

Community Wellness Program (CWP): Reducing Trauma Symptoms, Psychological Distress, and Mental Health Stigma among Cambodian Adults in Long Beach and Santa Ana

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Introduction

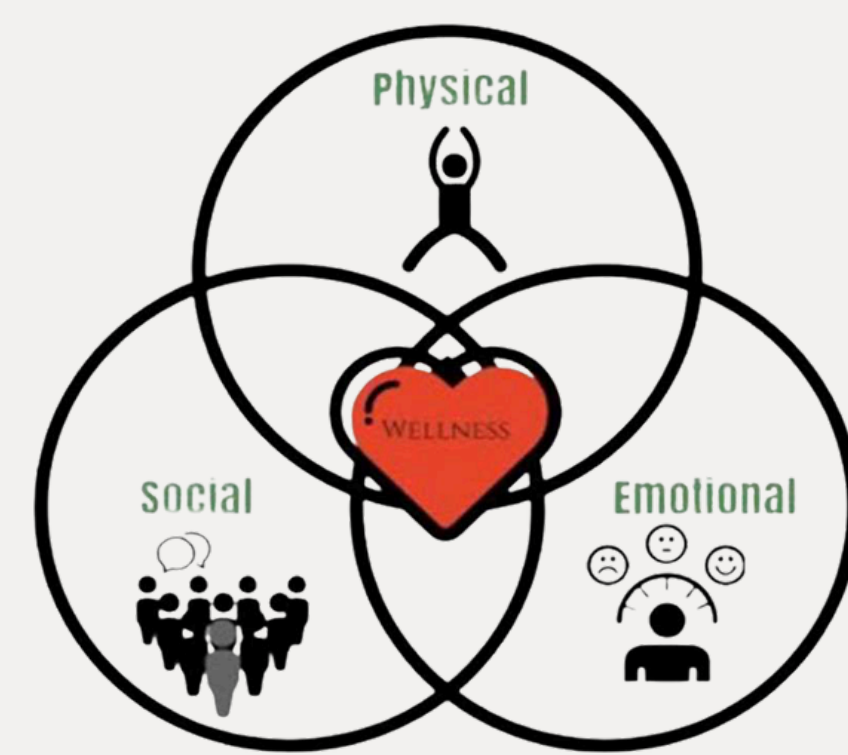
- Cambodian immigrants and refugees in Greater Long Beach and Santa Ana face mental health disparities and limited service access.
- Barriers include limited English proficiency, mental health stigma, and a shortage of culturally appropriate providers.

Program Description

The Community Wellness Program (CWP) is a community-defined, evidence-based practice aimed at promoting holistic wellness and reducing mental health stigma among Cambodian adults. It is based on the Theory of Planned Behavior and Social Cognitive Theory, with bilingual/bicultural Community Health Workers (CHWs) conducting outreach, delivering services, and collecting data to foster trust.

Core components include:

- Outreach & engagement
- Educational workshops
- Strength-based case management
- Social & spiritual activities



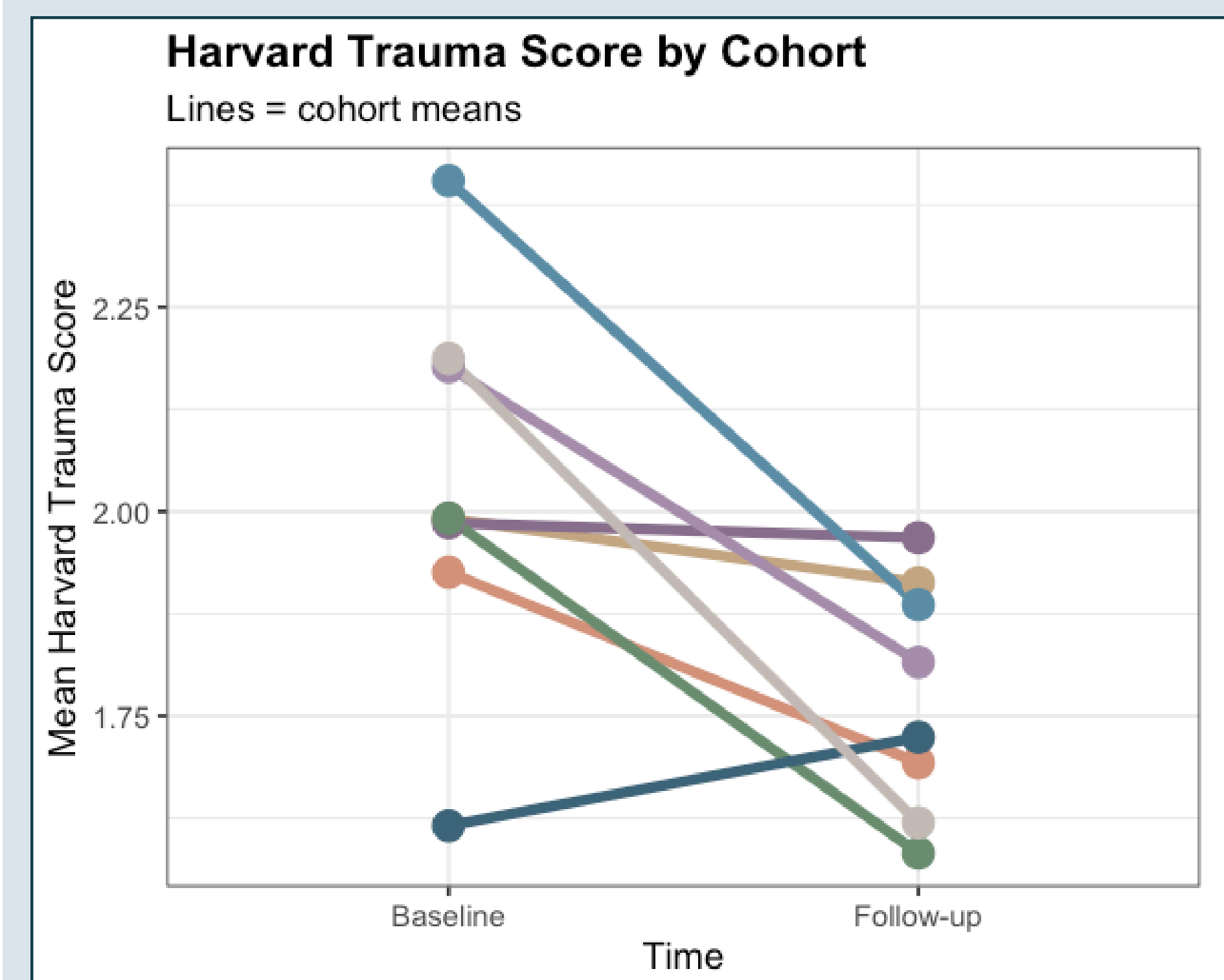
"A CHW has even helped my grandchildren. My grandson stayed in the room and didn't want to come out. Chork talked to him and he came out and now takes part in different resources. It has relieved a lot of my stress."

Methods

- Evaluation Design: Mixed-methods, single-group with double baseline and follow-ups at 3 and 6 months.
- Sample/Timeframe: N=689; outcomes compared at Baseline 2 and Follow-up 2.
- Outcome Measures: Harvard Trauma Questionnaire (trauma), CalMHSA (mental health stigma), and Kessler-6 (psychological distress).
- Analysis: Descriptives and paired t-tests; regressions assessed associations between program participation and outcome changes.

Results / Impact (Baseline 2 → Follow-up 2)

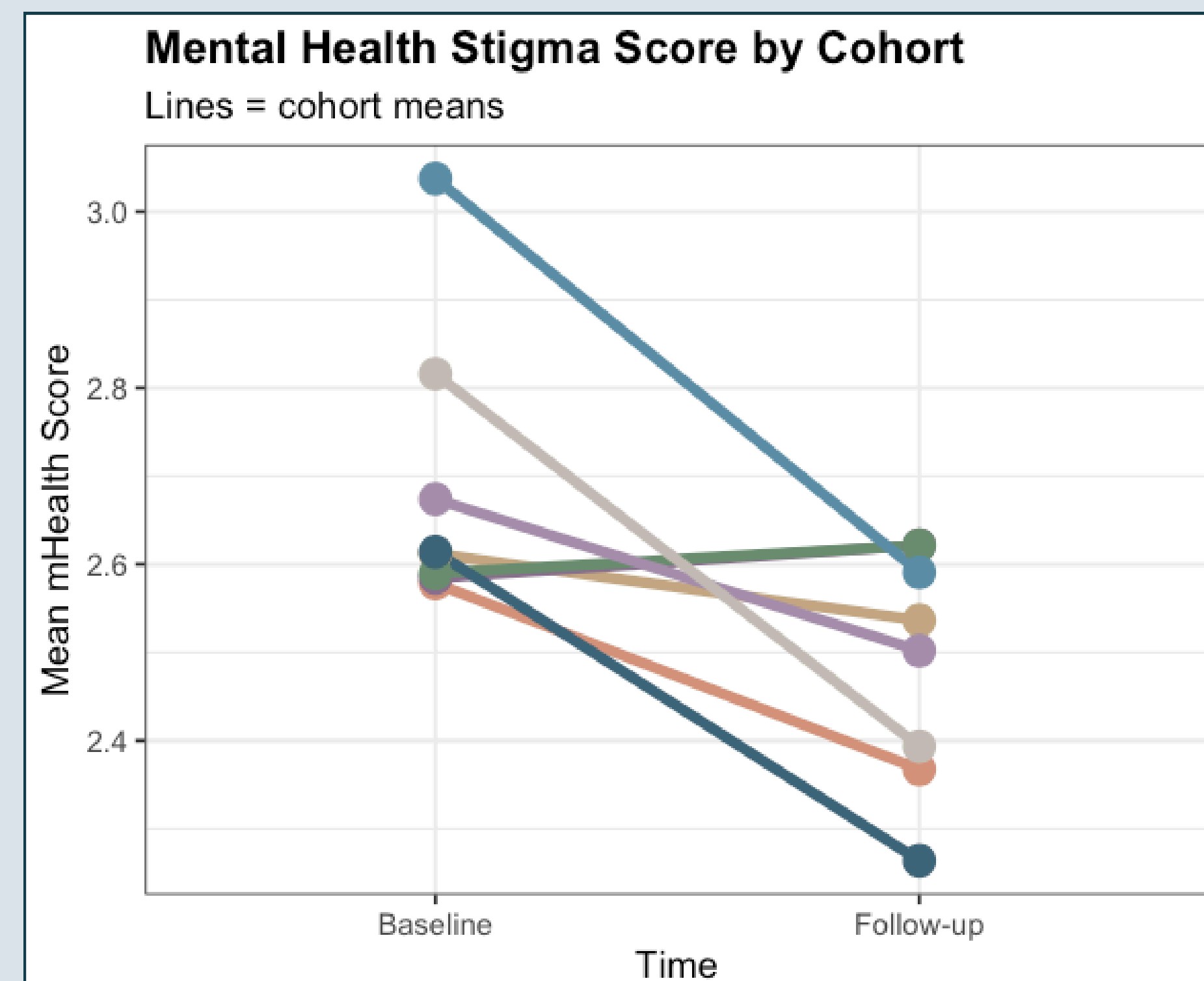
- CWP participants showed significant improvements across all primary outcomes
- Trauma symptoms (HTQ): 2.03 → 1.76 (p < .001)
- Psychological distress (K6): 8.07 → 5.54 (p < .001)
- Mental health stigma (CalMHSA): 2.68 → 2.49 (p < .001)
- Greater participation in CWP activities was associated with improvements across all outcome measures.



