

African American Holistic Wellness and Resource Hub

Recommendations for Implementation

August 2025

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1. EXECUTIVE SUMMARY

This memo outlines the implementation plan for the African American Holistic Wellness & Resource Hub (AAHWRH), designed to address longstanding health, housing, and economic inequities experienced by Black residents in Contra Costa County. The plan centers Black leadership and community voice, with the goal of building a culturally-grounded countywide network of supportive services and resources that promote wellness, economic stability, and healing. The AAHWRH will bring together services delivered by County departments, community-based organizations, and other public/private partners, by implementing a “hub and spoke” model and serving as a centralized coordination anchor providing the “glue” that aligns, coordinates, and leverages cross sector efforts.

The Office of Racial Equity and Social Justice (ORESJ) was tasked with developing an implementation plan that builds off the Ceres Policy Research Feasibility Study, which was informed by over 4,000 community survey responses, 16 listening sessions, and 8 district town halls. In addition, ORESJ conducted stakeholder interviews and multiple site visits, gathered County department data and insights, and researched similar efforts occurring in neighboring jurisdictions and communities. Overall, community members expressed a clear need for holistic, healing-centered approaches, and a majority of survey respondents reported having significant unmet needs in areas of mental health care, legal advocacy, housing support, and culturally responsive employment services. Additionally, a census tract-level analysis using the Healthy Places Index (HPI) identified 12 geographic areas with significant percentages of African American residents and the lowest HPI scores in the county. The analysis found that most of these tracts lack essential infrastructure such as county health centers and libraries, further exacerbating barriers to wellness.

From December 2023 to June 2025, the Board of Supervisors allocated a total of \$8.9 million for African American healing, safety and wellness. Of the total \$8.9 million investment, \$1 million has already been approved for distribution in the form of one-time wellness grants for African American healing. In May 2025, a cohort of 13 Black-led community-based organizations began service delivery on 14 projects located in East and West County across five priority services areas – community healing, food and housing insecurity, infant and maternal health, behavioral health and youth development.

ORESJ recommends that the remaining approved County allocation of \$7.9 million (Measure X funds) be distributed over 3.5 years to seed the establishment of an AAHWRH through a combination of two competitive procurement processes for 1) community-based “rapid-response” programming that meet unique community needs by filling identified service gaps and 2) an independent entity to serve as the implementation lead tasked with coordinating services, providing technical assistance, developing a 10-year sustainability plan and establishing an independent 501(c)(3) nonprofit organization to serve as the AAHWRH. It is also recommended that the County approve an ongoing annual allocation of \$1.5 million beginning in 2029 to sustain AAHWRH core staff and operations and ensure its role as a lasting anchor institution.

In addition, County departments, including Contra Costa Health (CCH), Employment and Human Service Department (EHSD), Contra Costa Probation (Probation) and Contra Costa Library (Library), will be core partners by aligning with AAHWRH goals and activities, contributing their services that prioritize vulnerable and highly-impacted populations in specific and strategic ways

that maximize engagement and participation, and actively participating in planning and coordination with AAHWRH and its service partners.

This implementation plan proposes an immediate roll-out of coordinated County and community-led “rapid-response” services delivered via mobile services, pop-up sites, community-based organizations, County service centers, and satellite hubs to begin in year 1. By the end of year 3, a permanent facility will be established in East County to serve as an anchor site to house executive leadership and management, core administration functions, and County and community-led services co-located under one roof.

To date, Contra Costa County has allocated over \$8.9 million toward establishing its first African American Holistic Wellness and Resource Hub (AAHWRH) and is uniquely positioned to move the AAHWRH from planning to implementation. This initiative represents a structural intervention to realign systems and service delivery around equity, repair, and justice.

2. BACKGROUND

Currently, in Contra Costa County, African Americans represent approximately [8.7%](#) of the population. Racism, inequity, injustice, disparities and harm exist throughout the United States and, unfortunately, here in Contra Costa County as well. In Contra Costa County, African American residents experience disproportionate rates of preventable chronic illnesses such as heart disease, obesity, cancer as well as most recently, COVID-19. Racial and ethnic disparities in health outcomes, the criminal justice system, educational achievement, and social service metrics are present in Contra Costa County. These disparities have been well-documented in reports issued by the [Contra Costa Racial Justice Task Force/Oversight Body](#), [First Five Contra Costa](#), [Kaiser Permanente](#), [Contra Costa Health Services](#), [Contra Costa Continuum of Care](#), [Contra Costa Employment and Human Services Department](#), and others. More recently, Ceres Policy Research conducted a [feasibility study](#) for the AAHWRH commissioned by the County which provides a comprehensive community needs assessment that surfaces the disparities and the extent to which Black communities continue to be among the most harmed by inequities in Contra Costa County (discussed in more detail below).

For several years, members of the community have been advocating and leading the effort in the County for the creation of an African American Holistic Wellness and Resource Hub and the urgent need for expanded support services that address the pain, trauma, and other related challenges that exist in under-resourced, under-served African American communities. Recent advocacy efforts were launched in part by evidentiary findings of the racist and sexist actions of officers within the Antioch and Pittsburg Police Departments. The findings have led to the direct involvement of the County District Attorney, the County Public Defender, the State Attorney General, the FBI, and the Department of Justice. Initiated by NAMI Contra Costa’s 40 Voices Campaign, intense community advocacy followed from East County residents, faith leaders and service organizations expressing the clear need for healing and sustained support for impacted African American residents of East County communities in particular, and to other highly impacted Black communities throughout the county as a whole.

On December 12, 2023, the Board of Supervisors directed that a one-time allocation of \$1,000,000 of Measure X funds be allocated for the purpose of supporting the “African American Holistic Wellness and Resource Hub and existing services” in Contra Costa County by funding community-

based programs to provide immediate support services in the short-term, as well as to inform the possibilities for what will become housed within the Hub in the long-term. On January 14, 2025, the Board of Supervisors approved [awards for fourteen \(14\) one-year projects](#) to be delivered by Black-led community-based organizations, as well as a [contract with East Bay Community Foundation](#) to administer the fourteen (14) service contracts on behalf of the County.

On April 22, 2024, the Board of Supervisors allocated an additional \$7.5 million of one-time Measure X funds towards the establishment and operation of an African American Holistic Wellness and Resource Hub with an initial priority focus on East County communities. These funds were allocated as an initial step to what was expected to be an increased, long-term investment in Black communities' overall well-being and holistic health.

On June 10, 2025, the Board of Supervisors approved an allocation of \$400,000 of one-time Measure X funds to support African American males, and directed that these funds be included in the implementation of the African American Holistic Wellness and Resource Hub.

The high-level mission and vision for the African American Holistic Wellness and Resource Hub, as expressed through public comment made to the Board of Supervisors, is to host and provide culturally-relevant and responsive services to eliminate health and wellness disparities. As a result of services provided through the African American Holistic Wellness and Resource Hub, African American community members in Contra Costa County will experience greater safety, connection and belonging, and have greater access to health, mental health and other support services that meet their immediate needs.

3. AFRICAN AMERICAN HOLISTIC WELLNESS AND RESOURCE HUB FEASIBILITY STUDY

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

- Health Access Gaps: 60% of Black residents report difficulty accessing Black providers, especially in mental and maternal health.
- Housing Instability: Black residents face the highest eviction rates and disproportionate homelessness.
- Economic Disparities: 72% of respondents cited lack of culturally responsive job training and economic mobility tools.
- Cultural Erasure: 81% of respondents lack access to Black-led cultural and community spaces.
- System Distrust: Historic and ongoing institutional harm has fueled deep distrust in county systems.

In addition, the study affirmed the following guiding principles that community members believed were essential to an AAHWRH:

- Black-led Governance: At least 51% of decision-makers should identify as Black.
- Healing-Centered Care: Incorporate Black indigenous healing practices, Black mental health providers, spiritual care.
- Integrated Services: Co-locate housing, reentry, health, and workforce supports.
- Subregional Strategy: Recognize distinct needs by geography; use mobile and rotating sites.
- Cultural Safety: Services must feel affirming, not punitive or bureaucratic.
- Accountability: Track performance through equity dashboards and community-defined Key Performance Indicators (KPIs).

Based on these findings, Ceres Policy Research offered the following recommendations towards a phased approach:

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

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

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

On April 15, 2025, the Board of Supervisors directed the Office of Racial Equity and Social Justice (ORESJ) to return to Equity Committee for further direction, with the goal of returning to the full Board in summer 2025 with a fully developed and actionable implementation plan that builds off the Ceres Policy Research report and that also addresses the following:

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

Grounded in the vision for community wellness outlined in Ceres Policy Research’s feasibility study, ORESJ developed an implementation plan committed to addressing harm and promoting Black-led, Black-curated healing spaces. The survey of 4,000+ African American residents indicated a widespread perception of harm within the community, highlighting an urgent need for

the county to acknowledge and respond to these concerns. The survey and listening sessions uncovered an interest in community healing circles, restorative justice programs, and mental health services.

