



Mental Health Services Act (MHSA)

*Three Year Program and
Expenditure Plan*

**FY 2025-26
Annual Update**

Contra Costa Behavioral Health Services



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Executive Summary

We are pleased to present Contra Costa Behavioral Health Services (CCBHS) Mental Health Services Act (MHSA) Annual Update for FY 2025-26. Previous MHSA Three Year Plans and Annual Updates can be found at: [Mental Health Services Act \(MHSA\) | Contra Costa Health \(cchealth.org\)](#)

The 2025-26 Annual Update to the 2024-25 Three Year Program and Expenditure Plan Annual Update includes strategies to address emerging statewide initiatives that prioritize housing and related treatment services that will better serve those at risk of housing insecurity and those who are not connected to appropriate behavioral health supportive services. We look forward to continued community partnerships. These on-going efforts will continue to provide learning opportunities that guide our work moving forward.

The Annual Update describes programs that are funded by the MHSA, what they will do, and how much money will be set aside to fund these programs. It also describes what will be done to evaluate plan effectiveness and MHSA funded programs to meet the intent and requirements of the Mental Health Services Act.

The Three-Year Plan includes the following components:

1. Community Services and Supports (CSS)
2. Prevention and Early Intervention (PEI)
3. Innovation (INN)
4. Workforce Education and Training (WET)
5. Capital Facilities/ Information Technology (CF/TN)

[Mental Health Services Act \(MHSA\) Background and Reporting Requirements](#)

California approved Proposition 63 in November 2004, and the Mental Health Services Act became law. The Act provides significant additional funding to the existing public mental health system and combines prevention services with a full range of integrated services to treat the whole person. With the goal of wellness, recovery and self-sufficiency, the intent of the law is to reach out and include those most in need and those who have been traditionally underserved. Funding is to be provided at sufficient levels to ensure that counties can provide each child, transition age youth, adult and senior with the necessary mental health services and supports. Finally, the Act requires the Three-Year Plan be developed with the active participation of local stakeholders in a Community Program Planning Process (CPPP).

Welfare and Institutions Code (WIC) Section §5847 and California Code of Regulations (CCR) §3310 require that MHSA plans address each of the five components listed above and annual expenditure projections for each component. MHSA Three Year Plans and Annual Updates must be posted for a 30-day public comment period and the Behavioral Health Board (previously known in Contra Costa as the Mental Health Commission) shall conduct a public hearing at the conclusion of the public posting period (WIC §5484). MHSA Three Year Plans and Annual Updates must be adopted by the Board of Supervisors and submitted to the Behavioral Health Services Oversight and Accountability Commission or BHSOAC (previously known as the Mental Health Services Oversight and Accountability Commission) within 30 days of Board of Supervisor approval.

In March 2024, California voters passed Proposition 1, which will have a significant impact on MHSA planning and programming across the State. Some of these changes include an integrative planning and reporting process, as well as an emphasis on housing and intensive services. The Act will be renamed from the MHSA to the Behavioral Health Services Act (BHSA) and implementation of services and programming will begin July 1, 2026, with the roll out of the first Three Year Plan under BHSA in years 2026-2029.

[Core principles of MHSA](#)

- Consumer/client and family-driven services
- Cultural responsiveness
- Focus on wellness, recovery, and resiliency
- Community collaboration
- Integrated service experiences for clients and families

[Key Updates for FY 2025-26](#)

Community Supports and Services (CSS)

- Updates to Housing expansions to include increasing support to board & care operators; bolstering the housing continuum of care by adding more units of housing in various categories; and identifying funds to build out and expand housing and treatment programs
- Children's mobile crisis response services are now offered by the County operated Anywhere Anyone Anytime (A3) 24/7 Mobile Crisis Response Team. A3 is funded by the local tax known as Measure X, so no longer reflected in the MHSA Three Year Plan.
- Multi-Systemic Therapy for Juvenile Justice Involved Youth – provided by Embrace, continues to contract with the County, but has been moved from the MHSA budget to a different funding source.

No longer reflected in the MHSA Three Year Plan

- TURN Behavioral Health (previously Mental Health Systems), the provider for AOT and Central County FSP, is no longer contracting with the County. These programs are now County operated. Many of the TURN staff have been hired by the County to operate the program, so continuity of care for clients is maximized.

Prevention and Early Intervention (PEI)

- Prevention and Early Intervention (PEI) Data & Performance Indicators
- Pending contract to create a Peer Leadership & Training Program

Innovation

- Updates to Innovation projects: Psychiatric Advanced Directives (PADs) Phase II, continue on in the final year of the Community Defined Practices Innovation Project, and start the implementation of the Program Improvements for Valued Outpatient Treatment (PIVOT) Innovation Project.
- Program Improvements for Valued Outpatient Treatment (PIVOT) Innovation Project Proposal
- Innovation Report for FY 2025-26 attached in Appendix G.

Vision

The MHSA has served as a catalyst for the creation of a framework that calls upon members of the community to work together to facilitate change and establish a culture of cooperation, participation, and innovation. We recognize the need for ongoing evaluation and improvement of services for individuals and families to address complex behavioral health needs. This is an ongoing expectation, and it is necessary to continually challenge ourselves by working to improve a system that pays particular attention to individuals and families who are most vulnerable and may have the most difficult time accessing care.

Our consumers, their families and our service providers describe behavioral health care that works best by highlighting the following themes:

Access. Programs and care providers are most effective when they serve those with behavioral health needs without regard to Medi-Cal eligibility or immigration status. They provide a warm, inviting environment, and actively and successfully address the issues of transportation to and from services, wait times, availability after hours, services that are culturally and linguistically competent, and services that are performed where individuals live.

Capacity. Care providers are most appreciated when they can take the time to determine with the individual and his or her family the level and type of care that is needed and appropriate, coordinate necessary health, behavioral health and ancillary resources, and then are able to take the time to successfully partner with the individual and his or her family to work through the behavioral health issues.

Integration. Behavioral health care works best when health and behavioral health providers, allied service professionals, public systems such as law enforcement, education and social services, and private community and faith-based organizations work as a team. Effective services are the result of multiple services coordinated to a successful resolution.

We honor this input by envisioning a system of care that supports independence, hope, and healthy lives by making accessible behavioral health services that are responsive, integrated, compassionate and respectful.

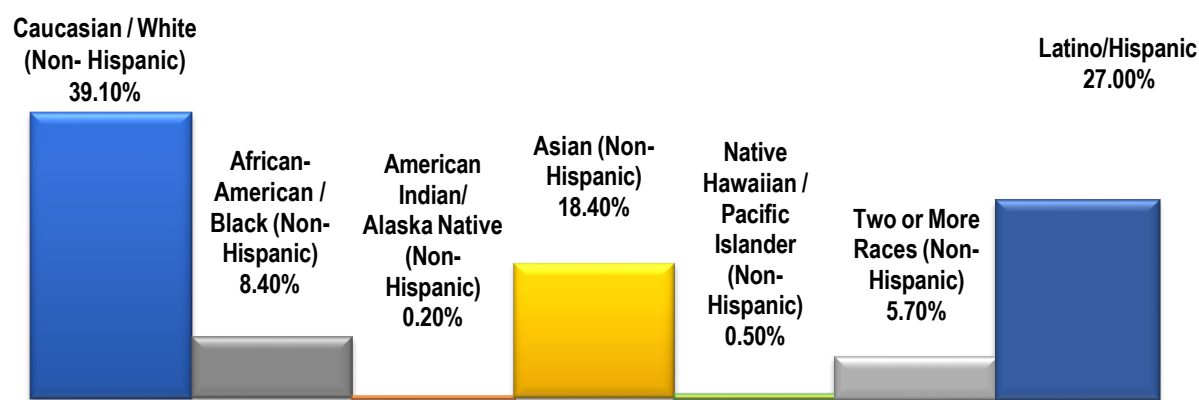
Suzanne K. Tavano, PHN, PhD
Behavioral Health Services Director

Contra Costa County Demographics

Contra Costa County Population Summary

According to the most recent 2020 US Census estimates, the population size in Contra Costa County is estimated at 1,165,927. It’s estimated that about 8% of people in Contra Costa County are living in poverty and about 33% of the residents have public health coverage. Information released by the State of California’s Department of Finance, projects that population size is expected to grow. An estimate of current racial/ethnic demographic data is illustrated below in Figure 1. In addition, about 77% of the population is 18 or older, with about 23% of the population being children. About a quarter of the residents are foreign born. The figure below was sourced from the 2020 Census Diversity Index by County.

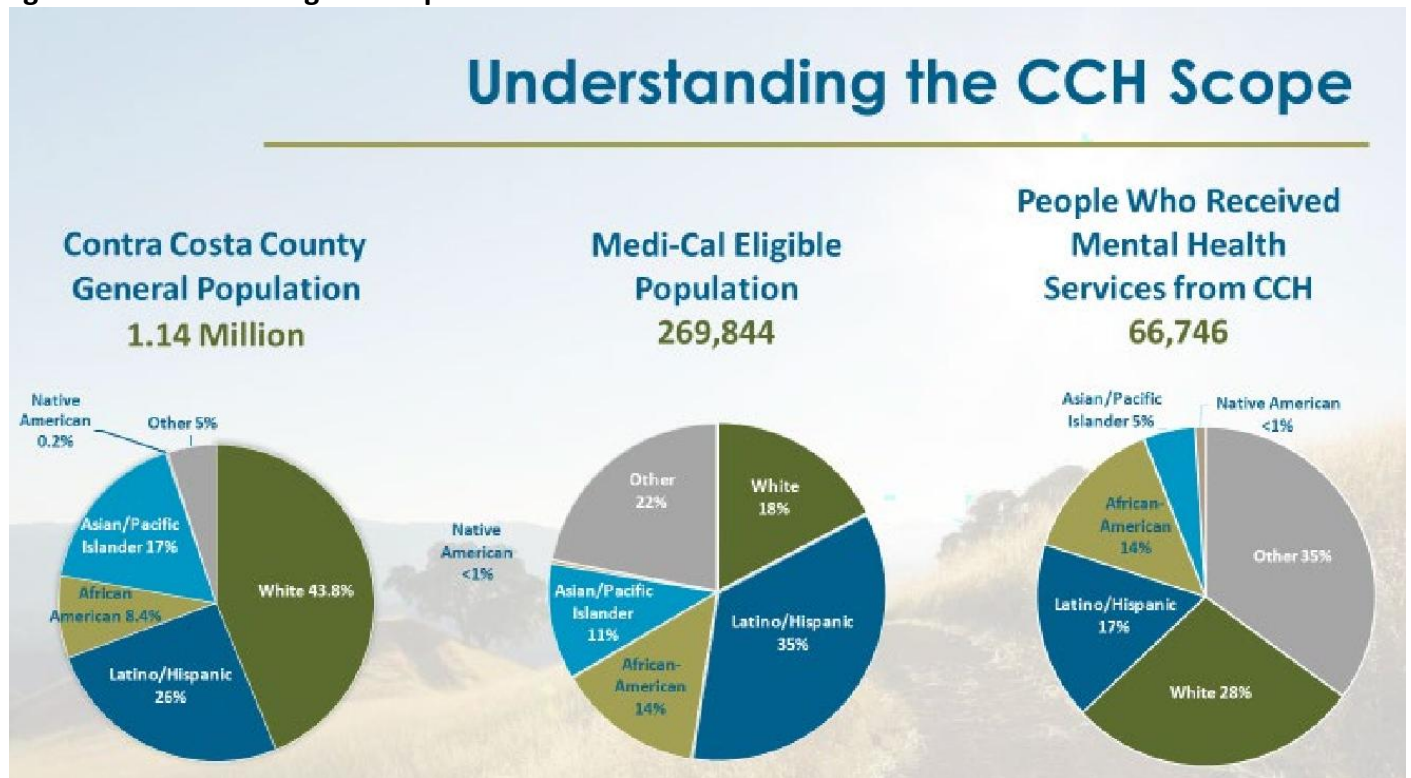
Figure 1: Contra Costa County 2020 Projected Racial/ Ethnic Populations



Disparities in Utilization of Services

In Contra Costa County there are about 360,000 residents that are eligible for Medi-Cal services. Data shows that of this group, Latino/Hispanic and Asian/Pacific Islander communities are accessing behavioral health services at lower rates than other ethnic communities (Figure 2). Systems wide initiatives designed to address these disparities are outlined in the Cultural Humility Plan (CHP) and throughout the MHSA Three Year Plan. The most recent CHP can be found at the [Latest News Section of Behavioral Health](#).

Figure 2: Understanding the Scope



Contra Costa Behavioral Health Services (CCBHS) is proud to partner with a broad range of community-based organizations that serve diverse communities throughout the county. Below is a list of community partners (Figure 3), as well as a graph depicting the populations served by our Prevention and Early Intervention (PEI) programs (Figure 4).

Figure 3: Programs Funded by Contra Costa Behavioral Health Services MHSA



Figure 4: Cultural Communities Served through MHSA

	African American / Black	Latino/e/x	AAPI	Children & Youth	Older Adults	LGBTQ	Recent Immigrants	Faith-Based
Asian Family Resource Center			X		X		X	
Center for Human Development	X	X		X		X		
Child Abuse Prevention Council				X				
Contra Costa Crisis Center	X	X						
COPE	X	X		X				
Fierce Advocates	X	X		X				
First Five	X	X	X	X				
Hope Solutions	X	X		X				
James Morehouse Project	X	X	X	X				
Jewish Family & Community Services				X			X	
La Clínica de la Raza		X		X				
Lao Family Development			X				X	
Lifelong Medical Care	X				X			
NAMI Contra Costa	X	X	X					X
People Who Care	X	X		X				
Rainbow Community Center				X	X	X		
RYSE	X	X	X	X		X		
Stand!	X	X		X				
The Latina Center		X		X			X	
Vicente Martinez High School				X				
We Care Services for Children	X	X		X				

The Community Program Planning Process

To prepare for the Three-Year Plan, Contra Costa Behavioral Health Services (CCBHS) utilizes a Community Program Planning Process (CPPP) to gather meaningful stakeholder input toward accomplishing the following:

- Identify issues related to mental illness that result from a lack of behavioral health services and supports
- Analyze behavioral health needs
- Identify priorities and strategies to meet these behavioral health needs

MHSA Advisory Council (formerly Consolidated Planning Advisory Workgroup - CPAW)

CCBHS continues to seek counsel from its ongoing stakeholder body, the MHSA Advisory Council. Over the years MHSA Advisory Council members, consisting of consumers, family members, service providers and representative community members, have provided input to the Behavioral Health Services Director as each Three-Year and Annual Plan Update has been developed and implemented. The Three-Year Plan provides a comprehensive approach that links MHSA funded services and supports to prioritized needs, evaluates effectiveness and fidelity to the intent of the Act, and informs future use of MHSA funds. The MHSA Advisory Council also recommends each year's Community Program Planning Process build upon and further what was learned in previous years. Thus, the Three-Year Plan can provide direction for continually improving not only MHSA funded services but also influencing CCBHS.	MHSA Advisory Council Membership Seats <ul style="list-style-type: none"> • Alcohol & Other Drug Services (AOD) • CBO Service Provider(s) • CCBHS Service Provider(s) • Consumer(s) • Criminal Justice • Education • Faith Based Leadership • Family Member(s) • Family Partner – Youth • Family Partner – Adult • Health, Housing and Homelessness • Mental Health Commission (Board) • Peer Provider • Underserved Population(s) • Veterans
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Community Meetings

During the fiscal year, MHSA hosts numerous public stakeholder meetings.

Meeting	Purpose	Occurs
MHSA Advisory Council	Opportunity for stakeholder dialogue with the Behavioral Health Director; discuss issues relevant to MHSA, including review existing programming, funding and evaluation.	Quarterly
MHSA Advisory Council Sub-Committee Innovation	Learn, discuss, and provide input on new and emerging MHSA related programs that impact CCBHS's system of care, including programs under the Innovation component.	Quarterly
MHSA Advisory Council Sub Committee-Steering	Develop agenda for Advisory Council main meeting, including identifying presentation & discussion topics	Quarterly
Suicide Prevention Coalition	Countywide collaborative co-hosted with the Contra Costa Crisis Center. Responsible for Suicide Prevention Strategic Planning	Monthly
Reducing Health Disparities	Focus on diversity, equity, inclusion and reducing disparities within CCBHS with ongoing goal of being trauma informed, working against	Quarterly

	racism, addressing historical barriers to services, and promoting equity, wellness, recovery and resiliency both in service delivery and within the workforce. Responsible for Cultural Humility Plan.	
Assisted Outpatient Treatment Workgroup (AOT)	Discussion and support around the work of County AOT providers, including Forensic Mental Health, Justice Partners and Community Based Organizations	Quarterly

Stakeholder Incentives

Incentives are offered to community members for participating in stakeholder events and meetings, such as public forums, MHSA Advisory Council and sub-committees through the use of gift cards. Gift cards of up to \$30 may be given to non-paid community members for participation ranging from 1-4 hours.

MHSA Community Presentations and Forums

In addition to scheduled stakeholder meetings and community events, the MHSA Team provides informational presentations and orientations to the MHSA upon request. Some recent examples include:

- Annual MHSA presentation for the Service Provider Individualized Recovery and Intensive Training (SPIRIT) class.
- Presentation to School-Based Mental Health Providers
- Presentation to Contra Costa – Alameda Medical Association
- Presentation to Alcohol and Other Drugs (AOD) Advisory Board
- Presentation at Suicide Prevention Awareness Event at Vicente High School
- Various presentations to stakeholders and staff regarding Proposition 1
- Presentation to the Mental Health Commission (Board) focused on *Understanding Proposition 1*
- Presentation to MHSA Advisory Council focused on *Program Improvements for Valued Outpatient Treatment (PIVOT) Innovation Project Proposal*

In addition, MHSA staff regularly attended the Mental Health Commission (local mental health board) meetings and provide information and presentations related to MHSA, as requested. In preparation for the transition to the Behavioral Health Services Act (BHSA), Contra Costa's Mental Health Commission and Alcohol and Other Drugs Services (AODS) Advisory Council were dissolved, and instead, a Behavioral Health Board has been formed.

Surveys

In January 2024, an electronic community survey was launched and distributed to at least 500 community members and made available in multiple languages. The survey was intended to elicit feedback regarding prioritization of MHSA funds and service needs. Responses were provided to the following questions.

Which programs in the 2023-26 Three Year Plan are most valuable to the community? (Top 5 in ranked order)

1. Intensive outpatient programs for people with mental illness and substance use disorder
2. Housing and related support services
3. Crisis Services

4. Prevention and early intervention services targeting specific cultural groups
5. Services for those involved with the justice system

Are there any individuals, groups and/or cultural communities whom you believe are not being adequately served by the Behavioral Health System? (Top 5 in ranked order)

1. Persons with Serious Mental Illness
2. Persons with Substance Use Disorder, African American/Black (tied)
3. Latino/Hispanic communities
4. Older Adults, Persons experiencing Homelessness, Persons with Disabilities (tied responses)
5. Youth (6-16)

What is needed to improve client engagement? (Top 5 in ranked order)

1. Offer services that match the level of need
2. Help with unmet basic needs (food, shelter, etc.)
3. Improve appointment availability (time, location, wait list)
4. Providers who look like the community
5. Resource navigation (insurance, benefits, etc.) / Offer services that are culturally appropriate (i.e. in the right language) / Improve response times (tied responses)

Which MHSA service areas have been effective in addressing local behavioral health concerns? (Top 5 in ranked order)

1. Crisis Services
2. Early Psychosis Program
3. Housing Services for people with mental health challenges
4. Full-Service Partnerships
5. Prevention and Early Intervention Programs

Survey Respondent Demographic Data:

Age:

- 26-59 years – 66%
- 60+ years – 20%
- 17-25 years – 7%
- Prefer not to say – 7%
- Under 16 years – 0%

Region of Residence:

- East County – 32%
- West County – 29%
- Central County – 24%
- Prefer Not to Say – 10%
- South County – 5%

Affiliation / Identity:

- Consumer / Peer / Person with Lived Experience – 24%
- Community Member / Contra Costa Resident – 24%
- Provider – 21%
- Family Member – 16%
- Faith Community – 5%
- Student – 5%
- Active Military / Veteran – 2%
- Law Enforcement – 1%

Current Year Trends:

- Zoom events preferred over In Person events
- Majority of respondents were from the East County Region
- Majority of respondents identified as a Consumer / Peer / Person with Lived Experience
- Majority of respondents were women
- Majority of respondents were between 26-59 years old
- Majority of respondents were Caucasian or Latino/Hispanic

Summary

The community program planning process identifies current and ongoing behavioral health service needs and provides direction for MHSA funded programs to address these needs. It also informs planning and evaluation efforts that can influence how and where MHSA resources can be directed in the future.

The full array of MHSA funded programs and plan elements described in this document are the result of current as well as previous community program planning processes. Thus, this year's planning process builds upon previous ones. It is important to note that stakeholders did not restrict their input to only MHSA funded services but addressed the entire health and behavioral health system.

The MHSA Three Year Program and Expenditure Plan operates within the laws and regulations provided for the use of the Mental Health Services Act Fund. Thus, the Plan does not address all the prioritized needs identified in the community program planning process but does provide a framework for improving existing services and implementing additional programs as funding permits.

The following chapters contain programs and plan elements that are funded by the County's MHSA Fund and will be evaluated by how well they address the Three-Year Plan's Vision and identified needs as prioritized by the Community Program Planning Process.

The Plan

COMMUNITY SERVICES AND SUPPORTS (CSS)

Community Services and Supports (CSS) is the component of the Three-Year Program and Expenditure Plan that refers to service delivery systems for mental health services and supports for children and youth, transition age youth (ages 16-25), adults, and older adults (over 60). CCBHS utilizes CSS funding for the categories of Full-Service Partnerships and General System Development.

First approved in 2006 with an initial State appropriation of \$7.1 million, Contra Costa's budget has grown incrementally to approximately \$58,191,000 for FY 2025-26 in commitments to programs and services under this component. The construction and direction of how and where to provide funding began with an extensive and comprehensive community program planning process whereby stakeholders were provided training in the intent and requirements of the MHSA, actively participated in various venues to identify and prioritize community mental health needs and developed strategies by which service delivery could grow with increasing MHSA revenues. The programs and services described below are directly derived from this initial planning process and expanded by subsequent yearly community program planning processes.

Full-Service Partnerships

CCBHS operates and contracts with behavioral health service providers to enter into collaborative relationships with clients, called Full-Service Partnerships (FSP). Personal service coordinators develop an individualized services and support plan (or treatment plan) with each client, and, when appropriate, the client's family to provide a full spectrum of services in the community necessary to achieve agreed upon goals.

Children (0 to 18 years) diagnosed with a serious emotional disturbance, transition age youth (16 to 25 years) diagnosed with a serious emotional disturbance or serious mental illness, and adults and older adults diagnosed with a serious mental illness are eligible. These services and supports include, but are not limited to, crisis intervention/stabilization services, mental health and substance use disorder treatment, including alternative and culturally specific treatments, peer and family support services, access to wellness and recovery centers, and assistance in accessing needed medical, housing, educational, social, vocational rehabilitation, and other community services, as appropriate. A qualified service provider is available to respond to the client/family 24 hours a day, seven days a week to provide after-hours intervention. FSP programs are a crucial programming that assist in recovery and wellness for individuals with a serious mental illness or serious emotional disturbance. An analysis of FSP programs has identified the positive impact FSPs provide through the Assertive Community Treatment (ACT) model which has shown to decrease homelessness, incarceration, and Psychiatric Emergency Service (PES) visits and increase engagement in productive and meaningful activities such as; work, education, vocation/ training programs and volunteerism for individuals with serious and debilitating mental health challenges. As per statute requirements, these services comprise most of the CSS budget.

Performance Indicators. The rates of change for in-patient psychiatric hospitalization and PES episodes for persons participating in FSPs indicate whether Contra Costa's FSP programs promote less utilization of higher acute and more costly care. For FY 2022-23 (the most recent year available), data was obtained for 406 participants who were served by FSP programs. Use of PES and in-patient psychiatric hospitalization

was compared before and after FSP participation. Additional performance indicators were used to gauge productive meaningful activity and risk of homelessness. Engagement in FSP programs generally has a positive impact in this category, but due to the COVID pandemic during the reporting period (FY 22-23), opportunities for productive and meaningful activity were limited. Results are below:

- 90.2% decrease in the number of PES episodes
- 86.0% decrease in the number of in-patient psychiatric hospitalizations
- 82.3% decrease in the number of in-patient psychiatric hospitalization days

The following full-service partnership programs are currently established via MHSA:

Children. The Children's FSP Program is comprised of three elements, 1) Personal services coordinators, 2) Multi-dimensional family therapy for co- occurring disorders, 3) County operated children's clinic staff.

- 1) Personal Service Coordinators. Personal service coordinators are part of a program entitled Short Term Assessment of Resources and Treatment (START). Seneca Family of Agencies contracts with the County to provide personal services coordinators, a mobile crisis response team, and three to six months of short-term intensive services to stabilize the youth in their community and to connect them and their families with sustainable resources and supports. Referrals to this program are coordinated by County staff on a countywide assessment team, and services are for youth and their families who are experiencing severe stressors, such as out-of-home placement, involvement with the juvenile justice system, co-occurring disorders, or repeated presentations at the County's Psychiatric Emergency Services.
- 2) Multi-dimensional Family Therapy (MDFT) for Co-occurring Disorders. Lincoln Child Center contracts with the County to provide a comprehensive and multi-dimensional family-based outpatient program for adolescents with a mental health diagnosis who are experiencing a co-occurring substance abuse issue. These youth are at high risk for continued substance abuse and other problem behaviors, such as conduct disorder and delinquency. This is an evidence-based practice of weekly or twice weekly sessions conducted over a period of 4-6 months that target the youth's interpersonal functioning, the parents' parenting practices, parent-adolescent interactions, and family communications with key social systems.
- 3) Children's Clinic Staff. County clinical specialists and family partners serve all regions of the County and contribute a team effort to full-service partnerships. Clinical specialists provide a comprehensive assessment on all youth deemed to be most seriously emotionally disturbed. The team presents treatment recommendations to the family, ensures the family receives the appropriate level of care, and family partners help families facilitate movement through the system.

Amounts summarized in the following is the MHSA funded portion of the total cost for Children programming. It should be noted that the total amount of these programs is funded by a combination of Medi-Cal reimbursed specialty mental health services and MHSA funds.

Program/Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2025-26 / Cost per Person
Personal Service Coordinators	Seneca Family of Agencies (FSP)	Countywide	75	773,964 / 10,319
Multi-dimensional Family Therapy	Lincoln Child Center (FSP)	Countywide	60	649,136 / 10,818
Children's Clinic Staff	County Operated	Countywide	Support for FSP	664,866 / NA
Children's Flex Fund		Countywide		148,000 / TBD
Eating Disorder Treatment	Various Providers	Countywide	TBD	1,000,000 / TBD
Total			135	\$3,235,966

Transition Age Youth. Eligible youth (ages 16-25) are individuals who are diagnosed with a serious emotional disturbance or serious mental illness, and experience one or more of the risk factors of homelessness, co-occurring substance abuse, exposure to trauma, repeated school failure, multiple foster care placements, and experience with the juvenile justice system.

- 1) Fred Finch Youth Center is in West County and contracts with CCBHS to serve West and Central County. This program utilizes the assertive community treatment model as modified for young adults that includes a personal service coordinator working in concert with a multi-disciplinary team of staff, including peer and family mentors, a psychiatric nurse practitioner, staff with various clinical specialties, to include co-occurring substance disorder and bilingual capacity. In addition to mobile mental health and psychiatric services the program offers a variety of services designed to promote wellness and recovery, including assistance finding housing, benefits advocacy, school and employment assistance, and support connecting with families.
- 2) Youth Homes Youth Homes is in East County and contracts with CCBHS to serve Central and East County. This program emphasizes the evidence-based practice of integrated treatment for co-occurring disorders, where youth receive mental health and substance abuse treatment from a single treatment specialist, and multiple formats for services are available, to include individual, group, self-help and family.

Amounts summarized below are the MHSA funded portion for Transition Age Youth FSP programming:

Program/Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2025-26 / Cost per Person
Transition Age Youth FSP	Fred Finch Youth Center	West and Central County	70	383,517 / 5,478
Transition Age Youth FSP	Youth Homes	Central and East County	30	117,857 / 3,928
County Support Costs (vehicles)		Countywide	NA	24,000 / NA
Total			100	\$525,374

Adult and Older Adult. Adult FSPs provide a full spectrum of services and supports to adults over the age of 18 who are diagnosed with a serious mental illness, are at or below 200% of the federal poverty level and are uninsured or receive Medi-Cal benefits.

CCBHS contracts with Portia Bell Hume Behavioral Health and Training Center (Hume Center) to provide FSP

services in the West and East regions of the County. Prior to COVID-19, the Hume contract was increased to provide enhanced services including housing flex funds as well as serving 40 additional clients. Familias Unidas contracts with the County to provide the lead on full-service partnerships that specialize in serving the County's Latino/a/x population whose preferred language is Spanish. The Central County FSP program is now operated by the County.

Contracts may have multiple funding sources. Amounts summarized below are the MHSA funded portion for Adult Full-Service Partnership Programming:

Program/Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2025-26 / Cost per Person
Full-Service Partnership	Hume Center	West County East County	70 (Adult) 5 (Older Adult) 70 (Adult) 5 (Older Adult)	3,176,961 / 21,179
Full-Service Partnership	County Operated	Central County	47 (Adult) 3 (Older Adult)	1,433,821 / 28,676
Full-Service Partnership	Familias Unidas	West County	28 (Adult) 2 (Older Adult)	209,030 / 6,967
Adult Housing Flex Fund		Countywide	Varies	50,000
County Support for Client Transportation (vehicles)		Countywide	NA	75,600/ NA
Total			230	\$4,945,412

Additional Services Supporting Full-Service Partners. The following services are utilized by full-service partners and enable the County to provide the required full spectrum of services and supports.

Adult Mental Health Clinic Support. CCBHS has dedicated clinicians at each of the three adult mental health clinics to provide support, coordination and rapid access for full-service partners to health and mental health clinic services as needed and appropriate. The team has been expanded this year since the Central County FSP provider, TURN Behavioral Health, did not renew their contract. The program is now County operated.

Rapid Access Clinicians offer drop-in screening and intake appointments to clients who have been discharged from the County Hospital or Psychiatric Emergency Services but who are not open to the county mental health system of care. Rapid Access Clinicians will then refer clients to appropriate services and, when possible, follow-up with clients to ensure a linkage to services was made. If a client meets eligibility criteria for FSP services, the Rapid Access Clinician will seek approval to refer the client to FSP services. Clinic management act as the gatekeepers for the FSP programs, authorizing referrals and discharges as well as providing clinical oversight to the regional FSP programs. FSP Liaisons provide support to the FSP programs by assisting the programs with referrals and discharges, offering clinical expertise, and helping the programs to navigate the County systems of care. Community Support Worker positions are stationed at all three adult clinics to support families of clients as they navigate and assist in the recovery of their loved ones. Amounts summarized below are the MHSA funded portion for Adult Mental Health Clinic Support:

Program/Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2025-26 / Cost per Person
FSP Support, Rapid Access	County Operated	West, Central, and East County	Support for FSPs	2,731,313
Total				\$2,731,313

Assisted Outpatient Treatment. In February 2015, the Contra Costa Board of Supervisors passed a resolution authorizing \$2.25 million of MHSA funds to be utilized on an annual basis for providing mental health treatment as part of an assisted outpatient treatment (AOT) program. The County implements the standards of an assertive community treatment team as prescribed by Assembly Bill 1421 and thus meets the acuity level of a full-service partnership. This program provides an experienced, multi-disciplinary team who provides around the clock mobile, out-of-office interventions to adults, a low participant to staff ratio, and provides the full spectrum of services, to include health, substance abuse, vocational and housing services. Persons deemed eligible for AOT are served, whether they volunteer for services, or are ordered by the court to participate. CCBHS provides dedicated clinicians and administrative support within the Forensic Mental Health Clinic to 1) receive referrals in the community, 2) conduct outreach and engagement to assist a referred individual, 3) conduct the investigation and determination of whether a client meets eligibility criteria for AOT, 4) prepare Court Petitions with supporting documentation and ongoing affidavits, 5) testify in court, 6) coordinate with County Counsel, Public Defender and law enforcement jurisdictions and 7) participate in the development of the treatment plan.

Amounts summarized below are the MHSA funded portion for Assisted Outpatient Treatment programming:

Program/Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2025-26 / Cost per Person
Assisted Outpatient Treatment	County Operated	Countywide	70 (Adult) 5 (Older Adult)	2,102,958 / 28,039
Assisted Outpatient Treatment Clinic Support	County Operated	Countywide	Captured in above number	1,475,924
Total			75	\$3,578,882

MHSA Funded Housing Services. MHSA funds for housing supports supplements that which is provided by CCBHS and the County's Health, Housing and Homeless (H3) Services Division, and is designed to provide various types of affordable shelter and housing for low-income adults with a serious mental illness or children with a severe emotional disorder and their families who are homeless or at imminent risk of chronic homelessness. Annual expenditures have been dynamic due to the variability of need, availability of beds and housing units, and escalating cost. Housing supports are categorized as follows:

- 1) Temporary Shelter Beds. The County's Health, Housing and Homeless Services (H3) Division operates several temporary bed facilities for adults and transitional age youth. CCBHS has a Memorandum of Understanding (MOU) with the H3 Division that provides MHSA funding to enable individuals with a serious mental illness or a serious emotional disturbance to receive temporary emergency housing in these facilities. This agreement includes up to 2.163 bed nights per year for the Pomona Street Apartments and McGovern House transitional living programs, staff for the Calli House Youth Shelter, up to 9,527 bed nights for the Brookside and Concord temporary shelters, and up to 1.610 bed nights for the Philip Dorn Medical Respite Shelter in Concord, which serves those in need of recuperative care

following a hospital discharge.

- 2) Augmented Board and Care. The County contracts with several licensed board and care facilities to provide additional funds to augment the rental amount received by the facility from the SSI rental allowance. These additional funds pay for necessary supports for those with serious mental illness to avoid institutionalization and enable them to live in the community. An individualized services agreement for each person with a serious mental illness delineates needed supplemental care, such as assistance with personal hygiene, life skills, prescribed medication, transportation to health/mental health appointments, and connection with healthy social activities. These providers include, but are not limited to: Divines Home, Modesto Residential Living Center, Oak Hills Residential Facility, Pleasant Hill Oasis, United Family Care (Family Courtyard), Williams Board and Care Home, and Woodhaven. An additional provider, Crestwood Healing Center, has 64 augmented board and care beds in Pleasant Hill, and has a transitional residential program, The Pathway, that provides clinical mental health specialty services for up to a year (with a possible six-month extension) for those residents considered to be most compromised by mental health issues. During this three-year period CCBHS will seek to maintain and increase the number of augmented board and care beds available for adults with serious mental illness. Additional funding is also being allocated to address market competitiveness for rates being paid to small adult residential facilities and to assist older adult clients to maintain the home and placement that they have successfully lived in for many years.
- 3) Supportive Housing: Master Leased and Scattered Site. Shelter, Inc. contracts with the County to provide a master leasing program, in which adults or children and their families are provided tenancy in apartments and houses throughout the County. Through a combination of self- owned units and agreements with landlords, Shelter, Inc. acts as the lessee to the owners and provides staff, maintenance and administers County-funded rental subsidies to support individuals and their families to move in and maintain their homes independently. Until 2016 the County participated in a specially legislated state-run MHSA Housing Program through the California Housing Finance Agency (CalHFA). In collaboration with many community partners the County embarked on several one-time capitalization projects to create 39 permanent housing units for individuals with serious mental illness. These individuals receive their mental health support from CCBHS contract and county service providers. The sites include Villa Vasconcellos in Walnut Creek, Lillie Mae Jones Plaza in North Richmond, The Virginia Street Apartments in Richmond, Robin Lane apartments in Concord, Ohlone Garden apartments in El Cerrito, Third Avenue (Arboleda) Apartments in Walnut Creek, Garden Park apartments in Concord, and scattered units throughout the County operated by Hope Solutions. The state-run MHSA Housing Program ended in 2016 and was replaced by the Special Needs Housing Program (SNHP). Under SNHP, the County added 5 additional units of permanent supportive housing at the St. Paul Commons in Walnut Creek. In July 2016 Assembly Bill 1618, or No Place Like Home, was enacted to dedicate in future years \$2 billion in bond proceeds throughout the State to invest in the development of permanent supportive housing for persons who need mental health services and are experiencing homelessness or are at risk of chronic homelessness. Voters approved Proposition 2 in November 2018, and various rounds of competitive and non-competitive funding were made available to counties. In Contra Costa, this resulted in over 60 additional permanent supportive housing units in the following locations:
 - Veteran's Square – Satellite Affordable Housing Associates (SAHA) - East County (operational)
 - Galindo Terrace – Resources for Community Development (RCD) - Central County (completion expected December 2024)

- 699 Ygnacio Valley Rd. - RCD - Central County (pre-development)
- Legacy Court – Community Housing Development Corporation (CHDC) and Eden Housing – West County (pre-development)

- 4) Housing Continuum and Resource Development. Over the course of this three-year planning period, the State and Federal government have and will release multiple housing infrastructure-related grant opportunities for Counties. Including but not limited to Behavioral Health Continuum Infrastructure Program (BHCIP) and Behavioral Health Bridge Housing (BHBH). CCBHS has also accepted an allocation from Department of Social Services to fund the Community Care Expansion Preservation program intended to stabilize existing licensed adult residential facilities (ARF) and residential care facilities for the elderly (RCFE). County intends to continue to apply for other opportunities as they are released. CCBHS recognizes supported housing for people living with a mental health condition as a priority issue and is committed to leveraging existing resources to meet that need by fortifying our existing housing continuum of care. This plan budgets funds to allow CCBHS to complete proposed projects and provides funding for any potential County required funding match needed to take advantage of historic funding opportunities. Additional funding has also been allocated to allow the CCBHS to locally fund and take advantage of potential projects that address other gaps in the housing continuum. Finally, in order to better support clients additional funding is being allocated to emergency care funds to support clients at certain facilities while social security benefits are pending. Additionally, this budget allocates funding to support clients and Housing Services staff address the often- unforeseen challenges that arise by creating a housing flex fund. This fund may be used to address small, unplanned and/or temporary financial needs related to maintaining a home.
- 5) Coordination Team. The Housing Services Coordination Team provides support to residents, facilitates linkages with other Contra Costa behavioral health programs and services, and provides contract monitoring and quality control. A Chief of Supportive Housing Services oversees the Coordination Team and MHSA funded housing units.

Amounts summarized in the following table are the MHSA allocation for MHSA funded housing services:

Program/Plan Element	County/ Contract	Region Served	Number of MHSA beds, units budgeted	MHSA Funds Allocated for FY 2025-26 / Cost per Person
Shelter Beds	County Operated	Countywide	75 beds (est.)	2,942,055 / 39,227
Augmented Board and Care*	Crestwood Healing Center Bridge Program	Countywide	64 beds	1,147,028/ 17,922
Augmented Board and Care*	Various	Countywide	335 beds	7,113,982 / 21,235
Master Lease	Contract	Countywide	110 units	3,421,247 / 31,102
Scattered Site	Contractor Operated	Countywide	39 units	State MHSA funded
BHCIP/Program Match		Countywide	Varies	3,000,000
BHCIP Program Estimates		Countywide	Varies	5,952,021
Coordination Team	County Operated	Countywide	Varies	2,739,564
Emergency Care Funds (ECF)		Countywide	Varies	60,000
Housing Flex Fund		Countywide	Varies	140,000
Total			690	\$26,515,897

*Augmented Board and Care facility contracts vary in negotiated daily rate, and several contracts have both

realignment as well as MHSA as funding sources. Thus, the budgeted amount may not match the total contract limit for the facility and beds available. The amount of MHSA funds budgeted are projections based upon 1) history of actual utilization of beds paid by MHSA funding, 2) history of expenditures charged to MHSA, and 3) projected utilization for the upcoming year. CCBHS continues work to secure additional augmented board and care beds. Plan Updates will reflect adjustments in budgeted amounts.

Non-FSP Programs (General System Development)

General System Development is the service category in which the County uses MHSA funds to improve the County's mental health service delivery system for all clients who experience a serious mental illness or serious emotional disturbance, and to pay for mental health services for specific groups of clients, and, when appropriate, their families. Since the Community Services and Supports component was first approved in 2006, programs and plan elements included herein have been incrementally added each year by means of the community program planning process. These services are designed to support those individuals who need services the most.

Funds are now allocated in the General System Development category for the following programs and services designed to improve the overall system of care:

Supporting Older Adults. There are two MHSA funded programs serving the older adult population over the age of 55, 1) Intensive Care Management, and 2) Improving Mood: Providing Access to Collaborative Treatment (IMPACT).

- 1) Intensive Care Management. Three multi-disciplinary teams, one for each region of the County, provide mental health services to older adults in their homes, in the community, and within a clinical setting. The primary goal is to support aging in place and to improve consumers' mental health, physical health and overall quality of life. Each multi-disciplinary team is comprised of a psychiatrist, a nurse, a clinical specialist, and a community support worker. The teams deliver a comprehensive array of care management services, linkage to primary care and community programs, advocacy, educational outreach, medication support and monitoring, and transportation assistance.
- 2) IMPACT. IMPACT is an evidence-based practice which provides depression treatment to older adults who are experiencing co-occurring physical health impairments. The model involves short-term (8 to 12 visits) involving cognitive behavioral therapy, and one time medication consultation. MHSA funded mental health clinicians are integrated into a primary treatment team.

Amounts summarized below are the MHSA funded portion for Older Adult Mental Health Program:

Program/Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2025-26 / Cost per Person
Intensive Care Management	County Operated	Countywide	237	4,539,290/19,153
IMPACT	County Operated	Countywide	138	477,973 / 3,463
Total			375	\$5,017,263

Supporting Children and Young Adults. There are two programs supplemented by MHSA funding that serve children and young adults: 1) Wraparound Program, and 2) expansion of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program.

- 1) Wraparound Program. The Countywide Wraparound Program is a strength-based approach which supports youth and their families in identifying their own strengths. The program is an intensive,

holistic team-based method of engaging with individuals with complex needs (children, youth, and their families) so that they can live in their homes and communities and realize their hopes and dreams. Wraparound staff include Facilitators (clinicians), Family Partners (community support workers/peers) and Mentors (mental health specialists). Wraparound Facilitators provide comprehensive team coordination, including bringing youth, families, natural supports and providers to the table to coordinate treatment, develop a plan and support the team in the execution of the plan. These professionals arrange and facilitate team meetings between the family, treatment providers and allied system professionals. Family partners are individuals with lived experience as parents of children and adults with serious emotional disturbance or serious mental illness who assist families with advocacy, transportation, navigation of the service system, and offer support in the home, community, and county service sites. Family partners participate as team members with the mental health clinicians who are providing facilitation to children and their families. Mentors are non- licensed care providers offering rehabilitative services to children and youth to build independent living skills, develop coping mechanisms, and linkage to community resources for clients to move towards their goals.

- 2) **EPSDT Expansion.** EPSDT is a federally mandated specialty mental health program that provides comprehensive and preventative services to low-income children and adolescents that are conjointly involved with Children and Family Services. State realignment funds have been utilized as the up-front match for the subsequent federal reimbursement that enables the County to provide the full scope of services. This includes assessment, plan development, therapy, rehabilitation, collateral services, case management, medication support, crisis services, intensive home- based services (IHBS), and Intensive Care Coordination (ICC). The Department of Health Care Services has clarified that the continuum of EPSDT services is to be provided to any specialty mental health service beneficiary who needs it. In addition, Assembly Bill 403 mandates statewide reform for care provided to foster care children, to include the County's responsibility to provide Therapeutic Foster Care (TFC) services. This significant expansion of care responsibility, entitled Continuing Care Reform (CCR), will utilize MHSA funds as the up-front match for the subsequent federal reimbursement that enables the County to provide the full scope of services, and includes adding County mental health clinicians, family partners and administrative support.

Amounts summarized below are the MHSA funded portion of the Children Wraparound/ EPSDT Support:

Program/Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2025-26 / Cost per Person
Wraparound Support	County Operated	Countywide	Supports Wraparound Program	1,335,840 / Included in Children's Clinic Cost
EPSDT Expansion	County Operated	Countywide	Supplements Children's System of Care	839,917
Total				\$2,175,757

Concord Health Center. The County's primary care system staffs the Concord Health Center, which integrates primary and behavioral health care. A Behavioral Health Clinician and Community Support Worker (peer) work together as a team to provide an integrated response to adults visiting the clinic for medical services which have a co-occurring behavioral health issues. MHSA funds additional similar positions in the regional behavioral health clinics to provide enhanced support. The MHSA allocation for the Concord Health Center and clinics is summarized in the following:

Program/Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2025-26 / Cost per Person
Supporting all Outpatient Clinics	County Operated	Countywide	Clients served by clinics	1,013,113
Total				\$1,013,113

Liaison Staff. CCBHS partners with Contra Costa Regional Medical Center (CCRMC) to provide Community Support Worker positions to liaison with Psychiatric Emergency Services (PES) to assist individuals experiencing a psychiatric crisis connect with services that will support them in the community. These positions are on the CCBHS Transition Team, and schedule regular hours at PES. The allocation for the Liaison Staff is as follows:

Program/Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2025-26 / Cost per Person
Supporting Liaison Staff	County Operated	Countywide	Supports clients served by PES	182,675
Total				\$182,675

Clinic Support. County positions are funded through MHSA to supplement clinical staff implementing treatment plans at the adult clinics. These positions were created in direct response to identified needs surfaced in prior Community Program Planning Processes.

- 1) Resource Planning and Management. Dedicated staff at the three adult clinics assist consumers with money management and the complexities of eligibility for Medi-Cal, Medi-Care, Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits. Money management staff are allocated for each clinic, and work with and are trained by financial specialists.
- 2) Transportation Support. Stakeholder input identified transportation to and from clinics as a critical priority for accessing services. Toward this end one-time MHSA funds were purchased in prior years to purchase additional county vehicles to be located at the clinics. Community Support Workers have been added to adult clinics to support in transportation of consumers to and from appointments.
- 3) Evidence Based Practices. Clinical Specialists, one for each Children's clinic, have been added to provide training and technical assistance in adherence to the fidelity of treatment practices that have an established body of evidence that support successful outcomes.

The MHSA allocation for Clinic Support are as follows:

Program/Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2025-26 / Cost per Person
Resource Planning and Management	County Operated	Countywide	Supplements Clinic Staff	658,653
Transportation Support	County Operated	Countywide	Supplements Clinic Staff	174,659
Evidence Based Practices	County Operated	Countywide	Supplements Clinic Staff	477,973
Total				\$1,311,285

Forensic Team. Clinical specialists are funded by MHSA to join a multi-disciplinary team that provides

mental health services, alcohol and drug treatment, and housing supports to individuals with serious mental illness who are either referred by the courts for diversion from incarceration, or on probation and at risk of re-offending and incarceration. These individuals were determined to be high users of psychiatric emergency services and other public resources, but very low users of the level and type of care needed. This team works very closely with the criminal justice system to assess referrals for serious mental illness, provide rapid access to a treatment plan, and work as a team to provide the appropriate mental health, substance abuse and housing services needed.

The MHSA allocation for the Forensic Team are as follows:

Program/Plan Element	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2025-26 / Cost per Person
Forensic Team	County Operated	Countywide	Support to the Forensic Team	477,973
Total				\$477,973

Quality Assurance and Administrative Support. MHSA funding supplements County resources to enable CCBHS to provide required administrative support, quality assurance and program evaluation functions for statutory, regulatory and contractual compliance, as well as management of quality-of-care protocols, such as fidelity to Assisted Outpatient Treatment and Assertive Community Treatment. County staff time and funding to support the mandated MHSA community program planning process are also included here. County positions have been incrementally justified, authorized and added each year as the total MHSA budget has increased. The MHSA allocation for the following functions and positions are summarized below:

1) Quality Assurance

Function	MHSA Funds Allocated for FY 2025-26
Medication Monitoring	290,206
Clinical Quality Management	936,565
Clerical Support	314,679
Total	1,541,450

2) Administrative Support

Function	MHSA Funds Allocated for FY 2025-26
Program and Project Managers	1,933,826
Clinical Coordinator	151,051
Planner/Evaluators	637,142
Family Service Coordinator	135,644
Administrative and Financial Analysts	591,708
Clerical Support	508,838
ACT/AOT Fidelity Evaluation (contract)	100,000
Evaluation and Reporting	100,000
CPPP	25,000
Language (Interpreter Services)	10,000
AOD New Positions	727,430
Total	\$4,920,639

Community Services and Supports (CSS) FY 2025-26 Program Budget Summary

Full-Service Partnership (FSP Programs)		Number to be Served: 1,380	\$41,532,844
	Children	3,235,966	
	Transition Age Youth	525,374	
	Adults – Includes total funding listed in <i>Adult Full-Service Partnership Programming</i> table and <i>Adult Mental Health Clinic Support</i> table.	7,676,725	
	Assisted Outpatient Treatment	3,578,882	
	MHSA Housing Services	26,515,897	
Non-FSP Programs (General System Development)			\$16,658,156
	Older Adult Mental Health Program	5,017,263	
	Children’s Wraparound, EPSDT Support	2,175,757	
	Concord Health Center	1,013,113	
	Liaison Staff	182,675	
	Clinic Support	1,311,285	
	Forensic Team	477,973	
	Quality Assurance	1,541,450	
	Administrative Support	4,920,639	
Total			\$58,191,000

PREVENTION AND EARLY INTERVENTION (PEI)

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

First approved in 2009, with an initial State appropriation of \$5.5 million, the MHSA PEI budget has grown incrementally to over \$16 million. The construction and direction of how and where to provide funding for this component began with an extensive and comprehensive community program planning process first 2005-2006. Underserved and at-risk populations were researched, stakeholders actively participated in identifying and prioritizing mental health needs, and strategies were developed to meet these needs.

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

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

PEI Strategies:

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

PEI Priorities:

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

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

Prevention and Early Intervention Strategies and Priorities

PEI Strategies & Priorities Crosswalk	Prevention	Early Intervention	Outreach	Stigma & Discrimination Reduction	Access and Linkage to Treatment	Improving Timely Access	Suicide Prevention
Childhood Trauma	BBK		COPE, First Five, We Care			CAPC	
Early Psychosis & Mood Disorders		First Hope			JMP	RCC	CCCC
Youth Outreach and Engagement	BBK, Vicente Martinez High School, PWC, Mental Health Connections, RYSE		COPE, First Five, Hope Solutions, We Care	OPFE	JMP, STAND!, Juvenile Justice	CHD, RCC	CCCC
Culture & Language			AFRC, JFCS, The Latina Center			CHD, CAPC, La Clinica, LFCD, RCC	CCCC
Older Adults	Mental Health Connections, Mental Health Connections - Peer Connection Centers		AFRC, Hope Solutions, JFCS	OPFE		CHD, La Clinica, Lifelong, LFCD, RCC	CCCC
Early Identification	BBK		Hope Solutions, The Latina Center, COPE, We Care			CAPC	

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

Outcome Indicators. PEI regulations (established October 2015) have reporting requirements that programs started tracking in FY 2016-2017. In FYs 23-24, 35,675 consumers of all ages were served by PEI programs in Contra Costa County. This report includes updates for each program.

The information gathered enables CCH to report on the following outcome indicators:

- Outreach to Underserved Populations. Demographic data, such as age group, race/ethnicity, primary language, and sexual orientation, enable an assessment of the impact of outreach and engagement efforts over time.
- Linkage to Mental Health Care. Number of people connected to care, and average duration of reported untreated mental illness enable an assessment over time of impact of programs on connecting people to mental health care.

Evaluation Component

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

- Delivering services according to the values of MHSA
- Serving those who need the service
- Providing services for which funding was allocated
- Meeting the needs of the community and/or population
- Serving the number of individuals that have been agreed upon
- Achieving outcomes that have been agreed upon
- Assuring quality of care
- Protecting confidential information
- Providing sufficient and appropriate staff for the program
- Having sufficient resources to deliver the services
- Following generally accepted accounting principles
- Maintaining documentation that supports agreed upon expenditures
- Charging reasonable administrative costs
- Maintaining required insurance policies
- Communicating effectively with community partners

Each program provides a written report that addresses the above areas. Promising practices, opportunities for improvement, and/or areas of concern are noted for sharing or follow-up activity, as appropriate. The emphasis is to establish a culture of continuous improvement of service delivery, and quality feedback for future planning efforts. Completed reports are made available to members of the MHSA Advisory Council, formerly CPAW; and distributed at the monthly stakeholder meeting, or to the public upon request.

Contra Costa is a geographically and culturally diverse with approximately 1.2 million residents. One of nine counties in the San Francisco Bay Area and is located in the East Bay region. According to the [United States](#)

[Census Bureau](#) and the 2020 Decennial Census results, it's was estimated that 7.2% of people in Contra Costa County were living in poverty at the time. Children, adolescents and young adults (ages 0-25) continue to make up approximately 30% of the population and roughly 25% of residents are foreign born. The most common languages spoken after English is Spanish.

MHSA funded PEI programs in Contra Costa County served over 30,000 individuals per year during the previous three-year period, FYs 21-24. For a complete listing of PEI programs, please see Appendix A. PEI Providers gather quarterly for a Roundtable Meeting facilitated by MHSA staff and are actively involved in MHSA stakeholder groups including Mental Health Services Act Advisory Council (MHSA AC) and various sub-committees. In addition, PEI programs engage in the Community Program Planning Process (CPPP) by participating in three annual community forums located in various regions of the count.

The below tables outline PEI Aggregate Data collected during the during the previous period from FYs 2020-24. Please note that the below figures are not a full reflection of the demographics served, as data collection continues to be impacted by changes in collection processes because of the COVID-19 pandemic. A notable amount of data was not captured from participants for two primary reasons: a significant number of participants declined to respond to demographic information, and, due to COVID-19, conducting surveys and self-reporting on behalf of clients served by PEI programs decreased. Additionally, different interpretations of the requested information by the respondents created challenges

Total Served: FY 20-21: 29,105; FY 21-22: 30,442; FY 22-23: 37,336; FY 23-24: 35,675

TABLE 1. AGE GROUP	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Child (0-15)	831	1,211	1,880	1,876
Transition Age Youth (16-25)	2,944	2,376	3,329	3,042
Adult (26-59)	7,204	10,029	12,458	11,450
Older Adult (60+)	3,185	5,029	5,260	6,205
Decline to State / Data Not Captured	14,941	11,798	14,409	13,102

TABLE 2. PRIMARY LANGUAGE	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
English	22,766	24,169	29,352	27,532
Spanish	1,522	2,060	2,367	2,1117
Other	891	1,392	1,194	1,846
Decline to State / Data Not Captured	3,926	2,852	4,422	4,180

TABLE 3. RACE	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
More than one Race	318	488	1,210	916
American Indian/Alaska Native	136	162	91	61
Asian	1,512	2,134	2,700	2,574
Black or African American	2,251	4,040	4,027	3,515
White or Caucasian	8,270	8,737	10,881	11,305
Hispanic or Latino/a	2,812	3,510	4,653	3,197
Native Hawaiian or Other Pacific Islander	55	192	139	155
Other	142	508	277	547
Decline to State / Data Not Captured	13,842	10,709	13,476	13,303

TABLE 4. ETHNICITY (IF NON-HISPANIC OR LATINO/A)	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
African	309	231	88	307
Asian Indian/South Asian	754	794	23	27
Cambodian	2	1	1	0
Chinese	37	51	46	62
Eastern European	27	9	5	176
European	128	142	2	29
Filipino	30	39	24	25
Japanese	5	2	3	2
Korean	6	1	6	7
Middle Eastern	14	478	216	32
Vietnamese	185	217	228	534
More than one Ethnicity	109	78	116	101
Other	110	368	945	1,090
Decline to State / Data Not Captured	26,650	27,395	34,884	32,175

TABLE 5. ETHNICITY (IF HISPANIC OR LATINO/A)	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Caribbean	3	3	9	4
Central American	100	174	252	259
Mexican/Mexican American / Chicano	713	694	384	459
Puerto Rican	14	12	13	5
South American	23	17	3	19
Other	95	326	269	362

TABLE 6. SEXUAL ORIENTATION	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Heterosexual or Straight	16,400	20,926	3,842	4,396
Gay or Lesbian	198	214	240	224
Bisexual	132	141	189	198
Queer	21	71	57	63
Questioning or Unsure of Sexual Orientation	52	36	72	84
Another Sexual Orientation	111	68	105	81
Decline to State / Data Not Captured	12,193	8,990	32,842	30,629

TABLE 7. GENDER ASSIGNED AT BIRTH	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Male	7,031	7,930	9,443	8,886
Female	10,822	14,682	16,526	14,858
Decline to State / Data Not Captured	11,252	7,830	11,367	11,931

TABLE 8. CURRENT GENDER IDENTITY	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Man	6,846	8,008	9,248	8,946
Woman	10,696	14,319	15,742	14,598
Transgender	91	96	154	142
Genderqueer	14	24	200	126
Questioning or Unsure of Gender Identity	15	10	29	36
Another Gender Identity	68	58	73	32
Decline to State / Data Not Captured	11,377	7,927	11,890	11,795

TABLE 9. ACTIVE MILITARY STATUS	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Yes	81	105	1	6
No	2,894	2,983	1,141	3,152
Decline to State / Data Not Captured	27,471	27,354	34,745	32,517

TABLE 10. VETERAN STATUS	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Yes	178	124	34	145
No	3,173	3,863	3,615	5,706
Decline to State / Data Not Captured	25,756	26,455	33,324	29,824

TABLE 11. DISABILITY STATUS	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Yes	965	557	1,172	1,062
No	1,410	1,588	1,939	2,069
Decline to State / Data Not Captured	26,730	28,297	34,225	32,544

TABLE 12. DESCRIPTION OF DISABILITY STATUS	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Difficulty Seeing	101	65	113	140
Difficulty Hearing or Have Speech Understood	66	46	75	40
Physical/Mobility	252	228	336	330
Chronic Health Condition	225	297	293	406
Other	62	575	382	152
Decline to State / Data Not Captured	28,399	6,737	32,924	34,512

TABLE 13. COGNITIVE DISABILITY	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Yes	115	141	203	181
No	1,983	2,461	2,067	2,212
Decline to State / Data Not Captured	27,007	27,840	34,916	33,282

TABLE 14. REFERRALS TO SERVICES	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Clients Referred to Mental Health Services	964	1,141	1,028	1,251
Clients who Participated/ Engaged at Least Once in Referred Service	794	1,093	789	1,081

TABLE 15. EXTERNAL MENTAL HEALTH REFERRALS	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Clients Referred to Mental Health Services	20,397	22,675	27,550	25,926
Clients who Participated/ Engaged at Least Once in Referred Service	214	544	349	256

TABLE 16. AVERAGE DURATION WITHOUT MENTAL HEALTH SERVICES	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Average Duration for all Clients of Untreated Mental Health Issues (In weeks)	67.5	51.6	153.45	47.05

TABLE 17. AVERAGE LENGTH OF TIME UNTIL MENTAL HEALTH SERVICES	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Average Length for all Clients between Mental Health Referral and Services (In weeks)	5	4.8	8.25	16

PEI Programs by Category

The following represents funds and programming listed within the seven strategy categories delineated in the PEI regulations 1) Outreach for increasing recognition of early signs of mental illness, 2) Prevention, 3) Early Intervention, 4) Access and Linkage to Treatment, 5) Improving Timely Access to Mental Health Services for Underserved Populations, 6) Stigma and Discrimination Reduction, and 7) Suicide Prevention.

Outreach for Increasing Recognition of Early Signs of Mental Illness

Programs in this category provide outreach to individuals with signs and symptoms of mental illness so they can recognize and respond to their own symptoms. Outreach is engaging, educating, and learning from potential primary responders. Primary responders include, but are not limited to, families, employers, law enforcement, school, community service providers, primary health care, social services, and faith-based organizations. Seven programs are included in this category:

- 1) Asian Family Resource Center (Fiscal sponsor Contra Costa ARC) provides culturally sensitive education and access to mental health services for immigrant Asian communities, especially the Southeast Asian and Chinese population of Contra Costa County. Staff provide outreach, medication compliance education, community integration skills, and mental health system navigation. Early intervention services are provided to those exhibiting symptoms of mental illness, and participants are assisted in actively managing their own recovery process.
- 2) Counseling Options for Parenting Education (COPE) Family Support Center utilizes the evidence-based practices of the Positive Parenting Program (Triple P) to help parents develop effective skills to address common child and youth behavioral issues that can lead to serious emotional disturbances. Targeting families residing in underserved communities this program delivers in English and Spanish several seminars, training classes and groups throughout the year.
- 3) First Five of Contra Costa, in partnership with the COPE Family Support Center, takes the lead in training families who have children up to the age of five. First Five also partners with the COPE Family Support Center to provide training in the Positive Parenting Program method to mental health practitioners who serve this at-risk population.
- 4) Hope Solutions (formerly Contra Costa Interfaith Housing) provides on-site services to formerly homeless families, all with special needs, at the Garden Park Apartments in Pleasant Hill, the Bella Monte Apartments in Bay Point, Los Medanos Village in Pittsburg, and supportive housing sites throughout the County. Services include coordination and assistance with accessing needed community resources, pre- school, and afterschool programs, such as teen and family support groups, assistance with school preparation, and homework clubs. These services are designed to prevent serious mental illness by addressing domestic violence, substance addiction and inadequate life and parenting skills.
- 5) Jewish Family Community Services of the East Bay (JFCS) provides culturally grounded, community-directed mental health education and navigation services to refugees and immigrants of all ages in the Latino, Afghan, Bosnian, Iranian and Russian communities of Central and East County. Outreach and engagement services are provided in the context of group settings and community cultural events that utilize a variety of non-office settings convenient to individuals and families.
- 6) The Latina Center serves Latino parents and caregivers in West Contra Costa County by providing culturally and linguistically specific twelve-week parent education classes to high-risk families utilizing the evidence-based curriculum of Systematic Training for Effective Parenting (STEP). In addition, the Latina Center trains parents with lived experience to both conduct parenting education classes and to

become Parent Partners who can offer mentoring, emotional support, and assistance in navigating social service and mental health systems.

- 7) We Care Services for Children (in collaboration with The Early Childhood Prevention and Intervention Coalition - ECPIC) was awarded the Early Childhood Mental Health 0-5 Outreach RFP. We Care Services for Children supports families and children from birth to six years old with a wide range of early childhood education and mental health programs. Through targeted, compassionate, and effective early intervention services, We Care helps young children, and their families reach their full potential, regardless of their abilities or circumstances. The collaborative program awarded the RFP, called The Everyday Moments/Los Momentos Cotidianos, provides programming for families with children ages 0-5 and includes three components: 1) Family Engagement and Outreach; 2) Early Childhood Mental Health Home-Based Support; and 3) Parent Education and Empowerment.

The allocation for the Outreach for Increasing Recognition of Early Signs of Mental Illness category is summarized in the following table.

Program/Plan Element	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2025- 26 / Cost per Person
Asian Family Resource Center	Countywide	50	\$181,217 / 3,624
COPE	Countywide	210	\$305,111 / 1,452
First Five	Countywide	(included in COPE)	\$99,523 / Included in COPE reporting
Hope Solutions	Central and East County	200	\$464,438 / 2,322
Jewish Family Community Services	Central and East County	350	\$210,226 / 600
The Latina Center	West County	300	\$151,253 / 487
We Care Services for Children	Countywide	99 families	\$146,218 / 1,476 (per family)
Total		1,359+	\$1,557,986

Prevention

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

Five programs are included in this category:

- 1) Fierce Advocates located in the Iron Triangle of Richmond, trained family partners from the community with lived mental health experience engage at-risk families in activities that address mental health challenges. Individual and group wellness activities assist participants to make and implement plans of action, access community services, and integrate into higher levels of mental health treatment as needed.
- 2) Vicente Martinez High School in the Martinez Unified School District provides career academies for at-risk youth that include individualized learning plans, learning projects, internships, and mental health education and counseling support. Students, school staff, parents and community partners work

together on projects designed to develop leadership skills, a healthy lifestyle and pursuit of career goals.

- 3) People Who Care is an afterschool program serving the communities of Pittsburg and Bay Point that is designed to accept referrals of at-risk youth from schools, juvenile justice systems and behavioral health treatment programs. Various vocational projects are conducted both on and off the program's premises, with selected participants receiving stipends to encourage leadership development. A clinical specialist provides emotional, social, and behavioral treatment through individual and group therapy.
- 4) Mental Health Connections provides peer-based programming for adults throughout Contra Costa County who are in recovery from a serious mental illness. Following the internationally recognized clubhouse model this structured, work focused programming helps individuals develop support networks, career development skills, and the self-confidence needed to sustain stable, productive, and more independent lives. Features of the program provide respite support to family members, peer-to-peer outreach, and special programming for transition age youth and young adults.
- 5) Mental Health Connections – Peer Connection Centers contracts with the County to provide wellness and recovery centers situated in West, Central and East County to ensure the full spectrum of mental health services are available. These centers, known as Peer Connection Centers, offer peer-led recovery- oriented, rehabilitation and self-help groups that teach self-management and coping skills. The centers offer recovery planning, physical health, nutrition education, advocacy services and training, arts and crafts, and support groups.
- 6) The RYSE Center provides a constellation of age-appropriate activities that enable at-risk youth in Richmond to effectively cope with the continuous presence of violence and trauma in the community and at home. These trauma informed programs and services include drop-in, recreational and structured activities across areas of health and wellness, media, arts and culture, education and career, technology, and developing youth leadership and organizing capacity. The RYSE Center facilitates several city and system-wide training and technical assistance events to educate the community on mental health interventions that can prevent serious mental illness as a result of trauma and violence.

The allocation for the Prevention category is summarized in the following table.

Program/Plan Element	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2025- 26 / Cost per Person
Fierce Advocates	West County	400	\$270,609 / 676
Vicente Martinez High School	Central County	80	\$223,811/ 2,797
People Who Care	East County	200	\$425,379/ 2,126
Mental Health Connections House	Countywide	300	\$932,305/ 3,107
Mental Health Connections: Peer Connections Centers	Countywide	200	\$1,982,229 / 9,911
RYSE	West County	2,000	\$606,057 / 303
Total		2,980	\$4,440,390

Early Intervention

Early intervention provides mental health treatment for persons with a serious emotional disturbance or mental illness early in its emergence. One program is included in this category:

- 1) The County operated First Hope Program serves youth who show early signs of psychosis or have

recently experienced a first psychotic episode. Referrals are accepted from all parts of the County, and through a comprehensive assessment process young people, ages 12-25, and their families are helped to determine whether First Hope is the best treatment to address the psychotic illness and associated disability. A multi-disciplinary team provides intensive care to the individual and their family, and consists of psychiatrists, mental health clinicians, occupational therapists, and employment/education specialists. These services are based on the Portland Identification and Early Referral (PIER) Model, and consists of multi-family group therapy, psychiatric care, family psychoeducation, education and employment support, and occupational therapy.

The allocation for the Early Intervention category is summarized in the following table.

Program/Plan Element	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2025- 26 / Cost per Person
First Hope	Countywide	200	\$4,094,719 / 20,473
Total		200	\$4,094,719

Access and Linkage to Treatment

Programs in this category have a primary focus on screening, assessment, and connecting children and adults as early as practicable to necessary mental health care and treatment.

These programs are included in this category:

- 1) The James Morehouse Project (JMP) (fiscal sponsor Bay Area Community Resources -BACR) JMP is a school-based wellness center at El Cerrito High School. The JMP provides services for young people exposed to trauma who are at risk for school failure. This includes specific outreach to English language learners and their families. The JMP provides individual/group counseling, crisis intervention and support, youth leadership/advocacy and youth development programs. Because the program is on-site and school-based, JMP staff and interns are able to follow up with students to ensure that they have successfully engaged with services. If there is a crisis or urgent referral, students are connected with services immediately. When immigrant students enroll at the school, the registrar alerts the JMP so that Youth ELAC (immigrant/bi-cultural student leaders) students can embrace new arrivals and offer them community and solidarity to support their transition to the US and El Cerrito High School.
- 2) STAND! Against Domestic Violence utilizes established curricula to assist youth successfully address the debilitating effects of violence occurring both at home and in teen relationships. Fifteen-week support groups are held for teens throughout the County, and teachers and other school personnel are assisted with education and awareness with which to identify and address unhealthy relationships amongst teens that lead to serious mental health issues. Staff may refer students to their Children's Counseling Program for therapy, or to other community mental health programs including Contra Costa County Behavioral Health Services, on-site school resources and other low-fee programs. Follow up was provided to ensure students referred to internal or external mental health services participated in at least one referred service.
- 3) Experiencing the Juvenile Justice System. Within County operated Children's Services, five mental health clinicians support families who are experiencing the juvenile justice system due to their adolescent children's involvement with the law. Clinicians are out stationed at juvenile probation offices. The clinicians provide direct short-term therapy and coordinate appropriate linkages and referrals to services and supports as youth transition back into their communities.

- 4) Transitions Team Expansion. Transitions is a County-operated program that provides linkage to care for adults who are living with a behavioral health condition, at risk of homelessness and not connected to routine care or services. Clients are typically referred to the program following hospital or PES discharge. Intensive out-patient services are provided by a multi-disciplinary team. New positions have been added to support the following:
- Library Initiative – a mental health clinician and community support worker (peer) work as a team to support countywide libraries that have been identified as having a high number of patrons who are at risk due homelessness and behavioral health issues. The team offers support to library staff and provides identified patrons with community resources and referrals to housing programs, health and behavioral health services. Warm hand-offs are provided as well as follow up to encourage engagement in care.
 - Street Psychiatry – a multidisciplinary team (including nurse practitioner, substance use counselor, peer support worker and mental health clinician) provides outreach and support to unhoused people, including those living in encampments. Services include linkages to psychiatric care, medication management, care management, health services and housing resources for those who are not linked to care and not able to come to a clinic. Services are provided in the field. The team collaborates with community partners including Healthcare for the Homeless, to provide warm hand-offs and follow up to encourage on-going engagement in care.

The allocation for the Access and Linkage to Treatment category is summarized below:

Program/Plan Element	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2025- 26 / Cost per Person
James Morehouse Project	West County	300	\$127,698 / 425
STAND! Against Domestic Violence	Countywide	750	\$166,430 / 221
Experiencing Juvenile Justice	Countywide	300	\$477,973 / 1,593
Transition Team Expansion	Countywide	800	\$876,537 / 1,095
Total		1,350	\$1,648,638

Improving Timely Access to Mental Health Services for Underserved Populations

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

Six programs are included in this category:

- 1) The Center for Human Development fields two programs under this category. The first is an African American wellness group that serves the Bay Point community in East Contra Costa County. Services consist of culturally appropriate education on mental health issues through support groups and workshops. Participants at risk for developing a serious mental illness receive assistance with referral and access to County mental health services. The second program provides mental health education and supports for LGBTQ youth and their supports in East County to work toward more inclusion and acceptance within schools and in the community.

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

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

Program/Plan Element	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2025- 26 / Cost per Person
Child Abuse Prevention Council	Central and East County	120	\$212,041 / 1,767
Center for Human Development	East County	230	\$194,756 / 846
La Clínica de la Raza	Central and East County	3,750	\$348,170 / 92
Lao Family Community Development	West County	120	\$236,303 / 1,969
Lifelong Medical Care	West County	115	\$162,303 / 1,411
Rainbow Community Center	Countywide	1,125	\$940,692/ 836
Total		5,460	\$2,094,265

Stigma and Discrimination Reduction

Activities in this category are designed to 1) reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to having a mental illness, 2) increase acceptance, dignity, inclusion, and equity for individuals with mental illness and their families, and 3) advocate for services that are culturally congruent with the values of the population for whom changes, attitudes, knowledge and behavior are intended.

The County operated Office for Peer and Family Empowerment (OPFE) provides leadership and staff support to several initiatives designed to reduce stigma and discrimination, develop leadership and advocacy skills among consumers of behavioral health services, support the role of peers as providers, and encourage consumers to actively participate in the planning and evaluation of MHSA funded services. Staff from the OPFE support the following activities designed to educate the community to raise awareness of the stigma that can accompany mental illness.

- 1) The OPFE facilitates Taking Action for Whole Health and Wellbeing (previously Wellness Recovery Action Plan or WRAP) groups by providing certified leaders and conducting classes throughout the County. Staff employ the evidence-based training in enhancing the efforts of consumers to promote and advocate for their own wellness.
- 2) The Committee for Social Inclusion is an ongoing alliance of committee members that work together to promote social inclusion of persons who receive behavioral health services. The Committee is project based, and projects are designed to increase participation of consumers and family members in the planning, implementation, and delivery of services. Current efforts are supporting the integration of mental health and alcohol and other drug services within the Behavioral Health Services Division. In addition, OPFE staff assist and support consumers and family members in participating in the various planning committees and sub-committees, Mental Health Commission meetings, community forums, and other opportunities to participate in planning processes.
- 3) The Overcoming Transportation Barrier (OTB) Flex Fund provides funding to cover a one-time cost specific to transportation needs and help provide support to clients who need to get to their appointments. Some examples of what these funds cover include: the cost of a new tire, or a loaded Clipper card to provide fare to and from appointments or groups. This programming is a continuation of a former Innovation Project that sunset in September 2021.
- 4) The OPFE supports SB803 Implementation in Contra Costa County which enables Contra Costa, along with all California counties, to expand the behavioral health workforce by allowing certification of Peer Support Specialists. This bill makes it easier for people with lived mental health experiences to be trained and hired while providing supportive services to others in the behavioral health system.
- 5) Through the Take Action for Mental Health and Know the Signs initiatives California Mental Health Services Authority (CalMHSA) provides technical assistance to encourage the County's integration of available statewide resources on stigma and discrimination reduction and suicide prevention. CCH contracts with CalMHSA to link county level stigma and discrimination reduction efforts with statewide social marketing programs. This linkage expands the County's capacity via language specific materials, social media, and subject matter consultation with regional and state experts to reach diverse underserved communities.

The allocation for the Stigma and Discrimination Reduction category is below:

Program/Plan Element	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2025- 26 / Cost per Person
OPFE	County Operated	Countywide	\$847,708
CalMHSA	MOU	Countywide	\$78,000
New Funding - Peer Leadership	TBD	Countywide	\$315,000
Total			\$1,240,708

Suicide Prevention

There are three plan elements that support the County's efforts to reduce the number of suicides in Contra Costa County: 1) augmenting the Contra Costa Crisis Center, and 2) supporting a suicide prevention committee. Additional funds are allocated to dedicate staff trained in suicide prevention to provide countywide trainings, education, and consultation for a host of entities such as schools, social service providers, criminal justice and first responder community-based organizations to know the signs of persons at risk of suicide, assess lethality and respond appropriately.

- 1) The Contra Costa Crisis Center provides services to prevent suicides by operating a certified 24-hour suicide prevention hotline. The hotline connects with people when they are most vulnerable and at risk for suicide, enhances safety, and builds a bridge to community resources. Staff conduct a lethality assessment on each call, provide support and intervention for the person in crisis, and make follow-up calls (with the caller's consent) to persons who are at medium to high risk of suicide. MHSA funds enable additional paid and volunteer staff capacity, most particularly in the hotline's trained multi-lingual, multi- cultural response.
- 2) The Contra Costa Crisis Center also operates a PES Follow Up Program, designed to target patients with suicidal ideation/recent attempts who are being released from PES. The program aims to increase linkages and reduce service gaps by offering immediate 24/7 support from counselors who are specially trained in providing crisis and suicide intervention and assessment. The Crisis Center is accredited by the American Associate of Suicidology (AAS) and provides local response for the National Suicide Prevention Lifeline (NSPL) as well as the 211 Information and Referral hotline.
- 3) A multi-disciplinary, multi-agency Suicide Prevention Committee has been established, and has published a draft countywide Suicide Prevention Strategic Plan located [here](#). A final draft of the plan is slated to be published in calendar year 2023. This ongoing committee oversees the implementation of the Plan by addressing the strategies outlined in the Plan. These strategies include i) creating a countywide system of suicide prevention, ii) increasing interagency coordination and collaboration, iii) implementing education and training opportunities to prevent suicide, iv) implementing evidence-based practices to prevent suicide, and v) evaluating the effectiveness of the County's suicide prevention efforts. In 2021, a subcommittee was convened to address Youth Suicide Prevention. In the light of the pandemic, school- based providers and people living and working with youth have expressed great concern about their mental health during these challenging times. The group meets in the late afternoon to encourage participation of students and young people.

The allocation for the Suicide Prevention category is summarized below:

Program/Plan Element	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2025- 26 / Cost per Person
Contra Costa Crisis Center	Countywide	25,000	\$456,092 / 18
County Supported	Countywide	N/A	Included in PEI administrative cost
Total		25,000	\$456,092

PEI Administrative Support

Staff time has been allocated by the County to provide administrative support and evaluation of programs and plan elements that are funded by MHSA. The allocation for PEI Administration is summarized in the following:

Program/Plan Element	Region Served	MHSA Funds Allocated for FY 2025- 26
Administrative and Evaluation Support	Countywide	\$641,202
Total		\$641,202

Prevention and Early Intervention (PEI) FY 2025-26 Program Budget Summary

Outreach for Increasing Recognition of Early Signs of Mental Illness	\$1,557,986
Prevention	\$4,440,390
Early Intervention	\$4,094,719
Access and Linkage to Treatment	\$1,648,638
Improving Timely Access to Mental Health Services for Underserved Populations	\$2,094,265
Stigma and Discrimination Reduction	\$1,240,708
Suicide Prevention	\$456,092
Administrative, Evaluation Support	\$641,202
Total	\$16,174,000

INNOVATION (INN)

Innovation is the component of the Three-Year Program and Expenditure Plan that funds new or different patterns of service that contribute to informing the behavioral health system of care as to best or promising practices that may be subsequently added or incorporated into the system. Innovative projects for CCBHS are developed by an ongoing community program planning process that is described in the CPPP chapter of this report.

Innovation Regulations went into effect October 2015. While Innovation projects have always been time-limited, the Innovation Regulations have placed a five-year time limit on Innovation projects. As before, innovative projects accomplish one or more of the following objectives:

- Increase access to underserved groups
- Increase the quality of services, to include better outcomes
- Promote interagency collaboration
- Increase access to services.

The MHSA Advisory Council and Innovation Sub-Committee are the driving stakeholder bodies behind this work. These groups have contributed to the development of Psychiatric Advanced Directives (PADs), Supporting Equity Through Grants for Community-Defined Practices, and most recently the Program Improvements for Valued Outpatient Treatment (PIVOT) Innovation Project.

Innovation Projects

Psychiatric Advanced Directives (PADs)

A multi-County collaborative Innovation Project approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC). PADs are used to support treatment decisions for people who are experiencing a mental health crisis. The project will offer standardized training on the usage and benefits of PADs, development of a peer-created standardized PAD template, provide a training toolkit (in 9 languages) and implement a customized cloud-based technology platform to access and utilize PADs. Unlike an electronic health record, the technology will not be used to store HIPAA protected data. The technology will be developed with peers and stakeholders. Phase One of his project was approved from 2022-2025. Phase Two is expected to begin in 2025. For more information, please click on the icon below.



Supporting Equity through Grants for Community Defined Practices (CDP)

The newest Innovation project, approved by the MHSOAC in March 2023, addresses the problem of equitable access to behavioral health supports for underserved and unserved communities including Asian American/Pacific Islander (AAPI), Latino/a/x, Black/African American, LGBTQ and others. Through a competitive Request for Proposals (RFP) bid process, community organizations may apply for grants that support community-defined practices and other forms of outreach, engagement, treatment and wellness services not offered within the existing CCBHS System of Care. The focus will be to learn from agencies and

assess for programming which may show promising results through CDPs. A CDP is a practice reflective of a community or culture and is embraced by that community and supports that community's mental health and wellness. CDPs are rooted in customs, behaviors, values, and beliefs that may be passed down or shared in community, serve as informal system of support which individuals/communities may practice as part of their daily lives. The services may be provided by a qualified practitioner, a peer, community health worker, trained facilitator, traditional healers, or trusted community member based on that community's definition.

CDP Awardees and Primary Populations Served

	African American / Black	Latino/e/x	AAPI	Children & Youth	Older Adults	LGBTQ	Recent Immigrants	Faith-Based
Being Well				X				
Center for Human Development				X		X		
Contra Costa AAPI Coalition			X					
CoCo Family Justice Alliance	X	X	X					
Early Childhood Mental Health Program	X	X		X				
East Bay Center for Performing Arts	X	X	X	X				
Genesis Church	X							X
International Rescue Committee							X	
James Morehouse Project		X					X	
La Clinica de la Raza		X					X	
La Concordia		X						
NAMI Contra Costa	X	X	X			X		X
One Day at A Time		X		X				
One Accord	X							X
PEERS	X		X					X
Richmond Community Foundation	X	X	X	X				
Village Community Resource Center		X						

Program Improvements for Valued Outpatient Treatment (PIVOT) Innovation Project

The PIVOT Innovation Project will allocate up to an estimated \$11.7 million over a five-year period to support various areas needed to implement the Behavioral Health Services Act. CCBHS intends to start PIVOT activities during FY 2025 – 26, once approved by local authority and by the Behavioral Health Services Oversight and Accountability Commission or BHSOAC (previously known as the MHSOAC). CCBHS anticipates the PIVOT Innovation Project to last until June 30, 2030, to better assist in transition under the Behavioral Health Transformation requirements. This proposed Innovation project aims to augment existing infrastructure support for CCBHS and successfully plan, implement, and coordinate evaluation efforts needed for the Behavioral Health Transformation. The project will focus on: 1) Streamlining capacity for specialty mental health services with focus on supporting services to diverse communities and implementing Community Defined Evidence Practices (CDEPs), 2) Supporting a reboot of FSP programs, 3) Implementing structural processes needed for Housing Interventions and CCBHS regulatory needs, 4) Integration of BH-CONNECT and required Evidence Based Practices (EBPs), 5) Evaluation and support for Workforce Education and Training programming, 6) Enhancement of technological needs and coordination of care, and 7) Evaluation, initiative alignment and expansion of services and requirements necessary under BHSA.

Please note, the Annual Innovation Report with further details can be found in the Appendix section. Only reporting for projects which have been implemented for at least a full year will be included. The PIVOT Project is a new proposal and has yet to be implemented. No data is yet available.

Innovation (INN) FY 2025-26 Program Budget Summary

Project	County/ Contract	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 2025-26 / Cost per Person
Psychiatric Advanced Directives (PADs)	Concepts Forward Consulting	Countywide	NA	500,000
Supporting Equity Through Grants for Community Defined Practices	County Operated	Countywide	850	2,500,000 / 2,941
Program Improvements for Valued Outpatient Treatment (PIVOT) Innovation Project	County Operated	Countywide	TBD	984,000
Administrative Support/Contract Providers	County	Countywide	Innovation Support	548,000
Total			850	\$4,532,000

WORKFORCE EDUCATION AND TRAINING (WET)

Workforce Education and Training (WET) is the component of the Three-Year Plan that provides education and training, workforce activities, to include career pathway development, and financial incentive programs for current and prospective CCBHS employees, contractor agency staff, and clients/consumer/peers and family members who are paid or volunteer their time to support the public behavioral health effort. The purpose of this component is to develop and maintain a diverse behavioral health workforce capable of providing client/consumer/peer and family-driven services that are compassionate, culturally and linguistically responsive, and promote wellness, recovery and resilience across healthcare systems and community-based settings.

CCBHS's WET Plan was developed and first approved in May 2009, with subsequent yearly updates. The following represents funds and activities allocated in the categories of 1) Workforce Staffing Support, 2) Training and Technical Assistance, 3) Mental Health Career Pathway Programs, 4) Residency and Internship Programs, and 5) Financial Incentive Programs.

Workforce Staffing Support

- 1) Workforce Education and Training Coordination. County staff are designated to develop and coordinate all aspects of this component. This includes conducting a workforce needs assessment, coordinating education and training activities, acting as an educational and training resource by participating in the WET Greater Bay Area Regional Partnership and state level workforce activities, providing staff support to County sponsored ongoing and ad-hoc workforce workgroups, developing and managing the budget for this component, applying for and maintaining the County's mental health professional shortage designations, applying for workforce grants and requests for proposals, coordination for intern placements throughout the County, managing contracts with various training providers and community based organizations who implement the various workforce education and training activities, and lastly coordinating training efforts.
- 2) Supporting Family Members. A cadre of volunteers are recruited, trained and supervised for the purpose of supporting family members of persons experiencing mental health challenges. Critical to successful treatment is the need for service providers to partner with family members and loved ones of individuals experiencing mental health and wellness challenges. Family members of clients/consumers/peers should be provided with assistance to enable them to become powerful natural supports in the recovery of their loved ones. Stakeholders have voiced the need to provide families and loved ones with education and training, emotional support, and assistance with navigating the behavioral health system. CCBHS contracts with the NAMI Contra Costa to recruit, train and develop family members and loved ones with lived experience to act as subject matter experts in a volunteer capacity to educate and support other family members in understanding, navigating and participating in the system of care.
- 3) Senior Peer Counseling Program. The Senior Peer Counseling Program within the CCBHS Older Adult Program recruits, trains and supports volunteer senior peer counselors to reach out to older adults at risk of developing mental health challenges by providing home visits and group support. Two clinical specialists support the efforts aimed at reaching Latina/o and Asian American seniors. The volunteers receive extensive training and consultation support.

The MHSA funding for Workforce Staffing Support is summarized in the following:

Program/ Plan Element	County/ Contract	Region Served	MHSA Funds Allocated for FY 2025-26
WET Coordination	County Operated	Countywide	278,027
Supporting Families	NAMI CC	Countywide	744,592
Senior Peer Counseling	County Operated	Countywide	159,324
Total			\$1,181,944

Training and Technical Assistance

- 1) Staff Training and Technical Assistance. Various individual and group staff trainings will be funded that support the values of the MHSA. As a part of the MHSA community program planning process, CCBHS workforce surveys, CCBHS's Training Advisory Workgroup and Reducing Health Disparities Workgroup, stakeholders identified training needs prioritized for MHSA funding in the Three-Year Plan. Training is offered by various vendors primarily to CCBHS staff, CCBHS CBO staff, and when possible other Contra Costa Health staff and community partners. Training topics may include, but are not limited to: Mental Health First Aid (MHFA), Crisis Intervention, (CIT), Culturally and Linguistically Appropriate Services (CLAS), Suicide Assessment, Law and Ethics, Health Insurance Portability and Accountability Act (HIPAA), Trans and Gender Expansive Communities, 5150 Involuntary Holds, Taking Action, Peer Provider Support, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Family Based Therapy, Trauma Informed Care, Clinical Supervision, Integrated Substance Abuse Treatment, Cultural Humility, Diversity, Equity and Inclusion, and other training topics. Other expanded training efforts are directly related to California Advancing and Innovating Medi-Cal (CalAIM) implementation to support training for both CCBHS and CBO staff.
- 2) CCBHS is participating in the California Mental Health Services Authority (CalMHSA) Behavioral Health Master Workforce Program aimed at addressing workforce staffing shortages, workforce retention strategies and training needs. CCBHS is participating in the following; 1) Temporary Clinical Staffing/Permanent Staff Recruitment Program to support temporary and permanent in-person staffing for behavioral health needs, specifically for hard-to-fill/retain positions; 2) Remote Supervision for clinicians working towards licensure as a Clinical Psychologist (PhD, PsyD), Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Social Worker (LCSW), and Licensed Professional Clinical Counselor. 3) Training and Certification Courses related to law and ethics focused on 5150 involuntary holds, care coordination; and 4) Medi-Cal Peer Support Specialist Certification Offerings to provide support for peer providers wishing to become Medi-Cal Certified Peer Support Specialist and allow for the CCBHS SPIRIT program to become a designated and official training provider for Medi-Cal Certified Peer Support Specialists.
- 3) NAMI Basics/ Faith Net/ Family to Family (De Familia a Familia)/ Conversations with Local Law Enforcement. NAMI CC will offer these evidence-based NAMI educational training programs on a countywide basis to family members, care givers of individuals experiencing mental health challenges, faith leaders/ communities, and local law enforcement. These training programs and classes are designed to support and increase knowledge of mental health issues, navigation of systems, coping skills, and connectivity with community resources that are responsive and understanding of the challenges and impact of mental illness. NAMI CC shall offer NAMI Basics and Family to Family/ De Familia a Familia in Spanish and Chinese languages. NAMI CC shall also offer Conversations with Local

Law Enforcement. This shall allow for conversations between local law enforcement and consumers/families through CCBHS's Crisis Intervention Training (CIT) as well as other conversations in partnership with local law enforcement agencies throughout the County to enhance learning and dialogue between all groups in response to community concerns and mental health supports. The desired goal is to enhance information sharing and relationships between law enforcement and those affected by mental health.

The MHSA funding allocation for Training and Technical Support is summarized below:

Program/ Plan Element	County/ Contract	Region Served	MHSA Funds Allocated for FY 2025-26
Staff Training	Various vendors	Countywide	1,162,000
NAMI Basics/ Family to Family/ De Familia a Familia/ Faith Net/ Conversations with Local Law Enforcement	NAMI Contra Costa	Countywide	85,056
Total			\$1,247,056

Mental Health Career Pathway Program

- 1) Service Provider Individualized Recovery Intensive Training (SPIRIT). SPIRIT is a college accredited recovery oriented, peer led classroom and experiential-based program for individuals with lived behavioral health experience as a client/consumer or a family member of a client/consumer. This classroom and internship experience leads to a certification for individuals who successfully complete the program and is accepted as the minimum qualifications necessary for employment within CCBHS in the classification of Community Support Worker. Participants learn peer provider skills, group facilitation, recovery planning development, wellness self-management strategies and other skills needed to gain employment in peer provider and family partner positions in both County operated and community-based organizations. The Office for Peer and Family Empowerment (OPFE) offers this training annually and supplements the class with a monthly peer support group for those individuals who are employed by the County in various peer and family partner roles. The SPIRIT Program also provides support and assistance with placement and advancement for SPIRIT graduates consistent with their career aspirations.

The MHSA funding allocation for the Mental Health Career Pathway Program is summarized in the following:

Program / Plan Element	County/ Contract	Region Served	Number to be Trained Yearly	MHSA Funds Allocated for FY 2025-26
SPIRIT	Contra Costa College	Countywide	50	25,000
Total			50	\$25,000

Residency and Internship Programs

- 1) Internships. CCBHS supports internship programs which place graduate level students in various County operated and community-based organizations. Emphasis is put on the recruitment of individuals who can meet the linguistic and cultural need of clients/consumers and/or the family member experience, and individuals who can reduce the disparity of race/ethnicity identification of staff with that of the population served. CCBHS provides funding to enable approximately 50 graduate level students to participate in paid internships in both County-operated and contracted community-

based agencies that lead to licensure as a Marriage and Family Therapist (MFT), Clinical Social Worker (LCSW), Professional Clinical Counselor and Clinical Psychologist.

The MHSA funding allocation for Internship Programs is summarized below:

Program / Plan Element	County/ Contract	Region Served	Number to be Trained	MHSA Funds Allocated for FY 2025-26
Graduate Level Internships	County Operated	Countywide	Update	250,000
Graduate Level Internships	Contract Agencies	Countywide		400,000
Total			TBD	\$650,000

Financial Incentive Programs

- 1) **Loan Repayment Program.** For FY 2025-26, CCBHS will continue its County funded Loan Repayment Program supported through contracting with CalMHSA to deliver payment. This program assists in addressing diversity equity and inclusion and critical staff shortages, such as language need, and hard-to-fill, hard-to-retain positions with a primary focus on filling psychiatric and nurse practitioner shortages within CCBHS. Additionally, CCBHS has partnered with CalMHSA to administer the Workforce Education and Training Greater Bay Area Regional Partnership Loan Repayment Program. This partnership is between the Bay Area counties, the California Department of Health Care Information Access (HCAI), formerly known as the Office of Statewide Health Planning and Development (OSHPD), and CalMHSA. No additional funds were allocated this fiscal year, as CCBHS provided the necessary 33% matching funds in 2022 to CalMHSA, as part of the contingency from HCAI, which provided the remaining 67% of funding. This loan repayment program is patterned after state level loan repayment programs but differing in providing flexibility in the amount awarded to each individual, and the County selecting the awardees based upon workforce needs. This program focuses but is not limited to providers such as; Registered Nurses, Psychologists, LCSWs, LMFTs, LPCCs, and peer providers, and other behavioral health professionals prioritizing providers with language and cultural capacity to fill needs both within CCBHS and contracted CBO partners.

The MHSA funding allocation for Financial Incentive program is summarized below:

Program / Plan Element	County/ Contract	Region Served	Number to be Awarded	MHSA Funds Allocated for FY 2025-26
Loan Repayment Awards	County Operated	Countywide	60	0
Total				\$0

Workforce Education and Training (WET) FY 2025-26 Program Budget Summary

Workforce Staffing Support	1,181,944
Training and Technical Assistance	1,247,056
Mental Health Career Pathways	25,000
Residency and Internship Program	650,000
Financial Incentive Programs	0 (already funded)
Total	\$3,104,000

CAPITAL FACILITIES/INFORMATION TECHNOLOGY (CF/TN)

The Capital Facilities/Information Technology component of the Mental Health Services Act enables counties to utilize MHSA funds on a one-time basis for major infrastructure costs necessary to i) implement MHSA services and supports, and ii) generally improve support to the County's community mental health service system. For the Three-Year Plan, Contra Costa has one Information Technology Project.

Information Technology

- 1) Electronic Mental Health Record System – Data Management. In 2017, Contra Costa adopted an electronic behavioral health record system (EHR) called Epic (ccLink). This allowed clinical documentation to become centralized and made accessible to all members of a consumer's treatment team, with shared decision-making functionality. The EHR system allows doctors to submit their pharmacy orders electronically, permits sharing between psychiatrists and primary care physicians to allow knowledge of existing health conditions and drug inter-operability and allows consumers to access part of their medical record, make appointments, and electronically communicate with their treatment providers. The EHR also has data management capability by means of ongoing and ad hoc reports, which improve planning, analysis, communication and decision making to improve the overall quality of services provided. For the upcoming three-year period, CCBHS will set aside MHSA CFTN funds to support major new initiatives as required by California Advancing and Innovating Medi-Cal (CalAIM) healthcare reform. One major milestone beginning July 1, 2023, involved two significant changes:
 - a. Sunsetting the current billing system (ShareCare) and using ccLink for claims to DHCS. A major part of this change involves using healthcare standard CPT/HCPCS codes for claiming/reimbursement purposes rather than local codes currently in use.
 - b. ccLink will now be used for both clinical documentation and billing in a unified system. This integration will significantly improve efficiencies and reporting capacity.

After going live with the new billing functionality there will be a period of auditing in ccLink to ensure the correct coding is taking place, the claim cycle is tested and validated, and required reporting is submitted correctly. Another part of the process is optimization of current and new workflows and the user experience with the system.

BHS is currently engaged in prioritizing projects for the next year and beyond. For 2023 Q3/Q4 there are a number of IT projects, including plans to expand use of MyChart – the ccLink Patient Portal; redesigning ccLink for CalAIM initiatives such as Enhanced Care Management (ECM), and optimizing the appointment scheduling for BHS.

Capital Facilities

Funds have been set aside to support Capital Facilities projects that may arise in the upcoming cycle. Pending the outcome of grant applications and the availability of potential other funding, MHSA funds may be used as one of the funding sources to support these efforts. Proposed capital facilities project ideas have been developed with stakeholder participation and include building and construction of:

- Two 16-bed social rehabilitation facilities on the border between Central and East County
- A recovery center campus that would include various programs comprising a full continuum of mental health and housing services in one location. The proposed site would be located in West

County.

Capital Facilities/ Information Technology (CFTN) Budget Authorization for FY 2025-26:

Electronic Mental Health Data Management System and Capital Facilities Projects	\$2,500,000
Total	\$2,500,000

The Budget

Previous chapters provide detailed projected budgets for individual MHSA plan elements, projects, programs, categories and components for FY 2025-26. The following table summarizes a budget estimate of total MHSA spending authority by component.

	CSS	PEI	INN	WET	CF/TN	TOTAL
FY 2025-26	58,191,000	16,174,000	4,532,000	3,104,000	2,500,000	84,501,000

Appendix E, entitled *Funding Summaries*, provides a FY 2023-26 through FY 2025-26 Three Year Mental Health Services Act Expenditure Plan. This funding summary matches budget authority with projected revenues and shows sufficient MHSA funds are available to fully fund all programs, projects and plan elements for the duration of the three-year period. The following fund ledger depicts projected available funding versus total budget authority for FY 2025-26:

A. Estimated FY 2025-26 Available Funding	CSS	PEI	INN	WET	CF/TN	Prudent Reserve	TOTAL
1.Estimated unspent funds from prior fiscal years	57,914,606	24,284,314	16,047,197	3,139,163	2,629,937	12,633,781	116,648,998
2. Estimated new FY 2025-26 funding	54,405,957	13,601,489	3,579,339				71,586,786
3. Transfers in FY 25-26	(13,000,000)			3,000,000	10,000,000		
4. MH FFP Transfer to MHSA FY 24-25	3,183,153	355,146	37,484	203,656			3,779,439
4.Estimated available funding for FY 2025-26	102,503,717	38,220,949	19,664,020	6,342,819	12,629,937	12,633,781	191,995,222

B. Budget Authority for FY 2025-26	58,191,000	16,174,000	4,532,000	3,104,000	2,500,000		84,501,000
C. Estimated FY 25- 26 Unspent Fund Balance	44,312,717	22,046,949	11,674,123	3,238,819	15,129,937	12,633,781	109,036,325

Estimated Prudent Reserve for FY 2025-26	12,633,781
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Notes.

1. The Mental Health Services Act requires that 20% of the total of new funds received by the County from the State MHSA Trust Fund be allocated for the PEI component. The balance of new funding is for the CSS component. The exception to this funding percentage mandate is for instances in which a County has Innovation (INN) projects; in which 5% combined PEI & CSS funding will be utilized to fund INN. CCBHS has existing INN projects and therefore the funding percentages are divided as follows; 76% CSS, 19% PEI, and 5% INN. The estimated new funding for each fiscal year includes this distribution.
2. Estimated new funding year includes the sum of the distribution from the State MHSA Trust Fund and interest earned from the County's MHSA fund.
3. The County may set aside up to 20% annually of the average amount of funds allocated to the County for the previous five years for the Workforce, Education and Training (WET) component, Capital Facilities, Information Technology (CF/TN) component, and a prudent reserve. For this period, the County has allocated an \$12,633,781 transfer in FY 2025-26.
4. The MHSA requires that counties set aside sufficient funds, entitled a Prudent Reserve, to ensure that services do not have to be significantly reduced in years in which revenues are below the average of previous years. The County's prudent reserve balance through June 30, 2025 is \$12,633,781, and includes interest earned. This amount is less than the estimated maximum allowed of \$14,288,911 as per formula stipulated in Department of Health Care Services Information Notice No. 19-037
5. It is projected that the requested total budget authority for the Three-Year Plan period enables the County to fully fund all proposed programs and plan elements while maintaining sufficient funding reserves (prudent reserve plus unspent funds from previous years) to offset any reduction in state MHSA Trust Fund distribution.

Evaluating the Plan

Contra Costa Behavioral Health Services is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end a comprehensive program and fiscal review process has been implemented to a) improve the services and supports provided, b) more efficiently support the County's MHSA Three Year Program and Expenditure Plan, and c) ensure compliance with statute, regulations and policies. During COVID 19, the process has been put on hold for safety reasons but has gradually resumed beginning in September 2022. Typically, during each three-year period, the MHSA funded contract and county operated programs undergo a program and fiscal review which entails the following: site visit, interviews and surveys of individuals both delivering and receiving services, review of data, case files, program and financial records, and performance history. Key areas of inquiry include:

- Delivering services according to the values of the Mental Health Services Act.
- Serving those who need the service.
- Providing services for which funding was allocated.
- Meeting the needs of the community and/or population.
- Serving the number of individuals that have been agreed upon.
- Achieving the outcomes that have been agreed upon.
- Assuring quality of care.
- Protecting confidential information.
- Providing sufficient and appropriate staff for the program.
- Having sufficient resources to deliver the services.
- Following generally accepted accounting principles.
- Maintaining documentation that supports agreed upon expenditures.
- Charging reasonable administrative costs.
- Maintaining required insurance policies.
- Communicating effectively with community partners.

Each program receives a written report that addresses each of the above areas. Promising practices, opportunities for improvement, and/or areas of concern will be noted for sharing or follow-up activity, as appropriate. The emphasis will be to establish a culture of continuous improvement of service delivery, and quality feedback for future planning efforts.

In addition, a MHSA Financial Report is generated that depicts funds budgeted versus spent funds for each program and plan element included in this plan. This enables ongoing fiscal accountability, as well as provides information with which to engage in sound planning.

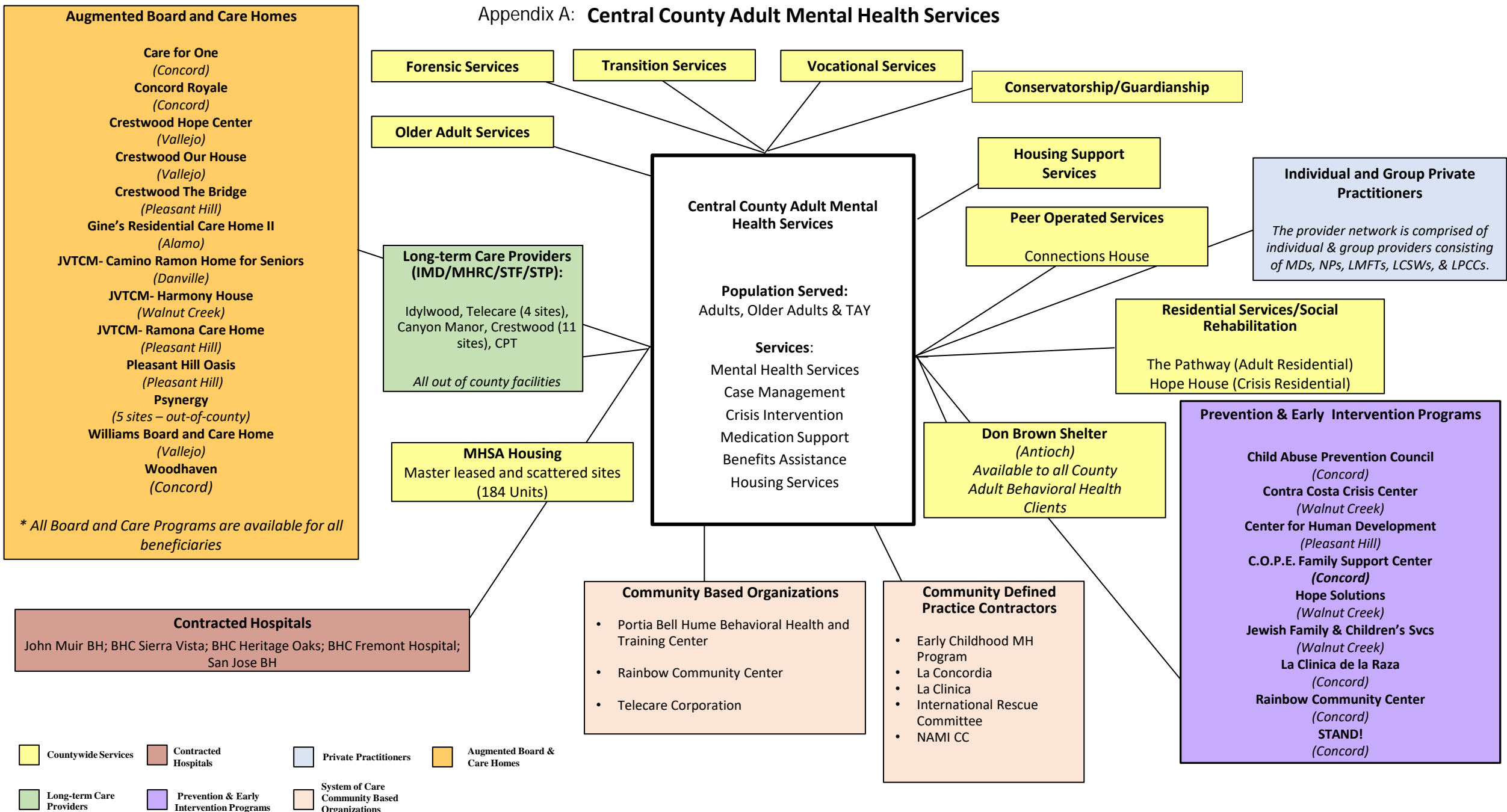


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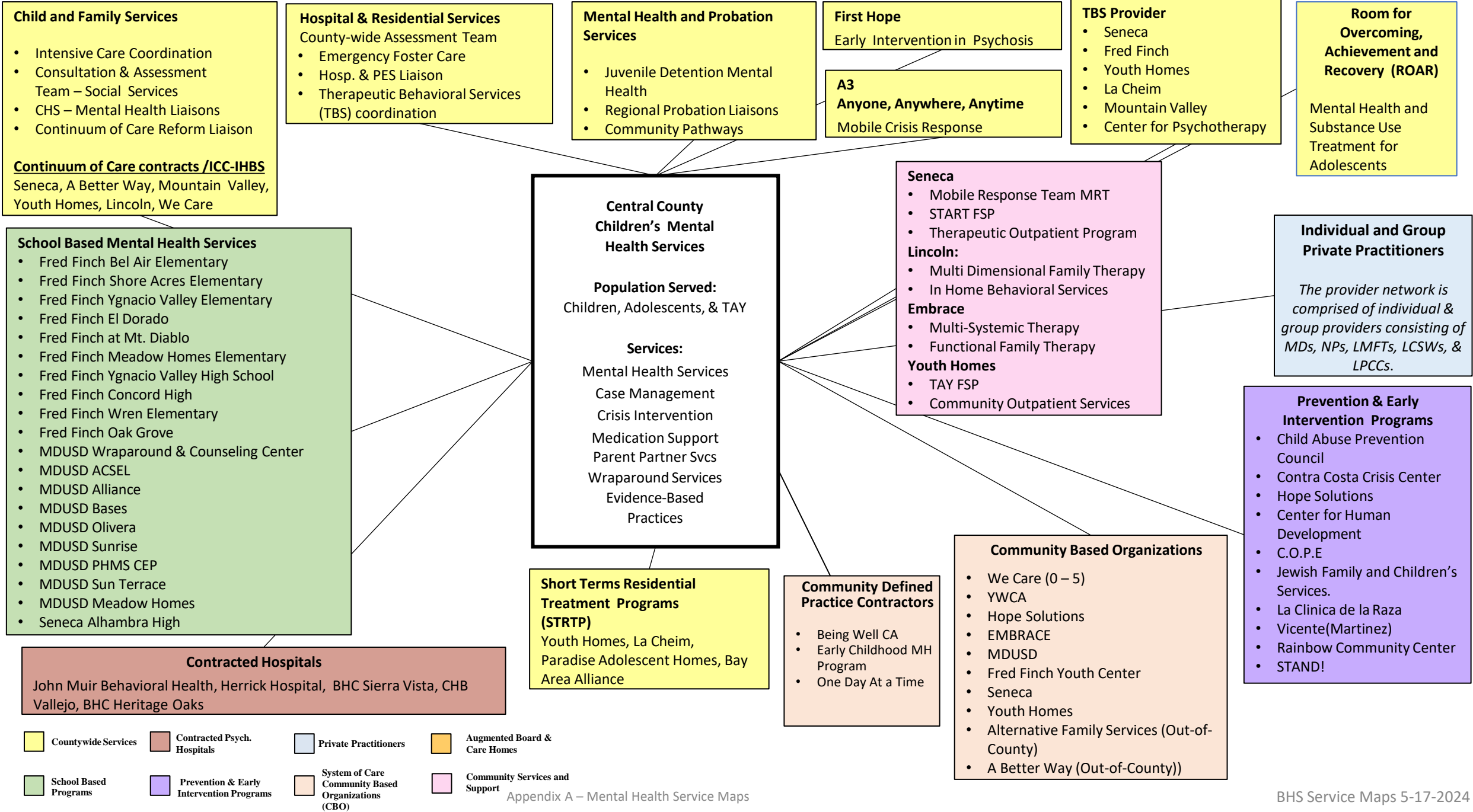
We acknowledge that this document is not a description of how Contra Costa Behavioral Health Services has delivered on the promise provided by the Mental Health Services Act. It is, however, a plan for how the County can continually improve upon delivering on the promise. We have had the honor of meeting many people who have overcome tremendous obstacles on their journey to recovery. They were quite open that the care they received literally saved their life. We also met people who were quite open and honest regarding where we need to improve. For these individuals, we thank you for sharing.

We would also like to acknowledge those Contra Costa stakeholders, both volunteer and professional, who have devoted their time and energy over the years to actively and positively improve the quality and quantity of care that has made such a difference in people's lives. They often have come from a place of frustration and anger with how they and their loved ones were not afforded the care that could have avoided unnecessary pain and suffering. They have instead chosen to model the kindness and care needed, while continually working as a team member to seek and implement better and more effective treatment programs and practices. For these individuals, we thank you and feel privileged to be a part of your team.

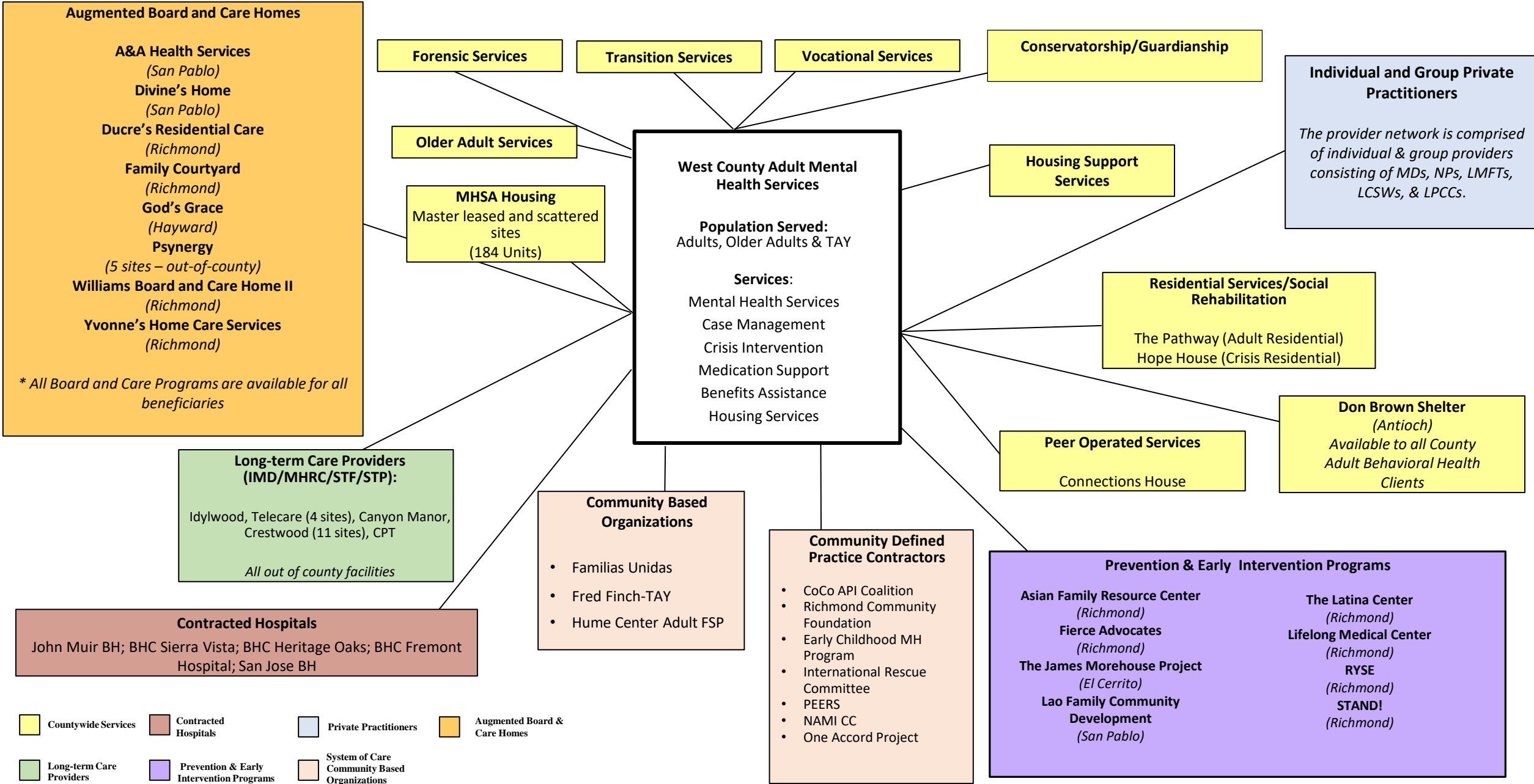
Appendix A: Central County Adult Mental Health Services



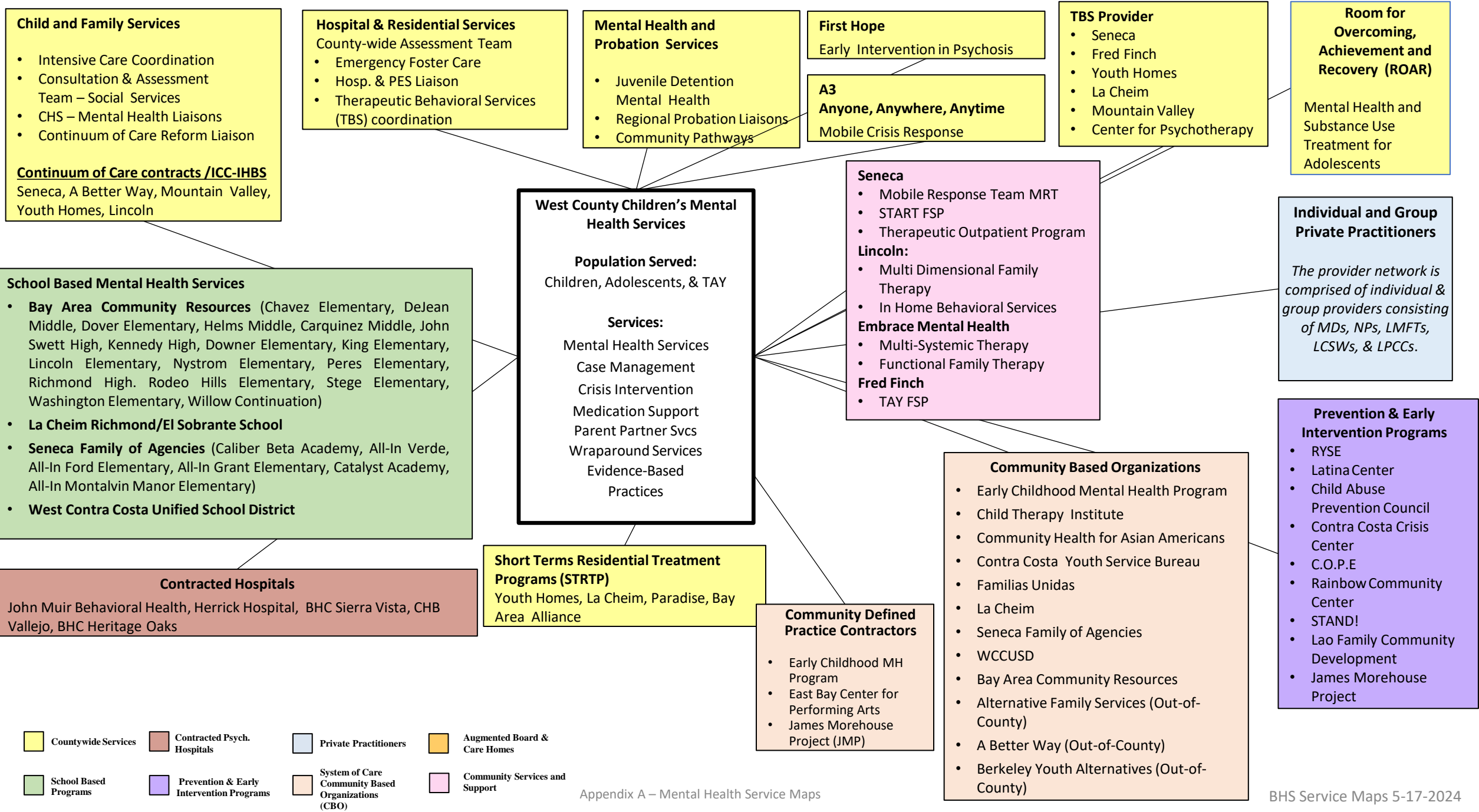
Central County Children’s Mental Health Services



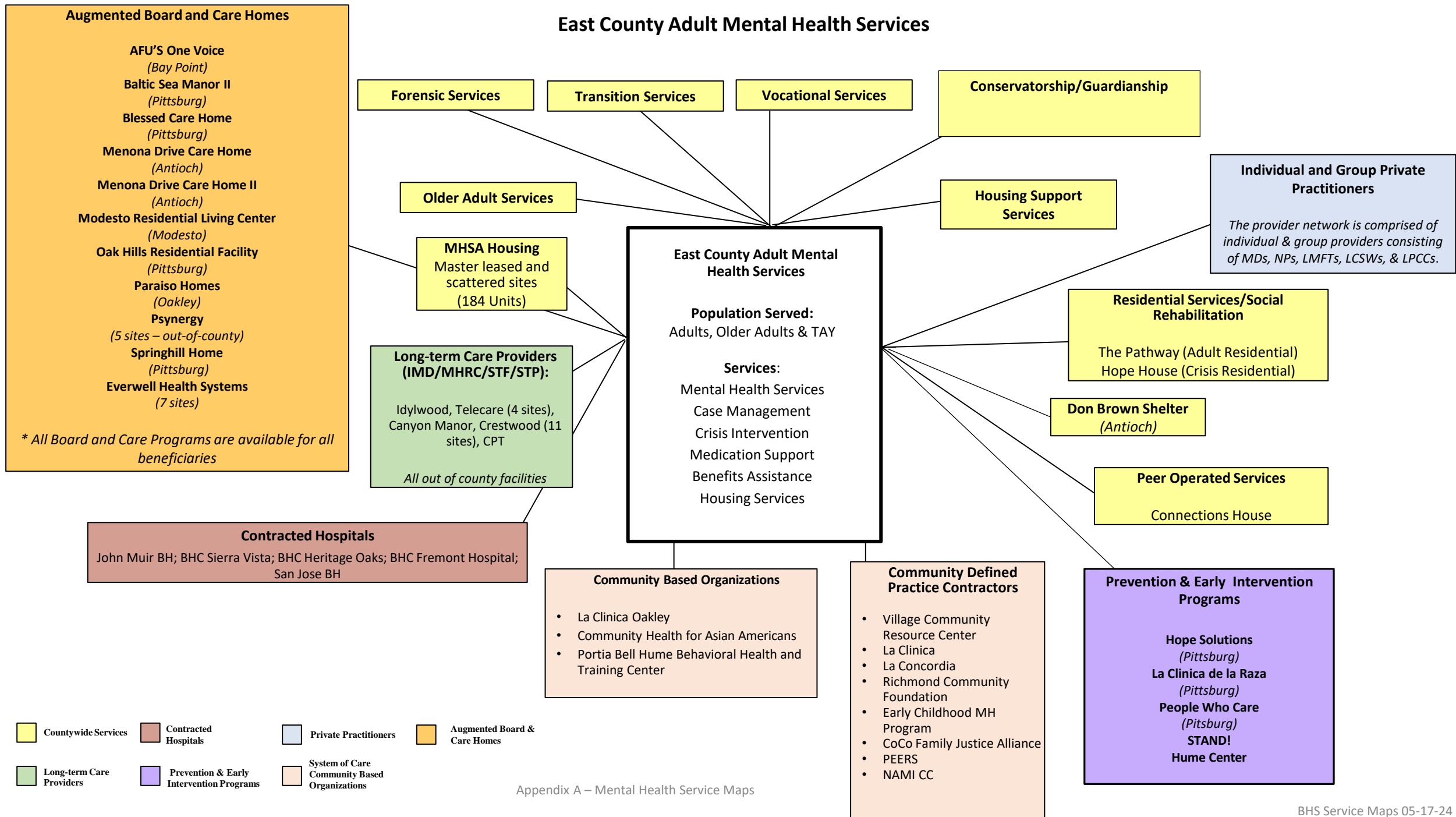
West County Adult Mental Health Services

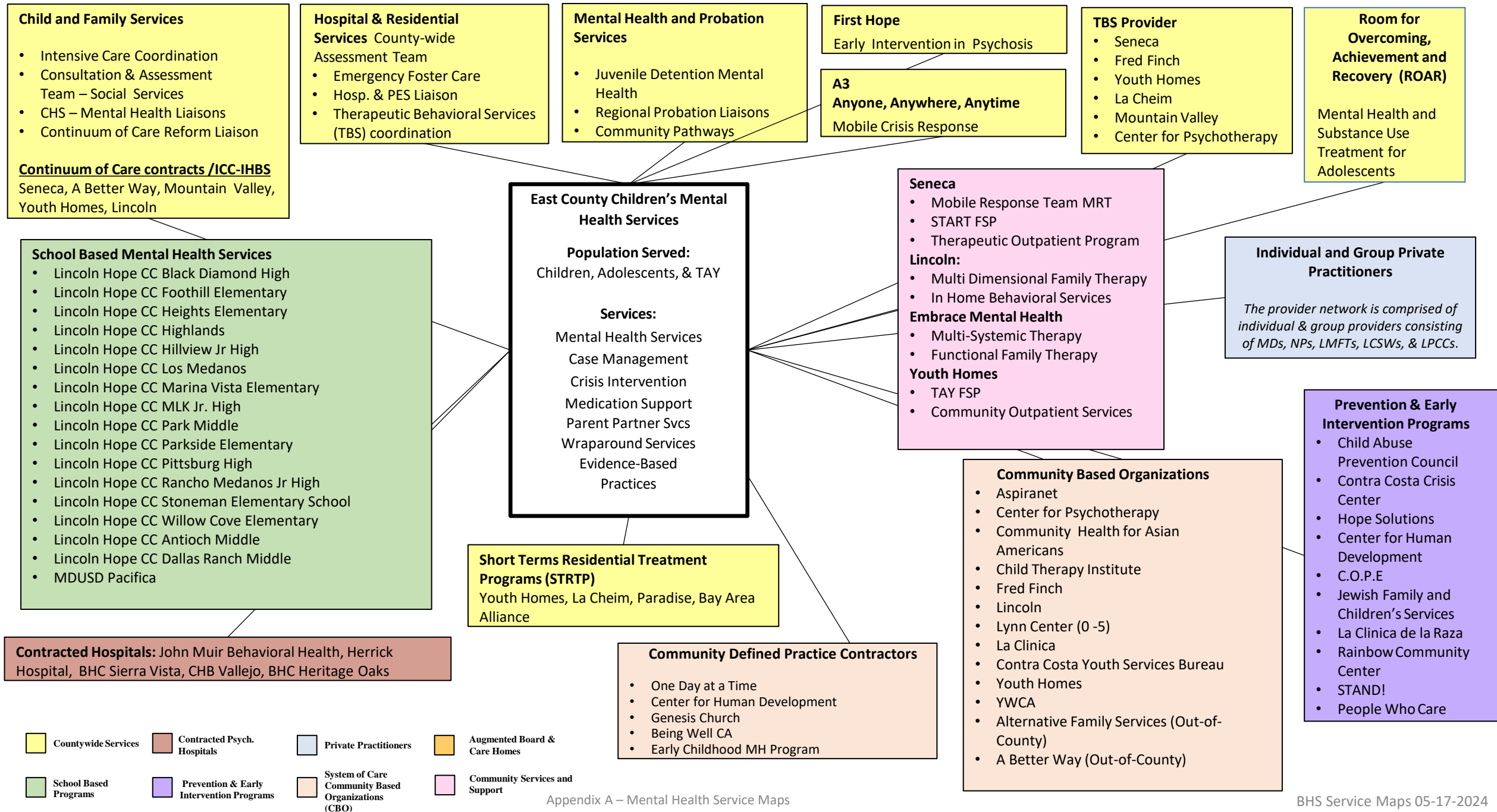


West County Children’s Mental Health Services



East County Adult Mental Health Services





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COMMUNITY SERVICES AND SUPPORTS (CSS)

CENTRAL COUNTY ADULT MENTAL HEALTH CLINIC (CONTRA COSTA HEALTH)

1420 Willow Pass Road, Suite 200, Concord, CA 94520, <https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Terry Ahad, Mental Health Program Manager, (925) 646-5480, Terry.Ahad@CCHealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The Central Adult Mental Health Clinic operates within Contra Costa Mental Health's Adult System of Care, and provides assessments, case management, therapy, groups, psychiatric services, crisis intervention, peer support, housing services, and benefits assistance. Within the Adult Mental Health Clinic are the following MHSA funded programs and plan elements:

PLAN ELEMENT: ADULT FULL-SERVICE PARTNERSHIP SUPPORT - CSS

Contra Costa Mental Health has dedicated clinical staff at each of the three adult mental health clinics to provide support, coordination and rapid access for full-service partners to health and mental health clinic services as needed and appropriate. Rapid Access Clinicians offer drop-in screening and intake appointments to clients who have been discharged from the County Hospital or Psychiatric Emergency Services but who are not open to the county mental health system of care. Rapid Access Clinicians will then refer clients to appropriate services and, when possible, follow-up with clients to ensure a linkage to services was made. If a client meets eligibility criteria for Full-Service Partnership services, the Rapid Access Clinician will seek approval to refer the client to Full-Service Partnership services. Clinic management acts as the gatekeepers for the Full-Service Partnership programs, authorizing referrals and discharges as well as providing clinical oversight to the regional Full-Service Partnership programs. Full-Service Partnership Liaisons provide support to the Full-Service Partnership programs by assisting the programs with referrals and discharges, offering clinical expertise, and helping the programs to navigate the County systems of care.

PLAN ELEMENT: CLINIC SUPPORT - CSS

General Systems Development strategies are programs or strategies that improve the larger mental health system of care.

These programs and strategies expand and enhance the existing service structure to 1) assist consumers in obtaining benefits they are entitled to, educate consumers on how to maximize use of those benefits and manage resources, and 2) provide transportation support for consumers and families.

- a. Clinic Target Population: Adults aged 18 years and older, who live in Central County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- b. Number Served FY 22-23: Approximately 2,330 Individuals.

FY 23-24 data not available due to transfer of data reporting system.

CENTRAL COUNTY CHILDREN'S MENTAL HEALTH CLINIC (CONTRA COSTA HEALTH)

2425 Bisso Lane, Suite 200, Concord, CA 94520, <https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Betsy Hanna, PsyD, Mental Health Program Manager, (925) 521-5767, Betsy.Hanna@CCHealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health and Alcohol & Other Drugs into a single system of care. The Central Children's Mental Health Clinic operates within Contra Costa Behavioral Health's Children's System of Care, and provides psychiatric and outpatient services, family partners, and Wraparound services. Within the Children's Mental Health Clinic are the following MHA funded plan elements:

PLAN ELEMENT: CLINIC SUPPORT - CSS

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to assist consumers in the following areas:

- Family Partners and Wraparound Facilitation. The family partners assist families with advocacy, transportation assistance, navigation of the service system, and offer support in the home, community, and county service sites. Family partners support families with children of all ages who are receiving services in the children. Family partners are located in each of the regional clinics for children and adult services, and often participate on wraparound teams following the evidence-based model.
 - A Clinical Specialist in each regional clinic who provides technical assistance and oversight of evidence-based practices in the clinic.
 - Support for full-service partners.
- a. Target Population: Children aged 17 years and younger, who live in Central County, are diagnosed with a serious emotional disturbance or serious mental illness and are uninsured or receive Medi-Cal benefits.
- b. Number Served FY 22-23: Approximately 942 Individuals.
- FY 23-24 data not available due to transfer of data reporting system.

CRESTWOOD BEHAVIORAL HEALTH, INC.

Contact Information: 550 Patterson Boulevard, Pleasant Hill, CA 94523, <https://crestwoodbehavioralhealth.com/>

Point of Contact: Travis Curran, Campus Administrator for Pleasant Hill Campus,
(925) 938-8050, tcurran@cbhi.net

GENERAL DESCRIPTION OF THE ORGANIZATION

The mission at Crestwood Healing Center is to partner with Contra Costa County clients, employees, families, business associates, and the broader community in serving individuals affected by mental health issues. Together, they enhance quality of life, social interaction, community involvement and empowerment of mental health clients toward the goal of creating a fulfilling life. Clients are assisted and encouraged to develop life skills, participate in community-based activities, repair or enhance primary relationships, and enjoy leisure activities. A supportive, compassionate, and inclusive program increases motivation and commitment.

PROGRAM: THE PATHWAY PROGRAM (MENTAL HEALTH HOUSING SERVICES – CSS

The Pathway Program provides psychosocial rehabilitation for 16 clients who have had little, if any, previous mental health treatment. The program provides intensive skills training to promote independent living. Many clients complete their high school requirements, enroll in college or are participating in competitive employment by the end of treatment.

a. Scope of Services:

- Case management
- Mental health services
- Medication management
- Crisis intervention
- Adult residential

b. Target Population: Adults aged 18 years and older, who live in Central County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.

c. Payment Limit: FY 25-26 \$1,147,028

d. Number served: For FY 23-24: Capacity of 64 beds at The Bridge in Pleasant Hill. Capacity of 30 beds at Our House in Vallejo.

DIVINE'S HOME

2430 Bancroft Lane, San Pablo, CA 94806

Point of Contact: Maria Riformo, (510) 222-4109, HHailey194@aol.com

GENERAL DESCRIPTION OF THE ORGANIZATION

The County contracts with Divine's Home, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

PROGRAM: AUGMENTED BOARD AND CARES – MHSA HOUSING SERVICES - CSS

- a. Scope of Services: Augmented residential services, including but not limited to:
 - Medication management
 - Nutritional meal planning
 - Assistance with laundry
 - Transportation to psychiatric and medical appointments
 - Improving socialization
 - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
 - Encouraging meaningful activity
 - Other services as needed for individual residents
- b. Target Population: Adults aged 60 years and older, who live in Western Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Number served: For FY 23-24: Capacity of 6 beds.

EAST COUNTY ADULT MENTAL HEALTH CLINIC (CONTRA COSTA HEALTH)

2311 Loveridge Road, Pittsburg, CA 94565, <https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Beverly Fuhrman, Program Manager, (925) 431-2621, Beverly.Fuhrman@CCHealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

East County Adult Mental Health Services operates within Contra Costa Mental Health's Adult System of Care. Services are provided within a Care Team model. Each Care Team is comprised of a core team of psychiatrists, therapists, and community support workers. Additional services may be provided by nurses, family support worker, and a substance abuse counselor. The initial assessment, Co-Visit, is provided jointly by a psychiatrist and a therapist where both mental health and medication needs are addressed at this initial visit. Other services include crisis intervention, individual/group therapy, case management, housing services, benefits assistance, vocational services, and linkage to community-based programs and agencies.

PLAN ELEMENT: ADULT FULL-SERVICE PARTNERSHIP SUPPORT - CSS

Contra Costa Mental Health has dedicated clinicians at each of the three adult mental health clinics to provide support, coordination and rapid access for full-service partners to health and mental health clinic services as needed and appropriate. Rapid Access Clinicians offer drop-in screening and intake appointments to clients who have been discharged from the County Hospital or Psychiatric Emergency Services but who are not open to the county mental health system of care. Rapid Access Clinicians will then refer clients to appropriate services and, when possible, follow-up with clients to ensure a linkage to services was made. If a client meets eligibility criteria for Full-Service Partnership services, the Rapid Access Clinician will seek approval to refer the client to Full-Service Partnership services. Clinic management act as the gatekeepers for the Full-Service Partnership programs, authorizing referrals and discharges as well as providing clinical oversight to the regional Full-Service Partnership programs. Full-Service Partnership Liaisons provide support to the Full-Service Partnership programs by assisting the programs with referrals and discharges, offering clinical expertise, and helping the programs to navigate the County systems of care.

PLAN ELEMENT: CLINIC SUPPORT - CSS

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to assist consumers in 1) obtaining benefits they are entitled to, educate consumers on how to maximize use of those benefits and manage resources, and 2) provide transportation support for consumers and families.

- a. Clinic Target Population: Adults aged 18 years and older, who live in East County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- b. Number Served: For FY 22-23 Approximately 2,418 Individuals.

FY 23-24 data not available due to transfer of data reporting system.

EAST COUNTY CHILDREN'S MENTAL HEALTH CLINIC (CONTRA COSTA HEALTH)

2335 Country Hills Drive, Antioch, CA 94509, <https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Christine Madruga, Program Manager, (925) 608-8736, Christine.Madruga@CCHealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The East Children's Mental Health Clinic operates within Contra Costa Behavioral Health's Children's System of Care, and provides psychiatric and outpatient services, family partners, and wraparound services. Within the Children's Behavioral Health Clinic are the following MHSA funded plan elements:

PLAN ELEMENT: CLINIC SUPPORT - CSS

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to assist consumers in the following areas:

- Family Partners and Wraparound Facilitation. The family partners assist families with advocacy, transportation assistance, navigation of the service system, and offer support in the home, community, and county service sites. Family partners support families with children of all ages who are receiving services in the clinic. Family partners are located in each of the regional clinics for children and adult services and often participate on wraparound teams following the evidence-based model.
 - A Clinical Specialist/EBP Team Leader in each regional clinic who provides technical assistance, clinical consultation, and oversight of evidence-based practices in the clinic.
 - Support for full-service partnership programs.
- a. Target Population: Children and youth aged 5 through 22 years, who live in East County, are diagnosed with a serious emotional disturbance or serious mental illness and are uninsured or receive Medi-Cal benefits.
 - b. Number Served in FY 22-23: Approximately 2,507 Individuals.

FY 23-24 data not available due to transfer of data reporting system.

Contact Information: Administrative Offices 310 James Way, Ste. 280, Pismo Beach, CA 93449

Point of Contact: Dr. Chris Zubiata, czubiata@everwellhealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Everwell operates modern therapeutic treatment communities that bring lasting recovery in a changing healthcare environment. Their residential behavioral health services provide care to adults diagnosed with serious mental illness (SMI) who are stepping down from acute and sub-acute care settings and transitioning back to the community. Services are provided in an adult residential facility (ARF) or residential care facility for the elderly (RCFE), as Everwell operates multiple locations that utilize the Healing Enclave Model. There are varying phases of on-site supportive services, depending on the client's level of need. Services are provided on-site by a multi-disciplinary team and may include:

- Behavioral health treatment services
 - Medication management
 - Crisis intervention
 - Care management
 - Individual and group treatment
 - Independent living skill development
- a. Target Population: CCBHS clients who are diagnosed with an SMI and stepping down from an acute treatment facility to a community setting
- b. FY 25-26 MHSA Budget: \$1,307,175 (increased to 18 beds in 23-24)
- c. Number served in 22-23: 6
- FY 23-24 data not available due to transfer of data reporting system.
- d. Successful Outcomes:
- Participants demonstrate improved health and functioning and progress to the least restrictive level of care possible
 - Health condition(s) are well-controlled with medications and/or lifestyle supports
 - Participants discharge to supported or independent living

205 39th Street, Richmond, CA 94805, <http://www.familias-unidas.org/>

Point of Contact: Lorena Huerta, Executive Director, (510) 412-5930, LHuerta@Familias-Unidas.org.

GENERAL DESCRIPTION OF THE ORGANIZATION

Familias Unidas exists to improve wellness and self-sufficiency in Latino and other communities. The agency accomplishes this by delivering quality mental health counseling, service advocacy, and information/referral services. Familias Unidas programs include mental health, education and prevention, and information/referrals.

PROGRAM: FAMILIAS UNIDAS – FULL-SERVICE PARTNERSHIP - CSS

Familias Unidas provides a comprehensive range of services and supports in Contra Costa County to adults with serious emotional disturbance/serious mental illness who are homeless or at serious risk of homelessness. Services are based in West Contra Costa County.

a. Scope of Services:

- Services are provided using an integrated team approach, based on a modified Assertive Community Treatment (ACT) model of care. Services include:
- Outreach and engagement
- Case management
- Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems
- Crisis Intervention
- Collateral services
- Medication support (may be provided by County Physician)
- Housing support
- Flexible funds
- Contractor must be available to the consumer on a 24/7 basis

b. Target Population: Adults in West County, who are diagnosed with a serious mental illness, are homeless or at imminent risk of homelessness, are at or below 300% of the federally defined poverty level and are uninsured or receive Medi-Cal benefits.

c. Payment Limit: FY 25-26 \$209,030 (cost-based portion)

d. Number served: For FY 22-23: 178 Individuals

FY 23-24 data not available due to transfer of data reporting system.

e. Outcomes: For FY 22-23:

- Program participants will experience a net reduction in their Psychiatric Emergency Services utilization rate of at least 40% when the annual utilization rate for the clients' most recent 12 months of service, or total number of months the client has been enrolled for less than 12 months, is compared to the pre-enrollment rate. *
- Program participants will experience a net reduction in their inpatient utilization rate of at least 60% when the annual utilization rate for the clients' most recent 12 months of service, or total number of months if a client has been enrolled for less than 12 months, is compared to the pre-enrollment rate. *
- 75% of FSP participants placed into housing will receive housing support to maintain housing stability or be progressively placed into more independent living environments, as appropriate.
- 75% of FSP participants will rank Familias Unidas FSP services with a score of 4 or higher in the Client Satisfaction Questionnaire (CSQ-8), twice annually, or upon client discharge from the program.
- Less than 25% of active Familias Unidas FSPs will be arrested, or incarcerated post-enrollment measured at the end of the fiscal year.

- Collect baseline data utilizing an engagement in meaningful activity/quality of life assessment tool (tool to be determined).
- Reduction in incidence of psychiatric crisis
- Reduction of the incidence of restriction

Table 1. Pre-and post-enrollment utilization rates for 20 Familias Unidas (Desarrollo Familiar, Inc.) FSP Participants enrolled in the FSP program during FY 23-24

	No. pre- Enrollment	No. post- enrollment	Rate pre- enrollment	Rate post- enrollment	% change
<i>PES episodes</i>	22	0	0.094	0.000	-100.0%
<i>Inpatient episodes</i>	6	0	0.026	0.000	-100.0%
<i>Inpatient days</i>	41	0	0.175	0.000	-100.0%
<i>DET</i>	7	4	0.030	0.018	-39.2%

FORENSIC MENTAL HEALTH (CONTRA COSTA HEALTH)

1430 Willow Pass Road, Suite 100, Concord CA 94520

Point of Contact: Natalie Dimidjian, Program Manager, (925) 313-9554, Natalie.Dimidjian@CCHealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The Forensic Services team operates within Contra Costa Mental Health's Adult System of Care, and works closely with Adult Probation, *the courts, and local police departments*.