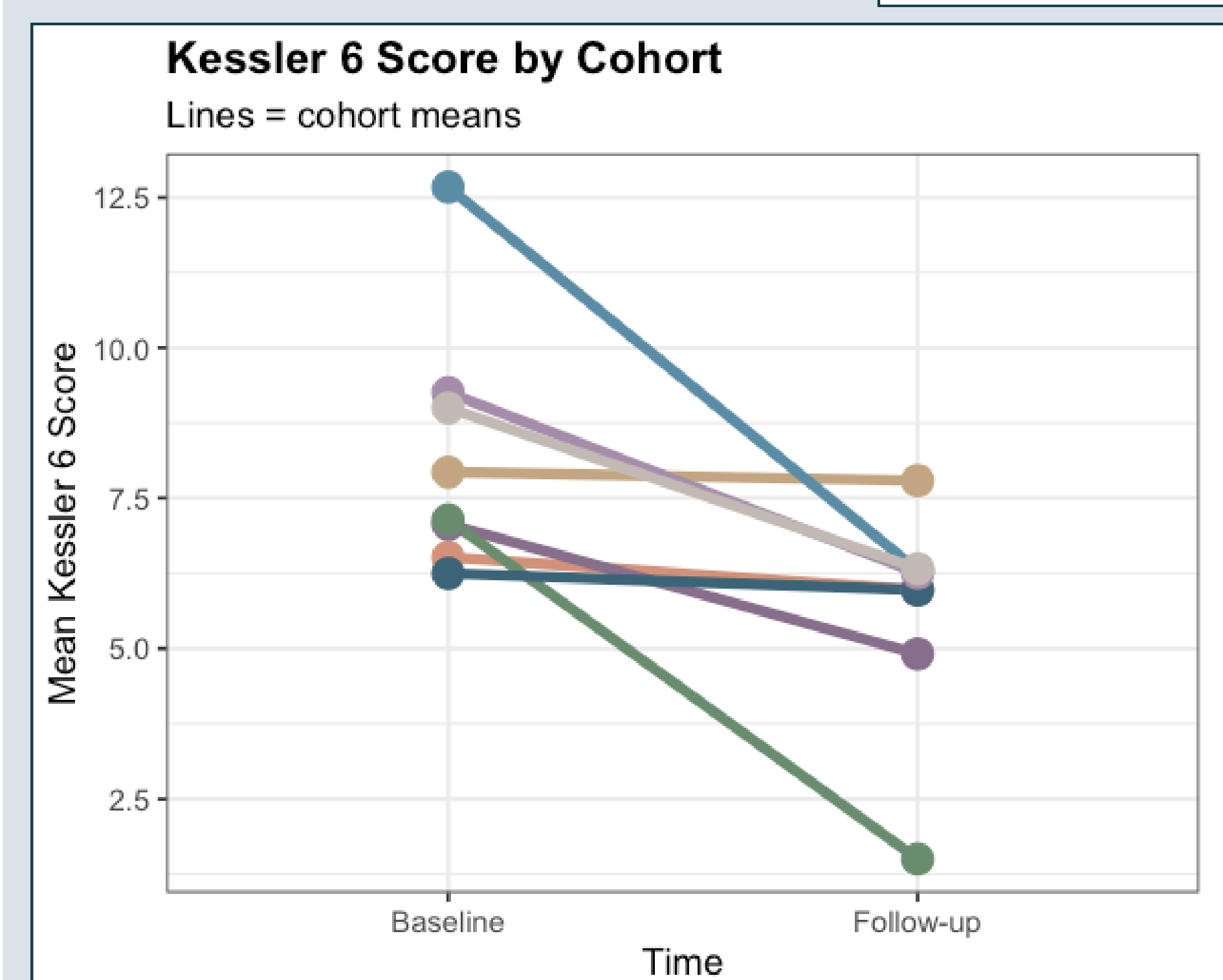
HTQ (left): Most participants saw their trauma symptoms decrease at follow-up, though the amount of improvement varied across cohorts and a few groups showed little change or slight increases.



CalMHSA (right): Most participants showed a reduction in mental health stigma over time, with the majority of cohorts converging toward similar lower scores at follow-up regardless of where they started.



K6 (below): Psychological distress decreased from baseline to follow-up across nearly all cohorts, with the groups that started with the highest distress levels showing the most dramatic improvements.



Cohort Key for all Graphs:

- Cohort (Start Date)
- 2 (Aug 2018)
- 3 (May 2019)
- 4 (Mar 2020)
- 5 (Nov 2020)
- 6 (Jun 2022)
- 7 (Jan 2023)
- 8 (Jun 2024)
- 9 (Mar 2025)

Sustainability Plans

- Sustain CWP core components (outreach, workshops, case management, social/spiritual activities) through trusted Cambodian partners.
- Ensure ongoing funding and staffing to boost CHW capacity, enhance referrals to Khmer-speaking providers, and lessen access barriers (e.g., transportation).
- Utilize evaluation results to gain support from decision-makers, expand this community-driven model, and adapt it for other immigrant/refugee communities.

"The program has impacted me tremendously. Since I came to the U.S., I never felt happy. My husband had a stroke and he has since passed away. Joining this program has pushed me to be stronger and to have hope to live."



Lessons Learned

- CWP's healing-centered model, led by trusted CHWs and peer relationships, enhanced connection, reduced isolation, and improved well-being through culturally meaningful activities like meditation and arts.
- Structural barriers such as language access and transportation hinder progress; Cambodian organizations can assist in linking to mainstream services.
- Findings highlight the importance of sustaining and scaling community-defined, culturally grounded CRDP strategies to reduce disparities, supported by evaluation data showing measurable impact.

Acknowledgements

We extend our deepest appreciation to the Cambodian community who took part in the CWP. Your strength and resiliency inspire us all. This program was part of the California Reducing Disparities Project (CRDP) Phase 2 Extension; IPP: Asian Pacific Islander; Local evaluation: 2017 to 2026.





Sisters Mentally Mobilized

Powered by California Black Women's Health Project

CDEP Background and Description

Sisters Mentally Mobilized (SMM) is a group-level, gender specific, prevention and early intervention designed to reduce mental health stigma, anxiety, and isolation in Black women.

Designed to address the lack of culturally specific resources and societal factors that raise depressive disorder risk deepen a mental health crisis affecting Black women, the SMM CDEP consisted of two core program intervention components

❖ The **SMM-Advocate Training Program (SMM-ATP)**, a 10-12 week culturally specific mental health knowledge, advocacy, and empowerment training program

❖ The formation of culturally responsive and supportive **SMM-Sister Circles** focused on mental health outreach, education, and mobilization in the community



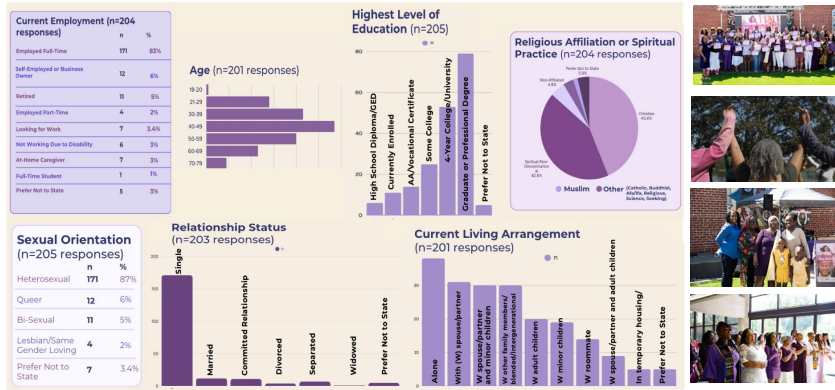
The Power of Community and Culture

- ❖ 200 + Black Women recruited
- ❖ Ages 19-99
- ❖ Los Angeles,
- ❖ Alameda/Bay Area
- ❖ Sacramento
- ❖ Inland Empire

SMM CDEP Cultural Elements

- Black-women staff and facilitators with lived experiences
- Black and African Ancestral Rituals
- Afro-Centric Art, Music, Dance, Literature, Poetry, and Curriculum Design
- Storytelling and Oral Tradition

Sisters Mental Mobilized (SMM): A Community-Defined Evidence Based Practice (CDEP) and Intervention to Decrease Mental Health Stigma, Anxiety, and Isolation in Black Women powered by California Black Women's Health Project (CABWHP)



SMM CDEP Mixed-Method Evaluation Design and Results:

Select CDEP Results:

- ❖ 98% of SMM Sisters reported that SMM was a culturally affirming experience for Black women
- ❖ 95% of SMM Sisters agreed that SMM helped them to have a greater understanding of mental health risk factors and symptoms affecting Black women and communities
- ❖ 94% of SMM Sisters expressed feeling more at ease to seek professional help for any mental health concerns they may have or develop
- ❖ 94% of SMM Sisters expressed feeling more empowered to address mental health stigma, isolation, and anxiety in their family or community

➤ **Quantitative** pre-and-post surveys to measure changes in mental health knowledge, confidence and stigma

➤ **Qualitative** interviews, focus groups, testimonies, and open ended survey responses to assess SMM CDEP cultural relevance and effectiveness

➤ **Post-program Experience Survey** to measure program responsiveness and impact

The Sisters Mentally Mobilized CDEP showed statistically significant (p<.05, one tailed) pre-to-post quantitative results related to: 1) gains in mental health knowledge, 2) reductions in mental health stigma, and 3) increases in confidence to talk about mental health

Expanded CDEP Highlights and Conclusions

Black women in the U.S. face disproportionate barriers to high-quality, affordable, and culturally responsive mental health care. The lack of culturally specific resources and societal factors that raise depressive disorder risk deepen a mental health crisis affecting Black women.

