

African American Holistic Wellness and Resource Hub

Recommendations for Implementation (DRAFT)

June 2025

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1. AFRICAN AMERICAN HOLISTIC WELLNESS AND RESOURCE HUB FEASIBILITY STUDY

From August 2024 through March 2025, Ceres Policy Research conducted a feasibility study for an African American Holistic Wellness and Resource Hub in Contra Costa County. The feasibility study process began with a [comprehensive community needs assessment](#) and included research of similar wellness models, identification of potential funding sources, landscape review of potential physical sites/locations, and a set of recommendations for design and implementation. The [findings and recommendations](#) were presented to the Board of Supervisors on April 15, 2025. Informed by 4,074 survey responses, 16 listening sessions, 8 district town halls and stakeholder interviews input, the study offered the following recommendations towards a phased approach:

- Phase 1: Immediate activation of mobile services and leveraging of County-led rapid-response services that target high-need groups such as elders, unhoused, geographically isolated, etc.
- Phase 2: Engage and fund CBOs to fill service gaps by delivering dispersed “satellite” services through a sub-regional approach that prioritizes high-need Districts.
- Phase 3: Establish a physical site in Antioch, CA by 2028 that delivers medical, mental health, social and economic support through co-location of County and community services

Ceres Policy Research’s recommendations for immediate action steps included:

- Hire an implementation lead (e.g. executive director) within 90 days
- Expand and extend Steering Committee role/function to Oversight and Advisory Body
- Activate rapid-response services by Jan 2026

The Board of Supervisors directed the Office of Racial Equity and Social Justice (ORESJ) to return to Equity Committee for further direction, with the goal of returning to full Board in summer 2025 with a fully developed and actionable implementation plan that builds off the Ceres Policy Research report and that also addresses the following:

- Conduct an inventory analysis of existing County-run services and programs that support and/or prioritize the improved health and wellness of African American communities and individuals.
- Explore sub-regional approaches that meet the unique strengths, needs and concerns of the diverse African American communities throughout the County’s supervisorial districts.
- Prioritize investment recommendations of the current approved allocation of \$7.5 million to initiate efforts and services toward establishing a hub, and propose a long-term sustainability plan that includes non-County funding sources.
- Propose a governance structure other than a Joint Powers Authority (JPA) that allows for more flexibility and nimbleness in establishing formal partnerships with stakeholders, encourages shared responsibility, and prioritizes community leadership and partnership.
- Propose an approach to securing an entity and/or staff to carry out the implementation of services and establishment of a hub that does not include hiring new County employees.

Grounded in the vision for community wellness outlined in Ceres Policy Research’s feasibility study, ORESJ developed an implementation plan anchored in the following findings:

- The survey of 4,000+ African American residents indicated a widespread perception of harm within the community, highlighting an urgent need for the county to acknowledge and respond to these concerns.
- The survey and listening sessions uncovered an interest in community healing circles, restorative justice programs, and mental health services.

These results underscore the community's desire for holistic, supportive strategies to address the impacts of violence.

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%
Mental Health Services	43%
Legal Advocacy & Support	42%
Trauma Informed Counseling Services	40%
Public Forums for Discussing Safety Concerns	35%

The most frequently cited wellness challenges were caregiving responsibilities, lack of access to healthcare services, and a high cost of services. **These findings show that although Contra Costa County may offer assistance with some of these challenges, many individuals face barriers that could be related to eligibility criteria, lack of awareness, or limited time and energy to navigate the often-complex enrollment process.**

What are the three top wellness challenges to your community?	
Caregiving Responsibilities	42%
Lack of Access to Healthcare Services	41%
High Cost of Services	41%
Lack of Mental Health Resources	38%
Limited availability of services in my area	38%
Housing Instability	38%
Lack of Employment Opportunities	36%

Concerns around safety and police relations (e.g., racial profiling, over-policing)	35%
Lack of Reliable Transportation	30%
Food Insecurity	30%
I have to travel long distances	23%

Findings indicate a demand for comprehensive, accessible services that address the full spectrum of health, economic stability, and basic needs within the community. **This underscores the need to expand program capacity, broaden service offerings, enhance outreach efforts, and increase the availability of enrollment specialists for county services.**

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%
Mental Health Support	40%
Employment Support and Job Training	38%
Nutritional Education and Food Access Programs	38%
Safe and Affordable Housing Services	37%
Substance Abuse Counseling	28%

Based on the findings described, ORESJ recommends that the following service categories be prioritized in the initial development and Phases 1 and 2 of the AAHWRH, and that each set of services are culturally relevant and delivered by local practitioners that are African American and/or have extensive expertise in working with and effectively engaging African Americans.