PROGRAM: FORENSIC SERVICES - CSS

The Forensics Services team is a multidisciplinary team comprised of mental health clinical specialists, registered nurses and community support workers. The purpose of the team is to engage and offer voluntary services to participants who are seriously and persistently mentally ill and are involved in the criminal justice system. Forensic Services hosts office hours at the three regional probation offices to enhance the opportunity for screening and service participation. The co-located model allows for increased collaboration among the participants, service providers, and Deputy Probation Officers.

The Forensic MHCS, CSWs, and nurses coordinate to offer Case Management services, individual therapy, and evidence-based group therapies (CBSST, Seeking Safety and WRAP). WRAP services are also provided on an individual basis. In addition, monthly Case Coordination meetings are held for each probation department (east, west, and central) with the Probation Officers, Forensic MH staff, and other community providers. These meetings are used to discuss and coordinate services for individual probationers that are facing challenges in engaging and utilizing services.

The forensic staff participates in continuation of care by initiating contacts with probationers while in custody. These contacts are both pre-release and during probation violations. In addition, the Forensic CSW and clinicians provides WRAP & CBSST groups in MDF. The Forensic MHCS located at east county probation has begun coordination of, and providing, services for the TAY population in conjunction with re-entry services.

AOT: The Forensic Mental Health Team (FMHT) manages and provides an Assistant Outpatient Treatment Program, aka Laura Law AB 1421. The FMHT works in conjunction with Mental Health Systems (MHS) to provide contracted services. All requests for potential AOT services come through the FMHT.

The FMHT is responsible to determine if the requestors meet the requirements as stated in the Welfare and Institution code and if the person for whom the request is being made meets the 9 criteria for eligible AOT services. The FMHT also provides linkage to other services for individuals that do not meet all the criteria for AOT. The Forensic Team expanded its mobile crisis response capacity from fielding a mobile Mental Health Evaluation Team (MHET) to fielding a full Mobile Crisis Response Team to respond to adult consumers experiencing mental health crises in the community. Mental health clinicians and community support workers will work closely with the County's Psychiatric Emergency Services and law enforcement, if necessary, to respond to residents in crises who would be better served in their respective communities. MHSA funds will be utilized to supplement funding that enables this team to respond seven days a week with expanded hours of operation and the addition of two positions.

- a. Scope of Services: Authorized in Fiscal Year 2011-12 four clinical specialists were funded by MHSA to join Forensics Services Team. This team works very closely with the criminal justice system to assess referrals for serious mental illness, provide rapid access to a treatment plan, and work as a team to provide the appropriate mental health, substance abuse and housing services needed.
- b. Target Population: Individuals who are seriously and persistently mentally ill who are on probation and at risk of re-offending and incarceration.

- c. MHSA-Funded Staff: 4.0 Full-time equivalent
Number Served for FY 22-23: 312

FY 23-24 data not available due to transfer of data reporting system.

FRED FINCH YOUTH CENTER

2523 El Portal Drive, Suite 201, San Pablo, CA 94806, <https://www.fredfinch.org/>

Point of Contact: Julie Kinloch, Program Director, (510) 439-3130 Ext. 6107, juliekinloch@fredfinch.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Fred Finch seeks to provide innovative, effective, caring mental health and social services to children, young adults, and their families that allow them to build on their strengths, overcome challenges, and live healthy and productive lives. Fred Finch serves children, adolescents, young adults, and families facing complex life challenges. Many have experienced trauma and abuse; live at or below the poverty line; have been institutionalized or incarcerated; have a family member that has been involved in the criminal justice system; have a history of substance abuse; or have experienced discrimination or stigma.

PROGRAM: CONTRA COSTA TRANSITION AGE YOUTH FULL-SERVICE PARTNERSHIP - CSS

Fred Finch is the lead agency that collaborates with the Contra Costa Youth Continuum of Services, The Latina Center and Contra Costa Mental Health to provide a Full-Service Partnership program for Transition Age Youth in West and Central Contra Costa County.

- a. Scope of Services: Services will be provided using an integrated team approach, based on a modified Assertive Community Treatment (ACT) model of care and the Individual Placement and Support (IPS) model designed to support our TAY with gaining and maintaining competitive employment. The team includes a Personal Service Coordinator working in concert with a multi-disciplinary team of staff, including a Peer Mentor and Family Partner, an Employment Specialist, a Psychiatric Nurse Practitioner, staff with various clinical specialties, including co-occurring substance disorder and bi-lingual capacity. Services include:
 - Outreach and engagement
 - Case management
 - Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems
 - Crisis Intervention
 - Collateral
 - Medication support (may be provided by County Physician)
 - Housing support
 - Flexible funds
 - Referrals to Money Management services as needed
 - Supported Employment Services
 - Available to consumer on 24/7 basis
- b. Target Population: Young adults with serious mental illness or serious emotional disturbance. These young adults exhibit key risk factors of homelessness, limited English proficiency, co-occurring substance abuse, exposure to trauma, repeated school failure, multiple foster-care or family-caregiver placements, and experience with the juvenile justice system and/or Psychiatric Emergency Services. Fred Finch serves Central and West County.
- c. Payment Limit: FY 25-26 \$383,517 (cost-based portion)
- d. Number served: For FY 22-23: 30
FY 23-24 data not available due to transfer of data reporting system.
- e. Outcomes: For FY 23-24:
 - Reduction in incidence of psychiatric hospitalizations
 - Reduction in detention bookings

Table 1. Pre- and post-enrollment utilization rates for 33 Fred Finch FSP participants enrolled in the FSP program during FY 23-24

	No. pre- enrollment	No. post- enrollment	Rate pre- enrollment	Rate post- enrollment	% change
<i>PES episodes</i>	27	11	0.082	0.030	-63.4%
<i>Inpatient episodes</i>	13	7	0.039	0.019	-51.3%
<i>Inpatient days</i>	126	154	0.382	0.418	+9.42%
<i>DET Bookings</i>	2	2	0.006	0.005	-16.7%

LINCOLN

1266 14th Street, Oakland CA 94607, <http://lincolnfamilies.org/>

Point of Contact: Allison Staulcup Becwar, LCSW President & CEO, (510) 867-0944, allisonbecwar@lincolnfamilies.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Lincoln was founded in 1883 as the region's first volunteer-run, non-sectarian, and fully integrated orphanage. As times and community needs evolved, Lincoln's commitment to vulnerable children remained strong. In 1951, Lincoln began serving abused, neglected and emotionally challenged children. Today, as a highly respected provider of youth and family services, Lincoln has a continuum of programs to serve children and families impacted by poverty and trauma throughout Alameda and Contra Costa Counties. Their therapeutic school and community-based services include early intervention to intensive programming and focus on family strengthening, educational achievement and youth positive outlook.

PROGRAM: MULTI-DIMENSIONAL FAMILY THERAPY (MDFT) – FSP - CSS

Multidimensional Family Therapy (MDFT), an evidence-based practice, is a comprehensive and multi-systemic family-based outpatient program for adolescents with co-occurring substance use and mental health issues who may be at high risk for continued substance abuse and other challenging behaviors, such as emotional dysregulation, defiance and delinquency. Working with the youth and their families, MDFT helps youth develop more effective coping and problem-solving skills for better decision making, and helps the family improve interpersonal functioning as a protective factor against substance abuse and related problems. Services are delivered over 5 to 7 months, with weekly or twice-weekly, face-to-face contact, either in the home, the community or in the clinic.

a. Scope of Services:

- Services include but are not limited to:
- Outreach and engagement
- Case management
- Outpatient Mental Health Services
- Crisis Intervention
- Collateral Services
- Group Rehab
- Flexible funds
- Contractor must be available to consumer on 24/7 basis

b. Target Population: Children in West, Central and East County experiencing co-occurring serious mental health and substance abuse challenges. Youth and their families can be served by this program.

c. Payment Limit: FY 25-26 \$649,136 (cost-based portion)

d. Number Served: For FY 22-23: 21

FY 23-24 data not available due to transfer of data reporting system.

e. Outcomes: For FY 22-23:

- Reduction in delinquency or maintained positive functioning in community involvement
- Increase in detention bookings

Table 1. Pre- and post-enrollment utilization rates for 39 Lincoln Child Center participants enrolled in the FSP program during FY 23-24

	No. pre- enrollment	No. post- enrollment	Rate pre- enrollment	Rate post- enrollment	%change
<i>PES episodes</i>	3	0	0.009	0.010	-100.0%
<i>Inpatient episodes</i>	0	0	0.000	0.000	-0%
<i>Inpatient days</i>	0	0	0.000	0.000	-0%
<i>JACS Bookings</i>	10	12	0.031	0.047	+51.6%

PH SENIOR CARE, LLC (PLEASANT HILL MANOR)

40 Boyd Road, Pleasant Hill CA, 94523

Point of Contact: Evelyn Mendez-Choy, (925) 937-5348, emendez@northstarsl.com

GENERAL DESCRIPTION OF THE ORGANIZATION

The County contracts with Pleasant Hill Manor, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

PROGRAM: AUGMENTED BOARD AND CARES – MHSA HOUSING SERVICES - CSS

- a. Scope of Services: Augmented residential services, including but not limited to:
 - Medication management
 - Nutritional meal planning
 - Assistance with laundry
 - Transportation to psychiatric and medical appointments
 - Improving socialization
 - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
 - Encouraging meaningful activity
 - Other services as needed for individual residents
- b. Target Population: Adults aged 60 years and older, who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Number served: For FY 23-24: Capacity of 37 beds.

MHSA HOUSING SERVICES (CONTRA COSTA HEALTH, HOUSING, AND HOMELESS SERVICES – H3)

2400 Bisso Lane, Suite D2, Concord, CA 94520, <https://cchealth.org/h3/>

GENERAL DESCRIPTION OF THE ORGANIZATION

The Behavioral Health Services Division partners with the Health, Housing and Homeless Division to provide permanent and temporary housing with supports for person experiencing a serious mental illness and who are homeless or at risk of being homeless.

PROGRAM: HOMELESS PROGRAMS - TEMPORARY SHELTER BEDS - CSS

The County's Health Housing and Homeless Services Division operate a number of temporary bed facilities in West and Central County for transitional age youth and adults. CCBHS, maintains a Memorandum of Understanding with the Health Housing and Homeless Services Division that provides additional funding to enable up to 64 individuals with a serious mental illness per year to receive temporary emergency housing for up to four months.

- a. Target Population: Individuals who are severely and persistently mentally ill or seriously emotionally disturbed; and are homeless.
- b. Total MHSA Portion of Budget FY 25-26: \$2,942,055
- c. Number Served FY 23-24: 75 beds fully utilized for 365 days in the year.

PROGRAM: PERMANENT HOUSING - CSS

Having participated in a specially legislated MHSA Housing Program through the California Housing Finance Agency the County, in collaboration with many community partners, the County completed a number of one-time capitalization projects to create 50 permanent housing units for individuals with serious mental illness. These individuals receive their mental health support from Contra Costa Behavioral Health contract and county service providers. The sites include Villa Vasconcellos in Walnut Creek, Lillie Mae Jones Plaza in North Richmond, The Virginia Street Apartments in Richmond, Robin Lane apartments in Concord, Ohlone Garden apartments in El Cerrito, Third Avenue Apartments in Walnut Creek, Garden Park apartments in Concord, and scattered units throughout the County operated by Hope Solutions (formerly Contra Costa Interfaith Housing).

- a. Target Population: Individuals who are severely and persistently mentally ill or seriously emotionally disturbed and are homeless or at risk of homelessness.
- b. Total MHSA Portion of Budget FY 25-26: One Time Funding Allocated.
- c. Number Served: FY 23-24: 50 units.

PROGRAM: COORDINATION TEAM - CSS

The CCBHS Health Housing and Homeless Services Coordinator and staff work closely with County's Homeless Services Division staff to coordinate referrals and placements, facilitate linkages with other Contra Costa mental health programs and services, and provide contract monitoring and quality control of 26 augmented board and care providers to provide permanent supportive housing for chronically homeless disabled individuals.

- a. Target Population: Individuals who are severely and persistently mentally ill or seriously emotionally disturbed and are homeless or at risk of homelessness.
- b. Total FTE: 9.0 FTE
- c. Total MHSA Portion of Budget FY 25-26: \$2,739,564
Number Served FY 23-24: Approximately 700 individuals per year receive permanent or temporary supportive housing by means of MHSA funded housing services.

MODESTO RESIDENTIAL LIVING CENTER, LLC.

1932 Evergreen Avenue, Modesto CA, 95350

Point of Contact: Dennis Monterosso, (209) 530-9300, info@modestoRLC.com

GENERAL DESCRIPTION OF THE ORGANIZATION

The County contracts with Modesto Residential, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

PROGRAM: AUGMENTED BOARD AND CARES – MHSA HOUSING SERVICES - CSS

The County contracts with Modesto Residential Living Center, a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

- a. Scope of Services: Augmented residential services, including but not limited to:
 - Medication management
 - Nutritional meal planning
 - Assistance with laundry
 - Transportation to psychiatric and medical appointments
 - Improving socialization
 - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
 - Encouraging meaningful activity
 - Other services as needed for individual residents
- b. Target Population: Adults aged 18 years to 59 years who lived in Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits and accepted augmented board and care at Modesto Residential Living Center.
- c. Number served: For FY 23-24: Capacity of 12 beds.

OAK HILLS RESIDENTIAL FACILITY

141 Green Meadow Circle, Pittsburg, CA 94565

Point of Contact: Rebecca Lapasa, (925) 709-8853, Rlapasa@yahoo.com

GENERAL DESCRIPTION OF THE ORGANIZATION:

The County contracts with Oak Hills, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

PROGRAM: AUGMENTED BOARD AND CARES – MHSA HOUSING SERVICES - CSS

- a. Scope of Services: Augmented residential services, including but not limited to:
 - Medication management
 - Nutritional meal planning
 - Assistance with laundry
 - Transportation to psychiatric and medical appointments
 - Improving socialization
 - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
 - Encouraging meaningful activity
 - Other services as needed for individual residents
- b. Target Population: Adults aged 18 years to 59 years who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Number Served: Capacity of 6 beds.

OLDER ADULT MENTAL HEALTH (CONTRA COSTA BEHAVIORAL HEALTH SERVICES)

2425 Bisso Lane, Suite 100, Concord, CA 94520, <https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Heather Sweeten-Healy, (925)-521-5620,

Heather.Sweeten-Healy@cchealth.org or Ellie Shirgul, (925)-521-5620, Ellen.Shirgul@cchealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

The Older Adult Mental Health Clinic is in the Adult System of Care and provides mental health services to Contra Costa's senior citizens, including preventive care, linkage and outreach to under-served at risk communities, problem solving short-term therapy, and intensive care management for severely mentally ill individuals.

PROGRAM: INTENSIVE CARE MANAGEMENT - CSS

The Intensive Care Management Teams (ICMT) provide mental health services to older adults in their homes, in the community and within a clinical setting. Services are provided to Contra Costa County residents with serious psychiatric impairments who are 60 years of age or older. The program provides services to those who are insured through Medi-Cal, dually covered under Medi-Cal and MediCare, or uninsured. The primary goal of these teams is to support aging in place as well as to improve consumers' mental health, physical health, prevent psychiatric hospitalization and placement in a higher level of care, and provide linkage to primary care appointments, community resources and events, and public transportation in an effort to maintain independence in the community. Additionally, the teams provide services to those who are homeless, living in shelters, or in residential care facilities. There are three multi-disciplinary Intensive Care Management Teams, one for each region of the county that increases access to resources throughout the county.

PROGRAM: IMPROVING MOOD PROVIDING ACCESS TO COLLABORATIVE TREATMENT (IMPACT) - CSS

IMPACT is an evidence-based practice which provides depression treatment to individuals aged 55 and over in a primary care setting. The IMPACT model prescribes short-term (8 to 12 visits) Problem Solving Therapy and medication consultation with up to one year of follow-up as necessary. Services are provided by a treatment team consisting of licensed clinicians, psychiatrists, and primary care physicians in a primary care setting. The target population for the IMPACT Program is adults aged 55 years and older who are receiving health care services at a federally qualified health center. The program focuses on treating older adults with late-life depression and co-occurring physical health impairments, such as cardio-vascular disease, diabetes, or chronic pain. The primary goals of the Impact Program are to prevent more severe psychiatric symptoms, assist clients in accessing community resources as needed, reducing stigma related to accessing mental health treatment and providing access to therapy to this underserved population.

- a. Target Population: Depending on program, Older Adults aged 55 or 60 years and older experiencing serious mental illness or at risk for developing a serious mental illness.
- b. Total Budget 25-26: Intensive Care Management - \$4,539,290; IMPACT - \$477,973
- c. Staff: 22 Full time equivalent multi-disciplinary staff.
- d. Number served: For FY 22-23: Impact: 164; Intensive Care Management: 225
FY 23-24 data not available due to transfer of data reporting system.
- e. Outcomes: For IMPACT and ICM: Changes in Level of Care Utilization System (LOCUS) scores, reductions in Psychiatric Emergency Service visits, reductions in hospitalizations, decreased Patient Health Questionnaire (PHQ-9) scores, and reduced isolation, which is assessed by the PEARLS (ICM only).

PORTIA BELL HUME BEHAVIORAL HEALTH AND TRAINING CENTER (HUME CENTER)

555 School Street, Pittsburg, CA 94565, <https://www.humecenter.org/>

Point of Contact: Reynold Fujikawa, Community Support Program East, (925) 384-7727, rfujikawa@humecenter.org

3095 Richmond Parkway #201, Richmond, CA 94806, <https://www.humecenter.org/>

Point of Contact: Margaret Schiltz, Community Support Program West, (510) 944-3781, mschiltz@humecenter.org

GENERAL DESCRIPTION OF THE ORGANIZATION

The Hume Center is a Community Mental Health Center that provides high quality, culturally sensitive and comprehensive behavioral health care services and training. The Hume Center strives to promote mental health, reduce disparities, psychological suffering, and strengthen communities and systems in collaboration with the people most involved in the lives of those served. They are committed to training behavioral health professionals to the highest standards of practice, while working within a culture of support and mutual respect. They provide a continuity of care in Contra Costa that includes prevention and early intervention, behavioral consultation services, outpatient psychotherapy and psychiatry, case management, partial hospitalization services, and Full-Service Partnership (FSP) Programs. Their FSPs are located in East and West County.

PROGRAM: ADULT FULL-SERVICE PARTNERSHIP - CSS

The Adult FSP is a collaborative program between The Hume Center and Contra Costa County Behavioral Health Services.

a. Goal of the Program:

- Prevent repeat hospitalizations
- Transition from institutional settings
- Attain and/or maintain medication compliance
- Improve community tenure and quality of life
- Attain and/or maintain housing stability
- Attain self-sufficiency through vocational and educational support
- Strengthen support networks, including family and community supports
- Limit the personal impact of substance abuse on mental health recovery

b. Referral, Admission Criteria, and Authorization:

- i. Referral: To inquire about yourself or someone else receiving our Full-Service Partnership Services in our Community Support Program (CSP) East program, please call our Pittsburg office at (925) 432-4118. For services in our CSP West program, please contact our Richmond office at (510) 778-2816.
- ii. Admission Criteria: This program serves adult aged 26 and older who are diagnosed with severe mental illness and are:
 - Frequent users of emergency services and/or psychiatric emergency services
 - Homeless or at risk of homelessness
 - Involved in the justice system or at risk of this
 - Have Medi-Cal insurance or are uninsured

- iii. Authorization: Referrals are approved by Contra Costa Behavioral Health Division.

c. Scope of Services: Services will be provided using an integrated team approach called Community Support Program. Our services include:

- Community outreach, engagement, and education to encourage participation in the recovery process and our program
- Case management and resource navigation for the purposes of gaining stability and increasing self-sufficiency
- Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems
- Crisis Intervention, which is an immediate response to support a consumer to manage an unplanned event and ensure safety for all involved, which can include involving additional community resources

- Collateral services, which includes family psychotherapy and consultation. These services help significant persons to understand and accept the consumer's condition and involve them in service planning and delivery.
 - Medication support, including medication assessment and ongoing management (may also be provided by County Physician)
 - Housing support, including assisting consumers to acquire and maintain appropriate housing and providing skill building to support successful housing. When appropriate, assist consumers to attain and maintain MHSA subsidized housing.
 - Flexible funds are used to support consumer's treatment goals. The most common use of flexible funds is to support housing placements through direct payment of deposit, first/last month's rent, or unexpected expenses in order to maintain housing.
 - Vocational and Educational Preparation, which includes supportive services and psychoeducation to prepare consumers to return to school or work settings. This aims to return a sense of hope and trust in themselves to be able to achieve the goal while building the necessary skills, support networks, and structures/habits.
 - Recreational and Social Activities aim to assist consumers to decrease isolation while increasing self-efficacy and community involvement. The goal is to assist consumers to see themselves as members of the larger community and not marginalized by society or themselves.
 - Money Management, which is provided by sub-contractors, aims to increase stability for consumers who have struggled to manage their income. Services aim to increase money management skills to reduce the need for this service.
 - 24/7 Afterhours/Crisis Line is answered during non-office hours so that consumers in crisis can reach a staff member at any time. Direct services are provided on weekends and holidays as well.
- d. Target Population: Adults diagnosed with severe mental illness in East, Central and West County who are diagnosed with a serious mental illness, are at or below 300% of the federally defined poverty level and are uninsured or receive Medi-Cal benefits.
- e. Payment Limit: For FY 25-26 (East and West): \$3,176,961 (cost-based portion only)
- f. Number served FY 22-23: 53 individuals (East); and 37 individuals (West)
- FY 23-24 data not available due to transfer of data reporting system.
- g. Outcomes for FY 22-23 (East):
- Reduction in incidence of psychiatric crisis
 - Reduction of the incidence of restriction
 - For FY (West): 1. Reduction in incidence of psychiatric crisis 2. Reduction of the incidence of restriction

Table 1. Pre- and post-enrollment utilization rates for 47 Hume West FSP participants enrolled in the FSP program during FY 23-24

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	96	64	0.180	0.113	-37.2%
<i>Inpatient episodes</i>	14	2	0.026	0.004	-84.6%
<i>Inpatient days</i>	145	30	0.272	0.053	-80.5%
<i>DET Bookings</i>	13	2	0.024	0.004	-83.3%

Table 1. Pre- and post-enrollment utilization rates for 67 Hume East FSP participants enrolled in the FSP program during FY 23-24

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	302	72	0.378	0.091	-75.9%
<i>Inpatient episodes</i>	44	16	0.055	0.020	-63.6%
<i>Inpatient days</i>	381	176	0.477	0.223	-53.2%
<i>DET Bookings</i>	22	12	0.028	0.015	-46.4%

PRIMARY CARE CLINIC BEHAVIORAL HEALTH SUPPORT (CONTRA COSTA HEALTH)

3052 Willow Pass Road, Concord, CA 94519, <https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Kelley Taylor, Ambulatory Care Clinic Supervisor, (925) 681-4100, Kelley.Taylor@CCHHealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Behavioral health clinicians staff the county Primary Care Health Centers in Concord. The goal is to integrate primary and behavioral health care. Two mental health clinicians are part of a multi-disciplinary team with the intent to provide timely and integrated response to those at risk, and/or to prevent the onset of serious mental health functioning among adults visiting the clinic for medical reasons.

PLAN ELEMENT: CLINIC SUPPORT - CSS

- a. Scope of Services: Perform brief mental health assessment and intervention with adults, children, and their families. Provide short term case management, mental health services, individual and family support, crisis intervention, triage, coordination of care between primary care and Behavioral Health Services. Tasks also include linkage to schools, probation, social services and community services and lead groups at County Primary Care Center.
- b. Target Population: Adults in central county, who present at the clinic for medical reasons
- c. Number Served: For FY 22-23: 200+.
FY 23-24 data not available due to transfer of data reporting system.
- d. Outcomes: Improve overall health for individuals through decrease medical visit and increase coping with life situations.

Contact Information: 18225 Hale Ave., Morgan Hill, CA 95037

Point of Contact: Arturo Uribe, LCSW, President/CEO, amuribe@psynergy.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Psynergy Programs offers Adult Residential Facilities (ARF), Residential Care Facilities for the Elderly (RCFE) and specialty mental health outpatient clinics in close proximity to the client home. Providing reliable adult residential home care in combination with intensive outpatient mental health services can help individuals with mental illness avoid the unnecessary expense and emotional trauma often associated with incarceration and hospitalization. The program utilizes tenets of the Wellness and Recovery, Integrated Dual Diagnosis Treatment and Modified Therapeutic Community (MTC) treatment models. Psynergy programs are an alternative to locked settings such as a State Hospital, Psychiatric Hospital, an Institute for Mental Disease (IMD), Psychiatric Health Facility (PHF) and Jail. The intent and goal of Psynergy services is to improve individual's quality of life, to help gain the skills and ability necessary to stay out of locked hospital settings and to move into a less restrictive living arrangement in the community.

Psynergy Programs provide innovative treatment programs for individuals living with a serious mental illness to assist them in successfully graduating from locked settings to community living. Services may include:

- Mental health services
- Medication management
- Crisis intervention
- Care management
- Individual and group treatment
- Independent living skill development
- Nutrition and Wellness including three well-balanced meals per day
- Clean and comfortable lodging and accommodations
- Comprehensive daily activities program
- Holistic health
- Physical fitness
- Peer and family support
- Linkage to community resources

- a. Target Population: CCBHS clients who are diagnosed with an SMI and stepping down from an acute treatment facility to a community setting
- b. Payment Limit: FY 25-26 MHSA portion of total contract: \$103,659
- c. Number served FY 22-23: 14
FY 23-24 data not available due to transfer of data reporting system.
- d. Outcomes: Clients will transition to independent living or the least restrictive environment in their community. They will be linked to the appropriate community resources to maintain stable community living

SENECA FAMILY OF AGENCIES

3200 Clayton Road, Concord, CA, 94519, <http://www.senecafoa.org/>

Point of Contact: Jennifer Blanza, Program Director (415) 238-9945, jennifer_blanza@senecacenter.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Seneca Family of Agencies is a leading innovator in the field of community-based and family-based service options for emotionally troubled children and their families. With a continuum of care ranging from intensive crisis intervention to in-home wraparound services, to public school-based services, Seneca is one of the premier children's mental health agencies in Northern California.

PROGRAM: SHORT TERM ASSESSMENT OF RESOURCES AND TREATMENT (START) - FSP - CSS

Seneca Family of Agencies (SFA) provides an integrated, coordinated service to youth who frequently utilize crisis services, and may be involved in the child welfare and/or juvenile justice system. START provides three to six months of short-term intensive services to stabilize the youth in their community, and to connect them and their families with sustainable resources and supports. The goals of the program are to 1) reduce the need to utilize crisis services, and the necessity for out-of-home and emergency care for youth enrolled in the program, 2) maintain and stabilize the youth in the community by assessing the needs of the family system, identifying appropriate community resources and supports, and ensuring their connection with sustainable resources and supports, and 3) successfully link youth and family with formal services and informal supports in their neighborhood, school and community.

Payment Limit FY 23-24: \$773,964

Number Served FY 22-23: 48

FY 23-24 data not available due to transfer of data reporting system.

PO Box 5368, Concord, CA 94524, <https://shelterinc.org/>

Point of Contact: John Eckstrom, Chief Executive Office, (925) 957-7595, john.eckstrom@shelterinc.org

GENERAL DESCRIPTION OF THE ORGANIZATION

The mission of SHELTER, Inc. is to prevent and end homelessness for low-income, homeless, and disadvantaged families and individuals by providing housing, services, support, and resources that lead to self-sufficiency. SHELTER, Inc. was founded in 1986 to alleviate Contra Costa County's homeless crisis, and its work encompasses three main elements: 1) prevent the onset of homelessness, including rental assistance, case management, and housing counseling services, 2) ending the cycle of homelessness by providing housing plus services including employment, education, counseling and household budgeting to help regain self-sufficiency and 3) providing permanent affordable housing for over 200 low-income households, including such special needs groups as transition-age youth, people with HIV/AIDS, and those with mental health disabilities.

PROGRAM: SUPPORTIVE HOUSING - CSS

SHELTER, Inc. provides a master leasing program, in which adults or children and their families are provided tenancy in apartments and houses throughout the County. Through a combination of self-owned units and agreements with landlords SHELTER, Inc. acts as the lessee to the owners and provides staff to support individuals and their families move in and maintain their homes independently. Housing and rental subsidy services are provided to residents of the County who are homeless and that have been certified by Contra Costa Behavioral Health as eligible. This project is committed to providing housing opportunities that provide low barriers to obtaining housing that is affordable, safe and promotes independence to MHSA consumers.

a. Scope of Services.

- Provide services in accordance with the State of California Mental Health Service Act (MHSA) Housing Program, the Contra Costa County Behavioral Health Mental Health Division's Work Plan, all State, Federal and Local Fair Housing Laws and Regulations, and the State of California's Landlord and Tenants Laws.
- Provide consultation and technical support to Contra Costa Behavioral Health with regard to services provided under the housing services and rental subsidy program.
- Utilize existing housing units already on the market to provide immediate housing to consumers through master leasing and tenant-based services.
- Acquire and maintain not less than 100 master-leased housing units throughout Contra Costa County.
- Negotiate lease terms and ensure timely payment of rent to landlords.
- Leverage housing resources through working relationships with owners of affordable housing within the community.
- Integrate innovative practices to attract and retain landlords and advocate on behalf of consumers.
- Leverage other rental subsidy programs including, but not limited to, Shelter Plus Care and HUD Housing Choice Voucher (Section 8).
- Reserve or set aside units of owned property dedicated for MHSA consumers.
- Ensure condition of leased units meet habitability standards by having Housing Quality Standard (HQS) trained staff conduct unit inspections prior to a unit being leased and annually as needed.
- Establish maximum rent level to be subsidized with MHSA funding to be Fair Market Rent (FMR) as published by US Department of Housing and Urban Development (HUD) for Contra Costa County in the year that the unit is initially rented or meeting rent reasonableness utilizing the guidelines established by HUD and for each year thereafter.
- Provide quality property management services to consumers living in master leased and owned properties.

- Maintain property management systems to track leases, occupancy, and maintenance records.
 - Maintain an accounting system to track rent and security deposit charges and payments.
 - Conduct annual income re-certifications to ensure consumer rent does not exceed 30% of income minus utility allowance. The utility allowance used shall be in accordance with the utility allowances established by the prevailing Housing Authority for the jurisdiction that the housing unit is located in.
 - Provide and/or coordinate with outside contractors and SHELTER, Inc. maintenance staff for routine maintenance and repair services and provide after-hours emergency maintenance services to consumers.
 - Ensure that landlords adhere to habitability standards and complete major maintenance and repairs.
 - Process and oversee evictions for non-payment of rent, criminal activities, harmful acts upon others, and severe and repeated lease violations.
 - Work collaboratively with full-service partnerships and/or County Mental Health Staff around housing issues and provide referrals to alternative housing options.
 - Attend collaborative meetings, mediations and crisis interventions to support consumer housing retention.
 - Provide tenant education to consumers to support housing retention.
- b. Target Population: Consumers eligible for MHSA services. The priority is given to those who are homeless or imminently homeless and otherwise eligible for the full-service partnership programs, including carrying an SMI diagnosis.
- c. Annual Payment Limit 25-26: \$3,163,135
- d. Number served FY 22-23: Shelter, Inc. served 110 consumers.

FY 23-24 data not available due to transfer of data reporting system.

- e. Outcomes: Quality of life: housing stability.
- Goal: 70% of MHSA Consumers residing in master leased housing shall remain stably housed for 18 months or longer.
 - Goal: 70% of MHSA Consumers residing in SHELTER, Inc. owned property shall remain stably housed for 12 months or longer.
 - Capacity of 110 Units.

TELECARE CORPORATION

300 Ilene Street, Martinez, CA 94553, <https://www.telecarecorp.com/>

Point of Contact: Bjay Jones, Program Administrator, (925) 266-6521, bjones@telecarecorp.com or Caitlin Young, Clinical Director, chyoung@telecarecorp.com

GENERAL DESCRIPTION OF THE ORGANIZATION

Telecare Corporation was established in 1965 in the belief that persons with mental illness are best able to achieve recovery through individualized services provided in the least restrictive setting possible. Today, they operate over 145 programs staffed by more than 5,000 employees in California, Oregon, Washington, Arizona, Nebraska, North Carolina, Texas, New Mexico and Pennsylvania and provide a broad continuum of services and supports, including Inpatient Acute Care, Inpatient Non-Acute/Sub-Acute Care, Crisis Services, Residential Services, Assertive Community Treatment (ACT) services, Case Management and Prevention services.

PROGRAM: HOPE HOUSE CRISIS RESIDENTIAL FACILITY - CSS

Telecare Corporation operates Hope House, a voluntary, highly structured 16-bed Short-Term Crisis Residential Facility (CRF) for adults between the ages of 18 and 59. Hope House serves individuals who require crisis support to avoid hospitalization or are discharging from the hospital or long-term locked facilities and need step-down care to transition back to community living. The focus is client-centered and recovery-focused and underscores the concept of personal responsibility for the resident's illness and independence. The program supports a social rehabilitation model, which is designed to enhance an individual's social connection with family and community so that they can move back into the community and prevent a hospitalization. Services are recovery based and tailored to the unique strengths of each individual resident. The program offers an environment where residents have the power to make decisions and are supported as they look at their own life experiences, set their own paths toward recovery, and work towards the fulfillment of their hopes and dreams. Telecare's program is designed to enhance client motivation to actively participate in treatment, provide clients with intensive assistance in accessing community resources, and assist clients develop strategies to maintain independent living in the community and improve their overall quality of life. The program's service design draws on evidence-based practices such as Wellness Action and Recovery Planning (WRAP), motivational interviewing, and integrated treatment for co-occurring disorders.

a. Scope of Services:

- Individualized assessments, including, but not limited to, psychosocial skills, reported medical needs/health status, social supports, and current functional limitations within 72 hours of admission.
- Psychiatric assessment within 72 hours of admission.
- Treatment plan development with 72 hours of admission.
- Therapeutic individual and group counseling sessions on a daily basis to assist clients in developing skills that enable them to progress towards self-sufficiency and to reside in less intensive levels of care.
- Crisis intervention and management services designed to enable the client to cope with the crisis at hand, maintaining functioning status in the community, and prevent further decompensation or hospitalization.
- Medication support services, including provision of medications, as clinically appropriate, to all clients regardless of funding; individual and group education for consumers on the role of medication in their recovery plans, medication choices, risks, benefits, alternatives, side effects and how these can be managed; supervised self-administration of medication based on physician's order by licensed staff; medication follow-up visit by a psychiatrist at a frequency necessary to manage the acute symptoms to allow the client to safely stay at the Crisis Residential Program, and to prepare the client to transition to outpatient level of care upon discharge.
- Co-occurring capable interventions, using the Telecare Co-Occurring Education Group materials for substance use following a harm reduction modality as well as availability of weekly AA and NA meetings in the community.
- Weekly life skills groups offered to develop and enhance skills needed to manage supported independent and independent living in the community.

- A comprehensive weekly calendar of activities, including physical, recreational, social, artistic, therapeutic, spiritual, dual recovery, skills development and outings.
 - Peer support services/groups offered weekly.
 - Engagement of family in treatment, as appropriate.
 - Assessments for involuntary hospitalization, when necessary.
 - Discharge planning and assisting clients with successful linkage to community resources, such as outpatient mental health clinics, substance abuse treatment programs, housing, full-service partnerships, physical health care, and benefits programs.
 - Follow-up with client and their mental health service provider following discharge to ensure that appropriate linkage has been successful.
 - Daily provision of healthy meals and snacks for residents.
 - Transportation to services and activities provided in the community, as well as medical and court appointments, if the resident's case manager or county worker is unavailable, as needed.
- b. Target Population: Adults ages 18 to 59 who require crisis support to avoid psychiatric hospitalization or are discharging from the hospital or long-term locked facilities and need step-down care to transition back to community living.
- c. Payment Limit: FY 25-26 \$2,755,810
- d. Number served: FY 22-23 Unduplicated client count of 214
- FY 23-24 data not available due to transfer of data reporting system.
- e. Outcomes:
- Reduction in severity of psychiatric symptoms: Discharge at least 90% of clients to a lower level of care.
 - Consumer Satisfaction: Maintain an overall client satisfaction score of at least 4.0 out of 5.0.

UNITED FAMILY CARE, LLC (FAMILY COURTYARD)

2840 Salesian Avenue, Richmond, CA 94804

Point of Contact: Juliana Taburaza, (510) 235-8284, JuTaburaza@gmail.com

GENERAL DESCRIPTION OF THE ORGANIZATION

The County contracts with United Family Care, LLC (Family Courtyard), a licensed board and care provider, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

PROGRAM: AUGMENTED BOARD AND CARE HOUSING SERVICES - CSS

- a. Scope of Services: Augmented residential services, including but not limited to:
 - Medication management
 - Nutritional meal planning
 - Assistance with laundry
 - Transportation to psychiatric and medical appointments
 - Improving socialization
 - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
 - Encouraging meaningful activity
 - Other services as needed for individual residents
- b. Target Population: Adults aged 60 years and older who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Number served: Capacity of 40 beds.

WEST COUNTY ADULT MENTAL HEALTH CLINIC (CONTRA COSTA HEALTH)

13585 San Pablo Avenue, 2nd Floor, San Pablo CA 94806, <https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Robin O'Neill, Mental Health Program Manager, (510) 215-3700, Robin.ONeill@CCHHealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The East Adult Mental Health Clinic operates within Contra Costa Mental Health's Adult System of Care, and provides assessments, case management, psychiatric services, crisis intervention, housing services, and benefits assistance. Within the Adult Mental Health Clinic are the following MHSA funded programs and plan elements:

PLAN ELEMENT: ADULT FULL-SERVICE PARTNERSHIP SUPPORT - CSS

Contra Costa Mental Health has dedicated clinicians at each of the three adult mental health clinics to provide support, coordination and rapid access for full-service partners to health and mental health clinic services as needed and appropriate. Rapid Access Clinicians offer drop-in screening and intake appointments to clients who have been discharged from the County Hospital or Psychiatric Emergency Services but who are not open to the county mental health system of care. Rapid Access Clinicians will then refer clients to appropriate services and, when possible, follow-up with clients to ensure a linkage to services was made. If a client meets eligibility criteria for Full-Service Partnership services, the Rapid Access Clinician will seek approval to refer the client to Full-Service Partnership services. Clinic management acts as the gatekeepers for the Full-Service Partnership programs, authorizing referrals and discharges as well as providing clinical oversight to the regional Full-Service Partnership programs. Full-Service Partnership Liaisons provide support to the Full-Service Partnership programs by assisting the programs with referrals and discharges, offering clinical expertise, and helping the programs to navigate the County systems of care.

PLAN ELEMENT: CLINIC SUPPORT - CSS

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to 1) assist consumers in obtaining benefits they entitled to, educate consumers on how to maximize use of those benefits and manage resources, and 2) provide transportation support for consumers and families.

- a. Clinic Target Population: Adults aged 18 years and older who live in West County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- b. Total Number Served: For FY 22-23: Approximately 2,139 Individuals.

FY 23-24 data not available due to transfer of data reporting system.

WEST COUNTY CHILDREN'S MENTAL HEALTH CLINIC (CONTRA COSTA BEHAVIORAL HEALTH SERVICES)

13585 San Pablo Avenue, 1st Floor, San Pablo CA 94806, <https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Marilyn Franklin, (510) 374-7208, marilyn.franklin@CCHealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The West Children's Mental Health Clinic operates within Contra Costa Mental Health's Children's System of Care, and provides psychiatric and outpatient services, family partners, and wraparound services. Within the Children's Mental Health Clinic are the following MHSa funded plan elements:

PLAN ELEMENT: CLINIC SUPPORT - CSS

General Systems Development strategies are programs or strategies that improve the larger mental health system of care. These programs and strategies expand and enhance the existing service structure to assist consumers in the following areas: Family Partners and Wraparound Facilitation. The family partners assist families with advocacy, transportation assistance, navigation of the service system, and offer support in the home, community, and county service sites. Family partners support families with children of all ages who are receiving services in the children. Family partners are located in each of the regional clinics for children and adult services, and often participate on wraparound teams following the evidence-based model. A Clinical Specialist in each regional clinic who provides technical assistance and oversight of evidence-based practices in the clinic. Support for full-service partners.

- a. Target Population: Children aged 17 years and younger, who live in West County, are diagnosed with a serious emotional disturbance or serious mental illness, and are uninsured or receive Medi-Cal benefits
- b. Number Served: For FY 23-24: Approximately 676 Individuals.

FY 23-24 data not available due to transfer of data reporting system.

WILLIAMS BOARD AND CARE

430 Fordham Drive, Vallejo CA, 94589

Point of Contact: Frederick Williams, (707) 731-2326, Fred_Williams@b-f.com or Katrina Williams, (707) 731-2326

GENERAL DESCRIPTION OF THE ORGANIZATION

The County contracts with Williams Board and Care, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

PROGRAM: AUGMENTED BOARD AND CARE - HOUSING SERVICES - CSS

- a. Scope of Services: Augmented residential services, including but not limited to:
 - Medication management
 - Nutritional meal planning
 - Assistance with laundry
 - Transportation to psychiatric and medical appointments
 - Improving socialization
 - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
 - Encouraging meaningful activity
 - Other services as needed for individual residents
- b. Target Population: Adults aged 18 years to 59 years who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Number served: Capacity of 12 beds.

WOODHAVEN

3319 Woodhaven Lane, Concord, CA 94519

Point of Contact: Milagros Quezon, (925) 349-4225, Rcasuperprint635@comcast.net

GENERAL DESCRIPTION OF THE ORGANIZATION

The County contracts with Woodhaven, a licensed board and care operator, to provide additional staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

PROGRAM: AUGMENTED BOARD AND CARE - HOUSING SERVICES - CSS

- a. Scope of Services: Augmented residential services, including but not limited to:
 - Medication management
 - Nutritional meal planning
 - Assistance with laundry
 - Transportation to psychiatric and medical appointments
 - Improving socialization
 - Assist with activities of daily living (i.e., grooming, hygiene, etc.)
 - Encouraging meaningful activity
 - Other services as needed for individual residents
- b. Target Population: Adults aged 18 years to 59 years who live in Western, Central, and Eastern Contra Costa County, are diagnosed with a serious mental illness and are uninsured or receive Medi-Cal benefits.
- c. Number served: Capacity of 6 beds.

YOUTH HOMES, INC.

3480 Buskirk Avenue #210, Pleasant Hill, CA 94523, <https://www.youthhomes.org/>

Point of Contact: Chief Executive Officer or Byron Iacuanello, Clinical Director, (925) 324-6114, byroni@youthhomes.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Youth Homes, Inc. is committed to serving the needs of abused and neglected children and adolescents in California's San Francisco Bay Area. Youth Homes provides intensive residential treatment programs and community-based counseling services that promote the healing process for seriously emotionally abused and traumatized children and adolescents.

PROGRAM: TRANSITION AGE YOUTH FULL-SERVICE PARTNERSHIP – CSS

Youth Homes implements a full-service partnership program using a combination of aspects of the Integrated Treatment for Co-Occurring Disorders model (also known as Integrated Dual Disorders Treatment – IDDT) and aspects of the Assertive Community Treatment (ACT) model. These models are recognized evidence-based practices for which the Substance Abuse and Mental Health Services Administration (SAMHSA) has created a tool kit to support implementation. The Assertive Community Treatment (ACT) model continues to be the strongest model of services to keep those with serious mental illnesses out of institutional care (hospital or criminal justice system) through intensive, coordinated multidisciplinary treatment. Integrated Treatment for Co-Occurring Disorders is an evidence-based practice for treating clients diagnosed with both mental health and substance abuse disorders. Youth Homes is committed to advancing training and integration of the ACT and IDDT models into daily practice. Participants in the Youth Homes FSP program are assigned a team of providers, so consumers do not get lost in the health care system, excluded from treatment, or confused by going back and forth between separate mental health and substance abuse programs. Each client will have a primary clinician/case manager to facilitate treatment. The team may also include a life skills coach, substance abuse specialist, youth advocate, psychiatrist, nurse, or family clinician depending on the need of the client. Employment, education and life skills workshops and individual coaching occur weekly through Youth Homes' Steppingstones program, which is an integral part of Youth Homes' TAY Services. It is not expected that all full-service partners will be experiencing a substance use issue; however, for those who have co-occurring issues, both disorders can be addressed by one team of providers. Although the program has office space in Antioch and in Pleasant Hill, the bulk of all meetings and support services occur in the community, in homes, parks, and other community locations which are part of the young adult consumer's natural environments.

a. Scope of Services (FSP):

- Outreach and engagement
- Case management
- Outpatient Mental Health Services, including services for individuals with co-occurring mental health & alcohol and other drug problems
- Crisis Intervention
- Collateral
- Medication support (may be provided by County Physician)
- Housing support
- Flexible funds
- Money Management
- Vocational Services
- Contractor must be available to consumer on 24/7 basis

b. Target Population: Young adults ages 16 to 25 years with serious emotional disturbance/serious mental illness, and who are likely to exhibit co-occurring disorders with severe life stressors and are from an underserved population. Services are based in East Contra Costa County as well as Central Contra Costa County.

c. Annual MHSA Payment Limit (FSP) 25-26: \$117,857 (cost-based portion only)

d. Number served FY 22-23: 23 individuals

FY 23-24 data not available due to transfer of data reporting system.

e. Outcomes FSP for FY 22-23:

- Reduction in incidence of psychiatric crisis
- Reduction of the incidence of restriction

Table 1. Pre- and post-enrollment utilization rates for 33 Youth Homes FSP Participants enrolled in the FSP program during FY 23-24

	No. pre-enrollment	No. post-enrollment	Rate pre-enrollment	Rate post-enrollment	%change
<i>PES episodes</i>	131	42	0.358	0.119	-66.5%
<i>Inpatient episodes</i>	36	13	0.098	0.037	-62.6%
<i>Inpatient days</i>	441	181	1.205	0.513	-57.4%
<i>DET Bookings</i>	12	7	0.033	0.020	-39.4%

PREVENTION AND EARLY INTERVENTION (PEI)

ASIAN FAMILY RESOURCE CENTER (AFRC)

Sun Karnsouvong, Skarnsouvong@arcofcc.org

Asian Family Resource Center (AFRC), 12240 San Pablo Ave, Richmond, CA

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: BUILDING CONNECTIONS (ASIAN FAMILY RESOURCE CENTER)

- a. Scope of Services: Asian Family Resource Center (AFRC), under the fiscal sponsorship of Contra Costa ARC, will provide comprehensive and culturally sensitive education and access to mental health services for Asian and Asian Pacific Islander (API) immigrant and refugee communities, especially the Southeast Asian and Chinese population of Contra Costa County. AFRC will employ multilingual and multidisciplinary staff from the communities which they serve. Staff will provide the following scope of services:
- b. Outreach and Engagement Services: Individual and/or community outreach and engagement to promote mental health awareness, educate community members on signs and symptoms of mental illness, provide mental health workshops, and promote mental health wellness through community events. Engage community members in various activities to screen and assess for mental illness and/or assist in navigating them into the service systems for appropriate interventions: community integration skills to reduce MH stressors, older adult care giving skills, basic financial management, survival English communication skills, basic life skills, health and safety education and computer education, structured group activities (on topics such as, coping with adolescents, housing issues, aid cut-off, domestic violence, criminal justice issues, health care and disability services), mental health education and awareness, and health/mental health system navigation. AFRC, in collaboration with community-based organizations, will participate in 3-5 mental health and wellness events to provide wellness and mental health outreach, engagement, and education to immigrants and refugees in the Contra Costa County.
- c. Individual Mental Health Consultation: This service will also be provided to those who are exhibiting early signs of mental illness, to assess needs, identify signs/symptoms of mental health crisis/trauma, provide linkages/referrals, or assist in navigation into the mental health system, provide wellness support groups, access essential community resources, and linkage/referral to mental health services. Peer Navigators will be utilized to support participants in accessing services in a culturally sensitive manner. These services will generally be provided for a period of less than one year. AFRC will serve a minimum of 50 high risk and underserved Southeast Asian community members within a 12-month period, 25 of which will reside in East County with the balance in West and Central County.
- d. Translation and Case Management: AFRC staff will provide translation and case management services to identified mono-lingual consumers in the West County Adult Behavioral Health Clinic in San Pablo, CA. Services will include attending medical appointments, assisting with applications and forms, advocacy, and system navigation.
- e. Target Population: Asian and Pacific Islander immigrant and refugee communities (especially Chinese and Southeast Asian population) in Contra Costa County

- f. Payment Limit: FY 25-26: \$181,217
- g. Number served: FY 20-21: 584; FY 21-22: 624; FY 23-24: 706
- h. Outcomes FY 23-24:
- Expanded our goal to serve multilingual and multicultural communities, including those of Vietnamese, Lao, Khmu, Mien, Thai, and Chinese backgrounds.
 - Successfully managed over 90 cases in multiple languages, assisting clients with resources, translation services, medication education, counseling, and transportation services.
 - Distributed over 350 program brochures in Vietnamese, Lao, Mien, and Chinese to 19 locations throughout the Bay Area, enhancing outreach and engagement.
 - Hosted 24 psychoeducation workshops on mental health awareness, self-care, and human wellness, with an average of 25 attendees per workshop, demonstrating strong community interest and participation.
 - Conducted weekly group sessions for 10 – 17 people on essential life skills such as financial literacy, nutrition, housing, and safety awareness, addressing a broad range of community needs.
 - Emphasized support for vulnerable populations, including the elderly and homeless, and raised awareness on safety and prevention strategies amid rising anti-Asian hate crimes, reflecting our commitment to these communities.
 - Increased outreach efforts post-pandemic, focusing on interpersonal community engagement and leveraging family-to-family resources and word of mouth to reach more individuals.
 - Utilized various strategies to provide access to mental health treatment and support, including direct referrals for Medi-Cal recipients and offering individual/family consultation and wellness support groups in multiple Asian languages under the PEI program.
 - Received updated training for our staff to better serve and understand the needs of underserved populations, ensuring services are tailored and supportive.
 - Implemented the Demographics Form for evaluating program outcomes and measuring impact, with modifications for cultural competency and confidentiality maintained for all participants.

CENTER FOR HUMAN DEVELOPMENT (CHD)

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901 Sun Valley Blvd., Suite 220, Concord, CA 94520 (925) 349-7333, <http://chd-prevention.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

Center for Human Development (CHD) is a community-based organization that offers a spectrum of Prevention and Wellness services for at-risk youth, individuals, families, and communities in the Bay Area. Since 1972 CHD has provided wellness programs and support aimed at empowering people and promoting growth. Volunteers work side-by-side with staff to deliver quality programs in schools, clinics, and community sites throughout Contra Costa as well as nearby counties. CHD is known for innovative programs and is committed to improving the quality of life in the communities it serves.

PROGRAM: AFRICAN AMERICAN WELLNESS PROGRAM & YOUTH EMPOWERMENT PROGRAM

- a. Scope of Services: The African American Wellness Program (formerly African American Health Conductor Program) serves Bay Point, Pittsburg, and surrounding communities. The purpose is to increase emotional wellness; reduce stress and isolation; and link African American participants, who are underserved due to poor identification of needs and lack of outreach and engagement, to appropriate mental health services. Key activities include outreach through community events; culturally appropriate education on mental health topics through Mind, Body, and Soul support groups; conduct community health education workshops in accessible and non-stigmatizing settings; and navigation assistance for culturally appropriate mental health referrals.

The Youth Empowerment Program provides LGBTQ youth and their allies in Antioch, Pittsburg, and surrounding East County communities with strength-based educational support services that build on youths' assets, raise awareness of mental health needs identification, and foster resiliency. Key activities include a) Three weekly educational support groups that promote emotional health and well-being, increase positive identity and self-esteem, and reduce isolation through development of concrete life skills; b) one leadership group that meets a minimum of twice a month to foster community involvement; and c) linkage and referral to culturally appropriate mental health service providers in East County.

- b. Target Population: Wellness Program: African American residents in East County at risk of developing serious mental illness. Youth Empowerment Program: LGBTQ youth in East County
- c. Payment Limit: FY 25-26: \$194,756
- d. Number served: FY 20-21: 198; FY 21-22: 262; FY 23-24: 227
- e. Outcomes:
 - FY 23-24 African American Wellness Program:
 - The program successfully served 150 unduplicated participants in East Contra Costa County.
 - Facilitated 72 Mind, Body, & Soul Support Groups across three locations: Pittsburg Health Center, Pittsburg Senior Center, and Ambrose Community Center.
 - Disseminated 1,147 monthly newsletters in person at group meetings or through email and USPS to all participants.
 - Conducted 281 one-on-one consultations to discuss holistic wellness resource needs with participants.
 - Outreach efforts at four community events reached approximately 189 people in East County, providing information and referrals for health, mental health, and other community resources.
 - Achieved the annual goal of reaching 150 unduplicated participants, offering navigational support to increase emotional well-being and access to culturally appropriate mental health services.
 - Returned to full operations for support groups post-COVID-19 restrictions, adhering to CDC guidelines to

- ensure participant health and safety.
- Engaged participants through the “Get Walking” program, promoting mental and physical health improvement, with an increase in participation during the spring walk.
- Hosted the Second Health Awareness Fair to connect participants and the community to accessible and affordable health care, including mental health resources.
- Maintained continuous engagement with participants through various modes of communication, ensuring that services were accessible and met the needs of the community in a post-pandemic environment.
- FY 23-24 Youth Empowerment Program:
 - Served 74 unduplicated LGBTQ+ identified youth in East Contra Costa County.
 - Held 84 educational group sessions across four locations, including schools and CHD’s East County Office.
 - Conducted 761 individual check-ins, assessments, and one-on-one support sessions.
 - Referred 10 LGBTQ+ youth for mental health services, with 8 accessing those services.
 - Achieved an average of 2 weeks from referral to accessing services.
 - 88% of surveyed youth reported having someone to turn to in a crisis since attending support groups.
 - 92% of surveyed youth felt better informed about LGBTQ+ resources and services in their community.
 - 76% of surveyed youth felt more comfortable accessing LGBTQ+ services and resources.
 - 92% of surveyed youth started working with a therapist since attending the program.

CHILD ABUSE PREVENTION COUNCIL (CAPC)

Carol Carrillo, ccarrillo@capc-coco.org

2120 Diamond Blvd #120, Concord, CA 94520, www.capc-coco.org

GENERAL DESCRIPTION OF THE ORGANIZATION

The Child Abuse Prevention Council has worked for many years to prevent the maltreatment of children. Through providing education programs and support services, linking families to community resources, mentoring, and steering county-wide collaborative initiatives, CAPC has led Contra Costa County's efforts to protect children. It continually evaluates its programs to provide the best possible support to the families of Contra Costa County.

PROGRAM: THE NURTURING PARENTING PROGRAM

- a. Scope of Services: The Child Abuse Prevention Council of Contra Costa provides an evidence-based curriculum of culturally, linguistically, and developmentally appropriate, Spanish speaking families in East County, and Central County's Monument Corridor. The 20- week curriculum immerses parents in ongoing training, free of charge, designed to build new skills and alter old behavioral patterns intended to strengthen families and support the healthy development of their children in their own neighborhoods. Developmental assessments and referral services are provided to each family served in the program using strategies that are non-stigmatizing and non-discriminatory. Families are provided with linkages to mental health and other services as appropriate. Providing the Nurturing Parenting Program (NPP) in the Monument Corridor of Concord and East County allows underserved parents and children access to mental health support in their own communities and in their primary language.
- b. Target Population: Latino children and their families in Central and East County.
- c. Payment Limit: FY 25-26: \$212,041
- d. Number served: FY 20-21: 159; FY 21-22: 213; FY 23-24: 116
- e. Outcomes FY 23-24:
 - Implemented two 18-week sessions of The Nurturing Parenting Program (NPP) targeting the Latino community in Central and East County, with sessions beginning in July 2022 and concluding in June 2023.
 - Enrolled a total of 63 Latino parents and 53 children, emphasizing the importance of parenting skills, mental health awareness, and the reduction of stigma around accessing mental health services.
 - Adapted program delivery to a hybrid approach in response to feedback from parents about preferences for in-person vs. online participation, addressing challenges related to returning to the workforce and managing school demands.
 - Collaborated with local community agencies and school districts to promote the program and recruit families, ensuring a culturally sensitive approach.
 - Provided hands-on, collaborative group sessions for parents and children, enhancing skills in key areas such as empathy, discipline, and understanding developmental milestones.
 - Engaged Dr. Hector Rivera-Lopez to offer sessions on identifying behavioral/mental health needs, furthering the program's goal of normalizing mental health discussions within the community.
 - Distributed the Surviving Parenthood Resource Guide and facilitated access to a wide range of community services, supporting families in navigating various support systems.
 - Administered the Inventory AAPI "A" and "B" as evaluation tools at the beginning and end of the program, demonstrating improvements in parenting practices and reductions in risk factors associated with child abuse and neglect.

CONTRA COSTA CRISIS CENTER

Elaine Cortez Schroth, elainecs@crisis-center.org

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GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: SUICIDE PREVENTION CRISIS LINE

a. Scope of Services:

- Contra Costa Crisis Center will provide services to prevent suicides throughout Contra Costa County by operating a nationally certified 24-hour suicide prevention hotline. The hotline lowers the risk of suicide by assuring 24-hour access to real time services rendered by a trained crisis counselor who not only assesses suicide and self-harm lethality and provides intervention, but links callers to numerous mental health treatment options. This linkage occurs via referral to culturally relevant mental health services as well as provides real time warm transfer to those services when appropriate. because the hotline operates continuously regardless of time or day, all callers receive timely intervention and access to service when they need it and immediately upon their request. The Crisis Center's programs are implemented (including agency program and hiring policies, bylaws, etc.) In a welcoming and intentionally non-discriminatory manner. Much of our outreach activities and staff/volunteer training activities center around increased awareness of myriad mental health issues, as well as mental health services, consumer stigma reduction to increase community comfort at accessing services and in referring those in need.
- Key activities include: answering local calls to toll-free suicide hotlines, including a Spanish-language hotline; the Crisis Center will maintain an abandonment rate at or below national standard; assisting callers whose primary language other than English or Spanish through use of a tele-interpreter service; conducting a lethality assessment on each crisis call consistent with national standards; making follow-up calls to persons (with their consent) who are at medium to high risk of suicide with the goal of 99% one-month follow up survival rate; and training all crisis line staff and volunteers in a consistent and appropriate model consistent with AAS (American Association of Suicidology) certification. As a result of these service activities, >99% of people who call the crisis line and are assessed to be at medium to high risk of suicide will be survivors one month later; the Crisis Center will continuously recruit and train crisis line volunteers to a minimum pool of 25 multi-lingual/culturally competent individuals within the contract year, Spanish-speaking counselors will be provided 80 hours per week.
- The Crisis Center will provide community outreach and education about how to access crisis services. Priority and vigorous outreach efforts are directed to underserved and hard to reach populations such as youth, elderly, isolated, persons with limited English, LGBTQ, etc. and focus changes as community needs emerge and are identified.
- The Crisis Center will offer grief support groups and postvention services to the community
- The Crisis Center will liaison with the County Coroner to provide referrals for grieving survivors (and mitigating contagion).
- In Partnership with County Behavioral Health, the Contra Costa Crisis Center will co-chair the Countywide Suicide Prevention Committee.

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

c. Payment Limit: FY 25-26: \$456,092

d. Number served: FY 20-21: 20,082; FY 21-22: 21,971; FY 23-24: 27,226

e. Outcomes FY 23-24:

- Exceeded target goals for the operation of 24-hour Crisis & Suicide Hotlines, providing immediate counseling, active listening, emotional support, and referrals to community resources via phone and text.
- Successfully recruited and trained a diverse volunteer pool, exceeding the target goal for the number of active call center volunteers with multilingual skills.
- Exceeded target goals for Community Outreach & Education by providing 9 free trainings on Suicide Risk Assessment & Intervention to partner service providers and mental health clinicians countywide.
- Met target goals for co-chairing Suicide Prevention Coalition monthly meetings, enhancing collaborative efforts for suicide prevention.
- Met target goals for processing County Coroner referrals and analyzing suicide data to inform prevention strategies.
- Responded to four Postvention/Mobile Grief Response Requests, offering critical support following sudden deaths in schools, businesses, or agencies.
- Met target goals for providing Grief Support Groups, enrolling 85 grief clients in services between 07/01/22-06/30/23.
- Successfully promoted and implemented the Psychiatric Emergency Follow-Up Program, receiving 73 total referrals and providing follow-up to consenting patients discharged from PES.

COUNSELING OPTIONS PARENT EDUCATION (C.O.P.E.) FAMILY SUPPORT CENTER

Natasha Paddock, n.paddock@copefamilysupport.org

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GENERAL DESCRIPTION OF THE ORGANIZATION

C.O.P.E.'s mission is to prevent child abuse by providing comprehensive support services to strengthen family relationships and bonds, empower parents, encourage healthy relationships, and cultivate nurturing family units to encourage an optimal environment for the healthy growth and development of parents and children through parent education.

PROGRAM: POSITIVE PARENTING PROGRAM (TRIPLE P) EDUCATION AND SUPPORT

- a. Scope of Services: In partnership with First 5 Contra Costa Children and Families Commission and Contra Costa County Behavioral Health Services, C.O.P.E. is funded to deliver Positive Parenting Program classes to parents of children ages 0–17. The C.O.P.E. Family Support Center will provide approximately 21 services using the evidence-based Triple P — Positive Parenting Program Level 2 Seminar, Level 3 Primary Care, Level 4 Group, Level 5 Pathways, Level 5 Enhanced, Level 5 Transitions, Level 5 Lifestyle multi-family support groups, at low or no cost to parents of children two to seventeen years of age.

The program utilizes an evidence based self-regulatory model that focuses on strengthening the positive attachment between parents and children by building a parent's capacity for the following five aspects:

- i. **Self-sufficiency** - having the ability to use one's own resources to independently solve problems and decrease reliance on others.
- ii. **Self-efficacy** - having the confidence in performing daily parenting tasks.
- iii. **Self-management** - having the tools and skills needed to enable change.
- iv. **Personal agency** - attributing the changes made in the family to own effort or the effort of one's child.
- v. **Problem-solving** - having the ability to apply principles and strategies, including creating parenting plans to manage current or future problems.

All classes are available in Spanish, Arabic, Farsi and/or English. To outreach to the community about the curriculum and benefits of Triple P Parenting, C.O.P.E. provides management briefings, orientation, and community awareness meetings to partner agencies. C.O.P.E. supports and organizes annual trainings for other partnering agencies, including pre-accreditation trainings, fidelity oversight and clinical and peer support to build and maintain a pool of Triple P practitioners.

- b. Target Population: Contra Costa County parents of children and youth with identified special needs. Our targeted population includes caregivers residing in underserved communities throughout Contra Costa County.
- c. Payment Limit: FY 25-26: \$305,111
- d. Number served: FY 20-21: 200; FY 21-22: 217; FY 23-24: 269
- e. Outcomes FY 23-24:
- Successfully completed all contract provisions, ensuring program activities were delivered by accredited Triple P practitioners.
 - Offered twenty-two Triple P Positive Parenting Group classes and seminars across West, Central, and Eastern Contra Costa County.
 - Enrolled 269 individuals in these classes and seminars, exceeding the annual goal.
 - Trained and accredited 14 new facilitators across various Triple P levels, enhancing the program's capacity to serve families with children from birth to age 18.

- Provided extensive case management services, including supportive check-ins and resource referrals, to every enrolled family.
- Delivered 21 classes and one seminar throughout the county, utilizing Zoom videoconferencing and in-person meetings to reach English and Spanish speaking communities.
- Achieved significant outcomes through pre and post assessments, showing reductions in dysfunctional discipline practices, parental perceptions of disruptive child behavior, and symptoms of depression, anxiety, and stress among parents.
- Engaged in a variety of outreach efforts, collaborating with partner agencies and attending meetings to recruit families at risk, and faced challenges such as high demand for classes which required over-enrollment to meet community needs.

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GENERAL DESCRIPTION OF THE ORGANIZATION

Fierce Advocates amplifies the voices of parents/caregivers of color and partners with them to advance equitable access and opportunities for all youth to have a quality education and all families to achieve emotional and physical well-being. We realize our goals through healing centered care, leadership development, and parent-led advocacy. Fierce Advocates serves parents and primary caregivers living in West Contra Costa County that primarily represent low-income African American, Latinx and immigrant populations.

PROGRAM: NOT ABOUT ME WITHOUT ME

- a. Scope of Services: Fierce Advocates, a project of Tides Center, will provide diverse West County households with improved access to mental health education, and mental health support. The *Not About Me Without Me* prevention and early intervention work addresses MHSA's PEI goal of providing Prevention services to increase recognition of early signs of mental illness and intervening early in the onset of a mental illness.

Accordingly, the goals are three-fold: (1) working with families to ensure that they are knowledgeable about and have access to a network of supportive and effective mental health information and services; (2) reduce risk for negative outcomes related to untreated mental illness for parents/primary caregivers and children whose risk of developing a serious mental illness is significantly higher than average including cumulative skills-based training opportunities on effective parenting approaches; and, (3) train and support families to self-advocate and directly engage the services they need.

This work represents an evolution in our *Not About Me Without Me* approach to service provision by working toward a coordinated, comprehensive system that will support families in not just addressing mental illness and recovering from traumatic experiences but will fortify them to create community change. This system will continue to put resident interests and concerns at the fore and additionally be characterized by a model that enables organizations to work more effectively and responsively with underserved residents in the Richmond and West Contra Costa community; improve outcomes; reduce barriers to success; increase provider accountability and create a truly collaborative and healing environment using strategies that are non-stigmatizing and non-discriminatory.

- b. Target Population: Parents and caregivers and their families living in West Contra Costa County
- c. Payment Limit: FY 25-26: \$270,609
- d. Number served: FY 19-20: 336; FY 20-21: 466; FY 21-22: 300, FY 23-24: 539
- e. Outcomes FY 23-24:
- Coordinated monthly wellness and community engagement activities with community-based organizations, including nature hikes and park clean-ups, to decrease isolation and support community connection.
 - Expanded the life coaching program to include Latinx women who speak Spanish, providing them with mental wellness support and referrals to culturally competent mental health resources.
 - Fully re-launched in-person family wellness activities, connecting families to the importance of physical and mental health through cooking classes, exercise, dance classes, and team-building activities.
 - Continued offering three sanctuaries for emotional well-being support tailored to men of color, Latinx women, and Black women, providing access to mental health tools, knowledge about well-being resources, and community connections.

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GENERAL DESCRIPTION OF THE ORGANIZATION

The mission of First 5 Contra Costa is to foster the optimal development of children, prenatal to five years of age. In partnership with parents, caregivers, communities, public and private organizations, advocates, and county government, First Five supports a comprehensive, integrated set of sustainable programs, services, and activities designed to improve the health and well-being of young children, advance their potential to succeed in school, and strengthen the ability of their families and caregivers to provide for their physical, mental, and emotional growth.

PROGRAMS: TRIPLE P POSITIVE PARENTING PROGRAM

- a. Scope of Services: First Five Contra Costa and Contra Costa Behavioral Health jointly fund the Triple P Positive Parenting Program that is provided to parents of age 0 - 5 children. The intent is to reduce the maltreatment of children by increasing a family's ability to manage their children's behavior and to normalize the need for support to develop positive parenting skills. The Triple P program provides timely access to service by placing the classes throughout county and offering classes year-round. The Program has been proven effective across various cultures, and ethnic groups. Triple P is an evidence-based practice that provides preventive and intervention support. First 5 Contra Costa provides over-site of the subcontractor, works closely with the subcontractor on program implementation, identifying, recruiting, and on-boarding new Triple P Practitioners, management of the database, review of outcome measurements, and quality improvement efforts. The partnership is intended to provide *outreach for increasing recognition of early signs of mental illness*.
- b. Target Population: Contra Costa County parents of at risk 0–5 children.
- c. Payment Limit: FY 25-26: \$99,523
- d. Number Served: FY 20-21: 189; FY 21-22: 193; FY 23-24: 172
- e. Outcomes FY 23-24:
 - Conducted fifteen Group Triple P classes specifically designed for parents of children ages 0-5, addressing early childhood behavior and development. (Through partnership with C.O.P.E.)
 - Held both in-person and Zoom classes across the county to enhance accessibility for all families, acknowledging and addressing transportation barriers.
 - Successfully enrolled 194 parents in Triple P classes, aiming to strengthen parenting skills and family relationships.
 - Achieved a program completion rate of 89%, with 172 participants graduating from the Triple P Parenting classes.
 - Conducted outreach efforts that reached 431 parents/caregivers, significantly increasing awareness and enrollment in the program.
 - Provided additional case management services to 47 families, offering personalized support and resource connections.
 - Held 13 presentations and briefings for early childhood organizations as part of an outreach strategy to educate about Triple P class offerings.
 - Added four new Triple P facilitators to the team, expanding the program's capacity to serve more parents of young children.
 - Implemented strategies to improve service access for underserved populations, including offering classes in English and Spanish and addressing specific community preferences for in-person engagement.
 - Overcame challenges in reaching Spanish-speaking and Black/African American communities by adapting outreach strategies and utilizing culturally relevant approaches.

FIRST HOPE (CONTRA COSTA HEALTH)

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GENERAL DESCRIPTION OF THE ORGANIZATION

The First Hope program operates within Contra Costa Behavioral Health's Children's System of Care but is a hybrid program serving both children and young adults.

PROGRAM: FIRST HOPE: EARLY IDENTIFICATION AND INTERVENTION IN PSYCHOSIS

- a. Scope of Service: The mission of the First Hope program is to reduce the incidence of psychosis and the secondary disability of those developing a psychotic disorder in Contra Costa County through:
 - Early Identification of young people between ages 12 and 30 who are showing very early signs of psychosis and are determined to be at risk for developing a serious mental illness.
 - Engaging and providing immediate treatment to those identified as "at risk", while maintaining progress in school, work, and social relationships.
 - Providing an integrated, multidisciplinary team approach including psychoeducation, multi-family groups, individual and family therapy, case management, occupational therapy, supported education and vocation, family partnering, and psychiatric services within a single service model.
 - Outreach and community education with the following goals: 1) identifying all young people in Contra Costa County who are at risk for developing a psychotic disorder and would benefit from early intervention services; and 2) reducing stigma and barriers that prevent or delay seeking treatment through educational presentations.
 - In FY 18-19, the program expanded to offer Coordinated Specialty Care (CSC) services to First Episode Psychosis (FEP) young people ages 16-30, and their families, who are within 18 months of their first episode
- b. Target Population: 12–30-year-old young people and their families
- c. Total Budget: FY 25-26: \$4,094,719
- d. Staff: 27 FTE full time equivalent multi-disciplinary staff
- e. Number served: FY 20-21: 987; FY 21-22: 876; FY 23-24: 983
- f. Outcomes FY 23-24:
 - Delivered 19 community outreach presentations and trainings on early psychosis intervention, reaching 146 attendees from various health and community organizations.
 - Enhanced the program's cultural and linguistic accessibility by hiring a Spanish bilingual Psychiatric Nurse Practitioner, catering specifically to the Latinx community's needs.
 - Significantly expanded therapy and rehabilitation group offerings to combat social isolation, providing a wide array of support groups including Nature Walk Group, Cognitive Behavioral Social Skills Treatment (CBSST), Dungeons & Dragons, and more.
 - Reduced the conversion rate to psychosis from 33% to 2%, demonstrating the program's effectiveness in early psychosis intervention.
 - Incorporated a former First Hope program client as a peer specialist/mentor, leveraging lived experience to enhance program delivery and relatability.
 - Long Term Public Health Outcomes:
 - Reduce conversion rate from Clinical High-Risk symptoms to schizophrenia.

- Reduce incidence of psychotic illnesses in Contra Costa County.
- Increase community awareness and acceptance of the value and advantages of seeking mental health care early.

HOPE SOLUTIONS (FORMERLY CONTRA COSTA INTERFAITH HOUSING)

Beth Limberg, blimberg@hopesolutions.org

399 Taylor Blvd. Ste. 115, Pleasant Hill, CA 94530 (925) 944-2244, <https://www.hopesolutions.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

Hope Solutions provides permanent, affordable housing and vital, on-site support services to homeless and at-risk families and individuals in Contra Costa County. By providing services on-site at the housing programs where individuals and families live, we maximize timeliness and access to services. This model also minimizes the discriminatory barriers to support, due to lack of transportation or other resources.

PROGRAM: STRENGTHENING VULNERABLE FAMILIES

a. Scope of Services:

- The Strengthening Vulnerable Families program provides support services at 5 locations. All these locations house vulnerable adults and/or families with histories of homelessness, mental health challenges and/or substance abuse problems. Case management was provided on-site and in-home for all residents requesting this support. Youth enrichment/afterschool programming was provided at all family housing sites. The total number of households offered services under this contract was 286, including the following sites:
 - Garden Park Apartments (Pleasant Hill) – 27 units permanent supportive housing for formerly homeless families with disabilities
 - Lakeside Apartments (Concord) – 124 units of affordable housing for low-income families and individuals (including 12 units of permanent supportive housing for formerly homeless residents with disabilities).
 - Bella Monte Apartments (Bay Point) – 52 units of affordable housing for low-income families and individuals
 - Los Medanos Village (Pittsburg) – 71 units of affordable housing for low-income families and individuals
 - MHSA funded housing (Concord, Pittsburg) - 12 residents in 3 houses.
- In addition to case management, Hope Solutions also provides property management and maintenance for the 12 units of MHSA housing.
- Hope Solutions also agreed to participate with helping to host a community forum on permanent supportive housing during the year.

b. Target Population: Formerly homeless/at-risk families and youth.

c. Payment Limit: FY 25-26: \$464,438

d. Number served: FY 20-21: 367; FY 21-22: 429; FY 23-24: 700

e. Outcomes FY 23-24:

- Implemented strategies to eliminate barriers to accessing services by providing on-site support in affordable housing settings, ensuring full-time availability of case managers and youth enrichment coordinators.
- Reduced stigma around mental health needs by integrating culturally aware case management and youth enrichment services, facilitating easier access to a multitude of community services, including mental health treatment.
- Achieved an improvement in social functioning among school-aged youth in enrichment programs, with at least 75% expected to show improvement in self-esteem and confidence.
- Demonstrated improved family functioning in the realm of self-sufficiency, with at least 75% of families served showing improvement in at least one area of self-sufficiency.
- Ensured stability of housing for program participants, aiming for 95% of households to retain safe, permanent housing.

JAMES MOREHOUSE PROJECT (JMP) (FISCAL SPONSOR OF WEST CONTRA COSTA PUBLIC EDUCATION FUND)

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GENERAL DESCRIPTION OF THE ORGANIZATION

The James Morehouse Project (JMP) works to create positive change within El Cerrito High School through health services, counseling, youth leadership projects and campus-wide school climate initiatives. Founded in 1999, the JMP assumes youth have the skills, values, and commitments to create change in their own lives and the life of the school community. The JMP partners with community and government agencies, local providers, and universities.

PROGRAM: JAMES MOREHOUSE PROJECT (JMP)

- a. Scope of Services: The James Morehouse Project (JMP), a school health center at El Cerrito High School (fiscal sponsor: BACR), offers access to care and wellness through a wide range of innovative youth development programs for 300 multicultural youth in West Contra Costa County. Through strategic partnerships with community-based agencies, local universities, and county programs, JMP offers three main program areas that include: Counseling & Youth Development, Restorative School-Wide Activities, and Medical & Dental Services. Key activities designed to improve students' well-being and success in school include: AOD Prevention; Migrations/Journeys (immigration/acclimation); Bereavement Groups (loss of a loved one); Culture Keepers (youth of color leadership); Discovering the Realities of Our Communities (DROC – environmental and societal factors that contribute to substance abuse); Peer Conflict Mediation; and Dynamic Mindfulness.

As an on-campus student health center, the JMP is uniquely situated to maximize access and linkage to mental health services for young people from underserved communities. The JMP connects directly with young people at school and provides timely, ongoing, and consistent services to youth on-site. Because the JMP also offers a wide range of youth development programs and activities, JMP space has the energy and safety of a youth center. For that reason, students do not experience stigma around coming into the health center or accessing services.

- b. Target Population: At-risk students at El Cerrito High School
- c. Payment Limit: FY 25-26: \$127,698
- d. Numbers Served: FY 20-21: 328; FY 21-22: 399; FY 23-24: 364
- e. Outcomes FY 23-24:
- The James Morehouse Project provided essential mental health and wellness services, demonstrating a robust engagement with 1,064 unique individuals accessing the JMP, which accounted for a significant portion of the school population.
 - A notable 95% of students engaged in JMP activities reported improvements in various resiliency indicators, reflecting the program's impact on enhancing coping skills and well-being.
 - Spanish-speaking parents and guardians found a supportive community in Rincón Latino, with 54 participants attending groups, emphasizing the program's inclusive and culturally responsive approach.
 - The program successfully conducted 19 community outreach presentations/trainings, enriching the educational community's understanding of early intervention and support for mental health issues.
 - The addition of a Spanish bilingual Psychiatric Nurse Practitioner expanded access to psychiatric services for the Latinx community, addressing linguistic and cultural barriers to care.
 - By hiring a former client as a peer specialist/mentor, JMP enriched its service model with lived experience, strengthening its client-centered approach.
 - The program faced challenges in maintaining a stable and supportive school environment due to significant staff turnover, highlighting the importance of continuity and community in fostering a nurturing educational setting.

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GENERAL DESCRIPTION OF THE ORGANIZATION

Rooted in Jewish values and historical experiences, and inspired by the diverse communities the agency serves, JFCS East Bay promotes the well-being of individuals and families by providing essential mental health and social services to people of all ages, races, and religions. Established in 1877, JFCS East Bay's long tradition of caring directly impacts the lives of approximately 6,000 Alameda and Contra Costa residents each year. The agency provides services in three main program areas: Refugees & Immigrants, Children & Parents, and Adults & Seniors. Woven throughout these services is a comprehensive volunteer program.

PROGRAM: COMMUNITY BRIDGES

- a. Scope of Services: During the term of this contract, Jewish Family & Community Services East Bay will assist Contra Costa Behavioral Health to implement the Mental Health Services Act (MHSA), Prevention and Early Intervention Program "Reducing Risk of Developing Mental Illness" by providing Outreach and Engagement to Underserved Communities with the Community Bridges Program, providing culturally grounded, community-directed mental health education and navigation services to 200 to 300 refugees and immigrants of all ages and sexual orientations in the Afghan, Syrian, Iranian, Iraqi, African, and Russian communities of central Contra Costa County. Prevention and early intervention-oriented program components include culturally and linguistically accessible mental health education; early assessment and intervention for individuals and families; and health and mental health system navigation assistance. Services will be provided in the context of group settings and community cultural events, as well as with individuals and families, using a variety of convenient non-office settings such as schools, senior centers, and client homes. In addition, the program will include mental health training for frontline staff from JFCS East Bay and other community agencies working with diverse cultural populations, especially those who are refugees and immigrants.
- b. Target Population: Immigrant and refugee families of Contra Costa County at risk for developing a serious mental illness.
- c. Payment Limit: FY 25-26: \$210,226
- d. Number served: FY 20-21: 225; FY 21-22: 461; FY 23-24: 203
- e. Outcomes FY 23-24:
 - Implemented 2 online trainings on cross-cultural mental health concepts for a wide range of service providers, enhancing their understanding and skills in working with culturally diverse clients.
 - Hosted 4 online interactive workshops on public health topics for Afghan parents, tailored to address their specific interests and challenges, with efforts to collect feedback and ensure satisfaction.
 - Facilitated two community-building events, aiming to reduce social isolation among Afghan newcomer families and foster community connections.
 - Provided individual mental health education sessions via phone to Russian-speaking seniors, adapting the delivery method to their comfort level and ensuring personalized support.

JUVENILE JUSTICE SYSTEM – SUPPORTING YOUTH (CONTRA COSTA HEALTH)

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GENERAL DESCRIPTION OF THE ORGANIZATION

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The staff working to support youth in the juvenile justice system operate within Contra Costa Behavioral Health's Children's System of Care.

PROGRAM: MENTAL HEALTH PROBATION LIAISON SERVICES (MHPLS)

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

- a. Scope of Services: *Mental Health Probation Liaison Services (MHPLS)* has a team of three mental health probation liaisons stationed at each of the three field probation offices (in East, Central, and West Contra Costa County). The mental health probation liaisons are responsible for assisting youth and families as they transition out of detention settings and return to their communities. Services include providing mental health and social service referrals, short term case management, short term individual therapy, short term family therapy. Additionally, the mental health probation liaisons are responsible for conducting court-ordered mental health assessments for youth within the county detention system.
- b. Target Population: Youth in the juvenile justice system in need of mental health support
- c. Payment Limit: FY 25-26: \$477,973
- d. Staff: Mental Health Clinical Specialists: 3 probation liaisons
- e. Number Served: FYs 23-24: 300+
- f. Outcomes FY 23-24:
 - Help youth address mental health and substance abuse issues that may underlie problems with delinquency.
 - Increased access to mental health services and other community resources for at risk youth.
 - Provide referrals, short-term therapy, and short-term case management to help decrease symptoms of mental health disturbance.
 - Increase family and youth help-seeking behavior; decrease stigma associated with mental illness.
 - Work with Probation, families, and youth to decrease out-of-home placements and rates of recidivism.
 - Help youth and families increase problem-solving skills.

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GENERAL DESCRIPTION OF THE ORGANIZATION

With 35 sites spread across Alameda, Contra Costa, and Solano Counties, La Clínica delivers culturally and linguistically appropriate health care services to address the needs of the diverse populations it serves. La Clínica is one of the largest community health centers in California.

PROGRAM: VÍAS DE SALUD AND FAMILIAS FUERTES

a. Scope of Services: La Clínica de La Raza, Inc. (La Clínica) will implement Vías de Salud (Pathways to Health) to target Latinos residing in Central and East Contra Costa County with a goal of: a) 3,000 depression screenings; b) 250 assessment and early intervention services provided by a Behavioral Health Specialist to identify risk of mental illness or emotional distress, or other risk factors such as social isolation; and c) 1,250 follow-up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment. La Clínica's PEI program category is Improving Timely Access to Services for Underserved Populations.

Contractor will also implement Familias Fuertes (Strong Families), to educate and support Latino parents and caregivers living in Central and East Contra Costa County so that they can support the strong development of their children and youth. The project activities will include: 1) Screening for risk factors in youth ages 0-18 (750 screenings); 2) 75 Assessments (includes child functioning and parent education/support) with the Behavioral Health Specialist will be provided to parents/caretakers of children ages 0-18; 3) Three hundred (300) follow up visits with children/families to provide psychoeducation/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues. The goal is to be designed and implemented to help create access and linkage to mental health treatment, be designed, implemented, and promoted in ways that improve timely access to mental health treatment services for persons and/or families from underserved populations, and be designed, implemented, and promoted using strategies that are non-stigmatizing and non-discriminatory.

b. Target Population: Contra Costa County Latino residents at risk for developing a serious mental illness.

c. Payment Limit: FY 25-26: \$348,170

d. Number served: FY 20-21: 845; FY 21-22: 799; FY 23-24: 896

e. Outcomes FY 23-24: Vías de Salud:

- Vías de Salud exceeded its targets by conducting 9,164 depression and anxiety screenings, providing a clear indication of the high demand and necessity for such services within the community.
- The program further excelled by delivering 1,496 assessments and early intervention services, addressing the critical need for early identification of mental health issues.
- With 6,025 follow-up support/brief treatment services, Vías de Salud ensured ongoing care and support for adults facing mental health challenges.

f. Outcomes FY 23-24: Familias Fuertes:

- Familias Fuertes, focused on youth and families, surpassed expectations by providing 1,126 screenings for risk factors in youth, demonstrating a proactive approach to identifying potential issues early on.
- Through 777 assessments for parents and caregivers, Familias Fuertes equipped families with the tools and knowledge needed to support their children's mental and emotional well-being.
- The program also made significant strides in offering comprehensive support by conducting 1,131 follow-up visits with children and families, providing valuable psychoeducation and brief treatment services.

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GENERAL DESCRIPTION OF THE ORGANIZATION

Founded in 1980, Lao Family Community Development, Inc. (LFCD) annually assists more than 15,000 diverse refugee, immigrant, limited English, and low-income U.S. born community members in achieving long-term financial and social self-sufficiency. LFCD operates in 3 Northern California counties delivering timely, linguistically, and culturally appropriate services using an integrated service model that addresses the needs of the entire family unit, with the goal of achieving self-sufficiency in one generation.

PROGRAM: HEALTH AND WELL-BEING FOR ASIAN FAMILIES

- a. Scope of Services: Lao Family Community Development, Inc. provides a comprehensive and culturally sensitive Prevention and Early Intervention Program that combines an integrated service system approach for serving underserved Asian and Southeast Asian adults throughout Contra Costa County. The program activities designed and implemented include comprehensive case management; evidence based educational workshops using the Strengthening Families Curriculum; and peer support groups. Strategies used reflect non-discriminatory and non-stigmatizing values. We will provide outreach, education, and support to a diverse underserved population to facilitate increased development of problem-solving skills, increase protective factors to ensure families emotional well-being, stability, and resilience. We will provide timely access, referral, and linkage to increase client's access to mental health treatment and health care providers in the community based, public, and private system. LFCD provides in language outreach, education, and support to develop problem solving skills, and increase families' emotional well-being and stability, and help reduce the stigmas and discriminations associated with experiencing mental health. The staff provides a client centered, family focused, strength-based case management and planning process, to include home visits, brief counseling, parenting classes, advocacy, and referral to other in-house services such as employment services, financial education, and housing services. These services are provided in clients' homes, other community-based settings, and the offices of LFCD in San Pablo.
- b. Target Population: South Asian and Southeast Asian Families at risk for developing serious mental illness.
- c. Payment Limit: FY 25-26: \$236,303
- d. Number served: FY 20-21: 126; FY 21-22: 127; FY 23-24: 127
- e. Outcomes FY 23-24:
 - Completed 127 Pre LSNS assessments and Post LSNS assessments, showing an average progression that strongly correlated with the level of participation in monthly social peer support groups' activities and workshops.
 - Achieved a high satisfaction rate among participants, with 94% satisfied and 6% somewhat satisfied with the program services.
 - Conducted 13 workshops, engaging 183 participants, and 13 peer support groups with 163 participants participating, illustrating the program's capacity to foster community and individual resilience.
 - Organized 4 social gatherings, with a total of 255 participants, and 19 community outreach events, reaching 853 clients, highlighting the program's expansive reach and ability to engage the community effectively.
 - Ensured timely access to a wide range of services, including mental health care, legal assistance, and health insurance navigation, by escorting high-barrier clients to essential appointments and facilitating warm handoffs to service providers.
 - Utilized a variety of evaluation tools, including activity evaluation forms and a general program evaluation form, to continuously assess and improve program services based on participant feedback.

THE LATINA CENTER

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GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: OUR CHILDREN FIRST/PRIMERO NUESTROS NIÑOS

- a. Scope of Services: The Latina Center (TLC) provides culturally and linguistically specific parenting education and support to at least 300 Latino parents and caregivers in West Contra Costa County that 1) supports healthy emotional, social, and educational development of children and youth ages 0-15, and 2) reduces verbal, physical and emotional abuse. The Latina Center enrolls primarily low- income, immigrant, monolingual/bilingual Latino parents and grandparent caregivers of high-risk families in a 12-week parenting class using the Systematic Training for Effective Parenting (STEP) curriculum or PECES in Spanish (Padres Eficaces con Entrenamiento Eficaz). Parent Advocates are trained to conduct parenting education classes, and Parent Partners are trained to offer mentoring, support, and systems navigation. TLC provides family activity nights, creative learning circles, cultural celebrations, and community forums on parenting topics.
- b. Target Population: Latino Families and their children in West County at risk for developing serious mental illness.
- c. Payment Limit: FY 25-26: \$151,253
- d. Number served: FY 20-21: 309; FY 21-22: 291; FY 23-24: 293
- e. Outcomes FY 23-24:
 - Made over 3,200 outreach calls, resulting in 387 registrations for parenting classes. Out of these, 189 participants took part in the classes, and 54 parents completed all sessions and graduated.
 - Formed 21 parent groups for the classes, with 18 conducted on Zoom and 3 in person, demonstrating adaptability to participant needs and preferences.
 - Hosted 5 workshops on various mental health topics, reaching 82 participants through Zoom and Facebook live broadcasts, evidencing an effective use of digital platforms to engage the community.
 - Offered a stress management program to 3 groups, totaling 22 participants, covering anxiety and stress control, emotional awareness, and self-care strategies.
 - Provided referrals to a Mental Health Coach for clients needing specialized mental health support, highlighting a tailored approach to individual needs.
 - Addressed several challenges, including participation rates and logistical issues with class venues, through diligent follow-up and community collaboration.

LIFELONG MEDICAL CARE

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GENERAL DESCRIPTION OF THE ORGANIZATION

Founded in 1976, LifeLong Medical Care (LifeLong) is a multi-site safety-net provider of comprehensive medical, dental, behavioral health and social services to low-income individuals and families in West Contra Costa and Northern Alameda counties. In 2017, LifeLong provided approximately 300,000 health care visits to 61,000 people of all ages and cultural backgrounds.

PROGRAM: SENIOR NETWORK AND ACTIVITY PROGRAM (SNAP)

a. Scope of Services: LifeLong's PEI program, SNAP, brings therapeutic drama, art, music, and wellness programs to isolated and underserved primarily African American older adults living in Richmond. SNAP encourages lifelong learning and creativity, reduces feelings of depression and social isolation, and connects consumers with mental health and social services as needed. All services are designed with consumer input to promote feelings of wellness and self-efficacy, reduce the effects of stigma and discrimination, build community connections, and provide timely access to underserved populations who are reluctant or unable to access other mental health and social services.

SNAP provides services on-site at three low-income housing locations in West County, including weekly group activities, one-on-one check-ins, and case management. Activities vary based on consumer interests, but may include choir, theater, art, board games, word games, special events, and holiday celebrations. Services also include quarterly outings, screening for depression and isolation, information and referral services, and outreach to invite participation in group activities and develop a rapport with residents.

Services are designed to improve timely access to mental health treatment services for persons and/or families from underserved populations, utilizing strategies that are non-stigmatizing and non-discriminatory. The expected impact of these services includes reducing isolation and promoting feelings of wellness and self-efficacy; increasing trust and reducing reluctance to revealing unmet needs or accepting support services; decreasing stigma and discrimination among underserved populations; and improving quality of life by reducing loneliness and promoting friendships and connections with others.

b. Target Population: Seniors in low-income housing projects at risk for developing serious mental illness.

c. Payment Limit: FY 25-26: \$162,303

d. Number served: FY 20-21: 106; FY 21-22: 137; FY 23-24: 175

e. Outcomes FY 23-24:

- Initiated a new service at St. John Apartments, expanding their reach and providing social services to a broader older adult population.
- Established a resident council at Harbour to improve communication and advocacy for quality-of-life enhancements.
- Organized Health & Wellness events across Nevin, Harbour, and Friendship locations to promote physical, mental, and spiritual health.
- Aided a Nevin Plaza resident with healthcare navigation for cardiac surgery, demonstrating their commitment to individual health needs.
- Adapted to the logistical challenges of building renovations and management changes at Nevin Plaza by providing group education and increasing one-on-one visits.

MENTAL HEALTH CONNECTIONS HOUSE (FORMERLY PUTNAM CLUBHOUSE)

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GENERAL DESCRIPTION OF THE ORGANIZATION

Mental Health Connections provides a safe, welcoming place, where participants (called members), recovering from mental illness, build on personal strengths instead of focusing on illness.

Members work as colleagues with peers and a small staff to maintain recovery and prevent relapse through work and work-mediated relationships. Members learn vocational and social skills while doing everything involved in running The Clubhouse.

PROGRAM: PREVENTING RELAPSE OF INDIVIDUALS IN RECOVERY

a. Scope of Services:

- i. Project Area A: Mental Health Connections' peer-based programming helps adults recovering from psychiatric disorders access support networks, social opportunities, wellness tools, employment, housing, and health services. The work-ordered day program helps members gain prevocational, social, and healthy living skills as well as access vocational options within Contra Costa. The Clubhouse teaches skills needed for navigating/accessing the system of care, helps members set goals (including educational, vocational, and wellness), provides opportunities to become involved in stigma reduction and advocacy. Ongoing community outreach is provided throughout the County via presentations and by distributing materials, including a brochure in both English and Spanish. The Young Adult Initiative provides weekly activities and programming planned by younger adult members to attract and retain younger adult members in the under-30 age group. Mental Health Connections helps increase family wellness and reduces stress related to caregiving by providing respite through Clubhouse programming and by helping Clubhouse members improve their independence.
- ii. Project Area B: Mental Health Connections assists the Office for Consumer Empowerment (OPFE) by providing career support through hosting Career Corner, an online career resource for mental health consumers in Contra Costa County and holding countywide career workshops.
- iii. Project Area C: Mental Health Connections assists Contra Costa County Behavioral Health in several other projects, including organizing community events and by assisting with administering consumer perception surveys.
- iv. Project Area D: Mental Health Connections assists Contra Costa County Behavioral Health in implementing the Portland Identification and Early Referral (PIER) program for individuals at risk of psychosis, First Hope, by providing logistical and operational support.

b. Target Population: Contra Costa County residents with identified mental illness and their families.

c. Payment Limit: FY 25-26: \$932,305

d. Number served: FY 20-21: 505; FY 21-22: 326; FY 23-24: 328

e. Outcomes FY 23-24:

- Achieved an increase in membership activity, serving 328 unduplicated members, surpassing the target of 300 and contributing to a total of 42,425 hours of engagement in Clubhouse programming.
- Exceeded enrollment targets for new Clubhouse members, with 72 new members participating in Clubhouse activities, notably including 53 young adults aged 18 to 25 years.
- Hosted a significant number of activities specifically tailored for young adults, with 53 activities conducted, demonstrating a strong focus on this demographic.
- Provided 10,996 meals to members at the Clubhouse, ensuring nutritional support and social engagement.
- Offered comprehensive transportation support with 671 rides provided to members for various essential purposes.

- Executed 283 in-home outreach visits, adapting service delivery to meet member needs outside the traditional Clubhouse setting.
- Published 42 blog postings on the Career Corner Blog and conducted 39 career workshops, greatly exceeding the target and supporting members' vocational aspirations.
- Celebrated member achievements and community connections through significant events, including the SPIRIT graduation and community partners picnics and holiday parties, enhancing social cohesion and recognition of member successes.
- Conducted targeted outreach efforts, achieving remarkable engagement and recruitment results, including the successful recruitment of 248 parents for Parent Groups, and the delivery of Home-Based Support to 57 families.
- Demonstrated high levels of satisfaction and positive outcomes among members and caregivers, with significant improvements in independence, well-being, peer interactions, and access to mental health resources.

PROGRAM: PEER CONNECTION CENTERS

Peer Connection Centers provide self-help/peer support groups, social/recreational activities, educational supports, and linkages to community resources in the East, Central and West regions of Contra Costa County. Peer Connection Centers refer any peer members seeking employment and/or school enrollment to Mental Health Connections Clubhouse for vocational supports. They provide transportation, when possible, by Supporting Transportation and Rides (STAR), for individuals participating in the Peer Connection Center programs. Assist CCBHS in supporting Service Provider Individualized Recovery Intensive Training (SPIRIT) offered in partnership with Contra Costa Community College and CCBHS's Office for Consumer Empowerment (OPFE). Provide SPIRIT students interested in working within the local mental health service delivery system with learning opportunities in partnership with OPFE. Administer stipends to SPIRIT students in accordance with documentation provided by OPFE and Contra Costa Community College. Encourage Peer Connection Center participants to learn about SPIRIT and if possible, apply to participate in SPIRIT as part of their recovery journey. Recovery is embodied in the vision and mission of The Contra Costa Clubhouses, Inc. which provides a safe and welcoming place where participants (called members, not patients or clients or consumers) build on personal strengths instead of focusing on illness.

a. Scope of Services:

- Peer and family support
- Personal recovery planning using the Peer Connection Coaching model
- Quarterly one-on-one coaching and meaningful outcome tracking
- Recovery-focused curriculum including Wellness Recovery Action Plan (WRAP), evidence-based Illness Management Recovery (IMR) groups, and wellness education focused on topics such as relationships, boundaries, structure, mindfulness, nutrition, spirituality, physical health, and financial soundness.
- Community outreach and collaboration
- Care coordination - supporting citizens in obtaining/receiving medical, dental, mental health, addiction medicine and other health/wellness services.
- Supportive employment program is done in partnership with the Clubhouses School and Work Supports (SAWS) Unit including, but not limited to support filling out applications, writing resumes/cover letters, preparing for interviews
- Healthy snacks and lunch during operating hours
- Transportation to/from the Peer Connection Centers and community activities relating to programming; when possible, to/from medical appointments, interviews, and school/work.
- Access to computers/phones for studying, seeking employment, working and engaging in virtual appointments.

b. Target Population: Adult mental health participants in Contra Costa County. The Clubhouse services will be delivered within each region of the county through Peer Connection Centers located in Antioch, Concord and San Pablo.

c. Annual MHSA Payment Limit: FY 25-26 \$1,982,229

d. Number served FY 23-24: 326 (Antioch 151, San Pablo 125, Concord 50)

FY 23-24 data not available due to transfer of data reporting system.

e. Outcomes FY 23-24:

- Participation was increased by at least 20% at the Antioch and San Pablo sites.
- 100% of participants were welcomed/greeted with Putnam Peer Connection Center information.
- Number of new members (San Pablo 48, Concord 26, Antioch 62, Total 136)
- Number of visits – unduplicated (San Pablo 356, Concord 294, Antioch 500, Total 1,150)
- Number of visits – duplicated (San Pablo 4,224, Concord 1,408, Antioch 5,103, Total 10,735)
- Average daily attendance (San Pablo 22, Concord 9, Antioch 34)
- Average hours attended per day (San Pablo 6, Concord 4, Antioch 7)
- Total hours attending PCCs (San Pablo 17,834, Concord 5,632, Antioch 34,170)
- Total number of Peer Connection Wellness Plans created (San Pablo 6, Concord 4, Antioch 8, Total 18)
- While at PCC's did you...
 - See a PCP, psychiatrist, therapist or other behavioral health service provider (Yes 80%, No 15%, Don't Know 5%)
 - Volunteered in the community (Yes 32%, No 63%, Don't Know 5%)
 - Attended school - GED, College, vocational, other (Yes 27%, No 68%, Don't Know 5%)
 - In the last year, did you earn any certificates or awards-GED, associate's degree, bachelor's degree, etc. through school or other means? (Yes 17%, No 83%, Don't Know 0%)
 - Applied for jobs/employment (Yes 13%, No 87%, Don't Know 0%)
 - Work full or part time in paid employment (Yes 8%, No 87%, Don't Know 5%)
 - Attend SPIRIT (Yes 7%, No 90%, Don't Know 2%)
- In the last year, while at PCC's, did you....
 - Receive any meals (Yes 90%)
 - Spend time at a PCC (Yes 90%)
 - Attend a workshop or wellness group (Yes 63%)
 - Attend a social or community event (Yes 59%)
 - Receive any help with transportation (Yes 51%)
 - Participated in any other recreational or community service activities while at PCC's? (Yes 40%)
 - Obtain linkage connection (Yes 24%)
 - Participate in a coach partnership (Yes 20%)
 - Receive any vocational supports and referral to Connections House (Yes 17%)
- I feel that...
 - PCC is a place that makes me feel hopeful about my recovery (Agree/Strongly Agree 100%)
 - PCC's provides the support that I need to recover (Agree/Strongly Agree 93%)
 - I get the support I need at PCC (Agree/Strongly Agree 93%)
 - The core groups that I attend are helpful for my recovery (Agree/Strongly Agree 93%)
 - I have learned how to take responsibility for myself and my recovery at PCC's (Agree/Strongly Agree 93%)
 - I feel that I am engaged and involved at PCC's (Agree/Strongly Agree 90%)

OFFICE FOR PEER AND FAMILY EMPOWERMENT (OPFE) (CONTRA COSTA HEALTH)

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GENERAL DESCRIPTION OF THE ORGANIZATION

The Office for Consumer Empowerment is a County operated program that supports the entire Behavioral Health System and offers a range of trainings and supports by and for individuals who have experience receiving behavioral health services. The goals are to increase access to wellness and empowerment knowledge for participants of the Behavioral Health System.

PROGRAM: REDUCING STIGMA AND DISCRIMINATION

a. Scope of Services

- The OPFE facilitates Taking Action for Whole Health and Wellbeing (formerly providing Wellness Recovery Action Plan or WRAP) groups by providing certified leaders and conducting classes throughout the County. Staff employ the evidence-based system in enhancing the efforts of consumers to promote and advocate for their own wellness
- The Committee for Social Inclusion is an ongoing alliance of committee members that work together to promote social inclusion of persons who receive behavioral health services. The Committee is project based, and projects are designed to increase participation of consumers and family members in the planning, implementation, and delivery of services. Current efforts are supporting the integration of mental health and alcohol and other drug services within the Behavioral Health Services Division. In addition, OPFE staff assist and support consumers and family members in participating in the various planning committees and sub-committees, Mental Health Commission meetings, community forums, and other opportunities to participate in planning processes.
- The Overcoming Transportation Barrier (OTB) Flex Fund provides funding to cover a one-time cost specific to transportation needs and help provide support to clients who need to get to their appointments. Some examples of what these funds cover include: the cost of a new tire, or a loaded Clipper card to provide fare to and from appointments or groups. This programming is a continuation of a former Innovation Project that sunset in September 2021.
- The OPFE supports SB803 Implementation in Contra Costa County which enables Contra Costa, along with all California counties, to expand the behavioral health workforce by allowing certification of Peer Support Specialists. This bill makes it easier for people with lived mental health experiences to be trained and hired while providing supportive services to others in the behavioral health system.
- Staff provides outreach and support to peers and family members to enable them to actively participate in various committees and sub-committees throughout the system. These include the Mental Health Commission, the MHSA Advisory Council (formerly CPAW) and sub-committees, and Behavioral Health Integration planning efforts. Staff provides mentoring and instruction to consumers who wish to learn how to participate in community planning processes or to give public comments to advisory bodies.

b. Target Population: Participants of public mental health services, their families, and the public.

c. Total MHSA Funding for FY 25-26: \$260,985

d. Staff: 3.0 FTE

e. Number Served: FY 20-21: 1336; FY 21-22: 485; FY 23-24: 738

f. Outcomes FY 23-24:

- Social Inclusion:

- Facilitated 11 monthly committee meetings and 11 monthly planning sessions including participation from 58 community members (duplicated).
- Committee members, in addition to OPFE support staff, engaged in tabling and outreach at 11 community events, interacting with 585 members of the public while sharing mental health resources and information on reducing stigma
- WRAP:
 - County-employed Advanced Level Facilitators, in coordination with OPFE, facilitated 3 WRAP Seminar II trainings with 37 participants representing staff from county-operated programs and community-based organizations. Participants obtained training on facilitating WRAP in group settings.
 - County-employed WRAP Facilitators, in coordination with OPFE, facilitated 9 WRAP Seminar I trainings with a total of 77 participants, including SPIRIT 2023 students and clients from East and Central County Adult Behavioral Health, as well as Forensic Mental Health. Participants learned how to complete their own personal Wellness Recovery Action Plan.
 - 1 on 1 WRAP facilitation with 8 clients at East County Adult Behavioral Health, in coordination with OPFE.
- Overcoming Transportation Barriers (OTB) Flex Funds:
 - Processed 10 requests on behalf of clients and/or caregivers for one-time financial assistance for transportation-related needs to help sustain appointment attendance with county-operated behavioral health programs.

PEOPLE WHO CARE (PWC) CHILDREN ASSOCIATION

Constance Russell, Russell@pwccassociation.org

2231 Railroad Ave, Pittsburg, 94565 (925) 427-5037, <http://www.peoplewhocarechildrenassociation.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

People Who Care Children Association has provided educational, vocational and employment training programs to young people ages 12 through 21 years old, since 2001. Many are at risk of dropping out of school and involved with, or highly at risk of entering, the criminal juvenile justice system. The mission of the organization is to empower youth to become productive citizens by promoting educational and vocational opportunities, and by providing training, support and other tools needed to overcome challenging circumstances.

PROGRAM: PWC AFTERSCHOOL PROGRAM

- a. Scope of Services: Through its After School Program, People Who Care (PWC) will provide Prevention services through providing work experience for 200+ multicultural at-risk youth residing in the Pittsburg/Bay Point and surrounding East Contra Costa County communities, as well as programs aimed at increasing educational success among those who are either at- risk of dropping out of school or committing a repeat offense. Key activities include job training and job readiness training, mental health support and linkage to mental health counseling, as well as civic and community service activities.
- b. Target Population: At risk youth with special needs in East Contra Costa County.
- c. Payment Limit: FY 25-26: \$425,379
- d. Number served: FY 20-21: 140; FY 21-22: 130; FY 23-24: 220
- e. Outcomes FY 23-24:
 - Successfully provided green jobs, financial literacy, and vocational training to 150-200 students in the Clinical Success After-school Program.
 - Offered incentives for student participation in green jobs/financial literacy programs, enhancing engagement and learning outcomes.
 - Conducted classes and projects both at the program site and in community locations, expanding the reach and impact of services.
 - Employed a part-time mental health clinician intern and a full-time Licensed Therapist to provide comprehensive clinical services to clients and their families.
 - Established a Memorandum of Understanding with Pittsburg Unified School District to extend clinical services to students in need on and off school sites.
 - Served 220 unduplicated at-risk clients, offering programs to build self-esteem, cope with trauma, and prevent further psychological issues or criminal activities.
 - Facilitated mental health preventative services for 53 clients and families, addressing depression and anxiety through clinical support.
 - Incentivized 22 clients in the Entrepreneurial Training Program, covering key business skills over a four-week period.
 - Engaged clients in the Green Jobs Training Program in partnership with the East Bay Regional Park District, focusing on environmental justice and sustainability.
 - Supported 106 clients to complete 3,036 hours of volunteering at community events, enhancing their civic engagement and community service experience.

RAINBOW COMMUNITY CENTER

Nicole Lapointe, nicole@rainbowcc.org

2118 Willow Pass Rd, Concord, CA 94520. (925) 692-0090, <https://www.rainbowcc.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

The Rainbow Community Center of Contra Costa County builds community and promotes well-being among Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) people and our allies. Services are provided in our main office in Concord, our satellite location in West County, and in East County by arrangements with partner organizations.

PROGRAMS: OUTPATIENT BEHAVIORAL HEALTH AND TRAINING, AND COMMUNITY-BASED PREVENTION AND EARLY INTERVENTION

a. Scope of Services:

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

b. Target Population: LGBTQ community of Contra Costa County who are at risk of developing serious mental illness.

c. Payment Limit: FY 25-26: \$940,692

d. Number served: FY 20-21: 677; FY 21-22: 547; FY 23-24: 508

e. Outcomes FY 23-24:

- Expanded mental health care access and linkage for the BIPOC LGBTQIA+ community, focusing on early intervention and prevention services.
- Witnessed an increase in trans and nonbinary youth accessing programs, enhancing their support and resources.
- Improved mental health care linkage, reducing wait times for clients seeking services.
- Implemented harm reduction strategies, catering to clients' diverse needs and promoting safer practices.
- Re-engaged clients with social and support groups, fostering community connections and reducing isolation.
- Broadened internship opportunities, increasing clinical service provision and supporting professional development.
- Adopted non-stigmatizing and non-discriminatory strategies, ensuring services are accessible and respectful to all.
- Seemed there was an increase in substance use among clients, prompting a focus on relevant support and intervention services.

Kanwarpal Dhaliwal, Kanwarpal@rysecenter.org

205 41st Street, Richmond. CA 94805 (925) 374-3401, <https://rysecenter.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

RYSE is a youth center in Richmond that offers a wide range of activities, programs, and classes for young people including media arts, health education, career and educational support, and youth leadership and advocacy. RYSE operates within a community behavioral health model and employs trauma informed and healing centered approaches in all areas of engagement, including one-on-one, group and larger community efforts. RYSE focuses on the conditions, impact, and strategies to name and address community distress, stigma, and mental health inequities linked to historical trauma and racism, as well as complex, chronic trauma. This focus enables RYSE to provide culturally relevant, empathetic, and timely community mental health and wellness services, resources, and supports across all program areas and levels of engagement.

PROGRAM: SUPPORTING YOUTH

a. Scope of Services:

- i. Trauma Response and Resilience System (TRRS): Develop and implement Trauma and Healing Learning Series for key system partners, facilitate development of a coordinated community response to violence and trauma, evaluate impact of trauma informed practice, provide critical response and crisis relief for young people experiencing acute incidents of violence (individual, group, and community-wide).
- ii. Health and Wellness: Support young people (ages 13 to 21) from the diverse communities of West County to become better informed (health services) consumers and active agents of their own health and wellness, support young people in expressing and addressing the impact of stigma, discrimination, and community distress; and foster healthy peer and youth-adult relationships. Activities include mental health counseling and referrals, outreach to schools, workshops and 'edutainment' activities that promote inclusion, healing, and justice, youth assessment and implementation of partnership plans (Chat it Up Plans).
- iii. Inclusive Schools: Facilitate collaborative work with West Contra Costa schools and organizations working with and in schools aimed at making WCCUSD an environment free of stigma, discrimination, and isolation for LGBTQ students. Activities include assistance in provision of LGBT specific services, conducting organizational assessments, training for adults and students, engaging students in leadership activities, and providing support groups at target schools, etc.

b. Target Population: West County Youth at risk for developing serious mental illness.

c. Payment Limit: FY 25-26: \$606,057

d. Number served: FY 20-21: 255; FY 21-22: 340; FY 23-24: 701

e. Outcomes FY 23-24:

- Enhanced mental health and wellness support at RYSE, with 96% of youth feeling safe, and established strong linkages with local schools to extend youth-centered resources.
- Maintained high levels of youth engagement and satisfaction, with positive feedback on belonging, peer relationships, and emotional well-being across diverse groups.
- Addressed interpersonal and systemic crises impacting youth, coordinating comprehensive care and identifying restorative solutions.
- Transitioned to a new campus designed by and for youth, significantly increasing youth engagement in programming, services, and community events.
- Implemented COVID-19 safety protocols aligned with racial and disability justice, supporting impacted youth with

measures that prioritize their health and safety.

- Launched peer-led workshops and community events, fostering a supportive environment for creative expression, leadership development, and community building.
- Provided individual counseling and case management, offering tailored support for mental health, education, career, and legal needs, ensuring accessible and culturally competent care.
- Engaged in impactful community collaborations, including initiatives to address youth homelessness and support legal needs, enhancing community care and support.

Rhonda James, rhondaj@standffov.org

1410 Danzig Plaza #220, Concord, CA 94520, (925) 676-2845, <http://www.standffov.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

STAND! For Families Free of Violence is a provider of comprehensive domestic violence and child abuse services in Contra Costa County, offering prevention, intervention, and treatment programs. STAND! builds safe and strong families through early detection, enhanced support services, community prevention and education, and empowerment to help individuals rebuild their lives. STAND! enlists the efforts of residents, organizations, and institutions, all of whom are partners in ending family violence. STAND! is a founding member of the "Zero Tolerance for Domestic Violence Initiative", a cross-sector organization working for fifteen years to help end domestic violence, sexual assault, and childhood exposure to violence.

PROGRAM: "EXPECT RESPECT" AND "YOU NEVER WIN WITH VIOLENCE"

- a. Scope of Services: STAND! provides services to address the effects of teen dating violence/domestic violence and helps maintain healthy relationships for at-risk youth throughout Contra Costa County. STAND! uses two evidence-based, best-practice programs: "Expect Respect" and "You Never Win with Violence" to directly impact youth behavior by preventing future violence and enhancing positive mental health outcomes for students already experiencing teen dating violence. Primary prevention activities include educating middle and high school youth about teen dating through the 'You Never Win with Violence' curriculum, and providing school personnel, service providers and parents with knowledge and awareness of the scope and causes of dating violence. The program strives to increase knowledge and awareness around the tenets of a healthy adolescent dating relationship. Secondary prevention activities include supporting youth experiencing, or at-risk for teen dating violence by conducting 20 gender-based, 15-week support groups. Each school site has a system for referring youth to the support groups. As a result of these service activities, youth experiencing or at-risk for teen dating violence will demonstrate an increased knowledge of: 1) the difference between healthy and unhealthy teen dating relationships, 2) an increased sense of belonging to positive peer groups, 3) an enhanced understanding that violence does not have to be "normal", and 4) an increased knowledge of their rights and responsibilities in a dating relationship.
- b. Target Population: Middle and high school students at risk of dating violence.
- c. Payment Limit: FY 25-26: \$166,430
- d. Number served: FY 20-21: 743; FY 21-22: 649; FY 23-24: 1132
- e. Outcomes FY 23-24:
 - Educated 750 youth on teen dating violence through primary prevention activities.
 - Trained 60 school personnel and community members on the nuances of dating violence and healthy relationships.
 - Conducted 16 gender-based support groups, reaching 200 at-risk youth.
 - Provided linkage to mental health services, addressing the heightened need for support.
 - Adapted to challenges in school resource availability, ensuring continued engagement with students.
 - Implemented a new data management system to enhance outcome tracking and reporting.
 - Strengthened community ties and referral networks through active participation in local events and schools.
 - Offered a comprehensive support ecosystem, including counseling and crisis intervention services.

Patty O'Malley, pomalley@martinez.k12.ca.us

925 Susana Street, Martinez, CA 94553 (925) 335-5880, <http://vmhs-martinez-ca.schoolloop.com/>

GENERAL DESCRIPTION OF THE ORGANIZATION

The PEI program at Vicente Martinez High School and Briones School (co-located on the same campus) offers an integrated mental health focused experience for 10th-12th grade at-risk students of all cultural backgrounds. Students are provided a variety of experiential and leadership opportunities that support social, emotional, and behavioral health, career exposure and academic growth while also encouraging, linking, and increasing student access to direct mental health services.

PROGRAM: VICENTE MARTINEZ HIGH SCHOOL & BRIONES SCHOOL

a. Scope of Services: Vicente Martinez High School and Briones School provide students of all cultural backgrounds an integrated, mental health focused, learning experience. Key services include student activities that support:

- individualized learning plans
- mindfulness and stress management interventions
- team and community building
- character, leadership, and asset development
- place-based learning, service projects that promote hands-on learning and intergenerational relationships
- career-focused exploration, preparation, and internships
- direct mental health counseling
- timely access and linkage to direct mental health counseling

Services support achievement of a high school diploma, transferable career skills, college readiness, post-secondary training and enrollment, democratic participation, social and emotional literacy, and mental/behavioral health. All students also have access to a licensed Mental Health Counselor for individual and group counseling.

Students enrolled in Vicente and Briones have access to the variety of programs/services that meet their individual learning goals. Classes have a maximum of 23 students and are led by teachers and staff who have training in working with at-risk students and using restorative justice techniques. Students regularly monitor their own progress through a comprehensive advisory program designed to assist them in becoming more self-confident through various academic, leadership, communication, career, and holistic health activities.

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

c. Payment Limit: FY 25-26: \$223,811

d. Number served: FY 20-21: 125; FY 21-22: 125; FY 23-24: 49

e. Outcomes FY 23-24:

- Conducted prevention activities, educating 750 middle and high school students on teen dating violence.
- Trained 60 school personnel, service providers, and parents on dating violence and healthy relationships.
- Offered secondary prevention to 200 youth at risk for teen dating violence through 16 gender-based support groups.
- Engaged students and staff at five high schools in West Contra Costa County, focusing on teen dating violence and healthy relationships.
- Utilized tabling events and direct outreach to compensate for limited classroom presentations due to school staffing challenges.
- Transitioned to a robust data management system for improved tracking of program outcomes and participant demographics.

- Maintained strong connections with school staff for referrals and supported community incidents with individual support.
- Provided mental health counseling referrals within STAND! and to external community programs for comprehensive support.
- Actively participated in community events for Teen Dating Violence Awareness Month, advocating for prevention funding and raising awareness.

Pete Caldwell, pcaldwell@wecarechildren.org

2191 Kirker Pass Road, Concord, CA 94521 (925) 671-0777, <https://www.wecarechildren.org/>

GENERAL DESCRIPTION OF THE ORGANIZATION

We Care Services for Children was founded 62 years ago in Contra Costa County, California, by parents of children with developmental and cognitive disabilities in response to a lack of appropriate services in their community. These parents understood the unique and complex needs of at-risk children and forged an agency that has since evolved to address a wide range of developmental and mental health concerns – all while keeping focus on each family and its specific strengths. Today, We Care supports the unique mental health, developmental, and educational needs of disadvantaged children up to age 5 through an array of effective, research-based therapies. Embedded in We Care's programs are developmentally, linguistically, and culturally appropriate activities helping provide each child with the best possible start to his or her life.

PROGRAM: EVERYDAY MOMENTS/LOS MOMENTOS COTIDIANOS

- a. Scope of Services: The *Everyday Moments/Los Momentos Cotidianos* programming for families with children ages 0-5 includes three components: 1) Family Engagement and Outreach; 2) Early Childhood Mental Health Home-Based Support; and 3) Parent Education and Empowerment, as described below:

Component 1: Family Engagement and Outreach. First 5 Contra Costa will develop family engagement and outreach to promote the *Los Momentos Cotidianos/Everyday Moments* programming, and to recruit families to Everyday Moments opportunities (as described below in Components 2 and 3) by tapping the power of word-of-mouth and trusted community supports.

The First 5 communications team will develop marketing assets, including a flyer, a texting template, and other materials as needed, with messaging that emphasizes the importance and empowering the role parents play in their children's social-emotional development, and that reaching out and collaborating with service providers are strengths rather than weaknesses. This messaging will help reduce stigma and foster understanding that early childhood mental health can be about healthy child development in the context of everyday relationships with trusted caregivers. First 5 will share these assets with its community contacts and networks, and ECPIK members and partners will reach out to their community contacts as well. ECPIK members will conduct collaboration with community providers such as pediatricians and public health nurses and reach out to families through community "hubs" such as the First 5 Centers and primary care clinics as well as through Family Partners and Peer Supports, faith-based organization, and other trusted community supports.

Component 2: Early Childhood Mental Health Home-Based Support. This component, *Everyday Moments/Los Momentos Cotidianos* Home-Based Support, will provide trauma-informed care and education to support families, guardians and caregivers in their home or community environments. Home-Based Support will provide a means for caregivers to learn about Early Childhood Mental Health and the social-emotional development of babies and young children, discuss intergenerational trauma as pertinent, and to try out community defined, culturally sensitive practices in support of their babies and young children. This component will focus on working with a lens of empathy and understanding, allowing for shared space with the parent/caregiver in support of healthy brain and mental health development for children ages 0-5.

Services will be provided in multiple languages, using culturally relevant supports wherever feasible. Applicable requirements and procedures established by the Health Insurance Portability and Accountability Act (HIPAA) will be carefully observed. Services in this Component will be provided by ECMHP in West, We Care in Central, and Lynn Center

in East County.

“Meeting the child and family where they are,” in home and community settings and/or at home via telehealth during the covid crisis, Home-Based Support will provide non-didactic developmental guidance and encouragement to caregivers as they are engaging with their child in their home environment during “everyday moments” of interaction. Caregivers will be supported to use these sessions to share about their emotional experiences associated with caregiving, think about how to support their young child’s healthy development, and practice new skills and approaches with their little ones with the guidance of a trauma-informed Early Childhood Mental Health provider. This approach will enable an individualized, trauma-informed, and culturally sensitive delivery of caregiver support services and reinforcement of protective factors to support early childhood social-emotional development and resilience.

Families who participate in *Los Momentos Cotidianos/Everyday Moments*

Home-Based Support will each receive a Welcome Bag with activities for parents and children to participate in, related to the programming (provided to families at the first session), and a graduation certificate and gift card (provided to families who attend all 10 sessions). If more than 99 families request to participate in the program, the three agencies will provide all families above that number with a packet of psychoeducational materials about how caregivers can support their children’s social-emotional development and mental health in everyday moments of interaction, in either English or Spanish, and offer referral to the suite of early childhood mental health services offered by each agency.

Component 3: Parenthood Education and Empowerment Component. This component, the *Everyday Moments/Los Momentos Cotidianos* Parent Groups/Grupos de Padres will provide non-pathologizing opportunities for parents/caregivers to gather (or via video during the covid crisis) around topical subjects related to parenting babies and young children. The groups will provide trauma-informed education and peer support opportunities to support families, guardians and caregivers to learn about Early Childhood Mental Health and social-emotional development, to be empowered in their caregiving role alongside their parent peers in the community, and to learn about protective factors that will strengthen their children’s resilience.

This component will provide services in multiple languages and use culturally relevant supports wherever feasible. Recognizing that caregivers have very full plates, a core piece of Component 3 will be acknowledging the time and energy it takes to participate in the Parent Groups/Grupos de Padres, so we will be providing meal vouchers to all parents who attend as an incentive and thank you. The groups will be limited to 10 attendees per group to facilitate group interaction and will be conducted in person at the C.O.P.E. Family Support Center, or via online video during the Covid-19 crisis.

The Parent Groups/Grupos de Padres component will be based on one of the group intervention models (Discussion Groups) within the Triple P - Positive Parenting Program System which helps parents learn strategies to promote social competence and self-regulation in children as well as decrease problem behavior. Parents set personal goals, develop their own parenting plans, and learn to use positive parenting strategies to encourage children to learn the skills and competencies they need. The Parent Groups/Grupos de Padres sessions cover commonly encountered problems such as disobedience, fighting and aggression, and managing situations such as shopping with children and bedtime. Parents are actively involved throughout the 1.5 - 2-hour small group format discussions and are encouraged to independently implement parenting plans generated during each session and apply new parenting skills to other problems that may arise.

b. Target Population: Families with children ages 0-5

c. Payment Limit: FY 25-26: \$146,218

d. Number served: FY 21-22: 234; FY 23-24: 333

e. Outcomes FY 23-24:

- We Care, C.O.P.E., First 5, Early Childhood, and Lynn Center completed all provisions of the 2023-24 contract, and

worked together well as part of an Early Childhood Mental Health collaborative.

- Program activities were provided by staff who were trained and accredited in various levels of Triple P (Parent Groups) and dyadic intervention (Home-Based Support), with careful attention to quality of service.
- Family Engagement & Outreach Goal: Recruit minimum number of 299 parents
 - Actual: 420 parents were recruited; 4400 were contacted.
- Family Engagement & Outreach Goal: Recruit 200 parents for Parent Groups
 - Actual: 388 parents were recruited; 190 participated
- Family Engagement & Outreach Goal: Recruit 99 parents for Home-Based Services
 - Actual: 32 parents were recruited; 22 participated
- Parent Groups Goal: Contractor will provide evidence-based Triple P Positive Parenting Program seminar classes 2 X per month with a maximum attendance of 10 parents per group (maximum 200 participants)
 - Actual: 388 parents were recruited; 190 participated in Parent Groups held by zoom 2 X per month. Groups were provided in English and Spanish in East, West, and Central regions of the County.
- Parent Groups Goal: The Parent Groups will have a positive effect on participating caregivers' self-report of positive parenting practices. 80% of participating parents will report an improvement in positive parenting practices.
 - Actual: 95.5% Intend to use or follow the parenting advice received; 90% learned what to do to help their child gain new skills and improved behavior; 86% Obtained information about questions they had about parenting.
- Home-Based Support Goal: Contractor will provide Home-Based Support services for up to 10 sessions per family (maximum 99 participants)
 - Actual: 32 parents were recruited; 22 participated in Home-Based Services offered in English and Spanish in East, West, and Central regions of the County, with an average number of 4.95 sessions requested by parents. 15% of parents requested the full 10 sessions of services. A total of 109 Home-Based Support sessions were provided to caregiver-child dyads during the reporting period.
- Home-Based Support Goal: The Home-Based Support will have a positive effect on participating caregivers' parenting self-efficacy beliefs and perceptions of their child's behaviors. 80% of participating parents will report improvements in parenting self-efficacy beliefs and perception of child's behaviors.
 - Actual: For 97% of participants, caregivers' parenting self-efficacy beliefs improved (more confident), and for 89% of participants, perception of their child's behaviors improved (behavior perceived as more positive and less negative).
- Collaborated effectively as part of an Early Childhood Mental Health collaborative, completing all provisions of the contract.
- Provided program activities through staff trained in Triple P Parent Groups and Home-Based Support, emphasizing quality service.
- Exceeded goals in Family Engagement & Outreach, recruiting 322 parents and contacting thousands, surpassing the recruitment target of 299 parents.
- Conducted 25 Community Groups in English and Spanish, with 219 parents participating, learning strategies to aid their child's development and behavior improvement.
- Achieved high engagement in Parent Groups, with 248 parents recruited and 219 participating, significantly exceeding the goal of 200 parents for Parent Groups.
- Parent Groups reported positive impacts, with 89% of participating parents intending to use or follow the advice received and noting improved positive parenting practices.
- Delivered Home-Based Support to 57 families, offering services in English and Spanish across the county, with 99% of parents reporting increased confidence in their parenting.
- Maintained a focus on cultural competency, with diverse staff and training in cultural awareness, diversity, equity, inclusion, and belonging.

- Ensured integrity and confidentiality of data and records in compliance with HIPAA and county behavioral health guidelines.
- Overall, the program reflected MHSA values by providing integrated, community-based, culturally responsive services to promote wellness, recovery, and resiliency among traditionally underserved populations.

WORKFORCE EDUCATION AND TRAINING (WET)

FAMILIAS UNIDAS (FORMERLY DESARROLLO FAMILIAR, INC.)

205 39th Street, Richmond, CA 94805, <http://www.familias-unidas.org/>

Point of Contact: Lorena Huerta, Executive Director, (510) 412-5930, LHuerta@Familias-Unidas.org.

GENERAL DESCRIPTION OF THE ORGANIZATION

Familias Unidas exists to improve wellness and self-sufficiency in Latino and other communities. The agency accomplishes this by delivering quality mental health counseling, service advocacy, and information/referral services. Familias Unidas programs include mental health, education and prevention, and information/referrals.

PROGRAM: FAMILIAS UNIDAS – CBO INTERNSHIP PROGRAM

- a. Scope of Services: Develop, recruit, train, and supervise intern(s) which reflect the various communities, cultures and language capacity of clients served by the agency. Internships should be directed towards graduate-level interns pursuing a degree in a behavioral health related field.
- b. Target Population: Graduate level interns pursuing a degree in a behavioral health related field.
- c. Payment Limit FY 25-26: \$63,450
- d. Outcomes For FY 23-24:
 - Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
 - Supported six interns averaging 19.5 internship hours per week.
 - All six interns had language capacity to support the program in Spanish.
 - Interns supported agency and families through play therapy, building social skills, group interventions, parenting and relationship skills, and self-care.

HOPE SOLUTIONS (FORMERLY CONTRA COSTA INTERFAITH HOUSING)

Contact Information: 399 Taylor Blvd. Ste. 115, Pleasant Hill, CA, 94530, <https://www.hopesolutions.org>

Point of Contact: Sara Marsh, (925) 944-2244, smarsh@hopesolutions.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Hope Solutions provides permanent, affordable housing and vital, on-site support services to homeless and at-risk families and individuals in Contra Costa County. By providing services on-site at the housing programs where individuals and families live, we maximize timeliness and access to services. This model also minimizes the discriminatory barriers to support, due to lack of transportation or other resources.

PROGRAM: HOPE SOLUTIONS – CBO INTERNSHIP PROGRAM

- a. Scope of Services: Develop, recruit, train, and supervise intern(s) which reflect the various communities, cultures and language capacity of clients served by the agency. Internships should be directed towards graduate-level interns pursuing a degree in a behavioral health related field.
- b. Target Population: Graduate level interns pursuing a degree in a behavioral health related field.
- c. Payment Limit FY 25-26: \$75,000
- d. Outcomes For FY 23-24:
 - Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
 - Supported three interns averaging between 20 internship hours per week.
 - Interns supported agency and families through art, movement and play therapies, building social skills, group interventions, conflict resolution skills, parenting and relationship skills, and self-care.

JAMES MOREHOUSE PROJECT (FISCAL SPONSOR OF WEST CONTRA COSTA PUBLIC EDUCATION FUND)

540 Ashbury Avenue, El Cerrito, CA 94530, <http://www.jamesmorehouseproject.org/>

Point of Contact: Jenn Rader, (510) 231-1437, jenn@jmhops.org

GENERAL DESCRIPTION OF THE ORGANIZATION

The James Morehouse Project (JMP) works to create positive change within El Cerrito High School through health services, counseling, youth leadership projects and campus-wide school climate initiatives. Founded in 1999, the JMP assumes youth have the skills, values, and commitments to create change in their own lives and the life of the school community. The JMP partners with community and government agencies, local providers, and universities.

PROGRAM: JAMES MOREHOUSE PROJECT (JMP) – CBO INTERNSHIP PROGRAM

- a. Scope of Services: Develop, recruit, train, and supervise intern(s) which reflect the various communities, cultures and language capacity of clients served by the agency. Internships should be directed towards graduate-level interns pursuing a degree in a behavioral health related field.
- b. Target Population: Graduate level interns pursuing a degree in a behavioral health related field.
- c. Payment Limit FY 25-26: \$75,000
- d. Outcomes For FY 23-24:
 - Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
 - Supported ten interns averaging 21 internship hours per week.
 - Five interns had language capacity to support the program in Spanish
 - Two interns had language capacity to support the program in Mandarin.
 - One intern had language capacity to support the program in Portuguese.
 - Interns supported agency and youth, and parent/guardians through individual and group counseling.

LINCOLN

1266 14th Street, Oakland CA 94607, <http://lincolnfamilies.org/>

Point of Contact: Allison Staulcup Becwar, LCSW, President & CEO, (510) 867-0944, allisonbecwar@lincolnfamilies.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Lincoln was founded in 1883 as the region's first volunteer-run, non-sectarian, and fully integrated orphanage. As times and community needs evolved, Lincoln's commitment to vulnerable children remained strong. In 1951, Lincoln began serving abused, neglected and emotionally challenged children. Today, as a highly respected provider of youth and family services, Lincoln has a continuum of programs to serve children and families impacted by poverty and trauma throughout Alameda and Contra Costa Counties. Their therapeutic school and community-based services include early intervention to intensive programming and focus on family strengthening, educational achievement and youth positive outlook.

PROGRAM: LINCOLN – CBO INTERNSHIP PROGRAM

- a. Scope of Services: Develop, recruit, train, and supervise intern(s) which reflect the various communities, cultures and language capacity of clients served by the agency. Internships should be directed towards graduate-level interns pursuing a degree in a behavioral health related field.
- b. Target Population: Graduate level interns pursuing a degree in a behavioral health related field.
- c. Payment Limit FY 25-26: \$60,340
- d. Outcomes For FY 23-24:
 - Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
 - Supported four interns averaging 20 internship hours per week.
 - Interns supported agency, children youth, and parent/guardians.

NATIONAL ALLIANCE ON MENTAL ILLNESS CONTRA COSTA (NAMI CC)

2151 Salvio Street, Suite V, Concord, CA 94520, <http://www.namicontracosta.org/>
Point of Contact: Gigi Crowder, (925) 942-0767, Gigi@namicontracosta.org

GENERAL DESCRIPTION OF THE ORGANIZATION

NAMI CC has been assisting people affected by mental illness for over 30 years now. Services provide support, outreach, education, and advocacy to those affected by mental illness. NAMI's office is located in central Contra Costa County and the program has partnerships with other community and faith-based organizations throughout the county that allow them to utilize their space and meet with people in their communities.

PROGRAM: FAMILY VOLUNTEER SUPPORT NETWORK (FVSN)

NAMI CC will recruit, train and manage a network of volunteers with lived experience to support families and loved ones of people experiencing mental health issues. These volunteers will be an extended support network of resources, while assisting families in navigating the behavioral health system. This group of subject matter experts will help families gain a basic understanding of various mental health and substance abuse issues, learn to advocate for themselves or their loved one's needs and become a network to other families experiencing similar situations.

- a. Scope of Services: Operate a main site in the Central region of the county and utilize satellite sites to extend outreach to other regions for the purpose of conducting volunteer training, support groups, and other educational activities that will build and maintain a cadre of volunteers.
 - Continuously recruit volunteers from all county regions, communities, economic levels, age groups, cultures, race/ethnicities and sexual preferences
 - Partner with organizations who specifically prepare individuals for volunteer service in community, such as CCBHS's SPIRIT program.
 - Develop and maintain training curriculum as defined in Service Work Plan that prepares volunteers for their role in supporting family members and loved ones of persons experiencing mental health issues.
 - Establish partnerships with CCBHS and community and faith-based organizations; as well as ethnic and culturally specific agencies to coordinate family support efforts, assist CCBHS's connectivity with families of consumers, stay abreast and adapt to current and future needs. Key CCBHS partnerships include the Family Partner (Children's System of Care), Family Support Worker (Adult System of Care) Programs, and the Office for Consumer Empowerment.
- b. Target Population: Family members and care givers of individuals with lived mental health issues.
- c. Payment Limit FY 25-26: \$744,592
- d. Outcomes FY 23-24:
 - FVSN Goal: 200 volunteers to be recruited through the FVSN. Actual: 91 volunteers completed FVSN training.
 - FVSN Goal: Facilitate a total of six volunteer training modules (apart from English, at least one is Spanish, and one in a Chinese language). Actual: Three in English, One in Spanish, and Two in Mandarin provided.
 - FVSN module topics include; 1) Volunteer Orientation and history of NAMI CC, 2) Mental Health 101, 3) Crash Course - Navigating the Behavioral Health Care System in Contra Costa, 4) Better understanding of conservatorship and other legislation and Criminal Justice issues, and 5) Cultural Responsiveness, Ethics and Self-Care
 - Provide culturally specific outreach and support to the community

PROGRAM: FAMILY PSYCHO-EDUCATION PROGRAM (FAMILY TO FAMILY: SPANISH AND MANDARIN/ CANTONESE, FAITHNET, NAMI BASICS, AND CONVERSATIONS WITH LOCAL LAW ENFORCEMENT)

- a. Scope of Services: Family to Family is an evidence-based NAMI educational training program offered throughout the county in Spanish, Mandarin and Cantonese languages to family members and caregivers of individuals experiencing mental health challenges. This training is designed to support and increase a family member's/care giver's knowledge of mental health, its impact on the family, navigation of systems, connections to community resources, and coping

mechanisms. NAMI FaithNet is an interfaith resource network of NAMI members, friends, clergy and congregations of all faith traditions who wish to encourage faith communities to be welcoming and supportive of persons and families living with mental illness. NAMI Basics is aimed to give an overview about mental health, how best to support a loved one at home, at school and when in getting medical care. The course is taught by a trained team of individuals and loved ones with lived experience. Conversations with Local Law Enforcement will serve to support the dialogue between local law enforcement and consumers/families through CCBH's Crisis Intervention Training (CIT). NAMI CC will also host six other conversations in partnership with local law enforcement agencies throughout the County to enhance learning and dialogue between all groups in response to community concerns and mental health supports. The desired goal is to enhance information sharing and relationships between law enforcement and those affected by mental health.

- For De Familia-a-Familia (Spanish) and Family-to-Family (Mandarin/Cantonese) provide training program to help address the unique needs of the specified population, helping to serve Spanish, Mandarin and Cantonese speaking communities to help families develop coping skills to address challenges posed by mental health issues in the family, and develop skills to support the recovery of loved ones. Goal is to deliver six Family-to-Family (at least one in Spanish and Mandarin/Cantonese) trainings during fiscal year.
 - For NAMI Basics, provide instruction related to the mental health concepts, wellness and recovery principles, symptoms of mental health issues; as well as education on how mental illness and medications affect loved ones. Goal is to deliver four NAMI Basics (6) session trainings during fiscal year, with at least one in Spanish.
 - For the FaithNet program, implement a mental health spirituality curriculum targeting faith leaders and the faith-based communities in the County, who have congregants or loved ones with severe and persistent mental illness. The goals are to implement training to equip faith leaders to have a better understanding of mental health issues and their roles as first responders at times and replace misinformation about mental health diagnoses, treatment, medication, etc. with accurate information. Goal is to deliver Hold 4 FaithNet events during fiscal year.
 - Through Conversations with Local Law Enforcement dialogue between local law enforcement and consumers/families through CCBH's Crisis Intervention Training (CIT) will be supported throughout the County to enhance learning and dialogue between all groups in response to community concerns and mental health supports. The goal is to enhance information sharing and relationships between law enforcement and those affected by mental health. Create partnerships with CCBHS, local law enforcement agencies, community/faith-based organizations as well as ethnic and culturally specific agencies in order to coordinate family support efforts, ensure CCBHS connectivity with families of consumers, and stay abreast and be adaptive to current and future needs. Goal is to deliver six Conversations with Local Law Enforcement in partnership with local law enforcement agencies and individuals or families affected by mental health issues throughout the County to enhance learning and dialogue between all groups in response to community concerns and mental health supports.
 - All training will be augmented by utilizing sites, such as faith centers, community-based organizations, and community locations throughout the county on an as needed basis in order to enable access to diverse communities with the goal of reaching the broadest audiences.
 - All trainings will educate individuals on how to manage crises, solve problems, communicate effectively, learn the importance of self-care, and assist in developing confidence and stamina to provide support with compassion, and learn about the impact of mental illness on the family.
 - Feedback will inform decision making. Member participation surveys will be created, administered and collected on a regular basis. Information collected will be analyzed to adjust methods to better meet the needs of all involved. Surveys will gauge participant knowledge, and level of confidence and understanding of mental health, advocacy and the public mental health system.
- b. Target Population: Family members, care givers and loved ones of individuals with mental health challenges, as well as faith communities, local law enforcement, and the overall community who would like to learn more about supporting those with mental health challenges.
- c. Payment Limit FY 25-26: \$85,056

- d. Number served FY 23-24: It is estimated that about 200 individuals participated in training, workshops, and events through the FPEP program.
- e. Outcomes FY 23-24:
- Family-to-Family (English) Course: conducted five sessions of 8 weekly classes and graduated 64 individuals
 - De Familia-a-Familia (Spanish) Course: conducted three sessions of 8 weekly classes and graduated 37 individuals
 - Family-to-Family (Mandarin) Course: conducted one session of 8 weekly classes and graduated 25 individuals
 - NAMI Basics (English) Course: conducted two courses of 6 weekly classes and graduated 20 individuals.
 - NAMI Basics (Spanish) Course: conducted two courses of 6 weekly classes and graduated 17 individuals.
 - NAMI Basics (Mandarin) Course: conducted one course of 6 weekly classes and graduated 18 individuals.
 - FaithNet: Conducted seven events in fiscal year including 1) Statewide Mental Health and Spirituality Initiative's monthly Zoom Meetings, 2) Mental Health Awareness: Mental Health 101 Training, 3) Celebration of Asian Pacific Islander Heritage Month, 4) National Hispanic Heritage Month, 5) African American Black History Month, 6) Innovation Launch Event and, 7) the Annual Suicide Prevention Event titled "Knowing the Signs."
 - Conversation with Local Law Enforcement: Conducted eight events in fiscal year including two Crisis Intervention Trainings, one event with Bay Area Rapid Transit (BART), ongoing events with San Ramon Valley Fire Protection District (SRVFPD), and a community dialogue event with former Chief of Police for the City of Antioch.