In response, the Sisters Mentally Mobilized CDEP was grounded in the intersecting factors affecting Black women's mental health, including, but not limited to institutional and systemic racism, intergenerational trauma, misogyny, economic disenfranchisement, community and interpersonal violence, ongoing stress and abuse, and over-reliance on faith alone.

The evaluation confirmed Sisters Mentally Mobilized as a highly effective intervention to counter the mental health stressors impacting Black women and to reduce to mental health stigma, isolation, and anxiety that Black women experience.

Recommendations

The results from Sisters Mentally Mobilized:

- ✓ Validates the effectiveness of community-defined, evidenced based practices as a critical intervention to fill the gaps traditional programs that are not specifically designed to address the needs of Black women
- ✓ Calls for continued public and governmental investments to replicate and scale CDEP's for Black women, children, youth, families, and communities
- ✓ Underscores the need for county behavioral health departments to integrate SMM and other CDEPs as models of culturally responsive care

Acknowledgements

SMM was made possible by the support of the California Department of Public Health – Office of Health Equity, through a California Reducing Disparities Phase 2 Extension grant funded by the State of California General Fund

Learn more about CABWHP and SMM: visit bit.ly/SMM-ATP or scan the QR code below



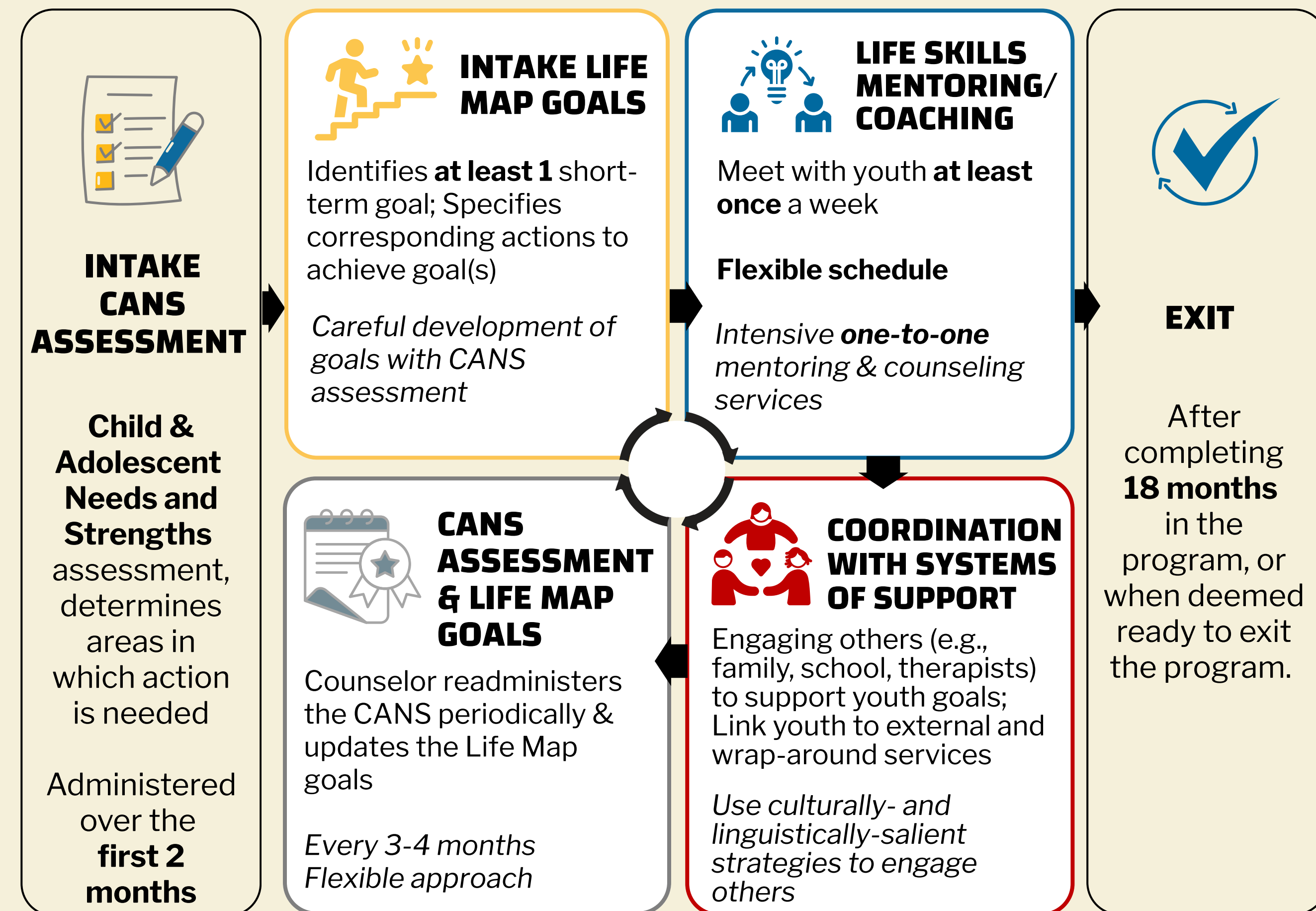


Groundwork is East Bay Asian Youth Center's (EBAYC) Community-Defined Evidence Program (CDEP) to address prevention and early intervention for Southeast Asian youth in Sacramento.

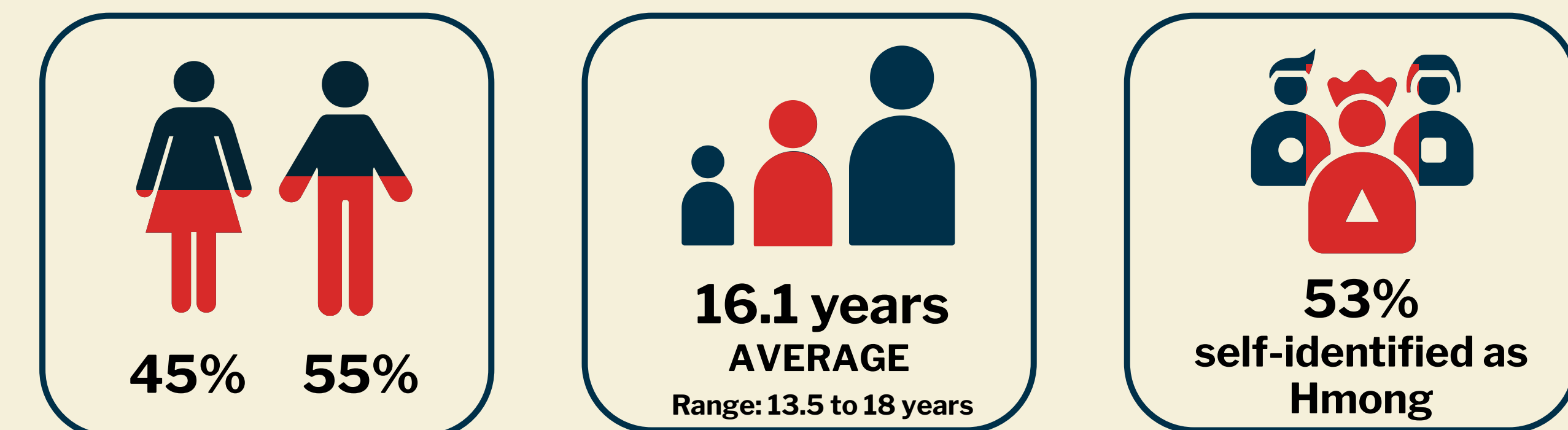
This CDEP addresses mental wellness challenges, school detachment, academic failure, and/or involvement with the juvenile justice system.

CDEP PURPOSE AND GOALS

Groundwork **pairs youth with a counselor of the same gender.** Counselors work with youth for an average of 18 months, with an average caseload of 12-15 youth, and engage them in a continuous life skills-building process of assessment, goal-setting, life coaching, systems navigation, and social engagement.



GROUNDWORK SERVED: 58 YOUTH (JAN 2023 -JUNE 2025)



EVALUATION DESIGN & METHODS

Design: A mixed-methods approach to track data across multiple sources, including the CANS, pre-/post-surveys, Life Map goal tracking, counselor interviews, and case studies. Evaluation data were collected from January 2023 through June 2025. Local evaluation led by HTA with monthly meetings with EBAYC.

Analysis:

- Quantitative analysis comparing change from pre- to post-surveys by testing significance with Chi-squares and t-tests.
- Qualitative analysis through iterative content review and thematic analysis to develop salient themes.

