Focus Services |
|---|---|---|---|---|
| Mon | East County | 94565, 94531 | Pittsburg Center | Workforce & reentry services |
| Tue | Central County | 94520, 94595 | Concord Library | Senior & mental health support |
| Wed | West County | 94801, 94806 | RYSE Center | Housing & legal support |
| Thu | South County | 94705, 94588 | Berkeley Center | Maternal & child wellness |
| Fri | Delta Region | 94514, 94548 | Byron Hall | Food security & economic aid |
| Sat | Rotating Pop-Ups | Various | Libraries, parks | Community engagement events |

This fixed weekly schedule provides consistent services while allowing for rotating pop-up outreach in areas described by Schafran (2019) as "zones of loss"—geographies that became more diverse yet were disproportionately affected by foreclosure and disinvestment (p. 44).

Community-Based Activation & Trusted Messengers
- Partner with faith-based institutions, barber shops/hair salons, gymnasiums and cultural centers to engage Black residents.
- Deploy street outreach teams using geo-fenced SMS campaigns, social media engagement, and door-to-door canvassing.

# V. CONCLUSION: IMPLEMENTING PLACE-BASED EQUITY WITH ACCOUNTABILITY

The place-based equity model guiding the African American Holistic Wellness and Resource Hub is designed to direct resources to communities with the most severe and historically entrenched disparities, while navigating legal limitations and political scrutiny. Drawing from Alex Schafran's analysis in The Road to Resegregation, this approach recognizes that cities like Antioch have become "the radical face of integration and a key example of twenty-first-century resegregation" (Schafran, 2019, p. 9). Such conditions demand more than temporary relief—they call for a structural transformation rooted in historical accountability and informed by data. By relying on geographic, economic, and health-based indicators rather than race-specific language, the model protects targeted investments in Black communities, builds a sustainable and legally sound equity framework, and embeds racial and economic justice within the long-term governance of the Hub. This strategy not only responds to the realities of Black displacement and suburbanization, but also offers a replicable blueprint for equity investment in other historically marginalized communities—while keeping Black wellness, safety, and leadership at the core of Contra Costa's public health agenda.

# Appendix E. Introduction to the Listening Session Findings with Priority Populations

In September 2024, the African American Holistic Wellness and Resource Hub (AAHWRH) Steering Committee—comprising 13 community-rooted members from across Contra Costa County—voted to adopt a shared set of Key Performance Indicators (KPIs). These KPIs reflect the collective priorities expressed by Black residents during months of community engagement, including listening sessions, town halls, surveys, and planning discussions. The KPIs provide a foundational framework for measuring the Hub's impact across critical areas: culturally competent health care access, maternal health equity, trauma recovery, elder support, housing and reentry stability, and economic mobility.

While the KPIs were developed through a community-led process and reflect many urgent priorities, it is important to note that not all target populations were fully represented in this initial phase. Black LGBTQ+ residents, people with disabilities, and some regional subgroups remain underrepresented. As the Hub moves into implementation, continued outreach and data collection will be essential to expanding this foundation and updating metrics to reflect the full diversity of Black experiences in the county.

This appendix presents selected findings from listening sessions conducted with several of the Steering Committee's identified priority populations. These include Black mothers, justice-impacted residents, youth, elders, and individuals navigating the healthcare and housing systems. The direct quotes and community insights captured in this section provide powerful context for the KPIs and offer guidance for how services should be designed, delivered, and staffed.

Rather than a general overview, this section functions as a community validation tool—supporting the place-based and culturally responsive service delivery model of the Hub. These testimonies highlight how and why culturally aligned care must be at the center of the Hub's work, and offer critical insight into how to build trust with and serve populations that have historically been excluded from or harmed by public systems.

By listening to and amplifying these voices, the AAHWRH affirms its commitment to building a healing-centered infrastructure that not only responds to community needs but evolves with them. This approach moves beyond access—it centers utilization, trust, and long-term engagement, especially for hard-to-reach populations.

## BLACK MATERNAL WELLNESS IN CONTRA COSTA COUNTY

Black women in Contra Costa County face persistent disparities during pregnancy, childbirth, and postpartum recovery—often due to systemic neglect, racial bias in healthcare, and economic precarity.

1. Medical Disrespect and Prenatal Bias
Participants described widespread distrust in the healthcare system due to racial bias and dismissive treatment by providers.

- "When I was pregnant with my son, they treated us poorly until they found out that my husband and I were attorneys… But why should you have to treat me better because of the profession I'm in? Initially you looked at my skin color, saw that I was a Black mother, and you just assumed we were nothing."
- "The doctors were telling her that it would be better to abort. And nothing's wrong with our grandson… That trauma of speaking negativity over our children—it's damaging."
- "We could take it, sent home, deal with it… doulas get dismissed too, but we need advocates who are respected when they speak up."

## 2. Lack of Culturally Competent Support During and After Birth

While some participants had positive birth experiences, these were often tied to luck or location.

- "I had my son at John Muir in Walnut Creek... surprisingly, the staff was really supportive. But once I got home from the NICU, I didn't feel like I had much support. My OBGYN just wanted to give me meds, and that was it."
- "I gave birth at Kaiser Antioch and had the best childbirth experience... but my mental health wasn't taken seriously. I asked for more time off work and was denied because I was 'too self-aware' of my depression."

## 3. Food, Housing, and Economic Strain During Postpartum

Participants emphasized that wellness isn't just about medical care—it's about stability.

- "It's hard enough to be pregnant, but if you don't have stable housing or financial security, everything is ten times harder. You can't focus on prenatal care if you don't know where your next meal is coming from."
- "Nourishing Pregnancy delivered groceries to my door and taught me how to cook meals for my condition... After birth, they sent cooked meals for six weeks. That saved me."
- "They had a postpartum part of the program, and I didn't even know. No one told me. I would've been so grateful for that support."

## 4. Postpartum Mental Health and Isolation

Postpartum depression was a common experience—but one rarely acknowledged or supported by providers.

- "Postpartum care is nonexistent for Black women. Once you give birth, the system is done with you."
- "I've suffered from postpartum depression so many times... now I check in with myself, journal, and try to stay ahead of it. But I had to learn that on my own."

- "My OB office never flagged my mental health. It was the pediatrician who noticed my distress and gave me resources… that's not how it should be."
- "Only one time I saw a Black therapist, and when it didn't click, I was stuck. It's so frustrating to keep searching and feeling unsafe."

**5. Lack of Trust in Systems and the Need for a Wellness Hub**

Participants strongly advocated for a centralized, culturally safe space for care.

- "The hospital system doesn't trust Black women, and Black women don't trust the hospital system. That's why we need a wellness hub centered on Black mothers, with culturally competent doulas, mental health care, and safe spaces."
- "Wellness means being in a good mental space. If you're doing well mentally, you can conquer a lot. We need a place that sees and supports the whole of us—spiritually, financially, emotionally."

These listening sessions reaffirm the urgency of a trauma-informed, community-rooted maternal wellness infrastructure in Contra Costa. Participants identified both what has failed them and what has worked —when they've been lucky enough to find it. They repeatedly called for Black-led, culturally grounded services that recognize their full humanity, protect their dignity, and support them in navigating birth and parenthood.

## BLACK MEN'S HOLISTIC WELLNESS AND ECONOMIC STABILITY
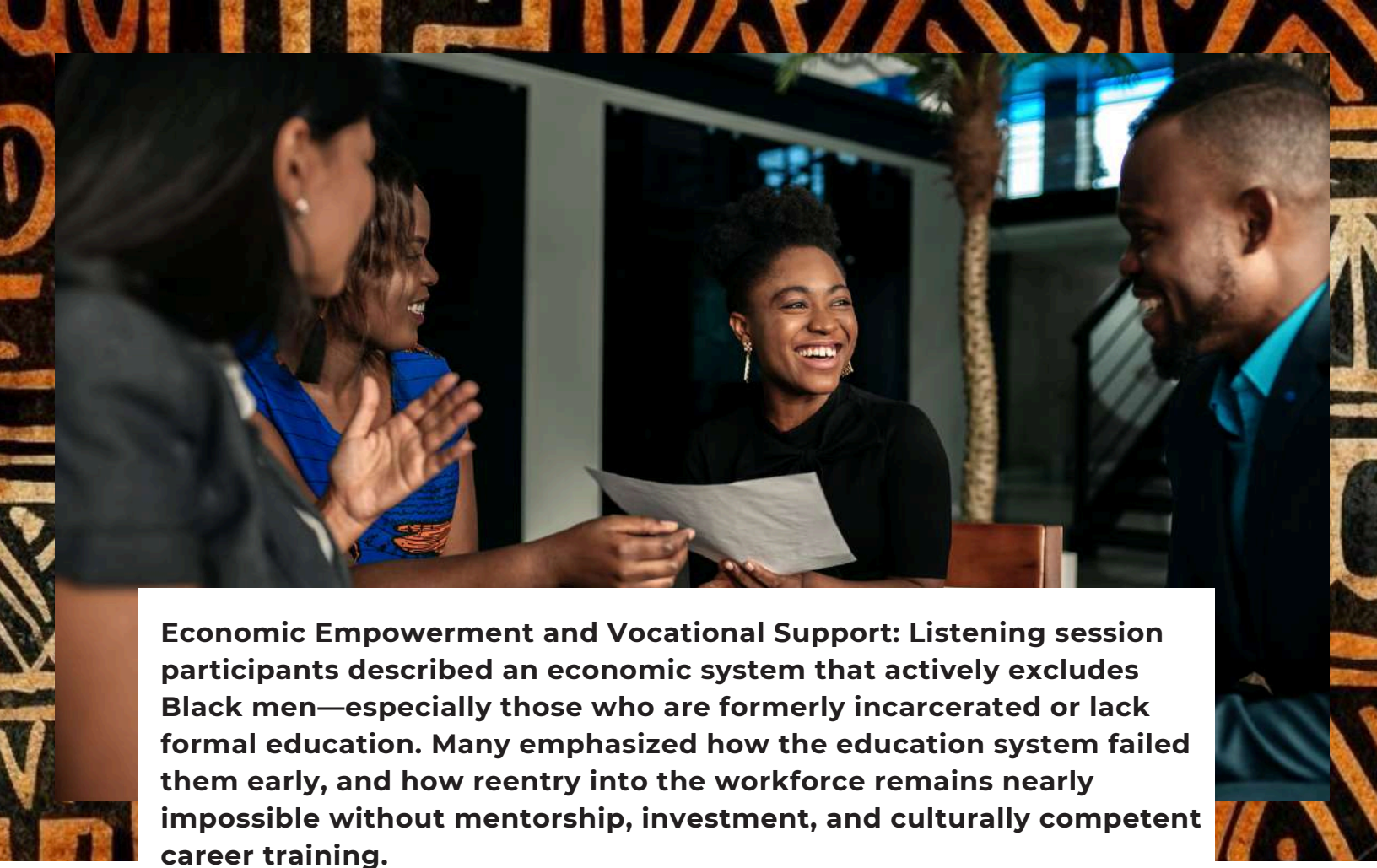
Black men in Contra Costa County shared urgent truths about the intersecting barriers they face—from historical and generational trauma to chronic underinvestment in wellness, employment, and safety. Across the listening sessions, participants emphasized the need for culturally responsive care, economic reinvestment, and alternatives to criminalization that recognize the full humanity of Black men.

**Holistic Wellness Needs:** Participants spoke at length about the emotional weight they carry—grief, anger, and isolation that often go unaddressed. For many, mental health services are either unavailable or untrustworthy. The need for culturally grounded, trauma-informed healing was emphasized repeatedly, along with the importance of having safe spaces where Black men can speak freely without judgment.

**Community Quotes:**
- "Black men don't get the space to heal. We're expected to just deal with it. But the trauma is real, and it eats away at us." — Black Men's Group at Richmond Senior Center
- "We need a space where we can talk, where we can breathe. Therapy ain't just for white folks." — Motivated 2 Help Others: Men's Holding Space Listening Session
- "If we had counselors who actually looked like us, maybe we'd open up more. But they don't hire Black therapists in our communities." — Black Men's Group at Richmond Senior Center
- "Depression doesn't become action, but isolation does. If you got no one to talk to, no one to trust, it builds up."
- "This is because I gotta understand the addiction. It ain't just the problem. He has a self-esteem problem. He got a body, and he's mad. Fire up, fire up, because he ain't right."
- "We're not taught how to communicate. We're not taught how to deal with trauma, so we hold it in."
- "Therapy ain't just for white folks."

**Economic Empowerment and Vocational Support:** Listening session participants described an economic system that actively excludes Black men—especially those who are formerly incarcerated or lack formal education. Many emphasized how the education system failed them early, and how reentry into the workforce remains nearly impossible without mentorship, investment, and culturally competent career training.

**Community Quotes:**

- *"One thing we ain't got. We didn't understand money."*

- *"They can shift to a transition, but without jobs, we got no foundation."*

- *"They tell us to work hard, but when we try to get a job, they shut the door in our faces. It's like the system is designed to make us fail."*

- *"They send you to prison young, and then when you get out, nobody will hire you. How are we supposed to survive? How do we build a future for our families?"*

- *"Education is needed, but the school system failed us before we even had a chance. They assume we won't graduate, and then they push us into dead-end jobs or the streets."*

**Health and Medical Resources:** There was also a strong call for increased investment in physical health services—particularly prevention, early screening, and Black-led health education. Participants emphasized how health systems have neglected the specific needs of Black men, both in research and in practice, and called for more educational outreach on men's health issues.

**Community Quotes:**
- "We need more research for older guys. We don't have all that research for our needs."
- "You know you have to have those tests early, they detect all that. They tell you about colon cancer at 50, but you need to take it at 40."
- "The key word is education. We need a clinic here where we can come in and be educated."
- "The system set us up for failure, but we got to build something together."

**Policing, Criminalization, and the Need for Belonging:** Black men shared powerful stories of being profiled, criminalized, and dehumanized. Whether or not they had ever been involved with the criminal justice system, they felt policed by society. Many named the psychological toll of constant suspicion and surveillance, along with a deep desire to reclaim their dignity and be recognized as whole human beings.

**Community Quotes:**

- *"I can give you this because now I stand. So now let's build the bridge. Let's build a gap."*

- *"The system set us up for failure, but we got to build something together."*

- *"If you don't have a record, they assume you do. If you have one, they won't let you live it down. Either way, they keep you boxed in."*

- *"He labeled them as gang members. How could you label them a gang member? Maybe some were, maybe some weren't. That 18-year-old that got killed—that was not."*

- *"We want to be treated with courtesy. We want someone that's sincere."*

- *"It's crazy how they keep saying we're a threat, but we're the ones getting killed."*

- *"We can't even walk in our own neighborhoods without the cops thinking we're criminals."*

- *"I don't know how many times I've been pulled over just for being Black in a nice car. They ask me if I stole it. They run my name for no reason. It's like I don't belong anywhere."*

# HOLISTIC WELLNESS AND ECONOMIC STABILITY FOR BLACK ELDERS

Black elders in Contra Costa County face a web of challenges, from navigating complicated healthcare systems to coping with isolation and digital discrimination. These listening sessions provided a rich glimpse into their lived realities—highlighting the barriers, gaps, and resilience strategies elders are using to survive and seek joy.

**Healthcare Access and Medical Resources: Participants consistently expressed frustration over the inaccessibility of primary care, lack of culturally competent medical providers, and confusion around benefits and eligibility. Many feel dismissed by healthcare professionals and desire care that takes their cultural background and aging bodies seriously.**

- *"I'm 70, and I can't even find a primary care doctor in Richmond. They tell you to go to Orinda or some other place far away, but I need care here, where I live."*

- *"They don't take our pain seriously. If you're Black and older, they think you're exaggerating or drug-seeking."*

- *"We grew up trusting our doctors, but now I feel like they don't really listen to us. They just push pills."*

- *"Nobody teaches us how to advocate for ourselves in the healthcare system. We don't even know what's available until it's too late."*

- *"We need doctors that understand Black aging bodies. They keep prescribing stuff without really listening to us."*

- *"I've seen seniors lose everything because of medical debt. You go in for a routine procedure and come out with a bill you can't pay."*

- *"I'm 70. I can feel I'm getting weaker. I need some gerontology. My digestion has changed. I want to know what's supposed to happen to me as I age."*

- *"I'm not Kaiser, and a lot of doctors aren't accepting new patients."*

- *"LifeLong is good, but we're not always told about these places."*

- *"Catholic churches pass out in*formation. Our churches don't."

**Economic Security and Housing Stability: Many elders described living on fixed incomes that do not stretch to cover the rising costs of rent, medication, or transportation. Estate planning and housing loss were frequent concerns, with several pointing out the need for legal resources and protections against predatory practices.**

- *"I worked all my life, paid my dues, but now I struggle to afford housing and medication."*
- *"A lot of us are on fixed incomes, and these landlords know it. They raise the rent little by little until we can't afford to stay."*
- *"People are losing their family homes because they don't know how to handle estate planning. Nobody tells us how to protect what we have."*
- *"My grandmother never deeded the house to my mom, and when she passed, we had to fight off a lien from the hospital for her doctor bills."*
- *"It's expensive to get paperwork done. We need access to free or affordable estate planning support."*
- *"The banks don't treat us right anymore either. It's hard to even go into a branch and get help."*
- *"They're watching, waiting for us to mess up and lose our homes."*

**Community and Social Support:** Loneliness and the breakdown of community were recurring themes. Elders emphasized that emotional and spiritual wellness are just as critical as physical health. They called for spaces that nourish joy, provide intergenerational connections, and include consistent check-ins and care.

- *"Loneliness is real. A lot of us don't have family to check in on us, and when we do, they're struggling too."*

- *"The worst thing is being alone. We don't talk about how loneliness is killing us just as much as any disease."*

- *"There's no support for our generation to talk about our trauma. We just keep surviving, but that's not enough."*

- *"Depression is real, but when you go to these clinics, they just hand you pills. We need real support, not just medication."*

- *"We need a space where we can gather, not just for doctor visits, but for community and connection. That's just as important."*

- *"I believe in mind, body, and spirit. We need to nurture all three."*

- *"Dancing is what keeps me alive. We need joy. That's what people forget. Joy heals too."*

- *"I lost my best friend. That killed me. It's just me now. I need people who check on me."*

- *"I don't want my kids to put me away. I want to stay independent."*

**Digital Discrimination and Resource Access: From coupon apps to Lyft services, elders described how technology is increasingly a barrier to accessing discounts, transportation, and even food. Some expressed feeling discriminated against by digital-only systems and shared stories of being left out due to a lack of smartphone access or tech literacy.**

- *"My mom doesn't want a smartphone. She has a flip phone. That means she doesn't get the 99-cent discount at the store. That's discrimination."*

- *"You shouldn't have to use an app to save money on groceries. If you have the card, that should be enough."*

- *"They assume we don't understand technology, so they don't explain things to us."*

- *"Ride apps like Lyft are available, but a lot of elders don't know how to use them or that they even exist."*

- *"A lot of us live alone, and if we can't figure it out on our own, we go without."*

# FAMILIES/PARENTS OF K-12 YOUTH

The voices of parents and families in Contra Costa County make it clear that structural changes are needed in education, mental health services, community support, and healthcare. The focus must be on culturally responsive, equitable solutions that meet the needs of Black children and families. Creating spaces for healing, mentorship, and opportunity will be critical to ensuring the next generation has the support and resources necessary to thrive.

## 1. Education and Role Models

- *"I think we need more male role models at the school and to help our younger male generation. So for me, it was more like when my son was in school, if he had a male teacher, African American male teacher, I was like, okay. So it's like only two of them in a school with 600-700 kids. Like, I think they need more of that to help our younger African American males who are trying to navigate life."*
- *"They needed to bring back the Big Brothers, Big Sisters club, or whatever they had, so they can actually have a little buddy-type group. Sometimes they share something with their friends before they share with their parents. But I just thank God that I tell mine, hey, whatever you have to say, say it—good, bad, whatever."*
- *"A safe space? I think we need a safe space, because a lot of the times, even if it's people that look like us, they're really not from here, so they really don't understand our culture. So then it's like we're still treated different. Even though our skin is the same, we're not the same."*

## 2. Discipline and Behavioral Issues

- *"We need to have more discipline options other than suspensions. My child has ADHD, but instead of them working with him, they just send him home."*
- *"My son got suspended in first grade for 'defiance.' But really, he just needed some extra help understanding directions. Instead, they label him."*
- *"My son has an IEP, but I had to fight just to get the services he needs. They don't make it easy for us, and I feel like I have to prove he deserves help."*
- *"They keep pushing Black boys into special education and saying it's behavioral when really, they just need more support."*

## 3. Communication and Transparency

- *"For kids with disabilities, we don't get enough communication from the schools. We have to chase them down just to know what's going on."*
- *"Our kids don't need more cops in schools; they need counselors. But instead, they get criminalized for just being kids."*
- *"When my son was having trouble at school, they didn't offer him a therapist, they just called security."*
- *"The only reason my child even got to see a school counselor was because I fought for it. But it shouldn't take that."*

## 4. *Racial Disparities in Treatment*

- *"They treat Black kids differently. I've seen them let a white kid have a bad day and talk back, and they just get a warning. But a Black kid does the same thing, and it's detention or suspension."*
- *"My daughter has had teachers who don't believe in her. They don't expect her to do well, and that affects how she sees herself."*

- _"Schools don't have enough mental health support. They expect kids to just sit and learn when they're dealing with trauma at home."_

## 5. Mental Health and Community Support

- _"More mental health for people that look like us, things that then couples therapy, therapy for the kid, therapy for the parents and the kids. But definitely by people that look like us."_
- _"We need more wraparounds in Richmond. A lot of the other counties have them, but Richmond doesn't have one. That's really for the people, where the people get an actual say-so in what our services look like for them."_
- _"I think it should be some non-traditional therapeutic services there too, where we were just really thinking out of the box. But it really helps people, because a lot of people grow up with the stigma that mental health is, you know, not for them, so just maybe finding other services to accommodate certain people."_
- _"A healing circle. Maybe like an art class, because some artists do therapy, for some people, something where, or something that's therapeutic, even if they offer like yoga classes or fitness classes that are family-inclusive."_
- _"We had mentors, back in the day. She took us to UC Berkeley. We did healing circles, everybody. Dorms when we came like, come on, come here. And that's something like that, exposure to that, that's what's important."_

## 6. Medical and Health Services

- _"Healthcare and having access to good doctors who will actually explain to you what is going on, not just trying to push this pill that's going to cause this side effect, that's going to cause another issue."_

- *"I work in the medical field, so I get to, like, see both ends. Really? Um, yeah, I've seen good nurses and others that just kind of disappear or ignore the call lights."*

- *"I didn't feel really discriminated against when I had private insurance, but once I got on Medi-Cal, it changed. They treat you like you're not worth their time."*
- *"I had one when I went in there, and I told them I was having these bad menstrual cycles. And the nurse, she said, 'Oh, you already know what they want. She probably wants some pills.' And I'm like, I'm here in pain, but it made me, you know, get out of character."*
- *"We need a place where we can just go and talk. Sometimes we don't even need a doctor—we need someone who will listen."*

## 7. Legal and Structural Barriers

- *"We need legal representation for IEP meetings, legal representation for suspensions, because our children get treated unfairly."*
- *"We don't utilize resources, but that's because we don't know. So like making that to where it's accessible and direct."*

## 8. Future Solutions and Vision

- *"When I think of a hub, I think of a one-stop shop. So like, even if you don't have the services, you have the information about where they are."*
- *"These kids need a safe space where they feel comfortable, where they are encouraged to succeed, and where their needs are met holistically."*

- *"We need an educational pipeline where our kids can be exposed to different career options early on, so they know what's possible."*

- *"This is about investing in our future, in our children, in our families. Because when we uplift them, we uplift our whole community."*

## JUSTICE-IMPACTED INDIVIDUALS

Justice-impacted individuals in Contra Costa County face systemic barriers to reentry, stability, and holistic wellness. As described by community members in multiple listening sessions, the journey back into society after incarceration is riddled with service fragmentation, broken systems, and missed opportunities for real support. Participants spoke candidly about the emotional toll of trying to "start over" while navigating limited access to housing, employment, healthcare, and community belonging. Their words illuminate how a lack of coordinated services, coupled with stigma and policy barriers, can create cycles of instability and hopelessness.

**Reentry and Navigation Challenges: Participants emphasized that one of the most urgent gaps lies in reentry navigation. From the moment they are released, many are expected to independently locate services, even in completely unfamiliar cities. Several participants spoke about being dropped off with no follow-up or orientation, left to navigate life with nothing more than a disconnected phone number.**

- *"I just got out after nine years, my first time in the Bay Area, and I've been getting lost. They want me to go here, go there, and I don't know where that at… It would be nice to have someone facilitate me, be with me, and guide me to learn the area. Instead of just telling me, 'Go here, go there and figure it out.'"*

- *"When I first got out of jail, it was supposed to be a van outside of Santa Rita that was there to help with jobs, housing, and reentry services… but when I got out on the weekend, there was nobody there. They gave me a number to call, and they never answered."*

- *"I've been out for a year. My Probation Officer Chief just last month kind of mentioned this program to me. I wish I would have known about it a year ago."*

**Proposed Solutions:**

- Establish dedicated reentry navigation centers in Contra Costa County

- Ensure real-time case management for recently released individuals

- Increase outreach efforts so justice-impacted individuals are aware of available services before their release

**Employment and Economic Stability: Securing employment after incarceration is a major hurdle. Participants described feeling permanently marked by their record, struggling to find employers willing to give them a chance. Many also spoke to the psychological toll of rejection and the lack of accessible vocational training opportunities.**

- *"More employers that specifically are willing to hire formerly incarcerated. One thing I've experienced is the fear of nobody hiring me. The fear that my background is too extensive, so I won't even apply because I already know they gonna say no."*

- *"We need job fairs that will actually hire ex-felons, not just look at us."*

- *"We just think we need to get a job, and that's it. But we don't know that there are resources available to help with vocational training, with college. We just don't have access to that information."*

- *"Getting a CalFresh card, getting your Medi-Cal—a lot of people get out, and they prepare them to come back to Contra Costa, and then they throw them over in another county. And then you gotta wait for them to transfer it. That's what happened to me."*

**Proposed Solutions:**

- Develop partnerships with businesses to create fair-chance hiring opportunities

- Host monthly job fairs focused specifically on justice-impacted individuals

- Provide job training programs inside correctional facilities to prepare individuals before their release

**Housing and Stability: Housing insecurity is perhaps the most destabilizing issue shared across listening sessions. Participants discussed the lack of transitional housing options, being discharged with little to no resources, and feeling unsafe or unwelcome in available placements.**

**Challenges:**

- Limited access to stable housing after incarceration

- High rates of homelessness and housing discrimination against justice-impacted individuals

- Lack of affordable, supportive housing programs for reentry

**Community Quotes:**

- *"They gave me $200 to say bye, you know. I had nowhere to go, no one to help me."*

- *"The city is using tax dollars to buy hotels and house people, but they're not trying to get them well. They're basically just giving them a place to do the same things that got them there."*

- *"I just did 20 years straight, and I came home, and I've never left this country. But when I came home, they told me that I was undocumented because I had been gone for so long."*

**Proposed Solutions:**

- Expand transitional housing programs with wraparound services

- Implement rent assistance programs for recently released individuals

- Advocate for policies that prevent housing discrimination based on incarceration history

**Healthcare and Mental Wellness:** Many participants highlighted the lack of immediate access to mental health and healthcare services. Although some are technically pre-approved for Medi-Cal upon release, bureaucratic delays and a lack of navigational support make it extremely difficult to actually access care.

- *"I had to go through a whole bunch of loops and changes just to deal with that basic thing. And I was already pre-approved for Medi-Cal when I was incarcerated."*

- *"They tell us it's okay to do drugs, but they ain't offering real help. If you walk down the street, there's like four or five overdoses a day, people bent over, heads to the ground, and walking backwards."*

- *"One of the biggest challenges I see is that we only have one detox center for males in Contra Costa County. There might be two for females, but, like, that is crazy."*

**Proposed Solutions:**

- Provide healthcare navigators to assist with Medi-Cal enrollment upon release

- Increase funding for mental health and substance use treatment programs for justice-impacted individuals

- Develop community-based trauma recovery centers

**Community Support and Mentorship: Participants overwhelmingly expressed the need for connection, mentorship, and peer-led spaces. Trust was a recurring theme—many explained that they're more likely to engage in programs when the facilitators have walked in their shoes. The stigma around justice involvement continues to limit community reintegration, but when peer mentorship is present, healing and transformation are possible.**

- *"Most of our participants come with preoccupied minds. If it was a negative experience, they bring it with them, and that makes it hard for them to trust services. We need to connect them to examples of people who have walked their path and succeeded."*

- *"Support groups. Any type of setting where a bunch of men going through similar things can sit down and voice their concerns and see that they're not alone. That's what helps."*

- *"What helped me the most is meeting other men that actually have life-lived experience. I wasn't going to allow nobody to trust me if they hadn't walked this walk. Like these men helped open me up to a new way of life and a new way to look at it."*

**Proposed Solutions:**

- Provide healthcare navigators to assist with Medi-Cal enrollment upon release

- Increase funding for mental health and substance use treatment programs for justice-impacted individuals

- Develop community-based trauma recovery centers

# THOSE WHO NEED MENTAL HEALTH AND SUBSTANCE USE SUPPORT

In Contra Costa County, Black and justice-impacted communities face major barriers to culturally competent mental health and substance use support. Long wait times, under-resourced providers, and punitive crisis response systems relying on law enforcement rather than care continue to deepen trauma and leave many without the help they need.

**Access to Culturally Competent Care**

- *"It's very useful to be serviced by someone that actually looks like you, that can meet you where you are, and who has some experience with Black culture... it's very difficult for them to understand the daily struggles of what it means to be Black in America."*

- *· "The problem is, there's no therapists who get it. I've had so many therapists that just don't get it. They either dismiss my issues or turn it into something else. I stopped going after the third one told me I should 'think positively' about being treated differently at work."*

- *"You know, we've been needing a space that sees us, where we don't have to explain everything first before getting help. We already exhausted before we even walk through the door."*

**Crisis Response and Systemic Barriers**

- *"The whole crisis thing is a joke. They send people who aren't even trained to deal with us, and it just escalates things. Then the cops show up instead of help, and now it's a whole other problem."*

- *"When you call for help, you're rolling the dice on whether the cops show up or an actual crisis worker. That's not help. That's danger."*

- *"I had a friend who called the crisis line, and the next thing he knew, the police were at his door. Now he's scared to call again. They criminalize us instead of helping."*

## Lack of Effective Substance Use Treatment

- *"They think they're helping by giving a bed, but they're not offering no real way out of addiction. It's like, 'Here's a cot, good luck with your withdrawals.'"*

- *"They say they want to help, but they don't do nothing for substance use. You can get a hotel room, but you can't get no help to stop using. That ain't right."*

## Unmet Needs and Systemic Inaccessibility

- *"I think therapy for trauma, for, like, depression, or maybe in a grief loss, right? Because a lot of people don't talk about grief, and it hits you in all different types of ways."*

- *"I had one therapist tell me I just needed to pray more. I do pray. But I also need real help."*

- *"People say mental health is important, but then they make it impossible to access. I tried to get an appointment, and they told me I had to wait three months. What am I supposed to do until then?"*

**Holistic Support and Resource Accessibility**

- *"So is the holistic hub going to be a place where people can go? Are you going to offer a computer lab so people can use computers for job searches, Wi-Fi? Maybe like a kitchen with some fresh fruit?"*

- *"It's tough now. Everything is digital. You're trying to find a job, it's digital. You're trying to get your paperwork, like your ID, your social security—it's all digital. And if you don't have that or any Wi-Fi connection, that's really tough."*

- *"My recommendation is to partner with your local food bank, so they have drop-offs at your site at least twice a month, so people who come to the holistic place can get food. I think that's been really beneficial for me."*

- *"A little lounge area with a TV, where you can kind of get comfortable and settle down. And what I noticed is that they also had like, two showers in there, like, if you need to go in and clean yourself off. That would be a really good thing for a holistic place."*

**Need for Incarceration-Informed Support**

- *"Like when we used to have the group, CoC, and I don't see not a familiar face, just a few of them in here that was pertaining to some of those groups. I kind of miss those groups, those classes and everything that was really supporting us."*

- *"I would really like for more people to get involved—especially people who have been incarcerated and who want to help others with addiction. Addiction is real. And a lot of people need that help."*

- *"More employers that specifically are willing to hire formerly incarcerated people, because one thing I've experienced is the fear of nobody hiring me. The fear that my background is too extensive."*

## Gun Violence and Trauma-Informed Healing

- *"Services for direct and indirect gun violence—because that's what's going on around here, and ain't nobody talking about it. Families are affected, kids are, well, the younger generation, that's all they gravitating to."*

- *"Maybe having some of these guys who have walked that line and came out on the other side better for it—like, they need some of these dudes who actually pulled that trigger and felt what it felt like then, and how their life has changed in the course of spending time in prison."*

## Culturally Responsive Healing Spaces

- *"We need a place that is culturally responsive and culturally reflective, that can support wraparound services we need."*

- *"It's a safe place for men to come in and talk about our weaknesses, our problems, our issues too. I think that's just as critical."*

- *"A lot of times, people don't have the services, or they can't afford the services. Having the availability to have mental health services, also health care, and to be able to talk about these issues in a safe place with people who look like you and care about you—that's huge."*

- *"The Wellness Center should be a safe place for young people, for teenagers to be able to go for mental health support, trauma healing, and also for seniors to engage and get resources."*
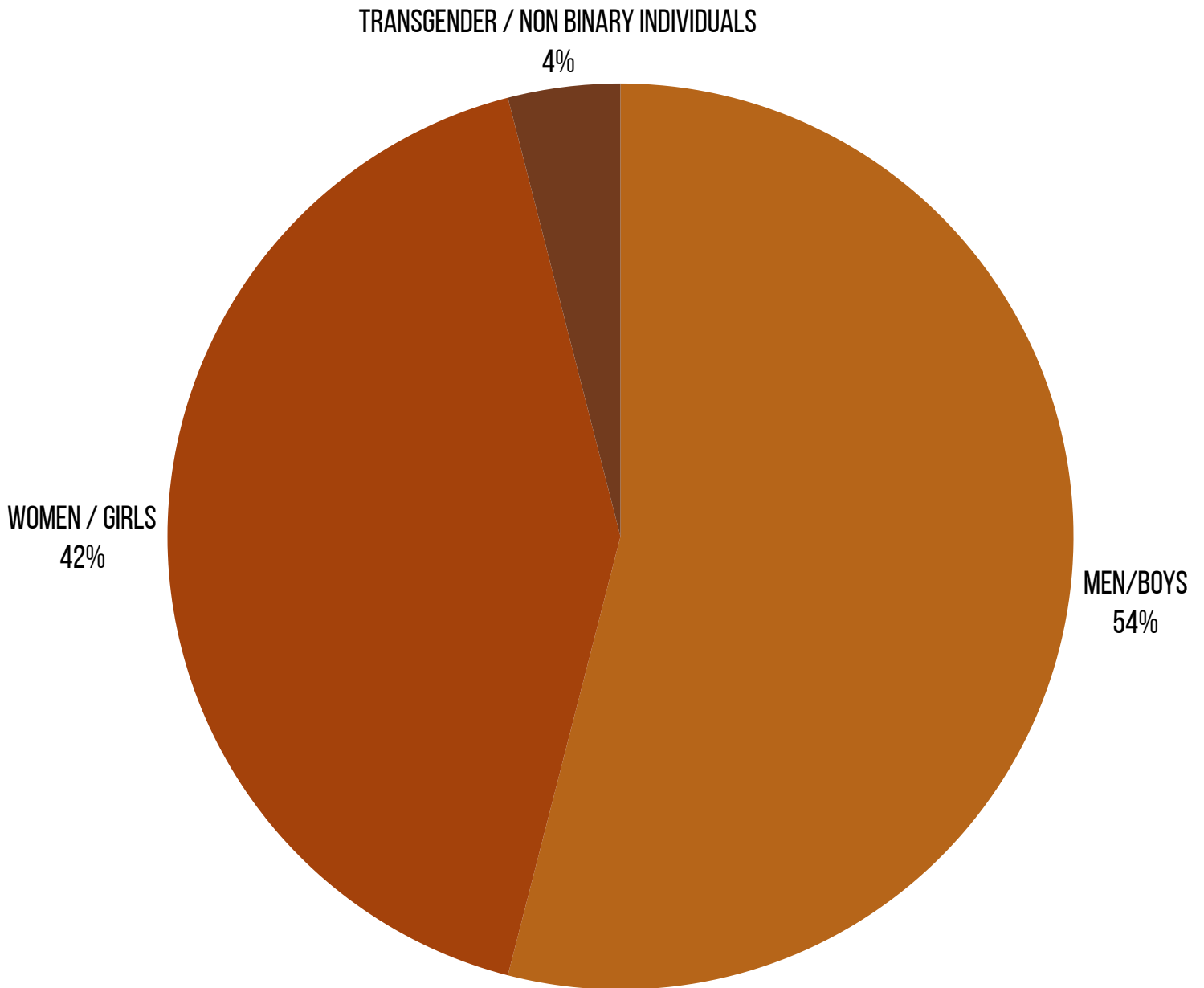
# Appendix F: Survey Findings of the African American Holistic Wellness and Resource Hub