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

Table 1. Community Preferences for Support Services – CERES AAHWRH Feasibility Study

What types of support or resources would help you and your community heal from the harm caused by violence, including police violence, homicides, racial violence, or community violence?	
Community Healing Circles or Restorative Justice Programs	47%
Mental Health Services	43%
Legal Advocacy & Support	42%
Trauma Informed Counseling Services	40%
Public Forums for Discussing Safety Concerns	35%

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

Table 2. Top Wellness Challenges – CERES AAHWRH Feasibility Study

What are the three top wellness challenges to your community?	
Caregiving Responsibilities	42%
Lack of Access to Healthcare Services	41%
High Cost of Services	41%
Lack of Mental Health Resources	38%
Limited availability of services in my area	38%
Housing Instability	38%
Lack of Employment Opportunities	36%
Concerns around safety and police relations (e.g., racial profiling, over-policing)	35%
Lack of Reliable Transportation	30%
Food Insecurity	30%
I have to travel long distances	23%

Findings indicate a demand for comprehensive, accessible services that address the full spectrum of health, economic stability, and basic needs within the community. **This underscores the need**

to expand program capacity, broaden service offerings, enhance outreach efforts, and increase the availability of enrollment specialists for county services.

Table 3. Missing Services or Practices – CERES AAHWRH Feasibility Study

What specific wellness services or practices do you feel are currently missing or would be most helpful to you and your community?	
Physical Health Services	44%
Mental Health Support	40%
Employment Support and Job Training	38%
Nutritional Education and Food Access Programs	38%
Safe and Affordable Housing Services	37%
Substance Abuse Counseling	28%

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

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

4. INTERNAL ANALYSIS OF COUNTY SERVICES

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

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

The findings revealed that while several of the needed services are currently offered across departments in Contra Costa County, significant gaps remain. Programs such as childcare services,

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

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

Restructure and Realign Existing Programs

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

Strengthen Partnerships with Community-Based Organizations (CBOs)

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

Increase Capacity of County Departments

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

4.1. SERVICE LOCATIONS

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

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

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

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

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

In phase 1 of the proposed implementation phase, ORESJ will analyze the public transportation options of those who reside in the most vulnerable census tracts including distance to bus stops and total travel time.

4.2. FINANCIAL ANALYSIS

ORESJ was also asked to analyze current county spending on services and programs benefitting the African American community. County departments reported challenges in providing an accurate fiscal accounting of this since they typically do not track or assess their budgets based on race or ethnicity of program participants. Eligibility for services is not contingent on one's race (as that would be illegal and unethical), and this type of reporting is not currently required at the

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

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

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

county, state, or federal levels. In addition, staff time and program resources are also difficult to parse out in a way that correlates with race of program participants and/or clients. ORESJ will work with County departments and the County Administrator's Office to provide a more accurate analysis reflective of actual spending by departments and service engagement by African Americans.

Though, it is important to note that framing racial equity efforts through the question of "how much is already being spent on Black communities?" is both analytically and ethically problematic. This approach risks reducing efforts toward reparative justice to a transactional calculation, assuming that future investment must be justified by prior spending, rather than recognizing it as a necessary response to historic and ongoing disinvestment in Black communities.⁴

Such framing can reinforce a scarcity mindset that often positions marginalized groups in competition with one another for limited resources. Legal scholar John A. Powell refers to this approach as a "zero-sum" narrative that tends to undermine solidarity and collective progress.⁵ This can distort the purpose of equity work, which is to ensure that all groups receive what they need to thrive (which is very often different for each group) and that systems are accountable to those that have been historically excluded and marginalized.

5. ORESJ RECOMMENDATION FOR IMPLEMENTATION

At the April 15, 2025 Board of Supervisors meeting, ORESJ was tasked with building upon the Ceres Policy Research recommendations to create an actionable implementation plan. The Board of Supervisors expressed a particular interest in the AAHWRH adopting an operational and governance structure similar to the Contra Costa County Family Justice Center (FJC). Throughout the recommendations for implementation, ORESJ highlights the similarities between the proposed AAHWRH structure and that of the Family Justice Alliance.

Further, ORESJ was directed to work with and receive direction from the Equity Committee and return to the Board of Supervisors with a final plan in Summer 2025. The following is ORESJ's recommendation for an implementation plan.

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

⁴ <https://www.policylink.org/resources-tools/competitive-advantage-racial-equity>

⁵ <https://belonging.berkeley.edu/targeted-universalism>

residents in need of greater safety, connection and belonging, and improved access to health, mental health and other support services that meet their immediate needs.

Specifically, the AAHWRH will:

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

Proposed Design and Timeline:

Phase 1 | 6 months | July-Dec 2025

ORESJ will recruit and assemble a Transitional Community Advisory Body (T-CAB) to support the creation and design of the procurement, review and selection processes for the contracted implementation lead entity, and support the design of eligibility, recruitment and selection criteria for the executive director. Members will demonstrate lived experience and professional expertise specific to African American community health, safety and wellness. The T-CAB will serve as a County-appointed body and will serve during the initial period of development of the Hub. (See “6.1 Transitional Community Advisory Body (T-CAB)” below for more detail.) This is an extension of the role held by the AAHWRH Feasibility Study Steering Committee that the Board of Supervisors appointed to oversee the procurement for and implementation of the AAHWRH Feasibility Study.

Phase 2 | 3.5 years | January 2026 – June 2029

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

This is similar to the process of establishing the Family Justice Alliance in which an independent 501(c)(3) nonprofit organization was created to provide a formalized structure for service coordination, partnership development, shared governance and sustainability planning for multiple Family Justice Centers throughout Contra Costa County. This also resembles the County's decision to contract with nonprofit organizations to administer the Probation Department-funded Reentry Success Center in Richmond (Rubicon Programs) and the Reentry Success Network for East County (Health Right 360).

The contracted lead entity will provide the executive director with technical support, strategic planning, and clear direction on how to design and implement the above; serve as the employer of record for the executive director and any program staff; provide the organizational infrastructure, administrative support, and resources for AAHWRH staff to carry out programming and duties. When first designing and establishing the Family Justice Alliance, the County contracted with The Tides Center to serve in a fiscal sponsor capacity and as the employer who hired the inaugural executive director whose responsibilities included establishing the Family Justice Alliance as an independent 501(c)(3) nonprofit organization.

Also inspired by the Family Justice Alliance, the proposed Board of Directors (BOD) for the AAHWRH will be comprised of individuals with strong community ties, as well as positions of influence in public systems. The BOD will include community seats with representation from faith communities, service provider organizations, and specific impacted communities, along with institutional seats with representation of government agencies including the Board of Supervisors, County departments (CCH, EHSD, and ORESJ), and local municipal leadership (e.g. Mayor or Councilmember). (See "6.2. AAHWRH Board of Directors" below for more detail.) In their 2016 report, *Contra Costa Family Justice Alliance: Recommendations for Governance and Sustainability*, the Family Justice Alliance's "planning group reviewed and discussed discovery phase findings and recommendations and ultimately determined that a hybrid governance structure would work best... [and] agreed that this approach would allow for the agility of an independent nonprofit organization while maintaining buy-in and support from government partners at the county and city levels."

A Community Council(s) will provide insight, subject matter expertise, and lived experience perspective to help guide and inform the shaping and implementation of the AAHWRH and related activities. The Community Council will be comprised of African American community members with professional and/or lived expertise representing the target priority populations served by the AAHWRH. The Community Council will be comprised of regional (e.g. East, West, Central, South County) sub-committees. (See "6.3 AAHWRH Community Council" below for more detail.) This is modeled after the role and function the Community Councils perform for each regional Family Justice Center, offering Family Justice Center staff, leadership, and Board of Directors the critical insights and necessary perspective when establishing priorities and designing programming.

Simultaneously, the contracted service organizations (selected and Board-approved during Phase 1) will deliver direct services in collaboration with County services, while receiving coordination support, technical assistance, and capacity building opportunities from the contracted lead entity. The structure and practice of partnering with other County and community-led service providers through formal agreements is at the core of the Family Justice Alliance and the Reentry Success

Center/Network models, designed to deliver comprehensive, coordinated services and programming to their target populations.

ORESJ's Role in Phase 1 and Phase 2

ORESJ will oversee the procurement and selection processes for both the contracted lead entity and for the service provider organizations. ORESJ will bring together a Transitional Community Advisory Body (T-CAB) to support the design and development of these procurement and selection processes during the initial Phase 1. In Phase 2, after an independent entity has been selected, a 501c3 has been established, and a Board of Directors and Community Council are in place, the T-CAB will transition from its duties and dissolve.