OFFICE FOR PEER AND FAMILY EMPOWERMENT (OPFE) (CONTRA COSTA BEHAVIORAL HEALTH SERVICES)

1340 Arnold Drive, Suite 200, Martinez, CA 94553

Point of Contact: Jennifer Tuipulotu, (925) 957-5206, Jennifer.Tuipulotu@cchealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

The Office for Peer and Family Empowerment is a County operated program that supports the entire Behavioral Health System and offers a range of trainings and supports by and for individuals who have experience receiving behavioral health services. The goals are to increase access to wellness and empowerment knowledge for participants of the Behavioral Health System.

PROGRAM: MENTAL HEALTH CAREER PATHWAY PROGRAM

- a. Scope of Services: The Service Provider Individualized Recovery Intensive Training (SPIRIT) Program is a recovery-oriented peer led classroom and experientially based college accredited program that prepares individuals to become providers of service. Certification from this program is a requirement for many Community Support Worker positions in Contra Costa Behavioral Health. Staff provide instruction and administrative support and provide ongoing support to graduates.
- b. Target Population: Participants of public mental health services, their families and the general public.
- c. Total MHSA Funding for FY 25-26: \$520,336
- d. Staff: Five full-time equivalent staff positions.
- e. Outcomes FY 23-24:
 - Approximate number of students enrolled in 2024: 60
 - Number of students graduated 2024: 45
 - Number of students which completed SPIRIT in 2024: 45
 - All graduates received a certificate of completion that is accepted as the minimum qualifications necessary for employment within CCBHS in the classification of Community Support Worker.
 - Graduates learned peer provider skills, group facilitation, Wellness Recovery Action Plan (WRAP) development, wellness self-management strategies and other skills needed to gain employment in peer provider and family partner positions in both County operated and community-based organizations.
 - Monthly peer support groups were offered virtually and continue to be made available for peers employed by the County in various peer and family partner roles.
 - SPIRIT students are provided an internship in a behavioral health program, either through CCBHS, or through a contracted community-based agency, as part of the course.
 - All SPIRIT graduates are provided support and assistance with placement and advancement consistent with their career aspirations.

OLDER ADULT MENTAL HEALTH (CONTRA COSTA BEHAVIORAL HEALTH SERVICES)

2425 Bisso Lane, Suite 100, Concord, CA 94520, <https://cchealth.org/mentalhealth/#simpleContained4>

Point of Contact: Heather Sweeten-Healy, (925)-521-5620, Heather.Sweeten-Healy@cchealth.org or Ellie Shirgul, (925)-521-5620, Ellen.Shirgul@cchealth.org

GENERAL DESCRIPTION OF THE ORGANIZATION

The Older Adult Mental Health Clinic is in the Adult System of Care and provides mental health services to Contra Costa's senior citizens, including preventive care, linkage and outreach to under-served at risk communities, problem solving short-term therapy, and intensive care management for severely mentally ill individuals.

PROGRAM: SENIOR PEER COUNSELING

This program reaches out to isolated and mildly depressed older adults in their home environments and links them to appropriate community resources in a culturally competent manner. Services are provided by Senior Peer Volunteers, who are trained and supervised by the Senior Peer Counseling Coordinators. The Latino Senior Peer Counseling Program is recognized as a resource for this underserved population. This program serves older adults ages 60 and older who are experiencing aging issues such as grief and loss, multiple health problems, loneliness, depression and isolation. Primary goals of this program are to prevent more severe psychiatric symptoms and loss of independence, reduce stigma related to seeking mental health services, and increase access to counseling services to this underserved population.

- a. Target Population: Older Adults ages 60 years and older experiencing serious mental illness or at risk for developing a serious mental illness.
- b. Total MHSA Funding for FY 25-26: \$159,324
- c. Staff: One Full time equivalent staff person oversees the program.
- d. Number served FY 23-24: Senior Peer Counseling (SPC) program trained and supported 23 volunteers (17 English speaking volunteers, and 6 Spanish speaking volunteers) and served 108 clients which included 83 English speaking clients and 25 Spanish speaking clients at various sites in the community. Additionally, 23 clients were served via Friendship Circles.
- e. Outcomes FY 23-24:
 - Train and support senior peer volunteers.
 - Administer the Depression Anxiety Stress Scales (DASS) at intake, and at the end of counseling to assess levels of anxiety and depression.
 - Provide Friendship Circles offered at Antioch Senior Center and Plaza Tower Retirement Community in Concord.

SENECA FAMILY OF AGENCIES

3200 Clayton Road, Concord, CA, 94519, <http://www.senecafoa.org/>

Point of Contact: Jennifer Blanza, Program Director (415) 238-9945, jennifer_blanza@senecacenter.org

GENERAL DESCRIPTION OF THE ORGANIZATION

Seneca Family of Agencies is a leading innovator in the field of community-based and family-based service options for emotionally troubled children and their families. With a continuum of care ranging from intensive crisis intervention to in-home wraparound services, to public school-based services, Seneca is one of the premier children's mental health agencies in Northern California.

PROGRAM: SENECA – CBO INTERNSHIP PROGRAM

- a. Scope of Services: Develop, recruit, train, and supervise intern(s) which reflect the various communities, cultures and language capacity of clients served by the agency. Internships should be directed towards graduate-level interns pursuing a degree in a behavioral health related field.
- b. Target Population: Graduate level interns pursuing a degree in a behavioral health related field.
- c. Payment Limit FY 25-26: \$75,000
- d. Outcomes For FY 23-24:
 - Supported training, education and supervision of individuals preparing to enter the public behavioral health workforce
 - Supported six interns averaging 20 internship hours per week.
 - Interns supported agency, children and parent/guardians through individual and family therapy, facilitating groups, linkage and advocacy.

Appendix C - Glossary

AB 1421 or Laura's Law - Assembly Bill 1421. Enacted in 2002, to create an assisted outpatient treatment program for any person who is suffering from a mental disorder and meets certain criteria. The program operates in counties that choose to provide the services. Adoption of this law enables a court, upon a verified petition to the court, to order a person to obtain and participate in assisted outpatient treatment. The bill provides that if the person who is the subject of the petition fails to comply with outpatient treatment, despite efforts to solicit compliance, a licensed mental health treatment provider may request that the person be placed under a 72-hour hold, based on an involuntary commitment. The law would be operative in those counties in which the county board of supervisors, by resolution, authorized its application and made a finding that no voluntary mental health program serving adults, and no children's mental health program, would be reduced as a result of the implementation of the law.

ACT - Assertive Community Treatment. An intensive and highly integrated approach for community mental health service delivery. It is an outpatient treatment for individuals whose symptoms of mental illness result in serious functioning difficulties in several major areas of life, often including work, social relationships, residential independence, money management, and physical health and wellness. Its mission to promote the participants' independence, rehabilitation, and recovery, and in so doing to prevent homelessness, unnecessary hospitalization, and other negative outcomes. It emphasizes out of the office interventions, a low participant to staff ratio, a coordinated team approach, and typically involves a psychiatrist, mental health clinician, nurse, peer provider, and other rehabilitation professionals.

ADA - Americans with Disabilities Act. Prohibits discrimination against people with disabilities in several areas, including employment, transportation, public accommodations, communications and access to state and local government programs and services.

AOD – Alcohol and Other Drugs. It is an office like Mental Health that is part of the division of Behavioral Health Services. Behavioral Health Services is under the Health Services Department.

AOT - Assisted Outpatient Treatment. A civil court ordered mental health treatment for people demonstrating resistance to participating in services. Treatment is modeled after assertive community treatment, which is the delivery of mobile, community-based care by multidisciplinary teams of highly trained mental health professionals with staff-to-client ratios of not more than one to ten, and additional services, as specified, for adults with the most persistent and severe mental illness. AOT involves a service and delivery process that has a clearly designated personal services coordinator who is responsible for providing or assuring needed services. These include complete assessment of the client's needs, development with the client of a personal services plan, outreach and consultation with the family and other significant persons, linkage with all appropriate community services, monitoring of the quality and follow through of services, and necessary advocacy to ensure each client receives those services which are agreed to in the personal services plan. AOT is cited under AB 1421 or Laura's Law.

APA - American Psychological Association. The mission of the APA is to promote the advancement, communication, and application of psychological science and knowledge to benefit society and improve lives.

BHB - Behavioral Health Board. A group of individuals, often with lived experience as a consumer and/or family member of a consumer, who are appointed as representatives of the County's Board of Supervisors to provide 1) oversight and monitoring of the County's behavioral health system, 2) advocacy for persons with serious mental illness and/or substance use issues, and 3) advise the Board of Supervisors.

BHS - Behavioral Health Services. A division under Contra Costa Health Services, which provides Mental Health and Alcohol and Other Drug Services (AODS).

BHSA – Behavioral Health Services Act. Act that was passed in 2024 and will transform what was formerly known as the Mental Health Services Act into the BHSA.

BHSOAC – Behavioral Health Services Oversight and Accountability Commission (formerly MHSOAC - Mental Health Services Oversight and Accountability Commission). Established to provide state oversight of BHSA (previously MHSA) programs and expenditures. Responsible for reviewing and approving each county's Innovation programs, expenditures and evaluation.

Board and Care - Augmented. A facility licensed by the State that contracts with Contra Costa Behavioral Health Services (CCBHS) to provide a therapeutic home-like environment where residents can gain independence and skills through various wellness activities. Persons who experience severe and persistent mental illness are eligible.

BOS - Board of Supervisors. Elected body that is responsible for; 1) appointing most County department heads (except elected officials), and appointment of all other County employees, 2) providing for the compensation of all County officials and employees, 3) creating officers, boards and commissions as needed, appointing members and establishing the terms of office, 4) awarding all contracts except those that are within the authority delegated to the County Purchasing Agent, 5) adopting an annual budget, 6) sponsoring an annual audit made of all County accounts, books, and records, 7) supervising the operations of departments and exercising executive and administrative authority through the County government and County Administrator 8) serving as the appellate body for Planning and Zoning issues, 9) serving as the County Board of Equalization (the Board has created an Assessment Appeals Board to perform this function

Brown Act. Established in 1953; ensures the public's right to attend and participate in meetings of local legislative bodies. It declares that the California public commissions, boards and councils and the other public agencies in this state exist to aid in the conduct of the people's business. Actions should be taken openly, and their deliberations be conducted openly. The people should remain informed so that they may retain control over the instruments they have created. The Brown Act has been interpreted to apply to email communication as well.

CalMHSA - California Mental Health Services Authority. The mission of CalMHSA is to provide member counties a flexible, efficient, and effective administrative/fiscal structure focused on collaborative partnerships and pooling efforts in 1) development and implementation of common strategies and programs, 2) fiscal integrity, protections, and management of collective risk, 3) accountability at state, regional, and local levels.

CAO - County Administrator's Officer. The County Administrator's Office is responsible for; 1) staffing the Board of Supervisors and Board committees, 2) overseeing implementation of Board directives, 3) planning, monitoring, and overseeing County operations, 4) ensuring that Board policies are carried out in the most efficient, cost-effective, and service oriented manner, 5) supervising appointed Department Heads and performing general administrative duties, 6) preparing the annual budget, 7) administering the County's labor management relations program, including managing the collective bargaining process, grievance investigations, providing training and counseling to managers and employees, as well as problem resolution

Case Management. Refers to a service in which a mental health clinician develops and implements a treatment plan with a consumer. This treatment plan contains a diagnosis, level of severity, agreed upon goals, and actions by the consumer, the case manager, and other service providers to reach those goals. The mental health clinician provides therapy and additionally takes responsibility for the delivery and/or coordination of both mental and rehabilitation services that assist the consumer reach his/her goals.

CBHDA – California Behavioral Health Director's Association. A non-profit advocacy association representing the behavioral health directors from each of California's 58 counties, as well as two cities (Berkeley and Tri-City). Through advocacy, lobbying and education efforts, CBHDA promotes the reduction of individual and community problems related to unaddressed behavioral health issues. CBHDA regularly brings together behavioral health professionals to discuss ways to inform public policy and improve the delivery of behavioral health services.

CBO - Community Based Organization. An agency or organization based in the community that is often a non-profit.

CCBHS - Contra Costa Behavioral Health Services. One of 58 counties, the City of Berkeley, and the Tri-Cities area East of Los Angeles are legislatively empowered to engage in a contract, or Mental Health Plan, with the state to perform public mental health services. This enables Contra Costa County to utilize federal, state, county and private funding for these mental health services. The Mental Health Services Act is one source of state funding. CCBHS is divided into a Children's System of Care and an Adult and Older Adult System of Care.

CFO - Chief Financial Officer. Abbreviation used to describe term.

CF/TN - Capital Facilities/Information Technology. One of five components of the MHSA. This component enables a county to utilize MHSA funds for one-time construction projects and/or installation or upgrading of electronic health record systems.

CHHS – California Health and Human Services Agency. The agency which oversees twelve departments, and five offices provides a range of health care services, social services, mental health services, alcohol and drug services, income assistance, and public health services to Californians. More than 33,000 people work for departments in CHHS at state headquarters in Sacramento, regional offices throughout the state, state institutions and residential facilities serving the mentally ill and people with developmental disabilities.

CIBHS - California Institute for Behavioral Health Solutions. A non-profit agency that helps health professionals, agencies and funders improve the lives of people with mental health and

substance use challenges through policy, training, evaluation, technical assistance, and research.

Clinical Specialist. In the context of this document, refers to a licensed or registered intern in the specialties of social work, marriage and family therapy, psychology, psychiatric nurse practitioner, licensed professional clinical counselor, or psychiatrist. A Clinical Specialist is capable of signing a mental health consumer's treatment plan that can enable the County to bill Medi-Cal for part of the cost to deliver the service.

Clubhouse Model. A comprehensive program of support and opportunities for people with severe and persistent mental illness. In contrast to traditional day-treatment and other day program models, Clubhouse participants are called "members" (as opposed to consumers, patients, or clients) and restorative activities focus on their strengths and abilities, not their illness. The Clubhouse is unique in that it is not a clinical program, meaning there are no therapists or psychiatrists on staff. All participation in a clubhouse is strictly on a voluntary basis. Members and staff work side-by-side as partners to manage all the operations of the Clubhouse, providing an opportunity for members to contribute in significant and meaningful ways. A Clubhouse is a place where people can belong as contributing adults, rather than passing their time as patients who need to be treated. The Clubhouse Model seeks to demonstrate that people with mental illness can successfully live productive lives and work in the community, regardless of the nature or severity of their mental illness.

COLA - Cost of Living Adjustment. Abbreviation used to describe the term.

Community Forum. In this context a community forum is a planned group activity where consumers, family members, service providers, and representatives of community, cultural groups or other entities are invited to provide input on a topic or set of issues relevant to planning, implementing or evaluating public services.

Conservatorship. A court proceeding where a judge appoints a responsible person (called a conservator) to care for another adult who cannot care for him/herself or his/her finances.

Consumer. In this context consumers refer to individuals and their families who receive behavioral health services from the County, contract partners, or private providers. Consumers are also referred to as clients, patients, participants or members.

Co-Occurring Disorders or Dual Diagnosis. Refers to more than one behavioral and/or medical health disorder that an individual can experience and present for care and treatment. Common examples are an individual with a substance abuse disorder coupled with a mental health diagnosis, or a developmental disability, such as autism, coupled with a thought disorder.

CPPP - Community Program Planning Process. Term used in regulations pertaining to the Mental Health Services Act. It means the process to be used by the County to develop Three-Year Expenditure Plans, and updates in partnership with stakeholders to 1) identify community issues related to mental illness resulting from lack of community services and supports, including any issues identified during the implementation of the Mental Health Services Act, 2) Analyze the mental health needs in the community, and 3) identify and re-evaluate priorities and strategies to meet those mental health needs.

CSS - Community Services and Supports. Largest of the five components funded by the MHSA. It refers to behavioral health service delivery systems for children and youth, transition age youth, adults, and older adults. Within this category are full-service partnerships, general system development, outreach and engagement, and housing programs.

CSW – Community Support Worker. Peer Provider in Contra Costa County public behavioral health system.

CTYA – Children’s, Teens, and Young Adults. Abbreviation used to describe term.

Cultural Humility. A process of self-reflection and discovery in order to build honest and trustworthy relationships. In this context, refers to a process that can address health disparities and social inequities among racial/ethnic, cultural, and linguistic populations or communities.

DHCS - Department of Health Care Services. The mission of DHCS is to provide Californians with access to affordable, integrated, high-quality health care, including medical, dental, mental health, substance use treatment services and long-term care. Our vision is to preserve and improve the overall health and well-being of all Californians.

DSM IV - Diagnostic and Statistical Manual of Mental Disorders Fifth Edition. The handbook is used by health care professionals to diagnosis mental disorders. *DSM* contains descriptions, symptoms, and other criteria for diagnosing mental disorders.

Dual Diagnosis. See **Co-Occurring Disorders**.

Employment or Vocational Services. A continuum of services and supports designed to enable individuals to get and keep a job. It includes 1) pre-vocational services, such as removing barriers to employment, 2) employment preparation, to include career counseling and education, training and volunteer activity support, 3) job placement, to include job seeking, placement assistance and on-the-job training, and 4) job retention, to include supported employment.

EPIC System. A nationwide computer software company that offers an integrated suite of health care software centered on a database. Their applications support functions related to patient care, including registration and scheduling; clinical systems for doctors, nurses, emergency personnel, and other care providers; systems for lab technicians, pharmacists, and radiologists; and billing systems for insurers.

EPSDT - Early and Periodic Screening, Diagnosis and Treatment. A federally mandated specialty mental health program that provides comprehensive and preventative services to low-income children and adolescents that are also involved with Children and Family Services.

Evidence Based Practices. This term refers to treatment practices that follow a prescribed method that has been shown to be effective by the best available evidence. This evidence is comprised of research findings derived from the systematic collection of data through observation and experiment, and the formulation of questions and testing of hypotheses.

Family Partners. Also referred to as Parent Partners, this professional brings lived experience as a family member of an individual with a serious mental illness to their provision of services.

They often participate as a member of a multi-disciplinary team providing mental health treatment, and assist families understand, acquire and navigate the various services and resources needed. In Contra Costa County, Family or Parent Partners have a job classification of Community Support Worker.

Federal Poverty Level. This is a total household income amount that the federal government provides an annual guideline that defines whether individuals are living above or below the poverty level.

5150. Refers to the Welfare and Institutions Code of California for the temporary, involuntary psychiatric commitment of individuals who present a danger to themselves or others due to signs of mental illness.

FY- Fiscal Year. A fiscal year is a specified 12-month period used for accounting and reporting purposes. In Contra Costa County, the fiscal year runs from July 1st of one year to June 30th of the next year.

Focus Groups. In this context, refers to a small group (usually 8-15) of individuals to provide input, advice and counsel on practices, policies or proposed rulemaking on matters that affect them. Often these individuals are grouped by similar demographics or characteristics in order to provide clarity on a particular perspective.

Forensics. In this context, refers to the term used for individuals involved in the legal court system with mental health issues.

4C. Term used to refer to Psychiatric Ward of Contra Costa County Regional Medical Center.

FSP - Full-Service Partnership. A term created by the MHSA as a means to require funding from the Act to be used in a certain manner for individuals with serious mental illness. Required features of full-service partnerships are that there be a written agreement, or individual services and supports plan, entered into with the client, and when appropriate, the client's family.

This plan may include the full spectrum of community services necessary to attain mutually agreed upon goals. The full spectrum of community services consists of, but is not limited to, mental health treatment, peer support, supportive services to assist the client, and when appropriate the client's family, in obtaining and maintaining employment, housing, and/or education, wellness centers, culturally specific treatment approaches, crisis intervention/stabilization services, and family education services.

Also included are non-mental health services and supports, to include food, clothing, housing, cost of health care and co-occurring disorder treatment, respite care, and wrap-around services to children. The County shall designate a personal service coordinator or case manager for each client to be the single point of responsibility for services and supports and provide a qualified individual to be available to respond to the client/family 24 hours a day, seven days a week.

The Full-Service Partnership category is part of the Community Services and Supports (CSS) component of the MHSA. At least 50% of the funding for CSS is to go toward supporting the County's full-service partnership category.

General System Development. A term created by the MHSA and referred to a category of services funded in the Community Services and Supports component, and are similar to those services provided by community public mental health programs authorized in the Welfare and Institutions Code. MHSA funded services contained in the general system development category are designed to improve and supplement the county behavioral health service delivery system for all clients and their families.

Greater Bay Area Regional Partnership. Regional partnership means a group of County approved individuals and/or organizations within geographic proximity that acts as an employment and education resource for the public mental health system. These individuals and/or organizations may be county staff, behavioral health service providers, clients, clients' family members, and any individuals and/or organizations that have an interest in developing and supporting the workforce of the public mental health system. The Greater Bay Area Regional Partnership refers to an ongoing effort of individuals and/or organizations from the twelve county greater California bay area regions.

Health Care Access and Information (HCAI) (formerly Office of Statewide Health Planning and Development (OSHPD)). A state department that assists California improves the structure and function of its healthcare delivery systems and promotes healthcare accessibility. HCAI is the state entity responsible for the implementation of various MHSA state level funded workforce education and training programs, such as the mental health loan assumption program, psychiatric residency programs, and several graduate stipend and internship programs.

H3 – Health, Housing and Homeless Services Division. The Division under Health Services that partners with Behavioral Health Services and focuses on the integration of housing and homeless services across this County's health system. It coordinates health and homeless services across county and in the community; and works with key partners to develop strategies to address the community's health and social needs.

HIPAA - Health Information Portability and Accountability Act. Enacted into law in 1996 and provides the following: 1) the ability to transfer and continue health insurance coverage for millions of American workers and their families when they change or lose their jobs, 2) reduce health care fraud and abuse, 3) mandates industry-wide standards for health care information on electronic billing and other processes, and 4) requires the protection and confidential handling of protected health information

HPSA - Health Professional Shortage Area. A geographic area, population, or facility with a shortage of primary care, dental, or mental health providers and services. The Health Resources and Services Administration (HRSA) and State Primary Care Offices (PCOs) work together using public, private, and state-provided data to determine when such a shortage qualifies for designation as a HPSA.

HSD - Health Services Department. The largest department of County government. The mission of HSD is to care for and improve the health of all people in Contra Costa County with special attention to those who are most vulnerable to health problems. Behavioral Health Services is one of the nine divisions under HSD.

IMD – Institution for Mental Disease. Facility established and maintained primarily for the care

and treatment of individuals with serious mental illness. General criteria include: 1) licensed or accredited as a psychiatric facility; 2) under the jurisdiction of the state's mental health authority; 3) specializes in providing psychiatric care and treatment.

IMPACT - Improving Mood Providing Access to Collaborative Treatment. Evidence based mental health treatment for depression utilized specifically for older adults and provided in a primary care setting where older adults are concurrently receiving medical care for physical health problems. Up to twelve sessions of problem-solving therapy with a year follow up is provided by a licensed clinical therapist, with supervision and support from a psychiatrist who specializes in older adults. The psychiatrist assesses for, and monitors medications as needed, and both the clinician and psychiatrist work in collaboration with the primary care physician.

INN - Innovation. A component of the MHSA that funds new or different patterns of service that contribute to informing the behavioral health system of care as to best or promising practices that may be subsequently added or incorporated into the system. These innovative programs accomplish one or more of the following objectives; 1) increase access to underserved groups, 2) increase the quality of services, to include better outcomes, 3) promote interagency collaboration, and 4) increase access to services. All new Innovation programs shall be reviewed and approved by the Mental Health Services Oversight and Accountability Commission. The Act states that five per cent of a County's revenues shall go for Innovation.

Laura's Law. See AB 1421.

LCSW - Licensed Clinical Social Worker. Abbreviation used to describe term. See **Clinical Specialist**.

LGBTQI - Lesbian, Gay, Bi-sexual, Transgender, Queer, Intersex. Abbreviation used to describe this community.

Licensed Clinical Specialist. In this context, refers to the term a County civil service classification that denotes a person meeting minimum mental health provider qualifications, to include possessing a license to practice mental health treatment by the California Board of Behavioral Sciences (BBS). An intern registered by BBS also qualifies. A licensed clinical specialist or registered intern can sign mental health treatment plans that qualify for federal financial participation through the Medi-Cal program.

LMFT - Licensed Marriage Family Therapist. Abbreviation used to describe term. See **Clinical Specialist**.

LPS – Lanterman Petris Short Act. Established in 1967, codified California Welfare and Institutions Code 5000, the act was named for its co-authors — Assembly member Frank Lanterman and Senators Nicholas C. Petris and Alan Short. The intent of the LPS Act is to end inappropriate lifetime commitment of people with mental illness and firmly establish the right to due process in the commitment process while significantly reducing state institutional expense.

LRP - Loan Repayment Program. Abbreviation used to describe term.

MDFT - Multi-Dimensional Family Therapy. An evidence based comprehensive and multi-

systemic family-based outpatient or partial hospitalization program for adolescents with co-occurring substance use and mental disorders, and those at high risk for continued substance abuse. Treatment is delivered in a series of 12 to 16 weekly or twice weekly 60-to-90-minute sessions. Treatment focuses on the social interaction areas of parents and peers, the parents' parenting practices, parent-adolescent interactions in therapy, and communications between family members and key social systems, such as school and child welfare.

Medi-Cal. California's version of the federal Medi-Caid program, in which health and behavioral health care can be provided by public health entities to individuals who do not have the ability to pay the full cost of care, and who meet medical necessity requirements. The federal Medi-Caid program reimburses states approximately half of the cost, with the remainder of the cost provided by a variety of state and local funding streams, to include the MHSA.

Mental Health Career Pathway Program. Programs designed to educate, train, recruit prepare, and counsel individuals for entry into and advancement in jobs in the public mental health system. These programs are a category listed as part of the Workforce Education and Training (WET) component of the MHSA.

MHP - Mental Health Plan. An agreement each county has with the state detailing the services that are to be provided.

Mental Health Professional Shortage Designations. Term used by the federal Human Resource Services Administration (HRSA) to determine areas of the country where there is a verified shortage of mental health professionals. These geographical areas are then eligible to apply for a number of federal programs where financial incentives in recruiting and retention are applied to address the workforce shortage.

MH – Mental Health. Abbreviation used for term.

MHLAP - Mental Health Loan Assumption Program. A program that makes payments to an educational lending institution on behalf of an employee who has incurred debt while obtaining an education, provided the individual agrees to work in the public behavioral health system for a specified period of time and in a capacity that meets the employer's workforce needs. The MHLAP is funded by the MHSA in the Workforce Education and Training component.

MHSA - Mental Health Services Act or Proposition 63. Was voted into law by Californians in November 2004. This Act combines prevention services with a full range of integrated services to treat the whole person and promote wellness and recovery. The MHSA has five components; community services and supports, prevention and early intervention, innovation, workforce education and training, and capital facilities and technology. An additional one percent of state income tax is collected on incomes exceeding one million dollars and deposited into a Mental Health Services Fund. These funds are provided to the County based upon an agreed upon fair share formula.

MHSA AC – Mental Health Services Act Advisory Council (formerly CPAW - Consolidated Planning Advisory Workgroup). An ongoing advisory body appointed by the Contra Costa Mental Health Director that provides advice and counsel in the planning and evaluation of services funded by MHSA. It is also comprised of several sub-committees that focus on specific

areas. It is comprised of individuals with consumer and family member experience, service providers from the County and community-based organizations, and individuals representing allied public services, such as education and social services.

MHSA Three Year Plan - Mental Health Services Act Three Year Program and Expenditure Plan. Each County prepares and submits a three-year plan, which shall be updated at least annually; known as the Plan or Annual Update and approved by the County's Board of Supervisors. The plan is developed with local stakeholders by means of a community program planning process, and includes programs and funding planned for each component, as well as providing for a prudent reserve. Each plan or update indicates the number of children, adults and seniors to be served, as well as reports on the achievement of performance outcomes for services provided.

MHSIP - Mental Health Statistics Improvement Program. Is a survey used in Contra Costa as required by DHCS. QI staff elicit feedback from survey sites regarding barriers to acceptable response rates, and based on this, implemented a variety of strategies including training a substantial volunteer workforce to assist with participant recruitment and survey completion.

Money Management. Term that refers to services that can encompass all aspects of assisting an individual plan and manage financial benefits and resources. It can include counseling on the interplay of work and other sources of income on Medi-Cal, Medicare, Social Security Disability Income (SSDI), and Supplemental Security Income (SSI). It can include becoming a conservator of funds for an individual who has been deemed unable to manage their own funds.

MST - Multi-Systemic Therapy. An evidence based mental health service that is a community-based, family driven treatment for antisocial/delinquent behavior in youth. The focus is on empowering parents and caregivers to solve current and future problems and actively involves the entire ecology of the youth; family, peers, school and the neighborhood.

Needs Assessment. Refers to a process where the behavioral health services and supports needs of the community are identified and assessed. This includes identifying populations, age groups and communities that remain unserved, underserved or inappropriately served.

NOFA – Notice of Funding Availability. Abbreviation used to describe term.

NPLH – No Place Like Home or Proposition 2. Allows the state to approve the use of the MHSA Funds to build and rehabilitate housing for those with mental illness who are homeless or at-risk of becoming homeless.

OPFE – Office for Peer and Family Empowerment. A Contra Costa County operated program under the Behavioral Health Services division that offers a range of trainings and supports by and for individuals who have experience receiving mental health services. The goal is to increase access to wellness and empowerment for consumers; and to engage in their own individual recovery and become active in the community. This office leads the SPIRIT, WREACH, and Taking Action for Whole Health and Wellbeing programs.

Outreach and Engagement. In this context, is a MHSA term that is a community services and support category, and a category in which prevention and early intervention services can be

provided. Services are designed to reach out and engage individuals in mental health care which have a serious mental illness or are at risk of developing a serious mental illness. These are individuals who have not sought services in a traditional manner, possibly due to cultural or linguistic barriers.

Peer Provider. Term that refers to a professional who brings lived experience as a behavioral health consumer to their provision of services. They often participate as a member of a multi-disciplinary team providing mental health treatment, and assist consumers and their families understand, acquire and navigate the various services and resources needed. In Contra Costa County, Peer Providers often have a job classification of Community Support Worker.

PEI - Prevention and Early Intervention. Refers to a component of MHSA funding in which services are designed to prevent mental illnesses from becoming severe and disabling. This means providing outreach and engagement to increase recognition of early signs of mental illness and intervening early in the onset of a mental illness. Twenty percent of funds received by the MHSA are to be spent for prevention and early intervention services.

PES - Psychiatric Emergency Services. A unit of the Contra Costa County Regional Medical Center located next door to the Emergency Room in the county hospital in Martinez. It operated 24 hours a day, seven days a week, and consists of psychiatrists, nurses and mental health clinicians who are on call and available to respond to individuals who are brought in due to a psychiatric emergency. People who are seen are either treated and released or admitted to the in-patient psychiatric hospital ward.

PhotoVoice Empowerment Program. The County sponsors classes designed to enable individuals to create artwork consisting of a photograph and a personally written story that speak to or represent the challenges of prejudice, discrimination and ignorance that people with behavioral health challenges face. These artworks are then displayed in the community to educate, raise awareness and reduce stigma.

PIER Model - Portland Identification and Early Referral Model. This is an evidence-based treatment developed by the PIERS Institute of Portland, Maine. It is an early intervention program for youth, ages 12-25 which are at risk for developing psychosis. It is a multi-disciplinary team approach consisting of a structured interview to assess risk for psychosis, multi-family group therapy, psychiatric care, family psychoeducation, supported education and employment, and occupational therapy.

PSC - Personal Service Coordinators. Refers to a mental health clinician or case manager who develops and implements an individual services and support plan with an individual diagnosed with a serious mental illness, and who is part of a full-service partner program under the MHSA. This plan contains a diagnosis, level of severity, agreed upon goals, and actions by the consumer, the personal services coordinator, and other service providers to reach those goals. The personal service coordinator provides therapy, and additionally takes responsibility for the delivery and/or coordination of both mental health and rehabilitation services that assist the consumer reach his/her goals.

PTSD - Post-Traumatic Stress Disorder. An emotional illness that is classified as an anxiety disorder, and usually develops as a result of a terribly frightening, life-threatening, or

otherwise highly unsafe experience. PTSD sufferers re-experience the traumatic event or events in some way, tend to avoid places, people, or other things that remind them of the event (avoidance), and are exquisitely sensitive to normal life experiences (hyper arousal).

Public Health Services. A division under Health Services whose mission is to promote and protect the health and well-being of individuals, families and community in Contra Costa County.

Public Mental Health System. This term is used to describe the public system that is in place to provide mental health services. There are 58 counties and 2 cities that receive MHSA funds to support their public mental health system. Each county's system is uniquely structured where services are provided by county staff or through contractors, such as community-based organizations and other agencies.

Pre-Vocational Employment Services. These are services that enable a person to actively engage in finding and keeping a job. Often the services remove barriers to employment services, such as counseling on how working affects benefits, stabilizing medications, obtaining a driver's license or general education diploma, and resolving immigration or other legal issues.

Prudent Reserve. Regarding MHSA, the term refers to a County setting aside sufficient MHSA revenues in order to ensure that services do not have to be significantly reduced in years in which revenues are below the average of previous years.

Psychiatric Residency. Physicians who specialize in psychiatry complete a four-year residency program at one of several schools of psychiatry, such as that located at the University of California at San Francisco. This is essentially a paid work study arrangement, where they practice under close supervision and concurrently take coursework. At the final residency year, the psychiatrist can elect to work in a medical setting, teach, do research, or work in a community mental health setting.

QA/QI - Quality Assurance and Quality Improvement. Entities in Contra Costa County responsible for monitoring the Mental Health Plan's effectiveness by providing oversight and review of clinics, organizations, and clinicians providing services to consumers. The goals are to perform program development and coordination work to implement and maintain a quality management program that effectively measures, assesses, and continuously improves the access to, and quality of care and services provided to the County's mental health consumers. The Quality Management Coordinator is responsible for Chairing and facilitating the Quality Improvement Committee (QIC) and ensuring members receive timely and relevant information.

RFA - Request for Application. Abbreviation used to describe term.

RFI - Request for Information. Abbreviation used to describe term.

RFP - Request for Proposal. Abbreviation used to describe term.

RFQ - Request for Qualifications. Abbreviation used to describe term.

RHD - Reducing Health Disparities. Abbreviation used to describe term.

SAMHSA - Substance Abuse and Mental Health Services Administration. The agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

SB - Senate Bill. Abbreviation used to describe term.

SNHP – Special Needs Housing Program. Allowed local governments to use MHSA and other local funds to provide financing for the development of permanent supportive rental housing that includes units dedicated for individuals with serious mental illness, and their families, who are homeless or at risk of homelessness.

SNF - Skilled Nursing Facility. A special facility or part of a hospital that provides medically necessary services from nurses, physical and occupational therapists, speech pathologists and audiologist. A SNF aims to prevent hospitalizations, optimize antipsychotic medication use, and serve as an intermediate step into the community.

STRTP – Short Term Residential Treatment Program. A residential treatment model that serves youth who have high-level mental health needs or are seriously emotionally disturbed. The goal of STRTPs is to focus on stabilizing high-needs youth to allow an expedient and successful transition to a home setting.

SED - Seriously Emotionally Disturbed. Children from birth up to age eighteen with serious emotional disturbance are people who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the Diagnostic and Statistical Manual and results in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

SMI - Serious Mental Illness. Adults with a serious mental illness are persons eighteen years and older who, at any time during a given year, have a diagnosable mental, behavioral, or emotional disorder that meet the criteria of the Diagnostic and Statistical Manual, and the disorder has resulted in functional impairment which substantially interferes with or limits one or more major life activities.

SOC – System of Care. Term used to refer to this county's public behavioral health system.

SPIRIT - Service Provider Individualized Recovery Intensive Training. A recovery oriented, peer led classroom and experiential-based, college accredited educational program for individuals with lived experience as a consumer of mental health services. It is sponsored by Contra Costa Behavioral Health and Contra Costa Community College, and successful completion satisfies the minimum qualifications to be considered for employment by the County as a Community Support Worker.

Stakeholders. Stakeholders is a term defined in the California Code of Regulations to mean individuals or entities with an interest in mental health services, including but not limited to individuals with serious mental illness and/or serious emotional disturbance and/or their families, providers of mental health and/or related services such as physical health care and/or social

services, educators and/or representatives of education, representatives of law enforcement, and any organization that represents the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families.

Stigma and Discrimination. In this context, refers to the negative thoughts and/or behaviors that form an inaccurate generalization or judgment, and adversely affects the recovery, wellness and resiliency of persons with mental health issues.

SUD - Substance Use Disorder. When recurrent use of alcohol and/or other drugs causes clinical and functional impairment that may include health issues, failure to meet major responsibilities at work, school or home, legal problems or problems with interpersonal relationships.

STEP - Systematic Training for Effective Parenting. A parent education program published as a series of books developed and published by the psychologists Don Dinkmeyer Sr., Gary D. McKay and Don Dinkmeyer Jr. STEP has reached more than four million parents and has been translated into several languages. It provides skills training for parents dealing with frequently encountered challenges with their children that often result from autocratic parenting styles. STEP is rooted in Adlerian psychology and promotes a more participatory family structure by fostering responsibility, independence, and competence in children; improving communication between parents and children; and helping children learn from the natural and logical consequences of their own choices.

Supported Employment. A federal vocational rehabilitation term that means competitive work for individuals with significant disabilities that occurs in integrated work settings, or settings in which individuals are working toward competitive work. Such work is consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals. Supported employment usually means that a professional support person, or job coach, assists the individual in a competitive work setting until assistance is no longer needed.

Supportive Housing. A combination of housing and services intended as a cost-effective way to help people live more stable, productive lives. Supportive housing is widely believed to work well for those who face the most complex challenges—individuals and families confronted with homelessness and who also have very low incomes and/or serious, persistent issues that may include substance abuse, mental illness, or other serious challenges. Supportive housing can be coupled with such social services as job training, life skills training, alcohol and drug abuse programs, community support services, such as child care and educational programs, and case management to populations in need of assistance. Supportive housing is intended to be a pragmatic solution that helps people have better lives while reducing, to the extent feasible, the overall cost of care.

TAY - Transition Age Youth. Individuals between the age of 16 and 25 years of age. Specific mental health programs that address this age group are in the adult system of care and were designed to assist in the transition of services from the children's system of care, where individuals stop receiving services at 18.

Triple P - Positive Parenting Program. An evidence-based practice designed to increase

parents' sense of competence in their parenting abilities. It is a multi-level system of family intervention that aims to prevent severe emotional and behavioral disturbances in children by promoting positive and nurturing relationships between parent and child. Improved family communication and reduced conflict reduces the risk that children will develop a variety of behavioral and emotional problems.

WET - Workforce Education and Training. Refers to the component of the MHSA that funds programs and services that assist in the recruitment and retention of a skilled and culturally competent behavioral health workforce.

WIC - Welfare and Institutions Code. Regulations set that address services relating to welfare, dependent children, mental health, handicapped, elderly, delinquency, foster care, Medi-Cal, food stamps, rehabilitation, and long-term care, to name a few.

WRAP - Wellness Recovery Action Plan. An evidence-based practice that is used by people who are dealing with mental health and other kinds of health challenges, and by people who want to attain the highest possible level of wellness. It was developed by a group of people who have a lived experience with mental health difficulties and who were searching for ways to resolve issues that had been troubling them for a long time. WRAP involves listing one's personal resources and wellness tools, and then using those resources to develop action plans to use in specific situations.

Wraparound Services. An intensive, individualized care management process for children with serious emotional disturbances. During the wraparound process, a team of individuals who are relevant to the well-being of the child or youth, such as family members, other natural supports, service providers, and agency representatives collaboratively develop an individualized plan of care, implement this plan, and evaluate success over time. The wraparound plan typically includes formal services and interventions, together with community services and interpersonal support and assistance provided by friends and other people drawn from the family's social networks. The team convenes frequently to measure the plan's components against relevant indicators of success. Plan components and strategies are revised when outcomes are not achieved.

WREACH - Wellness Recovery Education for Acceptance, Choice and Hope. The WREACH Speaker's Bureau is designed to reduce the stigma that consumers and family members often face in the workplace, behavioral and physical health care systems, and in their communities. The WREACH program forms connections between people in the community and people with lived mental health and co-occurring disorders experiences by providing opportunities for sharing stories of recovery and resiliency and sharing current information on health treatment and support. Workshops are held to teach people and their families how to write and present their recovery and resilience stories. These individuals are then connected with audiences that include behavioral health providers, high school and college staff and students, law enforcement, physical health providers and the general community.

Appendix D - Certifications

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Contra Costa

X Annual Update to Three Year Plan

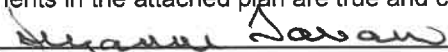
Local Mental Health Director	Program Lead
Name: Suzanne Tavano, PHN, Ph. D	Name: Windy Taylor, MBA, MA, APCC
Telephone Number: 925-957-5150	Telephone Number: 925-957-5148
E-mail: Suzanne.Tavano@cchealth.org	E-mail: Windy.Taylor@cchealth.org
Local Mental Health Mailing Address: Contra Costa Behavioral Health Services Administration 1340 Arnold Drive, Suite 200 Martinez, CA 94553	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report, including stakeholder participation and non-supplantation requirements.

This Three Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The Three Year Program and Expenditure Plan or Annual Update, attached hereto, was adopted by the County Board of Supervisors on June 24, 2025.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached plan are true and correct.



Suzanne Tavano, PHN, Ph. D
Contra Costa Behavioral Health Services Director

4/9/25

Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Contra Costa

- ☐ Three-Year Program and Expenditure Plan
☒ Annual Update
☐ Annual Revenue and Expenditure Report

<p>Local Mental Health Director</p> <p>Name: Suzanne Tavano, PHN, PhD</p> <p>Telephone Number: 925-957-5169</p> <p>E-mail: suzanne.tavano@cchealth.org</p>	<p>County Auditor-Controller / City Financial Officer</p> <p>Name: Harjit Nahal</p> <p>Telephone Number: 925-608-9300</p> <p>E-mail: haj.nahal@ac.cccounty.us</p>
<p>Local Mental Health Mailing Address:</p> <p>Contra Costa Behavioral Health Services Administration 1340 Arnold Drive, Suite 200 Martinez, CA 94553</p>	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Suzanne Tavano, PHN, PhD

Local Mental Health Director (PRINT)


Signature

11/7/25
Date

I hereby certify that for the fiscal year ended June 30, 2024, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 12/23/24 for the fiscal year ended June 30, 2024. I further certify that for the fiscal year ended June 30, 2024, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Harjit Nahal

ASST County Auditor Controller / City Financial Officer (PRINT)


Signature

5-7-25
Date

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

MENTAL HEALTH SERVICES ACT PRUDENT RESERVE ASSESSMENT/REASSESSMENT

County/City: Contra Costa

Fiscal Year: 2025 - 2026

Local Behavioral Health Director

Name: Suzanne Tavano, PHN, PhD

Telephone: (925) 957-5169

Email: suzanne.tavano@cchealth.org

I hereby certify¹ under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

Suzanne Tavano, PHN, PhD

Local Behavioral Health Director
(PRINT NAME)



Signature

4/9/25

Date

¹Welfare and Institutions Code section 5892 (b)(2)

Appendix E: Funding Summaries

Mental Health Services Act FY 2023-24 Through FY 25-26 Three-Year Mental Health Services Act Expenditure Plan Funding Summary

County: Contra Costa

Date: 5/29/2025

	MHSA Funding						Total
	A	B	C	D	E	F	
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve	
A. Actual FY2023/24 Funding							
1. Unspent Funds from Prior Fiscal Years	52,908,995	12,290,912	10,844,328	1,697,917	0	7,579,248	85,321,400
2. Actual FY2023/24 Funding	78,922,543	19,730,636	5,192,273				103,845,451
3. Transfer in FY2023/24	(11,339,976)			2,000,000	8,453,993	885,983	-
4. Available Funding for FY2023/24	120,491,562	32,021,548	16,036,601	3,697,917	8,453,993	8,465,231	189,166,851
B. Actual FY23/24 Expenditures	63,449,652	11,242,888	1,818,232	2,171,410	8,453,993	-	87,136,175 (3)
C. Estimated FY2024/25 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	57,041,910	20,778,660	14,218,369	1,526,507	0	8,465,231	102,030,676
2. Estimated New FY2024/25 Funding	73,254,030	18,313,508	4,819,344				96,386,882 (1)
3. Transfer in FY2024/25	(13,298,487)			4,000,000	5,129,937	4,168,550	-
4. MH FFP Transfer to MHSA FY2023/24	3,183,153	335,146	37,484	203,656			3,759,439
5. Estimated Available Funding for FY2024/25	120,180,606	39,427,314	19,075,197	5,730,163	5,129,937	12,633,781	202,176,998
D. Budgeted FY2024/25 Expenditures	62,266,000	15,143,000	3,028,000	2,591,000	2,500,000	-	85,528,000 (2)
E. Estimated FY2025/26 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	57,914,606	24,284,314	16,047,197	3,139,163	2,629,937	12,633,781	116,648,998
2. Estimated New FY2025/26 Funding	54,405,957	13,601,489	3,579,339				71,586,786 (1)
3. Transfer in FY2025/26	(13,000,000)			3,000,000	10,000,000		-
4. MH FFP Transfer to MHSA FY2024/25	3,183,153	335,146	37,484	203,656			3,759,439
5. Estimated Available Funding for FY2025/26	102,503,717	38,220,949	19,664,020	6,342,818	12,629,937	12,633,781	191,995,223
F. Budgeted FY2025/26 Expenditures	58,191,000	16,174,000	4,532,000	3,104,000	2,500,000	-	84,501,000 (2)
G. Estimated FY2025/26 Unspent Fund Balance	44,312,717	22,046,949	15,132,020	3,238,818	10,129,937	12,633,781	107,494,223

Notes:

(1) Revenue estimates are based on M.Geiss 2/13/25 updated provided by CBHDA + \$3,998,839 in actual interest earned in FY 22/23.

(2) This Appendix reflects FY 24/25 Plan Update which includes program shifts out of CSS into PEI to reduce the anticipated deficit in FY 25/26 CSS component in prior version.

(3) Capital Facilities and Technological Needs component includes \$5M IT charge, \$1,008 other charges and the purchase of EI Portal \$3,452,985.

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2026	12,633,781
I. Beginning Balance for FY 2024/25	
1. Unspent Funds from Fiscal Year 2023/24	93,565,445
2. Local Prudent Reserve Balance on June 30, 2023	8,465,231
3. Total Beginning Balance	102,030,676

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Contra Costa

Date: May 30, 2025

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Total Mental Health Expenditures	CSS Funding	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other Funding
FSP Programs						
1. Children	22,301,102	22,301,102				
2. Transition Age Youth	3,582,273	3,582,273				
3. Adults	12,287,853	12,287,853				
4. Assisted Outpatient Treatment	3,082,702	3,082,702				
5. Recovery Center	1,100,039	1,100,039				
6. Crisis Residential Center	2,408,428	2,408,428				
7. MHSA Housing Services	21,907,599	21,907,599				
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
Non-FSP Programs						
1. Older Adult Mental Health Program	4,397,822	4,397,822				
2. Children's Wraparound Support/EPSTD Support	1,973,476	1,973,476				
3. Clinic Support	1,916,157	1,916,157				
4. Forensic Team	660,904	660,904				
5. Concord Health Center	918,923	918,923				
6. Liaison Staffs	165,692	165,692				
7. Quality Assurance	1,457,030	1,457,030				
8.		0				
9.		0				
10.		0				
11.		0				
12.		0				
13.		0				
14.		0				
15.		0				
16.		0				
17.		0				
CSS Administration	3,745,000	3,745,000				
CSS MHSA Housing Program Assigned Funds		0				
Total CSS Program Estimated Expenditures	81,905,000	81,905,000	0	0	0	0
FSP Programs as Percent of Total	81.4%					

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Contra Costa

Date: May 30, 2025

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children	3,136,539	3,136,539				
2. Transition Age Youth	501,499	501,499				
3. Adults	7,305,526	7,305,526				
4. Assisted Outpatient Treatment	3,346,945	3,346,945				
5. Crisis Residential Center	2,755,810	2,755,810				
6. MHSA Housing Services	29,240,707	29,240,707				
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
Non-FSP Programs						
1. Older Adult Mental Health Program	4,809,162	4,809,162				
2. Children's Wraparound Support/EPSTD Support	2,072,150	2,072,150				
3. Clinic Support	1,322,677	1,322,677				
4. Forensic Team	455,213	455,213				
5. Concord Health Center	964,869	964,869				
6. Liaison Staff	173,976	173,976				
7. Quality Assurance	1,468,048	1,468,048				
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
CSS Administration	4,712,879	4,712,879				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	62,266,000	62,266,000		0	0	0
FSP Programs as Percent of Total	74.3%					

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Contra Costa

Date: May 30, 2025

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children	3,235,966	3,235,966				
2. Transition Age Youth	525,374	525,374				
3. Adults	7,676,725	7,676,725				
4. Assisted Outpatient Treatment	3,578,882	3,578,882				
5. Crisis Residential Center		0				
6. MHSA Housing Services	26,515,897	26,515,897				
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
Non-FSP Programs						
1. Older Adult Mental Health Program	5,017,263	5,017,263				
2. Children's Wraparound Support/EPSTD Expansion	2,175,757	2,175,757				
3. Clinic Support	1,311,286	1,311,286				
4. Forensic Team	477,973	477,973				
5. Concord Health Center	1,013,113	1,013,113				
6. Liaison Staff	182,675	182,675				
7. Quality Assurance	1,541,450	1,541,450				
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
CSS Administration	4,938,639	4,938,639				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	58,191,000	58,191,000	0	0	0	0
FSP Programs as Percent of Total	71.4%					

FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Contra Costa

Date: May 30, 2025

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Outreach for Increasing Recognition of Early Signs of Mental Illness	1,688,224	1,688,224				
2. Prevention	2,210,562	2,210,562				
3. Access and Linkage to Treatment	700,295	700,295				
4. Improving Timely Access to Mental Health Services for Underserved Population	1,899,393	1,899,393				
5. Stigma and Discrimination Reduction	326,577	326,577				
6. Suicide Prevention	813,652	813,652				
7.						
8.						
9.						
10.						
PEI Programs - Early Intervention						
11. First Hope	3,550,789	3,550,789				
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
PEI Administration	578,508	578,508				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	11,768,000	11,768,000	0	0	0	0

FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Contra Costa

Date: May 30, 2025

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Outreach for Increasing Recognition of Early Signs of Mental Illness	1,471,364	1,471,364				
2. Prevention	4,008,475	4,008,475				
3. Access and Linkage to Treatment	1,567,439	1,567,439				
4. Improving Timely Access to Mental Health Services for Underserved Population	1,975,369	1,975,369				
5. Stigma and Discrimination Reduction	1,185,341	1,185,341				
6. Suicide Prevention	434,375	434,375				
7.						
8.						
9.						
10.						
PEI Programs - Early Intervention						
11. First Hope	3,893,365	3,893,365				
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
PEI Administration	607,272	607,272				
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	15,143,000	15,143,000	0	0	0	0

FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Contra Costa

Date: May 30, 2025

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Outreach for Increasing Recognition of Early Signs of Mental Illness	1,557,986	1,557,986				
2. Prevention	4,440,390	4,440,390				
3. Access and Linkage to Treatment	1,648,638	1,648,638				
4. Improving Timely Access to Mental Health Services for Underserved Population	2,094,265	2,094,265				
5. Stigma and Discrimination Reduction	1,240,708	1,240,708				
6. Suicide Prevention	456,092	456,092				
7.						
8.						
9.						
10.						
PEI Programs - Early Intervention						
11. First Hope	4,094,719	4,094,719				
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
PEI Administration	641,202	641,202				
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	16,174,000	16,174,000	0	0	0	0

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: Contra Costa

Date: May 30, 2025

	Fiscal Year 23/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. ROAR Project	658,412	658,412				
2. CBSST Project	454,716	454,716				
3. Micro Grants	1,907,750	1,907,750				
4. PADS	494,646	494,646				
5. Contract Projects	78,782	78,782				
6.						
7.						
INN Administration	423,694	423,694				
Total INN Program Estimated Expenditures	4,018,000	4,018,000	0	0	0	0

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. ROAR Project		0				
2. CBSST Project		0				
3. Micro Grants	2,003,139	2,003,139				
4. PADS	499,732	499,732				
5. Contract Projects	78,438	78,438				
6.						
7.						
INN Administration	446,691	446,691				
Total INN Program Estimated Expenditures	3,028,000	3,028,000	0	0	0	0

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. ROAR Project		0				
2. CBSST Project		0				
3. Micro Grants	2,500,000	2,500,000				
4. Contract Projects	78,974	78,974				
5. PADS	500,000	500,000				
6. Program Improvements for Valued Outpatient Treatment	984,000	984,000				
7.						
INN Administration	469,026	469,026				
Total INN Program Estimated Expenditures	4,532,000	4,532,000	0	0	0	0

**FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Workforce Education and Training (WET) Component Worksheet**

County: Contra Costa

Date: May 30, 2025

	Fiscal Year 23/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing Support	1,069,969	1,069,969				
2. Training and Technical Support	692,345	692,345				
3. Mental Health Career Pathway Program	545,336	545,336				
4. Internship Programs	737,350	737,350				
5.						
6.						
WET Administration						
Total WET Program Estimated Expenditures	3,045,000	3,045,000	0	0	0	0

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing Support	1,118,991	1,118,991				
2. Training and Technical Support	694,659	694,659				
3. Mental Health Career Pathway Program	25,000	25,000				
4. Internship Programs	752,350	752,350				
5.						
6.						
WET Administration						
Total WET Program Estimated Expenditures	2,591,000	2,591,000	0	0	0	0

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing Support	1,181,944	1,181,944				
2. Training and Technical Support	1,247,056	1,247,056				
3. Mental Health Career Pathway Program	25,000	25,000				
4. Internship Programs	650,000	650,000				
5.						
6.						
WET Administration						
Total WET Program Estimated Expenditures	3,104,000	3,104,000	0	0	0	0

FY 2023-26 Through FY 2023-26 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Contra Costa

Date: May 30, 2025

	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Capital Facilities Projects	5,000,000	5,000,000				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
CFTN Programs - Technological Needs Projects						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
CFTN Administration						
Total CFTN Program Estimated Expenditures	5,000,000	5,000,000	0	0	0	0

	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Capital Facilities Projects	2,500,000	2,500,000				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
CFTN Programs - Technological Needs Projects	0					
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
CFTN Administration						
Total CFTN Program Estimated Expenditures	2,500,000	2,500,000	0	0	0	0

	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Capital Facilities Projects	2,500,000	2,500,000				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
CFTN Programs - Technological Needs Projects						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
CFTN Administration						
Total CFTN Program Estimated Expenditures	2,500,000	2,500,000	0	0	0	0

2023-2024 PEI ANNUAL UPDATE

MENTAL HEALTH SERVICES ACT

CONTRA COSTA
HEALTH





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

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

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

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

PEI Strategies:

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

PEI Priorities:

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

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

Prevention and Early Intervention **STRATEGIES** and **PRIORITIES**

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

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

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

Outcome Indicators.

PEI regulations (established October 2015) have data reporting requirements that programs started tracking in FY 2016-2017. In FYs 23-24, 35,675 consumers of all ages were served per year by PEI programs in Contra Costa County. This report includes updates from each program and is organized by PEI program category.

The information gathered enables CCH to report on the following outcome indicators:

- Outreach to Underserved Populations. Demographic data, such as age group, race/ethnicity, primary language, and sexual orientation, enable an assessment of the impact of outreach and engagement efforts over time.
- Linkage to Mental Health Care. Number of people connected to care, and average duration of reported untreated mental illness enable an assessment over time of impact of programs on connecting people to mental health care.

EVALUATION COMPONENT

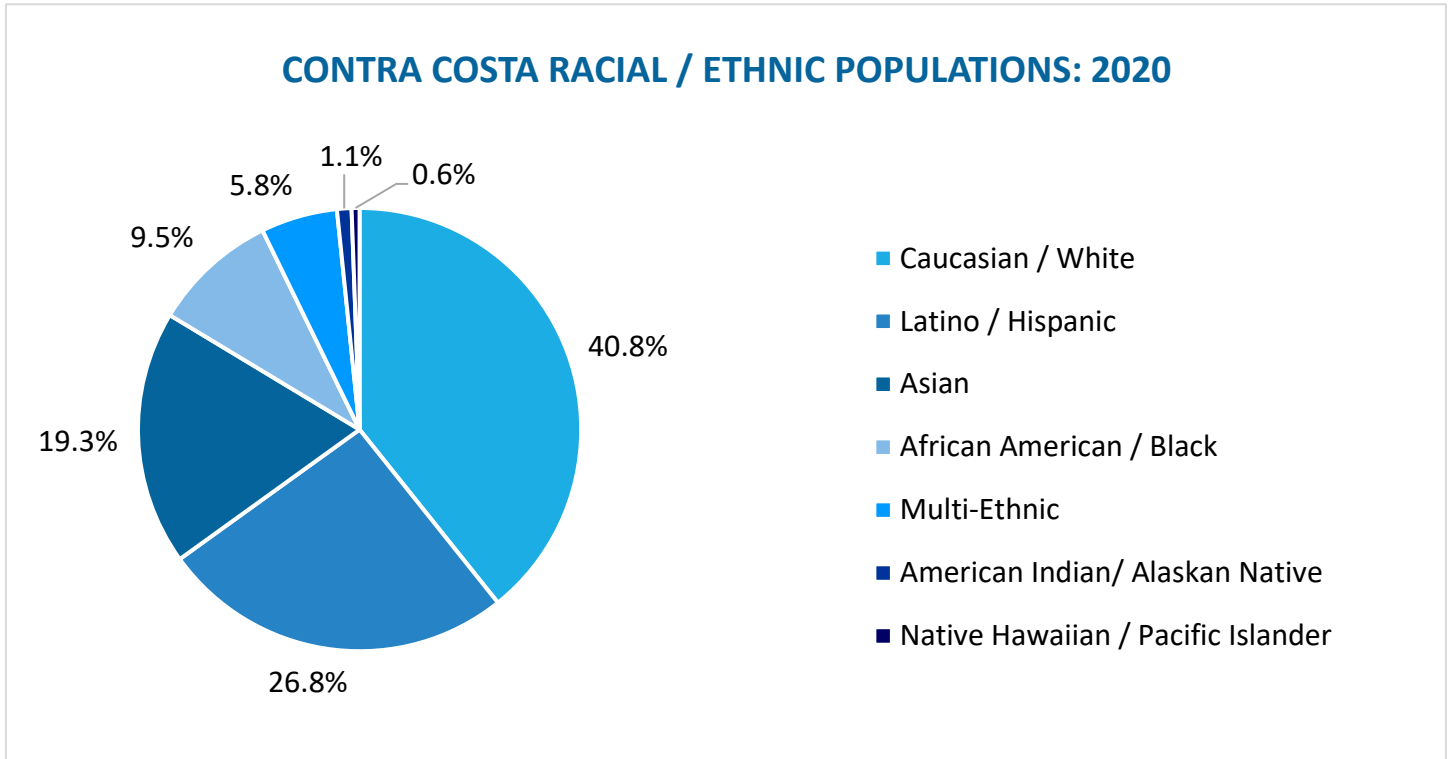
Contra Costa Behavioral Health Services is committed to evaluating the effective use of funds provided by the Mental Health Services Act. Toward this end, a comprehensive program and fiscal review process has been implemented to: a) improve the services and supports provided; b) more efficiently support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

- Delivering services according to the values of MHSA
- Serving those who need the service
- Providing services for which funding was allocated
- Meeting the needs of the community and/or population
- Serving the number of individuals that have been agreed upon
- Achieving outcomes that have been agreed upon
- Assuring quality of care
- Protecting confidential information
- Providing sufficient and appropriate staff for the program
- Having sufficient resources to deliver the services
- Following generally accepted accounting principles
- Maintaining documentation that supports agreed upon expenditures
- Charging reasonable administrative costs
- Maintaining required insurance policies
- Communicating effectively with community partners

Each program receives a written report that addresses the above areas. Promising practices, opportunities for improvement, and/or areas of concern are noted for sharing or follow-up activity, as appropriate. The emphasis is to establish a culture of continuous improvement of service delivery, and quality feedback for future planning efforts. Completed reports are made available to members of the Mental Health Services Act Advisory Council (MHSA AC) and distributed at the monthly stakeholder meeting, or to the public upon request. During FY 23-24, the completed PEI Program and Fiscal Review report completed for the program Vicente MDUSD was distributed at the following MHSA AC meeting: April 4, 2024.

Contra Costa is a geographically and culturally diverse county with approximately 1.1 million residents. One of nine counties in the Greater San Francisco Bay Area, we are located in the East Bay region.

According to the [United States Census Bureau](#) and the 2020 Decennial Census results, it's estimated that 7.2% of people in Contra Costa County are living in poverty, down from an estimated 9% in 2018. Children, adolescents & young adults (ages 0-25) continue to make up approximately 30% of the population and roughly 25% of residents are foreign born. The most common languages spoken after English include: Spanish, Chinese languages, and Tagalog.



MHSA funded Prevention and Early Intervention (PEI) programs in Contra Costa County served over 103,000 individuals per year during the previous three-year period, FYs 21-24. For a complete listing of PEI programs, please see Appendix A. PEI Providers gather quarterly for a Roundtable Meeting facilitated by MHSA staff and are actively involved in MHSA stakeholder groups including Mental Health Services Act Advisory Council (MHSA AC) and various sub-committees. In addition, PEI programs engage in the Community Program Planning Process (CPPP) by participating in three annual community forums located in various regions of the county.

The below tables outline PEI Aggregate Data collected during the previous three-year period, FYs 21-24. Please note that the below figures are not a full reflection of the demographics served, as data collection continues to be impacted by changes in collection processes because of the COVID-19 pandemic. A notable amount of data was not captured from participants for two primary reasons: a significant number of participants declined to respond to demographic information, and, due to COVID-19, conducting surveys and self-reporting on behalf of clients served by PEI programs decreased. Additionally, different interpretations of the requested information by the respondents created challenges.

Total Served: FY 21-22: 30,442; FYs 22-23: 37,336; FYs 23-24: 35,675

TABLE 1. AGE GROUP	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Child (0-15)	831	1,211	1,880	1,876
Transition Age Youth (16-25)	2,944	2,376	3,329	3,042
Adult (26-59)	7,204	10,029	12,458	11,450
Older Adult (60+)	3,185	5,029	5,260	6,205
Decline to State / Data Not Captured	14,941	11,798	14,409	13,102

TABLE 2. PRIMARY LANGUAGE	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
English	22,766	24,169	29,352	27,532
Spanish	1,522	2,060	2,367	2,1117
Other	891	1,392	1,194	1,846
Decline to State / Data Not Captured	3,926	2,852	4,422	4,180

TABLE 3. RACE	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
More than one Race	318	488	1,210	916
American Indian/Alaska Native	136	162	91	61
Asian	1,512	2,134	2,700	2,574
Black or African American	2,251	4,040	4,027	3,515
White or Caucasian	8,270	8,737	10,881	11,305
Hispanic or Latino/a	2,812	3,510	4,653	3,197
Native Hawaiian or Other Pacific Islander	55	192	139	155
Other	142	508	277	547
Decline to State / Data Not Captured	13,842	10,709	13,476	13,303

TABLE 4. ETHNICITY (IF NON-HISPANIC OR LATINO/A)	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
African	309	231	88	307
Asian Indian/South Asian	754	794	23	27
Cambodian	2	1	1	0
Chinese	37	51	46	62
Eastern European	27	9	5	176
European	128	142	2	29
Filipino	30	39	24	25
Japanese	5	2	3	2
Korean	6	1	6	7
Middle Eastern	14	478	216	32
Vietnamese	185	217	228	534
More than one Ethnicity	109	78	116	101
Other	110	368	945	1,090
Decline to State / Data Not Captured	26,650	27,395	34,884	32,175

TABLE 5. ETHNICITY (IF HISPANIC OR LATINO/A)	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Caribbean	3	3	9	4
Central American	100	174	252	259
Mexican/Mexican American / Chicano	713	694	384	459
Puerto Rican	14	12	13	5
South American	23	17	3	19
Other	95	326	269	362

TABLE 6. SEXUAL ORIENTATION	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Heterosexual or Straight	16,400	20,926	3,842	4,396
Gay or Lesbian	198	214	240	224
Bisexual	132	141	189	198
Queer	21	71	57	63
Questioning or Unsure of Sexual Orientation	52	36	72	84
Another Sexual Orientation	111	68	105	81
Decline to State / Data Not Captured	12,193	8,990	32,842	30,629

TABLE 7. GENDER ASSIGNED AT BIRTH	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Male	7,031	7,930	9,443	8,886
Female	10,822	14,682	16,526	14,858
Decline to State / Data Not Captured	11,252	7,830	11,367	11,931

TABLE 8. CURRENT GENDER IDENTITY	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Man	6,846	8,008	9,248	8,946
Woman	10,696	14,319	15,742	14,598
Transgender	91	96	154	142
Genderqueer	14	24	200	126
Questioning or Unsure of Gender Identity	15	10	29	36
Another Gender Identity	68	58	73	32
Decline to State / Data Not Captured	11,377	7,927	11,890	11,795

TABLE 9. ACTIVE MILITARY STATUS	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Yes	81	105	1	6
No	2,894	2,983	1,141	3,152
Decline to State / Data Not Captured	27,471	27,354	34,745	32,517

TABLE 10. VETERAN STATUS	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Yes	178	124	34	145
No	3,173	3,863	3,615	5,706
Decline to State / Data Not Captured	25,756	26,455	33,324	29,824

TABLE 11. DISABILITY STATUS	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Yes	965	557	1,172	1,062
No	1,410	1,588	1,939	2,069
Decline to State / Data Not Captured	26,730	28,297	34,225	32,544

TABLE 12. DESCRIPTION OF DISABILITY STATUS	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Difficulty Seeing	101	65	113	140
Difficulty Hearing or Have Speech Understood	66	46	75	40
Physical/Mobility	252	228	336	330
Chronic Health Condition	225	297	293	406
Other	62	575	382	152
Decline to State / Data Not Captured	28,399	6,737	32,924	34,512

TABLE 13. COGNITIVE DISABILITY	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Yes	115	141	203	181
No	1,983	2,461	2,067	2,212
Decline to State / Data Not Captured	27,007	27,840	34,916	33,282

TABLE 14. REFERRALS TO SERVICES	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Clients Referred to Mental Health Services	964	1,141	1,028	1,251
Clients who Participated/ Engaged at Least Once in Referred Service	794	1,093	789	1,081

TABLE 15. EXTERNAL MENTAL HEALTH REFERRALS	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Clients Referred to Mental Health Services	20,397	22,675	27,550	25,926
Clients who Participated/ Engaged at Least Once in Referred Service	214	544	349	256

TABLE 16. AVERAGE DURATION WITHOUT MENTAL HEALTH SERVICES	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Average Duration for all Clients of Untreated Mental Health Issues (In weeks)	67.5	51.6	153.45	47.05

TABLE 17. AVERAGE LENGTH OF TIME UNTIL MENTAL HEALTH SERVICES	FY 20-21 # SERVED	FY 21-22 # SERVED	FY 22-23 # SERVED	FY 23-24 # SERVED
Average Length for all Clients between Mental Health Referral and Services (In weeks)	5	4.8	8.25	16

PEI PROGRAMS BY CATEGORY

PEI programs are listed within the seven strategy categories delineated in the PEI regulations.

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS

Programs in this category provide outreach to individuals with signs and symptoms of mental illness so they can recognize and respond to their own symptoms. Outreach is engaging, educating, and learning from potential primary responders. Primary responders include, but are not limited to, families, employers, law enforcement, school, community service providers, primary health care, social services, and faith-based organizations.

Seven programs are included in this category:

- 1) Asian Family Resource Center (Fiscal sponsor Contra Costa ARC) provides culturally sensitive education and access to mental health services for immigrant Asian communities, especially the Southeast Asian and Chinese population of Contra Costa County. Staff provide outreach, medication compliance education, community integration skills, and mental health system navigation. Early intervention services are provided to those exhibiting symptoms of mental illness, and participants are assisted in actively managing their own recovery process.
- 2) The Counseling Options Parenting Education (COPE) Family Support Center utilizes the evidence-based practices of the Positive Parenting Program (Triple P) to help parents develop effective skills to address common child and youth behavioral issues that can lead to serious emotional disturbances. Targeting families residing in underserved communities this program delivers in English and Spanish several seminars, training classes and groups throughout the year.
- 3) First Five of Contra Costa, in partnership with the COPE Family Support Center, takes the lead in training families who have children up to the age of five. First Five also partners with the COPE Family Support Center to provide training in the Positive Parenting Program method to mental health practitioners who serve this at-risk population.
- 4) Hope Solutions (formerly Contra Costa Interfaith Housing) provides on-site services to formerly homeless families, all with special needs, at the Garden Park Apartments in Pleasant Hill, the Bella Monte Apartments in Bay Point, Los Medanos Village in Pittsburg, and supportive housing sites throughout the County. Services include coordination and assistance with accessing needed community resources, pre-school, and afterschool programs, such as teen and family support groups, assistance with school preparation, and homework clubs. These services are designed to prevent serious mental illness by addressing domestic violence, substance addiction and inadequate life and parenting skills.
- 5) Jewish Family Community Services of the East Bay (JFCS) provides culturally grounded, community-directed mental health education and navigation services to refugees and immigrants of all ages in the Latino, Afghan, Bosnian, Iranian and Russian communities of Central and East County. Outreach and engagement services are provided in the context of group settings and community cultural events that utilize a variety of non-office settings convenient to individuals and families.
- 6) The Native American Health Center (NAHC) provides a variety of culturally specific methods of outreach and engagement to educate Native Americans throughout the County regarding mental illness, identify those at risk for developing a serious mental illness, and help them access and navigate the human service systems in the County. Methods include an elder support group, a youth wellness group, a traditional arts group, talking circles, Positive Indian Parenting sessions, and Gatherings of Native Americans. Please note, NAHC's contract was not renewed for FY 23-24 due to changes in the organization and their closing of their Contra Costa County location.

- 7) The Latina Center serves Latino parents and caregivers in West Contra Costa County by providing culturally and linguistically specific twelve-week parent education classes to high-risk families utilizing the evidence-based curriculum of Systematic Training for Effective Parenting (STEP). In addition, the Latina Center trains parents with lived experience to both conduct parenting education classes and to become Parent Partners who can offer mentoring, emotional support, and assistance in navigating social service and mental health systems.
- 8) We Care Services for Children (in collaboration with The Early Childhood Prevention and Intervention Coalition - ECPIIC) was awarded the Early Childhood Mental Health 0-5 Outreach RFP. We Care Services for Children supports families and children from birth to six years old with a wide range of early childhood education and mental health programs. Through targeted, compassionate, and effective early intervention services, We Care helps young children and their families reach their full potential, regardless of their abilities or circumstances. The collaborative program awarded the RFP, called The Everyday Moments/Los Momentos Cotidianos, provides programming for families with children ages 0-5 and includes three components: 1) Family Engagement and Outreach; 2) Early Childhood Mental Health Home-Based Support; and 3) Parent Education and Empowerment.

The allocation for the Outreach for Increasing Recognition of Early Signs of Mental Illness category is summarized below:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 25-26
Asian Family Resource Center	Countywide	50	\$181,217
COPE	Countywide	210	\$305,111
First Five	Countywide	(Numbers included in COPE)	\$99,523
Hope Solutions	Central and East County	200	\$464,438
Jewish Family Community Services	Central and East County	350	\$210,226
The Latina Center	West County	300	\$151,253
We Care Services for Children (0-5 Children Outreach RFP)	Countywide	99 families	\$146,218

TOTAL1,359+ \$1,557,986

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

Five programs are included in this category:

- 1) Fierce Advocates located in the Iron Triangle of Richmond, train family partners from the community with lived mental health experience to reach out and engage at-risk families in activities that address family mental health challenges. Individual and group wellness activities assist participants make and implement plans of action, access community services, and integrate them into higher levels of mental health treatment as needed.
- 2) Vicente Alternative High School in the Martinez Unified School District provides career academies for at-risk youth that include individualized learning plans, learning projects, internships, and mental health education and counseling support. Students, school staff, parents and community partners work together on projects designed to develop leadership skills, a healthy lifestyle and pursuit of career goals.
- 3) People Who Care is an afterschool program serving the communities of Pittsburg and Bay Point that is designed to accept referrals of at-risk youth from schools, juvenile justice systems and behavioral health treatment programs. Various vocational projects are conducted both on and off the program's premises, with selected participants receiving stipends to encourage leadership development. A clinical specialist provides emotional, social, and behavioral treatment through individual and group therapy.
- 4) Mental Health Connections provides peer-based programming for adults throughout Contra Costa County who are in recovery from a serious mental illness. Following the internationally recognized clubhouse model this structured, work focused programming helps individuals develop support networks, career development skills, and the self-confidence needed to sustain stable, productive, and more independent lives. Features of the program provide respite support to family members, peer-to-peer outreach, and special programming for transition age youth and young adults.
- 5) Peer Connections Centers (PCCs) are community-based peer-supported wellness communities that offer programming to reduce social isolation, enhance recovery, and promote independent living for adults facing behavioral health challenges. The Centers provide a welcoming and inclusive space where members develop social, vocational, and wellness skills in a peer-supported environment. Services are provided across three locations in Contra Costa County: San Pablo, Concord, and Antioch.
- 6) The RYSE Center provides a constellation of age-appropriate activities that enable at-risk youth in Richmond to effectively cope with the continuous presence of violence and trauma in the community and at home. These trauma informed programs and services include drop-in, recreational and structured activities across areas of health and wellness, media, arts and culture, education and career, technology, and developing youth leadership and organizing capacity. The RYSE Center facilitates several city and system-wide training and technical assistance events to educate the community on mental health interventions that can prevent serious mental illness as a result of trauma and violence.

The allocation for the Prevention category is summarized below:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 25-26
Fierce Advocates	West County	400	\$270,609
Vicente	Central County	80	\$223,811
People Who Care	East County	200	\$425,379
Mental Health Connections	Countywide	300	\$932,305
Peer Connection Centers	Countywide	300	\$1,982,229
RYSE	West County	2,000	\$606,057
TOTAL			2,980 \$4,440,390

EARLY INTERVENTION

Early intervention provides mental health treatment for persons with a serious emotional disturbance or mental illness early in its emergence.

One program is included in this category:

- 1) The County operated First Hope Program serves youth who show early signs of psychosis or have recently experienced a first psychotic episode. Referrals are accepted from all parts of the County, and through a comprehensive assessment process young people, ages 12-25, and their families are helped to determine whether First Hope is the best treatment to address the psychotic illness and associated disability. A multi-disciplinary team provides intensive care to the individual and their family, and consists of psychiatrists, mental health clinicians, occupational therapists, and employment/education specialists. These services are based on the Portland Identification and Early Referral (PIER) Model, and consists of multi-family group therapy, psychiatric care, family psychoeducation, education and employment support, and occupational therapy.

The allocation for the Early Intervention category is summarized below:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 25-26
First Hope	Countywide	200	\$4,094,719
TOTAL		200	\$4,094,719

ACCESS AND LINKAGE TO TREATMENT

Programs in this category have a primary focus on screening, assessment, and connecting children and adults as early as practicable to necessary mental health care and treatment.

Three programs are included in this category:

- 1) The James Morehouse Project (fiscal sponsor Bay Area Community Resources -BACR) at El Cerrito High School, a student health center that partners with community-based organizations, government agencies and local universities, provides a range of youth development groups designed to increase access to mental health services for at-risk high school students. These on-campus groups address mindfulness (anger/stress management), violence and bereavement, environmental and societal factors leading to substance abuse, peer conflict mediation and immigration/acclulturation.
- 2) STAND! Against Domestic Violence utilizes established curricula to assist youth successfully address the debilitating effects of violence occurring both at home and in teen relationships. Fifteen-week support groups are held for teens throughout the County, and teachers and other school personnel are assisted with education and awareness with which to identify and address unhealthy relationships amongst teens that lead to serious mental health issues.
- 3) Experiencing the Juvenile Justice System. Within the County operated Children's Services five mental health clinicians support families who are experiencing the juvenile justice system due to their adolescent children's involvement with the law. Three clinicians are out stationed at juvenile probation offices. The clinicians provide direct short-term therapy and coordinate appropriate linkages to services and supports as youth transition back into their communities.
- 4) Transitions Team Expansion. Transitions is a County-operated program that provides linkage to care for adults who are living with a behavioral health condition, at risk of homelessness and not connected to routine care or services. Clients are typically referred to the program following hospital or PES discharge. Intensive out-patient services are provided by a multi-disciplinary team. New positions have been added to support the following:
 - a. Library Initiative – a mental health clinician and community support worker (peer) work as a team to support countywide libraries that have been identified as having a high number of patrons who are at risk due homelessness and behavioral health issues. The team offers support to library staff and provides identified patrons with community resources and referrals to housing programs, health and behavioral health services. Warm hand-offs are provided as well as follow up to encourage engagement in care.
 - b. Street Psychiatry – a multidisciplinary team (including nurse practitioner, substance use counselor, peer support worker and mental health clinician) provides outreach and support to unhoused people, including those living in encampments. Services include linkages to psychiatric care, medication management, care management, health services and housing resources for those who are not linked to care and not able to come to a clinic. Services are provided in the field. The team collaborates with community partners including Healthcare for the Homeless, to provide warm hand-offs and follow up to encourage on-going engagement in care.

The allocation for the Access and Linkage to Treatment category is summarized below:

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 25-26
James Morehouse Project	West County	300	\$127,698
STAND! Against Domestic Violence	Countywide	750	\$166,430
Experiencing Juvenile Justice	Countywide	300	\$477,973
Transition Team Expansion	Countywide	800	\$876,537
TOTAL		1,350	\$1,648,638

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

Six programs are included in this category:

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

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

Program	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 25-26
Child Abuse Prevention Council	Central and East County	120	\$212,041
Center for Human Development	East County	230	\$194,756
La Clínica de la Raza	Central and East County	3,750	\$348,170
Lao Family Community Development	West County	120	\$236,303
Lifelong Medical Care	West County	115	\$162,303
Rainbow Community Center	Countywide	1,125	\$940,692
TOTAL..... 5,460 \$2,094,265			

STIGMA AND DISCRIMINATION REDUCTION

Activities in this category are designed to 1) reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to having a mental illness, 2) increase acceptance, dignity, inclusion, and equity for individuals with mental illness and their families, and 3) advocate for services that are culturally congruent with the values of the population for whom changes, attitudes, knowledge and behavior are intended.

The County operated Office for Peer and Family Empowerment (OPFE) provides leadership and staff support to several initiatives designed to reduce stigma and discrimination, develop leadership and advocacy skills among consumers of behavioral health services, support the role of peers as providers, and encourage consumers to actively participate in the planning and evaluation of MHSA funded services. Staff from the OPFE support the following activities designed to educate the community to raise awareness of the stigma that can accompany mental illness.

- 1) The OPFE facilitates Wellness Recovery Action Plan (WRAP) groups by providing certified leaders and conducting classes throughout the County. Staff employ the evidence-based WRAP system in enhancing the efforts of consumers to promote and advocate for their own wellness.
- 2) The Committee for Social Inclusion is an ongoing alliance of committee members that work together to promote social inclusion of persons who receive behavioral health services. The Committee is project based, and projects are designed to increase participation of consumers and family members in the planning, implementation, and delivery of services. Current efforts are supporting the integration of mental health and alcohol and other drug services within the Behavioral Health Services Division. In addition, OPFE staff assist and support consumers and family members in participating in the various planning committees and sub-committees, Mental Health Commission meetings, community forums, and other opportunities to participate in planning processes.
- 3) The Overcoming Transportation Barrier (OTB) Flex Fund provides funding to cover a one-time cost specific to transportation needs and help provide support to clients who need to get to their appointments. Some examples of what these funds cover include: the cost of a new tire, or a loaded Clipper card to provide fare to and from appointments or groups. This programming is a continuation of a former Innovation Project that sunset in September 2021.
- 4) The OPFE supports SB803 Implementation in Contra Costa County which enables Contra Costa, along with all California counties, to expand the behavioral health workforce by allowing certification of Peer Support Specialists. This bill makes it easier for people with lived mental health experiences to be trained and hired while providing supportive services to others in the behavioral health system.
- 5) Through the Take Action for Mental Health and Know the Signs initiatives California Mental Health Services Authority (CalMHSA) provides technical assistance to encourage the County's integration of available statewide resources on stigma and discrimination reduction and suicide prevention. CCH contracts with CalMHSA to link county level stigma and discrimination reduction efforts with statewide social marketing programs. This linkage expands the County's capacity via language specific materials, social media, and subject matter consultation with regional and state experts to reach diverse underserved communities.

The allocation for the Stigma and Discrimination Reduction category is below:

Program	County/Contract	Region Served	MHSA Funds Allocated for FY 25-26
OPFE	County Operated	Countywide	\$847,708
CalMHSA	MOU	Countywide	\$78,000

TOTAL..... \$925,708

SUICIDE PREVENTION

There are three plan elements that support the County's efforts to reduce the number of suicides in Contra Costa County: 1) augmenting the Contra Costa Crisis Center, and 2) supporting a suicide prevention committee. Additional funds are allocated to dedicate staff trained in suicide prevention to provide countywide trainings, education, and consultation for a host of entities such as schools, social service providers, criminal justice and first responder community-based organizations to know the signs of persons at risk of suicide, assess lethality and respond appropriately.

- 1) The Contra Costa Crisis Center provides services to prevent suicides by operating a certified 24-hour suicide prevention hotline. The hotline connects with people when they are most vulnerable and at risk for suicide, enhances safety, and builds a bridge to community resources. Staff conduct a lethality assessment on each call, provide support and intervention for the person in crisis, and make follow-up calls (with the caller's consent) to persons who are at medium to high risk of suicide. MHSA funds enable additional paid and volunteer staff capacity, most particularly in the hotline's trained multi-lingual, multi-cultural response.
- 2) The Contra Costa Crisis Center also operates a PES Follow Up Program, designed to target patients with suicidal ideation/recent attempts who are being released from PES. The program aims to increase linkages and reduce service gaps by offering immediate 24/7 support from counselors who are specially trained in providing crisis and suicide intervention and assessment. The Crisis Center is accredited by the American Association of Suicidology (AAS) and provides local response for the National Suicide Prevention Lifeline (NSPL) as well as the 211 Information and Referral hotline.
- 3) A multi-disciplinary, multi-agency Suicide Prevention Coalition has been established, and has published a draft countywide Suicide Prevention Strategic Plan located [here](#). A final draft of the plan has been postponed due to the passing of Prop 1 and all Suicide Prevention activities being moved to the state level. In preparation for this transition of the Coalition will be moving to quarterly meetings in the 2025 calendar year.

The allocation for the Suicide Prevention category is summarized below:

Plan Element	Region Served	Number to be Served Yearly	MHSA Funds Allocated for FY 25-26
Contra Costa Crisis Center	Countywide	25,000	\$456,092
County Supported	Countywide	N/A	Included in PEI administrative cost
TOTAL 25,000 \$456,092			

PEI ADMINISTRATIVE SUPPORT

Staff time has been allocated by the County to provide administrative support and evaluation of programs and plan elements that are funded by MHSA.

The allocation for PEI Administration is summarized below:

Plan Element	Region Served	Yearly Funds Allocated
Administrative and Evaluation Support	Countywide	\$641,202
TOTAL		\$641,202

PREVENTION AND EARLY INTERVENTION (PEI) SUMMARY FOR FY 2025-26

Outreach for Increasing Recognition of Early Signs of Mental Illness	\$1,557,986
Prevention	\$4,440,390
Early Intervention	\$4,094,719
Access and Linkage to Treatment	\$1,648,638
Improving Timely Access to Mental Health Services for Underserved Populations	\$2,094,265
Stigma and Discrimination Reduction	\$1,240,708
Suicide Prevention	\$456,092
Administrative, Evaluation Support, Transition Positions	\$641,202
Total	\$16,174,000

ATTACHMENT A - PROGRAM PROFILES

Asian Family Resource Center (AFRC).....	A-2
Center for Human Development (CHD).....	A-4
Child Abuse Prevention Council (CAPC).....	A-7
Contra Costa Crisis Center	A-9
Counseling Options Parent Education (C.O.P.E.) Family Support Center	A-12
Fierce Advocates (Formally Building Blocks for Kids - BBK).....	A-14
First Five Contra Costa	A-16
First Hope (Contra Costa Health)	A-18
Hope Solutions (Formerly Contra Costa Interfaith Housing)	A-20
James Morehouse Project (JMP) (Fiscal sponsor Bay Area Community Resources)	A-222
Jewish Family & Community Services East Bay (JFCS)	A-244
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We Care Services for Children.....	A-53

ASIAN FAMILY RESOURCE CENTER (AFRC)

Sun Karnsouvang, Skarnsouvang@arcofcc.org

Asian Family Resource Center (AFRC), 12240 San Pablo Ave, Richmond, CA

GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: BUILDING CONNECTIONS (ASIAN FAMILY RESOURCE CENTER)

- a. Scope of Services: Asian Family Resource Center (AFRC), under the fiscal sponsorship of Contra Costa ARC, will provide comprehensive and culturally sensitive education and access to mental health services for Asian and Asian Pacific Islander (API) immigrant and refugee communities, especially the Southeast Asian and Chinese population of Contra Costa County. AFRC will employ multilingual and multidisciplinary staff from the communities which they serve. Staff will provide the following scope of services:
- b. Outreach and Engagement Services: Individual and/or community outreach and engagement to promote mental health awareness, educate community members on signs and symptoms of mental illness, provide mental health workshops, and promote mental health wellness through community events. Engage community members in various activities to screen and assess for mental illness and/or assist in navigating them into the service systems for appropriate interventions: community integration skills to reduce MH stressors, older adult care giving skills, basic financial management, survival English communication skills, basic life skills, health and safety education and computer education, structured group activities (on topics such as, coping with adolescents, housing issues, aid cut-off, domestic violence, criminal justice issues, health care and disability services), mental health education and awareness, and health/mental health system navigation. AFRC, in collaboration with community-based organizations, will participate in 3-5 mental health and wellness events to provide wellness and mental health outreach, engagement, and education to immigrants and refugees in the Contra Costa County.
- c. Individual Mental Health Consultation: This service will also be provided to those who are exhibiting early signs of mental illness, to assess needs, identify signs/symptoms of mental health crisis/trauma, provide linkages/referrals, or assist in navigation into the mental health system, provide wellness support groups, access essential community resources, and linkage/referral to mental health services. Peer Navigators will be utilized to support participants in accessing services in a culturally sensitive manner. These services will generally be provided for a period of less than one year. AFRC will serve a minimum of 50 high risk and underserved Southeast Asian community members within a 12-month period, 25 of which will reside in East County with the balance in West and Central County.
- d. Translation and Case Management: AFRC staff will provide translation and case management services to identified mono-lingual consumers in the West County Adult Behavioral Health Clinic in San Pablo, CA. Services will include attending medical appointments, assisting with applications and forms, advocacy, and system navigation.
- e. Target Population: Asian and Pacific Islander immigrant and refugee communities (especially Chinese and Southeast Asian population) in Contra Costa County
- f. Payment Limit: FY 25-26: \$179,475
- g. Number served: FY 21-22: 624; FY 22-23: 706; FY 23-24: 1061
- h. Outcomes:
 - FY 21-22
 - After the height of the COVID-19 pandemic, responders reached primarily consisted of multilingual and

multicultural individuals and families (specifically of Vietnamese, Laos, Khmu, Mien, and Chinese backgrounds) currently living in Contra Costa County (with the majority residing in the western region of the county)

- Due to the ongoing consequences of the COVID-19 pandemic, AFRC emphasized offering support to vulnerable populations like the elderly and the homeless.
- The primary method of outreach and engagement were program brochures printed in several languages (e.g., Vietnamese, Laos, Mien, and Chinese) and began to increase outreach compared to during the height of the pandemic.
- Held psychoeducation workshops (some virtual some in-person small groups of 10-12 people) for community members on prevention and early intervention, self-care and human wellness, cultural and family/parenting issues, early signs of mental health issues, resources, etc. to increase knowledge about mental health, reduce stigma, and lessen barriers to accessing treatment.
- All program participants received system navigation support for mental health treatment, Medi-Cal benefits, connecting with local community leaders such as pastors and community associations, and other essential benefits.
- FY 22-23
 - Expanded our goal to serve multilingual and multicultural communities, including those of Vietnamese, Lao, Khmu, Mien, Thai, and Chinese backgrounds.
 - Successfully managed over 90 cases in multiple languages, assisting clients with resources, translation services, medication education, counseling, and transportation services.
 - Distributed over 350 program brochures in Vietnamese, Lao, Mien, and Chinese to 19 locations throughout the Bay Area, enhancing outreach and engagement.
 - Hosted 24 psychoeducation workshops on mental health awareness, self-care, and human wellness, with an average of 25 attendees per workshop, demonstrating strong community interest and participation.
 - Conducted weekly group sessions for 10 – 17 people on essential life skills such as financial literacy, nutrition, housing, and safety awareness, addressing a broad range of community needs.
 - Emphasized support for vulnerable populations, including the elderly and homeless, and raised awareness on safety and prevention strategies amid rising anti-Asian hate crimes, reflecting our commitment to these communities.
 - Increased outreach efforts post-pandemic, focusing on interpersonal community engagement and leveraging family-to-family resources and word of mouth to reach more individuals.
 - Utilized various strategies to provide access to mental health treatment and support, including direct referrals for Medi-Cal recipients and offering individual/family consultation and wellness support groups in multiple Asian languages under the PEI program.
 - Received updated training for our staff to better serve and understand the needs of underserved populations, ensuring services are tailored and supportive.
- FY 23-24:
 - Over the past year, managed over 119 cases to in several languages, helping clients in connecting to resources, translation services, medication education, counseling, and transportation education services.
 - Distributed over 372 program brochures to 27 locations throughout the Bay Area in 4 languages, including Vietnamese, Lao, Mien, and Chinese.
 - Hosted 36 psychoeducation workshops over the past fiscal year on topics such as mental health awareness, self-care, and human wellness with an average of 25 attendees per workshop.
 - Hosted weekly group sessions of about 10 – 17 people on financial literacy, nutrition, housing, safety awareness, and other life skills.

CENTER FOR HUMAN DEVELOPMENT (CHD)

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GENERAL DESCRIPTION OF THE ORGANIZATION

Center for Human Development (CHD) is a community-based organization that offers a spectrum of Prevention and Wellness services for at-risk youth, individuals, families, and communities in the Bay Area. Since 1972 CHD has provided wellness programs and support aimed at empowering people and promoting growth. Volunteers work side-by-side with staff to deliver quality programs in schools, clinics, and community sites throughout Contra Costa as well as nearby counties. CHD is known for innovative programs and is committed to improving the quality of life in the communities it serves.

PROGRAM: AFRICAN AMERICAN WELLNESS PROGRAM & YOUTH EMPOWERMENT PROGRAM

- a. Scope of Services: The African American Wellness Program (formerly African American Health Conductor Program) serves Bay Point, Pittsburg, and surrounding communities. The purpose is to increase emotional wellness; reduce stress and isolation; and link African American participants, who are underserved due to poor identification of needs and lack of outreach and engagement, to appropriate mental health services. Key activities include: outreach through community events; culturally appropriate education on mental health topics through Mind, Body, and Soul support groups; conduct community health education workshops in accessible and non-stigmatizing settings; and navigation assistance for culturally appropriate mental health referrals.

The Youth Empowerment Program provides LGBTQ youth and their allies in Antioch, Pittsburg, and surrounding East County communities with strength-based educational support services that build on youths' assets, raise awareness of mental health needs identification, and foster resiliency. Key activities include: a) Three weekly educational support groups that promote emotional health and well-being, increase positive identity and self-esteem, and reduce isolation through development of concrete life skills; b) one leadership group that meets a minimum of twice a month to foster community involvement; and c) linkage and referral to culturally appropriate mental health service providers in East County.

- b. Target Population: Wellness Program: African American residents in East County at risk of developing serious mental illness. Youth Empowerment Program: LGBTQ youth in East County
- c. Payment Limit: FY 25-26: \$192,883
- d. Number served: FY 21-22: 262; FY 22-23: 227; FY 23-24: 237
- e. Outcomes:
 - FY 21-22 African American Wellness Program:
 - The African American Wellness Program serves adults 18 and older, living in East Contra Costa County. African American Wellness Program supports participants by empowering them to recognize and achieve inner strengths and coping strategies to maintain emotional wellness.
 - Provided support groups for 155 unduplicated attendees.
 - 755 newsletters were distributed
 - Outreached to 120 people at community events.
 - Participants who attended Mind, Body & Soul support groups received tools & techniques to identify barriers. Participants were individually provided services to help them address their current issues.

Participants were referred to Contra Costa crisis center 211, mental health access line.

- C.H.A. Michelle Moorehead & R.L. Lisa Gordon assist participants with system navigation.
- The Community Health Advocate called the mental health access line with participants to support making appointments. They also attended doctor's appointment, provided follow up.
- FY 21-22 Youth Empowerment Program:
 - Staff facilitated 116 educational group sessions and 1137 individual check-ins, assessments and support sessions. This is more than double the number of group sessions and more than 300 more individual check-ins and one-on-one meetings from last year.
 - Information on mental health topics and services comes up "naturally" during the weekly support groups so this is not seen as a "stand alone" component by staff. However, regular check-ins and one-on-one meetings and assessments were provided allowing staff to identify possible "red flags", such as symptoms of anxiety, depression, and suicidal ideation, or youth are distressed.
 - During check-ins and one-on-one meetings, staff always inquires as to youth's experiences with school, family and peers, interest, wellness, and willingness to participate in mental health services, outside and in addition to Empowerment's programming.
 - Telephone communications, email and secure video conferencing, via Zoom, are the main forms of delivering telehealth support to participants, in addition to in person meetings, since COVID-19.
 - As indicators warrant, staff makes referrals to appropriate, culturally responsive services.
 - Staff has ongoing relationships with Care and Cost Teams at Hillview Junior High, in Pittsburg; Pittsburg High, in Pittsburg; and Deer Valley High, in Antioch which include mental health providers allowing expeditious entry into treatment, as youth became willing to do so (except in emergency circumstances).
 - Staff also had a functioning knowledge of the processes for referral to access services through Contra Costa Health Services and private providers and actively support participants and their guardians navigate these systems.
 - The average length of time between referral and access to treatment for this year is just four (4) weeks. The average duration of symptoms related to mental illness prior to referral is also four (4) weeks.
- FY 22-23 African American Wellness Program:
 - The program successfully served 150 unduplicated participants in East Contra Costa County.
 - Facilitated 72 Mind, Body, & Soul Support Groups across three locations: Pittsburg Health Center, Pittsburg Senior Center, and Ambrose Community Center.
 - Disseminated 1,147 monthly newsletters in person at group meetings or through email and USPS to all participants.
 - Conducted 281 one-on-one consultations to discuss holistic wellness resource needs with participants.
 - Outreach efforts at four community events reached approximately 189 people in East County, providing information and referrals for health, mental health, and other community resources.
 - Achieved the annual goal of reaching 150 unduplicated participants, offering navigational support to increase emotional well-being and access to culturally appropriate mental health services.
 - Returned to full operations for support groups post-COVID-19 restrictions, adhering to CDC guidelines to ensure participant health and safety.
 - Engaged participants through the "Get Walking" program, promoting mental and physical health improvement, with an increase in participation during the spring walk.
 - Hosted the Second Health Awareness Fair to connect participants and the community to accessible and affordable health care, including mental health resources.
 - Maintained continuous engagement with participants through various modes of communication, ensuring that services were accessible and met the needs of the community in a post-pandemic environment.

- FY 22-23 Youth Empowerment Program:
 - Served 74 unduplicated LGBTQ+ identified youth in East Contra Costa County.
 - Held 84 educational group sessions across four locations, including schools and CHD's East County Office.
 - Conducted 761 individual check-ins, assessments, and one-on-one support sessions.
 - Referred 10 LGBTQ+ youth for mental health services, with 8 accessing those services.
 - Achieved an average of 2 weeks from referral to accessing services.
 - 88% of surveyed youth reported having someone to turn to in a crisis since attending support groups.
 - 92% of surveyed youth felt better informed about LGBTQ+ resources and services in their community.
 - 76% of surveyed youth felt more comfortable accessing LGBTQ+ services and resources.
 - 92% of surveyed youth started working with a therapist since attending the program.
- FY 23-24 African American Wellness Program:
 - The African American Wellness Program (AAWP) provided services to 168 unduplicated participants in East Contra Costa County.
 - AAWP facilitated 65 Mind, Body & Soul Support Groups at three (3) locations (Pittsburg Health Center, Pittsburg Senior Center and Ambrose Community Center.
 - 283 Quarterly newsletters were distributed to all participants in person at group meetings or sent by email or via USPS.
 - AAWP provided 280 One-on- One consultations to discuss their holistic wellness resource needs with participants.
 - Outreach for all program services was conducted at three (3) community events to reach approximately 203 people in East Contra Costa County.
 - AAWP provided 180 referrals to participants in East County for Mental Health, Physical Health and other community resources.
- FY 23-24 Youth Empowerment Program:
 - The African American Wellness Program (AAWP) provided services to 168 unduplicated participants in East Contra Costa County.
 - AAWP facilitated 65 Mind, Body & Soul Support Groups at three (3) locations (Pittsburg Health Center, Pittsburg Senior Center and Ambrose Community Center.
 - 283 Quarterly newsletters were distributed to all participants in person at group meetings or sent by email or via USPS.
 - AAWP provided 280 One-on- One consultations to discuss their holistic wellness resource needs with participants.
 - Outreach for all program services was conducted at three (3) community events to reach approximately 203 people in East Contra Costa County.
 - AAWP provided 180 referrals to participants in East County for Mental Health, Physical Health and other community resources.

CHILD ABUSE PREVENTION COUNCIL (CAPC)

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GENERAL DESCRIPTION OF THE ORGANIZATION

The Child Abuse Prevention Council has worked for many years to prevent the maltreatment of children. Through providing education programs and support services, linking families to community resources, mentoring, and steering county-wide collaborative initiatives, CAPC has led Contra Costa County's efforts to protect children. It continually evaluates its programs to provide the best possible support to the families of Contra Costa County.

PROGRAM: THE NURTURING PARENTING PROGRAM

- a. Scope of Services: The Child Abuse Prevention Council of Contra Costa provides an evidence-based curriculum of culturally, linguistically, and developmentally appropriate, Spanish speaking families in East County, and Central County's Monument Corridor. The 20- week curriculum immerses parents in ongoing training, free of charge, designed to build new skills and alter old behavioral patterns intended to strengthen families and support the healthy development of their children in their own neighborhoods. Developmental assessments and referral services are provided to each family served in the program using strategies that are non-stigmatizing and non-discriminatory. Families are provided with linkages to mental health and other services as appropriate. Providing the Nurturing Parenting Program (NPP) in the Monument Corridor of Concord and East County allows underserved parents and children access to mental health support in their own communities and in their primary language.
- b. Target Population: Latino children and their families in Central and East County.
- c. Payment Limit: FY 25-26: \$210,004
- d. Number served: FY 21-22: 213; FY 22-23: 116; FY 23-24: 121
- e. Outcomes:
 - FY 21-22:
 - Four 18-week classes in Central and East County serving parents and their children.
 - Enrolled a total of 91 Latino parents and 122 children during the fiscal year.
 - The first semester Central County served 26 parents, 18 participated and 13 successfully graduated the program. East County served 32 parents, 19 participated in sessions and 16 successfully graduated.
 - The second semester Central County served 18 parents all 18 participated and 15 graduated, East County served 15 parents and graduated 11.
 - Parents who dropped out of the program were contacted by NPP staff to offer additional support and linkage if need be. Staff gathered feedback from parents dropping out; parents' reports provided the following findings: parents financial demand increased, return to the work force, and/or work additional job.
 - In addition to the curriculum information, psychoeducation was provided to help raise self-awareness, identify mental health/behavioral challenges that may need professional support.
 - NPP also offered three sessions with the collaboration of Dr. Hector Rivera-Lopez. Dr. Rivera who has experience working with the Latino community in Contra Costa County offers participants an opportunity to identify possible behavioral/mental health needs that in the past were perceived as "normal" parenting practices.
 - FY 22-23:
 - Implemented two 18-week sessions of The Nurturing Parenting Program (NPP) targeting the Latino

community in Central and East County, with sessions beginning in July 2022 and concluding in June 2023.

- Enrolled a total of 63 Latino parents and 53 children, emphasizing the importance of parenting skills, mental health awareness, and the reduction of stigma around accessing mental health services.
 - Adapted program delivery to a hybrid approach in response to feedback from parents about preferences for in-person vs. online participation, addressing challenges related to returning to the workforce and managing school demands.
 - Collaborated with local community agencies and school districts to promote the program and recruit families, ensuring a culturally sensitive approach.
 - Provided hands-on, collaborative group sessions for parents and children, enhancing skills in key areas such as empathy, discipline, and understanding developmental milestones.
 - Engaged Dr. Hector Rivera-Lopez to offer sessions on identifying behavioral/mental health needs, furthering the program's goal of normalizing mental health discussions within the community.
 - Distributed the Surviving Parenthood Resource Guide and facilitated access to a wide range of community services, supporting families in navigating various support systems.
 - Administered the Inventory AAPI "A" and "B" as evaluation tools at the beginning and end of the program, demonstrating improvements in parenting practices and reductions in risk factors associated with child abuse and neglect.
- FY 23-24:
 - Implemented four 18-week sessions of the Nurturing Parenting Program (NPP) in Central and East County, with sessions running from July 2023 to June 2024.
 - Enrolled a total of 68 Latino parents and 63 children, providing structured parenting education to strengthen family relationships and break cycles of unhealthy parenting practices.
 - Successfully graduated 62 parents and 63 children from the program, with only a small number of parents unable to complete due to scheduling conflicts. Parents who dropped out were invited to re-enroll in future sessions.
 - Expanded accessibility by offering in-person sessions at multiple community locations, including Delta First 5, Vintage Parkway Elementary School, and Concord First 5 Center, increasing reach within underserved communities.
 - Collaborated with school districts, First 5 Centers, Head Start, WIC, and other local agencies to promote the program and ensure culturally responsive outreach.
 - Utilized the AAPI assessment tool to measure parenting skills before and after program completion, demonstrating measurable improvements in key areas such as empathy, discipline strategies, and appropriate expectations of children.
 - Identified challenges in the Values Power-Independence construct and invited parents scoring low in this area to participate in future sessions to further develop their skills.
 - Provided mental health psychoeducation and linkage to services, reducing stigma around seeking mental health support for both parents and children.
 - Engaged Dr. Hector Rivera-Lopez to provide targeted mental health sessions, reinforcing emotional self-care and promoting positive parenting practices within the Latino community.
 - Strengthened social support networks by fostering peer connections among parents, reducing isolation, and promoting resilience.

CONTRA COSTA CRISIS CENTER

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GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: SUICIDE PREVENTION CRISIS LINE

a. Scope of Services:

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

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

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

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

c. Payment Limit: FY 25-26: \$451,750

d. Number served: FY 21-22: 21,971; FY 22-23: 27,226; FY 23-24: 25,522

e. Outcomes:

- FY 21-22:
 - Provided immediate counseling, active listening, emotional support, and referrals to community resources via a 24-hour Crisis & Suicide hotline via phone and text. Calls and texts were answered by live Call Specialists in English and Spanish, as well as access to the 24/7 Language Line interpreter services for over 240 languages.
 - Provided callers linkage to mental health services through community resources as appropriate. 100% of callers were assessed for suicide risk level, and all callers with a risk level of medium or high were offered a follow-up call.
 - Provided debriefing, supervision, silent monitoring, and consultation for staff and volunteers. Staff and volunteers reflect County demographics in diversity of country of origin, languages spoken, culture, gender, religion, sexual orientation and socio-economic class.
 - Exceeded target goals for total mental health/crisis/suicide calls, call response time, and call abandonment rate during this reporting period.
 - Exceeded target goal for number of active call center volunteers including several with multilingual skills during this reporting period.
 - Provided 54+ hours of classroom and one-on-one mentoring training curriculum for two new volunteer training cohorts (August 2021 and May 2022).
 - Exceeded target goals for Suicide Assessment and Intervention Trainings by providing free virtual trainings offered to all partner agency providers countywide with optional CE credits available:
 - Three- 6-hour Trainings (two virtual, one in-person)
 - Three- 1-hour Virtual Trainings (one conducted in Spanish)
 - Two- 4-hour Virtual Trainings
 - Continued to provide virtual outreach and education presentations regarding Crisis Center Agency Services and Suicide Prevention.
 - Continued to co-chair the Suicide Prevention Coalition monthly meetings.
 - Responded to ten Postventions/Mobile Grief Response Requests after the sudden death of a student or colleague at a school, business, or agency.
 - Conducted several planning and coordination meetings with the PES team for the follow-up program for consenting patients discharged from PES. Follow-Up program promotion to patients began August 1, 2022.
- FY 22-23:
 - Exceeded target goals for the operation of 24-hour Crisis & Suicide Hotlines, providing immediate counseling, active listening, emotional support, and referrals to community resources via phone and text.
 - Successfully recruited and trained a diverse volunteer pool, exceeding the target goal for the number of active call center volunteers with multilingual skills.
 - Exceeded target goals for Community Outreach & Education by providing 9 free trainings on Suicide Risk Assessment & Intervention to partner service providers and mental health clinicians countywide.
 - Met target goals for co-chairing Suicide Prevention Coalition monthly meetings, enhancing collaborative efforts for suicide prevention.
 - Met target goals for processing County Coroner referrals and analyzing suicide data to inform prevention strategies.

- Responded to four Postvention/Mobile Grief Response Requests, offering critical support following sudden deaths in schools, businesses, or agencies.
- Met target goals for providing Grief Support Groups, enrolling 85 grief clients in services between 07/01/22-06/30/23.
- Successfully promoted and implemented the Psychiatric Emergency Follow-Up Program, receiving 73 total referrals and providing follow-up to consenting patients discharged from PES.
- FY 23-24:
 - Exceeded target goals for the 24-hour Crisis & Suicide Hotlines, providing immediate emotional support, active listening, and referrals via phone and text.
 - Successfully recruited and trained a diverse volunteer pool, maintaining an active team of 31 call center volunteers (Goal: 25), including multilingual volunteers fluent in Spanish, Hindi, Hebrew, Punjabi, Urdu, and Russian.
 - Provided 60+ hours of training for two new volunteer cohorts (September 2023, March 2024), meeting accreditation and training standards.
 - Exceeded target goals for Suicide Risk Assessment & Intervention Trainings, delivering eight free trainings to service providers and clinicians, including seven virtual and one in-person session.
 - Met target goals for co-chairing monthly Suicide Prevention Coalition meetings in partnership with Contra Costa Health.
 - Processed County Coroner referrals and continued collaboration with the Family, Maternal, and Child Health Program to connect grieving survivors to bereavement support groups.
 - Responded to five Postvention/Mobile Grief Response Requests, providing critical support following sudden deaths in schools, businesses, and agencies.
 - Provided grief counseling services, enrolling 89 clients in Survivors After Suicide Loss, Parents Who Have Lost a Child, Partner & Spouse Loss, and Family & Friend Loss support groups.
 - Expanded the Psychiatric Emergency Follow-Up Program, receiving 231 referrals from PES between August 2023 and June 2024, with 32 patients opting in via text and 199 providing consent through faxed forms.
 - Maintained an average crisis call response time of 14.8 seconds (Goal: <30 sec) and achieved a crisis line abandonment rate of 10.5%, a 1% decrease from the previous year.
 - Ensured 100% suicide risk assessment for crisis calls, with follow-ups provided to 100% of medium-to-high risk callers who consented.
 - Maintained 80+ hours per week of Spanish-language crisis line coverage (2.0 FTE), ensuring accessibility for Spanish-speaking callers.
 - Conducted 12 in-person professional development trainings for staff and volunteers to enhance cultural humility and knowledge of community resources.

COUNSELING OPTIONS PARENT EDUCATION (C.O.P.E.) FAMILY SUPPORT CENTER

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GENERAL DESCRIPTION OF THE ORGANIZATION

C.O.P.E.'s mission is to prevent child abuse by providing comprehensive support services to strengthen family relationships and bonds, empower parents, encourage healthy relationships, and cultivate nurturing family units to encourage an optimal environment for the healthy growth and development of parents and children through parent education.

PROGRAM: POSITIVE PARENTING PROGRAM (TRIPLE P) EDUCATION AND SUPPORT

- a. Scope of Services: In partnership with First 5 Contra Costa Children and Families Commission and Contra Costa County Behavioral Health Services, C.O.P.E. is funded to deliver Positive Parenting Program classes to parents of children ages 0–17. The C.O.P.E Family Support Center will provide approximately 21 services using the evidence-based Triple P — Positive Parenting Program Level 2 Seminar, Level 3 Primary Care, Level 4 Group, Level 5 Pathways, Level 5 Enhanced, Level 5 Transitions, Level 5 Lifestyle multi-family support groups, at low or no cost to parents of children two to seventeen years of age.

The program utilizes an evidence based self-regulatory model that focuses on strengthening the positive attachment between parents and children by building a parent's capacity for the following five aspects:

- i. **Self-sufficiency** - having the ability to use one's own resources to independently solve problems and decrease reliance on others.
- ii. **Self-efficacy** - having the confidence in performing daily parenting tasks.
- iii. **Self-management** - having the tools and skills needed to enable change.
- iv. **Personal agency** - attributing the changes made in the family to own effort or the effort of one's child.
- v. **Problem-solving** - having the ability to apply principles and strategies, including creating parenting plans to manage current or future problems.

All classes are available in Spanish, Arabic, Farsi and/or English. To outreach to the community about the curriculum and benefits of Triple P Parenting, C.O.P.E. provides management briefings, orientation, and community awareness meetings to partner agencies. C.O.P.E. supports and organizes annual trainings for other partnering agencies, including pre-accreditation trainings, fidelity oversight and clinical and peer support to build and maintain a pool of Triple P practitioners.

- b. Target Population: Contra Costa County parents of children and youth with identified special needs. Our targeted population includes caregivers residing in underserved communities throughout Contra Costa County.
- c. Payment Limit: FY 25-26: 302,178
- d. Number served: FY 21-22: 217; FY 22-23: 269; FY 23-24: 192
- e. Outcomes:
 - FY 21-22:
 - Provided twenty-one (21) Triple P Positive Parenting Group classes and seminars to residents in West,

Central and Eastern Contra Costa County.

- Enrolled 217 family members in Triple P Positive Parenting classes.
- Provided case management services for families in need of additional resources.
- Clinical and Master level social work interns were provided pre-accreditation training through assisting accredited Triple P practitioners in their classes. An additional two practitioners were accredited in Level 4 Stepping Stones through a training offered by a Triple P provider agency in Mendocino County.
- FY 22-23:
 - Successfully completed all contract provisions, ensuring program activities were delivered by accredited Triple P practitioners.
 - Offered twenty-two Triple P Positive Parenting Group classes and seminars across West, Central, and Eastern Contra Costa County.
 - Enrolled 269 individuals in these classes and seminars, exceeding the annual goal.
 - Trained and accredited 14 new facilitators across various Triple P levels, enhancing the program's capacity to serve families with children from birth to age 18.
 - Provided extensive case management services, including supportive check-ins and resource referrals, to every enrolled family.
 - Delivered 21 classes and one seminar throughout the county, utilizing Zoom video-conferencing and in-person meetings to reach English and Spanish speaking communities.
 - Achieved significant outcomes through pre and post assessments, showing reductions in dysfunctional discipline practices, parental perceptions of disruptive child behavior, and symptoms of depression, anxiety, and stress among parents.
 - Engaged in a variety of outreach efforts, collaborating with partner agencies and attending meetings to recruit families at risk, and faced challenges such as high demand for classes which required over-enrollment to meet community needs.
- FY 23-24:
 - C.O.P.E. conducted seventeen (17) Group Triple P classes with parents of children ages 0-12.
 - C.O.P.E. conducted six (6) Family Transitions classes for families experiencing separation and divorce, actively engaged in co-parenting.
 - C.O.P.E. enrolled 192 out of the target goal of 210 Participants in Triple P classes.
 - Of the 192 enrolled, 181 Participants graduated from Triple P Parenting classes during the fiscal year.
 - C.O.P.E. attained a 94.5% rate of program completion from enrolled Participants.
 - Of the graduated participants, 95% reported improvement in parenting skill development and a decrease in stress, anxiety, and depression.
 - C.O.P.E. conducted outreach to 359 parents/caregivers during the fiscal year.
 - C.O.P.E. provided case management services to over 60 families referred for additional support/resources.
 - Sessions were held both in-person and online via Zoom to increase accessibility for all families across East, Central, and West Contra Costa County.

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GENERAL DESCRIPTION OF THE ORGANIZATION

Fierce Advocates amplifies the voices of parents/caregivers of color and partners with them to advance equitable access and opportunities for all youth to have a quality education and all families to achieve emotional and physical well-being. We realize our goals through healing centered care, leadership development, and parent-led advocacy. Fierce Advocates serves parents and primary caregivers living in West Contra Costa County that primarily represent low-income African-American, Latinx and immigrant populations.

PROGRAM: NOT ABOUT ME WITHOUT ME

a. Scope of Services:

Fierce Advocates, a project of Tides Center, will provide diverse West County households with improved access to mental health education, and mental health support. The *Not About Me Without Me* prevention and early intervention work addresses MHSA's PEI goal of providing Prevention services to increase recognition of early signs of mental illness and intervening early in the onset of a mental illness.

Accordingly, the goals are three-fold: (1) working with families to ensure that they are knowledgeable about and have access to a network of supportive and effective mental health information and services; (2) reduce risk for negative outcomes related to untreated mental illness for parents/primary caregivers and children whose risk of developing a serious mental illness is significantly higher than average including cumulative skills-based training opportunities on effective parenting approaches; and, (3) train and support families to self-advocate and directly engage the services they need.

This work represents an evolution in our *Not About Me Without Me* approach to service provision by working toward a coordinated, comprehensive system that will support families in not just addressing mental illness and recovering from traumatic experiences but will fortify them to create community change. This system will continue to put resident interests and concerns at the fore and additionally be characterized by a model that enables organizations to: work more effectively and responsively with underserved residents in the Richmond and West Contra Costa community; improve outcomes; reduce barriers to success; increase provider accountability and create a truly collaborative and healing environment using strategies that are non-stigmatizing and non-discriminatory.

b. Target Population: Parents and caregivers and their families living in West Contra Costa County

c. Payment Limit: FY 25-26: \$268,008

d. Number served: FY 20-21: 466; FY 21-22: 300; FY 23-24: 539

e. Outcomes

- FY 21-22:
 - Linkages with East Bay service providers: Participants connected to 21 health and wellness professionals that provide no and low-cost individual, family, and group support and prevention services. Their services include mindfulness, counseling, nutrition, parenting classes, and fitness classes.
 - Family Engagement: 169 people participated in 75 weekly Family Engagement Virtual Events. BBK staff hosted these activities periodically in collaboration with community partners including the Mindfulness

Life Project, LifeLong Medical Health Promoters program, Tandem, Partners in Early Learning, and other local artists and wellness practitioners. Activities included family bonding arts & crafts, dancing, boxing, storytelling, yoga, and mindfulness activities.

- Social Support and Referral: Reduce risk for negative outcomes related to untreated mental illness for parents/primary caregivers whose risk of developing a serious mental illness is significantly higher than average including cumulative skills-based training opportunities on effective parenting approaches.
- Sanctuary Peer Support Groups: Hosted 33 peer support meetings. 113 women participated in the meetings and learned about self-care, self-love, financial health, and personal growth and development. Through Holding Space, the men's peer support group, BBK served 31 participants. Through these meetings, men have continued building relationships with other men in their community and had conversations about How to Support our Youth, Forgiveness, Financial Health, Love, and Goal Setting.
- Self-and-Collective Advocacy: Trained and supported families to self-advocate, build collective advocacy and directly engage the services they need.
- Life-Coaching: 13 African-American women received six free one-hour sessions with a certified life coach. Participants set short-term goals, midterm, and long-term goals, and used a strength-based approach to create a plan to achieve their goals. The sessions focused on identifying strengths, support systems, and worked on shifting mindset.
- FY 22-23:
 - Coordinated monthly wellness and community engagement activities with community-based organizations, including nature hikes and park clean-ups, to decrease isolation and support community connection.
 - Expanded the life coaching program to include Latinx women who speak Spanish, providing them with mental wellness support and referrals to culturally competent mental health resources.
 - Fully re-launched in-person family wellness activities, connecting families to the importance of physical and mental health through cooking classes, exercise, dance classes, and team-building activities.
 - Continued offering three sanctuaries for emotional well-being support tailored to men of color, Latinx women, and Black women, providing access to mental health tools, knowledge about well-being resources, and community connections.
- FY 23-24:
 - FIERCE implemented necessary programs rooted in the community, such as the launch of life coaching for Latinx women and the continuation of coaching for Black women. A total of 47 women received accessible, no-cost, culturally competent 1-1 life coaching from well-trained mentors and certified coaches from the local community, and more than 85% indicated that they felt empowered to make changes in their lives and had adopted a positive way of thinking.
 - FIERCE Advocates hosted peer support groups—Latino Sanctuary for Women, Black Woman's Sanctuary, and Holding Space for Men—for 291 parents, caregivers, and other adults living in Contra Costa County. 96% of participants strongly agreed that they had improved access to mental health education and mental health support services, 100% strongly agreed that the peer support group had taught them at least one new strategy to cope with stress, and 89% strongly agreed that Sanctuary had helped them feel confident in their strengths.
 - FIERCE Advocates cultivated impactful community partnerships to host family wellness workshops and activities that enable individual, and family wellness based on the identified needs of Contra Costa County residents. These activities included a Books and Breakfast event, a parent and caregiver focus group to understand what youth in our community need to thrive, a Mental Health workshop about EFT tapping, and healthy eating demos.
 - FIERCE Advocates launched a pilot project called Black Family Sanctuary to create spaces for Black families to practice effective family communication and bonding between generations. Eleven youths between the ages of 4 and 14 participated in this program with their parents and caregivers. Family participation included those throughout the County, as far east as Oakley.

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GENERAL DESCRIPTION OF THE ORGANIZATION

The mission of First 5 Contra Costa is to foster the optimal development of children, prenatal to five years of age. In partnership with parents, caregivers, communities, public and private organizations, advocates, and county government, First Five supports a comprehensive, integrated set of sustainable programs, services, and activities designed to improve the health and well-being of young children, advance their potential to succeed in school, and strengthen the ability of their families and caregivers to provide for their physical, mental, and emotional growth.

PROGRAMS: TRIPLE P POSITIVE PARENTING PROGRAM

- a. Scope of Services: First Five Contra Costa and Contra Costa Behavioral Health jointly fund the Triple P Positive Parenting Program that is provided to parents of age 0 - 5 children. The intent is to reduce the maltreatment of children by increasing a family's ability to manage their children's behavior and to normalize the need for support to develop positive parenting skills. The Triple P program provides timely access to service by placing the classes throughout county and offering classes year-round. The Program has been proven effective across various cultures, and ethnic groups. Triple P is an evidence-based practice that provides preventive and intervention support. First 5 Contra Costa provides over-site of the subcontractor, works closely with the subcontractor on program implementation, identifying, recruiting, and on-boarding new Triple P Practitioners, management of the database, review of outcome measurements, and quality improvement efforts. The partnership is intended to provide *outreach for increasing recognition of early signs of mental illness*.
- b. Target Population: Contra Costa County parents of at risk 0–5 children.
- c. Payment Limit: FY 25-26: \$100,489
- d. Number Served: FY 21-22: 193; FY 22-23: 172; FY 23-24: 121
- e. Outcomes:
 - FY 20-21:
 - Delivered 15 classes throughout the county at various times and convenient locations to accommodate transportation barriers. (Through partnership with C.O.P.E.)
 - Held 14 presentations and briefings to early childhood organizations as an engagement and recruitment tool
 - Offered case management support to 45 families who asked for additional resources.
 - Trained and accredited 7 practitioners who supported classes for parents with children ages 0-5.
 - FY 21-22:
 - Conducted fifteen Group Triple P classes specifically designed for parents of children ages 0-5, addressing early childhood behavior and development. (Through partnership with C.O.P.E.)
 - Held both in-person and Zoom classes across the county to enhance accessibility for all families, acknowledging and addressing transportation barriers.
 - Successfully enrolled 194 parents in Triple P classes, aiming to strengthen parenting skills and family relationships.
 - Achieved a program completion rate of 89%, with 172 participants graduating from the Triple P Parenting classes.
 - Conducted outreach efforts that reached 431 parents/caregivers, significantly increasing awareness and enrollment in the program.
 - Provided additional case management services to 47 families, offering personalized support and

- resource connections.
 - Held 13 presentations and briefings for early childhood organizations as part of an outreach strategy to educate about Triple P class offerings.
 - Added four new Triple P facilitators to the team, expanding the program's capacity to serve more parents of young children.
 - Implemented strategies to improve service access for underserved populations, including offering classes in English and Spanish and addressing specific community preferences for in-person engagement.
 - Overcame challenges in reaching Spanish-speaking and Black/African American communities by adapting outreach strategies and utilizing culturally relevant approaches.
- FY 23-24:
 - C.O.P.E. conducted seventeen (13) Group Triple P classes with parents of children ages 0-5.
 - C.O.P.E. conducted ten (10) Triple P seminars with parents of children ages 0-5.
 - C.O.P.E. enrolled 193 Participants in Triple P classes.
 - Of the target goal 156, 121 Participants graduated from Triple P Parenting classes during the fiscal year.
 - Of the graduated participants, 95% reported improvement in parenting skill development and a decrease in stress, anxiety, and depression.
 - C.O.P.E. conducted outreach to 536 parents/caregivers during the fiscal year.
 - Conducted 12 outreach briefings meetings, reaching our target goal for the fiscal year.
 - C.O.P.E. exceeded the target enrollment goal for African American families (18) by 41%.
 - C.O.P.E. met the target case management goal of 45 families referred for additional support/resources.
 - Sessions were held both in-person and online via Zoom to increase accessibility for all families across East, Central, and West Contra Costa County.

FIRST HOPE (CONTRA COSTA HEALTH)

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GENERAL DESCRIPTION OF THE ORGANIZATION

Contra Costa Behavioral Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The First Hope program operates within Contra Costa Behavioral Health's Children's System of Care but is a hybrid program serving both children and young adults.

PROGRAM: FIRST HOPE: EARLY IDENTIFICATION AND INTERVENTION IN PSYCHOSIS

- a. Scope of Service: The mission of the First Hope program is to reduce the incidence of psychosis and the secondary disability of those developing a psychotic disorder in Contra Costa County through:
 - Early Identification of young people between ages 12 and 30 who are showing very early signs of psychosis and are determined to be at risk for developing a serious mental illness.
 - Engaging and providing immediate treatment to those identified as "at risk", while maintaining progress in school, work, and social relationships.
 - Providing an integrated, multidisciplinary team approach including psychoeducation, multi-family groups, individual and family therapy, case management, occupational therapy, supported education and vocation, family partnering, and psychiatric services within a single service model.
 - Outreach and community education with the following goals: 1) identifying all young people in Contra Costa County who are at risk for developing a psychotic disorder and would benefit from early intervention services; and 2) reducing stigma and barriers that prevent or delay seeking treatment through educational presentations.
 - In FY 18-19, the program expanded to offer Coordinated Specialty Care (CSC) services to First Episode Psychosis (FEP) young people ages 16-30, and their families, who are within 18 months of their first episode
- b. Target Population: 12–30-year-old young people and their families
- c. Total Budget: FY 25-26: \$4,094,719
- d. Staff: 27 FTE full time equivalent multi-disciplinary staff
- e. Number served: FY 21-22: 876; FY 22-23: 983; FY 23-24: 1098
- f. Outcomes:
 - FY 21-22:
 - Helped clients manage Clinical High-Risk symptoms and maintain progress in school, work, and relationships.
 - Zero conversions from clinical high risk to psychosis.
 - 80% of First Hope clients had zero PES visits or hospitalizations.
 - Zero completed suicides in FY 21-22.
 - Trained 218 clinicians that included staff from county and community-based mental health agencies such as the Contra Costa Behavioral Health West Childrens Clinic and Seneca, as well as family medicine residents, psychology interns, and students from the SPIRIT program, which trains individuals with lived experience of mental health and/or substance use disorders to become peer providers.

- Reduced the stigma associated with symptoms.
- FY 22-23:
 - Delivered 19 community outreach presentations and trainings on early psychosis intervention, reaching 146 attendees from various health and community organizations.
 - Enhanced the program's cultural and linguistic accessibility by hiring a Spanish bilingual Psychiatric Nurse Practitioner, catering specifically to the Latinx community's needs.
 - Significantly expanded therapy and rehabilitation group offerings to combat social isolation, providing a wide array of support groups including Nature Walk Group, Cognitive Behavioral Social Skills Treatment (CBSST), Dungeons & Dragons, and more.
 - Reduced the conversion rate to psychosis from 33% to 2%, demonstrating the program's effectiveness in early psychosis intervention.
 - Incorporated a former First Hope program client as a peer specialist/mentor, leveraging lived experience to enhance program delivery and relatability..
 - Long Term Public Health Outcomes:
 - Reduce conversion rate from Clinical High-Risk symptoms to schizophrenia.
 - Reduce incidence of psychotic illnesses in Contra Costa County.
 - Increase community awareness and acceptance of the value and advantages of seeking mental health care early.
- FY 23-24:
 - Achieved full program staffing for the first time in 4 years. During fiscal year 2023/2024, internally promoted 1 staff and hired 8 new staff members, including a Certified Medi-Cal Peer Support Specialist to enhance the voices of lived-experience within our team, and 2 Spanish bilingual clinicians to continue to strengthen cultural and linguistic accessibility to mental health services for our Latinx community
 - Developed and implemented a fully Spanish-language psychoeducation workshop in January 2024 for families entering the First Hope program. Presented a second Spanish-language workshop in May 2024
 - Conducted 20 community outreach presentations/trainings on the importance of early intervention in psychosis, how to recognize early warning signs of psychosis, and how to make a referral to our First Hope program
 - Supported 3 staff to become Certified Medi-Cal Peer Support Specialists
 - Supported 4 staff to become certified in IPS (Individualized Placement and Support), an evidence-based practice for supported employment and education for individuals living with serious mental illnesses
 - 0 client conversions from clinical high-risk status to full psychosis

HOPE SOLUTIONS (FORMERLY CONTRA COSTA INTERFAITH HOUSING)

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GENERAL DESCRIPTION OF THE ORGANIZATION

Hope Solutions provides permanent, affordable housing and vital, on-site support services to homeless and at-risk families and individuals in Contra Costa County. By providing services on-site at the housing programs where individuals and families live, we maximize timeliness and access to services. This model also minimizes the discriminatory barriers to support, due to lack of transportation or other resources.

PROGRAM: STRENGTHENING VULNERABLE FAMILIES

a. Scope of Services:

- The Strengthening Vulnerable Families program provides support services at 5 locations. All these locations house vulnerable adults and/or families with histories of homelessness, mental health challenges and/or substance abuse problems. Case management was provided on-site and in-home for all residents requesting this support. Youth enrichment/afterschool programming was provided at all family housing sites. The total number of households offered services under this contract was 286, including the following sites:
 - Garden Park Apartments (Pleasant Hill) – 27 units permanent supportive housing for formerly homeless families with disabilities
 - Lakeside Apartments (Concord) – 124 units of affordable housing for low-income families and individuals (including 12 units of permanent supportive housing for formerly homeless residents with disabilities).
 - Bella Monte Apartments (Bay Point) – 52 units of affordable housing for low-income families and individuals
 - Los Medanos Village (Pittsburg) – 71 units of affordable housing for low-income families and individuals
 - MHSA funded housing (Concord, Pittsburg) - 12 residents in 3 houses.
- In addition to case management, Hope Solutions also provides property management and maintenance for the 12 units of MHSA housing.
- Hope Solutions also agreed to participate with helping to host a community forum on permanent supportive housing during the year.

b. Target Population: Formerly homeless/at-risk families and youth.

c. Payment Limit: FY 25-26: \$459,973

d. Number served: FY 21-22: 429; FY 22-23: 70; FY 23-24: 766

e. Outcomes:

- FY 21-22:
 - Provided on-site case managers and youth enrichment coordinators at 7 housing sites. One of these sites houses 27 formerly homeless families. Three of these housing sites are affordable housing for 247 households that have incomes at 50% or lower than the Average Median Income of the community. The last 3 housing sites house 4 individuals at each of 3 houses.
 - 83% (34/41) of youth maintained or showed improvement in self-esteem and confidence as measured by the Piers-Harris Self-Concept Scale.
 - 91% (21/23) families with children at GPA showed improvement in at least one area of self-sufficiency and had an average score of stable (3) or better on this assessment.

- FY 22-23:
 - Implemented strategies to eliminate barriers to accessing services by providing on-site support in affordable housing settings, ensuring full-time availability of case managers and youth enrichment coordinators.
 - Reduced stigma around mental health needs by integrating culturally aware case management and youth enrichment services, facilitating easier access to a multitude of community services, including mental health treatment.
 - Achieved an improvement in social functioning among school-aged youth in enrichment programs, with at least 75% expected to show improvement in self-esteem and confidence.
 - Demonstrated improved family functioning in the realm of self-sufficiency, with at least 75% of families served showing improvement in at least one area of self-sufficiency.
 - Ensured stability of housing for program participants, aiming for 95% of households to retain safe, permanent housing.
- FY 23-24:
 - Provided on-site case management and youth enrichment services at four family housing sites and three MHSA houses, serving formerly homeless families and individuals with severe mental illness.
 - Eliminated barriers to accessing services by offering on-site and in-home mental health support for children and youth (birth-20) and expanding mental health services for adults in May 2024.
 - 69% of youth in enrichment programs demonstrated increased self-esteem and social competence on the Piers-Harris Self-Concept Scale, though youth continue to struggle post-pandemic.
 - 91% of families receiving case management at Garden Park Apartments showed improvement in at least one area of self-sufficiency, exceeding the program goal of 75%.
 - Ensured 100% housing stability for residents in MHSA housing, exceeding the goal of 95% retention.
 - Integrated culturally responsive services to reduce stigma and increase access to mental health resources, supporting families in navigating systems and advocating for their needs.
 - Expanded afterschool and summer enrichment programming to reinforce academic skills and provide social-emotional support for school-aged children.
 - Increased mental health awareness and linkage to services, offering peer support, wellness groups, and home-based counseling for youth and adults.
 - Strengthened partnerships with property managers to address housing stability challenges, including neighbor conflicts, substance use issues, and family conflicts.
 - Engaged in community advocacy efforts, participating in the Council on Homelessness, Healthcare for the Homeless, and MHSA Advisory Council, ensuring the needs of vulnerable families are represented.

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GENERAL DESCRIPTION OF THE ORGANIZATION

The James Morehouse Project (JMP) works to create positive change within El Cerrito High School through health services, counseling, youth leadership projects and campus-wide school climate initiatives. Founded in 1999, the JMP assumes youth have the skills, values, and commitments to create change in their own lives and the life of the school community. The JMP partners with community and government agencies, local providers, and universities.

PROGRAM: JAMES MOREHOUSE PROJECT (JMP)

- a. Scope of Services: The James Morehouse Project (JMP), a school health center at El Cerrito High School (fiscal sponsor: BACR), offers access to care and wellness through a wide range of innovative youth development programs for 300 multicultural youth in West Contra Costa County. Through strategic partnerships with community-based agencies, local universities, and county programs, JMP offers three main program areas that include: Counseling & Youth Development, Restorative School-Wide Activities, and Medical & Dental Services. Key activities designed to improve students' well-being and success in school include: AOD Prevention; Migrations/Journeys (immigration/acclimation); Bereavement Groups (loss of a loved one); Culture Keepers (youth of color leadership); Discovering the Realities of Our Communities (DROC – environmental and societal factors that contribute to substance abuse); Peer Conflict Mediation; and Dynamic Mindfulness.

As an on-campus student health center, the JMP is uniquely situated to maximize access and linkage to mental health services for young people from underserved communities. The JMP connects directly with young people at school and provides timely, ongoing, and consistent services to youth on-site. Because the JMP also offers a wide range of youth development programs and activities, JMP space has the energy and safety of a youth center. For that reason, students do not experience stigma around coming into the health center or accessing services.

- b. Target Population: At-risk students at El Cerrito High School
- c. Payment Limit: FY 25-26: \$126,470
- d. Numbers Served: FY 21-22: 399; FY 22-23: 364; FY 23-24: 354
- e. Outcomes:
- FY 21-22:
 - Stronger connection to caring adults/peers (build relationships with caring adult(s), peers) for participating youth. From student evaluations: 94% of participating youth reported feeling like, “there is an adult at school I could turn to if I need help.”
 - Increased in well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self-confidence, etc.) for participating youth. From student evaluations: 91% of participating youth reported, “I deal with stress and anxiety better” after program participation.
 - Strengthened connection to school (more positive assessment of teacher/staff relationships, positive peer connections, ties with caring adults) for participating youth. From student evaluation: 77% of participating students reported they “skip less school/cut fewer classes after program participation.
 - Strengthened culture of safety, connectedness and inclusion schoolwide. The WCCUSD implemented The California Healthy Kids Survey at the end of May 2022. Results are not yet available at this time.
 - FY 22-23:
 - The James Morehouse Project provided essential mental health and wellness services, demonstrating a robust engagement with 1,064 unique individuals accessing the JMP, which accounted for a significant

- portion of the school population.
 - A notable 95% of students engaged in JMP activities reported improvements in various resiliency indicators, reflecting the program's impact on enhancing coping skills and well-being.
 - Spanish-speaking parents and guardians found a supportive community in Rincón Latino, with 54 participants attending groups, emphasizing the program's inclusive and culturally responsive approach.
 - The program successfully conducted 19 community outreach presentations/trainings, enriching the educational community's understanding of early intervention and support for mental health issues.
 - The addition of a Spanish bilingual Psychiatric Nurse Practitioner expanded access to psychiatric services for the Latinx community, addressing linguistic and cultural barriers to care.
 - By hiring a former client as a peer specialist/mentor, JMP enriched its service model with lived experience, strengthening its client-centered approach.
 - The program faced challenges in maintaining a stable and supportive school environment due to significant staff turnover, highlighting the importance of continuity and community in fostering a nurturing educational setting.
- FY 23-24:
 - 93% of participating students showed an improvement post-JMP participation across a range of resiliency indicators through self-report on a qualitative evaluation tool across the academic year 2023-2024.
 - 95% of participating students reported an increase in well-being (i.e., "I deal with stress and anxiety better") post-JMP participation through self-report on a qualitative evaluation tool across the academic year 2023-2024.
 - 96% of youth reported feeling, "there is an adult at school I could turn to if I need help," post-JMP participation across the academic year 2023-2024.
 - 973 unique individuals (out of a school population of 1,587) signed in to the JMP in the 2023-2024 school year demonstrating that "stigma" is not a barrier for young people accessing services at the JMP.

JEWISH FAMILY & COMMUNITY SERVICES EAST BAY (JFCS)

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GENERAL DESCRIPTION OF THE ORGANIZATION

Rooted in Jewish values and historical experiences, and inspired by the diverse communities the agency serves, JFCS East Bay promotes the well-being of individuals and families by providing essential mental health and social services to people of all ages, races, and religions. Established in 1877, JFCS East Bay's long tradition of caring directly impacts the lives of approximately 6,000 Alameda and Contra Costa residents each year. The agency provides services in three main program areas: Refugees & Immigrants, Children & Parents, and Adults & Seniors. Woven throughout these services is a comprehensive volunteer program.

PROGRAM: COMMUNITY BRIDGES

- a. Scope of Services: During the term of this contract, Jewish Family & Community Services East Bay will assist Contra Costa Behavioral Health to implement the Mental Health Services Act (MHSA), Prevention and Early Intervention Program "Reducing Risk of Developing Mental Illness" by providing Outreach and Engagement to Underserved Communities with the Community Bridges Program, providing culturally grounded, community-directed mental health education and navigation services to 200 to 300 refugees and immigrants of all ages and sexual orientations in the Afghan, Syrian, Iranian, Iraqi, African, and Russian communities of central Contra Costa County. Prevention and early intervention-oriented program components include culturally and linguistically accessible mental health education; early assessment and intervention for individuals and families; and health and mental health system navigation assistance. Services will be provided in the context of group settings and community cultural events, as well as with individuals and families, using a variety of convenient non-office settings such as schools, senior centers, and client homes. In addition, the program will include mental health training for frontline staff from JFCS East Bay and other community agencies working with diverse cultural populations, especially those who are refugees and immigrants.
- b. Target Population: Immigrant and refugee families of Contra Costa County at risk for developing a serious mental illness.
- c. Payment Limit: FY 25-26: \$208,205
- d. Number served: FY 21-22: 461; FY 22-23: 203; FY 23-24: 485
- e. Outcomes:
 - FY 21-22:
 - Served 461 people. Clients include 185 children (ages 0-15); 98 transition-aged youth (ages 16-25); 166 adults (ages 26-59); and 12 older adults (ages 60+).
 - Completed 208 pre-post assessments with adult case management clients (ages 18+).
 - Provided 10- week series family support with Sutter Health partnership serving 6 families.
 - Provided 208 clients with bilingual/bicultural case management: (ages 18 and older).
 - Health and Mental Health System Navigation (Case Management)
 - 96% of the adult case management clients reported upon exit that they were able to independently seek help for mental health services. At entry, 62 % of clients reported that they did not know how to do this.
 - 93% of the adult case management clients reported upon exit that they knew how to link to the appropriate persons within the county health care system or other community resources for resolution of health or mental health issues. At entry, 79% of clients reported that they did not

know how to do this.

