# AAHWRH Steering Committee Meeting

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# Feasibility Study Goals

- Develop a phased wellness hub model for holistic, equity-focused care.

- Address unmet community needs, including culturally responsive and trauma-informed services.

- Lay the foundation for long-term community-driven solutions.

- Your insights as a steering committee member play a role in shaping the recommendations and aligning them with community priorities.

# Goals for the Meeting

- Review findings: survey data, stakeholder input, and site options.
- Discuss the phased hub model proposal.
- Gather feedback to finalize recommendations and next steps.

# What the Community Told Us

- **Demographics and Priorities**:
  - Focus on underserved groups: African American, justice-involved, and unhoused populations.
  - High demand for mental health, housing support, and youth services.
- **Barriers**:
  - Major challenges include transportation, cost, and language barriers.
- **Thematic Findings**
  - Equity-Focused Needs: Critical gaps in culturally competent and trauma-informed care.
  - Community Engagement: Strong demand for accessible, safe, and community-driven spaces.
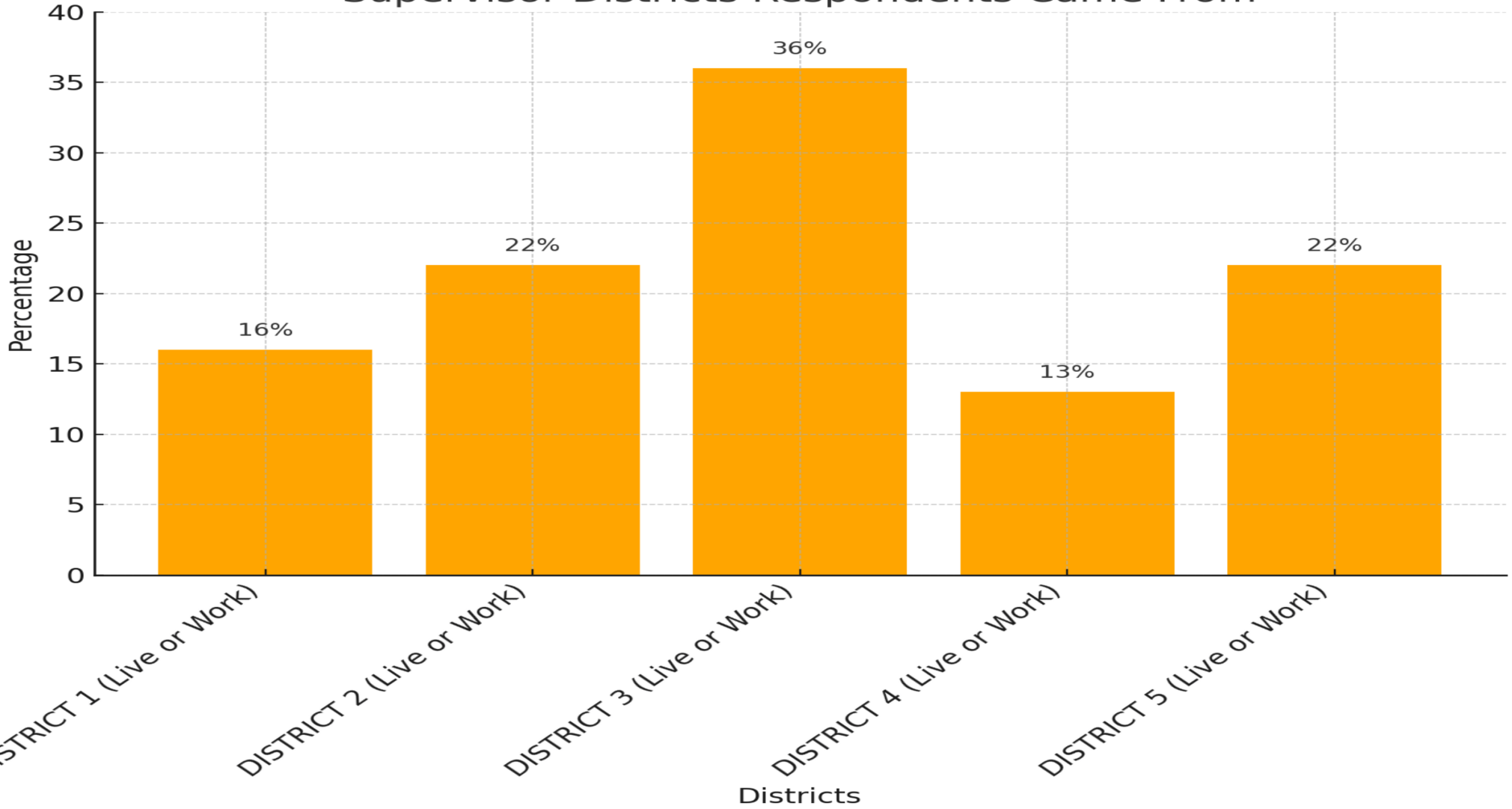
# Community Engagement Methodology