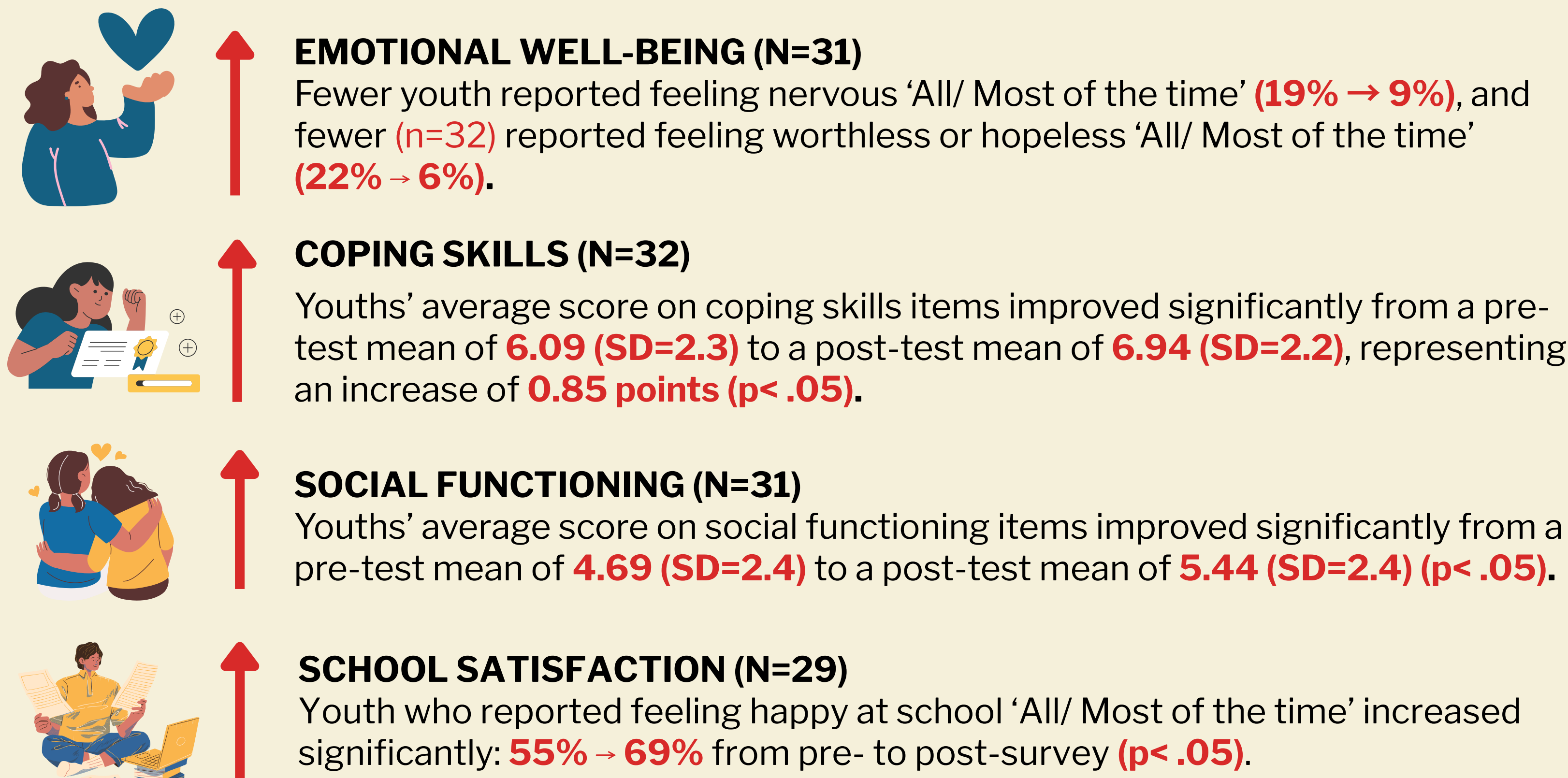
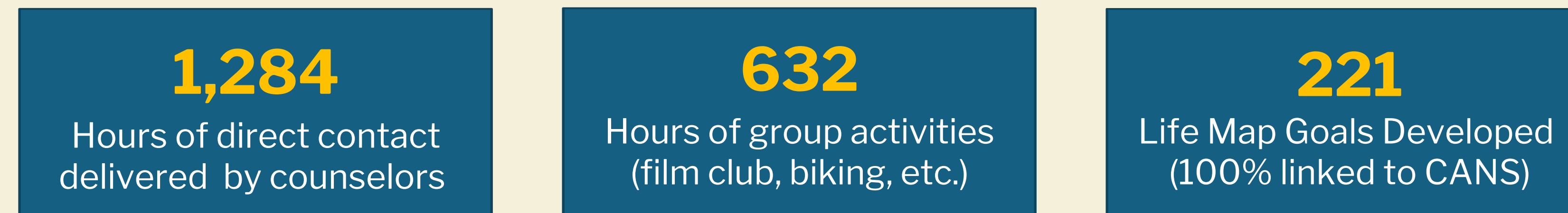
Hopelessness became hope and isolation became belonging.

KEY TAKEAWAYS

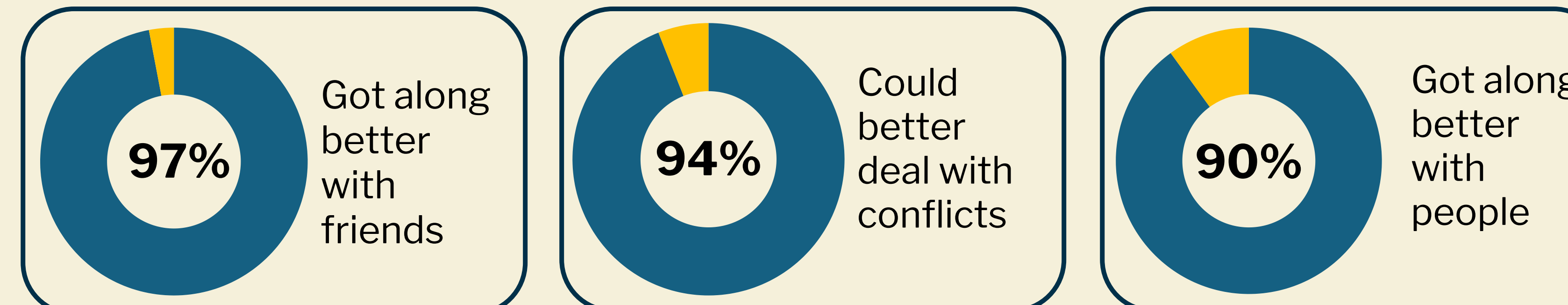
- Youth showed significant improvements in emotional well-being, coping skills, and social functioning.
- Positive relationships with caring adults are central to the youth experience with programming.
- Leveraging presence at schools is an effective strategy for outreach and recruitment.



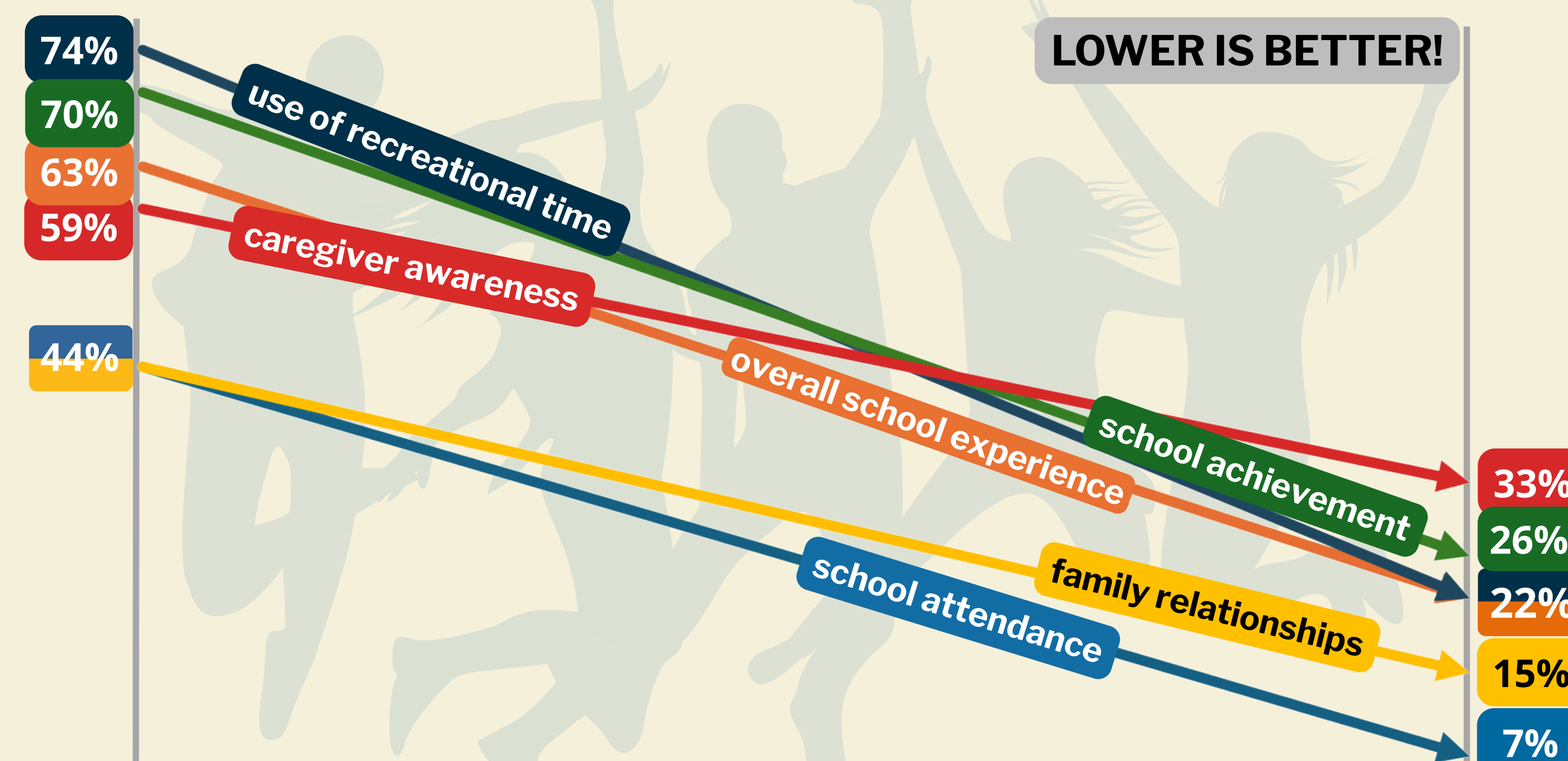
RESULTS



AS A RESULT OF PARTICIPATING IN EBAYC GROUNDWORK, YOUTH FELT THEY...