This appendix presents detailed findings from the African American Holistic Wellness and Resource Hub community survey that was distributed between October 2024-November 2024. A total of 4,074 respondents participated, reflecting diverse backgrounds across residency, age, birth sex, sexual orientation, and lived experiences. This data is disaggregated by district wherever relevant.
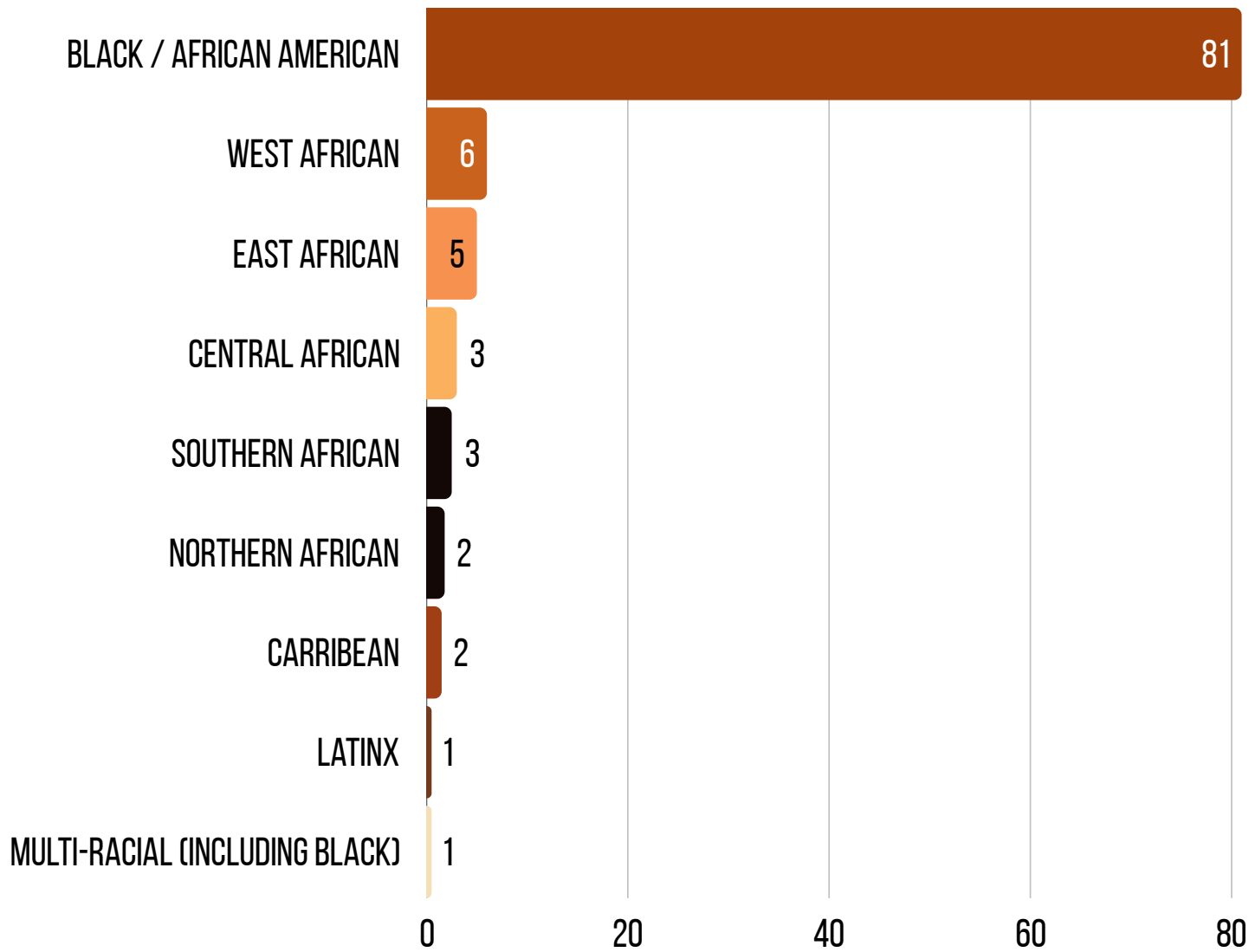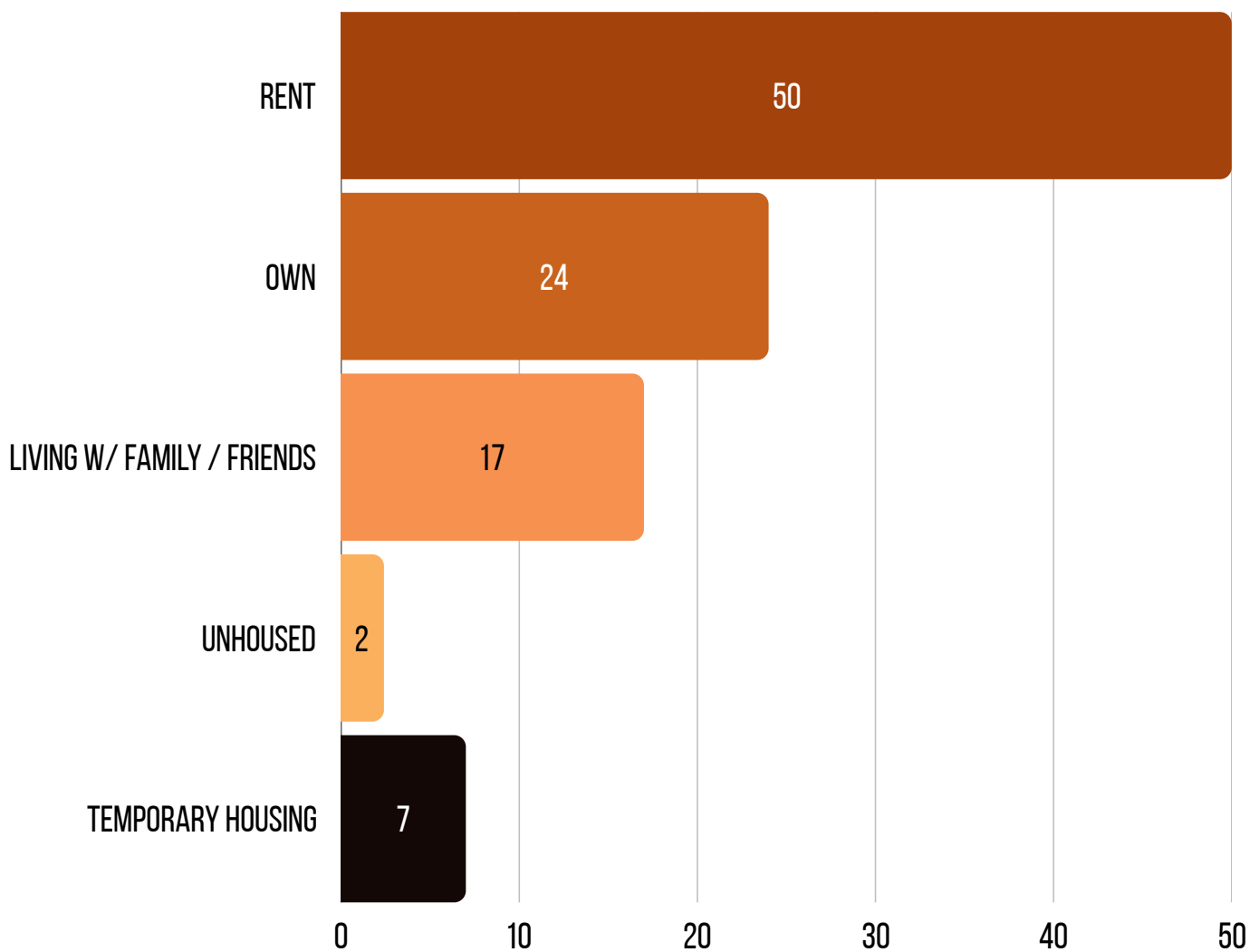
## WHAT IS YOUR AGE GROUP?

| 18 - 24 | 25 - 34 | 35 - 44 | 45 - 54 |
|---------|---------|---------|---------|
| 8% | 39% | 37% | 12% |

| 55 - 64 | 65 - 74 | 75 - 84 | 85 + |
|---------|---------|---------|------|
| 3% | 1% | 0% | 0% |
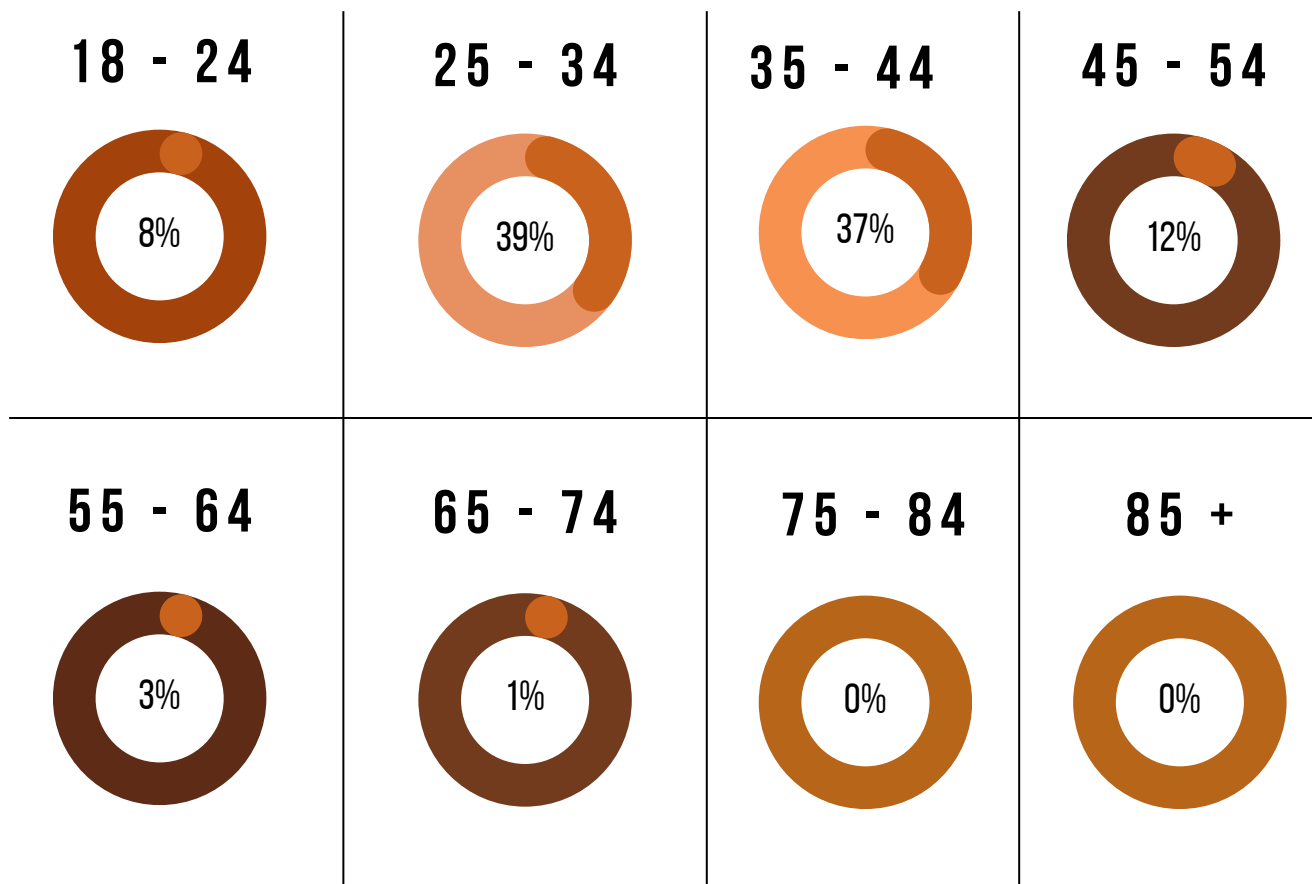
# HOW DO YOU DESCRIBE YOUR GENDER IDENTITY?

TRANSGENDER / NON BINARY INDIVIDUALS
4%

WOMEN / GIRLS
42%

MEN/BOYS
54%

# WHICH BEST DESCRIBES YOUR RACIAL OR ETHNIC IDENTITY?

| Category | Value |
|---|---|
| BLACK / AFRICAN AMERICAN | 81 |
| WEST AFRICAN | 6 |
| EAST AFRICAN | 5 |
| CENTRAL AFRICAN | 3 |
| SOUTHERN AFRICAN | 3 |
| NORTHERN AFRICAN | 2 |
| CARRIBEAN | 2 |
| LATINX | 1 |
| MULTI-RACIAL (INCLUDING BLACK) | 1 |

# WHAT IS YOUR CURRENT HOUSING SITUATION?

# WHAT IS YOUR CURRENT HOUSEHOLD INCOME LEVEL?



| Income Level | Value |
|---|---|
| LESS THAN $25,000 | 15 |
| $25,000 - $49,999 | 31 |
| $50,000 - $74,999 | 27 |
| $75,000 - 99,999 | 17 |
| $100,000+ | 9 |
| NO INCOME | 2 |
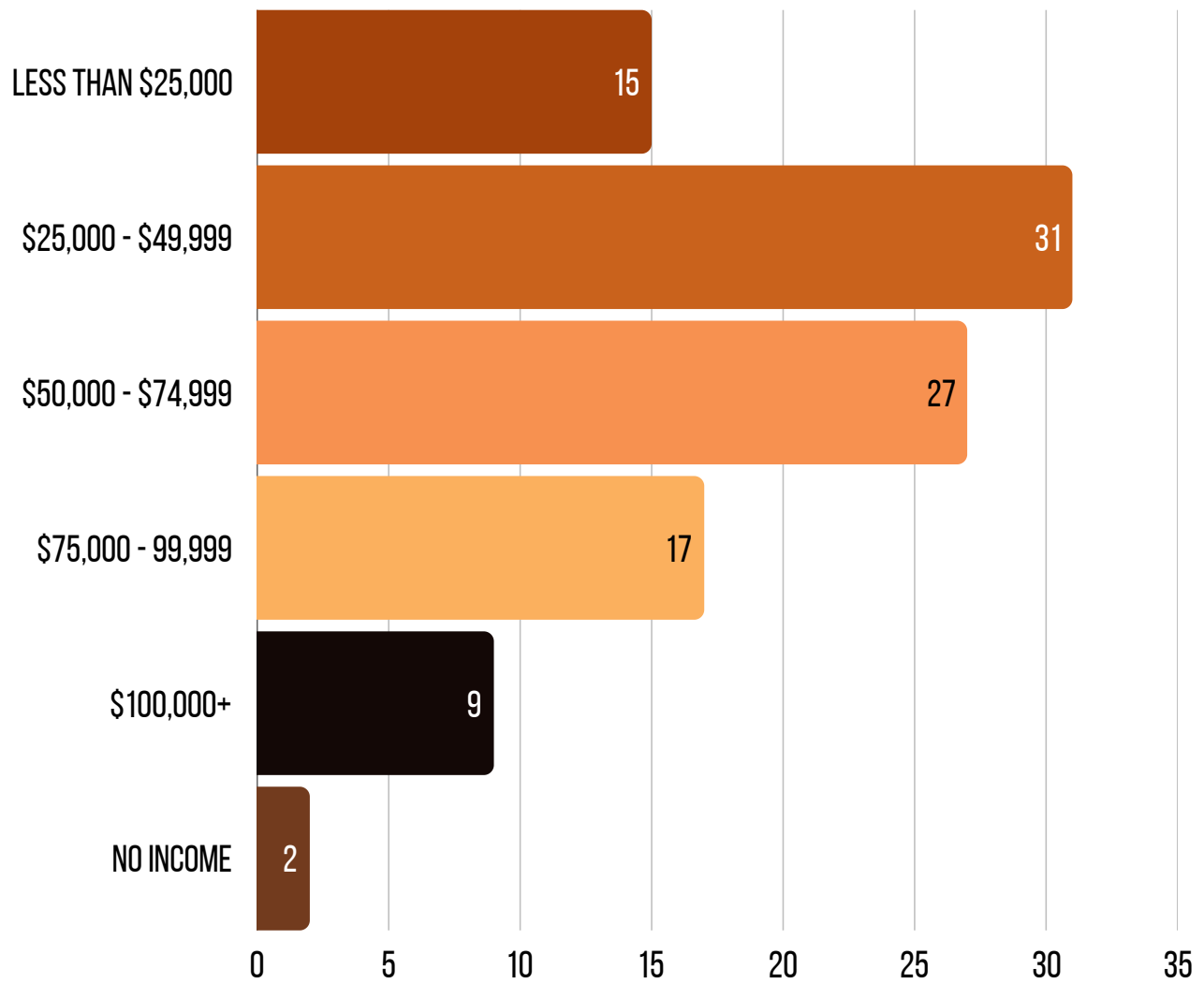
# WHAT IS YOUR CURRENT HOUSEHOLD EDUCATION LEVEL?



| Education Level | Value |
|---|---|
| GRADUATE DEGREE | 20 |
| COLLEGE DEGREE | 24 |
| SOME COLLEGE | 20 |
| HIGH SCHOOL / GED | 20 |
| SOME HIGH SCHOOL | 9 |
| LESS THAN HIGH SCHOOL | 6 |
| NO FORMAL EDUCATION | 1 |
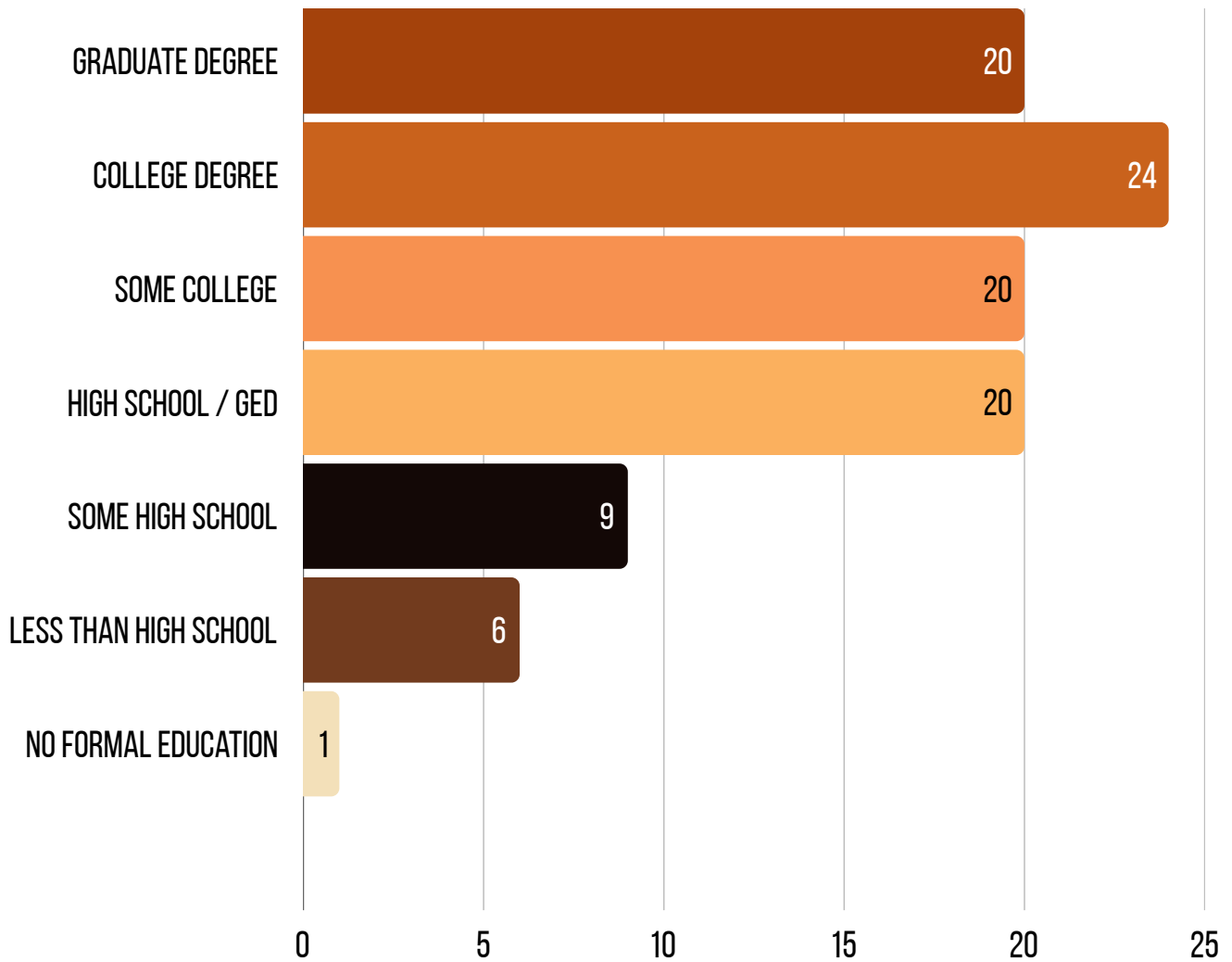
# WHAT IS YOUR CURRENT EMPLOYMENT LEVEL?

| Employment Level | Value |
|---|---|
| FULL-TIME | 58 |
| PART TIME | 30 |
| UNEMPLOYED, LOOKING FOR WORK | 8 |
| UNEMPLOYED, NOT LOOKING FOR WORK | 1 |
| RETIRED | 1 |
| STUDENT | 1 |

(axis: 0 10 20 30 40 50 60)
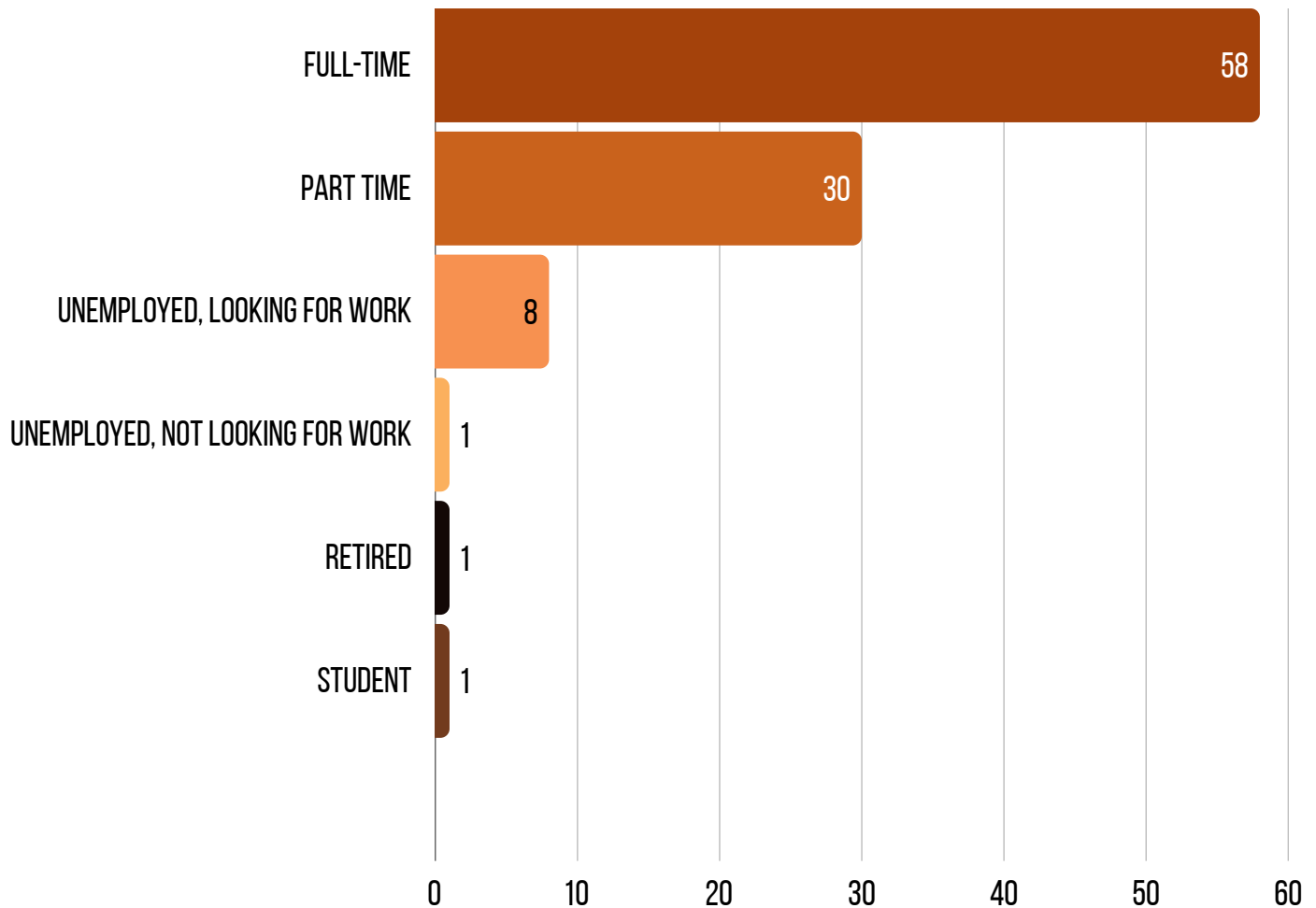
# GOVERNMENT ASSISTANCE
## (YOU OR ANYONE IN YOUR HOUSEHOLD)

**YES** ⟶ **70%**

# GEOGRAPHIC DISTRIBUTION
# (LIVE OR WORK IN DISTRICTS)

DISTRICT 1
14.7%

District 5
20.2%

District 2
20.2%

District 4
11.9%

District 3
33%
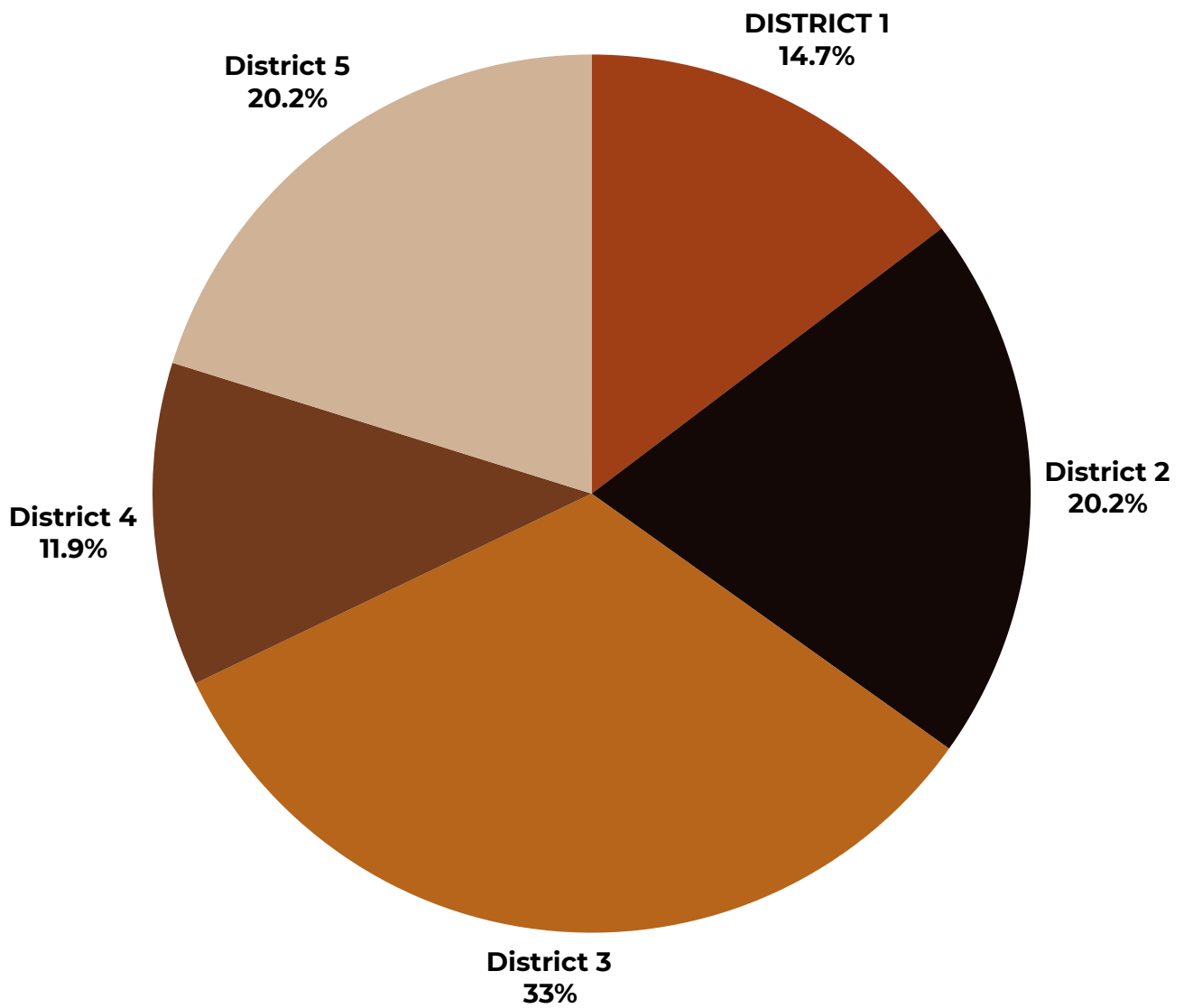
# PRIORITY POPULATIONS FOR ANALYSIS:

| Population | Value |
|---|---|
| Transitional Age Youth (18 - 24) | 10 |
| Mature / Aging Population | 1 |
| Justice - Impacted | 29 |
| Unhoused Community Members | 16 |
| Members w/ Mental Health Challenges | 9 |
| Families w/ Child in Special Education (IEP/IFSP) | 46 |
| Families w/ Child Expelled, Suspended, or Arrested in School | 29 |
| Women of Child Bearing Age | 35 |
| Men (Boys / Men) | 54 |
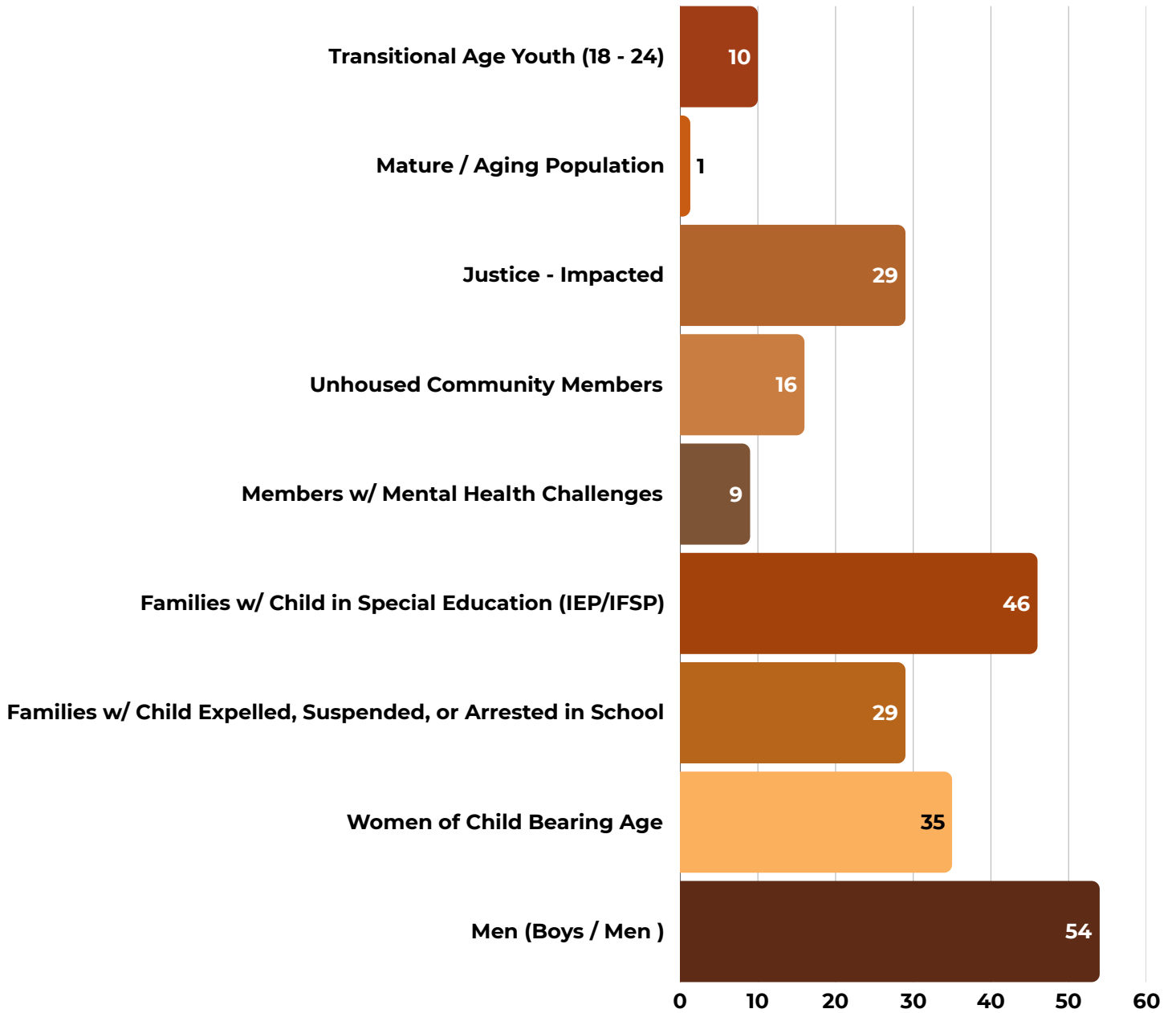
# COMMUNITY CHALLENGES AND NEEDS

This section identifies the most pressing challenges affecting community well-being, The survey highlights the groups most impacted by these issues, ensuring targeted support for those at greatest risk. Priority groups are more likely to experience these challenges or identify them as key concerns. The data informs the development of resources, including community healing, legal advocacy, mental health services, and employment support, to address critical gaps and promote collective well-being.

# HAVE YOU OR SOMEONE IN YOUR COMMUNITY EXPERIENCED VIOLENCE RELATED TO POLICING OR COMMUNITY SAFETY (E.G., POLICE BRUTALITY, OVER-POLICING, RACIAL PROFILING, HOMICIDES, OR RETALIATORY VIOLENCE)?

## YES ⟶ 70%

District 5
73%

District 1
67%

District 2
66%

District 3
73%

District 4
71%
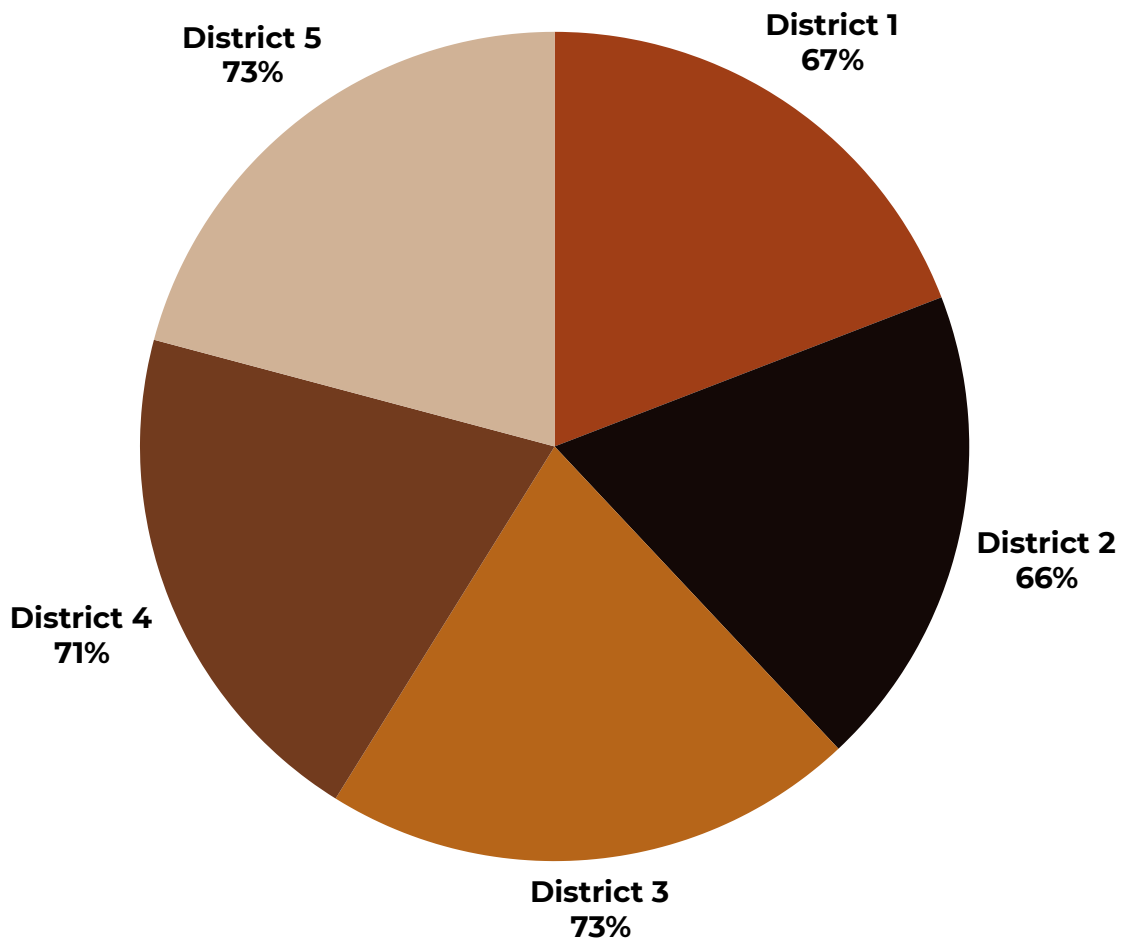
Priority groups most affected: Transitional age youth, men, women of childbearing age and unhoused individuals

# WHAT TYPES OF SUPPORT OR RESOURCES WOULD HELP YOU AND YOUR COMMUNITY HEAL FROM THE HARM CAUSED BY VIOLENCE, INCLUDING POLICE VIOLENCE, HOMICIDES, RACIAL VIOLENCE, OR COMMUNITY VIOLENCE?

**Community Healing Circles or Restorative Justice Programs** → **47%**
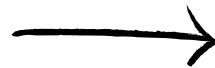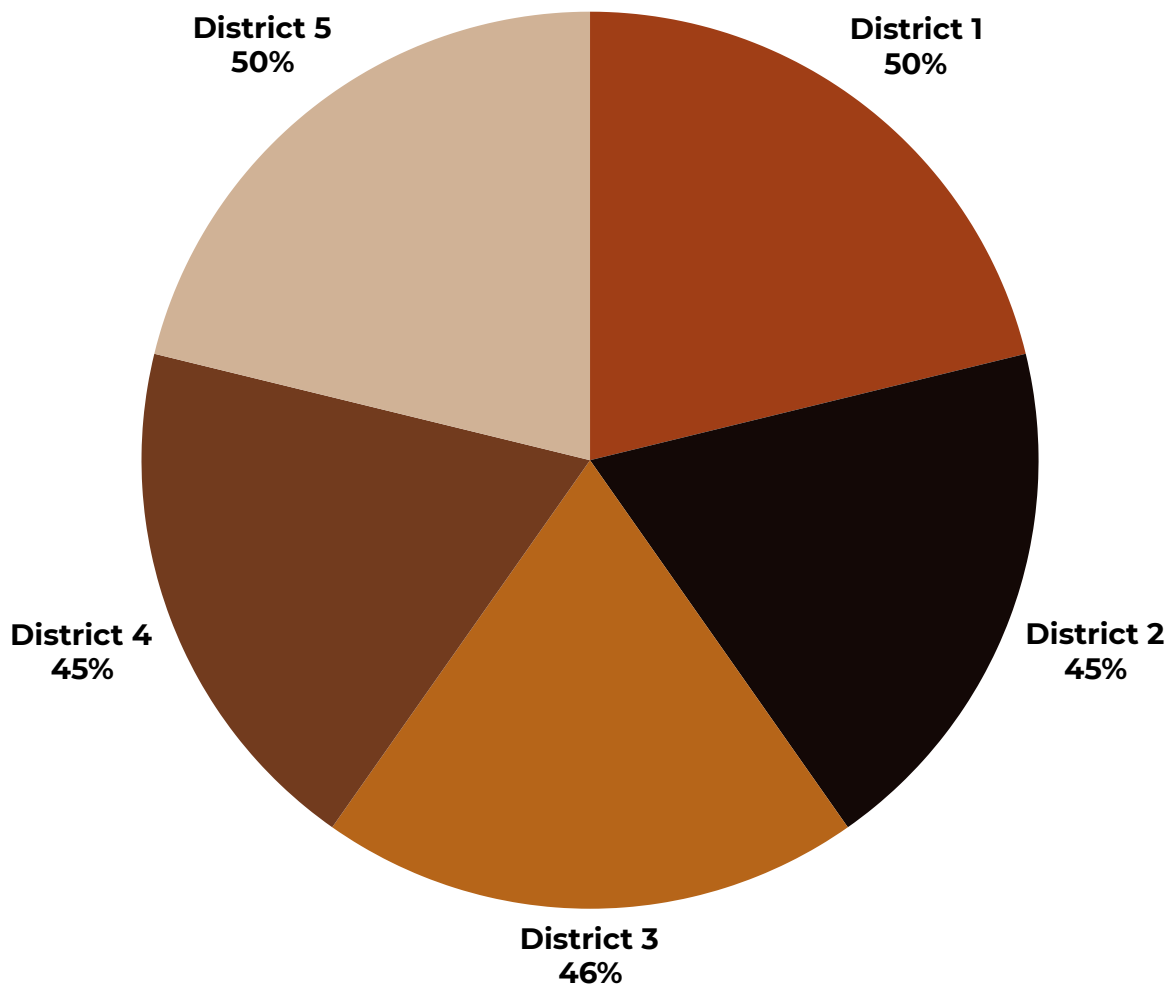
District 5
50%

District 1
50%

District 2
45%

District 3
46%

District 4
45%

# WHAT TYPES OF SUPPORT OR RESOURCES WOULD HELP YOU AND YOUR COMMUNITY HEAL FROM THE HARM CAUSED BY VIOLENCE, INCLUDING POLICE VIOLENCE, HOMICIDES, RACIAL VIOLENCE, OR COMMUNITY VIOLENCE?