- **Collaborative Listening Sessions**: Partnered with community organizations to conduct 15 in-depth listening sessions, engaging a wide range of participants:
  - **Organizations Involved**: Keyz to the Future, Motivated 2 Help Others, HealthRight 360, Rubicon Richmond, Rubicon Antioch, Young Women's Freedom Center, Black Parent Resource Center, Genesis Church, Richmond Senior Center, First 5 (Pittsburgh & Antioch), Rubicon Concord, CoCo Family Justice Center, Fierce Advocates.
  - **Participants**: Included justice-impacted individuals, Black women of childbearing age, Black men, Black elders, and K-12 families, offering a holistic understanding of community needs and priorities.

- **High Survey Engagement:** Collected responses from a sample of 4,074 participants, reinforcing insights from the listening sessions and providing comprehensive data to guide the phased service model.

- We utilized qualitative data analysis and grounded theory to integrate insights from listening sessions with quantitative survey data, developing a service model that aligns with the community's lived experiences and priorities.
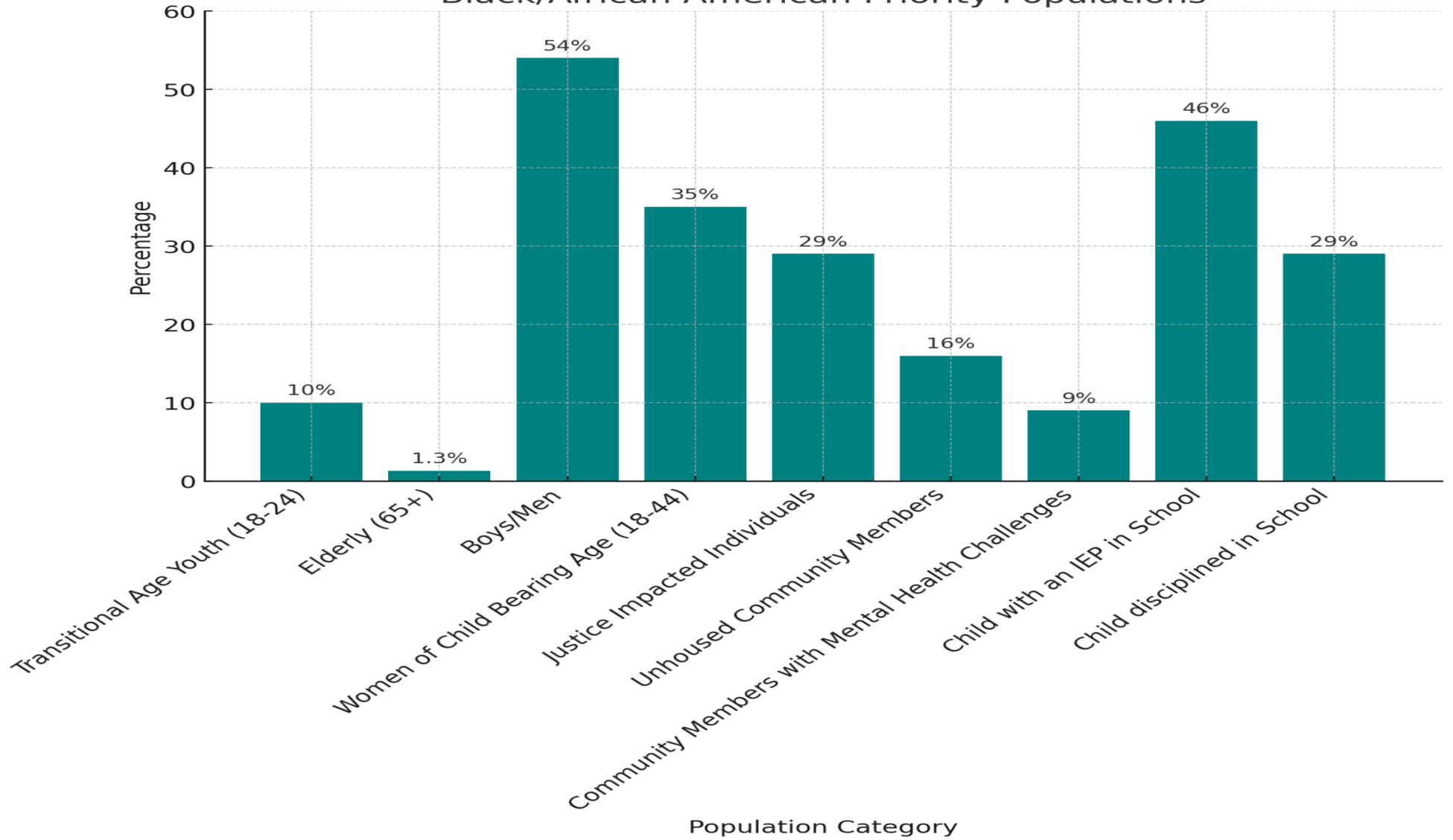
# What Wellness Looks Like for the Black Community