- 100% of the adult case management clients reported upon exit that they had an increased understanding of health and mental health care systems in Contra Costa County. At entry, 91 % of clients reported that they did not understand care systems.
- Women / Men Support / Educational Groups
 - 100% of participants reported to have an increased ability to recognize stress and risk factors in myself or family.
 - 100% of participants reported to have a better understanding of trauma and how it affects the mind and body.
 - 100% of participants reported to have a better understanding of the concepts discussed in group.
 - 100% of participants reported to have learned helpful techniques to deal with their own stress and emotions.
 - 93% of participants reported to have better understanding of when and how to seek help if I need it.
 - 100% of participants reported to feeling more supported after attending the group.
 - 100% of participants reported to have learned helpful parenting skills that they will use with their own children.
 - 100% of participants reported to apply what they learned from the group in their own life.
- FY 22-23:
 - Implemented 2 online trainings on cross-cultural mental health concepts for a wide range of service providers, enhancing their understanding and skills in working with culturally diverse clients.
 - Hosted 4 online interactive workshops on public health topics for Afghan parents, tailored to address their specific interests and challenges, with efforts to collect feedback and ensure satisfaction.
 - Facilitated two community-building events, aiming to reduce social isolation among Afghan newcomer families and foster community connections.
 - Provided individual mental health education sessions via phone to Russian-speaking seniors, adapting the delivery method to their comfort level and ensuring personalized support.
- FY 23-24:
 - Conducted pre- and post-assessments of 247 case management clients, exceeding targets.
 - Provided bilingual/bicultural case management/systems navigation for 247 clients, exceeding targets.
 - Provided 12 Russian seniors with 1-hour individual Telehealth mental health education sessions to help combat isolation, anxiety, and grief and promote wellness through learning relaxation techniques, meeting targets.
 - Provided therapy services for 23 at-risk refugees, asylees, Special Immigration Visa (SIV) holders from various countries, and/or newcomers enrolled in the Afghan Placement and Assistance Program, exceeding targets.
 - Provided 2 two-hour training sessions on cross-cultural mental health concepts, reaching 40 frontline staff of JFCS East Bay and other community service agencies in the first training and 57 in the second, exceeding targets. The training prepared clients to serve a diverse community of clients, learn about mental health issues such as experiences of trauma and the long-term impact of that on clients' lives, and identify and respond to the needs of domestic violence survivors as well as suicide prevention.
 - Provided 4 two-hour workshops on public health topics for 80, 77, 36, and 40 Afghan parents exceeding targets. Workshops covered mental health education, parenting, parents' self-care, etc.
 - Provided 2 community-based events (two-plus hours each) for 107 and 166 newcomer Afghans to combat mental health problems secondary to social isolation, far exceeding targets.

JUVENILE JUSTICE SYSTEM – SUPPORTING YOUTH (CONTRA COSTA HEALTH)

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GENERAL DESCRIPTION OF THE ORGANIZATION

The Behavioral Health Services Division of Contra Costa Health Services combines Mental Health, Alcohol & Other Drugs and Homeless Program into a single system of care. The staff working to support youth in the juvenile justice system operate within Contra Costa Behavioral Health's Children's System of Care.

PROGRAM: ORIN ALLEN YOUTH REHABILITATION FACILITY (OAYRF) / MENTAL HEALTH PROBATION LIAISON SERVICES (MHPLS)

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

- a. Scope of Services: *Orin Allen Youth Rehabilitation Facility (OAYRF)* provides 100 beds for seriously delinquent boys ages 13-21, who have been committed by the Juvenile Court. OAYRF provides year-round schooling, drug education and treatment, Aggression Replacement Training, and extracurricular activities (gardening, softball). Additionally, the following mental health services are provided at OAYRF: psychological screening and assessment, crisis assessment and intervention, risk assessment, individual therapy and consultation, family therapy, psychiatric, case management and transition planning.
- b. *Mental Health Probation Liaison Services (MHPLS)* has a team of three mental health probation liaisons stationed at each of the three field probation offices (in East, Central, and West Contra Costa County). The mental health probation liaisons are responsible for assisting youth and families as they transition out of detention settings and return to their communities. Services include: providing mental health and social service referrals, short term case management, short term individual therapy, short term family therapy. Additionally, the mental health probation liaisons are responsible for conducting court-ordered mental health assessments for youth within the county detention system.
- c. Target Population: Youth in the juvenile justice system in need of mental health support
- d. Payment Limit: FY 25-26: \$477,973
- e. Staff: 5 Mental Health Clinical Specialists: 3 probation liaisons, 2 clinicians at the Ranch
- f. Number Served: FYs 21-22, 22-23 and 23-24: 300+
- g. Outcomes:
 - FYs 21-22, 22-23, and 23-24:
 - Help youth address mental health and substance abuse issues that may underlie problems with delinquency.
 - Increased access to mental health services and other community resources for at risk youth.
 - Provide referrals, short-term therapy, and short-term case management to help decrease symptoms of mental health disturbance.
 - Increase family and youth help-seeking behavior; decrease stigma associated with mental illness.
 - Work with Probation, families, and youth to decrease out-of-home placements and rates of recidivism.
 - Help youth and families increase problem-solving skills.

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GENERAL DESCRIPTION OF THE ORGANIZATION

With 35 sites spread across Alameda, Contra Costa, and Solano Counties, La Clínica delivers culturally and linguistically appropriate health care services to address the needs of the diverse populations it serves. La Clínica is one of the largest community health centers in California.

PROGRAM: VÍAS DE SALUD AND FAMILIAS FUERTES

- a. Scope of Services: La Clínica de La Raza, Inc. (La Clínica) will implement Vías de Salud (Pathways to Health) to target Latinos residing in Central and East Contra Costa County with a goal of: a) 3,000 depression screenings; b) 250 assessment and early intervention services provided by a Behavioral Health Specialist to identify risk of mental illness or emotional distress, or other risk factors such as social isolation; and c) 1,250 follow-up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment. La Clínica's PEI program category is Improving Timely Access to Services for Underserved Populations.

Contractor will also implement Familias Fuertes (Strong Families), to educate and support Latino parents and caregivers living in Central and East Contra Costa County so that they can support the strong development of their children and youth. The project activities will include: 1) Screening for risk factors in youth ages 0-18 (750 screenings); 2) 75 Assessments (includes child functioning and parent education/support) with the Behavioral Health Specialist will be provided to parents/caretakers of children ages 0-18; 3) Three hundred (300) follow up visits with children/families to provide psychoeducation/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues. The goal is to be designed and implemented to help create access and linkage to mental health treatment, be designed, implemented, and promoted in ways that improve timely access to mental health treatment services for persons and/or families from underserved populations, and be designed, implemented, and promoted using strategies that are non-stigmatizing and non-discriminatory.

- b. Target Population: Contra Costa County Latino residents at risk for developing a serious mental illness.
- c. Payment Limit: FY 25-26: \$344,822
- d. Number served: FY 21-22: 799; FY 22-23: 896; FY 23-24: 1034
- e. Outcomes:
 - FY 21-22 Vías de Salud:
 - 9,393 depression and anxiety screenings (313.10% of yearly target).
 - 1,972 assessments and early intervention services provided by a Behavioral Health Specialists to identify risk of mental illness or emotional distress, or other risk factors such as social isolation (789% of yearly target).
 - 4,242 follow up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment (339.36% of yearly target).
 - FY 22-23 Vías de Salud:
 - Vías de Salud exceeded its targets by conducting 9,164 depression and anxiety screenings, providing a clear indication of the high demand and necessity for such services within the community.
 - The program further excelled by delivering 1,496 assessments and early intervention services, addressing the critical need for early identification of mental health issues.

- With 6,025 follow-up support/brief treatment services, Vías de Salud ensured ongoing care and support for adults facing mental health challenges.
- FY 23-24 Vías de Salud:
 - Provided 1,972 depression and anxiety screenings to Latinos residing in Central and East Contra Costa County.
 - Provided 1,144 assessments and early intervention services to identify risk of mental illness or emotional distress, or other risk factors such as social isolation.
 - Conducted 4,818 follow up support/brief treatment services to adults.
- FY 21-22 Familias Fuertes:
 - 934 screens for risk factors in youth ages 0-17 (124.53% of yearly target).
 - 469 Assessments (includes child functioning and parent education/support) with a Behavioral Health Specialist were provided to parents/caretakers of children ages 0-17 (625.33% of yearly target).
 - 683 follow up visits occurred with children/families to provide psychoeducation/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues (227.67% of yearly target).
- FY 22-23 Familias Fuertes:
 - Familias Fuertes, focused on youth and families, surpassed expectations by providing 1,126 screenings for risk factors in youth, demonstrating a proactive approach to identifying potential issues early on.
 - Through 777 assessments for parents and caregivers, Familias Fuertes equipped families with the tools and knowledge needed to support their children's mental and emotional well-being.
 - The program also made significant strides in offering comprehensive support by conducting 1,131 follow-up visits with children and families, providing valuable psycho-education and brief treatment services. .
- FY 23-24 Familias Fuertes:
 - Provided 846 screenings for risk factors in youth ages 0-17.
 - Provided 235 Assessments to parents/caretakers of children ages 0-17.
 - Conducted 989 follow up visits with children/families to provide psycho-education/brief treatment regarding behavioral health issues.

LAO FAMILY COMMUNITY DEVELOPMENT (LFCD)

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GENERAL DESCRIPTION OF THE ORGANIZATION

Founded in 1980, Lao Family Community Development, Inc. (LFCD) annually assists more than 15,000 diverse refugee, immigrant, limited English, and low-income U.S. born community members in achieving long-term financial and social self-sufficiency. LFCD operates in 3 Northern California counties delivering timely, linguistically, and culturally appropriate services using an integrated service model that addresses the needs of the entire family unit, with the goal of achieving self-sufficiency in one generation.

PROGRAM: HEALTH AND WELL-BEING FOR ASIAN FAMILIES

- a. Scope of Services: Lao Family Community Development, Inc. provides a comprehensive and culturally sensitive Prevention and Early Intervention Program that combines an integrated service system approach for serving underserved Asian and Southeast Asian adults throughout Contra Costa County. The program activities designed and implemented include: comprehensive case management; evidence based educational workshops using the Strengthening Families Curriculum; and peer support groups. Strategies used reflect non-discriminatory and non-stigmatizing values. We will provide outreach, education, and support to a diverse underserved population to facilitate increased development of problem-solving skills, increase protective factors to ensure families emotional well-being, stability, and resilience. We will provide timely access, referral, and linkage to increase client's access to mental health treatment and health care providers in the community based, public, and private system. LFCD provides in language outreach, education, and support to develop problem solving skills, and increase families' emotional well-being and stability, and help reduce the stigmas and discriminations associated with experiencing mental health. The staff provides a client centered, family focused, strength-based case management and planning process, to include home visits, brief counseling, parenting classes, advocacy, and referral to other in-house services such as employment services, financial education, and housing services. These services are provided in clients' homes, other community-based settings, and the offices of LFCD in San Pablo.
- b. Target Population: South Asian and Southeast Asian Families at risk for developing serious mental illness.
- c. Payment Limit: FY 25-26: \$234,032
- d. Number served: FY 21-22: 127; FY 22-23: 127; FY 23-24: 123
- e. Outcomes:
 - FY 21-22:
 - Served 127 participants from both communities representing a diverse group (Nepali, Tibetan, Lao, and Mien).
 - Provided navigation and timely access to internal and external services including linkages to mental health and other service providers.
 - A total of 127 clients completed the Pre LSNS assessment and 127 clients completed the Post LSNS assessments. The average progression was 5 with a high correlation between the participant's progression and level of participation in monthly social peer support groups' activities and workshops.
 - 94% (120 of 127 respondents) of the participants were satisfied with the program services, and 5% (6 of 127 respondents) were somewhat satisfied with the program services.
 - FY 22-23:
 - Completed 127 Pre LSNS assessments and Post LSNS assessments, showing an average progression that strongly correlated with the level of participation in monthly social peer support groups' activities and workshops.

- Achieved a high satisfaction rate among participants, with 94% satisfied and 6% somewhat satisfied with the program services.
- Conducted 13 workshops, engaging 183 participants, and 13 peer support groups with 163 participants participating, illustrating the program's capacity to foster community and individual resilience.
- Organized 4 social gatherings, with a total of 255 participants, and 19 community outreach events, reaching 853 clients, highlighting the program's expansive reach and ability to engage the community effectively.
- Ensured timely access to a wide range of services, including mental health care, legal assistance, and health insurance navigation, by escorting high-barrier clients to essential appointments and facilitating warm handoffs to service providers.
- Utilized a variety of evaluation tools, including activity evaluation forms and a general program evaluation form, to continuously assess and improve program services based on participant feedback.
- FY 23-24:
 - Served 123 participants from diverse communities, including Nepali, Tibetan, Burmese, Bhutanese, Thai, Lao, and Hispanic clients, providing culturally responsive services.
 - Facilitated timely access to healthcare, mental health services, and social support, linking clients to providers such as Contra Costa Regional Hospital, Kaiser, Rota Care, Lifelong Medical Center, and county mental health services.
 - Escorted high-barrier clients (seniors, individuals with disabilities, and monolingual speakers) to critical medical, mental health, legal, and social service appointments, ensuring they received needed care.
 - Conducted 10 workshops with 262 participants and 10 peer support groups with 260 participants, fostering community engagement and reducing social isolation.
 - Organized four social gatherings with a total of 284 participants and conducted 12 community outreach events, reaching 940 individuals with education and linkage services.
 - Increased economic stability for participants by assisting them with SSI benefits, tax filing, credit score improvement, and financial literacy workshops, leading to many clients purchasing homes.
 - 95% of participants (117 of 123) reported satisfaction with program services, while 5% were somewhat satisfied, reflecting high program engagement and impact.
 - Improved social connectedness as measured by the LSNS assessment, with an average progression score of 10, indicating reduced social isolation and increased community support.
 - Provided mental health referrals and support, linking clients experiencing PTSD, anxiety, and depression to county mental health services and private providers, though access challenges remain due to insurance limitations and long wait times.
 - Assisted participants with legal and immigration services, including citizenship applications, SSI restoration, and linkage to pro bono legal support, helping stabilize families in the U.S.

THE LATINA CENTER

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GENERAL DESCRIPTION OF THE ORGANIZATION

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

PROGRAM: OUR CHILDREN FIRST/PRIMERO NUESTROS NIÑOS

- a. Scope of Services: The Latina Center (TLC) provides culturally and linguistically specific parenting education and support to at least 300 Latino parents and caregivers in West Contra Costa County that 1) supports healthy emotional, social, and educational development of children and youth ages 0-15, and 2) reduces verbal, physical and emotional abuse. The Latina Center enrolls primarily low- income, immigrant, monolingual/bilingual Latino parents and grandparent caregivers of high-risk families in a 12-week parenting class using the Systematic Training for Effective Parenting (STEP) curriculum or PECES in Spanish (Padres Eficaces con Entrenamiento Eficaz). Parent Advocates are trained to conduct parenting education classes, and Parent Partners are trained to offer mentoring, support, and systems navigation. TLC provides family activity nights, creative learning circles, cultural celebrations, and community forums on parenting topics.
- b. Target Population: Latino Families and their children in West County at risk for developing serious mental illness.
- c. Payment Limit: FY 25-26: \$149,799
- d. Number served: FY 21-22: 291; FY 22-23: 293; FY 23-24: 304
- e. Outcomes:
 - FY 21-22:
 - Served 261 participants in Parenting classes.
 - 30 participants in our 4 Mental health workshops.
 - 28 participants Psycho-educational sessions.
 - FY 22-23:
 - Made over 3,200 outreach calls, resulting in 387 registrations for parenting classes. Out of these, 189 participants took part in the classes, and 54 parents completed all sessions and graduated.
 - Formed 21 parent groups for the classes, with 18 conducted on Zoom and 3 in person, demonstrating adaptability to participant needs and preferences.
 - Hosted 5 workshops on various mental health topics, reaching 82 participants through Zoom and Facebook live broadcasts, evidencing an effective use of digital platforms to engage the community.
 - Offered a stress management program to 3 groups, totaling 22 participants, covering anxiety and stress control, emotional awareness, and self-care strategies.
 - Provided referrals to a Mental Health Coach for clients needing specialized mental health support, highlighting a tailored approach to individual needs.
 - Addressed several challenges, including participation rates and logistical issues with class venues, through diligent follow-up and community collaboration.
 - FY 23-24:
 - Primero Nuestros Niños (Our Children First), an 8-10 week program, is linguistically adapted to Spanish speaking Latino community. Staff were able to reach almost 3,000 persons by calling and inviting them to participate in Parenting Classes.

- As a result of these calls, a total of 332 people registered, 232 participants were able to take at least some of the classes - 66 participants completed and graduated from the course.
- 6 groups in new schools, and 14 groups on zoom. Classes were held in both the morning and the afternoon.
- Trained 20 new leaders and had the support of 3 parent educators, who made calls and conducted outreach for our classes.
- Conducted outreach in public parks, events at new schools such as back to school night, interviews with community program coordinators in these new schools, and some events at The Latina Center.
- Increased communication with social workers who referred 15 participants from CFS, services and the Courts in San Francisco and Richmond.
- Expert Mental Health and Family Life Coach Karen Flores saw 55 clients in one-on-one coaching sessions and led 3 mental health workshops with a total of 42 participants between the 3 groups.
- 10 participants attended health relaxation exercises.
- Alejandra Escobedo Suchet, a graduate of our Mujer, Salud y Liderazgo leadership program and coordinator of Family Services of Mental Health System for Adults at West Contra Costa County Clinic, led one support group for parents and a Family to Family Nami session with a total of 18 participants.

LIFELONG MEDICAL CARE

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GENERAL DESCRIPTION OF THE ORGANIZATION

Founded in 1976, LifeLong Medical Care (LifeLong) is a multi-site safety-net provider of comprehensive medical, dental, behavioral health and social services to low-income individuals and families in West Contra Costa and Northern Alameda counties. In 2017, LifeLong provided approximately 300,000 health care visits to 61,000 people of all ages and cultural backgrounds.

PROGRAM: SENIOR NETWORK AND ACTIVITY PROGRAM (SNAP)

- a. Scope of Services: LifeLong's PEI program, SNAP, brings therapeutic drama, art, music, and wellness programs to isolated and underserved primarily African American older adults living in Richmond. SNAP encourages lifelong learning and creativity, reduces feelings of depression and social isolation, and connects consumers with mental health and social services as needed. All services are designed with consumer input to promote feelings of wellness and self-efficacy, reduce the effects of stigma and discrimination, build community connections, and provide timely access to underserved populations who are reluctant or unable to access other mental health and social services.

SNAP provides services on-site at three low-income housing locations in West County, including weekly group activities, one-on-one check-ins, and case management. Activities vary based on consumer interests, but may include choir, theater, art, board games, word games, special events, and holiday celebrations. Services also include quarterly outings, screening for depression and isolation, information and referral services, and outreach to invite participation in group activities and develop a rapport with residents.

Services are designed to improve timely access to mental health treatment services for persons and/or families from underserved populations, utilizing strategies that are non-stigmatizing and non-discriminatory. The expected impact of these services includes: reducing isolation and promoting feelings of wellness and self-efficacy; increasing trust and reducing reluctance to revealing unmet needs or accepting support services; decreasing stigma and discrimination among underserved populations; and improving quality of life by reducing loneliness and promoting friendships and connections with others.

- b. Target Population: Seniors in low-income housing projects at risk for developing serious mental illness.
- c. Payment Limit: FY 25-26: \$160,744
- d. Number served: FY 21-22: 137; FY 22-23: 175; FY 23-24: 191
- e. Outcomes:
- FY 21-22:
 - Provided services on-site at three housing developments: Nevin Plaza, Friendship Manor, and Harbour View Senior Apartments.
 - Conducted in person wellness checks and social calls, hosted senior resource health fairs, provided individualized social service support, and conducted home visit assessments.
 - Provided monthly community resource in-services, distributed meals and groceries monthly, hosted community resource holiday celebrations and free flea markets.
 - 84% of participants agreed that participation in SNAP helped them feel less isolated.
 - 96% of participants expressed satisfaction with SNAP.
 - 72% of participants expressed SNAP helped improve their mood.
 - FY 22-23:

- Initiated a new service at St. John Apartments, expanding their reach and providing social services to a broader older adult population.
 - Established a resident council at Harbour to improve communication and advocacy for quality-of-life enhancements.
 - Organized Health & Wellness events across Nevin, Harbour, and Friendship locations to promote physical, mental, and spiritual health.
 - Aided a Nevin Plaza resident with healthcare navigation for cardiac surgery, demonstrating their commitment to individual health needs.
 - Adapted to the logistical challenges of building renovations and management changes at Nevin Plaza by providing group education and increasing one-on-one visits.
- FY 23-24:
 - Continued a partnership with senior residential facility to implement social services for their older adult client population. (St. John Apts.)
 - Facilitated collaboration among clients to create a resident council to increase communication with administrators and staff, learn the needs of the residents, and advocate for better quality of life and care. (Harbour)
 - Conducted Health & Wellness events to encourage community comradery and foster physical, spiritual and mental well-being (Nevin, Harbour & Friendship).
 - Supported Nevin residents, in collaboration with EAH housing, to prepare for building ownership change and temporary relocation during renovation including multiple group education events, written communications and individual meetings.

MENTAL HEALTH CONNECTIONS (FORMERLY PUTNAM CLUBHOUSE)

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GENERAL DESCRIPTION OF THE ORGANIZATION

Mental Health Connections provides a safe, welcoming place, where participants (called members), recovering from mental illness, build on personal strengths instead of focusing on illness.

Members work as colleagues with peers and a small staff to maintain recovery and prevent relapse through work and work-mediated relationships. Members learn vocational and social skills while doing everything involved in running The Clubhouse.

PROGRAM: PREVENTING RELAPSE OF INDIVIDUALS IN RECOVERY

a. Scope of Services:

- Project Area A: Mental Health Connections' peer-based programming helps adults recovering from psychiatric disorders access support networks, social opportunities, wellness tools, employment, housing, and health services. The work-ordered day program helps members gain prevocational, social, and healthy living skills as well as access vocational options within Contra Costa. The Clubhouse teaches skills needed for navigating/accessing the system of care, helps members set goals (including educational, vocational, and wellness), provides opportunities to become involved in stigma reduction and advocacy. Ongoing community outreach is provided throughout the County via presentations and by distributing materials, including a brochure in both English and Spanish. The Young Adult Initiative provides weekly activities and programming planned by younger adult members to attract and retain younger adult members in the under-30 age group. Mental Health Connections helps increase family wellness and reduces stress related to caregiving by providing respite through Clubhouse programming and by helping Clubhouse members improve their independence.
- Project Area B: Mental Health Connections assists the Office for Peer and Family Empowerment (OPFE) (OPFE) by providing career support through hosting Career Corner, an online career resource for mental health consumers in Contra Costa County and holding countywide career workshops.
- Project Area C: Mental Health Connections assists Contra Costa County Behavioral Health in several other projects, including organizing community events and by assisting with administering consumer perception surveys.
- Project Area D: Mental Health Connections assists Contra Costa County Behavioral Health in implementing the Portland Identification and Early Referral (PIER) program for individuals at risk of psychosis, First Hope, by providing logistical and operational support.

b. Target Population: Contra Costa County residents with identified mental illness and their families.

c. Payment Limit: FY 25-26: \$896,075

d. Number served: FY 21-22: 326; FY 22-23: 328; FY 23-24: 400

e. Outcomes:

- FY 21-22:
 - Served 326 unduplicated members.
 - 40 new members enrolled and participated in at least one activity. 10 of these new members were young adults aged 18 to 25 years. At least 49 activities were held specifically for the young adult age group.
 - Held 17 career workshops.
 - Prepared 9,681 meals for members.
 - Provided 39,637 hours of Clubhouse programming to members.
 - Provided 432 rides to and from Clubhouse activities.

- Provided 427 In-home outreach visits.
- Made 127 blog postings.
- Caregivers reported the Clubhouse activities provided them with respite care, stated they were highly satisfied with programming, and reported the Clubhouse increased member independence.
- Members reported the Clubhouse activities supported them in self-advocacy, communication, increased knowledge on health and wellness, and increased access to healthcare resources, increased peer interactions, and increased sense of belonging.
- Members and caregivers reported the Clubhouse activities increased their mental and physical health and overall wellbeing.
- FY 22-23:
 - Achieved an increase in membership activity, serving 328 unduplicated members, surpassing the target of 300 and contributing to a total of 42,425 hours of engagement in Clubhouse programming.
 - Exceeded enrollment targets for new Clubhouse members, with 72 new members participating in Clubhouse activities, notably including 53 young adults aged 18 to 25 years.
 - Hosted a significant number of activities specifically tailored for young adults, with 53 activities conducted, demonstrating a strong focus on this demographic.
 - Provided 10,996 meals to members at the Clubhouse, ensuring nutritional support and social engagement.
 - Offered comprehensive transportation support with 671 rides provided to members for various essential purposes.
 - Executed 283 in-home outreach visits, adapting service delivery to meet member needs outside the traditional Clubhouse setting.
 - Published 42 blog postings on the Career Corner Blog and conducted 39 career workshops, greatly exceeding the target and supporting members' vocational aspirations.
 - Celebrated member achievements and community connections through significant events, including the SPIRIT graduation and community partners picnics and holiday parties, enhancing social cohesion and recognition of member successes.
 - Conducted targeted outreach efforts, achieving remarkable engagement and recruitment results, including the successful recruitment of 248 parents for Parent Groups, and the delivery of Home-Based Support to 57 families.
 - Demonstrated high levels of satisfaction and positive outcomes among members and caregivers, with significant improvements in independence, well-being, peer interactions, and access to mental health resources.
- FY 23-24:
 - Membership Growth & Engagement: Served 400 unduplicated members (target: 300), with 41,050 hours of engagement in Connections House programming (target: 40,000 hours), demonstrating high member participation and community engagement.
 - New Member Enrollment & Young Adult Participation: Enrolled 61 new members (target: 70) and engaged 32 young adults aged 18-25 in at least one activity (target: 12), expanding access to transitional-age youth.
 - Enhanced Services & Community Support: Provided 12,000 meals (target: 9,000), 675 rides, and 3,460 outreach visits (including in-home, mobile, and phone calls), significantly increasing outreach efforts.
 - Career Development & Employment Support: Produced 48 Career Corner Podcast episodes (target: 54), hosted 25 career workshops (target: 4), and helped 38 members gain paid employment, supporting professional growth.
 - Increased Member Independence & Advocacy: 82% of members reported increased ability to advocate for themselves and communicate with healthcare providers, and 87% reported increased

knowledge of health and wellness.

- Caregiver Respite & Support: 94% of caregivers reported Connections House provided respite care, and 95% saw increased independence in their loved one, exceeding the goal of 75%.
- Positive Impact on Mental & Physical Well-being: 88% of members and 94% of caregivers reported improved emotional, physical, and mental well-being due to participation in the program.
- Social Inclusion & Community Connection: 91% of members reported having people to do enjoyable things with, and 82% felt a strong sense of belonging within the community.
- Hospitalization Prevention & Crisis Reduction: 94% of hospitalized members stated that Connections House helped prevent future hospitalizations, demonstrating its role in relapse prevention.
- High Program Satisfaction: 91% of members and caregivers reported high satisfaction with Connections House programs, with the Work-Ordered Day, Meals, and Career Development Unit ranking as top priorities.

PEER CONNECTIONS CENTERS (PCCS)

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GENERAL DESCRIPTION OF THE ORGANIZATION

Peer Connections Centers (PCCs) are community-based peer-supported wellness communities that offer programming to reduce social isolation, enhance recovery, and promote independent living for adults facing behavioral health challenges. The Centers provide a welcoming and inclusive space where members develop social, vocational, and wellness skills in a peer-supported environment. Services are provided across three locations in Contra Costa County: San Pablo, Concord, and Antioch.

PROGRAM: PREVENTING RELAPSE OF INDIVIDUALS IN RECOVERY

f. Scope of Services:

- PCCs provide structured peer-based programming focused on recovery, social engagement, and wellness. Services include core classes, wellness groups, and evidence-based practices such as WRAP (Wellness Recovery Action Planning) and Illness Management Recovery (IMR). Members are encouraged to develop personal wellness plans and participate in activities promoting mental, emotional, and physical well-being
- PCCs conduct extensive community outreach, providing presentations to external agencies and organizations to inform them about PCC services and encourage participation.
- PCCs offer specialized groups and programming tailored to underserved populations, including veterans, LGBTQIA+ individuals, young adults, older adults, and those facing housing and food insecurities. Bi-weekly community meetings facilitate leadership opportunities and provide forums for feedback.
- PCCs provide linkages to additional resources such as behavioral health services, vocational programs, and housing assistance. Peer Connection Coaches assist members in developing life skills that support greater independence and self-sufficiency.

g. Target Population: Contra Costa County residents with identified mental illness and their families.

h. Payment Limit: FY 25-26: \$1,794,966

i. Number served: FY 21-22: 326; FY 22-23: 328; FY 23-24: 400

j. Outcomes:

- FY 23-24:
 - Service Utilization
 - Served 326 unduplicated members across three PCC locations (San Pablo, Concord, Antioch), reaching 82% of the annual goal.
 - Provided 57,636 hours of peer-supported programming.
 - Conducted 396 core classes, 36 evidence-based groups, and 75 wellness classes.
 - Held bi-weekly community meetings at each PCC site.
 - Engagement and Participation
 - Served 326 unduplicated members across three PCC locations (San Pablo, Concord, Antioch), reaching 82% of the annual goal.
 - Provided 57,636 hours of peer-supported programming.
 - Conducted 396 core classes, 36 evidence-based groups, and 75 wellness classes.
 - Held bi-weekly community meetings at each PCC site.
 - Impact on Recovery and Well-being
 - Served 326 unduplicated members across three PCC locations (San Pablo, Concord, Antioch), reaching 82% of the annual goal.
 - Provided 57,636 hours of peer-supported programming.
 - Conducted 396 core classes, 36 evidence-based groups, and 75 wellness classes.

- Held bi-weekly community meetings at each PCC site.
- Behavioral and Health Outcomes
 - Served 326 unduplicated members across three PCC locations (San Pablo, Concord, Antioch), reaching 82% of the annual goal.
 - Provided 57,636 hours of peer-supported programming.
 - Conducted 396 core classes, 36 evidence-based groups, and 75 wellness classes.
 - Held bi-weekly community meetings at each PCC site.
- Satisfaction with PCC Activities
 - Served 326 unduplicated members across three PCC locations (San Pablo, Concord, Antioch), reaching 82% of the annual goal.
 - Provided 57,636 hours of peer-supported programming.
 - Conducted 396 core classes, 36 evidence-based groups, and 75 wellness classes.
 - Held bi-weekly community meetings at each PCC site.

OFFICE FOR PEER AND FAMILY EMPOWERMENT (OPFE) (CONTRA COSTA HEALTH)

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GENERAL DESCRIPTION OF THE ORGANIZATION

The Office for Peer and Family Empowerment (OPFE) is a County operated program that supports the entire Behavioral Health System and offers a range of trainings and supports by and for individuals who have experience receiving behavioral health services. The goals are to increase access to wellness and empowerment knowledge for participants of the Behavioral Health System.

PROGRAM: REDUCING STIGMA AND DISCRIMINATION

a. Scope of Services

- The OPFE facilitates Wellness Recovery Action Plan (WRAP) groups by providing certified leaders and conducting classes throughout the County. Staff employ the evidence-based WRAP system in enhancing the efforts of consumers to promote and advocate for their own wellness
- The Committee for Social Inclusion is an ongoing alliance of committee members that work together to promote social inclusion of persons who receive behavioral health services. The Committee is project based, and projects are designed to increase participation of consumers and family members in the planning, implementation, and delivery of services. Current efforts are supporting the integration of mental health and alcohol and other drug services within the Behavioral Health Services Division. In addition, OPFE staff assist and support consumers and family members in participating in the various planning committees and sub-committees, Mental Health Commission meetings, community forums, and other opportunities to participate in planning processes.
- The Overcoming Transportation Barrier (OTB) Flex Fund provides funding to cover a one-time cost specific to transportation needs and help provide support to clients who need to get to their appointments. Some examples of what these funds cover include: the cost of a new tire, or a loaded Clipper card to provide fare to and from appointments or groups. This programming is a continuation of a former Innovation Project that sunset in September 2021.
- The OPFE supports SB803 Implementation in Contra Costa County which enables Contra Costa, along with all California counties, to expand the behavioral health workforce by allowing certification of Peer Support Specialists. This bill makes it easier for people with lived mental health experiences to be trained and hired while providing supportive services to others in the behavioral health system.
- Staff provides outreach and support to peers and family members to enable them to actively participate in various committees and sub-committees throughout the system. These include the Mental Health Commission, the Consolidated Planning and Advisory Workgroup and sub-committees, and Behavioral Health Integration planning efforts. Staff provides mentoring and instruction to consumers who wish to learn how to participate in community planning processes or to give public comments to advisory bodies.

b. Target Population: Participants of public mental health services, their families, and the public.

c. Total MHSA Funding for FY 25-26: \$847,708

d. Staff: Three

e. Number Served: FY 21-22: 485; FY 22-23:738; FY 23-24: 1,310

f. Outcomes:

- FY 21-22:
 - Social Inclusion: Facilitated 11 monthly committee meetings with 112 participants (duplicated count)

and 65 participants (unduplicated count) in attendance. Additionally, OPFE staff tabled at six community events and interacted with 274 members of the public, sharing mental health resources and information on reducing stigma.

- WRAP: County peer staff facilitated 26 WRAP groups and the development of 16 individual WRAP plans at Martinez Detention Facility, serving a total of 146 participants. Four Community Support Workers (CSWs), including one from OPFE staff, successfully completed WRAP Seminar III to become Advanced Level Facilitators, allowing them to train fellow CSWs to facilitate WRAP in group settings across the county. There were also two WRAP facilitator subcommittee meetings facilitated by OPFE staff. There was ongoing collaboration and consultation with the Copeland Center for Wellness and Recovery to advance the countywide WRAP program.
- OPFE shelved the PhotoVoice Empowerment Project and the WREACH Speakers' Bureau in FY 2021-22 with no additional outcomes to report.
- FY 22-23:
 - Social Inclusion:
 - Facilitated 11 monthly committee meetings and 11 monthly planning sessions including participation from 58 community members (duplicated).
 - Committee members, in addition to OPFE support staff, engaged in tabling and outreach at 11 community events, interacting with 585 members of the public while sharing mental health resources and information on reducing stigma
 - WRAP:
 - County-employed Advanced Level Facilitators, in coordination with OPFE, facilitated 3 WRAP Seminar II trainings with 37 participants representing staff from county-operated programs and community-based organizations. Participants obtained training on facilitating WRAP in group settings.
 - County-employed WRAP Facilitators, in coordination with OPFE, facilitated 9 WRAP Seminar I trainings with a total of 77 participants, including SPIRIT 2023 students and clients from East and Central County Adult Behavioral Health, as well as Forensic Mental Health. Participants learned how to complete their own personal Wellness Recovery Action Plan.
 - 1 on 1 WRAP facilitation with 8 clients at East County Adult Behavioral Health, in coordination with OPFE.
 - Overcoming Transportation Barriers (OTB) Flex Funds:
 - Processed 10 requests on behalf of clients and/or caregivers for one-time financial assistance for transportation-related needs to help sustain appointment attendance with county-operated behavioral health programs. .
- FY 23-24:
 - The Committee for Social Inclusion, a stigma and discrimination reduction initiative supported by OPFE staff, facilitated 12 monthly committee meetings including participation from 380 community members (duplicated count) and 12 monthly planning sessions including participation from 92 community members (duplicated count).
 - Social Inclusion committee members, in addition to OPFE support staff, engaged in tabling and outreach at 12 community events, interacting with 628 members of the public while sharing mental health resources and information on reducing stigma.
 - The Social Inclusion committee distributed 103 advocacy campaign t-shirts to community members.
 - As part of OPFE's coordination of the countywide evidence-based Wellness Recovery Action Plan (WRAP) program, county-employed WRAP Facilitators facilitated 3 WRAP Seminar I trainings with a total of 58 participants who learned how to complete their own personal WRAP.

- County-employed WRAP facilitators, in coordination with OPFE, provided 1-on-1 WRAP facilitation with a total of 9 participants who learned how to complete their own personal WRAP.
- Overcoming Transportation Barriers (OTB) Flex Funds processed 40 requests on behalf of clients and/or caregivers for one-time financial assistance for transportation-related needs to help sustain appointment attendance with county-operated behavioral health programs.

PEOPLE WHO CARE (PWC) CHILDREN ASSOCIATION

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GENERAL DESCRIPTION OF THE ORGANIZATION

People Who Care Children Association has provided educational, vocational and employment training programs to young people ages 12 through 21 years old, since 2001. Many are at risk of dropping out of school and involved with, or highly at risk of entering, the criminal juvenile justice system. The mission of the organization is to empower youth to become productive citizens by promoting educational and vocational opportunities, and by providing training, support and other tools needed to overcome challenging circumstances.

PROGRAM: PWC AFTERSCHOOL PROGRAM

- a. Scope of Services: Through its After School Program, People Who Care (PWC) will provide Prevention services through providing work experience for 200+ multicultural at-risk youth residing in the Pittsburg/Bay Point and surrounding East Contra Costa County communities, as well as programs aimed at increasing educational success among those who are either at risk of dropping out of school or committing a repeat offense. Key activities include job training and job readiness training, mental health support and linkage to mental health counseling, as well as civic and community service activities.
- b. Target Population: At risk youth with special needs in East Contra Costa County.
- c. Payment Limit: FY 25-26: \$427,960
- d. Number served: FY 21-22: 130; FY 22-23: 220; FY 23-24: 239
- e. Outcomes:
 - FY 21-22:
 - Offered weekly online and Telehealth mental health support, and weekly in-person mental health counseling to students in Pittsburg and surrounding areas.
 - Conducted community service at various community events and worked with Pittsburg City and Cal Works Employees at the Pittsburg Senior Center by performing landscaping, clean-up, and other activities weekly.
 - Conducted two training classes at the Senior Center and simultaneously conducted community service social distancing activities working in the community with the city of Pittsburg and Cal Works Employees and at the Pittsburg Senior Center by performing landscaping, clean-up, and other activities weekly.
 - Conducted two training courses at Black Diamond Continuation High School, in Pittsburg for students in our distance learning Green Jobs Training Program - Financial Health.
 - Conducted a Coding pilot program facilitated by Galaxy Kids LLC DBA Galaxy Kids Code Club.
 - FY 22-23:
 - Successfully provided green jobs, financial literacy, and vocational training to 150-200 students in the Clinical Success After-school Program.
 - Offered incentives for student participation in green jobs/financial literacy programs, enhancing engagement and learning outcomes.
 - Conducted classes and projects both at the program site and in community locations, expanding the reach and impact of services.
 - Employed a part-time mental health clinician intern and a full-time Licensed Therapist to provide comprehensive clinical services to clients and their families.
 - Established a Memorandum of Understanding with Pittsburg Unified School District to extend clinical

- services to students in need on and off school sites.
 - Served 220 unduplicated at-risk clients, offering programs to build self-esteem, cope with trauma, and prevent further psychological issues or criminal activities.
 - Facilitated mental health preventative services for 53 clients and families, addressing depression and anxiety through clinical support.
 - Incentivized 22 clients in the Entrepreneurial Training Program, covering key business skills over a four-week period.
 - Engaged clients in the Green Jobs Training Program in partnership with the East Bay Regional Park District, focusing on environmental justice and sustainability.
 - Supported 106 clients to complete 3,036 hours of volunteering at community events, enhancing their civic engagement and community service experience.
- FY 23-24:
 - Expanded clinical services by hiring a full-time Clinical Therapist to provide social, emotional, and behavioral treatment to youth at no cost, increasing access to mental health care.
 - Strengthened partnerships by negotiating an MOU with Pittsburgh Unified School District to offer on-site and off-site clinical services for students in need.
 - Enhanced mental health support through a collaboration with Hume Counseling Center Pittsburgh, bringing in two part-time clinicians to support clients and families.
 - Served 239 unduplicated at-risk youth (exceeding the target of 200) in its Clinical Success After-School Program, providing mental health, educational, and vocational training to clients in marginalized communities.
 - Delivered clinical services to 61 clients, with 43 actively engaging in at least one therapy session during the year.
 - Expanded the Therapeutic Summer Program, incorporating mindfulness practices, guided reflections, and therapeutic interventions, positively impacting 15 clients.
 - Engaged youth in workforce development through the Green Jobs Training Program, in partnership with East Bay Regional Park District (EBRPD), providing 16 clients hands-on environmental training and financial literacy education.
 - Awarded \$500 stipends to 10 clients who participated in the Thurgood Marshall Regional Park: Home of the Port Chicago 50 job training program, fostering social justice awareness.
 - Facilitated 3,405 hours of community service, supporting 110 at-risk youth through court, probation, and school referrals, engaging them in city and cultural events (e.g., Pittsburgh Car Shows, Seafood Festival, MLK & Cesar Chavez events).
 - Increased school engagement:
 - 92% improvement in school attendance among youth participants.
 - 100% reduction in school tardiness for program participants.
 - 86% of youth reported having a caring relationship with an adult in the community.
 - 84% of participants showed improved resiliency (self-esteem, relationships, engagement).
 - 100% of program participants did not re-offend during their participation.

RAINBOW COMMUNITY CENTER

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GENERAL DESCRIPTION OF THE ORGANIZATION

The Rainbow Community Center of Contra Costa County builds community and promotes well-being among Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) people and our allies. Services are provided in our main office in Concord, our satellite location in West County, and in East County by arrangements with partner organizations.

PROGRAMS: OUTPATIENT BEHAVIORAL HEALTH AND TRAINING, AND COMMUNITY-BASED PREVENTION AND EARLY INTERVENTION

a. Scope of Services:

- i. Outpatient Services: Rainbow works with LGBTQ mental health consumers to develop a healthy and unconflicted self-concept by providing individual, group, couples, and family counseling, as well as case management and linkage/brokerage services.

Services are available in English, Spanish, and Portuguese.

- ii. Pride and Joy: Three-tiered prevention and early intervention model. Tier One: outreach to hidden groups, isolation reduction and awareness building. Tier Two: Support groups and services for clients with identified mild to moderate mental health needs. Tier Three: Identification and linkage of clients with high levels of need and who require system navigation support. Services are aimed at underserved segments of the LGBTQ community (seniors, people living with HIV, and community members with unrecognized health and mental health disorders).
- iii. Youth Development: Three tiered services (see above) aimed at LGBTQ youth as a particularly vulnerable population. Programming focuses on building resiliency against rejection and bullying, promoting healthy LGBTQ identity, and identifying and referring youth in need of higher levels of care. Services are provided on-site and at local schools.
- iv. Inclusive Schools: Community outreach and training involving school leaders, staff, parents, CBO partners, faith leaders and students to build acceptance of LGBTQ youth in Contra Costa County schools, families, and faith communities.

- b. Target Population: LGBTQ community of Contra Costa County who are at risk of developing serious mental illness.

- c. Payment Limit: FY 25-26: \$931,652

- d. Number served: FY 21-22: 547; FY 22-23: 508; FY 23-24: 487

e. Outcomes:

- FY 21-22:
 - Rainbow served a total of 547 unduplicated clients.
 - Tier 1 and Tier 2 reached 410 unduplicated clients. Tier 3 served a total of 137 clients.
 - Tier 3 provides one-on-one clinical services such as school-based counseling, clinical counseling, and case management.
 - 1,765.75 hours of services were provided to clients with Tier 3 alone
 - Increase targeted HIV Prevention outreach via multiple social media platforms such as Facebook, Instagram, LinkedIn and Meetup, as well as targeted email blasts to educate and inform all community members about RCC HIV Prevention and Education services in Spanish and English.

- Delivered 172 meals and food resources to 27 unduplicated and 54 duplicated LGBTQIA+ Seniors (55+), and HIV positive community members throughout Contra Costa County.
- Organized volunteers to outreach to 150+ senior clients to encourage engagement.
- FY 22-23:
 - Expanded mental health care access and linkage for the BIPOC LGBTQIA+ community, focusing on early intervention and prevention services.
 - Witnessed an increase in trans and nonbinary youth accessing programs, enhancing their support and resources.
 - Improved mental health care linkage, reducing wait times for clients seeking services.
 - Implemented harm reduction strategies, catering to clients' diverse needs and promoting safer practices.
 - Re-engaged clients with social and support groups, fostering community connections and reducing isolation.
 - Broadened internship opportunities, increasing clinical service provision and supporting professional development.
 - Adopted non-stigmatizing and non-discriminatory strategies, ensuring services are accessible and respectful to all.
 - Noticed an increase in substance use among clients, prompting a focus on relevant support and intervention services.
- FY 23-24:
 - Provided access and linkage to mental health care for the LGBTQIA+ community, with a focus on serving BIPOC LGBTQIA+ individuals.
 - Increased trans and nonbinary youth participation in RCC programs, enhancing support and community engagement.
 - Expanded prevention and early intervention services to underserved LGBTQIA+ communities.
 - Improved linkage to mental health care, significantly reducing client wait times for services.
 - Implemented harm reduction strategies, addressing substance use and mental health needs in the LGBTQIA+ community.
 - Enhanced engagement in social and support groups, reducing isolation and fostering community connections.
 - Expanded internship opportunities, increasing clinical service availability, support groups, and community outreach.
 - Adopted non-stigmatizing and non-discriminatory strategies, ensuring accessibility and cultural responsiveness.
 - Increased services for individuals who use substances, offering targeted interventions and support.
 - Strengthened training and education efforts, providing over 50 trainings to 1,350+ people, including teachers, school district leaders, mental health professionals, and parents, to enhance LGBTQIA+ awareness and support.
 - Grew HIV prevention outreach, reaching 78 HIV+ LGBTQIA+ individuals through testing, support groups, and community events.
 - Expanded support for older LGBTQIA+ adults, providing senior lunches, social gatherings, and exercise groups, serving 256+ seniors.
 - Successfully operated the Kind Hearts Food Pantry, delivering meals to LGBTQIA+ seniors and individuals living with HIV until October 2023.
 - Youth programming served 165 duplicated youth through social support, mentorship, leadership programs, and Camp FIERCE, fostering resilience and community among LGBTQIA+ youth.
 - Training program successfully provided SOGIE education to schools, community organizations, and agencies, reducing discrimination and promoting LGBTQIA+ inclusion.

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GENERAL DESCRIPTION OF THE ORGANIZATION

RYSE is a youth center in Richmond that offers a wide range of activities, programs, and classes for young people including media arts, health education, career and educational support, and youth leadership and advocacy. RYSE operates within a community behavioral health model and employs trauma informed and healing centered approaches in all areas of engagement, including one-on-one, group and larger community efforts. In these areas, RYSE focuses on the conditions, impact, and strategies to name and address community distress, stigma, and mental health inequities linked to historical trauma and racism, as well as complex, chronic trauma. This focus enables RYSE to provide culturally relevant, empathetic, and timely community mental health and wellness services, resources, and supports across all our program areas and levels of engagement.

PROGRAM: SUPPORTING YOUTH

- a. **Scope of Services:**
 - i. Trauma Response and Resilience System (TRRS): Develop and implement Trauma and Healing Learning Series for key system partners, facilitate development of a coordinated community response to violence and trauma, evaluate impact of trauma informed practice, provide critical response and crisis relief for young people experiencing acute incidents of violence (individual, group, and community-wide).
 - ii. Health and Wellness: Support young people (ages 13 to 21) from the diverse communities of West County to become better informed (health services) consumers and active agents of their own health and wellness, support young people in expressing and addressing the impact of stigma, discrimination, and community distress; and foster healthy peer and youth-adult relationships. Activities include mental health counseling and referrals, outreach to schools, workshops and ‘edutainment’ activities that promote inclusion, healing, and justice, youth assessment and implementation of partnership plans (Chat it Up Plans).
 - iii. Inclusive Schools: Facilitate collaborative work with West Contra Costa schools and organizations working with and in schools aimed at making WCCUSD an environment free of stigma, discrimination, and isolation for LGBTQ students. Activities include assistance in provision of LGBT specific services, conducting organizational assessments, training for adults and students, engaging students in leadership activities, and providing support groups at target schools, etc.
- b. Target Population: West County Youth at risk for developing serious mental illness.
- c. Payment Limit: FY 25-26: \$600,230
- d. Number served: FY 21-22: 340; FY 22-23: 701; FY 23-24: 682
- e. Outcomes:
 - FY 21-22:
 - 95% of members agreed or strongly agreed that they are paying more attention to their and others’ emotions and feelings and that mental health supports are okay and positive.
 - 80% of clinical and case management participants agreed or strongly agreed that counseling or case management is a space of safety, mutual trust, and helping with emotional and navigation goals.
 - 88% of RYSE members agreed or strongly agreed that they are interacting more with people of different races or cultures, speaking up more about concerns, and believe they can make a positive difference in their school or community.

- Using RYSE's case management database to track SMART goals, as well as case notes, at least 70% of members with a defined plan demonstrated progress toward a desired skill or goal.
- 95% of members agreed or strongly agreed that they have a better understanding of themselves and of self in relationship to other people, cultures, identities.
- 92% of participants either agreed or strongly agreed that they increased their knowledge on culturally responsive, healing-based arts curriculum.
- 95% of participants either agreed or strongly agreed that they learned something they can incorporate in their classroom curriculum immediately.
- 92% of participants either agreed or strongly agreed that the pacing of RYSE's workshop facilitation fit them well.
- FY 22-23:
 - Enhanced mental health and wellness support at RYSE, with 96% of youth feeling safe, and established strong linkages with local schools to extend youth-centered resources.
 - Maintained high levels of youth engagement and satisfaction, with positive feedback on belonging, peer relationships, and emotional well-being across diverse groups.
 - Addressed interpersonal and systemic crises impacting youth, coordinating comprehensive care and identifying restorative solutions.
 - Transitioned to a new campus designed by and for youth, significantly increasing youth engagement in programming, services, and community events.
 - Implemented COVID-19 safety protocols aligned with racial and disability justice, supporting impacted youth with measures that prioritize their health and safety.
 - Launched peer-led workshops and community events, fostering a supportive environment for creative expression, leadership development, and community building.
 - Provided individual counseling and case management, offering tailored support for mental health, education, career, and legal needs, ensuring accessible and culturally competent care.
 - Engaged in impactful community collaborations, including initiatives to address youth homelessness and support legal needs, enhancing community care and support.
- FY 23-24:
 - 93% of youth feel as safe or safer at RYSE compared to other places they spend time; 65% feel safer at RYSE
 - 96% of youth reported feeling like they matter at RYSE.
 - 100% of youth said the staff's ability to help them when needed influenced why they continue to come to RYSE.
 - 97% of youth reported that they feel like they can talk to staff about things that are bothering them; 98% reported feeling like staff really care about them.
 - 98% of youth receiving clinical or case management services expressed that the service is a safe space for them to express their needs, concerns and fears; and to express their goals and aspirations.
 - Over 88% of youth receiving clinical or case management services report stronger connections with family, friends, and community.
 - Over 95% of members report an understanding and capacity to build community with races, cultures and sexual orientations and genders different from their own.
 - In the past year, RYSE provided over 300 direct emergency support cash payments to youth, and paid for weeks-long hotel stays for dozens of youth and families.

STAND! FOR FAMILIES FREE OF VIOLENCE

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GENERAL DESCRIPTION OF THE ORGANIZATION

STAND! For Families Free of Violence is a provider of comprehensive domestic violence and child abuse services in Contra Costa County, offering prevention, intervention, and treatment programs. STAND! builds safe and strong families through early detection, enhanced support services, community prevention and education, and empowerment to help individuals rebuild their lives. STAND! enlists the efforts of residents, organizations, and institutions, all of whom are partners in ending family violence. STAND! is a founding member of the "Zero Tolerance for Domestic Violence Initiative", a cross-sector organization working for fifteen years to help end domestic violence, sexual assault, and childhood exposure to violence.

PROGRAM: "EXPECT RESPECT" AND "YOU NEVER WIN WITH VIOLENCE"

- a. Scope of Services: STAND! provides services to address the effects of teen dating violence/domestic violence and helps maintain healthy relationships for at-risk youth throughout Contra Costa County. STAND! uses two evidence-based, best-practice programs: "Expect Respect" and "You Never Win with Violence" to directly impact youth behavior by preventing future violence and enhancing positive mental health outcomes for students already experiencing teen dating violence. Primary prevention activities include educating middle and high school youth about teen dating through the 'You Never Win with Violence' curriculum, and providing school personnel, service providers and parents with knowledge and awareness of the scope and causes of dating violence. The program strives to increase knowledge and awareness around the tenets of a healthy adolescent dating relationship. Secondary prevention activities include supporting youth experiencing, or at-risk for teen dating violence by conducting 20 gender-based, 15-week support groups. Each school site has a system for referring youth to the support groups. As a result of these service activities, youth experiencing or at-risk for teen dating violence will demonstrate an increased knowledge of: 1) the difference between healthy and unhealthy teen dating relationships, 2) an increased sense of belonging to positive peer groups, 3) an enhanced understanding that violence does not have to be "normal", and 4) an increased knowledge of their rights and responsibilities in a dating relationship.
- b. Target Population: Middle and high school students at risk of dating violence.
- c. Payment Limit: FY 25-26: \$164,831
- d. Number served: FY 21-22: 649; FY 22-23: 1132; FY 23-24: 821
- e. Outcomes:
 - FY 21-22:
 - Served 649 participants overall.
 - Served 432 participants in 18 presentations of "You Never Win with Violence".
 - Conducted 21 Expect Respect and Promoting Gender Respect gender-based support groups.
 - Reached Adult Allies: 30 teachers through 18 presentations, and 20 other school/community personnel trained. Additionally, 60 adults were reached through a presentation in June 2022 for the Church Women United foundation.
 - FY 22-23:
 - Educated 750 youth on teen dating violence through primary prevention activities.
 - Trained 60 school personnel and community members on the nuances of dating violence and healthy relationships.
 - Conducted 16 gender-based support groups, reaching 200 at-risk youth.
 - Provided linkage to mental health services, addressing the heightened need for support.

- Adapted to challenges in school resource availability, ensuring continued engagement with students.
- Implemented a new data management system to enhance outcome tracking and reporting.
- Strengthened community ties and referral networks through active participation in local events and schools.
- Offered a comprehensive support ecosystem, including counseling and crisis intervention services.
- FY 23-24:
 - Provided primary prevention activities to educate (750) middle and high school youth about teen dating violence
 - Provided up to (60) school personnel, service providers and parents, with knowledge and awareness of the scope and causes of dating violence, including bullying and sexual harassment, to increase knowledge and awareness of the tenets of a healthy dating relationship.
 - Provided secondary prevention activities to (200) youth experiencing or at risk for teen dating violence.
 - Conducted (16) gender-based support groups that are each (10) weeks long.
 - Created access and linkage to mental health services.

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GENERAL DESCRIPTION OF THE ORGANIZATION

The PEI program at Vicente Martinez High School and Briones School (co-located on the same campus) offers an integrated mental health focused experience for 10th-12th grade at-risk students of all cultural backgrounds. Students are provided a variety of experiential and leadership opportunities that support social, emotional, and behavioral health, career exposure and academic growth while also encouraging, linking, and increasing student access to direct mental health services.

PROGRAM: VICENTE MARTINEZ HIGH SCHOOL & BRIONES SCHOOL

- a. Scope of Services: Vicente Martinez High School and Briones School provide students of all cultural backgrounds an integrated, mental health focused, learning experience. Key services include student activities that support:
- individualized learning plans
 - mindfulness and stress management interventions
 - team and community building
 - character, leadership, and asset development
 - place-based learning, service projects that promote hands-on learning and intergenerational relationships
 - career-focused exploration, preparation, and internships
 - direct mental health counseling
 - timely access and linkage to direct mental health counseling

Services support achievement of a high school diploma, transferable career skills, college readiness, post-secondary training and enrollment, democratic participation, social and emotional literacy, and mental/behavioral health. All students also have access to a licensed Mental Health Counselor for individual and group counseling.

Students enrolled in Vicente and Briones have access to the variety of programs/services that meet their individual learning goals. Classes have a maximum of 23 students and are led by teachers and staff who have training in working with at-risk students and using restorative justice techniques. Students regularly monitor their own progress through a comprehensive advisory program designed to assist them in becoming more self-confident through various academic, leadership, communication, career, and holistic health activities.

- b. Target Population: At-risk high school students in Central County
- c. Payment Limit: FY 25-26: \$221,660
- d. Number served: FY 21-22: 125; FY 22-23: 49; FY 23-24: 48
- e. Outcomes:
- FY 21-22:
 - All students enrolled in Vicente and Briones had access to a variety of PEI intervention services through in-school choices that met their individual learning goals.
 - 97% of enrolled students received:
 - An orientation on program offerings
 - A self-identified needs assessment targeting risk factors that may include, but are not limited to, poverty, ongoing stress, trauma, racism, social inequity, substance abuse, domestic violence, previous mental illness, prolonged isolation.

- The average number of PEI activities of those who participated was seven.
- At least 90% of students identified as facing risk factors were referred to supportive services and/or referred to mental health treatment and participated at least once in referred support service or mental health treatment during the school year.
- At least 70% of students who participated in four or more services and who had chronic absenteeism increased their attendance rate by 5% as measured at the end of the school year.
- At least 70% of students who participated in four or more services and who regularly participated in mental health counseling earned 100% of the expected grade level credits as measured at the end of the school year.
- FY 22-23:
 - Conducted prevention activities, educating 750 middle and high school students on teen dating violence.
 - Trained 60 school personnel, service providers, and parents on dating violence and healthy relationships.
 - Offered secondary prevention to 200 youth at risk for teen dating violence through 16 gender-based support groups.
 - Engaged students and staff at five high schools in West Contra Costa County, focusing on teen dating violence and healthy relationships.
 - Utilized tabling events and direct outreach to compensate for limited classroom presentations due to school staffing challenges.
 - Transitioned to a robust data management system for improved tracking of program outcomes and participant demographics.
 - Maintained strong connections with school staff for referrals and supported community incidents with individual support.
 - Provided mental health counseling referrals within STAND! and to external community programs for comprehensive support.
 - Actively participated in community events for Teen Dating Violence Awareness Month, advocating for prevention funding and raising awareness.
- FY 23-24:
 - 100% of enrolled students received:
 - An orientation on program offerings
 - A self-identified needs assessment targeting risk factors such as poverty, ongoing stress, trauma, racism, social inequity, substance abuse, domestic violence, previous mental illness, and prolonged isolation.
 - All identified students participated in at least two services per quarter that supported their individualized learning plans.
 - 90% of students identified as facing risk factors were referred to supportive and/or mental health services and participated at least once in referred services or treatment during the school year.
 - 70% of students with chronic absenteeism who participated in four or more services increased their attendance rate by at least 5% by the end of the school year.
 - 70% of students who participated in four or more services and regularly attended mental health counseling earned 100% of the expected grade-level credits by the end of the school year.
 - Experiential learning opportunities supported students in developing a strong sense of identity, leadership skills, and connection to the community.
 - Mental health services were fully integrated into the school day, with individual and group counseling available to all students.
 - Leadership and community engagement programs grew, with students planning and participating in school-wide events such as spirit days and field days.
 - Increased enrollment from students and families seeking mental health services, demonstrating reduced stigma and increased awareness of available support at Vicente Martinez High School.

WE CARE SERVICES FOR CHILDREN

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GENERAL DESCRIPTION OF THE ORGANIZATION

We Care Services for Children was founded 62 years ago in Contra Costa County, California, by parents of children with developmental and cognitive disabilities in response to a lack of appropriate services in their community. These parents understood the unique and complex needs of at-risk children and forged an agency that has since evolved to address a wide range of developmental and mental health concerns – all while keeping focus on each family and its specific strengths. Today, We Care supports the unique mental health, developmental, and educational needs of disadvantaged children up to age 5 through an array of effective, research-based therapies. Embedded in We Care’s programs are developmentally, linguistically, and culturally appropriate activities helping provide each child with the best possible start to his or her life.

PROGRAM: EVERYDAY MOMENTS/LOS MOMENTOS COTIDIANOS

- f. Scope of Services: The *Everyday Moments/Los Momentos Cotidianos* programming for families with children ages 0-5 includes three components: 1) Family Engagement and Outreach; 2) Early Childhood Mental Health Home-Based Support; and 3) Parent Education and Empowerment, as described below:

Component 1: Family Engagement and Outreach. First 5 Contra Costa will develop family engagement and outreach to promote the *Los Momentos Cotidianos/Everyday Moments* programming, and to recruit families to Everyday Moments opportunities (as described below in Components 2 and 3) by tapping the power of word-of-mouth and trusted community supports.

The First 5 communications team will develop marketing assets, including a flyer, a texting template, and other materials as needed, with messaging that emphasizes the importance and empowering the role parents play in their children’s social-emotional development, and that reaching out and collaborating with service providers are strengths rather than weaknesses. This messaging will help reduce stigma and foster understanding that early childhood mental health can be about healthy child development in the context of everyday relationships with trusted caregivers. First 5 will share these assets with its community contacts and networks, and ECPIC members and partners will reach out to their community contacts as well. ECPIC members will conduct collaboration with community providers such as pediatricians and public health nurses and reach out to families through community “hubs” such as the First 5 Centers and primary care clinics as well as through Family Partners and Peer Supports, faith-based organization, and other trusted community supports.

Component 2: Early Childhood Mental Health Home-Based Support. This component, *Everyday Moments/Los Momentos Cotidianos* Home-Based Support, will provide trauma-informed care and education to support families, guardians and caregivers in their home or community environments. Home-Based Support will provide a means for caregivers to learn about Early Childhood Mental Health and the social-emotional development of babies and young children, discuss intergenerational trauma as pertinent, and to try out community defined, culturally sensitive practices in support of their babies and young children. This component will focus on working with a lens of empathy and understanding, allowing for shared space with the parent/caregiver in support of healthy brain and mental health development for children ages 0-5.

Services will be provided in multiple languages, using culturally relevant supports wherever feasible. Applicable requirements and procedures established by the Health Insurance Portability and Accountability Act (HIPAA) will be carefully observed. Services in this Component will be provided by ECMHP in West, We Care in Central, and Lynn Center in East County.

“Meeting the child and family where they are,” in home and community settings and/or at home via telehealth during the covid crisis, Home-Based Support will provide non-didactic developmental guidance and encouragement to caregivers as they are engaging with their child in their home environment during “everyday moments” of interaction. Caregivers will be supported to use these sessions to share about their emotional experiences associated with caregiving, think about how to support their young child’s healthy development, and practice new skills and approaches with their little ones with the guidance of a trauma-informed Early Childhood Mental Health provider. This approach will enable an individualized, trauma-informed, and culturally sensitive delivery of caregiver support services and reinforcement of protective factors to support early childhood social-emotional development and resilience.

Families who participate in *Los Momentos Cotidianos/Everyday Moments*

Home-Based Support will each receive a Welcome Bag with activities for parents and children to participate in, related to the programming (provided to families at the first session), and a graduation certificate and gift card (provided to families who attend all 10 sessions). If more than 99 families request to participate in the program, the three agencies will provide all families above that number with a packet of psychoeducational materials about how caregivers can support their children’s social-emotional development and mental health in everyday moments of interaction, in either English or Spanish, and offer referral to the suite of early childhood mental health services offered by each agency.

Component 3: Parenthood Education and Empowerment Component. This component, the *Everyday Moments/Los Momentos Cotidianos* Parent Groups/Grupos de Padres will provide non-pathologizing opportunities for parents/caregivers to gather (or via video during the covid crisis) around topical subjects related to parenting babies and young children. The groups will provide trauma-informed education and peer support opportunities to support families, guardians and caregivers to learn about Early Childhood Mental Health and social-emotional development, to be empowered in their caregiving role alongside their parent peers in the community, and to learn about protective factors that will strengthen their children’s resilience.

This component will provide services in multiple languages and use culturally relevant supports wherever feasible. Recognizing that caregivers have very full plates, a core piece of Component 3 will be acknowledging the time and energy it takes to participate in the Parent Groups/Grupos de Padres, so we will be providing meal vouchers to all parents who attend as an incentive and thank you. The groups will be limited to 10 attendees per group to facilitate group interaction and will be conducted in person at the C.O.P.E. Family Support Center, or via online video during the Covid-19 crisis.

The Parent Groups/Grupos de Padres component will be based on one of the group intervention models (Discussion Groups) within the Triple P - Positive Parenting Program System which helps parents learn strategies to promote social competence and self-regulation in children as well as decrease problem behavior. Parents set personal goals, develop their own parenting plans, and learn to use positive parenting strategies to encourage children to learn the skills and competencies they need. The Parent Groups/Grupos de Padres sessions cover commonly encountered problems such as disobedience, fighting and aggression, and managing situations such as shopping with children and bedtime. Parents are actively involved throughout the 1.5 - 2 hour small group format discussions and are encouraged to independently implement parenting plans generated during each session and apply new parenting skills to other problems that may arise.

- g. Target Population: Families with children ages 0-5
- h. Payment Limit: FY 25-26: \$144,813
- i. Number served: FY 22-23: 333; FY 23-24: 252
- j. Outcomes:
 - FY 21-22:

- We Care, C.O.P.E., First 5, Early Childhood, and Lynn Center completed all provisions of the 2021-22 contract, and worked together well as part of an Early Childhood Mental Health collaborative.
- Program activities were provided by staff who were trained and accredited in various levels of Triple P (Parent Groups) and dyadic intervention (Home-Based Support), with careful attention to quality of service.
- Family Engagement & Outreach:
 - Goal: Recruit minimum number of 299 parents
 - Actual: 420 parents were recruited; 4400 were contacted.
 - Goal: Recruit 200 parents for Parent Groups
 - Actual: 388 parents were recruited; 190 participated
 - Goal: Recruit 99 parents for Home-Based Services
 - Actual: 32 parents were recruited; 22 participated
- Parent Groups:
 - Goal: Contractor will provide evidence-based Triple P Positive Parenting Program seminar classes 2 X per month with a maximum attendance of 10 parents per group (maximum 200 participants)
 - Actual: 388 parents were recruited; 190 participated in Parent Groups held by zoom 2 X per month. Groups were provided in English and Spanish in East, West, and Central regions of the County.
 - Goal: The Parent Groups will have a positive effect on participating caregivers' self-report of positive parenting practices. 80% of participating parents will report an improvement in positive parenting practices.
 - Actual: 95.5% Intend to use or follow the parenting advice received; 90% learned what to do to help their child gain new skills and improved behavior; 86% Obtained information about questions they had about parenting.
- Home-Based Support:
 - Goal: Contractor will provide Home-Based Support services for up to 10 sessions per family (maximum 99 participants)
 - Actual: 32 parents were recruited; 22 participated in Home-Based Services offered in English and Spanish in East, West, and Central regions of the County, with an average number of 4.95 sessions requested by parents. 15% of parents requested the full 10 sessions of services. A total of 109 Home-Based Support sessions were provided to caregiver-child dyads during the reporting period.
 - Goal: The Home-Based Support will have a positive effect on participating caregivers' parenting self-efficacy beliefs and perceptions of their child's behaviors. 80% of participating parents will report improvements in parenting self-efficacy beliefs and perception of child's behaviors.
 - Actual: For 97% of participants, caregivers' parenting self-efficacy beliefs improved (more confident), and for 89% of participants, perception of their child's behaviors improved (behavior perceived as more positive and less negative).
- FY 22-23:
 - Collaborated effectively as part of an Early Childhood Mental Health collaborative, completing all provisions of the contract.
 - Provided program activities through staff trained in Triple P Parent Groups and Home-Based Support, emphasizing quality service.
 - Exceeded goals in Family Engagement & Outreach, recruiting 322 parents and contacting thousands, surpassing the recruitment target of 299 parents.
 - Conducted 25 Community Groups in English and Spanish, with 219 parents participating, learning strategies to aid their child's development and behavior improvement.
 - Achieved high engagement in Parent Groups, with 248 parents recruited and 219 participating, significantly exceeding the goal of 200 parents for Parent Groups.
 - Parent Groups reported positive impacts, with 89% of participating parents intending to use or follow the advice received and noting improved positive parenting practices.

- Delivered Home-Based Support to 57 families, offering services in English and Spanish across the county, with 99% of parents reporting increased confidence in their parenting.
- Maintained a focus on cultural competency, with diverse staff and training in cultural awareness, diversity, equity, inclusion, and belonging.
- Ensured integrity and confidentiality of data and records in compliance with HIPAA and county behavioral health guidelines.
- Overall, the program reflected MHSA values by providing integrated, community-based, culturally responsive services to promote wellness, recovery, and resiliency among traditionally underserved populations.
- FY 23-24:
 - Information about the Everyday Moments program (and how parents can support the social-emotional development of their children birth to six) was distributed to hundreds of thousands of Contra Costa county residents, using the following channels:
 - Distribution/posting of flyers at 521 community partner sites and organizations such as libraries, pediatrician offices, daycares and preschools
 - Social media postings to over 75,000 specifically targeted individuals and groups in Contra Costa County with interest in early childhood
 - Email outreach with repeated follow-ups to 310 community partners
 - In-person outreach/presentations at 60 opportunities, including meetings with community partners, parent group presentations, and presence at local events.
 - 20 Community Groups were conducted in English or Spanish for parents with children ages 0-5 within Contra Costa County, and 111 parents participated in these groups.
 - 86% of the parents attending the groups reported that they learned what to do to help their child gain new skills and improve behavior.
 - 91% of parents in the groups reported that they intend to use or follow the parenting advice received.
 - 82% of parents in the groups reported that they had obtained information about questions they had about parenting.
 - A total of 70 parents and 71 children across the county received one-on-one Home-Based Support in either English or Spanish to help with developmental challenges during “everyday moments” of interaction.
 - 96% of the parents receiving Home Based Support reported that the time they spent with the Everyday Moments specialist helped them feel more confident about their parenting.
 - 88% of parents receiving Home Based Support felt that their child’s behavior improved during the time they were working with the Everyday Moments specialist.
 - 94% of parents receiving Home Based Support reported that they felt better able to support their child’s development after the time they spent with the Everyday Moments specialist.

ATTACHMENT B - PROGRAM REPORTS

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FISCAL YEAR: 2023 – 2024

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
X	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
X	ACCESS AND LINKAGE TO TREATMENT
X	IMPROVING TIMELY ACCESS TO TREATMENT
X	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
X	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
X	CULTURE AND LANGUAGE
X	OLDER ADULTS
X	EARLY IDENTIFICATION

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Our goal is to serve multilingual and multicultural communities. Specifically of Vietnamese, Laos, Khmu, Mien, Thai, and Chinese background.
- Over the past year, we managed over 119 cases in several languages, helping clients in connecting to resources, translation services, medication education, counseling, and transportation education services.
- We distributed over 372 program brochures to 27 locations throughout the Bay Area in 4 languages, including Vietnamese, Lao, Mien, and Chinese.
- We hosted 36 psychoeducation workshops over the past fiscal year on topics such as mental health awareness, self-care, and human wellness with an average of 25 attendees per workshop.
- We hosted weekly group sessions of about 10 – 17 people on financial literacy, nutrition, housing, safety awareness, and other life skills.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

The potential responders we have reached primarily consist of multilingual and multicultural individuals and families (specifically of Vietnamese, Laos, Khmu, Mien, and Chinese backgrounds) currently living in Contra Costa County (with the majority residing in the western region of the county) within the past reporting period. Since the previous reporting period, we have expanded more of our outreach, stationing staff in areas of central and eastern Contra Costa County as well. In addition, we emphasized on offering support to vulnerable populations like the elderly and the homeless. These groups and individuals are frequently underserved as a result of language barriers and cultural differences. We also supported these vulnerable populations through spreading awareness and safety and preventions on strategies during the rise in anti-Asian hate crimes.

Our primary method of outreach and engagement with potential responders were program brochures. These brochures were printed in several languages, such as Vietnamese, Laos, Mien, and Chinese to reach a wider range of potential responders. These brochures consisted of our mission statement, the types of services we offer through our programs, the language services we have available, and our contact information. We have begun to increase our outreach once again after pandemic and continue to focus heavily on more interpersonal community outreach, sharing our resources from family-to-family and via word of mouth.

Furthermore, we hold psychoeducation workshop for community members in regard to the importance of prevention and early intervention relative to mental health, as well as self-care and human wellness. These workshops also touch on cultural and family/parenting issues. These workshops raise the attendees' awareness and understanding or the early signs of mental health issues, increase their knowledge about mental health, and reduce the stigma that surrounds the topic of mental health. Additionally, we provide information about where and how to get help if needed, particularly for those who may feel limited due to language barriers.

Several strategies are utilized to provide access and linkage to treatment. For instance, if there is a potential case that needs mental health assessment and treatment, the case would be transferred to another program we offer in the instance of Medi-Cal recipients. For individuals who are not qualified for this treatment program, this leads them to be in immediate risk, meaning they would have more difficulty accessing or receiving services due to language and cultural barriers. They would then be encouraged to receive individual/family consultation for up to one year under the PEI program or participate in wellness support groups in a variety of Asian languages (this program is also under the PEI program.)

We were able to host small workshops for groups of about ten to seventeen people, but we mainly were able to help individuals access services by connecting with local community leaders such as pastors and community associations. We received updated training to better serve our communities. This way we, as providers, can develop a better understanding of the needs of services for underserved populations and provide better catered and more supportive services.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

We utilize the Demographics Form to conduct evaluation and measure outcomes. Some questions in the form have been modified to better reflect cultural competency. Some of the qualitative data we collect include primary language spoken, race, ethnicity, gender, sexual orientation. Our quantitative data includes the number of individuals that attend group, their ages, and the number of hours attended. The Demographics Form does not include the client's name so their information will always be confidential. We use 1 form per 1 individual per 1 contact. The data is compiled at the end of the month and analyzed.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

Our program reflects the values of wellness, recovery, and resilience. We base our work on our agency's mission statement, which emphasize the need to provide and advocate for multilingual and multicultural family services that empower people in Contra Costa County to lead healthy, contributing and self-sufficient lives. The services we provide always aim to assist, educate, and eliminate the stigmas of mental health-related issues. Our doors are always open to anyone that seeks assistances, regardless of race, color, ethnicity, religion, sexual orientation and with the assistance of our bilingual staff; we are able to provide language-based care is something that we value deeply and believe that it truly provides a safe place for those who are English as a Second Language and need of services.

Include examples of notable community impact or feedback from the community if applicable.

Regarding feedback on behalf of the community, we feel strongly that services, especially mental health services, should be expanded for under-resourced populations. Based on the populations we work with this includes the homeless, refugee communities, and non-English speaking populations.

AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year:

(NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)

TOTAL SERVED FOR FY 23-24:

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
12	3	339	707	0	1061

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
0	0	1061	0	1061

IF OTHER, PLEASE SPECIFY: Vietnamese, Chinese, Laos, Mien, Khmu, and Thai.

RACE:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	22	AFRICAN	0
AMERICAN INDIAN/ ALASKA NATIVE	0	ASIAN INDIAN/ SOUTH ASIAN	0
ASIAN	1061	CAMBODIAN	0
BLACK/ AFRICAN AMERICAN	0	CHINESE	50
WHITE/ CAUCASIAN	0	EUROPEAN	0
HISPANIC/ LATINO	0	EASTERN EUROPEAN	0
NATIVE HAWAIIAN/ PACIFIC ISLANDER	0	FILIPINO	1
OTHER	0	JAPANESE	0
DECLINE TO STATE/ DATA NOT CAPTURED	0	KOREAN	1
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1061	MIDDLE EASTERN	0
		VIETNAMESE	522

		MORE THAN ONE ETHNICITY	22
		OTHER	465

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	0
CENTRAL AMERICAN	0
MEXICAN AMERICAN	0
PUERTO RICAN	0
SOUTH AMERICAN	0
OTHER	0

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1061

SEXUAL ORIENTATION:

HETEROSEXUAL	1061	QUESTIONING / UNSURE	0
GAY / LESBIAN	0	ANOTHER SEXUAL ORIENTATION	0
BISEXUAL	0	DECLINE TO STATE/ DATA NOT CAPTURED	0
QUEER	0	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	0

SEX ASSIGNED AT BIRTH:

MALE	360
FEMALE	701
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1061

CURRENT GENDER IDENTITY:

MAN	360
WOMAN	701
TRANSGENDER	0
GENDERQUEER / NON-BINARY	0
QUESTIONING	0
ANOTHER GENDER IDENTIY	0

		DECLINE TO STATE/ DATA NOT CAPTURED	0
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1061

ACTIVE MILITARY STATUS:

YES	0
NO	1059
DECLINE TO STATE/ DATA NOT CAPTURED	2
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1061

VETERAN STATUS:

YES	32
NO	1029
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1061

DISABILITY STATUS:

YES	302
NO	0
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1061

DISABILITY TYPE:

DIFFICULTY SEEING	50
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	17
PHYSICAL MOBILITY	211
CHRONIC HEALTH CONDITION	215
OTHER	8
DECLINE TO STATE/ DATA NOT CAPTURED	610
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1061

COGNITIVE DISABILITY:

YES	16	DECLINE TO STATE/ DATA NOT CAPTURED	0
NO	1045	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1061

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	0
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	0

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	36
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	26

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	2 weeks
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	1 week

CHD AFRICAN AMERICAN WELLNESS PROGRAM- PEI ANNUAL REPORTING FORM**FISCAL YEAR: 2023 – 2024****PEI STRATEGIES (CHECK ALL THAT APPLY):**

	PREVENTION
	EARLY INTERVENTION
	OUTREACH
	STIGMA AND DISCRIMINATION REDUCTION
	ACCESS AND LINKAGE TO TREATMENT
X	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
	CULTURE AND LANGUAGE
X	OLDER ADULTS
	EARLY IDENTIFICATION

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- The African American Wellness Program (AAWP) provided services to 168 unduplicated participants in East Contra Costa County.
- AAWP facilitated 65 Mind, Body & Soul Support Groups at three (3) locations (Pittsburg Health Center, Pittsburg Senior Center and Ambrose Community Center.
- 283 Quarterly newsletters were distributed to all participants in person at group meetings or sent by email or via USPS.
- AAWP provided 280 One-on- One consultations to discuss their holistic wellness resource needs with participants.
- Outreach for all program services was conducted at three (3) community events to reach approximately 203 people in East Contra Costa County.
- AAWP provided 180 referrals to participants in East County for Mental Health, Physical Health and other community resources.

Briefly report on the services provided by the program during the past reporting period. Please include (as

applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

African American Wellness Program provides Prevention and Early Intervention services that empowers participants to establish pathways to improve their mental health. Our target population are those in need of a trusted community, ally and group support. Most participants are low income and underserved due to lack of resources and knowledge of community resources available to them. During the period of July 1, 2023- June 30th, 2024, the annual goal was to reach 150 unduplicated participants. During this time our program provided the following services:

- Navigational support to increase emotional well-being
- On going group support to decrease personal stress and isolation
- Increased access to culturally appropriate Mental health services for African Americans living in East Contra Costa County.

Michelle Moorehead, Community Health Advocate (CHA) and Lisa Gordon, Residential Leader (RL), coordinated a range of services for the African American Wellness Program at the Bay Point Spark Point Center, Pittsburg Health Center, and Pittsburg Senior Center. Key activities included the delivery of culturally specific health education curriculum on various Mental Health topics for participants in six (6) Mind, Body & Soul support groups per month. Throughout the year, a quarterly newsletter, outreach at community health events, and navigation assistance helped to promote Mental Health services. The location and collaboration with Spark Point Multi-Service Center helped to facilitate referrals for local community members into the program. The program activities during the 12- month period included facilitating six (6) Mind, Body & Soul support groups, per month, at 3 locations in East Contra Costa County:

Pittsburg Health Center, Pittsburg Every 1st and 3rd Tuesday of each month.

Pittsburg Senior Center, Pittsburg Every 2nd and 4th Wednesday of each month.

Ambrose Community Center, Bay Point Every 1st and 3rd Wednesday of each month.

With restrictions lifted from Covid 19 our support groups have been in full operation. Following CCC guidelines to ensure the health and safety of our participants. Masks requirements were optional during meetings and activities. For participants choosing to wear a mask one is provided to them. Hand sanitizer was also provided to Participants, when requested.

During July 1, 2023-June 30, 2024, fiscal year, AAWP conducted outreach at 3 community events: 1) Pittsburg Senior Center health & resource fair, 2) Juneteenth celebration, and 3) Unity in the community.

The health fair at the Senior Center event was hosted by Recreation Supervisor, Joy Walker, for the Pittsburg Senior Center. AAWP provided information regarding mental health services, invitations to our bi-monthly support group meetings and a copy of our newsletter. We were able to outreach to 48 participants with information about our program.

AAWP attended a Juneteenth celebration in collaboration with Greg Osorio of Souljah's. The event was held at John Buckley Square, in downtown Pittsburg. During this event AAWP provided information regarding mental health services, our support group meetings, additional community resources and a copy of our newsletter. We were able to outreach to 40 participants with information about our program.

AAWP attended Unity in the Community event. In collaboration with Bay Point Community All in One, Delano Johnson CEO. Our program provided information regarding mental health services, support group meetings, additional community resources and a copy of our newsletter. We were able to outreach to 25 participants at this event.

Some participants haven't returned to our support group meetings since the Covid 19 restrictions were lifted. We still maintain contact through phone calls, emails, texts, Facetime and our quarterly newsletter distribution. These are several ways to connect non-attending support group participants with mental health referrals, navigation services, and additional community resources. We believe meeting a participant "where they are" and "how they wish to receive services" is very important for establishing trust with the African American population. Making our services available in a post-pandemic environment has helped to ensure that all participants' needs were met.

African American Wellness Program continued our "Get Walking program beginning in the fall (Sept 8-Oct 27, 2023), and again in the spring (Apr 5, - June 2024). This walking program which is endorsed by the American Heart and Lung Associations, is offered twice a year in collaboration with Joy Walker, Recreation Supervisor for the Pittsburg Senior Center. Our participants meet once a week at Small World Park, in Pittsburg for health education talks on various topics by medical professionals and a vigorous walk inside the park. All safety measures were applied at the time. Participants documented their progress. Water and healthy snacks (granola bars & fruit) were provided. During the fall walk, in the month of September, there was a total of 137 participants, with an average of 35 participant each week. In October, the total number of participants was 163, with an average of 40 participants each week. During the spring walk, in the month of April, the total number of participants was 173, with an average of 43 participants each week. During the month of May, the number of total participants was 117, with an average of 39 participants each week. During the month of June, the total number of participants was 110, with an average of 36 participants each week. AAWP collaborated with Girl Trek, a nationwide women's walking group. Many of the Girl Trek participants live in East County and participated in our weekly walks. AAWP shared mental health information, as well as information regarding our Mind, Body & Soul support groups by distributing our newsletter to Girl Trek email lists and posting it on their social media page. AAWP gained new participants in our support group because of this collaboration. The "Get Walking" program allowed participants to reconnect with nature and to become healthier mentally & physically. Walking decreased stress, depression, anxiety and isolation. Participants shared feeling better during and after weekly walks.

On Jan 10, 2024, AAWP hosted its third annual health awareness fair. The purpose of the event is to gather participants to celebrate Dr. Martin Luther King's Birthday as a community. It is Dr. King who said, "He who has health has hope and he who has hope has everything". The City of Pittsburg, John Muir Health and Contra Costa Behavioral Health Services helped to sponsor the health awareness fair. The fair connected AAWP participants and general community members to accessible and affordable health care services and community resources, including mental health resources, AAWP newsletters, and support group invitations. 90 people attended this event. The inspiring keynote speech was given by Pastor Wade Harper, regarding community and life choices, and a health talk was delivered by Dennisha Williams, Nurse Manager at John Muir Hospital Walnut Creek. Elizabeth McElroy from Center for Human Development recited quotes from Dr. King. Music and lunch were provided at the end of the event.

AAWP was invited to attend and outreach to the community at Los Medanos Mental Health resource fair, Oct 10,2023. The event was held at Los Medanos Community College. This was AAWP's first time at a college campus. We provided information regarding mental health resources, community resources, 211 crisis center hotline information, information about our support groups, and our newsletters. We outreach to 18 students.

AAWP participated in the First A.M.E. Church Breast Cancer Event, Oct 21,2023. AAWP outreached to 29 women during this event. Providing resources for mental health services, community resources, Mind, Body & Soul support group invites, and our newsletter. During this event the attendees were provided with information about self-breast exams, pamphlets regarding breast cancer and the symptoms, what to be aware of, and researching family history.

Keynote speakers were Surgical Oncologist, Dr. Patience Odele from Kaiser Permanente of San Rafael, Community Engagement Director & Client support Clinician, Dolores Moorehead from Women's Cancer Resource Center, and Executive Director of Village Keepers, Dr. Carrie Frazier (Mental Health Therapist). All three speakers shared their knowledge, wisdom, and resources to all women present during the event.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

The roster for African American Wellness Program, July 1, 2023-June 2024, shows a total of 168 unduplicated participants. 123 Mind, Body & Soul support group participants and 45 participants non- group attended who received services, resource referrals, and one-on-one consultations. AAWP services are for adults 18 and older, living in East Contra Costa County. The program supports participants by empowering them to recognize and achieve inner strengths and coping strategies to maintain self-care and emotional wellness. 283 quarterly newsletters were distributed via USPS, email, and in-person. 203 people were engaged by outreach at community events.

Participants who attended the Mind, Body & Soul support groups received tools and techniques to identify barriers wellness. One-on-one consultations were provided to help participants address their current issues. Participants were referred to Contra Costa Crisis Center (211) or the Mental Health Access line for intake. AAWP staff assisted participants to navigate the systems and receive the care they needed, ensuring they received an appointment. Warm hand-off referrals included attending medical appointments to advocate for the participants' care. Typically, appointments are scheduled during the initial consultation, although appointments for treatment by other providers were scheduled out 6-8 weeks.

Participants were provided resources and referrals to help increase self-care and emotional wellness, reducing stress, depression, anxiety and isolation in their lives. The program creates a welcoming, safe environment to all participants. The Mind, Body & Soul group helps give a participant hope while facing life challenges. Helping participants address and overcome barriers wellness such as homelessness, lack of income, lack of medical coverage, transportation and poor nutrition. AAWP links participants with a range of community resources to holistically meet their needs. Many participants enter the program through word of mouth, referrals provided by 211, or are sent by Contra Costa Mental Health Services. Mind, Body & Soul support group is designed as a supportive system to address different the types of trauma participants encounter in life and begin to the healing process. We strive to teach techniques and tools that will help defuse a hectic situation by using self-care practices such as mindfulness, leveraging protective factors, taking a brief walk, meditation and journaling.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

African American Wellness Program is active in the community. Our program collaborates and conducts outreach with other agencies. Michelle Moorehead (CHA) attends East County Network meeting weekly via zoom with other non-profits agencies to better serve the community. Michelle also attends East County Community Partnership meetings, at 4549 Delta Fair Blvd, Antioch. These meetings are held once a month, hosted by Contra Costa County Children & Family Services. Together these meetings provide AAWP with resources for food, clothing, rental assistance and other community resources that are needed. AAWP provides Mental Health information and invitation to attend our Mind, Body & Soul support groups, also community resources and referrals are provided. Other collaborative partners: Hope Solutions assists with housing referrals, rental assistance and after care services; Spark Point assist with financial coaching, credit coaching and career coaching; EHSD assist with Cal Fresh & Medi-Cal applications at the Ambrose Community Center.

Include examples of notable community impact or feedback from the community if applicable.

A.M. is a participant, age 26-59 years old. She has attended Mind, Body and Soul support group meetings for 1.5 years. She was referred to our program from our collaborative partner Spark Point CCC services. A.M. is a breast cancer survivor and a single mother of two daughters. A.M. was experiencing depression, anxiety and isolation due to her breast cancer diagnosis. Her Spark Point coach suggested for her to attend a support group. A.M. began attending Mind, Body & Soul support group meetings. While attending support group meetings A.M. was able to open up and share her feelings and thoughts regarding her depression, anxiety and isolation with other participants. A.M. learned tools & techniques to address these feelings, and to overcome them. Mind Body and Soul support groups practice mindfulness, meditation, and positive affirmations to help participants. A.M. has improved over time with her attending and receiving support that she needs. A.M. has developed new friendships while attending Mind, Body & Soul support group. A.M. has been given referrals for other community resources for cancer support in East County. A.M. continues to attend our support groups to maintain her emotional and physical health.

S.W. is a participant, age 26-59 years old. She has also attended Mind, Body & Soul support group meetings for 1.5 years. She was referred to our program by another participant. S.W. is on disability due to a work-related injury. S.W. was experiencing depression and anxiety due her injury. S.W. has attended several doctor appointments regarding her injury without diagnosis. S.W. shared to other participants that she felt alone, and no one understood her situation. Other participants shared their experiences with medical professionals that do not always listen and understand their patients' needs. This made S.W. feel hopeful that others understood her feelings. S.W. learned tools and techniques to address her feelings while attending Mind, Body & Soul support group. S.W. was given a referral for a specialist to help with her work-related injury by our Community Health Advocate, Michelle Moorehead. Our CHA will continue to help S.W. to advocate for her injury with medical staff. S.W. has made new friendships while attending Mind, Body & Soul support group. S.W. continues to attend to maintain her emotional wellness and physical health.

G.R. is a participant, age 60+ years old. She has attended Mind, Body & Soul support group meetings for 2 years. She was referred to our program by another participant. G.R. was experiencing extreme anxiety due to a stroke and car accident injury. G.R. is on disability due to her current health related issues. G.R. attended Mind, Body, & Soul support group meetings and shared with group participants how she walks to try and relieve her anxiety. Some participants shared their feelings regarding anxiety.

G.R. received some additional tools & techniques to relieve her anxiety, including meditation, journal writing and positive affirmations. G.R. has more hope since attending Mind, Body & Soul support groups. G.R.'s health has slowly improved, and her anxiety is getting better. G.R. also does breathing exercises when she feels her anxiety starting. G.R.'s mood had improved, and she continues to attend our support groups and has maintained her emotional wellness and physical health.

Quotes from participants of Mind, Body & Soul support group:

"I feel comfortable to share in the meetings and not feel judged" H.H.

"Michelle & Lisa make sure we have a nice lunch after our meeting" V.F.

"I enjoy the fellowship with others during the meeting" A.B.

"We can ask questions when we don't understand a topic" C.M.

"I receive so much valuable information during our meetings." B.O.

"Michelle & Lisa help us with other community resources" G.R.

"We have guest speakers with great health topics" L.S.

"I have new friends now since attending MBS grp meetings" B.B.

AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year:

(NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)

TOTAL SERVED FOR FY 23-24: 168

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
0	3	77	88	0	168

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
157	8	3	0	168

IF OTHER, PLEASE SPECIFY:

RACE:

MORE THAN ONE RACE	1
AMERICAN INDIAN/ ALASKA NATIVE	0
ASIAN	2
BLACK/ AFRICAN AMERICAN	139
WHITE/ CAUCASIAN	11
HISPANIC/ LATINO	12
NATIVE HAWAIIAN/ PACIFIC ISLANDER	1
OTHER	0
DECLINE TO STATE/ DATA NOT CAPTURED	2
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	168

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	1
ASIAN INDIAN/ SOUTH ASIAN	0
CAMBODIAN	0
CHINESE	0
EUROPEAN	11
EASTERN EUROPEAN	0
FILIPINO	3
JAPANESE	0
KOREAN	0
MIDDLE EASTERN	0
VIETNAMESE	0

		MORE THAN ONE ETHNICITY	0
		OTHER	0

ETHNICITY (HISPANIC/LATINX)
ETHNICITY (ALL)

CARIBBEAN	0		DECLINE TO STATE/ DATA NOT CAPTURED	141
CENTRAL AMERICAN	1		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	168
MEXICAN AMERICAN	9			
PUERTO RICAN	1			
SOUTH AMERICAN	0			
OTHER	1			

SEXUAL ORIENTATION:

HETEROSEXUAL	168	QUESTIONING / UNSURE	0
GAY / LESBIAN	0	ANOTHER SEXUAL ORIENTATION	0
BISEXUAL	0	DECLINE TO STATE/ DATA NOT CAPTURED	0
QUEER	0	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	168

SEX ASSIGNED AT BIRTH:
CURRENT GENDER IDENTITY:

MALE		48		MAN		48
FEMALE		120		WOMAN		120
DECLINE TO STATE/ DATA NOT CAPTURED		0		TRANSGENDER		0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)		168		GENDERQUEER / NON-BINARY		0
				QUESTIONING		0
				ANOTHER GENDER IDENTIY		0

		DECLINE TO STATE/ DATA NOT CAPTURED	0
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	168

ACTIVE MILITARY STATUS:

YES	0
NO	0
DECLINE TO STATE/ DATA NOT CAPTURED	168
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	168

VETERAN STATUS:

YES	5
NO	0
DECLINE TO STATE/ DATA NOT CAPTURED	163
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	168

DISABILITY STATUS:

YES	17
NO	0
DECLINE TO STATE/ DATA NOT CAPTURED	151
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	168

DISABILITY TYPE:

DIFFICULTY SEEING	10
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	3
PHYSICAL MOBILITY	14
CHRONIC HEALTH CONDITION	29
OTHER	0
DECLINE TO STATE/ DATA NOT CAPTURED	138
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	168

COGNITIVE DISABILITY:

YES	4	DECLINE TO STATE/ DATA NOT CAPTURED	164
NO	0	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	168

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	0
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	0

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	45
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	45

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	6 weeks
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	8 weeks

CHD EMPOWERMENT PROGRAM- PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2023 – 2024

PEI STRATEGIES (CHECK ALL THAT APPLY):

	PREVENTION
	EARLY INTERVENTION
	OUTREACH
	STIGMA AND DISCRIMINATION REDUCTION
	ACCESS AND LINKAGE TO TREATMENT
x	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
x	YOUTH OUTREACH AND ENGAGEMENT
x	CULTURE AND LANGUAGE
	OLDER ADULTS
x	EARLY IDENTIFICATION

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Provided services to 69 unduplicated LGBTQIA2S+ identified youth in East Contra Costa County.
- Facilitated 91 educational group sessions at four (4) locations (Brentwood Community United Methodist Church, Hillview Junior High School, Pittsburg High School, and Deer Valley High School).
- Facilitated 1,277 individual check-ins, assessments, and one-on-one support sessions.
- 21 LGBTQIA+ youth were referred for support services, 3 youth accessed services.
- Average time between referral for services and accessing services for confirmed youth is 1-2 weeks.
- 89% of youth surveyed stated that since they started attending Empowerment support groups, they have someone they can turn to in a crisis.
- 94% of youth surveyed stated that since they started attending Empowerment support groups, they are a little or a lot better informed about LGBTQIA2S+ resources and services in their community.
- 82% of youth surveyed stated since they started attending Empowerment support groups, they a little or a lot more comfortable accessing LGBTQIA2S+ services and resources.
- 65% of youth surveyed stated they have started working with a therapist since they first started attending Empowerment support groups.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

Center for Human Development's Empowerment Program provides weekly support groups, Leadership group, and mental health resources and referrals for lesbian, gay, bisexual, transgender, queer, questioning (LGBTQIA2S+) youth and their heterosexual allies, ages 12 – 20, in East Contra Costa County.

The annual goal is to reach 68 unduplicated youth from July 1, 2023, through June 30, 2024. During the course of the contract, staff will provide the following services:

Component 1: Facilitate three (3) weekly on-campus educational support groups, providing approximately 20 sessions per group.

Component 2: Facilitate one (1) weekly educational support group at the agency's East County office, providing approximately 20 ongoing sessions.

Component 3: Facilitate twice-monthly youth leadership groups for at least sixteen 16 sessions.

Component 4: Refer youth to culturally appropriate mental health services on an as-needed basis, referral support to a minimum of 15 participants.

Component 5: Contractor shall provide these services to not less than 68 unduplicated youth, ages twelve to twenty in East Contra Costa County.

Caitlin Gulseth, Empowerment Program Coordinator, was new to this role this year. She facilitated the following services from July 1, 2023, through June 30, 2024. Ms. Gulseth is a full-time employee, working 40 hours per week on the project. During this reporting period, Empowerment has worked with 69 unduplicated youth, which exceeds our goal of 68 unduplicated youth. This number is less than the previous year due to youth not being able to attend for a community-wide group because of issues such as transportation, and lack of safety at home. If youth do not feel their LGBTQIA2S+ identity is safe at home, they are not able to ask their parents to access a resource such as an LGBTQIA2S+ support group. Staff utilized a variety of methods to establish and maintain outreach with local schools, including: phone calls, texting, email, Zoom, and collaborations.

Component 1: Facilitate three (3) weekly on-campus educational support groups, providing approximately 20 sessions per group.

Providing services at these location helps to increase access in several ways: it eliminates the need for additional transportation, as students are already at school; there is a network of supportive school staff and service providers working at these school sites (Hillview Junior High, in Pittsburg; Pittsburg High, in Pittsburg; and Deer Valley High, in Antioch), allowing for expedient linkage to additional support services as needed; and youth are more inclined to engage in support services, including Empowerment, when they can do so with, or supported by their peers and with reduced anxiety of being "outed" to their parents, or guardians.

At Hillview Junior High School Staff facilitated:

- Individual check-ins, assessments, support sessions: 102
- Group sessions: 19
- Unduplicated participants: 12

At Pittsburg High School staff facilitated:

- Individual check-ins, assessments, support sessions: 761
- Group sessions: 46
- Unduplicated participants: 34

At Deer Valley High School Staff facilitated:

- Individual check-ins, assessments, support sessions: 401
- Group sessions: 22
- Unduplicated participants: 20

From July 1, 2023, through June 30, 2024, Caitlin facilitated 90 group sessions specifically for youth from these three school sites. This number is slightly greater than last year. Staff believes this could be due to the increased perception of safety by LGBTQIA2S+ youth to access support services in the school environment and difficulties students experienced related to not feeling safe or comfortable accessing support in their home environments. Staff continued to conduct frequent individual check-ins, assessments and one-on-one support sessions in addition to group sessions. Staff conducted 1,264 individual check-ins, assessments and one-on-one support sessions with students from Hillview Junior High School, Pittsburg High School and Deer Valley High School during this year. Due to the high number of youths seeking support service at Pittsburg High School, staff formed multiple groups at this site and formed a waiting list toward the end of the year for new youth desiring group support. Throughout the year, CHD staff continued to receive new referrals from school staff and service providers on campus during weekly Care Team meetings and from peer participants. The number of unduplicated participants was 66. Staff has also continued to work closely with school staff and other service providers on campus to confidential space for groups for the upcoming school year, as providing in-person services at school sites fills a need for youth who have difficulty with transportation to our new East County office, in Pittsburg, and/or are not “out” in some aspect of their life (i.e. peers, family, or community).

Topics discussed with participants at school sites included: Initial Assessment, Establishing Norms, Group Development, LGBTQIA2S+ History Month, Asexuality Awareness week, Trans Awareness week, Stress management, End of Fall semester celebration, awareness of self, self-identifying labels, Black History month, boundary setting, self-love, consent, self-esteem, self-care, LGBTQIA2S+ representation in media, passive/assertive/aggressive communication, resilience in LGBTQIA2S+ art, future planning, AAPI Heritage Month, self-awareness, LGBTQIA2S+ Pride Month, Pre- and Post-Surveys, Anticipating the End of the School Year, Giving and Receiving Appreciations, and Closure.

Component 2: Facilitate one (1) weekly educational support group at the agency’s East County office, providing approximately 20 ongoing sessions to promote emotional health, positive identity, and reduce isolation through life skill development. On first and third Tuesdays, staff facilitated groups at Brentwood Community United Methodist Church in Brentwood, CA. On Second and Fourth Tuesdays, staff facilitated group sessions at out East County Branch office in Pittsburg, CA.

Providing services at CHD’s East County Office has challenges which were exacerbated by the need to relocate this group and the agency’s East County office from Antioch to Pittsburg. During this reporting period, staff extended the Empowerment Program into Brentwood, CA to aid in accessibility and issues with transportation. This is the only year-round, drop-in support program for LGBTQ+ youth in East Contra Costa County, providing access to youth from Bay Point, Pittsburg, Antioch, Oakley, and Brentwood.

At agency’s East County office Staff facilitated:

- Individual check-ins, assessments, support sessions: 13
- Group sessions: 1
- Unduplicated participants: 3

From July 1, 2023, through June 30, 2024, Caitlin Gulseth facilitated 1 virtual and in-person youth support group sessions for youth ages 12-20 from throughout East Contra Costa County. The group met at Brentwood Community United Methodist Church, in Brentwood, where Caitlin had extended the program. The number of meetings is less than our goal of 20 sessions for the year and group attendance numbers were down significantly. This is due to obstacles such as transportation, lack of safety at home, and not wanting to be the only one in attendance. This group had an average attendance of 1 youth per session for this reporting period, creating an increase in individual support sessions. The number of unduplicated participants was 3. Staff predicts these numbers to increase in the next year, as outreach and promotion of an East County Empowerment Group for ages 12-16, and an East County Empowerment Group for ages 17-20 permeate the community. CHD staff conducted 13 individual check-ins, assessments and support sessions during this year with youth not associated with one of our school sites.

Topics for the East County group included: Group Development, Establishing Group Agreements, Queer History, Self-Love, LGBTQIA2S+ Pride Month, LGBTQIA2S+ representation in Animation, and Youth Resilience.

Component 3: Facilitate twice-monthly youth leadership groups for at least sixteen 16 sessions.

Staff facilitated:

- Group sessions: 0
- Unduplicated participants: 0

Due to the overwhelming need for youth participation, staff focused on the previously noted groups and conducting outreach. However, staff believes leadership development to be an important component of Empowerment's programing and intends to reengage this component in the upcoming fiscal year, as staff believes youth participants are better able to take on additional responsibilities after this year of transition.

Component 4: Refer youth to culturally appropriate mental health services on an as-needed basis, referral support to a minimum of 15 participants.

Staff made specific referrals for additional support services for 21 youth throughout the year. 3 referred participants confirmed accessing referred supports, a significant decrease from the previous year. The average length of time from referral to accessing services for students recorded is 1-2 weeks. The number of referrals exceeds of our target of 15 annual referrals, likely due to tragic student deaths in the school community, lack of safety for LGBTQIA2S+ identity at home and in school, and inability to access mental health services due to having to go through parental insurance. Referrals were made to Contra Costa Crisis Center, Contra Costa Family Justice Center, MoPride Center, and Deer Valley High School's Wellness Center. However, all participants were given Safety Phone Lists and repeatedly encouraged to reach out to the Contra Costa County Crisis Center as well as any current clinical support during times of stress, anxiety and crisis. Safety Phone Lists contain contact information for the Contra Costa Crisis Center, The Trevor Project, GLBT Youth Talk-line, Rainbow Community Center (RCC), Planned Parenthood, Homeless Hotline, Run Away Hotline, Community Violence Solutions, and STAND for Families Against Violence.

It is important to acknowledge that many of Empowerment's participants, as in previous years, were referred to CHD's Empowerment program for additional social-emotional support from other mental health providers. Thus, these participants were already connected and engaged in culturally appropriate mental health services, rendering additional referrals unnecessary. Additionally, multiple students with insurance expressed a desire to start therapy services,

however, were fearful of speaking with their parents about mental health and/or LGBTQIA2S+ identity in order to receive permission to access services.

Component 5: Contractor shall provide these services to not less than 68 unduplicated youth, ages twelve to twenty in East Contra Costa County.

Staff provided services to a total of 69 unduplicated youth, in East Contra Costa County, exceeding our goal without an ongoing non-school based group or active Leadership program. This underscores the crucial role schools play in youth being able to access needed mental health support services in our East County communities.

Briefly report on the outcomes of the program’s efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

In post-surveys, participants were asked a series of questions asking them to state how, or if they note changes in particular areas, including determinants of health, since participating in Empowerment support programming. Twenty-five post-survey responses were received. Responses show:

- 83% of respondents note communicating a little or a lot better with their families.
- 68% of respondents noted that they have come out to a little or a lot of their friends.
- 89% of respondents stated they have someone they can turn to in a crisis.
- 94% of respondents noted that they are a little or a lot better informed about LGBTQIA2S+ resources and services in their community.
- 82% of respondents noted being a little or a lot more comfortable accessing LGBTQIA2S+ services and resources.
- 75% of respondents state they have become a little or a lot better leader.
- 82% of respondents noted they are a little or a lot better advocate for themselves and others.
- 64% of respondents noted being a little or a lot more involved in their community.
- 64% of respondents noted they are doing a little or a lot better in school.
- 65% of respondents noted starting to work with a therapist.

Also, 56% of respondents stated they can see themselves as a happy adult all or most of the time in post-surveys, as opposed to only 47% of pre-survey respondents.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

Empowerment is a social-emotional and educational support program for LGBTQIA2S+ youth, ages 12 to 20, in East Contra Costa County, which is a highly diverse community in regard to ethnic makeup and socio-economic status, with large percentages of Latinx, Black, and low-income families. Youth enter the program through referrals from self, peers, family, school staff, and other service providers. Staff works diligently to create safe, welcoming, empathetic, confidential spaces for all who attend Empowerment. This is facilitated by the development of group norms, which all attendees agree to adhere to. During groups and during individual check-ins, assessments and support sessions youth work to identify and process challenges and struggles they face, then identify and develop internal strengths, coping mechanisms and tools for building resiliency to work through challenges, with the support and encouragement of Empowerment staff and peers. Through this process, when youth are identified to need or would benefit from support

services outside the capacities of Empowerment Program, referrals and linkages are made to other culturally appropriate service providers.

All youth participating in Empowerment are treated with respect as individuals, and staff makes a concerted effort to do so without bias or judgment. As noted in monthly program notes, staff also take part in multiple trainings, workshops, coalitions and other forums, including clinical supervision, throughout the year to stay up to date on issues, research, terminology, laws, possible bias, diverse perspectives, etc. relevant to the highly diverse LGBTQIA2S+ youth community in East Contra Costa County, incorporating what they learn into the support and education provided to youth throughout the Empowerment Program. All LGBTQIA2S+ youth, ages 12-20, and their heterosexual friends are welcome to join Empowerment's groups, and their level of participation is completely voluntary. We believe that the diversity of our participants, as noted in our demographic form, is an indication of our success in this endeavor, however, we are always striving to do better.

In Empowerment, LGBTQIA2S+ youth are engaged in discussions of topics, workshops and activities that are common to the broader LGBTQIA2S+ community, such as: identity development, the process of coming out, rejection and fear of rejection, isolation, harassment, bullying, discrimination, anxiety, depression, suicidality, healthy relationships, relationship violence, drug and alcohol use and abuse, community development and engagement, leadership and activism, physical, mental and sexual health and safety. And as noted in previous sections, when staff identifies potential concerns for any participant, they respond immediately to offer information and referrals for additional support services.

Include examples of notable community impact or feedback from the community if applicable.

It is not an uncommon experience for staff to hear from participants and parents/guardians that Empowerment Program is the only source of positive support participants are able to identify; especially during times of mental, or emotional struggle related to their identity. Staff also frequently hears from community partners how important the Empowerment Program is, and how needed the work Empowerment does to support LGBTQIA2S+ youth is in our communities.

Staff asked participants to share their personal experiences with the Empowerment Program. Here are a few of their responses:

"Empowerment will help you be the best you can be!" ~AM

"A very safe place, welcome to all." ~ZC

"You can be comfortable and express yourself freely!" ~RK

"It's a fun, safe place." ~SL

"You learn a lot of new things about the LGBTQ+ community in a safe space." ~CB

AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year:

(NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)

TOTAL SERVED FOR FY 23-24: 69

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
37	32				69

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
69				69

IF OTHER, PLEASE SPECIFY:

RACE:

MORE THAN ONE RACE	13
AMERICAN INDIAN/ ALASKA NATIVE	
ASIAN	6
BLACK/ AFRICAN AMERICAN	20
WHITE/ CAUCASIAN	10
HISPANIC/ LATINO	20
NATIVE HAWAIIAN/ PACIFIC ISLANDER	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	69

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	19
ASIAN INDIAN/ SOUTH ASIAN	1
CAMBODIAN	
CHINESE	
EUROPEAN	9
EASTERN EUROPEAN	
FILIPINO	2
JAPANESE	
KOREAN	
MIDDLE EASTERN	1
VIETNAMESE	1

		MORE THAN ONE ETHNICITY	15
		OTHER	

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	
CENTRAL AMERICAN	3
MEXICAN AMERICAN	17
PUERTO RICAN	1
SOUTH AMERICAN	
OTHER	

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	69

SEXUAL ORIENTATION:

HETEROSEXUAL	8	QUESTIONING / UNSURE	6
GAY / LESBIAN	17	ANOTHER SEXUAL ORIENTATION	6
BISEXUAL	29	DECLINE TO STATE/ DATA NOT CAPTURED	0
QUEER	3	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	69

SEX ASSIGNED AT BIRTH:

MALE	15
FEMALE	54
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	69

CURRENT GENDER IDENTITY:

MAN	6
WOMAN	28
TRANSGENDER	21
GENDERQUEER / NON-BINARY	9
QUESTIONING	2
ANOTHER GENDER IDENTITY	2

		DECLINE TO STATE/ DATA NOT CAPTURED	1
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	69

ACTIVE MILITARY STATUS:

YES	
NO	69
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	69

VETERAN STATUS:

YES	
NO	69
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	69

DISABILITY STATUS:

YES	13
NO	50
DECLINE TO STATE/ DATA NOT CAPTURED	6
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	69

DISABILITY TYPE:

DIFFICULTY SEEING	3
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	2
PHYSICAL MOBILITY	
CHRONIC HEALTH CONDITION	5
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	59
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	69

COGNITIVE DISABILITY:

YES	4	DECLINE TO STATE/ DATA NOT CAPTURED	6
NO	59	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	69

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	21
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	3

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	1 week
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	1-2 weeks

It is important to note that multiple students with insurance expressed a desire to start therapy services, however, were unable to access mental health services due to fear of discussing mental health and/or LGBTQIA2S+ Identity with their parents.

CHILD ABUSE PREVENTION COUNCIL - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2023 – 2024

PEI STRATEGIES (CHECK ALL THAT APPLY):

	PREVENTION
X	EARLY INTERVENTION
	OUTREACH
	STIGMA AND DISCRIMINATION REDUCTION
	ACCESS AND LINKAGE TO TREATMENT
X	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
X	CULTURE AND LANGUAGE
	OLDER ADULTS
X	EARLY IDENTIFICATION

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Prevention and Early intervention - increased awareness of child abuse and neglect
- Reduction in physical punishment
- Appropriate expectations of children
- Reducing role reversal
- Increase in empathy -educate families to increase healthy relationships
- strengthen families and increase understanding of appropriate developments power and independence.
- build new skills and alter old behavioral patterns, beliefs
- Increase mental health awareness to help identify untreated mental health needs
- Linkage to community resources

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

CAPC offered four 18-week Nurturing Parenting evidence-based curriculum to groups of 12-15 Latino parents, immersing them in ongoing training, building new parenting skills and breaking cycles of old beliefs and behavioral patterns. CAPC immerses parents in ongoing training, free of charge, designed to build new skills and alter old behavioral patterns intended to strengthen families and support the healthy development of their children in their own neighborhoods. CAPC collaborates with agencies and schools to help identify those families in need of support and those with limited or no access due to transportation or other challenges.

During the first semester of The Nurturing Parenting Program a total of 36 parents and 25 children enrolled in the program in East and Central County. A total of 30 parents and 25 children completed and graduated from the NPP successfully. 5 parents attended a few of sessions and dropped out due to scheduling challenges, parents were invited to return when time allows. The first session of the Nurturing Parenting Program operated as planned and parents expressed gratitude for this type of program, which offered 18 in person sessions and followed curriculum as projected at the beginning of the Fiscal Year. During the second semester of The Nurturing Parenting Program (NPP) a total of 32 parents and 38 children enrolled in both regions (Central and East County). During the second session all parents completed and graduated from the program. The Child Abuse Prevention Council (CAPC) reached out to the Latino community in Central and East County offering The Nurturing Parenting Program (NPP) first session of the fiscal year starting July 2023 ending December 2023, second session started January 2024 ended June 2024. Parents and their children enrolled to participate in the 18-week parenting education program offered in the evening at three locations to reach and increase accessibility to family: East County at Delta First 5 and Vintage Parkway Elementary School, and at the Concord First 5 Center in Central County. NPP collaborated with community-based agencies and school districts such as First 5 Center, Head Start, WIC, Antioch Unified and Oakley Elementary School District to promote this program. Parents enrolled in the NPP reported that hearing other parents' opinion and comments about this program motivated them to enroll. CAPC staff planned for 18 consecutive weeks following the fidelity of the NPP evidence-based curriculum to increase parenting skills, decrease isolation within this population, decrease stigma related to accessing mental health services for self and/or child. The NPP and the Five Protective Factors align to build strong families and break cycles of abuse and neglect, decreasing higher level of care.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

The Nurturing Parenting Program offered four 18-week classes starting in July 2023 and ending in June 2024. Parents were administered the evaluation tool AAPI -A at the beginning and the AAPI-B at completion of the program. Results of the AAPI forms are entered in a password protected database (Assessing Parenting) which analyzes the results and provides a chart reflecting variation of participants starting and ending the program. Upon completion of the program, staff reviews the results which reflect areas of improvement and measures the "risk" of child abuse and neglect for participants. If in the event, parents score as "high risk", an invitation is offered to the family to participate in the program one more time as well as offered additional resources to address their needs. All data entered in the Assessing Parenting site is password protected, and only authorized personnel has access to these records.

The Nurturing Parenting Program focuses and encourages participants in developing skills along five domains of parenting: age-appropriate expectations; empathy, bonding/attachment; non-violent discipline; self-awareness and self-worth and empowerment, autonomy, and independence.

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

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

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

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

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

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

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

The Five Protective Factors are the foundation of the Strengthen Families Approach: Parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children.

Inventory A and B are given to parents at the beginning of the session and at the end. Result per group. Central & East County

AAPI Results Session 1& 2 East County

Construct	A	B	C	D	E
Form A	8.60	7.90	6.90	8.70	7.40
Form B	8.71	8.86	8.00	9.14	4.43

Construct	A	B	C	D	E
Form A	7.69	8.00	6.23	9.08	7.15
Form B	8.00	8.50	7.83	7.83	6.50

AAPI Results Session 1 & 2 Central County

Construct	A	B	C	D	E
Form A	7.78	6.78	5.56	8.78	5.56
Form B	8.00	7.89	7.22	8.56	5.44

Construct	A	B	C	D	E
Form A	8.22	7.78	6.11	8.89	6.78

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

CAPC monitors outcomes and has observed parents have difficulty with on construct in particular: Construct E - VALUES POWER-INDEPENDENCE. Staff is working collectively to identify participants that score low and has invited them to participate again in the NPP program during Fiscal Year 24-25 at any of our sites. Parents have demonstrated challenges balancing children's needs and independence. CAPC staff participated in a refresher training of the Nurturing Parenting Program to evaluate current practices and develop new strategies to continue implementing this evidence-based program to fidelity.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

CAPC Director and The Nurturing Parenting Program Supervisor continue meeting regularly to discuss program outcomes, challenges and to ensure staff offering direct services receive support and guidance throughout the course of the session.

CAPC is committed to provide support to a high standard and meeting family's needs by meeting them where they are at, in their own community, with cultural responsiveness and offering a program implemented by para-professionals, staff who have valuable lived- experience in a diverse range of life domains, staff with children with special needs (behavioral and physical needs), others have experience navigating systems and having succeeded in their own journey. Staff with lived experience have also continued preparing themselves by attending trainings, completing certification in this program and other areas in which enhance their ability to provide support to the community. Staff work closely with executive director, supervisor and mental health consultant to offer guidance and ensure families are educated, coached, and guided in the most appropriate manner. The NPP lessons are developed and tailored to meet each group's needs and community challenges. CAPC-NPP staff monitors participants during the lesson, engaging parents in activities to self-report outcomes of strategies introduced each class.

The Child Abuse Prevention Council staff continues finding resources for the Latino community who has reported challenges accessing mental health services that are culturally appropriate in most areas and agencies throughout the Contra Costa County. Parents reported facing challenges accessing support by providers who are truly bilingual and bicultural. To support this need staff has worked with parents by linking to Access Line and coaching them to advocate for services for children and adults. CAPC evaluates each participant's need with the support of supervisor and Mental health consultant and when appropriate parents are linked to support groups in their area creating opportunity for families to connect with families in their own neighborhood. CAPC strongly believes in building community connections to increase children's safety.

Dr. Hector Rivera-Lopez offers Mental Health presentations to enhance the program and promote self-care to increase emotional availability for parents caring for their children and decrease the risk of child abuse. The NPP supervisor not only oversees sessions, but she also offers direct services to help parents feel more comfortable and confident when accessing resources. NPP engages with each family to offer linkage to the appropriate resources and staff follows up to gather information about how outcome of services and monitor progress per parent self-report.

Include examples of notable community impact or feedback from the community if applicable.

CAPC would like to share one participant's story, keeping her name confidential as her family is not comfortable sharing identifying information as they are in the process of healing from traumatic experiences.

B and her husband immigrated from Mexico seeking asylum as they were victims of community violence, B's 3 children and herself are already receiving mental health services to address their trauma. B came to Nurturing Parenting Program invited by other parents in her children's school. At the end of the program B asked the group: "Would it be ok for me to share my thoughts with you all?" B stood in front to the group and with tears in her eyes and a broken soft tone of voice she read a letter she had written to give testimony of how much this program meant to her as a person and as a mother. Throughout this course staff observed B how much attention she pays to each topic, from time to time B would share her thoughts and fears. At the end of the program as a surprise to all, she was able to stand before all and shared part of her journey. B reported feeling appreciative to this program for helping her think about her own experience growing up and learning that parenting doesn't give the right to yell and abuse children, now she reports she believes parenting is nurturing and children are like plants; in order to see them grow healthy one is to give them attention and if you neglect it, it will grow crooked and if a child is neglected its life won't be ok, B shared.

"I grew up neglected and now I have a family that I immensely love and want to give the best of me. Nurturing parenting gave me lot of knowledge, gave me information I didn't have. I am happier now thanks to all of you". B reported.

AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year:

(NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)

TOTAL SERVED FOR FY 23-24:

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
53		68			

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
	121			

IF OTHER, PLEASE SPECIFY:

RACE:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE		AFRICAN	
AMERICAN INDIAN/ ALASKA NATIVE		ASIAN INDIAN/ SOUTH ASIAN	
ASIAN		CAMBODIAN	
BLACK/ AFRICAN AMERICAN		CHINESE	
WHITE/ CAUCASIAN		EUROPEAN	
HISPANIC/ LATINO	121	EASTERN EUROPEAN	
NATIVE HAWAIIAN/ PACIFIC ISLANDER		FILIPINO	
OTHER		JAPANESE	
DECLINE TO STATE/ DATA NOT CAPTURED		KOREAN	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)		MIDDLE EASTERN	
		VIETNAMESE	

		MORE THAN ONE ETHNICITY	
		OTHER	

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	
CENTRAL AMERICAN	32
MEXICAN AMERICAN	89
PUERTO RICAN	
SOUTH AMERICAN	
OTHER	

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

SEXUAL ORIENTATION:

HETEROSEXUAL	121	QUESTIONING / UNSURE	
GAY / LESBIAN		ANOTHER SEXUAL ORIENTATION	
BISEXUAL		DECLINE TO STATE/ DATA NOT CAPTURED	
QUEER		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

SEX ASSIGNED AT BIRTH:

MALE	55
FEMALE	66
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

CURRENT GENDER IDENTITY:

MAN	55
WOMAN	66
TRANSGENDER	
GENDERQUEER / NON-BINARY	
QUESTIONING	
ANOTHER GENDER IDENTIY	

		DECLINE TO STATE/ DATA NOT CAPTURED	
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

ACTIVE MILITARY STATUS:

YES	
NO	121
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

VETERAN STATUS:

YES	
NO	121
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

DISABILITY STATUS:

YES	
NO	121
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

DISABILITY TYPE:

DIFFICULTY SEEING	
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	
PHYSICAL MOBILITY	
CHRONIC HEALTH CONDITION	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

COGNITIVE DISABILITY:

YES		DECLINE TO STATE/ DATA NOT CAPTURED	
NO	121	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	121

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	0
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	0

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	10
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	2

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	12

CONTRA COSTA CRISIS CENTER - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2023 – 2024

PEI STRATEGIES (CHECK ALL THAT APPLY):

x	PREVENTION
x	EARLY INTERVENTION
x	OUTREACH
x	STIGMA AND DISCRIMINATION REDUCTION
x	ACCESS AND LINKAGE TO TREATMENT
x	IMPROVING TIMELY ACCESS TO TREATMENT
x	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
	CULTURE AND LANGUAGE
	OLDER ADULTS
x	EARLY IDENTIFICATION

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- 24-hour Crisis & Suicide Hotlines: Exceeded target goals
- Recruit & Train Diverse Volunteer Pool: Exceeded target goals
- Community Outreach & Education: Exceeded target goals
- Co-Chair Suicide Prevention Coalition Monthly Meeting: Met target goals
- County Coroner Referrals and Suicide Data: Met target goals
- Postvention/Mobile Grief Response: Met target goals
- Grief Support Groups: Met target goals
- Psychiatric Emergency Follow-Up Program: Met target goals

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

Scope of Services:

24-hour Crisis & Suicide Hotlines

- 1) Provided immediate counseling, active listening, emotional support, and referrals to community resources on our 24-hour Crisis & Suicide hotlines via phone and text for all Contra Costa County residents. Calls and texts are answered by live Call Specialists in English and Spanish, and we continued to have access to the 24/7 Language Line interpreter services for over 240 languages.
- 2) Provided callers linkage to mental health services through community resources as appropriate for each call. 100% of callers were assessed for suicide risk level, and all callers with a risk level of medium or high were offered a follow-up call.
- 3) Provided debriefing, supervision, silent monitoring, and consultation for all staff and volunteers in a manner that meets national industry standards, American Association of Suicidology (AAS), and International Council of Helplines (ICH) accreditation standards. Our agency maintains both AAS accreditation and International Council of Helplines (ICH) five-year accreditation. Our staff and volunteers reflect Contra Costa County demographics in our diversity of country of origin, languages spoken, culture, gender, religion, sexual orientation, socio-economic class, and lived experiences.

Recruit and Train Diverse Volunteer Pool

- 1) Continued to recruit and train a diverse group of volunteers representing communities countywide with current bi-lingual fluency in Spanish, Hindi, Hebrew, Punjabi, Urdu and Russian.
- 2) Exceeded target goal for number of active call center volunteers including several with multilingual skills during this reporting period, maintaining an active pool of 31 volunteers in the Call Center this reporting period (Goal: 25 volunteers).
- 3) Provided 60+ hours of classroom and one-on-one mentoring training curriculum for two new volunteer training cohorts (September 2023, March 2024). Met target goal (Goal: 2 trainings).

Community Outreach & Education

- 1) Exceeded target deliverables for Suicide Risk Assessment & Intervention Trainings (minimum: 4) by providing 8 free trainings to partner service providers and mental health clinicians countywide with optional CE credits available:
 - a. 7: Virtual Trainings
 - b. 1: In-Person Training
- 2) Continued to provide virtual outreach and education presentations regarding Crisis Center Agency Services and Suicide Prevention.

Co-chair Suicide Prevention Coalition Monthly Meeting

- 1) Continued to co-chair the Suicide Prevention Coalition monthly meetings virtually in partnership with Contra Costa Health.

County Coroner Referrals and Suicide Data

- 1) Continued to receive monthly Coroner data and maintain collaboration for referrals from the Coroner's Office and Family, Maternal, and Child Health Program to our Grief Counseling Support Group services for grieving survivors.

Postvention/Mobile Grief Response

- 1) Responded to five Postventions/Mobile Grief Response Requests after the sudden death of a student or colleague at a school, business, or agency this reporting period.

Grief Support Groups

- 1) Provided on-going grief support group services for Survivors After Suicide Loss, Parents Who Have Lost A Child, Partner & Spouse Loss, and Family & Friend Loss. 89 grief clients enrolled in bereavement support group services between 07/01/23-06/30/24.

Psychiatric Emergency Services Follow Up

- 1) Provided several outreach meetings with the PES staff team promoting the optional follow-up program for consenting patients discharged from PES. Follow-Up program promotion to patients began 08/01/22. We received 231 total referrals between 08/01/23-06/30/24. 32 patients opted in to the follow-up program via text, and 199 patients provided consent via a faxed consent form.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

I. Outcome Statements

- A. Continue to operate 24-hour crisis and suicide hotlines, providing immediate counseling, emotional support, and resource information around the clock to callers in distress.
- B. 100% lethality assessment of crisis calls and 100% follow-up with med-high lethality callers upon consent of caller.
- C. Maintain Spanish-language counselor availability to serve Spanish-speaking calls 80 hours per week (minimum 2.0 FTE).
- D. Maintain average call response time under 30 seconds in answering 24-hour crisis line calls, and to have an overall abandonment rate on crisis lines under 15% percent.
- E. Continuously recruit and train crisis line volunteers to a minimum pool of 25 culturally competent individuals, several with multilingual skills, within the contract year.
- F. Provide outreach, education, and suicide risk assessment & intervention trainings to the community (minimum 4).
- G. Co-Chair the monthly Suicide Prevention Committee.
- H. Provide follow-up to consenting individuals upon referral and discharge from PES.
- I. Provide Postvention/Mobile Grief Response Services and Grief Support Groups.

II. Measures of Success

- A. Answered 25,522 mental health/crisis/suicide calls on the 24-hour hotlines, a decrease from last fiscal year by 1,702 calls. We exceeded the target goal of answering 12,000 mental health/crisis/suicide calls.
- B. Provided 100% follow-up with med-high assessed lethality callers upon caller's consent. 99% or more of callers assessed to be at medium to high risk of suicide were still alive 30 days later based on the Coroner's monthly suicide data reports.

- C. Maintained 80 hours per week (minimum 2.0 FTE) or more of Spanish-language coverage on 24-hour crisis lines.
- D. Exceeded both target goals of answering all crisis calls within an average of 14.8 seconds (Goal: Less than 30 seconds) and have an abandonment rate on crisis lines of 10.5 % (Goal: Less than 15%). Our Crisis Line abandonment rate decreased by an additional 1% compared to last fiscal year.
- E. Met target goal of providing two volunteer trainings per year (Goal: 2), consistent with AAS accreditation for training, to a minimum pool of 25 culturally competent individuals, several with multilingual skills, within the contract year. Maintained 31 active volunteers in the Call Center this fiscal year.
- F. Provided 8 suicide risk assessment & intervention trainings to service providers and clinicians; Exceeded target goal of providing a minimum of 4.
- G. Provided follow-up attempts to 100% of consenting patients who have been referred to the Crisis Center upon discharge from PES via text or phone.
- H. Provided grief counseling services which included Postvention/Mobile Grief Response Services and Grief Support Groups this reporting period.

This fiscal year we hosted 12 in-person professional development training opportunities to all staff and volunteers to promote knowledge of community resources and continuous cultural humility in working with and supporting a diverse population over the crisis hotlines such as youth, families with young children, seniors, people who are homeless, people who have mental illness, and people who experienced trauma.

We are active participants in meetings that strive to improve cultural sensitivity, awareness, and education to better serve our community such as Suicide Prevention Coalition, 988 Lifeline, Striving for Zero, Community Care Coalition, Help Me Grow Café, 988 CA Crisis Centers, Bay Area Suicide & Crisis Intervention Alliance (BASICA), Child Death Review Team, 211 CA, Homeless Providers, and Office of Emergency Services and countywide Chamber of Commerce.

We maintain a feedback box in our front lobby for staff, volunteer, and clients, as well as gather feedback and evaluation surveys at the conclusion of every training and grief support group we provide, for continuous improvements and program development.

Our policies (HIPAA and clinical license standards informed) ensure confidentiality – including use of technology, storage of records, destruction of records, subpoena response, record keeping, report writing, and (non)use of identifying client information on server.

Our core values of compassion, integrity, inclusion, accessibility, and collaboration along with continuous cultural humility development is written, spoken and practiced. Our policies, protocols, and office environment support these values.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

Our services are designed on the belief that emotional support can make a significant difference in a caller's ability to self-manage and minimize psychiatric hospitalization visits when the support is available any time it is needed 24/7/365. We believe every person has a basic right to assistance in life-threatening or other crisis situations. Our mission is to keep people alive and safe, help them through crises, and provide or connect them with culturally relevant resources in the community. Our vision is that people of all cultures and ethnicities in Contra Costa County are in a safe place

emotionally and physically. Every resource in our 211 Resource Database is vetted, maintained, and up-to-date and is accessible for agencies partners and members of the community to use throughout the county free of charge.

The Contra Costa Crisis Center holds the following core values:

1. Compassion: We are driven by a desire to alleviate the emotional pain, distress, and needs of our clients.
2. Integrity: We respect and honor our colleagues and clients through trustworthy actions.
3. Inclusion: We affirm the value of differing perspectives and are committed to representation from, and service to, all members of our diverse community.
4. Accessibility: We believe that people in need should be able to get help 24/7/365.
5. Collaboration: We are committed to developing strong, lasting partnerships with community members to achieve common goals.

Include examples of notable community impact or feedback from the community if applicable.

PES Follow-Up Client

A 26 year old male agreed to follow-up with a Care Coordinator upon PES discharge. When the Care Coordinator first connected, he was dealing with anger issues, being a perpetrator of Domestic Violence, and was emotionally stuck in the past. After some time of continuous check-ins, he is now attending anger management treatment, focusing on taking care of his children, and has a job lined up. He states that he is more focused on staying present and recognizing what is in his control and what isn't. He agreed to call 988 for continued emotional support after the conclusion of his last follow-up call.

Crisis Caller

S has called on the crisis lines 19 times over the last 8 months. She is a mother of two, going through a divorce, has an elderly mom living with her, and her teenage son has been recently hospitalized for suicidal thoughts. Our Crisis Counselors have provided her with active listening and emotional support on every call. She left positive feedback regarding our Crisis Counselors, stating that she has been, "battling issues for months, falling at the end of the fight, thank you. People like your Crisis Counselors give people hope and keep them prayerful."

AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year:

(NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)

TOTAL SERVED FOR FY 23-24: 25,522

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH – TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
220	1262	8455	4756	10,829	25,522

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
24,139	498	13	872	25,522

IF OTHER, PLEASE SPECIFY: Farsi, Mandarin, Vietnamese

RACE:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	304	AFRICAN	
AMERICAN INDIAN/ ALASKA NATIVE	22	ASIAN INDIAN/ SOUTH ASIAN	
ASIAN	1252	CAMBODIAN	
BLACK/ AFRICAN AMERICAN	2033	CHINESE	
WHITE/ CAUCASIAN	10,150	EUROPEAN	
HISPANIC/ LATINO	746	EASTERN EUROPEAN	
NATIVE HAWAIIAN/ PACIFIC ISLANDER	112	FILIPINO	
OTHER	0	JAPANESE	
DECLINE TO STATE/ DATA NOT CAPTURED	10,903	KOREAN	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	25,522	MIDDLE EASTERN	
		VIETNAMESE	

		MORE THAN ONE ETHNICITY	
		OTHER	

ETHNICITY (HISPANIC/LATINX)
ETHNICITY (ALL)

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

SEXUAL ORIENTATION:

HETEROSEXUAL		QUESTIONING / UNSURE	
GAY / LESBIAN		ANOTHER SEXUAL ORIENTATION	
BISEXUAL		DECLINE TO STATE/ DATA NOT CAPTURED	
QUEER		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

SEX ASSIGNED AT BIRTH:
CURRENT GENDER IDENTITY:

TOTAL SERVED BY GENDER		GENDERQUEER / NON-BINARY	
MALE	6,493	MAN	6,493
FEMALE	11,179	WOMAN	11,179
DECLINE TO STATE/ DATA NOT CAPTURED	7,850	TRANSGENDER	48
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	25,522	GENDERQUEER / NON-BINARY	24
		QUESTIONING	19
		ANOTHER GENDER IDENTIY	0

		DECLINE TO STATE/ DATA NOT CAPTURED	7,759
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	25,522

ACTIVE MILITARY STATUS:

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

VETERAN STATUS:

YES	71
NO	809
DECLINE TO STATE/ DATA NOT CAPTURED	24,642
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	25,522

DISABILITY STATUS:

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

DISABILITY TYPE:

DIFFICULTY SEEING	
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	
PHYSICAL MOBILITY	
CHRONIC HEALTH CONDITION	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

COGNITIVE DISABILITY:

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

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	25,522
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	

FISCAL YEAR: 2023 – 2024

PEI STRATEGIES (CHECK ALL THAT APPLY):

	PREVENTION
	EARLY INTERVENTION
X	OUTREACH
	STIGMA AND DISCRIMINATION REDUCTION
	ACCESS AND LINKAGE TO TREATMENT
	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
	CULTURE AND LANGUAGE
	OLDER ADULTS
X	EARLY IDENTIFICATION

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- C.O.P.E. conducted seventeen (17) Group Triple P classes with parents of children ages 0-12.
- C.O.P.E. conducted six (6) Family Transitions classes for families experiencing separation and divorce, actively engaged in co-parenting.
- C.O.P.E. enrolled 192 out of the target goal of 210 Participants in Triple P classes.
- Of the 192 enrolled, 181 Participants graduated from Triple P Parenting classes during the fiscal year.
- C.O.P.E. attained a 94.5% rate of program completion from enrolled Participants.
- Of the graduated participants, 95% reported improvement in parenting skill development and a decrease in stress, anxiety, and depression.
- C.O.P.E. conducted outreach to 359 parents/caregivers during the fiscal year.
- C.O.P.E. provided case management services to over 60 families referred for additional support/resources.
- Sessions were held both in-person and online via Zoom to increase accessibility for all families across East, Central, and West Contra Costa County.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any

evidence-based or promising practices), needs addressed and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

Triple P is a multi-level, prevention-based program aimed at providing family intervention for parents of children who are at risk of developing problem behavior(s). The model promotes healthy parent-child relationships through positive communication, intentional strategies for managing problem behaviors, and parental self-regulation of emotions.

C.O.P.E.'s work in expanding Triple P education in Contra Costa County has increased positive community impact through the continuation of outreach to parents in an educationally transformative way that inspires change in parenting development and self-regulation, and through community partnerships and networks. Consistently, feedback about parenting education reveals that it is not just for parents who are struggling or having severe problems with their children's behavior, rather it is an opportunity for parents to build confidence in their parenting abilities, problem solve common challenges and prevent larger behavioral issues from developing.

Services provided to Target Population

C.O.P.E. conducted seventeen (17) Group Triple P classes with parents of children ages 0-12 within Contra Costa County. C.O.P.E. ensured that program activities were provided by accredited Triple P qualified practitioners and focused on parents and/or guardians of children from birth through age 18, expectant parents of children, and/or early childhood educators of children from birth through age 5.

C.O.P.E. engaged in outreach activities/presentations and briefings to fourteen groups/entities including early childhood organizations that serve families with children 0-12 in East, Central and West Contra Costa County. Class flyers and enrollment links were provided to families who inquired through the C.O.P.E website or who were referred through a partner organization. Additionally, a Triple P informational table was available at community and school-based events across the county to provide additional information and on-site class registration.

C.O.P.E. provided case management services for families in need of additional resources. If a Participant's assessment indicated a concern, C.O.P.E. case managers contacted them to determine if additional community support was needed. Where appropriate, referrals were made for additional mental health services. C.O.P.E. provided case management services to 60 families during the fiscal year utilizing master's level social work interns, associate clinicians, and licensed clinicians when necessary, referring families for additional support/resources around mental health assessment, class readiness support, and referrals for anger management services.

Strategies utilized to improve access to services for underserved populations.

A total of eight C.O.P.E. Practitioners were trained in Triple P curriculum that were added to the growing list of qualified Practitioners during the fiscal year, educated to support parents of children and youth with evidenced-based strategies to enhance parenting through skill development. Practitioner skill development was enhanced through training in the following Triple P levels:

- Level 3 Primary Care 0-12 (2 people)
- Level 4 Fearless (5 people)
- Level 5 Transitions (1 person)

C.O.P.E. launched a marketing campaign in Q3 to attract families from diverse backgrounds by placing bus ads in East, Central, and West County, along with digital marketing impressions that focus on families with children from target populations served under this contract.

C.O.P.E.'s Executive Director was featured on KTVU news' Giving Day segment in which she amplified the Triple P programming broadcasting the significance of parenting education to millions of viewers. C.O.P.E.'s work was also featured at the Leshner Center for The Arts in front of a broad audience of community leaders, members, and neighbors

that support families' efforts to strengthen their bonds through counseling options and parent education programs.

Additionally, C.O.P.E. has undergone a branding refresh to build awareness of our programs, services, and community impact utilizing diverse representations of families on marketing and advertising materials. Additionally, in acclimating new staff, elevated outreach was conducted in Q3 with partners to share C.O.P.E. parenting education services, establish new community contacts, and disclose support to various agencies serving families with children.

A key difference from prior year's is that C.O.P.E. is taking steps to increase program visibility, outreaching and marketing programs and services in vast ways to reach a greater audience and enhance chances of reaching hard to reach/serve populations most in need. These communities include Black/African American and Asian communities.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

Data collection methodology

Parent demographics and pre and post assessments are collected for every class conducted under the Triple P model. Assessments are administered at the beginning and end of the course. Reports are generated showing the variance in outcomes. These reports are reviewed by the practitioner and shared with the individual participants. Assessments are administered via google forms accessible by email or text as well as printed if required by the parent.

A total of three (3) measurements are administered and evaluated:

1. The Parenting Scale measures dysfunctional discipline practices that parents engage in. The scale assesses for parents of children of different ages and C.O.P.E. employs a separate Parenting Scale for parents of older children with different questions/measures.

FY23-24 Outcomes:

- 100 % of the parents showed a reduction in Laxness (tendency to behave permissively and inconsistently when parenting children).
- 100 % of the parents showed reduction in Over-Reactivity (parenting intense emotional reaction to a child's misbehavior).
- 100 % of the parents showed reduction in Hostility (Resentment that arises from prolonged frustration).