**Mental Health Services** $\longrightarrow$ **43%**
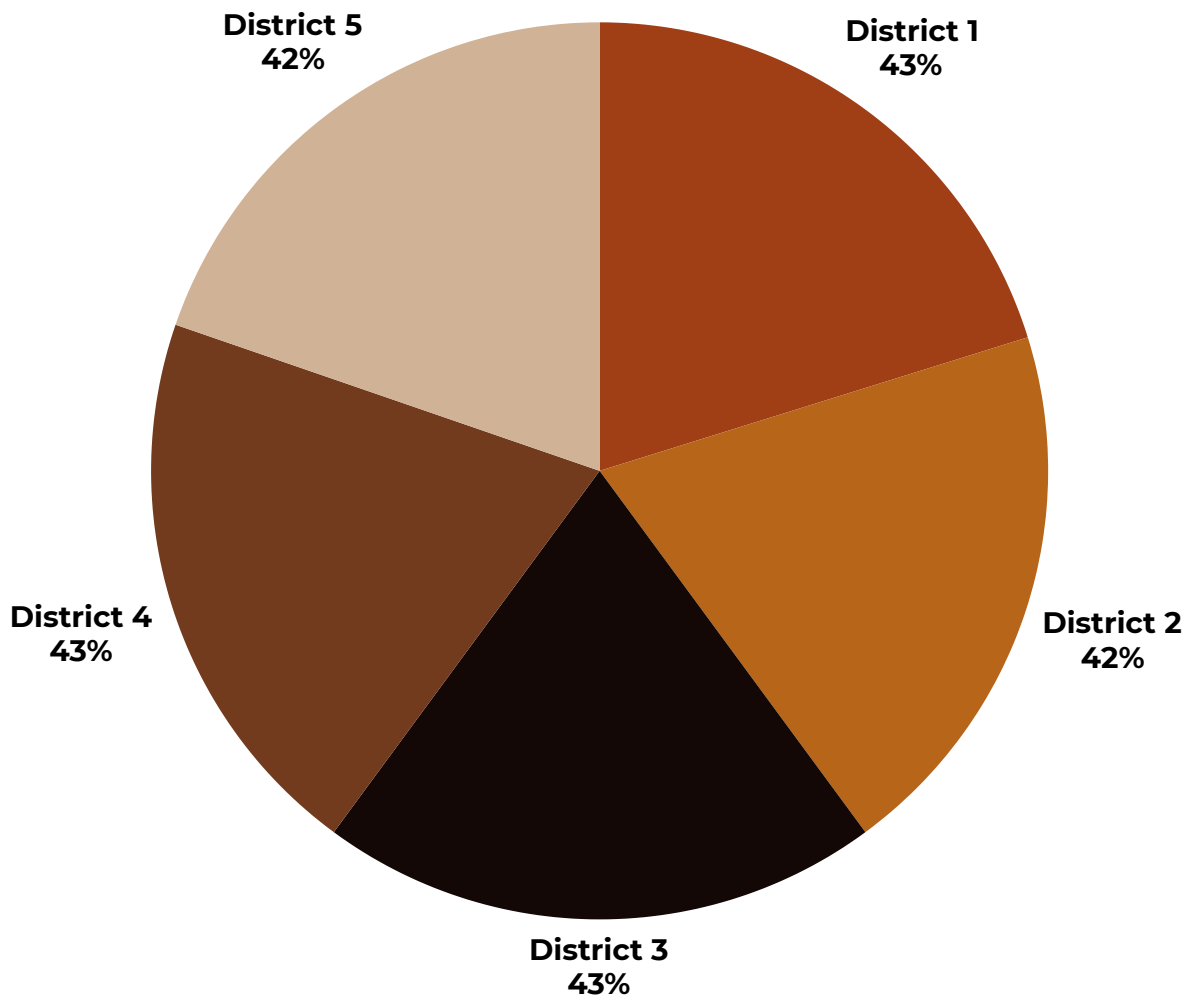
District 5
42%

District 1
43%

District 2
42%

District 3
43%

District 4
43%

# WHAT TYPES OF SUPPORT OR RESOURCES WOULD HELP YOU AND YOUR COMMUNITY HEAL FROM THE HARM CAUSED BY VIOLENCE, INCLUDING POLICE VIOLENCE, HOMICIDES, RACIAL VIOLENCE, OR COMMUNITY VIOLENCE?

**Legal Advocacy & Support** $\longrightarrow$ **42%**
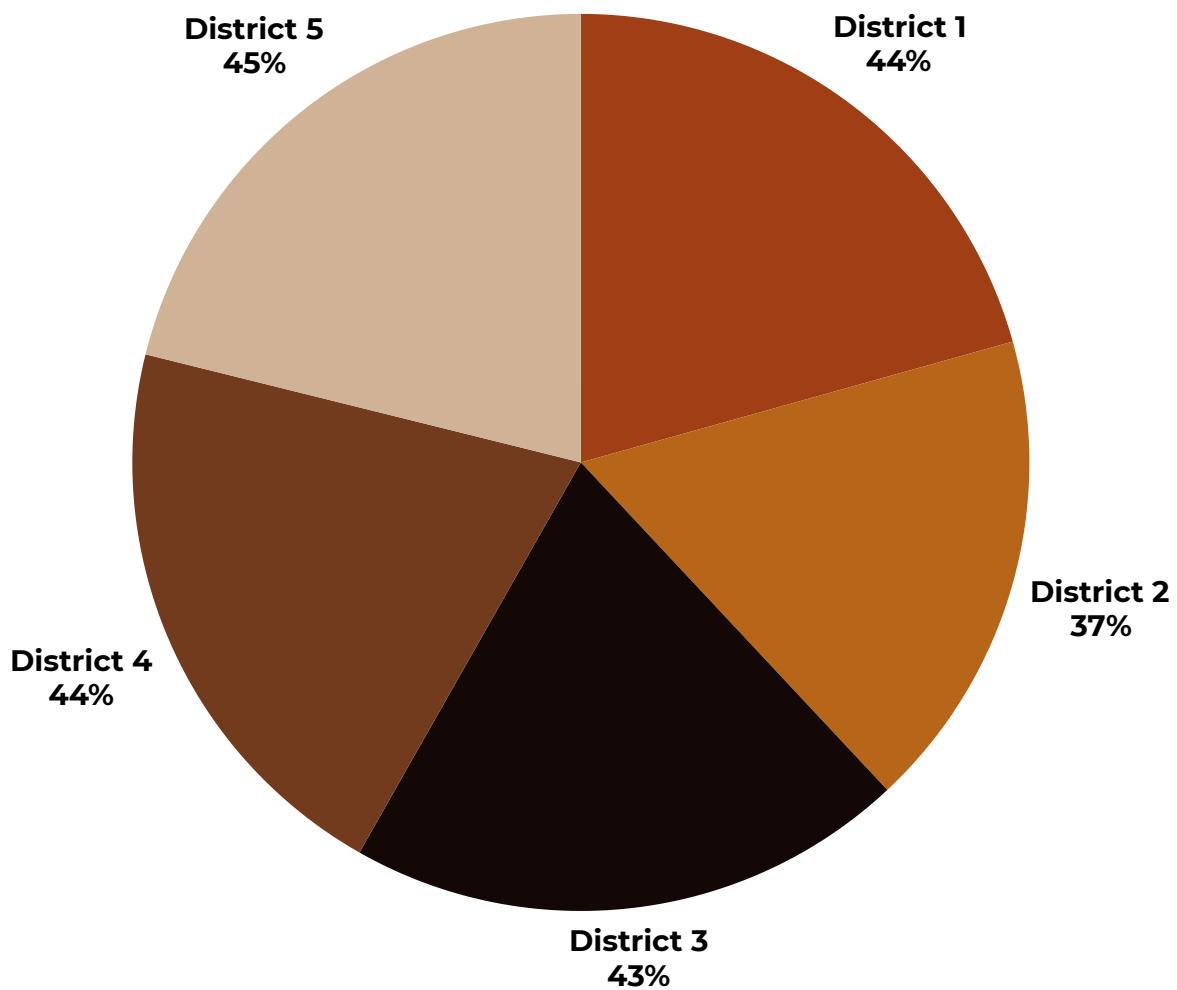
District 5
45%

District 1
44%

District 2
37%

District 3
43%

District 4
44%

# WHAT TYPES OF SUPPORT OR RESOURCES WOULD HELP YOU AND YOUR COMMUNITY HEAL FROM THE HARM CAUSED BY VIOLENCE, INCLUDING POLICE VIOLENCE, HOMICIDES, RACIAL VIOLENCE, OR COMMUNITY VIOLENCE?

**Trauma Informed Counseling Services** ⟶ **41%**
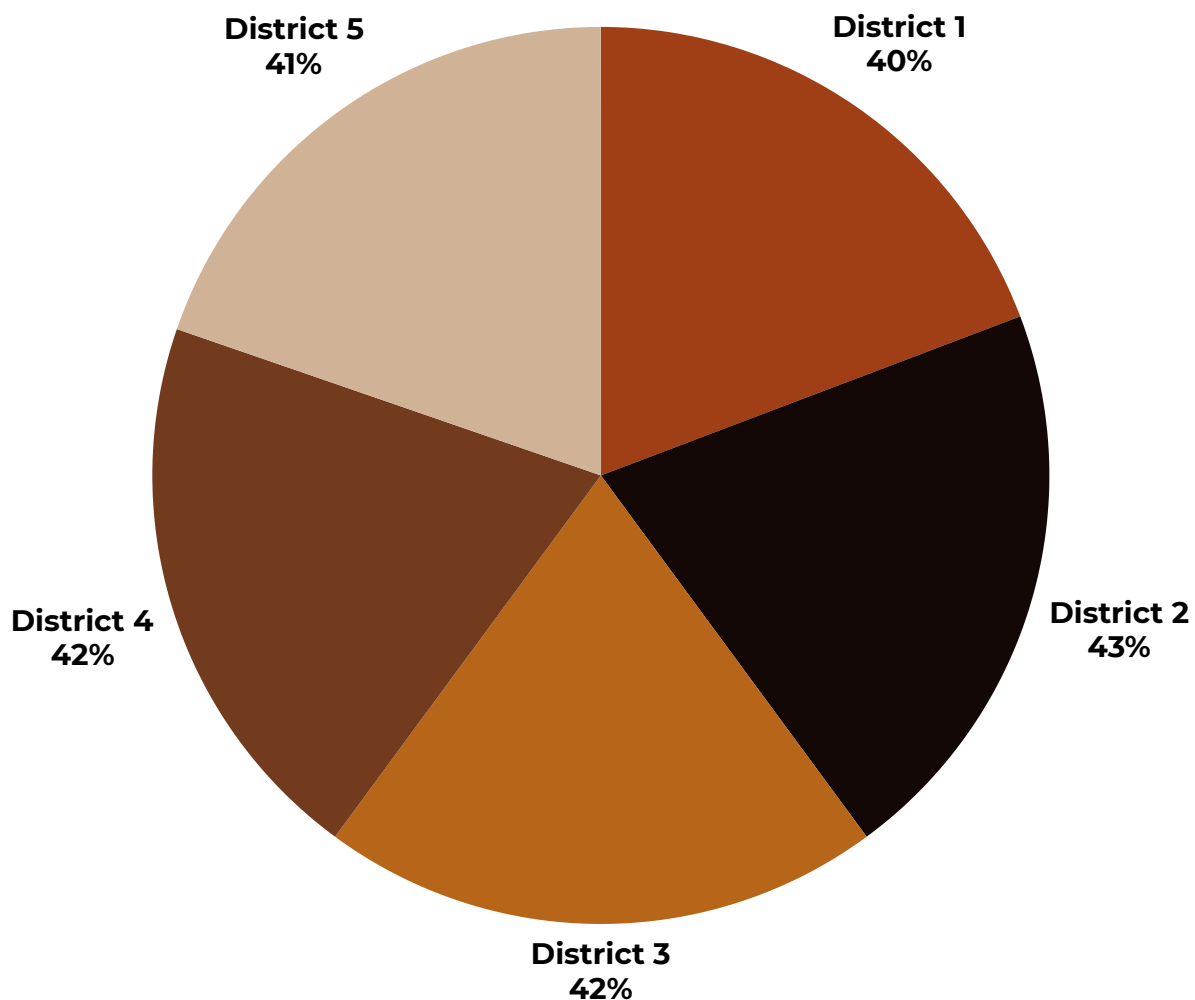
District 5
41%

District 1
40%

District 2
43%

District 3
42%

District 4
42%

# WHAT TYPES OF SUPPORT OR RESOURCES WOULD HELP YOU AND YOUR COMMUNITY HEAL FROM THE HARM CAUSED BY VIOLENCE, INCLUDING POLICE VIOLENCE, HOMICIDES, RACIAL VIOLENCE, OR COMMUNITY VIOLENCE?

**Public Forums for Discussing Safety Concerns** $\longrightarrow$ **40%**

District 5
39%

District 1
45%

District 4
39%

District 2
37%

District 3
39%
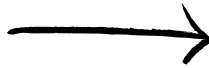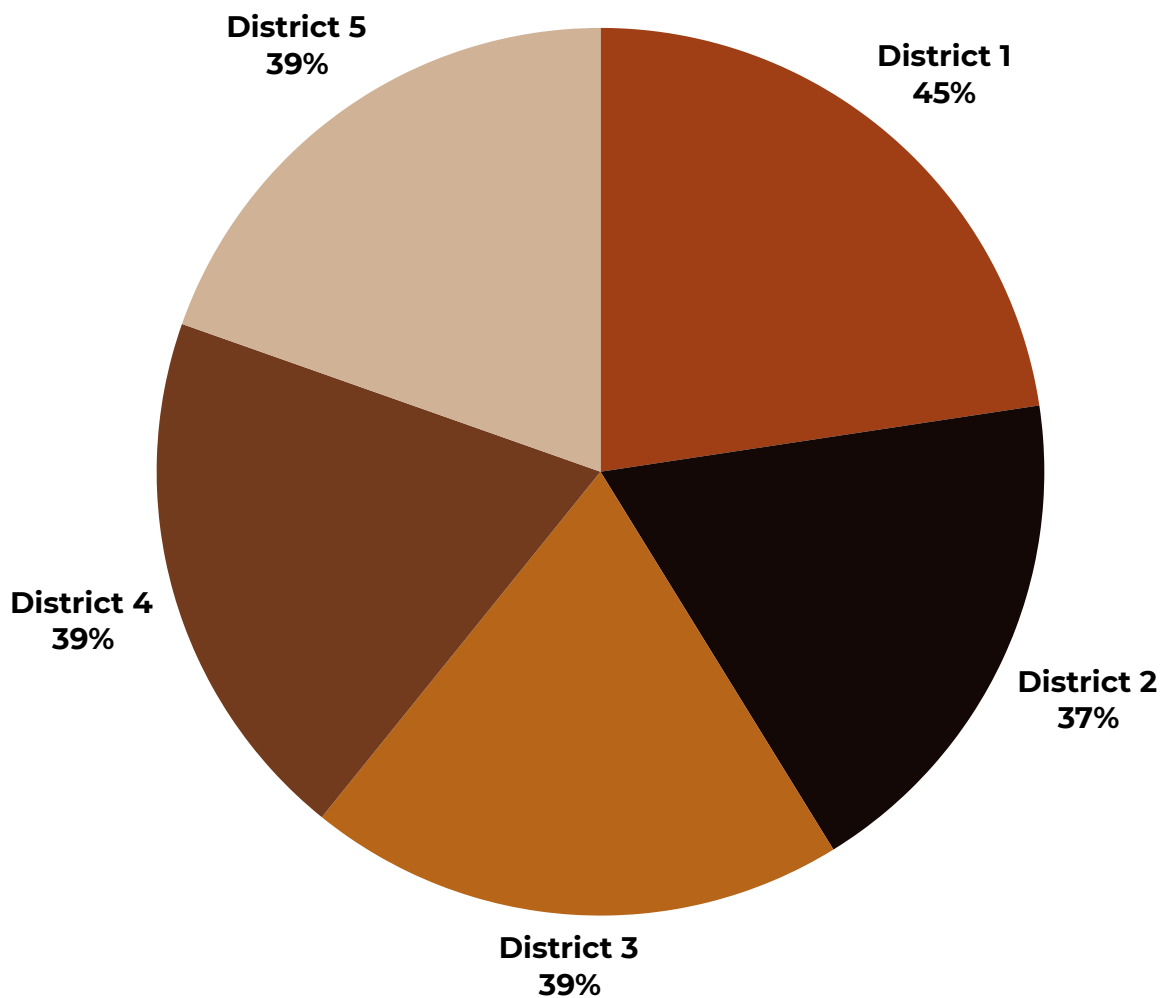
# WHAT ARE THE THREE TOP WELLNESS CHALLENGES TO YOUR COMMUNITY?

**Concerns around safety and police relations**
(e.g., racial profiling, over-policing) $\longrightarrow$ **35%**
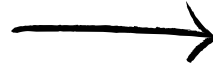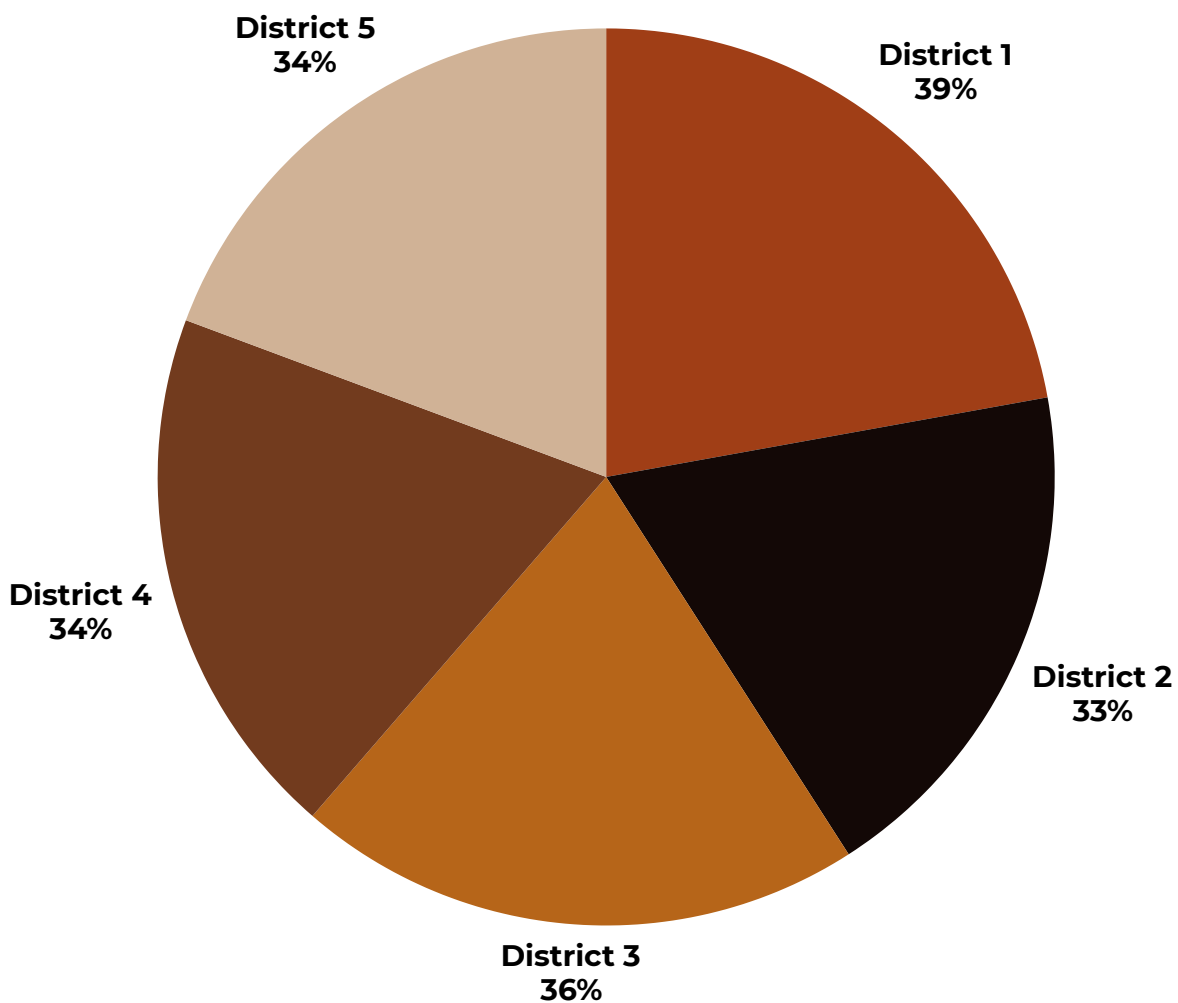
District 5
34%

District 1
39%

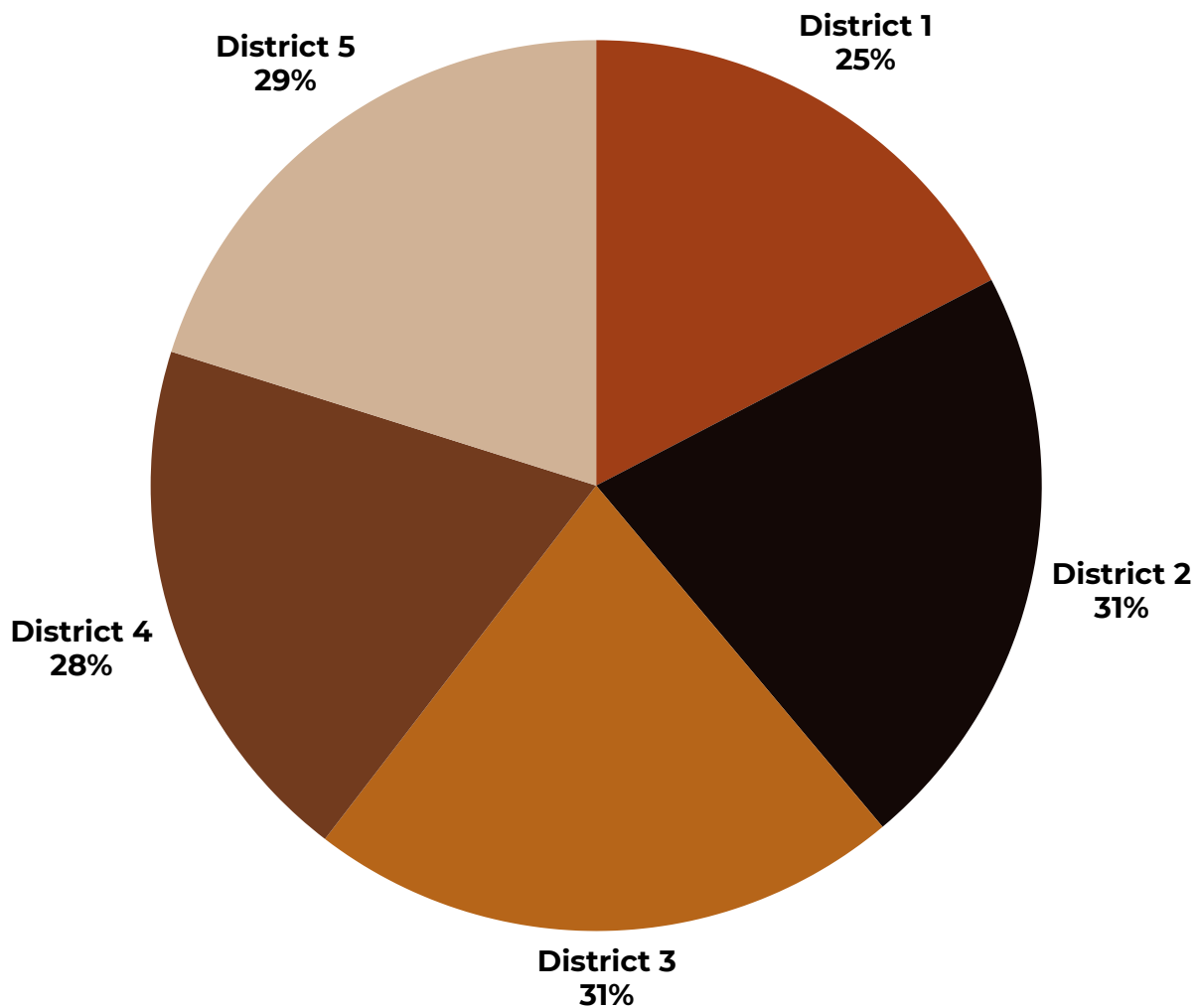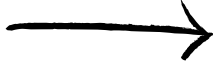District 2
33%

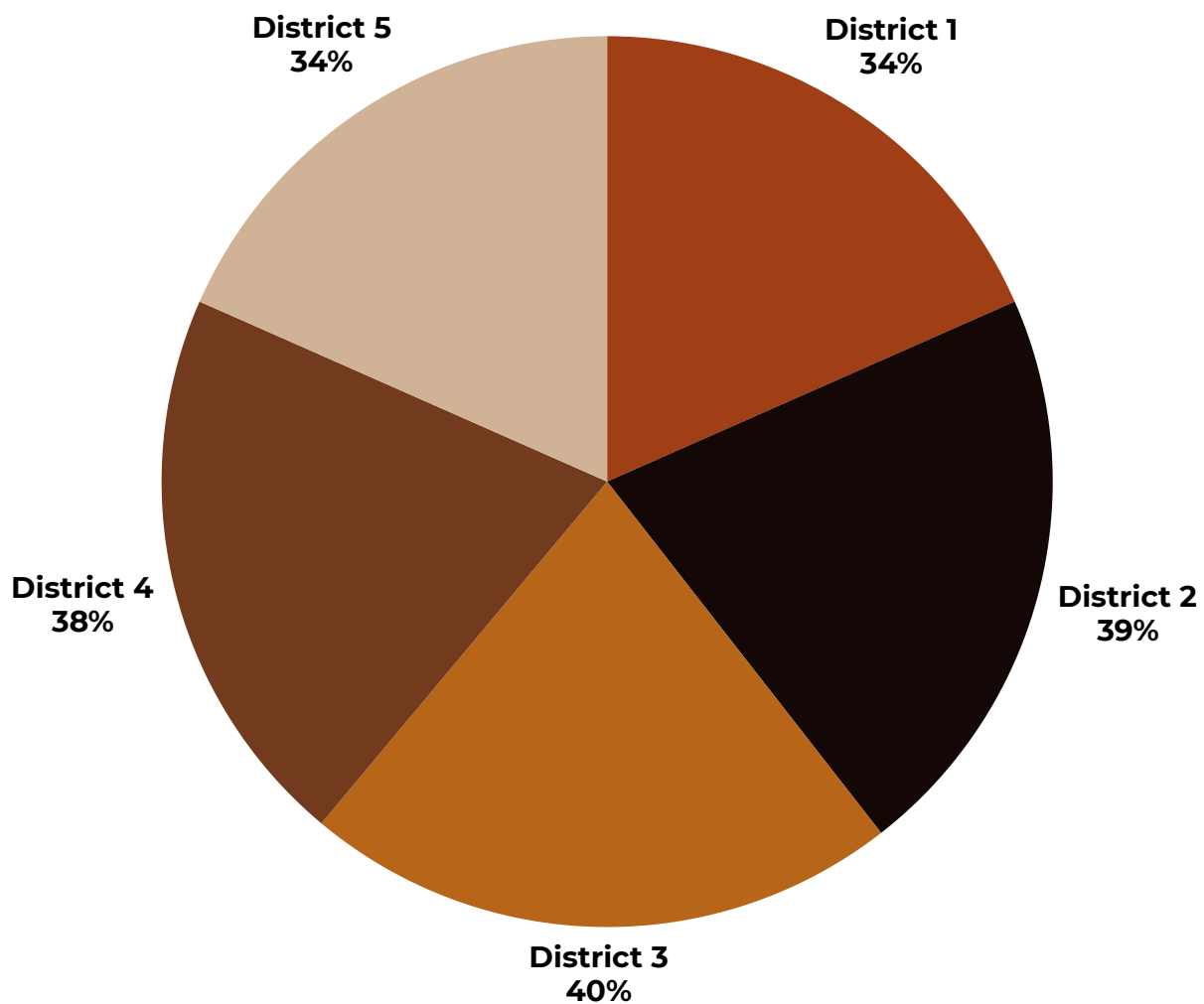District 3
36%

District 4
34%

Priority Groups: TAY, Black men, childbearing women, unhoused, individuals with mental health challenges, families with school-discipline history

# WHAT ARE THE THREE TOP WELLNESS CHALLENGES TO YOUR COMMUNITY?

**Food Insecurity** ⟶ **30%**
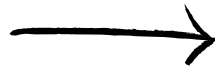


- District 5 — 29%
- District 1 — 25%
- District 2 — 31%
- District 3 — 31%
- District 4 — 28%

Priority Groups: TAY, Black men, childbearing women, unhoused, individuals with mental health challenges, families with school-discipline history

# WHAT ARE THE THREE TOP WELLNESS CHALLENGES TO YOUR COMMUNITY?

**Housing Instability** ⟶ **38%**



District 5
34%

District 1
34%

District 2
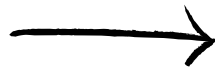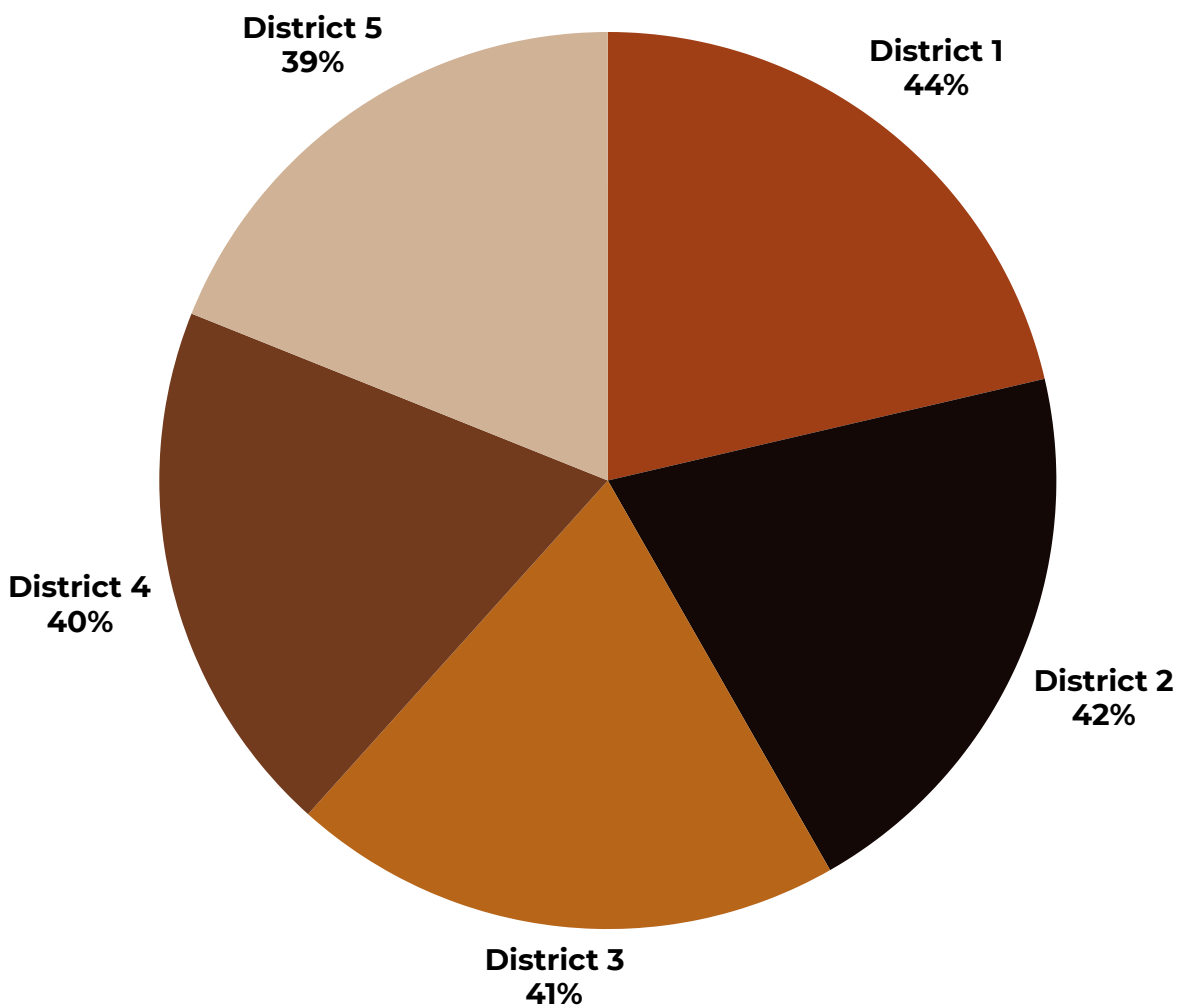39%

District 3
40%

District 4
38%

Priority Groups: TAY, childbearing women, unhoused, individuals with mental health challenges

# WHAT ARE THE THREE TOP WELLNESS CHALLENGES TO YOUR COMMUNITY?

**Lack of Access to Healthcare Services** ⟶ **41%**

District 5
39%

District 1
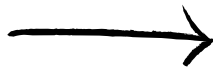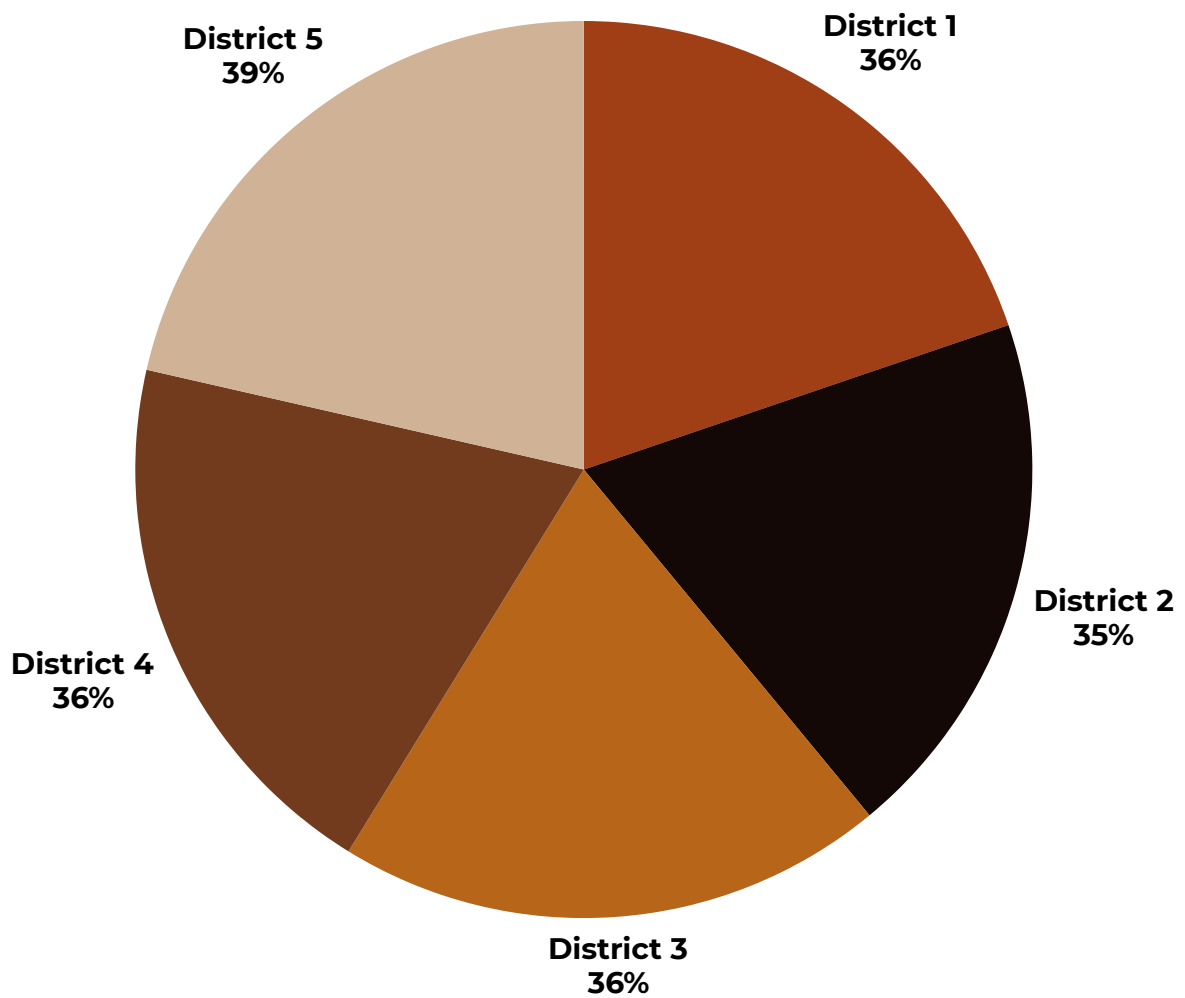44%

District 2
42%

District 3
41%

District 4
40%

Priority Groups: Men, justice-involved, individuals with mental health challenges, families with an IEP

# WHAT ARE THE THREE TOP WELLNESS CHALLENGES TO YOUR COMMUNITY?

**Lack of Employment Opportunities** ⟶ **36%**



District 5
39%

District 1
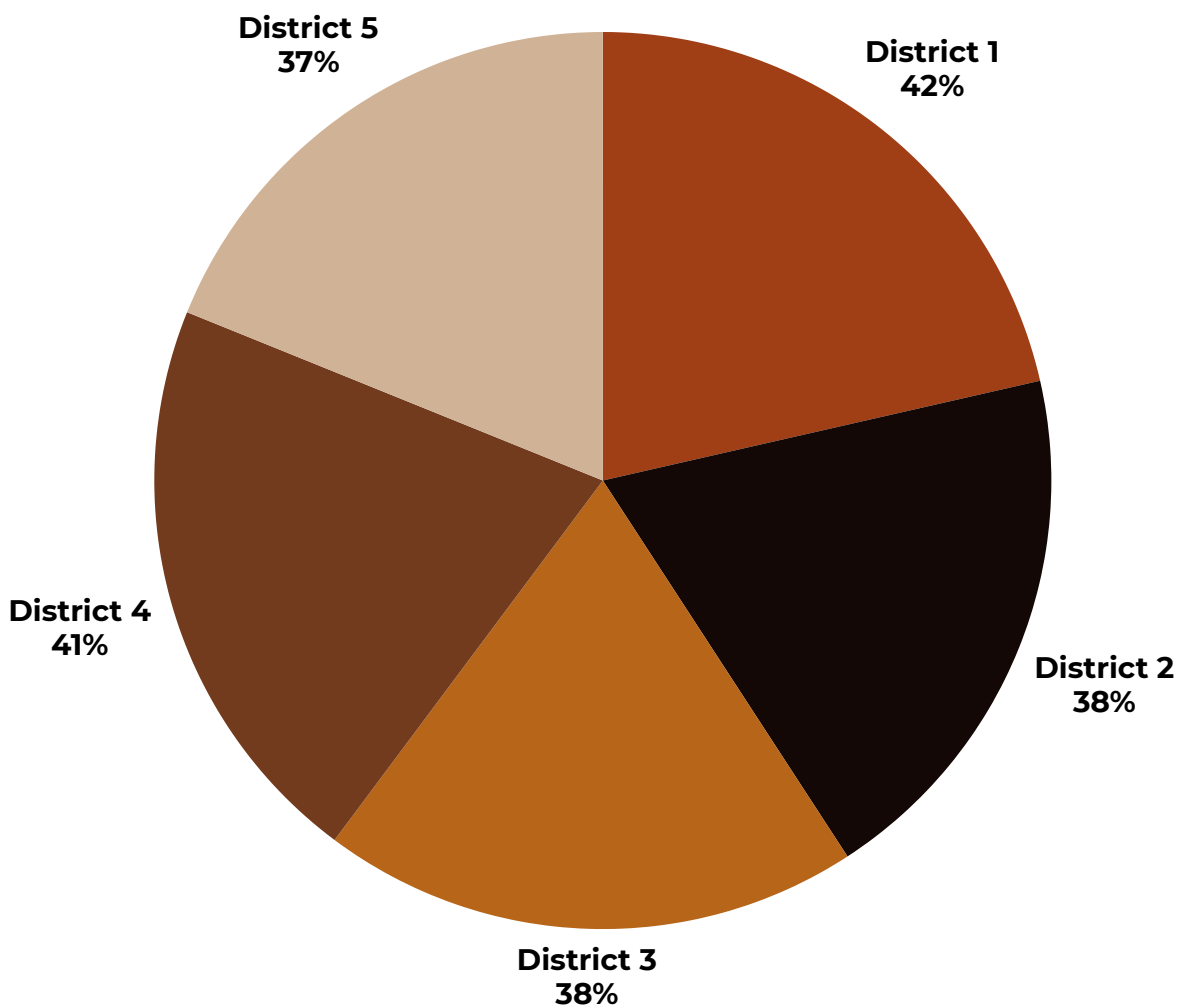36%

District 2
35%

District 3
36%

District 4
36%

Priority Groups: TAY, families with school-discipline history, families with an IEP