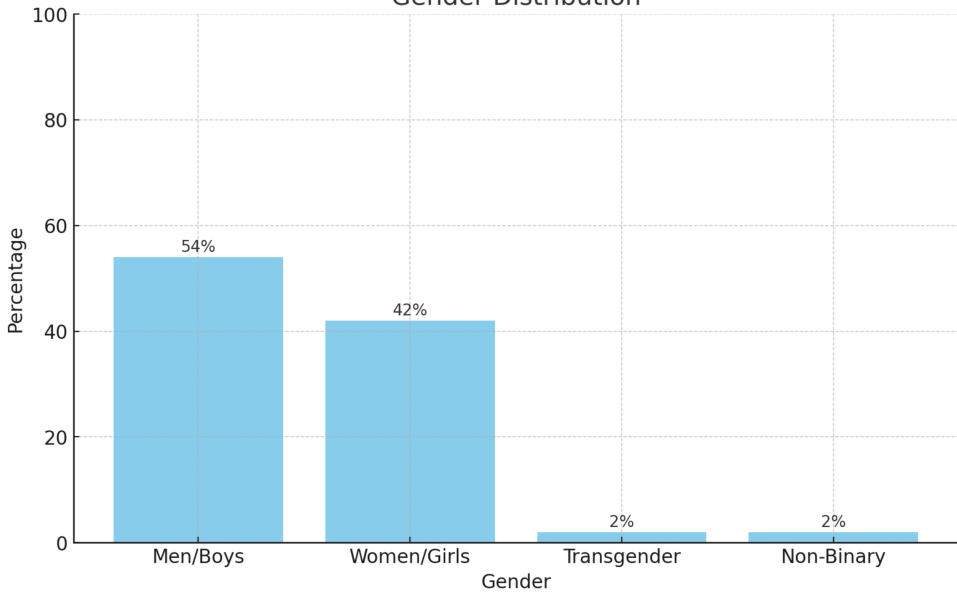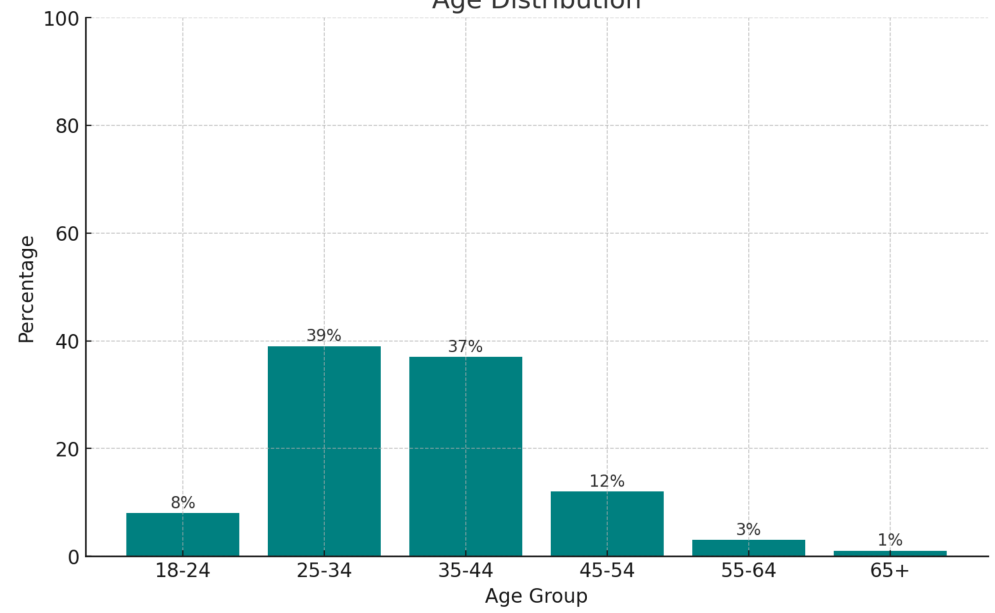Supervisor Districts Respondents Came From

| District | Percentage |
|---|---|
| DISTRICT 1 (Live or Work) | 16% |
| DISTRICT 2 (Live or Work) | 22% |
| DISTRICT 3 (Live or Work) | 36% |
| DISTRICT 4 (Live or Work) | 13% |
| DISTRICT 5 (Live or Work) | 22% |