During Phase 2, ORESJ will continue to work with and support the contracted implementation lead entity and its executive director with establishing and maintaining partnerships with county agencies and other appropriate public system partners with the goal of establishing effective collaboration, communication and coordination with regard to referral processes, service alignment, and leveraging of shared resources and services.

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

Overall, ORESJ will serve as a bridge and liaison to County leadership and departments, while also providing support and strategic thought partnership to the AAHWRH, similar to how the Alliance to End Abuse (EHSD) and the Office of Reentry and Justice (Probation) provide support and technical assistance to the Family Justice Alliance and the Reentry Success Center/Network, respectively.

Key Implementation Priorities for Phases 1 and 2:

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

Phase 3 | July 2029 – ongoing

In addition to continued implementation of services and increased growth of the AAHWRH, this phase includes the establishment of a physical site in East County to serve as an anchor site from

which the executive director and staff will be based and carry out the vision and goals of the AAHWRH. In both the Family Justice Alliance and Reentry Success Center/Network models, having brick-and-mortar sites embedded in communities where their target population service recipients live, work, and/or can easily access is a critical component of their service delivery design. A physical facility will serve as an anchor location for coordination and administration of the countywide services network of partners, while also providing local community members with a one-stop shop for co-located services and service navigation.

ORESJ recommends that the Board of Supervisors consider a County-owned property located at 1650 Cavallo Road in Antioch, CA as a possible site for the AAHWRH. With over 24,000 square feet, the facility has ample space for co-location of medical, mental health, and social services, as well as mixed-use space for events, gatherings, small business incubation, etc.

Located next door is a Rocketship Delta Prep charter elementary school, and the area has the potential for sparking community revitalization and development in an historically underinvested community of African American, Latinx, working class, and immigrant families. On April 8, 2025, the City of Antioch approved a [city resolution](#) in support of County efforts to establish an AAHWRH in Antioch, affirming their willingness to explore opportunities for collaboration. If this location recommendation is approved by the Board of Supervisors, ORESJ will engage in exploratory conversations with City of Antioch leadership to assess opportunities for leveraged funding, shared resources, and/or service partnerships.

It should be noted that this site is currently occupied by EHSD staff and will not be vacated until 2028 at the earliest, though by that time the County will have completely paid for and own the building.

Also important to note is that, if approved for consideration, the final decision of whether the proposed Cavallo Road site is truly feasible will be determined by further analysis of actual costs involved in renovation/construction, facility management and regular maintenance, potential leasing/ownership structures, and other financial dynamics, along with considerations regarding accessibility and public transportation, community safety, and projected utilization. ORESJ has engaged Public Works, EHSD, and CAO to begin determining actual costs, all necessary County processes (including submitting a Capital Project Request for a fiscal feasibility analysis to be conducted during next budget cycle, FY 2026-27), and a realistic timeline.

Figure 1. Proposed AAHWRH Implementation Timeline

	2025				2026				2027				2028				2029			
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Inaugural Cohort of Services																				
Assemble T-CAB																				
RFQ for Implementation Lead Entity																				
RFP for Rapid Response Services																				
Establish MOUs with County Depts																				
Establish Satellite, Mobile, Pop-Up Sites																				
Seek Diverse Funding Sources																				
Rapid Response Services Begin																				
Implementation Lead Entity Begins																				
Hire an Executive Director																				
Establish 501c3																				
Assemble Board of Directors																				
Assemble Community Council																				
Secure Physical Site and Plan/Conduct Renovation																				
Open a physical site																				
Ongoing Annual Allocation of \$1.5M Begins																				

AAHWRH Project Budget for 2026-2029

ORESJ proposes that the total \$7.9 million project budget is allocated over 3.5 years, of which \$5.9 million is designated for contracts for project implementation and community-led wellness services (i.e. a contract for a lead entity to establish and operate the AAHWRH; contracts for community-based organizations to provide rapid response healing and wellness services) and \$2 million is designated as seed funding for the anticipated capital costs of constructing the physical hub (Note: this is a placeholder amount, being used until a reliable estimate is formed in coordination with the County capital projects team; a site is not yet confirmed, nor is a model of service provision approved and finalized, therefore capital needs need further development). ORESJ will oversee and administer allocated funding in accordance with county fiscal policies.

The following project budget includes possible annual expenses for each fiscal year, beginning with FY 25-26. This budget accounts only for the allocated \$7.9 million which ORESJ has been directed to administer. The success and sustainability of the AAHWRH relies heavily on the AAHWRH services and programming that will be administered by County agencies. The \$7.9 million budget does not include the additional County investments that come in the form of leveraged County agency services, labor (i.e. staff FTEs), potential shared facility use, and other resources contributed by partner County departments. Those costs will be better understood after MOUs and service agreements have been made with each department. ORESJ anticipates County department partners will be able to provide their actual AAHWRH budget allocations in future County annual budget processes.

Without the operating structure, governing structure, or funding structure fully determined and approved, the following budget is for illustrative purposes only. Actual funding proportions will be determined by funding opportunities and resources available.

Illustrative AAHWRH Project Budget for 2026-2029

Table 4. AAHWRH Project Budget

January 2026 - June 2027 (1.5 years)	
Lead Agency	\$500,000
*Executive Director	\$225,000 (\$150,000 salary + \$50,000 benefits)
*Director of Programs and Operations	\$218,750 (\$130,000 salary + \$45,000 benefits)
Operations + Indirect Cost	\$56,250
Service Contracts w/ CBOs	\$1,250,000
Behavioral Health (1-2 grants)	\$250,000
Housing Support (1-2 grants)	\$250,000
Reentry Support (1-2 grants)	\$250,000
Preventative Health (1-2 grants)	\$250,000
Infant and Maternal Health (1-2 grants)	\$250,000
Total FY 25-26 and FY 26-27	\$1,750,000
July 2027- June 2028 (1 year)	
Lead Agency	\$750,000
Executive Director	\$200,000 (\$150,000 salary + \$50,000 benefits)
Director of Programs and Operations	\$175,000 (\$130,000 salary + \$45,000 benefits)
Advocacy and Training Manager	\$120,000 (\$90,000 salary + \$30,000 benefits)
Administrative Assistant	\$93,000 (\$70,000 salary + \$23,000 benefits)
Operations	\$49,500
Indirect Cost (15%)	\$112,500
Service Contracts w/ CBOs	\$1,250,000
Behavioral Health (1-2 grants)	\$250,000
Housing Support (1-2 grants)	\$250,000
Reentry Support (1-2 grants)	\$250,000
Preventative Health (1-2 grants)	\$250,000
Infant and Maternal Health (1-2 grants)	\$250,000
Total FY 27-28	\$2,000,000
July 2028 - June 2029 (1 year)	
Lead Agency	\$900,000
Executive Director	\$200,000 (\$150,000 salary + \$50,000 benefits)
Director of Programs and Operations	\$175,000 (\$130,000 salary + \$45,000 benefits)
Advocacy and Training Manager	\$120,000 (\$90,000 salary + \$30,000 benefits)
Community Engagement Specialist	\$120,000 (\$90,000 salary + \$30,000 benefits)
Administrative Assistant	\$93,000 (\$70,000 salary + \$23,000 benefits)

Operations	\$57,000
Indirect Cost (15%)	\$135,000
Service Contracts w/ CBOs	\$1,250,000
Behavioral Health (1-2 grants)	\$250,000
Housing Support (1-2 grants)	\$250,000
Reentry Support (1-2 grants)	\$250,000
Preventative Health (1-2 grants)	\$250,000
Infant and Maternal Health (1-2 grants)	\$250,000
Antioch Site Renovation**	\$2,000,000
Fiscal analysis, Engineer, Architect	\$200,000
Renovation/construction	\$1,800,000
Total FY 28-29	\$4,150,000
January 2026 – June 2029 Total (3.5 years)	
\$7.5M Measure X Allocation (+ \$400k for African American Males)	\$7,900,000

*Assumes Executive Director and Director of Programs and Operations are hired in March 2026; salary total is calculated at the cost of 1 year and 3 months.

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

6. PROPOSED GOVERNANCE AND OPERATIONAL STRUCTURE

At their April 15, 2025 meeting, the Board of Supervisors expressed interest in the AAHWRH adopting a governance and operational structure similar to the Contra Costa County Family Justice Center (FJC). The 2016 report to the Contra Costa County Board of Supervisors and community stakeholders entitled, *Contra Costa Family Justice Alliance: Recommendations for Governance and Sustainability*, outlined a transitional governance structure, in which a Transitional Advisory Board would provide support for the Family Justice Center and the Executive Director, relating to project budgeting, project impact and other duties. Eventually, the Family Justice Alliance Transitional Advisory Board would transition to a traditional Board of Directors (occurring in 2016), which then held responsibility for providing oversight within this 501(c)(3) nonprofit organization.