2. The Depression Anxiety Stress Scale (DASS) measures symptoms of depression, anxiety, and stress in adults. This measure is used across the board for parents of children regardless of age.

FY23-24 Outcomes:

- 100% of the parents showed a reduction in depression.
- 100% of the parents showed a reduction in anxiety.
- 100% of the parents showed a reduction in Stress.

3. The Eyeberg Child Behavior Inventory (ECBI) measures parental perceptions of disruptive child behaviors (parent-child interactions). What we are assessing is both the frequency of the behavior and the parent's interpretation of the behavior. This is measured using an intensity scale and a problem scale. The questions on this scale are specific to parents with children ages 2-12 and identify behaviors at home and in school settings.

FY23-24 Outcomes:

- 86% of the parents showed a reduction in the Intensity Scale that measures the frequency of each problem behavior.
- 86% of the parents showed a reduction in the Problem Scale that reflects the parent's tolerance of the behaviors, and the distress caused.

Pre-assessments were administered at the first class and post-assessments were administered during the last class. The reports demonstrate measured changes in the scores. The reports are reviewed with each Participant individually to process the change in the parents' self-management, self-efficacy, personal agency, problem solving, self-sufficiency and minimal sufficient intervention.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

The Triple P curriculum provides a self-regulatory model to choose strategies that support each family's dynamics. Participants define their own goals, work on strategies, and receive support from practitioners. Overall, positive parenting has a powerful impact on a child's emotional wellbeing and strengthens the parent-child relationship. Services supported parents in increasing parenting skills in meeting their children's social and developmental needs. Parents learned that the quality of the parent-child relationship is the major factor associated with the well-being of young children. The parent-child relationship nurtures emotional and social development, resilience and teaches the child how to self-regulate their emotions. Having a strong parent-child relationship supports Kindergarten readiness.

Cultural responsiveness and confidentiality:

C.O.P.E. Family Support Center fosters a holistic approach to family wellness and recovery by providing evidence-based parenting classes along with other complementary services. Parents that express need for further intervention are identified through their participation in Triple P parenting courses and are linked to supplementary case management services provided by C.O.P.E.

- Triple P Practitioners are culturally and linguistically diverse. Classes are taught in English and Spanish. Arabic services available upon request.
- C.O.P.E. cultivates an inclusive, non-judgmental environment for participants seeking services and is trained in areas such as ACES, trauma-informed care, self-regulation techniques, conflict resolution, and other methods for participant communication.
- All participants are met with respect, treated with dignity, and offered services regardless of race, gender, sexual orientation, or religion.
- Practitioners are trained to understand cultural differences in parenting practices that nurture the uniqueness of each family.
- Participants signed a confidentiality agreement and release of information to protect every participant's integrity and individual confidentiality.
- Participants are not asked about immigration status.
- Families are asked to take a survey after each class to promote inclusive feedback from the community, assess service delivery, and to report on whether the goals of the program met their needs.

Include examples of notable community impact or feedback from the community if applicable.

C.O.P.E.'s community impact continues to reach parents in an educationally transformative way that inspires change in

parenting development and self-regulation. Consistently, feedback about parenting education reveals that it is not just for parents who are struggling or having severe problems with their children's behavior, rather it is an opportunity for parents to build confidence in their parenting abilities, problem solve common challenges and prevent larger behavioral issues from developing.

A single parent actively engaged in a custody dispute participated in a group Triple P class and reported the following:

"C.O.P.E.'s parenting classes have really helped me evaluate how I parent. I now manage my anxiety better and implement healthier ways to communicate and validate my son. I have already recommended this [Triple P] to many people." -L4 Group Parent of an 11-year-old.

Co-parents reported after completing the classes that they were better equipped to communicate with one another and were able to create a structure for parenting together. They expressed that they learned how to stop and take a moment before reacting to a situation.

"Dr. Sabrina was always very good at facilitating the course and great at de-escalating moments in the class that were very emotional and stressful. Overall, I had learned a lot of skills and have been provided the tools to practice being a great parent and cooperative co-parent." - L5 Transitions Co-parents of a 2-year-old.

AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year:

(NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)

TOTAL SERVED FOR FY 23-24:

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH – TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
	8	162	2	20	192

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
149	40	2	1	192

IF OTHER, PLEASE SPECIFY:

RACE:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	10	AFRICAN	N/A
AMERICAN INDIAN/ ALASKA NATIVE	1	ASIAN INDIAN/ SOUTH ASIAN	N/A
ASIAN	19	CAMBODIAN	N/A
BLACK/ AFRICAN AMERICAN	29	CHINESE	N/A
WHITE/ CAUCASIAN	56	EUROPEAN	N/A
HISPANIC/ LATINO	52	EASTERN EUROPEAN	N/A
NATIVE HAWAIIAN/ PACIFIC ISLANDER	2	FILIPINO	N/A
OTHER	14	JAPANESE	N/A
DECLINE TO STATE/ DATA NOT CAPTURED	9	KOREAN	N/A
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	192	MIDDLE EASTERN	N/A
		VIETNAMESE	N/A

		MORE THAN ONE ETHNICITY	N/A
		OTHER	N/A

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	N/A
CENTRAL AMERICAN	N/A
MEXICAN AMERICAN	N/A
PUERTO RICAN	N/A
SOUTH AMERICAN	N/A
OTHER	N/A

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	N/A
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	N/A

SEXUAL ORIENTATION:

HETEROSEXUAL	153	QUESTIONING / UNSURE	N/A
GAY / LESBIAN	6	ANOTHER SEXUAL ORIENTATION	N/A
BISEXUAL	9	DECLINE TO STATE/ DATA NOT CAPTURED	24
QUEER	N/A	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	192

SEX ASSIGNED AT BIRTH:

MALE	76
FEMALE	101
DECLINE TO STATE/ DATA NOT CAPTURED	15
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	192

CURRENT GENDER IDENTITY:

MAN	N/A
WOMAN	N/A
TRANSGENDER	N/A
GENDERQUEER / NON-BINARY	N/A
QUESTIONING	N/A
ANOTHER GENDER IDENTIY	N/A

		DECLINE TO STATE/ DATA NOT CAPTURED	N/A
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

ACTIVE MILITARY STATUS:

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

VETERAN STATUS:

YES	8
NO	171
DECLINE TO STATE/ DATA NOT CAPTURED	13
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	192

DISABILITY STATUS:

YES	4
NO	101
DECLINE TO STATE/ DATA NOT CAPTURED	87
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	192

DISABILITY TYPE:

DIFFICULTY SEEING	0
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	0
PHYSICAL MOBILITY	1
CHRONIC HEALTH CONDITION	3
OTHER	0
DECLINE TO STATE/ DATA NOT CAPTURED	188
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	192

COGNITIVE DISABILITY:

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

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	37
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	23

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	3
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	2

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	N/A
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	48 hours (internal only)

FIERCE ADVOCATES – PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2023 – 2024

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
	ACCESS AND LINKAGE TO TREATMENT
	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
X	CULTURE AND LANGUAGE
X	OLDER ADULTS
X	EARLY IDENTIFICATION

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- FIERCE implemented necessary programs rooted in the community, such as the launch of life coaching for Latinx women and the continuation of coaching for Black women. A total of 47 women received accessible, no-cost, culturally competent 1-1 life coaching from well-trained mentors and certified coaches from the local community, and more than 85% indicated that they felt empowered to make changes in their lives and had adopted a positive way of thinking.
- FIERCE Advocates hosted peer support groups—Latino Sanctuary for Women, Black Woman’s Sanctuary, and Holding Space for Men—for 291 parents, caregivers, and other adults living in Contra Costa County. 96% of participants strongly agreed that they had improved access to mental health education and mental health support services, 100% strongly agreed that the peer support group had taught them at least one new strategy to cope with stress, and 89% strongly agreed that Sanctuary had helped them feel confident in their strengths.
- FIERCE Advocates cultivated impactful community partnerships to host family wellness workshops and activities that enable individual, and family wellness based on the identified needs of Contra Costa County residents. These activities included a Books and Breakfast event, a parent and caregiver focus group to understand what youth in our community need to thrive, a Mental Health workshop about EFT tapping, and healthy eating demos. FIERCE

Advocates launched a pilot project called Black Family Sanctuary to create spaces for Black families to practice effective family communication and bonding between generations. Eleven youths between the ages of 4 and 14 participated in this program with their parents and caregivers. Family participation included those throughout the County, as far east as Oakley.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

One of our goals for wellness-centered communities is to cultivate community and family engagement. To do this, we ensure Contra Costa County families are knowledgeable about and have access to a network of supportive and critical health and mental health information and services.

Each month, FIERCE Advocates hosted family wellness activities that prioritize emotional and physical well-being so that families can build connections with each other and other families in a safe, welcoming, and fun environment.

We collaborated with Fresh Approach, The City of Richmond, Urban Tilth, and Moving Forward to support our primary constituent base of Black and Latinx parents and caregivers and their children. We collaborated with Urban Tilth and Moving Forward to conduct community cleanups and monthly hikes. We hosted a healthy plate demo led by Fresh Approach to teach families about the importance and components of eating healthy, well-balanced meals. Lastly, we partnered with the City of Richmond to host a focus group for parents and caregivers to amplify the needs and concerns of Richmond youth to guide resource allocation for youth programming in the city. Additionally, FIERCE Advocates joined the Richmond Taskforce to end Gender-Based Violence (GBV) to create recommendations on policy and actions to end GBV. Through these partnerships, we can connect participants to resources that support mental and physical wellness and nutrition.

Another primary goal of our healing-centered care strategy is to connect with East Bay service providers that provide mental health and support services, especially those prioritizing cultural competency, humility, affordability, and language access for Spanish-speaking clients. Through our programs, participants have connected to three health and wellness professionals for no-and-low-cost individual, family, and group clinical support and prevention services. Their services include mindfulness, counseling, nutrition, parenting, and fitness classes. For example, we have hosted Latinx clinicians in our monthly Latina Sanctuary sessions who subsequently provide discounted mental health services to referred FIERCE Advocates participants.

Our Sanctuaries continue to be spaces for Black and Latinx women and men of color to have safe spaces that support their emotional well-being. In the 2023-2024 fiscal year, FIERCE Advocates hosted 33 peer wellness support meetings. Monthly Sanctuary sessions created robust relationships among participants and access to information about mental health, financial wellness, and other enriching resources. This fiscal period was the first time since 2020, during the COVID-19 pandemic shutdown, that all three of our sanctuaries are back to meeting in-person and hosting virtual meetings to accommodate residents who live throughout the region. For example, Holding Space for Men launched during the pandemic shutdown, so over the years, it continued to meet online as it was the men's preference. However, it is now meeting in person at the CoBiz space in Richmond, creating a vibrant and dynamic space for men to learn, grow, share, and connect about their emotional well-being and other topics.

Latina Sanctuary hosted sessions with guest speakers about a range of topics: The invisible wounds of childhood, grief, first aid for anxiety attacks, domestic violence, love, self-esteem, value, and creating community. These topics helped participants learn and share about their emotional and physical impacts on mind and body. Black Women's Sanctuary focused on two themes for 2023: "How to build a lasting legacy that effectuates change in the community," and in 2024

“Perfectly Imperfect: the strength of imperfection.” Guest speakers and meeting topics included Learning about *Raising Daughters, Loving Sons,? My Emotions: should I react or respond? How do we create a legacy in our young queens? The strength of a woman: What being strong really means*. Black Women’s Sanctuary participants engaged in wellness walks, community service projects, and a book signing event. One of the most significant accomplishments of Black Woman’s Sanctuary was creating an anthology book and Amazon bestseller titled *Unleashing the Power of Her: From Overcoming Stuck to Creating Legacy*. In prior years, Black Woman’s Sanctuary hosted authors who shared their process for writing their books, which inspired the Black Woman’s Sanctuary participants to work together to share their individual stories. This book is an exciting moment for our organization because it is the culmination of a collaboration with 22 participants who shared their stories with raw honesty and moving testimony, discussing their journeys of perseverance and learning to believe in themselves.

We are proud that the Holding Space for Men group has continued since its launch in 2021 during the pandemic. The men continue to design topics that resonate with them and support their need for community, emotional well-being support, and leadership development. They discussed financial peace, how to establish trust among different generations, and changes in the community from the past compared to what is happening now.

We are proud to continue our life coaching program, which provides free 1-on-1 support for our community’s parents, caregivers, and other adults. 47 women and two men received accessible, free, culturally competent 1-on-1 life coaching. Life coaching is an extension of our peer-support services that allow clients to lead in their personal development through self-discovery and guidance to reach their full potential and address challenges that professional and certified life coaches can support them with.

We learned that we couldn’t model how we reach and promote our life coaching program with Black and Latinx women to men, primarily Black men. We learned that men don’t as easily identify how life coaching can provide them with guidance toward their life goals and a resource for emotional well-being support. Additionally, men found it hard to consistently attend sessions when they had busy work schedules or when unexpected things happened in their lives. We learned from the two men who participated that they found the sessions very useful. As a result of these lessons, we have recently hired a new life coach who will develop outreach strategies that specifically target what men seek to achieve positive well-being and how best to destigmatize men seeking life coaching resources. Additionally, moving forward, we seek to better connect life coaching to programming where men participate, such as our Holding Space peer support sessions, where our new life coach can consistently attend to better understand the needs and interests of men.

Briefly report on the outcomes of the program’s efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

Community and Family Engagement: Ensure West Contra Costa families have access to no-cost events and activities that build community and connect adults and youth to health and well-being activities that alleviate stress, anxiety, and isolation.

(1) Family Engagement: In the 2023-2024 fiscal year, 273 people participated in 13 Family Engagement in-person events. Through these activities, participants had access to fun, hands-on activities that helped families spend time together and have time to relieve stressors in their lives. Activities included family bonding arts & crafts, dancing, boxing, story-telling, yoga, and mindfulness.

(2) Social Support and Referral: Reduce risk for negative outcomes related to untreated mental illness for

parents/primary caregivers whose risk of developing a serious mental illness is significantly higher than average, including cumulative skills-based training opportunities on effective parenting approaches

Sanctuary Peer Support Groups: In the 2023-2024 fiscal year, FIERCE Advocates hosted 36 peer support meetings. A total of 208 Black and Latinx women participated in the meetings and learned about self-care, self-value, stress & anxiety management, how to heal childhood wounds, domestic & verbal violence, growing up with toxic parents, and how to navigate their emotions. Holding Space, our men's peer support group served 83 participants. Through these meetings, men have continued building relationships with other men in their community, connected with youth and young men in their space, and actively focused on improving their emotional intelligence and interpersonal communication skills.

Black Family Sanctuary Pilot: In the spring of 2023, FIERCE Advocates launched a pilot project called Black Family Sanctuary to create an unapologetically Black space for families to build community connections that focus on Black unity, cultural awareness, affirmation, learning, and practicing effective family communication, and bonding between ages and generations. FIERCE Advocates hosted eight sessions, including families with youth ages 11-14. Members continued participating because of the information they shared and gained and their connection with other Black families. Families enjoyed doing community activities with their children and exposing them to other children/families that looked like theirs.

- (3) Self-and-Collective Advocacy: Train and support families to self-advocate, build collective advocacy and directly engage the services they need.

Life-Coaching: During this fiscal year, 24 African-American women, 16 Latinx women, and 2 African-American men received six–eight free one-hour sessions with a certified life coach. Participants set short-term, midterm, and long-term goals and used a strength-based approach to create a plan to achieve them. As a result of participating in these sessions, clients identified strengths and support systems and worked on shifting mindsets.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

Our participants guide FIERCE Advocates programs based on their needs, what resonates with them, and their input, which is gathered in multiple ways, including surveys, interviews, observations, and attendance at activities. Additionally, all of our staff identify as Black and Latinx, and many are of and continue to live in the communities we serve in West Contra Costa County. A demonstration of community-based and culturally responsive programs is dedicated and safe spaces for Black women through Black Woman's Sanctuary, Latino Sanctuary for Women for Latinas, and Holding Space for Black and Latinx men to have an authentic space for kinship. Our coaching program has been successful because it's offered in Spanish, so those who are not bilingual or prefer to converse in Spanish can do so with a life coach who speaks Spanish. Holding Space for men offers an authentic space for Black men, some of whom are formerly incarcerated, to feel safe and comfortable sharing their ideas, vision, and feelings with others who may have shared similar experiences and others haven't an opportunity to listen, learn, and offer allyship and solidarity.

The guest speakers for our Sanctuary are mostly Black and Latinx individuals with similar backgrounds and understanding of participants' experiences. The Black Women Sanctuary organized a panel discussion to promote the legacy among Black girls. The panel consisted of 4-5 black women guest panelist speakers with experience working with community youth, caregivers, and parents. The conversation was very thought-provoking as it delved into the causes that hinder youth from excelling or desiring to achieve higher. Guest speakers emphasized the importance of supporting

school systems and higher education as a community focus and that true legacy begins with having a plan and working towards the desired outcome. Guest speakers also expressed that the community can support youth by sharing their experiences and lessons learned to pave the way for future generations.

The Latina Sanctuary hosted several sessions with guest speakers covering interesting topics. One that stood out was about healing fears, frustrations, and traumas. The presenter discussed how someone's character and personality develop and how negative reactions and temperament affect our goals. The guest speaker Rosio Cervantes, life coach, led activities to help recall participants' childhood, which for some was challenging because of many things that are stored subconsciously for years. Nonetheless, Rosio used techniques for participants to work on that process and assigned homework for participants to continue their personal growth. This topic was impactful, as the journey is not easy, but the Sanctuary will continue to support women in making positive changes that will greatly impact them and their families.

Include examples of notable community impact or feedback from the community if applicable.

We are proud to have launched our life coaching program for Spanish-speaking women, which provides them with an invaluable resource for well-being and wellness. One life coaching client shared a profound impact, highlighting the challenges faced as a Mexican mother with two daughters, one of whom is autistic. The program provided invaluable support during difficult times, especially when dealing with the complexities of autism, including a suicide attempt. The client emphasized the importance of finding organizations that speak the same language and provide resources tailored to individual needs. In her own words, she stated the following: "Thanks to FIERCE, I now feel empowered to better support my children. I have the confidence to handle crises and know exactly where to turn for help."

Another client, a Black woman, shared the following testimonial: "I recently went through a divorce after 29 years of marriage. I felt as though I had no hope, and my anxiety was high. I was a middle-aged woman walking around with no direction and wondering where I belonged. I spent many days just trying to figure out what my next move was." "Coach Paula always greeted me and made me feel at ease with our conversations. She allowed me to share with her the things that I was facing that seemed impossible." "I will continue to build on the strategies that I learned. I have enjoyed Coach Paula and the wisdom she shares, and the encouragement she gives. Thank you for allowing me this opportunity to get some help to better myself."

AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year:
(NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)

TOTAL SERVED FOR FY 23-24: 539

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH – TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
7	0	13	0	519	539

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
219	153	0	167	539

IF OTHER, PLEASE SPECIFY:

RACE:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	0	AFRICAN	0
AMERICAN INDIAN/ ALASKA NATIVE	0	ASIAN INDIAN/ SOUTH ASIAN	0
ASIAN	0	CAMBODIAN	0
BLACK/ AFRICAN AMERICAN	208	CHINESE	0
WHITE/ CAUCASIAN	1	EUROPEAN	0
HISPANIC/ LATINO	170	EASTERN EUROPEAN	0
NATIVE HAWAIIAN/ PACIFIC ISLANDER	0	FILIPINO	0
OTHER	0	JAPANESE	0
DECLINE TO STATE/ DATA NOT CAPTURED	160	KOREAN	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	539	MIDDLE EASTERN	0
		VIETNAMESE	0

		MORE THAN ONE ETHNICITY	0
		OTHER	0

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	0
CENTRAL AMERICAN	0
MEXICAN AMERICAN	0
PUERTO RICAN	0
SOUTH AMERICAN	0
OTHER	0

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	0

SEXUAL ORIENTATION:

HETEROSEXUAL	0	QUESTIONING / UNSURE	0
GAY / LESBIAN	0	ANOTHER SEXUAL ORIENTATION	0
BISEXUAL	0	DECLINE TO STATE/ DATA NOT CAPTURED	0
QUEER	0	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	0

SEX ASSIGNED AT BIRTH:

MALE	148
FEMALE	325
DECLINE TO STATE/ DATA NOT CAPTURED	66
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	539

CURRENT GENDER IDENTITY:

MAN	0
WOMAN	0
TRANSGENDER	0
GENDERQUEER / NON-BINARY	0
QUESTIONING	0
ANOTHER GENDER IDENTIY	0

		DECLINE TO STATE/ DATA NOT CAPTURED	0
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	0

ACTIVE MILITARY STATUS:

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

VETERAN STATUS:

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

DISABILITY STATUS:

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

DISABILITY TYPE:

DIFFICULTY SEEING	0
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	0
PHYSICAL MOBILITY	0
CHRONIC HEALTH CONDITION	0
OTHER	0
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	0

COGNITIVE DISABILITY:

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

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	260WKS
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	260WKS

FIRST 5 CONTRA COSTA – PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2023 – 2024

PEI STRATEGIES (CHECK ALL THAT APPLY):

	PREVENTION
	EARLY INTERVENTION
X	OUTREACH
	STIGMA AND DISCRIMINATION REDUCTION
	ACCESS AND LINKAGE TO TREATMENT
	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
	CULTURE AND LANGUAGE
	OLDER ADULTS
X	EARLY IDENTIFICATION

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- C.O.P.E. conducted seventeen (13) Group Triple P classes with parents of children ages 0-5.
- C.O.P.E. conducted ten (10) Triple P seminars with parents of children ages 0-5.
- C.O.P.E. enrolled 193 Participants in Triple P classes.
- Of the target goal 156, 121 Participants graduated from Triple P Parenting classes during the fiscal year.
- Of the graduated participants, 95% reported improvement in parenting skill development and a decrease in stress, anxiety, and depression.
- C.O.P.E. conducted outreach to 536 parents/caregivers during the fiscal year.
- Conducted 12 outreach briefings meetings, reaching our target goal for the fiscal year.
- C.O.P.E. exceeded the target enrollment goal for African American families (18) by 41%.
- C.O.P.E. met the target case management goal of 45 families referred for additional support/resources.
- Sessions were held both in-person and online via Zoom to increase accessibility for all families across East, Central, and West Contra Costa County.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

Triple P is a multi-level, prevention-based program aimed at providing family intervention for parents of children who are at risk of developing problem behavior(s). The model promotes healthy parent-child relationships through positive communication, intentional strategies for managing problem behaviors, and parental self-regulation of emotions.

C.O.P.E.'s work in expanding Triple P education in Contra Costa County has increased positive community impact through the continuation of outreach to parents in an educationally transformative way that inspires change in parenting development and self-regulation, and through community partnerships and networks. Consistently, feedback about parenting education reveals that it is not just for parents who are struggling or having severe problems with their children's behavior, rather it is an opportunity for parents to build confidence in their parenting abilities, problem solve common challenges and prevent larger behavioral issues from developing.

Services provided to Target Population

C.O.P.E. conducted thirteen (13) Group Triple P classes with parents of children ages 0-5 and 10 Triple P seminars within Contra Costa County. A total of four Community Resource Specialists were trained in Triple P curriculum in addition to six new C.O.P.E. Practitioners that were added during the fiscal year to support parents of young children with evidenced-based strategies to enhance parenting through skill development.

C.O.P.E. engaged in outreach activities/presentations and briefings to fourteen groups/entities including early childhood organizations that serve families with children 0-5 in East, Central and West Contra Costa County. Class flyers and enrollment links were provided to families who inquired through the C.O.P.E website or who were referred through a partner organization. Additionally, a Triple P informational table was available at community and school-based events across the county to provide additional information and on-site class registration.

Additionally, C.O.P.E. met the target case management goal of 45 families referred for additional support/resources, recognizing the need for additional support around mental health assessment, class readiness support, and referrals for anger management services.

Strategies utilized to improve access to services for underserved populations.

C.O.P.E. launched a marketing campaign in Q3 to attract families from diverse backgrounds by placing bus ads in East, Central, and West County, along with digital marketing impressions that focus on families with children from target populations served under this contract.

C.O.P.E. 's Executive Director was featured on KTVU news' Giving Day segment in which she amplified the Triple P programming broadcasting the significance of parenting education to millions of viewers. C.O.P.E. 's work was also featured at the Leshner Center for The Arts in front of a broad audience of community leaders, members, and neighbors that support families' efforts to strengthen their bonds through counseling options and parent education programs.

Additionally, C.O.P.E. has undergone a branding refresh to build awareness of our programs, services, and community impact utilizing diverse representations of families on marketing and advertising materials. Additionally, in acclimating new staff, elevated outreach was conducted in Q3 with partners to share C.O.P.E. parenting education services, establish new community contacts, and disclose support to various agencies serving families with children.

Challenges and needs addressed

A challenge that persists is outreach to Asian/Pacific Islander families. Currently, C.O.P.E. is at 36% of the contracted goal (9 out of 25) Asian families enrolled in Triple P classes. To date, outreach has proven to be challenging as C.O.P.E. lacked

representation for these families, making it difficult to navigate effective ways to promote parental education to this target population. C.O.P.E. has continued marketing campaigns launched in Q3, including bus ads in East, Central, and West County, increasing agency visibility in communities of diverse backgrounds. Notable success C.O.P.E. can report in this effort that the agency has hired its first Asian American Practitioner accredited in Triple P in addition to the first Asian/Pacific Islander female leader in the agency. C.O.P.E. continues to analyze diversity in staffing and ensure that recruitment efforts are representative of the community population that the agency serves.

In general, C.O.P.E. faced an overall challenge of managing a 20% dropout rate on average, by quarter, for the fiscal year.

C.O.P.E. served 123 out of 156 required individuals but enrolled a total of 193. This is likely due to a combination of the overall dropout rate experienced with enrollment of families this fiscal year. This total equates to an over 20% rate of families who did not complete a class after enrollment. The dropout rate was elevated during a site visit discussion with First 5 partners around strategies to increase participation that included asserting registration fees, identifying incentive options, and increasing the potential for more in-person classes. All strategies were aimed at increasing participation for families and improving peer-to-peer community connections often attained in-person rather than virtually.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

Data collection methodology

Parent demographics and pre and post assessments are entered into ETO (Efforts to Outcomes Database). Assessments are administered at the beginning and end of the course. Reports are generated showing the variance in outcomes. These reports are reviewed by the practitioner and shared with the individual participants. Assessments are administered via google forms accessible by email or text as well as printed if required by the parent.

A total of three (3) measurements are administered and evaluated:

1. The Parenting Scale measures dysfunctional discipline practices that parents engage in.

FY23-24 Outcomes:

- 100 % of the parents showed a reduction in Laxness (tendency to behave permissively and inconsistently when parenting children).
- 100 % of the parents showed reduction in Over-Reactivity (parenting intense emotional reaction to a child's misbehavior).
- 100 % of the parents showed reduction in Hostility (Resentment that arises from prolonged frustration).

2. The Depression Anxiety Stress Scale (DASS) measures symptoms of depression, anxiety, and stress in adults. Yes, this measure is used across the board for parents of children regardless of age.

FY23-24 Outcomes:

- 100% of the parents showed a reduction in depression.
- 100% of the parents showed a reduction in anxiety. ● 100% of the parents showed a reduction in Stress.

3. The Eyeberg Child Behavior Inventory (ECBI) measures parental perceptions of disruptive child behaviors (parent-child interactions). What we are assessing is both the frequency of the behavior and the parent's

interpretation of the behavior. This is measured using an intensity scale and a problem scale. The questions on this scale are specific to parents with children ages 2-12 and identify behaviors at home and in school settings.

FY23-24 Outcomes:

- 86% of the parents showed a reduction in the Intensity Scale that measures the frequency of each problem behavior.
- 86% of the parents showed a reduction in the Problem Scale that reflects the parent's tolerance of the behaviors, and the distress caused.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

The Triple P curriculum provides a self-regulatory model to choose strategies that support each family's dynamics. Participants define their own goals, work on strategies, and receive support from practitioners. Overall, positive parenting has a powerful impact on a child's emotional wellbeing and strengthens the parent-child relationship. Services supported parents in increasing parenting skills in meeting their children's social and developmental needs. Parents learned that the quality of the parent-child relationship is the major factor associated with the well-being of young children. The parent-child relationship nurtures emotional and social development, resilience and teaches the child how to self-regulate their emotions. Having a strong parent-child relationship supports Kindergarten readiness.

Cultural responsiveness and confidentiality:

- Triple P Practitioners are culturally and linguistically diverse. Classes are taught in English and Spanish. Arabic services available upon request.
- C.O.P.E. cultivates an inclusive, non-judgmental environment for participants seeking services and are trained in areas such as ACES, trauma-informed care, self-regulation techniques, conflict resolution, and other methods for participant communication.
- All participants are met with respect, treated with dignity, and offered services regardless of race, gender, sexual orientation, or religion.
- Practitioners are trained to understand cultural differences in parenting practices that nurture the uniqueness of each family.
- Participants signed a confidentiality agreement and release of information to protect every participant's integrity and individual confidentiality.
- Participants are not asked about immigration status.
- Families are asked to take a survey after each class to promote inclusive feedback from the community, assess service delivery, and to report on whether the goals of the program met their needs.

Include examples of notable community impact or feedback from the community if applicable.

Parent Quotes

"I have suggested this program to one of the people I work with. I think it's very beneficial program which has given me

more tools on how to cope.”

“Dr. Sabrina was always very good at facilitating the course and great at de-escalating moments in the class that were very emotional and stressful. Overall, I had learned a lot of skills and have been provided with tools to practice being a great parent and cooperative co-parent.”

“Martin was made for being an instructor for PPP. He’s such a good dude and is able to verbalize extremely to the whole class on a myriad of issues/topics.”

“I have to be honest; I took triple p on my own 5 years ago. I have attended many parenting classes, classes on how to co parent with a narcissist, and read many parenting books. This class would have been amazing many yrs ago. I think the problem is great. I think that Sabrina is amazing and does a great job. I think the body keeps the score is great book. My suggestion is ... if a parent does the mandatory mediation and nothing is resolve and then go to court many times in a short period that this class is mandatory. When I did Triple P I did online modules and a book on my own, this class would have been more enjoyable. Great job, especially when people were venting about their ex’s you were able to redirect very well.”

“Thank you for the program and the information it provided me personally. It will help me with the upbringing of my baby who is 4 months old, and I believe that with all of the information I have been provided I have good strategies for the upbringing of my baby. Thank you so much (Translated from Spanish)”

AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year:

TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)

TOTAL SERVED FOR FY 23-24: 121

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
	14	107	0	0	121

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
61	53	7		121

IF OTHER, PLEASE SPECIFY:

RACE:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	5	AFRICAN	N/A
AMERICAN INDIAN/ ALASKA NATIVE	1	ASIAN INDIAN/ SOUTH ASIAN	N/A
ASIAN	9	CAMBODIAN	N/A
BLACK/ AFRICAN AMERICAN	27	CHINESE	N/A
WHITE/ CAUCASIAN	15	EUROPEAN	N/A
HISPANIC/ LATINO	60	EASTERN EUROPEAN	N/A
NATIVE HAWAIIAN/ PACIFIC ISLANDER	0	FILIPINO	N/A
OTHER	3	JAPANESE	N/A
DECLINE TO STATE/ DATA NOT CAPTURED	1	KOREAN	N/A
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	121	MIDDLE EASTERN	N/A

		VIETNAMESE	N/A
		MORE THAN ONE ETHNICITY	N/A
		OTHER	N/A

ETHNICITY (HISPANIC/LATINX)
ETHNICITY (ALL)

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

SEXUAL ORIENTATION:

HETEROSEXUAL	121	QUESTIONING / UNSURE	N/A
GAY / LESBIAN	N/A	ANOTHER SEXUAL ORIENTATION	N/A
BISEXUAL	N/A	DECLINE TO STATE/ DATA NOT CAPTURED	N/A
QUEER	N/A	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	121

SEX ASSIGNED AT BIRTH:
CURRENT GENDER IDENTITY:

MALE	32	MAN	N/A
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FEMALE	86	WOMAN	N/A
DECLINE TO STATE/ DATA NOT CAPTURED	3	TRANSGENDER	N/A
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	121	GENDERQUEER / NON-BINARY	N/A
		QUESTIONING	N/A
		ANOTHER GENDER IDENTIY	N/A
		DECLINE TO STATE/ DATA NOT CAPTURED	N/A
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	N/A

ACTIVE MILITARY STATUS:

YES	0
NO	121
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	121

VETERAN STATUS:

YES	0
NO	121
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	121

DISABILITY STATUS:

YES	0
NO	121
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	121

DISABILITY TYPE:

DIFFICULTY SEEING	0
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	0
PHYSICAL MOBILITY	0
CHRONIC HEALTH CONDITION	0

	OTHER	0
	DECLINE TO STATE/ DATA NOT CAPTURED	0
	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	121

COGNITIVE DISABILITY:

YES	0	DECLINE TO STATE/ DATA NOT CAPTURED	
NO	121	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	121

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	7
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	5

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	1
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	1

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	Unknown
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	One Week

FIRST HOPE - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2023 – 2024

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
X	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
X	ACCESS AND LINKAGE TO TREATMENT
X	IMPROVING TIMELY ACCESS TO TREATMENT
X	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
X	EARLY PSYCHOSIS
X	YOUTH OUTREACH AND ENGAGEMENT
X	CULTURE AND LANGUAGE
	OLDER ADULTS
X	EARLY IDENTIFICATION

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Achieved full program staffing for the first time in 4 years. During fiscal year 2023/2024, internally promoted 1 staff and hired 8 new staff members, including a Certified Medi-Cal Peer Support Specialist to enhance the voices of lived-experience within our team, and 2 Spanish bilingual clinicians to continue to strengthen cultural and linguistic accessibility to mental health services for our Latinx community
- Developed and implemented a fully Spanish-language psychoeducation workshop in January 2024 for families entering the First Hope program. Presented a second Spanish-language workshop in May 2024
- Conducted 20 community outreach presentations/trainings on the importance of early intervention in psychosis, how to recognize early warning signs of psychosis, and how to make a referral to our First Hope program
- Supported 3 staff to become Certified Medi-Cal Peer Support Specialists
- Supported 4 staff to become certified in IPS (Individualized Placement and Support), an evidence-based practice for supported employment and education for individuals living with serious mental illnesses
- 0 client conversions from clinical high risk status to full psychosis

Briefly report on the services provided by the program during the past reporting period. Please include (as

applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

First Hope provides early identification, assessment, and intensive treatment services to youth aged 12-30 years, who show signs indicating they are at Clinical High Risk (CHR) for psychosis or who have experienced their First Episode of Psychosis (FEP) within the past 12 months. Target diagnoses include Other Specified Schizophrenia Spectrum and Other Psychotic Disorder, Schizophreniform Disorder, Schizophrenia, Schizoaffective Disorder, and Affective Psychoses.

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

- 1) Community outreach and psychoeducation – First Hope conducts outreach presentations/trainings in early intervention in psychosis to organizations throughout our community who can assist us in identifying youth who are experiencing early warning signs of an emerging psychosis. Our outreach presentations focus on the importance of early intervention, how to recognize the early warning signs of psychosis, and how to make a referral to the First Hope program. This past fiscal year 2023/2024 we provided 20 presentations/trainings in early intervention in psychosis. We reached 658 attendees that included staff from county and community-based mental health agencies such as the Contra Costa Behavioral Health Forensics Team and the Contra Costa Crisis Center, as well as staff from other community organizations such as Mount Diablo Unified School District, La Cheim STRTP, Contra Costa County Health Clinic Behaviorists, City of Pittsburg Twilight Hoops program, and Bay Area Community Resources. We also trained students and interns in a variety of mental health-related fields including social work, marriage and family therapy, psychology, and peer support, as well as community members at NAMI and Connections House meetings and fairs and at university-sponsored conferences.
- 2) Screening and assessment – In order to provide a high level of responsiveness and access to immediate help, First Hope has an Intake Clinician of the Day who takes screening calls as well as a Clinician of the Day (COD) who takes any urgent calls when the primary clinician is not available. The telephone screen helps to determine whether a more extensive Structured Interview for Psychosis-risk Syndromes (SIPS) assessment is indicated whether an individual is eligible for our FEP services (based on a combination of the potential client's self-report, a medical records review, and collateral information), or whether the caller is referred to more appropriate services. Our Urgent Response Team (URT) also has some capacity to provide an urgent response to those in crisis in inpatient psychiatry or crisis residential treatment, to facilitate discharge and the start of outpatient services.
- 3) Intensive, family-centered treatment services – First Hope uses the evidence-based Portland Identification and Early Referral (PIER) and Coordinated Specialty Care (CSC) treatment models, which have been shown to be effective in preventing conversion to psychosis, decreasing psychotic symptoms, ameliorating disability associated with psychotic disorder, and promoting functional recovery. Both models provide comprehensive and needs-driven services utilizing the combined skills of a multidisciplinary team.

Our First Hope treatment team includes mental health clinicians, occupational therapists, educational and employment specialists, a family partner, peer specialists, a rehab counselor, an RN, and psychiatric providers.

Services include immediate access for evaluation, family psychoeducation and multifamily groups, individual and family psychotherapy, care coordination, crisis intervention, supported education and employment, occupational therapy, psychiatric evaluation and medication management, peer support and mentoring, substance use counseling, nursing medication support, and health promotion services.

Our clinicians are trained and certified to provide Structured Interview for Psychosis risk Syndrome (SIPS) assessments, Cognitive-Behavioral Therapy for psychosis (CBTp), and MultiFamily Group Treatment (MFGT), evidence-based practices for assessing and treating CHR and FEP. They participate in ongoing consultation and supervision meetings in order to maintain fidelity to these treatment models. Clinicians meet regularly with Dr. Barbara Walsh of Yale University, one of the co-authors of the SIPS, with Drs. Kate Hardy and Nichole Olsen of Stanford University, eminent trainers of CBTp, and with Dr. Jude Leung, the First Hope program manager and a faculty member of the PIER Training Institute.

Assessment and treatment services in Spanish are provided by our Spanish-speaking clinicians, while services in languages other than English and Spanish are offered using interpreter services. Our First Hope program offers services both via telehealth to those who desire it, and in-person sessions as clinically indicated or as preferred by the client or family.

We continue to offer a robust schedule of therapy and rehabilitation groups to address the significant social isolation that often results from living with serious mental health challenges. Our groups are designed to enhance coping skills, interpersonal communications, problem-solving, self-care, independent living skills, whole-person health, and identity development, and have included Latin Dance, Garden Club, Therapy Dog Visits, Sports Group, Dungeons & Dragons, Nature Walk, Cognitive Behavioral Social Skills Treatment (CBSST), Young Women's Group, LGBTQIA+, Caregiver Support Group, and many others.

Services are provided up to two years for our CHR clients and up to five years for our FEP clients. Upon discharge from First Hope, all clients are offered a referral to the appropriate level of care, or if they are declining ongoing mental health care, they are provided with the phone number for the county Mental Health ACCESS line in case their needs change in the future.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

We maintain a database to track critical events such as psychiatric emergency room visits, hospitalizations, and suicide attempts. The county Behavioral Health Division's Utilization Review/Quality Improvement Committee also provides ongoing analysis of the qualitative aspects of our program each month. When issues are identified, the First Hope Program Manager identifies and implements a corrective plan of action.

In Fiscal Year 2023-2024, we continued to provide excellent clinical care for our clients, as evidenced by the following:

The primary desired outcome for our CHR clients is to prevent conversion to psychosis in a population estimated to carry

a 33% chance of conversion within two years. We had 0 conversions from CHR to psychosis from July 2023 through June 2024.

Desired functional outcomes for both our CHR and FEP clients include reduction in crises and hospitalization, incarceration, and suicide attempts or completions, and improved functioning at school and work.

From July 2023 through June 2024, 78% of First Hope clients had 0 psychiatric emergency room visits or inpatient psychiatric hospitalizations. This comprised of 88 individuals who could manage well enough the entire year without requiring emergency or inpatient level of care. The vast majority of these individuals had previously required inpatient hospitalization before enrolling in First Hope. The other 25 First Hope clients had a combined total of 47 visits to the psychiatric emergency room, 79% of which resulted in an inpatient hospital stay (37 out of 47 visits). Six First Hope clients represented 53% of the PES visits (25/47). For several of these clients, there was a clear trend of decreasing PES and hospital visits over time as they were further engaged in First Hope services. Two long-term clients each visited PES 3 times during the first half of the year, and 0 times during the second half. Another individual who was admitted to First Hope services in September 2023 visited PES 6 times during his first six months of receiving treatment with First Hope, and 0 times during his second six months.

Regarding incarcerations, three of our clients were arrested during the time period of July 2023 through June 2024, two for charges related to substance use and one for domestic violence. Each stayed overnight in jail and was bailed out the next day. One is continuing to fulfill the terms of her court-mandated alcohol and drug education and counseling program.

Suicide risk is a major concern with psychosis, with a lifetime risk of about 5% for suicide completion. Furthermore, this risk is elevated during the FEP period and particularly within the first year of treatment when the risk is 60% higher than in later years. From July 2023 through June 2024, we had 1 known suicide attempt and 0 completed suicides.

However, we did sadly experience a client death in December 2023. His death was determined to be due to an accidental overdose of fentanyl contained within counterfeit painkiller medication.

Improvement in age-appropriate functioning is also a critical measure of a successful intervention. Our qualitative observations indicate that at the beginning of treatment, the vast majority of First Hope clients were failing in school, while at discharge they were stable in school. Many who were work-eligible are now working at least part-time. In Spring 2024, we had 8 First Hope clients graduate from high school. Many of these youth had not been attending school regularly or had been struggling academically when they first began First Hope services.

We have also taken significant steps towards being able to provide quantitative data to support our qualitative observations. Since November 2022, we have been administering the Role Functioning Scale, which measures an individual's educational and occupational functioning at the start of supported education and employment services, annually, and at discharge from services. We have worked with our county's Informatics team to build this assessment into our county electronic health record (go-live February 2023), and we are continuing to work with this team to create analytic reports that can support our efforts to quantify our educational and vocational outcomes.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

First Hope practices a collaborative, strengths-based, and recovery-oriented approach that emphasizes shared decision-making as a means for addressing the unique needs, preferences, and goals of the individuals and families with whom we work. We define family broadly, that is, whoever forms the support team for the client, which may include friends, siblings, extended family, foster parents, significant others, and clergy. We also coordinate closely with other mental health and primary medical care service providers, to support our clients' overall mental and physical health.

Much care is taken to provide a welcoming and respectful stance and environment, from the very first contact by phone, to the individual and family's first visit to First Hope, to each and every interaction thereafter. We use person-first language, e.g., an individual living with schizophrenia. Whenever possible, we have transitioned to using the terms "care coordination" instead of "case management", and "client roster" instead of "caseload" to honor the "I am NOT a case, and I don't need to be managed" movement pioneered by the peer leader Jay Mahler. We are also committed to asking about and using correct pronouns.

Our ability to be guided by the voices of those with lived experience has been strengthened by having seven First Hope staff members who identify as peer providers, with personal experience of navigating the behavioral health care system for themselves or for a loved one. Four of these providers have achieved the qualification of Certified Medi-Cal Peer Support Specialists.

We have a Clinician of the Day (COD) available Mon-Fri 9am-5pm to provide timely access to a First Hope staff member for any individual who may seek our help. We also over-screen so as not to miss anybody in need of service. Any individual who is determined not to be eligible for our program is provided with a referral to more appropriate services. For any individual/family who is found to be eligible for First Hope and accepts our services, our goal is to begin treatment immediately with engagement sessions with their assigned clinician. We work closely with our families to identify and problem-solve barriers to accessing care, including childcare, transportation difficulties, and challenges with accessing technology.

We have been highly successful in reaching the Latinx community who represent 27% of our county's population but are typically underrepresented within mental health services. One-third of our clinical staff speak Spanish, making services especially inviting to families with monolingual members. Having access to a Spanish-speaking psychiatric provider on our team has been particularly welcomed by our Latinx clients and families. Furthermore, for the first time in the history of our program, we have developed a family psychoeducation workshop delivered entirely by Spanish-speaking providers, rather than via interpretation services. This advancement was enthusiastically received by our Latinx clients and families. Our program brochure and psychoeducational materials are also offered in Spanish, and our MultiFamily groups have consistently included at least one (currently three) Spanish-language groups.

Include examples of notable community impact or feedback from the community if applicable.

Many of the individuals and families who have graduated from First Hope keep in touch with us, and several of them returned on 8/12/23, 1/27/24, and 5/4/24 as volunteers to speak with our newer clients and families about their experiences with First Hope.

Below is some other feedback we have received from our clients and families:

"First Hope has been my saving grace, and I would do anything (almost) to show my appreciation to the staff and

facilitators.”

“Everything has been great. I really enjoyed the sports and outdoor walks this facility provided.”

“Bueno mi hija todavía no tiene 6 meses, pero a mejorado un poquito en la comunicación con migo que soy su mamá y con su papá.”

“Everyone has been really helpful.”

“I’d like to thank you again for supporting my son through those tough years. He is thriving! He is doing well in school with a clear path for his future. He has a wonderful job that appreciates his talents. He has a lovely girlfriend that supports him and likes him as he is. He is no longer afraid of having any health breakdowns and is confident in who he is. It’s amazing to watch him navigate life with a big smile on his face. Thank you, thank you.”

AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year:

(NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)

TOTAL SERVED FOR FY 23-24: 1098 (includes all outreach participants and treatment clients – demographics info below does not include outreach participants)

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
19	39	2			60

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
45	13	1	1	60

IF OTHER, PLEASE SPECIFY: Russian

RACE:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	7	AFRICAN	4
AMERICAN INDIAN/ ALASKA NATIVE		ASIAN INDIAN/ SOUTH ASIAN	
ASIAN	1	CAMBODIAN	
BLACK/ AFRICAN AMERICAN	14	CHINESE	
WHITE/ CAUCASIAN	7	EUROPEAN	1
HISPANIC/ LATINO	30	EASTERN EUROPEAN	
NATIVE HAWAIIAN/ PACIFIC ISLANDER		FILIPINO	
OTHER (Korean)	1	JAPANESE	
DECLINE TO STATE/ DATA NOT CAPTURED		KOREAN	1
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	60	MIDDLE EASTERN	
		VIETNAMESE	1

		MORE THAN ONE ETHNICITY	8
		OTHER	2

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	
CENTRAL AMERICAN	3
MEXICAN AMERICAN	22
PUERTO RICAN	
SOUTH AMERICAN	
OTHER (Salvadorian) – 3 (Ispano Americano) – 1	4

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	14
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	60

SEXUAL ORIENTATION:

HETEROSEXUAL	36	QUESTIONING / UNSURE	4
GAY / LESBIAN		ANOTHER SEXUAL ORIENTATION	1
BISEXUAL	7	DECLINE TO STATE/ DATA NOT CAPTURED	11
QUEER	1	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	60

SEX ASSIGNED AT BIRTH:

MALE	23
FEMALE	37
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	60

CURRENT GENDER IDENTITY:

MAN	17
WOMAN	22
TRANSGENDER	
GENDERQUEER / NON-BINARY	2
QUESTIONING	1

		ANOTHER GENDER IDENTITY	1
		DECLINE TO STATE/ DATA NOT CAPTURED	17
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	60

ACTIVE MILITARY STATUS:

YES	
NO	50
DECLINE TO STATE/ DATA NOT CAPTURED	10
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	60

VETERAN STATUS:

YES	
NO	46
DECLINE TO STATE/ DATA NOT CAPTURED	14
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	60

DISABILITY STATUS:

YES	6
NO	40
DECLINE TO STATE/ DATA NOT CAPTURED	14
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	60

DISABILITY TYPE:

DIFFICULTY SEEING	1
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	
PHYSICAL MOBILITY	
CHRONIC HEALTH CONDITION	
OTHER (Autism) – 3 (mental problems) - 1	4
DECLINE TO STATE/ DATA NOT CAPTURED	55
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	60

COGNITIVE DISABILITY:

YES	1	DECLINE TO STATE/ DATA NOT CAPTURED	59
NO		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	60

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	69
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	57

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	39
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	31

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	55
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	10

FISCAL YEAR: 2023 – 2024

PEI STRATEGIES (CHECK ALL THAT APPLY):

x	PREVENTION
x	EARLY INTERVENTION
	OUTREACH
x	STIGMA AND DISCRIMINATION REDUCTION
x	ACCESS AND LINKAGE TO TREATMENT
x	IMPROVING TIMELY ACCESS TO TREATMENT
x	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

x	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
x	YOUTH OUTREACH AND ENGAGEMENT
x	CULTURE AND LANGUAGE
x	OLDER ADULTS
x	EARLY IDENTIFICATION

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

Hope Solutions will provide on-site, on-demand, culturally responsive and client-centered approaches to children and adults at 4 family sites and at our MHSA houses. These programs serve formerly homeless families, families at risk for homelessness, and individuals who have entered the homelessness system because of severe mental illness

- Goal: Eliminate barriers to timely access to services.
 - Strategy: Hope Solutions will provide services on-site in affordable housing settings. Case managers and youth enrichment coordinators are available full-time to residents. Onsite and in-home mental health services are available for all children and youth (birth-20). Onsite and in-home mental health services for adults became available in May 2024.
- Goal: Reduce stigma and discrimination related to mental health needs and services. Strengthen access and linkage to treatment.
 - Strategy: Culturally responsive youth enrichment and case management providers assist youth and families to access many community services, including mental health treatment. By incorporating these services into general support provision, individuals seeking mental health support are not singled out and potential stigma related to mental health referrals is avoided.
- Objective: School-aged youth in youth enrichment programs will demonstrate improved social functioning.

- Metric: At least 75% of the youth engaged in programming will show improvement in self-esteem and confidence as measured by the Piers-Harris Self-Concept Scale during the school year ending in June 2024.
- Objective: Families receiving case management will demonstrate improved family functioning in the realm of self-sufficiency.
 - Metric: At least 75% of the families with children, in residence at Garden Park Apartments, will show improvement in at least one area of self-sufficiency as measured annually on the 20 area, self-sufficiency matrix within FY23-24.
- Objective: Residents in the MHSA houses receiving case management will demonstrate stability of housing.
 - Metric: 95% of residents in MHSA housing will remain stably housed in FY23-24.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

Last year, Hope Solutions provided support services to 4 family housing sites and 3 MHSA houses. On-site case managers and youth enrichment coordinators support the 4 family sites. One of these sites, Garden Park Apartments in Pleasant Hill, provides permanent supportive housing to 27 formerly homeless families. The parents in these families have experienced chronic homelessness and poverty, and a chronic disability. Most of the disabilities, primary or secondary, are related to mental health and substance abuse challenges. The other three family sites provide affordable housing for 247 households that have incomes at 50% or lower than the Average Median Income of the community (Lakeside Apartments in Concord, Los Medanos Village/LMV in Pittsburg and Bella Monte Apartments/BMA in Bay Point). These households are challenged due to limited income and frequently have other challenges due to lack of resources, surviving systemic racism, experience with family and community violence, and cultural challenges. The last 3 housing sites house 4 individuals at each of 3 houses (MHSA housing). These 12 residents are referred by CCC behavioral health with serious mental health histories and are funded as MHSA housing residents under this grant. All of the residents in these sites are offered on-site support services in their housing setting.

Because staff are on-site and available to provide case management support (access to food and transportation, medical referrals and access, social and emotional support, rental assistance/eviction prevention), residents learn to trust and utilize these services and reach out for them when needed. When families or individuals have problems with mental health challenges, they already have a trusting relationship with the case managers and are able to reach out for mental health resources. Staff are trained in trauma-informed and culturally responsive care and several of the staff are licensed mental health professionals. Concerns about emerging mental health problems are addressed in a timely manner. Monthly team meetings and weekly staff supervision allow for the provision of mental health support quickly and sensitively as concerns come up.

Youth enrichment staff at the family sites work directly with the youth (preK-12) in afterschool and summer enrichment programs. Youth are able to form trusting relationships with those staff, also, as they receive a nourishing snack, help with homework, and access to fun activities. The staff also work directly with parents and with school personnel to support the youth and to increase parent confidence in advocating for their children's needs. Youth enrichment staff collaborate with families, schools and community mental health providers when mental health issues arise. Referrals to mental health resources are made as needed (whether onsite, at school, or in the community) in the context of these ongoing relationships.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

We monitor our outcomes year-round using an internal client information system (Apricot data-base), in which we enter daily client services and from which we report out on monthly outcomes. Our data demonstrates that our services help residents maintain safe and stable housing. (For this metric, we specifically measured MHSA housing. Agency wide, our data demonstrate >95% housing retention across all programs). Our success in maintaining stable housing is in part due to our relationship with both residents and property management, allowing us all to work together towards a common goal. In addition to housing retention, we see families stabilizing and growing, as indicated by growth on the self-sufficiency matrix (here measure specifically for Garden Park Apartment residents, our families with the highest needs. Finally, our youth data demonstrates that students are still struggling with mental health issues and lower self-esteem. We have increased mental health supports, enrichment activities, and social/family events to reform communities that became isolated during COVID. We also have focused more afterschool efforts to catching up and reinforcing important academic skills.

- Objective: School-aged youth in youth enrichment programs will demonstrate improved social functioning.
 - Metric: At least 75% of the youth engaged in programming will show improvement in self-esteem and confidence as measured by the Piers-Harris Self-Concept Scale during the school year ending in June 2024.
 - Outcome: 69% of children and youth demonstrated an increased sense of competency and mastery of social skills on the Piers Harris Self-Concept Scale (18/26) *We continue to see a decline in this area, which is in line with national trends. Even with the pandemic several years in the past, our youth continue to struggle in the aftermath of this largely ignored trauma.*
- Objective: Families receiving case management will demonstrate improved family functioning in the realm of self-sufficiency.
 - Metric: At least 75% of the families with children, in residence at Garden Park Apartments, will show improvement in at least one area of self-sufficiency as measured annually on the 20 area, self-sufficiency matrix within FY23-24.
 - Outcome: 91% of the families with children in residence at Garden Park Apartments (21/23) showed improvement in one or more area of self-sufficiency matrix in FY23-24.
- Objective: Residents in the MHSA houses receiving case management will demonstrate stability of housing.
 - Metric: 95% of residents in MHSA housing will remain stably housed in FY23-24.
 - Outcome: 100% of residents in MHSA housing (11/11) remained stably housed in FY23-24.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

Hope Solutions staff are trained and supported in relationally based, culturally responsive, and trauma informed approaches to care. Many of our staff (>50%) have lived experience with homelessness, mental health conditions, and substance use disorder. Our goals are designed around strengthening the community, the family, and the individual. By working on-site, we become a part of the community in support of our vulnerable residents. Staff Community events, such as the annual Holiday Celebration at Lakeside Apartments, bring the community together to celebrate their shared interests. Family events, such as the Family Photo Day at Los Medanos, engage families in sharing time and excitement with their neighbors, as well as experiencing pride in their family through professional photo shoots. Individual goal

setting at the MHSA houses encourages residents to look ahead on their wellness path to set reasonable for the coming year (we also do family goal setting in the family sites). At each level, our staff strive to build community, support recovery, and strengthen wellness. Case managers, youth enrichment coordinators, mental health clinicians (and soon peer support specialists) collaborate to provide support groups at all sites in addition to the services described above. These groups are offered to all residents, who can select what fits their needs. Groups focus on parenting, harm reduction, wellness, etc., and are offered to all residents to support growth in a non-stigmatizing way.

The residents of the housing sites where services are provided often have limited familiarity with mental health resources. Some residents also have concerns about the stigma that could be attached to using this type of service. By forming ongoing relationships with residents and offering education about how mental health support works, staff are well situated to address questions and fears about mental health problems and mental health resources. By providing a variety of programs and support in the setting of people's housing, we are also able to receive referrals from property managers when behavioral issues arise that threaten someone's housing stability. Neighbor conflicts, problems with substance use, and family conflicts are some of the types of referrals the on-site case managers receive from property managers. Experiences of systemic racism have led many residents to mistrust of community resources including mental health support. Staff in these programs have training in culturally responsive services, and most live in the same communities. Their life experiences and training help them to address this mistrust with through more positive relationships.

If a resident requests a mental health referral, registered mental health associates are able to provide home-based counseling to the youth in the programs. Case managers also assist adult residents with crisis intervention and with finding appropriate counselors through the county ACCESS line. Case managers encourage residents to ask for what they want in a counselor, including specifics of race, gender and experience/specialty. By offering basic education about how mental health counseling works (time, costs, modality options) people who have little knowledge of mental health resources are able to engage with these services. Since May 2024, case managers have also been able to refer adult residents to Hope Solutions Wellness Team which includes both peers support and clinical mental health support.

Include examples of notable community impact or feedback from the community if applicable.

The community impact of Hope Solutions can be seen by the more than 3800 people served in Contra Costa County last year. It can be seen in our community partnerships and engagement as we participate in the Council on Homelessness, Healthcare for the Homeless, MHSA Advisory Council, and more. But our greatest community impact may come from the individual families that we serve.

One mother who we serve moved in with her very young daughter. She is an attentive and loving mother who struggles with recovery from her substance use disorder, but she hasn't given up. Because youth services are available onsite, her daughter received pre-K literacy building supports and now participates in afterschool programming. Because she saw mental health clinicians "playing" with kids in a playful, non-stigmatizing way, she agreed to therapy for her daughter, and she herself has engaged in parenting support from her daughter's therapist. This mother continues to engage the case manager about successful recovery strategies and community supports. She's still working on it all, but she works on it with a community of support and safe and stable housing.

Another mother has chronic health conditions, including blindness, that affect her daily functioning. In addition, she had a history of childhood trauma, community violence, and homelessness. A mother of 3 children, she worked hard to assure their safety and wellbeing. She engaged mental health services for all of her children, participated in wellness and parenting groups, and put each child, as they got old enough, into afterschool programming. As time went on, her youngest son was diagnosed with autistic spectrum disorder. Because of her poor sight and poor literacy skills, this mother was afraid that she would not be able to help her son get services. She trusted the Hope Solutions' staff,

however, and turned to them to help. In return, she had the opportunity to learn the advocacy skills she needed to support her son. Now she is a fierce advocate for all of their children.

AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year:

(NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)

TOTAL SERVED FOR FY 23-24: 766

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
290	116	297	63	0	766

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
170	20	43	533	766

IF OTHER, PLEASE SPECIFY: 2 Punjabi; 43 bilingual Spanish/English

RACE:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	264	AFRICAN	243
AMERICAN INDIAN/ ALASKA NATIVE	2	ASIAN INDIAN/ SOUTH ASIAN	13
ASIAN	13	CAMBODIAN	
BLACK/ AFRICAN AMERICAN	238	CHINESE	
WHITE/ CAUCASIAN	78	EUROPEAN	
HISPANIC/ LATINO	64	EASTERN EUROPEAN	
NATIVE HAWAIIAN/ PACIFIC ISLANDER	9	FILIPINO	
OTHER	1	JAPANESE	
DECLINE TO STATE/ DATA NOT CAPTURED	97	KOREAN	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	766	MIDDLE EASTERN	1
		VIETNAMESE	

		MORE THAN ONE ETHNICITY	
		OTHER	89

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	
CENTRAL AMERICAN	
MEXICAN AMERICAN	
PUERTO RICAN	
SOUTH AMERICAN	
OTHER	323

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	97
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	766

SEXUAL ORIENTATION:

HETEROSEXUAL	128	QUESTIONING / UNSURE	
GAY / LESBIAN	3	ANOTHER SEXUAL ORIENTATION	
BISEXUAL	2	DECLINE TO STATE/ DATA NOT CAPTURED	633
QUEER		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	766

SEX ASSIGNED AT BIRTH:

MALE	
FEMALE	
DECLINE TO STATE/ DATA NOT CAPTURED	766
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	766

CURRENT GENDER IDENTITY:

MAN	302
WOMAN	429
TRANSGENDER	
GENDERQUEER / NON-BINARY	
QUESTIONING	

		ANOTHER GENDER IDENTITY	
		DECLINE TO STATE/ DATA NOT CAPTURED	35
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	766

ACTIVE MILITARY STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	766
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	766

VETERAN STATUS:

YES	
NO	415
DECLINE TO STATE/ DATA NOT CAPTURED	351
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	766

DISABILITY STATUS:

YES	55
NO	144
DECLINE TO STATE/ DATA NOT CAPTURED	567
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	766

DISABILITY TYPE:

DIFFICULTY SEEING	4
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	
PHYSICAL MOBILITY	7
CHRONIC HEALTH CONDITION	10
OTHER	34
DECLINE TO STATE/ DATA NOT CAPTURED	711
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	766

COGNITIVE DISABILITY:

YES		DECLINE TO STATE/ DATA NOT CAPTURED	766
NO		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	766

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	50
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	47

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	32
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	16

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	260
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	1wk internal 3mo external

JAMES MOREHOUSE PROJECT (JMP) - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2023 – 2024

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
X	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
X	ACCESS AND LINKAGE TO TREATMENT
X	IMPROVING TIMELY ACCESS TO TREATMENT
X	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	CHILDHOOD TRAUMA
X	EARLY PSYCHOSIS
X	YOUTH OUTREACH AND ENGAGEMENT
X	CULTURE AND LANGUAGE
	OLDER ADULTS
X	EARLY IDENTIFICATION

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- 93% of participating students showed an improvement post-JMP participation across a range of resiliency indicators through self-report on a qualitative evaluation tool across the academic year 2023-2024.
- 95% of participating students reported an increase in well-being (i.e., “I deal with stress and anxiety better”) post-JMP participation through self-report on a qualitative evaluation tool across the academic year 2023-2024.
- 96% of youth reported feeling, “there is an adult at school I could turn to if I need help,” post-JMP participation across the academic year 2023-2024.
- 973 unique individuals (out of a school population of 1,587) signed in to the JMP in the 2023-2024 school year demonstrating that “stigma” is not a barrier for young people accessing services at the JMP.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed and follow up. Please note any differences from prior

years or any challenges with implementation of the program, if applicable.

The James Morehouse Project (JMP) is the school based wellness center at El Cerrito High School, a public high school in the West Contra Costa USD. The JMP targets for services young people exposed to trauma and at risk for school failure; this includes specific outreach to English Language Learners and their families. The JMP provides individual/group counseling, crisis intervention and support, youth leadership/advocacy and youth development programs. JMP groups engaged a wide range of young people facing mental health and equity challenges. In 2023-2024, 354 unduplicated young people participated in 17 different groups and/or individual counseling. Because the JMP is an on-site school based program, JMP staff/interns are able to follow up with students to ensure that they have successfully engaged with services. If there is a crisis or urgent referral, students are connected with services immediately. When immigrant students enroll at ECHS, the registrar alerts the JMP so that Rincóncito (immigrant/bi-cultural student group) students can embrace new arrivals and offer them community and solidarity to support their transition to the U.S. and El Cerrito High School.

In its second full year, Rincón Latino, a Spanish speaking program for parent/guardians, graduated its second cohort of 59 parents in May 2024. Participating parents shared that the group was a therapeutic space; often, the group would go well past the scheduled end time as parents/guardians shared, offered and received support. In 2023-2024, the program maintained a recruitment focus on families of incoming 9th grade students to ensure that participants have the skills, information and relationships to support their students over their four years of high school. For both young people and adult participants, relationships, safety, and the opportunity to learn meaningful skills are healing and empowering.

In 2023-2024, El Cerrito HS welcomed a new principal, two new guidance counselors and a number of new teachers. The JMP worked hard to grow strong relationships with new school staff. The JMP continued to play a leadership role on our school Climate Team and to support racial justice work with faculty. In response to student feedback, the JMP offered a group for students who wanted to explore gender identity/gender expression. The group was a vibrant success and the JMP is hoping to continue that work in 2024-2025. The JMP secured new funding through MHSA Community Defined Practices to support our work with Spanish speaking young people and families and multi-year funding from existing foundation partners that allows us to enter 2024-2025 with a stable financial foundation. In June 2024, the JMP transitioned to a new fiscal sponsor. We are grateful to BACR for partnering with us for the last five years and excited to begin a new partnership with the West Contra Costa Public Education Fund (The Ed Fund) going forward. The JMP continues to lean into its commitment to nourish and sustain a trauma sensitive, racially just school community.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

To assess the impact of youth participation in JMP programs and services, the JMP measures a range of post-participation indicators (see Work Plan for 2023-2024 and below). The JMP engages in ongoing formative assessments throughout the school year that includes participation by JMP staff/interns, school staff and youth participants. The JMP tracks referrals and program participation through a customized Salesforce database. Youth participant evaluation is based on the "Resiliency and Youth Development Module," California Healthy Kids Survey.

Outcome Statements (from JMP Workplan for 2023-2024)

A) Stronger connection to caring adults/peers (build relationships with caring adult(s), peers) for participating youth. *From student evaluations: 94% of participating youth reported feeling like, "there is an adult at school I could turn to if I need help."*

B) Increase in well-being (diminished perceptions of stress/anxiety, improvement in family/loved-one relationships, increased self-confidence, etc.) for participating youth. *From student evaluations: 95% of participating youth reported, “I deal with stress and anxiety better” after program participation.*

C) Strengthened connection to school (more positive assessment of teacher/staff relationships, positive peer connections, ties with caring adults) for participating youth. *From student evaluations: 76% of participating students reported they “skip less school/cut fewer classes” after program participation.*

JMP staff and interns discuss confidentiality and mandated reporting (i.e. when confidentiality must be broken) and check for understanding prior to any clinical conversation with young people. The JMP is committed to offering young people the information they need to be able to discern when/if they want to share reportable information, and what would happen should the JMP need to share reportable information with CFS. The JMP always informs young people should they need to report to CFS and, as much as possible, include young peoples’ voices and concerns in any reporting process.

In 2023-2024, the JMP staff/interns were able to provide services in English, Spanish and Amharic.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

The JMP integrates an activist youth centered program with more traditional mental health and health services; we prioritize community change along with positive health outcomes for individual youth participants. The JMP clinical program and youth centered initiatives challenge the dominant narrative that sees youth as “at risk” or as problems to be fixed. JMP staff/interns’ partner with young people to build their capacity and connect them with opportunities for meaningful participation in the school community. Students in counseling or a therapeutic group have direct access to wider opportunities for participation in JMP programs. Every aspect of JMP work supports “doing dignity” with young people and their families. This includes adults (JMP staff/interns and community partners) and young people who all partner together to create and sustain a space where young people and adults alike feel known and valued.

Many participating students have trauma histories and their experience at school has often been marked by disconnection—from peers, adults and classroom instruction. In this context, “healing” interventions include and go beyond traditional mental health interventions (i.e. therapeutic counseling) to foster a sense of community, agency and belonging. In addition to clinical services, the JMP also offers a wide range of youth development programs and activities, so the JMP space has the energy and safety of a youth center. Students are able to be in relationship with caring adults and peers in their home languages, in a cultural context that feels welcoming and familiar. For that reason, students do not experience stigma coming into the health center or accessing JMP services. One young man, who is undocumented and was a recent arrival from Central America, shared, in response to the question, “why do you come to the JMP?” *“Porque aquí somos libres.”*

Young people come to the JMP for a counseling appointment, to offer peer support through a youth leadership program, to participate in the ELD youth program (Rincóncito) Culture Keepers, Skittles (a group for queer identified youth of color) or a myriad other possibilities. The JMP is a vibrant sanctuary on campus for youth of color and young people from low-income families in a school building where social identity threat is often pervasive in other spaces.

At a population level, the JMP works with faculty and school staff to build a trauma sensitive school culture. This includes broad outreach, training and support to teachers and other school staff to strengthen adult capacity to work skillfully and compassionately with a wide range of students up against significant life challenges and mental health needs. JMP staff work with English Language Development (ELD) teachers and other faculty to strengthen teachers' capacity to integrate trauma informed strategies into their instructional practices

Beginning in the 2022-2023 school year, the JMP integrated its referral process with the school's "Care Team." The Care team includes JMP staff, school administrators, school psychologists and academic counselors who meet weekly to go over referrals, plan interventions and track follow up. Mental/behavioral health and other needs that align with JMP resources are separated out for the JMP. The Care team referral form is widely available on the school campus and online through the school and JMP websites. When the JMP receives a referral through the Care Team, a JMP staff/intern meets 1:1 with the young person to determine the appropriate level of support services. This can result in participation in on-site mental health services (i.e. individual counseling or therapeutic group support), a youth development/leadership/peer support program or a referral to a community based resource. Students are also able to drop-in for services and depending on staff/intern availability or if the student is in crisis, engage with services immediately.

<p>Include examples of notable community impact or feedback from the community if applicable.</p>
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The following quotes are taken from student evaluations in May 2024 in response to the question: What differences has meeting with your counselor made - in your life? in your relationships with friends or family? in school?

- I feel great just having someone to listen to my problems and help me through them. I feel happier.
- Well I was able to move out of a toxic environment and truly work on myself which was big. Those changes have also helped me actually find the best relationship I've ever been in.
- Helped find solutions to a lot of problems, made my emotions feel validated
- I have been way happier than I was before I started. My grades were low, and I didn't have anybody to talk to you about my family and I was very depressed. Now I feel more at ease with the situation and talk to friends about it and my grades a better-ish.
- I have learned things with my counselor that I take with me on a day to day. She has taught me ways to help control my anger and how to not let others get to me. I have become more patient and understanding.
- My counselor has helped me find ways to reconnect with my family and have healthy conversations.
- I've gotten closer to my mom. I accepted my dad passed. I have real friends. I'm doing great and asking for help in class.
- My energy was brought back. I opened up a lot more, and I feel more motivated.
- I started telling people how I really feel about things and why they're important to me.
- SPANISH-It has helped me a lot to reflect and make better decisions. I can vent with someone in whom I feel trust and who can give me another point of view.
- It's made me be more self-aware of my emotions. It has positively affected my relationships. I feel like talking about everything has made it easier for me to talk to my friends about different things going on in my life.
- SPANISH-It has helped me become more confident and at the same time make more friends.
- That I am very resilient and that I'm a good person.
- I am strong person physically, and mentally. I can do anything without giving up. I forgave myself too.
- I've learned a lot about myself, and I'd say I've learned what things really matter to me and what I've really wanted in life.
- I have the skills to accomplish my goals. I just need to believe in myself and push myself to go for them.
- The JMP was the safe space that I was looking for and has made so many positive impacts on my life. There's nothing I'd really change other than a snack that's not bars.

AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year:

(NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)

TOTAL SERVED FOR FY 23-24: 354

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
158	196				354

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
271	78	5		354

IF OTHER, PLEASE SPECIFY:

RACE:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE		AFRICAN	
AMERICAN INDIAN/ ALASKA NATIVE	2	ASIAN INDIAN/ SOUTH ASIAN	
ASIAN	50	CAMBODIAN	
BLACK/ AFRICAN AMERICAN	89	CHINESE	
WHITE/ CAUCASIAN	49	EUROPEAN	
HISPANIC/ LATINO	154	EASTERN EUROPEAN	
NATIVE HAWAIIAN/ PACIFIC ISLANDER	7	FILIPINO	
OTHER	3	JAPANESE	
DECLINE TO STATE/ DATA NOT CAPTURED		KOREAN	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	354	MIDDLE EASTERN	
		VIETNAMESE	

		MORE THAN ONE ETHNICITY	
		OTHER	

ETHNICITY (HISPANIC/LATINX)
ETHNICITY (ALL)

CARIBBEAN			DECLINE TO STATE/ DATA NOT CAPTURED	354
CENTRAL AMERICAN			TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	354
MEXICAN AMERICAN				
PUERTO RICAN				
SOUTH AMERICAN				
OTHER				

SEXUAL ORIENTATION:

HETEROSEXUAL		QUESTIONING / UNSURE	
GAY / LESBIAN		ANOTHER SEXUAL ORIENTATION	
BISEXUAL		DECLINE TO STATE/ DATA NOT CAPTURED	354
QUEER		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	354

SEX ASSIGNED AT BIRTH:
CURRENT GENDER IDENTITY:

MALE	145	MAN	
FEMALE	202	WOMAN	
DECLINE TO STATE/ DATA NOT CAPTURED	7	TRANSGENDER	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	354	GENDERQUEER / NON-BINARY	
		QUESTIONING	
		ANOTHER GENDER IDENTIY	

		DECLINE TO STATE/ DATA NOT CAPTURED	354
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	354

ACTIVE MILITARY STATUS:

YES	
NO	354
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	354

VETERAN STATUS:

YES	
NO	354
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	354

DISABILITY STATUS:

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

DISABILITY TYPE:

DIFFICULTY SEEING	
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	
PHYSICAL MOBILITY	
CHRONIC HEALTH CONDITION	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	354
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	354

COGNITIVE DISABILITY:

YES		DECLINE TO STATE/ DATA NOT CAPTURED	354
NO		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	354

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	379
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	354

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	17
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	13

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	12
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	1

JEWISH FAMILY & COMMUNITY SERVICES EAST BAY - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2023 – 2024

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
X	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
X	ACCESS AND LINKAGE TO TREATMENT
	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
X	YOUTH OUTREACH AND ENGAGEMENT
X	CULTURE AND LANGUAGE
X	OLDER ADULTS
X	EARLY IDENTIFICATION

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

The outcomes for clients during this reporting period were:

- Increased ability to recognize stress and risk factors and better understand mental health concepts.
- Reduced feelings of stigma surrounding seeking services for emotional, psychological, and family problems.
- Better understanding of when and how to seek help.
- Decreased feelings of isolation and increased support.
- Increased ability to navigate the mental health system.

We are also:

- Identified and fostered clients' individual strengths, enabling them to utilize their resources and resiliency as they adjust to life post-immigration.
- Harnessed the power of community, shared experiences, and mutual support to foster recovery and resiliency.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

We provided the following services during this reporting period:

- Conducted pre- and post-assessments of **247** case management clients, exceeding our target of 150 to 200.
- Provided bilingual/bicultural case management/systems navigation for **247** clients, exceeding our target of 150 to 200.
- Provided **12** Russian seniors with 1-hour individual Telehealth mental health education sessions to help combat isolation, anxiety, and grief and promote wellness through learning relaxation techniques, meeting our target of 12 to 14.
- Provided therapy services for **23** at-risk refugees, asylees, Special Immigration Visa (SIV) holders from various countries, and/or newcomers enrolled in the Afghan Placement and Assistance Program, exceeding our target of 8 to 12.
- Provided **2** two-hour training sessions on cross-cultural mental health concepts, reaching **40** frontline staff of JFCS East Bay and other community service agencies in the first training and **57** in the second, exceeding our target of reaching 30 to 40 individuals per training. The training prepared clients to serve a diverse community of clients, learn about mental health issues such as experiences of trauma and the long-term impact of that on clients' lives, and identify and respond to the needs of domestic violence survivors as well as suicide prevention.
- Provided **4** two-hour workshops on public health topics for **80, 77, 36, and 40** Afghan parents exceeding our target to reach 10 to 14 individuals per session. Workshops covered mental health education, parenting, parents' self-care, and other topics.
- Provided **2** community-based events (two-plus hours each) for **107** and **166** newcomer Afghans to combat mental health problems secondary to social isolation, far exceeding our target to engaging 45 to 55 individuals.

TRAINING SESSIONS AND EVENTS

During the grant period, we facilitated several training sessions and events. Our tracker shows attendance for all events/training sessions from 97 social services providers working with Afghan communities in California, 506 Afghan clients, and 12 Russian-speaking clients. Following is additional information on these trainings and events.

COMMUNITY PROVIDER TRAINING SESSIONS

10/4/23: Cultural Considerations in Serving Afghan Families (webinar)

40 participants

Presenter: Dr. Sedique Popal, School of Education, University of San Francisco

Participants learned about:

- Afghanistan's history.
- Common cultural practices.
- Different ethnic groups, religions, and languages spoken in Afghanistan.
- The different ways Afghan migrants are making their way to the U.S.
- Strategies for engaging Afghan clients to earn their trust and improve services to meet their needs.

3/7/24: Domestic Violence Prevention - Empowering Individuals to Lead Violence Free Lives (webinar)

57 participants

Presenters: JFCS East Bay Prevention and Early Intervention Program, STAND! For Families Free of Violence

Participants gained:

- Understanding of terms and definitions.

- Understanding of tactics of abuse and domestic violence dynamics.
- Understanding of concepts of power and control.
- Understanding of victims' rights and resources.
- Discussion of the nuances of working with immigrants and refugees who experience domestic violence.
- An overview of STAND! and services provided.

AFGHAN CLIENT TRAINING SESSIONS

10/26/23: Strengthening Resilience - An Afghan Community Presentation (in-person training)

80 participants

Presenters: Dr. Sediq Hazatzai, a career public health professional and researcher with extensive experience in refugee and immigrant health, and Dr. Farid Younus, a well-known media personality and author.

The training covered:

- Spirituality and mental health; grief and loss.
- Community support and resilience, family dynamics.
- Strategies to build emotional resilience and practical coping strategies.

11/3/23: Empowering Immigrant Families - Understanding U.S. Family Law for Afghans (webinar training)

77 participants

Presenter: Wahid Noorzad, Esq, attorney with expertise in family law, immigration law, and bankruptcy

Participants learned about:

- U.S. family law to help reduce stress, fear, and anxiety by feeling empowered.
- The impact of getting involved with law enforcement, including domestic violence and child protective services, on their immigration status.
- How to seek support during a crisis.

This information helps reduce stress and enables families to better plan for potential outcomes and make informed decisions. Additionally, knowing how to seek support during a crisis reduces related emotional and psychological stress and gives individuals a sense of control and security.

5/24/24: Money Management for Couples (webinar training)

36 participants

Presenter: JFCS East Bay

Participants learned:

- How to set spending/saving priorities together as a couple.
- How to identify family values about money.
- How to teach their children to adhere to the values set.

6/25/24: Living a Healthy Life (webinar)

40 participants

Participants learned about living a healthy life by incorporating:

- A balanced diet and regular physical activity.
- Sleep hygiene.
- Mental well-being, including breathing exercises and mindfulness techniques.
- Regular health checkups.
- Learning new skills or topics.
- Engaging in enjoyable activities with family and community.

IN-PERSON COMMUNITY EVENTS FOR AFGHAN CLIENTS

5/18/24: Mother's Day (in-person community event)

107 participants from 23 families

6/23/24: Eid al-Adha Holiday (in-person community event)

166 participants

Legal presentation, along with food, live performance, and celebration.

RUSSIAN CLIENT TRAINING SESSIONS

2/13/24: Decreasing Level of Stress, Anxiety, Grief, Isolation, and Depression (webinar training)

Presenter: Gennady Mikityansky, JFCS East Bay Bilingual Social Worker, Adult Services

12 participants

This webinar:

- Shared practical strategies for reducing stress, anxiety, grief, isolation, and depression among Holocaust survivors.
- Provided compassionate support.
- Shared coping mechanisms.
- Fostered a sense of community and resilience while creating a safe space for healing and connection among participants.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period

During the reporting period, we achieved the following outcomes for individuals who participated in mental health education:

- **93%** demonstrated a better understanding of mental health concepts and an increased ability to recognize stress and risk factors in themselves or their family by the end of the year. This compares to 100% of individuals during the outset of our past reporting period, FY22-FY23.
- **89%** demonstrated a better understanding of when and how to seek help. This compares to 95% during the outset of our past reporting period, FY22-FY23.
- **96%** reported feeling less isolated and more supported than before coming to the group. This compares to 90% during the outset of our past reporting period, FY22-FY23.

During this reporting period, we achieved the following outcomes for individuals who participated in our training series:

- **100%** demonstrated a better understanding of cross-cultural mental health concepts and an increased ability to recognize stress and risk factors by the end of the year. This compares to 100% during the outset of our past reporting period, FY22-FY23.
- **96%** demonstrated an increased understanding of when to refer clients for further clinical service by the end of the year. This compares to 100% during the outset of our past reporting period, FY22-FY23.

Additionally, during this reporting period, **91%** of clients receiving health and mental health systems navigation assistance achieved one or more of the following outcomes:

- Clients showing early warning signs of mental illness were linked to appropriate services.
- Clients were successfully linked to the appropriate person(s) within the county health care system or other

community resources for health and/or mental health support.

- Clients have a better understanding of consumer rights in relation to medical care, including the right to seek a second opinion.
- Clients applied for and received health benefits for which they are eligible.
- Clients have improved their ability to communicate with doctors and providers about medical and mental health issues.
- Clients have an increased understanding of the health and mental health care systems in Contra Costa County.
- Clients have improved their ability to bridge the gap between their culture of origin and contemporary U.S. culture in reference to health, mental health prevention, and early intervention.

This compares to 95% during the outset of our past reporting period, FY22-FY23.

DATA COLLECTION METHODOLOGY, EVALUATION & USE OF INFORMATION

The program used the following tools to evaluate the efficiency of the program:

- Mental health evaluation forms collected from participants after each mental health education session.
- Anonymous evaluation forms collected from staff and community members after trainings.
- Pre- and post-assessment case management, focusing on clients' progress with health and mental health navigation assistance, collected once at intake and once when exiting the program.

Our methodology was sensitive to cultural nuances and respectful of clients' backgrounds. Cultural responsiveness involved having staff and culturally tailored materials to ensure programming was accessible and respectful of the diverse backgrounds of our participants, refugees, and immigrants. Confidentiality was guaranteed through informed consent processes, anonymous data collection when needed, and secure information storage.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

JFCS East Bay's values of "Welcoming the Stranger" and serving vulnerable people are at the core of our mission. We employ a person-centered, trauma-informed (PCTI) approach. Clients receive wrap-around services, including case management, health and mental health navigation, mental health services, and parent education classes. JFCS East Bay is also deeply committed to using a strengths-based approach in everything we do. Given this, goals and services are regularly evaluated with the client/family to ensure they have the primary decision-making role. Staff also expand upon clients' existing strengths and play to them when creating personalized case management plans and throughout the entirety of service delivery. In this way, JFCS East Bay helps to empower clients on their paths to self-sufficiency. As an agency, we also recognize that new arrivals come from countries in which there may not be programs in place for mental health and well-being or, if a program exists, it is only for those who are severely mentally ill. To combat any potential stigma, staff provide clients with education about programs that may not have been available abroad.

Because JFCS East Bay is in frequent contact with clients during the early, stressful resettlement period, we are able to provide timely linkages to other needed services. Universally, clients agree that getting settled and learning all new systems brings a level of hope but also high anxiety. Link to care through our trusted case managers is offered as a bonus type of support, which many are eager to seize.

Another way that we ensure our services are culturally responsive is by leveraging the lived experience of JFCS East Bay staff. Our Afghan case workers represent four distinct regions and cultures of Afghanistan. Staff members speak English, Dari, Pashto, Spanish, Arabic, Urdu, Ukrainian, Russian, Tigrinya, and some French and German. Most are also former refugees who entered under the federal government refugee resettlement program. All are fairly recent arrivals. This level

of understanding of Afghan culture and the refugee experience allows staff to build a strong rapport with clients and to better understand and respond to client needs.

In addition to language and cultural competency, staff attend frequent training sessions. JFCS-East Bay provides ongoing training to enhance staff knowledge and equip them with practical strategies to better support our clients. This year, staff received training on the destigmatization of mental health services from a culturally sensitive and social justice-oriented perspective. Given that refugee clients often come from cultures where mental health issues are stigmatized or misunderstood—and where discussing such matters is often taboo—our training focused on strategies to navigate these beliefs. Staff were taught how to connect clients to internal and external resources through warm handoffs. By equipping frontline staff with these skills, case managers are better able to identify early signs of mental health struggles, leading to timely intervention, improved management of mental health issues, and overall enhanced well-being, which is crucial for the successful integration and adaptation of our clients in their new environment.

In addition to the general mental health training, staff participated in four hours of training on suicide risk assessment and prevention. JFCS East Bay recognizes that many of our refugee clients have experienced trauma or persecution, which can result in distrust of authority figures, including case managers. Training in suicide prevention enables our case managers to communicate with empathy and understanding, thereby building trust with their clients. This trust is essential for fostering open, ongoing discussions about mental health and ensuring clients feel supported throughout their post-immigration journey. The training also introduced local resources and services that staff can utilize during crises or refer clients for further support.

Include examples of notable community impact or feedback from the community if applicable.

CASE A: Hamed came to the Bay Area in April last year. Navigating a new country and culture can be overwhelming, but with resilience and determination, our client embarked on a journey toward a brighter future. Initially, Hamed stayed with his UST (U.S. Tie) for two weeks. Understanding the importance of stability, we prioritized finding permanent housing for Hamed. Within a short span, we secured a comfortable and safe home, allowing him to focus on rebuilding his life. Hamed's background in IT and evident intelligence presented an opportunity to leverage his skills. We connected our client with various resources in the IT field, including job training programs and networking opportunities. Through these connections, he was able to demonstrate his expertise and dedication, making a lasting impression on potential employers. His hard work and our support were evident when he secured a contract with Comcast, where he works as an IT technician. This role not only utilizes his existing skills but also provides him with valuable experience and growth opportunities. Hamed's journey from a new arrival to a successful IT technician is a testament to the power of perseverance and the impact of our resettlement support.

CASE B: In February this year, Marwa, a single mom, and her daughter arrived in the Bay Area seeking safety and a fresh start. From the moment they arrived, JFCS East Bay has been dedicated to providing them with the support they need to build a stable and prosperous life. The first step was to secure permanent housing. We worked diligently to find a suitable place for them. Once settled into their new home, our focus shifted to the daughter's education. We assisted in enrolling her in school, ensuring she could continue her education without interruption. With housing and schooling taken care of, we turned our attention to helping Marwa find employment. She quickly secured a job at a local Mexican restaurant, where she has been thriving. Now, our client is doing very well, balancing her work and family responsibilities with grace and determination.

CASE C: Nematullah arrived in the U.S. in Spring 2023 with his wife and two children. The couple was overwhelmed and confused about where to start after coming from a well-established life among friends and family to a new country with a different language and new cultures while facing numerous adjustments. Their son struggled in school and was being bullied, adding to the parents' stress. However, with the help of JFCS East Bay staff, Nematullah received both financial and mental health support. The family was oriented on multiple topics and guided on how to become self-sufficient and start a new life in a new community. The case manager provided guidance on ensuring their son wouldn't be bullied at

school anymore and communicated with the appropriate personnel. The case manager also connected the family with the local community center so that they could receive help and advice within the Afghan community.

JFCS East Bay enrolled Nematullah in a job training course where he received assistance with resume-building and employment. He fully participated and graduated with a perfect score. Nematullah then participated in multiple job fairs. His wife enrolled in ESL classes online and at the JFCS East Bay office. The couple diligently attended every class and program offered to them and took full advantage of our services. By October 2023, Nematullah's hard work and the agency's support paid off; he was hired for his first job at one of the local airports—a well-paying position. The couple owns a vehicle, a significant milestone. Their son is thriving at school and has made many new friends. The family attended the Mother's Day event held by JFCS East Bay at the local community park. They could not be happier with the help and support they received from JFCS East Bay.

AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year:

(NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)

TOTAL SERVED FOR FY 23-24: 485

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
162	42	233	16	32	485

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
25	3	425	32	485

IF OTHER, PLEASE SPECIFY:

Dari: 321

Pashto: 85

Arabic: 7

Russian: 12

RACE:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE		AFRICAN	
AMERICAN INDIAN/ ALASKA NATIVE		ASIAN INDIAN/ SOUTH ASIAN	
ASIAN	2	CAMBODIAN	
BLACK/ AFRICAN AMERICAN		CHINESE	
WHITE/ CAUCASIAN	20	EUROPEAN	3
HISPANIC/ LATINO	4	EASTERN EUROPEAN	15
NATIVE HAWAIIAN/ PACIFIC ISLANDER		FILIPINO	
OTHER	427	JAPANESE	
DECLINE TO STATE/ DATA NOT CAPTURED	32	KOREAN	1

TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	485		MIDDLE EASTERN	9
			VIETNAMESE	1
			MORE THAN ONE ETHNICITY	2
			OTHER: AFGHANISTAN	418

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	
CENTRAL AMERICAN	3
MEXICAN AMERICAN	1
PUERTO RICAN	
SOUTH AMERICAN	
OTHER	

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	32
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	485

SEXUAL ORIENTATION:

HETEROSEXUAL		QUESTIONING / UNSURE	
GAY / LESBIAN		ANOTHER SEXUAL ORIENTATION	
BISEXUAL		DECLINE TO STATE/ DATA NOT CAPTURED	485
QUEER		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	485

SEX ASSIGNED AT BIRTH:

MALE	224
FEMALE	229
DECLINE TO STATE/ DATA NOT CAPTURED	32
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	485

CURRENT GENDER IDENTITY:

MAN	224
WOMAN	229
TRANSGENDER	
GENDERQUEER / NON-BINARY	

		QUESTIONING	
		ANOTHER GENDER IDENTITY	
		DECLINE TO STATE/ DATA NOT CAPTURED	32
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	485

ACTIVE MILITARY STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	485
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	485

VETERAN STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	485
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	485

DISABILITY STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	485
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	485

DISABILITY TYPE:

DIFFICULTY SEEING	
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	
PHYSICAL MOBILITY	
CHRONIC HEALTH CONDITION	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	485
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	485

COGNITIVE DISABILITY:

YES		DECLINE TO STATE/ DATA NOT CAPTURED	485
NO		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	485

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	23
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	23

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	45
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	2 weeks

FISCAL YEAR: 2023 – 2024

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
X	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
X	ACCESS AND LINKAGE TO TREATMENT
X	IMPROVING TIMELY ACCESS TO TREATMENT
X	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	CHILDHOOD TRAUMA
X	EARLY PSYCHOSIS
X	YOUTH OUTREACH AND ENGAGEMENT
X	CULTURE AND LANGUAGE
X	OLDER ADULTS
X	EARLY IDENTIFICATION

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Vías de Salud (Pathways to Health) program has provided 1,972 depression and anxiety screenings to Latinos residing in Central and East Contra Costa County.
- Vías de Salud (Pathways to Health) program has provided 1,144 assessments and early intervention services to identify risk of mental illness or emotional distress, or other risk factors such as social isolation.
- Vías de Salud (Pathways to Health) program has conducted 4,818 follow up support/brief treatment services to adults.
- Familias Fuertes (Strong Families) program has provided 846 screenings for risk factors in youth ages 0-17.
- Familias Fuertes (Strong Families) program has provided 235 Assessments to parents/caretakers of children ages 0-17.
- Familias Fuertes (Strong Families) program has conducted 989 follow up visits with children/families to provide psycho-education/brief treatment regarding behavioral health issues.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

Vías de Salud (Pathways to Health) targets Latinos residing in Central and East Contra Costa County and has provided: a) 1,972 depression and anxiety screenings (66% of yearly target); b) 1,144 assessments and early intervention services provided by a Behavioral Health Specialists to identify risk of mental illness or emotional distress, or other risk factors such as social isolation (458% of yearly target); and c) 4,818 follow up support/brief treatment services to adults covering a variety of topics such as depression, anxiety, isolation, stress, communication and cultural adjustment (385% of yearly target).

Familias Fuertes (Strong Families) educates and supports Latino parents and caregivers living in Central and East Contra Costa County so that they can support the strong development of their children and youth. This year, the program has provided: 1) 846 screens for risk factors in youth ages 0-17 (113% of yearly target) ; 2) 235 Assessments (includes child functioning and parent education/support) with the Behavioral Health Specialist were provided to parents/caretakers of children ages 0-17 (313% of yearly target); 989 follow up visits occurred with children/families to provide psycho-education/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues (330% of yearly target). Services are provided at two primary care sites, La Clínica Monument and La Clínica Pittsburg.

The service site enhances access to services by providing a non-stigmatizing environment. This creates a welcoming and comfortable atmosphere for patients when seeking care. Research has shown that linguistically and culturally appropriate programs have reduced barriers to healthcare and improved Latinos' overall access (Oh, H., et al., 2020). By providing screening and services in primary care settings, clients are more likely to be identified who would not otherwise access services.

Furthermore, up to 75% of primary care visits involve mental or behavioral health components (Schrager, S 2021). Having integrated behavioral health care allows for clients to receive a more comprehensive assessment and treatment, especially those that cannot attain specialty psychological or psychiatric care. La Clinica's services have been adapted to maintain the safety and well-being of both patients and staff, while ensuring the continued provision of essential care.

Medical and Behavioral Health teams continue to be mostly in-person; however, clinics also continue to offer telehealth and virtual visits based on patient preference and to provide greater access. As a result of more in-person appointments, behavioral health screening has reached the target (80%) for most measures in Contra Costa County. Clinics continue to utilize the integrated model through warm hand-offs both for behavioral health assessment and treatment, as well as case management services.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

Participants are referred to the Integrated Behavioral Health (IBH) team through either their primary medical provider or self-referral. Clients are given an annual behavioral health screen which includes screening for substance use, anxiety, and depression. If these screens yield a positive result, primary care providers discuss with the client and offer a referral to IBH. Additionally, primary care providers may identify behavioral health needs amongst their client population at any

visit, discuss with the client and refer to IBH. Clients who self-refer to IBH contact the clinic themselves, or request referral during a primary care visit.

La Clinica tracked the following data on an ongoing basis:

- A. 1,972 out of 3,000 Depression & Anxiety Screenings at La Clinica's primary care sites.
- B. 1,144 out of 250 assessments and early intervention services were provided by a Behavioral Health Specialists within the FY 23-24
- C. 4,818 out of 1,250 support/brief treatment services were provided by Behavioral Health Specialists within FY 23-24

La Clinica tracked the following data on an ongoing basis:

- A. 846 out of 750 Behavioral Screenings of clients aged 0 – 17 were completed during the 12- month period by parents (of children 0-12) and adolescents (age 12-17)
- B. A total of 235 out of 75 assessments or visits (including child functioning and parent education/support were provided for FY 23-24
- C. 989 out of 300 follow-up individual/family visits with Integrated Behavioral Health Clinicians were provided with children/caretakers. This includes psycho-education/brief treatment regarding behavioral health issues including parent education, psycho-social stressors/risk factors and behavioral health issues.

La Clínica exemplifies cultural competency in all stages of service delivery: assessments, treatment and evaluation of the program. La Clínica utilizes screening and assessment tools that are evidence-based and have been validated and adapted specific to the client population in our clinics. Linguistic competence, cultural competence and cultural humility, are integral requisites for hiring new team members, and are the core of La Clínica's program design. All La Clinica staff, must also demonstrate these values. La Clinica honors participants' traditions and culture as well as linguistic preferences. Throughout the initial and continuing training for all IBH staff, cultural and linguistic accessibility and competence is a core element to all topics. Culturally based methods including "dichos" (proverbs) and "Pláticas" or individual/family meetings are used to engage participants and employ culturally familiar stories and discussions with Latino clients. Furthermore, mental health terms are interchanged with language that is less stigmatizing and more comfortable. For example, with Latino clients, sadness (tristeza) is a topic used to engage community members, rather than approaching discussions with mental health language terms such as "depression". At the same time, La Clínica strives to understand our unique client population and evaluate data while taking into consideration our unique client population. All of behavioral health providers are bilingual (English/Spanish) and most are bi-cultural. When appropriate, La Clínica utilizes translation services for all other languages. The Anti-Racism workgroup at La Clinica, continues to be active, meeting monthly to further address the issues of structural racism and how to improve cultural responsiveness to the communities we serve.

The average length of time between report of symptom onset and entry into treatment is 70.4 months. To obtain this data, we did a chart review of 10 randomly selected patients that received treatment this fiscal year.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

La Clínica strives to offer quality, consistent behavioral health services to the client population. By locating behavioral

health clinicians within primary care facilities, La Clínica provides direct, often same-day behavioral health care to those who need services. Often clients are identified as needing behavioral health support in an early stage, before they have developed severe symptoms. In these cases, services promote client wellness and provide coping skills that prevent the need of a higher level of behavioral health care. For clients with more severe symptoms, La Clínica is able to assess them in a timely manner and determine what course of treatment would be most appropriate. La Clínica clinicians work in a team-based approach along with our medical providers to offer holistic care that addresses the intersection between physical and mental health. This team approach is both effective and proves to have the best outcomes for La Clínica's client population. Many of the clients who access behavioral health care at La Clínica would not otherwise have access to behavioral health for a variety of reasons including: transportation difficulties, stigma associated with behavioral health access, and inability to navigate the larger behavioral health system due to language barriers and system complexity. La Clínica makes every effort to provide services equally to all clients who are open to receiving care. Staff use non-stigmatizing language by interchanging the terminology of mental health with emotional well-being, allowing for a more receptive message to be communicated. La Clínica emphasizes the improvement in well-being, recognizing disequilibrium, and providing tools and resources for establishing emotional well-being, physical health, and supportive, healthy relationships in one's life. La Clínica also helps normalize mental health issues by pointing out the prevalence of mental health challenges, the availability of a range of treatment services, and the efficacy of support and treatment to help reduce stigma.

Participants are referred to behavioral health services through their primary care provider or self-referral. Participants are scheduled into our Integrated Behavioral Health Clinicians' (IBHC) schedules directly from their medical appointment. For more urgent need, clients are scheduled for a same-day or 'warm hand-off' appointment with the IBHC. La Clínica encourages all medical providers to discuss the behavioral health referral before it is scheduled to ensure that participant is both interested and motivated to attend the appointment. If the client does not show to the IBHC appointment, the IBHC will call the client to attempt to reschedule the appointment, which may include clarification of purpose of appointment. If the behavioral health clinician assesses participant to need a higher level of care than our program model, La Clínica will work to link the participant to the appropriate services. La Clínica continues to meet with and support the participant until they are linked and follow up with the recommended service.

The average length of time between referral and entry into treatment is 70.4 months. To obtain this data, we did a chart review of 10 randomly selected patients that received treatment this fiscal year.

Include examples of notable community impact or feedback from the community if applicable.

"A 16 y/o teen patient has been seen in IBH for multiple episodes since she was 8 years old. Patients' mental health history includes depression, anxiety and eating disorders. Patient's family have also received IBH services including mother and sister. For the past years, the family has experienced domestic violence, and they have received ongoing support of our IBH case manager as well for linkage to community resources. Patient has been linked to mental health resources in the community; however, they have stated they return to IBH due to the benefits of working closely with their medical providers and they see IBH as their first point of contact for MH support and linkage. Currently, pt is being supported in IBH while we connect her to higher level of care."

"A 26 y.o. Female initially referred for pregnancy/CPSP Psychosocial services at 12 wks gestation, was pregnant w/2nd child, 1st child, son, had died 8 yrs ago when he was 20 months in his sleep in her country, did not receive therapy/mental health services in her country, thus, h/o of depression and anxiety, came to US and met her current partner who helped her understand/support her grieving process, with pregnancy emotional changes reported concerns w/persistent worry and sadness, concerns how (-) feelings could affect her wellbeing, the healthy pregnancy outcomes, and how it could affect her unborn child, IBH case manager provided support for symptom management and connection to community resources, such as First Five Center, 211, Monument Crisis Center, WIC. Once child was born, IBH case manager/IBCLC provided lactation support as patient was having difficulties breastfeeding due to latch difficulties, with

ongoing lactation and newborn behavior info support patient was able to breastfeed 1 yr, IBH case manager was able to provide support with post-partum adjustment as well as parenting for 1 yr, the patient has expressed the benefits of IBH services which helped her manage her symptoms and connect to community parenting and educational programs which have enhanced her self-concept, parenting knowledge, and most recently her life goals, as she is attending ESL classes at the adult school, with hopes of getting her GED and acquiring stable employment.”

“Pt is a 20 yo F who was a WHO by PCP in the context of symptoms of mild depression and anxiety, with passive SI frequently. Pt reported conflict of having an unstable relationship with her older sister. Through episode care, we were able reduced the frequency and severity of the SI. Pt has also learned healthy coping mechanisms to use when she is experiencing symptoms of anxiety and depression. Not only has the pt learned to rebuild a healthy relationship with her older sister, but also with her sister's stepsisters as well. As sessions progressed, pt also made it a goal of her to address her social anxiety. Pt has recently transitioned to university and is exploring new clubs on campus to join.”

AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: **(NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)**

TOTAL SERVED FOR FY 23-24: 1,034

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
196	162	548	128	0	1,034

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
367	653	14	0	1,034

IF OTHER, PLEASE SPECIFY: American Sign Language, Arabic, Dari, Korean, Pashto/Pashtu, Portuguese, Russian, Tagalog

RACE:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	0	AFRICAN	
AMERICAN INDIAN/ ALASKA NATIVE	0	ASIAN INDIAN/ SOUTH ASIAN	
ASIAN	16	CAMBODIAN	
BLACK/ AFRICAN AMERICAN	69	CHINESE	
WHITE/ CAUCASIAN	215	EUROPEAN	
HISPANIC/ LATINO	728	EASTERN EUROPEAN	
NATIVE HAWAIIAN/ PACIFIC ISLANDER	0	FILIPINO	
OTHER	0	JAPANESE	
DECLINE TO STATE/ DATA NOT CAPTURED	6	KOREAN	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1,034	MIDDLE EASTERN	
		VIETNAMESE	

		MORE THAN ONE ETHNICITY	
		OTHER	

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	
CENTRAL AMERICAN	
MEXICAN AMERICAN	
PUERTO RICAN	
SOUTH AMERICAN	
OTHER	

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

SEXUAL ORIENTATION:

HETEROSEXUAL	797	QUESTIONING / UNSURE	11
GAY / LESBIAN	0	ANOTHER SEXUAL ORIENTATION	3
BISEXUAL	8	DECLINE TO STATE/ DATA NOT CAPTURED	215
QUEER	0	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1,034

SEX ASSIGNED AT BIRTH:

MALE	322
FEMALE	712
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1,034

CURRENT GENDER IDENTITY:

MAN	239
WOMAN	618
TRANSGENDER	0
GENDERQUEER / NON-BINARY	3
QUESTIONING	0
ANOTHER GENDER IDENTIY	1

		DECLINE TO STATE/ DATA NOT CAPTURED	173
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1,034

ACTIVE MILITARY STATUS:

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

VETERAN STATUS:

YES	2
NO	949
DECLINE TO STATE/ DATA NOT CAPTURED	83
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1,034

DISABILITY STATUS:

YES	1
NO	8
DECLINE TO STATE/ DATA NOT CAPTURED	1,025
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	1,034

DISABILITY TYPE:

DIFFICULTY SEEING	
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	
PHYSICAL MOBILITY	
CHRONIC HEALTH CONDITION	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	1,034
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

COGNITIVE DISABILITY:

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

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	

FISCAL YEAR: 2023 – 2024

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
	ACCESS AND LINKAGE TO TREATMENT
X	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
X	CULTURE AND LANGUAGE
X	OLDER ADULTS
	EARLY IDENTIFICATION

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- To access health and mental health services through Covered California
- To access and obtain treatment for mental healthcare and evaluation for the severe mental health issues, such as Post Traumatic Stress Disorder(PTSD), etc.
- To access SSI benefits for an eligible elderly participant with visual impairment and Other types of mental and physical disabilities.
- To exchanges or other low-cost health insurance options including County Basic Care, Medical, Medicare, Kaiser health, Blue Cross of California and other free medical services from Rota Care,
- • To obtain/increase access to preventative health care, including annual physical examinations
- • To access permanent affordable housing (public housing, section 8, foreclosure assistance, etc.)
- • To reduce anxiety and depression related to employment, PTSD, immigration status,

unemployment, and underemployment.

- To reduce stigma and stress caused by domestic violence, gender related violence.
- To access mental health related issues by referring clients to the county's mental health system.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

- Lao Family Community Development's (LFCD) Health and Well-Being Program for CCC Asian Families (HWB) continued to focus on delivering PEI services to 120 unique clients targeting South Asian and Southeast Asian immigrant/refugee/underserved residents living in Contra Costa County. This report covers services provided during the program year, July 1st 2023 to June 30, 2024. We served 123 participants from both communities representing a diverse group (Nepali, Tibetan, Burmese, Bhutanese, Thai, Lao, and Hispanic clients).
- We provided navigation and timely access to internal and external services including linkages to mental health and other service providers such as: a) Contra Costa Regional Hospital in Martinez, b) West County Health Center in San Pablo California, c) Contra Costa County Mental Health Services in San Pablo, d) California's Employment Development Department, e) employment and Human Services in Hercules California, f) Kaiser hospital in Pinole and Richmond California, and g) Highland Hospital in Oakland, all public health facilities for physical health services and severe mental health access; c) Rota care in Richmond for free physical medical health service, lifelong medical center in San Pablo California d) Bay Area Legal Aid in Oakland and Richmond, e) immigrant hope in San Leandro California for immigration related services, family violence, restraining orders, and other civil legal assistance, f) linkages to access the American Bar Association for pro-bono and consultation in legal services (free or low cost consultation), and f) Jewish Family community Services – East Bay for naturalization and citizenship services to address our clients' issues affecting their mental health and recovery needs.
- For timely access, we escorted high barrier clients such as seniors with visual and physical disabilities; monolingual language barriers, and those with few other options for transportation to 1) mental/physical health evaluations and appointments at Contra Costa Regional Hospital in Martinez, Kaiser hospital in Richmond and Oakland California, West County Health Center in San Pablo, Contra Costa County Mental Health Services in San Pablo, Highland Hospital in Oakland, and Rota Care clinic in Richmond California and Lifelong Medical Center in San Pablo California; 2) the USCIS offices in San Francisco for immigration assistance and USCIS application support center in Oakland California; 3) Jewish Family and Community Services – East Bay for onsite legal assistance with naturalization and immigration services, Temporary Protected Status (TPS). 4) immigrant hope office in San Leandro California 5) Federal SSA offices in Richmond, Berkeley or Oakland for SSI benefits 6) We also assisted our clients to take them DMV offices in El Cerrito, Vallejo California for the driving licenses and senior citizen ID cards. These access and linkage services were provided for clients by providers located in both inside and outside CCC County in line with participants' individual service plans. With rigorous follow-up, and redirection of these individual service plans we have been able to assist our clients in receiving mental health services in a timely manner.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

☐ The average progression was 6 with a high correlation between the participant’s progression and level of participation in monthly social peer support groups’ activities and workshops. Please refer to the table for LSNS results:

Pre-LSNS	Post-LSNS	Progression
# of Completion:	123	123
Average Range: 12	22	10
(Min) Range: 10	19	9
(Max) Range: 15	27	12

☐ In addition, case management provides a continuous contact and monitoring of clients to determine if any trauma or event has affected their mental health status. Referrals to link participants to more rigorous mental health assessments and treatment were provided on an as-needed basis.

☐ Internal evaluation of the program includes reviewing cases to ensure strategies for communication take into account the cultural competency of the counselors. Cases are reviewed to ensure participants in the program receive services that are linguistically and socially appropriate. Examples of these services include communicating in their native language (Mien, Lao, Thai, Nepalese, Tibetan etc.) and understanding the cultural norms in order to address health and well-being issues in an appropriate and effective manner. A thorough review of cases every 6 months ensure that the confidentiality and integrity of the participants’ information is protected.

☐ During the program period from July 2023 to June 2024 we have conducted 10 workshops, and 262 participants had participated in the workshops.

- Similarly, we had conducted 10 peer support groups, and 260 participants had participated in the peer support groups.
- We had conducted 4 social gatherings 09/17/2023, 12/17/2023, 03/24/2024 and 06/23/2024 with 284 total participants.
- Similarly, we had total 12 community outreach events, and we were able to outreach 940 clients for our HWB program.

A program activity evaluation form was completed per each activity conducted (e.g. ethnic peer support gatherings and SFP workshops). In each program activity, 5 random participants were asked to complete the activity evaluation form. This process allowed a program staff or volunteer to work one-on-one with the non-English monolingual participant to complete the form. Each set of completed evaluation forms are attached to an activity reflection form for documentation purposed. The evaluation forms are reviewed by the program staff and changes were implemented according to the participants’ evaluations. Comments in the evaluations included recommendations for cultural activities, outdoor events including using the recently re-constructed Community Garden at the San Pablo office.

The last evaluation tool used was a general program evaluation form that was created by the program staff to measure the participants’ comfort level, participants’ engagement and the cultural competency of the program services. The tool was also used to measure the participants’ knowledge of accessing services that were related to their mental health and well-being.

well-being and the impact of stigma on their will to seek services after receive program services. The evaluation was completed via phone by non-program staff that spoke the same languages as the participants.

The results stated that the 95% (117 of 123 respondents) of the participants were satisfied with the program services, and 5% (6 of 123 respondents) were somewhat satisfied with the program services. Some of the resources the participants listed on the survey were West County Health Center in San Pablo, Contra Costa County Mental Health

Services in San Pablo, Community Health for Asian Americans in Richmond, California EDD in Richmond, Department of Rehabilitation in Richmond, Center for Human Development, Contra Costa Regional Medical Center in Martinez, Kaiser hospital in Richmond, Pinole and Oakland, Highland Hospital in Oakland, Rota Care Free Clinic in Richmond, and East Bay Area Legal Aid in Oakland and Richmond, Law office of Laura A. Craig, law office of Yagya Prasad Nepal in San Leandro California, East bay Sanctuary Covenant in Berkeley California, Dr. Ricardo office in Berkeley California, Jewish Family Services – East Bay in Walnut Creek, and Immigrant Hope in San Leandro California etc.

Unlikely last program year, many of our clients got medical, SSI and Calfresh benefits. Many of them got California driving licenses and got Tax filing helps. Many of our clients were able to increase their income level and credit scores. As a result, many of them were able to buy houses for their family. On the other sides, many clients got problem to move into the new apartments because apartment prices had increased more than 2022-2023. Similarly many clients could not enroll at Covered California because of their income barrier.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

At the end of the 12-month period from July 1st 2023 to June 30th 2024, we reflect on our work and partner linkages. Our evaluation is that our program values reflect MHSA values in these areas:

- ❖ We have a zero-tolerance policy for discrimination or prejudice on the basis of race, place of origin, gender, religion, disabilities, etc. and our practice gives participants confidence that they are not discriminated upon
- ❖ Our written program policies and agency commitment and practice of providing a safe, trusting, and confidential setting at LFCD and elsewhere engenders feelings that there is no stigma. We patiently listen to understand. Knowing that anything shared is safe and that no one other than who they authorized will know.
- ❖ Our practice and demonstration of our commitment to timely access for our clients. This results in the high level of satisfaction feedback we get from our clients with service provided in terms of case management, peer support, reduction of isolation, comfort in asking for helping and talking to others about mental health and increased knowledge of services in the community. Our services are provided daytime, nighttime, weekends, and escorted assistance.
- ❖ Our strategy to establish trust first through case management-leads to participants engaging at a higher level and higher graduation from the program and accomplishment of their goals. Our Case Managers are well-respected members of the communities that they serve which allows for an engaging relationship with participants.
- ❖ Providing participants with timely access and warm handoffs to linkages (specific person with the linguistic competency) to the mental health PEI services and providers helps participants to begin their recovery path sooner.
- ❖ Our clients received timely access to the linkage while they were active clients because we accompanied them to the employment and Human Services, social security office, USCIS application support center for biometric appointments, Department of Motor Vehicle(DMV), Contra Costa regional Hospital in Martinez, Richmond Kaiser Hospital, Oakland Kaiser hospitals in Richmond, Pinole and Oakland, Contra Costa health center, Rota Care, Life long Medical Center in San Pablo California etc.
- ❖ Those clients whom we had accompanied to the services were the underserved and underprivileged senior and ailing clients, students. They have no resources to pay for the uber, Lyft and other means of transportation. Due to their limited English language capacity, they cannot express their pain. In this situation our counsellors had accompanied them and helped them to communicate effectively with service providers. Therefore, these clients were able to accomplish their goals on time.
- ❖ Our thematic peer group activities; workshops, social gathering, community and ethnic outreach and individual connections to the counselors, linkage providers, and each other; cultural activities, food, music and indoor/outdoor

physical activities selected based on participants' wants and needs engenders resiliency and wellness. During the works their activities helped participants build their resiliency and their recovery from crisis. Our door to door services to the clients helped us to make strong working relationship with the clients and also we were able to build a trust in the community.

Include examples of notable community impact or feedback from the community if applicable.

- ✚ During the program year from July 1st 2023 to June 30 2024, we have served 123 clients from West, central and East part of the Contra Costa County. Among those we were able to help one of our clients Mrs. S Sitaula Khanal and D Devi Bhujel for their critical treatment of breast and skin cancer. We referred them Contra Costa Medical center in the beginning of her treatment . After chemotherapy, and well managed treatment plan at the hospital, they were able to get rid of cancer and now she is out of danger. This is one of the great examples of positive community impact.
- ✚ Many senior citizens who were the patients of heart diseases , diabetes and high blood pressure came to meet their children here in Pittsburg, Concord, El Cerrito, Richmond, San Pablo Pinole, Hercules, El Sobrante and Martinez California. They received great help from our program to refill their prescriptions with the help of free services from Rota Care Richmond , Lifelong Medical Center , Contra Costa Regional Hospital, Highland Hospital in Oakland California. Our senior clients such as K Raya Chhetri , I Raya Chhetri, H Dhakal, R Kumari Lama, , P.Dhimal, B Maya Basnet. S.Khanal , U.Dhimal , K R Khadka were able to receive these services. They are always happy and blessing our organization and its counsellor.
- ✚ Many of our clients were able to buy new homes due to our financial workshops. We helped them how to increase the credit scores and how to manage the debts. Our CPAs gave them presentation about the Tax filing and how to get optimum refunds etc. Similarly, our loan officers and realtors also gave presentations about how to make an offer and how to close the loan without any hassle. During the time Mr. P Lama, S. Basnet, B.Ghimire, KB Karki. , T Lamsal , R Shah, S. Rai, G. Amatya , A.Giri were able to buy their dream home. It has always positive community impact.
- ✚ Kaiser permanent hospital in Richmond and Oakland had helped our clients to get mental health counseling and therapy session and prescribed them medications to reduce their mental stress and anxieties . R. Adhikari, S. Bajagai, N. Itani. RC Prajapati , A. Basnet , D. Shakya were among those who got help from Kaiser Hospital and now they all are feeling much better than they were before.
- ✚ Many of our SEA clients had passed the citizenship tests and were able to restore their SSI benefits . Many of them became permanent residence and were able to bring their other families to USA. They received such help from East Bay Sanctuary Covenant and Jewish Community in East Bay. They have been helping immigrant communities with their lawyers.
- ✚ Due to our help, many of our clients were able to get CA driving licenses and driving Uber, Lyfts , Uber Eats, Amazon delivery and Door Dash to make more money rather than to work for the store or WallMart . Many of these clients were able to save money to buy home or businesses when they get that opportunity. They are financially very stable now than before.
- ✚ Many of our past and current clients also bought Gas Station, Liquor stores, and Smoke Shops in the various parts of Northern California. Mr. R Shah, Mr. K P Dahal, Mr. P Karki, Mr. G Pudasaini, Ms. A. Pandey bought liquor and Smoke shops. Similarly, Mr. S. Khanal, Ms. D. Ghimire, G. Basnet, RK Shrestha , D . Tamang have bought Nepali/Indian restaurants . They are very happy and self-sufficient now.

- Due to our “door to door” services to the clients many of the senior clients felt now not isolated and they are now connected with the community through religious program, chanting religious songs among the senior people in the community. Now, they are mentally much relieved than before.
- On the other side, our younger clients who are driving Uber, Lyft and deliver food and goods door to door are also happy with their jobs and they are able to buy houses and also saving money in 401K through Primerica Life Insurance company for the future of their children. They are happier and more relaxed now.
- Only one thing we are getting hard time to refer our clients to the Mental health issues to the Contra Costa behavioral health and Kaiser hospital due to insurance issues and longtime waiting process for the counseling and treatment. Some other private psychologists are charging more fees our clients cannot afford. However, we are trying our best to find more and more **affordable services through CBOs and other facilities.**

Clients’ Success stories:

- Living far away from family and friends can be difficult for anyone, especially the elderly. That's why it's so important to have support services in place to help them stay connected and thrive. Chith Chanhpaseuth is a 77-year-old gentleman (SEA community) with a physical disability. He lives in a senior community with his mentally disabled wife. Chith speaks a little English, which makes it difficult for him to live without help from his family. Chith first came to the LFCD San Pablo office with questions about his Medicare Part A application. The LFCD San Pablo office has become his go-to place for help with everything, including doctor appointments, EBT cards, document translation, PG&E bills, and more. Chith even volunteers his time to help out with the LFCD SP office garden, which provides fresh vegetables for the community.
- Getting started with Medicare is complicated and can be overwhelming. Manoch Prempraamotaya is a 65-year-old gentleman from Thailand (SEA Community) who speaks very little English. He came to the LFCD office with a handful of letters from his healthcare providers. Manoch had Covered California for his health insurance but received a letter stating that his account would be discontinued because he will be turning 65 in the next 3 months and will be transferred to Medicare. Not only did he have to deal with the language barrier, but he also had to choose the right Medicare plans that were suitable and affordable, which is complicated for anyone. The case manager slowly walked the client through the process step-by-step until they found the perfect plans for him. The client is now happy with his new Medicare plans at an affordable price.
- S.Khanal a 21 year UC Berkeley student (SA Community) has suddenly started different behavior with her mother and sister at home after her father left them in January and went to his village in Nepal. Her mother is also survived of the breast cancer. She realized that she should be responsible for everything at home as an elder daughter of the house. She started too much thinking and could not sleep well and focus on her studies. Therefore, she falls on the grade. She thought that she is way behind than her colleagues and lost her every control. Case manager took her Contra Costa County regional hospital in Martinez as an emergency patient. The doctor referred her for the therapy session in every week at Life Long Medical Center at Berkeley. Now, she feels better and more focused now. We all gave her good counseling and hope for her future. After that point she is more comfortable to share anything with me and her close family. She is feeling better now.
- One of my December 2023 clients Mr. S Adhikari (SA Community) has diagnosed prostate cancer and started to treat at the John Muir Hospital in Concord. Case manager helped him to get Medical for the treatment. After 3-4 months of therapy and other effective treatment Mr. S Adhikari is now out of danger. He was so happy when I saw him at his residence in Walnut Creek California. His health condition is better

now . He thanked Lao Family and me for the support in his difficult time .He said that

- In this way, we are able to make positive impact in the community , we help people to find jobs , help them to find rooms and apartment when they are new in the community. We take them to the DMV for the road test and senior citizen ID. We provide them in-home services at any time if needed. Therefore, they have an effective positive impact about our services in the local community. In this way, we are able to build the trust and support from the community people.

AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year:

(NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)

TOTAL SERVED FOR FY 23-24: 123

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
	4	78	41		123

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
	3	120		123

IF OTHER, PLEASE SPECIFY: Nepali, Thai, Lao, Burmese , Tibetan and Bhutanese

RACE:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE		AFRICAN	
AMERICAN INDIAN/ ALASKA NATIVE		ASIAN INDIAN/ SOUTH ASIAN	
ASIAN	120	CAMBODIAN	
BLACK/ AFRICAN AMERICAN		CHINESE	
WHITE/ CAUCASIAN		EUROPEAN	
HISPANIC/ LATINO	3	EASTERN EUROPEAN	
NATIVE HAWAIIAN/ PACIFIC ISLANDER		FILIPINO	
OTHER		JAPANESE	
DECLINE TO STATE/ DATA NOT CAPTURED		KOREAN	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)		MIDDLE EASTERN	
		VIETNAMESE	

		MORE THAN ONE ETHNICITY	
		OTHER	

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	
CENTRAL AMERICAN	
MEXICAN AMERICAN	
PUERTO RICAN	
SOUTH AMERICAN	
OTHER	

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

SEXUAL ORIENTATION:

HETEROSEXUAL	123	QUESTIONING / UNSURE	
GAY / LESBIAN		ANOTHER SEXUAL ORIENTATION	
BISEXUAL		DECLINE TO STATE/ DATA NOT CAPTURED	
QUEER		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	123

SEX ASSIGNED AT BIRTH:

MALE	68
FEMALE	55
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	123

CURRENT GENDER IDENTITY:

MAN	68
WOMAN	55
TRANSGENDER	
GENDERQUEER / NON-BINARY	
QUESTIONING	
ANOTHER GENDER IDENTIY	

		DECLINE TO STATE/ DATA NOT CAPTURED	
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	123

ACTIVE MILITARY STATUS:

YES	
NO	123
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	123

VETERAN STATUS:

YES	
NO	123
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	123

DISABILITY STATUS:

YES	19
NO	104
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	123

DISABILITY TYPE:

DIFFICULTY SEEING	2
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	
PHYSICAL MOBILITY	17
CHRONIC HEALTH CONDITION	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	19

COGNITIVE DISABILITY:

YES	1	DECLINE TO STATE/ DATA NOT CAPTURED	
NO	122	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	123

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	0
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	0

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	12
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	6

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	4-6 week
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	5 weeks

FISCAL YEAR: 2023 – 2024

PEI STRATEGIES (CHECK ALL THAT APPLY):

	PREVENTION
	EARLY INTERVENTION
	OUTREACH
	STIGMA AND DISCRIMINATION REDUCTION
	ACCESS AND LINKAGE TO TREATMENT
X	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
	CULTURE AND LANGUAGE
X	OLDER ADULTS
	EARLY IDENTIFICATION

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Continued a partnership with senior residential facility to implement social services for their older adult client population. (St. John Apts.)
- Facilitated collaboration among clients to create a resident council to increase communication with administrators and staff, learn the needs of the residents, and advocate for better quality of life and care. (Harbour)
- Conducted Health & Wellness events to encourage community comradery and foster physical, spiritual and mental well-being (Nevin, Harbour & Friendship).
- Supported Nevin residents, in collaboration with EAH housing, to prepare for building ownership change and temporary relocation during renovation including multiple group education events, written communications and individual meetings.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

LifeLong Medical Care's SNAP program provides seniors in Richmond with opportunities for social engagement, creative expression, lifelong learning, and case management support. Program goals include reducing isolation and promoting feelings of wellness and self-efficacy; increasing trust and openness to reveal unmet needs and accept support services; improving quality of life by reducing loneliness and promoting friendships and connections with others; and improving access to mental health and social services for underserved populations.

LifeLong Medical Care provided services on-site at four housing developments: Nevin Plaza, Friendship Manor, Harbour View Senior Apartments, and St. John's Apartments. Throughout this reporting period, LifeLong provided in person wellness checks, conducted social calls, hosted senior resource health fairs, provided individualized social service support, and conducted home visit assessments. LifeLong also provided monthly community resource in-services, distributed meals and groceries monthly, hosted community resource holiday celebrations and free flea markets. For social gatherings, LifeLong provided craft workshops, walking groups, ice cream socials, and outside productions with live entertainment.

Notable developments this reporting period included the change in management and building renovations at Nevin, an increase in SNAP services at Friendship, discontented residents at Harbour, and continued supply distribution at St. John's Apartments.

To offset residents' anxiety/frustration resulting from the building renovations and new management, staff provided the following updates to SNAP services :

1. Increase 1 to 1 visits and case management services
2. Implementation of specialized social service activities (examples: Men's and Women's luncheons with speakers
3. Increase site visits to address anxiety and provide emotional support
4. Increase stress reduction and mental health resources

At Nevin, building renovations and a change in management created logistical challenges for staff to provide services. LifeLong and Nevin's building management worked on accommodating the transition by providing in-service resources and relocating service deliveries (example: grocery distributions) to a more public area and catered to a broader client population. At Friendship, more in-person activities were provided including drawing-painting sessions, jewelry making, themed diorama activities, greenhouse events, and speaker presentations. The activities coordinator offered Harbour residents access to classes at the LifeLong Jenkins Health Center during the time that the Harbour community room was unavailable. The program continued to deliver groceries and other essentials at the newest site, St. John apartments, with positive reception from residents and management.

Additional activities that engaged the target population

- During the winter holiday season, staff decorated residents' doors to bring festivity and cheer to those isolating due to COVID.
- An art teacher developed projects to engage clients, especially those who do not think they have artistic skills. The teacher framed the project as a creative expression of wellness and a way to enliven living spaces and share with loved ones. Activities included puppets, dolls, portrait drawing, and magnets. This reframe brought in clients who never expressed themselves through art, and many described it as the first time they had a chance to experience leisure activities.
- Tai Chi
 - Provided 1x/week at Jenkins Health Center
 - Provided 2x/week at Harbour

- Staff explored evidenced-based Tai Chi for arthritis to include in future classes.
- Live Entertainment
- Staff provided snacks and raffles during the events
- Clients were seen dancing and enjoying the music and entertainment

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

SNAP promotes MHSA values to the fullest, as described below:

1. **Integrated, Community Based, Culturally Responsive Services:**
SNAP staff are trained and guided by mental health principles of fully seeing and valuing clients for all aspects of their identity, background, and experience. Staff acknowledge the impact of culture of a person's values, customs, and lifestyle. For example, SNAP staff do not make assumptions about clients and provide every detail of programming tailored to each client's unique needs and understanding. LifeLong is intentional in hiring employees from the communities that are served. SNAP's participants are majority African American, and the staff includes an African American project coordinator, activity coordinator, and case manager. Staff highly value client input and the programming are based on consumer ideas and preferences gathered through informal focus groups.
2. **Wellness, recovery, resilience:** SNAP staff create inclusive, welcoming, and accepting environments where participants support and encourage each other. Art and music encourage participants to expand their skills and experience success with others. These activities lead to resilience and feelings of self-efficacy, all while community presence improves mood and supports personal recovery.
3. **Access and linkage:** SNAP offers highly accessible services in the buildings where the target population lives. Staff get to know and develop the trust of each resident, so that participants have a safe channel to disclose their needs. The SNAP case manager links participants to social services and facilitates referrals to mental health resources as needed. If the participant already sees a mental health provider, staff check in regularly to encourage them to participate with external care providers.
4. **Timely access for underserved populations:** Services are provided directly in the building or local neighborhood to promote accessibility for elderly residents; culturally sensitive services are provided for this low-income and primarily African American population.
5. **Non-stigmatizing, Non-discriminatory:** Residents are accepted into SNAP wherever they are in their personal journey and whoever they are in terms of identity. SNAP facilitators create group environments that promote and support diverse social thought processes, energy levels, and abilities, allowing each participant's strength to surface and shine. Participants could come and go from groups as they needed to, and it is perfectly acceptable to take part or not. Participants tended to talk freely about their mental health issues because they were comfortable and knew they were not being judged.

Include examples of notable community impact or feedback from the community if applicable.

Seven clients who regularly engaged in services this year were surveyed on their experiences with the program. Of the

clients who received social service support, they reported that mental health resources were very valuable, and they appreciated staff's home visit support. Of the clients who participated in activities, the activities with the highest satisfaction ratings included Tai Chi and Arts and Crafts. Many clients commented that Tai Chi and other physical activities were appreciated to help with relaxation, mobility, and exercise, and the opportunity for social interaction throughout the week was positive.

AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: **(NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)**

TOTAL SERVED FOR FY 23-24: 191

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
0	1	29	60	101	191

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
64	9	1	117	191

IF OTHER, PLEASE SPECIFY: Bahasa

RACE:

MORE THAN ONE RACE	4
AMERICAN INDIAN/ ALASKA NATIVE	1
ASIAN	2
BLACK/ AFRICAN AMERICAN	58
WHITE/ CAUCASIAN	5
HISPANIC/ LATINO	13
NATIVE HAWAIIAN/ PACIFIC ISLANDER	0
OTHER	2
DECLINE TO STATE/ DATA NOT CAPTURED	106
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	191

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	0
ASIAN INDIAN/ SOUTH ASIAN	0
CAMBODIAN	0
CHINESE	0
EUROPEAN	0
EASTERN EUROPEAN	0
FILIPINO	0
JAPANESE	0
KOREAN	0
MIDDLE EASTERN	0
VIETNAMESE	0
MORE THAN ONE ETHNICITY	0

		OTHER	0
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ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	0
CENTRAL AMERICAN	0
MEXICAN AMERICAN	0
PUERTO RICAN	0
SOUTH AMERICAN	0
OTHER	0

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	191
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	191

SEXUAL ORIENTATION:

HETEROSEXUAL	63	QUESTIONING / UNSURE	1
GAY / LESBIAN	1	ANOTHER SEXUAL ORIENTATION	0
BISEXUAL	0	DECLINE TO STATE/ DATA NOT CAPTURED	126
QUEER	0	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	191

SEX ASSIGNED AT BIRTH:

MALE	14
FEMALE	58
DECLINE TO STATE/ DATA NOT CAPTURED	119
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	191

CURRENT GENDER IDENTITY:

MAN	15
WOMAN	60
TRANSGENDER	0
GENDERQUEER / NON-BINARY	0
QUESTIONING	0
ANOTHER GENDER IDENTITY	0
DECLINE TO STATE/ DATA NOT CAPTURED	116
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	191

ACTIVE MILITARY STATUS:

YES	0
NO	57
DECLINE TO STATE/ DATA NOT CAPTURED	134
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	191

VETERAN STATUS:

YES	0
NO	4
DECLINE TO STATE/ DATA NOT CAPTURED	187
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	191

DISABILITY STATUS:

YES	49
NO	21
DECLINE TO STATE/ DATA NOT CAPTURED	121
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	191

DISABILITY TYPE:

DIFFICULTY SEEING	0
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	1
PHYSICAL MOBILITY	12
CHRONIC HEALTH CONDITION	31
OTHER	5
DECLINE TO STATE/ DATA NOT CAPTURED	142
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	191

COGNITIVE DISABILITY:

YES	3	DECLINE TO STATE/ DATA NOT CAPTURED	152
NO	36	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	191

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	6
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	N/A

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	4
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	N/A

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	N/A
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	N/A

MENTAL HEALTH CONNECTIONS - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2023 – 2024

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
x	EARLY INTERVENTION
X	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
X	ACCESS AND LINKAGE TO TREATMENT
X	IMPROVING TIMELY ACCESS TO TREATMENT
X	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
X	YOUTH OUTREACH AND ENGAGEMENT
	CULTURE AND LANGUAGE
X	OLDER ADULTS
	EARLY IDENTIFICATION

NARRATIVE REPORT






Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Membership Activity
- Member Services
- Caregiver Respite
- Caregiver and Member Well-being
- Member Independence and Autonomy
- Member Connectedness and Belonging
- Hospitalizations
- Satisfaction and Importance of Connections House to Members and Caregivers

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

During the contract year of this report (2023/2024), 400 unduplicated members (target: 300) spent 41,050 hours engaged in Connections House programming activities (target: 40,000 hours) (see table 1). Sixty-one (61) newly enrolled Connections House members (target: 70) participated in at least one Connections House activity; 32 of these new members were young adults aged 18 to 25 years (target: 12 young adults). In addition, at least 43 activities (target: 40) were held specifically for the young adult age group. For yet another year, Connections House exceeded the target goal of number of unduplicated members served (400, 133% of goal). Although there was a decrease in gains compared to last year's data in all but one of these areas, the program far exceeded target goals for this contract year (2023/24) in all measures, apart from new member participation.

Table 1: Connections House Membership Activity

	2023-24			2022-23	
	Target Goal 2023-24	Actual 2023-24	% of Target 2023-24	Actual 2022-23	Increase or Decrease of actual from last year
Number of unduplicated members served	300	400	133%	328	
Number of Hours spent in Connections House programming	40,000	41,050	102%	42,425	
Number of new members participating in at least one Connections House activity	70	61	87%	72	
Number of young adults (age 18-25 yrs.) participating in at least one Connections House Activity	12	32	266%	53	
Number of activities specifically for young adults (age 18-25 yrs.)	40	43	108%	47	





Other services:

Members helped prepare and eat 12,000 meals at the Connections House (target: 9,000) (see table 2). Although a target was not set for rides, 675 rides were provided to members to and from Connections House activities, job interviews, medical appointments, and more. During the 2023-24 contract year 3,460 outreach visits (in-home, mobile, phone calls) were provided (no target set). This substantial increase reflects the inclusion of additional forms of outreach (e.g., mobile, phone calls). All the services offered this year - meals, rides and outreach - exceeded actual numbers from last contract year (2022-23). For Project B, 48 podcasts were produced and posted on the Career Corner Blog (target=54). We held 25 career workshops and although that was slightly fewer than the 39 held last year, the number of workshops held this contract year was six times the targeted number (target=4), far exceeding the goal set.

PROJECT AREA B: In collaboration with Contra Costa County Health Services, The Office for Consumer Empowerment (OCE), Connections House produces and hosts Podcast, an online podcast that focuses on all aspects of vocational rehabilitation for mental health consumers in Contra Costa County, including stigma reduction with the goal of full inclusion through employment. As part of the work-ordered day, members and staff work together to select content for posting that will inform, motivate, and help reduce stigma related to employment and education. Podcast postings occur on a frequent basis (at least 48 postings during the contract year) and include a wide variety of video, audio, photographs, links to pertinent resources, and written entries. The Podcast will continue to be promoted widely throughout the County at County clinics and programs, at nonprofit programs, through social media and email blasts, through press releases, and with links on partner websites. Also, in collaboration with OCE, Connections House will

develop, promote, and deliver four career workshops that will be open to all mental health consumers who are residents of Contra Costa County. The workshops will include information about overcoming stigma in the workplace and full inclusion. As well, these practical workshops will cover a wide range of career topics from skill building for getting a job (goal setting, resumes, interviews, etc.) to how to be successful on the job (getting along with others, workplace etiquette, staying healthy, etc.).

Table 2: Other services provided to Connections House Members

	2023-24			2022-23	
	Target Goal 2023-24	Actual 2023-24	% of Target 2023-24	Actual 2022-23	Increase or Decrease of actual from last year
Number of Meals prepared and eaten at Connections House	9,000	12,000	133%	10,996	
Number of Rides to and from Connections House Activities	No target set	675	n/a	671	
In-home outreach visits *Increased efforts to reach out to members was a focus this last year	No target set	3,460	n/a	283	
Number of Podcast episodes	48	54	88%	n/a	n/a
Number of Career Workshops	4	25	625%	39	

The following events were hosted by Connections House on behalf of Contra Costa County during the 2023/24 program year:

- In June 2023, the Community Picnic was held at Pleasant Hill Park and was attended by 380 clients, staff, and families served in Contra Costa County.
- In July 2023, the Service Provider Individualized Recovery Intensive Training (SPIRIT) graduation was held at Pleasant Hill Recreation Center with 337 attendees. Facilitated by The Office for Peer and Family Empowerment in conjunction with Contra Costa College, the training helps people with lived experience of behavioral health challenges (peers) and family members who have navigated services in support of their loved ones to develop the necessary skills to become peer support specialists in the system of care.
- In December 2023 the Community Partners Holiday party was held at Pleasant Hill Community Center, and was attended by 293 clients, staff, and families served in Contra Costa County.
- Other events hosted by Connections House in the 2023/24 program year included:
 - The Sweep Away Stigma Resource Fair (attended by 398 community members).
 - A Softball Tournament at which 8 community-based organizations compete for the Hope Cup; the winner was the SPIRIT Class of 2024 and the Office For Peer and Family Empowerment.
 - A Bowling Tournament hosted by Connections House, at which 8 community-based organizations compete for another Hope Cup; the winner was NAMI Contra Costa.
 - Other miscellaneous social events (attended by 76 members).

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

Project A data is collected upon initial membership in the Connections House and then daily through a combination of self-completed forms, surveys, sign-in logs, and phone calls. None of the program-level outcome data is confidential, and it is recorded in the program database. Any confidential information provided on individual intake forms is securely kept in the locked office of the Director of Connections House. Data from annual self-reported surveys is collected on Survey Monkey, an online survey platform, and is analyzed by HTA Consulting, an external evaluation firm.

In June 2024, members and their family members (called caregivers in this report) were encouraged to complete the annual Connections House survey via Survey Monkey. The number of members and caregivers completing the survey was 104 (the target was 120), of whom 25 were caregivers and 79 members. Among the 79 members who completed the survey, the age ranged from 18-60 or older with 1% aged 18-21 years, 5% 22-25 years, 21% 26-35 years, 14% 36-45 years, 26% 46-59 years, and 33% 60 years or older. The age distribution is representative of the age range of Connections House members overall.

Because not all respondents answered each item, all survey data reported below reflects the responses of those completing each individual survey item.

Caregiver Respite


The data in this report represents only those caregivers completing the survey who reside in Contra Costa County (N=23). Of the 23 Contra Costa County caregivers who responded to the survey, 70% were parents or guardians of a Connections House member, 22% were siblings, 4% were a husband/wife/spouse or partner, and 4% were friends.

Caregivers who participated in this year's survey reported high levels of satisfaction with 96% of respondents Agreeing/Strongly Agreeing that they were satisfied with the Connections House activities and programs that their family member attended, and 93% reporting satisfaction with the Connections House activities/programs that they themselves participated in. This level of satisfaction far exceeds the target of 75% in both areas. (see table 3a)

The majority of caregivers (94%) also reported that Connections House activities and programs provided them with respite care. Such respite is intended to reduce caregiver stress and lead to more independence for the Connections House members. A large number of the members (82%) agreed or strongly agreed that in the last year their independence had increased, and the majority of caregivers (95%) who responded also perceived that their family member had become more independent in the last year. Findings for all these measures exceeded the goals of 75% and indicate how important Connections House is to both members and caregivers. (see table 3a).

Table 3a: Caregiver Respite

Measures of Success:	N	GOAL %	ACTUAL 2023-24 %	ACTUAL 2022-23 %	Increase or Decrease of actual from last year
% caregivers reporting Connections House activities provided them with respite care	17	75	94%	94%	↔
% caregivers reporting high level of satisfaction with Connections House activities and programs in which their family member participated	15	75	96%	100%	↓
% caregivers reporting high level of satisfaction with Connections House activities and programs in which they participated	15	75	93%	100%	↓
% caregivers reporting an increase in member's independence	21	75	95%	100%	↓

% members reporting an increase in independence	76	75	82%	87%	
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Below are some responses from the caregiver and member surveys about Connections House and the support and respite it provides to members and caregivers:

*I get to be with people like me. I can be somewhere I can feel I belong in. It gives me structure and purpose in life.
(member)*

I love being able to socialize with other people like me and get support and help from volunteers and health professionals (member)

*I like that it helps me in various ways. It has made me more confident, stable,
and feeling fulfilled. (member)*

the compassion from the staff and peers, and always knowing that I have a safe and supportive place to come to and so welcomed to just jump in and focus on the workday helping decrease any stressors in my mind (member)

A life saver on many levels. Rescuing & caring for all, regardless of the difficulty they are in (caregiver)

I cannot be happier with the opportunities you have given to my daughter. I am so grateful as I was at a loss how to help her before she began the work ordered day there. She loves everyone there and is so proud to be a part of it. It's been truly life altering for her. I cannot thank you enough. (caregiver)

It gives Brian a safe, positive environment to be with his peers. Other than family, Connections House is the only other place he socially interacts with others. (caregiver)

Making it possible for my daughter to live on her own & be in a safe & understanding place to be everyday where she uses & learns skills participating in Connections work (caregiver)

Support, positive reinforcement, hope and training of its members. CH is a godsend for the support it provides for both its members and the members' families. (caregiver)




It's a place for Richard to go and get the support he needs. We can always rely on the Connections House (caregiver)

Member Health Advocacy and Independence.