# Black/African American Priority Populations



Chart showing percentages by Population Category:
- Transitional Age Youth (18-24): 10%
- Elderly (65+): 1.3%
- Boys/Men: 54%
- Women of Child Bearing Age (18-44): 35%
- Justice Impacted Individuals: 29%
- Unhoused Community Members: 16%
- Community Members with Mental Health Challenges: 9%
- Child with an IEP in School: 46%
- Child disciplined in School: 29%

Y-axis: Percentage
X-axis: Population Category

## Gender Distribution

| Gender | Percentage |
|--------|-----------|
| Men/Boys | 54% |
| Women/Girls | 42% |
| Transgender | 2% |
| Non-Binary | 2% |

## Age Distribution

| Age Group | Percentage |
|-----------|-----------|
| 18-24 | 8% |
| 25-34 | 39% |
| 35-44 | 37% |
| 45-54 | 12% |
| 55-64 | 3% |
| 65+ | 1% |

Income Distribution

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

| | |
|---|---|
| **High cost of services** | 41% |

The priority groups more likely to mention this barrier to access are: TAY, child bearing women, justice involved, the unhoused, those with mental health challenges, families with someone who has an iep, families who has someone who has been disciplined.

| | |
|---|---|
| **Time constraints due to responsibilities (e.g. work, caregiving)** | 42% |

The priority groups more likely to mention this barrier to access are: TAY, elderly, those with mental health challenges, families with someone who has an iep

| | |
|---|---|
| **Limited availability of services in my area** | 38% |

The priority groups more likely to mention this barrier to access are: justice involved, unhoused, and those with mental health challenges

| | |
|---|---|
| **Lack of reliable transportation** | 30% |

The priority groups more likely to mention this barrier to access are: TAY, the elderly, justice involved, those with mental health challenges, families with someone who has an iep, families who has someone who has been disciplined in school

| | |
|---|---|
| **I have to travel long distances** | 23% |

The priority groups more likely to mention this barrier are: men, those with mental health challenges, families with someone who has an IEP



Barriers to Accessing Services

| COMMUNITY VIOLENCE | % |
|---|---|
| **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%** |
| Priority groups who are more likely to experience violence are Transitional Aged Youth, men, women of child-bearing age, people who are unhoused, and people living in Districts 2, 3, and 5. **No** | **23%** |
| **Prefer not to say** | **7%** |
| **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 and support** | **42%** |
| **Trauma informed counseling services** | **41%** |
| **Public forums for discussing safety concerns** | **40%** |



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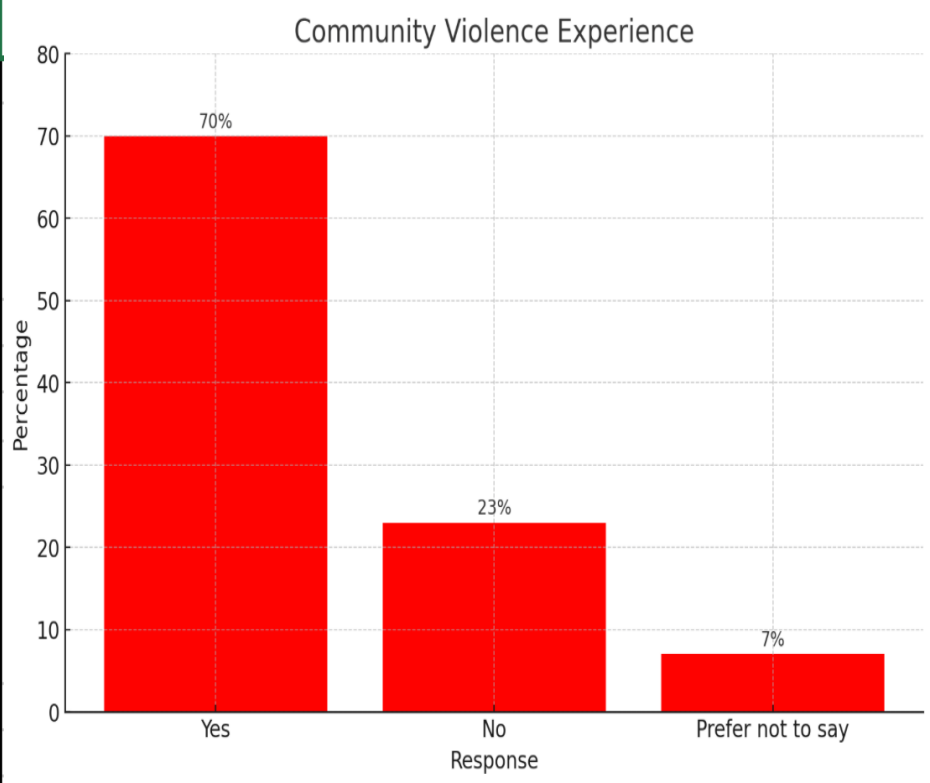
**WHAT SPECIFIC WELLNESS SERVICES OR PRACTICES DO YOU FEEL ARE CURRENTLY MISSING OR WOULD BE MOST HELPFUL TO YOU AND YOUR COMMUNITY?**