ORESJ proposes a similar governance and operational structure for the establishment of the AAHWRH. Immediately following the Board of Supervisors approval of the AAHWRH implementation plan, the ORESJ would assemble a Transitional Community Advisory Body (T-CAB), in partnership with Equity Committee. The T-CAB will support the initial planning period of Phase 1 and inform early implementation activities. Once an implementation lead is selected, among its first tasks will be to create an independent 501(c)(3) nonprofit organization, hire an executive director and core staff, and recruit both a Board of Directors and Community Council. Once the Board of Directors and Community Council are established, the Transitional Community Advisory Body would sunset. The following sections provide additional information related to each governance and operational entity, as well as their relationship to one another.

6.1. TRANSITIONAL COMMUNITY ADVISORY BODY (T-CAB)

ORESJ proposes that a Transitional Community Advisory Body (T-CAB) supports the AAHWRH development during Phase 1 by providing guidance to ORESJ in the procurement of an independent lead entity who will oversee implementation and coordination. Similar to the AAHWRH Feasibility Study Steering Committee, the T-Cab will be a community-led advisory body comprised of thirteen (13) county residents that each possess personal and professional lived experiences that reflect the needs, concerns and priorities of vulnerable African Americans in Contra Costa County. There will be a balanced representation of gender, sexuality, age, class, physical ability, County districts, and other relevant social and cultural categories to ensure a broad and diverse spectrum of perspectives are included in all T-CAB deliberations and decision-making.

The Transitional Community Advisory Body's responsibilities will include:

- Review and provide feedback on eligibility and selection criteria for Implementation Lead entity
- Review and provide feedback on eligibility and selection criteria for Executive Director
- Review and provide feedback on eligibility and selection criteria for Board of Directors
- Review and provide feedback on eligibility and selection criteria for Community Council
- Support outreach and recruitment efforts for interested and qualified candidates for all positions/roles described above

To ensure there are no conflicts of interest, T-CAB members cannot have professional affiliations nor close personal relationships with any organizations or persons interested in applying for and/or serving in any of the above capacities. ORESJ will design a recruitment, application and selection process that includes an Equity Committee interview and nomination of T-CAB finalists, which will then move to the Board of Supervisors for final approval and appointment.

The T-CAB will remain in place until an independent 501(c)(3) nonprofit organization is created, an AAHWRH Board of Directors is appointed, and a Community Council is established, after which the T-CAB will dissolve.

6.2. ESTABLISHING AN INDEPENDENT 501(c)3 NONPROFIT ORGANIZATION

Once an independent entity is selected to lead implementation of the AAHWRH, its immediate tasks will be to hire an executive director, establish a new business, and secure designation as a 501(c)3 nonprofit organization. This process includes recruiting and assembling both a Board of Directors and a Community Council to govern the AAHWRH.

6.2.1 AAHWRH BOARD OF DIRECTORS

The proposed structure of the AAHWRH Board of Directors is intended to maintain and enhance support from a diverse set of public agencies and private and nonprofit organizations and draw upon the experience and expertise of individual community members. The structure of the Board mirrors the public/private partnerships that will drive the coordinated service delivery model. To ensure ongoing participation and support from key public agencies and private organizations, the Board of Directors will include institutional seats, as well as community seats. The Board will be composed of thirteen (13) seats: six institutional seats and seven community seats. Directors will commit to serve at least a two-year appointment period to build continuity.

The T-CAB, ORESJ, and implementation lead will collectively determine the process of selection and appointment of Directors, so this is yet to be determined.

Institutional seats will include representatives of public system organizations that have a vested interest and responsibility in ensuring the long-term success of the AAHWRH. Institutional seats can include:

- A representative from the Contra Costa County Board of Supervisors;
- Contra Costa Health Department Director or designee;
- Contra Costa Employment and Human Services Department Director or designee;
- Contra Costa Office of Racial Equity and Social Justice Co-Director or designee;
- A local municipal Mayor or Councilmember; and
- A local public system leader (e.g. school district, private health system, public safety, etc).

Community seats will include community representatives who are invited based on their lived and professional expertise, and who bring with them one or more of the following:

- Deep alignment with AAHWRH values and mission;
- Extensive experience serving African American vulnerable communities;
- Fund development and fundraising expertise;
- Nonprofit management and leadership experience;
- Expertise in community-led, culturally-responsive health and wellness practices;
- Deep relational ties and leadership experience in faith-based communities;
- Experience in community building, advocacy, and/or organizing; and
- Expertise in cultural and performance arts programming and event planning.

The Board of Directors' responsibilities will include:

- Developing and sustaining the AAHWRH mission, vision, and values;
- Setting and upholding policies;
- Participating in short- and long-term strategic planning while ensuring community input;
- Approving the annual organizational budget and monitoring financial performance;
- Assisting with fundraising and sustainability;
- Selecting and evaluating the AAHWRH Executive Director;
- Supporting the AAHWRH Executive Director and staff in fulfilling program goals;
- Providing input into program development; and
- Serving as ambassadors and champions for the AAHWRH within the community and with key partners

6.2.2 AAHWRH COMMUNITY COUNCIL

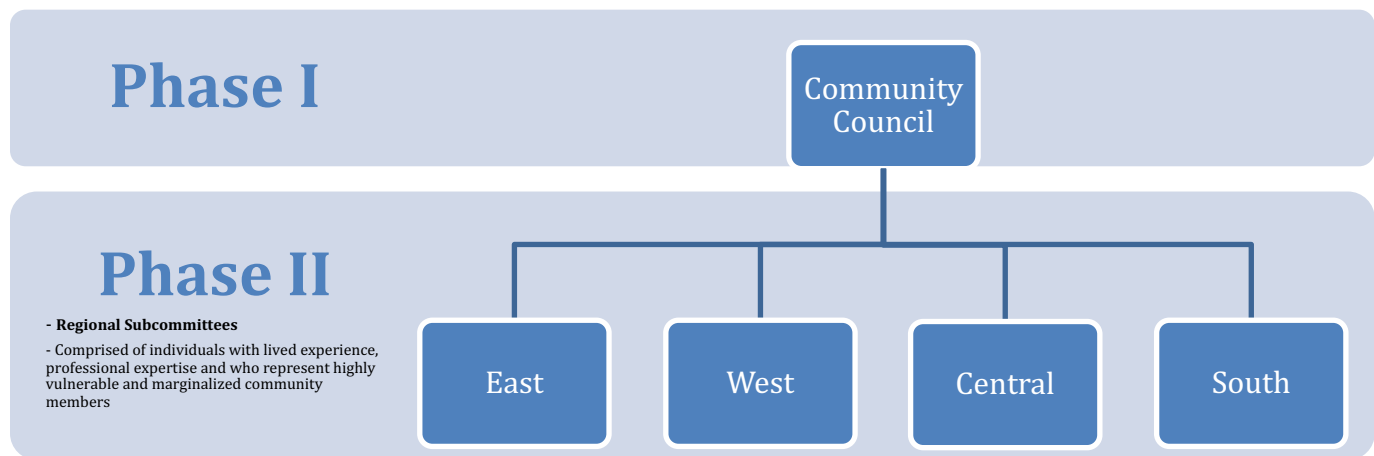
The Community Council will advise the Board of Directors and AAHWRH leadership on real-time concerns and issues within local the Black community and provide guidance around community engagement, improved service delivery, and innovative partnership opportunities.

Over time, regional subcommittees representing east, west, central and south parts of the county can be created to uplift the unique strengths, assets, needs and challenges of each region's African American communities and provide guidance on how best to serve the communities they represent.

The Community Council will be comprised of people with both lived experience and professional expertise and who represent highly vulnerable and marginalized community members, including those most harmed by inequities in medical, mental health, housing, criminal legal, education and/or economic systems. As with the T-CAB, there should be a balanced representation of gender, sexuality, age, class, physical ability, and other relevant social and cultural categories to ensure a broad and diverse spectrum of perspectives are included.

Ultimately, the final determination of Community Council members will be a collective decision by the lead entity, executive director, and Board of Directors.