# WHAT ARE THE THREE TOP WELLNESS CHALLENGES TO YOUR COMMUNITY?

**Lack of Mental Health Resources** $\longrightarrow$ **38%**



District 5
37%

District 1
42%

District 2
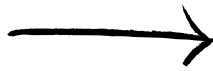38%

District 3
38%

District 4
41%

Priority Groups: Men, individuals with mental health challenges, families with an IEP

# WHAT CHALLENGES OR BARRIERS DO YOU FACE IN ACCESSING WELLNESS SERVICES WHERE YOU LIVE?

**High Cost of Services** ⟶ **41%**

District 5
39%

District 1
43%

District 2
43%

District 3
38%

District 4
42%

Priority Groups: TAY, childbearing women, justice-involved, unhoused, individuals with mental health challenges, families with an IEP, families with school-discipline histor

# WHAT CHALLENGES OR BARRIERS DO YOU FACE IN ACCESSING WELLNESS SERVICES WHERE YOU LIVE?

**Caregiving Responsibilities** ⟶ **42%**

District 5
42%

District 1
42%

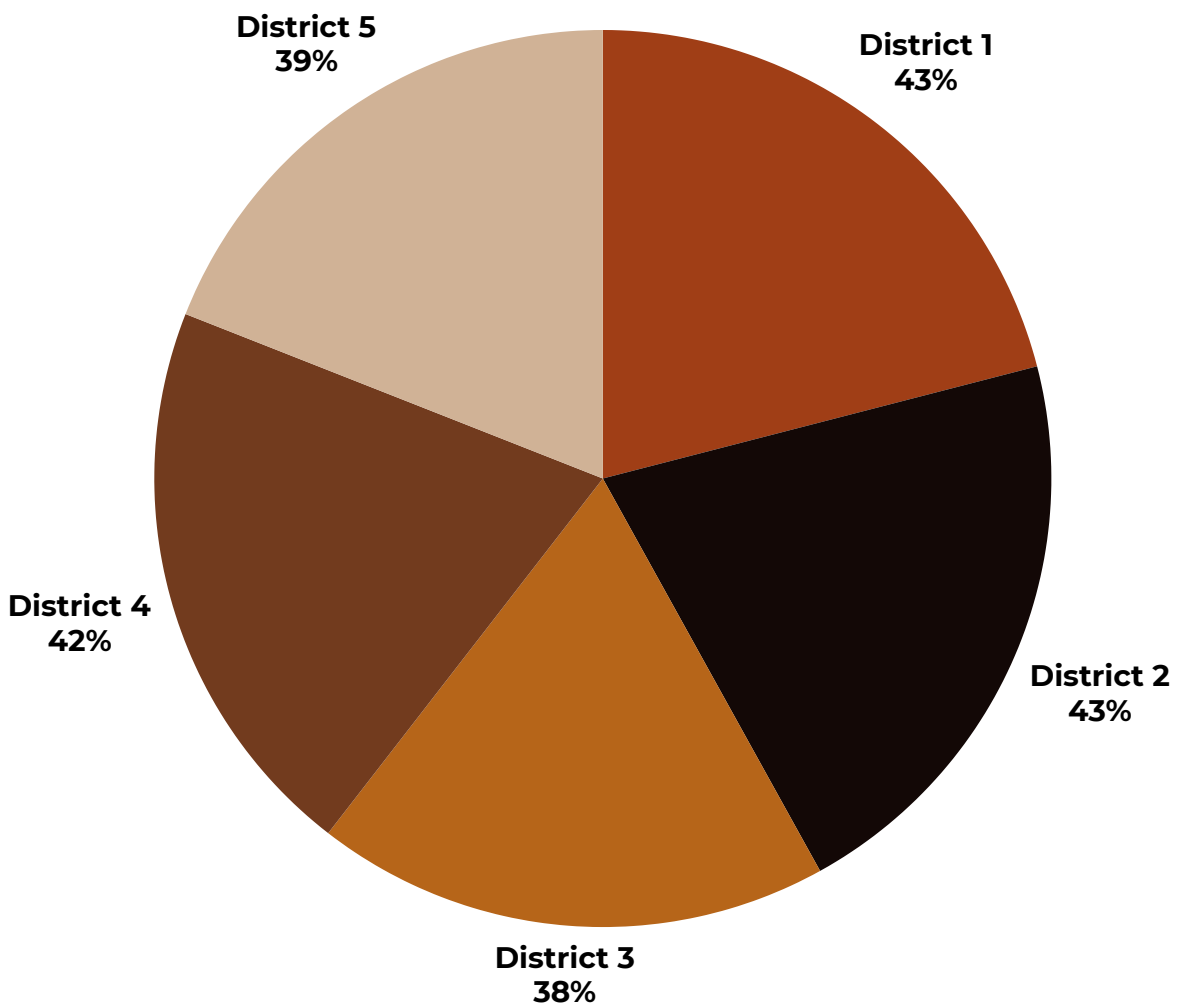District 2
43%

District 3
42%

District 4
39%

Priority Groups: TAY, elderly, individuals with mental health challenges, families with an IEP

# WHAT CHALLENGES OR BARRIERS DO YOU FACE IN ACCESSING WELLNESS SERVICES WHERE YOU LIVE?

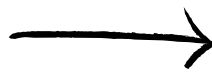**Limited availability of services in my area** ⟶ **38%**



District 5
37%

District 1
39%

District 2
36%

District 3
39%

District 4
35%

Priority Groups: Justice-involved, unhoused, individuals with mental health challenges

# WHAT CHALLENGES OR BARRIERS DO YOU FACE IN ACCESSING WELLNESS SERVICES WHERE YOU LIVE?

**Lack of Reliable Transportation** ⟶ **30%**

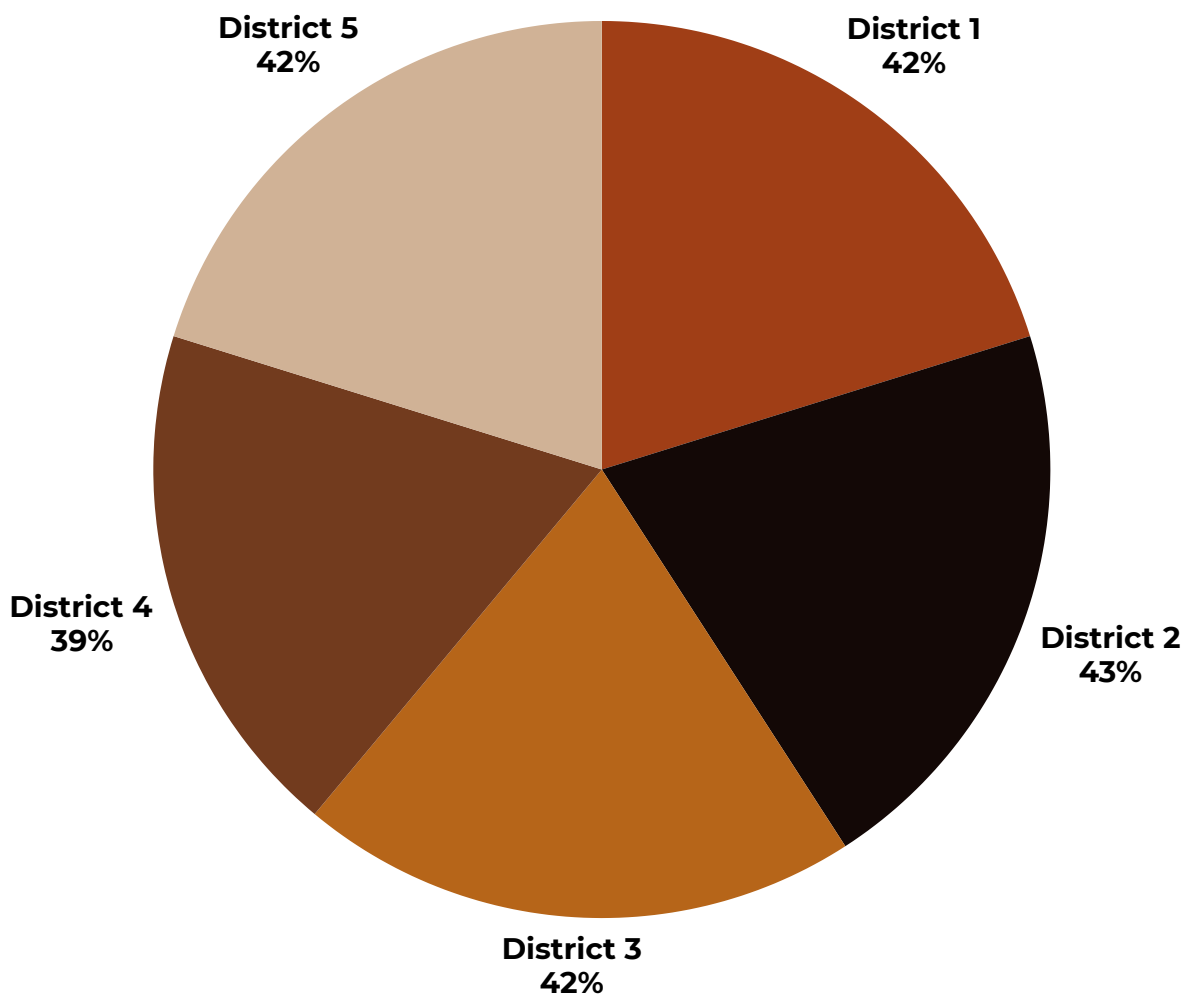District 5
33%

District 1
27%

District 2
30%

District 3
30%
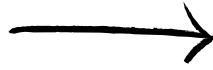
District 4
30%
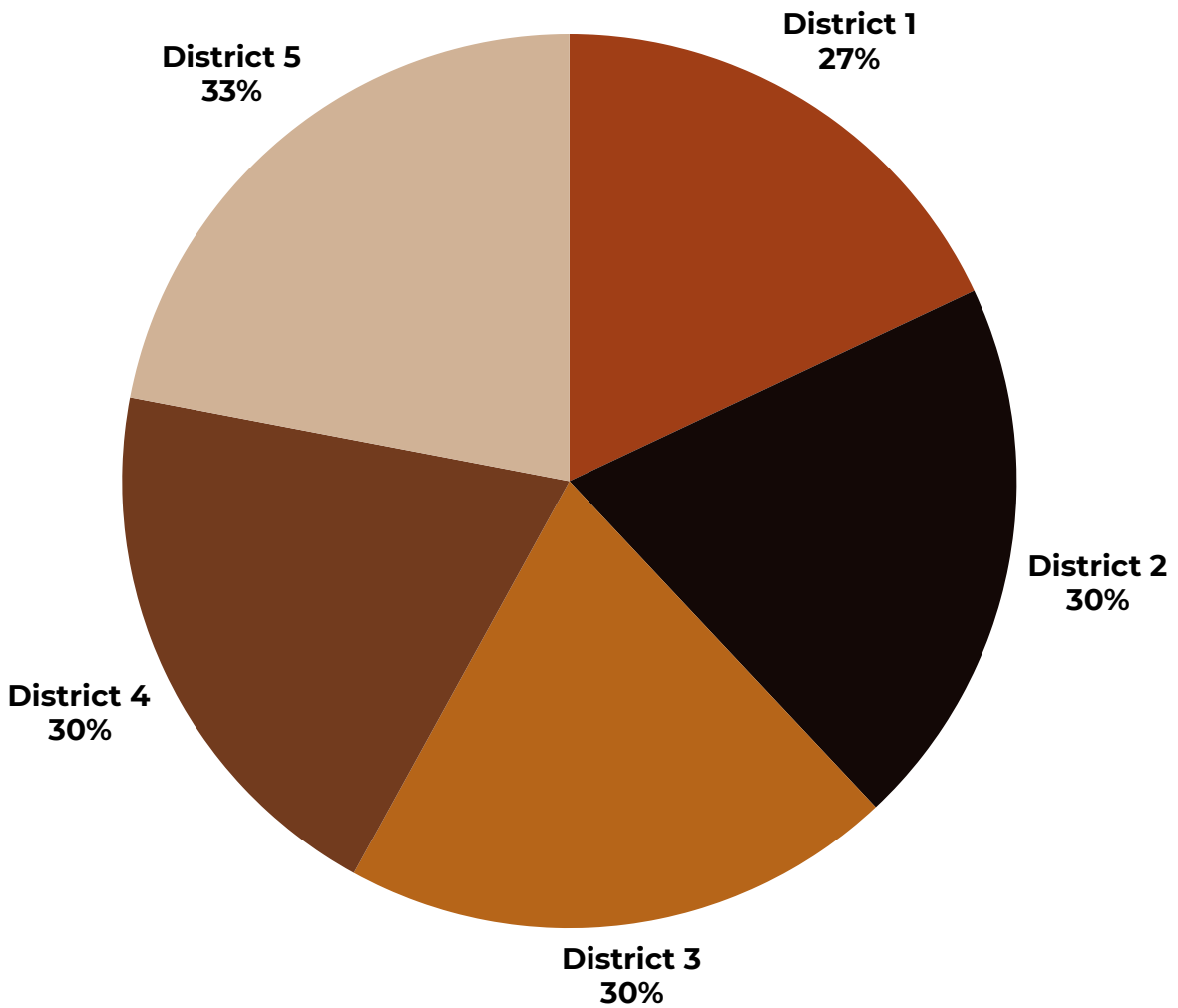
Priority Groups: TAY, elderly, justice-involved, individuals with mental health challenges, families with an IEP, families with school-discipline history

# WHAT CHALLENGES OR BARRIERS DO YOU FACE IN ACCESSING WELLNESS SERVICES WHERE YOU LIVE?

**I have to travel long distances** → **23%**
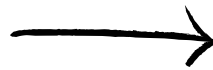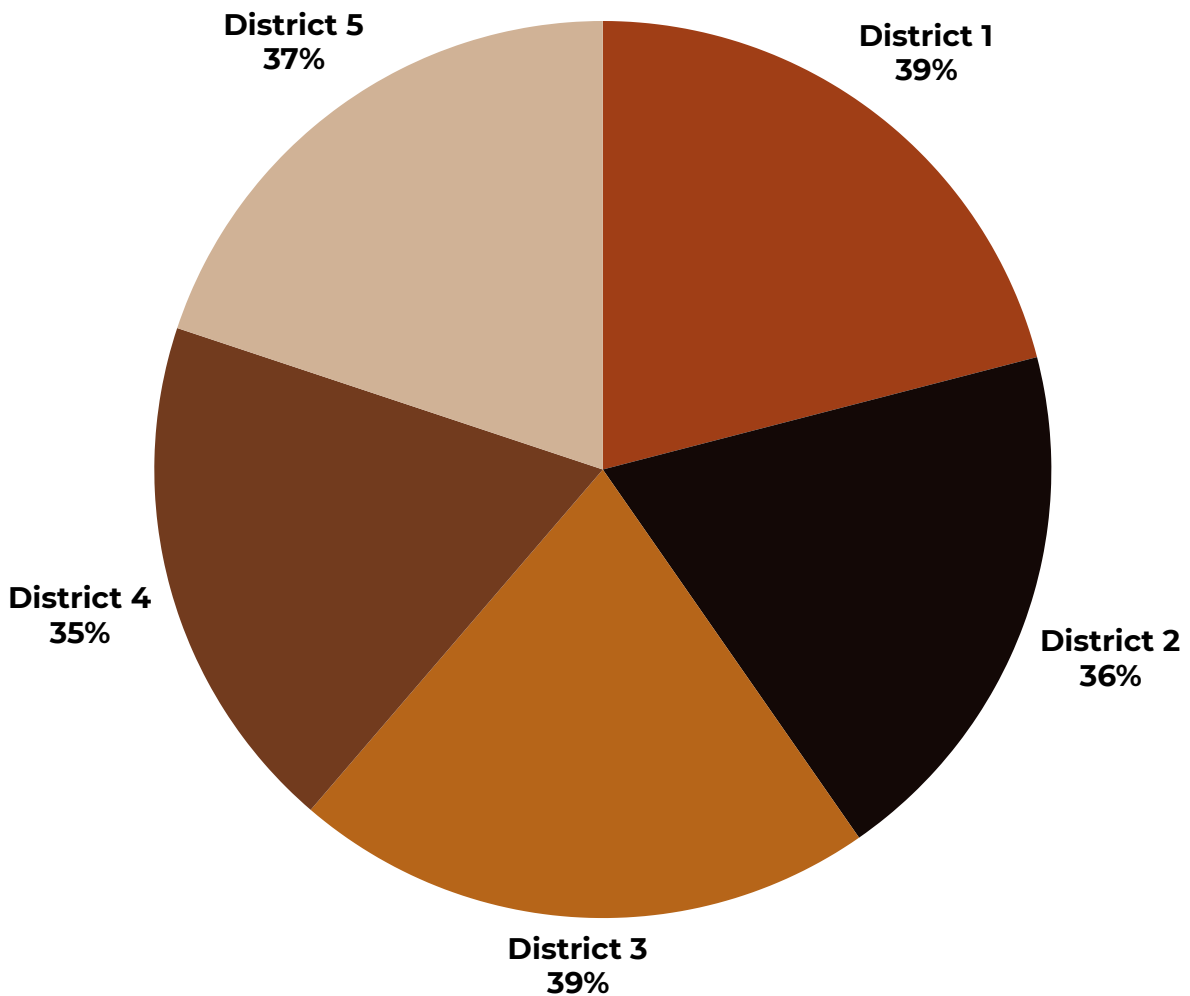
District 5
22%

District 1
20%

District 2
25%

District 3
25%

District 4
25%

Priority Groups: Men, individuals with mental health challenges, families with an IEP

# WHAT SPECIFIC WELLNESS SERVICES OR PRACTICES DO YOU FEEL ARE CURRENTLY MISSING OR WOULD BE MOST HELPFUL TO YOU AND YOUR COMMUNITY?

**Physical Health Services** ⟶ **44%**

District 5
44%

District 1
49%

District 2
42%

District 3
43%
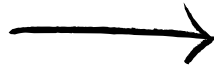
District 4
44%
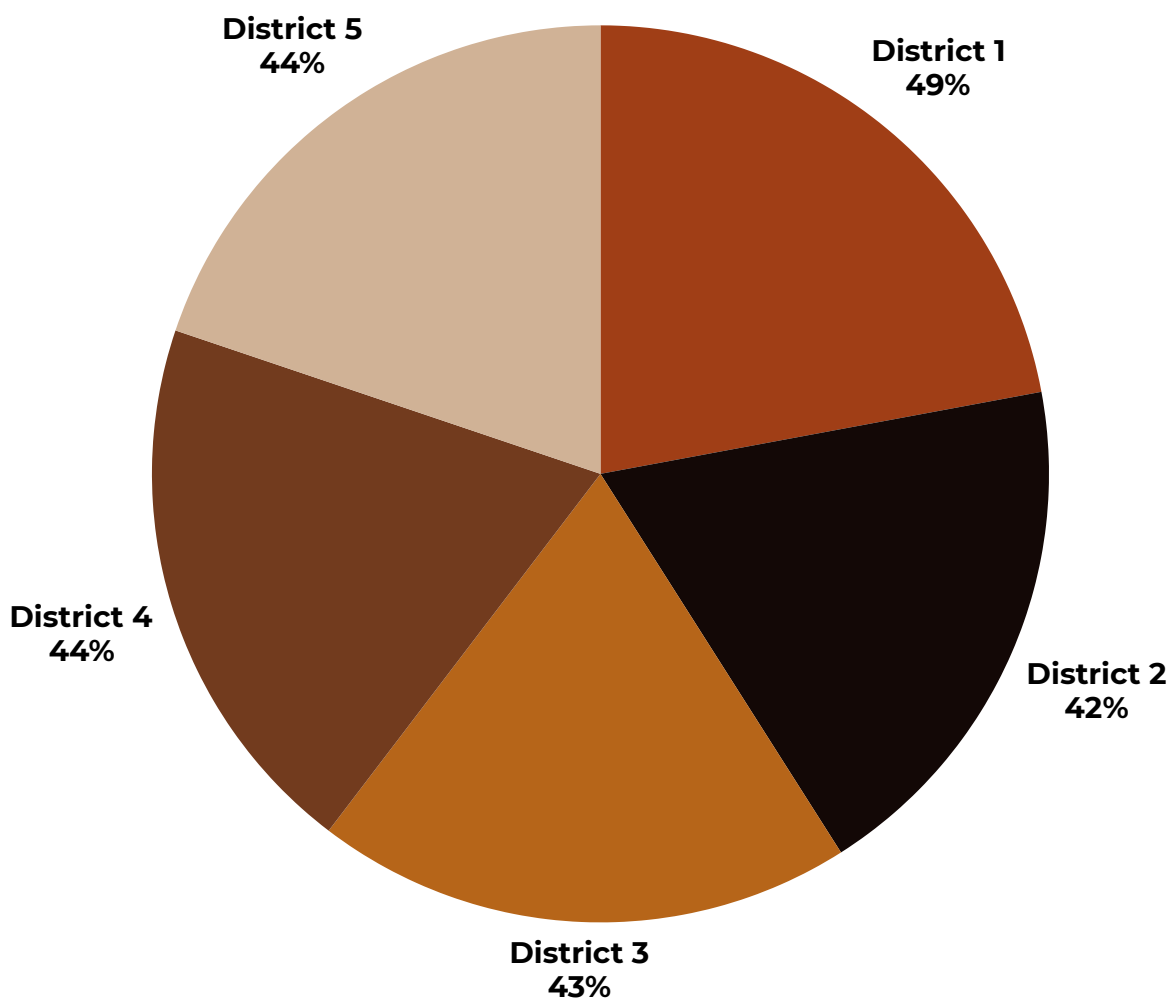
Priority Groups: Unhoused individuals, people with mental health challenges

# WHAT SPECIFIC WELLNESS SERVICES OR PRACTICES DO YOU FEEL ARE CURRENTLY MISSING OR WOULD BE MOST HELPFUL TO YOU AND YOUR COMMUNITY?

**Mental Health Support** ⟶ **40%**



District 5 38%
District 1 40%
District 2 41%
District 3 38%
District 4 41%
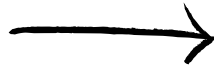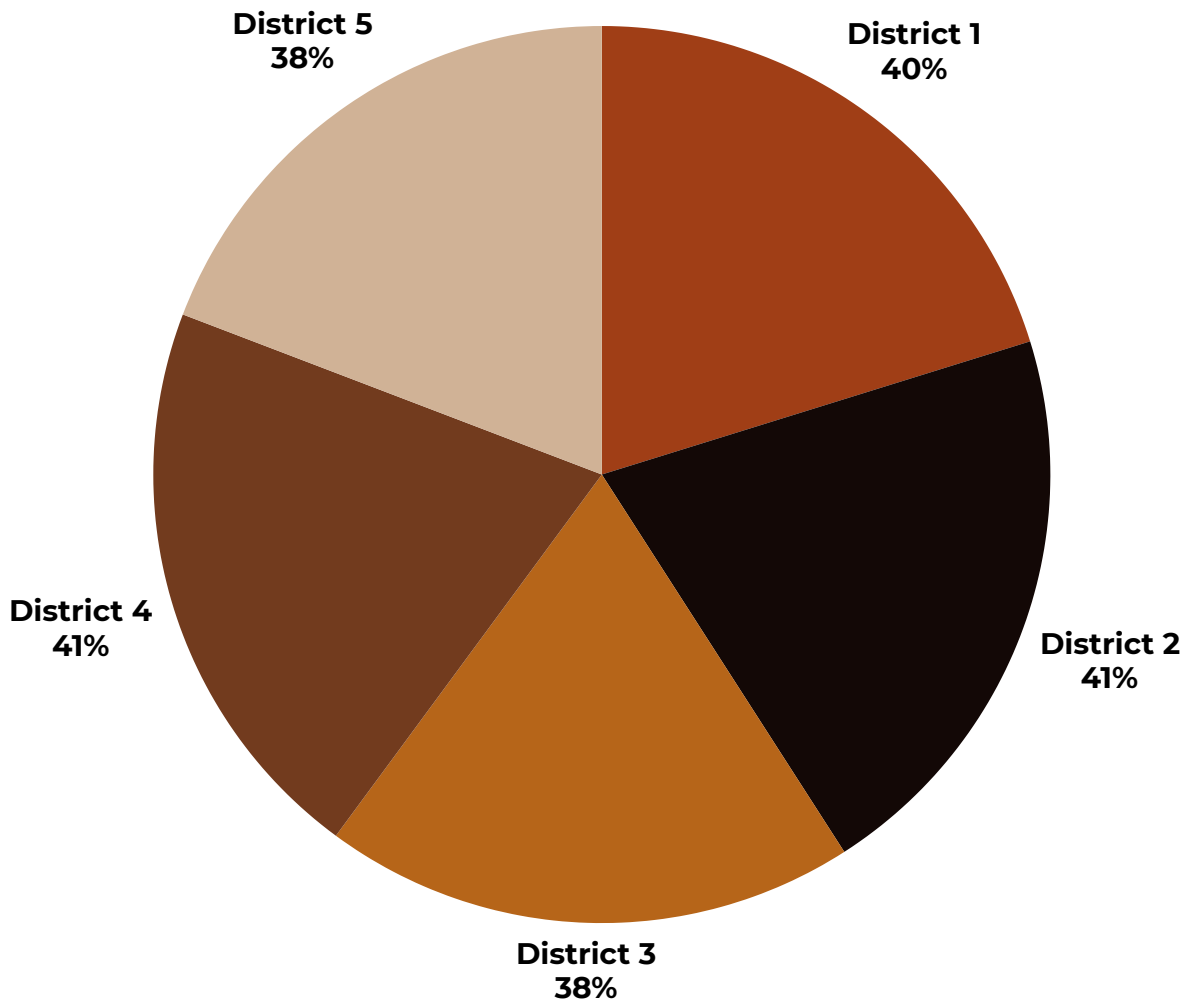
Priority Groups: Transitional Age Youth (TAY), elderly, justice-involved, unhoused, those with mental health challenges, families with an IEP, families with a history of school discipline

# WHAT SPECIFIC WELLNESS SERVICES OR PRACTICES DO YOU FEEL ARE CURRENTLY MISSING OR WOULD BE MOST HELPFUL TO YOU AND YOUR COMMUNITY?

**Employment Support and Job Training** ⟶ **38%**
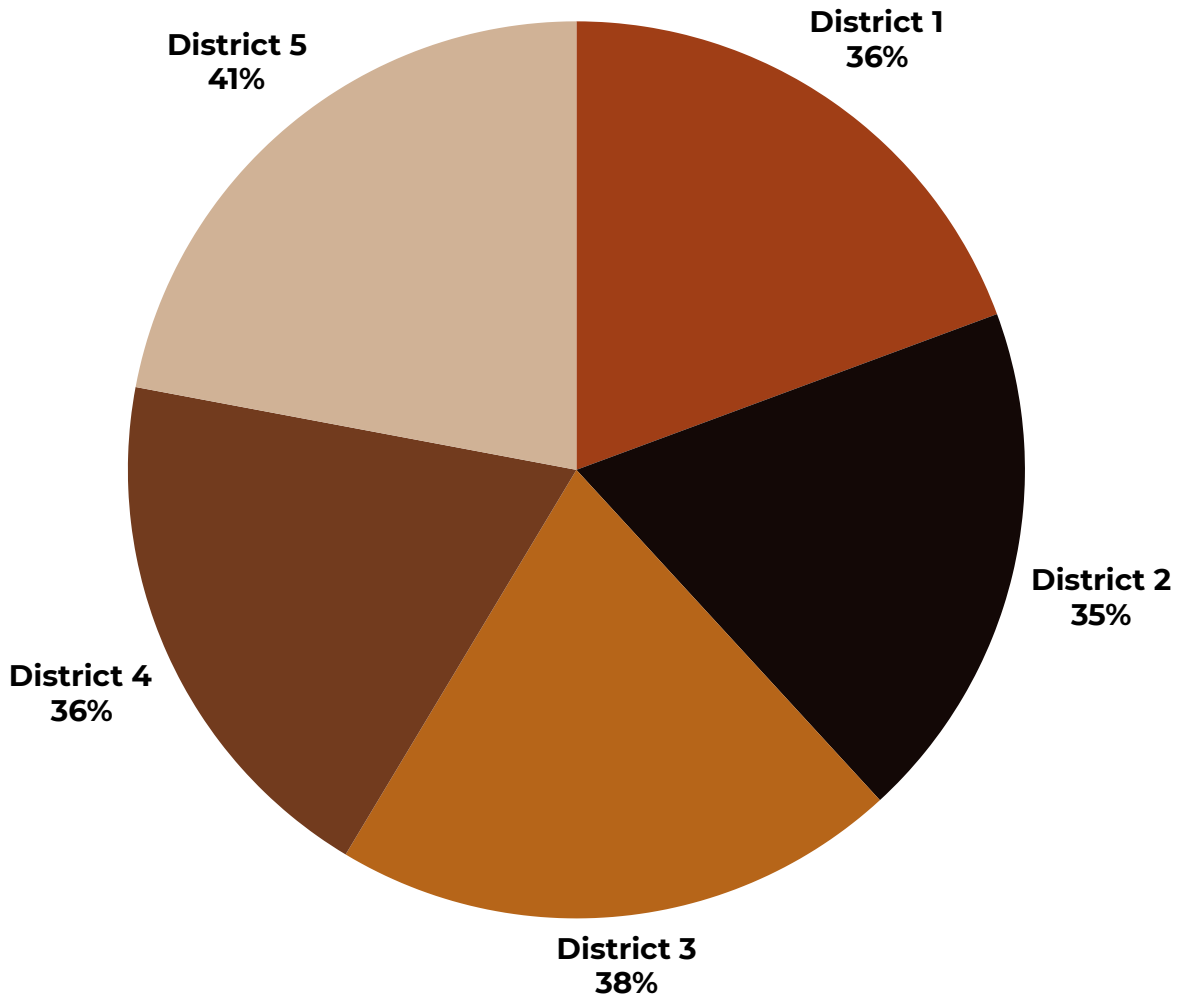


District 5 — 41%
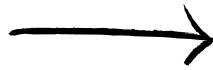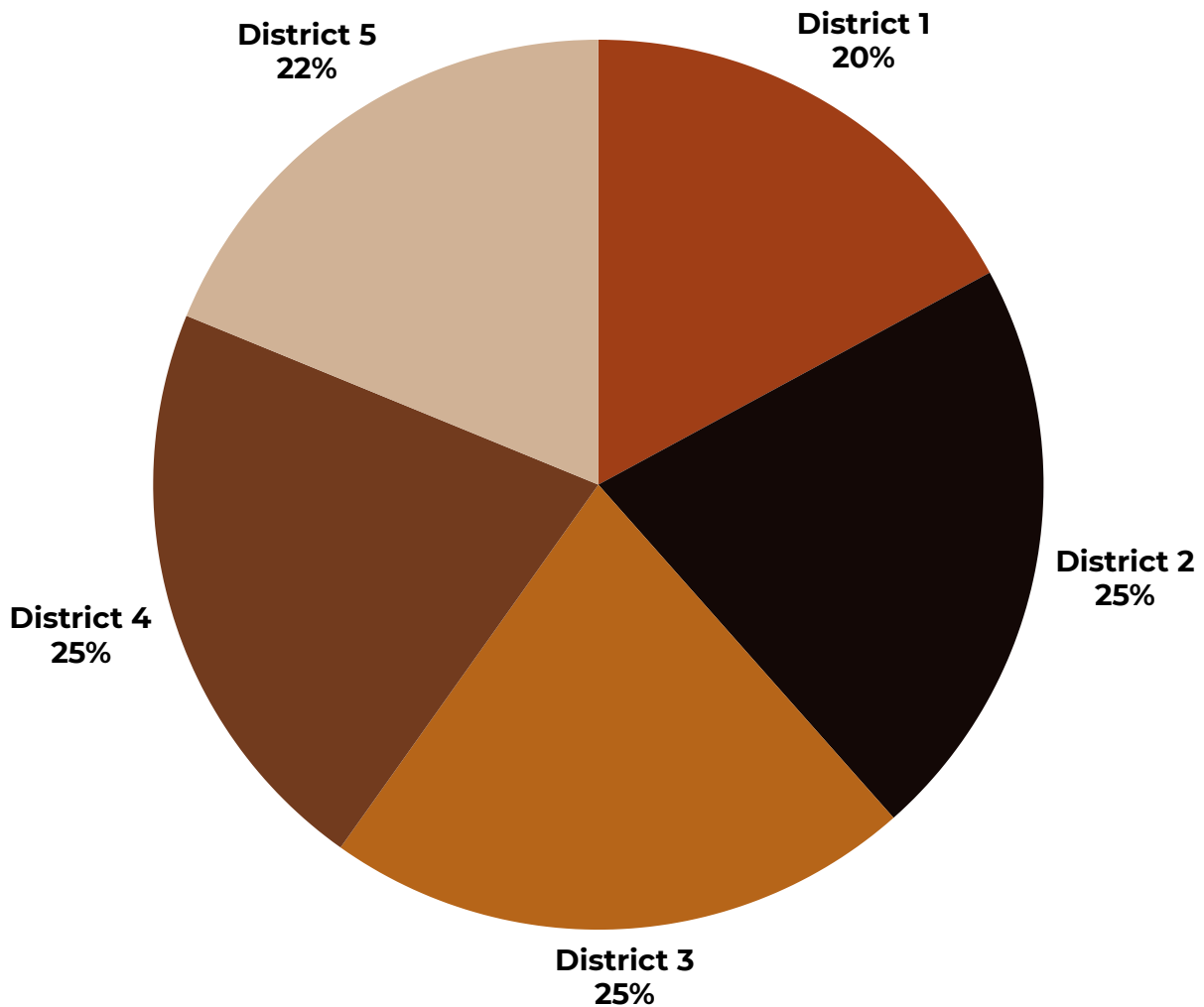District 1 — 36%
District 2 — 35%
District 3 — 38%
District 4 — 36%

Priority Groups: Men, justice-involved, unhoused, people with mental health challenges, families with an IEP, families with school-discipline history

# WHAT SPECIFIC WELLNESS SERVICES OR PRACTICES DO YOU FEEL ARE CURRENTLY MISSING OR WOULD BE MOST HELPFUL TO YOU AND YOUR COMMUNITY?

**Substance Abuse Counseling** ⟶ **28%**



District 5 — 27%
District 1 — 29%
District 2 — 29%
District 3 — 28%
District 4 — 29%
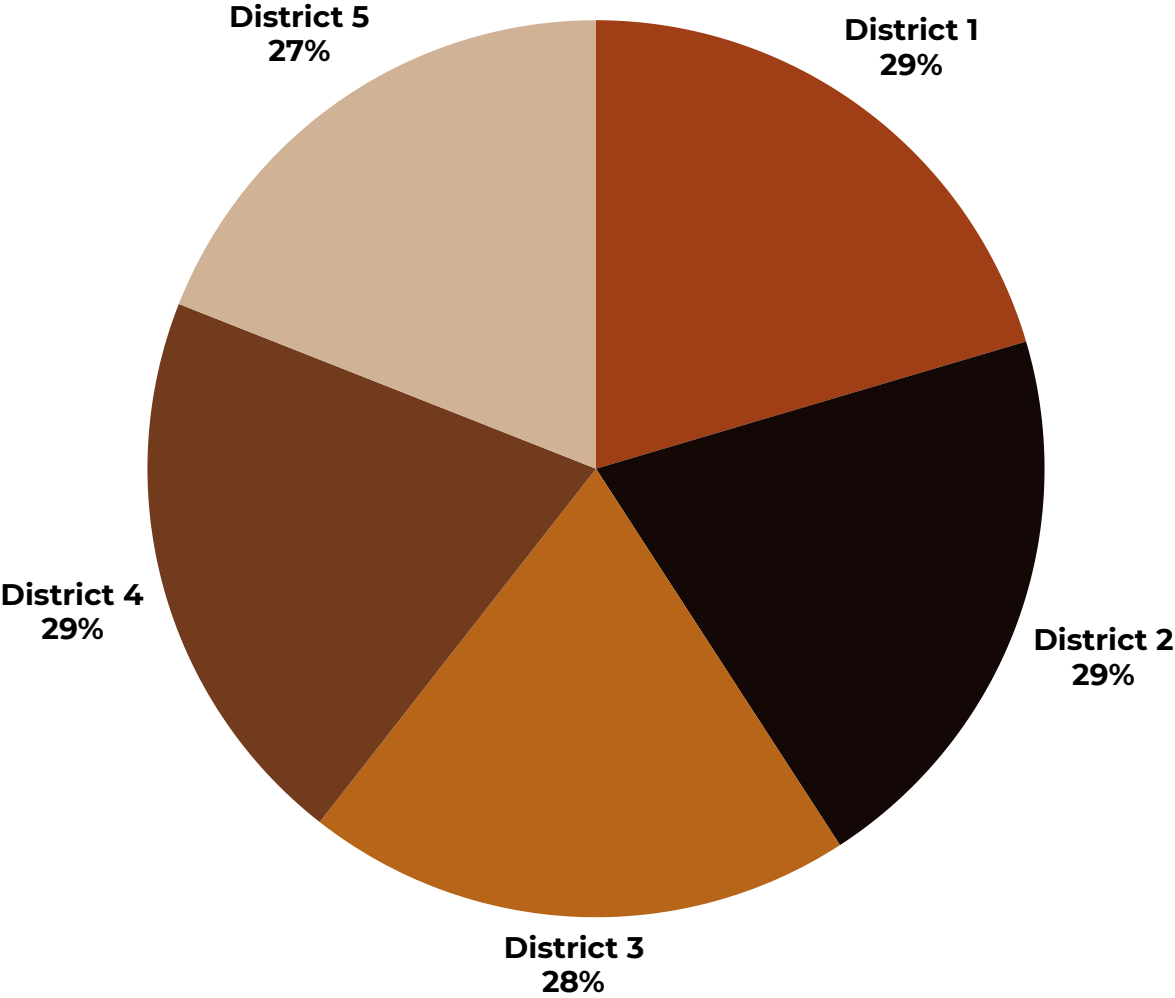
Priority Groups: TAY, justice-involved, unhoused, people with mental health challenges, families with an IEP, families with school-discipline history

# WHAT SPECIFIC WELLNESS SERVICES OR PRACTICES DO YOU FEEL ARE CURRENTLY MISSING OR WOULD BE MOST HELPFUL TO YOU AND YOUR COMMUNITY?