Member surveys also included questions about their sense of their independence in terms of advocating for themselves, understanding about health and wellness, and the ability to access healthcare services and resources (see table 3b). Although no goals were set for these measures, 87% of members reported an increase in their knowledge about health and wellness, and 77% reported that Connections House supported them in areas such as advocating for themselves and communicating with healthcare providers. In addition, over two thirds of the members (70%) reported an increase in access to healthcare and/or resources, both areas showing an increase from the prior contract year.

Table 3b: Member Independence and Autonomy

Measures of Success:	N	GOAL %	ACTUAL 2023-24 %	ACTUAL 2022-23 %	Increase or Decrease of actual
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					from last year
% members reporting Connections House supporting them in areas such as advocating for themselves and communicating with healthcare providers.	78	N/A	77%	78%	
% members reporting Connections House contributing to an increase in knowledge about health and wellness.	78	N/A	87%	86%	
% member reporting an increase in access to healthcare resources and/or services	77	N/A	70%	65%	






Member and Caregiver Well-Being

Several survey items addressed improvements to the well-being of the members and caregivers in emotional, physical, and mental health (see table 4). When averaging responses to self-perceived improvement of their own mental, physical and emotional well-being, 87% of caregivers agreed or strongly agreed their own health (emotional, physical, mental well-being) had improved, a slight decrease from last year of 89%. When asked the same questions about the well-being of their family members, the majority of caregivers (94%) agreed or strongly agreed that their family members' overall health had improved.

The member ratings for their own improvements in these categories averaged 88%, greater than the goal of 75% and a slight improvement on last year's 84%. Additionally, 84% of the members reported that they had more interactions with their peers during the year (75% target), exceeding the target but less than last year.

The combined family members rated improvement and the member's self-ratings for improvement in these areas averaged 88%, exceeding the goal of 75% for both Caregivers and Members well-being (mental, physical and emotional) and only slightly less than last year's rate of 89%.

Table 4: Member and Caregiver Well-Being

Measures of Success:	N	GOAL %	ACTUAL 2023-24 %	ACTUAL 2022-23 %	Increase or Decrease of actual from last year
% caregivers reporting increase in their own health (mental, physical, emotional well-being)	16	75	87%	94%	
% caregivers reporting increase in their loved one's health (mental, physical, emotional well-being)	22	n/a	94%	100%	
% members reporting increase in their own health (mental, physical, emotional well-being)	77	75	88%	84%	
% members & caregivers combined reporting increase in their health (mental, physical, emotional well-being)	93	75	88%	89%	
% members reporting an increase in peer	77	75	84%	92%	

interactions					
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Two survey respondents, one caregiver and one member, emphasized the importance of Connections House and how it impacts the well-being of those struggling with their mental health and well-being:

I think your programs are invaluable and so helpful for people like my sister who suffers from bipolar disorder. Especially when they come out of a hospitalization and their confidence is shaken. You provide structure and a path to empowerment, particularly with occupational and career training. I also like the fact that there appears to be no judgment or stigma attached to any of your services...., I think everyone struggling with mental health and the management of their working life and life in general should always be told about you as a valuable resource. I for one am very impressed with your various programs and how much you obviously advocate for the empowerment of the mentally ill. You are a safe place and a source of constructive achievement of goals. I'm very grateful for all that you do.
Thank you. (caregiver)

The Connections House program has been very helpful for my mental well-being, I like the structure and activities that it offers (member)

Following last year's survey, further questions were added to the survey to understand more deeply the well-being of members and caregivers in terms of connectiveness and belonging, areas that Connections House strives to nurture (see table 5).

Although no goals were set for these areas, a relatively high proportion of the Connections House members felt that they belonged to a community (82%) where they were happy with their friendships (90%) and had people to do fun things with (91%). In addition, over two thirds of Caregivers (70%) felt that Connections House provided them with the opportunities to meet and connect with other caregivers/family members of people recovering from serious mental illness. Although the proportion of members reporting that they had other people with whom to do enjoyable things increased, there was a decrease in the percentages of other measures of connectiveness and belonging compared to 2022-23.

Table 5: Member Connectiveness and Belonging

Measures of Success:	N	GOAL %	ACTUAL 2023-24 %	ACTUAL 2022-23 %	Increase or Decrease of actual from last year
% of members who feel that they belong in their community	77	N/A	82%	86%	↓
% of members reporting that they have people with whom they can do enjoyable things	76	N/A	91%	87%	↑
% of members happy with the friendships they have	79	N/A	90%	91%	↓
% of caregivers provided with opportunities through Connections House to meet/interact with other caregivers/ family members of people recovering from serious mental illness.	20	N/A	70%	83%	↓

Members and caregivers further emphasized the importance of community at Connections House in the open

comments section of the survey:

Great place to meet and talk with others in the same situation. Daughter really likes the overall concept of dealing with other participants (caregiver)

I like that I know he is somewhere where people understand him at the same time as providing things for him to do to feel useful and keep busy (caregiver)

So many things about the Connections House have been invaluable to us. Perhaps most important are (1) the daily structure and meals you provide and (2) the sense of community and belonging that is the essence of the Connections House.

There's nothing else like this place :) (caregiver)

Sense of community, opportunity to be a part of something, and socialize with others (member)

The feeling when I get here and feeling comfortable and the way the staff members treat me and say thank you and appreciate my help. (member)

I like the camaraderie, the meals, the karaoke, the work order day, the outings, etc.(member)

I like being part of a community and the core values that are practiced here. (member)

The time goes by fast, and I feel like I am part of a team (member)

What I like best about Connections House is the members and staff. They are community for me, a place to go when I want to isolate or any other time. (member)

Hospitalizations

As with last year's report, self-reported hospitalization was collected. Members were asked if they had been hospitalized in the past year. Sixteen members reported that they had been hospitalized, 4 (27%) for more than one hospitalization, and 7 (53%) for less than 7 days in total. When we asked these 16 members whether they had spent more, less or the same amount of time as last year, in the hospital: the majority (11, 69%) said less time, one said the same amount of time, and four (25%) said more time. When asked if they felt their participation in Connections House programming helped prevent them from being hospitalized for their mental health, the majority (94% or 15 of the 16 members who had been hospitalized) responded "yes". These figures show a huge improvement from last year (2022-23) when only 63% of the hospitalized members reported that Connections House programming had helped prevent them from being hospitalized. In addition, when asking all members (N=78) if their participation in Connections House programming helped prevent them from being hospitalized for their mental health, the majority (90%) responded "yes".

Career Development Unit

During the 2023-24 contract year, career support services were available to all Connections House members including 38 members working in paid employment, 20 of whom had begun jobs during the contract year. Connections House members completed personal career plans and 34 indicated employment goals. All 34 (100%) of these members who indicated employment as a goal in their career plan, achieved their goal and were referred to employers, applied for jobs, and/or had a job interview within three months of indicating the goal (target 80%).

Twelve (12) Connection House members attended school during the contract year, 10 of whom were new to school this contract year. Three of these members earned their Bachelor of Arts (BA), 1 member earned a Master of Arts (MA), and

1 member earned an Associate of Arts degree (AA). Three members graduated from SPIRIT earning the nine-unit certificate in SPIRIT. Two thirds of the members who attended school in the last year earned some type of degree or certificate. In addition, all 21 (100%) of the members who indicated education in their career plan as a goal (i.e., return to school/finish degree/enroll in a certificate program) successfully completed that goal and were referred to appropriate education resources within 14 days (target 80%). (see table 6)

Of the members completing the member survey who used career services (n=56), 82% said they were satisfied or very satisfied with the services related to employment or education (target 75%).

There was no change in the satisfaction level or number of referrals to employment or education resources compared to 2022-23.

Table 6: Career/ Educational Development of Connections House Members

Measures of Success:	N	GOAL %	ACTUAL 2023-24 %	ACTUAL 2022-23 %	Increase or Decrease of actual from last year
% members satisfied/very satisfied with services related to employment/education (of those using Career Unit services)	56	75	82%	82%	↔
% members referred to appropriate education resources within 14 days (of those indicating education as goal)	21	80	100%	100%	↔
% members referred to appropriate employment resources, applied for a job, or had a job interview within three months (of those indicating employment as goal)	34	80	100%	100%	↔

*The SPIRIT program in Contra Costa County is a recovery-oriented peer support provider training that was originally designed in 1994 and is now known as the Service Provider Individualized Recovery Intensive Training. The program is a 9-unit certificate course taught to peers and family members by peers and family members and is a collaboration between Contra Costa Behavioral Health's Office for Peer and Family Empowerment and Contra Costa Community College.

Comments made on the surveys expressed appreciation for the Career Development element of the Connections House program:

Also gives members a chance to find their purpose in the working and community environments. (member)

*I think my sister benefitted from the career counseling and work programs including the hospitality program and other clerical programs, It boosted her confidence.
(caregiver)*

The Connections House has been a blessing in my life. I started working for a wage at Mental Health Connections this past year in the mornings. This has been a great opportunity. But I also appreciate volunteering in the afternoon during the work ordered day. The Connections House is also a low stress environment which I appreciate. (member)

Ryan's opportunity to gain confidence through work tasks such as the media room and data entry. he does not like the data entry work, but it is helpful for confidence building. (caregiver)

Importance of Connections House programs to Members and Caregivers

Connections House Members and Caregivers were asked to indicate how satisfied they were with the different programs and activities provided by Connections House during the 2023-24 contract year.

Table 7 shows the percentage of members and caregivers who were “satisfied” or “very satisfied” with the program. Respondents were asked only to report satisfaction with the programs/activities in which they were engaged. Overall, members were highly satisfied with the activities and programs they attended in the last year (91%). As can be seen from the responses in Table 7, members were satisfied or highly satisfied with Connections House programs, with a satisfaction rate of over 90% for most programs and activities, excluding Weekend activities (89%), evening programming (87%) and the Career Development Unit (82%). Caregivers demonstrated an equally high satisfaction rate of greater than 90% for most programs, except the Rides program (82%) and young adult activities (86%). Satisfaction for all activities remains high compared to last year’s programming, although for 2022-23, Evening programming, Weekend Activities and Holiday programs were the activities with the highest ratings for Members.

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

Connections House Programs/Activities	% Very/Somewhat Satisfied (N)	
	Member	Caregiver
Healthy Silvers Activities	100% (N=43)	100% (N=7)
Meals	99% (N=71)	95% (N=23)
Rides Program (transportation to/from Connections House)	96% (N=45)	82% (N=11)
Healthy Living Program	95% (N=43)	100% (N=7)
Work-Ordered Day (Monday – Friday daytime activities)	94% (N=68)	100% (N=17)
Young Adult Activities	91% (N=33)	86% (N=7)
Holiday programs	90% (N=52)	100% (N=16)
Weekend Activities	89% (N=56)	100% (N=16)
Evening Programming (e. Putnam Gamers, Music Appreciation, Time to Unwind, Writing/Reflecting)	87% (N=47)	100% (N=16)
Career Development Unit (assistance with education and/or employment)	82% (N=56)	93% (N=14)

Scale: strongly agree; agree; disagree; strongly disagree

Finally, both members and caregivers were separately asked to rank 10 Connections House programs/activities in order of importance to them (see table 8). Programs/activities were ranked from 1-5 using a point system where #1 Rank carried 5 points and #5 Rank carried 1 point. Rankings were averaged for each activity with the highest meaning indicating the most important activity. For 2023-24, the top three ranked programs/activities for members were Meals, the Work-Ordered Day, and the Healthy Living Program. For caregivers the top ranked activities/programs were similar, with the Work Ordered Day and Meals ranking in the top two, and Career Development coming in third. These findings indicate that needs/priorities focusing on Meals and Work ordered day are very important to both Caregivers and Members and reflect findings from last year where Meals and Work-ordered Day were ranked in the top three for Members and Caregivers as well.

Table 8: Ranking of Program Activities in terms of Importance by Caregiver and Member

Connections House Programs/Activities	Mean (N)	
	Member	Caregiver

Meals	3.90 (55)	3.72 (18)
Work-Ordered Day (Monday – Friday daytime activities)	3.40 (49)	3.94 (16)
Healthy Living Program	3.39 (23)	3.00 (3)
Weekend Activities and Outings	3.05 (33)	2.73 (11)
Career Development Unit (assistance with education and/or employment)	2.88 (33)	3.42 (12)
Evening Programming	2.82 (22)	3.21 (14)
Healthy Silvers Activities	2.80 (15)	1.83 (6)
Holiday programs	2.78 (27)	2.09 (11)
Rides Program (transportation to/from Connections House)	2.76 (34)	2.63 (11)
Young Adult Activities	2.35 (20)	3.25 (4)

*program/activities ranked for Members Ranking #1=5 points; #2=4 points; #3=3 points; #4=2 points and #5=1 point.

When asked what they liked best about Connections House, a number of Members and Caregivers referred to Meals and the Work Ordered Day in their comments.

Affordable meals and members were given rides to and from their house (caregiver)

I Really like all the friendly members of the Connections House. Also like going out on most of all the outings I really love all the food that is prepared for all the members and Staff. (member)

meals and how we have lunches together (member)

Meals and work ordered day (member)

The meals are delicious, and the people are so nice. (member)

I like the work order days and the outings. (member)

Members were asked if they participated in other Healthwatch activities at Connections House, such as Healthy Silvers, walking group, use of the gym, Healthy Living, Health Workshops, Healthy Meal Planning, Yoga, Fitness Outings. (see Table 9). Over two thirds (70%) of members claimed they had participated in one of these activities. When asked more specifically, a third (33%) had participated in a John Muir Health Workshop; 24% had participated in a young adult workshop (although 11% were not sure) and 38% had participated in a Healthy Silvers workshop (10% not sure).

Table 9: Participation in other Activities.

Connections House Programs/Activities	N	% yes	% No	% Not sure
Did you participate in any Health Watch activities at Connections House such as Healthy Silvers, walking group, use of the gym, Healthy Living, Health Workshops, Healthy Meal Planning, Yoga, Fitness Outings?	79	70%	30%	N/A
Have you participated in John Muir Health Workshop	79	33%	67%	N/A
Young Adult	79	24%	62%	11%
Healthy Silvers	79	38%	49%	10%

On the survey members were asked to share feedback about these specific areas of programming. The feedback given on Healthy Silvers programming focused mostly on the outings: when where and how long they should be. A couple of

members had some positive feedback to add, but most members did not have anything else to add.

Good meetings, we discuss interesting topics, and the outings are fun.

go to more youthful outings because older adults still feel young

It's in a good place. Outings on Saturday for Healthy silvers would be nice.

More time for outings. More selection on where we go.

Not sure where are other places where we can go to`

Try finding more outings to go out on!!!

I like it fine.

I love to join here whenever possible

For the young adult activities, there were only a few comments made. A couple of respondents made requests for specific activities such as card games and computer repair classes and another request for outings, as keeping busy would help with addiction issues.

More board and card games

PC repair classes

Help keep the community clean AA NA I stay sober with things I like to do outings

Two members also emphasized the need for this programming for young adults, emphasizing their need to socialize and to practice social skills.

Other than Manny, I don't interact with a lot of members that are under 30 yrs old. I wish that wasn't the case. I would like a club that we can get together and know each other.

Practice our social skills.

Open-ended Feedback:

What would members and Caregivers like to change about Connections House?

On this year's surveys Members and Caregivers were asked to share feedback about what they would like to change about Connections House and/or how to improve the programming overall. A couple of members mentioned the need for members to have breaks from volunteering:

Some members had some specific suggestions for activities and ways they could get more involved:

Would like to set up a Bowling league between Community partners. (member)

More downtime activities like crafts or art if possible (member)

still would like a ping pong tournament (member)

I want to get involved and run my own workshop! (member)

Some suggestions were made regarding who to recruit as members and when to offer programming:

Needs more young people of the age of 26 or under. Add more social programming during the week. (member)

Get more Seniors. (member)

More activities in the evening (caregiver)

Stay open later (member)

Have earlier outings. (member)

Both caregivers and members requested that there be more opportunities for rides:

It would be helpful to have more rides available (caregiver)

More availability of rides for weekend and holiday activities... (caregiver)

Easy use of rides from home and return to home. Attend 3 days out of the week (caregiver)

... It would be wonderful if you could expand the transit program so it could help more members more often. Transportation continues to be a barrier to participation in Connections House activities, and for our family, ride services seem to have contracted rather than expanded over the last few years (perhaps because the system now needs to serve more people at more sites, so resources are spread more thinly?). Beefing up the ride program would be a high priority for our family. (caregiver)

The hours are difficult for me especially when you close after an activity since I'm not off work until 7:15. I'm interest in the ride program even if I can get him a ride to Costco where I work at the end of the day. We live in Brentwood, but I was more comfortable with the concord location since it's close to my work. Overall, very happy with the program (caregiver)

More rides (member)

more days for rides to and from home (member)

A large proportion of the caregiver surveys were completed by parents of Connection House members (70%), and some of the open-ended responses reflected this by addressing a need for more communication with and involvement of caregivers.

I'd love to see a greater emphasis on communications with families, which are such an important part of members' support systems. Families could be more fully integrated into the Connections House, helping

Connections House more effectively serve members, and that starts with simply keeping families better informed of Connections House activities, services, and needs. Could there be a weekly or monthly email update to families (apart from fundraising)? Better informed families could be beneficial all around — for members, for families, and for the Connections House itself. (caregiver)

More volunteer opportunities. (caregiver)

I only get what Devon shares, so I don't have a full picture (caregiver)

I would love to have been offered some sort of parent orientation so that I would have a better understanding of the program including an invitation to meet other parents and possibly volunteer to help in some way. (caregiver)

Finally, a number of respondents, both caregivers and members, used the opportunity to show their appreciation for Connections House and for all that it does for the community.

*As always, our family is so grateful for all you do. Connections House has made a significant difference in the life of our loved one — and our family, too -- and we'd be lost without it. Thank you!!!
Connections has been a community for my son and our family. (caregiver)*

Grateful to a very kind and talented staff. (caregiver)

I'm truly grateful-I do not know what would have happened to Richard if he did not have Connections House (caregiver)

*The utmost respect to Tamara Hunter and staff for the way she/they treat my son. (caregiver)
Thank you, I really appreciate what you guys do here. (member)*

I'm glad we have Connections House (member)

Keep up the good work! (member)



RICH KING, a member since 2008. Graduated July 25, 2024, with a certificate from Contra Costa College as a Peer Support Worker. Rich has been working in supported employment at one of Mental Health Connections program sites, the Peer Connection Center as a peer coach.

“I can’t thank the Clubhouse enough for their support of Rich. He would not have made it through SPIRIT and working at the same time, without the support of the staff and Tamara who encouraged him, supported him, and believed in him, every step of the way. This is a momentous occasion, and we are thrilled as a family”.
(Ginger and Barbara, mother and aunt of Rich)

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory.

The Mental Health Service Act is designed to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues, and their families. MHSA addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that effectively support the public behavioral health system.

Connections House is an intentionally formed, non-clinical, working community of adults and young adults diagnosed with SMI. Connections House is designed to promote recovery and prevent relapse. Connections House operates under the belief that participants are partners in their own recovery—rather than passive recipients of treatment. That is why participants are called members rather than patients, clients, or consumers. These members work together as colleagues with peers and a small, trained staff to build on personal strengths, rather than focusing on illness. The term “member” reflects the voluntary, community-based nature of Connections House, making clear that members are significant contributors to both the program and to their own well-being. The term “member” is empowering rather than stigmatizing. Connections House membership is voluntary and without time limits. It is offered free of charge to participants. Being a member means that an individual is a valued part of the community and has both shared ownership and shared responsibility for the success of Connections House.

All activities are strengths-based, emphasizing teamwork and encouraging peer leadership while providing opportunities for members to contribute to the day-to-day operation of Connections House through the work-ordered day. The work-ordered day involves members and staff working side-by-side as colleagues and parallels the typical business hours of the wider community. Work and work-mediated relationships have been proven to be restorative. Connections House participation reduces risk factors while increasing protective factors by enhancing social and vocational skill building as well as confidence. The program supports members in gaining access to mainstream employment, education, community-based housing, wellness and health promotion activities, and opportunities for building social relationships.

Connections House operates under the belief that every member has individual strengths they can activate to recover from the effects of mental illness sufficiently to lead a personally satisfying life. Fundamental elements of the Connections House Model include the right to membership and meaningful relationships, the need to be needed, choice of when and how much to participate, choice in type of work activities at Connections House, choice in the staff to work with, and a lifetime right of reentry and access to all Connections House programming including employment.

Additional components include evening, weekend, and holiday activities as well as active participation in program decision-making and governance. Peer support and leadership development are an integral part of Connections House. The programming also incorporates a variety of other supports including helping with benefits, housing and advocacy, promoting healthy lifestyles, and assistance in finding quality medical, psychological, pharmacological and substance abuse services in the wider community.

Connections House experience has been proven to result in positive outcomes for many members, including:

- Employment, with longer on-the-job tenure for members engaging in Connections House Transitional Employment.
- Cost effective, compared to other mental healthcare approaches. The cost of Connections House is estimated to be one-third of the cost of the IPS (Individual Placement Support) model; about half the annual costs of Community Mental Health Centers; and substantially less than the ACT model.
- A significant decrease in hospitalizations as a result of membership in a Connections House program.
- Reduced incarcerations, with criminal justice system involvement substantially diminished during and after

Connections House psychosocial program membership.

- Improved Well-Being compared with individuals receiving psychiatric services without Connections House membership. Connections House members were significantly more likely to report they had close friendships and someone they could rely on when they needed help.
- Better physical and mental health. A recent study suggests that service systems like Connections House that offer ongoing social support enhance mental and physical health by reducing isolation.

Since 2011, Connections House has been accredited by Clubhouse International, the SAMHSA-endorsed, evidence-based recovery model for adults with serious mental illness. We most recently attained our three-year accreditation (the maximum available), in 2024.

All Connections House programming meets the 37 standards of Connections House International. A rigorous accreditation process and maintaining fidelity to the model require Connections House to provide comprehensive program data to Connections House International annually, participate in ongoing external Clubhouse training, conduct structured self-reviews, and receive an onsite reaccreditation review every three years by Clubhouse House International faculty. Learning about, discussing, and adhering to the 37 standards of the model are built into the work-ordered day. All program staff and program participants of Connections House commit to following the standards during program activities. Program participants are included in all aspects of program evaluation and accreditation.

Connections House, in collaboration with Fountain House, continues to implement social practice into our programs.

Social Practice

Pioneered by Fountain House in New York, the creator of the Clubhouse model over 75 years ago, and implemented in Clubhouses across the world, the social practice model is a unique blended community of mental health professionals and peers working together to foster a specific environment for recovery. This practice has successfully addressed symptoms associated with mental illness that are not directly managed through medication alone, such as social isolation, social withdrawal, apathy, the absence of self-confidence and self-worth.

Social Practice is a specialized form of therapy that uses the setting of an intentional community to assist people in their mental health recovery. It focuses on a community-based approach of helping individuals learn new skills, hone their talents, build dignity, develop a sense of belonging, and make progress towards their goals.

Recovery can be personal, that is — the process of regaining control over one's life in a social environment or can be one of the common outcomes in Connections House programs - the reduction in hospitalizations, independent housing, and gainful employment.

Intentional Communities are social environments designed to combat social isolation as persons living with mental illness are often faced with barriers to access community due to stigma and discrimination. The intentionality of the group offers a safe space and the opportunity to foster mutual support between mental health professionals and peers.

The Five Elements of Social Practice

People living with a history of mental illness or living with a serious mental illness may often experience challenges such as trust issues, social injustices and marginalization, lack of self-worth, low motivation, stigmatization, social isolation and alienation. The five elements of social practice are practical ways to understand and address these common experiences:

1. Transformational/Social Design
2. Engagement
3. Relationship development
4. Integrated feedback & Intervention
5. Transitional Environments

Mental Health Connections continues its work with Fountain House as part of Fountain House United.

Fountain House United (FHU) is a national network of clubhouses dedicated to strengthening the clubhouse community and advancing supports that promote the recovery and thriving of people with serious mental illnesses (SMI). We achieve this through technical assistance, research, innovation, and advocacy. FHU connects individual clubhouses into a cohesive entity that:

- Gathers and shares data to demonstrate the model's impact.
- Raises awareness about clubhouse best practices.
- Advocates for local, state, and federal policy changes that improve access to clubhouses.
- Tests innovations that broaden our reach and impact.
- Supports FHU partner efforts to apply for funding that can be difficult to obtain alone. Together, we are creating the community, innovations, and conditions necessary to ensure that people living with mental illness can recover through our evidence-based holistic model of psychosocial rehabilitation.

Fountain House United is comprised of 11 clubhouses across 7 states:

- Academy at Glengarry in Bradenton and Sarasota, Florida
- Community 43 in Phoenix, Arizona
- Fountain House in Bronx and Manhattan, New York
- Fresh Start Clubhouse in Ypsilanti, Michigan
- HERO House NW in Bellevue, Everett, and Seattle, Washington
- Magnolia Clubhouse in Cleveland, Ohio
- Mental Health Connections in Concord, California

Include examples of notable community impact or feedback from the community if applicable.

This last year, Connections House hosted four inter-agency workshops with community partners:

- Self-Care and Work life Balance
- Resource Fair, open house at PCC
- Employment Readiness
- SPIRIT Work Study Readiness Fair

Quotes from the community are included throughout this report.

AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year:

(NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)

TOTAL SERVED FOR FY 23-24: 400

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
0	34	251	114	1	400

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
362	4	24	10	400

IF OTHER, PLEASE SPECIFY:

RACE:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	56	AFRICAN	28
AMERICAN INDIAN/ ALASKA NATIVE	2	ASIAN INDIAN/ SOUTH ASIAN	5
ASIAN	28	CAMBODIAN	0
BLACK/ AFRICAN AMERICAN	45	CHINESE	5
WHITE/ CAUCASIAN	209	EUROPEAN	108
HISPANIC/ LATINO	18	EASTERN EUROPEAN	9
NATIVE HAWAIIAN/ PACIFIC ISLANDER	4	FILIPINO	9
OTHER	15	JAPANESE	1
DECLINE TO STATE/ DATA NOT CAPTURED	23	KOREAN	1
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	400	MIDDLE EASTERN	8
		VIETNAMESE	2

		MORE THAN ONE ETHNICITY	37
		OTHER	0

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	2
CENTRAL AMERICAN	8
MEXICAN AMERICAN	21
PUERTO RICAN	1
SOUTH AMERICAN	3
OTHER	18

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	134
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	400

SEXUAL ORIENTATION:

HETEROSEXUAL	274	QUESTIONING / UNSURE	8
GAY / LESBIAN	9	ANOTHER SEXUAL ORIENTATION	2
BISEXUAL	15	DECLINE TO STATE/ DATA NOT CAPTURED	86
QUEER	6	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	400

SEX ASSIGNED AT BIRTH:

MALE	226
FEMALE	169
DECLINE TO STATE/ DATA NOT CAPTURED	5
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	400

CURRENT GENDER IDENTITY:

MAN	175
WOMAN	114
TRANSGENDER	0
GENDERQUEER / NON-BINARY	1
QUESTIONING	4
ANOTHER GENDER IDENTITY	1

		DECLINE TO STATE/ DATA NOT CAPTURED	105
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	400

ACTIVE MILITARY STATUS:

YES	1
NO	311
DECLINE TO STATE/ DATA NOT CAPTURED	88
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	400

VETERAN STATUS:

YES	8
NO	313
DECLINE TO STATE/ DATA NOT CAPTURED	79
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	400

DISABILITY STATUS:

YES	301
NO	57
DECLINE TO STATE/ DATA NOT CAPTURED	42
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	400

DISABILITY TYPE:

DIFFICULTY SEEING	13
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	11
PHYSICAL MOBILITY	14
CHRONIC HEALTH CONDITION	11
OTHER	8
DECLINE TO STATE/ DATA NOT CAPTURED	152
MENTAL DISABILITY	69
NONE	122
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	400

COGNITIVE DISABILITY:

YES	9	DECLINE TO STATE/ DATA NOT CAPTURED	279
NO	112	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	85
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	61

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	47
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	47

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	6
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	3.4

FISCAL YEAR: 2023 – 2024

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
	OUTREACH
	STIGMA AND DISCRIMINATION REDUCTION
	ACCESS AND LINKAGE TO TREATMENT
	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
	CULTURE AND LANGUAGE
X	OLDER ADULTS
	EARLY IDENTIFICATION

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Membership program attendance
- Program community outreach
- Program core classes, wellness classes and Wellness & WRAP Plans
- Committees and program offerings
- PCC's Welcome and Orientation
- Membership activities outside of PCCs
- Membership activity and participation in programs
- PCC impact on Recovery and Behavior
- PCC impact on Health and Wellbeing
- PCC impact on Independence and Peer Interaction
- PCC member satisfaction with PCC activities

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

The Peer Connection Centers (PCC's) are community based sites open Mondays through Fridays from 8am-5pm and with some evening, weekend and holiday programming. The Centers are peer-supported, wellness communities that offer activities and peer-coaching based through a curriculum that promotes community building and integration, facilitates psycho-social rehabilitation and reduces social isolation. PCC's support those with mental health challenges who may or may not be in recovery. There are three PCCs in Contra Costa County (San Pablo, Concord and Antioch). The Centers are open to any Contra Costa County adult who has experienced behavioral health challenges, including individuals living with persistent mental illnesses, those in recovery of substance abuse, people who are housed, Veterans, LGBTQIA+ community, young adults, older adults, individuals struggling with housing and food insecurities, persons with disabilities, individuals who are socioeconomically disadvantaged, and other underserved populations. PCC's break down barriers for those seeking support and welcome as many people as possible who need help. Referrals are not required for participation, and those interested in participating may walk in, join the PCC, and receive services the same day.

WELCOME AND ORIENTATION

The vision of the PCC's is that every person with a mental health challenge lives a meaningful, productive life. The PCCs strive to provide adults in Contra Costa County experiencing behavioral health challenges with opportunities to recover, achieve goals, find meaning and connect with their community. Participation at PCC's is voluntary, however as a best practice, the agency shares what is expected of members, and what members can expect of the agency. Each individual is encouraged to make an informed decision regarding whether participation in a PCC fit with their recovery journey. As part of the introduction to PCC's, members are welcomed and greeted with Peer Connection Information, invited to attend a Peer Connection Orientation and to become involved and contribute to the Wellness Community. Members are also asked to complete a Peer Wellness Plan (My Wellness).

The strategies adopted by the PCC's incorporate a variety of approaches that rely on the knowledge, skills, and experience of people with lived experience to inform and help others. These strategies use peer to peer learning as a framework and can be proactive or reactive and are based on principles of respect, shared responsibility, and mutual agreement. Peer support offers a level of acceptance, understanding, and validation that may not be available in other professional relationships. The goal of this approach is to promote recovery, empowerment, and social inclusion of PCC members.

There are three elements to the Peer Support model: Modeling, Teaching and Assessment. In Peer modeling, peers demonstrate social skills, academic processes, or classroom routines, either live or recorded, and help teachers by clarifying directions or providing social reminders. With Peer teaching, students take on the role of both teacher and student, sharing knowledge, skills, and experiences. Finally with Peer assessment, students critique and provide feedback to each other on their work, which helps them develop skills in self-assessment and in providing feedback to others. The Peer Support model incorporates evidence-based practices such as Peer support Coaching, 8 Dimensions of Wellness (SAMHSA), IMR (Illness Management Recovery) and WRAP (Wellness Recovery Action Planning).

Mental Health Connections (MHC) has been operating the PCCs since 2021. Prior to this, the PCC's had been closed for 17 months due to COVID. The first year that MHC acquired the PCCs, the focus was on re-establishing programming and bringing members back to in-person, in-house programs. This was a challenging time, as many members were not interested in coming back to the program after such a lengthy closure, and many had lost touch, moved, or were no longer reachable. Thus the first year of Mental Health Connections taking over PCCs focused on re-establishing connection with past members and reaching out to potential new members. This continued into year two with a focus

on re-branding and marketing to help build membership back up. In this last year, the focus has shifted to stabilizing and growing the programs and solidifying the infrastructure, establishing new programming and building a peer coaching team.

This is the first year that PCCs are participating in evaluative activities, providing administrative data on program attendance and activity and survey data from members on participation, impact on wellness and satisfaction. We collected administrative data from each Center on program attendance and activities this past year, these individual outcomes data will serve as a baseline for PCC's goals going forward

Attendance numbers are shown in table 1a by location. This is the first year of evaluation for the PCC ss, and the first year where the emphasis has shifted to programming after two years of outreach to try to bring members back to PCCs after the 17 month closure due to COVID. As such, the attendance at PCCs is still not where it might have been pre-COVID. However, as the program reestablishes itself and becomes better known, we expect to see attendance numbers grow. Attendance and visits are higher for Antioch and San Pablo as these are larger sites than Concord. The goal for the year is for all Centers. In this last year, the number of unduplicated members served by all PCC's was 326 (82% of the 400 goal).

Table 1a: Peer Connection Attendance Data 2023-24

PCC's	San Pablo	Concord	Antioch	Total	Total Goal	% Total Goal
Number of (unduplicated) members served	125	50	151	326	400	82%
Number of new members	48	26	62	136	n/a	n/a
Number of visits (unduplicated)	356	294	500	1,150	n/a	n/a
Number of visits (duplicated)	4,224	1,408	5,103	10,735	n/a	n/a

The PCCs are open Monday-Friday throughout the year. Average daily attendance and hours attended varied according to site (table 1b), with attendance highest at Antioch (n=34, average hours are 7), followed by San Pablo (average attendance 22, hours 6) and Concord (average attendance 9, hours 4). These figures reflect the differing size of the locations. The goal is to increase the average daily attendance by 20% at each site. These figures will therefore serve as a baseline for next year's evaluation.

Table 1b: Peer Connection Average daily attendance 2023-24

	San Pablo	Concord	Antioch	total
Average daily attendance	22	9	34	n/a
Average hours attended per day	6	4	7	n/a
Total hours attending PCCs	17,834	5,632	34,170	57,636

PCC's Counselors make sure to keep track of those who attend the PCCs. If a member does not attend for over two weeks, PCC's provides telephone or in-person outreach. In addition, PCCs provide virtual or in person presentations to two community agencies per month (35 in total) to inform other agencies and organizations of what PCC's offer. PCC members have access to community linkages and support outside of the PCC (such as food, housing) every week.

Table 2: Attendance follow-up and outreach

	San Pablo	Concord	Antioch	Goal	Total	Goal Achieved
PCC's provide telephone or in-person reach-out to 100% of whom have not attended in two weeks.	✓	✓	✓	100%	100%	✓
PCCs provides virtual or in-person program presentations to two agencies per month.	✓	✓	✓	24	35	✓
PCC's provide community linkages to members every weekday that are tracked in the Flourish Database for follow up	✓	✓	✓	n/a	100%	n/a

Members are encouraged to participate in PCC's activities at a level that is comfortable for them. Although participation in PCCactivities is voluntary, MHC shares what is expected of members, and what members can expect of MHC, when they enter. Each individual is encouraged to make an informed decision regarding whether participation in a PCC fit with their recovery journey. Table 2a shows the total number of core classes, groups and Wellness classes that were offered to members in the last program year 2023-24, as well as average number of attendees. One hundred and twenty three core classes (396 in total) were offered, and all were completed at each site. Sometimes a class is put on the calendar but not offered and would be considered incomplete. There were no incomplete classes in this program year. The average number of attendees for core classes was higher for San Pablo (22) and Antioch (34) than for Concord (9) as these are larger program sites. In addition, 12 evidence based groups were implemented (36 sessions in total) and 25 wellness classes (75 sessions in total) were offered at each site.

Table 2a: Peer Connection Program Data: Core classes 2023-24

	San Pablo	Concord	Antioch	Total
CORE CLASSES				
Number of core classes offered (put in calendar)	123	123	123	396
Number of core classes completed	123	123	123	396
Average number of class attendees	22	9	34	--
GROUPS & WELLNESS CLASSES				
Number of evidence-based groups, as implemented	12	12	12	36
Number of wellness classes offered	25	25	25	75
Average number of wellness class attendees	22	9	34	--

A total of 18 Peer Connection Wellness plans were created in the 2023-24 programming year across the 3 Peer Connection sites (see Table b) – 6 at San Pablo, 4 at Concord and 8 at Antioch. This equals 6% of the total membership for this year (n=326) against a goal of 90%. At least two factors contribute to this data point. Wellness Recovery Action Plans (WRAP) were not implemented this year as there was not a trained WRAP facilitator to do so. In addition, a new Program Director was not hired until January, and we then re-wrote the overall curriculum. The Wellness Plans, and the route for members to achieve their goals was updated to reflect the new curriculum and is therefore still in the process of being implemented.

Table 2b: Peer Connection Program data: Wellness classes and Peer Connection Wellness Plans 2023-34

	San Pablo	Concord	Antioch	Total	Total Goal	% Goal
Total number of Peer Connection Wellness Plans created	6	4	8	18	293	6%

Total number of Wellness Recovery Action Plans (WRAP)*	Not collected this year.
--	--------------------------

- Currently we do not have a WRAP Facilitator which is a requirement to teach WRAP. As such, there is no WRAP data to report and a different evidence-based practice for assessment has been chosen to replace the WRAP – the ACT, or Assertive Community Treatment.

Wellness Community Councils, with participants in leadership roles, were established at all PCCs. Regular bi-weekly community meetings were held at each site and were used as a forum to make announcements, to acknowledge member achievements and to receive feedback regarding programming/services (see table 4). In addition, members were made aware of what is offered at each site by monthly activity calendars on which weekly opportunities for groups were provided for interaction, skill building and psychoeducation (480 sessions each at San Pablo and Antioch, 423 sessions at Concord). Each site provided unique bi-weekly programming for specific groups including young adults, older adults and LGBTQIA+ participants.

Table 4: Peer Connection Councils, Meetings and programming offerings 2023-24

	frequency	San Pablo	Concord	Antioch
Wellness Community Councils established at each site	annual	✓	✓	✓
Wellness Community Meetings	Bi-weekly	✓	✓	✓
Activity/class calendars by site	monthly	✓	✓	✓
Programming for young adults, older adults and LGBTQIA+ members	Bi-weekly	✓	✓	✓
Groups for psychoeducation, skill-building and social engagement.	weekly	480 groups	423 groups	480 groups

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

In June 2024, PCC members were encouraged to complete the first annual PCC's survey via Survey Monkey. Forty-one (41) Contra Costa residents took the PCC's survey. Almost half (48%) of the surveys were completed at the San Pablo PCC, 23% at Concord and 30% at Antioch (see table 3)

Table 3: Peer Connection location where survey was administered and Peer Connection locations that respondents attended.

	Which PC Site did you complete the survey at?	
	N	%
San Pablo	19	48%
Concord	9	23%
Antioch	12	30%
Missing	1	

The age of the members who took the survey ranged from 26 years to 60 plus years, with 17% in 26-35 year age group, 32% in the 36-45 year age group, 22% in the 46-59 age group and 29% were 60 years or older.

Table 4: Age of PCC's Attendees (N=41)

Age	N	%
-----	---	---

26-35 years	7	17%
36-45 years	13	32%
46-59 years	9	22%
60 years or older	12	29%

Survey data reported below reflects the responses of those completing each individual survey item. Those who responded 'Don't know' or 'No opinion' were not included in the analysis.

Over half of the survey respondents (58%) completed a Peer Wellness Plan (My Wellness), falling short of the 90% goal (see table 5).

Table 5: Peer Wellness Plans (My Wellness)

	N	Goal	Actual	% of Goal
Did you complete a Peer Wellness Plan (My Wellness)	40	90%	58% (n=23)	64%
Did you complete a WRAP?	n/a	WRAP was not collected this year.		

Table 6: PCC Welcome and Orientation

	N	Goal	Not sure/can't remember	Yes	No
When you first started at PCC's, were you....					
Welcomed and greeted with Peer Connection information?	40	100%	100%	0%	0%
Invited to attend a Peer Connection Orientation?	40	100%	90%	0%	10%
Invited to become involved and contribute to the Wellness Community?	40	100%	95%	0%	5%

PEER CONNECTION PARTICIPANT ACTIVITY IN THE LAST YEAR WHILE ATTENDING PCC's

As Table 7 & Fig.1 show, 80% of respondents said that they saw a Primary Care Practitioner (PCP), a psychiatrist, therapist or other behavioral health service provider in the last year, while attending PCC's. A third of respondents (32%) volunteered in the community while a quarter (27%) attended school (GED, College, Vocational, or other). In the last year 17% of respondents had earned a certificate or degree (GED, associate or bachelor's degree), 13% had applied for a job, 8% had worked full/part time in employment and 7% attended Service Provider Individualized Recovery Intensive Training (SPIRIT).

Table 7: Peer Connection Members Activity 2023-24

While at PCC's did you...	N	Yes	No	DK
Saw a PCP, psychiatrist, therapist or other behavioral health service provider	40	80%	15%	5%
Volunteered in the community	38	32%	63%	5%
Attended school (GED, College, vocational, other)	41	27%	68%	5%
In the last year, did you earn any certificates or awards (GED, associate's degree, bachelor's degree, etc.) through school or other means? *	41	17%	83%	0%
Applied for jobs/employment	40	13%	87%	0%
Work full or part time in paid employment	40	8%	87%	5%
Attend SPIRIT	41	7%	90%	2%

*Certificates included:

- *Certificate from Refuge Church (Baptism certificate)*
- *Computer Repair*
- *Group Therapy Completion NA Completion*
- *various certificates*
- *I am interested in enrolling in the Spirit Class*

PARTICIPATION IN PEER CONNECTION ACTIVITIES

PCC members were asked to indicate which Peer Connection activities they had participated in during the 2023-24 contract year. Table 8 show the percentage of members who indicated participation in an activity – respondents were asked to check all that applied to them. Those who did not participate in the activity did not respond to the survey item. Ninety percent of the respondents spent time at a PCC and received meals at PCC's. Two thirds (63%) of respondents attended a workshop or wellness group. In addition, over half of the respondents attended a social or community event (59%) and received help with transportation (51%). A smaller proportion of respondents participated in other recreational or community service activities (40%), obtained linkage connection (24%), participated in a coach partnership (20%) and received vocational supports and referrals to Connections House (17%).

Table 8: Attendance at Peer Connection Activities

In the last year, while at PCC's, did you....	N	% yes
Receive any meals	37	90%
Spend time at a PCC	37	90%
Attend a workshop or wellness group	26	63%
Attend a social or community event	24	59%
Receive any help with transportation	21	51%
Participated in any other recreational or community service activities while at PCC's?*	40	40%
Obtain linkage connection	10	24%
Participate in a coach partnership	8	20%
Receive any vocational supports and referral to Connections House	7	17%

**Other activities listed included baseball, bowling, attending a sweep away, Gamers group, movies, picnics, social inclusions, soft ball games, walks and a park clean up.*

PEER CONNECTION PARTICIPATION AND IMPACT ON RECOVERY AND BEHAVIOR

The PCCs strive to support members in their recovery by providing them with activities and support that empower and enhance their social, vocational, and problem-solving skills resulting in the development of confidence, purpose and hope to help pave a pathway to their recovery. Peer Connections members were asked specific questions that focused on how participation at PCC's had impacted their recovery in terms of engagement, support, connection and hopefulness.

PCCs had a hugely positive impact on members' perceived recovery. All of the members (100%) felt that PCCs are a place that makes them hopeful about their recovery. In addition, the majority of respondents felt PCCs were places that provided them the support they needed in general (93%) and the support that they needed for recovery (93%). Ninety percent (90%) of respondents felt engaged and involved at PCC's and over ninety percent (93%) learned how to take responsibility for themselves and for their recovery and felt that the core groups that they attended contributed to this and were helpful for their recovery.

Table 9: Peer Connection participation on recovery

	N	% Agree/ Strongly Agree
PCC is a place that makes me feel hopeful about my recovery	41	100%
PCCs provides the support that I need to recover	41	93%
I get the support I need at PCC	40	93%
The core groups that I attend are helpful for my recovery	40	93%
I have learned how to take responsibility for myself and my recovery at PCC's	40	93%
I feel that I am engaged and involved at PCC's	41	90%

*Scale: Strongly Agree; Agree; Disagree; Strongly Disagree

Members were then given the opportunity to share their own sentiments about how the PCC has helped them in their recovery and supported their mental and emotional well-being.

I have friends here

Ever since I have been coming to Peer center, the Coaches and some of my Peers have given me a sense of positive inspiration.

I feel this place supports my sobriety.

My stories are from my one on ones I have had with people here there have been times I have been low, and someone saw me trying to ignore my pain and had to say something and I shared what was going on with me and others come around and talked about positive things about me and opened up and helped me walk out the door and wake up the next day.

My emotional stability got better through attending core groups at peer connection centers. This happened by applying what I learned from the groups.

PCC has helped me with my wellness and therapy, supported me with my AA and N A has coached me with things I needed within the center.

The best safe zone I've been to get out of the house. A sanctuary from home life.

I like coming to group to see all the faces and spending time with people. This helps me take my mind off of anxiety.

We are especially proud that members who attended PCCs in the last year made extremely positive changes to their behavior that impacted their health. Specifically, three quarters of the members (76%) had started eating healthily in the last year, and over half of the members had started exercising (59%). Almost a third (29%) of the respondents had joined a support group, a quarter (24%) started attending AA or NA and 17% attended a health and wellness class outside of PCC's. Of those who were smokers, 22% had quit smoking while attending PCCs in the last year.

Table 10: Behavior changes while at PCCs in the last year

Have you made any of the following changes while at PCCs in the last year?	N	% Yes
Started eating healthy	31	76%
Started exercising	24	59%
Joined a support group	12	29%
Started attending AA or NA	10	24%
Quit smoking (if a smoker)	9	22%
Attended a health and wellness class outside of PCC's	7	17%

Members shared ways in which PCCs had helped them change their behaviors:

This feels like a safe place to me with nice people, and hanging out here keeps me from hanging out at liquor store or in other places where I might pick up a drink.

I got involved with PCC in Antioch, one time or quite a few times I have to answer questions about myself, and I felt better about myself finding the things that improve me and my happiness and well being

I got off cigarettes and vaping, as well as drugs and alcohol.

Coming here has made my life happier. it has given me an outlet, where before I was just stuck at home. Now I have somewhere to go and enjoy being around people.

I have gotten better about my drinking.

Started eating healthy again.

Seeing a therapist.

Managing OCD, working on not having it so chronic.

I've become more social.

I have been able to talk more during my time here.

PEER CONNECTION IMPACT ON PARTICIPANT HEALTH & WELLBEING, INDEPENDENCE AND PEER INTERACTION.

Peer Connection members are encouraged and supported to engage in activities and are offered services that promote natural support. The recovery-focused curriculum centers on managing one's mental/physical/emotional well-being, developing and maintaining healthy relationships, creating a support network and prioritizing wellness. Several survey items addressed improvements to the well-being of the Peer Connection members in terms of emotional, physical, and mental health while attending PCC's (see table 11). When averaging responses to self-perceived improvement of their own mental, physical and emotional well-being, 90% of members agreed or strongly agreed that Peer Connection membership had contributed to an improvement in their health (emotional, physical, mental well-being).

Two further items assessed the extent to which members felt an increase in their independence and social interactions with peers. Eighty-five percent (85%) of members reported that they had more interactions with peers during the year and 88% felt that PCCs supported and/or increased their independence.

Table 11: Peer Connection Member Well-being and Health

During the last year...	N	% Agree/ Strongly Agree
PCCs contributed to improvement in my mental well-being	41	95%
PCCs contributed to improvement in my physical well-being	41	85%
PCCs contributed to improvement in my emotional well-being	41	90%
PCCs contributed to improvement in my mental, physical and emotional well-being	41	90%
PCCs supported and/or increased my independence	41	88%
PCCs supported and/or increased my interactions with peers	40	85%

**Scale: Strongly Agree; Agree; Disagree; Strongly Disagree*

Members discussed ways in which PCCs had impacted their mental and emotional wellbeing:

Learning about Depression, I've been taught how to cope with it. Tried the coping methods and it worked really well.

Yes, by becoming more independent, and taking care of myself.

Brotherhood is important even if in little amounts. Each and every one member, man or woman matters and is connected worthy. That's all I have to say about that.

The one on one sessions with Rivanda (coaching sessions) gave me incentive to progress and do things in the right way from the poor decisions I've made in my life.

It's a supportive environment where I can spend the day and interact instead of staying home all the time.

It's helpful, it gets me out of the house to have peer connection friends.

My mental health gets better here.

I used to be lonely without people around, now I'm connected with people.

SATISFACTION WITH PEER CONNECTION ACTIVITIES

Satisfaction with the Peer Connection Activities was high with 95% of respondents satisfied or very satisfied with the activities and programs that they attended at Peer Connection in the last year(see table 12). All those who responded (100%) were satisfied with the My Wellness program and almost all (97%) were satisfied with the transportation service provided. Ninety-five percent of respondents show high satisfaction for Meal Programs, Arts program, NAA & NA Support programs, 94% with the Coach time and 92% with Morning Let's Connect, Core Groups and Social Activities.

Table 12: Satisfaction with PCC's activities:

During the last year, how satisfied were you with the following activities that you participated in:	N	% Satisfied/ Very Satisfied
I am satisfied with the Peer Connection activities and programs I attended in the last year	41	95%
My Wellness	34	100%
Transportation	30	97%
Meal Programs	37	95%
Arts, Crafts and music	37	95%
NAA and NA Support programs	19	95%
Coach Time	33	94%
Morning let's connect	39	92%
Core Groups	38	92%
Social Activities	38	92%

Scale: Very Satisfied; Satisfied; Dissatisfied; Very Dissatisfied

Members remarked on the different activities and programs that they appreciated at PCC's Centers:

A little while ago Christina helped me practice my singing. I've been wanting to improve my singing for a long time but have been too embarrassed to do the exercises. Christina was very supportive emotionally and now I feel like it could be possible to get rid of the embarrassment, and eventually be able to practice on my own. When I'm able to practice on my own I plan on taking voice lessons again.

Let's Connect, everyone has different ways of saying their stories, my stories are more interesting than others' shares. I like to listen to Chris's stories.

Support groups & the community.

The meals that are served to the peers are always prepared with love.

Get more into Karaoke, more fun & games, more outings, get more members, more wellness discussions, have better meals.

When asked to rank the Peer Connection Activities in order of importance to them. Programs/activities were ranked from 1-5 in terms of importance. Using a point system where #1 Rank carried 5 points and #5 Rank carried 1, point, rankings were averaged for each activity and the highest mean indicated the most important activity. The top three

ranked programs/activities were Morning Let's Connect, My Wellness and Meal Programs. The least important to the members was NAA and NA support programs. Table 13 shows the ranking of importance of programming for Peer Connection members.

Table 13: Ranking of Program Activities in terms of importance to the member.

Thinking of the Peer Connection activities that you participated in in the last year, rank the top 5 activities in order of importance to you from #1 to #5	N	Mean	Rank
Morning let's connect	27	3.93	#1
My Wellness	16	3.25	#2
Meal Programs	25	3.24	#3
Coach Time	13	3.08	#4
Core Groups	20	3.05	#5
Arts, Crafts and music	26	2.96	#6
Transportation	15	2.80	#7
Social Activities	22	2.73	#8
NAA and NA Support programs	11	2.18	#9

**Rankings were summed; #1=5 points, #2=4 points, #3=3 points, #4=2 points and #5=1 point; mean was calculated for each activity.*

OPEN-ENDED RESPONSES

At the end of the survey, PCC members were given the opportunity to give feedback in their own words. Questions included what they liked most about PCC's and areas that PCCs could do better.

What did you like most about PCC?

Program members were asked what they liked most about PCC's. Responses fell into five categories: Community and Connecting, the Location and Environment, Staff, Social Times and Activities, and how PCCs could be improved.

Community and Connecting

Respondents mentioned that they liked the community and peer connection aspect of PCC – meeting new and diverse people, making connections with them and how welcoming and supportive they were; one respondent likened the group to a family.

Connecting with people.

meeting new people.

My peers.

The cohesiveness of group members to share their values and situation.

The Peers are my family.

The best I like about the Peer Center is the positivity of diversity reflected from all the Peers that exist within the center.

They are filled with nice and supportive people.

Location & Environment

A few respondents liked the location of the center and how it was near to the shops. They called it a 'good environment' where people could get help.

Hopping in and out.

It's near stores.

It's a good environment and they like to help people.

Staff

Respondents described staff as 'nice and considerate', 'personable and professional'. One respondent appreciated that staff had lived experience, and another called out a couple of staff in particular to show their appreciation.

People and staff here are very nice and considerate.

The staff, I appreciate the fact that they have all been through similar to what I've been through.

What I like about PCC's Center is the interactions with different peers and peer staff. I feel very comfortable and well put together.

The Coaches are personable and professional.

You should know that John is a very supportive leader. Trish, Devon, makes the center alright.

Social time & Activities

Many comments were made about the variety of social activities available and being thankful for having something fun to do with other people.

The walks, coffee, break time.

Social time.

Joining groups & sharing experiences.

The activities and communicating with others.

Free to do what you want to do.

Fun and friends...

Doing things every day.

The activities and communicating with others.

We play fun games and learning about things I'm going through (depression etc.), and the lunches.

What can PCC do better?

A couple of respondents had some feedback for improving PCC's, asking for groups to be more exciting and to have more peer counselors available and involved.

I like groups to be more fun and exciting so people can get into it more.

It's a good group/center, but we need some more provisional people who involve everyone in all the groups. More activities that everyone can participate in.

There needs to be an increase in peer counselor involvement at PCC's Center.

Closing quotes

Ultimately, the respondents to the survey were highly positive. In their final thoughts, a few of the members reiterated their appreciation for the PCC's by noting that they should keep up the good work and recommending that others should join.

I recommend others joining the program.

I would say, "come if you hear about it!"

Keep doing what you're doing, seems like a beneficial thing.

Eddy- "PCC helped me learn more by working with me one on one. They gave me hope to keep up with my sobriety as well as helped me with core values that has made me decide that I want to apply for the SPIRIT program. They provided me with the confidence and encouragement I needed to start this new journey".

Nick- "The staff has helped me with the department of rehabilitation to get help with schooling. Without them, I would have never heard of the SPIRIT program. That is the most assistance to my recovery that I have could have hoped for. They have also assisted me with getting financial help for books, gas/bus fair and help with clothing"

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

The Mental Health Service Act designed to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues, and their families. MHSA addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that effectively support the public behavioral health system.

Recovery is embodied in the vision and mission of Mental Health Connections. which provides a safe and welcoming place where members (called members, not patients or clients or consumers) build on personal strengths instead of focusing on illness.

The vision of the PCC's is that every person with a mental health challenge lives a meaningful, productive life. The PCCs strive to provide adults in Contra Costa County experiencing behavioral health challenges with opportunities to recover, achieve goals, find meaning and connect with their community. The Peer Connection Coaches work to develop a partnership alongside members to empower and enhance their social, vocational, and problem-solving skills resulting in the discovery of confidence, purpose and hope. Regardless of their role, every participant of a PCC has equal rights, responsibilities and is valued for their contributions. Every individual is important.

The PCC's provide health and wellness education through recovery-focused curriculum, vocational training, one-on-one coaching, linkages to community resources, and social-recreational opportunities in a peer-supported environment. Members are considered part of the PCC Wellness Community.

Members have access to healthy meals/snacks in the Connection Café and Snack Shoppe. Members build skills and socialize in a safe, stigma-free, strength-based environment focused on recovery and wellness. Each member develops a six-month Peer Connection Wellness Plan relevant to educational/vocational goals and mental/physical/social wellness, with support from a Peer Connection Coach. Peer Connection Coaches are trained Peers who have experienced their own recovery through obtaining education, coping skills, self-management and/or sobriety. Peer Connection Coaches share what they have learned and accompany program members on their individualized and strength-based journeys toward recovery.

Include examples of notable community impact or feedback from the community if applicable.

- Quotes from members throughout.
- We will collect more data from caregivers and community organizations going forward.

AGGREGATE REPORT

TOTAL SERVED FOR FY 23-24:

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
	11	201	95	19	326

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
299	5	2	20	326

IF OTHER, PLEASE SPECIFY:

RACE:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	26	AFRICAN	3
AMERICAN INDIAN/ ALASKA NATIVE	1	ASIAN INDIAN/ SOUTH ASIAN	0
ASIAN	10	CAMBODIAN	0
BLACK/ AFRICAN AMERICAN	84	CHINESE	3
WHITE/ CAUCASIAN	73	EUROPEAN	
HISPANIC/ LATINO	5	EASTERN EUROPEAN	
NATIVE HAWAIIAN/ PACIFIC ISLANDER	2	FILIPINO	1
OTHER	27	JAPANESE	
DECLINE TO STATE/ DATA NOT CAPTURED	76	KOREAN	2
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	326	MIDDLE EASTERN	1
		VIETNAMESE	2
		MORE THAN ONE ETHNICITY	4

		OTHER	6
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ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	
CENTRAL AMERICAN	2
MEXICAN AMERICAN	1
PUERTO RICAN	
SOUTH AMERICAN	2
OTHER	5

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	316
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	326

SEXUAL ORIENTATION:

HETEROSEXUAL	217	QUESTIONING / UNSURE	8
GAY / LESBIAN	12	ANOTHER SEXUAL ORIENTATION	1
BISEXUAL		DECLINE TO STATE/ DATA NOT CAPTURED	87
QUEER	1	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

SEX ASSIGNED AT BIRTH:

MALE	154
FEMALE	136
DECLINE TO STATE/ DATA NOT CAPTURED	36
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	326

CURRENT GENDER IDENTITY:

MAN	154
WOMAN	136
TRANSGENDER	2
GENDERQUEER / NON-BINARY	1
QUESTIONING	8
ANOTHER GENDER IDENTITY	
DECLINE TO STATE/ DATA NOT CAPTURED	25

		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	326
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ACTIVE MILITARY STATUS:

YES	5
NO	298
DECLINE TO STATE/ DATA NOT CAPTURED	23
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	326

VETERAN STATUS:

YES	11
NO	289
DECLINE TO STATE/ DATA NOT CAPTURED	26
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	326

DISABILITY STATUS:

YES	194
NO	41
DECLINE TO STATE/ DATA NOT CAPTURED	91
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	326

DISABILITY TYPE:

DIFFICULTY SEEING	42
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	2
PHYSICAL MOBILITY	41
CHRONIC HEALTH CONDITION	89
OTHER	3
DECLINE TO STATE/ DATA NOT CAPTURED	149
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	326

COGNITIVE DISABILITY:

YES	48	DECLINE TO STATE/ DATA NOT CAPTURED	90
NO	188	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	326

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	326
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	326

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	67
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	54

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	3.6
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	3-4

FISCAL YEAR: 2023 – 2024

PEI STRATEGIES (CHECK ALL THAT APPLY):

	PREVENTION
	EARLY INTERVENTION
	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
	ACCESS AND LINKAGE TO TREATMENT
	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
	CULTURE AND LANGUAGE
	OLDER ADULTS
	EARLY IDENTIFICATION

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- The Committee for Social Inclusion, a stigma and discrimination reduction initiative supported by OPFE staff, facilitated 12 monthly committee meetings including participation from 380 community members (duplicated count) and 12 monthly planning sessions including participation from 92 community members (duplicated count).
- Social Inclusion committee members, in addition to OPFE support staff, engaged in tabling and outreach at 12 community events, interacting with 628 members of the public while sharing mental health resources and information on reducing stigma.
- The Social Inclusion committee distributed 103 advocacy campaign t-shirts to community members.
- As part of OPFE's coordination of the countywide evidence-based Wellness Recovery Action Plan (WRAP) program, county-employed WRAP Facilitators facilitated 3 WRAP Seminar I trainings with a total of 58 participants who learned how to complete their own personal WRAP.
- County-employed WRAP facilitators, in coordination with OPFE, provided 1-on-1 WRAP facilitation with a total of 9 participants who learned how to complete their own personal WRAP.
- Overcoming Transportation Barriers (OTB) Flex Funds processed 40 requests on behalf of clients and/or caregivers for one-time financial assistance for transportation-related needs to help sustain appointment

attendance with county-operated behavioral health programs.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

Social Inclusion progressed in its focus on educating clients, family members, providers, and members of the community of every background about the detrimental effects of internal, external and institutional stigma and discrimination while uplifting the values of wellness, recovery, resiliency, and cultural responsiveness for every person. 9 of 12 committee meetings were in-person, including venues across various county regions such as Antioch Peer Connections Center in August, FIERCE Advocates in Richmond in September and April, and Connections House in Concord in October, as well as special outdoor meetings such as a May Mental Health Awareness Month celebration at Pleasant Hill Park followed by a meeting acknowledging Pride Month and Juneteenth at Todos Santos Plaza in Concord in June. WRAP continued serving clients of county-operated programs and community-based organizations (CBOs) with groups taking place at various county and CBO locations. OPFE staff supported WRAP facilitators in various county settings as they worked to educate their peers to utilize the evidence-based practice as a resource for personal wellness, with clients being empowered to lead and guide their own recovery journeys. In coordinating the county's transition from utilizing WRAP to employing the curriculum of Taking Action for Whole Health and Wellbeing, OPFE supported the training of 6 county-employed mentors by staff from the Copeland Center for Wellness and Recovery to equip the mentors to train their colleagues in facilitating the new curriculum. OPFE staff convened 10 steering committee meetings including the 6 WRAP/Taking Action Advanced Level Facilitators for program planning, as well as facilitator support meetings open to all county-employed facilitators. OTB Flex Funds moved forward in meeting transportation-related needs to assist clients and caregivers in getting to their behavioral health appointments.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

The number of in-person Social Inclusion committee meetings more than quadrupled over the previous fiscal year, increasing outreach and engagement in multiple settings throughout the county. Community members received Social Inclusion advocacy campaign t-shirts designed with committee members' input, including the slogan "Hope starts with us. We are people, not cases." OPFE coordinated WRAP Seminar I training for 48 SPIRIT 2024 students, 5 clients from East County Adult Behavioral Health, and 5 parents from West County Children's Behavioral Health. WRAP 1-on-1 facilitation served 2 clients at Central County Adult Behavioral Health, 3 clients at the Assisted Outpatient Treatment (AOT) program, and 4 clients at Older Adult Mental Health. OTB Flex Funds quadrupled its number of requests fulfilled over the previous fiscal year, allowing the project to expand its inclusion of clients and caregivers in obtaining transportation-related assistance.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

Social Inclusion reflects MHSA values through emphasizing the importance of wellness, recovery, resiliency, and cultural responsiveness in every person's life and the imperative of overcoming stigma and discrimination in our community. WRAP promotes self-determination in pursuing wellness for the populations served by the behavioral health system of

care. OTB Flex Funds promotes access to services through aiding clients and caregivers in getting to appointments.

Include examples of notable community impact or feedback from the community if applicable.

As a runup to the Mental Health Awareness Month Board of Supervisors Proclamation in May, OPFE provided Social Inclusion T-shirts to members of the Mental Health Commission, including the Board of Supervisors representative from District IV, increasing the footprint of the initiative. In addition to receiving their Certificates of Achievement for the overall training, members of the SPIRIT Class of 2024 were also awarded Certificates of Completion for WRAP Seminar I, empowering them to do 1-on-1 WRAP facilitation with peers. OTB Flex Funds was able to assist clients and caregivers in a variety of ways, including providing Clipper Cards for transit fare, gas cards, vehicle maintenance, payment of insurance, DMV fee payments, bikes with locks and helmets, and driver training.

AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year:

(NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)

TOTAL SERVED FOR FY 23-24: 1,310

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
				X	

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
			X	

IF OTHER, PLEASE SPECIFY:

RACE:

ETHNICITY (NON-HISPANIC/LATINX)

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

		MORE THAN ONE ETHNICITY	
		OTHER	

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	
CENTRAL AMERICAN	
MEXICAN AMERICAN	
PUERTO RICAN	
SOUTH AMERICAN	
OTHER	

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	X
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

SEXUAL ORIENTATION:

HETEROSEXUAL		QUESTIONING / UNSURE	
GAY / LESBIAN		ANOTHER SEXUAL ORIENTATION	
BISEXUAL		DECLINE TO STATE/ DATA NOT CAPTURED	X
QUEER		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

SEX ASSIGNED AT BIRTH:

MALE	
FEMALE	
DECLINE TO STATE/ DATA NOT CAPTURED	X
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

CURRENT GENDER IDENTITY:

MAN	
WOMAN	
TRANSGENDER	
GENDERQUEER / NON-BINARY	
QUESTIONING	
ANOTHER GENDER IDENTIY	

		DECLINE TO STATE/ DATA NOT CAPTURED	X
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

ACTIVE MILITARY STATUS:

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

VETERAN STATUS:

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

DISABILITY STATUS:

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

DISABILITY TYPE:

DIFFICULTY SEEING	
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	
PHYSICAL MOBILITY	
CHRONIC HEALTH CONDITION	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	X
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

COGNITIVE DISABILITY:

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

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	N/A
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	N/A

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	N/A
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	N/A

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	N/A
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	N/A

FISCAL YEAR: 2023 – 2024

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
X	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
X	ACCESS AND LINKAGE TO TREATMENT
X	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	CHILDHOOD TRAUMA
X	EARLY PSYCHOSIS
X	YOUTH OUTREACH AND ENGAGEMENT
X	CULTURE AND LANGUAGE
	OLDER ADULTS
	EARLY IDENTIFICATION

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Hire a full-time Clinical Therapist through its Clinical Success After-School Program to provide clients with social, emotional, and behavioral treatment necessary to prevent further episodes of illness, increase advocacy and case management as appropriate, referral and linkage to higher levels of care as needed, and reduce stigma and discrimination services at no cost to clients and client families
- Negotiate with Hume Counseling Center Pittsburg to make available a Hume Counseling Center Pittsburg part-time mental health clinician (intern) to provide clinical support to clients and families on PWC's caseload for services.
- Negotiate a Memorandum of Understanding (MOU) with the Pittsburg Unified School District to provide clinical services to clients needing services on and off school sites
- Provide mental health, educational and vocation job training for two hundred (200) multicultural clients residing in marginalized communities in Pittsburg/Bay Point, Antioch, and surrounding communities in East Contra Costa
- Provide incentives (stipends) to clients for their participation, empowerment, and leadership in the PWC Environmental Job Training, Community Service and Leadership Programs
- Conduct classes and projects at the program site and other properties made available to PWC in the community

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed and follow up. Note any differences from prior years or any challenges with program implementation, if applicable.

People Who Care (PWC) is a Mental Health Youth Development Agency that offers free, therapeutic services to youth enrolled in its Clinical Success program. For this Fiscal Year 2023-24, PWC planned to serve **200** multicultural clients residing in marginalized communities at risk of dropping out of school or turning to crime in Pittsburg/Bay Point, Antioch, and surrounding communities in East Contra Costa in its ***Clinical Success After-School Program***. PWC served **239** unduplicated at-risk clients in its clinical program this past reporting period. The PWC program aims to help clients build self-esteem, boost confidence, create safety plans, and work together with their families. Through therapy, clients can promote emotional awareness, learn strategies to cope with stress and anxiety, navigate adolescent pressures, and cope with trauma. The PWC program implements strategies to engage at-risk clients to prevent further psychosis (i.e., withdrawing socially and spending more time alone, sudden drop in grades, anxiety, lack of motivation, etc.) and juvenile criminal justice system involvement. Services are voluntary and were provided concurrently by two Hume Counseling Center Clinicians (Doctoral Intern Part-time) Stephanie Santiago-Castro on Monday, Tuesday, and Wednesday from 2:00pm to 6:00pm, August 2023 to May 2024 and (AMFT Part-time) Rhianna Ray on Monday and Tuesday from 12:00pm to 6:00pm, March 2024 to present, who provided mental health service opportunities to sixty-one (**61**) clients and client families, some experiencing depression and anxiety. **On June 1, 2024**, with Contra Costa Behavioral Health's approval, PWC successfully hired a full-time clinical therapist, Karla Artiga-Gomez, ASW #123510. Nonetheless, due to the need, PWC plans to continue working with the Hume Center in Pittsburg to support the Clinical Success Program clients on the PWC waiting list to receive services in the clinical program. We hope to finalize and complete the MOU with the Hume Center for this service by the end of August 2024.

However, to ensure clients' satisfaction and continued and future engagement with the Clinical Success Program, we employ various evidence-based engagement strategies with specific actions and activities designed to effectively engage with our target population, which includes addressing the understanding of their needs, preferences, and behaviors of our clients designed to create experiences that have a particular meaning or importance to them in personal or emotional ways. For example:

Since 2011, PWC has conducted its annual Therapeutic Summer Program, including this fiscal year from July 15 to August 02, 2024. PWC's Therapeutic Summer Program has proven to be a transformative experience for our clients. This year, we were fortunate to have hired a full-time clinical therapist who could join our team, enriching the program with professional guidance and therapeutic interventions. The therapist's participation fostered a safe and supportive environment where our 15 clients could express their thoughts and feelings openly. Through group sessions and individual check-ins, the therapist helped our clients navigate the emotional challenges during the program, ensuring that each activity was educational and deeply therapeutic. This therapeutic approach enabled our clients to build resilience, develop healthy coping mechanisms, and experience personal growth in a structured yet nurturing setting.

We carefully designed the selected activities to align with our commitment to mental health care, providing our clients with experiences promoting emotional well-being and self-discovery. Our outings to places like the historic Black Diamond Mines, the Exploratorium, and the California Academy of Sciences were more than just excursions; they were therapeutic engagement and reflection opportunities. Each day, our clients participated in group discussions where they explored the emotions and thoughts triggered by the day's activities. These conversations allowed them to process their experiences in real-time, deepening their understanding of how external events can influence their internal states. Whether connecting with local history, sparking curiosity in science, or marveling at the natural world, these experiences were catalysts for deeper self-awareness and emotional healing.

Additionally, the program incorporated mindfulness practices during outings, such as guided reflections at the scenic Lands' End Trail and quiet moments of observation at the Oakland Zoo. These practices were instrumental in helping clients ground themselves, reduce anxiety, and cultivate a sense of peace and connection with their surroundings. By integrating meaningful connections into every aspect of the program, we ensured that clients were left with new knowledge and memories, a strengthened sense of self, and a renewed perspective on their growth journey.

In its **Green Jobs Training Program** this year, in collaboration with the EBRPD, PWC's clients participated in the program with the goals of connecting the Regional Parks, sharing stories, creating interpretive content related to various themes of parks, and learning about a variety of staff positions while building social skills applicable to employment at EBRPD. PWC had the privilege of partnering with the East Bay Regional Park District (EBRPD) for the annual Youth Development Program twice this year. The first session, held from July 18 to August 3, 2023, was followed by the second from June 24 to June 28, 2024. Throughout these engaging programs, 16 unduplicated youth participated in daily excursions to various regional parks, immersing themselves in their rich history and development. The program emphasized hands-on learning, with participants conducting research and presenting their findings, thereby honing their research, presentation, and critical thinking skills in an interactive and supportive setting.

A notable highlight of the Youth Development Program was the visit to Thurgood Marshall Regional Park, Home of the Port Chicago 50. This visit allowed PWC clients to connect deeply with the historical significance of the Port. Marking the 80th anniversary of the explosion, the Secretary of the Navy's dismissal of the Port Chicago 50 added a powerful and timely dimension to the program. We are honored to share the success of the youth participants' reflections on this significant story, highlighting the transformative educational and emotional experiences facilitated through our collaboration with EBRPD. The Regional Parks Foundation generously supported this program. Ten (10) clients were provided \$500 each by the EBRPD for participating in the Thurgood Marshall Regional Park: Home of the Port Chicago 50 job training program centered around social justice and parks.

Furthermore, through its program's **Community Service component**, PWC successfully supported twenty-eight (28) unduplicated clients by providing incentives or community service hours (those assigned community service hours) for their leadership and participation by engaging them in community events and participating in various city and cultural events. One-hundred and ten (110) unduplicated clients referred to the program by the Students Attendance Review Board (SARB), Court, Probation, and Graduation programs, totaling 3,405 hours in the community by participating in several city, community, and cultural events as follows: Pittsburg Car Shows, PWC Therapeutic Summer Program, Pittsburg Seafood Festival, Pittsburg Senior Center Events, Music Festival, Youth Empowerment Summit, Bay Point Community Health Collaborative, Halloween Bash, Turkey Giveaway Event, Easter Egg Hunt, Bay Point Dinner Award, MLK and Cesar Chavez Events, Church Community Events, Chamber Christmas Event, Green Footprint Festival, Measure X Listening Session, and City of Pittsburg Clean-ups, name a few. In addition to the above, community service events involving PWC clients for the fiscal year also included hours contributed by volunteers, totaling 3,965 hours.

Finally, for this fiscal year, because of PWC's success in providing programs and services for at-risk youth referred by the Pittsburg Unified School District (SARB) Student Attendance Review Board to the PWC Clinical Success After-School Program throughout the past several years, PWC, in collaboration with the Pittsburg Unified School District PWC, provided its **School & Community-Based Services** pilot program for vocational training, mentoring, counseling, and peer group support to its students at the three middle schools (Rancho, Hillview, and Martin Luther King Junior, and one elementary school, Willow Cove Elementary) for the 2022-23 school year. During this school year, PWC served (62) students/clients in its School & Community-Based Program. On July 5, 2024, PWC submitted its cost proposal to continue providing reference services to the schools mentioned above' students for the upcoming 2024-25 school year. We plan to finalize and complete the MOU with the Pittsburg Unified School District for this service by the end

of August 2024.

As mentioned above, for this fiscal year, PWC planned to serve **200** clients in the Clinical Success After-school Program, its job training, and community service components. PWC served **239** clients in all its programs this fiscal year. Thus, it is essential to note, however, despite not having a full-time Clinician until June of this year, PWC served in its Clinical Success Program **(10)** Unduplicated clients and **(51)** duplicated clients from other services, such as the Pittsburgh Unified School District Attendance Review Board (SARB), Probation, Court, etc. Thus, of the **(61)** clients referred for clinical services, (43) clients participated at least once this fiscal year.

Briefly report on the outcomes of the program’s efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

PWC measures clients' risk, protective factors, and mental, emotional, and relational functioning through an initial Pre-Survey, quarterly follow-up Surveys, and a final Post Survey. In addition, clients often self-report their emotional state to staff during PWC events, at the office during PWC after-school hours, or through text and telephone check-ins. Therapy clients self-report functioning weekly, with additional feedback provided through clinician discussions with caregivers. Therapy clients primarily meet in person, though telephone and Zoom sessions are also provided. Offering therapy clients options for session modality, access to staff members, and invites to PWC events has kept clients engaged and connected. They are welcomed to myriad offsite and on-site programs throughout the week to foster a sense of belonging, build resilience and enhance emotional stability.

Our staff is a diverse group of professionals from African American, Latinx, and Caucasian backgrounds. Additionally, our Office Manager and Program Director, and Clinician speak fluent Spanish to communicate and support many clients/families from Spanish-speaking homes. Our data-collecting methods help maintain clients' confidentiality. A client's confidential personal data is assured by following strict guidelines for collecting and managing the client's information. Clinical data are being filed away through ‘Theranest’ [Electronic Health Record (EHR) system], while clients' program information is locked in the PWC office in double-locked file cabinets away from the reach of our clients.

EVALUATION FINDINGS

Metrics such as improved school attendance, decreased behavioral problems, and completed community hours support our program's efficacy.

School Day Attendance Data from Pittsburgh Unified School District (PUSD)

PWC acquired this data through connections made at Unified School Districts in East Contra Costa County and staff from our participants' schools. PWC secured permission from parents/guardians.

Probation Data from the Contra Costa County Juvenile Services Department

PWC acquired data on recidivism from the Contra Costa County Juvenile Services Division that reported on the number of students who committed an offense, re-offended, or went to the juvenile hall while participating in the PWC After-School Program.

Summary of Findings

(Actual Outcomes as Compared to Target: Fiscal Year 2023-2024)

Outcome Measure	Target	Actual	Percent
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50% of the total number of Youth Green Jobs/Financial Literacy Training Program participants will increase their knowledge and skills related to entrepreneurship, financial literacy and personal finance, environmental justice, and sustainability according to program curricula for the duration of their program participation.	50%	100%	200%
65% of the youth program participants will show improved youth resiliency factors (i.e., self-esteem, relationship, and engagement.)	65%	84%	129%
75% of the youth program participants will not re-offend for the duration of their program participation.	75%	100%	133%
70% of youth participants will report that they have a caring relationship with an adult in the community or at school during their program participation.	70%	86%	122%
There will be a 60% increase in school day attendance among youth participants for the duration of their program participation.	60%	92%	153%
There will be a 60% decrease in the number of school tardiness among the youth participants for their program participation.	60%	100%	166%

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

PWC's triage assessment approach aims to ensure that clients receive timely and appropriate levels of care. Depending on client needs, this approach offers clients clinical services through participation in PWC community programs, individual and group therapy, and referrals to additional outside services. Under the triage model, participants complete an intake packet, identifying their unique reasons for working with PWC. Our Peer Counselor, Mr. Jose, meets all clients to review their intake information, discuss client needs, and determine community resources currently being used. Our Resource Specialist, Ms. Pope, examines the intake packet plus additional information gathered by the Peer Counselor and then determines which PWC services would most benefit the client. Ms. Pope also links families to other community services such as food providers, housing support specialists, and medical providers if needed.

Clients identified during the initial assessment phase as likely to benefit from further mental health support are referred to the clinician. The clinician reviews the intake information and then contacts the client and caregivers to introduce herself, explain the clinician's role, learn more about what is going on for the client, and set a time for weekly therapy sessions. During the initial session, the clinician explains confidentiality, limits to confidentiality, and informed consent. The clinician also builds rapport, further assesses client needs, and develops a treatment plan to reduce the client's symptoms within a brief therapy framework.

Under the triage model, clients not referred for therapy upon intake may later be referred by staff. As youth begin to participate in events and become familiar with staff, they at times share new information or show signs of distress. Ms. Adriana, PWC's Office Manager, and Mr. Jose are crucial in identifying and linking clients to PWC's psychological services. Their cultural competence and bilingual skills facilitate rapport, trust, and open communication, and they are keen observers of possible client distress. Moreover, on some occasions, clients reveal to trusted staff resource needs previously unmentioned during intake, and PWC staff can then provide the necessary referrals and links to outside services. All staff are mindful of cultural differences and possible stigma related to mental health services, and staff approach client and family struggles with understanding, compassion, and acceptance. Our sensitive and open communication, internal referral system, and clear protocols all play a vital part in making the triage model work – a model which greatly reduces barriers to accessing mental health services.

PWC essentially operates under a continuum of care model. For most participants, PWC's values-based community

programs led by emotionally sensitive and culturally competent staff provide a safe space for clients to process their unique life situations, build healthier relationships, gain confidence, develop problem-solving skills, and build resilience. In addition, PWC's programs -- including experiential outings, community service projects, and in-house events -- provide opportunities for clients to cultivate their curiosity, practice serving others, establish relationships in the community, and make new positive peer connections. In those cases where clients are experiencing particularly elevated levels of distress, a higher level of care in psychological services is also provided.

Due to the high levels of stigma related to mental health, PWC strives to reduce resistance to exploring therapy. This year, the clinician had an opportunity to participate in the PWC Therapeutic Summer Program events, and clients could see the clinician as just another regular person and interact with her outside the formal intake process. During its Therapeutic Summer Program, clients were encouraged through group sessions and individual check-ins; the therapist helped our clients navigate their emotional challenges during the program, ensuring that each activity was educational and deeply therapeutic, which motivated one client who initially resisted mental health services to request clinical services eventually and to be seen by the clinician. By normalizing mental health services and therapeutic conversations, we de-stigmatize and dismantle preconceptions about therapy and mental health care. It is no secret that mental health disparities are rampant in underserved communities, and our program provides much-needed support to our community.

Include examples of notable community impact or feedback from the community if applicable.

As indicated above, PWC was fortunate to have two clinicians from the Hume Counseling Center available to clients this past fiscal year.

Clinician Vignettes (Ms. Stephanie Santiago-Castro Doctoral Intern Part-time):

Rebecca is a client whose came to PWC seeking services to complete her community hours and was interested in therapy. Concerns about running away from home, fighting with family members, risky behavior, and the client's overall mental health. Rebecca was able to engage in therapy, throughout the sessions Rebecca was able to explore how childhood traumas might relate to current behavior. She also had the opportunity to explore in session how she is impacted by family dynamics and how this has put her in a dangerous situation for herself. Rebecca has expressed in the therapeutic sessions how she values therapy and understands it as an important element to her life as she feels it is a place where she feels understood, and not judged. She says, "I feel comfortable in a place I can express myself safely." Rebecca has become aware that prior patterns of wanting to run away from home might be related to feeling unheard or rejected by her family members. Rebecca felt heard, respected, and validated by Ms. Stephanie, and she noticed herself thinking, "It is very hard for me to express my feelings, but I am able to express them here, as I don't do it with anyone else or rarely any people".

Pedro is a client whose mom sought therapy over concerns that Pedro was isolating himself from the family, had challenges with his overall self-esteem, and having arguments with his dad. During individual therapy Pedro expressed feelings of finding it challenging to express his emotions. Mom shared that she hoped Pedro would have more coping skills to boost his self-esteem and confidence in himself. After the clinician validated Mom's concerns and described how positive parenting skills might be useful, Mom agreed to experiment with different ways of disciplining Pedro to gain more compliance for following instructions and directions at home. After a few sessions, Mom expressed that home life had improved, and Pedro was able to feel more confident in himself and started going out more and socializing with his peers. Pedro decided to continue therapy next academic year, due to noticing that he is shy and needed to "work on social skills."

Julio was brought in for therapy by his mother due to symptoms of depression and having poor grades at school. In session, Julio shared his fears about failing school, disappointing his mom, his anxiety about his emotional reactivity, and his concerns about feeling unsure of how to establish himself as an independent adult. Through clinician psychoeducation, he gained more knowledge about the importance of creating and establishing organizational skills.

Julio stated that therapy for him is a place to talk about things he would not feel comfortable sharing with anyone else but his cousin who is the other person he greatly trusts. He also seems to be very happy in session when sharing about his hobbies specifically mainly playing soccer, and the clinician engaged and supported client's interests by validating the client's. Julio now says he will work on working towards his academic goals this upcoming year, by putting into practice the skills and strategies learned in therapy for a better academic performance. Mom says that since starting therapy, there has been a change in his behavior. He has become more aware of how his actions impact his overall mood and academic performance. In addition, he had been experiencing a lack of self-care and by the end of the therapeutic sessions he even got a haircut. PWC will continue to offer services to this family after the summer break and in the beginning of the new academic year, to continue to support Julio with his symptoms of depression and poor grades at school.

Clinician Vignettes (Ms. Rhianna Ray AMFT Part-time):

Fourteen-year-old Alex had a way of lighting up a room, her kind heart and sharp mind making her stand out among her peers. However, life has thrown her more challenges than most kids her age. Her mother passed away when she was young, and shortly after, her father was incarcerated, leaving Alex and her brother to be raised by her aging grandparents. Recently, her father has been released from prison, returning to Alex's life amidst the tumultuous environment at home.

Alex's aging grandparents provided and cared for the children to the best of their ability. With good intentions, they held high standards for the children both at school and in their extracurricular activities. Her grandfather, a stern and controlling figure, may have stifled Alex's growth by imposing rigid restrictions. The grandfather's antiquated belief that certain activities were not suitable for girls held her back, causing frustration and internal conflict. Alex's grandparents, once a source of stability, began arguing more. A violent altercation between them shattered the sense of security Alex had started to develop.

Despite these obstacles, Alex remained remarkably resilient. Her academic prowess was evident, and her aspirations to attend college were unwavering. Volunteering at People Who Care gave Alex a chance to show her empathy, kindness, and leadership skills, traits that define her unique character. Beneath her composed exterior, Alex grappled with complex emotions – grief for her mother, the incarceration and return of her father, and the increasing tension at home.

The psychological toll of her circumstances manifested as anxiety and depression. The trauma of witnessing domestic violence, coping with significant loss and family disruptions weighed heavily on her. Alex's self-esteem was impacted as well by her grandfather's restrictive and controlling nature. Alex was motivated to meet with the mental health specialist provided by PWC, and eager to discuss the challenges impacting her mental health and to generate goals in order to find a way forward.

Alex's journey towards mental well-being began with Family Systems Therapy sessions including her grandmother and younger brother, as well as individual therapy sessions, where she found a safe space to fully express herself. Through Cognitive Behavioral Therapy (CBT), she learned to challenge negative thought patterns and develop coping strategies. Grief counseling helped her process the loss of her mother and navigate the complex emotions tied to her father's reentry into her life. The clinician empowered Alex in counseling sessions aimed at building self-esteem and fostering independence, encouraging her to pursue her aspirations. Therapy sessions facilitated conflict resolution skills, promoted healthier communication with her grandparents, and encouraged effective self-advocating for her individual needs in support of her growth and aspirations.

Continued involvement in volunteer activities at People Who Care reinforced her sense of purpose, community connection, and also offered a safe space for Alex to have meaningful experiences with peers who relate to her struggles. Mentors at People Who Care provided additional support for Alex's academic and emotional needs through coordination with school and counselors, as well as connecting her with role models who inspire and guide her towards her goals.

AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year:

(NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)

TOTAL SERVED FOR FY 23-24: 239

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
124	115	0	0	0	239

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
145	3	91	0	239

IF OTHER, PLEASE SPECIFY:

RACE:

MORE THAN ONE RACE	3
AMERICAN INDIAN/ ALASKA NATIVE	6
ASIAN	3
BLACK/ AFRICAN AMERICAN	61
WHITE/ CAUCASIAN	29
HISPANIC/ LATINO	122
NATIVE HAWAIIAN/ PACIFIC ISLANDER	6
OTHER	6
DECLINE TO STATE/ DATA NOT CAPTURED	3
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	239

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	0
ASIAN INDIAN/ SOUTH ASIAN	3
CAMBODIAN	0
CHINESE	0
EASTERN EUROPEAN	0
FILIPINO	0
JAPANESE	0
KOREAN	0
MIDDLE EASTERN	0
VIETNAMESE	0
MORE THAN ONE ETHNICITY	3

		OTHER	96
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ETHNICITY (HISPANIC/LATINX)
ETHNICITY (ALL)

CARIBBEAN	0	DECLINE TO STATE/ DATA NOT CAPTURED	15
CENTRAL AMERICAN	117	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	239
MEXICAN AMERICAN	5		
PUERTO RICAN	0		
SOUTH AMERICAN	0		
OTHER	0		

SEXUAL ORIENTATION:

HETEROSEXUAL	213	QUESTIONING / UNSURE	1
GAY / LESBIAN	3	ANOTHER SEXUAL ORIENTATION	0
BISEXUAL	6	DECLINE TO STATE/ DATA NOT CAPTURED	16
QUEER		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	239

SEX ASSIGNED AT BIRTH:
CURRENT GENDER IDENTITY:

MALE	178	MAN	171
FEMALE	61	WOMAN	42
DECLINE TO STATE/ DATA NOT CAPTURED	0	TRANSGENDER	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	239	GENDERQUEER / NON-BINARY	0
		QUESTIONING	1
		ANOTHER GENDER IDENTITY	9
		DECLINE TO STATE/ DATA NOT CAPTURED	16

		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	239
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ACTIVE MILITARY STATUS:

YES	0
NO	239
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	239

VETERAN STATUS:

YES	0
NO	239
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	239

DISABILITY STATUS:

YES	1
NO	239
DECLINE TO STATE/ DATA NOT CAPTURED	1
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	239

DISABILITY TYPE:

DIFFICULTY SEEING	0
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	0
PHYSICAL MOBILITY	0
CHRONIC HEALTH CONDITION	0
OTHER	1
DECLINE TO STATE/ DATA NOT CAPTURED	1
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	239

COGNITIVE DISABILITY:

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

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	61
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	43

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	0
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	0

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	1
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	1

FISCAL YEAR: 2023 – 2024

PEI STRATEGIES (CHECK ALL THAT APPLY):

x	PREVENTION
x	EARLY INTERVENTION
x	OUTREACH
x	STIGMA AND DISCRIMINATION REDUCTION
x	ACCESS AND LINKAGE TO TREATMENT
x	IMPROVING TIMELY ACCESS TO TREATMENT
x	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

x	CHILDHOOD TRAUMA
x	EARLY PSYCHOSIS
x	YOUTH OUTREACH AND ENGAGEMENT
x	CULTURE AND LANGUAGE
x	OLDER ADULTS
x	EARLY IDENTIFICATION

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Provide access and linkage to mental health care to the LGBTQIA+ communities with a focus on serving the BIPOC LGBTQIA+ population
- Prevention early intervention services for underserved communities
- Increase in trans and nonbinary youth accessing our programs.
- Improve linkage to mental health care waiting
- Harm reduction
- Clients are able to engage with social and support groups
- Expanding internship opportunities to provide more clinical service, support groups, and community outreach
- Use strategies that are non-stigmatizing and non-discriminatory
- Increase service for people who use substances

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed and follow up. Please note any differences from prior

The following annual report flows through describing the following programs and their intersections in the following order:

1. Adult and Family Program
 - a. HIV Prevention
 - b. Older Adult
2. Clinical Program
3. Youth Program
4. Training

Rainbow Community Center of Contra Costa County (Rainbow) continues to provide a focus on maintaining and sustaining early intervention opportunities and resources for Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, plus (LGBTQIA+) communities of Contra Costa County. We aim to serve LGBTQIA+ marginalized People of Color (POC), persons living with disabilities, people who use substances, older adults and youth that are undocumented and uninsured. Our programming is also committed to serving folks living with HIV, transgender identified community members, and folks with unrecognized health and mental health differences.

Our programming provides multiple engaging and learning opportunities that are connected to internal and external services to all community members. Pride and Joy (Tiers 1 and 2) activities arrange opportunities focused on reducing stigma and mental health disparities within our LGBTQIA+ community. Our clinicians have noticed increased rates of anxiety due to financial hardships, isolation, housing instability, suicide, depression, substance abuse and victimization (e.g., bullying, family rejection, Intimate Partner Violence 'IPV', sexual assault, and hate violence).

Our community programs have centered all services and assistance to prioritize underserved and differently resourced communities. Creating culturally affirmed and welcoming spaces that lead folks to connect to our mental health support services. This increased their ability to cope with oppression when they accessed health and mental health services delivered by Rainbow Community Center. Our staff has noticed that many of our clients are being impacted due to the recent economic changes. This has increased levels of anxiety caused by housing instability and vulnerability to multiple intersections of trauma, specifically for communities that are marginalized due to race, language, socioeconomic status, and other risk factors. Rainbow strategically adjusted our outreach and service model to continue providing more in-person services, such as social and support groups, presentations and events that deliver health promotion messages by increasing LGBTQIA+ community members' knowledge of local and national resources available to provide mental health support – including Contra Costa County's Access Line, 211 services, Contra Costa County HIV/STI testing services, local domestic violence and sexual assault services, national suicide helplines and East Bay health and mental health services. We continue to collect client demographic information in order to strengthen and reflect our understanding of the changing needs of our community members.

- **Adult and Family Program**
 - **HIV Prevention Services**
 - Our HIV Prevention social and support groups have completely moved to in-person programming. We continue to educate and share resources through multiple social media platforms such as Facebook, Instagram, LinkedIn and Meetup. Part of these outreach strategies include targeted email blasts that educate and inform all community members about our Spanish and English HIV prevention resources and services.
 - Rainbow also offered HIV/STI testing dates primarily at the Center. Between July 1 to December 31, 2023, Rainbow offered it at Club 1220, a local LGBTQIA+ bar in Walnut Creek and longtime Rainbow partner. We stopped offering testing at Club 1220 starting January 1, 2024, due to funding limitations with CCC Health. We also worked with CCC Health to offer testing and prevention education at Pride in the Plaza in July 2023. Our HIV prevention

program created various HIV/STI outreach events with local businesses such as Del Cielo Brewery in Martinez. These events bring visibility to our services in other cities of the county where HIV continues to be stigmatized. Every outreach event allows us to share HIV/STI prevention education, HIV rapid test services while enjoying activities that help reduce depression and isolation experiences that reaffirm our community members about our free services.

- Our HIV Prevention Manager continues outreach to BIPOC youth, adults, and seniors who continue to be affected by HIV. Our activities help promote HIV, Gonorrhea, Hepatitis C, and Chlamydia testing along with Contra Costa County's "Home Is Where The Swab Is" mobile in-home testing alternative. We continue to receive client calls requesting information about our Prep services, testing dates, and social and support groups. Our programming offered a range of monthly social groups in person, including "Men Living with HIV" for HIV positive male identified folx, "Amigos" for our MSM Spanish-speaking clients, "Mocha" for our MSM of color that are living with HIV, and our "Social GuyZing" group that is open and welcoming to all male identified folx including transgender and non-binary men.
- Rainbow hosted many in-person social events to reduce stigma and connect folks to our HIV Prevention Services in the Latinx Community. Three of our successful events include the Cinco de Mayo party, Dia de los Muertos, and Pride in Martinez. These events targeted our LGBTQIA+ Latinx/Spanish-speaking population in the county. We partnered with multiple businesses and nonprofits that provide HIV/STI prevention services in Contra Costa County.

○ **Older Adults**

- Rainbow's Older Adult Program facilitated two senior luncheons during the first and third Friday of every month. This allowed our regular and newcomer senior attendees to connect, socialize, eat healthy meals, and attend workshops from other community partners like Gilead, Meals on Wheels and Empowered Aging. During the last fiscal year, we continued to have virtual groups and in-person gatherings, this includes our virtual support group "Women of the Rainbow". This group focuses on empowering women identified folks who have suffered isolation and depression in the past. Our Older Adult Program Manager and volunteers continued to assist older adults to build their technology skills through our continued Tablet Program which provides loaner tablets for seniors in order for them to gain experience with handheld devices and enable them to attend social zoom events, furthering the impact of decreasing feelings of isolation and depression for all who participated.
- Rainbow's focus is to provide opportunities for seniors to connect with other program attendees and staff. This includes our Older Adult Program Manager and volunteers conducting wellness check phone calls with all of our program attendees weekly. During our fiscal year, seniors continued to face difficulties with finances, grief, loss, isolation and depression.
- In addition, we were able to offer free luncheons for our LGBTQIA+ seniors at various local restaurants, all around the county in order to meet seniors near their locations.
- The Older Adult Program offers an exercise group that meets weekly and allows seniors to connect and learn about multiple techniques to increase movement.
- Our adapted Friendly Visitor Program (FVP) was facilitated to help members with various needs, providing resources and referrals, such as: reducing isolation in the community, assessing supply needs, physical, mental, emotional and overall wellness. Additionally, our Older Adults Program Manager continued to cross collaborate with Rainbow's HIV Prevention Manager. This collaboration helped to inform older adults about our free HIV/STI testing, MPOX vaccines, referrals to Prep and PEP education and navigation services.
- During the first four months of this fiscal year July 1 to October 30, 2023, our Food Pantry program provided seniors with meal deliveries as part of our Kind Hearts Food Pantry Service. We continued distribution of the Senior Nutrition Program while enabling clients to

select their own food based on health needs. Unfortunately, due to the lack of funding and staffing reduction, we suspended the Food Pantry after October 30, 2023.

- SOAP continues to address the needs of LGBTQIA+ seniors living or transitioning into higher care. The goal of the program is to ensure that our senior members are respected as they transition into these facilities, i.e., appropriate pronouns, access to gender appropriate clothing, visitation rights for partners, etc.
- Our Older Adult Program continues to provide individual case management and mental health check-ins as needed. Clients benefitted from a myriad of services as well as internal and external resources and referrals to other agencies through our many regional partnerships.
- While funding is limited, Rainbow was able to provide help to seniors who needed money to pay for utility bills. In this fiscal year, we were able to assist three seniors with stipends to pay their utility bills or help cover a portion of it.

- **Clinical Program**

- *Rainbow provides counseling sessions to individuals, partnerships, and groups/families within the LGBTQIA+ community. Services are available in person and virtually, these abilities allow for access to services from clients that do not have reliable transportation or leaving their dwelling in general. The availability of virtual clinical services has increased and enhanced access, particularly with our adoption of Simple Practice as an electronic health records platform. In the past year, we've seen a significant increase in the demand for our services from various parts of the state, i.e. Southern California, counties of Alameda, Solano, Napa, Los Angeles, etc. along with an increased demand in more remote parts of the county.*

- **Youth Program**

- *The Rainbow Community Center Youth Program aims to empower youth 12-25 to explore their identities, address internalized homophobia, promote resilience, & connect to peers and community through programming, mentorship, peer support, and leadership opportunities. This past fiscal year our programs flourished with the return of weekly drop in spaces, a new support group for trans teens, the continuation of Team Fierce Leadership program and Camp Fierce, our summer day camp in its second year. Additionally, due to the continued need for accessible online programming for teens without access to our location or who feel more comfortable in online groups exploring identity, we launched an online discord channel for our youth community in June 2023. This platform allows us to offer social groups, resources, peer support and mentoring ongoing to our clients in a space that is moderated by our staff and our teen leadership program members. Lastly, with the influx of enthusiastic teen leaders who are looking to develop skills we instituted rotating volunteer roles for our youth including, a peer support mentor, and a social media coordinator.*
- *Team Fierce stands for Freedom of Identity and Expression through Rainbow Community Empowerment. Camp FIERCE is an LGBTQIA+ affirming Summer Day Camp led by Rainbow Community Center Youth Program Staff and LGBTQIA+ High School/Young Adult Counselors called Team Fierce. The Purpose of Camp Fierce and Team Fierce is to build a scope and sequence continuum for our Youth Programs that builds over time addressing the needs of younger LGBTQIA+ youth/families in our communities while providing ongoing leadership skills and practice for older teens and young adults successfully preventing negative mental health outcomes at an earlier age by connecting youth and their families to affirming services and programs provided by Rainbow ongoing. Due to the popularity of this program and investment from youth we continued the Team Fierce programming on a monthly basis during the school year and then launched into our second summer with over double the amount of members.*
- ***Camp FIERCE** continued in its third year serving 59 youth. Camp FIERCE is a space where youth who have felt stifled, isolated, and alone, can feel a sense of belonging, creativity, and relief. We envision a space for youth to fully express themselves, connect, play, and feel empowered in their identities, expressions, and leadership. This past summer they learned from LGBTQ+ artists and creators in their community and built connections with each other and the Team FIERCE leaders. We believe in a program that centers the*

positive impact of LGBTQ+ teens serving LGBTQ+ youth , which is why we have big dreams to empower our teen leaders through Team FIERCE. We are creating an environment where teens can take positive risks, develop confidence in their leadership skills, and give back to their communities.

- **Team FIERCE:** *is a summer program that served 59 LGBTQIA+ high school aged youth in 2023 that included a leadership retreat, mentoring, advocacy workshops, and a counselor in training program to work at Camp FIERCE. Specific outreach for this program is centered with intersectional LGBTQIA+ youth. Over time participants who attended Camp FIERCE can become members of Team FIERCE growing a supportive community of LGBTQIA+ young adult activists.*

Training

- Professional Development, Training Workshops & Curriculum
- We offer customized training, consultation, speakers, & panels. It would be an honor to support your employees & leadership to elevate your organizational culture.
- We facilitate a responsive, interactive, hands on, minds on, hearts on learning experience for all participants to grow in their understanding & practices.
- Training on gender identity and sexuality is a core part of our prevention and early intervention work, so we focus on schools. Cultivating an understanding of gender identity and sexuality in adults allows many to become allies but also make adult parents supportive of their queer and gender-queer children. Gender identity and sexuality in schools reduce bullying and the negative impact of bullying (e.g. suicide) among LGBTQIA+ youth.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

- **Adult and Family Program**

- **HIV Prevention Services**

- A total of 78 HIV+ LGBTQIA+ community members used one or more of our services, social support groups, and/or attended our events for HIV prevention and support.
 - 61 clients received HIV/STI testing services
 - 17 clients received social and community support through our support groups: Social Guy'Zing, AMIGOS, and POZ Plus.
- Our HIV Prevention Program continue to focus on serving BIPOC LGBTQIA+ members in our social and support groups by implementing multiple cultural events for people of color led by our staff and volunteers.
- Rainbow Community Center's HIV Support Program has made a profound impact on our local community by providing accessible and comprehensive testing services. With regular testing sessions held at various sites throughout the month, we ensure that individuals have convenient access to HIV and STI testing, promoting early detection and awareness. Additionally, our county mobile testing van extends our reach even further, bringing these critical services directly to those who may face barriers to accessing healthcare. Through these initiatives, we are not only reducing the spread of HIV, Hepatitis, and STIs but also fostering a culture of proactive health management and prevention in our community.
- At Rainbow, we offer various types of HIV related programs and outreach:
 1. Free HIV and STI testing (once a week)
 2. HIV+ support groups (Living with HIV Support Group)
 3. HIV+ social groups (Amigos; Mocha; Social Guyzing)
 4. Special events that focus on male identified as BIPOC and Spanish speaking in Contra Costa County for HIV+ support and HIV prevention education

- We expanded our groups to serve Black and Latinx communities living with HIV, people who use substances and suffer mental health disorders plus our annual Cinco de Mayo and Dia de los Muertos events where we provided safer sex resources and HIV testing to over 300 people in Contra Costa County.
- **Older Adults**
 - In YF 23-24, our Senior Programs continue to grow allowing us to serve more seniors who live in Contra Costa County.
 - Sunday Jazz, once a month, total served 229
 Popup Piano Bar, occasional, total served 58
 Senior Lunches (once a month) total served 256
 Exercise Group (once a month) total served 287
 Women of the Rainbow (once a month support group), total served 61
 Harvest Dinner (in November 2023), total served 52
 Winter Dinner (in December 2023), total served 32
- **Kind Hearts Food Pantry**
 - During the first four months of this fiscal year July 1 to October 30, 2023, our Food Pantry program provided seniors with meal deliveries as part of our Kind Hearts Food Pantry Service. We continued distribution of the Senior Nutrition Program while enabling clients to select their own food based on health needs. Unfortunately, we suspended the Food Pantry after October 30, 2023, due to the lack of funding and staffing reduction.
- **Clinical Program**
 - During FY23-24, Rainbow's organize outreach programming (Tier 1) that "will reach members of the target community through events, programming, and gatherings" target was 650 clients. Rainbow served 160 members of the LGBTQI+ and/or HIV+ community.
 - Rainbow convenes group level service (Tier 2/Selective) in FY 23-24 our target was 300 clients served. Rainbow served 221 members of the LGBTQIA+ and/or HIV-positive community.
 - Service work plan: Rainbow provided specialized services to the LGBTQIA+ older adult community with a target of 125 clients; Rainbow served 115 LGBTQIA+ older adults.
 - Project 4: Behavioral Health Services Target; provide specialty mental health services to consumers at clinics; the target was 125 unduplicated consumers; we served 90.
 - Rainbow clients receive information about our mental health services during programming and special events. We have also seen an increase in calls and emails from clients needing a health assessment or treatment. Our data has been collected through our demographic forms sign-in sheets during groups and events. We have shifted into the practice of requesting our community members to complete our Demographic Form that helps us assess intersectional needs within our clients. These needs include mental health programming, HIV/STI testing opportunities, housing and more. The responses that we receive through these forms, help Rainbow plan upcoming groups and events that satisfy our members' needs.
 - *Participants are identified through self-referral and are seen on a first-come first-served basis. Clinical participants are identified through assessing functional impairment. We also assess people for Domestic Violence and Substance Abuse for referrals outside of our agency, as well as internal referrals to a DV support group. While we do treat acute diagnoses, we are not a crisis center. The average length of time between symptom onset and entry into treatment is dependent on our waitlist rather than symptom severity.*
 - *Symptoms are measured annually using the county's assessment form. Data is collected through various assessments at the beginning of each treatment plan along with as needed and annually. If something needs to be changed in the treatment plan, clinicians pivot accordingly due to regular*

assessments. Smaller assessments may be used throughout the year by clinicians, as well, i.e. PHQ-9. Data is collected monthly through service logs that track client attendance in sessions, as well as length of sessions. Each clinician is required to participate in an annual cultural competency training offered and required by the county through Relias. We also offer psychoeducation sessions and consultation groups for our mental health professionals on how to work with LGBTQIA+ folks.

- Clients are seen on a first come first served basis, unless they request a specialized clinician, i.e. Spanish-speaking clients. In FY 2023-2023 the waitlist tends to be, on average, 5-6 months. However, the waitlist is actively being reduced. Starting FY 2024-2025, there is no waitlist, and clients can be placed immediately for mental therapy.

Youth Program

- In FY 23-24 Rainbow's Youth Program total 4702.25 hours of service. A total of 165 duplicated youth participated in one or more of Rainbow's Youth Programs. 57 ages 0-15 and 108 transitional age youth 16-25 years old.
- 165 individual youth received services in our youth programs this past fiscal year we continue to notice an increase in trans and nonbinary youth accessing our programs. With the increase of youth participating in Team Fierce, our youth leadership program, we are developing opportunities for the youth to serve as peer support mentors, social media coordinators, and speakers at community events. These leadership opportunities are increasing our participation in the older age range of 16-25 and giving youth more opportunities to connect with Rainbow in meaningful ways while developing skills and receiving mentorship from our staff.
- Participants are identified through self-referral, school wellness staff, and families seeking support for their child. Through annual demographic forms and program registrations, we are able to assess and make recommendations for resources including but not limited to referrals for counseling. Additionally, for ongoing programs we also use a pre and post survey that helps evaluate the outcomes of our programming.
- Project 2: Youth Program Target
- Organize outreach (Tier 1) programming for LGBTQIA+ youth. Target 100 LGBTQIA+ youth. We do not have any Tier 1 programming for youth.
- Organized group-level (Tier 2) programming for LGBTQIA+ youth (virtual); target 100 LGBTQIA+ youth in group-level programming; we served 137 LGBTQIA+ youth.

- **Training**

For FY 2023-2024, we trained over 1,350 people, which includes K-12 principals, school district leaders, teachers, staff, administrators, mental health professionals, Head Start directors and staff, community college students and staff, parents and families of LGBTQ+ children, LGTBQ+ youth and their peers, and Contra Costa community members. Overall, Rainbow provided over 50 trainings for 20 different schools, organizations and agencies in FY 2023-2024.

Rainbow Community Center was able to fulfill the service deliverables under "Project #3 Youth Service-based & School Targeted Services," in the following ways:

- Rainbow outreached to local school districts and schools, and provided professional development trainings on Sexual Orientation, Gender Identity and Expression (SOGIE) and best practices for supporting LGBTQ+ students to Contra Costa County teachers, staff and district leaders. Trainings were conducted for Contra Costa County teachers, staff and youth program leaders at Pittsburg Unified School District, John Swett Unified School District, Mount Diablo Unified School District, Bancroft Elementary, Wren Elementary, Valhalla Elementary, John Muir Elementary, Athenian School, Richmond Community Foundation, City of Lafayette, and Rainbow Family Learning Community virtual workshops open to all families of Contra Costa County.
- Rainbow Community Center provided more than five annual SOGIE trainings to teachers/youth program

leaders within Contra Costa school districts in need of support mitigating bullying and harassment, including three SOGIE trainings for John Swett Unified School District, one SOGIE training for Pittsburg Unified School District and six SOGIE trainings for Mount Diablo Unified School District.

- Rainbow Training & Education staff provided resources and consultation to five area schools (Bancroft Elementary, Wren Elementary, John Muir Elementary, Valhalla Elementary, and Athenian School) in order to connect with teachers and youth on campus.
- In addition, Rainbow's Training and Education staff provided advocacy and support to families with transgender and gender diverse children, including attending gender support plan meetings for families with gender diverse children in order to support the student and family's wellbeing and be an educational resource for school staff.
- In some cases, Rainbow's Training and Education staff also attended CFS family meetings and provided one-on-one SOGIE education sessions to families who are CFS-involved.
- Our training on gender identity and sexuality directly results in a reduction of rejection of people, especially youth, who are LGBTQIA+, which reduces homelessness and mental health programs such as anxiety and depression, as well as substance abuse.

Describe how the program reflects MHS values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

- **Adult and Family Program**

- **HIV Prevention Services**

- Our Program focuses on providing social and supportive services that include safe spaces to reduce stigma, shame and discrimination between clients living with HIV. The HIV Prevention Program also brings activities that provide education and linkage to care and prevention services. We cater to our underserved communities of color by expanding our programming celebrating diversity, culture and other languages. Our Spanish HIV support groups are unique in our county, attracting Latinx HIV POZ and related individuals.

- **Older Adults**

- Many of our senior program participants have shared their experiences and hardships with isolation and depression. Our programming offers activities that break mental health stigma and provide linkage to services. Some of these activities include calling seniors regularly, mental health referrals and presentations by trained staff and community partners.

- **Kind Hearts Food Pantry**

- Our Volunteer Program intersects with our Food Pantry Program to show resilience, wellness and recovery to all our community members. We want our program participants to feel welcomed and valued when joining our services. Rainbow Community Center's volunteers assist underserved communities that suffer from health hardships and housing instability by bringing healthy food and expanding easy access for supplements.

- **Clinical Program**

- *We improve timely access by giving referrals. Our whole organization is based in serving the underserved and centering the most marginalized and vulnerable. We focus more on members of the LGBTQIA+ community for 1:1 counseling while allies are referred to broader group-based services or referrals out to partner agencies like PFLAG. We target specific instances of discrimination-based trauma in our treatment plans using wellness, resiliency and recovery reframed as measurable outcomes. We strategize as thought partners to ensure that all our training and curriculum work is non-discriminatory and non-stigmatizing. All of our training work is embedded with an intersectional lens towards our*

understanding of gender identity and sexual orientation based discrimination and bias.

- **Youth Program**

- *Our youth programs are currently creating a wide variety of offerings to meet the diverse needs of our county. We focus on partnering with outside agencies and schools to ensure we are reaching our most marginalized youth. Our outreach materials are in both English and Spanish and we prioritize having Spanish speaking staff available to connect with youth and provide resources. Additionally, we survey youth ongoing in our programs and through social media to learn about what their needs are and how Rainbow can offer the most engaging and relevant programs possible. By engaging directly with youth and families for their feedback, we are developing responsive programs that increase participation and have a positive impact on the mental health of our youth. Our programs operate in a hybrid model to ensure that youth without parent support or access to transportation can keep accessing our programs and services online. We also outreach specifically to areas in the east and west county to arrange school visits for outreach since these areas are not as close to our physical office.*
- *Overall, our youth support groups, in particular, our families and parents of gender diverse children support groups prevent family rejection of LGBTQIA+ youth which leads to homelessness and mental health problems. Our Parents of Trans and Gender Nonconforming (TGNC) children's group is growing in popularity and valuable to the attendees.*
- *Total of 59 Youth participated in Camp Fierce:*

○ Students w/ 1 or more disabilities	○ 20
○ Low-income students	○ 35
○ English Learners	○ 0
○ Students in foster care	○ 3
○ Migratory students	○ 1
○ Students experiencing homelessness	○ 5
○ American Indian/ Native Alaskan	○ 2
○ Asian	○ 8
○ Black/ African American	○ 6
○ Hispanic/ Latino	○ 4
○ Native Hawaiian/ Pacific Islander	○ 0
○ White	○ 28
○ Two or more races	○ 11

○

Include examples of notable community impact or feedback from the community if applicable.
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- **Adult and Family Program**

- **HIV Prevention Services**
 - Testimonials:
 - Attended Harvest Meal event in November 2023: "I'm happy I can share a meal with people instead of being by myself" – Raymond Castillo
 - Repeat attendee of Social Guy'Zing support group: "I wasn't aware of all these new advances in HIV prevention and care" – Dominic Sanchez

Older Adults

- Testimonial 1 is from one of our oldest members C.B. About a year and a half ago, Meals on Wheels and the Rainbow Community Center joined up to have an exercise class at our center. Many attendees immediately felt the health and wellness benefits of this program, however, for C.B. it was life changing. C.B. struggles with mobility issue due to medical conditions. His gait and speed of walking have recently changed. He lives in a large house by himself with stairs. At one point he told me he might not make it up the stairs all the way up himself, this was a concern to the point he was considering a rush sell on his house. When C.B. decided to take the class, he had lots of concerns, however, he came every week and saw improvement within a few short weeks. After a few months C.B. was walking up his stairs with confidence and safety. C.B. continued to come every week to the class and plans on coming to other types of health and Wellness classes when offers.
- Testimonial 2 is from one of our newest members. J.M. started coming to the Sunday Jazz as soon as it started, he is a regular to this day. J.M. confided in me that he has no friends in the area and often felt lonely. Coming to the Jazz Night provide him with a social connection. J.M. is a very social person but just needed to find the right people. The Sunday Jazz event is a great way for older adults to make new friends with common interests.
- Testimonial 3 is not quite ready to step out of his home to go to an Older Adult Program (OAP) Rainbow event. A.E. has been isolating in his home prior to the pandemic. He deals with anxiety/depression, health and weight issues. Despite this, A.E. comes regularly to the Senior Zoom Meetings. A.E. claims this is his only true connection with people (and also specifically LGBTQI+ people) beside his adult disabled son who lives at home. The Senior Zoom Meeting started during the pandemic to address isolated seniors and to provide covid/senior related safety tips and updates, however, we soon noticed that there was a lot more isolated going around in the senior community. For this reason, after the pandemic, we kept the program running. The Senior Zoom Meeting is also the great opportunity of being a steppingstone for seniors like A.E. to meet new friends in their comfort zone. I have encouraged A.E. to reach out to us for help when he takes the next big step.

○ Kind Hearts Food Pantry

- Being a volunteer for the Rainbow Community Center has been a very fulfilling experience for me. I feel supported in doing the volunteer work, and it is personally satisfying to be able to be of service and provide assistance to people in need. Doing volunteer work gives me a sense of worth in that I am doing a positive thing for our society. I am very grateful for the opportunity to give back to the community in this way.
- 14 clients participated in our Food Panty program while it was operating. They are repeated clients who received food from our program more than once in the last fiscal year.
 - Intersex, Cis Man
 - both Bi-sexual
 - living in Concord
 - 1 White and 1 Latinx
 - 1 Ages 57 and 1 Age 38

● Clinical Program

○ Testimonials

- “My provider is very attentive and compassionate. I look forward to more consistency from this point on. I am very grateful for the opportunity to receive this service. I have become more reflective. I’m recognizing that “sweating the small stuff” triggers anxiety. Learning to let go more leads to less stress and more relaxation. Being in this process has helped me become more

aware of my behaviors and how they affect others. Reframing a situation provides me with a different perspective which increases my choices and options to make decisions and take actions that lead to positive results." -- Bry'Andi Brandon

- "Rainbow offers amazing services. I'm very grateful that they exist." – Erica Straus

- **Youth Program**

- *Testimonials:*

- "Team Fierce is significant to me because I am able to feel safe and seen in my identity! It welcomes the discussion of queer trauma, history, and pride! It gives me an opportunity to express and build upon my leadership skills while building a community." -- Camp FIERCE Counselor, age 19, Benicia
 - "It is really helpful to get to share my experience with other kids like me. and everyone was super nice and friendly and willing to listen" -- youth from Trans Teen Talk group, age 15, Pittsburg
 -
 - "Being a counselor has allowed me to connect with more friends, have a fun safe space for myself, and be able to see that there is so much hope for the younger kids. seeing all of them connect and make friends this past week, explore new identities, and learn more about what it means to be queer and how amazing that can be was an eye opening experience" anonymous counselor from Team FIERCE
 - "Camp FIERCE is a respite for me. I homeschool my kids, and I don't trust them with anyone, but when I send them to camp every year, I know they will be safe." – Parent of multiple campers, Concord

Training

Testimonials

"The training was so helpful and really opened my eyes to how LGBTQ+ people have been oppressed, and the history of indigenous two-spirit identity. I think I'll be a better teacher and parent because of this training."

- Teacher at Bancroft Elementary School, Mount Diablo Unified School District

"Thank you for your presentation! It was fun, engaging, and informative."

- Principal at Rodeo Hills Elementary School, John Swett Unified School District

"Many thanks for leading an excellent SOGIE workshop this evening for the Lafayette community. Thank you for being a positive force of education and community transformation!"

- Council Member for City of Lafayette

"I learned so much about the laws that protect LGBTQ+ students in public schools and how to support trans students at school. The training was dynamic and engaging, and the trainer answered all of our questions with thoughtfulness and clarity."

- Teacher at Athenian School

"You did a great job with making the material relevant (yay data!!). I was grateful to be in a training that was presented in a way that landed with some of my less open co-workers as well as my queer friends."

- Behavior Specialist in Special Education, Hayward Unified School District

"The training went really well, and our staff was definitely engaged with the material and had many questions which the trainers did a great job in providing answers and greater understanding for our staff."

- Associate Director at Center for Human Development

List of Training Clients for FY 2023-2024:

Pittsburg Unified School District (PUSD)
Mission Prep School
Diablo Valley College (DVC)
Hayward Unified School District (HUSD)
Alameda County Office of Education (ACOE)
Tulare County Office of Education (TCOE)
John Swett Unified School District (JSUSD)
Mount Diablo Unified School District (MDUSD)
City of Oakland
Civicorps
City of Lafayette
Richmond Community Foundation
John Muir Elementary
Wren Elementary
Bancroft Elementary
Valhalla Elementary
Athenian School
Center for Human Development
Teens Tackle Tobacco Conference (ACOE)
Rainbow Family Learning Community (RFLC) trainings [Open to Contra Costa community members and families]

AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year: **(NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)**

TOTAL SERVED FOR FY 23-24: 487

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
57	108	209	112	1	487

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
264	10	23	174	487

IF OTHER, PLEASE SPECIFY: Tagalog, Vietnamese, Portuguese, Korean

RACE:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	99	AFRICAN	0
AMERICAN INDIAN/ ALASKA NATIVE	1	ASIAN INDIAN/ SOUTH ASIAN	5
ASIAN	35	CAMBODIAN	0
BLACK/ AFRICAN AMERICAN	35	CHINESE	4
		EUROPEAN	44
WHITE/ CAUCASIAN	232	EASTERN EUROPEAN	5
HISPANIC/ LATINO	76	FILIPINO	9
NATIVE HAWAIIAN/ PACIFIC ISLANDER	2	JAPANESE	1
OTHER	0	KOREAN	1
DECLINE TO STATE/ DATA NOT CAPTURED	9	MIDDLE EASTERN	7
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	487	VIETNAMESE	3

		MORE THAN ONE ETHNICITY	1
		OTHER	14

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	2
CENTRAL AMERICAN	1
MEXICAN AMERICAN	20
PUERTO RICAN	1
SOUTH AMERICAN	2
OTHER	10

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	357
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	487

SEXUAL ORIENTATION:

HETEROSEXUAL	127	QUESTIONING / UNSURE	29
GAY / LESBIAN	152	ANOTHER SEXUAL ORIENTATION	62
BISEXUAL	72	DECLINE TO STATE/ DATA NOT CAPTURED	2
QUEER	37	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	487

SEX ASSIGNED AT BIRTH:

MALE	151
FEMALE	160
DECLINE TO STATE/ DATA NOT CAPTURED	176
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	487

CURRENT GENDER IDENTITY:

MAN	138
WOMAN	160
TRANSGENDER	59
GENDERQUEER / NON-BINARY	76
QUESTIONING	1
ANOTHER GENDER IDENTITY	18

		DECLINE TO STATE/ DATA NOT CAPTURED	35
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	487

ACTIVE MILITARY STATUS:

YES	0
NO	0
DECLINE TO STATE/ DATA NOT CAPTURED	487
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	487

VETERAN STATUS:

YES	8
NO	305
DECLINE TO STATE/ DATA NOT CAPTURED	174
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	487

DISABILITY STATUS:

YES	66
NO	213
DECLINE TO STATE/ DATA NOT CAPTURED	208
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	487

DISABILITY TYPE:

DIFFICULTY SEEING	8
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	3
PHYSICAL MOBILITY	13
CHRONIC HEALTH CONDITION	13
OTHER	20
DECLINE TO STATE/ DATA NOT CAPTURED	430
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	487

COGNITIVE DISABILITY:

YES	4	DECLINE TO STATE/ DATA NOT CAPTURED	483
NO	0	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	487

RYSE - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2023 – 2024

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
	OUTREACH
	STIGMA AND DISCRIMINATION REDUCTION
	ACCESS AND LINKAGE TO TREATMENT
	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	CHILDHOOD TRAUMA
X	EARLY PSYCHOSIS
X	YOUTH OUTREACH AND ENGAGEMENT
X	CULTURE AND LANGUAGE
	OLDER ADULTS
	EARLY IDENTIFICATION

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- 93% of youth feel as safe or safer at RYSE compared to other places they spend time; 65% feel safer at RYSE
- 96% of youth reported feeling like they matter at RYSE.
- 100% of youth said the staff's ability to help them when needed influenced why they continue to come to RYSE.
- 97% of youth reported that they feel like they can talk to staff about things that are bothering them; 98% reported feeling like staff really care about them.
- 98% of youth receiving clinical or case management services expressed that the service is a safe space for them to express their needs, concerns and fears; and to express their goals and aspirations.
- Over 88% of youth receiving clinical or case management services report stronger connections with family, friends, and community.
- Over 95% of members report an understanding and capacity to build community with races, cultures and sexual orientations and genders different from their own.
- In the past year, RYSE provided over 300 direct emergency support cash payments to youth, and paid for weeks-

long hotel stays for dozens of youth and families.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

We are grateful to have a new space for young people to come to, and come back to after such profound, unpredictable, isolating, and grief-laden years. We are grateful that our members, new and old, are making their way to RYSE, and stepping into a new space in a new time and trying out new and different things. Young people have shared both a sense of relief in having someplace to be and are also expressing that they are feeling abandoned, uncared for, and even more harmed by their schools and by adults. This past year the relentless distress our young people have been experiencing, whether it be mental health crises or homelessness, has exponentially grown. In the past year we have lost too many young people to gun violence and system failures. Through it all we continue to identify ways to allow young people spaces to play and dream.

MHSA services provided by RYSE facilitated access and linkage to mental health care (through a trauma-informed, healing centered approach), improve timely access to mental health services for young people in West County strategies that are non-stigmatizing, non-discriminatory, and actively address stigma and discrimination that creates physical, mental, and emotional harm and burden for young people in West County. RYSE continued to implement three interlinked programs (Holistic Health and Wellness, Trauma Response and Resilience, West Contra Costa County LGBTQ Youth Advocacy) that provide three-tiered direct services to youth and systems change efforts. RYSE's integrative system enables multiple points of entry and engagement between and across all tiers.

Holistic Health and Wellness

- **Atmospheric Trauma, Youth Wellbeing and Distress:** Among young people we are still seeing an increase in severe mental illness, suicidal ideation, anxiety, and depression. We are also triaging and tending to increase in domestic violence and intimate partner violence, human trafficking, evictions, and gun violence. We are noticing increases in disordered eating, particularly for trans and gender non-conforming youth, as well as requests to support with testing, treatment, and anxiety and stress related to sexual health and STIs. In addition and often concurrently, young people are presenting to RYSE with increased experiences of harmful responses when they have accessed care from clinics and outpatient mental health providers including experiences of transphobia, prescribing psychotropic medications without thorough assessment or monitoring, and coercive treatment approaches to self-harm and disordered eating that exacerbates feeling of shame rather than honoring and building upon young peoples' natural and robust resources.
- **Practitioner Development for Early Intervention:** In attunement with the concurrent ways young people have increasingly been engaging with RYSE services for care, we have been adding to our practitioner team and building systems of coordination. This includes hiring an on-site clinical supervisor for therapists and case managers - expanding clinical supervision services to staff supporting young people with transition & reentry. We have created two housing justice roles and an onsite navigator role who can provide immediate support to young people onsite. This is in addition to multiple Health Justice Program educator roles that include pathway (former member) staff. We have begun adapting our programming, clinical and non-clinical, to integrate health justice harm reduction principles and practices to address rising risk factors that young people are experiencing including disordered eating, self-harm and AOD use. In July, we focused on integrating evidence-based approaches to disordered eating and self-harm (Internal family systems (IFS) for disordered eating that centers

body and gender justice). We have deepened our cross-program Care Review process to ensure coordinated care for individual young people and made adjustments to programming to ensure safety and linkages with supports. As is our ongoing practice, RYSE staff have engaged in numerous trainings to support skill-building as practitioners, including disability justice and universal design, telehealth, suicide prevention and assessment, housing and homelessness support, the 211 system, supporting youth with substance use disorders, supporting youth with ADHD, supporting youth in foster care, family systems, and somatic healing.

- **Onsite Supports and Holistic Health Portals:** RYSE staff worked to establish a CCHS teen mobile clinic and Lifelong TEAM residents starting weekly “Ask a Doc” programming at RYSE in August 2024. In partnership with Freedom Community Clinic, RYSE has hosted numerous Wellness events that include sessions in acupuncture, reiki, herbal remedies and more. Program staff have updated our Care Review process to coordinate and communicate care plans for young people. Young people are supported in Culture Builder roles to conduct New Member Orientations with their peers, share/co-lead ideas for relationship-building and relevance with their peers, and co-lead House Meetings as spaces for all members and staff to share ideas and concerns for ensuring the space is meeting young people’s needs.
- **COVID-19 Response:** RYSE’s COVID-19 protocols align with our values and commitment racial justice and disability justice. While major health, medical, and educational institutions have rolled back on mitigation and protective measures, we stay steadfast in our care for young people, attuned to the epidemiology and health inequities, centering those most structurally vulnerable. During local COVID-19 surges, we reinstated the masking protocol for staff and continue to test and contact trace. RYSE’s Youth Emergency Fund supported youth who became ill with cash payments and resource linkages. We are continuing the fund into FY24-25.
- **Peer-Led Workshops and Edutainment Activities:** Over 50 distinct programs were held with over 1,000 sessions offered. Examples include Daily food justice programming, Media/Arts/Culture Pop-Up Workshops, Graphic Design, Let's Talk About Sex/Relationships, Zymbolic Tutoring & College Prep, RYSING Arts Club, Meet my Shadow, Barz R US & Studio Drop-Ins, Organizing Club, Bay Area Legal Aid, Music Amp, Visual Arts Internship, Designing Belonging Internship, Beyond Youth Organizing and Power, Culture Builder Internship, Stay Fly Law Program, Karaoke Lounge, 3x3 Basketball, Badminton, Pickleball, Weight Lifting, Dance, Yoga and more.

In many cases, workshops were led or co-led by young people. This includes leading workshops about health disparities, food justice, and reproductive health; planning a journal making/stress ball making activity for Wellness Day in July 2023; planning a collaborative vision board poster for Night Out for Safety and Liberation in August 2023; creating peer-education arts-based workshops for RYSE’s Youth Organizing Club; creating a hands-on peer training about adolescent brain development; planning a mental health and college admission event called Rooted and Grounded that included a panel that spoke about mental health, a decorate your own journal station, a painting/coloring station, & a “release” plate breaking activity. For RYSE’s annual Youth Leadership Institute in April 2024, youth planned, and co-planned workshops entitled “Dancing beyond Boundaries”, “Identities through Time”, “Doodling”, “Cultural Fusion Dance”, “Vision Boards” and “Creative Writing Recipes for Healing”.

Family-friendly and community events included Night Out for Safety and Liberation, La Feria de Septiembre, Wellness Day, Be A Kid. The RYSing Arts Festival in July 2023 was the first Contra Costa County community arts gathering that celebrated the richness of youth arts in our County. This festival included arts activities and performances supported by RYSE and eight local arts partners. RYSE Lounges continued throughout the 24-25FY on the last Friday of each month, and included a Back to School Party, Holiday Member Lounge, Black Cultures Month Game Night, Video Game Tournament, Halloween Fashion Show, Lip Sync Battle, Women’s Appreciation Dinner, and a Graduation Lounge for graduating high school seniors.

- **Individual counseling and case management:** Individual clinical therapy ranged from 3-6 stabilizing counseling sessions to continuous relationship and monitoring between the therapist and young person over the entire year. This included case management support with connections to legal entities, school systems, and county CPS, housing, SARB process at school, a safety plan in response to bullying at school, and navigating the community college system, financial planning, employer issues, and queer affirming sexuality. As mentioned, there is an increased desire for mental health support services from youth, as well as many ways that young people's distress are being made visible and shared in interactions with peers and staff while at RYSE. RYSE's waitlist approach includes continued engagement and linkages to resources at RYSE and in the community to support needs while waiting for therapy appointments. In many cases, peer support groups are also offered.
- **Aging Up & Bay Legal:** RYSE launched a formal transition process with TAY who are 21 (aging up from RYSE membership age) who were seeking continued engagement as they continued their journey into adulthood with supports for post-secondary education, scholarships, employment, housing and basic needs. This included special alum hours for use of computer lab, meeting with staff for specific resources, opportunities, needs and just to be in the space; participation in campus and community events; tailored supports especially in the areas of mental health, career support and housing; RYSE emergency fund resources available as needed. RYSE and Bay Area Legal Aid's Youth Justice Project partnered to offer free legal clinics, supporting young people in the following areas: homelessness (if youth are experiencing homelessness or do not have a space or place to live), foster care (if youth want help getting into foster care or getting AB12 benefits), guardianship (if youth need help making someone their guardian), medical (if youth need access to medical or mental health services), school (if youth want help with school (enrollment, discipline, special education), public benefits (if youth were denied public benefits like food stamps or cash aid), and more.
- **Resilience Hub & Healing Justice Youth Leadership:** The RYSE Health Justice Center Mural was completed by muralist and a team of 6 youth artists, elevating themes of holistic wellness, grief, and disability justice. RYSE partnered with APEN for a cross-organizational cohort of 8 young people to plan for the next phase of Resilience/Liberation Hub Implementation. This included engaging in a Toxic Tour of Richmond, participating in climate technology youth summits, engaging in coalition work for improving park safety and access, and planning for the launch of a Youth Advisory Board at RYSE to support leadership development and allocation of resources to climate-response projects to support health.

Trauma Response and Resiliency

RYSE operates with an intensive relationship-based approach, seeking to engage with young people personally and build upon their strengths. RYSE provides evidence-informed services to this group including: Hospital-Based Violence Intervention; individual and group mentoring; case management; individual and group clinical and non-clinical mental health supports, including Trauma Focused CBT; media and arts activities; education and career preparation; and leadership and community organizing. RYSE accepted 100% of referrals from local hospitals, Probation and the DA's office. 39 of the young people reached during this grant period were connected through Probation as part of transition & reentry or through the DA's office as part of restorative justice diversion. 17 of the young people reached during this grant period were connected through new or ongoing hospital-based referrals of intentionally injured youth ages 13-25.

RYSE staff and young people served on county and statewide coalitions to improve policies and coordination. We have provided tours of RYSE Commons and held meetings with teams from each of our state and national electees and will continue to stay in contact to leverage young people's expertise, experiences, and recommendations for health justice and addressing structural racism in West Contra Costa.

- **Counseling & Case Management Survey:** 57 young people, including 5 R2P2 clients, participated in RYSE's Counseling and Case Management survey in April/May 2024. The Counseling & Case Management Liberation Inquiry Tool (LIT) inquiries about the opinions and experiences of RYSE members who have been engaged in counseling and case management services. Young people overwhelmingly expressed that they feel safe, supported, respected, and that they are taking the lead in working on their goals. Their near unanimous positive responses suggest consistent positive experiences for young people across different staff with whom young people are interacting and the different types of services in which they are participating. For example, 98% expressed:
 - The service is a safe space for them to express their needs, concerns and fears. And to express their goals and aspirations.
 - They are being helped to open up and confront barriers head on.
 - RYSE staff were responsive and engaged them creatively (including over the phone/zoom).
 - They had opportunities to voice concerns, questions, as well as to share their own ideas.

Young people participating in these services at RYSE are noticing changes in themselves, especially changes in their emotional well-being and understanding of oneself and others. Most (88%-94%) also expressed agreement with statements reflecting stronger connections with family, friends, and community.

- *“Gracias a él servicio recibido en RYSE me siento más segura de llevar a cabo cosas que yo nunca pensé sería capaz de lograr como por ejemplo empezar mi propio negocio ya q ahora me siento más segura de mi misma. [Thanks to the service I received at RYSE, I feel more confident in carrying out things that I never thought I would be able to achieve, such as starting my own business since now I feel more confident in myself].”*
 - *“Ever since I started with my therapist, things have progressed majorly, I have changed for the better and accomplished many new things, many goals, I can't thank my therapist enough and RYSE for supporting me and lending me aid in order for this to happen in the first place.”*
- **Identity and peer support groups:** such as Young Men's Group, Sister Circle and Alphabet Group and Let's Talk About Sex began in Spring 23-24 (42 young people enrolled). Let's Talk about Sex internship to begin in FY 24-25. Teens on Target Violence Prevention, Seeking Safety from Substance Use, and Breaking the Frame Anger Management launched in Summer 2024. All of these spaces flourished as spaces to build inclusive relationships, embrace art, cultural wisdoms, process grief and trauma, and develop leadership tailored around experiences/expertise.
- **Freedom Beatz:** In Fall 2023, we were able to host our second cohort from Freedom Beatz. Our Community Arts Partnership Manager and Studio Technician worked with transitional age youth at Juvenile Hall, in partnership with Stu212, a Music Therapy organization. Youth completed 3 full tracks.
- **Disability Justice:** RYSE staff are engaged in a series of Disability Justice trainings, with a mandate to center disability justice and neurodiversity in all areas of our work. In January 2024 Staff participated in a 2-day disability justice primer and deep dive into specific programmatic and systems-linked components, as well as an introduction to universal design. Departments began the work of auditing their programs, curriculum, communications materials and outreach strategies.
- **DV/IPV Root Causes Collaborative:** RYSE is part of partner collaborative, We Take Care of Each Other, to address the root causes of DV while promoting health equity and intersectional racial justice by focusing on housing and

economic justice, holistic youth and family support, and community-based healing among communities and populations most impacted by DV and health inequities. RYSE and the CHAT Project are working with ABMoC to launch a California version of the A Call for Change Helpline. The helpline is part of a larger effort to bring resources and innovative interventions to communities experiencing harm and focus on solutions that are not based on traditional and punitive interventions.

- **RYSE's Trauma and Healing Learning Series:** launched in September 2023 with a 2-part series focused on BIYOC Adolescent Development and the impacts of the pandemic; as well as a screening of Grandma's Roses with Alliance for Boys and Men of Color. The upcoming THLS session is in July 2024 - Community-led Information Session on Prop 1 and CARE Court, with CA Pan-Ethnic Health Network (CPEHN) and Disability Rights CA (DRC).
- **Office of Racial Equity and Social Justice/ Racial Justice Oversight Body:** RYSE is a Core Committee member working on the development of the County Office of Racial Equity and Social Justice (ORESJ), a new government body working to address the countywide racial inequity burdens experienced by residents. RYSE's current work as part of the Contra Costa Racial Justice Oversight Body will move under the ORESJ oversight in the coming year, bringing more opportunities for linkages and alignment with other County departments affecting systems-impacted residents. As part of the County's efforts to reduce racial and ethnic disparities in Contra Costa's criminal legal system, RYSE's Director of Education & Justice is on the Racial Justice Oversight Body (RJOB) which monitors data, policies and practices in the criminal legal system. She was elected chair of the Diversion committee to lead and develop equitable policies and practices for the County's youth and adult diversion practices. The RJOB worked with the WCCUSD toward objectives centered in incentivizing non-punitive discipline and increasing behavioral health and early intervention services for youth. RJOB inquiry sessions and recommendations include trainings, grants and other forms of resources and incentives that support schools in non-punitive discipline practices such as PBIS and restorative justice.
- **Contra Costa Community Care Coalition (The C5):** RYSE hosted the C5, continuing to center the priorities of our communities and convene the ecosystem of community partners, public agencies, advocates and organizers, and electees who work in service to our communities. Various collaboratives and campaigns have developed out of, been shared at, and informed by the Coalition.
- **Housing Justice:** RYSE has engaged with multiple housing and homelessness committees and housing partners to assess and address youth homelessness. This includes joining the Contra Costa County Continuum of Care and working to develop a Youth Action Board, joining the Richmond Housing Equity Roadmap Collaborative with Just Cities and other partners, and serving as a distribution point for a direct cash transfer pilot program aimed at youth homelessness prevention with Tipping Point and 3 Contra Costa Colleges. As part of the Continuum of Care county-wide, RYSE worked closely with H3 to co-hold a cohort of approximately 10 young people in the Youth and Young Adult Strategic Planning Process. We convened partners in central and east county (Hope Solutions, Rainbow Community Center) and the community colleges to plan for a countywide youth advisory board/housing justice advisory board.
- **Health Justice Center:** RYSE engaged in meetings with health partners on the Health Table for the activation of the Health Justice Center and continued a contract with West Contra Costa Health Care District for opening the HJC over the coming years, which includes the launch of the Listening Campaign 2.0 (described below). RYSE will serve as an information and strategy hub for County CalAIM implementation.

Inclusive Schools

RYSE fielded and coordinated supports for dozens of incidences of interpersonal and systems crises directly impacting young people, which included supporting young people, parents, schools, district staff, community partners and systems

partners in sharing information, triage, coordinated response, care, and identifying resolution/restorative paths forward. We continue to field daily requests and referrals from schools and school-based clinics for mental health and crisis response supports. As young people navigate safety plans and/or transitions following criminal legal system involvement, RYSE has worked to ensure schools are meeting access needs. RYSE continues to lift up young people's priorities for LGBTQIA+ health, wellness and leadership both with the District and the larger community through narrative sharing, linkages and program opportunities. We are hearing that young people don't have consistent teachers, special education support or administrators at their school. The majority of youth in RYSE's caseload are on IEPs or in need of IEPs.