- Behavioral Health services and supports, particularly for African American males
- Housing Navigation services and supports, particularly for those at immediate risk for loss of housing and those with young children, including African American males
- Preventative health care, check-ups, and screenings, especially for elders and young children
- Infant and Maternal health care services and supports
- Resource Navigation to enroll in Medi-Cal, Cal Fresh, and other public benefits, and navigate social welfare and public systems more broadly
- Reentry support for those transitioning from incarceration and restorative alternatives for those engaged in the criminal legal system, especially African American males

2. INTERNAL ANALYSIS OF COUNTY SERVICES

In May 2025, ORESJ surveyed and analyzed the public programs currently offered in Contra Costa County. The departments contacted included: Employment and Human Services (EHSD), Contra Costa Health (CCH), Library, Probation, and the Public Defender. Each department provided a list of the programs they administer along with brief descriptions (**see Appendix A** for a list of program names). This information was then compiled and analyzed to develop an overview of the county's existing public service infrastructure. We are currently in continued conversation to further develop and refine this analysis.

The results (to-date) were then compared to the set of recommended services outlined in the feasibility study, which are based on community input, survey data, and research on effective strategies to improve wellness in Black and African American communities.

The findings revealed that while several of the needed services are currently offered across departments in Contra Costa County, significant gaps remain. Programs such as childcare services, parenting classes, doula and midwife services, food security programs, youth mentorship, and digital literacy training are available through departments like EHSD, Health, and the Library. Additionally, reentry support is being provided by Probation and the Public Defender's Office. However, many critical services including youth mental health support, fitness and stress relief programs, safe recreational spaces, housing navigation, peer support groups, financial literacy, caregiver support, community healing, and spiritual wellness are either limited or not currently available. A full list of the recommended services and their availability status can be found in **Appendix B**. As mentioned, we are currently in continued conversation to further develop and refine this list for completeness and accuracy.

The current findings suggest that while Contra Costa County has a robust service infrastructure in place, there is significant opportunity to strengthen and expand the infrastructure and delivery strategies to more effectively meet the needs of the African American community and other vulnerable populations. The analysis reveals notable gaps in wellness services that are essential for fostering long-term health, stability, and equity. To address these gaps and build a more inclusive system of support, several strategic approaches can be considered:

Restructure and Realign Existing Programs

Conduct internal reviews to assess how current programs are being delivered and explore opportunities to modify or redesign services in ways that more directly meet the lived experiences and cultural needs of African American communities.

Strengthen Partnerships with Community-Based Organizations (CBOs)

Collaborate with and fund established CBOs that are already serving or are well-positioned to serve the African American community. Leveraging these organizations' cultural expertise, community trust, and existing infrastructure can accelerate service delivery and ensure more responsive and equitable outcomes.

Increase Capacity of County Departments

Allocate additional resources to existing county departments to scale up services and tailor them to better support African American residents. This could include expanding eligibility criteria, increasing staff capacity, provide racial equity and community engagement trainings, or launching targeted wellness initiatives.

2.1. SERVICE LOCATIONS

Currently, health care and social services are offered across the county. Both EHSD and Health have a significant presence in East and West County. This correlates with the areas of the county that are associated with the most need based on the Social Vulnerability Index (SVI), as well as the Healthy Places Index (HPI). Despite this alignment, significant barriers may still exist, particularly related to limited public transportation options and the geographic spread of cities, which can make it difficult for residents to access services efficiently.

In order to develop a more detailed understanding of Contra Costa's most vulnerable populations, ORESJ referenced the Healthy Places Index. The Healthy Places Index analyzes 23 social indicators of health that are positively associated with life expectancy at birth, from multiple peer-reviewed sources to create an index.¹ The indicators include employment rates, educational attainment, homeownership, and insurance coverage.