CANS DATA SHOW SIGNIFICANT DECREASES IN YOUTH WITH URGENT/ HIGH NEEDS FROM PRE- TO POST-ASSESSMENT (n=27)



3 S's WORK: SUSTAINABILITY, SCALABILITY & SYSTEMS CHANGE

School Wellness Center: In recent years, EBAYC youth have led a needs assessment for a one-stop wellness center at Luther Burbank High School. This initiative has garnered strong buy-in from school leadership.

The planning team includes students, school staff, community members, and parents using data to guide the design.

What's next? Securing funding to develop a wellness center at Burbank HS.

NEXT STEPS

Culturally-matched, long-term support breaks cycles of invisibility and trauma for Southeast Asian youth. Participating youth demonstrated significant improvements in emotional well-being, coping skills, and social functioning.

Lesson Learned:

- Encourage ways to alleviate feelings of loneliness.
- Youth with the greatest needs (i.e., academics and social isolation) are at higher risk of program disengagement. Involvement in group activities could support retention.
- Pair youth with counselors who have shared lived experiences and commitment to youth development

Policy Recommendations:

- Prioritize youth-focused CDEP strategies in population prevention
- Strengthen school and community partnerships to meet youth behavioral health needs (i.e., Wellness Centers)



"The yellow represents my newfound confidence, red for the growing love for myself, blue for the power to continue, and a mix between all the colors for the acceptance of uncertainty."

- Participant Case Study Reflection

ACKNOWLEDGMENTS

This work was made possible with funding from the California Department of Public Health Office of Health Equity, California Reducing Disparities Project Phase 2 Extension grant.

The authors of this poster are grateful to the youth participants. We'd also like to thank EBAYC staff and the API TAP team, who generously gave their time to support the program and evaluation.

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RISE- Reducing Isolation Through Support & Empowerment

The Center for Sexuality & Gender Diversity – LGBTQ+ Priority Population



Our Website
QR Code



Our Linktree
QR Code



RISE Description & Implementation

The Center's Community- Defined Evidence Program (CDEP), Reducing Isolation through Support and Empowerment (RISE), seeks to prevent and/or reduce depression, anxiety, self-harm, and post-traumatic stress disorder resulting from isolation, discrimination, and oppression. In Phase II, RISE served individuals in the 2SLGBTQIA+ community, and the broader community in Bakersfield.

The Center's Community- Defined Evidence Program (CDEP), The components of RISE are:

- Supportive Workshops around marginalized identities
- Affirming 1-1 counseling for the community
- Cultural Competency Education and Training for local behavioral health professionals
- Counseling Intern Program for affirming training and workforce development
- Affirming Programs and Events for Youth, Teens, Young Adults, and Adults in Bakersfield and Kern County



Overview

The Center for Sexuality & Gender Diversity is located at 707 18th St. in Bakersfield, Kern County, CA

CSGD staffed by amazing community professionals who bring passion, care, love, and joy to their work. Shoutout to our team carrying out this work!

- Dani Muñoz (they/them)- Executive Director
- Christine Paulsen (she/her)- Director of Mental Health Services
- Artemis Zene (they/them)- Community Engagement Liaison
- Fry Friend (he/they/ze)- Youth & Young Adult Programming Coordinator
- Iz/Isaac McCann (any pronouns)- Adult Programming Coordinator

Evaluation Design and Methods

Both the RISE program and this evaluation were rooted in the community-based participatory research (CBPR) approach. Evaluation was conducted throughout Phase 2 (2023-mid 2025).

- The Center worked with Health Management Associates, a national research and consulting firm skilled in conducting CBPR for the social determinants of health with 2SLGBTQIA+ communities, to develop and conduct this evaluation.
- The evaluation included both quantitative and qualitative data collection efforts, including participation data, surveys, focus groups, and interviews.
- Participants were Teens, Young Adults, and Adults who were counseling clients, workshop and program participants, or interns.

| * The Center went through 4 Executive Director Changes since 2023 which impacted our numbers but data shows upward trend with stability | 2023 | 2024 | Mid-2025 |
|---|--------------------------------------|-------------------------------------|--------------------------------------|
| Workshop Rotations Held and number of participants | 6 rotations held 109 participants | 4 rotations held 80 Participants | 4 rotations held 140 Participants |
| Adult & All Ages Affirming Events Held and number of participants | 27 events held 165 participants | 43 events held 358 participants | 81 events held 995 participants |
| Youth & Young Adult Program Events | 9 events held 89 participants | 14 events held 44 participants | 16 events held 87 participants |
| Number of Interns and Counseling Sessions Held | 7 interns 1290 sessions held | 8 interns 676 sessions held | 5 interns 507 sessions held |

RISE Evaluation findings demonstrate that The Center has successfully established itself as a vital community resource that effectively addresses identity-related mental health concerns while simultaneously revealing critical gaps in broader resilience support and systemic accessibility barriers.

- The Center demonstrates exceptional success in fostering 2SLGBTQIA+ identity acceptance (**100% positive attitudes**) and community belonging (**90% feeling like community members**).
- However, participants show concerning deficits in stress management and recovery capabilities (**64–80% reporting limited confidence in handling stress**).
- *This paradox identified through data triangulation suggests that while community-based identity affirmation effectively prevents identity-related mental health problems, it does not automatically translate to broader psychological resilience skills.*

Quantitative data from surveys were analyzed using Excel. Because of small sample sizes, no inferential statistics could be run. Therefore, analyses are limited to for descriptive analyses, such as participant demographic description, participation, and program monitoring.

Areas of Convergence

Community Connectedness and Belonging: Quantitative survey data and qualitative findings across all focus groups demonstrate remarkable convergence regarding The Center's success in fostering community belonging. *Survey data shows 90 percent of respondents agree that they feel like community members, while qualitative findings consistently describe The Center as "welcoming" and fostering "lasting friendships that extend beyond the physical Center." This convergence across methods and participant groups provides strong evidence of The Center's community-building effectiveness.*

Staff Cultural Responsiveness: Data triangulation reveals unanimous positive perceptions across all sources. *Survey data shows 91–100 percent of respondents strongly agreeing that staff respect their diverse identities, while focus group participants across age groups consistently praised staff for "making everyone feel welcome" and respecting cultural differences.*

Transportation as Primary Barrier: *Qualitative findings demonstrate complete convergence across youth and adult focus groups in identifying transportation as the most significant participation barrier.* Youth participants described "20 minutes plus having to walk 15 minutes from the bus stop," while adults characterized Bakersfield's bus system as "terrible," with service ending at 6:00 p.m. *This consistent finding across participant groups indicates a systematic accessibility challenge.*

Areas of Divergence

Resilience and Coping Capacity: A concerning divergence emerges between quantitative resilience measures and qualitative descriptions of personal growth. While survey data reveals that 64–80 percent of respondents report limited confidence in handling stress and recovering from setbacks, qualitative findings emphasize personal development, with participants describing becoming "a lot more social" and "more comfortable speaking up." *This divergence suggests either measurement limitations or that The Center's community-building benefits may not translate to broader stress management capabilities.*

Gender Identity Pride: *A significant divergence appears in survey data regarding gender identity, where 60 percent reported positive attitudes about their gender identity but only 10 percent claimed to feel proud of it. This internal inconsistency within the quantitative data warrants further exploration and suggests potential measurement issues or complex identity dynamics not captured in qualitative findings.*

Method-Specific Insights

Quantitative-Only Findings: *Survey data uniquely revealed the concerning resilience gaps and mixed future outlook (only 55% expecting quality of life improvements), patterns not explicitly discussed in focus groups. This suggests participants may not spontaneously identify these challenges as priorities.*

Qualitative-Only Findings: Focus groups uniquely identified organizational instability impacts, specific programming preferences (structured vs. open format), and detailed suggestions for improvement. Interview data alone revealed the extent of capacity strain on the clinical supervisor and infrastructure gaps.

Next Steps for The Center

Program Development Recommendations based on Evaluation:

- **Integrated Resilience Programming:** Develop explicit stress management and coping skills programming that builds upon the strong community foundation while addressing the identified resilience gaps. This programming should complement rather than replace community-building activities. **** developed in 2025 and initiated starting in 2026**
- **Transportation Equity Initiative:** Implement comprehensive transportation support including carpooling coordination, shuttle services from transit centers, and virtual/hybrid programming options to address the universally identified accessibility barrier. **** not yet started- however The Center moved and consolidated to one building in a more accessible location at the beginning of 2026.**
- **Targeted TGNC Inclusion:** Develop specific outreach and programming strategies to address transgender feminine underrepresentation, potentially including targeted support groups and mentorship programs. **** Initiated development and working to find community facilitators**
- **Intersectional Programming Expansion:** Build upon the identified need for POC-specific programming by developing systematic intersectional approaches that address the complex identity dynamics revealed in qualitative findings. **** initiated development with goal for a BIPOC workshop space starting fall 2026**

Friendship House Healing Model

The Friendship House Association of American Indians (Friendship House or FH) is a nonprofit, community-based organization located in San Francisco and was established in 1963 to serve American Indians who were relocated from their reservations to the San Francisco Bay Area. The FH Healing Model, developed over 40 years ago, is an indigenous model that honors traditional wisdom and lived experiences, and integrates cultural values, ceremonies, and community support into pathways for healing for the population of American Indian/Alaska Native (AI/AN) adults, youth and children. This model is the basis for the FH Community Defined Evidence Practice (CDEP) which is guided by principles found in American Indian culture, history, and traditions.

Traditional Practices Sustainability Objective: By emphasizing indigenous knowledge and mentorship, this framework empowers new leaders and healers and helps sustain tribal and intertribal traditions for generations to come. For example, in 2015, Friendship House established contracts with two traditional healers for services. Ten years later, the number of FH traditional healers, practitioners, and counselors increased to 27 Subject Matter Experts (SMEs).