**Physical health services**                                                44%
The priority groups who are more likely to mention this need are the unhoused, and those with mental health challenges.

**Mental health support**                                                   40%
The priority groups who are more likely to say these services are missing are: TAY, the elderly, the justice involved, unhoused, those with mental health challenges, families who have someone with an iep, and families who have someone with a history of school disccipline

**Employment support and job training**                                     38%

The priority groups who are more likely to say these services are missing are: men,  justice involved, unhoused, people with a mental health challenge, families who have someone with an iep, and families with someone who has been disciplined in school

**Substance abuse counseling**                                              28%

Priority groups who are more likely to say these services are missing are: TAY, justice involved, people who are unhoused, people with mental health challenges, families with someone who has an iep, families who have someone who has been disciplined in school

**Safe and affordable housing services**                                    37%

Priority groups who are more likely to say these services are missing are: The elderly, men, justice involved, unhoused, those with mental health challenges, and families who have someone who has been disciplined in school
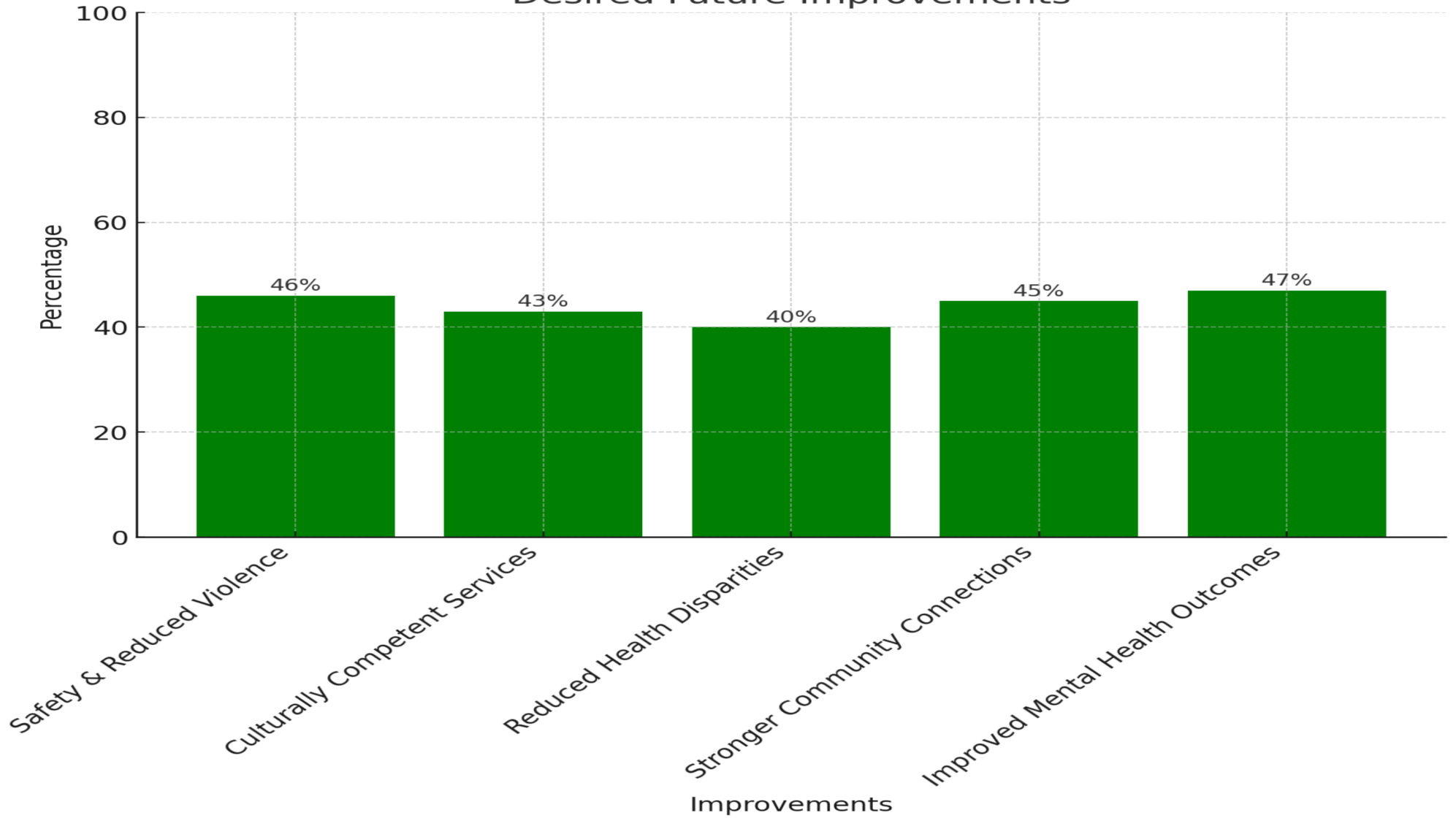
**Nutritional education and food access programs**                          38%