The analysis identified 12 census tracts (**see Appendix C**) in Contra Costa County with a significant African American population that fall under the 25th percentile of the Healthy Places Index (HPI), indicating that these areas are performing worse than the majority of census tracts across California. These tracts are located within the cities of North Richmond, Richmond, Pittsburg, and Antioch. The census tract with the lowest HPI score, 5.3, was located in Antioch, reflecting particularly severe challenges in that area.

Within the identified census tracts, there was only one library, no regional medical centers, or community health centers.² There were several EHSD offices for workforce services, childcare centers, and a service integrations team site. In future drafts, we will extend the analysis to include sites within 5 miles of the identified census tracts. Being that oftentimes the most vulnerable communities do not have reliable transportation³, it is important that African American Wellness and Resource Hub (AAHWRH) services are located nearby and/or accessible by public transportation.³

Due to these findings, the ORESJ recommendation is to dispatch services throughout multiple locations. That way, neighborhoods or census tracts with the most severe social vulnerability can benefit from the AAHWRH. This approach is supported by data from the survey conducted during the feasibility study, in which 63% of respondents preferred decentralized services (specific programs offered at various sites throughout the county) and 43% favored having multiple service locations across the county. The survey data highlighted a community preference for more accessible service points across the county. Still, in the East County listening sessions with service providers and their clients and district community cafes with residents, there was an overwhelming response and desire for a centralized physical site in the Antioch/Pittsburg area in addition to a broader network of community-based comprehensive and coordinated services.

In future drafts, ORESJ will analyze the public transportation options of those who reside in the most vulnerable census tracts including distance to bus stops and total travel time.

¹ <https://www.healthyplacesindex.org/>

² This does not include population specific health centers such as school clinics.

³ https://ccta.net/wp-content/uploads/2021/05/d212e7_17065ead5e7a4124bf45a8401ff0e23a.pdf

3. ORESJ RECOMMENDATION FOR IMPLEMENTATION

At the April 15, 2025 Board of Supervisors meeting, ORESJ was tasked with building upon the Ceres Policy Research recommendations to create an actionable implementation plan. Further, ORESJ was directed to work with and receive direction from the Equity Committee and return to the Board of Supervisors with a final plan in Summer 2025. Below is ORESJ's initial recommendation for an implementation plan.

The AAHWRH will ensure a culturally-responsive, compassionate, and comprehensive response to the needs of vulnerable members of the African American community and build on the success of prior County efforts and models, such as the Contra Costa Family Justice Alliance (administered by EHSD) and the Reentry Success Network/Center (administered by Probation). The AAHWRH will provide a formalized structure for shared governance and sustainability of a wide network of County and community-led programs and services in order to ensure the efficient use of resources, consistent access to quality services across communities, streamlining of policies, and a coordinated focus on the needs of Black families experiencing intense disparities and inequities in Contra Costa County. The AAHWRH will leverage the combined strengths of local and regional public, nonprofit, and private partners to improve outcomes for individuals and families in a way that will be responsive to the diverse needs, geographies, and cultures of the western, central, and eastern regions of the county. Ultimately, the AAHWRH will coordinate a comprehensive countywide safety net for vulnerable African Americans and other marginalized residents in need of greater safety, connection and belonging, and improved access to health, mental health and other support services that meet their immediate needs.

Specifically, the AAHWRH will:

- Facilitate collaboration and communication among County, community-based, and other partners in order to align and integrate programs and services offered via mobile, pop-up, and satellite sites;
- Support and facilitate referral and coordination processes that recognize the fluid and ever-shifting dynamics of migration and community formation among Black residents throughout the County
- Support integration of data and tracking of outcomes by:
 - Working with partners to use common data collection tools,
 - Identifying outcomes for all partners to track, and
 - Encouraging data sharing among partners as appropriate, without compromising participant confidentiality, trust and safety;
- Identify and share promising and community-defined evidence-based best practices with partners;
- Work with public system, business, community and philanthropic partners to identify and pursue funding opportunities to support these activities;
- Coordinate capacity building and training opportunities for all partners engaged in service provision; and
- Once a facility is established in East County, provide infrastructure, including workspace, supplies, and communications, for partners who co-locate services at the site.

Proposed Design and Timeline:

Phase 1 | 6 months | July-Dec 2025

ORESJ will oversee and administer the release of an RFQ to secure a community-based entity with demonstrated experience and success in establishing community based, community-led health and wellness centers for Black communities to serve as a lead agency and fiscal sponsor. This initial contract will be for a period of 3.5 years, with potential opportunities for renewal in future years based on outcomes and success, project need, and availability of funds.