Figure 2. AAHWRH Community Council Structure



6.2.3 AAHWRH STAFF

The AAHWRH Executive Director and staff will provide oversight and coordination of services and programming across the service network in Contra Costa County, and hold responsibility for the day-to-day operations of the East County facility. AAHWRH core staff will be comprised of people with lived and professional expertise that reflect the county's African American community, and positions can potentially include:

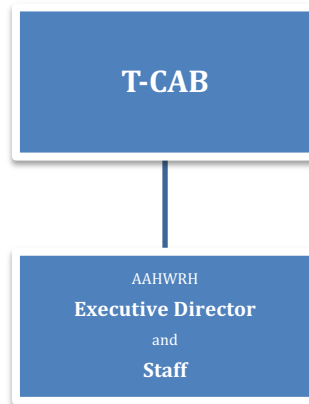
- Executive Director
- Director of Programs and Operations
- Director of Finance and Administration
- Advocacy and Training Manager
- Community Engagement Specialist
- Administrative Assistant

Initially, these staff can serve as employees and/or contractors of the implementation lead entity, and eventually transition to becoming staff of the 501(c)(3) nonprofit organization that is created.

Figure 3. Visualization of Governance Structure

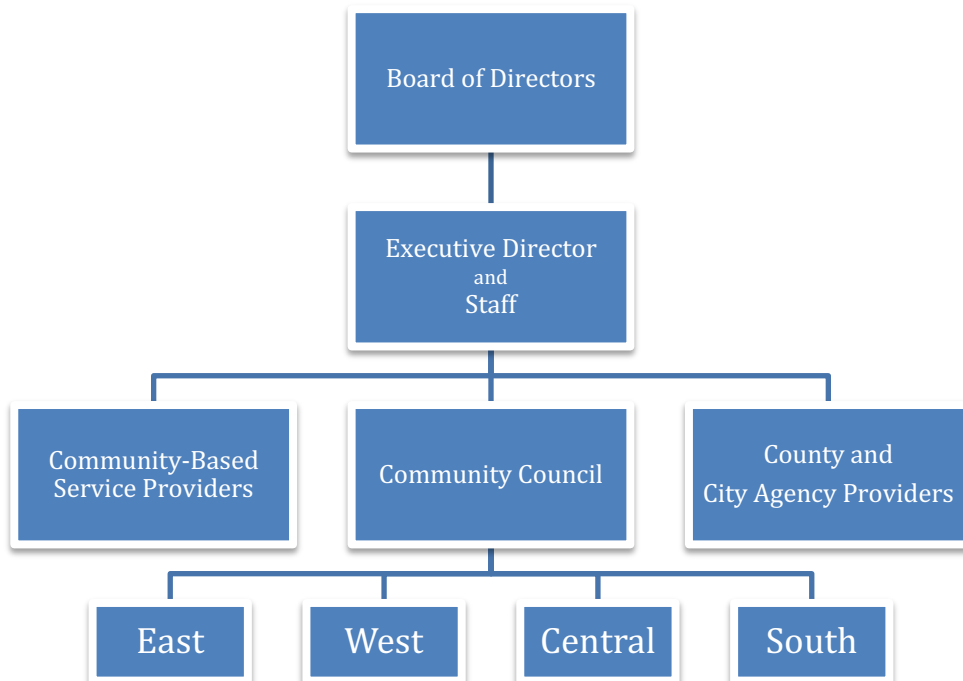
Initial Structure

The T-CAB will provide advisory oversight of the early phase implementation and provide support and direction to the AAHWRH Executive Director and staff, until a Board of Directors and Community Council is established, as illustrated below:



Final Structure

Once T-CAB fulfills its role and sunsets, and Community Council is established, the governance structure will transition as illustrated below:



6.3. ORESJ ROLE AND PARTNERSHIP

ORESJ has played a critical role in the planning, development and launch of the AAHWRH, and once the AAHWRH is formally established, ORESJ will continue to have a direct leadership role through its seat on the AAHWRH Board of Directors. To support the AAHWRH, ORESJ will:

- Serve as a bridge and liaison between the County Board of Supervisors, County departments, AAHWRH leadership, and community partners;
- Identify and pursue public funding opportunities on behalf of the AAHWRH and its partners;
- Develop and support County policies addressing the needs of vulnerable and marginalized populations and supporting systems-level response to the issues;
- Identify and provide resources for shared measurement and outcomes; and
- Raise community awareness around the needs of African American and other vulnerable communities and build public will in support of the AAHWRH and its partners.

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

The AAHWRH model is a widely recognized best practice for integrating the work of public and private organizations to provide wrap-around services for vulnerable community members and their families. Community-embedded wellness centers address the unique needs of specific populations, and help communities use existing resources in new ways to ensure easier access to high-quality services, build safer and healthier communities, and promote sustainable well-being. ORESJ engaged administrators of several community wellness and resource centers throughout the region and conducted site visits and key informant interviews to glean best practices, community engagement and service utilization strategies, and potential funding structures for administering community-embedded wellness clinics and centers. These visits and discussions informed ORESJ's recommendations included in this implementation plan. The following is a list of existing community health and wellness centers across the Bay Area, and the asterisks indicate those with whom ORESJ has met and/or conducted a site visit.

Contra Costa County:

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

Alameda County:

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

Santa Clara County:

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

San Francisco City and County:

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

8. SUSTAINABILITY PLAN

The success of the AAHWRH will be in securing long-term sustainability to ensure the countywide service network, coordinated partnerships, and East County site remain in full operation beyond the initial County investment of \$7.9 million in Measure X one-time funds. This initial allocation is a tremendous investment necessary to spur this transformative approach and creates a strong base for sustainability and scale, and is a reflection of the Board of Supervisors' commitment to the health and wellness of its most impacted residents and communities.

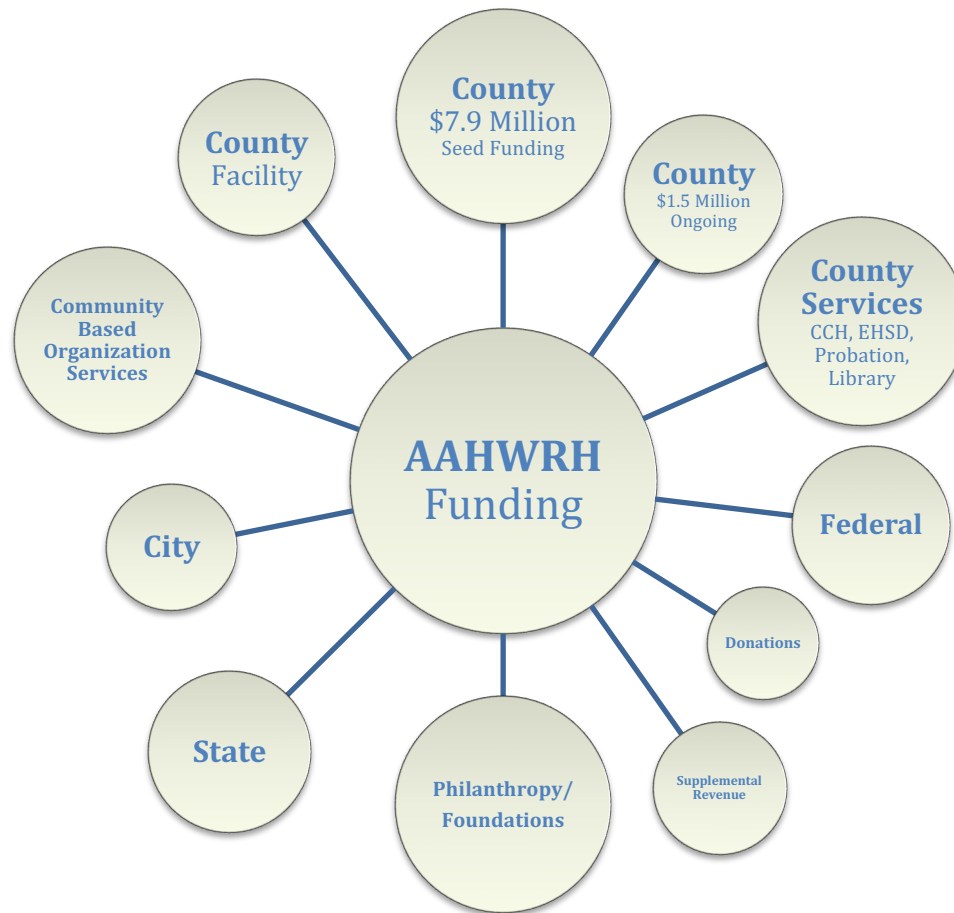
While the recommendation is to establish the AAHWRH as an independent 501(c)(3) nonprofit organization responsible for developing and implementing a 10-year sustainability plan that leverages public, private, and philanthropic resources, it is vital that the County continue to play a critical role in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

It is important to note that the allocated funding of \$7.9 million are one-time funds designed to seed and launch an AAHWRH, and that County resources are not currently assigned for the ongoing operation of the AAHWRH beyond June 2029. ORESJ recommends that beginning in fiscal year 2029-2030, the County allocate an annual baseline award of \$1.5 million from Measure X funds to support base operational expenses of the AAHWRH, including core staffing costs and infrastructure for network coordination activities (e.g. communications, meetings, trainings, grant writers, etc.).