Friendship House CDEP Study

The Friendship House Healing Model and Community Defined Evidence Practice (CDEP) Study utilizes a non-experimental study design, measuring variables as they naturally occur through FH programs and studied through the lens of tribal and intertribal healing practices to answer the following: *Does the integration of AI/AN healing practices into service delivery efforts have a positive impact on program recipients' wellness (mental, spiritual, physical emotional), social and economic engagement, home stability, and cultural connectedness?* The traditional practices for FH CDEP examination during the 3-year study period included Traditional Counsel (Group and Individual), Sweat Lodge, Talking Circle, Drum Circle, Walking the Red Road Medicine Way, and Cultural Gatherings.

Key Takeaway & Next Steps

Future CDEP studies are needed:

- To further understand the significance, depth, and complexity of AI/AN cultural practices and how these continue to influence healing, wellness and resilience for AI/ANs across the lifespan.
- To further identify Return On Investment savings for taxpayer costs and to examine what is changed when the burden of living with undertreated/untreated mental health and substance use disorders is reduced.

Land Acknowledgement



The Friendship House Healing Center stands on the ancestral homeland of the Ramaytush Ohlone, the original inhabitants of the San Francisco peninsula. We pay our respect to the ancestors, elders and relatives of the Ramaytush Community.

Friendship House Healing Model and CDEP Visual



Friendship House Traditional Practices by Participant Count (October 1, 2022 - September 30, 2025)

77% (424/551) of residential clients participated in at least one FH ceremonial practice. 27 Traditional Healers, Counselors, Practitioners, and Helpers led FH Traditional Healing Practices. Participant counts by ceremonial activities:

- 424 (unduplicated) residents participated in Talking Circle (119 sessions total)
For Scalability Objective: 22 Youth/Young Adults participated in Talking Circle through the FH Youth Program (FHYP)
- 154 (unduplicated) residents participated in Drum Circle (44 sessions)
- 247 (unduplicated) residents participated in Sweat Lodge Ceremony (78 sessions)
For Scalability Objective: 24 Youth/Young Adults participated in Sweat Lodge through FHYP
- 353 (unduplicated) residents participated in Walking the Red Road Medicine Way (69 sessions)
- 33 (unduplicated) residents participated in 38 Traditional Healer - Individual Counseling sessions
- 383 (unduplicated) residents participated in 89 Traditional Healer - Group sessions
- 4,038 participant encounters were tracked across 54 cultural gatherings and outreach events

Population Outcomes - Friendship House Residential Clients

In assessing outcomes for clients of the Friendship House Residential Substance Abuse Treatment Program, baseline (n=551) and 6-months post enrollment data (n=273) was collected using the Government Performance Results Act (GPRA) tool. To further analyze GPRA Measures, a paired t-test analysis was conducted. 273 participants were matched between the pre- and post-test measures. Selected pre/post-test items included Abstinence, Mental Health, Risky Behavior, Justice Involvement, Employment and Education, and Housing Stability. **All measures showed significant change from baseline to follow-up, with some measures (risky behavior, mental health, employment, education, and housing stability) reflecting significant change across all associated analyses.**

For overall service satisfaction, **96% of residents rated Friendship House services as "good to excellent"** and 4% rated FH services as "adequate".

From baseline to 6-month follow-up:

- Abstinence increased** from 18% to **83%** ($p < 0.001$)
- Depression decreased** from 62% to **33%** ($p < 0.001$)
- Anxiety decreased** from 73% to **47%** ($p < 0.001$)
- Injection Drug Use decreased** from 5% to **0.4%** ($p < 0.001$)
- Arrest-Free Records increased** from 93% to **99%** ($p < 0.001$)
- Education/Job Placement increased** from 10% to **58%** ($p < 0.001$)
- Stable Housing increased** from 65% to **96%** ($p < 0.001$)

Stakeholder Feedback - Youth and Young Adults

To assess resilience, protective factors, and cultural connections, **78 individuals completed the FH Youth and Young Adults Survey.** In general, survey respondents indicated strong cultural identity, cultural connections, personal resourcefulness and resilience. Positive cultural identity and strong cultural connections are noted as consistent protective factors for Friendship House youth and young adult participants, as reported in annual evaluation reports and studies since 2018.

91% of youth & young adult survey participants feel a strong connection to their Tribe.

89% reported that their family members participated in ceremony activities with them.

91% or more feel that there are many things that they do well, have high goals for themselves including going to college, and feel they can be a leader in their community if given the opportunity.

Stakeholder Feedback - Community Members

To support CBPR efforts, community members (n=222) rated the greatest needs for the Bay Area AI/AN community (13 choices): Number One Selection - Dental Health Services (53%).

In addition, participants were asked to rate issues that affect their household the most (13 choices): Number One Selection - Cost of Living Expenses (52%).

Greatest Needs for the Bay Area AI/AN community:

- Number One Selection – Dental Health Services (53%)**
- Issues that Affect Your Household the Most:**
- Number One Selection – Cost of Living Expenses (52%)**

About Study Participants

Adult residents of the FH substance abuse treatment program included 551 residential clients. For race, 78% were AI/ANs (inclusive of AI/AN multiracial counts), 11% were White, 3% were Black or African American, 2% were Asian, 1% were multi-racial (non-AI/AN), 2% were Other. For tribal affiliation, **97 unique AI/AN tribes/tribal bands were represented through the residential client population of FH.** Of those, **46% (45/97) were from CA Tribes.**

Youth and Young Adult Survey Participants (n=78): For age range: 4% of survey respondents were 8-10 years of age. 22% were 11-14, 18% were 15-17, 28% were 18-24, and 28% were 25 years of age or older. For tribal and cultural affiliations: **Most of the respondents were affiliated with (AI/AN) tribes (77%).** A smaller percentage reported cultural affiliation as White, Black/African American, Chinese, Hispanic, German, Mexican, and Irish.

Community Member Survey Participants (n=299). For Race (n=260): **58% of survey respondents were AI/AN,** 11% were White, 5% were Black or African American, 5% were Asian, 19% were multiracial and 3% of the population was Native Hawaiian/Other Pacific Islander or Biracial. **34% of community members reported San Francisco as the city where they lived.**



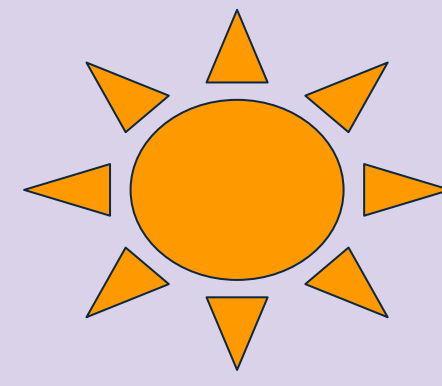
This work was made possible in part by funds received from CA Dept of Public Health, Office of Health Equity's California Reducing Disparities Project, Contract #16-10531.

Mental Health Training Internships

Gender Health Center (Sacramento, California)

Priority population: LGBTQ+

Local evaluation Time-Period: March 2022 - June 2025



CDEP Purpose, Description and Implementation

Mental Health Provider Training Program Training to Serve LGBTQ+ Communities

1. Improve access to quality mental healthcare;
2. Bolster the capability of counseling trainees and doctoral interns to deliver culturally attuned, humble, and ethical service;
3. Provide community members with diverse healing pathways.

Program Components

Queer-informed Narrative Therapy

"The person is not the problem, the problem is the problem."

- Michael White + David Epston



Evaluation Design and Methods

PARTICIPANT-ORIENTED EVALUATION APPROACH

Document/
Curriculum
Review

Trainee Exit
Interviews

Community
Advisory
Board
Feedback

Counseling
Trainee
Survey

Results

50+

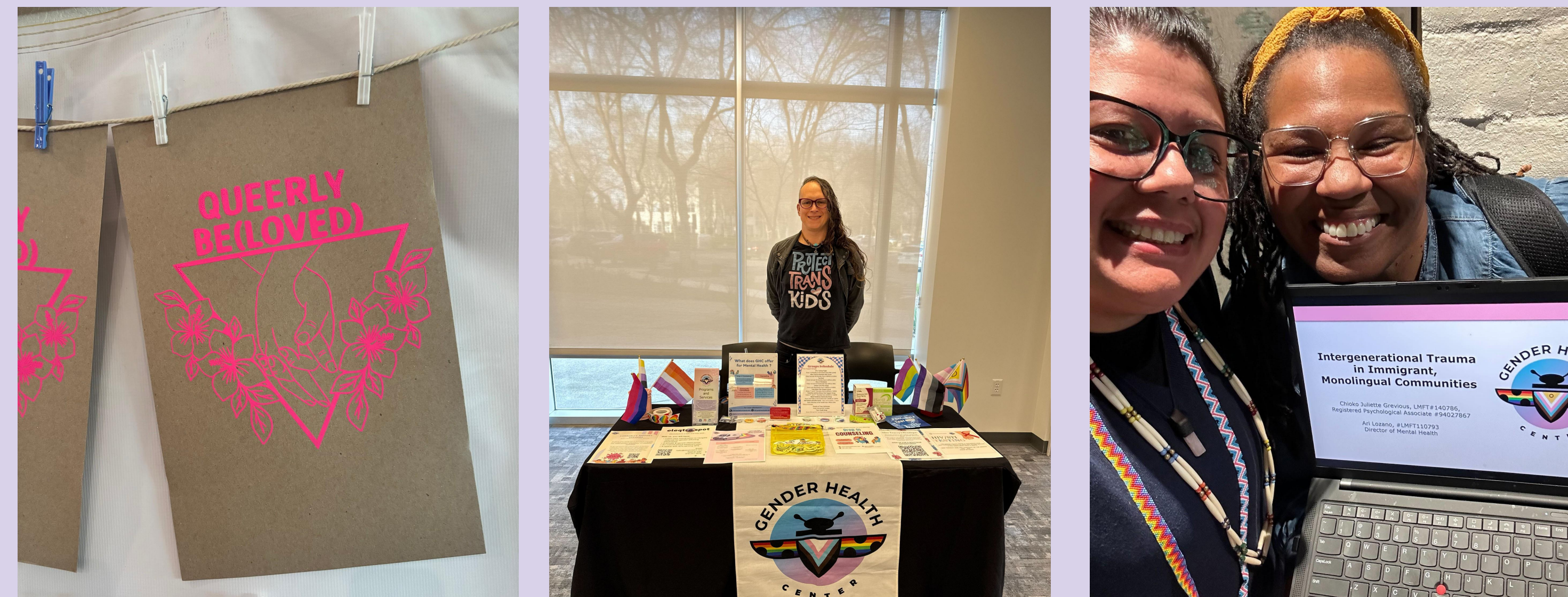
Students Trained

15

Universities represented throughout California and U.S.