ORESJ (or other designated County agency) will also release an RFP for community-based service providers to deliver programs within priority service categories determined by data analysis (see “Key Implementation Priorities for Phases 1 and 2” below). Service contracts will be for a period of 3.5 years, with potential opportunities for renewal in future years based on outcomes and success, project need, and availability of funds. Service providers that serve specific areas/regions, as well as those that serve multiple regions countywide, will be encouraged to apply, as long as those areas include the priority census tracts communities identified.

Phase 2 | 3.5 years | January 2026 – June 2029

Once selected and Board-approved (during Phase 1), the contracted lead agency will hire an executive director to lead the implementation efforts which will include: creation of an independent and self-sustaining 501(c)3 nonprofit organization for the Hub; recruitment and assembly of a Board of Directors; recruitment and assembly of a Community Council(s); recruitment and hiring of program staff; administration and coordination of provider contracts; managing partnership relationships with system partners; and developing a 10-year fund development and sustainability plan.

The contracted lead agency will provide the executive director with technical support, strategic planning, and clear direction on how to design and implement the above; serve as the employer of record for the executive director and any program staff; provide the organizational infrastructure, administrative support, and resources for AAHWRH staff to carry out programming and duties.

A Board of Directors (BOD) will be comprised of individuals with strong community ties, as well as positions of influence in public system. The BOD will include community seats with representation from faith communities, service provider organizations, and specific impacted communities, along with institutional seats with representation of government agencies including the Board of Supervisors, County departments (CCH, EHSD, and ORESJ), and local municipal Mayor or Councilmembers. This structure would allow for the agility of an independent nonprofit organization while maintaining buy-in and support from local community groups as well as government partners at the county and city levels.

The Community Council(s) will provide insight, subject matter expertise, and lived experience to help guide and inform the shaping and implementation of the Hub and related activities. The Community Council will be comprised of African American community members with professional and/or lived expertise representing the target priority populations served by the Hub. The Community Council will be comprised of regional (e.g. East, West, Central, South County) sub-committees.

Simultaneously, the contracted service organizations (selected and Board-approved during Phase 1) will deliver direct services in collaboration with County services, while receiving coordination support, technical assistance, and capacity building opportunities from the contracted lead agency.

ORESJ's Role in Phase 1 and Phase 2

ORESJ will oversee the procurement and selection processes for both the contracted lead agency and for the service provider organizations. ORESJ will bring together an AAHWRH Transitional Community Advisory Body (T-CAB) to support the creation and design of the procurement, review and selection processes for the contracted agency, and support the design of eligibility and recruitment and selection criteria for the executive director. Members will demonstrate lived experience and professional expertise specific to African American community health, safety and wellness. The T-CAB will serve as a non-County appointed body and will serve during the initial period of development of the Hub. Once a lead agency has been selected, a 501c3 has been established and a Board of Directors is in place, the T-CAB will transition from its duties and form the foundation of the inaugural Community Council as described above.

In addition, ORESJ will work with and support the executive director hired by the contracted lead agency in establishing and maintaining partnerships with county agencies and other appropriate public system partners with the goal of establishing effective collaboration, communication and coordination with regard to referral processes, service alignment, and leveraging of shared resources and services.

In partnership with the contracted agency and the Community Council, ORESJ will also engage health system partners, local municipal leadership and community organizations in order to garner support, buy-in and commitment from key stakeholders regarding long-term service partnerships and sustainability.

Key Implementation Priorities for Phases 1 and 2:

- Expand mobile physical health services in collaboration with CCH and establish partnerships with transportation services and CBOs.
- Expand systems navigation and service linkage support in collaboration with County departments, as well as expand supports to unhoused and housing insecure families.
- Establish partnerships with CBOs to provide credible messengers, pop-up sites, and wraparound supports.
- Fund community-based mental health healing circles and counseling programs in partnership with trusted local providers.
- Implement restorative justice and re-entry support in collaboration with the Public Defender and Probation Departments.
- Fund supportive services that prioritize African American males, mothers and infants, and elders.
- Focus initial services across multiple neighborhood sites in Districts 1 and 5 to meet urgent resident needs and ensure accessibility.