- **School/Community Care Teams:** The impacts for young people have been apparent in experiences of and escalating threats of interpersonal violence between young people at school, in the community, and over social media. RYSE has been coordinating extensively with the Richmond Office of Neighborhood Safety, District staff and local schools, and directly with young people and their caregivers to try to prevent, divert and restore the impacts for young people engaged in incidences at multiple levels. RYSE's YJ & EEJ Director has held meetings with WCCUSD's superintendent and local principals; and RYSE staff are now part of a new DeJean CARE Team. RYSE's Restorative Justice Diversion program (RESTOR) has continued to be a resource we offer as staff deepen relationships with schools and families.
- **School linkages & student support:** School site visits, where students from local middle and high schools have come to RYSE as part of their school day to learn about the space and build relationships between students, teachers and RYSE, as an afterschool option for youth. With the closure of the Department of Juvenile Justice and directive to better serve young people in their communities, RYSE staff serve as student advocates for young people who require credit transfers, safety plans, IEPs, and other access to reach their academic goals.
- **Pride Month & Board of Supervisors Pride Proclamation:** Pride month at RYSE included workshops and Pryde Spirit Week. RYSE staff and youth members were proud to attend the 10th annual City of Richmond Pride event. RYSE staff and youth read RYSE's Pride Statement at the June Board of Supervisors meeting. [Video here.](#)
- **Health linkages:** RYSE's Let's Talk About Sex and Let's Talk About Relationships workshops engaged young people where they were at with "pop-up style" sexual health education. Health Justice Center planning and feedback workshops and focus groups engaged young people across their identities and asked them to consider these social locations in making recommendations for the HJC.
- **WCCUSD Arts Now:** In partnership with the West Contra Costa VAPA Department, RYSE hosted one professional development workshop for their Social Emotional Learning & the Arts Professional Development series. The series of workshops focused on how to use art to address Social Emotional Learning (SEL) competencies. RYSE focused on Visual Arts and Theater, by examining how to incorporate SEL competencies within existing lesson plans as well as new. 18 of the 30 teachers were able to attend. Our Community Arts Partnership manager, Reggie Edmonds-Vasquez ran through lesson plans for k-5 and 6-12 that exemplified how to use Theater games to explore three out of the five SEL competencies. Our Visual Arts Assistant, Tearra Brintley revisited the creation of mask making (k-5) and how we can expand on existing and well known lesson plans to more intentionally incorporate SEL competencies. The end of the PD focused on discussion and brainstorming on how to frame SEL discussions during activities and after as well as a reframing and humanizing of the SEL competencies.
- **WCCUSD School Design:** Throughout 2023-2024 school year, RYSE Education Justice Manager and youth members participated in visioning and redesign sessions for Kennedy High School and Richmond High School planned physical renovation. Youth lifted up the importance of clear visual and physical access to mental health

and other educational resource spaces, as well as recommended that the spaces be modeled similar to RYSE's youth-designed physical space.

- **Youth Leadership:** Young people have held leadership and advocacy roles across our Health, Education, Media Arts & Culture, and Youth Justice departments to design trainings in healing justice for District teachers, share testimony for state and local electees, and conduct YPAR into conditions of their schools and communities. RYSE members joined School Based Health Alliance Conference and ENACT Day and Quest for Democracy Day at the capitol where they shared research and experiences with mental health, homelessness, with immigration, with restorative justice, and with economic scarcity and advocated for policies in support of their communities.
- **Listening Campaign 2.0:** In partnership with Ceres Policy Researchers RYSE youth researchers between the ages of 15 and 21 began meeting weekly. Interns learned about Richmond's historical/ health landscape. The team drafted questions and conducted focus groups that aim to understand what resources young people need more/better access to, in connection with health, education and other adult roles and responsibilities in systems. Currently the intern team is analyzing patterns and data they have found in the focus group, created a survey based on the information from the focus group, and began distributing the survey they designed. They are currently formulating next steps of analysis, further inquiry and dissemination.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

RYSE service delivery is monitored through a customized database to track program utilization and tailored supports. Tailored intakes, case notes, and education/ career/ youth justice plans are used to understand the scope of individual and community-level issues and develop and track achievable goals in partnership with young people. RYSE partners with external evaluator JDC Partnerships, a woman and BIPOC-led firm, on the design, administration and analysis of multiple, multi-level tools to measure progress toward our Theory of Liberation outcomes. These include a seasonal Program Liberation Impact Tool (LIT), annual Member LIT, annual Organizational LIT, semi-annual Staff LIT and bi-annual Partner LIT. The Member LIT, is inquiry into the nature of relationships experienced between RYSE members and with staff, why being a part of RYSE matters to young people, and young people's experiences along RYSE's key measures of safety, belonging and love; understanding of self and others; emotional health and wellbeing; and sense of agency and influence. In May 2024; findings were consistent with if not more positive than trends over the past 15 years (n=86).

	2024 Average Rating	2023 Average Rating
Sense of Belonging	3.3	3.3
Positive Peer Relationships	3.1	3.0

Positive Relationships with Staff	3.3	3.2
Love	3.3	3.2
Emotional Well Being	3.3	3.1
Sense of Agency	3.3	3.1
Understanding of Self and Others	3.3	3.2

Outcomes/ Measures of Success:

- 95% of RYSE members report benefits of RYSE programs and services that support mental health and wellness, including 97% positively reflected that however they come in, staff at RYSE love them.
- 75% of members demonstrate progress toward desired skills/goals related to their participation at RYSE (subset of members with a defined plan)
- All RYSE members who were identified as needing more intensive MH services will be linked to culturally competent MH services, as available.
- At least 200 stakeholders engaged in trainings and TA on RYSE healing-centered model; and through participation demonstrate shared commitment to trauma-informed policy that promotes the optimal health and wellness of West Contra Costa youth and young adults
- Among RYSE members who self-identify as LGBTQQ, key measures were positive and consistent with overall youth membership; over 90% report positive sense of safety and belonging at RYSE and positive or increased sense of self-efficacy, positive peer relations, youth-adult relations, and agency in impacting change in the community
- Over 95% of RYSE members report an understanding and capacity to build community with races, cultures and sexual orientations and genders different from their own.

Other notable findings from the 2024 Member survey, include:

- 93% of members feel as safe or safer at RYSE compared to other places they spend time; 65% feel safer at RYSE
- 96% reported feeling like they matter at RYSE.
- 100% reported feeling like they are successful at RYSE.
- Among young people who self-identified as disabled, 100% reported that RYSE is an accessible space for them, specific accommodations they need are provided; and 80% feel comfortable asking for these accommodations.
- 96% said getting to know other young people in their community influenced why they come to RYSE.
- 94% said the opportunity to be more involved in their community at and through RYSE influenced why they continue to come to RYSE.
- 95% reported that since coming to RYSE, they believe they can make a positive impact in their school or community.
- 100% said the staff's ability to help them when needed influenced why they continue to come to RYSE.
- 97% reported that they feel like they can talk to staff about things that are bothering them; 98% reported feeling like staff really care about them.

Quotes from Members:

- *No other place helps the youth of Richmond embrace their identities and connect with their community like RYSE does.*
- *[What makes RYSE special is] The family mentality you get when being there and unwavering support.*
- *Ryse is the only place in Richmond that kids can grow into themselves.*
- *It feels safer than home and school*
- *The biggest change I've noticed in myself since coming to RYSE is making me talk to more people and be social.*
- *[at RYSE, I've].. Noticed that sense of community I was missing*
- *I notice more joy whenever I go to ryse, my mood.*

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

RYSE cultivates an integrated system that enables multiple points of entry and engagement for young people to build relationships with staff and peers, have fun, engage in arts and healthy activities, and also to receive support with school and other goals. This model creates proximity and opportunities for meeting acute needs when they arise, as well as learning more about what young people need as protective factors in each of their individual, family and community lives.

Since 2012, RYSE's gun violence intervention, diversion, reentry, and community service programs have been providing tailored, attuned, and adaptive services to young people at highest risk. Our hospital-linked violence intervention program - RYSE Restorative Pathways Project (R2P2) - works with surrounding hospitals to support young people who have been violently injured. We also have a consistent number of community-based referrals from injured young people who are unsure of how to access medical care and/or do not trust health providers. To date, our R2P2 program, reentry, and diversion programs have supported over 500 young people, with at least 80% having direct experience and/or high risk of experiencing gun violence.

During and since the pandemic our housing justice work also increased dramatically as our members and their families faced loss of income, eviction, increasing cost of living, COVID and cascading health conditions. The uptick in family violence and intimate partner violence also impacted many of our members, including Aging Up members. Referrals to our R2P2 program did not decrease during the pandemic, while the number of community referrals - not captured by any systems data - did increase.

Over the year RYSE has supported multiple young people and families experiencing challenges related to Serious Mental Illness (SMI). We continue to work to build collective capacity to navigate and push the systems and options available to avoid causing further harm, involuntary confinement, and criminalization.

Young Men's Group, Sister's Circle, and Alphabet (LGBTQ+) identity groups are safe and supportive space for young people to explore their identities, discuss pertinent issues, and develop essential life skills. By holding space for open dialogue, mentorship, and skill-building activities, the program aims to cultivate a sense of belonging, self-awareness, and resilience among participants. By tailoring activities and discussions to address their unique experiences and challenges, the program aims to foster a sense of belonging and empowerment among participants. Through mentorship, workshops, and community engagement, the group encourages personal growth, resilience, and positive self-expression, ultimately contributing to the overall well-being and success of these young people within their communities.

Peer support spaces are also non-stigmatizing and community-based approaches. Breaking the Frame of Anger Management creates space for young people to discuss the root causes and personal and political implications of anger, cycles of violence, and build individual and community plans for effectively directing righteous anger. Teens on Target workshops cultivate conversations about gun violence, root causes and community implications.

RYSE launched and maintained our Youth Emergency Fund, providing direct financial disbursements to our members , while also joining and informing a nationwide pilot program to provide direct cash payment for young people at acute risk of homelessness. RYSE is leading planning for a Countywide Youth Action Board to address youth homelessness and is part of the County’s strategic planning process for the Youth and Young Adult Homelessness Prevention Program.

RYSE is opening a Health Justice Center (HJC), informed by the experiences of the young people engaged in our range of services, programs and interventions. The HJC will center the priorities and needs of young people most vulnerable to systems harm and/or neglect (e.g. undocumented, commercially/ sexually exploited, engaged in trafficking, those who have experienced gun violence or critical injury, homeless, queer, transgender, and gender non-conforming youth, young people directly impacted by the legal criminal and child welfare systems), cultivating the spaces and resources for young people to imagine the systems they not only need currently, but desire to lead as next generation health leaders.

RYSE provides these services and community trauma response/stabilization for youth and partners. We engage in advocacy, organizing, and power building that centers the priorities, realities, dreams, needs, and hopes of Black, Indigenous, and Youth of Color (BIYOC). As we stay proximate to and with young people, we do the same with and as part of the (eco)systems of partners, providers, agencies, and institutions responsible for them. We seek and cultivate mutual support and accountability, towards a more just and loving ecosystem of care for BIYOC, their families, and their communities.

Include examples of notable community impact or feedback from the community if applicable.

What Makes RYSE Different

76 responses



Findings from May 2024 Counseling & Case Management LIT

Other quotes from Members:

- “I feel safe at RYSE. Because it’s cool. It’s a chance to meet nice people. Unlike at school, people are not so kind, but at RYSE they are.”
- “I loved the acupressure clinic because it got me more in touch with myself and how I can improve as a person.” - Leadership Institute Wellness survey
- “What drew me to become a culture builder was the ability to assist the RYSE and Richmond community again. I

am also glad to know I am working at an organization that administers resources to its community.” -Nico, RYSE Culture Builder

*“Once I started coming here, I learned to look to the future. I’m proud that I’m now a manager at RYSE. I feel like I can achieve whatever I want to. And I’m really proud that even that belief is enough for me”
~ Dalia Ramos-Muciño, RYSE Culture & Engagement Program Manager; former youth member.*

See more in [Futures of Healing](#) a recently-produced video about RYSE’s Leadership Pathways, featuring three former members who are now RYSE staff.

- *No other place helps the youth of Richmond embrace their identities and connect with their community like RYSE does.*
- *[What makes RYSE special is] The family mentality you get when being there and unwavering support.*
- *Ryse is the only place in Richmond that kids can grow into themselves.*
- *It feels safer than home and school*
- *The biggest change I’ve noticed in myself since coming to RYSE is making me talk to more people and be social. [at RYSE, I’ve].. Noticed that sense of community I was missing*
- *I notice more joy whenever I go to RYSE, my mood.*

Awards:

- RYSE was recently selected as a top resource for young people in Richmond in the 2024 Chamber of Commerce Best of Richmond Contest in the Children and Youth category.
- RYSE received the Dennis Maloney Youth-Driven Award at the 9th Annual National Conference on Community and Restorative Justice in Washington, DC. This award recognizes individuals, organizations, or groups who have demonstrated exceptional commitment to youth-led or youth-focused community and restorative justice initiatives showing:
 - A record of meaningful youth involvement in leadership roles and decision-making processes, and/or offer youth-focused programming pertaining to community and restorative justice initiatives.
 - A significant and positive impact on the lives of young people and the broader community it serves.
 - A record of exhibiting innovation and adaptability to the evolving needs and challenges faced by youth and young adults.

AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year:

(NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)

TOTAL SERVED FOR FY 23-24: 682

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
236	442	1		2	682

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
514	53	9	106	682
IF OTHER, PLEASE SPECIFY: Tagalog, Nepali				

RACE:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	81	AFRICAN	
AMERICAN INDIAN/ ALASKA NATIVE	17	ASIAN INDIAN/ SOUTH ASIAN	
ASIAN	39	CAMBODIAN	
BLACK/ AFRICAN AMERICAN	243	CHINESE	
WHITE/ CAUCASIAN	37	EUROPEAN	
HISPANIC/ LATINO	258	EASTERN EUROPEAN	
NATIVE HAWAIIAN/ PACIFIC ISLANDER	8	FILIPINO	
OTHER		JAPANESE	
DECLINE TO STATE/ DATA NOT CAPTURED	96	KOREAN	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	779	MIDDLE EASTERN	

****While the total number of youths served during this reporting period is 682, the Race section adds up to more because youth can mark upon member enrollment both <i>more than one race</i> and <i>the races they identified</i>.		VIETNAMESE	
		MORE THAN ONE ETHNICITY	
		OTHER	

ETHNICITY (HISPANIC/LATINX)
ETHNICITY (ALL)

CARIBBEAN			DECLINE TO STATE/ DATA NOT CAPTURED	682
CENTRAL AMERICAN			TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	682
MEXICAN AMERICAN				
PUERTO RICAN				
SOUTH AMERICAN				
OTHER				

SEXUAL ORIENTATION:

HETEROSEXUAL	444	QUESTIONING / UNSURE	16
GAY / LESBIAN	21	ANOTHER SEXUAL ORIENTATION	6
BISEXUAL	50	DECLINE TO STATE/ DATA NOT CAPTURED	136
QUEER	9	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	682

SEX ASSIGNED AT BIRTH:
CURRENT GENDER IDENTITY:

MALE			MAN	327
FEMALE			WOMAN	234
DECLINE TO STATE/ DATA NOT CAPTURED			TRANSGENDER	10
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)			GENDERQUEER / NON-BINARY	10

		QUESTIONING	
		ANOTHER GENDER IDENTIY	
		DECLINE TO STATE/ DATA NOT CAPTURED	101
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	682

ACTIVE MILITARY STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	682
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	682

VETERAN STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	682
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	682

DISABILITY STATUS:

YES	29
NO	464
DECLINE TO STATE/ DATA NOT CAPTURED	189
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	682

DISABILITY TYPE:

DIFFICULTY SEEING	
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	
PHYSICAL MOBILITY	
CHRONIC HEALTH CONDITION	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	682
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

COGNITIVE DISABILITY:

YES	75	DECLINE TO STATE/ DATA NOT CAPTURED	234
NO	373	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	682

****We noticed that there is no place to document atmospheric trauma and distress our member's experience.**

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	99
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	51

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	13
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	2

***We do refer youth to outside services (clinical and non-clinical); however they often report negative or uncomfortable experiences with outside referrals. In most cases, RYSE staff continue to provide case management to support engagement in external non-clinical services. On occasion, members will inform us that they were unable to make an appointment.**

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	**N/A
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	1*

*** Connection with the RYSE clinical team happens within 1 week and start of MH services can range between 1 day and 3-6 months depending on what specific mental health supports are identified, including waitlist for clinical mental health services.**

**** RYSE defines and addresses trauma and distress as historical, structural, and atmospheric, operationalized through racial oppression and dehumanization of young people of color (RYSE Listening Campaign, 2013; Hardy, 2013; Leary, 2005; Van der Kolk, 2015). Therefore, RYSE's work is focused on addressing the conditions and systems that induce and perpetuate distress and atmospheric trauma, cultivating and supporting community building for collective healing and mobilization to address the harmful conditions and their generational impacts, and providing tailored supports and services necessary to provide safety, stabilization, and hope for individual young people and as a community. We measure impacts related to RYSE's core strategies and prioritization of relationships as prevention and early intervention of mental health issues (reflected in our service workplan). We do not measure duration of untreated mental health issues, as it does not fully reflect, and is dismissive of, the context and magnitude of what young people are experiencing and embodying. It falls short of the rigor and dynamism we employ as a community mental health and healing organization. That said, we work in persistent proximity with individual members to listen to, validate, and hold their lived experiences and articulations of distress, as well as those of resistance and resilience.**

STAND! FOR FAMILIES FREE OF VIOLENCE - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2023 – 2024

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
X	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
X	ACCESS AND LINKAGE TO TREATMENT
X	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
X	YOUTH OUTREACH AND ENGAGEMENT
X	CULTURE AND LANGUAGE
	OLDER ADULTS
X	EARLY IDENTIFICATION

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Provide primary prevention activities to educate (750) middle and high school youth about teen dating violence
- Provide up to (60) school personnel, service providers and parents, with knowledge and awareness of the scope and causes of dating violence, including bullying and sexual harassment, to increase knowledge and awareness of the tenets of a healthy dating relationship.
- Provide secondary prevention activities to (200) youth experiencing or at risk for teen dating violence
- Conduct (16) gender-based support groups that are each (10) weeks long
- Create access and linkage to mental health services

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

Our Youth Education Support Services (YESS) team provided services at five high schools in West Contra Costa County. These schools included Hercules High school, Pinole Valley High School, El Cerrito High School, Kennedy High School, and Richmond High School. At the onset of each semester, our team provided either classroom presentations or tabling

events on campus to provide information and education about teen dating violence and healthy relationships. School staff, parents and other support providers were engaged in these activities as appropriate. From these presentations and events, our team recruited youth who were interested in joining our support groups, Promoting Gender Respect (for male identified students) and Expect Respect (for female identified students). These students then participated in a semester long support group, meeting weekly to discuss in depth issues around teen dating violence and healthy relationships. Following these successful support groups, we selected fourteen (14) youth to participate in our Youth Against Violence (YAV) leadership program. This program starts with a 4-week summer leadership program, and then continues throughout the school year. The main objective for this program is to support the youth in developing and utilizing leadership skills to become community advocates against teen dating violence. Their biggest project of the year is to create and implement a campaign for Teen Dating Violence Awareness Month (TDVAM) in February.

Following the pandemic, we continue to see some changes within the schools that have impacted how we provide our services. Schools have been impacted by drastic reductions in school staffing and resources, so we have had to shift our model to work within these changes. For example, it has become very difficult to provide multiple classroom presentations as the coordination of these events is challenging for already stretched school staff. Our adaptation has been to increase tabling events to remain visible to students outside of class time. Additionally, due to the reduced resources available to schools, referrals into our program are higher than ever, leading us to have groups at maximum capacity.

Challenges this year have been with the delayed start of the badging process with WCCUSD. The application and approval process has changed over the years. In years past, we would begin the application in the early winter for the following school year, over the past 2 years that process hasn't begun until the mid-summer. A lot of the time this is when the district office is closed or not operating as frequently as they are in the fall creating issue when submitting and getting early approval so we can begin services on time. This past year said delay prevented us from beginning in schools until the end of July. We were able to provide some on campus services with tabling as guest, but we could not go into classrooms to provide our workshops or support groups.

In addition to the delay in the badging process, each individual school site we work at needs to submit an additional vetting form for each community partner. This then needs to be approved by the district as well before we can start at each school. This causes us to have different start times at each school, often delaying the start of services.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

As our numbers reported below demonstrate, there are pieces of data that we do not collect or cannot report on using our current database system. We can report numbers of youth/adults reached but do not always have opportunities to gather their demographics consistently. For example, in our classroom presentations students engage in our pre/post surveys but often decline to provide other information about their personal demographics. Another challenge is the limitations of our data management system, which has prevented us from capturing and being able to interpret/report out on data gathered. We are currently in the process of transitioning to a new and much more robust data management system which will allow us to not only store data, but also to pull accurate reports on our outcomes and client demographics.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable. Include examples of notable community impact or feedback from the community if applicable

Our program strives to be very well connected to the areas we serve, and we highly value cultural responsiveness. Many of our staff have either worked or lived in the communities in which we provide services and are committed to increasing our understanding and learning about the unique needs and culture of each community. We monitor and evaluate the changes and patterns we observe in each setting so that we can adequately adapt our services to best meet the needs we identify. We engage in other community events which allow us to strengthen our referral network, as well as spread information about our programs and services. We attended numerous club rush events on campuses in West Contra Costa Unified School District as well as back to school nights. For Teen Dating Violence Awareness month our Youth Against Violence leadership program attended the rally at the state capital advocating for more prevention funding from the state and sharing information on the seriousness of teen dating violence.

We maintain strong relationships with school personnel, who routinely reach out to members of our staff to make referrals into our program or into other STAND! programs and services. We also offer support as needed for incidents that occur in the community, which may include being present in a school for individual support after violence has occurred. Within STAND! we have several other programs that we refer clients to, including a Children's Counseling Program where youth can receive free mental health treatment. We also refer students to external community mental health programs such as Contra Costa County Behavioral Health, On-site school resources and other low-fee programs. STAND! operates a 24-hour crisis line that offers counseling and resources, and youth are given this number with any information they receive.

In addition to our school based work this year, our Youth Against Violence leadership program thrived in the community. Our annual Teen Dating Violence Awareness month campaign was in the form of a community resource fair on February 19th at the San Pablo Community Center in San Pablo, CA. This year's theme was "Abuse doesn't have a gender" highlighting how abuse can show up for boys, gender non-conforming folks, and same sex relationships as well. Our youth leaders wanted to highlight that yes, women and girls are disproportionately often the victims of intimate partner violence, but so many others don't speak up about the abuse they may receive because of gender and societal norms. We had 6 additional community partners table with us at our event; Community Violence Solutions, Planned Parenthood NorCal, Ujimia Family Foundation, Life Learning Academy and Fresh Approach.

Overall, the event was a huge success bringing out many community members and teens to learn about the resources available to them in their community. We had spoken word, poetry, prize give aways and food for all attendees.

The youth leadership at STAND! Also took another huge step forward this year with their social media engagement. On the Youth Against Violence programs Instagram account (@youthagainstdv); the teens wanted to find a way to meet their peers where they are, and that's on social media. We created many posts that promote resources and facts for teens surrounding teen dating violence, we uplifted other organizations that support teens, and we took a plunge into content creation ourselves. The youth leaders began writing, acting and producing short skits that highlight different red flags and abusive tendencies in relationships. These have been a big hit and have garnered a lot of engagement by followers.

The biggest step forward in engagement this year has been the creation of our youth led podcast (The 1 in 3 podcast) on Spotify. First launched in December 2023, our youth leaders engage in conversations with one another and guests, discussing teen dating violence through the lenses of their own experiences, trends, community topics, song lyrics and

movies. A true highlight of the podcast this year was having our first guest Lina Servin from Planned Parenthood NorCal. Lina stopped by to talk about her role at PPNorcal, resources available to teens, and her path to the field.

Social media and our YAV leadership have been instrumental in our success this year with the slow start of the WCCUSD clearance.

AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year:

(NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)

TOTAL SERVED FOR FY 23-24: 821

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
226	241	67	N/A	167/120	821

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
N/A	N/A	N/A	821	821

IF OTHER, PLEASE SPECIFY:

RACE:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	15	AFRICAN	N/A
AMERICAN INDIAN/ ALASKA NATIVE	4	ASIAN INDIAN/ SOUTH ASIAN	N/A
ASIAN	32	CAMBODIAN	N/A
BLACK/ AFRICAN AMERICAN	57	CHINESE	N/A
WHITE/ CAUCASIAN	36	EUROPEAN	N/A
HISPANIC/ LATINO	105	EASTERN EUROPEAN	N/A
NATIVE HAWAIIAN/ PACIFIC ISLANDER	2	FILIPINO	N/A
OTHER	30	JAPANESE	N/A
DECLINE TO STATE/ DATA NOT CAPTURED	524	KOREAN	N/A
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	821	MIDDLE EASTERN	N/A
		VIETNAMESE	N/A

		MORE THAN ONE ETHNICITY	N/A
		OTHER	N/A

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	N/A
CENTRAL AMERICAN	N/A
MEXICAN AMERICAN	N/A
PUERTO RICAN	N/A
SOUTH AMERICAN	N/A
OTHER	N/A

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	821
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	821

SEXUAL ORIENTATION:

HETEROSEXUAL	N/A	QUESTIONING / UNSURE	N/A
GAY / LESBIAN	N/A	ANOTHER SEXUAL ORIENTATION	N/A
BISEXUAL	N/A	DECLINE TO STATE/ DATA NOT CAPTURED	821
QUEER	N/A	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	821

SEX ASSIGNED AT BIRTH:

MALE	N/A
FEMALE	N/A
DECLINE TO STATE/ DATA NOT CAPTURED	821
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	821

CURRENT GENDER IDENTITY:

MAN	N/A
WOMAN	N/A
TRANSGENDER	N/A
GENDERQUEER / NON-BINARY	N/A
QUESTIONING	N/A
ANOTHER GENDER IDENTIY	N/A

		DECLINE TO STATE/ DATA NOT CAPTURED	821
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	821

ACTIVE MILITARY STATUS:

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

VETERAN STATUS:

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

DISABILITY STATUS:

YES	N/A
NO	N/A
DECLINE TO STATE/ DATA NOT CAPTURED	821
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	821

DISABILITY TYPE:

DIFFICULTY SEEING	N/A
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	N/A
PHYSICAL MOBILITY	N/A
CHRONIC HEALTH CONDITION	N/A
OTHER	N/A
DECLINE TO STATE/ DATA NOT CAPTURED	821
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	821

COGNITIVE DISABILITY:

YES	N/A	DECLINE TO STATE/ DATA NOT CAPTURED	821
NO	N/A	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	821

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	16
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	8

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	1
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	1

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	Unknown
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	2 weeks

THE LATINA CENTER - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2023 – 2024

PEI STRATEGIES (CHECK ALL THAT APPLY):

	PREVENTION
	EARLY INTERVENTION
X	OUTREACH
	STIGMA AND DISCRIMINATION REDUCTION
	ACCESS AND LINKAGE TO TREATMENT
	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
X	CULTURE AND LANGUAGE
	OLDER ADULTS
	EARLY IDENTIFICATION

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Primero Nuestros Niños (Our Children First), an 8-10 week program, is linguistically adapted to our Spanish speaking Latino community. During fiscal year 2023-2024, Our Children First staff were able to reach almost 3,000 persons by calling and inviting them to participate in our Parenting Classes.
- As a result of these calls, a total of 332 people registered, 232 participants were able to take at least some of the classes - 66 participants completed and graduated from the course.
- Since the pandemic, parent participation in in-person classes has not rebounded to where it had been before. However, we had 6 groups in new schools where we have never worked before, and 14 groups on zoom. Classes were held in both the morning and the afternoon.
- During this fiscal year, we had the support of 3 parent educators, who made calls and conducted outreach for our classes.
- To train more parenting educators/facilitators, we trained 20 new leaders for our programs at The Latina Center including Our Children First.
- Among the places where we were invited and allowed to do outreach were public parks, events at new schools such as back to school night, interviews with community program coordinators in these new schools, and some events at The Latina Center.

- During this fiscal year, we had more communication with social workers who referred 15 participants from CFS, services and the Courts in San Francisco and Richmond.
- Our expert Mental Health and Family Life Coach Karen Flores saw 55 clients in one-on-one coaching sessions and led 3 mental health workshops with a total of 42 participants between the 3 groups.
- 10 participants attended health relaxation exercises.
- Alejandra Escobedo Suchet, a graduate of our Mujer, Salud y Liderazgo leadership program and coordinator of Family Services of Mental Health System for Adults at West Contra Costa County Clinic, led one support group for parents and a Family to Family Nami session with a total of 18 participants.
- A report from each of our experts in Mental Health will be attached at the end of this report.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

- Our evidence-based 10 week STEP parenting education program focuses on our Spanish speaking Latino community in Contra Costa County (mostly in West County but also in Antioch). It is led by other Latino peer parents who are trusted and credible in part because they share similar ideas, customs and traditions about the education and discipline of their children.
- With our classes, parents learn tools from the STEP program so the family learns to build a strong foundation: spending quality time all together, trusting in one and other, practicing good communication skills, working as a team, sharing responsibilities, helping mom and dad, and all being supportive of each other.
- Participants have gradually learned to adapt to the new norm after the pandemic. For most families, parents with only one job are not enough. They look for more ways to support their families and provide the essentials, but at what cost? That means that parents need to leave their teenagers home alone more and small kids are cared for by others. For this reason, many parents register to take our classes. They start in a group, attend several sessions, but many can't continue or finish due to their work commitments (this is the main reason why our graduation rates are low).
- Parents learn their children's behavior is often due to experiences they have gone through at home, school or due to adolescence. Sometimes mental health problems are a result of parental abandonment, domestic violence or simply because of parents' absence due to work or separation from families. Many parents are seeking professional help or ways to educate themselves to help their children cope with these situations.
- Some participants come back from time to time to take our classes again to refresh what they learned.
- We reached almost 3000 people during our outreach calls to participants in our programs to invite them to join our zoom groups. However, calls take longer to make: one call can take 25 to 40 minutes because our staff is trained to identify if participants are going through a difficult situation, like domestic violence, mental health issues and might need other resources in the community.
- We had classes on zoom, and we were able to have 14 groups during this fiscal year.
- With morning and afternoon classes, we give parents more flexibility of time and days, so that everyone to participate. And if, for some reason a parent misses a class, they have the opportunity to make up that session and can still graduate and get their certificate.
- In May, we had a training to prepare more facilitators for our different groups, especially Our Children First. We had a very good response from parents who have already taken the classes and felt called to pass the message on to more parents who are dealing with challenging situations for their children. We trained 5 more educators who will work with us next fiscal year.
- Little by little we are resuming face-to-face classes and this year 5 new schools opened their doors and invited us to be the first organization to present our program to their parents of their community. Our classes open the way for other programs and organizations to form groups of parents who learn strategies to be present in the

lives of their children - even if those parents work. Once a week, they take the time to be there present and educate themselves in order to be the best example for their children to see.

- Mental Health is a major public health issue. Parents are gradually becoming more and more interested in this issue and are asking us for more topics in this field because they realize the consequences of the pandemic, like anxiety, depression and emotional crisis are still going on.
- This year we had the support of two community mental health experts, Karen Flores, Mental Health and Family Life Coach and Alejandra Escobedo Sochet coordinator of Family Services of Mental Health System for Adults at West Contra Costa County Clinic.
- At the end we included a detail report from each one of our experts.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

During this fiscal year we provided more activities with the help of our 3 parent educators, who did outreach and presented the classes.

- We conducted more outreach and other activities in different regions of our community this year: nearby cities, community events in the city of Richmond and San Pablo, information tables at events in the park, back-to-school night information tables in schools, schools that for the first time gave us the opportunity to provide the services of our classes to the participating parents.
- The new schools are J. O. Ford Elementary in Richmond, Shannon Elementary School in Pinole, Aspire Richmond, and California College Prep in Richmond. Thanks to referrals from other community workers that we have been working with for years, we were able to schedule groups in these schools this year.
- We also had two groups of parents in the city of Antioch. The group that had the most participants was a group of fathers - 13 registered and 8 graduated. They have continued in contact and are trying to form a group of community leaders in that area. We have encouraged them to continue sharing the prevention tools from our classes, this is what many parents have been looking for to promote communication, values and the prevention of family breakdown.

See Appendix A for a list of Outreach Activities conducted by The Latina Center's staff and parent educators to recruit parents.

PARENTING CLASSES

Our STEP curriculum continues to impact new parents who have struggled with their children's behaviors that they could not identify because they are habits that they have been doing since childhood. In some of our face-to-face classes we were able to incorporate art and games to make the classes more fun, since in the afternoon, most parents arrive tired to class but always with a good learning activity, these games are so that they can identify actions and customs that their children can have and do, so they can stay at home and feel more confident that our classes are working. Examples from the first session :

- We talk in every session about the importance of maintaining healthy family environments, free of violence and abuse, breaking generational habits, getting new ideas and going to the forefront with the children
- We promote mental health and encourage Latino parents to seek services from professionals in the field and we invite them to take the sessions with our mental health coach

Please see Appendix B for a detailed description of each of the 10 week sessions for Primero Nuestros Niños led by The Latina Center's trained peer parent educators.

PRE-EVALUATIONS

Below are the results of the 232 PRE-EVALUATIONS completed during registration by phone or in person:

Section 1

	NEVER	RARELY	FREQUENTLY	ALWAYS
Identifies the reasons for the behavior of your children?	1.7%	18.1%	50.4%	29.7%
Avoids doing things for your children when they can do it themselves?	6.5%	25.4%	47%	21.1%
Recognizes positive qualities and actions of your children?	0.4%	5.6%	45.7%	48.3%
Listens to detect feelings in what your children say.	0.4%	9.5%	50.9%	39.2%
Expresses your feelings to your children in a serene way.	2.6%	17.2%	53%	27.2%
Solves problems, talking about solutions with your children?	3%	8.6%	51.3%	37.1%
Allow your children to learn from the consequences of their own choices?	1.3%	13.4%	46.6%	38.8%
Uses discipline that is related to your children's behavior?	4.7%	22.4%	44%	28.9%
Knows what approach or response to use when disciplining your children?	2.6%	21.1%	52.6%	23.7%
Holds family gatherings?	23.3%	36.2%	27.2%	13.4%
Accepts your children's mistakes?	0.9%	12.9%	47.8%	38.4%
Shows respect for your children's opinions?	0.9%	9.1%	43.1%	47%

	Totally Disagree	Disagree	Agree	Totally Agree
Section #2 OF THE PRE-EVALUACION				
1.-Parents should not engage in verbal arguments with their children?	6%	33.2%	48.7%	12.1%
2.-Parents should make their children do their chores	0.4%	3%	65.9%	30.6%
3.-Children misbehave for a specific reason	0.4%	10.3%	69.8%	19.4%
4.-Children learn better when they are pointed out the mistakes they made?	2.2%	6%	61.6%	30.2%
5.-Effective communication with children requires of certain skills	1.3%	6%	72%	20.7%
6.-Parents who listen carefully to their children do not seem to know how to act	19.8%	47.4%	28.9%	3.9%
7.-Discipline needs to be understood by children	1.7%	7.8%	73.3%	17.2%
8.-Physical punishment is effective in teaching cooperation	54.3%	37.5%	6.9%	1.3%
9.-Children must be responsible for their belongings	1.7%	4.3%	65.1%	28.9%
10.-Parents can do very little to change the behavior of their children	35.8%	47%	14.2%	3%
11.-Positive encouragement motivates your children	0.4%	0.9%	66.8%	31.9%
12.-Demonstrating concern for the feelings of your children, gives them too much control	15.1%	31%	43.5%	10.3%
13.-Children learn by watching parents use positive behavior		2.2%	59.9%	37.9%
14.-Disobedience is a challenge for the authority of a father	5.2%	25.4%	58.6%	10.8%
15.-Responsible parents help their children to learn from their decisions		22.2%	59.9%	37.9%
16.-Solving children's problems, helps them to be responsible	25.4%	47.4%	23.3%	3.9%
17.-Children can be involved in developing solutions for family problems	8.6%	35.8%	47.8%	7.8%
18.-Praising children for their good behavior it shows that you accept them as they are	6%	12.5%	58.6%	22.8%
19.-Responsible parents help their children to learn from their decisions		2.6%	67.7%	29.7%
20.-Children's misbehavior would end, if parents ignore it	41.4%	40.5%	14.7%	3.4%

To continue these are the result of the POST_EVALUATION in these, not all the parents' finish

	NEVER	RARELY	FREQUENTLY	ALWAYS
1.-Identifies the reasons for the behavior of your children?	1.5%	7.6%	47.3%	43.5%
2.-Avoids doing things for your children when they can do it themselves?	3.1%	24.4%	41.2%	31.3%
3.-Recognizes positive qualities and actions of your children?	0.8%	3.1%	29.8%	66.4%
4.-Listen to detect feelings in what your children say?	0.8%	6.1%	29%	64.1%
5.-Espresses your feeling to your children in a serene way?	0.8%	5.3%	45.8%	48.1%
6.-Solves problems, talking about solutions with your children	0.8%	7.6%	50.4%	41.2%
7.-Allow your children to learn from the consequences of their own choices?	1.5%	6.9%	39.7%	51.9%
8.-Uses discipline that is related to your children's bad behavior	4.6%	14.5%	45%	35.9%
9.-Knows what approach or response to use when disciplining your children?	1.5%	13.1%	60%	25.4%
10.-Hold family gatherings?	6.1%	32.8%	38.2%	22.9%
11.-Accept your children's mistakes?	0.8%	3.8%	36.6%	58.8%
12.-Show respect for your children's opinions?		2.3%	32.1%	65.6%

POST-EVALUATION Part 2

	Totally Disagree	Disagree	Agree	Totally Agree
1.-Parents should not engage in verbal arguments with their children?	7.6%	32.1%	36.6%	23.7%
2.-Parents should make their children do their chores	1.5%	2.3%	59.5%	36.6%
3.-Children misbehave for a specific reason	1.5%	5.3%	56.5%	36.6%
4.-Children learn better when it is pointed out the mistakes they made	0.8%	9.9%	55%	34.4%
5.-Effective communication with children requires certain skills		6.9%	60.9%	32.3%
6.-Parents who listen carefully to their children do not seem to know how to act	25.4%	48.5%	20.8%	5.4%
7.-Discipline needs to be understood by children	0.8%	12.3%	56.2%	30.8%
8.-Physical punishment is effective in teaching cooperation	55%	37.4%	6.1%	1.5%
9.-Children must be responsible for their belongings		7.6%	63.4%	29%
10.-Parents can do very little to change the behavior of their children	34.4%	45.8%	14.5%	5.3%
11.-Positive encouragement motivates your children		3.8%	51.1%	45%
12.-Demonstrating concern for the feelings of your children, gives them too much control	16%	36.6%	38.9%	8.4%
13.-Children learn by watching parents use positive behavior		3.1%	48.1%	48.9%
14.-Disobedience is a challenge for the authority of a father	6.1%	30.5%	49.6%	13.7%
15.-Learning from their own experiences helps children to be responsible		2.3%	61.1%	36.6%
16.-Solving children's problems, helps them to be responsible	25.4%	47.7%	22.3%	4.6%
17.- Children can be involved in developing solutions for family problems	5.3%	24.4%	52.7%	17.6%
18.- Praising children for their good behavior shows that you accept them as they are	14.6%	14.6%	48.5%	22.3%
19.- Responsible parents help their children to learn from their		1.5%	63.8%	34.6%

decisions				
20.-Children's misbehavior would end, if parents ignored it	39.7%	42%	12.2%	6.1%

STEP FINAL PROGRAM EVALUATION

	Totally Disagree	Disagree	Agree	Totally Agree	
The STEP program has given me information that has helped me in my skills as a parent				22.1%	77.9%
The STEP program has helped me to improve relationships in our family				22.9%	77.1%
As a result of the STEP program, communication with my children has improved				22.9%	77.1%

Other observations:

- ❖ Despite our effort to give each person the services of our program and having a very flexible schedule with groups in the morning and afternoon, face-to-face classes and by Zoom, we continue to see the struggles after the pandemic where parents need to focus on working to provide their families with what they need.
- ❖ A few participants who demonstrate real interest in personal change and changing their family, even take more than one class.
- ❖ Other participants, sent by the court and CFS, often do not make the effort to practice the tools or do the homework, some participants only comply by attending the classes and obtaining their certificate. When they are evaluated, their answers may be vague and meaningless or they say they do not remember,, but they want their certificate.
- ❖ 18 people were referred by social workers, during this year to take the classes, several of them, were not interested in participating, but some did make changes in their families; others complied by taking the class.

MENTAL HEALTH

We focus on keeping our participants informed about issues related to mental health giving them the tools they need and information about the most common mental health disorders impacting our Latino community.

- ❖ This topic shows the difference between illness and mental disorder,
- ❖ Symptoms of the different categories in each condition are described,
- ❖ We mention the different factors that can cause the conditions are described
- ❖ A safety plan is shared for loved ones including, program phone numbers, and program coordinator number

Results from our PRE AND POST-EVALUATION (96 participants) received this topic and filled out the evaluations,.

MENTAL HEALTH PRE-EVALUATION:

	YES	NO
1.- Can you describe what mental illness is?	84%	16%
2.- Can you recognize any mental health symptoms?	71%	29%
3.- Do you suffer from depression?	22%	78%
4.- Do you suffer from anxiety?	17%	83%
5.- Do you suffer from stress?	19%	81%
6.- Do you know any family member with any mental illness?	11%	89%
7.- Do you have a family member who has been diagnosed?	39%	61%
8.- Did your family member receive any medical treatment?	44%	38%
9.- Are you going through a difficult situation?	13%	87%
10.- Would you like to make an appointment with our mental health life coach?	13%	87%

MENTAL HEALTH POST-EVALUATION:

YES NO NEVER

1. Can you identify what mental illness is?	61%	39%	
2.- Do you suffer from depression?	51%	41%	
3.-Do you suffer from anxiety?	26%	74%	
4.-Do you suffer from stress?	23%	77%	
5.-Were you diagnosed by a professional?	17%	83%	
6.-Did you receive medical treatment?	30%	60%	10%
7.- Do you know any family member with any mental illness?	27%	73%	
8.- Did your family member was diagnosed?	55%	45%	
9.- Did your family member had any medical treatment?	80%	20%	
10.-Are you going through a difficult situation?	24%	76%	
11.-Would you like to make an appointment with our mental health life coach?	19%	81%	

MENTAL HEALTH WORKSHOPS

EXERCISES TO MANAGE STRESS

We began our mental health self-care workshops with techniques guided by one of our parent educators, where the objective is to increase the management of emotions such as anxiety, stress, and depression and to increase body movement, to unblock emotions, through stretching exercises and trauma information techniques. This is a 4 week workshop in which **10** participants registered.

- 100% of the participants mentioned having improved the levels of tension in their body,
- 100% improved their sleep,
- 100% of the participants learned to reduce anxiety through alternating breathing, one mom even taught her 4-year-old son to breathe in case he felt stressed or frustrated by something he could not control

In collaboration with our Mental Health and Family Life Coach Karen Flores, we had 3 Mental Health workshops.

WORKSHOPS

Workshop 1.- Improving my Self-Esteem:

Objective: That the participants manage to understand their true value, as people, through an adventure of introspection that leads the participant to greater self-knowledge, leading them to a healthy self-esteem

One of them was given in **Richmond at The Latina Center**, having **17** registered participants. 9 participants finished the program successfully.

2.-The other one was given in **Antioch, CA at KAFT Coaching**, having **9** participants registered, and 7 that completed the program successfully.

In both classes, 100% of the participants that finished the program reported having a better understanding of themselves and their self-worth, thus increasing their self-esteem.

Observations:

Richmond: When the participants first started the class most of them seemed very timid and to themselves. As they started the journey of self-discovery, the change in them was very noticeable. Little by little they started feeling more confident and they would even smile more. At first many of them felt like they didn't have any especial gifts, but as they did the exercises, they were able to discover a lot of their strengths. Especially when they asked their family members or friends to help them with an activity. The results were great. The participants reported that they had find their self-worth and they were implementing more self-care and boundaries. Many of them felt motivated enough to join the other programs of our organization as volunteers.

Antioch: This class was mixed with women and 2 men. Most of the participants are community leaders and participate in different organizations. It was surprising to find out in the pre-evaluation that most of them had low self-esteem. I was expecting that as community leaders they would have learned more about their self-worth, but I found out that they cared very little for themselves. As they continued the class, I had to keep reminding them that they needed to stop thinking about other people as they would do the exercises, and to focus and work on themselves. That this class was for them. I was very glad to see the post-evaluation results that showed that they all had a great increase in their self-esteem at the end of the program, and they reported also applying to more self-care activities. They understood that to help others, they had to help themselves

Workshop 2.- Understanding Childhood Wounds

Objective: This course aims to make participants understand that most people have experienced or been exposed to at least one of the 5 childhood wounds, according to the concept developed by psychotherapist, Lise Bourbeau. They will be made aware of the causes, the behaviors that can emerge from them and how to begin a healing process

This class was given once this year in Richmond at The Latina Center. There were **18** registered participants. 100% of them reported to have been victims of some type of wound. By the end of the class, they reported having a better understanding of what they had experienced and their behaviors as consequence of the wounds.

Observations:

100% of the participants that attended the first class were able to identify that they had been hurt or were carrying wounds since their childhood. However, they didn't identify the category that those wounds belong to. As they continued taking the classes all the participants reported being able to identify what type of wound was caused and therefore, they were able to understand their behaviors. They understood that, as adults they are in charge of how they handle their emotions and behaviors. They reported feeling less as a victim and more as a reliant survivor.

Support group with a focus on dialectical behavioral skills: (Partnership with Contra Costa Adult Mental Health)

OBJECTIVES:

The support group for parents of teens 16 participants registered, but only **10** participated, adults seek to provide parents with emotional support and skills to learn how to take care of themselves, learn to manage and regulate their emotions, learn to improve communication, and set healthy boundaries. The curriculum seeks to familiarize parents with concepts such as: Emotional Mind, Rational Mind and Wise Mind, to understand their own process of their emotional responses to the different events they experience as a family. We also seek that they learn the concepts of Acceptance and Change, to generate a change, it is necessary to accept with body, mind and spirit the things that cannot be changed, and begin to change how they respond to certain emotionally stressful situations, using their wise mind.

OBSERVATIONS:

100% of parents have reported being more aware of their lack of tolerance for their children's behavior, as well as a lack of self-care. Participants have shared feeling more alert to behaviors they want to improve, such as practicing self-care and improving communication with their partner and children. Parents have begun planning activities for themselves and their family, as well as beginning to use validation in conversations with their children

NAMI Learning Group: From Family to Family (Sponsored by The Latina Center and NAMI Contra Costa)

OBJECTIVES:

Family to Family is a program of 8 week sessions free program for family members, partners, friends, and loved ones of adults living with mental illness. The course is designed to help the whole family understand and support loved ones

living with a mental disorder, without neglecting the well-being of the family circle. The course includes information on mental disorders such as schizophrenia, bipolar disorder, and severe depression among others.

To this program, 8 participants register, finishing successfully 6 persons

OBSERVATIONS:

100% of the participants have shared their amazement to see that they are not the only ones facing the challenges of mental illness, have found validation in the content of each session, have developed empathy for their loved one, begin to understand the value of their self-care, and wish to continue supporting each other

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

During all these years of teaching and sharing our program, with your support, for our Latino community, we take the time to look for parent educators with the same values and goals to improve and heal our families, working with the tools of the STEP guide, parents who have gone through our program on more than one occasion and care about other families, They know that their life experiences serve as an example and encouragement for other families, small or large, and provide hope for improvement.

- Our 3 parent educators have been constant and committed to the work we do here at The Latina Center and our programs. They are members of the community, have lived experience and have already been through the program. They are trusted and respected leaders who desire is to spread the message to more parents.
- In May, we had a training to prepare more facilitators for our different groups, especially Our Children First. We had a very good response from parents who have already taken the classes and felt called to pass the message on to more parents who are dealing with challenging situations for their children. We trained 5 more educators who will work with us next fiscal year.
- Our outreach seeks to engage people in non-stigmatizing locations using strategies to reach those who are traditionally underserved and not engaged by other more traditional providers. Our outreach is conducted in person, in schools, events in the cities of Richmond and San Pablo, events in the park, or distributing flyers with information on different topics and inviting people to join in our classes. This face-to-face outreach works for us because we can make personal contact with people in our community to build relationships and trust.
- Our participants care about the wellbeing of their families and, although they have been living in this country for a long time, return to their roots because they want their children to follow their culture, values and principles.
- We work hard to make linkages to other resources that parents and their families need, including information about mental health and wellness and links to mental health treatment services.

Include examples of notable community impact or feedback from the community if applicable.

TESTIMONIES:

- ❖ B.P. Mexican Mom, she commented at the beginning of the class that she is a housewife with two teenage girls and with the older one, she always had arguments, because of her rebellious behavior and that she did not have much communication with her spouse as she would like, during the classes this is what she shared" From the second class I learned that my daughter's behavior is authoritarian, Like her father's, I try to be an equitable mother but I despair very quickly with her demands, I have learned to observe her behavior and set limits before getting angry and always talking to her with respect, I have also learned to give responsibilities to both of them equally, since before I made a difference in age and because I thought that my oldest daughter should have more responsibilities and the youngest not so many, I like it a lot she learns more and more about her behaviors, with my spouse I learned to use the message in I to communicate with him and let him know my needs and whenever I need to be my partner, when we decided to discipline them both, he has known how to listen and

pay attention, until today and almost at the end of the class I am grateful to have participated in these classes, thank you very much to everyone for bringing these classes to school and caring about children and families

- ❖ Young boy, 11th grade, student of the school, one day saw Ms. C. on the hallway and stop to say this: "Thank you MS C, for bringing these classes to school and inviting my mom to take them, since she is learning here, she yells at us less and she gets less angry at us, we even eat all together at the table at dinner time, I like my mom to learn
- ❖ L.V- Mexican mom, shared little by little in class how in her family when she was small and from a large family, she remembered that her dad was always working and her mom was busy all the time because she had many siblings, her mom was not loving, nor affectionate and she was always in a bad mood and cleaning, cooking. She would have wanted her mom to give her a sweet word or a hug or a kiss, for that reason when we invited her to take the classes she found all the tools very interesting especially those of encouraging and messaging in I, because she wanted to learn to communicate better with her family. This is what she shared "I learned that without wanting to I am repeating the same patterns of behavior of my parents especially my mom's and although I do hug and kiss my children, I am always well occupied and on the run, I lose my patience and I yell at them easily, they also get angry, and it is chaos in the house. I liked the techniques I learned in the class because I greatly improved the way I listen to my children's needs, I learned to identify their behavior and what is the goal of that behavior, I learned to listen to my emotional needs and talk to my spouse, I definitely learned a lot, thank you."
- ❖ S.H. Mexican mother and grandmother shared that she had taken our classes long time ago, when her children were young because she felt the need to know why she was angry all the time, even though she worked a lot, she found time to educate herself and be involved in her children's lives when they were in school, She was part of the different committees of the school and had already participated in the classes and this time it served as a review of everything she was seeing and learning, she had also participated in other workshops but now that her daughter is a mother, she observes that her daughter is repeating certain behaviors and wants to guide her in a better way. She also wants to learn to be a happier grandmother who enjoys her grandchildren This is what she shared: When my children were young I really liked the issue of mental health and the behavior of children, when my eldest son entered adolescence I noticed a change in him, he was more distant, quiet and I didn't like that, One day he woke up happy, he ate with us, he talked with his dad and suddenly he hugged me when I was in the kitchen, it was already late, not so late but it was after dinner, he hugged me very tightly, gave me a kiss and told me that he loved me very much, and with his bright eyes he said goodbye he told me that he was very tired of living and that he was going to rest, in that moments something told me that something was happening and I was not calm, then I saw how he said goodbye to his father and did the same, in those moments I said to myself NO this is not right. I saw my son go to his room and I heard when he locked his door, my body began to break out in a cold sweat and my heart was beating very hard, I ran to my spouse and asked him to follow him and insist that he come out, we lived in a building on the fourth floor, when my spouse and told him what I was feeling, then I went to knocked on his door, he did not answer and that alerted me more, I asked my daughter to go downstairs and look towards his balcony, she ran and when she got downstairs she could see him ready to jump, she yelled at him not to do it, while we tried to open the door, my spouse I don't remember how it was but we opened the door, at that moment I yelled at him not to do it, that it was not worth it, that he let me help him please come down, I said, so he did, he come down, he did not want to die, only needed help because he was going through a depression due to work issues, that night my spouse and I stayed with him, days later I sought psychological help for him, I remembered what I had learned in class and we were able to move forward, It was a recovery of many months but I am glad that my family was united in those moments. So thank you for bringing this information to us in the comfort of my home.

Below, we have three testimonies from the only group of fathers that participated in the classes.

- ❖ A.G. a man born in California, but raised in Mexico, is about to be a father, his spouse is 8 months pregnant and he shared in classes that although he had a good relationship with his parents, he grew up seeing his mother suffer abuse and violence by his father, he never hit them physically but he and his siblings were punished a lot, Her father was an alcoholic man who rarely had enough money to bring home, her mother endured a lot and

tried to defend and justify her spouse's behavior. A.G had to leave school at a very young age and go to work to help his mother, he came to California to work and when he arrived here he wanted to study, but he was too old to enter school and too young to study in adult school, so he worked a lot, sometime later he got married and now that a baby comes he worries because he does not want to be the same as his father, nor treat his spouse as his father did with his mother. He wants to be different with his son, he wants to be a loving father who will accept his son no matter what, and who will be present in his life and in the lives of the other children he has. In the second class he shared the following: after the second class I started to think a lot about what you told us, that we can't change anyone's behavior except for ourselves, so I took advantage of the arrival of my parents to my house to start healing the family part, the day I went to pick up my parents at the airport, When they were leaving the hallway, the first thing I did was run with my dad and I hugged him and gave him many kisses, as I am taller than him, I lifted him in my arms. I gave him a big hug and told him that I had missed him very much, I also hugged my mom and did the same, I let them know that I had asked for a few days of vacation at work to go for a walk with them, my mother looked at me very strangely and asked me if everything was okay, my health, that if I was not sick. I replied no, why? My mom told me: you are not like that, something must happen, I mentioned to her that I was taking parenting classes and that the task was to make a change for your family, I also wanted to start making the changes for when my son arrived. That made me feel emotionally fulfilled, I promised myself that I will do everything contrary to what happened when I was a child, I love my wife and my son who is on the way

- ❖ R.T Mexican man, father of 6 children, most of them adults, he shared during classes that his first marriage did not value him, he let him lose because of his addictions, he was never a father who was present in the lives of his older children, he had no communication with his first wife, he said that the good thing about him is that he never stopped working to provide for his family, But he was only a "pocket father" and it had never affected him before, now that he is old and clean of drugs and sober, with a second marriage and two teenage children he worries about having a good relationship with his whole children, although some of his children do not talk to him and do not even want to see him, he plans to build a relationship with them, Because it will only be too late when he is no longer here, since the second class he began to make changes and these is what he shared: As the task was to make a change with my family, last night I started and what I did was, I sent a text message to all my children that I do not have around and I asked them for forgiveness because walking in my addictions I abandoned them emotionally and I know that it was my fault that they will move away and do not want to talk to me, but it is not too late and I would like to be able to show you how much I love you and how much I want to be in your life, forgive me for everything, I love you very much; The next day my daughters answered me and I was almost crying and asked me if I was okay, I answered yes, that's why I wanted to get closer to them and start a new relationship, they answer was, yes, that they would also like to start again little by little. My eldest son has not answered me, but I know that he saw the message and I am calm because I know that with him it will be more difficult for me because he was the one who received the most damage from me and I am going to give him his time, I will not stop insisting until he forgives me, with my other son I do talk a lot we even work together but when he saw the message he also asked me if I was okay? And I told him yes, I repeated the same things as my daughters and that he should forgive me for everything, I want to start a new relationship with all of you and he replied that there was a lot to fix but that he would also like to improve our relationship, my other two youngest children because they are with their father and mother are ok I think, But I also want to be a good father for them, I want to be the father they need and I want to take care of my wife and have a better communication because she deserves it, she is a good woman and it is worth it, now that I am old it is as if I am learning everything again, but as I said, it is not too late, that is why I am here learning to be a good father. So thank you for coming here and bringing us these classes

Mr. R.T continued with the messages every day wishing blessings to his children and having appointments with each of his children, one day almost to finish the classes he mentioned that he did not want to go to class because he had arrived very tired from work and fell asleep, his wife woke him up, gave him something to eat and sent him to class, She told him that he could not miss it, since she liked all the changes he was making and the very punctual attendance to the class that day.

- ❖ E.H. Mexican man, father of 3, his eldest son of 22 years old clashes with him a lot and Mr. E. did not understand

why they could not get along, they argued about everything and for everything and his wife was always interceding for both of them in the arguments, his wife also sent him to take the class because she was tired of them both being like cats and dogs all the time, From the first class Mr. E. realized where the problem was and he shared that; I come from a culture where we are told that the father is the head of the family and the children have to obey because as father, we know what is best for our children, that's how I grew up, at a very early age I had to learn to work to be able to help my mother at home, no one asked me if I wanted to continue studying, my father was a very tough and hard man who only gave orders and I come to this country and thank God I have a good job that has allowed me to support my wife and children, I have worked a little on the relationship with her, we have taken couples therapy to improve communication, But when I talked to my son, I didn't accept that he thought so differently from me about his needs, I want to start a car business and I need my son to support me, that's why I told him to study business administration and now that he's almost finishing his degree, he tells me that that's not what he wants to do and that he won't study it anymore. That's why I got angry, and I yelled at him and we fought, but here in the classes I've learned that I'm the one who's wrong, because my son didn't come into this world to make me happy and study what I couldn't, now I understand that he is a person who must follow his path and I as a father have to support him in whatever and however he is, Now I understand my wife's anguish when she hears us fight and now I know that she was right to take his side, I liked the class because I learned to listen to the needs of my children and accept their heart's desire

AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year:

(NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)

TOTAL SERVED FOR FY 23-24: 304

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
0	7	292	5	0	304

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
9	295	2	0	304

IF OTHER, PLEASE SPECIFY: Dialect

RACE:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	0	AFRICAN	0
AMERICAN INDIAN/ ALASKA NATIVE	0	ASIAN INDIAN/ SOUTH ASIAN	0
ASIAN	0	CAMBODIAN	0
BLACK/ AFRICAN AMERICAN	0	CHINESE	0
WHITE/ CAUCASIAN	0	EUROPEAN	0
HISPANIC/ LATINO	303	EASTERN EUROPEAN	0
NATIVE HAWAIIAN/ PACIFIC ISLANDER	0	FILIPINO	0
OTHER	0	JAPANESE	0
DECLINE TO STATE/ DATA NOT CAPTURED	1	KOREAN	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	304	MIDDLE EASTERN	0
		VIETNAMESE	0

		MORE THAN ONE ETHNICITY	1
		OTHER	0

ETHNICITY (HISPANIC/LATINX)

CARIBBEAN	0
CENTRAL AMERICAN	76
MEXICAN AMERICAN	213
PUERTO RICAN	1
SOUTH AMERICAN	12
OTHER	1

ETHNICITY (ALL)

DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	304

SEXUAL ORIENTATION:

HETEROSEXUAL	300	QUESTIONING / UNSURE	0
GAY / LESBIAN	0	ANOTHER SEXUAL ORIENTATION	0
BISEXUAL	0	DECLINE TO STATE/ DATA NOT CAPTURED	4
QUEER	0	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	304

SEX ASSIGNED AT BIRTH:

MALE	28
FEMALE	274
DECLINE TO STATE/ DATA NOT CAPTURED	2
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	0

CURRENT GENDER IDENTITY:

MAN	28
WOMAN	274
TRANSGENDER	0
GENDERQUEER / NON-BINARY	0
QUESTIONING	0
ANOTHER GENDER IDENTIY	0

		DECLINE TO STATE/ DATA NOT CAPTURED	2
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	304

ACTIVE MILITARY STATUS:

YES	0
NO	302
DECLINE TO STATE/ DATA NOT CAPTURED	2
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	304

VETERAN STATUS:

YES	0
NO	301
DECLINE TO STATE/ DATA NOT CAPTURED	3
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	304

DISABILITY STATUS:

YES	4
NO	300
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	304

DISABILITY TYPE:

DIFFICULTY SEEING	7
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	0
PHYSICAL MOBILITY	0
CHRONIC HEALTH CONDITION	0
OTHER	0
DECLINE TO STATE/ DATA NOT CAPTURED	0
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	304

COGNITIVE DISABILITY:

YES	3	DECLINE TO STATE/ DATA NOT CAPTURED	0
NO	0	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	304

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	55
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	55

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	7
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	4

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	0
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	0

Please see Appendix C for a detailed description of The Latina Center's Mental Health and Family Coaching sessions provided for 55 participants.

Appendix A
Description of Outreach Activities Conducted by The Latina Center to Recruit Parents

OUTREACH ACTIVITIES

AGENCY/COORDINATOR	DAILY/DATES MEETINGS	ACTIVITIES, EVENTS AND CLASSES
Cristina Gutierrez Aspire Cal-Prep community worker	9/14/2023	she is the community worker in the school, started classes in Sep 2023
Ronaldo Tovar LPS School Community Worker	10/4/2023	he is the community worker in the school, started classes in Oct 2023
Rosio Godoy J.O Ford School Community Worker	10/04/2023	she is the community worker in the school, started classes on Oct 2023
Kaft Coach Office Antioch with Karen Flores	1/29/2024	We started classes in March 2024
Lorena Tovar Social Worker CFS in San Francisco		she is social worker for CFS, she referred clients to us once in a while
Kathly Sprinker Social Worker CFS in San Francisco		she is social worker for CFS, she just referred clients to us once in awhile
Bianca Ramirez Tara Hills School Elementary	11/12/2023	she is the community worker in the school, started classes on March 2024
Wilmer Reyes Coronado Elementary School	10/23/2023	he is the community worker in the school we planned to start classes on February, but the school didn't have the space for parents, and they didn't allow us to do outreach with their parents
CHAT PROJECT Camila Ceballos		We refer clients to them for healing circles in domestic violence once in a while
Outreach in Mira Vista school with Marylin	4/18/2024	We attended back to school night to do outreach
Outreach in Dover Elementary School	5/23/2024	We were invited to have an informative table that day and do outreach
Outreach in MLK Park	6/27/2024	The city of Richmond had an event in the park, and we were invited to have an informative table to do outreach
Outreach in Shannon Elementary School Lupita Orellana	01/11/2024	She is the community worker in the school, had a meeting to plan our classes, but the principal didn't have space in the calendar for our program
Outreach in the Community Center of San Pablo	8/01/2023	The city of San Pablo had an event, and we were invited to have an informative table to do outreach

Appendix B

Detailed Description of Primero Nuestros Niños/Our Children First, The Latina Center's 10-week Parenting Class using STEP, an Evidence-Based Curriculum

THE INTRODUCTION:

- ❖ In the first week of our Parenting program, we talk about how difficult it is to be a parent and the importance of support groups and seeking help in different organizations, schools, medical facilities, and other resources in our community. The importance of parent groups is growing in schools and providing support to their children and schoolteachers.
- ❖ We talk about the topics that we'll see each day in the sessions, we fill out a registration form, make agreements about confidentiality, support, not judging or scolding their children when they misbehave, we mention the importance of doing homework and practicing the tools we learned that day. We like to do an ice breaker so the whole group feels comfortable since the beginning and start getting to know each other.
- ❖ We provide parents with paper, colors, pencils and we instruct them to draw a project for their family in which they will work as a team during the 10-12 weeks that the program lasts and hang it in sight where it reminds them and their families of the value and communication in the family

Week 2.-Chapter 1- How to understand your child and yourself; Chapter 2-How to understand beliefs and feelings

- ❖ In this second session, first chapter: we invite parents to have a deep analysis in the kind of parents each one is, where their behavior as parents comes from, to see that some of their parenting skills are similar to others and that the behaviors of their children are due to the way in which each one was raised by their parents. Some children do not have parents, some were raised by a close relative or grandparents, that brings them today in conflict with their families, because no one teaches them to be parents, much less to heal the wounds of their past
- ❖ As a Latino culture, parents are used to correcting their children through yelling, scolding, hitting. These ways may seem to be an effective way of correction, because that is how they were raised and unconsciously they are making the same mistakes, but in our classes' participants learn that is abuse, giving children permission to do the same with others around them or those more defenseless
- ❖ In the second chapter, since they understood that the behavior of their children is caused by them, we try to reinforce patience in each one, so they can correct children's bad behavior with the tools of communication, quality time, listening and picking up on children's feelings,
- ❖ We conclude that children's behavior has various needs and how parents can study their behaviors. We recommend the book of the 5 love languages by the author Gary Capman, with the book as a tool, parents learn to meet their children's needs, through quality time, acts of love, physical touch to show love, such as hugs, kisses, acts of love, such as giving a gift, doing something for others, paying attention, and the words of encouragement and kindness
- ❖ As homework in this class, we let them practice these tools and if they want to buy the book they can do so, or also listen to the audio book

Week 3.- Chapter 3: How to encourage your children and yourself; Chapter 4: How to listen and talk to your child

- ❖ Before we start the class and while we wait for everyone to get there, we ask parents to share their homework. In this chapter we focus on the importance that as parents we must contribute to creating a sense of self-esteem in children, so that they feel safe, accepted in the family and that through encouragement it can be achieved
- ❖ Most Latino parents unconsciously make the mistake of praising their children instead of encouraging, in this chapter we remember that encouraging is an action that helps children increase their self-esteem in a healthier way, we study these words of encouragement that sometimes are not easy for parents who grew up in situations of violence, abandonment, rejection, criticism, but they can learn if they set their minds to it
- ❖ These words of acceptance, validation, recognizing the effort of the children and remembering that the children

are not their parents, but parents also need to find ways to encourage themselves, these tools can be used by the parents themselves to motivate themselves and make the work as parents more effective

- ❖ In the fourth chapter we show the two parts of communication, 1.- listening reflectively, and capturing feelings 2.- talking respectfully, paying attention and giving children the time and opportunity to be listened to, this allows children to analyze a problem thoroughly, it lets them know that it is healthy to talk about feelings and to be precise in these feelings
- ❖ Through the use of “I” messages, parents can describe their feelings, without blaming, judging, or rejecting anyone, these messages create respect and trust for everyone in the family.
- ❖ In this session we apply a listening activity so that parents begin to have confidence in themselves, the activity is about reflective listening: our parent educator writes two different messages on two pieces of paper, one with the following instructions, (talk to your partner as if you were talking to a very, very important person and say something that caused you anguish and worry)
- ❖ On the other paper the message is (ignore the person you have in front of you and show disinterest, look away, look at your phone and don't pay attention to them because they don't deserve it). We pair parents to do this, at the same time both parents do what the paper says and their reactions are something we can see in their faces when the parents have their hearts in their hands and just want to be heard, some mention that they feel completely ignored, the first time it causes an impact in the participants, then we switch roles, giving the opportunity for the other parents to experience the same feeling when they are ignored. It does the same impact, but the message is transmitted, so parents leave with confidence to practice this for homework and being cautious in how to use this tool
- ❖ At the end, parents get the purpose of the activity and for homework they can practice with their kids' words of encouraging and motivation

Week 4: Chapter 5: How to help your child learn to cooperate

Chapter 6: A discipline that makes sense.

- ❖ As always while we wait for everyone to arrive we ask the parents in the room to share how they do their homework and how they felt doing it
- ❖ In this chapter we recognize that as parents we want our children to become responsible adults and for that they will have to learn to cooperate in order to live with others, that is why we begin by understanding what team cooperation is, one thing is our expectations as parents, and another is to accept the capabilities and qualities of our children
- ❖ We learn another method of cooperation in the family is to have family meetings in order to agree on work, assign responsibilities and give children space where they are listened to and the place they deserve
- ❖ The family gatherings we learn about in the program are very different from the family gatherings we grew up with in our countries where we only get together to celebrate customs such as birthdays, spiritual events, and others - that's why the program's family gatherings are more effective
- ❖ In chapter six, parents unlearn how to punish and learn how to apply healthy consequences to correct children's behavior, analyzing what caused the behavior and when consequences, appropriate for each behavior, are applied instead of punishment
- ❖ Together, they set agreements between parents and children focused on the present.
- ❖ As practice and homework we give a few minutes to parents to begin planning their family meeting and to feel confident when they present the idea to their respective families, we ask them to make a list of responsibilities of each person in the family, everyone should be included, even if the children are too young to cooperate, They must also have responsibilities and at the end – they analyze the list, if there is a member of the family who has more responsibilities, in the family gathering, they will try to delegate so that everyone cooperates in the same way
- ❖ Doing so, more participants have better results when they practice their family gathering.

Week 5: Chapter 7: How to choose your strategy

Chapter 8: The consequences of stress.

- ❖ In chapter 7 we review the techniques learned previously, we give the opportunity to parents to share what they have been practicing, keeping in mind that the change in the behavior of their children will depend on the practices of these tools.
- ❖ The decision to practice the different techniques also depends on each situation, many of the situations with children can be similar, since children spend most of their time in schools sharing ideas and adopting others, that is why our groups of parents find the support and comprehension they need even if the ages of the children do not coincide. At the end of each class it is so educational for everyone when they share their personal experiences, practices of the tools and sometimes the groups end up as a support for the school because they contribute to the community and union of the parents, and to measure the consequences without reaching the abuse and mistreatment of their children
- ❖ Chapter seven is short, but that leaves us with time to move on to the next topic of stress and do our activity
- ❖ To learn the next chapter. The consequences of stress, we prepare the environment with soft and relaxing music, with guided deep breathing for a few minutes we share that it is not necessary hours of exercises to feel a little relief, we lower the light in the room, we ask parents to sit in their chairs, put their feet on the floor, lower their arms, close their eyes if they wish and prepare to breathe deeply, slowly, a few times, moving and stretching their muscles, noticing where you feel stress and speaking to their bodies in a soft and gentle voice, promoting self-care
- ❖ In this chapter we explain what stress does to our body and mind, what are the different levels and types of stress
- ❖ From the beginning we invite parents to analyze their lifestyle and work style they do, because of that depends on their stress level
- ❖ Then we show all these stress consequences and the places in our body where they feel it.
- ❖ And we share with them the complications that can be experienced with high stress and tension, such as being more propense to develop a mental illnesses and disorders like depression, anxiety, physical pain and discomfort such as headaches, tension and back pain, stomach problems
- ❖ The information we share with our participants, is she with the intention that they are aware and informed of what can cause the stress
- ❖ But our intention is not to alarm them or make them more stressed or self-diagnose with something more serious
- ❖ What we want is for parents to become aware and make the necessary changes to prevent more serious problems in the future
- ❖ The tools for these changes that we share are simple breathing exercises, diet changes, seeking professional help for the best management of emotions and problem solving

Week 6: Post-Evaluations

Chapter Recovery:

- ❖ We know that sometimes situations happen and we want all our participants to complete their certificate, but if for some reason the parents miss a session, and we give them the opportunity to recover the topic as long as the time adjusts to the school that gives us the space for the parents and in this session we review the most important points of each chapter, between questions and sharing experiences in the practices of tasks and tools that we saw during the other weeks, making
- ❖ We try to make this session fun for parents and encourage them to practice with their families, the family meetings and plan activities to resolve disagreements or just plan to spend family time and have fun when they are together
- ❖ We take advantage of the time to clarify doubts or questions that parents have, and then we do the post-evaluations, and this session becomes an active listening session that parents apprehend a lot and little by little they get used to providing time in schools

Week 7: Mental Health:

- ❖ Before starting the topic, we prepared ourselves with an activity for parents and make the information more interesting: the dynamic consists of showing pictures of different diseases and disorders and that parents observe them, analyze if they can recognize the name, the symptoms, they can ask for the opinion of other parents to be sure and write on the board what they think it is, at the end, the winner receives everyone's applause and a lollipop for being well informed
- ❖ In this topic we recognize that little by little mental health is becoming a very important topic to learn about in our families and our communities, it is necessary to know the benefits of having a healthy mental health such as: having better quality relationships with the family and people around them, better quality of life of individuals, good physical health and rapid recovery from physical illnesses
- ❖ When a person has a mental illness, it is no one's fault and that there can be many factors that causes that illness, such as biological factors and that anyone can have a mental health problem,
- ❖ Domestic violence can cause trauma and mental disorders in victims that the consequences can occur after a long time has passed since they lived an abusive relationship
- ❖ Some statistics show that in the United States alone, more than 2 million people suffer from some type of disorder and do not know it
- ❖ Our Latino community does not take their children to the doctor, even when children show some symptoms of mental illness, for fear of a serious diagnosis, and parents prefer to continue to struggle with children's behaviors
- ❖ During the presentation we describe the most common mental illnesses and disorders, we describe the symptoms in general, the difference between the two, we also provide information on where to ask for help, clinics against the coast that have mental health services for the whole family, we have a number of contacts of people who coordinate mental health groups and we also referred our participants with our Mental Health and Family Life Coach Karen Flores for more support

Week 8: Consequences of Domestic Violence and Sexual Abuse on Children And Adolescents

- ❖ At the beginning of the presentation, we prepare our participants to learn more about this topic, since they are not used to talking about it, because from a young age it is said that we should not talk about what happens in our home or the customs that we continue to carry out, due to behavioral habits,
- ❖ Then we show this video (<https://youtu.be/2Ht8Z7xGbuc>) the video talks about the habits that they repeat throughout life and they pass on to their children as well, here talks about the factor for D.V and they decide to keep silent
- ❖ Participants are amazed at everything that can happen inside a home when they are suffering from this situation and learn things that they did not know before and that they thought was the most normal, such as keeping silent or ignoring the family to make them feel guilty for something they did or did not do
- ❖ And although in the registration forms we ask them if they are going through D.V, most of the participants their answer is **NO**, but after seeing the whole class, they begin to share things they did not consider D.V because that is how they grew up and that is how they are getting used to their family that it is something normal, but soon after they analyze that on more than one occasion they felt bad and tried to talk about it and how they felt, they were just ignore by their partners because to them their reaction is not correct
- ❖ A very important part of the presentation is to inform parents about sexual abuse in children and teens, so we focused on teaching some of the red flags, children present so that parents should be aware of, with their children, as a form of prevention especially when there are new partners join the family, when sexual abuse occurs, sexual assault most of the time the parents look for the culprits outside the home, when the abuser is closer to the family, it can even be the parents themselves.
- ❖ In these cases we ask you to have the confidence to talk to your children and to give them the time to talk, without judging or criticizing and just listen to them, how things happened and make a plan to keep the children safe and report the abuse

Week 9: Suicide Prevention

- ❖ At the beginning of the session we asked the participants if they have ever gone through a situation of

depression or even thought about suicide, or if they know someone who committed suicide? Some say no, some mention to know a relative or friend and how their family reacted and felt. after their answers we showed this video (<https://youtu.be/mIRFI5PS8lc>) and mentioned why is so important to seek help and what are the consequences of not doing so

- ❖ In this week we address the topic on mental health again, self-care and seeking professional help for both parents and children, in recent months we have heard of women who go through depression for so many years and never considered seeking help, especially after they suffered D.V
- ❖ Maybe suicide did not cross their minds, but they still continue dealing with the symptoms and unconsciously transmit those feeling to their children
- ❖ In recent months we have also known cases of teens in depression, who show aggressive behaviors, disinterest in what happens to them, school and some do not attend classes, other teens with substance abuse, experimenting with sex at a very early age
- ❖ Parents do not understand the reason for this behavior and think that their children are only going through a stage of rebellion to make the parents angry, and parents only deal and ignore that behavior, some may send their children to the psychologist thinking that this will solve the problems and with that their children will behave much better
- ❖ We try to make parents aware that the behavior of adolescents goes much deeper than when they change their behavior overnight and put a little more attention on looking for feelings and teach them to deal with them and talk to them, spend quality time with them
- ❖ Some people who have been dealing with depression or another disorder such as anxiety, mention that it is all a result of having gone through domestic violence and it has been very difficult for them to improve their mental health and get out of the illness

Week 10: GRADUATION

- ❖ In this last session it is about celebrating the parents, recognizing their effort, the time they took to be present in our classes, despite everything they went through, we decorate the room with positive messages, and graduation decorations. We have a healthy art session where we ask them to draw a leafy tree with branches that extend high, and its roots are deep. They color and decorate it as they imagine it and on the branches they write down the values and principles that they learned during the class. On the roots they write the names of the people they love the most and who are important to them. On the trunk they write the reasons for their growth. They make it beautiful so they can hang it somewhere special
- ❖ After these dynamics, we share experience and feelings, plans they have for the future as a family, we give them the last evaluation of the program. We invite the principal of the school to thank parents for their time and we invite them to help distribute the certificates
- ❖ In this part, parents also thank the principals of the school in person, and it is the time to hear their experience whether they are at school and everything else.
- ❖ During the fiscal year, **66** participants graduated. After a group is finished and if a participant missed a session or two, our parent educators and staff call parents to give them a day and date in which the topic they missed will be presented so they can complete it and graduate too. Some participants are not interested in receiving their certificate and don't make up the class which is why only 66 parents graduated.

Appendix C
Results from The Latina Center's Mental Health and Family Life Coaching (n=55)

Below is the report of the 55 referred to one on one counseling by Mental Health and Family Life Coach Karen Flores

1.- JM9269, 41 years old Mexican Female ; The client looked for services due to the depression. She was going through a separation after 25 years of marriage. Her husband left for Mexico during pandemic and stayed there for two years when he came back, he has changed a lot and soon after he left the house. The Client was consistent with her sessions, and she was able to overcome the separation, but she was left with very low self-esteem and insecurities. Client finished 12 sessions, during this process, but she asked for an extension as she is still needed a lot of support to improve her self- confidence and dealing with all the emotional struggles that her children were left with after this difficult process.

Outcome: The client only used 6 of the second round of session approved, as she started improving in all the areas. She also joined the Mental Health Support Classes which continue equipping her to manage her emotions and stress better. This client is doing a lot better and continues to be involved in the TLC programs as they have become an important part of her support group.

2.- CR3885, 30 years old Mexican Female; This client reached out because she was having problems with her husband. We were able to talk only once for 30 minutes. As we were having the session, she mentioned that she was working, and she was trying to have the session, but she ended up hanging up.

Outcome: the client scheduled 2 sessions more and she cancelled them at the last minute. I told her I had to move on to continue with the waiting list.

3.VR6762, 49 years old Mexican Male. This client reached out because he felt depressed because he is alone in the USA. All his children are in Mexico, and he wishes he could find a partner, but he hasn't been able to find one.

Outcome: the client stopped his sessions because he wanted to have the sessions in person, but it was hard because of his work schedule

4.LH9234, 31 years old Salvadorian Female. The client looked for services as she was anxious and depressed about her children's dad. He keeps calling her and trying to talk to her even though he already has a new partner. Every time he drank, he would call her and sometimes he would show up at her house. The client learned how to set up boundaries and reported feeling a lot better. She accepted that the way the relationship was not healthy for her, and she was at peace.

Outcome: The client was learning how to set up boundaries; she was much better about the separation. She reported that she wanted to be focused on improving her self-esteem, but eventually the client started missing her sessions. I had to move on with the list, but she was invited to the "Improving my self-esteem class"

5.MJ8310, 33 years old Guatemalan Female. This client looked for services as she was very depressed after having an esthetic surgery on her eyes. She didn't like the result, she felt like she was a totally different person, and after being a make-up artist she was at a point that she couldn't even see herself in the mirror. During the time of her sessions, she made some improvement. She was not comfortable with her new image, but she decided to switch jobs where no one knew her so that helped her a little because she didn't feel uncomfortable or judged by the coworkers.

Outcome: the client reported to be happy with the progress, but she had to put her sessions on hold, and she got a new job at Amazon and her schedule was getting complicated. However, she reported that she has improved a lot and that she was liking her new job a lot.

6. JP9257, 29 years old Peruvian Male. The client requested services thinking he needed to be referred to the psychiatrist because of all the physical symptoms he had been experiencing. He recently migrated to the USA, he left his home country due to family problems and adapting to this country is not easy. He is really scared of suffering the panic attacks he has experienced in the past.

Outcome: Client has been very persevering in his treatment, and he has followed all the agreements and recommendations. After 5 sessions he has reported great progress, then he had a crisis due to stress and drinking a lot of caffeine. He reported that he didn't have the will power to do the exercises to manage stress and well-being, he asked to be referred out to a psychiatrist so he could get medicine to help him deal with the anxiety. He was referred to Ruby's place.

7.- MM9537, 55 years old Mexican Female; The client came looking for couple's therapy. The client and her husband had been very committed to their process. They have only missed a couple of sessions due to family vacations. The clients were doing good in their relationship until their oldest daughter separated from a very toxic relationship and they as a family experienced very traumatic situations with the daughter's ex-husband. The clients were very concerned for the safety of their daughter, and she moved in with them. After the oldest daughter moved back home, both of their daughters became very rude to them, which has come as a surprise to them, as they had always been very nice, polite and supportive daughters. Their attitude has affected their marriage as the female client feels devastated with this and the male client is hurting but he is trying to stay as positive as possible.

Outcome: Clients received services for 6 months twice a month. They finished sessions in November. It seemed that they both had understood that working on themselves as a couple is the best thing they can do for themselves and even for their daughters. The clients' relationship has gotten stronger through this process.

8.- LR9489, 34 years old Salvadorian Female; The client looked for services because she lives very stressed out. The client is a single mom, and she is currently fighting the custody of her son. The client is desperate because her son's dad and his current partner are always harassing her. When they were in court her ex-partner had made up a lot of lies and the judge believed him. The client's biggest stressor is that she cannot find the right lawyer to represent her.

Outcome: Client has learned self-care techniques to help her navigate through this difficult time, but she is struggling. The client's schedule got busy, which made it hard for her to continue her sessions. However, in the 5 sessions that she took, she mentioned that she was learning to manage her emotions and reactions.

9.- LS9894 31 years old Peruvian Female; The client looked for services as she was feeling very depressed and anxious due to her romantic relationship. The client seemed to be experiencing emotional abuse. Her partner who grew up with trust issues would manipulate her and make her feel like she was the reason why he has problems. At the begging client used to believe all of this about herself. Client took sessions for 5 months.

Outcome: Client was able to understand her boyfriend's insecurities, so she stopped believing that everything was her fault. The client worked on developing her self-esteem and when she ended her 12 sessions, she reported feeling a lot more confident and ready to give the boyfriend an ultimatum if he wanted to continue the relationship, he had to attend therapy himself.

10.ET6826, 46 years old Mexican Female. Client looked for services due to family life problems. Her husband and her oldest son had a bad relationship, and the environment at home had become toxic. The client fell in between the two of them for a long time. The client was very depressed by the idea of losing her son. Son finally moved out and through this process the client was able to let him go in a healthy way. The client is still having marital problems, but she reports to feel a lot more strengthened and accompanied.

Outcome: The client received sessions for 7 months. During this time, the client learned coping skills to not let her husband's negative thinking get to her. She found ways to keep a good relationship with her son without having to fear for her husband's reactions. She learned how to set up boundaries. She also joined the Mujer, Salud y Liderazgo program at TLC and started attending the Mental Health Support Classes and that has helped her a lot.

11.MP, 20 years old Mexican American Male. The client's mom was the one that looked for services because of the addictions problem that client had. At first the client was very resistant, and he didn't want to attend the sessions, but eventually he started enjoying their sessions. He was very responsible and committed throughout the process.

Outcome: The client improved his relationship with his parents a lot. He was able to reduce his drug abuse to only alcohol. He stopped smoking weed and he is working on reducing his alcohol intake. At his last session, Client mentioned that he feels a lot more confident and feels better overall, but he reported that he kept hearing voices, and he was not sure if it was part of the desintoxication of the drugs or if it could be beginning of schizophrenia, so after his 12 sessions I referred him out to his psychiatrist.

12.TG2891, 43 years old Mexican Female. Client looked for services due to depression. When the client first started receiving sessions, she reported to always be tired and sleeping. She reported feeling without purpose and overwhelmed with having all the responsibility of the kids. The client has done a lot of work for herself and her self-esteem, which causes a good turn on the client's life.

Outcome: Client ended session feeling very confident. She learned time management and self-care skills. Client finished her sessions in 4 months.

13.IE6560, 43 years old Nicaraguan Female. Client looked for services because she was told by a previous therapist that she should always receive mental health support. When the client started the session, she presented depression symptoms. Client was going through a separation, and she really missed her ex-husband.

Outcome: Client only took 4 sessions, but she seemed to be doing good after a few sessions. Client quickly learned relaxation exercises and coping skills. She started adults' school, so she didn't have time to continue her sessions. She was thankful for the services received and excited about the new beginning with her daughters and new life goals.

14. PG6649, 47 years old Mexican Female. The client looked for services because she was falling into depression due to a separation from her son's dad. Her son was also recently diagnosed with Autism and the client is by herself. She doesn't have any help from anyone and is having a hard time managing all the emotions these two events have brought into their life. Her ex-partner is present and helps her financially, but it is hard that the boy's dad doesn't accept the fact that his son has autism. That brings more of a burden to the client, and she really needs mental health support.

Outcome: Client reports that having her sessions has helped her to manage depression and anxiety. The client reported that the sessions have helped her a lot, but it is hard to take her sessions as she needs to be on alert to watch her son who requires a lot of attention. She had to pause her sessions, saying she would reach out if she could find a time that would work with her schedule. She was able to take 4 sessions.

15.-EG2331, 37 years old Mexican Female. The client looked for services for a second time due to symptoms of anxiety and depression. The client has been dealing with the consequences of being involved in DV relationship for many years. The client separated, but her ex-partner keeps harassing her. Her youngest son has been diagnosed with Autism and this has added to the level of stress. The client had to ask for a second round of sessions as the situations she lived in with the ex-partner had been traumatic for her and her children.

Outcome: The client took sessions for about a year. She has recovered a lot, and she has been doing good. There has been time when CPS had to check on her case because her children are very traumatized because of the harassment by

the client's ex-partner, but the Case workers have seen that the client is doing her best to keep things together regardless of the circumstances. The client has gained a lot of her confidence back and has learned to stand up for herself and her children. However, she is still under a lot of stress because her ex-partner doesn't stay long enough in jail and every time, he gets out he starts harassing them. The police are currently looking for him and the client is scared but has learned how to manage her emotions. She is thankful for the services; she was thinking about asking for another extension, but her doctor referred her to a psychologist that could give her medication if needed.

16.- GA8535, 45 years old Mexican Female. The client looked for services due to PTSD because of years of being a victim of domestic violence. There was an incident in which a client was threatened by her ex-partner with a knife. The client was carrying her 2-year-old in her arms. She had to escape by running down the street into the neighbor's house. The client was fully financially dependent on her ex-partner. The client's ex-partner was released from jail, and he still supports her financially, but he has a restriction order. Her ex-partner is going through different recovery programs, as he would like to recover his family. The client would love to have her family back as well.

Outcome: The client finished her 12 sessions. During this time, she learned not to give in to her emotions. The client learned to set up boundaries for her and her daughter. Especially how to stay safe. The client could connect with more organizations, and she and her ex-partner were taking parenting classes and felt their relationship was improving for their daughter's sake. The client finished her sessions feeling ready and grateful to move on.

17.DL1908, 56 years old Mexican Female. The client looked for services due to PTSD symptoms after being a victim of crime. She was assaulted when she was getting into her car one morning. The guy dropped her on the floor, and she hurt her ankle. She has no medical insurance, and she is undocumented in the country, so she is scared to ask for any medical help. She has been struggling with her ankle and she had been having a hard time working because of the pain, but also because she is very paranoid thinking that she is going to get attacked anytime.

Outcome: the client was in sessions for about 9 months. The client improved a lot. She was able to start working little by little and she started to go out to public places little by little despite the anxiety she felt. She mentioned she would reach out if she started feeling bad again, but that she felt ready to pause the sessions, as she was getting stronger and stronger mentally. The client took 11 sessions, one of them was in person and lasted 2 hours, so she counted that as 2 sessions, completing her 12 sessions.

18. MIJ3438, 56 years old Mexican Female. The client looked for services as she was looking for support or guidance on how to separate from her husband. She stated that her husband suffered from "emotional anorexia" and that she was tired of dealing with "his condition" as she knew she deserved better. The client mentioned that she had already tried all types of treatment programs and that nothing had helped her husband. The husband did everything she told him to do, except that he had a different way of showing his love and that he cares. The client said that she felt betrayed by all mental health professionals and none of them would see her husband's problem. The therapist from Kaiser told her that he seemed fine and that she couldn't go in life diagnosing her husband. She never liked it when someone would contradict her.

Outcome: the client was very confused about what she wanted to do, and she expected the professional to agree with her and to tell her that she was right and that her husband had that diagnosis. I explained to her that that's not how things work, and that she needed to work on herself as the main goal so she could start feeling better, but I didn't follow her directions and expectations then she decided to stop receiving the sessions. However, she had reported that she was learning ways to cope with the anxiety that this whole situation raised.

19.AJ1698, 51 years old Mexican Male. The client looked for services due to a strong, almost obsessive emotional attachment that he had for his ex-partner. His ex-partner is a married woman and has 7 children with her husband. The client and his ex-partner had been on and off the relationship for many years, until about a year ago when they both decided that their relationship was toxic and not allowed. The client moved in with a new partner some months after

that. He is currently having relationship problems because he cannot love his current partner the way she wants to be loved because of his obsession with his ex-partner.

Outcome: the client took 5 sessions. He reported that all the exercises and the recommended book and techniques had helped him a lot to be able to start letting go of the old relationship. He learned to redirect and manage his thoughts better. He was starting to feel better and reported that maybe he was going to break up the relationship he was in as he realized that he was not ready to start a new formal relationship. The client was inconsistent with his sessions, he started that was due to his work schedule, but I had to close the case and move on with the waiting list.

20.- TJ6757, 20 years old Nicaraguan Female. The client was referred by a lawyer due to a situation she is currently having with her siblings and a legal issue that she had been dealing with since she was in Nicaragua. The client is a victim of sexual abuse, which led her to have a lot of insecurities and anxiety. The client had received therapy in the past to deal with the sexual abuse trauma, but the client looked for services with us because she had denounced the sexual abuse, and she felt guilty because she knew that by doing that the abuser could get in a lot of trouble and she felt bad because they are family. She was too worried about how this was going to affect the rest of the family, and she was anxious. The client was going through a lot of relationship issues with her siblings, with the extended family and even one of her best friends. She also had some unresolved grieving due to her dad's death.

Outcome: The client took 7 sessions. Some in person and some over the phone. She was good at understanding and following the anxiety coping exercises. In the time we met, she could work through the jammed emotions of her father's loss. She found a stable and promising job at a hospital which offered her the opportunity to continue studying and have financial stability. I had to close her case as her new schedule varied a lot, week by week and she would schedule and miss sessions. However, she was doing a lot better.

21.- VA9084, 21 years old Mexican Female; The client looked for services due to anxiety. The client was under a lot of stress due to different stressors. She was doing all the paperwork for her mother's divorce, because they could not afford a lawyer. It was a very hard process, and her stepdad used to be very abusive and the client, her mother and her sister, were victims of domestic violence. The client also had issues with her college roommates, and they were asking her to pay for something that was not fair. During this year she also lost her grandmother from Cancer and the client used to be very close to her.

Outcome: the client was learning to calm down and to deal with problems one day at a time. She also worked on feeling the responsible for everything that was happening. The client went back to college, and she didn't continue the sessions because she was busy with school.

22.MA9534, 44 years old Salvadorian Female. Client looked for services as she was feeling desperate and depressed, due to her working conditions. Client had an ankle injury at work some months ago, and since then she has been in pain and has more restrictions at work. Having the restrictions at work has make her somewhat of a victim of harassment at work and some co-workers bully her and the supervisors acted like they haven't seen anything. Client has been very stressed over this and her son's health as well. The client and her son used to work together, but he started having health issues and he has been in disability for a sometime. This is the client's only child, so she tends to overprotect him and is causing her a lot more stress.

Outcome: Client has been able to control her stress and anxiety. The client requested a second round of sessions. The client learned how to deal with her anxiety, she worked on accepting that her son was an adult now and that she is not responsible for him anymore, it helped that he started seeing a therapist, so she felt more at peace with that. She started looking for a new job which was a huge improvement for her as she was very attached to her old painting job. The client was able to realize that she could do other jobs. Practicing her faith became an important support system.

23.- VT9094 Mexican Female; The client looked for services because she is lesbian and growing up she had dealt with a

lot of injustice. We only had one session, and the client said she was going to join the mental health classes as well, but she never answered the phone calls or never showed up to the classes.

24. MT7419, 46 years old Mexican Female. Client is seeking services due to a deep depression. Client showed lack of motivation and had no energy to do anything. Client is trying to take a class to become a licensed childcare provider and taking the child development classes brought her a lot of mixed feelings because she feels that she made a lot of mistakes as a mother with her daughter.

Outcome: The client has been working on her guilt and has been more intentional about doing things that she likes, so she can help herself with her depressive emotions. The client was recommended some books and claimed they helped her. The client is also considering switching careers to another profession that she might enjoy more. The client was still struggling but her schedule has changed so we put her sessions on hold until her schedule is more open. She took 6 sessions.

25. EO5148, 35 years old Mexican Female. The client looked for services because she has had a hard time accepting that her teenage boy is homosexual. She recently came to the US, because in Mexico her son should be discriminated against a lot due to his gender preference. The client felt that she had messed up as a mother and that she had done something bad and her son's gender preference was a consequence of her mistake.

Outcome: The client took 5 sessions, and she was able to understand and overcome most of her "guilt" and frustration. Being in CA helped to understand that there is a bigger community of LGBTQ here and that her son's gender preference is not in her control. The client has been working on showing her son her love for him instead of her disappointment. The client reported that she felt ready to stop receiving the sessions, reporting that they had been very helpful and mentioned that she would love for her son to take some sessions.

26.. MF6679, 37 years old Mexican Female. The client looked for services because she lost her teenage son to an illness about a year ago, and as his birthday approached and the holidays approached, she was having a hard time processing all the emotions. The client is very strong in her faith, and it has helped a lot with her grieving process, but she had repressed many of these emotions because she felt she had to be the family's strong one. This has caused her to start growing resentment towards her husband because he has not been a support at all. The client was feeling very overwhelmed with all these thoughts and emotions.

Outcome: The client has been expressing her emotions and is learning healthy ways to process them, which has helped her to feel better, but going through special dates was still hard for her. The client took 9 sessions out of the 12. She was still having marital problems, but she was starting to understand her husband little by little. The client seemed to be improving every session, but after session 9 she didn't answer anymore.

27.- OG8762, 35 years old Mexican Female, The client looked for services due to high levels of stress and anxiety due to the constant harassment from her ex-partner. The client got into a relationship after some time, but the ex-husband who never showed any interest in the children or her is now very obsessed with them. The ex-husband kept threatening the client's new partner and his family in Mexico. The client has tried to ask for a restriction order for him, but the police won't do anything since they don't have any proof. This person calls them on the phone from different numbers, so they don't have any evidence.

Outcome: The client had a really hard time. Her current partner had left her because he was afraid that client's ex-husband might hurt his parents in Mexico. The client had anxiety attacks, but she was working on the coping skills to be able to control them better. Toward the end of the sessions the client reported that her partner and her were seeing each other but that no one knew because they were both afraid of the ex-partner. The client finished 11 sessions, and she was referred to the Family Justice Center to see if they could assist her with the legal issues of the children's custody.

28.- DG2395, 45 years old Mexican Female. The client looked for services because she was desperate. She was about to be kicked out of her apartment because she had just separated from an abusive relationship, and she needed rent help. Our organization, in partnership with another organization, was able to help her. She asked for help as she doesn't want to continue falling into the same toxic patterns with more partners.

Outcome: The client has taken 9 sessions; she was able to learn coping skills and little by little she is regaining her self-esteem. She has been able to support her children and get her own apartment without help from the children's parents. She has been able to overcome the emotional attachment that she had for men for years. She has been very committed and has been applying all the coping strategies that she has learned. The client has been able to get back on her feet to pay her rent on her own. The client has been very enthusiastic about her sessions and is improving in several areas of her life. She had to put the sessions on hold because of her work schedule, but she really wants to continue and maybe join one of the programs as a volunteer.

29. RA6452, 53 years old Salvadorian Female. Client looked for services because she suffers from chronic depression. Our client is currently suffering from PTSD as she was recently assaulted. She has been very anxious since then, so she was given medication but she struggles a lot with the side effects so the client was hoping that with the help of the sessions she would reduce the need for medication little by little.

Outcome: The client was very committed and responsible. The techniques that she has learned have helped her a lot to decrease anxiety. She is still working on the fear that was left after the assault but has become very little. When she finished her 12 sessions, she reported that she was not taking medications and that she didn't feel hate for her assault anymore.

30.KR9060, Mexican Female. We only had one session over the phone, and she reported how she wanted to work on herself and her relationship, but she scheduled 3 sessions more and she never answered the phone again.

31.-CG9959 49 years old Mexican Female. Client looked for services because she lives under a lot of stress and sometimes, she feels desperate because her ex-partner, father of her 6 years old son, seemed to be abusive and manipulative towards her son. She has reported the situation to CPS, but she is not taken seriously, and they think that she is just trying to blame the ex-partner for some reason. The boy had been threatened by the father, so he won't talk about everything that happens.

Outcome: The client is learning about different resources that there might be, but she has also learned way to talk to her son, so he won't allow his dad to manipulate him. The client has learned to work in a more effective way on her relationship with her son, so he feels more confident and will speak the truth about what he is experiencing at the house of her father and stepmother. The client managed to talk to her ex-partner without being afraid of him, in regard to their son. The client found a great Life Coach for her son, and he is doing great. This resulted in a better mental health for the client. She was satisfied when she finished her sessions

32.BD8573, 30 years old Honduran Female. The client was referred by a social worker. She was incarcerated and her 2 years old daughter was taken away from her. The client was supposed to take sessions to get her daughter back. The client was committed and responsible for her sessions. She started her own business selling Honduran food and the business kept growing. When her partner got out of jail they got married and started attending all the programs that the social worker required. They also joined a Christian Church, and they were helping them a lot with improving their behavior and beliefs.

Outcome: The client finished her 12 sessions. She was still sad that her baby was not back with her, but she had faith that if she kept the hard work, she would eventually get her back because she was doing all the things that she was

required to do. She said her husband would request sessions too.

33. MAL3366, 43 years old Mexican Female. Client looked for services because her ex-partner just left her and at the same time her son got diagnosed with type 1 diabetes. The client is struggling with anxiety and depression, because the separation was very sudden. She noticed that her husband didn't show much interest in her, but she didn't think that he was going to tell her that he was tired of the relationship. It was harder for the client to get over the situation because her ex-partner didn't have a place to watch the kids so he would come into their house to watch them and that didn't help her feelings.

Outcome: The client reported that she really needed the support and that she was hopeful, but she stopped answering after the second session.

34.- EG1041, 49 years old Mexican Female. The client looked for services because she sometimes feels depressed. She was a victim of sexual abuse by her father and her husband emotionally and financially abused her for years. The client has been taking a lot of classes on personal development and has joined the Ya Basta, Domestic Violence Support Group at TLC, which helped her a lot but, she knew that she had to take individual sessions to process the consequences of the abuses.

Outcome: the client was very committed and responsible with her sessions. She finished the 12 sessions in 4 months. She reported that she had never talked about the abuse with anyone and that talking about all those events helped her to feel more liberated from that heaviness. The client reported to feel more confident, and she mentioned that she wanted to continue volunteering as The Latina Center groups.

35.HC9857, 24 years old Honduran Male. The client was required by the social worker to start taking individual sessions as one of the requirements to get her 2 years old daughter back. He was incarcerated and now must prove that he has changed and will be responsible enough to behave and take care of her daughter.

Outcome: the client has been committed to his sessions and even though sometimes he is working, he would still take the call. He has taken 7 sessions. He takes them every other week, and every time we meet, he reports some type of progress. He reported that the social worker as mentioned that they are ready to have their daughter back. They are just waiting for the judge to have the final said. He is still taking sessions.

36. MAQ1998, 53 years old Mexican Female. The client looked for services due to the depression. The client joined the "Improving your Self -Esteem Class" and she requested sessions, mentioning that she had lost all hope because she was starting to feel too old to do anything. She couldn't go back to work because of an injury and because she had to take her of her sick husband. She felt hopeless but she started taking her sessions and she continued the classes she started feeling better, except for some menopause symptoms.

Outcome: the client was very consistent and focused on everything she was learning in class and during sessions and she has shown great improvement. After the self-esteem class, she reported that she felt like she was finding a new purpose. The client also joined the parenting classes and the domestic violence support group, and she is very happy. She refers to herself as a reborn person, the only struggle is the menopause symptoms.

37.GM9347, 35 years old Salvadorian Female. The client looked for services due to depression and anxiety. She had lost her job, and she was also in a toxic relationship, so the combination of these events had her under a lot of stress. She was feeling hopeless and felt that nothing could change. Little by little we started working on regulating her anxiety symptoms, which helped her to focus on finding a new job. Finding a new job helped her with the depression because she was very happy about the opportunity. She has been ascending at her new job and that makes her feel more self-assured, but she is still struggling a little with the anxiety. She is nervous about messing up at work and losing her job.

Outcome: the client is still taking her sessions. She has improved a lot in all areas, she is still working on the anxiety, but she is also reaching out for help at work when needed. The client is also looking into new ways of making more income,

so she doesn't feel like she needs to rely on being an employee.

38.LL6653, 50 years old Mexican Female. The client looked for services because she was struggling with a lot of anxiety. She called one of the staff members at The Latina Center and reported that they needed help urgently. The client was late 40 minutes to the first session and then she never answered for her sessions or the sessions schedule for her daughter.

39.- ML1212, 37 years old Mexican Female. The client looked for services because she was struggling with anxiety and depression. Her husband used to be an alcoholic, and he used to abuse her physically, mentally and sexually when he was drunk. They separated in September, and he joined a recovery program. The client was very stressed out because he noticed that her daughter rejected her dad a lot, and she mentioned that when her dad was drunk, she felt uncomfortable how he would look at her.

Outcome: the client learned how to improve communication among her family. She reported that they had a family meeting where they could talk without filters and her daughter could tell her dad how she felt when he was drunk. The dad has stopped drinking, and he assures them that he would have never done anything like that if he wouldn't be drunk. That helped the relationship among everyone, so the client has been feeling very happy. She decided that she wanted to let other people take the sessions as she was already feeling a lot better.

40. KB2717, 28 years Mexican Female. The client looked for services because she found herself being very reactive and short-tempered. She reported feeling very anxious about things that affected her as she was growing up, but also certain marital issues that have made her think of divorce.

Outcome: the client took some days apart for her husband and went to visit her family down in Mexico. She has been there for a month and having the sessions a getting help with the kids from her sister and mom have helped her a lot to recover emotionally and physically. The client reports to be learning about stress management and emotions management. She is feeling more hopeful. She still has 5 more sessions to go.

41.- ES4800 27 years old, Nicaraguan Female. This client was told to receive sessions because she was a victim of physical abuse by her husband. She mentioned that when he hit her, he was drunk and that she was not the one that called the police. The neighbors were the ones that called, and he was incarcerated. The client claims that that made it a lot harder for her because now she misses him a lot and she doesn't have any help with their daughters. They would work opposite shifts so they could be with their daughters but now she has all the responsibility. The client sounded upset that she was referred to take sessions and about her husband being incarcerated. She scheduled a couple of appointments but never answered. I closed the case.

42.RO8559, 50 years old Mexican Female. The client looked for services because she was very anxious and scared due to the harassment of an old neighbor. That neighbor harassed her and her family for many years. Causing a lot of stress and eventually anxiety. The client and her family had to move out of those apartments. One of the biggest stressors of the client is that her daughter is suffering from PTSD.

Outcome: the client was able to find therapy for her daughter. She also reported to be very involved in different support groups which helped her a lot. The client seemed to be doing good, so we both decided that we could end the sessions. She mentioned that she will continue to volunteer at the different groups that we have.

43.- KJ8754, 35 years old Mexican Female The client looked for services as she is dealing with depression. She reports that after graduating from college she found herself without a true purpose. The client is undocumented, and she can't really practice her career in the US now, which makes her feel hopeless. She joined the Improving my Self-Esteem class, and she has been re-finding herself little by little.

Outcome: The client is still struggling with self-esteem since she grew up with a lot of trauma, but she is improving each day and now she wants to participate as a facilitator in one of our TLC programs.

44.LC7159, Honduran Female. I only talked to this client once. She mentioned that she needed mental health support; we talked about ways to keep mental health balanced. We programed a second session, but she never answered again.

45.IR3623, Mexican Female. The client mentioned that she was dealing with stress and anxiety. She was thankful for the session since she felt understood, but she only took one session. The second time I called her she mentioned that she had found a therapist in the city that she lives. We close the case.

46.- MA6798, Mexican Female. The client looked for services after attending the Improving Your Self -Esteem Class. The client became aware of the guilt that she had been feeling for years. She left her three daughters in Mexico for two years when she came to work to the USA. The client used to send money so her family would take care of their daughters, but she found out that her daughters used to be mistreated. She brought them to the USA as soon as she found out, but she felt that it was too late because her daughters had already experienced a lot of trauma. She had felt guilty for years and that affected her self-esteem, and she felt that she had let down her daughters.

Outcome: the client mentioned that the classes had helped her and her daughter to start healing, but she recently lost her daughter to diabetes, which has affected her emotions, but the client is doing really good, and she is implementing everything she has learned in the classes. The client still has like 8 more sessions to attend.

47.-CN2913 46 years old Mexican Female. The client looked for services because she was feeling very depressed. She felt that her life had been hard, and she felt tired of living. She mentioned she was just waiting for her children to grow up more, but she was considering the idea if ending her life. The same week that she started her sessions she started the Understanding the Inner Child Wounds class. The client has been committed and responsible with her sessions and classes, and there has been a huge change in her way of seeing things.

Outcome: the client reports that she has been able to understand a lot of her behavior and she is overcoming the feeling of guilt that she has been feeling, thinking that it was her fault that her children have some mental health struggles. The client is doing good, she still has 5 sessions, but she plans to continue taking the classes and volunteering in the other groups at The Latina Center.

48.AM4030, 42 years old Mexican Female. The client looked for services as she was starting to feel hopeless and depressed. Her professional life was feeling kind of stocked. She was losing interest in the things that she loved and enjoyed, and she was anxious about the idea of dying. Gradually, she started working on an action plan that got her out of that trap in her professional life. She is now on a new journey preparing to do something new in a few years and she is very excited about that.

Outcome: The client is still struggling a little as she is caring for her ill mother, but she has learned how to manage her emotions, and regardless of the situation, she is managing to keep up with her responsibilities and continues working towards her new goals.

49.- MD4082, 32 years old Mexican Female. The client looked for services due to the depression. She has been having marital problems and she feels very discouraged. She felt that divorce was the only way out of her depression.

Outcome: the client is just starting her process, and she is feeling hopeful. She reports that she is already starting to manage her emotions.

50.- MC8371, 51 years old Mexican Female. The client reached out because her daughter was a victim of sexual abuse. She was looking for services for her daughter, but her daughter and her are already receiving therapy but she they don't

speak as much English, so the language has been a barrier.

Outcome: the client is trying to decide if she stays with the English-speaking therapist or if they moved with me. This case is pending as we are waiting for the client to decide what is best for them.

51.- YV0309, 26 years old Mexican Female. The client looked for services as she is struggling with depression and some PTSD due to the physical abuse she experienced from her ex-partner. They also had some accounts together and he is after the client pressuring her to pay. The client is still under a lot of stress and sometimes she has to cancel sessions at the last minute due to her caring for her ill mother as well.

Outcome: the client is just starting her sessions. She is very enthusiastic, and she is trying to be better each day.

52. YM3094, Mexican Female. I had a couple of sessions with this client just to help her deal with a situation she was going through. She had a panic attack and ended up in the hospital, as she was dealing with a lot of stress at work and the loss of a loved one.

Outcome: the client is aware of what is best for her health, and little by little she is trying to take better care of herself.

53.- ME7558, 28 years old Salvadorian Female. The client was referred by a coworker due to the crisis she was living through. She was a victim of domestic violence, and her ex-partner got her incarcerated. They took her children away and she was desperate. She got out of jail and her children back, but she is struggling with PTDS. Especially at nighttime, she has a hard time sleeping as she feels like her babies are going to be taken away aging.

Outcome: the client reports that she has been implementing everything that we talked about to deal with the anxiety, but she has missed many of her sessions. Sometimes she doesn't answer and later she sends me a message that she was sleeping because she had a bad night or other times she doesn't answer because she has an appointment, but she doesn't let me know until it's time for our session. I know she needs the support but if she keeps missing or cancelling me without notice I might need to refer her to a different program.

54.DG1549, 20 years old Salvadorian Female. The client looked for services due to a crisis she was going through. She had been suffering from depression for almost one year and a half. Due to the depression, she almost dropped out of college.

Outcome: the client has only attended four sessions, and she is already seeing an improvement. She reports to feel motivated to continues

55. MA1256, Mexican Female. This client reached out because her 10-year-old son was diagnosed with schizophrenia and she is looking for services for him and for her, as she is very disturbed with the diagnosis.

Outcome: the client and her family were referred out to Ruby's place where they could obtain psychiatric help.

VICENTE MARTINEZ HIGH SCHOOL - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2023 – 2024

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
X	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
X	ACCESS AND LINKAGE TO TREATMENT
X	IMPROVING TIMELY ACCESS TO TREATMENT
X	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	CHILDHOOD TRAUMA
X	EARLY PSYCHOSIS
X	YOUTH OUTREACH AND ENGAGEMENT
	CULTURE AND LANGUAGE
	OLDER ADULTS
X	EARLY IDENTIFICATION

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Key services include student activities that support:
 1. Individualized learning plans
 2. Mindfulness and stress management interventions
 3. Timely access and linkage to direct mental health counseling
 4. Team and community building
 5. Character, leadership and asset development
 6. Career-focused preparation
 7. Parent involvement
 8. Outreach

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

Key services include student activities that support:

1. Individualized learning plans
2. Mindfulness and stress management interventions
3. Timely access and linkage to direct mental health counseling
4. Team and community building
5. Character, leadership and asset development
6. Career-focused preparation
7. Parent involvement
8. Outreach

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): the target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed, and follow-up. Please note any differences from prior years or any challenges with the implementation of the program, if applicable.

Services support the achievement of a high school diploma, transferable career skills, college readiness, post-secondary training, and enrollment, democratic participation, social and emotional literacy, and mental/behavioral health. PEI services are provided by credentialed teachers and an administrator, qualified office staff, a Marriage Family Therapist, and a Pupil Personnel Services credentialed academic counselor. All students also have access to a licensed mental health counselor for individual and group counseling. All students enrolled in Vicente have access to the variety of PEI intervention services through in-school choices that meet their individual learning goals.

Mental health and social emotional activities and services are offered to all students at Vicente Martinez High School and are deeply integrated into the Vicente school day. Data is collected for all students who participate in these programs, but demographics and statistics are based upon Vicente total enrollment

This year the PEI program continued providing students with experiential opportunities that fostered a strong sense of positive, personal identity, leadership skills, and intergenerational connection to the community and place that they live. These opportunities provided students an alternative to a traditional high school education while they continue to make progress.

All students enrolled in Vicente have access to a variety of PEI intervention services through in-school choices that meet their individual learning goals.

This year the PEI program continued providing students with experiential opportunities that fostered a strong sense of positive, personal identity, leadership skills and intergenerational connection to the community and place that they live. These opportunities provided students with an alternative to a traditional high school education while they continued to make progress toward earning the necessary credits for an accredited high school diploma.

Experiences that enriched the curricula are presented below in the following categories:

· Service Learning

- Team-based Projects
- Career-Focused Resources
- Mental Health Focus
- Leadership Development
- Academic Skills Development
- College and Careers
- Teacher and Staff Professional Development

Service Learning:, Students participated in several volunteer opportunities such as Loaves and Fishes, events at the elementary school, mental health community building activities.

Career-Focused: Guest speakers, all school assemblies targeting specific careers, goal setting activities, small group career exploration

Mental Health Focus: Students continue to participate in holistic health activities and seminars that support their emotional, social and academic health.

Leadership Development: Students continue to participate in leadership programs and mentorships that support students needing increased academic or emotional skill development. New this school year was a leadership club meeting weekly with interested students that planned community building events for the entire school including spirit days and a field day.

Academic Skills Development: Students continue to receive academic instruction and support from teachers/contracted service providers through integrated, project-based curriculum, specific academic skills instruction and individualized, differentiated instruction.

College and Careers: Students continue to be exposed to a variety of careers and colleges through guest speakers, introduction to internship seminars and field trips in order to help then prepare for a successful transition into independent adulthood.

Teacher Professional Development: Teachers continue to attend professional development opportunities to increase knowledge about supporting at-risk students.

Outreach: Vicente Martinez High School continues to advertise the program and to inform the public about the educational opportunities that the school offers for at-risk students and to dispel misconceptions about the school and the population who attend the school. Due to ongoing outreach regarding the comprehensive mental health supports available, more parents and students are coming to Vicente High school for these support services versus just enrolling students needing credit recovery.

Vicente/Briones staff and outside service providers have worked cooperatively to continue to create opportunities for all students to develop academically, socially, emotionally and mentally through participation in hands-on, place-based learning and experiential projects. Currently, all Vicente teachers and staff are actively engaged in supporting and implementing the programs.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

1. 100% of enrolled students receive a) an orientation on program offerings, b) a self-identified needs assessment targeting risk factors including,, poverty, ongoing stress, trauma, racism, social inequity, substance abuse, domestic violence, previous mental illness, prolonged isolation.
2. All identified students participated in two services per quarter that support their individual learning plans.
3. 90% of students identified as facing risk factors were referred to supportive services and/or referred to mental health treatment and participated in at least once in referred support service or mental health treatment during the school year.
4. 70% of students who participated in four or more services and who have had chronic absenteeism will increase their attendance rate by 5% as measured at the end of the school year.
5. 70% of students who participated in four or more services and who regularly participated in mental health counseling did 100% of the expected grade level credits as measured at the end of the school year.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

Our program reflects MHSA values of wellness, recovery and resilience. Our whole staff embraces these values for our students and we strive to ensure our students are held accountable and are supported in these ways in order for them to thrive. We provide access and linkage to mental health care by providing individual and group services during the school day and referrals to outside mental health services for students needing longer term support and services. The students at Vicente are some of our most underserved and at-risk students in our school district. Sixty-one percent of students are on free and reduced lunch which means their families are in a low socio-economic status. The teaching staff, mental health counselor, principal and special education teacher meet regularly to discuss the needs of students and to review and analyze data. We practice the Multi-Tier System of Support or Response to Intervention Model in order to provide students with the individualized support that they need to be successful. While there are interventions built into the regular school day such as small class sizes, explicit expectations and universal responses to students, those who need something more are discussed, and it is determined what they need. As a staff we also utilize restorative practices and restorative conversations among ourselves and our students.

Include examples of notable community impact or feedback from the community if applicable.

Students who participated in one or more PEI mental health services reported:

- No Stigma: Students feel comfortable seeking help due to widespread use of counseling services.
- Acceptance: "Everyone sees the counselor," creating a normalized and inclusive environment.
- Safety & Comfort: Students feel safe and supported during mental health activities.
- Value: having someone objective and outside their circle to talk with and freedom to talk about any issue and get help with solutions

AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year:

(NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)

TOTAL SERVED FOR FY 23-24: 48

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
	48				48

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
47	1			48

IF OTHER, PLEASE SPECIFY:

RACE:

ETHNICITY (NON-HISPANIC/LATINX)

MORE THAN ONE RACE	5	AFRICAN	
AMERICAN INDIAN/ ALASKA NATIVE	1	ASIAN INDIAN/ SOUTH ASIAN	
ASIAN	3	CAMBODIAN	
BLACK/ AFRICAN AMERICAN	3	CHINESE	
WHITE/ CAUCASIAN	16	EUROPEAN	
HISPANIC/ LATINO	24	EASTERN EUROPEAN	
NATIVE HAWAIIAN/ PACIFIC ISLANDER		FILIPINO	
OTHER		JAPANESE	
DECLINE TO STATE/ DATA NOT CAPTURED	1	KOREAN	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	48	MIDDLE EASTERN	
		VIETNAMESE	

		MORE THAN ONE ETHNICITY	
		OTHER	

ETHNICITY (HISPANIC/LATINX)
ETHNICITY (ALL)

CARIBBEAN			DECLINE TO STATE/ DATA NOT CAPTURED	33
CENTRAL AMERICAN			TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	48
MEXICAN AMERICAN	15			
PUERTO RICAN				
SOUTH AMERICAN				
OTHER				

SEXUAL ORIENTATION:

HETEROSEXUAL	42	QUESTIONING / UNSURE	
GAY / LESBIAN		ANOTHER SEXUAL ORIENTATION	
BISEXUAL		DECLINE TO STATE/ DATA NOT CAPTURED	
QUEER	6	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	48

SEX ASSIGNED AT BIRTH:
CURRENT GENDER IDENTITY:

MALE	30		MAN	30
FEMALE	18		WOMAN	16
DECLINE TO STATE/ DATA NOT CAPTURED			TRANSGENDER	2
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	48		GENDERQUEER / NON-BINARY	
			QUESTIONING	
			ANOTHER GENDER IDENTIY	

		DECLINE TO STATE/ DATA NOT CAPTURED	
		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	48

ACTIVE MILITARY STATUS:

YES	
NO	48
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	48

VETERAN STATUS:

YES	
NO	48
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	48

DISABILITY STATUS:

YES	1
NO	47
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	

DISABILITY TYPE:

DIFFICULTY SEEING	
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	1
PHYSICAL MOBILITY	
CHRONIC HEALTH CONDITION	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	48

COGNITIVE DISABILITY:

YES	13	DECLINE TO STATE/ DATA NOT CAPTURED	
NO	35	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	48

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	28
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	28

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	4
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	3

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	0
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	0

WE CARE SERVICES FOR CHILDREN - PEI ANNUAL REPORTING FORM

FISCAL YEAR: 2023 – 2024

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	PREVENTION
X	EARLY INTERVENTION
X	OUTREACH
X	STIGMA AND DISCRIMINATION REDUCTION
X	ACCESS AND LINKAGE TO TREATMENT
X	IMPROVING TIMELY ACCESS TO TREATMENT
	SUICIDE PREVENTION

PEI STRATEGIES (CHECK ALL THAT APPLY):

X	CHILDHOOD TRAUMA
	EARLY PSYCHOSIS
	YOUTH OUTREACH AND ENGAGEMENT
	CULTURE AND LANGUAGE
	OLDER ADULTS
	EARLY IDENTIFICATION

NARRATIVE REPORT

Provide 5-10 bullet points that briefly highlight your objective, measurable, or observable outcomes or accomplishments from the past reporting period. (There will be opportunity to elaborate on these bullet points later in the report)

- Information about the Everyday Moments program (and how parents can support the social-emotional development of their children birth to six) was distributed to hundreds of thousands of Contra Costa county residents, using the following channels:
 - Distribution/posting of flyers at 521 community partner sites and organizations such as libraries, pediatrician offices, daycares and preschools
 - Social media postings to over 75,000 specifically targeted individuals and groups in Contra Costa County with interest in early childhood
 - Email outreach with repeated follow-ups to 310 community partners
 - In-person outreach/presentations at 60 opportunities, including meetings with community partners, parent group presentations, and presence at local events.
- **20** Community Groups were conducted in English or Spanish for parents with children ages 0-5 within Contra Costa County, and **111** parents participated in these groups.
- **86%** of the parents attending the groups reported that they learned what to do to help their child gain new skills and improve behavior.

- **91%** of parents in the groups reported that they intend to use or follow the parenting advice received.
- **82%** of parents in the groups reported that they had obtained information about questions they had about parenting.
- A total of **70** parents and **71** children across the county received one-on-one Home Based Support in either English or Spanish to help with developmental challenges during “everyday moments” of interaction.
- **96%** of the parents receiving Home Based Support reported that the time they spent with the Everyday Moments specialist helped them feel more confident about their parenting.
- **88%** of parents receiving Home Based Support felt that their child’s behavior improved during the time they were working with the Everyday Moments specialist.
- **94%** of parents receiving Home Based Support reported that they felt better able to support their child’s development after the time they spent with the Everyday Moments specialist.

Briefly report on the services provided by the program during the past reporting period. Please include (as applicable): target population(s), program setting(s), types of services, strategies/activities utilized (including any evidence-based or promising practices), needs addressed and follow up. Please note any differences from prior years or any challenges with implementation of the program, if applicable.

1. Family Engagement & Outreach

First 5 Contra Costa and the Birth to Six Agencies (We Care, Vistability and Early Childhood Mental Health) worked together during this year to continue to develop family engagement and outreach to promote the *Los Momentos Cotidianos/Everyday Moments* programming, and to recruit families to Everyday Moments opportunities by tapping the power of word-of-mouth and existing community supports.

The First 5 communications team continued to update the set of marketing assets developed in years one and two including a flyer and social media posts with messaging that emphasizes the importance and empowering the role parents play in their children’s social-emotional development, and that reaching out and collaborating with service providers are strengths rather than weaknesses. This messaging was chosen to help reduce stigma and foster understanding that early childhood mental health can be about healthy child development in the context of everyday relationships with trusted caregivers.

The Birth to Six Agencies (BTS) shared these assets with its community contacts and networks, including the member organizations in the Early Childhood Prevention and Intervention Coalition (ECPIC). ECPIC members and partners, including C.O.P.E Family Support Center – who in turn reached out to their community contacts. The BTS also conducted collaboration with community providers such as pediatricians and public health nurses, schools and daycares, and other community referral sources, reached out to families through community “hubs” such as the First 5 Centers and Help Me Grow, and conducted presentations at community partner sites via zoom during the fiscal year. We Care also posted physical flyers in libraries, community centers, and health clinics across the county, and conducted Social Media and email marketing campaigns.

It is estimated that messaging about the Everyday Moments program, whether through electronic distribution via newsletters, email blasts, social media posts, or via presentations, reached **1000s** of people in Contra Costa County at least one time. Messaging and social media campaigns were renewed quarterly, and presentations were offered continuously throughout the reporting period. Details about the **types and settings of potential responders reached**

during the reporting period; as well as methods used to reach out and engage potential responders, to provide access and linkage to treatment, and to improve timely access to services for underserved populations are discussed below in the Strategies section of this report

2. Parent Groups

The Parent Groups were provided by C.O.P.E. Family Support Center. Services consisted of small, guided discussion groups of parents of young children (0-5 years) where parents swap stories, share wisdom, and ask questions. Topics and strategies shared were based on the Triple P Positive Parenting Program, a multi-level system of family intervention for parents of children who have or are at risk of developing behavior problems. It is a prevention-oriented program that aims to promote positive, caring relationships between parents and their children, and to help parents develop effective management strategies for dealing with a variety of childhood behavior problems and common developmental issues.

- Monthly Community Groups were conducted in English or Spanish for parents with children ages 0-5 within Contra Costa County. Topics were as follows:

07/16/2023	The Power of Positive Parenting
08/12/2023	Coping with Anxiety (MDUSD Parent C.) in person
08/30/2023	Raising Resilient Children
09/11/2023	Potty Training in Spanish
09/12/2023	Potty Training
09/13/2023	(PUSD) Raising Confident, Competent Children
09/25/2023	Taking Care of Self and Family
10/17/2023	(PUSD) Raising Resilient Children
10/18/2023	Raising Confident, Competent Children
11/06/2023	Dealing with Tantrums in Spanish
11/14/2023	Anxiety and Fears in Children
11/15/2023	Bedtime Routines in Spanish
12/04/2023	Hassle- Free Shopping with Children in Spanish
12/12/2023	Hassle- Free Shopping with Children
01/18/2024	Dealing with Disobedience
01/23/2024	Dealing with Disobedience
02/01/2024	Going Shopping
03/05/2024	(PUSD) Anxiety and Fears in Children
03/19/2024	(PUSD) Screen Time and Children: How to Guide your Child
03/21/2024	Lying & Stealing

3. Home-Based Support

The Home-Based Support services were provided by We Care Services for Children, Early Childhood Mental Health Program, and Vistability. Services consisted of individualized, home-based (either in person at the family's home or in the community; or via telehealth video) parent-centered support for young children (newborn to age 6) and caregiver(s), focusing on whatever "everyday moment" the caregiver chooses to focus on. The services are flexible, empathic, and non-stigmatizing.

The Home-Based Support services provided a means for caregivers to learn about Early Childhood Mental Health and the social-emotional development of babies and young children, discuss intergenerational trauma as pertinent, and to try out community defined, culturally sensitive practices in support of their babies and young children. This component

focused on working with a lens of empathy and understanding, allowing for shared space with the parent/caregiver in support of healthy brain and mental health development for children ages 0-5. Services were provided in multiple languages, using culturally relevant supports wherever feasible.

“Meeting the child and family where they are,” the Home-Based Support services provided non-didactic developmental guidance and encouragement to caregivers as they were engaging with their child in their home environment during “everyday moments” of interaction. Caregivers were supported to use these sessions to share about their emotional experiences associated with caregiving, think about how to support their young child’s healthy development, and practice new skills and approaches with their little ones with the guidance of a trauma-informed Early Childhood Mental Health provider. This approach enabled an individualized, trauma-informed, and culturally sensitive delivery of caregiver support services and reinforcement of protective factors to support early childhood social-emotional development and resilience. Families whose needs were identified during the Home Based Support to require more intensive intervention were offered referral to the suite of early childhood mental health services offered by each agency.

STRATEGIES:

1) The types and settings of potential responders reached during the reporting period

We Care Services for Children, First 5 Contra Costa, C.O.P.E. Family Support Center, Early Childhood Mental Health Program, and Vistability together reached out to a variety of groups and individuals that serve families with children 0-5 in West, Central and East Contra Costa County. We distributed flyers and posted program information on our respective websites and social media. See description of additional We Care activities above under Family Engagement and Outreach.

2) Methods used to reach out and engage potential responders

- Online and printed paper flyers
- Outreach emails to social workers, health clinics, community organizations, etc.
- Social media: Instagram and Facebook
- ECPIC organization individual outreach to families and referring parties
- First 5 Contra Costa, We Care Services for Children, Early Childhood Mental Health, Vistability, and other websites
- Partner meetings and presentations
- Recruitment of “trusted supports” through outreach to pediatricians, nurses, teachers, faith groups
- For the Everyday Moments groups in particular, outreach to past participants through emails and phone calls

3) Strategies utilized to provide access and linkage to treatment

- Single phone number and email address for the program, with trained personnel conducting intakes and explaining the services, simplifying the process for families.
- Prompt call-back and intake response for parents inquiring about the program.
- Custom online system for distributing online access to pre- and post-intervention questionnaires, as well as paper option for those who wanted to complete the questionnaires in person.
- All questionnaires and program materials offered in English and Spanish.
- Zoom video conferencing platform for ease of attendance.
- Home-Based Support services offered in families’ homes or easy community locations to meet the needs of families.
- Zoom video conferencing technical assistance available.
- For families attending the Parent Groups, classes were adapted to ensure engagement, utilizing polls, break-out

rooms, and chat rooms, and families were included in information outreach about other group parent education opportunities.

- For families receiving Home-Based Support, families with more intensive early childhood mental health needs were identified and provided with calls from intake coordinators to conduct intake appointments for the specialty mental health services provided by the three agencies, with no need for the parent to make another call or reach out separately.

4) Strategies utilized to improve timely access to services for underserved populations

- Parent Groups and Home-Based Support services were offered in East, West and Central Contra Costa County.
- Parent Groups and Home-Based Support were offered in both English and Spanish.
- All questionnaires and program materials offered in English and Spanish.
- Parent Groups were offered every other week, and Home-Based Support was offered weekly at times that fit with families' schedules.
- Reminder emails were sent to participants in advance of Parent Groups, the day of and one hour before start time.
- Program staff supported participants completing pre- and post-assessments over the phone or in person, when needed.
- For families receiving Home-Based Support, families with more intensive early childhood mental health needs were identified and provided with calls from intake coordinators to conduct intake appointments for the specialty mental health services provided by the three agencies, with no need for the parent to make another call or reach out separately.

Briefly report on the outcomes of the program's efforts during the past reporting period. Please include (as applicable): Quantitative and qualitative data, data collection methodology (including measures for cultural responsiveness and confidentiality), evaluation, and use of information gathered. Please note how these outcomes compare to your measures of success at the outset of the past reporting period.

Outcomes:

- We Care, C.O.P.E., First 5, Early Childhood Mental Health Program, and Vistability completed provisions of the 2023-24 contract, and worked together well as part of an Early Childhood Mental Health collaborative building on decades of collaboration.
- Program activities were provided by staff who were trained and accredited in various levels of Triple P (Parent Groups) and dyadic intervention (Home-Based Support), with careful attention to quality of service.
- **Outcomes of the Family Engagement & Outreach**
 - Goal: Recruit minimum number of 299 parents
 - Actual: **309** parents were recruited; 1000s were contacted.
 - Goal: Recruit 200 parents for Parent Groups
 - Actual: **214** parents were recruited; **111** participated
 - Goal: Recruit 99 parents for Home-Based Services
 - Actual: **69** parents were recruited; **55** parents and **56** children (total **111**) participated
- **Outcomes of the Parent Groups**
 - Goal: Contractor will provide evidence-based Triple P Positive Parenting Program seminar classes 2 X per month with a maximum attendance of 10 parents per group (maximum 200 participants)
 - Actual: **214** parents were recruited; **111** participated in **20** Parent Groups held by zoom or in person. Groups were provided in English and Spanish in East, West, and Central regions of the County.

- Goal: The Parent Groups will have a positive effect on participating caregivers' self-report of positive parenting practices. 80% of participating parents will report an improvement in positive parenting practices.
 - Actual: **86%** Intend to use or follow the parenting advice received; **92%** learned what to do to help their child gain new skills and improved behavior; **86%** Obtained information about questions they had about parenting.
- **Outcomes of the Home-Based Support**
 - Goal: Contractor will provide Home-Based Support services for up to 6 weeks per family (maximum 99 participants)
 - Actual: **83** parents were recruited; **70** parents and **71** children (total **141** people) participated in Home-Based Services offered in English and Spanish in East, West, and Central regions of the County. **42%** of parents requested the full 6 weeks of services. A total of **157** Home-Based Support sessions were provided to caregiver-child dyads during the reporting period.
 - Goal: The Home-Based Support will have a positive effect on participating caregivers' parenting self-efficacy beliefs and perceptions of their child's behaviors. 80% of participating parents will report improvements in parenting self-efficacy beliefs and perception of child's behaviors.
 - Actual: For **96%** of participants, caregivers' parenting self-efficacy beliefs improved (more confident), and for **87%** of participants, perception of their child's behaviors improved (behavior perceived as more positive and less negative). **96%** of parents receiving Home Based Support reported that they felt better able to support their child's development after the time they spent with the Everyday Moments specialist.
 - **15** children were referred from the Everyday Moments program to regular Mental Health services at the three agencies.

Describe how the program reflects MHSA values of integrated, community-based, culturally responsive services that are guided and driven by those with lived-experience, and seeks to promote wellness, recovery, and resiliency in those traditionally underserved; provides access and linkage to mental health care, improves timely access to services, and use strategies that are non-stigmatizing and non-discriminatory. Give specific examples as applicable.

Data Collection

- Demographic data was collected at enrollment for both the Parent Groups and Home-Based Support services
- Pre- and post- measures data was collected before and after each Parent Group and before and after the series of Home-Based Support sessions.
- Data was collected with use of the following measures:
 - Child Behavior Checklist
 - Everyday Moments Parent Questionnaire 1 (Self-Efficacy Beliefs)
 - Everyday Moments Parent Group Evaluation

Cultural Competency in the Program

C.O.P.E., We Care, Vistability and Early Childhood Mental Health Program all have culturally diverse staff, and each organization cultivates an inclusive, non-judgmental environment for participants seeking services. Staff are regularly trained in areas such as ACES, trauma-informed care, self-regulation techniques, conflict resolution, as well as in topics related to cultural awareness, diversity, equity, inclusion and belonging. For the Parent Groups, C.O.P.E. provides a culturally-inclusive video conferencing classroom where parents and staff recognize, appreciate, and capitalize on diversity to enrich the overall learning experience. All participants are provided services regardless of race, gender, sexual orientation, or religion. All participants are treated with respect.

Integrity and Confidentiality

Integrity and confidentiality of data and records was ensured in compliance with applicable requirements and procedures established by the Health Insurance Portability and Accountability Act (HIPAA) and county behavioral health guidelines.

- Participants signed a consent for collaborative services among the partner agencies.
- Participants for the Home-Based Support services additionally signed consents for services and acknowledged receipt of HIPAA Policies and Procedures.
- Data are stored according to HIPAA guidelines and applicable laws.
- Data are analyzed and reported using a non-identifying code and without divulging protected health information.

Include examples of notable community impact or feedback from the community if applicable.

Feedback from Parent Groups

Parent Quotes:

1. "Being a first-time mom is hard; I was struggling with positive routines and my instructor [Practitioner] did an excellent job teaching us potty time routines. My son is now more eager to go and follow our routine. Thank you, COPE!"
2. "Class was perfect, I was able to add all the tips provided and had the best shopping experience with my 4-year-old! No more tantrums!"

Parent Success Story

A single father struggling to parent, and who had expressed difficulty connecting with his son, became aware of C.O.P.E.'s Triple P seminar, "The Power of Positive Parenting." After completing the seminar, the parent became invested in learning more parenting strategies and signed up for additional seminars. After a while, the parent stated that he noticed his son was becoming more open to connection and warming up towards allowing for his parenting engagement to become easier for him. As a result, the parent continues to try to educate himself in the best ways to parent and engage his family.

Feedback from Home-Based Support

Parent Quotes:

"Marcela was so nice and helpful. She was able to teach me how to help my son when he is upset about his dad and the works in other ways too. I feel like I learned a lot."

"My specialist and I made a plan for getting my daughter to preschool because she hated to go. The plan worked and she really helped me because it was hard for me."

"Meeting with Karen was very helpful."

AGGREGATE REPORT

Include the following demographic data, as available, for all individuals served during the prior fiscal year:

(NOTE: TOTALS IN ALL CATEGORIES SHOULD EQUAL TOTAL SERVED FOR FY)

TOTAL SERVED FOR FY 23-24: 252. (111 in the groups; 70 adults and 71 children in the home based services)

AGE GROUP:

CHILD (0-15)	TRANSITION AGED YOUTH - TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
71	0	181			252

LANGUAGE:

ENGLISH	SPANISH	OTHER	DECLINE TO STATE/ DATA NOT CAPTURED	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)
156	96			252

IF OTHER, PLEASE SPECIFY:

RACE:

MORE THAN ONE RACE	1
AMERICAN INDIAN/ ALASKA NATIVE	0
ASIAN	1
BLACK/ AFRICAN AMERICAN	63
WHITE/ CAUCASIAN	56
HISPANIC/ LATINO	109
NATIVE HAWAIIAN/ PACIFIC ISLANDER	0
OTHER	18
DECLINE TO STATE/ DATA NOT CAPTURED	4
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	252

ETHNICITY (NON-HISPANIC/LATINX)

AFRICAN	9
ASIAN INDIAN/ SOUTH ASIAN	
CAMBODIAN	
CHINESE	
EASTERN EUROPEAN	
FILIPINO	
JAPANESE	
KOREAN	
MIDDLE EASTERN	5
VIETNAMESE	2
MORE THAN ONE ETHNICITY	8

		OTHER	
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ETHNICITY (HISPANIC/LATINX)
ETHNICITY (ALL)

CARIBBEAN		DECLINE TO STATE/ DATA NOT CAPTURED	50
CENTRAL AMERICAN	13	TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	109
MEXICAN AMERICAN	46		
PUERTO RICAN			
SOUTH AMERICAN			
OTHER			

SEXUAL ORIENTATION:

HETEROSEXUAL		QUESTIONING / UNSURE	
GAY / LESBIAN		ANOTHER SEXUAL ORIENTATION	
BISEXUAL		DECLINE TO STATE/ DATA NOT CAPTURED	252
QUEER		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	252

SEX ASSIGNED AT BIRTH:
CURRENT GENDER IDENTITY:

MALE	96	MAN	96
FEMALE	115	WOMAN	115
DECLINE TO STATE/ DATA NOT CAPTURED	41	TRANSGENDER	
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	252	GENDERQUEER / NON-BINARY	
		QUESTIONING	
		ANOTHER GENDER IDENTIY	
		DECLINE TO STATE/ DATA NOT CAPTURED	41

		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	252
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ACTIVE MILITARY STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	252
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	252

VETERAN STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	252
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	252

DISABILITY STATUS:

YES	
NO	
DECLINE TO STATE/ DATA NOT CAPTURED	252
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	252

DISABILITY TYPE:

DIFFICULTY SEEING	
DIFFICULTY HEARING/ HAVING SPEECH UNDERSTOOD	
PHYSICAL MOBILITY	
CHRONIC HEALTH CONDITION	
OTHER	
DECLINE TO STATE/ DATA NOT CAPTURED	252
TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	252

COGNITIVE DISABILITY:

YES		DECLINE TO STATE/ DATA NOT CAPTURED	252
NO		TOTAL (SHOULD EQUAL TOTAL SERVED FOR FY)	252

PROVIDED IN-HOUSE MH SERVICES:

NUMBER OF CLIENTS REFERRED INTERNALLY FOR MENTAL HEALTH SERVICES	10
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	NA

REFERRAL TO EXTERNAL MH SERVICES (COUNTY OR CBO):

NUMBER OF CLIENTS REFERRED EXTERNALLY FOR MENTAL HEALTH SERVICES	NA
NUMBER OF CLIENTS WHO PARTICIPATED IN AT LEAST ONE REFERRED SERVICE	NA

AVERAGE TIME:

AVERAGE NUMBER OF WEEKS CLIENT EXPERIENCED PRESENTING ISSUES PRIOR TO INITIAL CONTACT WITH YOUR AGENCY:	NA
AVERAGE NUMBER OF WEEKS BETWEEN REFERRAL TO MH SERVICES (INTERNAL OR EXTERNAL) FROM INITIAL CONTACT TO START OF SERVICES	< 1

2023-2024
INNOVATION ANNUAL REPORT
MENTAL HEALTH SERVICES ACT

CONTRA COSTA
HEALTH





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Supporting Equity through Grants for Community Defined Practices	Attachment 2

INNOVATION INTRODUCTION

Innovation is the component of the Mental Health Services Act (MHSA) and part of the Three-Year Program and Expenditure Plan that funds new or different patterns of service that contribute to informing the mental health system of care as to best or promising practices that can be subsequently added or incorporated into the system. Innovative projects for Contra Costa Behavioral Health Services (CCBHS) are developed by an ongoing Community Program Planning Process supported through the Mental Health Services Act Advisory Council (MHSA AC formerly CPAW) as well as the Innovation Committee.

Projects must accomplish one or more of the following objectives: a) increase access to underserved groups, b) increase the quality of services, to include better outcomes, c) promote interagency collaboration, or d) increase access to services. The regulations allow for up to five percent of MHSA funds to be used through Innovation, and are time limited for up to a maximum of five-years.