2205

Hours of introductory onboarding training completed



Images above are of community based events. Left to right: 1) Queerly Be(Loved) student-led talking circle with on-site screen printing; 2) Counseling Program Manager, Charlie Hutchinson, (any/all pronouns) tabling; 3) Ari Lozano (elle/they) Director of Mental Health and Chioko Juliette Grevious (she/her) Registered Psychological Associate Student Clinician presenting a training.



Gender Health Center alumni, current students, and clinical supervisors, varying from 2015-2025, united at the International Narrative Therapy Conference in Sacramento, CA in October 2025.

Exit Interview Student Feedback

"I could tell that GHC was different because I was being asked about racism, structural oppression, and power and privilege. I realized that this wasn't just a counseling position - it was about engaging deeply in the kind of justice-centered work I want to do"



Key Takeaways & Next Steps

Key Takeaways

GHC training emphasizes *cultural humility, critical thinking, collaboration, and authenticity.*

Exit interviews indicated that trainees value both technical counseling skill development and supportive clinical supervision fostering emotional resilience.

Trainees learned therapeutic approaches to provide community-engaged care, showing up as advocates, supporters, and providing a trusted presence both inside and outside clinical spaces.

Next Steps

Recommendations: (1) Expand interactive learning opportunities; (2) Enhance cultural and gender diversity within CORE training materials; (3) Increase structured onboarding and mentorship; and (4) Strengthen feedback loops between trainees, trainers, and supervisors..

Acknowledgments

This work funding support from the California Department of Public Health, Office of Health Equity's California Reducing Disparities Project, Contract # 15-10619

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Bridging Cultures and Healing Traditions for Mental Health with Hmong Refugee Older Adults



Winston Tseng, Seng S. Yang, Charlie Xiong, Darin Thao, Juliann Ly, Jublie Yang, Morgan Vien, Sauliam Thao, Karly Ortega, Mai Te Thao, Pahoua Yang, Yer Lor, and Luchou Xiong
Hmong Cultural Center of Butte County and University of California, Berkeley Health Research for Action, 2026

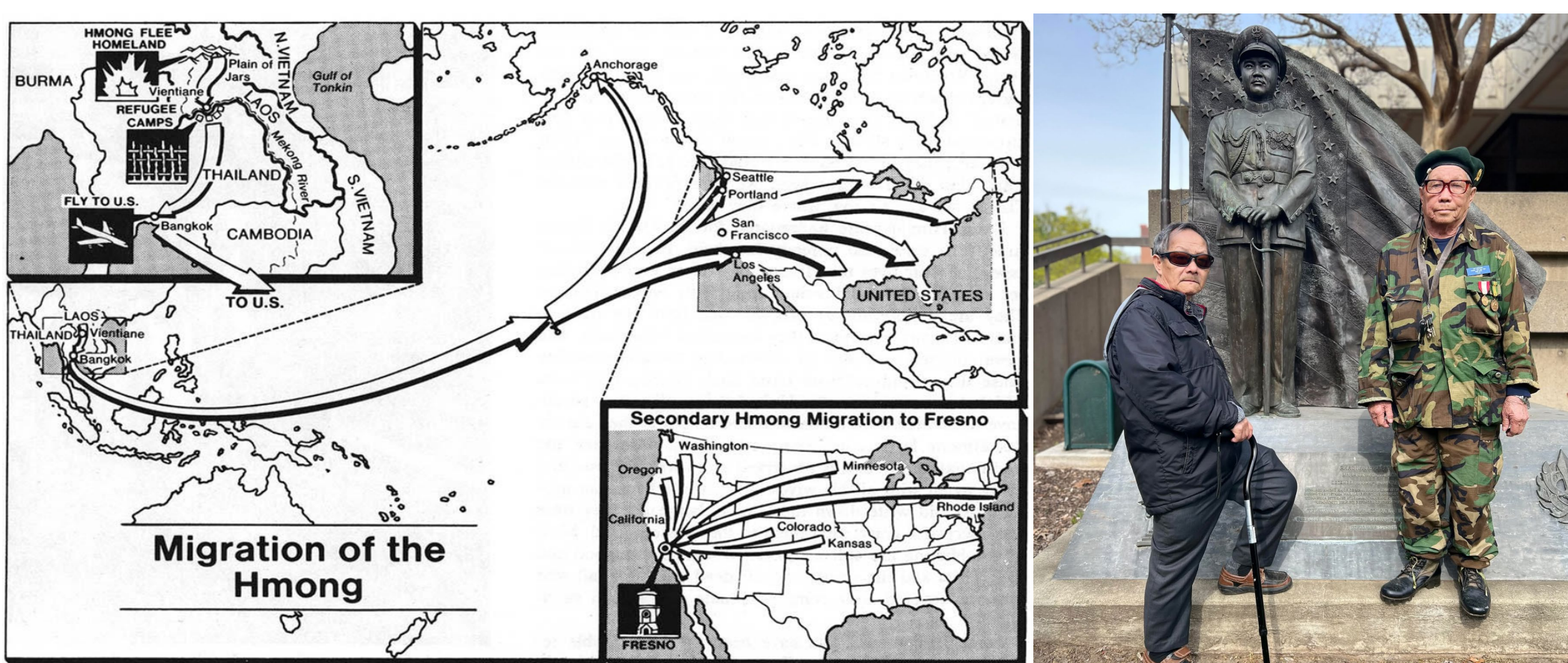
Hmong Cultural Center of Butte County and the CDEP Zoosiab "Happy" Program for Older Adults

- Hmong Cultural Center of Butte County (HCCBC) supports and empowers the Hmong community while maintaining essential Hmong beliefs and values.
- Community-Defined Evidence Practice (CDEP) Zoosiab "Happy" Program purpose is to address barriers to mental health services for Hmong older adults and provide **community -defined, culturally/linguistically meaningful services that integrates traditional Hmong practices with Western treatment methods**, including:

- **Mental Health Services:** Individual Services/Counseling, Case Management, Resource Connections
- **Cultural Gatherings:** Peer-to-Peer Support, Health Education (general health, mental health, physical health, life skills, cultural enrichment), Cultural Retreats (Ntoj Ncig)
 - Weekly cultural gatherings/health education sessions:
 - 35-45 participants per session (Oroville)
 - 10-15 participants per session (Chico)
- **Community Garden:** Therapeutic Garden (community involvement, social engagement, mental wellbeing, physical activity), cultural preservation of traditional Hmong farming and healing (herbs and remedies)



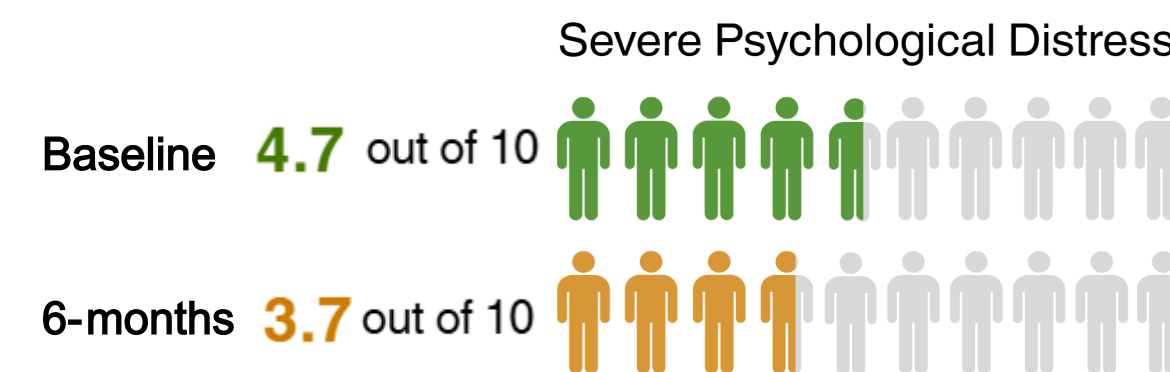
Root Causes of Mental Health: Secret War, Flight, and Resettlement to U.S.



- **Secret War in Laos (1961-1975) and General Vang Pao**
- Flight, displacement and resettlement from Laos to the US.
- **Unaddressed mental health issues:**
 - Hmong older adult refugees with posttraumatic stress disorder (PTSD), which is passed onto next generation.
 - Growing generational divide between Hmong older adults from Hmong youth and the broader community.
- **Barriers to mental health services in rural communities:**
 - Cultural differences in mental health services.
 - Lack of linguistically and culturally appropriate care.
 - Distance too far and no transportation to access mental health services.