Phase 3 | July 2029 – ongoing

This phase includes the establishment of a physical site at County-owned property located at 1650 Cavallo Road in Antioch, CA that serves as an anchor institution from which the executive director and staff will be based and carry out the vision and goals of the AAHWRH.

The final decision of whether the proposed Cavallo Road site is feasible will be determined by further analysis of actual costs involved in renovation/construction, facility management and regular maintenance, potential leasing/ownership structures, and other financial dynamics, along with considerations regarding accessibility and public transportation, community safety, and projected utilization. We will also engage Public Works, EHSD, and CAO to determine all necessary County processes and a realistic timeline. It should be noted that this location is currently occupied by EHSD staff and will not be vacated until 2028/2029 at the earliest.

AAHWRH Project Budget for 2026-2029

On April 22, 2024, the Board of Supervisors allocated \$7.5 million of one-time Measure X funds towards the establishment and operation of an African American Holistic Wellness and Resource Hub. On June 10, 2025, the Board of Supervisors allocated \$400,000 of one-time Measure X funds to meet the needs of African American males and assigned these funds to ORESJ to administer as part of the establishment of AAHWRH. ORESJ will oversee and administer allocated funding in accordance with county fiscal policies. The following project budget includes the annual expenses for each fiscal year, beginning with FY 25-26.

Proposed 3.5 Year Budget	
January 2026 - June 2027 (1.5 years)	
Lead Agency	\$500,000
Service Contracts w/ CBOs	\$1,250,000
Total FY 25-26 and FY 26-27	\$1,750,000
July 2027- June 2028 (1 year)	
Lead Agency	\$750,000
Service Contracts w/ CBOs	\$1,250,000
Total FY 27-28	\$2,000,000
July 2028 - June 2029 (1 year)	
Lead Agency	\$900,000
Service Contracts w/ CBOs	\$1,250,000
Antioch Site Renovation*	\$2,000,000
Total FY 28-29	\$4,150,000
January 2026 – June 2029 Total (3.5 years)	
\$7.5M Measure X Allocation (+ \$400k for African American Males)	\$7,900,000

*ORESJ anticipates the need for a capital campaign to secure additional investments for any site renovation project. ORESJ has and will continue to engage in conversations with interested public and philanthropic partners as the implementation process evolves.

4. COMMUNITY-BASED SERVICE CENTER AND/OR HUB MODELS

The AAHWRH model is a widely recognized best practice for integrating the work of public and private organizations to provide wrap-around services for vulnerable community members and their families. Community-embedded wellness centers address the unique needs of specific populations, and help communities use existing resources in new ways to ensure easier access to high-quality services, build safer and healthier communities, and promote sustainable well-being.

ORESJ engaged administrators of several community wellness and resource centers throughout the region and conducted site visits and key informant interviews to glean best practices, community engagement and service utilization strategies, and potential funding structures for administering community-embedded wellness clinics and centers. These visits and discussions informed ORESJ's recommendations included in this implementation plan. The following is a list of existing community health and wellness centers across the Bay Area, and highlighted are those that ORESJ had the privilege of engaging directly.

Contra Costa County:

- African American Family Wellness Center, Village Keepers
- The Family Justice Center
- Reentry Success Center / Reentry Success Network
- RYSE Youth Center
- The SAFE Center
- District Youth Centers

Alameda County:

- ROOTS Community Health Clinic
- Youth Uprising
- Ashland REACH Youth Center
- African American Wellness Center
- Berkeley African American Wellness Center

Santa Clara County:

- Vietnamese American Services Center
- ROOTS Community Clinic / Umoja Community Center

San Francisco City and County:

- Rafiki Coalition for Health and Wellness
- Marin City Health and Wellness Center (SF)

5. SUSTAINABILITY PLAN

The success of the AAHWRH will be in securing long-term sustainability to ensure the countywide service network, coordinated partnerships, and East County site remain in full operation beyond the initial County investment of \$7.5 million in Measure X one-time funds. This initial allocation is a tremendous investment necessary to spur this transformative approach and creates a strong base for sustainability and scale, and a reflection of the Board of Supervisors' commitment to the health and wellness of its most impacted residents and communities.

While the recommendation is to establish the AAHWRH as an independent 501(c)(3) nonprofit organization responsible for developing and implementing a 10-year sustainability plan that leverages public, private, and philanthropic resources, it is vital that the County continue to play a critical role in the sustainability of the AAHWRH to ensure that the Hub remains stable and provides long-term public service to all of Contra Costa County's African American and other vulnerable communities.