**Safe and Affordable Housing Services** $\longrightarrow$ **37%**



District 5
37%

District 1
37%

District 2
37%

District 3
37%

District 4
35%
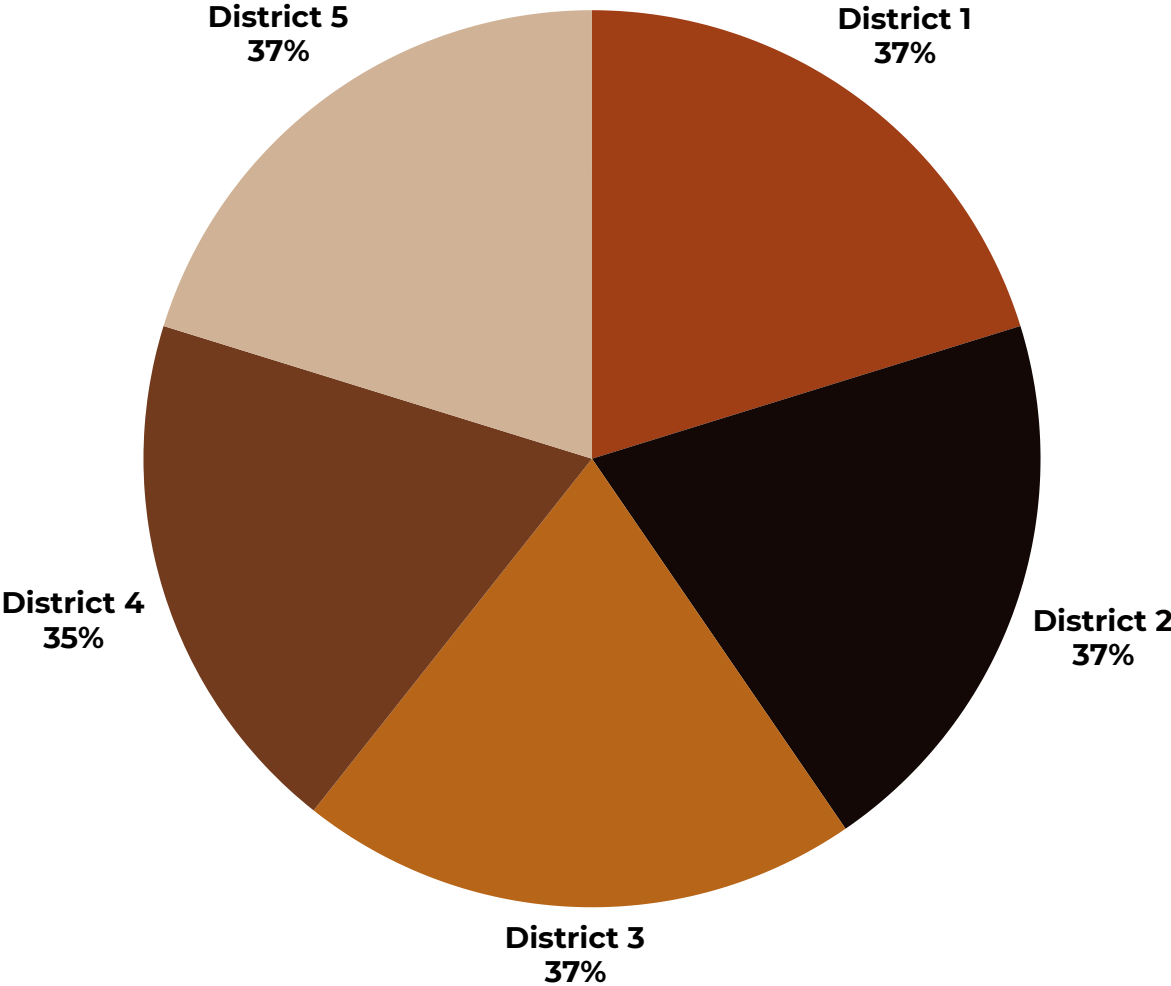
Priority Groups: Elderly, men, justice-involved, unhoused, those with mental health challenges, families with school-discipline history

# WHAT SPECIFIC WELLNESS SERVICES OR PRACTICES DO YOU FEEL ARE CURRENTLY MISSING OR WOULD BE MOST HELPFUL TO YOU AND YOUR COMMUNITY?

**Nutritional Education and Food Access Programs** ⟶ **38%**



- District 5 — 38%
- District 1 — 43%
- District 2 — 37%
- District 3 — 38%
- District 4 — 34%
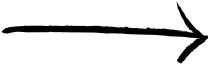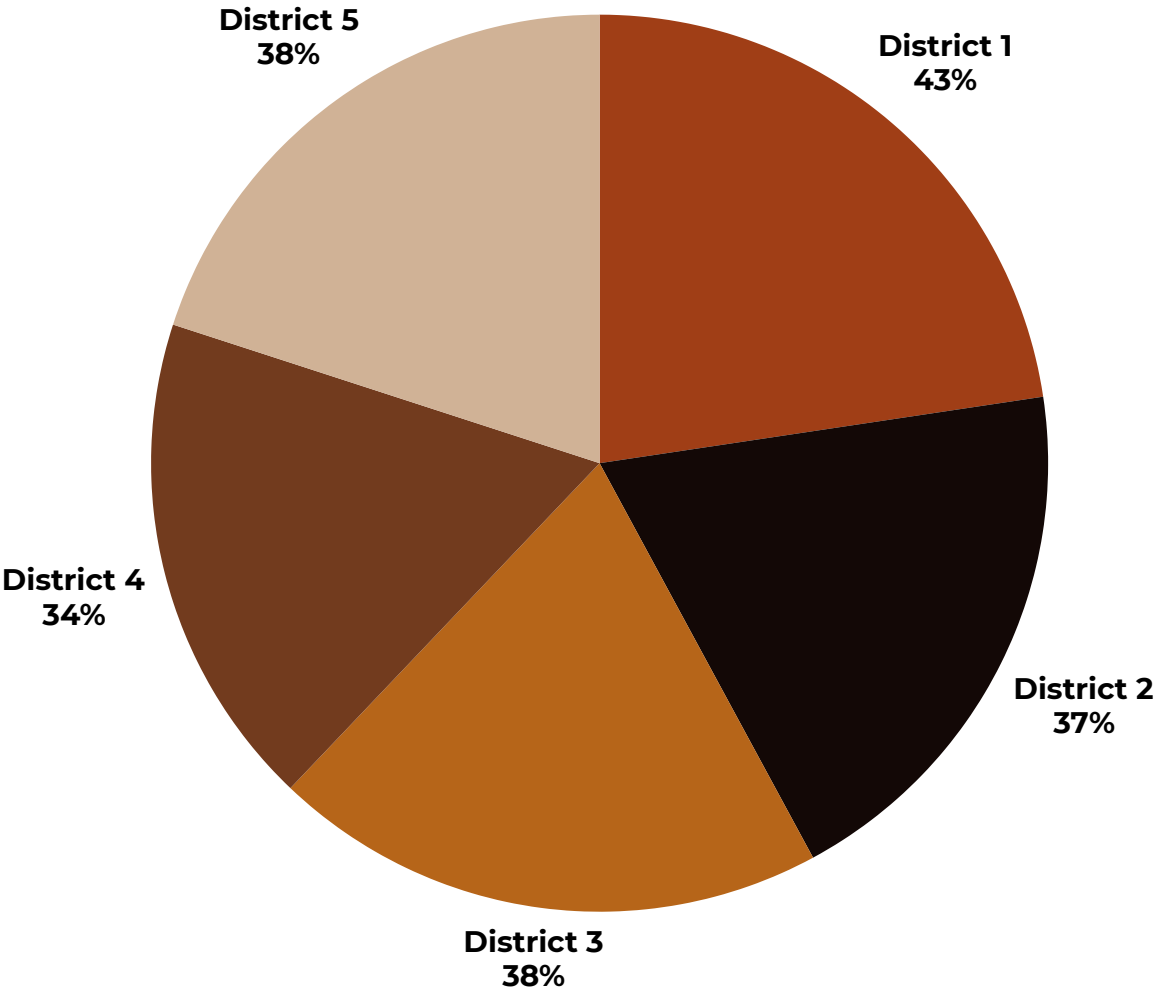
Priority Groups: TAY, individuals with mental health challenges

# FINDINGS RELATED TO THE SERVICE MODEL

## WHERE WOULD YOU PREFER THE WELLNESS HUB SERVICES TO BE OFFERED?

- One central location – 34%

- One central location with smaller hubs across the county – 26%

- Mobile or traveling services for underserved areas – 32%

- Decentralized (Scattered sites offering specific services in different areas) – 63%
    - In community centers within neighborhoods – 36%
    - Multiple locations across the county – 43%

- In Community Centers Within Neighborhoods: 39.7%

- Local Schools: 24%

- Places of Worship: 19.9%

- Online/Virtual Services: 30.9%

# IN THE NEXT FIVE YEARS, WHAT IMPROVEMENTS WITHIN THE BLACK COMMUNITY WOULD YOU LIKE TO SEE DUE TO WORK BY THE AFRICAN AMERICAN HOLISTIC WELLNESS AND RESOURCE HUB?

**Increased Safety & Reduced Violence** $\longrightarrow$ **46%**
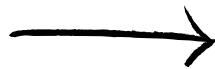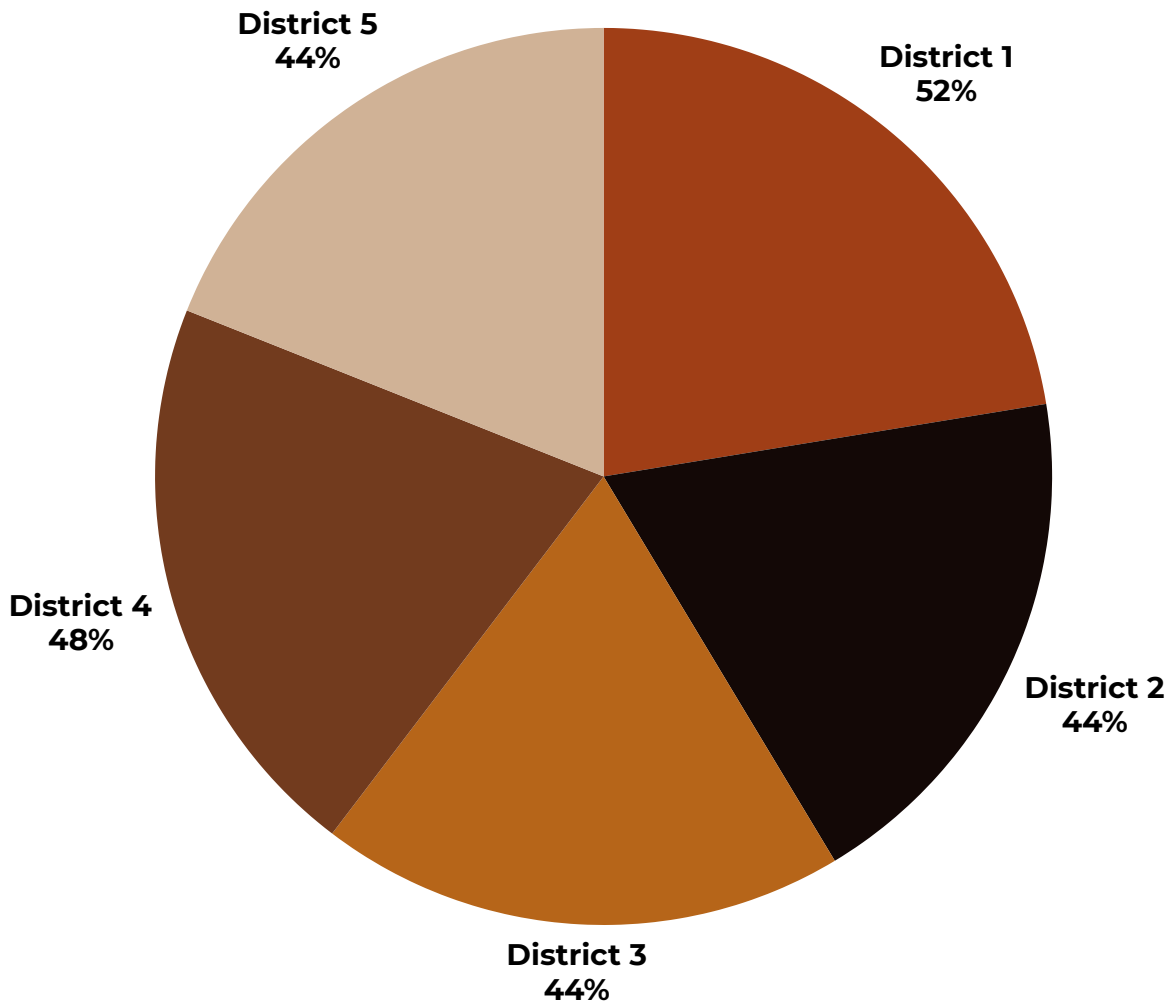


District 5
44%

District 1
52%

District 2
44%

District 3
44%

District 4
48%

# IN THE NEXT FIVE YEARS, WHAT IMPROVEMENTS WITHIN THE BLACK COMMUNITY WOULD YOU LIKE TO SEE DUE TO WORK BY THE AFRICAN AMERICAN HOLISTIC WELLNESS AND RESOURCE HUB?

**More Culturally Competent Services in Healthcare** ⟶ **43%**
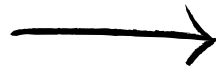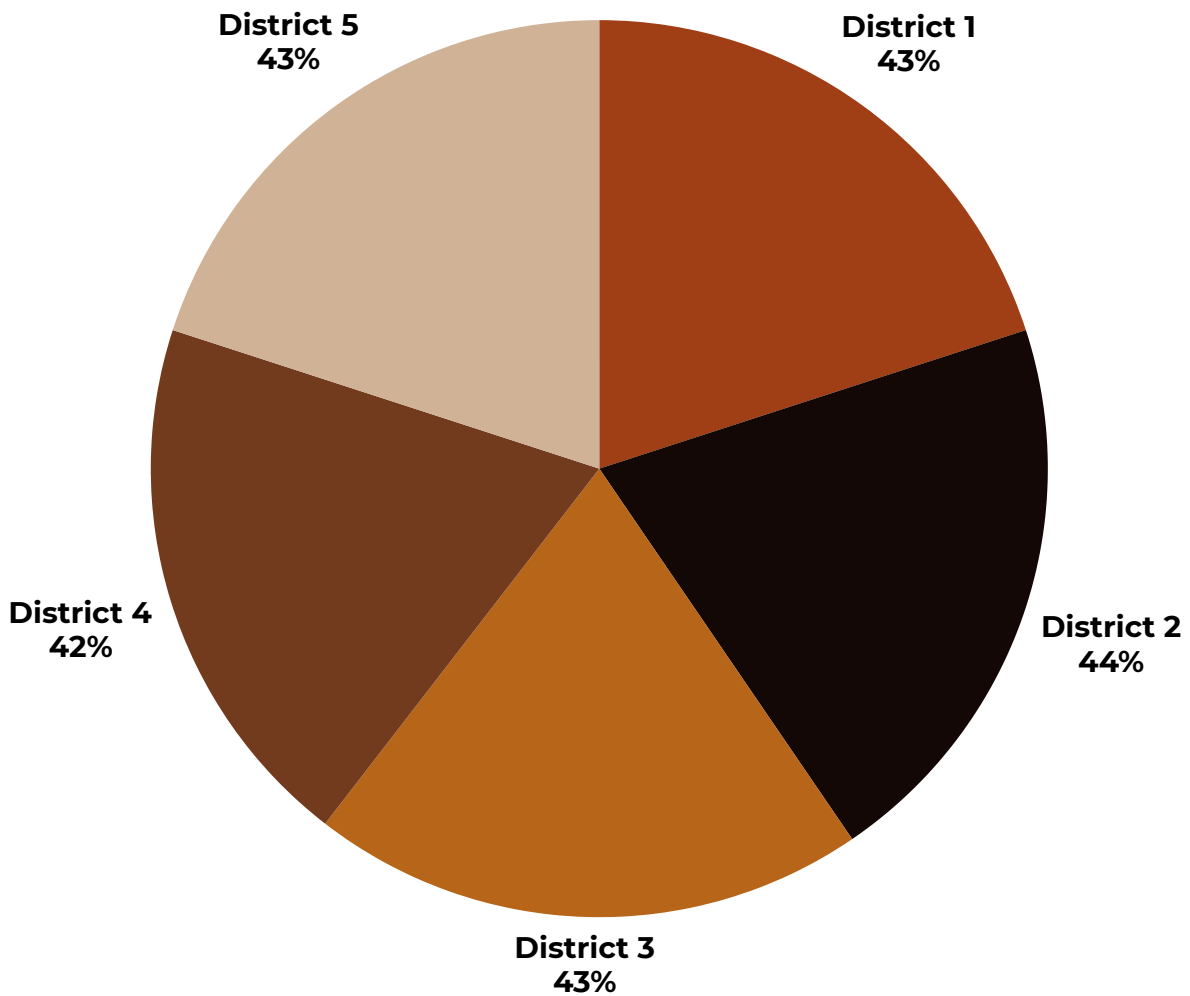


District 5
43%

District 1
43%

District 2
44%

District 3
43%

District 4
42%

# IN THE NEXT FIVE YEARS, WHAT IMPROVEMENTS WITHIN THE BLACK COMMUNITY WOULD YOU LIKE TO SEE DUE TO WORK BY THE AFRICAN AMERICAN HOLISTIC WELLNESS AND RESOURCE HUB?

**Reduced Health Disparities** $\longrightarrow$ **40%**
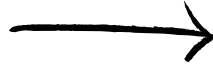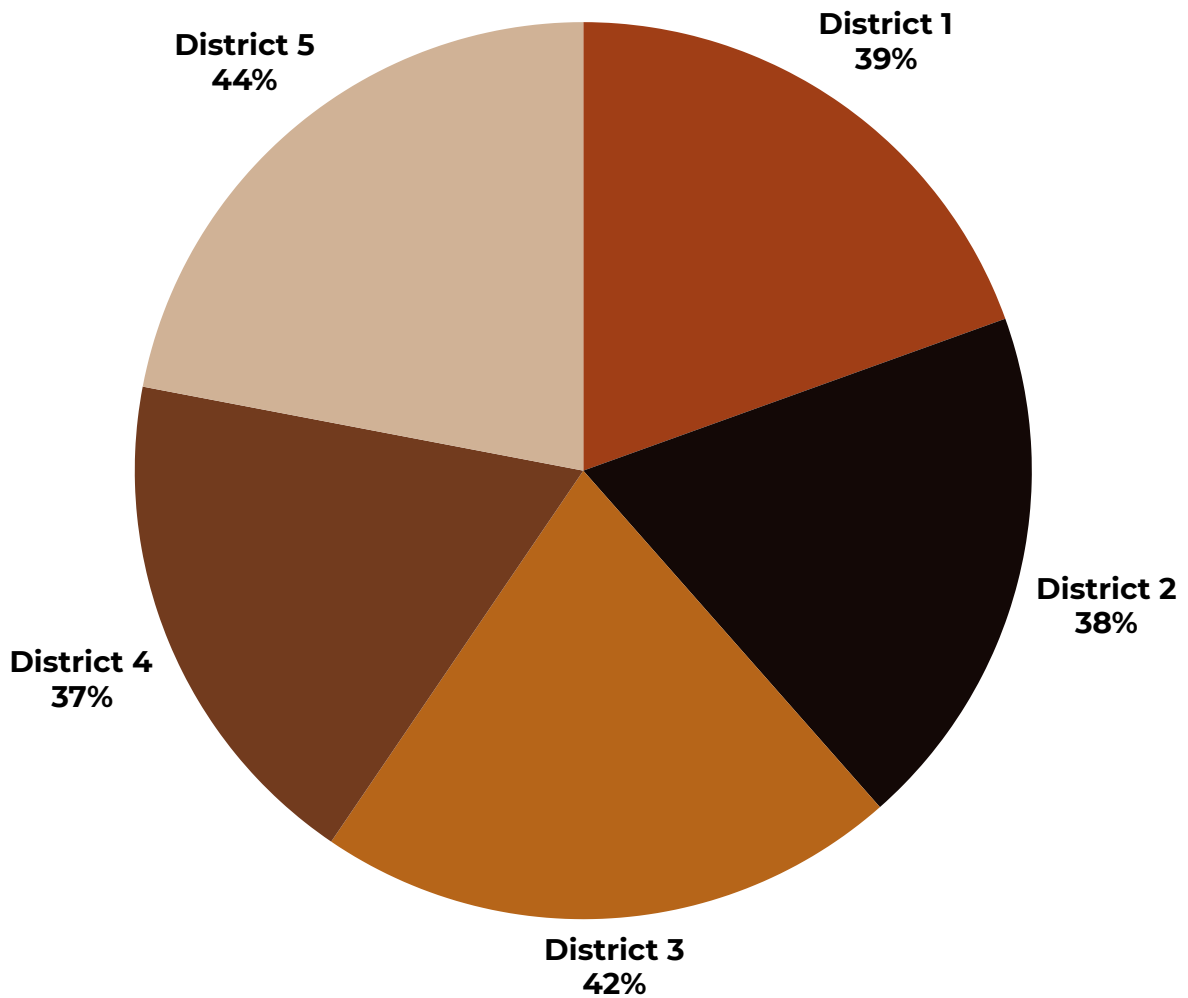
District 5
44%

District 1
39%

District 2
38%

District 3
42%

District 4
37%

# IN THE NEXT FIVE YEARS, WHAT IMPROVEMENTS WITHIN THE BLACK COMMUNITY WOULD YOU LIKE TO SEE DUE TO WORK BY THE AFRICAN AMERICAN HOLISTIC WELLNESS AND RESOURCE HUB?

**Stronger Community Connections and Collective Healing** ⟶ **45%**
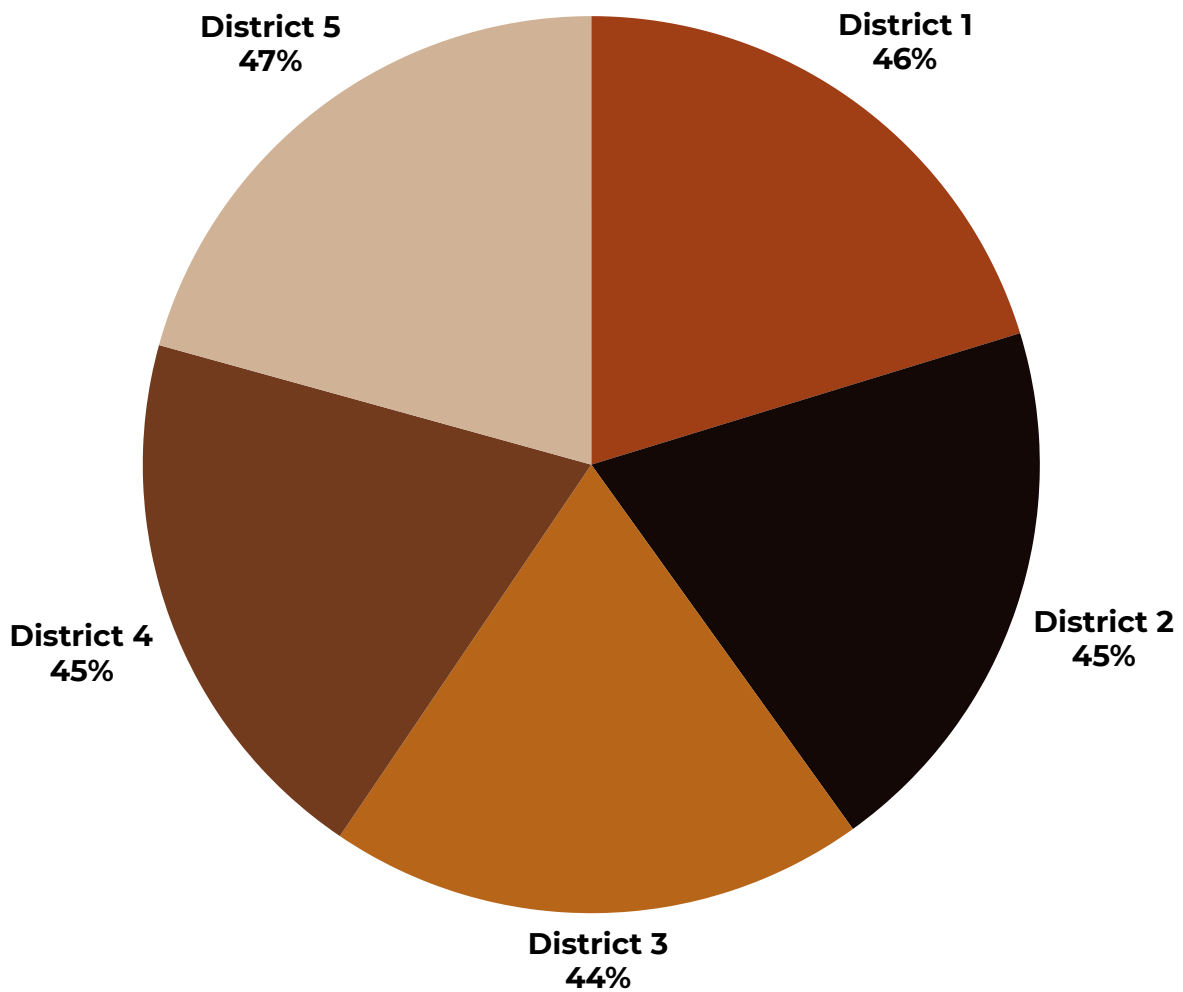
District 5
47%

District 1
46%

District 2
45%

District 3
44%

District 4
45%

# IN THE NEXT FIVE YEARS, WHAT IMPROVEMENTS WITHIN THE BLACK COMMUNITY WOULD YOU LIKE TO SEE DUE TO WORK BY THE AFRICAN AMERICAN HOLISTIC WELLNESS AND RESOURCE HUB?

**Improved Mental Health Outcomes** ⟶ **47%**

District 5
46%

District 1
50%

District 2
45%

District 3
47%

District 4
49%
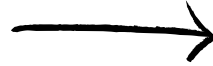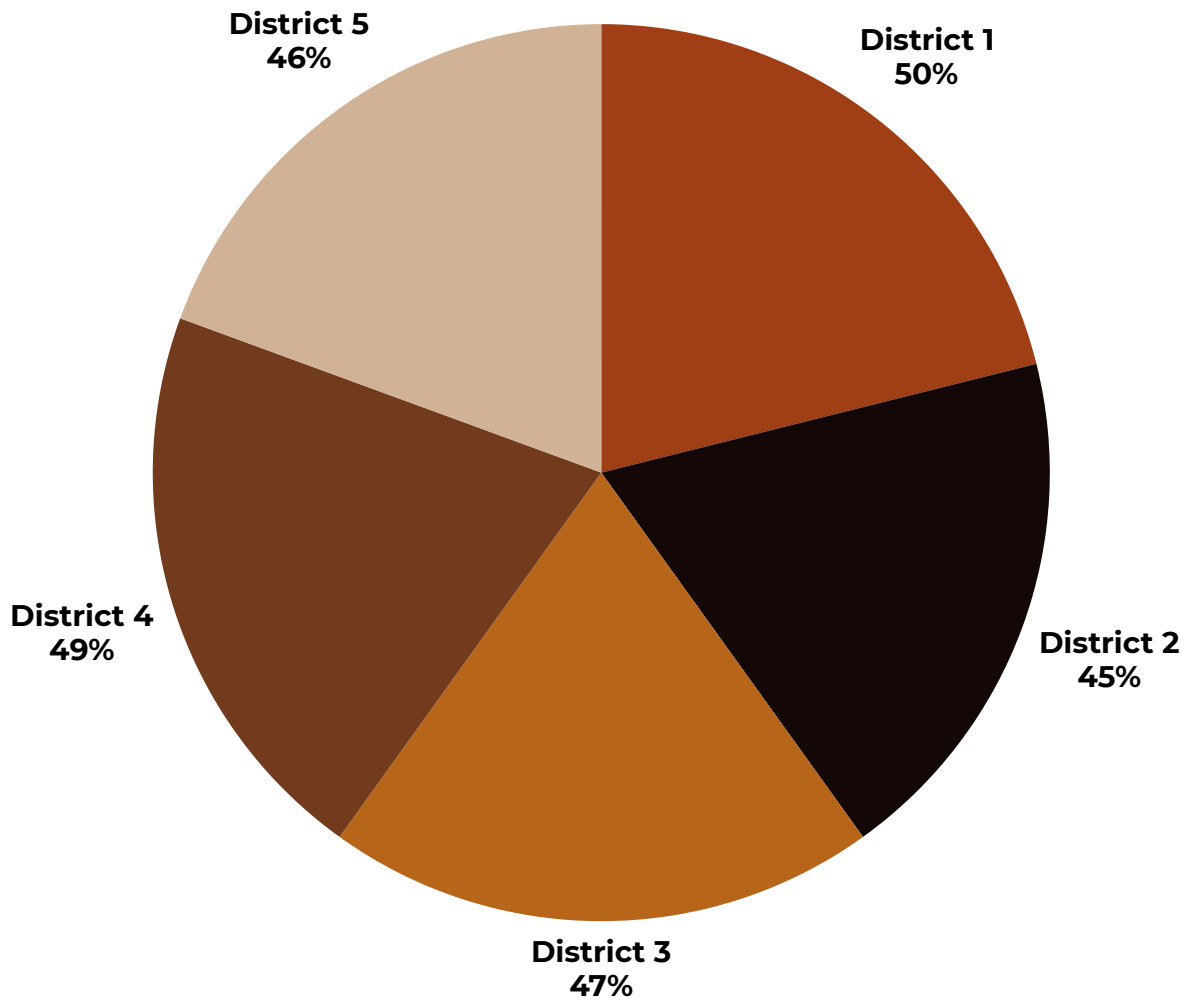
## WHICH OF THE FOLLOWING PRIORITIES SHOULD BE THE PRIMARY FOCUS FOR THE WELLNESS HUB? PLEASE SELECT ONE.

Both Personal Wellness and Collective Healing Equally → **42%**

Collective Healing → **20%**

Personal Wellness → **20%**

Direct Access to Social Services → **17%**
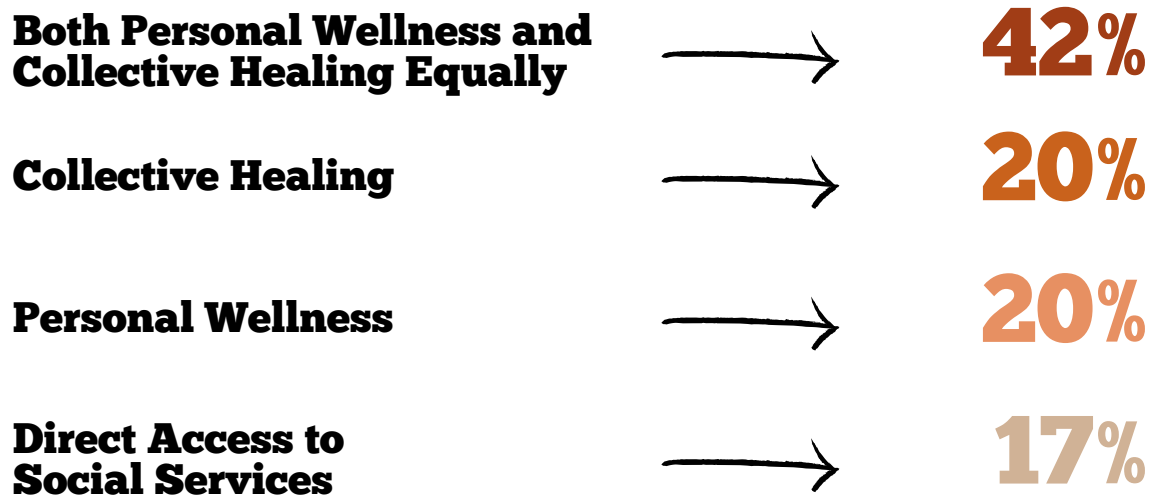
## HOW WOULD YOU LIKE THE WELLNESS HUB TO ENGAGE WITH THE COMMUNITY?

Hosting Healing and Wellness Events → **42%**

Offering Drop-in Wellness Services → **72%**

Partnerships with Local Organizations → **37%**

Regular Town Halls or Community Forums → **50%**
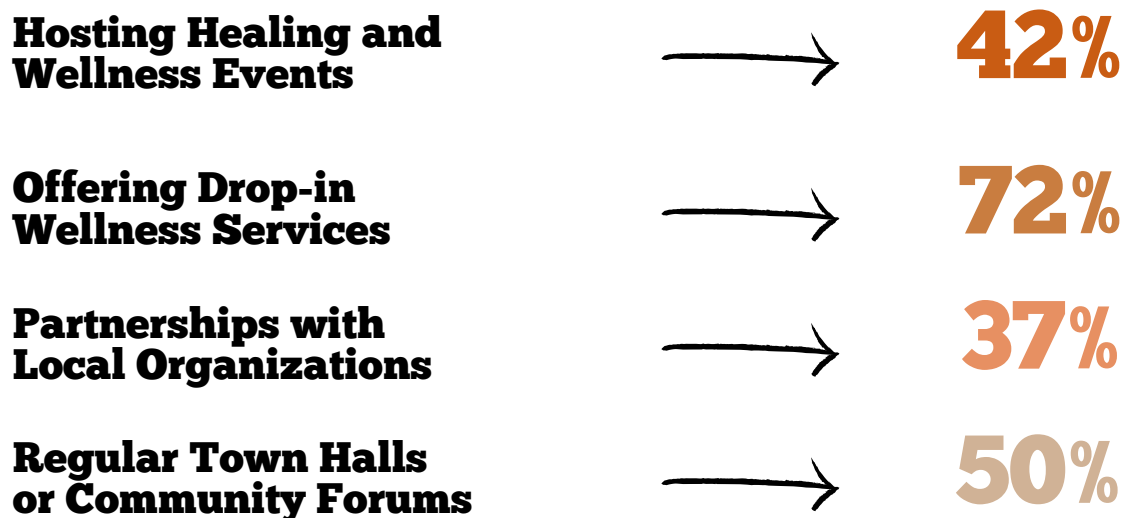
# UNDERSTANDING SPECIFIC POPULATION NEEDS

This section highlights the specific lived experiences captured on the survey. Insights help tailor resources and support systems to community needs. The findings will guide targeted, culturally responsive interventions and inform future planning for the Hub.

**Caregiving and Family Responsibilities**

- I care for a child between the age of 0-5 – 51%

- I care for an elderly family member – 35%

- My child or a child in my family is enrolled in preschool – 32%

**Education and School Challenges**

- Family member with an IEP or IFSP – 45%

- Child suspended, expelled, or arrested at school – 28%

- Seeking resources for child development and well-being – 50%

**Your Healthcare & Wellness**

- My child or a family member's child has a disability or delay – 30%

- Struggled with mental health – 36%

- Struggled with substance use – 22%

- Experienced challenges with physical health – 36%

- Difficulty accessing quality healthcare – 49%

- Difficulty accessing quality maternal or pregnancy-related care – 18%

- Experienced discrimination during pregnancy or childbirth – 12%

## Identity

- Identify as a person with a disability or differently abled – 35%

- Identify as a member of the LGBTQ+ community – 27%

- Identify as an immigrant or have immigrant status – 50%

## Legal or Systemic Involvement

- Involvement with the child welfare system – 44%

- Involvement with the criminal legal system – 30%

- Experienced police brutality or over-policing – 45%

- Currently or previously homeless/houseless – 17%

## Financial Stability and Planning

- Experienced financial instability – 74%

- Seeking family planning support – 42%

- Veteran or faced challenges accessing veteran services – 12%

The survey findings highlight critical wellness challenges and service gaps within the African American community. Housing instability, healthcare access, employment support, and mental health resources remain key concerns. The preferred model for the Hub is decentralized, ensuring services reach those in need through multiple locations and community-based approaches. This data will directly inform the development of the Hub to effectively address the needs of Black residents.

# Appendix G: District-Based Approaches to the Hub

The open-ended survey responses provided insights into how community members across Contra Costa County envision the African American Holistic Wellness and Resource Hub. These responses revealed district-specific needs, sentiments, and priorities that should inform a place-based approach to the Hub's operations.

**District 1 (Richmond, San Pablo, El Cerrito)**

**Key Needs & Priorities**

- **Strong demand for Black-led mental health services**

  - *"By the time I found a therapist who looked like me, they weren't taking new clients."*

  - *"I need a space where I don't have to explain my pain to someone who doesn't understand my background."*

  - *"There are no Black therapists in my area—at least none I can afford."*

  - *"Our people are suffering from racial trauma, and we need a community-led mental health response."*

  - *"Therapy is not just about talking; it's about being in a space where healing is possible."*

- **Concerns about safety and security in wellness spaces**

  - "We need a place that feels safe, not just another building where we have to be on guard."

  - "I should be able to walk into a community center without being watched like a criminal."

- "Good security is a must. I won't feel comfortable if the space is not protected."

- "Black kids need somewhere safe to just be themselves."

- "We need more security in our area before anything else."

- **High interest in economic empowerment**

  - **"**I applied for the same small business loan three times and was denied every time, but a white colleague got approved in one try."

  - "If we don't own anything, we don't have real security."

  - "Financial literacy should be a top priority for our people."

  - "We need programs that help us own property, not just rent."

  - "Job programs should actually lead to high-paying jobs, not just more 'training' with no outcome."

- **Calls for reparations and a Right to Return program**

  - "We need a guaranteed income program for Black people or displaced people."

  - "The city of Richmond needs reparations. Period."

  - "We need a Right to Return program so people who were pushed out can come back home."

  - "My family was priced out of Richmond, but we built this city."

  - "Give us ownership—not just services."

**District 2 (Walnut Creek, Lafayette, Orinda, Moraga, Danville, San Ramon)**
**Key Needs & Priorities**

- **Black representation in healthcare**

  - "I don't see any Black doctors in my area. It's isolating."

  - "When I go to the hospital, they assume I don't know what I'm talking about."

  - "Healthcare should include our perspectives. It's not just about treatment; it's about trust."

  - "I was misdiagnosed three times before I found a provider who listened to me."

  - "They dismiss our pain way too often. We need Black doctors."

- **Mental health awareness and stress management**

  - "Mental health is just as important as physical health, but no one talks about it in my community."

  - "Stress is killing us. We need actual resources, not just pamphlets."

  - "The Hub should include wellness workshops, mindfulness training, and mental health support."

  - "We need a space where Black men feel comfortable talking about mental health."

  - "Our youth need to see mental health as a normal conversation, not something to be ashamed of."

- **Safe and accessible gathering spaces**

  - "We need spaces that don't feel like they're watching us every second."

  - "A Black cultural center would help us build community here."

  - "I want a place where I can just exist, without constantly being reminded that I'm different."

  - "We need somewhere to connect, where our history is honored."

  - "The Hub should be a place that uplifts Black joy, not just trauma."

**District 3 (Antioch, Pittsburg, Bay Point)**

**Key Needs & Priorities**

- **Urgent need for community-based mental health intervention**

  - "They put us in a 5150 hold before they even ask what's wrong."

  - "Mental health crisis response should NOT be the police."

  - "I've been calling for therapy for months and can't get an appointment."

  - "It's like they wait until we break before they offer help."

  - "We need Black mental health providers in our schools, not just when we're in crisis."

- **Distrust in county services**

  - "They treat us like criminals when we ask for help."

  - "I stopped going to county health clinics because they don't respect us."