The groups most likely to say this is missing are TAY, and those who have mental health challenges.

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

| | |
|---|---|
| **Concerns around safety and police relations (e.g. racial profiling, over-policing)** | 35% |

Priority groups who are more likely to have this challenge are: TAY, Black men, child bearing women, unhoused, those with mental health challenges, and those who have a family member with a school iep.

| | |
|---|---|
| **Food insecurity** | 30% |

Priority groups who are more likely to have this challenge are: TAY youth, people with mental health challenges, and those with someone in their family who has been expelled, suspended, or arrested at school.

| | |
|---|---|
| **Housing instability** | 38% |

Priority groups who are more likely to have this challenge are: TAY,child bearing women, people who are unhoused, those with mental health challenges.

| | |
|---|---|
| **Lack of access to healthcare services** | 41% |

Priority groups who are more likely to have this challenge are: men, justice involved, people experiencing mental health challenges, and families with a member who has an IEP.

| | |
|---|---|
| **Lack of employment opportunities** | 36% |

Priority groups who are more likely to have this challenge are: TAY, families with a member who has been disciplined in school, and families with a member who has an IEP.

| | |
|---|---|
| **Lack of mental health resources** | 38% |

Priority grouops who are more likely to have this challenge are: men, people experiencing mental health challenges, families who have someone with an IEP.