ORESJ recommends that beginning in fiscal year 2029-2030, the County allocate an annual baseline award of \$1.5 million from Measure X funds to support base operational expenses of the AAHWRH, including core staffing costs and infrastructure for network coordination activities (e.g. communications, meetings, trainings, grant writers, etc.). In our final recommendation, we will include the feasibility of this proposed baseline allocation based on feedback from Equity Committee and the County Finance Director.

In-kind contributions in the form of leveraged coordinated services from County departments via formal commitments (e.g. MOUs), and possibly in the leasing arrangement between the County and the AAHWRH for a physical site, will also aid in the long-term sustainability.

The AAHWRH has the greatest chance of success if it diversifies its funding sources. ORESJ recommends that by the beginning of Phase 3 (FY 29-30) the AAHWRH secure at least 50% of future revenue from public sources, including Contra Costa County, state and federal grants. In particular, it will be critical to garner support from local cities where significant numbers of African Americans reside and stand to benefit from AAHWRH services.

The lead agency, and ultimately the 501(c)(3) organization, will be responsible for identifying funding opportunities through municipal, county, state and federal agencies that aim to support the needs of vulnerable and marginalized populations (e.g. homelessness, violence prevention, anti-poverty, behavioral health, physical health programs). These funds will be vital in leveraging and growing additional support from private and corporate donors, as well as philanthropic and community foundations, particularly for innovative programs and pilot projects. Other funding streams might include individual donor campaigns, annual fundraising events, and potential program service revenues.

Once a physical site is established, there will be opportunities to generate supplemental revenue through leasing of shared space (e.g. co-location of service providers or retail/small businesses) or implementing other revenue-generating endeavors (e.g. community café, cultural arts programming, facility rental for trainings or events). There will also be opportunity to explore opportunities for cost-reimbursement through delivery of eligible Medi-Cal covered services.

6. ALTERNATIVE OPTIONS FOR IMPLEMENTATION AND OVERSIGHT

ORESJ recommends that the coordination and implementation of the AAHWRH is carried out by a contracted entity until a new, independent 501(c)(3) is created to take on the responsibilities, while working in close, strategic, formal partnership with County departments, as described above. However, ORESJ offers two other alternative arrangements for the implementation and oversight of the AAHWRH that the Board of Supervisors can consider:

Alternative option #1:

Issue a competitive solicitation for an established 501(c)(3) nonprofit that demonstrates the experience, expertise and capacity to carry out the same set of tasks and responsibilities as described above. The primary difference with this option is that rather than have a contracted entity create a new nonprofit organization for the sole purpose of establishing an AAHWRH, this established nonprofit agency will enter the process with an organizational identity, developed mission, and service history that will likely shape the AAHWRH in significant ways. Their internal structure regarding how their Board of Directors is composed and their role, whether there exists a community-led advisory function, and their focus on public/private partnerships may vary from the values and priorities that emerged from the research and planning process thus far. In addition, based on previous research and assessment, it may be challenging to identify an existing local nonprofit organization that is positioned in such a way to have earned the trust and credibility across the many Black communities across both East and West County regions. However, the benefit to this option is that an established organization may be able to begin right away in operationalizing services, leveraging its own resources (e.g. service sites, strategic partnerships, existing staff and services, secured funding) and not need to go through the administrative work of establishing a new organization and securing nonprofit status.

Alternative option #2:

Keep the AAHWRH within the jurisdiction of a County-led initiative. As demonstrated by nearby regional efforts, other counties often retain the responsibility of funding, operating, and staffing community-based wellness centers. The added benefit here is the long-term commitment to sustaining the project, embedding its success within the overall County's goals for effective and successful administration and operating of County services, and ensuring the commitment and participation of County departments via Board of Supervisors mandate and direction. However, this counters the very clear demand from community members and advocates that the AAHWRH be Black-led and community-driven in all aspects of development and implementation. It also risks the potential for limiting the incorporation of community-inspired innovation in regard to protocols, processes, and decision-making, since a County-owned initiative is bound within particular, and often rigid, parameters.

7. CONCLUSION

ORESJ respectfully submits this draft implementation plan to the Equity Committee and seeks guidance and direction from the Supervisors to determine next steps and iterations of this draft.