  - "Why is it so hard to get assistance when you're Black in this county?"

  - "We need services that don't require us to jump through hoops."

  - "We shouldn't have to prove our pain to get help."

- **High demand for economic and workforce development**

  - "They tell us to get training, but where are the jobs?"

  - "We need **paid apprenticeships**, not just another resume workshop."

  - "Our kids need business funding, not just programs that prepare them for minimum-wage jobs."

  - "We need Black-owned banks and credit unions."

  - "Our future depends on **real economic opportunity**—not just service jobs."

**District 4 (Concord, Pleasant Hill, Martinez, Clayton)**

**Key Needs & Priorities**

**Housing support and Black homeownership programs**
- "We need support for first-time Black homebuyers."

- "They redlined us out of homeownership, and now they want us to just accept renting forever."

- "I've been on every housing list and still can't get assistance."

- "Eviction protection should be part of the Hub's services."

- "We need policies that stop gentrification before it's too late."

**Civic engagement and policy change efforts**

- "We need a stronger voice in city decisions."

- "Black residents should have more say in how funding is spent."

- "Local government needs to stop ignoring Black communities."

- "Participatory budgeting should be a priority."

- "We need leadership programs that train us to advocate for ourselves."

**District 5 (Brentwood, Oakley, Discovery Bay)**
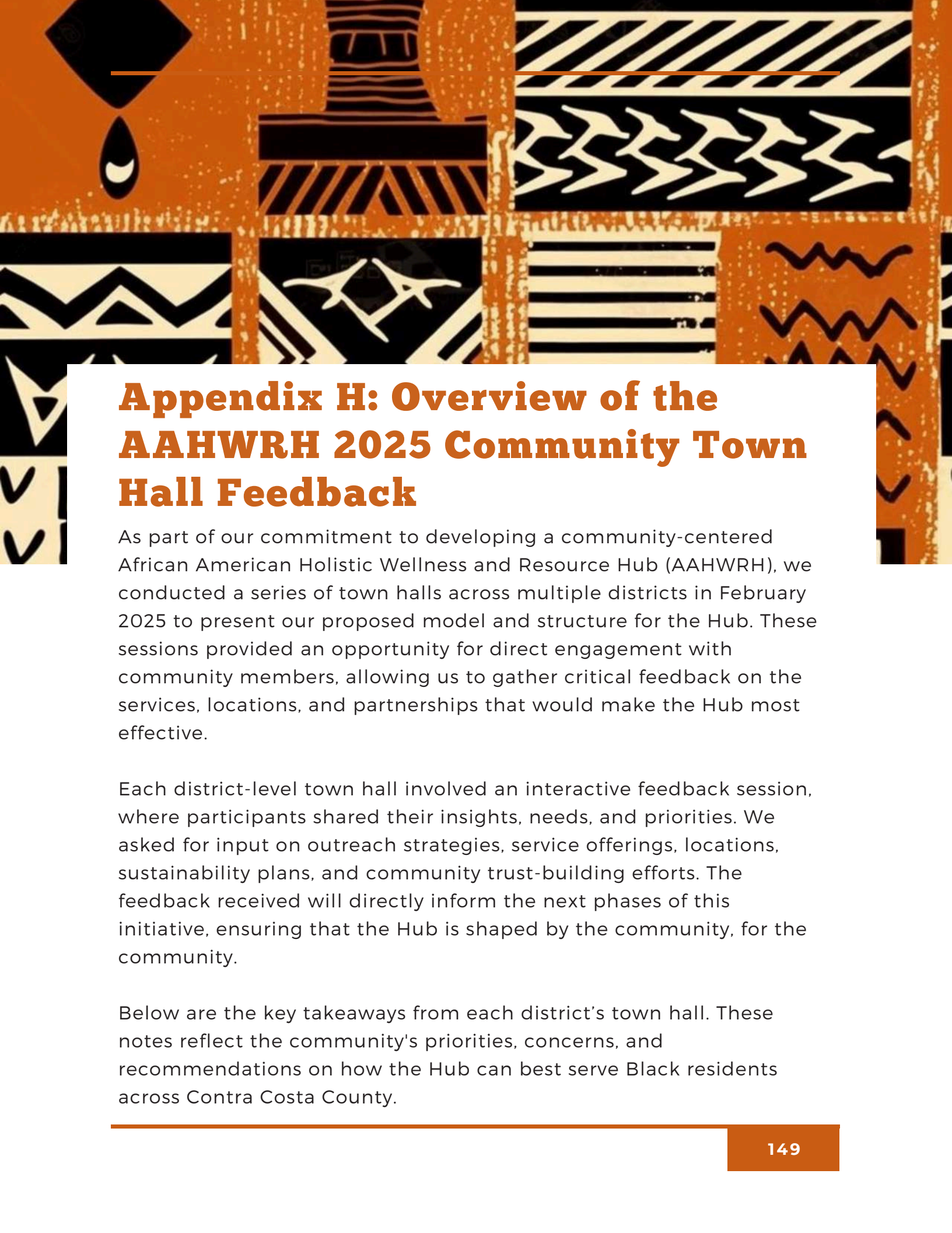
**Key Needs & Priorities**

**Cultural preservation and Black community spaces**

- "We don't have anywhere that reflects our culture here."

- "It feels like we have to travel just to be in a Black-centered space."

- "A cultural center would change the way our kids see themselves."

- "We need a place for storytelling, history, and Black arts."

- "A place for us, by us."

**Holistic health and traditional healing practices**

- "I want to see African medicine, not just Western healthcare."

- "Healing circles should be part of the Hub."

- "We need places where our healing traditions are respected."

- "Black doulas and midwives should be accessible to all."

- "Herbal medicine, yoga, and holistic health are just as important as hospitals."

# Appendix H: Overview of the AAHWRH 2025 Community Town Hall Feedback

As part of our commitment to developing a community-centered African American Holistic Wellness and Resource Hub (AAHWRH), we conducted a series of town halls across multiple districts in February 2025 to present our proposed model and structure for the Hub. These sessions provided an opportunity for direct engagement with community members, allowing us to gather critical feedback on the services, locations, and partnerships that would make the Hub most effective.

Each district-level town hall involved an interactive feedback session, where participants shared their insights, needs, and priorities. We asked for input on outreach strategies, service offerings, locations, sustainability plans, and community trust-building efforts. The feedback received will directly inform the next phases of this initiative, ensuring that the Hub is shaped by the community, for the community.

Below are the key takeaways from each district's town hall. These notes reflect the community's priorities, concerns, and recommendations on how the Hub can best serve Black residents across Contra Costa County.

**District 1:**

Outreach:

    a. More focus on and availability on entrepreneurship rather than work skills

    b. More awareness of events for the communities

    c. More preventative programs

    d. Concerned about the low % of 65+ respondents, perhaps visiting the senior centers to have more of an actual count

    e. Contact medical students who are required to do fieldwork or residency to support pop up clinics (+1)

    f. SMS subscription, access to information about sessions in a more centralized and organized location (website, mailer booklet that gets updated annually, etc.)

Proposed Locations:

    a. CalOES

    b. The black neighborhood

    c. Lifelong Medical Care

    d. Corrine Sain Senior and Family Center

    e. Hub in Richmond, collaboration with Women's cancer resource center to educate our community about screenings and cancer education

    f. Identify and engage Black therapists / mental health clinicians to be a part of it. The hub must donate or offer services on a slide scale.

    g. Near social security buildings/human resource buildings

    h. Near liquor stores and smoke shops to encourage those to consider a healthier lifestyle

Core Services:

    a. Enhanced connection to care: most agencies need a wellness coach to make appointments and follow up with participant event clients not requesting that assistance

    b. Therapies rooted in indigenous and ancestral knowledge (meditation, music and sound therapy, dance, nature/access to wilderness)

## District 2:

### Sustainability and Funding:

    a. Will the board of Supervisors support hub if elected officials change

    b. Capacity of population to be served at each Hub

    c. Match ongoing measure X commitment with private or other funding

    d. Have Black staffing

    e. Relevant advertisements to children and in school districts and community with 18–30-year-old people who seem isolated.

### Partnerships and Impact

    a. Discovery counseling center

    b. SRVDC: San Ramon Valley Diversity Coalition

    c. Transportation

    d. Diablo Black men's group

    e. Remember to check with Contra Costa County Library and Richmond Public Library

**Services and Access**

    a. Will non-Black people have access to services?

    b. A place for children to come together to socialize, learn, career, college

    c. Scholarship linking with student extracurricular activities. Having college recruiters come to diversity education fairs and tutoring for history courses in public places.

    d. Urgent service gaps

    e. Black doctors and medical professionals

    f. Mental health for children

    g. Unable to find occupational therapy for kids, UCSF impacted and unable to fund CoCo sites

    h. Challenges in D2: Small population

    i. What type of services or coverage will be provided?

    j. Youth and young adult services dealing with social advocacy and mental health

    k. Heavy communication with NAACP (even adjacent chapters like Hayward)

    l. How to prioritize services

    m. Mental/behavioral health

    n. Group therapy sessions

## Trust and community power

a. Much more training regarding racism and implicit bias to the teachers and principals. More black teachers.

b. Trust comes from providing quality services over time

c. Holding some sort of "political power" at the city level

d. Accountability board for laws and motions against diversity growth

e. Building community

f. Being courageous: conversations about race to the schools in Danville (based on book by Glenn Singleton) and to the public libraries.

**District 3:**

1. "I would like to see the Pan Hellenic Council (Divine 9) participation and input."
2. Getting ECAAT back together would be a great thing to do. It was a partnership between Sutter, Kaiser, and John Muir prior to COVID.
3. "Would love to see a centralized location that offers these services."
4. "We may want to have a balance between formal training and lived expertise when we are hiring for these positions."
5. "They need the support from people they trust to assist them. As African Americans, we are proud and don't like to share when assistance is needed."
6. "High school graduation is great but if you look at who's eligible to go to a four-year college after graduating, it's significantly lower, especially for BIPOC students."
7. "African American male influences are needed in our communities, especially to counter the positive leadership systematically removed from our communities."
8. "How are selections being made for those organizations receiving funding?"

- **List of Organizations Cited as potential partners:**

  - East Contra Costa County STRONG Funders' Collaborative

  - Lincoln Families (Community Schools Program)

  - Hope Springs Psychotherapy and Consulting (Private practice in Antioch)

  - East County Children's Mental Health Services

  - Genesis Church (Antioch, CA)

  - Delta Bay Community Church (Antioch, CA)

  - National Pan-Hellenic Council (Divine 9)

**Lift Up Contra Costa Co-Hosted Town Hall at Delta Bay Church (District 3):**

1. **Outreach**
   a. The street teams mentioned today: do they know the communities they are reaching out to?
   b. Please consider hiring practices and procedures that create a level playing field for impacted people with past convictions.

2. **Locations and Partners**
   a. Sometimes you need to start small, then grow later Delta Bay may be start
   b. Introductions to trades and apprenticeship programs, expungement and record sealing, life skills workshops
   c. District 5 location
   d. The approach should include: local churches and minority organizations via RFP process
   e. Delta Bay church, 10 classrooms (8,000 square feet available) ASAP

3. **Core Services**
   a. Delta Bay downstairs offices
   b. Support for justice impacted youth. Adults attend court hearings and help gather letters of support
   c. Assist black parents who have IEP/School board meetings
   d. Midnight Basketball (10-18 youth and 19-29 adults)
   e. Listening ear: some to assist you in going to the Doctor
   f. Senior Day care: place for seniors to socialize

### 3. Core Services

a. The county does not have a diversity friendly hiring process or retention. It does not recognize culture

b. Trauma healing services

c. Financial literacy services

d. Intergenerational services to share trades, experiences, healing

e. CCC does not have many department leaders, there are signs that say being under the county will perpetuate the harm

f. Health care screenings

g. Financial planning

h. Health and job assessment

i. Mental health

j. Therapy

k. Women's group

l. Medical assistance

m. Resource education

n. Senior support

o. Doulas

p. Urgent care

q. Re-entry program for released inmates

r. Housing assistance

s. Legal aid

t. IEP consultants

u. General practitioners

v. Dental assistance

**District 4:**

1. Core Services

   a. Financial services

   b. Thrift store where people can donate/pick up clothes, shoes, blankets, toiletries

   c. Food pantry and garden

   d. Fitness classes

   e. Social clubs where people feel welcome (knitting, music, baking, cooking, book club, etc)

   f. Youth-led serving programs and efforts

   g. Black parenting groups

   h. Laundromat

   i. Medicinal plant teaching

   j. LGBTQ services

   k. Name change clinic

   l. Therapy

   m. Support groups

2. Locations:

   a. Close to BART/public transportation

   b. Close to parks/libraries or where folks already congregate

   c. Utilizing spaces already built (dead malls, shopping centers, etc.)

**District 5:**

1. **Core Services**
   a. Services that educate on food/nutritional impacts and environmental impacts on long term health
   b. Tech skill development
   c. Vocational skill building for trade and hobby
   d. Financial literacy at multiple levels (for those starting out, for those mid-careers, for those preparing for retirement)
   e. Mental health including medical health
   f. Talk therapy
   g. Dance
   h. Intergenerational programming
   i. Levels of need varies. If it identified as low/moderate income, a single parent won't see the hub as a resource need happens, all struggles are not equal.
   j. Financial bridge to interrupt predatory lending. Something families have a short term need to get to pay day. Possible solution: short term 0% interest loan or family grant program with eligibility (2x annually), include a way to donate and get a grant person
   k. Tools and support for monitoring health conditions from home
   l. Education opportunity for community to be trauma-informed (workshops, seminars and trainings)
   m. Provide case management and housing locators
   n. Housing
   o. Better navigation with medical services/CalWORKs program
   p. Education and support for new parents
   q. Immediate support for individual in mental health crises
   r. Provide a positive atmosphere for our youth because they are the future
   s. Support for the elders
   t. Clinic: health screenings for hypertension and diabetes
   u. Free or low-cost workout classes
   v. Massage therapist
   w. Activities for the youth
   x. Black therapist/counselors
   y. Free/low-cost health care services
   z. Housing resources
   aa. Elderly care
   ab. Job center (help people find jobs)
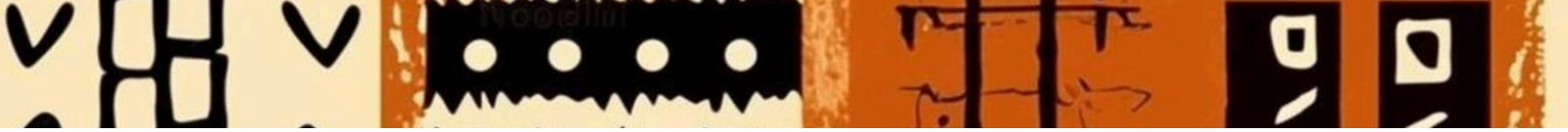
## 2. Outreach

a. Foster youth services -THNAK YOU

b. College services

c. Self-love classes

d. Stress management workshops and mindfulness training.

e. Workshops on understanding health insurance, navigating the
health care system, advocating for personal/primary health needs.

f. Mobile benefits

g. Team to access

h. Approve applications and process benefits

i. Substance use treatment center

j. Political education for black people but make it plain

k. Credit repair and money management classes

l. Bay Point is part of D5 but always forgotten

m. Need outreach services

n. For outreach services, we need crises intervention on the streets

o. Street team and provide case management and housing locators

# Appendix I: Countywide Racial Disparities in Contra Costa County

Countywide data from the California Community Burden of Disease and Cost Engine, Cal-ViDa Death Data, and related sources provide critical context for understanding persistent racial disparities in Contra Costa's health outcomes. These disparities are not abstract—they show up in real-time mortality patterns, particularly among Black residents. Even in cases where raw numbers are suppressed due to low counts, the repeated appearance of Black residents in high-burden categories speaks volumes about the depth of structural harm.

This data is essential to foreground the urgency of the African American Holistic Wellness and Resource Hub. It helps anchor the Hub's place-based and culturally specific design in public health evidence. For instance, when deaths among Non-Hispanic Black/African-American infants, middle-aged adults, and elders appear at disproportionately high rates, it signals urgent system failures across generations. These insights strengthen the case for targeted maternal care, elder services, and trauma-informed mental health support—designed by and for the communities most impacted.

Countywide mortality data also helps identify where and for whom interventions should be deployed. The racialized geography of preventable death underscores the need for place-based health equity strategies that prioritize East and West County neighborhoods, where health disparities are most concentrated. Finally, this data provides a foundation for accountability. As the Hub is implemented, these baseline metrics will allow the county and community leaders to track progress over time—measuring whether investments are truly reducing racial disparities in mortality, access, and quality of care.

In short, countywide data isn't just background—it's a diagnostic tool, a policy justification, and a public mandate for immediate, equity-centered action.

# FIGURE 1: LEADING CAUSES OF DEATH BY RACE/ETHNICITY AND AGE IN CONTRA COSTA, 2023



Leading Causes of Death by Race/Ethnicity and Age in Contra Costa, 2023

| | Black | | White | |
|---|---|---|---|---|
| Ranking | 55 - 64 | 65 - 74 | 55 - 64 | 65 - 74 |
| 1 | Drug overdose | Ischemic heart disease | Ischemic heart disease | Ischemic heart disease |
| 2 | Ischemic heart disease | COPD | Alcohol-related | Lung cancer |
| 3 | * | Stroke | Drug overdose | COPD |
| 4 | * | Lung cancer | Suicide | Stroke |
| 5 | * | Other cancers | Lung cancer | Hypertensive heart disease |
| | 55 - 64 | 65 - 74 | 55 - 64 | 65 - 74 |

Legend: Cancer | Cardiovascular | Injury | Other Chronic

*Data suppressed due to small numbers

# FIGURE 2: LEADING CAUSES OF DEATH FOR AFRICAN AMERICANS ACROSS THE LIFE COURSE IN CONTRA COSTA COUNTY, 2023



2024 Death Rate per 100,000 by Race/Ethnicity in Contra Costa County
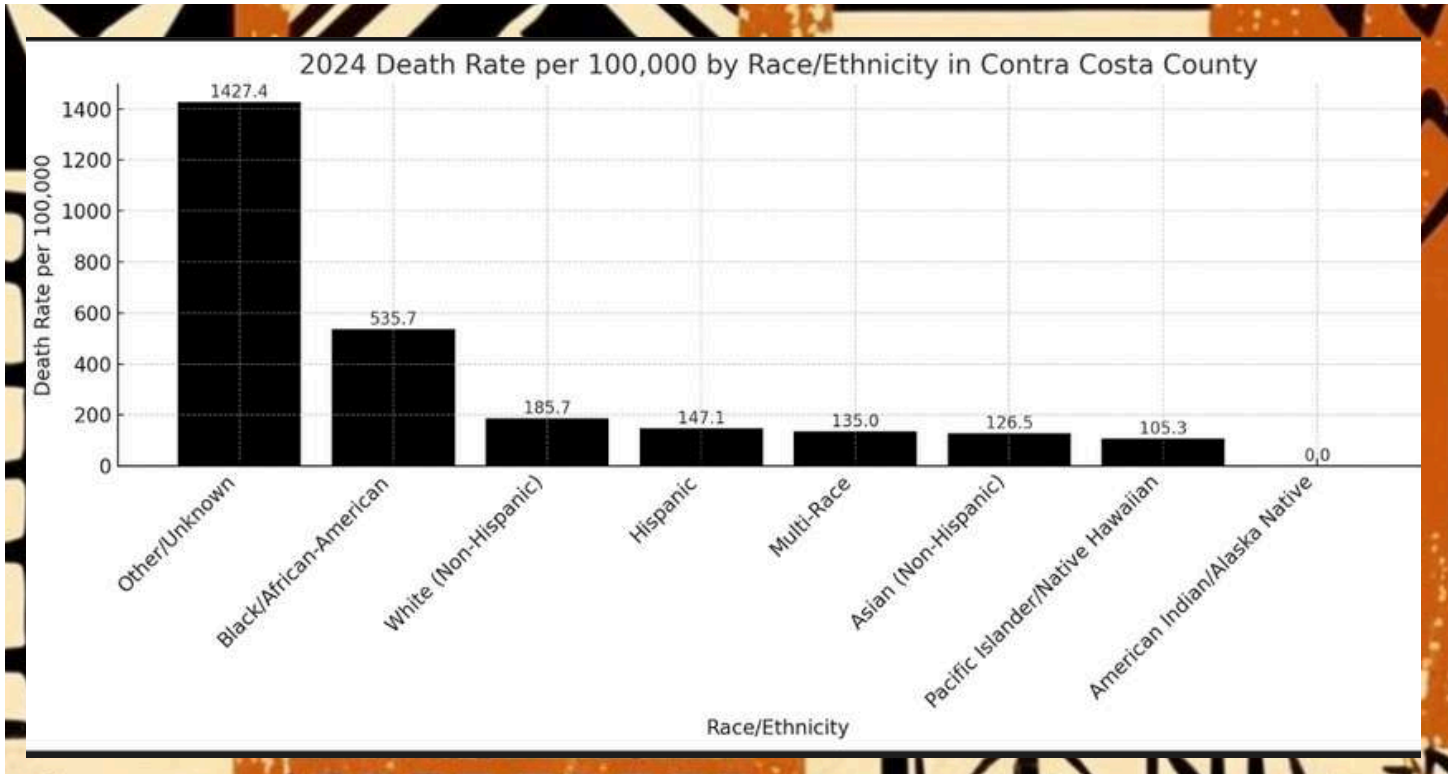
The chart above illustrates the stark racial disparities in mortality rates across Contra Costa County in 2024. Despite comprising just 9.3% of the county's population, Black residents accounted for a disproportionately high number of deaths, with a death rate of 535.7 per 100,000—the highest among all racial and ethnic groups in the county. In contrast, White residents experienced a death rate of 223.4 per 100,000, and Asian residents had a rate of 209.4 per 100,000. This discrepancy cannot be explained by population size alone. These rates reflect deeper structural issues—systemic racism in healthcare, underinvestment in preventative care, disproportionate exposure to chronic stress and environmental harm, and the long-term impacts of incarceration, poverty, and displacement. The data confirms what community members have been voicing: Black residents in Contra Costa are dying earlier and more frequently due to preventable conditions, and they are doing so in a system that routinely fails to respond to their needs with care, access, or equity.

# FIGURE 3: COMMUNITY RANKING OF AGE-ADJUSTED DEATH RATE IN CONTRA COSTA, 2019-2023
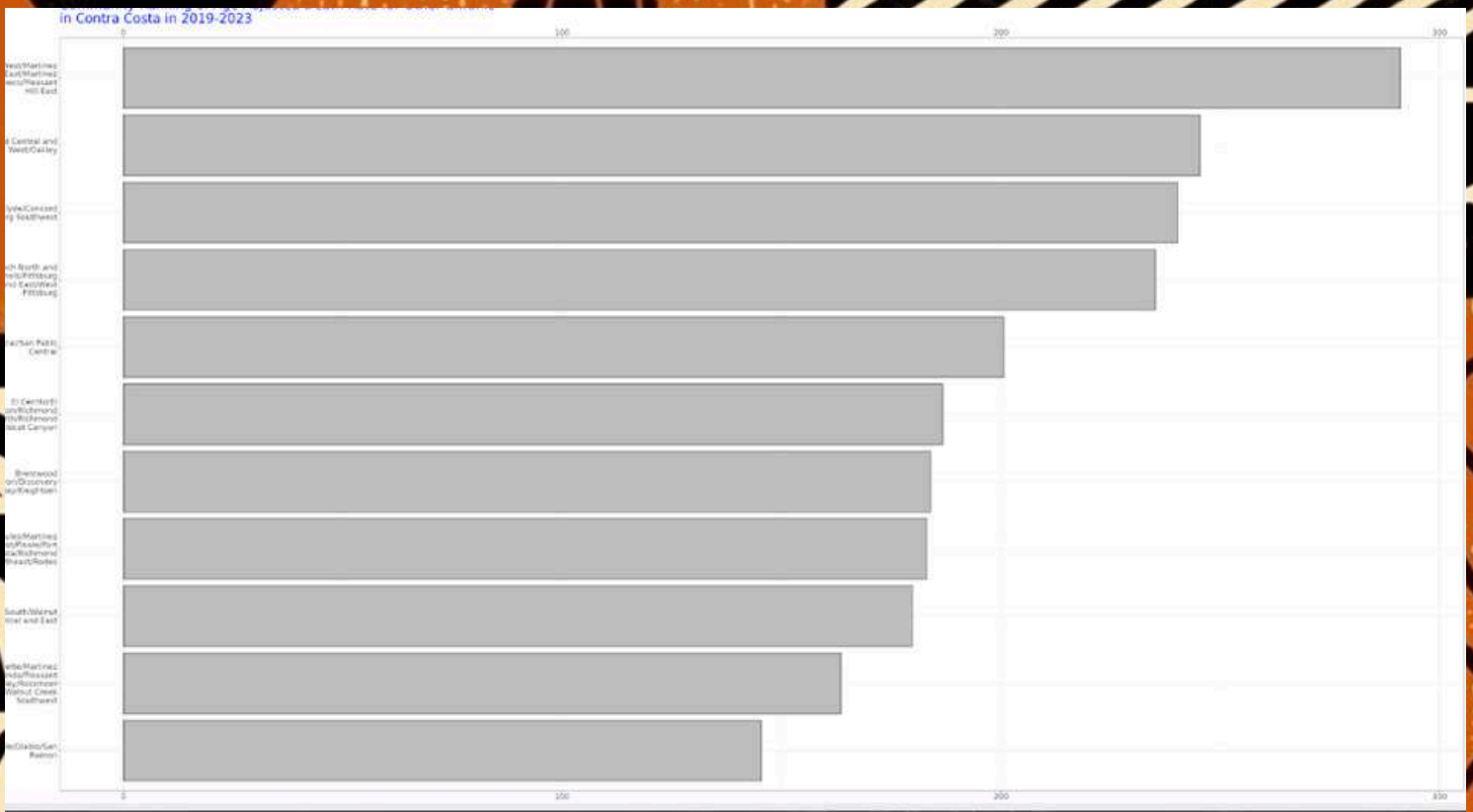
# FIGURE 4: TREND IN AGE-ADJUSTED DEATH RATE OF ALL CAUSES IN CONTRA COSTA, 2000-2023



Trend in Age-Adjusted Death Rate of All CAUSES in Contra Costa by RACE/ETHNIC Group*, 2000-2002 to 2021-2023
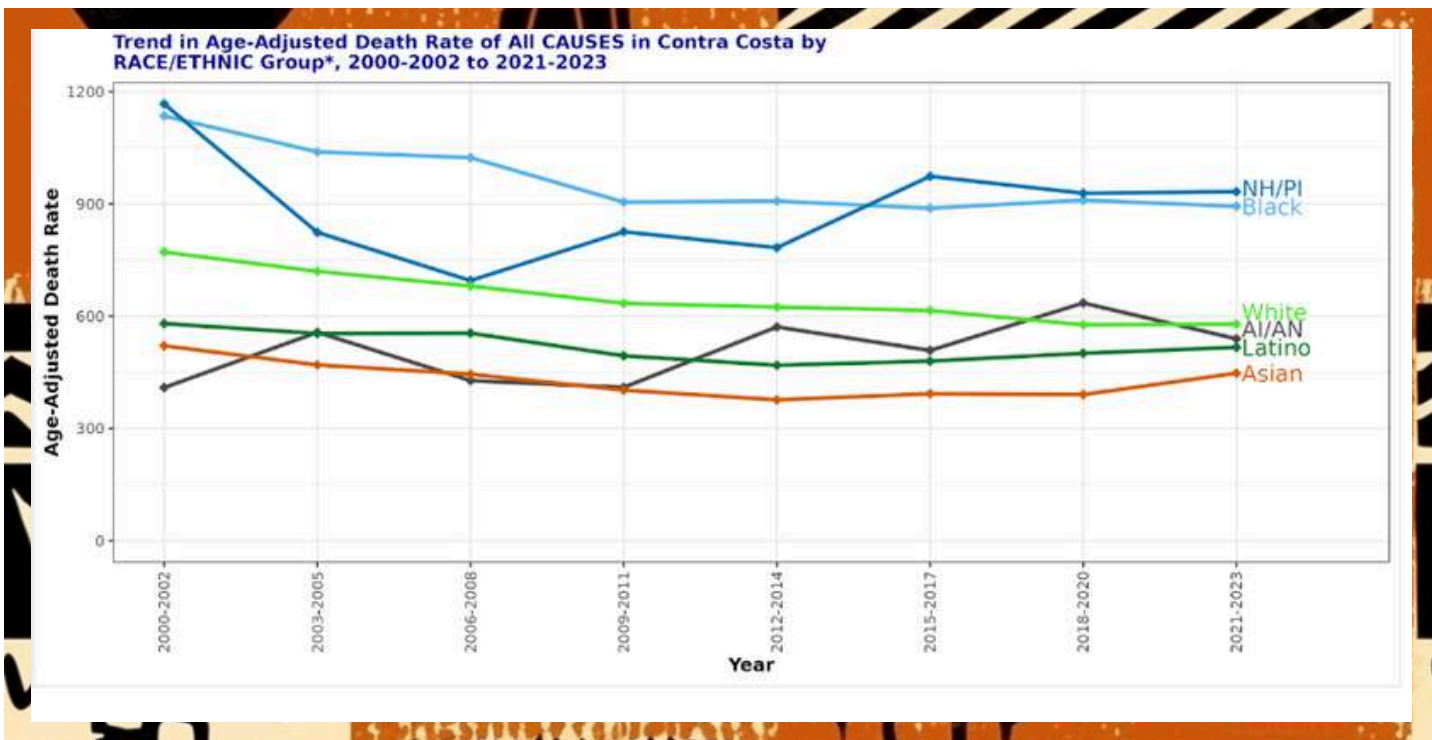
# FIGURE 5: RACE DISPARITY IN DEATHS, 2021-2023



Race Disparity in Deaths, 2021-2023

| | | Rate Ratio |
|---|---|---|
| 1 Homicide | (Black:White) | 13.7 |
| 2 Drug overdose | (Black:Asian) | 8.9 |
| 3 Ischemic heart disease | (NHPI:Hisp) | 4.2 |
| 4 Prostate cancer | (Black:Asian) | 3.6 |
| 5 COPD | (Black:Asian) | 3.4 |
| 6 Kidney diseases | (Black:White) | 3.1 |
| 7 Diabetes mellitus | (Black:White) | 2.9 |
| 8 Sepsis | (Black:Hisp) | 2.7 |
| 9 Road injury | (Black:White) | 2.7 |
| 10 COVID-19 | (Black:White) | 2.6 |
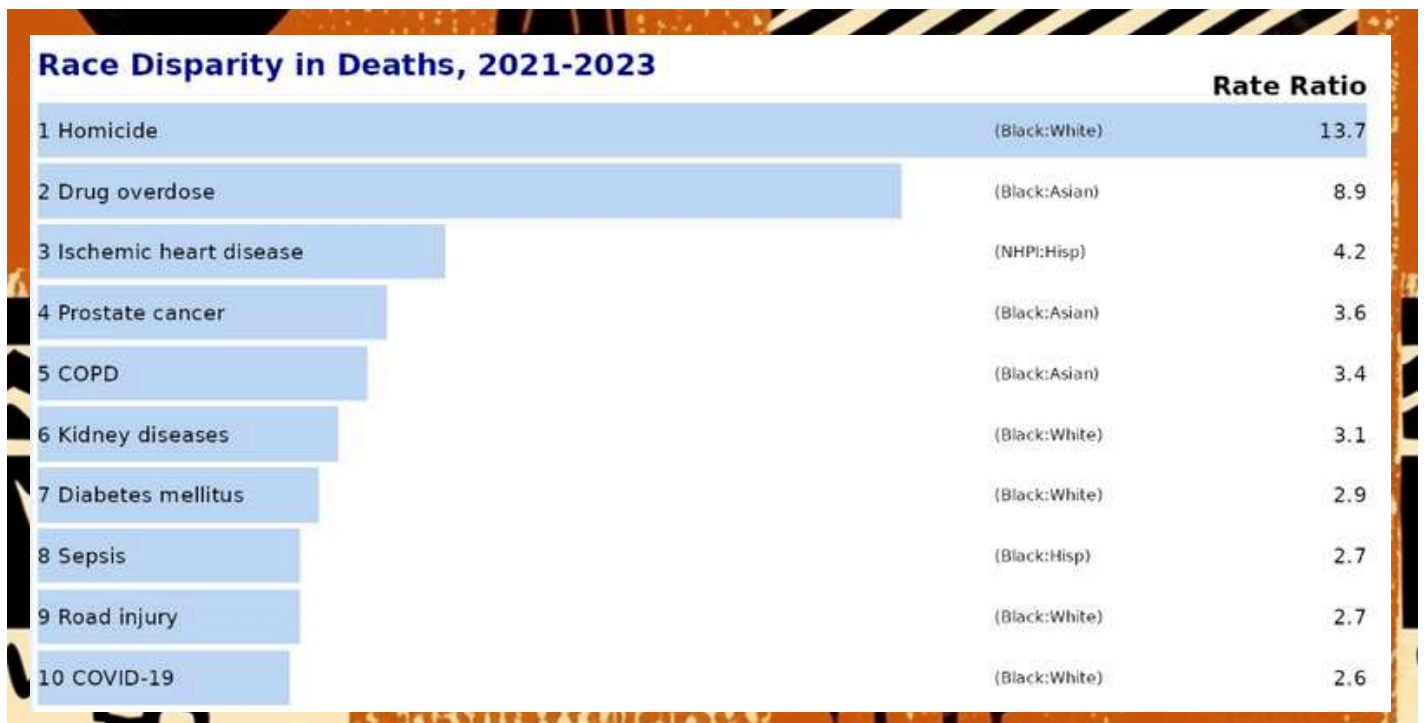
# Appendix J: Community Service Providers and Experts on What's Needed for the Hub

Through listening sessions and interviews with over a dozen Black-led organizations, maternal health advocates, mental health professionals, and community health workers, we gathered extensive input on what service provision should look like for the Hub. Across the board, stakeholders emphasized the need for wraparound care, culturally competent providers, peer support networks, mobile access points, and healing-centered spaces.

What follows is a selection of quotes reflecting stakeholder wisdom and lived experience, based on the needs of the target populations as pre-determined by the Steering Committee.
To maintain confidentiality and encourage honest feedback, no direct quotes have been attributed to specific individuals.

Stakeholders interviewed include:
- Representatives from African American wellness organizations
- Maternal health and birthing center advocates
- Community-based health service providers
- Behavioral health professionals
- Economic development specialists
- Workforce development leaders
- Housing and homelessness prevention advocates
- Faith-based community leaders
- Senior services and aging specialists
- Youth mentorship and education program coordinators
- Local government and policy advisors

**Quotes from Leaders who Serve Parents and Families of K–12 Youth:**

- "I need to know how to navigate things that you may not know how… and the bigger thing for me is helping your children navigate."

- "Our kids have needs that other kids may not have… when the school has impact that is negative towards them, we rally around and support them."

- "You are an advocate and the most important person to support your child."

- "You can't rely on the school to give you what you need, but you can build a community and support each other."

- "How are we affirming our children? Because they're not necessarily going to have a bunch of teachers that look like them."

- "I change my hair up all the time because I want my African American female students to see—you can do what you want."

- "My daughter, at 30 years old, said to me, 'Mom, why didn't you tell me I was beautiful?'… it was like a gut punch."

- "Are we telling them that they're beautiful, that they're handsome, that you are brilliant?"

- "If I come in there hungry, I can get a meal, but I can also get support to figure out how to get me groceries in my house… make sure my kids are in school."

- "This hub needs to be systematic. It needs to be a full wraparound place."

- "We would also have a Saturday school where we do African American Studies or teach our Black kids to get them up to speed."

**Quotes from Leaders who Serve African American Males:**

- "Black men utilize county services the least out of all categories... One could you be looking down on them? You ain't even got no transportation access. Y'all be in hot territory."

- "Especially just as a heterosexual Black man, I feel like I rarely see myself at any tables... Our women are winning because they're stepping up, and we're not even present."

- "We eradicate healthcare disparities by providing immediate, swift, and prompt access to high-quality, culturally competent, integrated healthcare."

- "I really do think that hybrid model is the future—have a home base but also provide services at different locations in ways that meet people where they are."

- "I used to be an ex 'cool kid'—I want to bring the whole gang back together... show kids someone with a business who stayed and made it work."

- "We gotta induce that healing environment—live music, color, the arts—to express and connect. Services feel too Western and sterile otherwise."

- "I ain't no rapper, but I did more than your local rapper ever will— kids need to see what's possible when you believe in yourself."

- "People in East County are used to doing things traditionally... but if we keep doing what we always done, we'll keep getting what we always got."

**Quotes from Leaders who Serve those who seek Mental Health and Substance Use Support:**

- "Racial discrimination, psychopathic racial personality—it's real trauma that gets embedded in our psychology. We need healing systems that know what that is."

- "Audit, fiscal sponsorship, mentoring programs, and trauma-informed healing—these aren't separate. They need to be braided together."

- "I was in my program Post Traumatic Slaves and Drug Addicts Anonymous—that's where I started learning how to address trauma from both directions."

- "When we got connected, you know, it was a bunch of sisters in the room, and we had to name that—we didn't see brothers showing up to mental health spaces. And that's part of the gap—men don't feel safe in healing spaces."

- "The only Black counselor—he really saw me. That's what made me stay. Representation in mental health isn't optional. It's survival."

- "It was grief that cracked something open in me, but no one around me knew how to respond—especially not with anything that looked like therapy."

- "We talk about mental health, but we don't talk about wellness as joy, art, beauty, or even food. Our people need more than coping—they need restoration."

- wI came to get clean, but what I really needed was to be seen. Somebody to say, 'You're worth healing,' not just, 'Here's a program.'"

**Quotes from Leaders who Serve Unhoused populations:**

- "All my students... I got 400 families who are homeless. All Black. Nothing by coincidence. That's just the disproportion they have here."

- "They living in their cars, and only thing they giving is a snack pack and stuff like that. That's so not official."

- "If I see one more naked ass... they should give out beanie caps, underwear and stuff like that. They should start coat drives when cold, but the ultimately the mental health struggles are real."

- "A lot of people I work with got lived experience... used to be old drug users living in tents. Even though they're supposed to be clean, they still come with them drug attitudes. They also need support while giving support."

- "They don't want no more affordable housing out here. Concord definitely don't."

- "We tried to get this brother into shelter and they told him he needed a county referral, which he didn't have. So he stayed in a tent another week."

- "People talk about housing first, but there's no pathway to healing if the house is full of trauma too."

**Quotes from Leaders who Serve the Mature population (aka Elders, 55+, aging community):**

- "The largest growing segment of the population is 85 and older. We know we have to think and plan for that."

- "A lot of caregiver burnout, those who are supporting our elderly folks—they want some respite care."

- "We partnered with churches to deliver mobile vaccine clinics. We brought food, had doctors meet folks after church, and built trust."

- "There's a whole spectrum of aging. Some elders are still playing table tennis, some are homebound and isolated. We can't design one-size-fits-all services."

- "Some elders are embarrassed to go out with a walker. They self-isolate. That's why community-based, affirming care is so critical."

**Quotes from Leaders who Serve African American Women During Child-Bearing Years:**

- "All Black birthing people are vulnerable. So that's what we do on a regular basis…we don't have an income requirement. From Medi-Cal eligible to doctors and lawyers and police officers—everyone needs this support."

- "Our breastfeeding rates for our Black population are way too low. And when we talk to our families, they say, 'It's an old white lactation consultant coming into the room…there's nothing that they have in common.'"

- "Our moms work one, two, three jobs… juggling the family, juggling school. They want to be able to shop online and just do a quick pickup or get grocery delivery. That's basic postpartum care."