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

The AAHWRH has the greatest chance of success if it diversifies its funding sources. The lead entity, and ultimately the 501(c)(3) organization, will be responsible for identifying funding opportunities through municipal, county, state and federal agencies that aim to support the needs of vulnerable and marginalized populations (e.g. homelessness, violence prevention, anti-poverty, behavioral health, physical health programs). In particular, it will be critical to garner support from local cities where significant numbers of African Americans reside and stand to benefit from AAHWRH services.

Figure 4. Visualization of possible AAHWRH Funding Composition



These public funds will be vital in leveraging and growing additional support from private and corporate donors, as well as philanthropic and community foundations, particularly for innovative programs and pilot projects. Other funding streams might include individual donor campaigns, annual fundraising events, and potential program service revenues.

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

9. EVALUATION

The vision for the AAHWRH itself emerged from community wisdom and co-design principles, and ORESJ recommends that the evaluation continue in that spirit, with:

- Shared power with the Transitional Community Advisory Body co-creating the methodology and research design, and developing metrics, language, and dissemination.
- Inclusion of African American service providers, healers, reentry leaders, and birth workers as co-researchers.
- Allocation of research funds to local community organizations for data gathering, interpretation, and storytelling.

- Culturally informed consent and trauma-informed protocols to protect spiritual, ancestral, and cultural knowledge.

ORESJ recommends implementing a Community-Based Continuous Learning and Improvement (CBCLI) Framework (see Appendix E: African American Holistic Wellness and Resource Hub Evaluation and Continuous Learning: A Community-Based Continuous Learning and Improvement (CBCLI) Framework). This evaluation model merges Continuous Quality Improvement (CQI) practices, community-based participatory action research (CBPAR), and adaptive evaluation strategies. The purpose is to foster a culture of shared learning, ongoing reflection, and data-informed decision-making across all stakeholders.

The CBCLI Framework is designed not simply to track metrics, but to support collective learning, growth, and responsiveness. It emphasizes:

- Community ownership over defining wellness, measuring success, and shaping solutions.
- Continuous learning and adaptation, allowing the Hub to evolve as conditions, needs, and opportunities change.
- Transparency and accountability, strengthening trust across partners, funders, and community members.
- Cultural responsiveness and empowerment, honoring lived experience and reframing deficit narratives into asset-based indicators of health and wellness.

ORESJ is committed to research and evaluation that is community-centered, non-extractive and affirming. Core methods will include qualitative measures (e.g. storytelling, narrative interviews, and focus groups with Hub users, staff, and leaders); quantitative tracking of disaggregated access and service outcome indicators; participatory data sense-making and community learning exchanges; and transparent reporting to ensure information is readily accessible.

ORESJ believes that this evaluation has the potential to offer clear policy and fiscal recommendations for county and state agencies seeking to replicate this model of community-led wellness centers. Further, ORESJ is committed to sharing findings through public dashboards, community teach-ins, and convenings with state and local policymakers.

ORESJ has and will continue to seek external funding to allow for robust, community-based evaluation, and has submitted a grant proposal to the Robert Wood Johnson Foundation's Health Equity Research program.

10. CONCLUSION & NEXT STEPS

In summary, should the Board of Supervisors approve the proposed implementation plan, ORESJ recommends that an AAHWRH Transitional Community Advisory Body is immediately established to provide community insight and direction in the foundational, early phase AAHWRH implementation steps. ORESJ recommends that the coordination and implementation of the AAHWRH is carried out by a contracted entity until a new, independent 501(c)(3) is created to take on the operational responsibilities. ORESJ also recommends that by January 2026, a coordinated network of community- and county-based programs and services are deployed. ORESJ will establish MOUs with County agencies to deliver services, and will also procure qualified vendors to deliver the implementation lead and community-based wellness services in accordance

with the County's Purchasing Policy and Procedures outlined in Administrative Bulletin Number 600.3.

To be a truly representative shared governance structure, it is crucial that the future AAHWRH Board of Directors reflect the people who are working at both the community and public system levels to sustain long-term funding, enact actionable design, implement effective programming, and most importantly, produce outcomes that change peoples' lives for the better. A Community Council will ensure that people most impacted and closest to the crisis will always provide the AAHWRH Board and staff with a clear, real-time vision of what the community needs most. By bringing together local government, nonprofit, and community leaders, the AAHWRH will continue to work toward its mission of uniting Contra Costa County's African American communities to support its overall health, safety and well-being.

The AAHWRH model is built upon a system of leveraging existing resources which, coupled with intentional diversification of funding streams, will enable sustainability and scale. An ongoing, annual County investment of \$1.5 million for core staff and operations, along with leveraged County services and facility use, is critical to ensuring long-term success. To protect against the threat of scarce funding resources will require a combination of public funding, foundation grants, individual donor campaigns, and other potential revenue sources. Formal, strategic partnerships between local, county, and community-based organizations to deliver critical health and social services in culturally responsive ways that are informed by community needs and wisdom will undergird a countywide network of coordinated services and programming aimed at increasing African American health and wellness.

Across the first phase (August 2025 to December 2025), ORESJ will provide monthly AAHWRH implementation updates to the Equity Committee. Across subsequent implementation phases (January 2026 to June 2029), ORESJ and the Implementation Lead/AAHWRH Executive Director will provide no less than quarterly updates to the Equity Committee related to key developments and progress of the African American Holistic Wellness and Resource Hub. Future Equity Committee and/or Board of Supervisors updates (July 2029 and beyond) may be determined at a later date, once the AAHWRH is established and operational.

After discussion and deliberation, ORESJ requests the following Board actions:

- Approve the African American Holistic Wellness and Resource Hub Implementation Plan for administration by the Office of Racial Equity and Social Justice
- Direct ORESJ to assemble and launch the African American Holistic Wellness and Resource Hub Transitional Community Advisory Body with oversight and direction from the Equity Committee
- Authorize ORESJ to coordinate and formalize agreements with County agencies to provide AAHWRH rapid response services through mobile units, site activation, shared staffing infrastructure, and/or other in-kind services.
- Approve ORESJ to release a request for proposals for community-based rapid-response programming that meet unique community needs by filling identified service gaps and a request for qualifications for an independent entity to serve as the implementation lead tasked with coordinating services, providing technical assistance, developing a 10-year sustainability plan and establishing an independent non-profit organization to serve as the AAHWRH.

ORESJ will administer the above steps in accordance with the guidelines outlined in the Contra Costa County Advisory Body Handbook, the Purchasing Policy and Procedures outlined in Administrative Bulletin Number 600.3, and in close planning and communication with the offices of the County Administrator and County Counsel.

ORESJ respectfully submits this implementation plan to the Board of Supervisors and seeks direction related to next steps.

11. APPENDICES

APPENDIX A: COUNTY PROGRAMS THAT SERVE AFRICAN AMERICAN RESIDENTS

Table A. Current Contra Costa County Service Programs that Serve a Significant Number of African American Residents*

Program Name	Department
Black Infant Health	Health
CoCo Doulas	Health
Partners in Pregnancy Fatherhood Program	Health
Nutrition Support Program	Health
QIP Child-Adolescent	Health
African American Health Conductor Program	Health
Free WiFi	Library
Wellness Teams	Library
Kindergarten Readiness	Library
Tech Exchange Digital support	Library
Veterans Support	Library
BrainFuse	Library
Teen Afterschool Activities	Library
Homework Help	Library
Holistic Intervention Partnership	Public Defender
Stand Together Contra Costa	Public Defender
Clean Slate	Public Defender
YEIP - Youth Early Intervention Partnership	Public Defender
AB 109/PRCS	Probation
General Felony Supervision	Probation
Pre-Trial	Probation

Transitional Age Youth Supervision	Probation
Juvenile Field Services - Supervision	Probation
Briones Youth Academy (BYA) - Community Success Pathway	Probation
Community Services - Child Care Centers	EHSD
Community Services - Child Care Vouchers	EHSD
Community Services - Home Visiting	EHSD
Community Services - Community Action	EHSD
Community Services - Energy Assistance	EHSD
Children & Family Services - All Programs	EHSD
Workforce Services - CalWORKs	EHSD
Workforce Services - CalFresh	EHSD
Workforce Services - Medi-Cal	EHSD
Navigators	EHSD
Workforce Development - American Job Centers	EHSD
Workforce Development - Youth Services	EHSD
Workforce Development - Employer Supports (Businesses)	EHSD
Workforce Development - Employer Supports (Employees)	EHSD
Aging & Adult Services - Adult Protective Services (APS)	EHSD
Aging & Adult Services - Area Agency on Aging (AAA)	EHSD
Aging & Adult Services - General Assistance (GA)	EHSD
Aging & Adult Services - In-Home Supportive Services (IHSS)	EHSD
Aging & Adult Services - Public Authority	EHSD

*Will be updated for completeness and accuracy.