8. APPENDICES

APPENDIX A: LIST OF CURRENT COUNTY SERVICE PROGRAMS THAT SERVE SIGNIFICANT NUMBERS OF AFRICAN AMERICAN RESIDENTS

(NOTE: will be updated for completeness and accuracy)

Program Name	Department
Black Infant Health	Health
CoCo Doulas	Health
Partners in Pregnancy Fatherhood Program	Health
Nutrition Support Program	Health
QIP Child-Adolescent	Health
African American Health Conductor Program	Health
Free WiFi	Library
Wellness Teams	Library
Kindergarten Readiness	Library
Tech Exchange Digital support	Library
Veterans Support	Library
BrainFuse	Library
Teen Afterschool Activities	Library
Homework Help	Library
Holistic Intervention Partnership	Public Defender
Stand Together Contra Costa	Public Defender
Clean Slate	Public Defender
YEIP - Youth Early Intervention Partnership	Public Defender

AB 109/PRCS	Probation
General Felony Supervision	Probation
Pre-Trial	Probation
Transitional Age Youth Supervision	Probation
Juvenile Field Services - Supervision	Probation
Briones Youth Academy (BYA) - Community Success Pathway	Probation
Community Services - Child Care Centers	EHSD
Community Services - Child Care Vouchers	EHSD
Community Services - Home Visiting	EHSD
Community Services - Community Action	EHSD
Community Services - Energy Assistance	EHSD
Children & Family Services - All Programs	EHSD
Workforce Services - CalWORKs	EHSD
Workforce Services - CalFresh	EHSD
Workforce Services - Medi-Cal	EHSD
Navigators	EHSD
Workforce Development - American Job Centers	EHSD
Workforce Development - Youth Services	EHSD
Workforce Development - Employer Supports (Businesses)	EHSD
Workforce Development - Employer Supports (Employees)	EHSD
Aging & Adult Services - Adult Protective Services (APS)	EHSD

Aging & Adult Services - Area Agency on Aging (AAA)	EHSD
Aging & Adult Services - General Assistance (GA)	EHSD
Aging & Adult Services - In-Home Supportive Services (IHSS)	EHSD
Aging & Adult Services - Public Authority	EHSD

APPENDIX B: AAHWRH SERVICES – RECOMMENDATIONS AND AVAILABILITY OF SAME/SIMILAR COUNTY SERVICES

(NOTE: will be updated for completeness and accuracy)

Service	Department	Currently Available?
Childcare Services	EHSD	
Parenting Classes	Health	
Doula and Midwife Access	Health	
Food Security Programs	EHSD + Health	
Fitness and Stress Relief		
Youth Mentorship Programs	Library	
Tech and Digital Literacy	Library	
Safe Recreational Spaces		
Mental Health Support	Health	
Behavioral Health Services	Health	
Job Training and Placement	EHSD	
Financial Literacy		
Housing Navigation	Health	
Peer Support Groups		
Caregiver Support		
Health Screenings		
Social Engagement		
Reentry Support	Probation	
Behavioral Health & Addiction Recovery	Public Defender	
Community Healing		
Resource Navigation Hub		
Food Security	EHSD + Health	
Community Kitchen		
Spiritual Wellness		
Safe Spaces for Unhoused People		
Healing Circles		
Workshops and Skills Training	EHSD	

APPENDIX C: CONTRA COSTA CENSUS TRACTS UNDER THE 25TH PERCENTILE IN THE HEALTHY PLACES INDEX

(NOTE: will be updated for completeness and accuracy)

City	Census Tract	Percent Black/African American	Total Population	HPI Score
Antioch	3072.02	38.60%	4,299	5.3
Richmond (Iron Triangle)	3760	12.40%	6,245	14.2
Pittsburg (Los Medanos)	3050	18.80%	6,561	14.4
Richmond	3810	28.7%	6,521	15
Richmond	3790	24.10%	7,003	16.3
Pittsburg (Los Medanos)	3120	33.60%	2,243	16.6
North Richmond	3650.02	18%	5,590	18.3
Antioch	3072.05	34.40%	7,557	19.8
Richmond	3770	20.60%	7,323	21.4
Richmond	3730	10%	4,468	22.1
Antioch	3071.02	13.2%	5,330	22.9
Richmond	3750	12.50%	4,897	23.5