- "You could have your doula support, your lactation consultant, your pediatrician, your WIC appointments—but if you track the mom and how many places she has to go to receive all these services, it's exhausting."

- "WIC gives bulk items like a block of cheese or dried beans—these younger moms weren't raised to cook like Big Mama did. They don't know how to make that into a meal."

- "We do support groups, but funding gets removed, however some providers will say 'I got you still.' That kind of support doesn't go away."

- "There's no coordination for care. Once the moms have their babies, there's not enough lactation support or education. No one is following up to make sure that latch is right, that the mom isn't in pain, that she doesn't give up."

- "People think racism is just calling someone the N-word. Racism is being treated differently in healthcare, not getting equal pay, being told to use formula when you want to breastfeed. That's why we have to do this work."

**Quotes from Leaders who Serve Justice-Impacted Individuals:**

- "Most of our participants come with preoccupied minds… if it was a negative experience, they'll come with it and try to challenge the person who is trying to help them."

- "If you don't know how to deal with a person, that frustration is not necessarily being difficult—it's their anxiety, just feeling pressured being thrown back out here into society."

- "What's not working is the investment into crisis teams that aren't trauma-informed. People who look qualified but aren't."

- "Support groups help—anywhere a bunch of men going through similar things can sit down, voice their concerns, and realize they're not alone."

- "Excitement is infectious… if they walk into a room where others are evolving and growing, that can lift up even the hardest hearts."

- "There needs to be a screening process. We need ready participants in the room with change agents—it only works if people are mentally ready to move forward."

- "I've heard a lot of frustration with parole and probation officers… Participants come in excited, but a background check stops everything. Then comes depression, and maybe a return to old ways."

- "We don't need more gatekeepers. We need spaces where our people feel lifted up, where their background doesn't disqualify them from getting real care."

- "Records hinder access to stable housing and employment. There are challenges that increase the risk of committing new crimes."

- "Once somebody get out of prison, they not thinking about health. They thinking about re-establishing their family, re-establishing back on the block… they just want to be free."
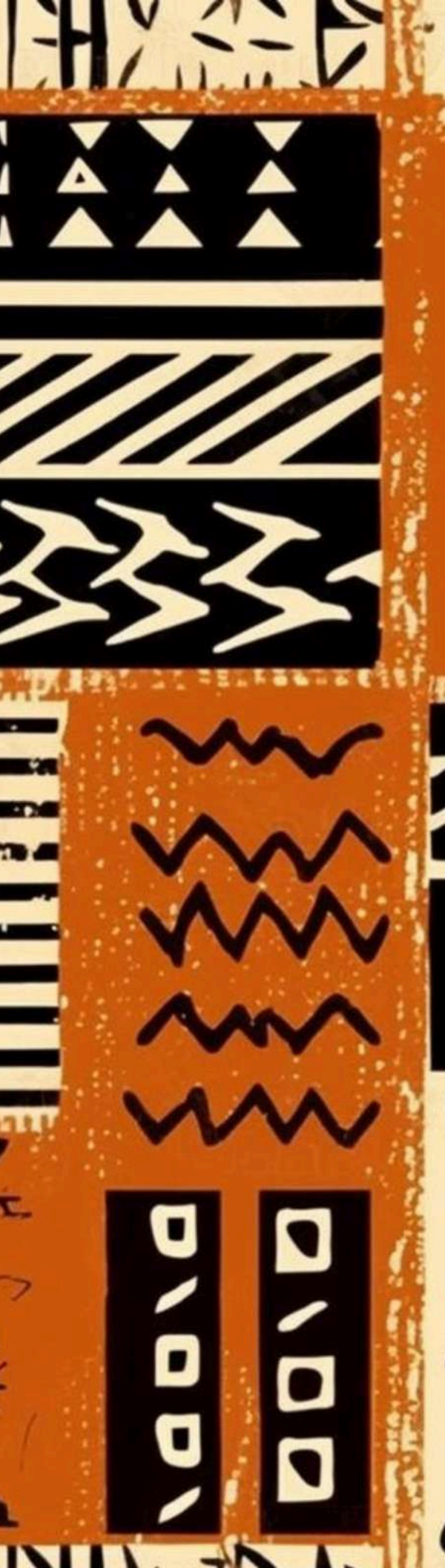
○ "A lot of reentry programs weren't looking at humanity. You come into a clinic, people look at you and say, 'Where you been?' And you gotta say, 'I was locked up.' That don't feel good."

○ "We had to find providers who could understand what it feels like to come home after 20 years and talk to someone about your health care without being judged."

○ "We don't get their charge information. I don't even want to know it. Because what matters is not what they did, but what they're doing now—how we keep them safe and free."

○ "Many of our fathers in the support group never had their daddy at home. Now they crave being with their children and making sure their kids don't fall into the same trap."

○ "People in prison said, 'We never felt like we were part of society in the first place.' We keep talking about re-integration, but some folks were never integrated."

○ "We need to stop asking if rehabilitation is worth it and start asking what kind of rehabilitation actually heals people. If it's not trauma-informed, it won't work."

**General Quotes for Consideration During Implementation:**

*Integrating Social and Economic Interventions into Healthcare*

- "Health and wellness, to me, is about what's happening in your community before you even step into a clinic."

- "The biggest driver of health disparities in this country is poverty, and poverty is a close, intimate cousin of racism."

*Workforce Pipeline Strategy for Black Providers*

- "Diversifying healthcare is crucial—if we don't create a pipeline for Black doctors and therapists, these interventions won't be sustainable."

- "We need more therapists that look like us. It makes a difference to be seen by someone who understands Black culture."

- "We rarely see Black men in these spaces. We need to make sure our men feel seen too."

*Best Practices for Implementation – Funding Sustainability*

- "We need dedicated funding for Black health initiatives that aren't reliant on the same temporary grants."

- "We need a system that actually works. Where when people apply for services, there's a date, and the money is given to them when it's supposed to be. I've seen grants go out late, and people couldn't even run their programs."

*Best Practices – Building Community Trust*

- "The government is giving us $7.5 million to establish this hub, but the biggest challenge is: Will people trust it?"

- "It's really crazy being in this role, because the county doesn't like that I don't wear a suit and tie. But I have to be relatable—ain't nobody got time for a stuffy presentation."
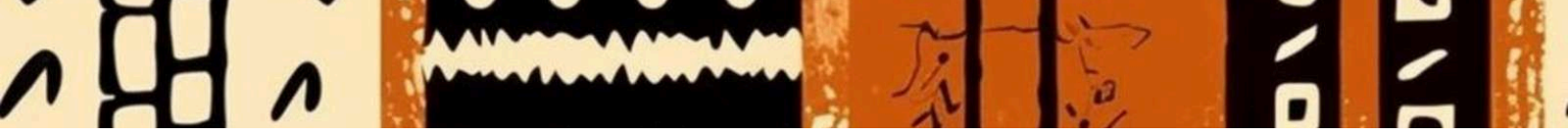
*Best Practices – Preventative Care Over Reactive Models*

- "The reality is, most of us only get touched by the system when we're in trauma or trouble."

- "We need preventative care, not just the ER when it's too late."

- "Tragedies have to happen in order for this county to even want to do anything for Black folks anyway."

*Best Practices – Alternative Service Locations*

- "Libraries are often forgotten, but they have space where we could park buses or use meeting rooms for services."

*History of Barriers – Mistrust in Government-Led Healthcare*

- "They assume the worst about us before they even open our charts. This is why we need our own healthcare infrastructure."

*History of Barriers – Black-Owned Businesses and Financial Barriers*

- "We don't just need services, we need funding transparency. Where is the tax money going? How is it coming back to Black communities?"

- "Come 2030, our parents and grandparents are going to retire, and they're taking their money with them. They're the last generation that had savings. If we don't build sustainable financial ecosystems now, we are in trouble."

*History of Barriers – Trauma-Informed Therapy, Peer Support, and Black Therapists*

- "Black folks don't trust these county services because we know how we get treated. We need providers we know, who understand our struggles."

# APPENDIX K: INSIGHTS FROM BLACK STUDENTS AND PARENTS IN ANTIOCH UNIFIED SCHOOL DISTRICT

In February and March 2025, Ceres Policy Research engaged Black students, parents, and community members across Antioch Unified School District (AUSD) through a mixed-methods approach that included surveys and in-depth focus groups. These sessions coincided with AUSD's Black History Month celebration and included a dynamic student-led dialogue with the Antioch High School Black Student Union (BSU). The goal was to assess wellness needs, amplify student voice, and gather youth-driven recommendations for the proposed Antioch Wellness Hub.

**Barriers to Accessing Support**

Survey results (n=38) revealed deep disparities in how Black families access and experience care:

- Lack of awareness remains a major barrier (53.8% of students, 68.8% of parents)
- Cost was a greater barrier for students (76.9%) than parents (18.8%)
- Difficulty finding Black providers affected 43.8% of parents

*"Hard to find information."*

*"I don't know what's available."*

Students reinforced these concerns in the BSU focus group, citing a disconnection from available resources:

*"I don't talk to counselors. They don't even know my name, and I've been here four years."*

*"Not trying to be long winded, but... the lack of awareness of how much like students have to carry. It's kind of like a disconnect between teachers and their students, and even parents... like, I gotta work all day, but it's like, well, I'm working too. What do you think I'm doing?"*

**Preferred Locations for Services**

When asked where they'd prefer to access services:
- 100% of students said school-based services were ideal
- 64.3% of students preferred community centers
- 42.9% supported online options
- 35.7% were open to mobile units

Students added that location matters not just for convenience, but for safety and dignity:

*"Downtown is cool. Nothing really happens down there."*

*"Mobile vans are okay, but we want something consistent."*

**Types of Support Needed**

Students and families emphasized wraparound supports:
- Students prioritized mental health counseling (78.6%), career/college support (71.4%), and creative expression (57.1%)
- Parents ranked mental health (75%) and career guidance (81.3%) as top needs

*"Mental health days should be a real thing—not just pretend like school is more important than how we feel."*

*"We need something in the community. A safe spot where we can go and not feel like people watching us or judging us."*

*"When we talk about wellness, we're talking about not just school stuff. Like food, jobs, stress at home—everything."*

*"I would go to something like this [Hub] if it was real. Like, if it actually had people we trust."*

*"Sometimes I just stay quiet. Because when you do speak up, teachers say you're being disrespectful or dramatic."*

**Wellness and Coping**

Students shared strategies they currently use to manage stress:
"My PS5, that's my relief system. I go home and I decompress. But sometimes that's not enough."

*"Senior year is like, really stressing. I help my mom with rent, so now I gotta work too. It's hard to balance everything."*

*"I don't really value one space over the other… but a big part of my will to live is my social stuff."*

**Impact of COVID-19**

The COVID-19 pandemic continues to shape students' emotional and educational realities:
*"The pandemic impacted me a lot, but I like getting back into in-person class, like seeing everyone's face every day and not wearing pajamas all the time."*

*"After COVID, it's hard to connect. We all kind of changed."*

**What's Missing in Schools**

Students pointed out critical gaps:
*"More access to resources is needed, because you have a health van— the health van is only here like two days a week. You gotta make an appointment. Everybody and their mama going there for condoms."*

*"At the health van, you can't even get a checkup. A lot of athletes go there for checkups, but half the time they can't get in."*

*"We don't have a nurse's office… so many times I had to go home."*

*"Pittsburg got way more than us. It's like they actually care over there."*

**Safety and Community Space**

Youth were vocal about needing spaces that are youth-designed, community-rooted, and free of surveillance:

- *"We need activities to do outside, but in safer environments."*

- *"I want Antioch to be more peaceful. It is just violence all the time."*

- *"Some activities or places to go to, like safe places—that's what we need."*

**What the Hub Must Do**
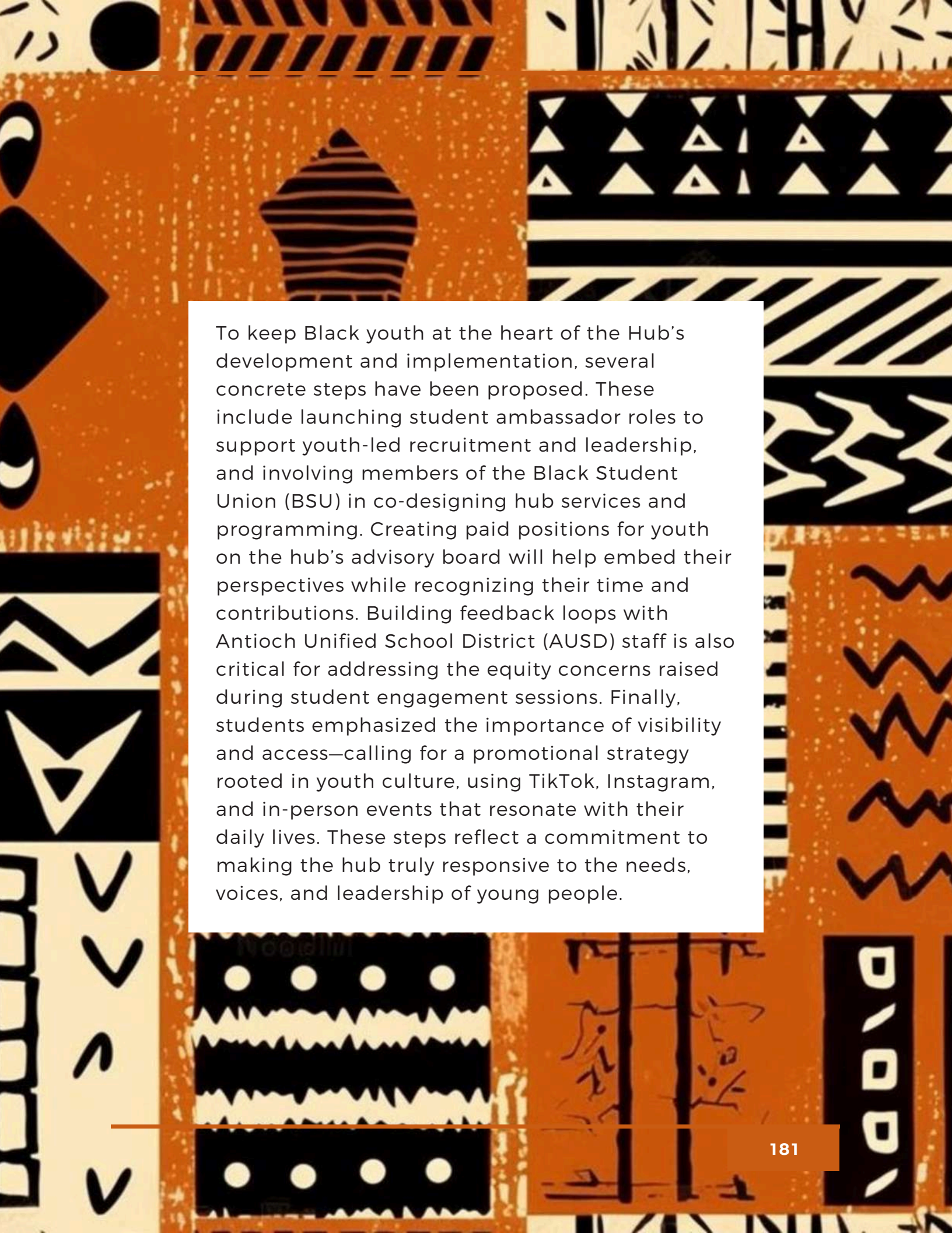
The proposed Antioch Wellness Hub was received with both excitement and caution. Students expressed clear criteria for its success:

- Trust in providers
- Consistency in hours and presence
- Representation in staff
  - Social media promotion to build visibility and expand community reach
- Access to employment and job training

*"Why do we only get these programs senior year? What about 9th and 10th grade when people really start slipping?"*

*"People need a good social media team. That's how we hear about everything."*

*"It's crazy a teacher can ask you for work and we both struggling. Why are you trying to teach me math when you don't know how to do division right?"*

To keep Black youth at the heart of the Hub's development and implementation, several concrete steps have been proposed. These include launching student ambassador roles to support youth-led recruitment and leadership, and involving members of the Black Student Union (BSU) in co-designing hub services and programming. Creating paid positions for youth on the hub's advisory board will help embed their perspectives while recognizing their time and contributions. Building feedback loops with Antioch Unified School District (AUSD) staff is also critical for addressing the equity concerns raised during student engagement sessions. Finally, students emphasized the importance of visibility and access—calling for a promotional strategy rooted in youth culture, using TikTok, Instagram, and in-person events that resonate with their daily lives. These steps reflect a commitment to making the hub truly responsive to the needs, voices, and leadership of young people.

# Appendix L: Governance Strategy for the African American Holistic Wellness and Resource Hub (AAHWRH)

## I. PURPOSE AND VISION

The African American Holistic Wellness and Resource Hub (AAHWRH) Governance Strategy lays out a framework for building accountable, community-rooted partnerships that respond to longstanding health inequities affecting Contra Costa County Black residents. It reflects a broader countywide investment in equity efforts and centers community leadership in shaping how care, wellness, and healing services are delivered.

This strategy supports a phased approach to implementation, recognizing that jurisdictions and community-based partners are entering this work from different starting points. It outlines near-term coordination steps—including the transition of the existing Steering Committee, the appointment of executive leadership, and deployment of early investments—while also leaving space for shared development of long-term governance.

It also reflects the community's call for urgent service delivery in historically underserved areas such as East County. It acknowledges the need to build trust and align public systems with Black-led solutions over time.

This approach moves toward a future where every Black resident in Contra Costa County has access to healing, opportunity, and culturally affirming care delivered through shared governance, public accountability, and trusted community partnerships. Rather than prescribing one structure, this strategy invites a flexible but deliberate pathway that builds readiness, capacity, and momentum across multiple phases of development.

# II. PHASED GOVERNANCE FRAMEWORK

To support rapid implementation, community trust, and long-term sustainability of the African American Holistic Wellness & Resource Hub (AAHWRH), we recommend a phased governance strategy that allows the County and its partners to scale responsibly—without requiring immediate legal formation of a new government entity.

**Phase 1: MOU-Based Intergovernmental Collaboration**
In the early phase of development, the AAHWRH will be organized through Memoranda of Understanding (MOUs) among Contra Costa County departments, early-adopter municipalities, and Black-led community-based organizations (CBOs).

Key Actions:
- Transition the current Steering Committee into a Transitional Oversight Committee that meets regularly and reports quarterly on service metrics and implementation.

- To operationalize early-phase leadership, the Oversight Committee will support ORESJ in appointing a Founding or Interim Executive Director within 90 days. This individual will coordinate fiscal and programmatic startup, stakeholder communication, and subregional implementation, ensuring continuity and accountability as the Hub's infrastructure takes shape.

- Identify a lead fiscal agent—either a regional foundation or a vetted Black-led nonprofit—for budget management, grants, and compliance.

- Launch early-stage services, including mobile wellness teams, pop-up events, and satellite hubs focused on high-need areas in East and West County.

- Use MOUs to outline partner responsibilities, in-kind support (staff, space, outreach), and equity outcomes.

- ORESJ will serve as the interim administrative and fiscal lead for the $7.5 million initial investment until a permanent structure (e.g., Black-led fiscal agent or JPA) is identified. This interim role enables immediate funding deployment, partner onboarding, and contract initiation for early services like mobile wellness teams.

This phase allows jurisdictions to participate at various levels of readiness and is particularly effective in quickly deploying urgent services while building relationships and promoting cross-sector alignment.

## Phase 2: Hybrid Model – Fiscal Agent + Advisory Committee Oversight

Once initial services are launched and trust is built, evolve into a hybrid model with co-governance between a lead fiscal agent and a formal Advisory & Oversight Committee. This approach allows for shared leadership while preserving flexibility and community voice.

Key features:

- Establish a formal Advisory and Oversight Committee, functioning as a co-governing body alongside the designated fiscal agent.
- The Committee will include Black-led CBO leaders, youth and elder representatives, service recipients with lived experience, and designated representatives from County and city partners.
- Define decision-making protocols and develop shared tools, such as joint evaluation frameworks, data dashboards, and equity benchmarks.
- Use Operating Agreements (rather than MOUs) to formalize participation, clarify voting rights, and support long-term strategic planning and accountability.

This structure balances efficiency with shared power. It creates more space for community input while maintaining strong fiscal and programmatic management through a clear division of roles and responsibilities.

**Phase 3: Joint Powers Authority (JPA) – Sustainable and Long-Term**

If sufficient trust, demonstrated outcomes, and municipal alignment are achieved, the AAHWRH may transition into a Joint Powers Authority to institutionalize shared funding, governance, and infrastructure development across jurisdictions.

Key considerations:
- The JPA would serve as a formal public entity under California Government Code §6500, capable of managing capital projects, pooled budgets, and multi-year contracts.

- Establish a jurisdictional contribution formula that reflects racial equity and population distribution, supporting fair and scalable investments from city and County partners.

- Include amendment clauses, advisory board integration, and public performance reporting requirements.

- The JPA could be time-bound with sunset clauses or designed to evolve into a permanent nonprofit intermediary, depending on long-term feasibility.

*Why this works (as a future step):*
It offers municipalities and the County a pathway to share long-term responsibilities, invest in wellness infrastructure, and coordinate multi-year strategies—once there is demonstrated trust, impact, and alignment. Overall, the Hub's governance should begin with flexible, ad hoc collaboration and gradually evolve into a more formalized network. This approach supports sustained public investment and deeper regional coordination that matches the scale and urgency of disparities affecting Black communities across Contra Costa County.

# SUMMARY COMPARISON OF GOVERNANCE STRUCTURES FOR THE AAHWRH

| Feature | MOU-Based Intergovernmental Network | Hybrid Model: Fiscal Agent + Advisory Committee (AC) Oversight | AAHWRH Joint Powers Authority (JPA) |
|---|---|---|---|
| Structure | MOUs between cities, county depts, and CBOs for shared commitments and metrics | Lead fiscal agent (County or CBO) manages funds; AC governs strategy | Legal entity created under Gov Code §6500 with formal board |
| Community Governance | Advisory committee with rotating city leadership and public reporting | Advisory Committee holds co-governance role | AC embedded in bylaws; participates in funding & program design |
| Legal/Bureaucratic Complexity | Low – flexible, amendable, easier onboarding | Moderate – depends on fiscal agent capacity and clarity | High – requires legal formation, agency votes, bylaws, formal withdrawal process |
| Flexibility | High – roles/responsibilities can evolve via MOUs | Moderate – requires agreed structure but adaptable | Lower – more rigid but can be amended with structured governance |
| Accountability Tools | Public dashboards, shared data, quarterly Advisory committee meetings | Operating agreements, biannual equity reports, joint evaluation protocols | Annual performance reporting, bylaws, standing committees, formal audits |
| Funding Capacity | Relies on agency goodwill, general funds, philanthropy | Blended model: public/philanthropic funds via fiscal agent | Highest potential – enables pooled public/private funds, grant eligibility, bonding authority |
| City Council Approval | Not required for each partner agency beyond initial MOU | Not required if a CBO is fiscal agent; recommended for buy-in | Required – councils must vote to join the JPA and approve appointees |
| Service Delivery Oversight | Through shared evaluation framework and AC reviews | AC recommends strategy; fiscal agent manages compliance | JPA Board holds full oversight; Executive Director executes implementation |
| Ideal Use Case | Early-stage collaboration, pilot hubs, limited-term initiatives | Transitional model or bridge during JPA planning phase | Long-term sustainability, permanent hub infrastructure, capital projects |
| Transparency Mechanisms | Public dashboards, AC summary reports | Operating agreements, participatory evaluation tools | Public board meetings (Brown Act), budget hearings, community scorecards |
| Perceived Strength | Flexibility and speed of implementation without new entity | High community trust, balance of oversight and execution | Legal clarity, interagency coordination, equitable cost-sharing formula |
| Perceived Weakness | No centralized enforcement; risk of misalignment or dropped commitments | Requires high trust and strong administrative backbone | Risk of rigidity, legal complexity, slower formation timeline |

# III. SUBREGIONAL HUB STRATEGY AND EQUITY INVESTMENT FRAMEWORK

The African American Holistic Wellness and Resource Hub (AAHWRH) will adopt a subregional service delivery model designed to meet the unique needs of Black communities across Contra Costa County. This model recognizes that equity is not achieved through equal distribution, but through targeted investment in areas with the greatest need, historical disinvestment, and existing community momentum.

To operationalize this approach, the County is grouped into three subregional zones—East County, West County, and Central/South County—based on shared demographic, geographic, and service delivery patterns. Investment strategies will be tailored to each zone through co-developed work plans that reflect local assets, challenges, and service gaps.

Rather than relying solely on population formulas, this framework considers:
- Levels of Black community concentration and the absence of wellness infrastructure,
- Local government and CBO readiness to partner on implementation,
- Historical patterns of exclusion, underinvestment, and over-policing,
- Opportunities to build on existing trusted spaces or facilities.

This equity-centered approach will help guide both initial budget allocations and ongoing strategic alignment as the Hub evolves into a long-term system of care.

# SUBREGIONAL ZONES AND IMPLEMENTATION PATHWAYS

**East County (Districts 3 and 5)**

East County will serve as the launch zone for the AAHWRH, with Antioch recommended as the anchor site for a permanent hub. District 3 accounts for 28.3% and District 5 for 27.1% of the County's Black population—together representing more than 55% of Black residents countywide. This region has experienced decades of underinvestment and ongoing racial disparities in mental health, housing, and economic opportunity. In response, mobile wellness teams and pop-up activations will be deployed throughout Antioch, Pittsburg, Oakley, and Brentwood. These services will be supported by partnerships with local departments such as Public Safety and Community Resources to coordinate outreach, staffing, and access to space.

**West County (Districts 1 and 5)**

Richmond is recommended as the central hub for West County, building on its historical role as a center for Black organizing, resilience, and cultural expression. District 1 represents 33.6% of the County's Black population—the single largest share among all districts. Additional services will extend into Rodeo, Hercules, Pinole, and El Cerrito, with wellness programming offered through public buildings, community-based organizations, or libraries. This decentralized model supports regional access while grounding coordination and long-term investment in a city with deep community infrastructure.

# SUBREGIONAL ZONES AND IMPLEMENTATION PATHWAYS

**Central/South County (Districts 2 and 4)**

In Central and South County—where Black communities are more dispersed—AAHWRH will focus on building a consistent presence through a rotating calendar of wellness events, pop-ups, and satellite programming. District 4 represents 7.0% and District 2 represents 3.9% of the County's Black population. Though smaller in percentage, Black residents in these areas still face significant barriers to culturally relevant care and often lack dedicated spaces for healing. Cities like Concord, Walnut Creek, Pleasant Hill, San Ramon, and Danville will be engaged through partnerships with libraries, schools, and civic institutions to create community-rooted access points for holistic support.

In the next phase of implementation, each subregional zone will form a planning group to refine localized strategies, build service networks, and recommend area-specific investments. These subregional groups will coordinate with the central Advisory Committee and participate in co-governance through structured feedback loops, evaluation processes, and shared reporting tools.

Each planning group will be empowered to:
- Propose priority actions and service models,
- Engage CBO and municipal partners in implementation,
- Inform budget and staffing recommendations based on lived experience and local knowledge.

This multi-tiered structure supports equity across geography, accountability across systems, and community ownership at every level of the Hub's development.

# IV. RECOMMENDED CITY PARTICIPATION

Using Contra Costa County's Race & Ethnicity data, we recommend an initial cohort of 10 cities for targeted participation based on their proportion of the County's Black population. While not exhaustive, this list serves as a strategic starting point for regional implementation. All local jurisdictions and public agencies across the County are encouraged to participate in the AAHWRH initiative, contribute resources, and engage in subregional planning efforts to advance Black wellness infrastructure countywide.

| City | Population | Black Population | % of County Black Population |
|---|---|---|---|
| Antioch | 115,291 | 23,271 | 23.51% |
| Richmond | 116,448 | 21,753 | 21.97% |
| Pittsburg | 76,416 | 12,441 | 12.57% |
| Concord | 125,410 | 4,532 | 4.58% |
| Brentwood | 64,292 | 4,230 | 4.27% |
| San Pablo | 30,990 | 3,885 | 3.92% |
| Oakley | 44,613 | 2,460 | 2.48% |
| Hercules | 26,107 | 2,776 | 2.80% |
| Walnut Creek | 70,694 | 1,475 | 1.49% |
| Martinez | 37,287 | 945 | 0.96% |
| El Cerrito | 25,962 | 1,187 | 1.20% |

As part of the implementation strategy, cities with more than 3% of the County's Black population should be prioritized as initial municipal partners, given their larger role in serving Black residents and their alignment with the Hub's equity goals. Cities with smaller percentages—particularly those under 1.5%—should still be actively engaged through subregional Memoranda of Understanding (MOUs) or by participating in rotating representation on the Advisory Committee. This approach balances targeted investment with inclusive participation, allowing all jurisdictions to contribute to and benefit from a countywide network of Black wellness infrastructure.

## V. East County Implementation Strategy

East County will serve as the initial implementation zone for the African American Holistic Wellness and Resource Hub, with Antioch recommended as the central hub location based on demographic need, community leadership, and available infrastructure. Specifically, the 1650 Cavallo Road parcel is recommended as the anchor site for long-term investment, given its proximity to high-need neighborhoods and potential for multi-service co-location.

In the short term, mobile wellness teams and pop-up activations will be deployed across East County, coordinated in partnership with cities such as Pittsburg, Oakley, and Brentwood. This strategy encourages in-kind and programmatic support from local governments—including use of public facilities, communications infrastructure, and cross-agency staffing—to support immediate service delivery. In addition to long-term site planning, ORESJ will coordinate early deployment with departments and initiatives already operating in East County—such as Antioch's Department of Public Safety and Community Resources. These partnerships provide immediate operational capacity for service launch.

## VI. Community Accountability and Oversight

The Oversight Committee—an expanded and restructured version of the current Steering Committee—will play a key role in advancing transparency, accountability, and community-centered governance. The committee will meet frequently to guide implementation and coordination efforts, and will produce quarterly public reports alongside a community-facing dashboard to share progress and key outcomes. Evaluation will focus on racial equity impacts, geographic distribution of services, and transparency in budget and contracting processes. Community voices—particularly those of Black youth, elders, and justice-impacted individuals—will be actively included at every level of governance, grounding the Hub's development in lived experience and community knowledge. The Executive Director will work closely with the Oversight Committee to implement participatory governance practices, including regular town halls, public dashboards, and subregional planning integration. This structure promotes trust, transparency, and community alignment throughout early rollout and long-term planning.

# VII. CONCLUSION: A PATHWAY ROOTED IN READINESS, EQUITY, AND COMMUNITY WISDOM

This phased, subregional governance approach allows the African American Holistic Wellness and Resource Hub (AAHWRH) to:

- Start with what's ready—delivering immediate services in East County through Antioch-based mobile wellness teams and Black-led community partners.
- Let cities contribute based on capacity—whether that means financial investment, shared use of facilities, staffing support, or communications infrastructure.
- Build toward formal governance models over time—revisiting options like a Joint Powers Authority only after trust is built, pilot programs are successful, and collective momentum is established.
- Center Black community leadership at every level—through embedded roles in oversight, planning, and evaluation structures, grounded in lived experience.

This is a strategy based on collaboration, not competition—inviting jurisdictions of all sizes to play a role in building a countywide wellness system rooted in equity, care, and responsiveness. By anchoring implementation in the strengths and experiences of Black communities —particularly in historically under-resourced parts of the County—this initiative charts a path toward reimagined public infrastructure: one that doesn't just provide services, but heals, restores, and builds trust through community-driven systems of care.

*Note on Language: The term "Hub" is used throughout this document as a placeholder to communicate the concept. We acknowledge concerns that the term may suggest centralization. As this initiative grows, the name will evolve with input from community leaders and the Board of Supervisors. Alternatives such as "Black Wellness Network" may better reflect the decentralized and participatory spirit of this effort.*

# APPENDIX M: COLLABORATIVE STRUCTURE FOR IMPLEMENTATION, ACCOUNTABILITY, AND EQUITY OVERSIGHT

*Federal & State Funding Partners*
- Federal Agencies (e.g., SAMHSA, HRSA, HUD)
  - Support initiatives related to mental health, housing, maternal health, and public health equity

  - Set national grant eligibility and equity benchmarks

*California State Departments (e.g., CDPH, DHCS, CalHHS)*
- Administer targeted equity funding for Black maternal health, behavioral health, reentry, and prevention

  - Require community-led strategies and equity performance metrics

*Contra Costa County Government*
- Office of Racial Equity & Social Justice (ORESJ)
  - Coordinates internal County participation and supports subregional implementation efforts
  - Facilitates alignment with racial equity plans and oversees public reporting
  - Serves as a key liaison between County departments, municipalities, and the Advisory/Oversight Committee

- County Departments (Health Services, EHSD, Housing, Probation, Behavioral Health)

  - Provide data, referrals, co-location opportunities, and in-kind staffing support

  - Participate in subregional workgroups and support early implementation via MOUs

- Advisory & Oversight Committee (Expanded from Steering Committee)
  - Transitional Governance Body (Phases 1 & 2)
  - Comprised of Black residents, youth, elders, service users, and CBO leaders
  - Provides strategic input on service design, evaluation tools, and funding priorities
  - Coordinates with the fiscal agent or County lead agency during early stages
  - Develops accountability metrics and equity dashboards in collaboration with learning partners

- Subregional Planning Groups (East, West, Central/South)
  - Localized Strategy + Implementation Teams
  - Identify needs, priorities, and trusted CBO partners across subregions
  - Recommend pop-up service sites, city-specific MOUs, and funding opportunities
  - Coordinate with the Advisory Committee and County staff to shape equity-informed investment plans

# APPENDIX M: COLLABORATIVE STRUCTURE FOR IMPLEMENTATION, ACCOUNTABILITY, AND EQUITY OVERSIGHT

*African American Holistic Wellness & Resource Network (Working Name)*

Direct Service Provider Collaborative (To Be Selected via Community-Led RFP)
- Provides holistic care: healing circles, youth and elder programming, workforce reentry, maternal support, and trauma recovery
- Includes Black-led CBOs and culturally rooted wellness providers

Program Evaluation & Learning Partner
- Develops shared metrics and tracks long-term outcomes
- Produces disaggregated data dashboards
- Trains community members to lead participatory evaluation

*Joint Powers Authority (Optional Phase 3 - Future Step)*

AAHWRH JPA (Pending Formation, Subject to Future Board Action)
- Would be composed of jurisdictions that choose to formalize their role
- Could pool funds and manage long-term infrastructure projects
- May serve as fiduciary and coordinate across city and County governments if trust and success are demonstrated
- Optional step for sustainability, revisited after Phase 2

*Philanthropic & Anchor Institution Partners*
- Foundations, Health Systems, Faith-Based Institutions
- Offer matching funds, technical assistance, and evaluation support
- Contribute to long-term sustainability and community capital investment strategies
- Participate in subregional tables to identify shared impact goals
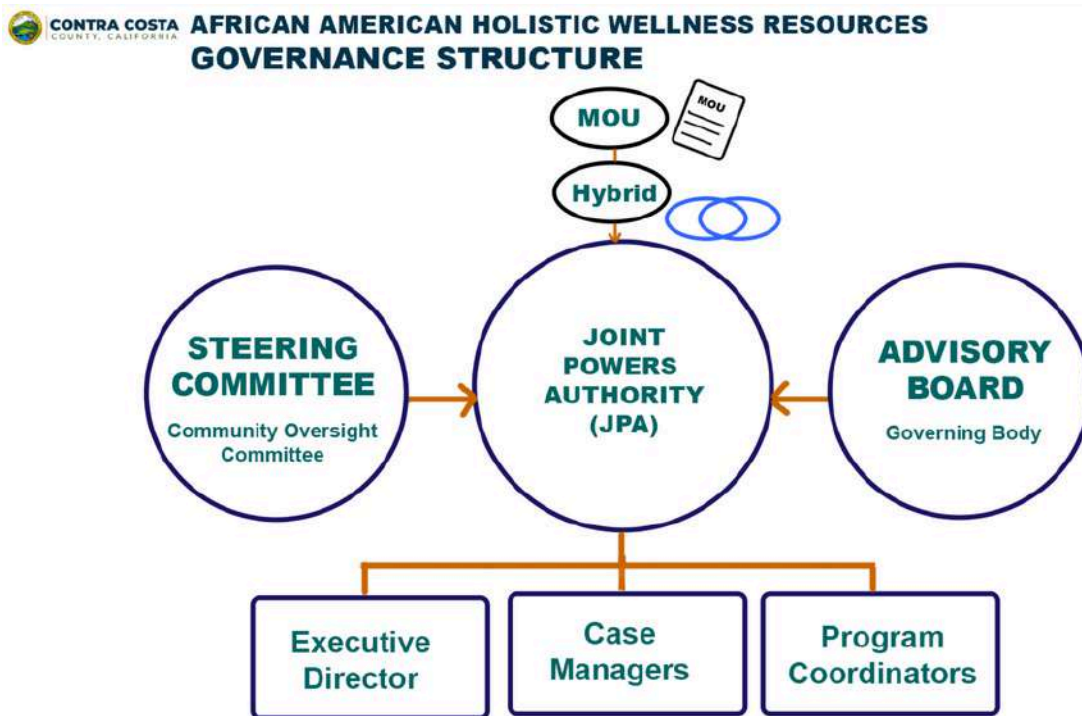


CONTRA COSTA COUNTY, CALIFORNIA — AFRICAN AMERICAN HOLISTIC WELLNESS RESOURCES GOVERNANCE STRUCTURE

| Activity / Decision Area | MOU / County Role (Phase 1) | Advisory Body (Phase 2) | JPA Board (Phase 3) |
|---|---|---|---|
| Approve governance structure and bylaws | ORESJ drafts & legal reviews | Recommend changes | Approve |
| Elect officers (Chair, Vice Chair) | ORESJ (interim chair role) | Elect officers | Approve |
| Appoint members to TAB | Advisory body recommends | Nominate community reps | Appoint |
| Designate lead agency for staff housing | ORESJ designates | Review staff housing options | Designate |
| Approve annual strategic priorities | ORESJ proposes; Advisory co-develops | Recommend priorities | Approve |
| Approve focus group protocols | ORESJ & Advisory co-design | Co-develop protocols | Approve |
| Finalize survey instruments | ORESJ & Academic partners | Provide feedback | Approve |
| Conduct community listening sessions | Community-led; ORESJ supports | Lead facilitation | Oversee engagement |
| Review community data trends | ORESJ summarizes; Advisory interprets | Analyze trends | Approve reports |
| Approve service categories for funding | ORESJ drafts; Advisory & CBO input | Recommend categories | Approve |
| Approve Innovation Pod themes | Community workgroup proposes | Recommend themes | Approve |
| Develop referral framework | ORESJ drafts; community co-design | Co-design framework | Approve |
| Approve core wellness outcomes | ORESJ + Evaluation partner | Recommend outcomes | Approve |
| Approve grantmaking process | ORESJ drafts; legal review | Recommend process | Approve |
| Select grantees | Community review panel + ORESJ | Score & recommend | Approve |
| Set funding priorities | ORESJ & Strategic Planning WG | Recommend priorities | Approve |
| Approve subrecipient MOUs | ORESJ manages w/ Legal Counsel | Review MOUs | Approve |
| Approve performance framework | ORESJ + Evaluation team | Co-develop framework | Approve |
| Review grantee performance | ORESJ compiles data | Review data | Approve |
| Approve corrective actions | ORESJ recommends | Review & recommend | Approve |
| Publish community reports | ORESJ drafts; Advisory reviews | Review & edit reports | Approve |
| Approve annual budget | ORESJ manages w/ Fiscal Agent | Review draft | Approve |
| Approve procurement policies | ORESJ proposes | Review procurement policy | Approve |
| Approve conflict of interest policy | ORESJ drafts | Review & recommend | Approve |
| Designate signatories for contracts | ORESJ | Review signatories | Approve |
| Approve public communication strategy | ORESJ drafts; Advisory input | Input on strategy | Approve |
| Approve policy advocacy platform | ORESJ + Advisory | Input on platform | Approve |

# APPENDIX O: CONTRA COSTA COUNTY AFRICAN AMERICAN HOLISTIC WELLNESS RESOURCES HUB (CCC AAHWRH) ECONOMIC FEASIBILITY REPORT
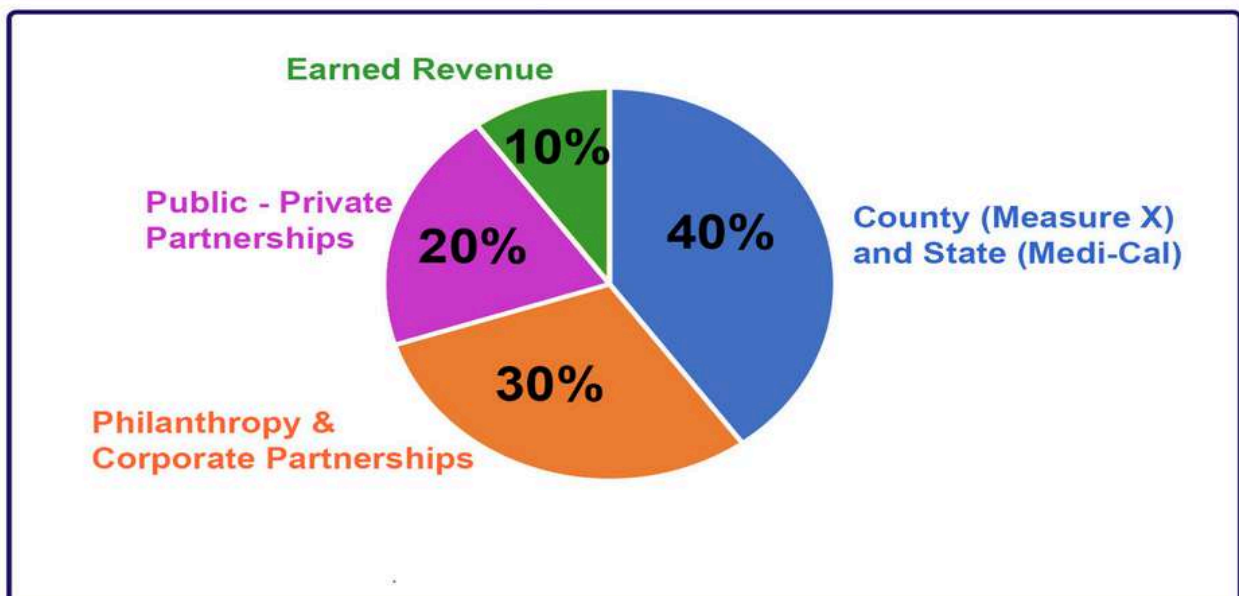
**I.Introduction and Context**

The purpose of this report is to provide a set of recommendations to the Contra Costa County Office of Racial Equity and Social Justice (CCC ORESJ) for a sustainable economic model for the African American Wellness Holistic Wellness Resources Hub (AAHWRH) based on an economic feasibility study, along with extensive community engagement and economic feasibility study and cost analysis.