APPENDIX B: RECOMMENDED SERVICES AND COUNTY AVAILABILITY

Table B. Ceres Policy Research's Feasibility Study Recommendations for Service Categories and Programs*

Service	Department	Currently Available?
Childcare Services	EHSD	Yes
Parenting Classes	Health	Yes
Doula and Midwife Access	Health	Yes
Food Security Programs	EHSD + Health	Yes
Fitness and Stress Relief		No
Youth Mentorship Programs	Library	Yes
Tech and Digital Literacy	Library	Yes
Safe Recreational Spaces		No
Mental Health Support	Health	Yes
Behavioral Health Services	Health	Yes
Job Training and Placement	EHSD	Yes
Financial Literacy		No
Housing Navigation	Health	Yes
Peer Support Groups		No
Caregiver Support		No
Health Screenings		No
Reentry Support	Probation	Yes
Behavioral Health & Addiction Recovery	Public Defender	Yes
Community Healing		No
Resource Navigation Hub		No
Food Security	EHSD + Health	Yes
Community Kitchen		No
Spiritual Wellness		No
Safe Spaces for Unhoused People		No
Healing Circles		No
Workshops and Skills Training	EHSD	Yes

*Will be updated for completeness and accuracy.

APPENDIX C: CONTRA COSTA AREAS UNDER 25TH PERCENTILE (HPI)

Table C. Census Tracts in Contra Costa County with >10% African American Residents, Sorted by HPI* Score**

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

* The Healthy Places Index (HPI) score is a composite measure that reflects factors such as housing, education, transportation, life expectancy, and economic resources.

**Will be updated for completeness and accuracy.

APPENDIX D: MAPS OF CONTRA COSTA CENSUS TRACTS UNDER THE 25TH PERCENTILE (HPI)

Figure A. West Contra Costa Census Tracts Below the 25th HPI Percentile with >10% African American Residents*

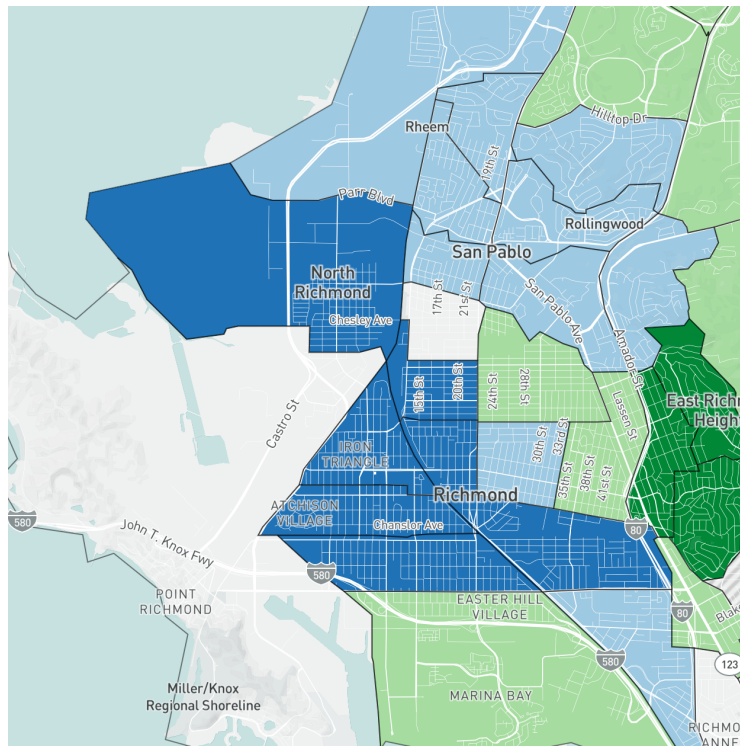
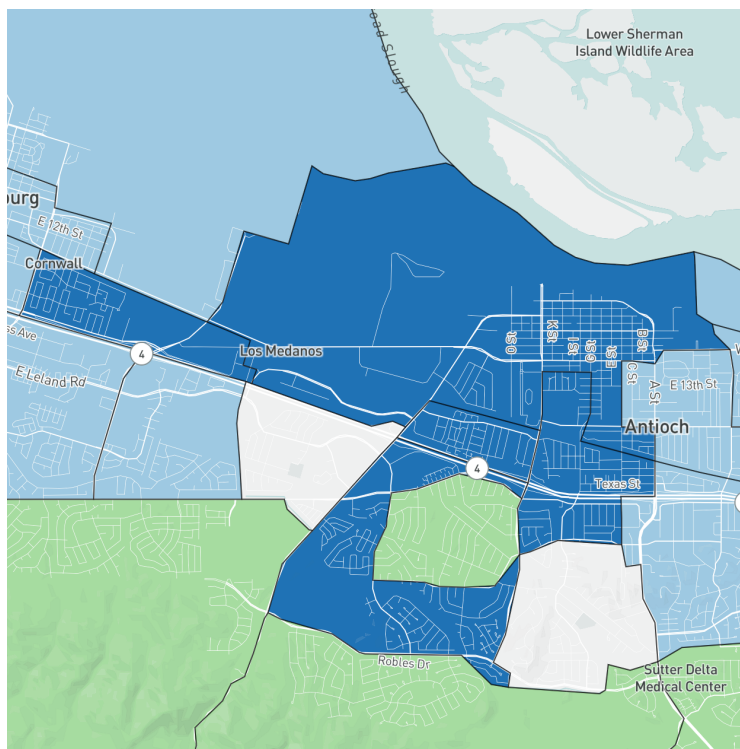


Figure B. East Contra Costa Census Tracts Below the 25th HPI Percentile with >10% African American Residents*



*The referenced census tracts are shaded in dark blue.

APPENDIX E: AFRICAN AMERICAN HOLISTIC WELLNESS AND RESOURCE HUB EVALUATION AND CONTINUOUS LEARNING: A COMMUNITY-BASED CONTINUOUS LEARNING AND IMPROVEMENT (CBCLI) FRAMEWORK

To ensure that the African American Health and Wellness Resource Hub (AAHWRH) remains responsive, equitable, and effective, ORESJ recommends implementing a Community-Based Continuous Learning and Improvement (CBCLI) Framework. This evaluation model merges Continuous Quality Improvement (CQI) practices, community-based participatory action research (CBPAR), and adaptive evaluation strategies. The purpose is to foster a culture of shared learning, ongoing reflection, and data-informed decision-making across all stakeholders.

Purpose and Approach

The CBCLI Framework is designed not simply to track metrics, but to support collective learning, growth, and responsiveness. It emphasizes:

- Community ownership over defining wellness, measuring success, and shaping solutions.
- Continuous learning and adaptation, allowing the Hub to evolve as conditions, needs, and opportunities change.
- Transparency and accountability, strengthening trust across partners, funders, and community members.
- Cultural responsiveness and empowerment, honoring lived experience and reframing deficit narratives into asset-based indicators of health and wellness.

What Will Be Measured

The framework enables both process and outcome evaluation for AAHWRH, focusing on:

Evaluation Domains	Sample Evaluation Measures:
Access & Participation	<ul style="list-style-type: none">• Who is accessing the Hub's services, and how?• Participation rates and engagement by demographic groups.• Representation across geography, gender, age, income, and other identity markers.
Quality of Implementation	<ul style="list-style-type: none">• Strength and alignment of partnerships and grantees.• Coordination, referral processes, and responsiveness of services.• Effectiveness of capacity-building and technical assistance.• Cultural relevance and holistic integration of services.
Outcomes & Impact	<ul style="list-style-type: none">• Community-defined indicators of wellness and healing.• Individual and collective progress across service areas (e.g., mental health, housing, employment).• Shifts in trust, empowerment, and inclusion.• Alignment with county-wide equity goals and public health benchmarks.

Community-Based Continuous Learning and Improvement (CBCLI)

At the heart of the CBCLI Framework is Community-Based Participatory Action Research—a methodology that engages community members not just as participants, but as co-researchers, analysts, and change agents. This includes:

- **Community Learning Exchanges (CLXs):** Interactive workshops that go beyond town halls. Participants are invited as experts to help define indicators, interpret findings, co-create learning questions, and develop recommendations.
- **Inclusive Data Collection:** Through partnerships with trusted community-based organizations (CBOs), data collection can extend deeper into the community—especially to reach those most impacted and historically underrepresented.

- **Iterative Learning and Meaning Making:** Data analysis and findings are not reserved for staff alone. Community members are involved in analyzing and making sense of the data, ensuring interpretation is grounded in lived reality.

Implementation Steps

Below outlines the steps to build a CBCLI Framework for the African American Health and Wellness Resource Hub (AAHWRH). Steps 1–4 represent foundational elements that may be revisited and refreshed over time. Steps 5–9 are part of a continuous learning and improvement cycle.