Top Wellness Challenges
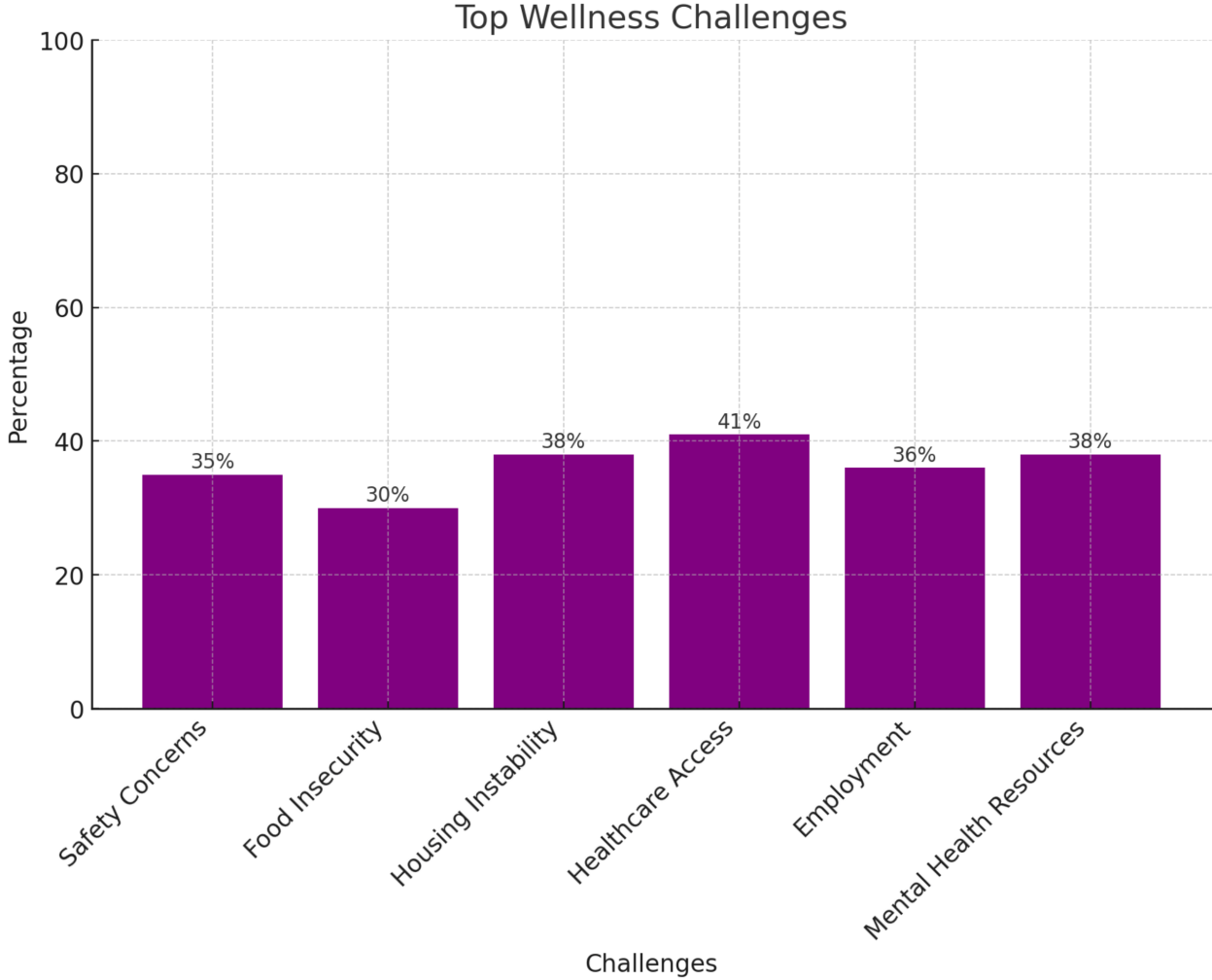
| WHERE WOULD YOU PREFER THE HUB TO BE LOCATED? | |
|---|---:|
| | |
| One central location | 34% |
| One central location with smaller hubs across the county | 26% |
| Mobile or traveling services for underserved areas | 32% |
| Decentralized | **63%** |
| *Scattered sites offering specific services in different areas (44%)* | |
| *In community centers within neighborhoods (36%)* | |
| *Multiple locations across the county (43%)* | |

| SERVICE PRIORITIES | |
|---|---:|
| 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 events that center around healing and wellness | 40% |
| Offering drop-in wellness services | 72% |
| Partnerships with local organizations | 37% |
| Regular town halls or community forums | 50% |

# Desired Future Improvements

**Percentage**

| | |
|---|---|
| 46% | Safety & Reduced Violence |
| 43% | Culturally Competent Services |
| 40% | Reduced Health Disparities |
| 45% | Stronger Community Connections |
| 47% | Improved Mental Health Outcomes |

**Improvements**

Word Cloud of Potential Hub Names

# Partner Engagement Strategy

- **Community Data-Driven Approach**:
  - Based on community insights, we will collaborate with service providers and organizations to align service delivery with identified best practices.
- **Creating Partnership Criteria**:
  - Establish clear criteria for partnerships so services align with community priorities, including cultural relevance and trauma-informed care.
- **Formalizing Agreements**:
  - Develop partner agreements to outline shared goals, roles, and responsibilities, maintaining consistency and accountability in service delivery.
- **Next Steps**:
  - Begin outreach to key providers such as UCSF, La Clinica, and Planned Parenthood to explore potential partnerships.
  - Initiate conversations with Health and Human Services to assess current operations and identify opportunities to collaborate on culturally relevant services for the Hub.

# Community-Driven Service Recommendations

- Behavioral Health Supports
  1. "Creating those safe spaces where people can heal for real from the inside out, and creating those environments so people feel like they can really be themselves."
  2. "Having the availability to have mental health services, also health care, and to be able to talk about these issues, like you said, in a safe place and with people who look like you."
  3. "Depression doesn't always lead to action, but isolation... that's the real issue. People need spaces to open up."

- Food and/or Housing Insecurity Services
  1. "Partner with your local food bank, so they have drop-offs at your site, at least twice a month, so people who come and can get food."
  2. "Safe and affordable housing is essential, especially for people who are unhoused and those with mental health challenges."

- Maternal and Infant Health Services
  1. "There are programs and stuff out there specifically for teen moms, but access to those resources is not always clear."
  2. "Prenatal and early childhood care should be integrated into the community spaces we're building."

- Youth Development Support Services
  1. "These kids need a safe space that they feel comfortable in, where they can learn and grow."
  2. "Teenagers need a place where they can go to get help, including health support and tutoring for life skills like digital literacy."