APPROVED PROGRAMS

The following Innovation Projects have been approved by the Mental Health Services Oversight and Accountability (MHSOAC) and were recommended by stakeholders, formalized as part of the Community Program Planning Process, and are consistent with stakeholder identified priorities. The following projects were approved for Fiscal Year 2023-24:

1. **Psychiatric Advance Directives (PADs).** PADs is a Multi-County Collaborative Innovation Project approved by the MHSOAC. PADs are used to support treatment decisions for people who are experiencing a mental health crisis. The project will offer standardized training on the usage and benefits of PADs, development of a peer-created standardized PAD template, provide a training toolkit (in 9 languages) and implement a customized cloud-based technology platform to access and utilize PADs. Unlike an electronic health record, the technology will not be used to store Health Insurance Portability and Accountability Act (HIPAA) protected data.
2. **Supporting Equity through Grants for Community Defined Practices (CDPs).** The newest Innovation project, approved by the MHSOAC in March 2023, addresses the problem of equitable access to behavioral health supports for underserved and unserved communities including Asian American/Pacific Islander (AAPI), Latino/a/x, Black/African American, LGBTQI+ communities, and others. Through a competitive Request for Proposal (RFP) process, community organizations applied for funding to support mental health and wellness services identified as community-defined practices and other forms of outreach, engagement and treatment, currently not offered within the existing CCBHS System of Care.

Project	County / Contract	Regions Served	Annual Number Served	MHSA Funds Allocated FY 23-24
Psychiatric Advance Directives (PADs)	Contracted	Countywide	N/A	\$494,646
Supporting Equity through Grants for Community Defined Practices	Contracted	Countywide	850	\$1,907,750
Administrative Support	County	Countywide	N/A	\$502,476
Total			850+	\$2,904,872



Multi-County PADs Innovation Project

**Annual Report
Calendar Year 2023**

**Created by Kiran Sahota, President
Concepts Forward Consulting
Project Director**

The Multi-County Mental Health Services Act (MHSA) Psychiatric Advance Directive (PADs) Innovation's project, with the seven collaborating counties of, Contra Costa, Fresno, Mariposa, Monterey, Orange, Shasta, and Tri-City Mental Health Authority completed two and a half years of the four-year project as of December 31, 2023. Please note, Fresno County began the project in 2019, and will finalize their participation in the Phase One build as of June 30, 2024.

The PADs project, initially approved by the Mental Health Oversight and Accountability Commission (MHSOAC) on June 24, 2021, continued the momentum of the previous year. The subcontractor timeline was followed to achieve a streamlined effort of activities and expectations of the participating counties. This was no easy task as there were many overlaying activities that had to happen simultaneously. In addition, many challenges arose throughout the year with the change of staffing in both the counties and within the subcontractors.

Though the project objectives remain the same, as with any innovative project, a realistic look at what can be accomplished has been part of the evaluation of accomplishments throughout the year. The proposed project, as originally written, will engage the expertise of ethnically and culturally diverse communities, threshold populations, consumers, peers with lived experience, consumer and family advocacy groups, and disability rights groups. The project proposes to meet several unmet needs throughout the state. These objectives continued as follows:

1. Provide a standardized level of training regarding PADS for both communities and stakeholders.
2. Standardize a statewide PADs template.
3. Allow PADs to be a separate recognized document from a medical advance directive.
4. Standardize a PADs training "toolkit" to be easily replicated from county to county.
5. Align behavioral health PADs with medical Advanced Directives so both physical and mental health needs are equally addressed.
6. Utilize a Learning Management System (LMS) for ease of county access to PADs training and materials.
7. Utilize peers to create PADs based on lived experience and understanding, which can lead to open dialog and trust.
8. Create infrastructure for a cloud-based data warehouse for ease of access to PADs in a crisis, providing mobility of PADs throughout the state.
9. Create legislation to enforce the use and acceptance of standardized PADs in California.
10. Create a continuous evaluation process that is outcome driven, evaluating training, PADs template ease of use, and PADs utilization.

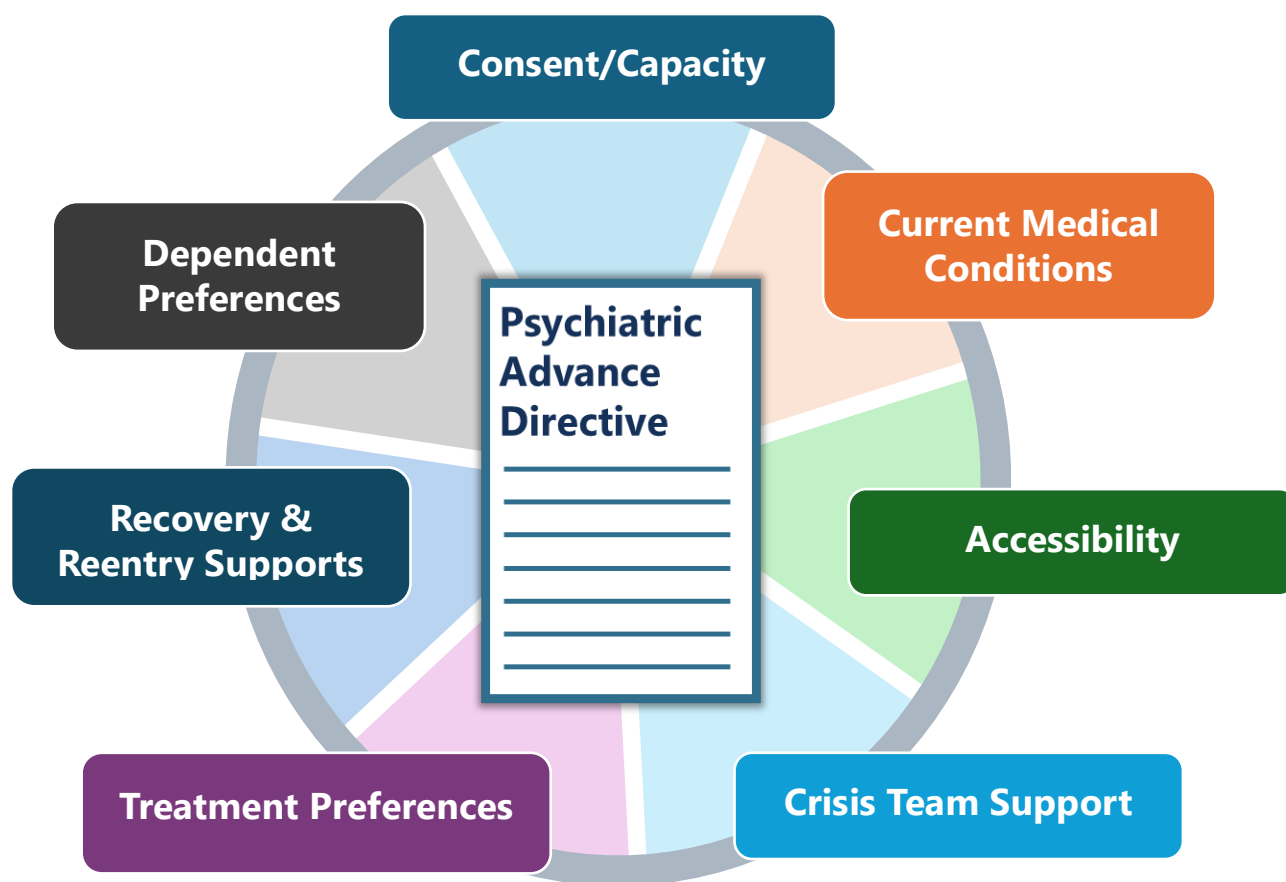
This annual report covers calendar year 2023, or fiscal years (FY) quarter three and four of FY 2022-23, and first and second quarter of FY 2023-24. The following is a recap of activities, with detailed subcontractor write-ups in the Appendix section at the of the report, with the fiscal intermediary review as concluding document.

In order to meet the requirement of ethnic and cultural diversity, the counties along with several subcontractors identified the need for ongoing translation and interpretative services that would fall outside of the scope of work and funding allocated by the counties. The project identified the ability to repurpose funding remaining from the previous FY. The company Alpha Omega was vetted and hired to create multi-lingual documents, interpretation, and interviews throughout the

project. Alpha Omega ensures the ability to address the multiple threshold languages identified within the participating counties.

Through the evaluation period it was clearly identified that this stage of the project is outlined as the technology platform build or Phase One PADs technology build. At no time during this phase of the project will the platform be “live” for access to the PAD in the public setting. The project's main priority continued with a build to streamline a PAD template/component(s) and move forward the components to be uploaded into the technology platform build.

Painted Brain and their subcontractor CAMHPRO worked with county peer support specialists, persons with a lived mental health condition, family member/caretakers and first responders in a series of listening sessions, ongoing workgroups, and cross-contractor collaboration. Painted Brain completed an exhaustive template review and submitted the components to Chorus for upload to the platform build. An idea of how the components will be address are as follows:



Their next step was to create a PADs facilitator curriculum to complement component understanding, digital literacy, and PADs within the platform. The curriculum was completed and submitted to counties for input. Once finalized, this curriculum will be part of the platform “toolkit.”

The template components once sent to Chorus allowed for the ability to build the infrastructure of the digital PAD. Parallel to the digital formation of the PAD, the flow of use, and Terms of Services were identified as areas to address. A county workgroup was created to work with the teams to identify appropriate language. This remains an ongoing workgroup.

Monthly participatory and community-centered stakeholder workgroups continued throughout the year, to discuss the technology build with county peer specialists, persons with a lived mental health condition, family member/caretakers and first responders. Chorus was able to create a mock design using “Richard” as a sample of how the PAD could look in the digital format.

Feeding into the design of the platform is the parallel layer of branding and marketing. Idea Engineering, worked through the Marketing Sub-Workgroup to identify a PAD logo, a logo that was easily identifiable by a person filling out a PAD or for a first responder, as identification and recognition of a PAD. With county peers and Peer Specialist as the prominent voice, the outcome was as follows:



Idea Engineering updated all print material, and the public facing website to highlight the efforts of the project and the unified voice of what the PAD means to those involved in the project.

Evaluation of the project fell to both RAND and the Burton Blatt Institute (BBI), which both had to delay their work in waiting for sections of the project to be completed. RAND developed and finalized the training evaluation protocol and workflow to enable a “two-level” evaluation with PADs platform users. It is expected that this evaluation will take place beginning in April 2024.

Though the BBI evaluation is managed by Orange County, it has been identified to represent the project in totality. Working with all seven counties, BBI used a qualitative research approach and conducted individual semi-structured interviews throughout the year. The evaluation framework will be looking at the direct and indirect benefit of a web-based platform, how the development of the PAD impacts the rates of homelessness, incarceration, and hospitalization of those that fill out the PAD, in this first phase of the project build. As this is the initial build phase, in theory, this will impact systemwide change.

As overall Project Director, Concepts Forward Consulting continued to move the project through each phase by allowing for input from all entities involved, but also setting appropriate boundaries with regards to potential “scope-creep” and finalization of decisions. The counties

have all agreed to provide their input within the period requested, and if they do not the project must move on regardless, to accomplish our projected goals.

The Project Director began the process of engaging legislation. A time-limited workgroup was created that included the support from the Painted Brain peer run services, California Hospital Association, State Psychiatric Association representatives, NAMI California, MHSOAC, California Behavioral Health Directors, and Patient Rights and Lanterman Petris Short act knowledgeable attorneys. Through this group it has been identified that legislation to move the PAD forward will take a legislative champion, which is currently the highest priority to achieve within the next calendar year. The idea will be to align PAD's language within the Probate and Welfare and Institution codes to create a streamlined PAD's statute, one that recognizes a PAD as a document of self-determination and autonomy.

Discussions were also held with law enforcement and Executive Officer Council on Criminal Justice and Behavioral Health California Department of Corrections and Rehabilitation, as the project sought to engage the Department of Justice in the investigation of the integration of the PAD's platform into the California Law Enforcement Telecommunication System (CLETS). This one connection would allow crisis teams, first responders and dispatch in-the-moment access to a PAD when dispatched to a call for service. This activity will continue into the next year.

Throughout the project the importance of in-person discussions, learning, and planning has been showcased in bi-annual convenings. During the FY, two in-person convenings were held. Monterey County hosted in the spring and Orange County hosted in the fall. Both convenings were showcased on the project website www.padsCA.org.

There is a certain depth of learning and momentum that takes place after a convening. The counties decided that the Spring 2024 convening needed to allow for more discussion and planning, and not just updates from the subcontractors. The counties opted for a two-day event to create time for learning and further development of the project goals or adjustments. Sharing the hosting responsibilities with all participating counties, Shasta County was chosen to host the next convening.

The project has not been without challenges. As with many employers in California, our counties and subcontractors encountered several staffing challenges throughout the year, this impacted the timeliness of goals. Some counties are small and have a small community of stakeholders, or a high staffing vacancy rate. The subcontractors experienced staffing turnover which created a domino effect as each layer of the project relies on each other. Staffing challenges also arose in the lack of peer staff. This is where the peer contract was invaluable to enlist the voice of the peer/person(s) with lived mental health experience throughout the project.

As this project is innovative, timeliness of goal completion was also a challenge. Aspects of the time needed to complete activities could not have been calculated in advance. This can be seen in the amount of work Painted Brain needed to cull through multiple nationwide PAD documents to create meaningful template discussion and present the components. When Painted Brain submitted the component questions to Chorus, it could not be anticipated that to create the digital PAD, each component question needed meaning attached to determine the best phrasing and digital location. The delay of the template components delayed the creation of the

PAD facilitator training curriculum, which in turn delayed the ability to provide and evaluate the training.

The project has met challenges as referenced above and throughout FY 2023, each project goal has been addressed, completed, or will continue to be shaped in the coming year. As we plan for 2024, the following prospective activities are anticipated.

- Two-day Spring convening in Shasta County.
- Facilitator Train the Trainer completed, edited, and finalized.
- County pilot populations test usage of the digital PAD.
- RAND and BBI to continue their evaluation efforts.
- Information videos created in multiple threshold languages.
- A legislative champion is identified, and legislative language moves forward.
- Investigate the feasibility of the CLETS integration.
- Fresno County sunsets their Phase One participation.
- Phase Two “live” roll-out and training planning and write-up finalized.
- Continued improvement to the platform Phase One build.

The counties all continue in the most collaborative nature, meeting multiple times a month and sending a variety of staff to the following meetings: individual county meetings with subcontractors, large full project meeting, county to county, sub- workgroups in template creation, technology, terms of service, and marketing. In addition, providing staff or county collaborators time for interviews with project evaluators. Overall, the accomplishments of calendar year 2023 outweighed the challenges. The project remains challenging in commitment and time, yet the reward of an innovated digital PAD is truly on the horizon and will be accomplished within this project Phase One build.

Appendix Section:

Alpha Omega- Translation/Interpretation
Burton Blatt Institute- Evaluation/Technology
Chorus Innovations-Technology
Idea Engineering- Marketing and Website
Painted Brain- Peer Voice
RAND- Evaluation/User experience
Syracuse University-Fiscal Intermediary



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Summary of activities for year 2023.

- A. Summary of Activities and Accomplishments During the Reporting Period
- B. Challenges Encountered and Resolved During the Reporting Period
- C. Plans and Expectations for the Next Reporting Period
- D. Attachments

A. Summary of Activities and Accomplishments During the Reporting Period

Customers:

Concept Forward

Idea Engineering Anthony

Translation of 73 document(s) from English (USA) to Arabic, Chinese, Farsi, Korean, Vietnamese for Idea Engineering

Service requested by Antony Del Castillo Schickram – **invoice I-06055**

Translation of 1 document(s) from English (USA) to Spanish for Idea Engineering

Service requested by Antony Del Castillo Schickram

Invoice **I-06228**

Translation of 2 document(s) from English (USA) to Arabic, Chinese, Farsi, Hmong, Korean, Vietnamese for Idea Engineering

Service requested by Jeanne Spencer

Invoice **I-06214**

Virtual interpreting from English (USA) to Spanish for Concepts Forward

Service requested by Kiran Sahota

Invoice **I-06242**

B. Challenges Encountered and Resolved During the Reporting Period

No challenges recorded. Customer expressed satisfaction with deliverables.

E. Plans and Expectations for the Next Reporting Period

Translation and interpretation projects as described in Master Contract.

A. Attachments

N/A



Report on Implementation of the Evaluation of Orange County Innovation Activities, with Particular Focus on Development and Outcomes of a PADs Technology Platform

Date Submitted: December 29, 2023

Period(s) Covered: January 1, 2023-December 31, 2023

Submitted by:

Gary Shaheen, Ph.D.
Project Director
Burton Blatt Institute
Syracuse University

Summary of the Qualitative Evaluation

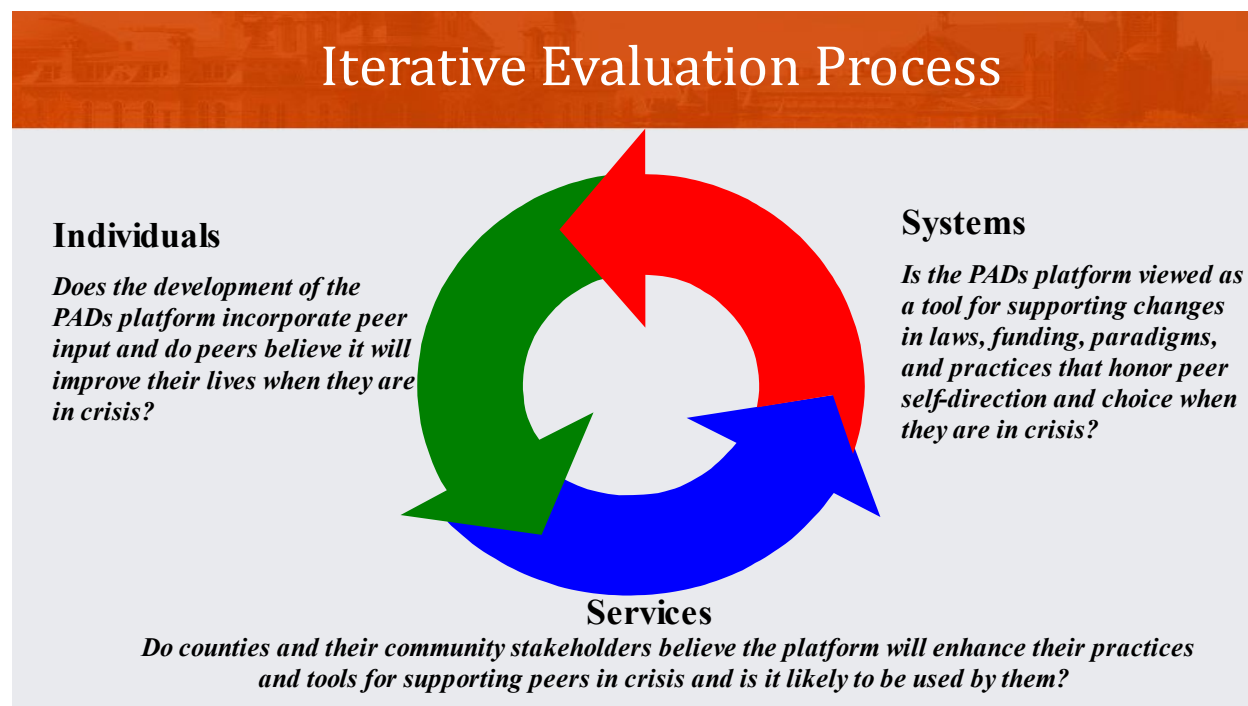
The Syracuse University (SU) Burton Blatt Institute (BBI) was tasked by Orange County, California to conduct a multi-year process and outcome qualitative evaluation of the web-based platform supporting Psychiatric Advanced Directives (PADs) implemented by 7 California counties. These 7 counties are Fresno, Mariposa, Monterey, Shasta, Tr-City, Contra Costa, and Orange counties who are using their Mental Health Administration Innovation Funds to support their efforts. BBI works directly with Project Manager Kiran Sahota, all 7 counties, and project subcontractors Chorus, Idea, Painted Brain, CAMPHRO, and Rand Corporation to obtain data supporting the evaluation. BBI also works with the Project Manager and SU's Office of Sponsored Programs to administer the requirements of the Orange County contract and for fiscal administration of County and Sub-Contractor sub-awards, including timely payments based upon submission and review of invoices. This Annual Project Report summarizes only the evaluation project activities implemented by BBI during the Project Year 1/1/2023-12/29/2023.

BBI uses a qualitative research approach. This included participant observations of in person and virtual meetings and workgroups, as well as conducting individual semi-structured interviews with PADS project County Managers, staff, and community stakeholders. The research objectives and methodological foundations are grounded in a comprehensive literature review focused on Psychiatric Advanced Directives for people with mental illnesses and disability studies. BBI collected data during the year by and by conducting participant observations and individual, semi-structured interviews with PADs Project County Mangers and staff, and with identified community project stakeholders who are participating in the PADs project

We have developed evaluation indicators framework (input, process and outcome) to document information at different stages of the project lifecycle. The indicators fall into three categories:

- **Input indicators:** to measure the contributions necessary to enable the program to be implemented (e.g., funding, staff, key partners, infrastructure).
- **Process indicators:** to measure the program’s activities and outputs (direct deliverables of the activities).
- **Outcome indicators:** to measure whether the program is achieving the expected effects/changes in the short, intermediate, and long terms. BBI also gathers data on factors influencing adoption of the PADs web-based platform within county mental health departments and among staff who manage or support their county’s PADs project.

BBI’s evaluation framework is intended to describe the direct and indirect benefits of the web-based platform among county staff and Peers (“individual level”), its impact upon mental health and related services provided by agencies when they utilize PADs to support Peers who are in crisis (“services level”), and how the development and use of a PADs web-based platform influences public attitudes, policy, funding, law and regulations, and inter-agency dialogue and partnerships, as well as reduce the overall rates of homelessness, and incarceration among Peers (“systems level”). These dimensions are illustrated below:



We have also framed the development and use of the product as one element of a systems change process being articulated by the Project Manager. To measure these systems change dimensions, we have adopted the rubric for systems change developed by the Corporation for Supportive Housing:

Building Blocks of Systems Change: (<https://www.csh.org/resources/laying-a-new-foundation-changing-the-systems-that-create-and-sustain-supportive-housing/>)

“Achieving a real change in a system is different from making the system do something new. A real change in a system is one in which people habitually do the new thing, using resources, authority, technology, and ideas that are routinely associated with the new activity. You can recognize system change more easily when it is complete, or nearly complete, by these five signs:”

- **A change in power:** There are designated positions—people with formal authority—responsible for the new activity (not just committed or skillful individuals who happen to care about it).
- **A change in money:** Routine funding is earmarked for the new activity in a new way—or, failing that, there is a pattern of recurring special funding on which most actors in the system can rely.
- **A change in habits:** Participants in a system interact with each other to carry out the new activity as part of their normal routine—not just in response to a special initiative, demonstration, or project. If top-level authorities have to “command” such interactions to take place, then the system has not absorbed them, and thus has not yet changed.
- **A change in technology or skills:** There is a growing cadre of skilled practitioners at most or all levels in the delivery chain, practicing methods that were not previously common or considered desirable. These practitioners are now expert in the skills that the new system demands and have set a standard for effective delivery of the new system’s intended results.
- **A change in ideas or values:** There is a new definition of performance or success, and often anew understanding of the people to be served and the problem to be solved. The new definition and understanding are commonly held among most or all actors in the system, such that they are no longer in great dispute.

Summary of the Evaluation:

Since formal data analysis and coding will not occur until 2024, BBI can only report on our assumptions of the emerging trends and issues. Many of these were included in a presentation we delivered at the September 2023 all-county convening event. A copy of our presentation detailing these assumptions is attached to this report ([Attachment 1](#)).

Project Implementation:

- BBI hired Dr. Nare Galstyan as Senior Research Associate and Ms. Isabel Torrence as Research Assistant to directly assist in implementing the evaluation.
- We scheduled and participated in regular teleconference meetings and e-mail exchanges with Concepts Forward Consulting, Chorus, Idea and Rand as needed to discuss and coordinate respective roles and deliverables.
- BBI submitted and received SU IRB approval to implement County Manager and community stakeholder interviews that were conducted throughout the year.
- We prepared presentation materials and participated in two PADs County and

Stakeholder in-person meetings in Monterey and Orange Counties that were held respectively on March 7, and September 12, 2023.

- BBI continued to add references to the comprehensive PADs Literature Review to strengthen the empirical basis for implementing BBI’s evaluation.
- A summary of our observation and interview activities is provided below:
 - County – specific Subcontractor meeting observations: **63**
 - County Champions and other project meeting observations: **33**
 - Technology, PADs Template, and Marketing Workgroup observations: **70**
 - In-person Chorus – led County provider and partner on-site meetings: **12**
 - Interviews with County Managers, County-employed Peer Specialists and County Community Partners/Stakeholders: **34**
 - Annual Project Convenings: **2**

Preliminary Assumptions from the Research

Observation and interview data that we obtained throughout the year have yet to be coded and analyzed in order to report findings with empirical validity. Interviews with key community stakeholders including hospitals, law enforcement, other crisis and first responder agencies, and priority population providers were begun during the year and will continue during 2024. The data that was obtained and reviewed over the course of the year nonetheless allows BBI to present some emerging assumptions and concerns related to the process and outcomes associated with the design and implementation of the web-based PADs platform and address each component of the CSH Systems Change Framework.

- **Key Signs of Changes to Power:**
 - 1) BBI observed that Peers from almost all participating counties were involved in meetings and workgroups from the start of the project, and their perspectives and input on the template, web-based platform and marketing were sought, valued and included in plans and products. They also helped ensure that the language, format, and intent of the web-based platform reflected perspectives gained from their lived experiences. Inclusion of the Peer voice was further strengthened by the addition of Peer-run advocacy organizations Painted Brain and Camphro as key project partners tasked with designing the PADs template upon which the platform will be based.

Challenges: Peer participation in Technology and other workgroups has been primarily from county-employed Certified Peer Specialists. However not all counties have these staff. We note that in order for the project to be viewed as Peer -advised and enabled across all 7 counties, those counties without Peer representatives should consider how to make the voices of their Peer constituencies heard.

- 2) We also observe that development of the power to implement systems change is also being addressed by the active participation of some of the community agency stakeholders who would be likely to encounter peers in crisis when a PAD might be used. Our preliminary assumptions imply that including law enforcement, hospital staff, MH Crisis Teams and others in workgroups to share how they would access and use web-based PADs in their line of duty potentially empowers them and their sponsoring agencies to ‘own’ the product and may strengthen its potential for adoption and use.

Challenges: Although most counties are represented in workgroups by law enforcement, hospitals, and other community partners and stakeholders, not all counties are so represented. Without stakeholder participation from all counties, varying levels of acceptance and use of the platform among community stakeholders, and/or delay in its testing while these issues are identified and resolved may emerge.

- **Key Signs of Changes to Money:**

- 1) A key feature of this project is its designation, use and incorporation of Mental Health Services Act (MHSA) “Innovation Funds” to support its development and implementation. County Managers talked about how the funding source allows them to exercise creativity and encourages them to develop the internal and external partners needed to address the myriad elements of the project. It also supports their allocation of time to the project in addition to their other responsibilities. It appears that having a dedicated funding stream used by all counties may also contribute to a shared sense of project-identity among counties, that BBI will explore more fully in its research.
- 2) BBI observes that the way that the PADs Innovation Funding as a funding source shared by 7 counties who pursue the same goals and outcomes and work with the same subcontractors may help to avoid the fragmentation and overlap that challenges many projects of this scale and scope. The project funding scheme also designates a single management and oversight entity, Concepts Forward Consulting that has been instrumental in ensuring that the project is implemented according to its goals, adheres to its timeline, and that all subcontractors and partners work closely with counties and each other as an integrated team,

Challenges: Potential changes in the Mental Health Service Act could significantly impact the amount of funds counties have to continue programs. County staff often mention future funding as a concern in continuing and scaling up their PADs projects.

- **Key Signs of Changes in Habits:**

- 1) The PADs Innovation Project is somewhat unique in the experiences of counties who have generally implemented their own MH projects, but who have rarely participated with other counties to implement a joint initiative. Our preliminary assumption is that

regular zoom and in-person regular meetings as a group has begun to positively influence changes in habits among counties often heretofore pursuing separate initiatives. We are beginning to observe that they share a sense of project-identity, participate in regular cross county communication and knowledge exchange, and are developing a general familiarity with each other's challenges and successes that had not occurred previously.

- 2) PADs county MH Departments and their community partners and stakeholders appear to be developing a pattern of interaction across their respective services and systems. Ongoing communication with each other, primarily through Technology Workgroups includes discussions about embedding the web-based platform as component in the regular routines and operating procedures of law enforcement and hospitals. We note that the intent by county MH departments to reach out and involve these agencies and discuss how they can use the platform within their service systems represents another potential project innovation.

Challenges: We observed varying levels of engagement among counties in providing input and feedback on the content, design, and marketing of the PAD's platform, with some counties demonstrating more active participation than others. This could also be due to the staff turnover among some counties, with new PADs Managers entering the project at various times in its development.

- **Key Signs of Changes in Technology and Skills:**

- 1) A key feature of the 7 county PADs Innovation Project in the opinion of the Project Manager and many County Managers is the development of its web-based platform. PADs in some form are being implemented across 27 states, and SAMHSA and its partner the American Psychiatric Association (APA) have developed and promulgated a web-based PAD application supported by a website, webinars and supporting materials. (<https://smiadviser.org/padapp>) BBI notes that many of the definitions and response fields developed for the SAMHSA/APA web-based PAD parallel those that are being developed in California. Both products could be accessible and used by Peers through their smart phone and using a QR code. However, the CA PADs project is also attempting to customize its product for Peers who may be challenged by diverse other conditions that may compromise their ability to develop and retrieve their data. These can include being homeless or being incarcerated, as well as having poor literacy skills and technology skills and for those requiring the App in languages other than English. Preliminary interview data suggests that these and other barriers are not only being recognized by CA PADs project partners, but efforts to consider how the app can be accessible to all Peer users are being seriously considered.
- 2) In addition to police officers and hospitals, we note that the platform is being developed within the context of CA Senate Bill 43 that establishes 'Care Courts' that would require counties to provide comprehensive treatment to the most severely impaired and untreated Californians and hold patients accountable to their treatment plan. Discussions about promoting the PADs web-based platform as a resource that Care Courts could consider when determining how to provide treatment that honors a Peer's preferences are also

occurring. Furthermore, preliminary efforts are being made to determine how the web-based PADs platform can be integrated into the CLETS system. This case identification technology is mandated for use by law enforcement and Crisis Teams among all counties.

Challenges: The SAMHSA/APA app as currently available requires Peers to have some familiarity with the use of technology and sufficient literacy skills to comprehend the instructions. Staff and partners we have interviewed identified three main barriers to the use of the PADs platform by peers. As the platform is tested and deployed, these barriers should be considered:

- Challenges with technology
- Reading comprehension
- The time it might take to complete a PAD.
- The availability of staff support to assist Peers in completing, accessing and updating their web-based PAD.

• **Key Signs of Changes in Ideas or Values:**

- 1) County Managers and staff, including Peer Specialists, community partners and stakeholders, and family members and others who have participated in workgroups articulate the belief that the web-based platform is a potentially valuable tool for ensuring Peer human rights and self-determination. Counties have identified a diverse range of conditions and circumstances affecting treatment and recovery of Peers. They may interact differently with MH services, legal authorities, personal support systems and these may also be influenced by the urban and rural communities where they reside. Chorus has been clear that the initial ‘build’ phase of the project will establish a foundation for future customization that directly applies to diverse Peer constituencies. While BBI will continue to gather data on this progress, we note that consensus about the ideas and values of self-determination is a foundation that guides project implementation.

Challenges: The web-based platform is intended for use by Peers with diverse conditions and circumstances. Chorus implemented a series of county-level direct information sessions with agencies serving county identified Peer priority groups. However, it appears that more intensive efforts to obtain greater Peer priority population representation from all counties in the build and testing phases may be necessary.

Challenges Encountered and Resolved During the Reporting Period
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- Dr. Galstyan took maternity leave from mid-September through mid-December. Dr. Shaheen and Ms. Torrence, assisted by other members of the BBI research team were able to continue to implement the evaluation and meet all deliverables during that time period.
- Identifying community partner agency, law enforcement and other stakeholders and obtaining their participation in interviews continues to be a challenge in some counties.
- Fresno ends its Phase 1 project by June 30, 2024. However, we have been challenged to

identify and interview community agency partners and stakeholders who also know enough about the project to provide useful data. BBI and Fresno PADs Managers will address this concern early in 2024.

Plans and Expectations for Calendar Year 2024

- We will seek approval from the SU IRB during the First Quarter of 2024, enabling BBI to schedule and conduct interviews Peers identified as county priority populations to obtain their insight into the access, use, and potential value of the PADs web-based platform.
- We will continue to update the BBI implementation plan located on the PADs share drive.
- BBI expects to participate in person at the April partners convening in Shasta.
- We will work closely with Fresno County PADs Managers to fast track their schedule of stakeholder and Peer interviews so that we can summarize their data for a brief report we will provide to them after July 1, 2024.
- BBI is preparing work plans and budgets to support the expected expansion of the PADs project to additional counties in 2024.

Chorus Innovations: Year End Project Update

Summary of Work Completed January - December 2023

1. Summary of Activities and Accomplishments

Chorus Innovations (Chorus) has embarked on a transformative journey over the past year, marked by a series of dynamic activities and notable accomplishments.

Participatory and Community-Centered Engagement Activities:

- Chorus, in partnership with Concepts Forward Consulting, Painted Brain, CAMHPRO, and the participating counties, started three monthly technology workgroups for peers, caregivers & family members, and first responders & services providers with participants across all of the seven counties. Chorus has maintained these monthly meetings throughout the year and used these workgroups to obtain valuable community feedback.
- In partnership with peers from the technology workgroups, Painted Brain, and CAMHPRO, Chorus created the user persona of Richard, whose story has been used to highlight the profound impact of the digital PAD. This persona has been utilized in multiple in-person workgroups with peers within the participating counties and in various presentations to the community about the PADs project.
- Chorus provided in-person community engagement sessions in Fresno, Shasta, Mariposa, Orange, Monterey, and Contra Costa counties to peers, caregivers and family members, and law enforcement. The purpose of these sessions was to obtain community feedback and build ongoing community relationships where participants can join Chorus' monthly technology workgroups in the future. In addition, Chorus staff participated in three ride along activities with law enforcement in Mariposa and Orange County to better understand how a PAD would be utilized by first responders in the field.
- In partnership with Concepts Forward Consulting and participating counties, additional presentations were provided to Orange County MHSA Planning Advisory Committee (PAC), Contra Costa Forensic Mental Health Team, and Shasta County's Mental Health Alcohol and Drug Advisory Board to share information about the PADs project to a larger community audience.
- In partnership with Concepts Forward Consulting and participating counties, co-led ongoing Terms of Service and Privacy Notice Workgroup meetings where a draft Terms of Service document is being developed and refined.
- In partnership with Concepts Forward Consulting, participated in an ongoing Legal and Legislative Workgroup where representatives from legal and psychiatric fields as well as from the California Behavioral Health Directors Association, Disability Rights California, Painted Brain, the California Hospital Association, Mental Health Services Oversight and Accountability Commission, NAMI California, and Patient's Rights San Diego have been present to discuss the PADs project.

Application Development and Design

- Over the course of the year, Chorus created and refined the product development process, eventually landing on a Hub and Spoke interface which centralizes the app experience to the Crisis Directives page. The Crisis Directives page, or the “Hub,” acts as the primary touch point before branching out to other crisis and treatment related preferences within the PAD. The benefit to this approach includes the ability to adapt to a non-linear experience where completion of the PAD template has no bound sequence or order. As a result, Chorus is able to explore UX and design patterns that encourage both guidance and a voice to peers as they complete their PAD.
- In partnership with Painted Brain and CAMHPRO, Chorus assisted with reorganizing the PADs template into an app friendly format to be used in the build of the technology. So far, the following sections are in strong consideration to be incorporated into the full PAD:
 - Onboarding
 - My Profile (Crisis Directives)
 - My Support System
 - My Dependents & Pets
 - Supporting Me During a Crisis
 - Current Medications and Preferences
 - My Psychiatric Treatment Preferences
 - My Medical Conditions and Treatment Preferences
 - Gender Affirming Treatment
 - Sign and Activate my PAD

The following sections are being considered but require more follow-up from other stakeholders. Chorus is working with these stakeholders to refine these sections as appropriate:

- Reproductive Health
- Recovery and Reentry Support
- Over the course of the year, Chorus continued to evolve the wireframes of the application and developed an initial prototype for the peer experience of the PAD based on insights and feedback received during the many technology workgroups. This prototype has been displayed to participating counties and subcontractors during the September PADs Convening in Orange County.
- Over the course of its development, the design of the application has undergone a remarkable transformation, evolving from its initial iteration into a more sophisticated and user-centric interface. User feedback from all of the collective workgroups played a pivotal role, illuminating areas for improvement and guiding the design towards a more intuitive user experience.
- Chorus began building v1 of the application, with the focus on the peer experience. The Crisis Directives are slated to be completed and ready for initial testing by January. The remaining Treatment Directives are anticipated to be completed by February.

2. Challenges Encountered and Resolved

Template Refinement

The PADs template required ongoing revisions as various stakeholders shared their feedback. As a result, Chorus worked closely with Painted Brain and CAMHPRO to restructure and reorganize the PADs template into a more app friendly format, with the focus on the Crisis Directives profile and putting a hold on other areas that require more stakeholder feedback.

Legal/Legislative and Terms of Service

Through discussions in the technology workgroups as well as in internal discussions, Chorus identified several compliance and risk issues that will need to be addressed in the terms of service/privacy policy created for the website application being developed. Several questions have also come up that pertain to the broader legal and legislative component of this project. In response to these questions, Concepts Forward Consulting convened an ongoing Legal and Legislative Workgroup, in which Chorus is participating. During these workgroups, concerns continue to be discussed and addressed to help move the PADs project forward. In addition, Concepts Forward Consulting and Chorus convened an ongoing Terms of Service/Privacy Notice Workgroup with representatives from all seven counties. This workgroup has led to a collaborative effort to create and review a Terms of Service draft document that is currently in the process of being refined and finalized.

3. Plans and Expectations for 2024

From January to December 2024, Chorus will plan for the following:

- Chorus to complete the peer experience build
- Begin testing of the web application with Painted Brain and CAMHPRO as well as peers involved with the PADs project to obtain feedback and iterate on the product design and functionality.
- Build out the full first responder/service provider experience in the web application
- Build out the healthcare agent experience in the web application
- Continue to host monthly workgroups to gather feedback
- Continue to engage in in-person community engagement activities with all participating counties
- Expand testing of the web application with the participating counties' priority population user groups
- Conduct tabletop exercises with all user groups present to simulate actual scenarios of web application usage
- Continue to iterate and improve on the product design and functionality
- Explore application and account access for all PAD users

4. Attachments

Richard's Story

WHO IT WILL SERVE

Meet Richard.

**He's an uncle, an artist, and
Dodger fan who experiences
a mental health condition.**

Like everybody else,
sometimes he needs his
community to support him.

Let's see how the platform will
support him and the various
service providers.



MHSA Psychiatric Advance Directive (PAD) | Multi-County Innovation Collaborative

ONBOARDING & SETUP

His decisions, His voice, His choice.

**He's especially vulnerable when in a
moment of crisis, so it's important
that we understand him.**

- Move from a 50-page medical form to a social media-like profile
- Ensure it's quick, personalized, and easy to comprehend
- Empowered with simple security and sharing preferences



RICHARD'S PHONE

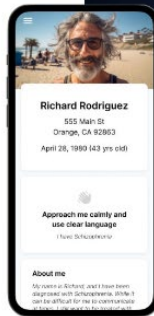
MHSA Psychiatric Advance Directive (PAD) | Multi-County Innovation Collaborative

CRISIS RESPONSE EXPERIENCE

Reduce harm to him in his time of need.

Clarity of communication is crucial, as mishandling a peer's care during a moment of crisis could lead to harm or trauma.

- Remind crisis teams that the peer's current state is not representative of them at all times
- Provide a clear understanding of how one reacts during moments of crisis, and the best approach to support them
- Design a simple experience with the most important info at a glance



MHSA Psychiatric Advance Directive (PAD) | Multi-County Innovation Collaborative

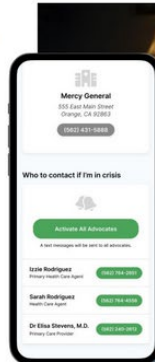
ACTIVATING ADVOCATES

Activate his community in one place.

By activating his chosen advocates with a simple push of a button, he will feel supported.

- Allow for the ability to notify all or select advocates to help everyone involved care for a peer in a well-informed and timely manner.

Richard Rodriguez is in crisis.
His Psychiatric Advance Directive has been activated, and he may need your support. Please reach out to Richard's advocate Izzy Rodriguez at (562) 764-2651



MHSA Psychiatric Advance Directive (PAD) | Multi-County Innovation Collaborative

THE GOAL

His wellness, His community, His life.

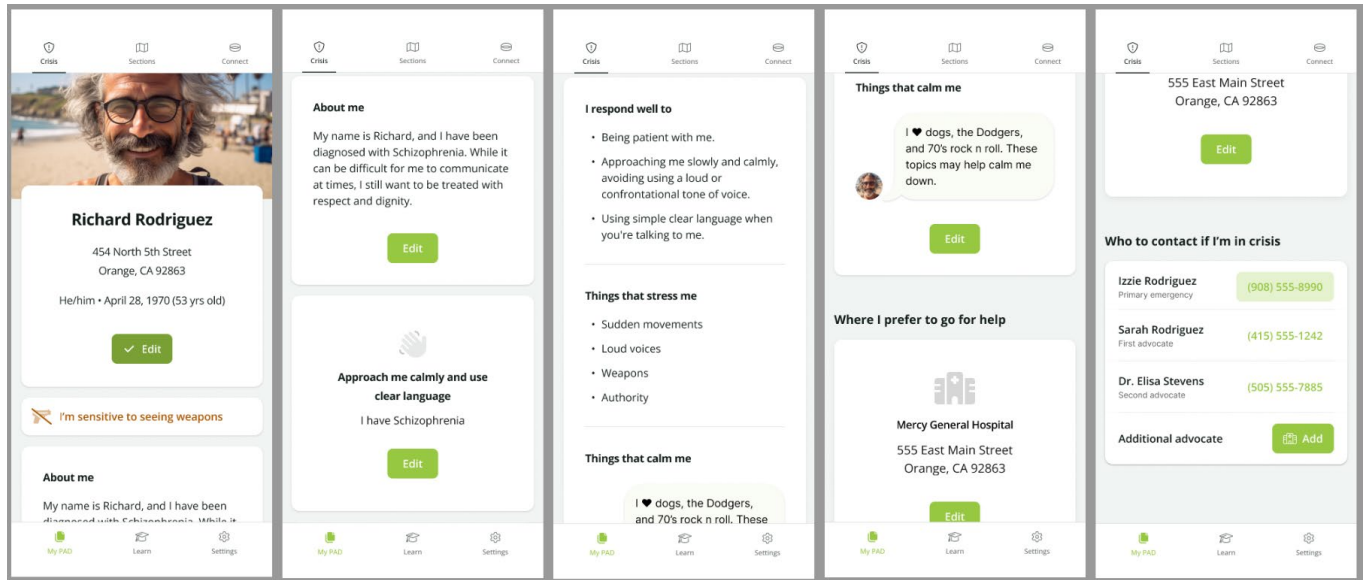
The goal of the Psychiatric Advance Directive is to help him be the best version of himself.

Thank you for helping him and making his voice heard.



MHSA Psychiatric Advance Directive (PAD) | Multi-County Innovation Collaborative

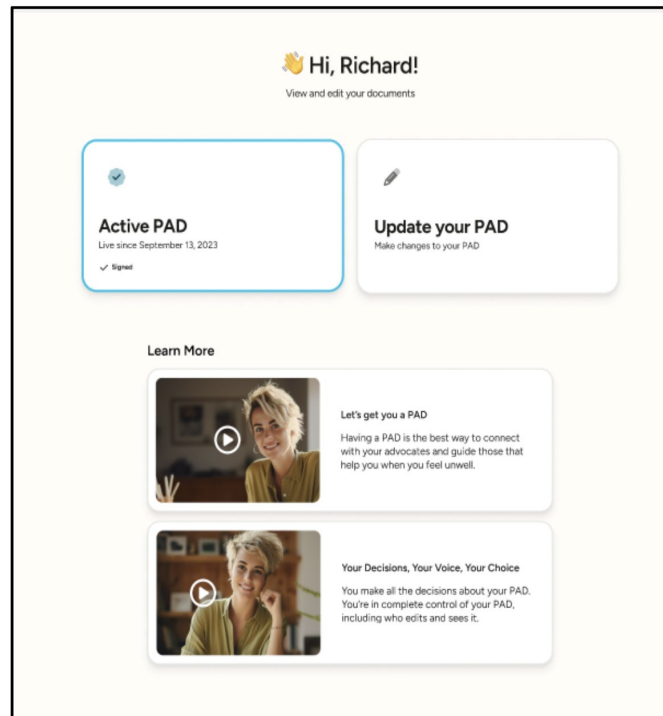
Wireframe Designs



Community Engagement in Mariposa County

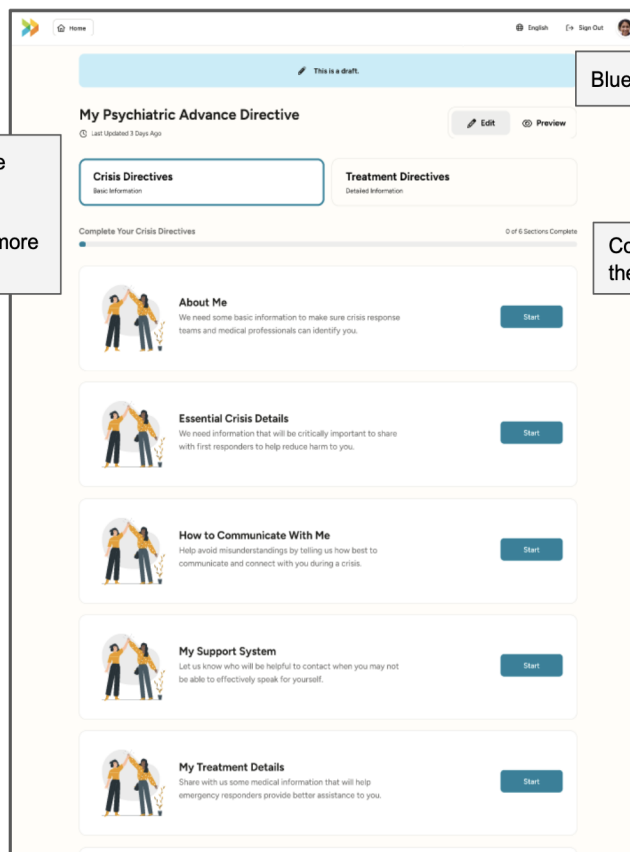


Current App Designs



Crisis Directives - displays profile information

Treatment Directives - displays more detailed information



Blue bar shows the PAD is in draft

Completion bar shows how much of the PAD has been completed

About Me

What is your name?

Let us know who you are and what you prefer to be called.

What is your legal name?

What is your preferred first name?

[Skip for Now](#)
[Continue](#)

What is your date of birth?

Give us your date of birth so we can determine your identity and your age.

Date of Birth

[<](#)
[Skip for Now](#)
[Continue](#)

Please add a photo of yourself.

A photo is helpful for responders identify you in a moment of crisis.

Choose Profile Accent Color

[<](#)
[Skip for Now](#)
[Continue](#)

Crisis Directives - displays profile information

Treatment Directives - displays more detailed information

Home
 English

This PAD is active.

My Psychiatric Advance Directive

Last Updated 3 Days Ago

Crisis Directives
Basic Information

Treatment Directives
Detailed Information

Hello! 🙋
My name is Richard Rodriguez.

👤 Male (He/Him)
🎂 48 years old
📍 Long Beach, CA

About Me

Legal Name
Ricardo Jose Rodriguez

Physical Address
2575 Metz Rd, Long Beach, CA 90809

Short Bio
I love dogs, the Dodgers, and 70s rock n roll. I have a wife and 4 daughters.

Unique Physical Traits
I have a cross tattoo on my left arm. I have a birthmark on my neck. I regularly wear glasses.

Veteran

Green bar and check mark shows PAD is active, meaning that it has been signed

A-25

Psychiatric Advance Directives 2023 Summary Report

Introduction

During 2023, Idea Engineering (IE) led the development of a unique brand identity for the Psychiatric Advance Directive (PAD) project. Extensive input from stakeholders led to a selection of a logo, tagline and branding direction, and updates to all communications materials with the new brand.

The introductory videos for the project were also in development during the year, with scripting, reviews, planning, filming and editing of three videos: English and Spanish versions for peers, family members and caregivers, and the general public, and an English version for first responders, healthcare and other service providers.

Collaborative Development

Throughout the year, IE participated in collaborative planning sessions with county staff and other subcontractors. They included convenings with representatives from all counties and subcontractors in Monterey County in March and Orange County in September. Monthly meetings included the full workgroup, subcontractors, "wrap" meetings with each county, marketing sub-workgroup meetings led by IE, and meetings with other subcontractors as needed. IE also visited tech and peer workgroups as needed to share logo, tagline and video concepts and request feedback from these stakeholders. The ongoing communication with shared perspectives and knowledge has contributed to the development of meaningful and cohesive branding and communications materials.

Marketing Sub-workgroup

Monthly meetings of the marketing sub-workgroup facilitated by Idea Engineering have provided valuable input as the branding and introductory videos developed. A focused group of county staff and subcontractors have reviewed communications materials in development before sharing with county leads for final approval. The marketing sub-workgroup will continue on an as needed basis going forward in 2024.

Psychiatric Advance Directive Branding

In 2023, logo and branding concepts were developed for the project, with ongoing input from key stakeholders including additional peer interviews, reviews at marketing and other meetings with county staff and subcontractors, and meeting with the Peer Template Workgroup and Technology Workgroups.

Branding

In the spring, a preliminary branding guidelines document was shared for review, with support agreed upon for the tone of the project, a balance of being "warm and inviting" with "professional and trustworthy." This and supporting language in the brand platform became the framework for developing and evaluating the logo and other identity materials as they were developed.

Logo

After initial exploration, the counties determined that the name would be "Psychiatric Advance Directive," to aid in building recognition for the phrase. Logo concepts included distinctive icons to aid in visual recognition when someone is in a crisis. The logo designs evolved during multiple rounds of feedback, then three options were shared via an online survey in English and Spanish. After a first round with input from peers and county outreach to priority populations and stakeholders, a second round of the logo survey was distributed online in collaboration with Chorus. The second round was narrowed to two logo options, and

audiences were targeted to include demographic gaps identified in the first survey. Alpha Omega reviewed both logo options with an eye to all upcoming threshold language needs and confirmed both options would work well across cultures. Upon review of survey results and recommendations from IE and Chorus, County representatives approved the logo design selection at the August Project Workgroup meeting.

Tagline

Tagline development was similar with multiple rounds of input and refining based on feedback, including reviews at Tech Workgroup meetings in September. At the Convening in September, County representatives voted to select "My Plan • My Voice" as the tagline for the project. The tagline provides a tone of personal power that supports the brand personality.

Branding

At the same Convening, IE shared initial options for visual directions for how the branding might extend to the website and other communications materials. The options were narrowed and revised based on input by peers and others from that meeting and following ones. In early November, county leads voted, selecting a branding design direction that includes engaging use of color, translucence and curves. IE began incorporating it across all materials and developing a brand guidelines document for use by all subcontractors and counties for unified messaging.

IE also drafted a shared Communications Guidelines document incorporating input from other subcontractors and discussions throughout the year, to support the goal of consistent written language for the PADs project. It includes a comprehensive list of key terms and phrases such as "peers" and "recovery" and style guidelines such as when to use the acronym "PAD." Initial feedback was received and will be incorporated with upcoming input from Painted Brain and CAMHPRO. Going forward, when agreed upon, all terms will be provided in both English and Spanish, and it will be shared with Alpha Omega for reference and for expansion to other languages as needed.

Stakeholder Engagement Promotional Materials

A standard PowerPoint template was developed for use by all subcontractors and county staff. Flyers were updated as needed, and expanded to additional audiences. They included a legislative advocacy sheet and a flyer for an informational session for Family Members & Caregivers. IE supported Painted Brain and CAMHPRO in customizing the PowerPoint presentation and flyers as needed.

Updates to all flyer and PowerPoint templates with the new branding were completed in December.

PAD Template Development

Idea Engineering participated in reviews of the template content and design at meetings led by CAMHPRO, Painted Brain and Chorus. IE and Chorus have met regularly to align development of the branding with the PAD template and technology platform.

PAD Introductory Videos

At the beginning of 2023, short, preliminary versions of the videos were proposed during planning meetings and filming was planned for February. Due to scheduling constraints, the preliminary versions were canceled before filming, and planning began for the videos as originally specified, 3-5 minute introductions to the project and what Psychiatric Advance Directives are for peers, family members, caregivers, and the general public, as well as a version for first responders, healthcare and other service

providers. The peer/general version will be delivered in eight threshold languages, and the complex planning for interpretation and translation needs included consultation with subcontractor Alpha Omega.

Scripts and storyboard concepts were developed to include a balance between short clips from peer, first responder and healthcare provider interviews with a narrator speaking while scenes illustrate the value of PADs. Planning was discussed and storyboards reviewed during meetings with county staff and subcontractors, at Marketing meetings and at Peer and Professional Tech Workgroup meetings. The script was fine-tuned based on responses from peers and others during the process.

A key part of the videos are interviews with peers, first responders and healthcare providers. Recruiting and scheduling proved to be extremely challenging, with only one healthcare provider available, and first responders and Spanish peers being represented by actors. However, the three peers who participated provided valuable points of view, which will make the video extremely relatable and engaging.

Filming took place over multiple days, with interviews and actors speaking to the camera in October, and b-roll scenes in November. They included scenes of a peer in crisis, with first responders; and of peers with facilitators, healthcare providers, family members and by themselves, looking at their PAD on a variety of devices. The actors show diversity in race, age and gender, reinforcing the accessibility of PADs. Photos were also taken of key scenes for potential use in other communications materials such as the website and flyers. Editing is in progress for the English and Spanish versions with delivery anticipated in early 2024.

Website


The website www.padsca.org serves as the public facing online information portal for the project. During 2023, content updates included a new "For Peers" page with informational sessions listed, and a new "Technology" page featuring the advantages of a digital system, a technology overview, and updates from ongoing workgroup sessions, and a Contact page. IE continued to provide hosting and technical maintenance for the website, and monthly analytics reports.

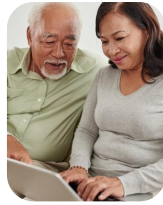
In fall of 2023 a new website design was developed incorporating the new branding. The design was approved and programming is in progress, with content updates being incorporated based on input from the Marketing sub-workgroup. The new site is expected to go live in early 2024.

Upcoming

- In 2024, Psychiatric Advance Directive brand identity usage guidelines will be completed, as well as the shared Communications Guidelines.
- IE will continue developing PADs Toolkit promotional materials such as brochures, postcards and social media graphics.
- Stakeholder communications will include new handouts for Healthcare Agents and Family Members & Caregivers, with content currently in development by Painted Brain & CAMHPRO.
- The introductory videos in English and Spanish will be completed, and customized versions for the other threshold languages will be developed.
- The training videos are anticipated to begin development in summer 2024.
- The new website will go live, with ongoing content updates and technical support.



LOGO INPUT – RESULTS		
 <p>Psychiatric Advance Directive</p>	 <p>Psychiatric Advance Directive</p>	 <p>Psychiatric Advance Directive</p>
<ul style="list-style-type: none"> • All: 75 • Peers: 43 • Chorus • Idea Engineering 	<ul style="list-style-type: none"> • All: 73 • Peers: 41 	<ul style="list-style-type: none"> • All: 25 • Peers: 6



Title Text

Subtitle Text

Sample text.

Sample highlighted text.



Your Expertise & Input Are Needed

First Responders • Medical & Clinical Staff

When you encounter someone experiencing a mental health crisis, what would you need to know in order to best inform your ability to care, treat or provide resources? As a subject matter expert in your line of work, we are requesting your participation in one or more input sessions as we create a Psychiatric Advance Directive template in California.

If you are interested in helping develop this important tool, please contact:



Your Voice is Needed

Peers • Family Members • Caregivers

In a mental health crisis, what would you want hospital staff or first responders to know about you or a loved one? We're looking for people who have lived experience with mental health and recovery. Individuals, family members, caregivers, your voice is needed.

We are requesting your participation in one or more input sessions as we create a Psychiatric Advance Directive template in California.

If you are interested in helping develop this important tool, please contact:

Name, Title
Department
Email
Phone

OPTIONAL:
ADD COUNTY LOGO HERE

What is a Psychiatric Advance Directive?

A Psychiatric Advance Directive is a legal document allowing people with mental health conditions to identify their preferences for treatment in advance of a crisis.

Psychiatric Advance Directives are a voluntary tool to help assist individuals in mental health crises to communicate in their own voices with first responders, hospital personnel and others.

Benefits include:

- Allowing individuals to take responsibility for their recovery
- Allowing an appointed person to assist in making decisions during times when the person's capacity is impaired
- De-escalating potential crisis situations
- Providing appropriate and supportive care

LEARN MORE: www.padsca.org

The Multi-County Psychiatric Advance Directives Innovation Project is funded by Mental Health Services Act.



How to Use Stakeholder Input Flyer Templates

Step 1: Replace Contact Information

Step 2: Add County Logo (Optional)

Delete placeholder county logo graphic.

To add your county's logo:

Windows: Select *Insert > Pictures > Insert Picture From This Device*

MacOS: Select *Insert > Pictures > Picture from File*

Navigate to the logo file, select it, and click Insert

Step 3: Replace or Delete Photo

To replace:

Windows: Right click on the photo, select *Change Picture > This Device*

MacOS: Right click on the photo, select *Change Picture > From a File*

Navigate to the new photo, select it, and click Insert

Step 4: Save as PDF

Select *File > Save As*

Choose the location to save the PDF


In the dropdown menu titled *Save as type (Windows)*

or *File Format (MacOS)*, select PDF

Select Save

Please note: Image in background will appear faded until saved as PDF.

The Multi-County Psychiatric Advance Directives Innovation Project is funded by Mental Health Services Act.



Psychiatric
Advance Directive™
My Plan • My Voice

Presentation Title Goes Here (Up to 3 Lines)

[Date]

Presented by
[Name, Organization]

OPTIONAL
LOGO

OPTIONAL
LOGO

Section Title

2

Page Title Here

Optional Subhead

- Lorem ipsum dolor sit amet, consectetur adipiscing elit.
- Maecenas porttitor congue massa. Fusce posuere, magna sed pulvinar ultricies, quis urna.
- **Bold text to highlight as needed**

PRESENTATION TITLE – UPDATE FOOTER

3

Page Title Here

Optional Subhead


- Nunc viverra imperdiet enim. Fusce est. Vivamus a tellus.
- Lorem ipsum dolor sit amet, consectetur adipiscing elit.
- **Bold text to highlight as needed**

Callout

Nunc viverra imperdiet enim. Fusce est. Vivamus a tellus. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Maecenas porttitor congue massa. Fusce posuere, magna sed pulvinar ultricies, quis urna.

PRESENTATION TITLE – UPDATE FOOTER

4



Page Title Here

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Bold text to highlight as needed

PRESENTATION TITLE – UPDATE FOOTER

5



Digital PADs are coming in 2025. Contact us if your county is interested. >



Psychiatric Advance Directive™

My Plan • My Voice

A multi-county collaborative has joined together in a Mental Health Services Act Innovations Project to develop and test the feasibility of Psychiatric Advance Directives in California.

Each county is identifying priority populations to focus on during this pilot project, such as foster youth, older adults, or people who experience homelessness. Priority populations are determined based on their robust stakeholder processes.

[Learn More](#)

Technology

A key part of this project is the development of a user-friendly and secure online tool for Psychiatric Advance Directives in California.

With this interactive app, people will be able to learn about, complete, and store their Psychiatric Advance Directives.

[Learn More](#)

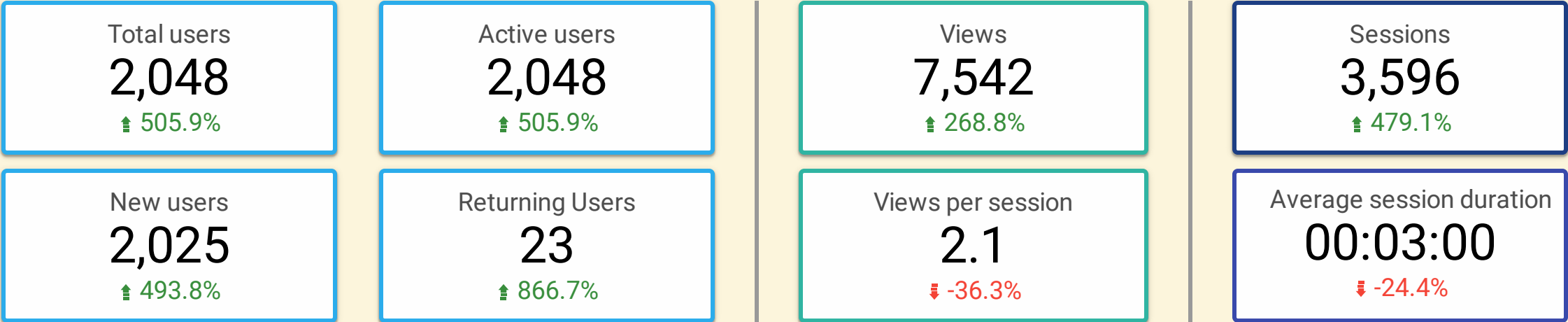
Peers

Ongoing collaboration with peers, people with lived experience with mental health conditions, is integral to the development approach of this project.

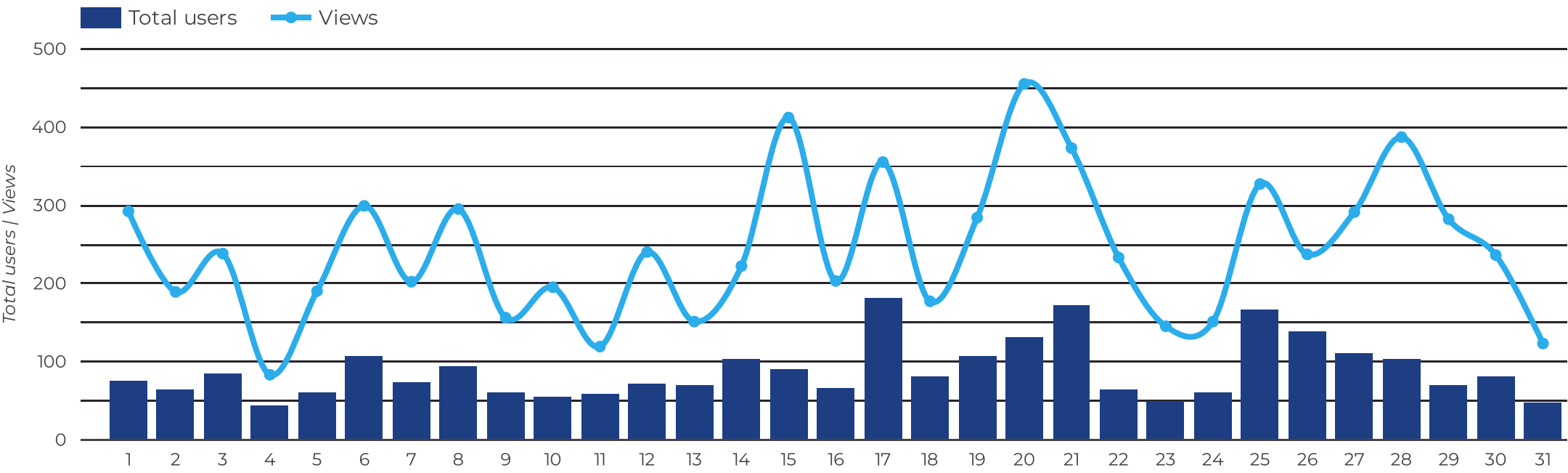
A Psychiatric Advance Directive is a valuable tool empowering a person's voice and personal choices. The purpose is to assist in a quick recovery from a crisis situation. However, it benefits overall recovery as well, encouraging listening, being seen as a whole person, supporting self-direction and wellness.

[Learn More](#)

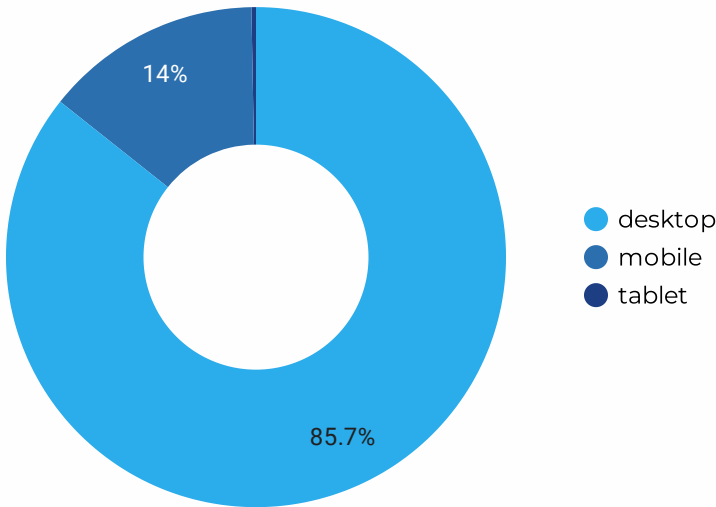
Overview



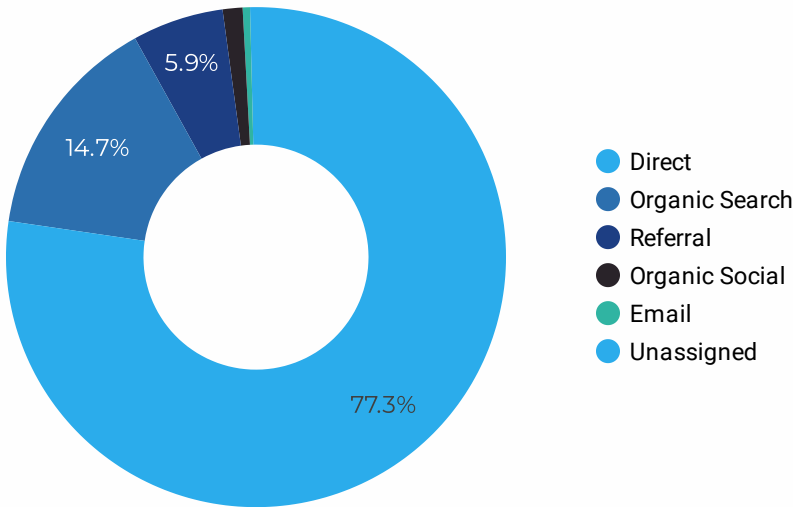
Daily Users & Pageviews



Users By Device Type



Users By Traffic Source



User Location

City		Views ▾
1.	Los Angeles	919
2.	Santa Maria	563
3.	Santa Barbara	532
4.	Goleta	400
5.	Oxnard	315
6.	Sacramento	287
7.	Cheyenne	277
8.	Moses Lake	276
9.	Undetermined	249
Grand total		7,542

1 - 100 / 358

Users by Language

Language		Views ▾
1.	English	7,538
2.	Spanish	3
3.	German	1
Grand total		7,542

1 - 3 / 3

Top Page Views

Page Title		Views
1.	PADs CA - Psychiatric Advance Directives	3,129
2.	Counties	791
3.	What is a PAD?	678
4.	News & Updates	531
5.	For Peers	508
6.	Technology	440
7.	Orange County	181
8.	Contra Costa County	120
9.	Shasta County	116
10.	Tri-City Mental Health Authority	107
Grand total		7,542

1 - 10 / 44

Top User Engagement

Page Title		Avg Time ▾
1.	About	00:04:44
2.	Technology	00:01:56
3.	Counties Testing	00:01:42
4.	What is a PAD?	00:01:13
5.	Technology	00:01:03
6.	For Peers	00:00:54
7.	Monterey County	00:00:47
8.	Fresno County	00:00:36
9.	Counties	00:00:35
10.	Planning Meeting in Orange County	00:00:33
Grand total		00:01:03

1 - 10 / 37

Definitions

Total Users

Count of distinct visitors over a specific period, encompassing new and returning visitors.

Active Users

Number of unique recent visitors, indicating current user engagement.

New Users

Count of first-time visitors within a timeframe, reflecting marketing effectiveness.

Returning Users

Visitors who have interacted before, indicating user loyalty and retention efforts' success.

Views

Total instances a specific page or content is seen, providing insight into content popularity.

Views per Session

Average pages viewed in a single session, indicating user engagement depth.

Sessions

Total individual visits within a timeframe, starting upon access and ending with inactivity or exit.

Session Duration

Average time users spend on the site or app during a session, reflecting user engagement and experience quality.

Daily Users

Unique visitors accessing the website or app within a single day, indicating daily reach.

Pageviews

Total number of pages viewed, showing user engagement with content.

Users by Device Type

Categorizes visitors by devices (desktop, mobile, tablet) used to access, aiding in optimizing user experience.

Users by Traffic Source

Segments visitors based on channels (direct, search, social) they come from, assessing marketing effectiveness.

User Location

Provides geographic data (country, region, city) about visitors, enabling regional content customization.

Top Pages

Displays most visited pages, helping identify popular content and user interests.

Time on Page

Average duration users spend on a specific page, indicating content relevance and user engagement depth.

Disclaimer

This dashboard utilizes data from Google Analytics, a widely-used web analytics tool. While Google Analytics provides valuable insights, it may have limitations such as sampling, potential inaccuracies, and challenges in distinguishing bot traffic. Please be aware that the data presented here should be considered as estimates rather than precise figures. It's advisable to interpret the information in this dashboard with caution and to cross-reference it with other sources for a comprehensive understanding of your website's performance.

Painted Brain and CAMHPRO: Annual Report for MHSA's Multi-County Innovations Project

Over the contract year 2023, Painted Brain and CAMHPRO have exceeded contract deliverables for the MHSA Multi-County Psychiatric Advance Directive Innovations Project. Below is a detailed overview of the program outcomes, challenges and outlook for the year 2024.

A. Summary of Activities and Accomplishments During the Reporting Period

Listening sessions

- Painted Brain and CAMHPRO (PB & CAMHPRO) had two in-person listening sessions per county between the months of February to March. This totaled 14 in-person listening sessions. The purpose of these listening sessions was to gather information on what peers and community members thought of Psychiatric Advance Directives.
 - In Each County, over the course of 2 days PB & CAMHPRO had a virtual meeting for peers and a separate meeting for community members.
 - PB & CAMHPRO had an additional monthly virtual listening session which was open to peers and community members in all 7 counties.
- PB & CAMHPRO had one virtual listening session in October that focused on training curriculum development. PB & CAMHPRO received input from the county peers about what they would like to see covered in the curriculum.

Work Groups

- PB & CAMHPRO hosted monthly virtual Peer Template Workgroups, where peers from all 7 counties reviewed the PADs template together. These meetings took place from January-July of 2023.

Cross-Contractor Collaboration

- PB & CAMHPRO have been working closely with Chorus to support the development of language for the mock-ups and final version of the PADs Digital Platform website.
- PB & CAMHPRO have been working with RAND to support the development of the training survey to include recovery language and measurable peer values.
- PB & CAMHPRO attended a monthly Tech Workgroup facilitated by Idea Engineering and provided feedback on a variety of topics, including:
 - Marketing materials such as recovery language on flyers
 - Verbiage for the official PADs website
 - Feedback for the PADs website user interface
 - Other feedback as necessary.
- PB & CAMHPRO participated in the recording of promotional videos for Idea Engineering relative to the Innovations project. The peers shared their story and provided perspective on why PADs are important.

Milestones

- PB & CAMHPRO and the County Peers worked together to get the first draft of the PAD template sent to Chorus so they could begin implementing the template in the Digital PADs Platform
- PB & CAMHPRO successfully incorporated Peer Values into the PAD template and eliminated stigmatizing language
- PB & CAMHPRO incorporated the peer voices and feedback from all 7 counties into the train-the-trainer curriculum and PAD template
- PB & CAMHPRO presented about project at SHARE's Peer Workforce Conference "Bridging Research and Practice"
- PB & Kiran Sahota presented with Health Management Association (HMA) on PADs for the CARE Act
- PB brought peer needs and concerns to the PADs legislative workgroup
- PB & CAMHPRO made significant progress on the Train the Trainer Curriculum
- PB & CAMHPRO met all deliverables
- PB & CAMHPRO have made the PADs template so exhaustive that it serves as a "tool-box" for individuals in a mental health crisis

B. Challenges Encountered and Resolved During the Reporting Period

- 1) Balancing the needs of all counties.
 - Varying size of counties.
 - Population size, diversity and resources vary.
 - The amount of peers employed to send to work groups vary.
 - Some Counties face unique transportation issues due to the rural setting.
 - Some Counties face internet and technology inequity.

As a result the project began meeting with Counties on a separate basis so that we could assess and address the needs of each county.

- 2) There were several unanticipated challenges with getting feedback from the nine identified threshold language groups. Next year, we hope to focus on receiving feedback from target groups.

C. Plans and Expectations for the Next Reporting Period

- Complete Train the Trainer Curriculum and receive feedback from all 7 counties
- Train peers in all 7 counties to be trainer
- Develop peer advocacy groups to support the peer voice in PADs

D. Attachments

Attendance info:

https://drive.google.com/drive/folders/1LjubSb5Tja0bwEsQ5mXca3C_VAGucpIL

Convening Slideshow:

https://docs.google.com/presentation/d/1ZEC6_7t-h7Eb4EwsB1BKTZY52DSL9BiW/edit?usp=sharing&ouid=104331190930935840814&rtpof=true&sd=true

RAND – PADs Evaluation 2023 Year-End Summary

Summary of Activities and Accomplishments During the Reporting Period

RAND has attended ongoing meetings with subcontractors and/or counties in order to plan the evaluation and revise our approach based on the overall platform development. RAND has also met with Chorus and BBI on a 1:1 basis to discuss specific aspects of the proposed evaluation and to tailor the evaluations to reduce participant and/or county burden. RAND has also had monthly or bimonthly meetings with Painted Brain/CAMHPRO since May. These meetings have been used to discuss various aspects of the training evaluation, to learn more about the training curriculum under development, and to solicit feedback from Painted Brain/CAMHPRO on the evaluation survey with trainees.

RAND leads (Eberhart, Siconolfi) attended the September 2023 in-person convening in Orange County. RAND delivered a presentation on our work to-date and the proposed evaluation design for Peer Supporters (training evaluation) and Peers who completed a PAD (outcomes evaluation). The meeting also included group discussions and planning for a range of implementation and evaluation decisions.

Finally, the RAND team has continued biweekly internal team meetings for strategic planning between these larger, multi-stakeholder meetings.

Training evaluation

RAND developed and finalized the training evaluation protocol. This included a literature review to identify relevant constructs/measures, the development of a retrospective post-training survey and a post-training focus group protocol, and preparation of various logistics and administrative materials (e.g., recruitment materials, consent forms, info sheets, etc.). We submitted the training evaluation packet for Institutional Review Board (IRB) review/approval by RAND's internal IRB in December 2023.

Evaluation with Peers who completed a PAD

RAND also developed a workflow to enable a “two-level” evaluation with PADs platform users. The first level is a Mini Survey, an optional feedback form within the platform that elicits basic demographics, basic feedback on the PADs experience, and permission for future outreach by RAND. The second level is the “full evaluation” with PADs users. The sample for the full evaluation will be drawn from the Mini Survey participants who consented to outreach by RAND. We iterated the Mini Survey and its workflow (level 1) in consultation with counties and other subcontractors in 2023, and have finalized a working model. This aspect of the protocol was also submitted to RAND's IRB in December 2023. RAND is currently developing the remaining evaluation protocols (survey and/or interview/focus group protocols) for the Peer/PADs Consumer evaluation.

Challenges Encountered and Resolved During the Reporting Period

RAND has continued to adapt our originally-proposed evaluation to recent changes in the scope and focus of the innovation project.

RAND's evaluation activities inherently dependent on the development and implementation of the PADs Peer Supporter training and the launch of the PADs platform. In Fall 2023, RAND identified potential challenges to implementing the full evaluation within the remaining Phase 1 time (ending June 2025) if the launch of the training and/or platform was pushed back beyond early 2024. Our evaluation design includes longer-term follow-up windows (e.g., interviews/focus groups with trainees several months after they completed the training and have accrued "live" experience in the field facilitating PADs; surveys/interviews/focus groups with PADs consumers several months after they have completed their PAD). Further delays in the launch of the training and/or platform will shorten the period of time available for follow-up, because RAND will need time to analyze the data and prepare the final report before the project ends in June 2025.

We have communicated these potential challenges to the project coordinator and larger PADs Innovation group. As of December 2023, we believe we will still be able to implement the training and outcomes evaluations as-planned if the training and platform hit the launch targets of January/February 2024. Based on the degree of timeline slippage for training/platform launch beyond that target, we may need to shorten follow-up windows, or truncate some evaluation activities.

Plans and Expectations for the Next Reporting Period

The RAND team expects that data collection for its evaluation will begin shortly after the New Year.

RAND will also finalize the remaining evaluation protocols (survey and/or focus groups with Peers who have completed a PAD) and submit this for IRB review and approval. Following approval, we expect to launch this aspect of data collection in Spring 2024.

RAND will also begin working on analysis and reporting, following the implementation of data collection.

Anticipated accomplishments by end of FY2024

Based on the current overall project timeline, we anticipate that RAND will have launched and implemented training-related evaluation activities. We also expect that we will have developed and launched activities focused on the Peer-level impacts of PADs.

Fiscal Intermediary Updates for 2023

Overview

Syracuse University continued to serve in the role of Fiscal Intermediary for the Psychiatric Advance Directives (PADs) Project, which is a Mental Health Services Act Innovations Project involving the collaboration of multiple California Counties; namely, Contra Costa County, Fresno County, Mariposa County, Monterey County, Orange County, Shasta County and the Tri-City Mental Health Authority. In addition to the expertise and excellence in the programmatic areas of Disability Research and Advocacy that Syracuse University's Burton Blatt Institute brings forth to the PADs Project, Syracuse University has a dynamic research administration team that supports the world-class, top-tier research performed on campus and around the world. Syracuse University's Office of Sponsored Programs and Office of Sponsored Accounting provide the critical infrastructure to support the PADs Project contract(s) administration and fiscal oversight. Our offices primary functions are to facilitate the responsible and efficient stewardship of grant and contract funded projects from various external funding agencies. As a result of the significant federally funded research conducted by Syracuse University, we are required by federal policy, law, and regulations to have rigorous and well-documented fiscal oversight measures in place to responsibly administer these funds. Syracuse University routinely undergoes multiple audits from various agencies and external auditors with no material weaknesses noted in past years. Lastly, Syracuse University is a proud member of the Federal Demonstration Partnership (FDP), which is a cooperative of 10 federal agencies and over 200 research intensive institutions with the primary purpose to reduce the administrative burdens associated with research grants and contracts.

Why is this important to the PADs Project which is not federally funded? Syracuse University is able to leverage the best practices learned through its FDP membership to the benefit of all externally sponsored projects, including the PADs project. A prime example of this benefit is the University's enrollment in the FDP Expanded Clearinghouse which essentially provides a public facing organizational profile of Syracuse University, including audit and financial data that is regularly updated on an annual basis. To review Syracuse University's profile at any given time, simply navigate to this website (<https://fdpclearinghouse.org/organizations/196>) for the most recent information.

2023 Updates

Representatives from Syracuse University attended and presented at the PADs Project meeting held in Anaheim, CA September 11-12, 2023. Stuart Taub, Director, Office of Sponsored Programs, provided an overview presentation on Syracuse University's role, responsibility and financial update as the fiscal intermediary and fielded questions from the County representatives in attendance. Gary Shaheen, Project Director, Burton Blatt Institute, provided a presentation reflecting the Burton Blatt Institute at Syracuse University's progress on the Orange County Evaluation engagement with the PADs Project, and each fielded questions from County representatives following his presentation.

Seven (7) California Counties are actively engaged in funding the PADs Project, and with their authorization Syracuse University engaged subcontractors providing the necessary services for the PADs Project in the areas of Lead Project Management, Technology Platform Development, Marketing & Communications, PADs Advisory and Training, Peer Organization and Evaluation. During the 2023, with authorization from the Counties Syracuse University closed out the subcontract with Hallmark Compass and engaged Alpha Omega Translations.

Payment of subcontractor invoices continued in 2023 based on the proportional allocation distribution as originally established and each with approval from the Lead Project Manager. In **Table 1** below, we provide a fiscal status update of the PADs Project through December 31, 2023, on a County-by-County basis. Cumulatively across all counties, the project expenditures are tracking at 53.9% of the current **PADs Project** budget period which is from inception through June 30, 2025. **Table 2** reflects subrecipient spending to date. The “Obligated Amount” reflects each subcontractor’s total budget for the period through June 30, 2024.

Please note, the time frames in which certain counties and subcontractors became engaged impacted the rates of expenditures shown. Contra Costa County’s and Tri-City Mental Health Authority’s involvement began months later than the other Counties. The largest portion of Mariposa County’s budget is allocated to a Peer Organization for which Contra Costa County and Tri-City Mental Health Authority also include in their budgets but with subsequent start dates. The subcontract with Alpha Omega Translations was not executed until the summer of 2023. However, it is still expected the rate of expenditures for these counties will become more aligned with the overall allocation by the period ending June 30, 2024. Also, Fresno County’s budget is compressed and scheduled to fully expend by June 30, 2024 compared to the others which are expected to end by June 30, 2025.

Table 1

Total Project Spending

County	Total Budget ending 6/30/24*	Actual Expenditures	% Expended
Contra Costa	\$1,211,136	\$386,125	31.9%
Fresno	\$863,087	\$555,968	64.4%
Mariposa	\$79,660	\$61,650	77.4%
Monterey	\$498,828	\$256,606	51.4%
Orange	\$9,545,470	\$5,382,257	56.4%
Shasta	\$207,735	\$107,779	51.9%
Tri-City	\$313,264	\$104,355	33.3%
PADS Project Sponsors	\$12,719,180	\$6,854,740	53.9%

Table 2**Subrecipient Spending**

Subcontractor	Invoiced through	Obligated Amount	Actual Expenditures	% Expended
Concepts Forward	11/30/2023	\$656,181	\$449,828	68.6%
Chorus	11/30/2023	\$7,300,000	\$5,491,665	75.2%
Idea	10/31/2023	\$478,215	\$302,435	63.2%
Rand	10/22/2023	\$647,270	\$137,310	21.2%
Painted Brain	7/31/2023	\$296,593	\$175,037	59.0%
Hallmark	06/30/2023	\$73,440	\$73,440	100%
Alpha Omega	8/31/2023	\$206,607	\$1,650	0.8%



January 23, 2025

Subject: Mental Health Services Act Innovations: Multi-County Psychiatric Advance Directives (PADs) Project, 2024 Annual Update.

Dear County PADs liaison,

This letter is to inform you that the 2024 annual project reporting will now be incorporated into the final Phase One project evaluation report. The consolidated report is scheduled to be submitted for county review by the end of April 2025 and will be discussed during the upcoming May 2025 convening at Tri-City Mental Health Authority.

This arrangement makes most sense as the subcontractors would be required to provide their final Phase One documentation a mere four months after the annual update. By combining both requirements, the subcontractors can focus on a comprehensive project report.

Concept Forward Consulting will ensure the final Phase One project evaluation report is submitted to the Behavioral Health Services Oversight and Accountability Commission (BHSOAC, formerly MHSOAC) at the conclusion of Phase One.

Should you have any questions or require further clarification, please feel free to reach out to me. Thank you for your continued support and collaboration on this important initiative.

Sincerely,

Kiran Sahota, MA

President & CEO

805-409-0988

www.conceptsfoward.com



**Contra Costa County
Behavioral Health Services**

**Supporting Equity Through Community-Defined Approaches
Mental Health Services Act (MHSA) Innovation Report 2
Fiscal Year 2023-2024**

Submitted by:

Roberta Chambers, PsyD

Kelechi Ubozoh

Ardavan Davaran, PhD

Date:

January 2025

Introduction

In 2004, stakeholders throughout the mental health system in California joined together in support of Proposition 63, the Mental Health Services Act (MHSA). The MHSA was intended to “expand and transform” the public mental health system, providing an infusion of funds to support programs that serve public mental health consumers, their families, and communities. The MHSA has five components: Community Services and Supports, Prevention & Early Intervention, Innovation, Capital Facilities & Technology, and Workforce Education & Training. The purpose of the Innovation (INN) component of MHSA is to pilot new and emerging mental health practices that address hard-to-solve problems and that contribute to learning across the state. MHSA INN funds provide an opportunity for counties to implement innovative mental health services and learn about implementing practices that have the potential to transform the behavioral health system.

Pursuant to Welfare and Institutions Code Section 5830, all MHSA Innovation projects must meet the following requirements:

Address one of the following purposes as its primary purpose:

- Increase access to underserved groups.
- Increase the quality of services, including measurable outcomes.
- Promote interagency and community collaboration.
- Increase access to services.

Support innovative approaches by doing one of the following:

- Introducing new mental health practices or approaches, including, but not limited to, prevention and early intervention.
- Making a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community.
- Introducing a new application to the behavioral health system of a promising community-driven practice or an approach that has been successful in non-mental health contexts or settings.

On March 23, 2023, Contra Costa County Behavioral Health Services (CCBHS) received approval by the Mental Health Services Oversight & Accountability Commission (MHSOAC) to implement the *Supporting Equity Through Community Defined Practices (CDPs)* Innovation project. One year later, in March of 2024, California voters approved the passage of Prop 1 which significantly amends the funding structure, priorities, and focus of the MHSA. The MHSA, now called the Behavioral Health Services Act (BHSA), is intended expand its scope to encompass treatment for substance use disorders and housing support along with other substantial changes.

The passage of Prop 1 is noteworthy because under BHSA, local Innovation funding is being eliminated. The *Supporting Equity Through CDPs* is being implemented concurrently with the implementation of this new legislation. California counties are awaiting guidance from the State on the phased implementation of Prop 1 and how it may impact current programming; however, CCBHS is currently moving forward with the planned and approved activities under the previous legislation of MHSA Innovation until further directed.

This Innovation Project's intent is to bolster equity within CCBHS' behavioral health care system by increasing the number of available community-based and culturally defined wellness initiatives and ultimately, increase engagement in behavioral health services by traditionally underserved and/or inappropriately served groups. This is being achieved by offering grants to community organizations to deliver unique services, which are not currently offered within the system of care.

- ❖ **MHSA INN Project Category:** Applies a promising community-driven practice or approach that has been successful in non-mental health context or setting to the mental health system.
- ❖ **MHSA Primary Purpose:** Increases access to services for underserved groups.

The *Supporting Equity Through CDPs* project is described in greater detail below.

Supporting Equity Through Community Defined Practices Project Overview

The purpose of the *Supporting Equity Through Community Defined Practices* project is to better meet the mental health needs of Black, Indigenous, and People of Color (BIPOC) and Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI+) communities in Contra Costa County by increasing access to culturally appropriate mental health services. The project provides funding for individuals or agencies who will provide community defined practices that are not currently offered in existing behavioral health care settings for BIPOC and LGBTQI+ communities throughout the county.

Community defined practices, also formally called community defined evidence practices (CDEPs), are born from what a community considers healing, as well as their cultural, linguistic, or traditional practices. CDEPs offer culturally rooted interventions that reflect the values, practices, histories, and lived experiences of the communities they serve. Further, these culturally rooted interventions are developed specifically to address the unmet needs and strengths of a cultural group; they are rooted in the community's worldview and its historical and social contexts (Community Defined Evidence Project [CDEP] Preliminary Quantitative and Qualitative Findings, 2009).

A common definition of community defined practices describes “a set of practices that communities have used and determined by community consensus over time, and which may or may not have been measured empirically but have reached a level of acceptance by the community (Martinez, 2008).” Some examples of CDEPs that promote healing and wellness include but are not limited to: (1) healing or prayer circles, affinity spaces, spiritual, and/or faith-based practices; (2) ancestral/heritage practices to healing via traditional healers, practitioners, coaches, mentors, and peers; and (3) healing through arts and expression via poetry, spoken word, storytelling, singing, and performing.

The *Supporting Equity Through CDPs* project was designed by Contra Costa County Behavioral Health Services (CCBHS) and community stakeholders in response to listening to community concerns during the County's Community Program Planning Process. CCBHS facilitated public community outreach and received input from stakeholders and community members voicing the need for services which aligned with communities in a more culturally and linguistically appropriate manner. Stakeholders explained that racial and systemic

inequities were magnified during the pandemic, and so in turn were the mental health needs of BIPOC communities. BIPOC and LGBTQI+ communities face barriers in accessing care due to socio-economic disadvantages, stigma around mental health, lack of diversity among providers, language barriers, systemic racism, and distrust in government systems.¹ Further, these underserved and inappropriately served communities could benefit from innovative mental health and wellness interventions and practices created for the community by the community.

In response to community stakeholders, CCBHS prioritized this set of Innovation funding for applicants to support mental health and wellness through offering community defined practices. The *Supporting Equity Through CDPs* project seeks to advance equity within the behavioral health care system by expanding the net of support to be inclusive of community-based providers adept at serving underserved and inappropriately served groups and ultimately supporting the overall mental health and wellness of BIPOC communities. Individuals and agencies were invited to apply for up to \$125,000 funding per fiscal year, with contracts expected to span two and a half years, with an initial contracting period of January 1, 2024 – July 31, 2025, and an opportunity to renew the contract for Fiscal Year 25-26. Actual award amounts varied based on proposed scopes of work and budget proposals. No more than \$6,119,182 was available to be awarded in funding for community mental health services.

Contracted providers are expected to:

- Aim to serve at least 50 community members per year.
- Increase access, quality, and range of culturally appropriate, mental health and wellness services for underserved populations
- Help to determine barriers for accessing mental health services among underserved groups
- Increase awareness of existing mental health and wellness supports and services

Because the intention of this INN project is to ensure underserved and inappropriately served BIPOC and LGBTQI+ communities have access to aligned and culturally responsive mental health services, CCBHS determined that it was critical that the process for acquiring funding was also steered by the community, for the community. In order to implement a process guided by the community, CCBHS engaged the Indigo Project -- a collective of independent consultants with staff who have worked to support statewide CDEPs as part of the California Reducing Disparities Project (CRDP) -- to work with community stakeholders to support the development of the Request for Proposals (RFPs) providers responded to, as well as

¹ California Pan-Ethnic Health Network (CPEHN). Concept Paper: Policy Options for Community-Defined Evidence Practices (CDEPs). (2021) retrieved from <https://cpehn.org/assets/uploads/2021/04/CDEPs-Concept-Paper-April-2021.pdf>

provide technical assistance (TA) for interested applicants. The Indigo Project supported the RFP development and applicant response process with the following:

- (1) **Facilitation of an RFP Workgroup.** The Indigo Project facilitated RFP workgroup meetings where community stakeholders were entrusted with guiding the development of the RFP. The RFP workgroup was comprised of community stakeholders inclusive of the BIPOC communities to be served and the stakeholders who helped to create this Innovation Project.
- (2) **Co-development of RFP.** In partnership with CCBHS and RFP Workgroup members, Indigo supported the development of an accessible and culturally responsive RFP that mitigates institutional and structural racism that grassroots organizations face when applying for funds.
- (3) **Technical Assistance.** Indigo hosted Technical Assistance Workshops and Technical Assistance Office Hours to help prepare new organizations and providers to apply for funding.

Overview of the Report

Through implementation of the *Supporting Equity Through CDPs* project, CCBHS, in partnership with the Indigo Project, is seeking to answer the following research questions:

- Does offering grants to applicants increase engagement in behavioral health services by underserved groups?
- Can providing culturally and community defined practices through this project increase a sense of belonging and wellness in underserved community groups?

During Fiscal Year 2023 – 2024, however, the *Supporting Equity Through CDPs* project was in the RFP Development, Technical Assistance, and contracting phases. As such, this report details these planning phases that were implemented to honor the leading tenets of community-defined evidence practices by developing the project with equity at the forefront, engaging in a community-driven and community informed processes. Future reports will include quantitative and qualitative research seeking to answer the research questions above.

The following report begins with a description of the *RFP Workgroup*, including how the workgroup was formed and the charge of the workgroup. Next, the *RFP Development* section outlines the development of the RFP through an equity lens, followed by a detailed description of the *Technical Assistance* provided by the Indigo Project through TA Workshops and individualized TA upon request from interested applicants. Next the *RFP Release, Award, and Contracting* section summarizes this process, highlighting some contracting challenges that aros for agencies who were awarded funding. Finally, the report concludes with a brief *Description of Programs* that includes a complete list of providers who received funding through this project, including the name of each program, the target population or populations they are serving, and the services they are providing through this Innovation Funding opportunity.

RFP Workgroup

The RFP Workgroup functioned as an advisory body created to usher in the development of the *Supporting Equity Through Community Defined Approaches* Request for Proposals. The RFP Workgroup's main priority was to create an equitable and accessible RFP that would encourage culturally responsive providers to apply for the grant. Further this group was tasked with devising creative solutions to weaken systematic barriers faced by BIPOC community members applying for funding. The RFP Workgroup is also charged with helping guide roughly \$6 million in funding for community mental health and wellness services to be distributed in Contra Costa.

Forming the RFP Workgroup

During the various stakeholder listening sessions that helped inform this Innovation Project, community members voiced concern that, without direct intent, it would be unlikely that the County would provide an opportunity for new culturally responsive providers to receive funding, rather than agencies that have experience applying for County funds and experience developing well written proposals. To respond to these concerns and ensure a process whereby BIPOC grassroots providers and individuals could successfully apply for funding, the RFP Workgroup was created.

CCBHS identified potential members for the RFP Workgroup by outreaching to many diverse stakeholders and advisory groups, including the Consolidated Planning and Advisory Workgroup (CPAW) and the Racial Health Disparities (RHD) Workgroup, MHSA Advisory Council, Mental Health Commission, Office of Consumer Empowerment, Contra Costa Health Equity Team, cultural liaisons, people with lived experience, and their families.

The role of the RFP Workgroup members was to identify qualifications needed to obtain funding, support with the creation of culturally accessible RFP questions, develop a scoring rubric that supports inclusivity by mitigating historical barriers, and score proposals. Stakeholders applying for funding were excluded from the Workgroup.

RFP Workgroup Members

Eight community stakeholders (of twenty-five applicants) were selected to be part of the RFP Workgroup. The RFP Workgroup was comprised of stakeholders from the following communities: Latina/o/e/x/Hispanic, Black/African American/African Ancestry, Asian and Pacific Islander, Caucasian/White, and LGBTQI+. RFP Workgroup members represented different regions of Contra Costa County including east county, west county, south county, and central county. Education for Workgroup members ranged from high school/GED to master's degree. Workgroup members either had lived experience or a close family member with the following experiences: (1) substance use or mental health challenges; (2) experience being unhoused; (3) experience being undocumented; (4) experience as a parent/caregiver of a child; (5) experience with justice system; (6) experience being an immigrant; and (7) experience with food insecurity. The RFP Workgroup was also staffed by County representatives from the Ethnic Services department, MHSA, and the Contra Costa Health Equity Team.

RFP Workgroup Commitment

The RFP Workgroup met from June through August of 2023. The Indigo Project, in partnership with CCBHS staff, met with RFP Workgroup members prior to the first meeting to ensure each

member understood their role, and had an opportunity to share their experiences and perspectives regarding behavioral health service delivery in the county, as well as their hopes and any potential concerns about project implementation, especially around development of the RFP.

Following these introductory meetings, RFP Workgroup members attended five 90-minute meetings. The initial meeting included collectively co-creating working agreements and introducing racially inclusive principles and a framework to approach RFP Workgroup convenings.

In subsequent RFP Workgroup meetings, the workgroup identified target populations to be served through this funding opportunity; developed eligibility criteria for individuals or agencies applying for funding; determined the types of community defined practices that would be considered; developed culturally responsive questions; created a scoring rubric for proposals; and advised on how to simplify the budget and services plan templates. In addition, the RFP Workgroup also suggested topics for technical training and support Indigo would provide following the development of the RFP.

The table below shows the meeting dates and topics of each RFP Workgroup meeting.

RFP Workgroup Meeting Date	RFP Workgroup Meeting Topics
Meeting 1: June 27, 2023	Overview of CDEPs, Racially inclusive principles/frameworks, Determining Eligibility Criteria
Meeting 2: July 13, 2023	Eligibility Criteria cont., Defining Target Populations, Selecting types of CDEPs to be funded
Meeting 3: July 27, 2023	Culturally responsive RFP question development
Meeting 4: August 10, 2023	RFP Question Development cont., Scoring Criteria
Meeting 5: August 24, 2023	Budget Template, Service Plan, & TA Workshops Topics & Outreach

Once the RFP was closed, CCBHS staff facilitated RFP Workgroup members to support the scoring and reviewing of grantee applications.

RFP Development

The RFP Workgroup's central focus was to use its expertise to create an RFP that community based organizations could respond to and be competitive with, as well as identify and interrupt structural and historical racist practices embedded in standard RFP processes. With an eye toward equity, the process of developing a culturally responsive RFP included removing typical barriers that individuals and grassroots organizations who do have the resources and infrastructure that larger agencies have face when applying for funding through county procurement processes.

To that end, as noted above, the RFP Workgroup focused on the following RFP components to ensure that 1) appropriate target populations would be served by contracted providers; 2) individuals and/or smaller agencies that had not previously received funding through CCBHS likely would; and 3) community defined practices implemented in nontraditional behavioral health settings would be prioritized.

- Identifying the Target Population
- Creating Eligibility Criteria
- Approving the Types of CDEPs to be Funded
- Developing Culturally Responsive Questions
- Creating a Scoring System

Identifying the Target Population

CCBHS shared service utilization data about the populations that are currently underserved and/or inappropriately served in the County with the Workgroup. The data showed that Latina/o/e/x/Hispanic and Asian and Pacific Islander communities are underutilizing behavioral health resources in Contra Costa County. The data that was shared also showed that while the Black/African American/African Ancestry population may be utilizing resources at higher rates, they are overrepresented in systems such as the criminal justice system, underlying systemic inequities.

Deep discussion took place about what groups should be included in the target population, as well as what age range. Ultimately the RFP Workgroup decided that this funding should be inclusive for all BIPOC. However, to be responsive to the CCBHS data shared about underserved and inappropriately served populations, the workgroup determined that the RFP would prioritize certain populations by weighting them heavier on the scoring rubric. Below is the list of priority populations as documented in the RFP.

This funding opportunity is for people or agencies who will use funds to serve **BIPOC communities of any age**. The following groups will be prioritized:

- Asian and Pacific Islander
- Black/African American/African ancestry
- Latina/o/e/x/Hispanic
- LGBTQI+

Through facilitated discourse with the RFP Workgroup, members also uplifted the importance of intersecting identities and the need to explicitly name that within marginalized populations there are a diversity of experiences that should be considered as well, including families with young children, people experiencing homelessness, monolingual communities, refugees, people with lived experiences of mental health and/or substance use challenges, experiences with justice involvement and foster care. These intersecting identities were also listed in the RFP.

Creating Eligibility Criteria

Another area of focus for the RFP Workgroup was to determine who would be eligible to apply for funding. The workgroup discussed how to help ensure that services were indeed community based and provided by people representing the communities to be served. Language was included to emphasize this importance, and applicants that 1) propose to serve a priority population, 2) have not received County funding within five years and/or 3) were formed by individuals from the population to be served were strongly encouraged to apply. Government

agencies or the hospital system were excluded from funding for this project. Below is a list of who was eligible for funding as documented in the RFP.

Eligible applicants may include:

- Community based organizations
- Non-profit organizations
- Early learning and care providers (e.g., childcare and preschool settings not connected to a school district)
- Family resource centers
- Faith-based organizations
- Tribal entities
- Grassroots organizations
- Organized groups or individuals – although a group may apply for funding, any resulting award and contract may only be established with one agency/individual.

RFP Workgroup Members also highlighted that historically, in most cases proposals that are the most responsive to the RFP document or are the best written get funded, however these are not always the most culturally aligned or effective programs. RFP Workgroup members shared their experiences witnessing well-written proposals that were awarded funding to provide services for BIPOC populations, despite the agencies having little or no experience serving the BIPOC populations, and no staff reflective of the communities they are serving. These agencies would rush to “hire” staff to meet the culturally responsive criteria once awarded.

To target the types of agencies this funding opportunity sought to recruit, the RFP Workgroup added specific funding eligibility criteria. This language was created to ensure applicants could demonstrate being representative of the target population as well as having experience serving the target populations in non-clinical/culturally responsive and restorative approaches. Below is the language for the funding opportunity as documented in the RFP.

Funding Eligibility Criteria:

1. At least half of your existing board and staff (including leadership) must represent the target population you propose to serve. Organizations cannot plan to ‘hire’ staff to meet these criteria. If you do not have a board, at least half of your staff must meet this requirement.
2. You must have experience serving the target population in a culturally appropriate way. Serving the target population solely in a traditional mental health setting (e.g., solely a clinical setting) does not meet this criteria unless there are clear examples of culturally responsive, nontraditional approaches.

Approving the Types of CDEPS to be Funded

After some discussion, RFP workgroup members decided to allow all types of community defined practices to be funded for this project. Below are different types of community defined

practices/community defined evidence practices that were shared in the RFP. This is not an exhaustive list.

- **Cultural Interventions and Treatments.** Specific interventions to support mental health and wellness of BIPOC communities through a cultural lens (e.g., partnering with traditional healers, incorporating indigenous practices like drumming or regalia making, African-centered curricula, affinity groups/healing circles, traditional storytelling, poetry/spoken word, dance, singing, and music).
- **Capacity Building and Consciousness Raising Activities.** Interventions to educate and address the mental health effects of specific problems, (e.g. over-incarceration of Black youth and adults, high rates of suicide among LGBTQI+ population, positive youth development programs, mentorship, or educational programs for young families, victims of domestic violence, etc.).
- **Raising Community Awareness of Mental Health.** Public campaigns such as media campaigns using language and specific mental health experiences. Outreach and education about topical mental health needs in the community through trusted members (e.g., Spanish language radio, Promotores, community health workers, and peers).
- **Cultural Adaptation of Evidence Based Practices.** Integrating culturally and/or linguistically specific adaptations of an Evidence-Based Practices (EBPs) (e.g. delivering EBP in non-English language or incorporating CDP into EBP).

Developing Culturally Responsive Questions

A foundational component to the RFP development process was to mitigate barriers so that aligned grassroots providers and engaged community stakeholders could easily apply for the RFP. The RFP Workgroup spent substantial time reflecting on what they would truly need to know about an organization to feel confident in their ability to serve BIPOC in Contra Costa County. They discussed the importance of applicants to demonstrate they were from the community and had a history of serving the community. Further, they felt it was critical for applicants to center cultural humility, emotional intelligence, equity, and inclusion in their proposed projects. Workgroup members also wanted to know how potential grantees honored the beliefs, values, and languages of the populations to be served and how they would utilize culture to increase a sense of belonging and wellness to the population being served.

While there were some mandatory components from the County's Grants office that needed to remain intact from a quality assurance/legal perspective, there was a lot of flexibility in the content to be included in the RFP. In an effort to create more accessible, clear, and direct questions, RFP Workgroup members were tasked with co-developing the questions to be included in the RFP targeting the following areas:

- Experience serving the target population
- Understanding of historical and structural racism the target population faces
- Race, ethnicity, lived experience and other aligned demographics of staff and leadership
- Cultural approaches to community defined practices to promote healing and wellbeing
- Concrete service plan, timeline, and budget for their proposed project

Scoring System

As RFP Workgroup members finalized the RFP questions, they also helped determine how each of the sections would be scored. Through several discussions and iterations, the RFP Workgroup created a scoring system to promote equity.

Following a discussion centered around how many points each section should be worth in order to develop a scoring system that would promote equity, RFP Workgroup members completed a survey indicating how many points they thought each section should be worth. Based on the survey results, Indigo, CCBHS, and RFP workgroup members developed the following scoring rubric for which a maximum of 200 points were possible, placing increased emphasis on ensuring service providers had qualifications to serve the target population in a culturally appropriate manner, and that their approach honors the culture of the target population.

RFP Section	Maximum Points Allotted
Cover Letter	0 points
Populations to be Served	30 points
Qualifications	60 points
Approach to Community Defined Practice	40 points
Service Plan and Timeline	30 points
Budget and Budget Narrative	30 points
Letters of Recommendation	10 points

To promote new culturally responsive providers being awarded funding through this opportunity, the RFP Workgroup determined that additional points would be allocated to applicants based on the following:

- Has **not** received county funding for the target populations they proposed to serve within the last 5 years.
- The staff and leadership operating services come have the same cultural background as the target population to be served.
- Proposed to provide services to one of the target populations.

RFP Workgroup members also advocated to increase the page limit for responses to 15 pages to allow potential grantees with limited experience writing succinct grant applications to have more space to describe their programs and approach.

Technical Assistance Overview

Technical Assistance Workshops were established to provide concrete and strategic support for grassroots providers and community members planning to respond to the *Supporting Equity Through Community Defined Practices* RFP. The intent behind this free community offering was in part to demystify what it takes to apply for a grant by providing a clear roadmap, resources, and tools to support those new to proposal writing.

The Indigo Project facilitated four virtual 90-minute workshops for potential applicants to increase their competitiveness and strengthen their ability to apply for the RFP. Workshops were delivered in a learning community environment where a collection of stakeholders could attend and learn

from the Indigo Project Team that facilitated the TA Workshops, as well as one another. TA Workshops were recorded and sent to applicants who signed up but were unable to attend the live workshops. Individual technical assistance and office hours were also provided for those who sought more individualized support or needed to go more in depth about a certain topic.

TA Workshop topics were informed by feedback received from RFP Workgroup members, as well as previous experience working with culturally based grassroots organizations, and requests from workshop participants.

At the beginning of each TA Workshop, an overview was shared about the *Supporting Equity Through Community Defined Practices* funding opportunity, populations to be served, eligibility criteria, the overall RFP timeline, and the appropriate County representative to reach for further questions. Workshop attendees were also given links to sign up for future technical assistance opportunities.

The table below shows the topic of each TA Workshop, an overview of the content covered, and the date of each TA Workshop.

FREE VIRTUAL TECHNICAL ASSISTANCE (TA) WORKSHOPS TO CREATE A STRONG APPLICATION!

Learn about a funding opportunity offered through Contra Costa Health for Community Defined Practices to support mental health and wellness targeting Black, Indigenous, People of Color in Contra Costa.

At workshops learn:

- What is a community defined practice & how to describe your culturally responsive programming
- Minimum county requirements for applicants
- How to describe your/your agency's strengths, services & experience
- How to create a budget & budget narrative

Bi-weekly individual TA also available.

Contact kelechi.ubozoh@gmail.com for more information.

Space is limited.



Click on each date below to Register for Bidders Conference and TA Workshops!

9/11/23 from 11 a.m. to 12 p.m.
Bidders Conference

9/13/23 from 11 a.m. to 12:30 p.m.
Culturally responsive programming

9/20/23 from 10 a.m. to 11:30 a.m.
Minimum eligibility requirements

10/3/23 from 10 a.m. to 11:30 a.m.
Organizational strengths

10/11/23 from 12:30 p.m. to 2 p.m.
Budget & Budget Narrative



Scan QR Code to access details on funding opportunity



T.A. Workshop Topic	Content Covered	Date
Session 1: Building the Case for culturally responsive programming	<ul style="list-style-type: none"> • Defining culturally defined practices • Reviewing CDP examples • Strategic approaches to tell their story and clearly describe their CDP and the community needs they address 	9/13/23
Session 2: Understand County Regulations: Insurance and Contracting Requirements	<ul style="list-style-type: none"> • Insurance & Contracting Requirements • Fiscal Infrastructure and Requirements • General RFP requirements 	9/20/23
Session 3: Organizational strength and experience & RFP Checklist	<ul style="list-style-type: none"> • How to describe your organization's strengths and the participant experience • Review RFP checklist to ensure all applicants are aware of all components to be completed 	10/3/2023
Session 4: Building Budgets and Budget Narratives	<ul style="list-style-type: none"> • Translating programs and services into budgets and budget narratives 	10/11/2023

The following sections provide more detailed summaries of the information covered in each of the workshops.

Building the Case for Culturally Responsive Programming

The first TA Workshop's primary focus was to help participants: 1) define and understand community defined practices and 2) demonstrate how to create a case for programming that is responsive to BIPOC communities.

During the first session, Indigo introduced the framework of community defined evidence practices and provided a discourse on why these culturally responsive programs are needed to serve underserved and/or inappropriately served populations. Participants learned about the several types of CDEPs that can be used to address the unmet needs of different cultural groups and also received specific programmatic examples of CDEPs.

To demonstrate what it looks like to build a case for culturally responsive programming, workshop attendees walked through a fictional CDEP case study which covered many of the components of the RFP including:

- Target population
- Eligibility criteria
- Outreach and engagement
- Program Goals, Objectives, and Outcomes
- Services
- Program Length
- Program Graduation or Completion

At the end of Session 1, participants received an RFP Worksheet mapping to the case study reviewed together. The RFP Worksheet supplied questions to support attendees to clearly describe the mental health needs of their community and how their community defined practice would help address those needs.

Understanding County Eligibility Requirements

The second TA Workshop was created in partnership with CCBHS and centered on informing potential applicants about County eligibility requirements. For individuals, groups, and organizations who had never worked with the Contra Costa Health Department or any formal behavioral health system, it was critical to understand some of the contracting requirements needed to be administered in advance of the award announcements.

To that end, this workshop was dedicated to solely discussing County minimum eligibility requirements and fostering a clear dialogue between potential grantees and the County to demystify requirements and answer participant questions.

Attendees learned about the minimum contracting requirements such as, but not limited to:

- Insurance & Contracting Requirements
- Fiscal Infrastructure and Requirements
- General RFP requirements

County representatives also shared contractual expectations once contracts were established around monthly billing, the financial statements needed, required meetings, data collection, and reporting, as well as what the grant funds could be used for.

Workshop attendees were encouraged to ask questions and also send questions to the County.

Further, as questions were raised throughout the TA Workshops, the Indigo team worked with the County to create an updated document of Frequently Asked Questions (FAQs) throughout the life cycle of the grant application.

Organizational Strengths and Experience & RFP Checklist

The third TA Workshop's primary goal was to prepare applicants to comprehensively describe their qualifications which carried the highest number of points on the scoring rubric. Workshop attendees were given frameworks on how to describe (1) the history and strengths of their organization or program; (2) how community members inform services; and (3) sociodemographic characteristics of staff, including language and/or lived experiences that map to the target population.

Workshop attendees were given exercises to help them drill down on:

- How their organization or program was formed
- Experience working with the population(s) they intended to serve
- How culture is integrated through customs, traditions, art, music, or other avenues
- Role and background of staff providing direct services

Workshop attendees received an overview of the service plan template included in the RFP so they would be prepared to demonstrate how their services would be delivered conceptually. Lastly, attendees received an RFP Checklist to ensure they could track all of the various parts of the grant application, timeline, letters of recommendations, and proper minimum eligibility requirements as determined by CCBHS.

Budget and Budget Narrative Workshop

The fourth and final TA Workshop's primary function was to help translate programs into budgets and budget narratives. Workshop attendees were encouraged to bring their questions and proposed budgets to the workshop. Participants received some accessible education on budget categories and were asked a series of questions to help them think through various budget components.

Workshop attendees were walked through a series of questions to help them through the budget development process across the following areas:

- How to identify startup costs vs. ongoing operations
- Staffing: fringe benefits and other staffing costs
- Calculating administrative/indirect costs

Participants received instruction and flow charts on how to create a budget narrative to tell the story behind the budget and were given examples and strategies on how to check the budget narrative to match the budget template prior to submission.

TA Workshops were recorded and sent to applicants who signed up but were unable to attend the live workshops. Below is a list of the workshops and content covered.

Individualized T.A. & Office Hours for Potential Grantees

In addition to the TA workshops, the Indigo team provided one-on-one individualized T.A. for potential grantees who required additional support and/or a more in-depth approach. Indigo also hosted office hours for ninety minutes twice per month in September and October of 2023 to answer questions raised about information shared during the T.A. workshops. Roughly 50 people

signed up for T.A. workshops and several individuals/agencies received one-on-one technical assistance.

RFP Release, Awards, and Contracting

The Supporting Equity Through Community Defined Practices RFP was released on August 29, 2023 and closed on October 16, 2023. The RFP was shared with the County's distribution list of over 800 community stakeholders which also included the Board of Supervisor, Mental Health Commissioners, MHSA Advisory Council members, and the Health Equity team. RFP Workgroup members also shared the RFP across their networks. RFP Workgroup members were also responsible for scoring the RFP once the application process was completed.

There were 32 total applicants. Seven were disqualified due to the submission of incomplete applications. Twenty-five applicants went through the full review process and had their proposals scored by RFP workgroup members and CCBHS staff. Seventeen agencies were awarded funding, and all awardees were informed on November 30, 2023 through a Notice of Intent to Award letter that was sent via email. However, there were challenges in the contracting process that caused delays for many agencies, resulting in contracts being finalized for most agencies by June 30, 2024, and for some not until Fiscal Year 2024-25.

The following challenges arose during the contracting phase, which delayed the process for awarded entities to establish contracts and deliver services they could be reimbursed for.

- There were delays in receiving all required documentation from some awarded agencies because the county contracting process was new to them.
- Some contracts needed to be amended because inaccurate information was included in the initial service plan and/or budget templates included in the contract. This required the contracts to go through additional layers of county approval. In some instances, the amendments had to take place after contracts were executed and services were provided, resulting in delays in services being provided to the community and in receiving payments for agencies in these circumstances, which is especially challenging for smaller community-based providers.
- Some awarded agencies experienced challenges obtaining the insurance required for the type of services they are providing. In some instances, the required insurance was a higher cost than what had been planned in the budget, which then required an update of their budget and budget narrative, as well as additional county approvals.
- Contra Costa County Health Services' contracting processes were also in the process of changing during the contracting phase, which added to the length of time it took for contracts to be processed and amendments that needed to be made.

Appendix A. provides an overview of the providers that were awarded funding, the target populations they will serve, and the services to be provided within their awarded contracts.

Conclusion and Next Steps

During Fiscal Year 2023 – 2024, CCBHS made a direct effort to provide increased mental health support services for underserved and/or inappropriately served populations by developing the *Supporting Equity Through Community Defined Practices* RFP, prioritizing funding for agencies that 1) proposed to serve a priority population, 2) had not received County funding within five years and/or 3) offering services developed by individuals from the same cultural background of the target population to be served. Emphasis was placed on funding programs developed by the community, for the community.

Time and resources were invested in the development of the RFP Workgroup, composed of a diverse group of community members, whose main priority was to create an equitable and accessible RFP that would encourage culturally responsive providers to apply for the grant. In addition, free technical assistance was provided for potential applicants, in both a learning community and one-on-one environment, setting the stage for seventeen programs of different size and scope being awarded funding to provide mental health support to BIPOC and LGBTQI+ populations in Contra Costa County through the implementation of community defined practices.

Because there were some delays in the contracting phase, contracts were not finalized for most agencies until June 2023. Therefore, service delivery data is not available for this report. Future reports will include quantitative and qualitative data examining the extent to which offering the *Supporting Equity Through Community Defined Practices* grant opportunity results in engagement in behavioral health services for underserved and/or inappropriately served populations in Contra Costa County, as well as the extent to which receiving the behavioral health services results in an increased sense of belonging and wellness for program participants.

Appendix A. Supporting Equity Through Community Defined Practices: Awarded Providers and Service Overview

Provider Name	Target Population	Services Offered
Beingwell California	<ul style="list-style-type: none"> • K – 12 youth in Richmond 	<ul style="list-style-type: none"> • Handle with Care Program to be implemented in the City of Richmond. <ul style="list-style-type: none"> ○ Training for all police officers (as well as refreshers) in the City of Richmond Police Department that covers how to ask for a child's name, age, and school without upsetting the parents of the children when they respond to what might be a traumatic event for a child. The officer then lets the child's school know about the incident. ○ Training all teachers and administrative staff in three schools within the West Contra Costa Unified School District (elementary, middle, and high school) on appropriate ways to support young people who they have received a notification for. They are trained to not immediately engage with the youth and ask them what happened. Instead, administrative staff and teachers are trained to keep a coordinated eye on the student, ensuring that they know the services that are available to support the student should they show signs of distress/behavioral issues.
Center for Human Development	<ul style="list-style-type: none"> • LGBTQI+ youth ages 13 - 19 	<ul style="list-style-type: none"> • Weekly support groups providing mentorship, education, and support facilitated by an adult trained in youth empowerment, resilience, group facilitation, and the QscOUTs program model. • Referrals to culturally responsive mental health services.
Contra Costa Asian American Pacific Islander Coalition, fiscally sponsored by ABLE Community Development	<ul style="list-style-type: none"> • Asian American and Pacific Islander population in Contra Costa County 	<ul style="list-style-type: none"> • Provides Community Health Worker certifications modules. • Helps Community Health Workers enroll and engage in external health-based trainings and professional certification programs. • Host health-cultural healing workshops and health education and promotions sessions.
Contra Costa Family Justice Alliance	BIPOC adults in East Contra Costa County	<ul style="list-style-type: none"> • Implement the Mind Power in Action (MPA) program which is designed to support mental well being of participants by

		<p>equipping them with tools to manage anxiety, depression, and stress, helping them build psychological resilience to overcome societal and life challenges.</p> <ul style="list-style-type: none"> ○ Training up to 12 BIPOC MPA participants to become Community Health Workers. ○ Workshop series for up to 50 MPA participants on topics including manage stress and depression, enhancing wellness, and fostering a sense of belonging. Facilitated by Community Health Workers.
East Bay Center for Performing Arts	<ul style="list-style-type: none"> • Youth ages 12-15 in West Contra Costa County 	<ul style="list-style-type: none"> • Cross cultural artistic training and wraparound services. • Peer support groups.
Early Childhood Mental Health Program	<ul style="list-style-type: none"> • Parents during perinatal period (pregnancy and up to one year after giving birth) 	<ul style="list-style-type: none"> • Prenatal and postpartum group sessions. • Parent gatherings.
Genesis Church	<ul style="list-style-type: none"> • African American students ages 11 – 18 in Antioch Unified School District 	<ul style="list-style-type: none"> • Trauma health and mental health support groups. • Mental Health and wellness activities. • Mentorship. • Community events for students.
International Rescue Committee	<ul style="list-style-type: none"> • Central American and West Asian individuals new to Contra Costa County 	<ul style="list-style-type: none"> • Culturally specific workshops and community events utilizing art and sports to engage community members in interactive activities to manage stress and build social connections, as well as raise mental health awareness and destigmatization. • Individualized service navigation support sessions.
James Morehouse Project, fiscally sponsored by West Contra Costa Public Education Fund	<ul style="list-style-type: none"> • Spanish speaking young people and their families 	<ul style="list-style-type: none"> • A culturally and linguistically aligned program for Spanish speaking young people and families that includes the Rincón Latino/Rincón Latino 2.0 groups for parent/guardians, and the the Rincón Latino group for young people and Chicos Latinos, which is a community building group for male identified youth around family, gender roles, and relationships. Inspired by conversations with Spanish speaking immigrant young people and parent/guardians that underlined their isolation and sense of powerlessness in school settings, these groups are grounded in

		<p>therapeutic healing practices that arise organically and over time. All meetings and communication with participants are in Spanish. The program centers food, music and laughter to create safe and welcoming spaces for participants. Many young people and adults bring friends or relatives along to meetings. Rincón Latino, while an adult program, often has children in the space. Rincón Latino doesn't offer "childcare," but instead welcomes children into the space in ways that are culturally consonant with participants.</p>
La Clinica de la Raza	<ul style="list-style-type: none"> • Latino parents and youth in Contra Costa County 	<ul style="list-style-type: none"> • Implement a mental health stigma reduction initiative with the following: <ul style="list-style-type: none"> ○ Mental Health Outreach Events. ○ Informational presentation to learn about La Clinica's mental health stigma reduction initiative. ○ Workshops to develop and launch mental health stigma reduction initiative.
La Concordia Wellness Center	<ul style="list-style-type: none"> • English and Spanish speaking residents of East and Central Contra Costa County 	<ul style="list-style-type: none"> • Provide mental health interventions using music and/or art as the central vehicle support the mental health and wellness of participants. Includes: <ul style="list-style-type: none"> ○ One on one sessions in English and Spanish with alternative holistic healers. ○ One hour support groups in English and Spanish ○ Open group therapy sessions.
National Alliance on Mental Illness Contra Costa	<ul style="list-style-type: none"> • Black, African American, or of African Ancestry • Asian or Pacific Islander • Latino/a/e/x or Hispanic • LGBTQI+ 	<ul style="list-style-type: none"> • Implement the Mental Health Friendly Faith Communities Program at churches across Contra Costa County that serve the target populations. This program aims to educate and equip faith leaders and congregations to become more supportive and understanding towards individuals experiencing mental health challenges, aiming to create a welcoming and stigma-free environment with the religious community by providing resources, training, and awareness campaigns about mental health. They are utilizing a train the trainer approach so that the impact of the work can be greater/multiplicative.

One Accord Project, fiscally sponsored by Tabernacle Community Development	<ul style="list-style-type: none"> • African Americans in Contra Costa County 	<ul style="list-style-type: none"> • Grief sessions. • Mental health education program sessions.
One Day At a Time, fiscally sponsored by Community Initiatives	<ul style="list-style-type: none"> • High school students at Freedom High School in Oakley, Antioch High School in Antioch, and Ygnacio Valley High School in Concord. 	<ul style="list-style-type: none"> • Familia (Latinx curriculum) group meetings. • Individual or group parent meetings. • Referrals to school counselors.
Peers Envisioning Engaging in Recovery Services	<ul style="list-style-type: none"> • African American and Asian American communities 	<ul style="list-style-type: none"> • Implement the Hope & Faith Program and the Healing from Our Pasts and Expectations (HOPE) Program to provide culturally relevant peer support, mental health education, and wellness support. Includes: <ul style="list-style-type: none"> ○ Mental health and education and support groups facilitated in collaboration with Black-led religious organizations. ○ Peer-led wellness groups on topics including the impact of anti-Asian hate on victims and their families. ○ Anti-stigma events. ○ Peer-led healing workshops.
Richmond Community Foundation	<ul style="list-style-type: none"> • Black or African American, Latino/a/e/x or Hispanic, and Pacific Islander populations 	<ul style="list-style-type: none"> • Training for participants who are interested in becoming facilitators of healing circles. • Healing circles for Black or African American community members. • Latinx healing circles in Spanish. • Pacific Islander healing circles.
Village Community Resource Center	<ul style="list-style-type: none"> • Latine community 	<ul style="list-style-type: none"> • SerenaMente program to provide mental health support and training to community health workers (i.e. <i>promotores</i>). Includes <i>promotores</i> engaging with program participants and facilitating training sessions/workshops with them to assist in raising awareness to reduce, improve, and prevent stress within the Latine community. Workshops/trainings also aim to break down mental health stigma and foster dialogue and shared experiences among <i>promotores</i> and program participants.



CONTRA COSTA COUNTY

AGENDA

Behavioral Health Board

Wednesday, May 21, 2025

4:30 PM

2425 Bisso Ln, First Floor Conference
Room, Concord, CA 94520 |
<https://cchealth.zoom.us/j/92538682856> |
+1 646 518 9805 US (New York) Webinar
ID: 925 3868 2856

REVISED AGENDA (Meeting Time 4:30 pm to 6:30 pm)

- I. Roll Call and Introductions
- II. Public comment on any item under the jurisdiction of the Board and not on this agenda (speakers may be limited to two minutes).
- III. Behavioral Health Board Member Comments (2 minutes per member max)
- IV. APPROVE May 16th, 2025 Meeting Minutes (5 minutes)

Information: Behavioral Health Board Meeting Minutes 05.16.2025 [25-2041](#)
Attachments: [BHB Meeting Minutes 5.16](#)
- V. REVIEW Bylaws from former Mental Health Commission and Alcohol and Other Drug Services Advisory Board (30 min)

Information: Bylaws from former Mental Health Commission and Other Drug Services Advisory Board [25-2042](#)
Attachments: [MHC Bylaws 2024](#)
[AODAB Bylaws 2020](#)
- VI. REVIEW of Behavioral Health Services Orientation (20 min)

Information: Behavioral Health Services Orientation [25-2043](#)
Attachments: [BHB Orientation Packet](#)
- VII. RECEIVE and MOTION to Move Forward to Board of Supervisors Public Hearing of Mental Health Services Act and Three Year Plan (40 minutes).

Information: Public Hearing of Mental Health Services and Three Year Plan

[25-2044](#)

Attachments: [BHB Public Hearing_5.21.25](#)

VIII. ADJOURN

The Behavioral Health Board will provide reasonable accommodations for persons with disabilities planning to attend board meetings. Contact the staff person listed below at least 72 hours before the meeting. Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to a majority of members of the Committee less than 96 hours prior to that meeting are available for public inspection at Contra Costa Behavioral Health Services 1340 Arnold Drive, Suite 200, Martinez, CA 94553, during normal business hours. Staff reports related to items on the agenda are also accessible online at www.contracosta.ca.gov. If the Zoom connection malfunctions for any reason, the meeting may be paused while a fix is attempted. If the connection is not reestablished, the committee will continue the meeting in person without remote access. Public comment may be submitted via electronic mail on agenda items at least one full work day prior to the published meeting time.

For Additional Information Contact: Daniel Colin (Daniel.Colin@cchealth.org)

Behavioral Health Board (BHB)
Meeting Minutes
May 22, 2025

AGENDA ITEM/DISCUSSION	ACTION/FOLLOW-UP
<p>I. Roll Call and Introductions</p> <p>Meeting was called to order at 4:40 PM.</p> <p><u>Members Present (*Teleconference):</u> Ken Carlson, Supervisor, District IV Rebecca Harper, Education, District II Anthony Arias, Veteran, District III Logan Campbell, At-large, District V Anya Gupta, District IV *Y’Anad Burrell, District I Candace Hendra, District II *Dhoryan Rizo, District III Avery Gould, District IV Jenelle Towle, District IV Laura Griffin, District V Roland Fernandez, District V</p> <p><u>Speakers:</u> Genoveva Zesati, MHSA</p> <p><u>Other Attendees (*Teleconference):</u> Suzanne Tavano, PhD, Director of Behavioral Health Services Daniel Colin, Board staff, Behavioral Health Services Deyanara Lopez, Behavioral Health Services Genoveva Zesati, MHSA Stephen Field, DO, Medical Director Fatima Matal-Sol, MPH MBA, Behavioral Health Services Katy White, MFT, Behavioral Health Services Kennisha Johnson, LMFT, Behavioral Health Services Jennifer Tuipulotu, OPFE, Behavioral Health Services Marie Scannell, Ph.D., Behavioral Health Services Gerold Loenicker, LMFT, Behavioral Health Services Anna Cleese, BOS Representative, District III Colleen Awad, BOS Representative, District IV *Jill Ray, BOS Representative, District II Nicole Green, former Board member of AODS Matt Kaufmann, Deputy Director, Health Services *Sery Tatpaporn, Able Community Development *Jamie Yan Farout</p>	<p>Meeting was held at: 2425 Bisso Ln, 1st Floor Conference Room, Concord, CA 94520</p>

<p>II. Public comment on any item under the jurisdiction of the Board and not on this agenda</p> <p>Sery Tatpaporn, President of Able Community Development, commented on receiving funding from Contra Costa County Behavioral Health in the last 18 months and the success the organization has had in increasing access to mental health services in the Southeast Asian community. Tatpaporn emphasized that it was one of the first times the community has been exposed to the topic of mental health. With an estimated 10-20 health workers supporting workshops, they have been able to serve over 300 families in the community.</p> <p>Jamie Yan Farout commented on disbandment of MHSA steering committee. Farout expressed disappointment and sought understanding of transition occurring without participation or consent as members were appointed to do a job, and as a member, Farout participated in all meetings to support marginalized, underserved, and unserved communities.</p> <p>Dr. Tavano responded that the disbandment of the Mental Health Services Act Advisory group was due to the transition to the Behavioral Health Services Act. As a result, a new advisory group is being designed and there will be more updates in the future.</p> <p>Supervisor Carlson responded that the transition is a timed transition from the Mental Health Services Act to Behavioral Health Services Act with growing pains.</p>	
<p>III. Behavioral Health Board Member Comments</p> <p>Board member Y'Anad Burrell commented on receiving short notification of meetings for the Behavioral Health Board and challenges attending meetings with a one-week notice.</p>	
<p>IV. APPROVE May 16th Meeting Minutes</p> <p>May 16 Meeting Minutes reviewed.</p>	<p>Motion: Jenelle Towle moved to approve the minutes subject to review. Seconded by Anya Gupta.</p> <p>Vote: 9-0 (unanimous)</p> <p>Ayes: Supervisor Ken Carlson, Rebecca Harper, Anthony Arias, Anya Gupta, Candace Hendra, Avery Gould, Jenelle Towle, Laura Griffin</p>

	Roland Fernandez
<p>V. REVIEW Bylaws from former Mental Health Commission and Alcohol and Other Drug Services Advisory Board</p> <p>Bylaws from former Mental Health Commission (MHC) and Alcohol and Other Drug Services Advisory Board (AODAB) were provided to members of the Board for review. To be inclusive of all groups, past bylaws from both MHC and AODAB will be used in creation of new bylaws for the integrated Behavioral Health Board. This would include mandates and requirements specific to the Behavioral Health Services Act, as well as the Welfare and Institutions code requirements applicable to the Behavioral Health Board. Members of the Board were requested to review the bylaws and provide feedback to contribute towards the creation of new bylaws. Once bylaws are drafted by the Board, they are to be reviewed by County Counsel, approved by the Board, and then referred to the Board of Supervisors for approval. After this process, the Behavioral Health Board could then continue to elect Chair, Vice-Chair, and proceed with creation of subcommittees.</p> <p>Dr. Tavano suggested members of the Board conduct a review, come back and report to the Board regarding a draft of bylaws for the new Behavioral Health Board.</p> <p>Board member Jenelle Towle asked for clarification regarding opportunity to amend bylaws following their creation. Supervisor Carlson responded that amendments are possible as creation of bylaws would serve as a foundation. If changes are required, the Board will be able to make amendments.</p> <p>Supervisor Carlson commented on the Brown Act and the importance of not creating chain communications which would result in a violation of the Brown Act during the drafting of new bylaws.</p> <p>Members of the Board were directed to share any drafts or edits with Board staff.</p> <p>Supervisor Carlson commented on Alcohol and Other Drug Advisory Board bylaws containing a mission statement and suggested a potential draft of the bylaws could include a mission statement.</p>	

Board member Anya Gupta requested clarification on the creation of subcommittees. Supervisor Carlson responded that the creation of a subcommittee occurs through Board discussion and identification of areas of focus to create subcommittees and ad-hoc subcommittees.

Dr. Tavano commented on the establishment of a new Board, noting that the last time a Board was created was several decades ago. Creation of the Behavioral Health Board is a novel development as it consolidates two previous advisory bodies (Mental Health Commission, Alcohol and Other Drug Advisory Board).

Board member requested clarification on inclusion of priorities and goals from the Mental Health Commission and Alcohol and Other Drug Advisory Board following the establishment of new bylaws and nominating committee to elect Chair and Vice Chair. Supervisor Carlson responded that Board alignment on priorities and goals from previous advisory bodies in conjunction with Behavioral Health Board mandates may begin following the establishment of Board foundational structure.

VI. REVIEW of Behavioral Health Services Orientation

Board staff member Daniel Colin reviewed materials covered during the Member Orientation meeting held on May 16, 2025. Required training for all members of the Behavioral Health Board was covered and included the following:

- Brown Act and Better Government Ordinance
- Ethics for Local Government Officials
- Implicit Bias Training

Upon completion of each portion of the training, members of the Board were informed that signed acknowledgement and submission of the County's Training Certification for Members of County Advisory Bodies certification form is required.

The Board discussed a potential opportunity for an organized Brown Act and Better Government Ordinance Training session in June or July.

Board member Y'Anad Burrell requested clarification on whether members that were absent during the Member Orientation meeting would receive a copy of orientation materials, as well as noted consideration discussed for additional time for completion

<p>of training materials. Supervisor Carlson responded with access to orientation materials being available online in digital format. Daniel Colin responded that all members of the Board, including those absent during orientation, would receive a printed version of the orientation materials.</p> <p>Board member Avery Gould requested clarification on whether training checklist certificate document would have to be submitted to staff in person or if it can be submitted electronically. It was determined during discussion that a wet signature is required. Daniel Colin responded that a printed copy is available to all members of the Board to sign and submit in person.</p>	
<p>VII. RECEIVE and MOTION to move forward to Board of Supervisors Public Hearing of Mental Health Services Act Three Year Plan</p> <p>Behavioral Health Board reviewed plan, provided input, and approved to move forward to Board of Supervisors for approval.</p> <p>Speaker: Genoveva Zesati, MHSA Presentation: Mental Health Services Act Three Year Plan</p> <p>Genoveva Zesati of Behavioral Health Services held a Public Hearing on the Mental Health Services Act Three Year Program and Expenditure Plan for Fiscal years 2025-2026. The presentation covered the following:</p> <ul style="list-style-type: none"> • Mental Health Services Act (MHSA) History and Context • Transition of MHSA to Behavioral Health Services Act (BHSA) • MHSA Three-Year Plan and Expenditure Plan • Community Program Planning Process • Feedback provided from Survey January 2024 and February 2025 • Respondent Demographic Data January 2024 and February 2025 • MHSA Components and Purpose • Summary of Updates for Fiscal Year 2025-2026 • Updates for Fiscal Year 2025-2026: Community Services and Supports, Prevention and Early Intervention, Innovation, and Capital Facilities/Technology <p>Supervisor Carlson requested clarification on whether there is demographic data related to recipients of services provided and</p>	<p>Motion: Logan Cambell moved to move plan forward to Board of Supervisors for approval. Seconded by Laura Griffin.</p> <p>Vote: 10-0 (unanimous)</p> <p>Ayes: Supervisor Ken Carlson, Rebecca Harper, Anthony Arias, Logan Campbell, Anya Gupta, Candace Hendra, Avery Gould, Jenelle Towle, Laura Griffin, Roland Fernandez</p>

survey respondents, as well as whether correlation of gaps in services or communications could be determined to gauge quality of services and access to services. Genoveva Zesati responded to note that Behavioral Health Services creates an annual cultural humility plan that includes estimated percentages of demographic data related to recipients of services provided.

Board member Anya Gupta requested clarification on presentation metrics related to Under 16 and 17-25 age groups. Genoveva Zesati responded with clarification that for the Under 16 age group, the group includes age 16 and that there were no respondents.

Board member requested clarification on how surveys were delivered, whether they were delivered electronically, and what the response rate was for the survey. Genoveva Zesati responded that surveys were delivered electronically via distribution list of 1200 members.

Dr. Stephen Field requested clarification on number of survey respondents. Genoveva Zesati noted to follow up with more information regarding survey respondents.

Dr. Tavano commented that surveys are accessible online. Genoveva Zesati confirmed survey is accessible online on County website and that there is currently an additional survey in progress.

Board member Avery Gould commented on discussing survey respondent in Behavioral Healthcare Partnership meeting on May 20 and noted there were no survey respondents under the age of 26. Gould also noted despite this, response from the under 26 age group was still taken into consideration through other means. Genoveva Zesati responded to clarify data presented pertained only to the survey, and that a process to provide input is in place for anyone, including the under 26 age group, to participate in discussions and community forums.

Board member requested clarification on the impact surveys have towards creation of policy given the respondents comprised a smaller segment of the total surveyed. Dr. Tavano responded that the methods used were part of the Mental Health Services Act which included surveys and in-person meetings with documentation of feedback. Dr. Tavano also noted the start of a new community planning process for the Behavioral Health Services Act, which builds from the Mental Health Services Act

but includes implementation of broad community outreach engaging all age groups. Dr. Tavano noted that the report the Board will receive as a result of community planning process will be different

Board member Y'Anad Burrell commented on community engagement and the significance of holding outreach in person when survey response data obtained impacts funding and what the next three years look like. Board member Burrell also noted the significance of administering surveys in person to obtain an improved survey response compared to survey response when only shared electronically. Fatima Matal-Sol responded by noting Genoveva Zesati's presentation was reporting on the previous approach, and that the new process in place is a multipronged approach to community outreach that includes meeting community members where they are. Matal-Sol provided some examples of locations where community conversations have taken place and what communities have been surveyed including homeless shelters, community churches, juvenile hall, jail and detention facilities, public Town Hall meetings, and stakeholder sessions with older adults.

Board member requested clarification on whether there is communication and alignment between stakeholders involved in administration of services within the jurisdiction of the Behavioral Health Board. Dr. Tavano responded there may be different operators or mechanisms by which services are administered, but they are all still part of behavioral health continuum of care and still fall within the jurisdiction of the Behavioral Health Board. Dr. Tavano noted that the Board will be reviewing the entire delivery system over the next three years. Genoveva Zesati responded that the presentation pertains only to Mental Health Services Act funding which presents only a portion of all Behavioral Health Services funding on Contra Costa County.

Board member Anya Gupta requested clarification on whether the Peer and Leadership training program was only for age groups 18 and older, and if there were programs available for youth under 18. Genoveva Zesati responded by noting there are services provided as part of the Mental Health Services Act to the under 18 age group. Dr. Tavano responded by noting that through State funding and the County Office of Education, examples such as student efforts, youth initiatives, peer groups, and support groups are captured, and not captured by the Mental Health Services Act. Feedback from youth groups obtained through community

<p>engagement will contribute to the Behavioral Health Services Act.</p> <p>Theresa Pasquini provided public comment noting experience of having a son with lived experience of mental illness which has motivated her to become involved in the community. Pasquini noted active participation in the community planning process and looks forward to the new Behavioral Health Board.</p> <p>Dr. Tavano commented that Behavioral Health Services leadership was in attendance and going forward will continue to be involved at Behavioral Health Board meetings.</p>	
<p>VIII. ADJOURN</p> <p>Meeting was adjourned at 6:23 PM.</p>	