The framework is community-based, meaning community participation is integrated throughout. In both the written steps and accompanying diagram (yellow boxes), you'll see where and how the community is actively engaged.

- 1) **Develop a Community-Centered Theory of Change.** Create a Theory of Change for the AAHWRH that centers the vision of the community and defines what success looks like—driven by lived experience, collective wisdom, and holistic definitions of wellness.
- 2) **Establish Evaluation and Learning Team.** Form internal and community-based teams (e.g. T-CAB, Community Council) responsible for designing the evaluation, collecting and analyzing data, and sharing findings in accessible and actionable ways.

3) Define Indicators of Success

ORESJ and Transitional Community Advisory Body: Develop a clear set of indicators to measure access, quality of services, and outcomes related to wellness.

Community-Based: Through Community Learning Exchanges (CLX), work with community members to define what wellness and success look like, ensuring indicators reflect their values and lived realities.

- 4) **Design and Pilot Data Collection Tools.** Develop and test instruments to measure service access, quality, and community-defined wellness, ensuring tools are culturally responsive and inclusive.

5) Collect Data

Implementation Lead: Gather data regularly to assess progress and identify gaps.

Community-Based: Engage community-based organizations (CBOs) and local community residents in data collection. Use approaches like snowball sampling to reach underrepresented populations and ensure cultural humility and accessibility.

6) Analyze Data

Implementation Lead: Conduct quantitative and qualitative analysis to understand service delivery and outcomes.

Community-Based: Host Community Learning Exchanges (CLXs) where community members interpret the data, generate insights, and identify patterns grounded in their experience.

- 7) **Share Findings Transparently.** Distribute results in multiple formats (reports, briefs, dashboards) that are easy to access and understand. Transparency fosters trust and ensures the community remains informed and engaged.
- 8) **Learning and Solutions Building**

Community-Based: Use learning questions in CLX sessions to reflect on the data, build shared understanding, and co-create solutions and recommendations. Emphasis is placed on mutual accountability and collective problem-solving.
- 9) **Refine and Adapt Continuously.** Use insights from the data and community input to improve programs, strategy, and evaluation efforts. This ongoing feedback loop ensures the Hub evolves responsively to community needs.

Figure F: Sample AAHWRH Community Based Continuous Learning and Improvement Framework



APPENDIX F: COMPARATIVE PROGRAMS SUMMARY

Table G. COMPARATIVE PROGRAMS SUMMARY

Program	Operating Budget & Source of Funds	Lead Entity	Governance/ Leadership Type	Target Population	Key Services	Co-location/ Network Model
Roots Community Health (San Jose Clinic)	\$3.2M startup from Santa Clara County; \$1M first-year subsidy; ongoing: fee-for-service, grants, contracts, social enterprise	Roots Community Health Center (CBO)	Community-led nonprofit	African American residents in South Bay; includes unhoused and reentry populations	Primary care, mental health, job training (Clean360), wraparound care	Co-located with Ujima; holistic 'medical home' model
Vietnamese American Services Center (VASC)	Approx. \$5M annual operating budget (County-funded), plus leveraged services/staff from County depts (Health, Behavioral Health, Social Services); brand new facility through \$55M capital campaign (County-funded)	Santa Clara County (County Executive Office)	County-led, culturally specific initiative	Vietnamese and broader high-need communities; countywide services but located in San Jose	Health services, social services, language access, prevention, benefits navigation	Integrated County-run and co-located services; cultural anchor site in target community
REACH Ashland Youth Center	Approx. \$5M annual operating budget (County-funded), plus leveraged services/staff from nonprofit CBOs (La Clinica, Head Start-funded CBO); brand new facility through \$23M capital campaign (County-funded via Measure A; redevelopment funds)	Alameda County Health Care Services Agency (HCSA)	County-led youth initiative with CBO partners	Youth ages 11–24 in Ashland/Cherryland (unincorporated Alameda County)	Education, workforce, medical/dental/behavioral health, arts/culture, civic engagement, peer support	Social, cultural, education, workforce programs delivered by County REACH staff or subcontractors; medical/dental, behavioral health and childcare co-located and provided by CBO partners
East/Central County Reentry Success Network	\$1.2M annual AB 109 funding from Contra Costa County Probation Dept; leverages auxiliary funds via service partners	HealthRIGHT 360 (CBO contractor for Contra Costa County)	CBO implementation lead contracted by County	Formerly incarcerated and justice-impacted individuals and families in Central/East Contra Costa; includes pre-release planning	Housing, SUD/MH treatment, legal aid, mentoring, job prep, care planning	Central hub for service network (East and Central County); co-located services at satellite sites via partnerships w/ CBOs + County
West County Reentry Success Center	\$800K annual AB 109 funding from Contra Costa County Probation Dept; leverages auxiliary funds via service partners	Rubicon Programs (CBO contractor for Contra Costa County)	CBO implementation lead contracted by County	Formerly incarcerated and justice-impacted individuals & families in Contra Costa; includes pre-release planning	Workforce development, coaching, legal, family services, housing referrals	Single-site one-stop center in Richmond (West County); co-located services via partnerships w/ CBOs + County; also has service site in Antioch
African American Holistic Resource Center (AAHRC)	\$7.0M: Measure T1, Phase 2 Allocation Approved by City Council \$6.85M: General Fund Allocated on 6/13/2023 \$1.0M: Federal Earmark/HUD Grant \$250K: General Fund allocated in 2020	City of Berkeley	City-led, culturally specific initiative	African American residents and broader high-need communities	Still in development; Integrated Health and Social Services through cultural-specific lens	Goal to co-locate and collaborate with county and community services
African American Wellness Hub	Approx. \$14.8M in African American Wellness Hub Project Capital Designation Account	Alameda County Behavioral Health Department	County-led, culturally specific initiative	African American residents and broader high-need communities	Still in development; behavioral health services and other wraparound support, through cultural-specific lens	West Oakland site still under construction, yet to open; goal to co-locate and collaborate with county and community services

APPENDIX G: CASE STUDY: GENESIS CHURCH – LEVERAGING AAHWRH FUNDS FOR YOUTH WELLNESS IN EAST CONTRA COSTA

Background

Leveraging local dollars and matching funds are strategic philanthropic approaches that amplify the impact of donations by increasing total resources and encouraging community engagement. On December 12, 2023, the Board of Supervisors directed that a one-time allocation of \$1,000,000 of Measure X funds be allocated for the purpose of supporting the “African American Holistic Wellness and Resource Hub and existing services” in Contra Costa County by funding community-based programs to provide immediate support services in the short-term, as well as to inform the possibilities for what will become housed within the Hub in the long-term. On January 14, 2025, the Board of Supervisors approved [awards for fourteen \(14\) one-year projects](#) to be delivered by Black-led community-based organizations, as well as a [contract with East Bay Community Foundation](#) to administer the fourteen (14) service contracts on behalf of the County.

Overview

Genesis Church, a grantee of the inaugural cohort of African American Healing and Wellness Service Providers, exemplifies strategic leveraging of public funds to expand impact. Genesis received an initial \$50,000 grant for Peer-to-Peer Youth Trauma Healing Groups to address complex trauma inflicted upon African American youth in small healing groups. Genesis has effectively multiplied its financial and programmatic resources to significantly expand services that support youth trauma healing and development in East Contra Costa.

Leveraging and Matching Funds

Genesis utilized the initial AAHWRH grant as a foundation to attract and secure additional funding streams. This approach not only extended the reach of the original investment but also deepened the impact across several areas of youth wellness:

Youth of Promise Funding, Antioch Community Foundation (\$5,000): Additional support was secured to enhance Genesis's trauma healing and youth development programming. These funds allowed for expanded curriculum and outreach tailored to healing-centered engagement for youth.

City of Antioch (\$40,000): This funding specifically supports efforts within the youth trauma healing program focused on drug rehabilitation awareness and school re-engagement, addressing critical community needs heightened by trauma and disengagement from school systems.

Think Big Grant – Contra Costa Behavioral Health (\$118,000): This grant, secured through a renewed contract, directly funds Genesis's tutoring and mentoring services, reinforcing educational equity and developmental support.

Partnership with Contra Costa Restorative Justice Program (\$60,000): Genesis collaborated with the county's restorative justice program to bridge services and fund critical operational components such as administration, case management, and facilitation—enhancing both program delivery and backend infrastructure.

Impact

The \$50,000 AAHWRH grant served as a catalytic investment that Genesis Church transformed into a multi-layered youth support system through over \$200,000 in additional funding and partnerships. This case demonstrates how targeted public funding, when paired with community-rooted leadership and intentional relationship-building, can multiply both the initial investment and well-being impact for communities facing systemic trauma and underinvestment.