- Community Healing Supports (from Trauma due to Police Violence)
  1. "We need Trauma-informed counseling services and public forums to address safety concerns."
  2. "We have to have resources for direct and indirect gun violence especially for youth without guidance."

# Phased Wellness Hub Model Proposal

- Phase 1: Immediate Access
  - Repurpose Existing Spaces: Use faith-based/community-based organizations and county properties for rapid deployment.
  - Mobile Units: Deploy wellness units to address transportation barriers and expand reach across all the Supervisorial Districts.
- Phase 2: Transition to Permanent Hub
  - Site Analysis: Antioch Sheriff's Building and Veterans' Halls as top candidates in terms of county assets.
  - Work directly in the community with existing and identified partners to provide additional offerings such as job training, prenatal and early childhood care, and financial literacy programs, supporting community needs while transitioning to the permanent Hub.

# Phase 3: Full Implementation

- **Comprehensive and Holistic Services**:
  - Establish a fully operational hub offering a wide range of culturally responsive and community-driven services, including:
    - **Mental Health Services**: Culturally affirming counseling, trauma-informed care, and support groups.
    - **Youth Mentorship and Family Programs**: Educational support, family advocacy, and mentorship initiatives tailored to the unique challenges of African American youth and families.
    - **Reentry and Economic Empowerment Programs**: Job training, entrepreneurship support, and resources for justice-involved individuals to reintegrate successfully.
    - **Community Wellness Initiatives**: Chronic disease management, wellness education, and preventative care to address long-standing health disparities.
    - **Cultural and Social Connection Programs**: Community gatherings, cultural celebrations, and spaces for collective healing and advocacy.

- **Goal**: Establish a fully operational, sustainable wellness hub that empowers community members through targeted, wraparound services to support individual and collective well-being.

# AAHWRH needs a multi-year strategic vision and development plan

**1**

**Phase 1
(Delivery in
6-12 months)**

Model to serve highest needs first through near-immediate mobile service vehicles, i.e.,
- Mental health therapists and preventative health screenings in specialized buses
- Consistent and published schedule of services and 'bus service routes'
- A website and mobile app that enables community digital access, engagement, scheduling, information gathering and mass communication

**2**

**Phase 2
(Political action and
capital planning)**

Continue Board of Supervisors work to further develop strategic plan and build political support and consensus around the budgeting model to support the facility's economic model for sustained operational success

**3**

**Phase 3
(New Facility opens
in 30-36 months)**

Open the AAHWRH with a robust, consensus driven economic operating model, including a multi-year vision and strategy to build up to the full menu of services in demand and needed by the target demographic constituents of the County

# Comparative Insights from Other Models

- Learning from Successful Models
  - Axis Community Health: Phased approach with blended funding and equity-focused care.
  - La Clinica de La Raza: Integrated equity and community-driven planning.
  - LifeLong Medical Care: Success in blending public, private, and community resources.
- Lessons Learned for Scalable Practices
  - Diversified funding strategies.
  - Culturally competent service delivery.
  - Community-led planning for sustainability.

# Location Analysis and Recommendations

- How We Assessed Sites
  - Accessibility for underserved populations.
  - Immediate usability or renovation requirements.
  - Alignment with phased hub goals.

# Site Selection Conclusions and Recommendations

**Directional recommendation at this point are the following assets grouped into three (3) categories:**

*Category A: Turn-Key for intended use assets:* One (1)

1. *Government Sheriff's Building – asset #473 – 4559 Delta Fair Blvd, Antioch*

*Category B: Existing Structure, renovation required for intended use assets: Three (3)*

1. Antioch Veterans Hall - asset #284 - 406 W 6th street, Antioch

2. Brentwood Veterans Hall - asset #171 - 757 1st Street, Brentwood

3. Pittsburg Veterans Hall - asset #262 - 186 E. Leland Road, Pittsburg

*Category C: Undeveloped / greenfield land, construction required for intended use assets:* Two (2)

1. Pacheco Community Center - asset #73& asset #15 - 5800 Pacheco Blvd, Pacheco/Antioch and adjacent vacant land

2. Undeveloped land adjacent to Headstart pre-school complex - assets #133, #135, #632 & #585 - 1203 W10th street, Antioch

New recommendation

# Steering Committee Feedback and Next Steps

- We Need Your Input
  - Does the phased model address key community needs?
  - Are the proposed sites practical and impactful?
  - What additional gaps or risks should we consider?

- Next Steps
  - Presentation about Economic Model on 12/16 at Equity Meeting
  - January Meeting: Draft Recommendations about Implementation Process
  - Schedule community cafés in February to provide updates and gather additional input from the community.