This report will serve as a set of recommendations for the CCC ORESJ to ingest, review and consider as they make decisions around how to develop, launch and operate the AAHWRH sustainably.

Ryan Drake-Lee is an independent consultant, sub-contracted by Ceres Policy Research to execute against RFP #2404-789.



CONTRA COSTA COUNTY, CALIFORNIA — **AFRICAN AMERICAN HOLISTIC WELLNESS RESOURCES FUNDING & SUSTAINABILITY MODEL**

- Earned Revenue — 10%
- County (Measure X) and State (Medi-Cal) — 40%
- Philanthropy & Corporate Partnerships — 30%
- Public - Private Partnerships — 20%

## II. Vision and Goals

First and foremost, the vision of the Contra Costa County African-American Holistic Wellness and Resource Hub is to develop a culturally competent, long-term and economically sustainable operating model that addresses the urgent acute and chronic needs of the target population. The target population represents the most vulnerable and health disparity impacted residents and constituents of Contra Costa County.

The target population suffers from the worst outcomes measured across multiple health and basic quality of life parameters, such as
a.        Ischemic heart disease
b.        Prostate cancer
c.        COPD (Chronic Obstructive Pulmonary Disorder)
d.        Kidney disease
e.        Diabetes mellitus
f.        Sepsis
g.        Road injury
h.        Covid-19
i.        Homicide
j.        Drug overdose
k.        Life expectancy
l.        New HIV diagnoses
m.        High blood pressure
n.        Severe maternal morbidity
o.        Overall death rate

The RFP response incorporates a range of qualitative and quantitative data sources, along with extensive in-person community engagement conducted through town hall meetings, listening sessions, and direct consultations with county supervisors, county administrators, and leaders of community-based organizations.

This work was led by Dr. Kerby Lynch and her team from Ceres Policy Research. This engagement took place in 3Q24 thru 1Q25 via over two dozen community engagement sessions, and further refined the insights that represent the community needs and how a successful go-to-market delivery approach could be structured and implemented.

### III.Approach and Analysis

The economic operating model development approach starts with an open perspective and assessment of sources of revenue and associated fixed and variable costs. The critical inputs to the economic model analysis starts with the 'Menu of Services - MoS', i.e., what services will be provided to what constituents in what type of settings?' We hone in on this set of inputs using data from community surveys and the deep insights generated through Ceres Policy Research's community-driven analysis and engagement.

The next critical set of inputs is the target population, which is can be categorized as following based on the Ceres Policy Research output report, along with the Menu of Services - MoS aligned against the target populations:

- Families with young children
    - Childcare Services
    - Parenting Classes
    - Doula and Midwife Access
    - Food Security Programs
    - Fitness and Stress Relief
- Youth and Adolescents
    - Youth mentorship Programs
    - Tech and Digital Literacy
    - Safe Recreational Spaces
    - Mental Health Support
- Adults
    - Behavioral Health Services
    - Job Training and Placement Services
    - Financial Literacy
    - Housing Navigation
    - Peer Support Groups
- Elders
    - Caregiver Support
    - Health Screenings
    - Social Engagement
- Justice Impact Individuals
    - Reentry Support
    - Behavioral Health and Addiction Recovery
    - Community Healing
    - Health Screenings

- General Community
  - Resource Navigation Hub
  - Food Security
  - Community Kitchen
  - Spiritual Wellness
  - Safe Spaces for Unhoused People
- Holistic and Culturally Competent Rooted Wellness
  - Healing Circles
  - Workshops and Skills Training
- Advocacy Services and Resource Navigation Support
  - Legal Advocacy and Support
  - Trauma-Informed Counseling Services
  - Restorative Justice Programs
  - Public Safety and Policy Advocacy
  - Housing Advocacy
  - Health Insurance and Access Navigation
  - Financial Stability and Benefits Enrollment
  - Employment and Job Training Services
  - Food and Nutritional Support Services
  - Child Develop and School Advocacy Services

As evidenced by the comprehensive list of services in need by the target populations, it is infeasible, and would likely be too complex, to stand-up and launch all the services at once. As a result it is our recommendation to pursue a phased approach. This approach is similar to how other, comparable organizations and municipalities have launched comparable services, such as the Detroit People's Food Co-Op, African American Child Wellness Institute in Minneapolis, African-American Wellness Project in Washington DC, and the Harlem Children's Zone in New York City.

The recommended approach aims to utilize phases to stand up various components of the MoS, enabling CCC to establish sufficient political alignment and will to put in place the required Executive Director-level leadership and sustaining budget to act as the necessary execution leadership and seed funding to launch this hub.

## IV. Economic Model Recommendation & Execution Proposal

Establishing a sustainable operating model for the vision of the hub requires establishing a 'business model' or funding model to sustain operations. Contra Costa County has allocated a generous $7.5M as seed capital. These funds were considered in the conceptualization and development of the AAHWRH economic operating model feasibility study.

It is our recommendation that CCC ORSJ AAHWRH launch in three phases outlined below:

### Phase 1: Mobile Services Fleet with fixed management office

The initial phase will aim to begin services to a subset of the most in-need target population including our D. Elders, F. Unhoused, and the F. General Community with an immediate focus on basic health screenings and resource navigation services, including Mental Health Counseling, Reentry Support Services, Youth Mental Health. Starting with a smaller initial scope for the MoS will enable the AAHWRH to further develop a more detailed operating and launch plan for permanent space and successfully prove the concept. Key metrics for success will include community awareness, service utilization, demographic match, and patient/constituent satisfaction.

*Funding Model – County budget allocation as seed capital*
The revenue model for the initial launch aims to secure funding from "Source A: CCC" through the initial $7.5 Million established budget allocation.

*Service Provider model*
Initial service providers will be primarily existing Department of Public Health resources and providers such as Physicians, Behavioral Health Specialists, Nurses and Youth Services providers, such as mental health counselors and recreational providers. As the County already offers a range of the services in-need, a focus of the AAHWRH will be to connect the target populations with existing county services through navigation support, while adjusting the service delivery model to meet the target population they are and in a culturally competent manner so as to increase utilization, participation and positive outcomes across all health statistics outlined above.

*Leadership Team*

This approach starts by hiring a small executive leadership staff to launch, operate and supervise the initial operation while also focusing on building sufficient outreach and communication capabilities as awareness and connection to available resources is a part of the issues we are addressing.

**Phase 1 Staff Operating Expenses Estimate - $1.37 Million**

Permanent Staff Salaries:
1. Executive Director/Project Manager (1): $120,000
2. Deputy Director (Owner of General Community Constituent Group F & Holistic and Culturally Relevant Wellness Group G) (1): $95,000
3. Mental Health Professionals (2): $160,000
4. Substance Abuse Counselors (2): $150,000
5. Reentry Support Specialists (2): $140,000
6. Youth Service Coordinators (2): $130,000
7. Youth Program Coordinators (1): $65,000
8. Admin/Support Staff (2): $100,000
9. Mobile Health Technicians (4): $240,000
10. Community Engagement Manager (1): $75,000

Temporary Staff for Mobile Units and Pop-ups:
- Part-time Wellness Educators (2): $60,000
- Pop-up Event Coordinators (2): $90,000
- Resource Navigator (1): $45,000

**Phase 1 Fixed Overhead Expenses Estimate - $0.48 Million**
- Building use expense: $274,000 (20% of Program budget)
- Utilities and Insurance: $205,000 (15% of Program budget)

**Phase 1 Capital Expenses Estimate - $1.02 Million**
- Mobile Health Clinic Vehicles (4): $1,000,0000
- IT Equipment: $20,000

## Total Phase 1 Budget Estimate: $2.87 Million

**Phase 2: Dispersed 'Satellite' model of community service locations**

The next phase will expand by adding smaller community hubs dispersed throughout the county. We envision each hub will be a 3,000 to 5,000 square foot space. This phase will expand the MoS by addressing the target populations B. Youth and Adolescents, F. General Community and G. Holistic and Culturally Competent Rooted Wellness, by adding afterschool Youth Mentorship programs, Tech and Digital literacy, Safe Recreation Spaces, Resource Navigation Hub, Community Kitchens, Healing Circles, and Workshops and Skills Training spaces. These services would be offered through approved community based organizations (CBOs) that apply to become service provider partners of the AAHWRH.

This phase should seek to add physical locations dispersed throughout the county at strategic sites proximate to the target populations and in partnership with community based organizations (CBOs) that apply and become certified service provider partners. The contract relationships with CBO should aim to be 3-5 multiple years in length to enable the necessary runway in planning and execution, analogous to a commercial lease providing sufficient length to enable a business to develop a customer base and grow roots to be successful. The economic model would be that the CCC ORESJ AAHWRH would provide space for the CBOs to operate plus a portion of staffing budget in the form of multi-year budget grants. The CBOs would be responsible for fulfilling the remaining staffing budget requirements, but the space provided by the county expands the footprint of the CBOs operating and as a result expands the population served.

Due to the legal and regulatory requirements for how a range of medical services can be provided safely, this phase will continue to deliver certain medical services via the mobile health clinics operated by CCC Department of Public Health, and expand through increased MoS offerings at the dispersed locations around the county.

*Funding Model – County budget allocations for growth stage*

The revenue model for phase 2 should aim to increase the annual budget allocation from the CCC ORESJ office to fund grants for Partner CBO.

*Service Provider model*

The phase 2 service provider model will leverage CBOs to fill in the gaps between County-provided mental and medical health services and resources with culturally competent and familiar community members. It is our recommendation that the CBOs are selected through an application process and awarded multi-year contracts as Partner organizations to the AAHWRH and are granted the right to deliver specific programs from the MoS and deliver against the needs of the target population. In addition to increased county investment, Phase 2 offers a strategic opportunity to engage philanthropic partners through bundled grantmaking that supports CHW training, culturally rooted mental health services, and mobile unit expansion. These services generate cross-sector savings and align with existing state health equity reforms, making them ideal candidates for philanthropic co-funding.

**Phase 2 Staff Operating Expenses Estimate- $2.02 Million**

Permanent Staff Salaries:
1. Executive Director/Project Manager (1): $120,000
2. Deputy Director (Owner of General Community Constituent Group F & Holistic and Culturally Relevant Wellness Group G) (1): $95,000
3. Mental Health Professionals (2): $160,000
4. Substance Abuse Counselors (2): $150,000
5. Reentry Support Specialists (2): $140,000
6. Youth Service Coordinators (2): $130,000
7. Youth Program Coordinators (1): $65,000
8. Admin/Support Staff (2): $100,000
9. Mobile Health Technicians (4): $240,000
10. Community Engagement Manager (2): $150,000
11. Constituent Group A: Family with Young Children Program Manager (1): $85,000
12. Constituent Group B: Youth and Adolescents Program Manager (1): $85,000

Part-time Staff for Mobile Units and Pop-ups:
- Part-time Wellness Educators (2): $60,000
- Pop-up Event Coordinators (2): $90,000
- Resource Navigator (2.5): $112,000

**Phase 2 Fixed Overhead Expenses Estimate - $0.7 Million**
- Building use expense: ~$400K (20% of Program budget)
- Utilities and Insurance: ~$300K (15% of Program budget)

**Phase 2 Capital Expenses Estimate - $ 0.02 Million**
- IT Equipment: ~$20,000
- Program supplies: ~$20,000

## Total Phase 2 Budget Estimate: $2.74 Million

**Phase 3: Centralized Hub for Community Healing and Sustainability**

Phase 3 is the culmination of the initiative and aims to achieve the ultimate goal, which is to launch an physical Hub for African American Holistic Wellness, and provide the myriad services in need by the target population in a single location that is designed from top to bottom to serve the needs of this population.

The CCC EHSD Building at Cavallo Point is the recommended county asset to be allocated for full entitlement by the ORESJ AAHWRH. The county asset is ~40,000 square feet, and will be free and clear from bonds in June 2027. There is currently ~$900,000 of debt on the books, but on schedule for pay-off by January 2028. 1Q2028 would be the first availability date. The valuation appraisal could occur at the of 2027. This location was selected on the short-list in the report presented to the ORESJ Steering Committee on Monday, November 25, 2024.

The development of the permanent Hub and the inclusion of mixed funding sources—including philanthropic and insurance reimbursement—supports the phased transition to a Joint Powers Authority (JPA). This governance structure is key to ensuring community accountability, funding stability, and strategic coordination with county and state initiatives.

*Funding Model – 'Revenue from everywhere' model*
The revenue model for this phase expand to include four separate sources of revenue,
- A. CCC budget allocations in the form of grants for disbursal to CBOs who submit an application and are selected to meet a specific need in the MoS.
- B. Medical Insurance reimbursement for approved services from certified California medical providers that are granted space to operate within the facility, e.g., mental health counselors therapeutic settings, medical health screenings and services in medical offices, dental services in dental offices.
- C. Fees paid by CBOs to the AAHWRH to deliver services to the target population. This revenue source can only be achieved if the county performs the necessary specialty intended-use renovations and upgrades to justify the fee for 'renting space'.
- D. Fundraising from private donors and institutions such as the Kaiser Foundation, UCSF, etc…

**Phase 3 Staff Operating Expenses - $2.56 Million**

Permanent Staff Salaries:
1. Executive Director/Project Manager (1): $120,000
2. Deputy Director (Owner of General Community Constituent Group F & Holistic and Culturally Relevant Wellness Group G) (1): $95,000
3. Mental Health Professionals (6): $480,000
4. Substance Abuse Counselors (2): $150,000
5. Reentry Support Specialists (2): $140,000
6. Youth Service Coordinators (2): $130,000
7. Youth Program Coordinators (4): $260,000
8. Admin/Support Staff (2): $100,000
9. Mobile Health Technicians (4): $240,000
10. Community Engagement Manager (2): $150,000
11. Constituent Group A: Family with Young Children Program Manager (1): $85,000
12. Constituent Group B: Youth and Adolescents Program Manager (1): $85,000
13. Constituent Group C: Adults Program Manager (1): $85,000
14. Constituent Group D: Elders Program Manager (1): $85,000
15. Constituent Group E: Justice Impacted Individuals Program Manager(1): $85,000

Part-time Staff for Mobile Units and Pop-ups:
- Part-time Wellness Educators (2): $60,000
- Pop-up Event Coordinators (2): $90,000
- Resource Navigator (4): $180,000

**Phase 3 Fixed Overhead Expenses - $0.9 Million**
- Building use expense: ~$512K (20% of Program budget)
- Utilities and Insurance: ~$384K (15% of Program budget)

**Phase 3 Capital Expenses - $ XXX Million**
- Building renovation and buildout – TBD
- IT Equipment: ~$100,000
- Program supplies: ~$50,000

## Total Phase 3 Budget: $3.60+ Million

## Sustainability, ROI, and Philanthropy Strategy

The Hub is designed to deliver high-impact, community-rooted care while producing measurable system savings. Across all phases, the Hub's trauma-informed, culturally specific services reduce public costs in emergency healthcare, behavioral health, housing, maternal care, and the youth justice system. The economic sustainability of the Hub rests on two pillars: (1) robust Return on Investment (ROI) through cost avoidance and community capacity building, and (2) diversified funding through braided public and philanthropic investments.

*Return on Investment (ROI): Cross-System Cost Savings*
The AAHWRH model has been structured using a conservative cost-per-person estimate of approximately $375, with Phase 1 costs projected at $478 per participant and Phase 3 reducing to $301–$361 as scale efficiencies increase. This is substantially lower than traditional public system costs for crisis care or incarceration.

| Impact Area | ROI Metric | Estimated Value | Source |
|---|---|---|---|
| Emergency Care | Avoided ER visit | $1,400 per visit | National average for non-admitted ER cases |
| Maternal Health | Reduced NICU/postpartum costs | 2–3× reduction per case | Medicaid/California Maternal Quality Care Collaborative (CMQCC) |
| Community Health Workers | Retention cost savings | $15,000 per CHW/year | CHW industry benchmarks (labor turnover + retraining) |
| Chronic Homelessness | Cost per high-utilizer patient | $35,578 annually | National Alliance to End Homelessness |
| Youth Justice | Avoided justice system involvement | $25,000–$55,000 per youth | Juvenile justice diversion and prevention research |
| Behavioral Health Access | Reduced long-term care costs | $2,000–$4,000 per client | SAMHSA estimates + CCBHS program evaluations |

These figures underscore the fiscal efficiency of community-driven prevention models. Services like healing circles, CHW-led care coordination, reentry support, and maternal wellness care yield not just improved outcomes, but quantifiable reductions in public expenditure.

Program-Level ROI Contributions
- Behavioral Health: Reduces psychiatric ER visits, enhances employment readiness, and mitigates justice system exposure.
- Maternal & Family Health: Decreases preterm births and maternal complications, especially for Black birthing people.
- Youth Wellness: Reduces school discipline costs, boosts attendance, and diverts youth from juvenile justice systems.
- Housing & Reentry: Lowers shelter, jail, and ER costs; stabilizes vulnerable families.
- Workforce Development: Creates CHW career ladders, reduces unemployment, and increases public system trust.

This ROI framework forms the backbone of the Hub's long-term financial strategy, demonstrating to public agencies and philanthropic partners the downstream savings that result from upstream investment in Black wellness.

**Philanthropy Engagement Strategy: Lessons from Community Clinics**

To complement County investment, the Hub has identified a broad landscape of philanthropic organizations with alignment to health equity, racial justice, maternal health, and systems transformation. This strategy is grounded in a review of IRS Form 990s, annual reports, and programmatic funding histories of comparable community health organizations.

**High-Priority Philanthropic Partners**

The following funders have been selected for their investment histories in similar models of culturally specific care, trauma-informed programming, and cross-system wellness strategies:

- The California Endowment – Known for investments in trauma-informed schools, racial healing, and structural health equity statewide.

- Blue Shield of California Foundation – Strong track record in Medi-Cal transformation, CalAIM alignment, and integrated care systems.

- Kaiser Permanente Community Health – Invests in upstream interventions including housing stabilization, CHW development, and maternal health.

- California Wellness Foundation – Supports culturally competent care, violence prevention, and Black-led behavioral health efforts.

- Tipping Point Community – Funds wraparound services for housing-unstable populations, emphasizing systems navigation and reentry.

- Hellman Foundation – Bay Area funder supporting Black community-based health infrastructure and trauma healing.

- Akonadi Foundation – Focuses on Black freedom and healing justice, particularly through arts, organizing, and health intersections.

- Chan Zuckerberg Initiative (CZI) – Integrates racial equity, housing, and health systems transformation with deep Bay Area presence.

- Sobrato Family Foundation – Invests in safety-net providers and capital infrastructure for health delivery.

- Zellerbach Family Foundation – Prioritizes trauma-informed community programming and culturally responsive behavioral health.

- Stupski Foundation – Supports end-of-life, palliative, and community-rooted care models for BIPOC populations.

- Freedom Community Clinic – An example of donor-funded, holistic healing integrating ancestral practices with public health logic.

- Native American Health Center (NAHC) – Received major funding for culturally specific wellness, offering a parallel funding strategy.

- Lifelong Medical Care & Alameda Health System Foundation – Large-scale systems transformation funding through HRSA and Medi-Cal.

- STRONG Funders Forum – A collaborative of philanthropic institutions in the Bay Area committed to funding equity-centered public systems reform and community-led transformation. The Forum has recently focused on the creation of shared nonprofit spaces in East Contra Costa County to address space constraints, promote long-term stability, and foster collaboration among frontline service organizations. A 2024 survey of local nonprofits found strong interest in shared satellite hubs, meeting rooms, and family-centered wellness spaces. Top priorities included affordable space, long-term leases to counter displacement, and infrastructure for collective programming, training, and case management . The STRONG Funders Forum's convening model, rooted in peer learning and cross-funder strategy, aligns with AAHWRH's vision for subregional satellite sites and collective infrastructure for wellness and healing.

- Lesher Foundation – The Lesher Foundation has supported initiatives that expand access to arts, education, and wellness across Contra Costa County. The Foundation has demonstrated strong interest in regional infrastructure that enables nonprofits to scale their impact. Its support for shared space, community engagement, and long-term facility solutions positions it as a potential funding partner for the capital and operational phases of AAHWRH, particularly in East County.

- Koshland Civic Unity Program / San Francisco Foundation – Through its neighborhood-based approach, this program funds grassroots Black- and Brown-led solutions to address trauma, economic exclusion, and systemic disinvestment. Their emphasis on place-based community healing aligns directly with the Hub's subregional satellite model.

By bundling services such as maternal health, behavioral health, housing support, and CHW workforce development into multi-dimensional grant proposals, the Hub becomes more attractive to both private philanthropy and government contracts.

*Governance and Sustainability: Exploring JPA and Alternative Models*
The long-term financial and operational sustainability of the AAHWRH is being explored through multiple governance pathways. These include the formation of a Joint Powers Authority (JPA) or, alternatively, another community-driven governance model with shared funding from local jurisdictions and philanthropic sources.

Both governance options offer:
- Braided Funding: A structure to receive Medi-Cal, Measure X, philanthropic, and municipal contributions.
.
- Community Governance: A governing body composed primarily of Black-led CBOs, wellness practitioners, and residents with lived experience.

- Flexibility in Operations: Capacity to expand to satellite locations, enter public-private partnerships, and hire regionally.

- Evaluation and Accountability: Shared ROI metrics and impact dashboards to track outcomes across jurisdictions and funders.

*Phase 3 Philanthropic Target and Budget Gap*
To complete full buildout and scale the Hub to reach 10,000–12,000 residents annually, an estimated $1.7M–$2.5M in additional investment is required for:
- Satellite site renovation and healing space buildout

- CHW and youth wellness workforce expansion

- Countywide digital data infrastructure and referral systems

Funding proposals will emphasize the Hub's ability to deliver ROI on public systems while advancing racial equity, providing value to funders seeking measurable, high-impact investments.

## V. Conclusions and Closing statements

The combined total three phase budget estimate is ~$9,218,875+ based on the Cavallo point building renovation cost. While this amount is greater than the initial $7.5M granted by the County, it allows time for more funding and revenue sources to be secured.

The phased approach puts the CCC ORESJ AAHWRH on the most likely path to success and sustainability. The strategic approach combines the challenging economic requirements with a step-by-step approach of launching with a reduced MoS to immediately begin serving the target population's needs, while it allows time and space for the leadership, operational and cooperative partnerships to be formed and nurtured.

This approach also partners deeply with existing CBOs who have been invested and doing the work with the community for decades, creating opportunities for multi-year partnerships and grant funding from county budget allocations to further sustain these organizations and build on the relationships and ties they have built across the target population communities.

| Operating Expenses | Annual Cost | Phase 1 - 2025 to 1H26 # | Total Cost | Phase 2 - 2H26 - 1H28 # | Total Cost | Phase 3: 2H28 and Foroward # | Total Cost | Phase 1 - 3 Total |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | $9,218,875 |
| Full-Time Staff Roles | | | | | | | | |
| a. Executive Program Director | $120,000 | 1 | $120,000 | 1 | $120,000 | 1 | $120,000 | |
| b. Deputy Director (Owner of General Community Constituent Group F & Holistic and Culturally Relevant Wellness Group G) | $95,000 | 0 | | 1 | $95,000 | 1 | $95,000 | |
| c. Mental Health Professional | $80,000 | 2 | $160,000 | 4 | $320,000 | 6 | $480,000 | |
| d. Substance Abuse Counselor | $75,000 | 2 | $150,000 | 2 | $150,000 | 2 | $150,000 | |
| e. Reentry Support Specialist | $70,000 | 2 | $140,000 | 2 | $140,000 | 2 | $140,000 | |
| f. Youth Services Coorindator | $65,000 | 2 | $130,000 | 2 | $130,000 | 2 | $130,000 | |
| g. Youth Program Coordinator | $65,000 | | $0 | 1 | $65,000 | 4 | $260,000 | |
| h. Admin/Support Staff | $50,000 | 2 | $100,000 | 2 | $100,000 | 2 | $100,000 | |
| i. Mobile Health Technician | $60,000 | 4 | $240,000 | 4 | $240,000 | 2 | $120,000 | |
| j. Community Engagement Manager | $75,000 | 1 | $75,000 | 2 | $150,000 | 2 | $150,000 | |
| k. Constituent Group A: Family with Young Children Program Manager | $85,000 | | | 1 | $85,000 | 1 | $85,000 | |
| l. Consituent Group B: Youth and Adolescents Program Manager | $85,000 | | | 1 | $85,000 | 1 | $85,000 | |
| m. Consitunt Group C: Adults Program Manager | $85,000 | | | | | 1 | $85,000 | |
| n. Constituent Group D: Elders Program Manager | $85,000 | | | | | 1 | $85,000 | |
| o. Constituent Group E: Justice Impacted Individuals Program Manager | $85,000 | | | | | 1 | $85,000 | |
| | | | | | | | | |
| Part-Time Staff Roles | | | | | | | | |
| p. Part-Time Wellness Educator | $60,000 | 2 | $120,000 | 2 | $120,000 | 2 | $120,000 | |
| q. Pop-Up Event Coordinators | $45,000 | 2 | $90,000 | 2 | $90,000 | 2 | $90,000 | |
| r. Resource Navigator | $45,000 | 1 | $45,000 | 2.5 | $112,500 | 4 | $180,000 | |
| Sub-Total | | | $1,370,000 | | $2,002,500 | | $2,560,000 | |
| Office and Building Expense | | 20% | $274,000 | 20% | $400,500 | 20% | $512,000 | |
| Utilities and Insurance | | 15% | $205,500 | 15% | $300,375 | 15% | $384,000 | |
| Sub-Total | | | $479,500 | | $700,875 | | $896,000 | |
| Capital Expenditures | | | | | | | | |
| Mobile Health Vehicles | $250,000 | 4 | $1,000,000 | 0 | $0 | 0 | $0 | |
| IT Equipment | | | $20,000 | | $20,000 | | $100,000 | |
| Programming Suplples | | | | | $20,000 | | $50,000 | |
| Sub-Total | | | $1,020,000 | | $40,000 | | $150,000 | |
| Total Phase Cost | | | $2,869,500 | | $2,743,375 | | $3,606,000 | |

**Visual representation of recommended launch and roll-out organized by target population constituent groups**

Phase 1 Implementation / Phase 2 Implementation / Phase 3 Implementation

A. **Families with Young Children**
- o **Childcare Services:**
  - Culturally affirming childcare programs and respite care for working or single parents.
- o **Parenting Classes:**
  - Community-led workshops on parenting strategies, nutrition, and childhood development.
  - Tailored programs addressing challenges like "teen moms struggling to find clear resources."
- o **Doula and Midwife Access:**
  - Partnerships with organizations like CoCo Doulas to integrate prenatal and postpartum support.
  - Accessible prenatal care integrated into community hubs, ensuring "early childhood care is central to these spaces."
- o **Food Security Programs:**
  - Collaborations with local food banks to host regular drop-offs and family meal distribution events.
  - Cooking workshops emphasizing nutrition and family meal planning.
- o **Fitness and Stress Relief:**
  - Family-inclusive yoga, Zumba, and meditation classes for postpartum recovery and stress management.

B. **Youth and Adolescents**
- o **Youth Mentorship Programs:**
  - Culturally relevant mentorship focusing on leadership, conflict resolution, and job readiness.
  - Collaborations with local leaders, formerly incarcerated individuals, and educators.
- o **Tech and Digital Literacy:**
  - Workshops on digital literacy, homework support, and tech career pathways.
  - "Life skills support," including sessions for teenagers to build confidence in a tech-driven world.
- o **Safe Recreational Spaces:**
  - Arts, karate, and soccer programs that promote mental and physical wellness.
  - "Safe spaces for youth to learn and grow," designed to foster confidence and community connection.

- o **Mental Health Support**:
  - Non-traditional therapy options like art and music therapy.
  - Trauma-informed counseling services to support youth impacted by direct or indirect gun violence.

## C. Adults

- o **Behavioral Health Services:**
  - Culturally specific therapists offering individual, couples, and family counseling sessions.
  - Safe spaces for mental health support: "People need spaces to open up and feel they can be themselves."
- o **Job Training and Placement:**
  - Partnerships with nonprofits and local businesses to deliver job training, hiring events, and career counseling.
- o **Financial Literacy:**
  - Workshops on budgeting, debt management, and wealth-building to address economic disparities.
- o **Housing Navigation:**
  - Guidance on securing safe, affordable housing, particularly for those facing housing insecurity or mental health challenges.
- o **Peer Support Groups:**
  - Community-led group discussions focusing on resilience and shared lived experiences.

## D. Elders

- o **Caregiver Support:**
  - Training and respite services for family caregivers.
- o **Health Screenings:**
  - Regular screenings for chronic conditions like diabetes, hypertension, and cancer.
  - Culturally informed workshops addressing elder-specific health concerns.
- o **Social Engagement:**
  - Weekly gatherings for storytelling, crafts, and shared meals to reduce isolation.
  - Partnerships with local churches or religious organizations to create intergenerational connection opportunities.

## E. Justice-Impacted Individuals

- o **Reentry Support:**
  - Assistance with housing, job placement, and accessing social services post-incarceration.
  - Specific programs for "life skills training" such as cooking, budgeting, and interpersonal skills.
- o **Behavioral Health and Addiction Recovery:**
  - Recovery circles tailored to justice-impacted individuals, addressing trauma and systemic challenges.

- Substance abuse counseling integrated into broader wellness programming.
  - **Community Healing:**
    - Resources for healing from trauma related to policing or violence.
    - Public forums and group counseling to address systemic violence and provide restorative spaces.

## F. General Community
- **Food Security:**
  - Regular partnerships with food banks to provide on-site distribution of healthy food options.
  - Community gardens and meal preparation workshops tailored to local cultural practices.
- **Community Kitchen:**
  - Shared kitchen space for hosting cooking classes, nutrition education, and free meal programs.
- **Spiritual Wellness:**
  - Healing circles and meditation sessions facilitated by local religious institutions.
  - Integration of cultural practices, such as drumming or storytelling, for collective healing.
- **Resource Navigation Hub:**
  - Assistance with applying for Medi-Cal, CalFresh, and other public benefits.
  - Access to Wi-Fi, computers, and guidance on navigating local systems.
- **Safe Spaces for Unhoused Populations:**
  - Lounges offering showers, lockers, and relaxation areas to provide dignity and security.

## G. Holistic and Culturally Rooted Wellness
- **Healing Circles:**
  - Group therapy sessions grounded in cultural practices and community storytelling.
  - Spaces for addressing systemic trauma, designed to "heal for real from the inside out."
- **Workshops and Skills Training:**
  - Financial empowerment programs for families.
  - Vocational training for justice-impacted individuals, ensuring equitable opportunities.
  - Mindfulness and meditation classes tailored to community preferences.

## Phased chronological representation of recommended launch and roll-out organized by target population constituent groups

Phase 1 Menu of Service – Mobile Fleet Operations 2025 – 1H2026:

**C. Adults**
- Behavioral Health Services:
  - Safe spaces for mental health support: "People need spaces to open up and feel they can be themselves."
- Housing Navigation:
  - Guidance on securing safe, affordable housing, particularly for those facing housing insecurity or mental health challenges.

**D. Elders**
- Health Screenings:
  - Regular screenings for chronic conditions like diabetes, hypertension, and cancer.
- Social Engagement:
  - Partnerships with local churches or religious organizations to create intergenerational connection opportunities.

**E. Justice-Impacted Individuals**
- Reentry Support:
  - Assistance with housing, job placement, and accessing social services post-incarceration.

**F. General Community**
- Resource Navigation Hub:
  - Assistance with applying for Medi-Cal, CalFresh, and other public benefits.
  - Access to Wi-Fi, computers, and guidance on navigating local systems.

Phase 2 incremental Menu of Services – 2H2026 – 1H2028:

## A. Families with Young Children

- **Parenting Classes**:
  - Community-led workshops on parenting strategies, nutrition, and childhood development.
  - Tailored programs addressing challenges like "teen moms struggling to find clear resources."
- **Food Security Programs**:
  - Collaborations with local food banks to host regular drop-offs and family meal distribution events.

## B. Youth and Adolescents

- **Youth Mentorship Programs**:
  - Culturally relevant mentorship focusing on leadership, conflict resolution, and job readiness.
  - Collaborations with local leaders, formerly incarcerated individuals, and educators.
- **Tech and Digital Literacy**:
  - Workshops on digital literacy, homework support, and tech career pathways.
  - "Life skills support," including sessions for teenagers to build confidence in a tech-driven world.
- **Safe Recreational Spaces**:
  - Arts, karate, and soccer programs that promote mental and physical wellness.
  - "Safe spaces for youth to learn and grow," designed to foster confidence and community connection.
- **Mental Health Support**:
  - Non-traditional therapy options like art and music therapy.
  - Trauma-informed counseling services to support youth impacted by direct or indirect gun violence.

## C. Adults

- **Behavioral Health Services:**
  - Culturally specific therapists offering individual, couples, and family counseling sessions.
- **Job Training and Placement:**
  - Partnerships with nonprofits and local businesses to deliver job training, hiring events, and career counseling.
- **Financial Literacy:**
  - Workshops on budgeting, debt management, and wealth-building to address economic disparities.

**D. Elders**
- o **Social Engagement:**
  - ▪ Weekly gatherings for storytelling, crafts, and shared meals to reduce isolation.

**F. General Community**
- o **Spiritual Wellness:**
  - ▪ Healing circles and meditation sessions facilitated by local religious institutions.

**G. Holistic and Culturally Rooted Wellness**
- o **Healing Circles:**
  - ▪ Group therapy sessions grounded in cultural practices and community storytelling.
  - ▪ Spaces for addressing systemic trauma, designed to "heal for real from the inside out."

## Phase 3 incremental Menu of Services – 2H2028 – Forward:

**A. Families with Young Children**
- o **Childcare Services**:
  - ▪ Culturally affirming childcare programs and respite care for working or single parents.
- o **Doula and Midwife Access**:
  - ▪ Partnerships with organizations like CoCo Doulas to integrate prenatal and postpartum support.
  - ▪ Accessible prenatal care integrated into community hubs, ensuring "early childhood care is central to these spaces."
- o **Food Security Programs**:
  - ▪ Cooking workshops emphasizing nutrition and family meal planning.
- o **Fitness and Stress Relief**:
  - ▪ Family-inclusive yoga, Zumba, and meditation classes for postpartum recovery and stress management.

**C. Adults**
- o **Peer Support Groups:**
  - ▪ Community-led group discussions focusing on resilience and shared lived experiences.

**D. Elders**
- o **Caregiver Support:**
  - ▪ Training and respite services for family caregivers.
- o **Health Screenings:**
  - ▪ Culturally informed workshops addressing elder-specific health concerns.

**E. Justice-Impacted Individuals**
  - ▪ Specific programs for "life skills training" such as cooking, budgeting, and interpersonal skills.
- o **Behavioral Health and Addiction Recovery:**

- Recovery circles tailored to justice-impacted individuals, addressing trauma and systemic challenges.
- Substance abuse counseling integrated into broader wellness programming.
    - Community Healing:
        - Resources for healing from trauma related to policing or violence.
        - Public forums and group counseling to address systemic violence and provide restorative spaces.

## F. General Community
- Food Security:
    - Regular partnerships with food banks to provide on-site distribution of healthy food options.
    - Community gardens and meal preparation workshops tailored to local cultural practices.
- Community Kitchen:
    - Shared kitchen space for hosting cooking classes, nutrition education, and free meal programs.
- Spiritual Wellness:
    - Integration of cultural practices, such as drumming or storytelling, for collective healing.
- Safe Spaces for Unhoused Populations:
    - Lounges offering showers, lockers, and relaxation areas to provide dignity and security.

## G. Holistic and Culturally Rooted Wellness
- Workshops and Skills Training:
    - Financial empowerment programs for families.
    - Vocational training for justice-impacted individuals, ensuring equitable opportunities.
    - Mindfulness and meditation classes tailored to community preferences.

| | Phase 1 | | | | | Phase 2 | | | | | | Phase 3 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Phase 1 Implementation / Phase 2 Implementation / Phase 3 Implementation | 2Q25 | 3Q25 | 4Q25 | 1Q26 | 2Q26 | 3Q26 | 4Q26 | 1Q27 | 2Q27 | 3Q27 | 4Q27 | 1Q28 | 2Q28 | 3Q28 | 4Q28 |

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# FEASIBILITY STUDY FOR THE AFRICAN AMERICAN HOLISTIC WELLNESS AND RESOURCE HUB (AAHWRH) IN CONTRA COSTA COUNTY