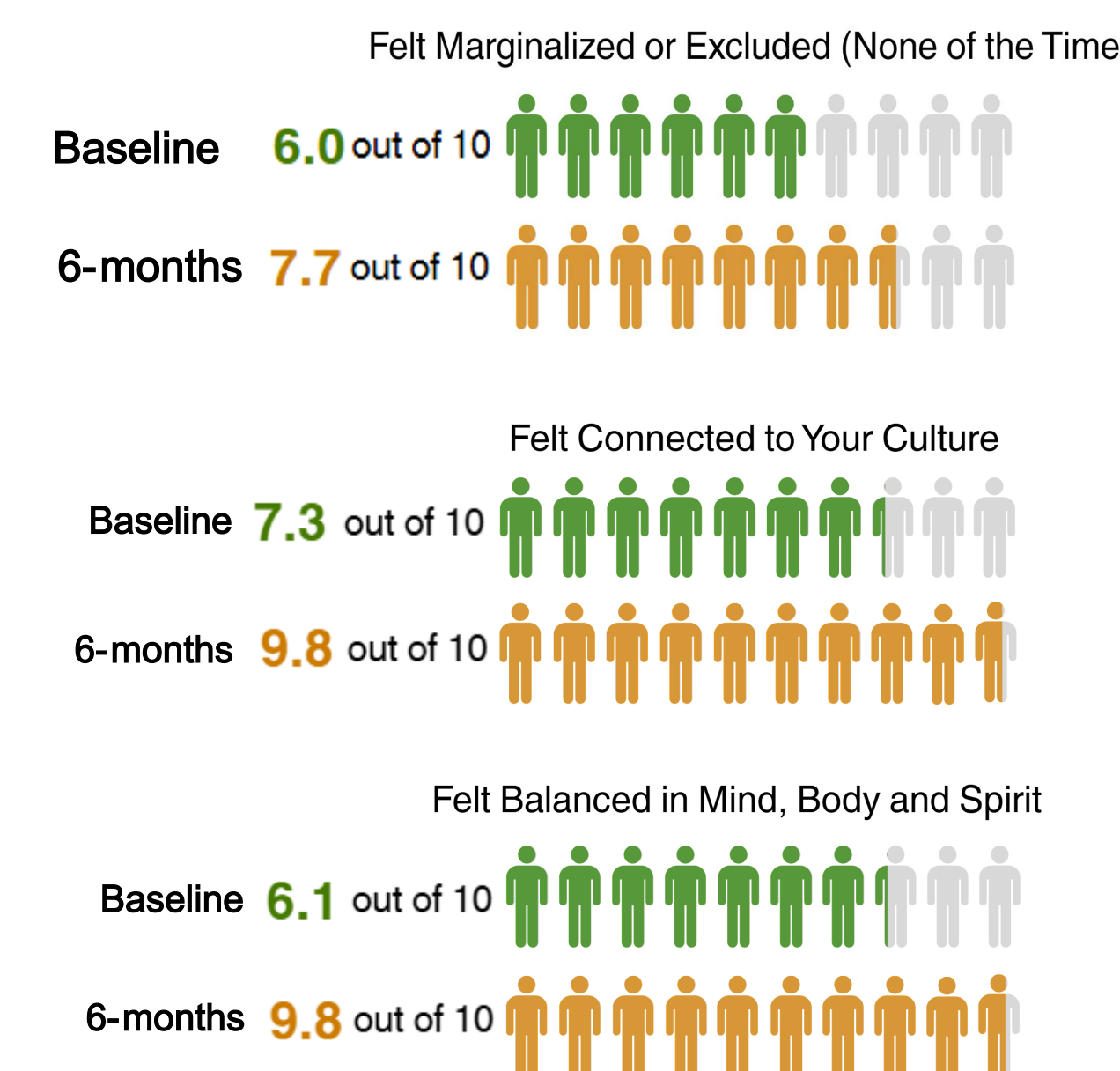
Results: Severe Psychological Distress Declined

- Program participants with **severe psychological distress decreased** from 47% at baseline (4.7 out of 10 participants) to only 37% (3.7 out of 10 participants) at 6 months.

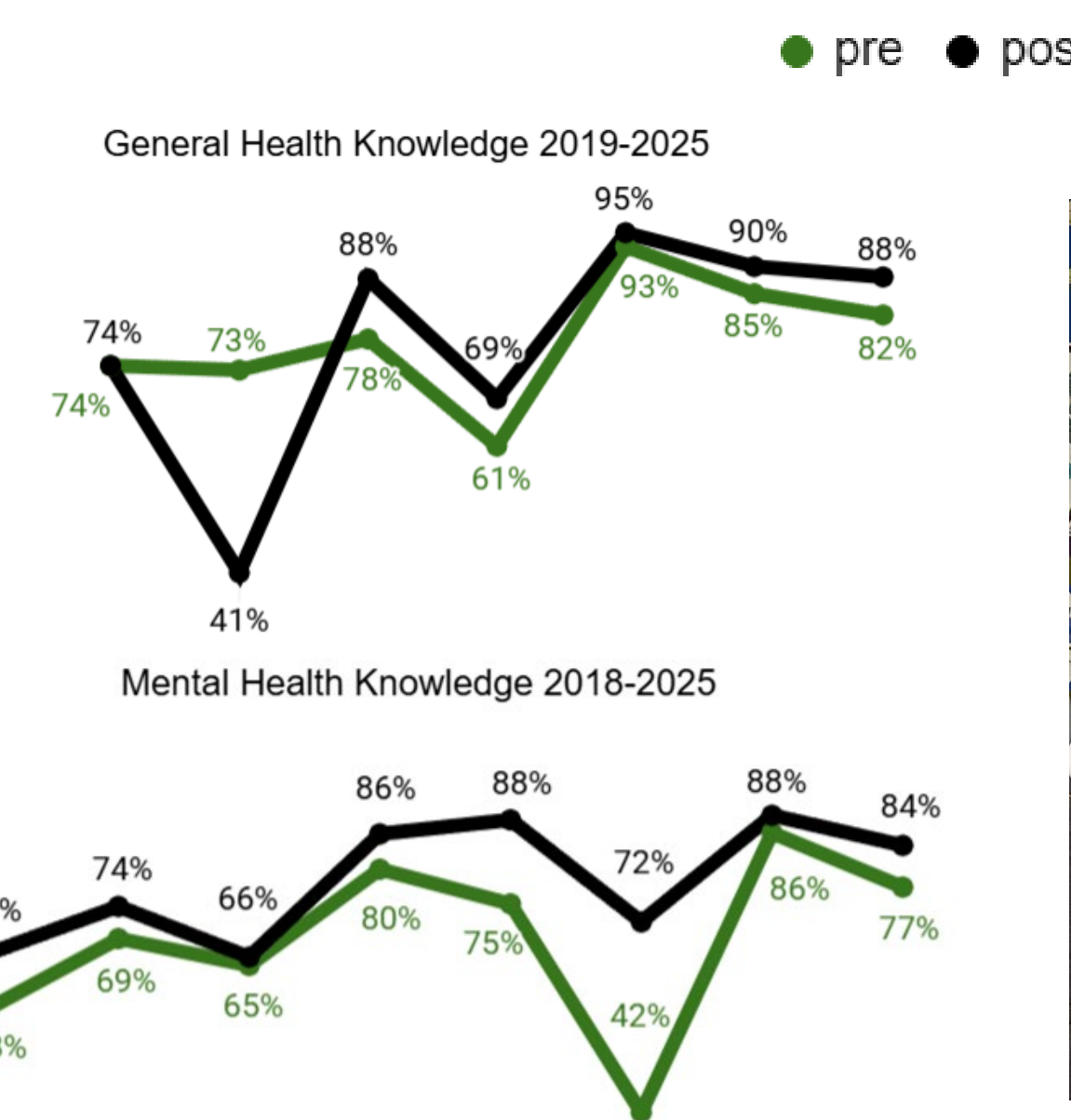


Results: More Culturally Connected, Balanced in Mind/Body/Spirit, & Less Marginalized/Isolated

- **Substantially more program participants did not feel marginalized or excluded** from society at 6-months (77% or 7.7 out of 10) compared to at baseline (60% or 6 out of 10).
- **Almost all participants felt connected to their culture** some of the time or all of the time after 6 months (98% or 9.8 out of 10) compared to baseline (73% or 7.3 out of 10)
- **Virtually all** also felt balanced in mind, body and spirit after 6 months (98% or 9.8 out of 10) compared to baseline (61% or 6.1 out of 10).



Results: Health Education Cultivated Personal Growth, Knowledge about Mental & Physical Health, and Service Navigation & Self -Care Skills



- **Participant satisfaction (6-months):**
 - 92% felt services were available at times that worked well for them.
 - 92% liked the services received.
 - 91% staff respected my cultural beliefs, remedies, and healing practices .



- Little over half of Zoosiab program participants self-reported their present **health status** to be very good or good at baseline (51% or 5.1 out of 10) and improved substantially at 6-months (73% or 7.3 out of 10).

Participant Testimonials & Staff Experiences

- *"The support and guidance I received [from the Zoosiab Program] helped me build confidence and work toward my personal goals. The program has greatly improved my mental well-being and taught me the importance of self-love and positive thinking."* - Program Participant
- *"I have had the privilege of teaching participants about self-love, emotional strength, and the importance of caring for their mental health. Creating a safe and supportive space where they feel heard and valued is something I take pride in."* - Program Staff

Key Takeaways and Next Steps

- Expand transportation services available to community members to access and utilize services.
- Increase operational and administrative capacities for delivering cultural and linguistic services.
- **Expand wellness facilities that integrate mind, body, and spirit** (e.g., exercise facility, Hmong healing center).
- Further strengthen program evaluation capacities and quality improvement efforts.

Next steps:

- Increase in-language clerical, program, & transportation staff.
- Build a new community wellness center .

Future Goals: Sustainability, Scalability, and Systems Transformation

- Expand culturally relevant Zoosiab program staff, services, and activities to fulfill program participant hopes and needs.
- Sustain partnerships with local and state foundations and government agencies, including existing and future grants.
- Sustain local university/school/community collaborations.
- **Develop into a regional cultural health center with comprehensive mental health, physical health, & social services** for Hmong & Southeast Asians across rural N. CA.

Evaluation Design Methods (2018 -2025)

- **Statewide Evaluation (SWE) core measures surveys (baseline: n=132; 6-month: n=84)** : MH services, health status, psychological distress and functioning, cultural connectedness.
- **Health education surveys (~200 -250 pre/post -surveys collected/yr)** : Knowledge/satisfaction of education sessions.
- **Interviews** : 41 Hmong older adults (cultural health beliefs/practices) and 16 program staff (service experiences and recommendations)
- **Focus groups** : 7 FGs with 40 Hmong older adult program participants (MH perceptions, program experiences and suggestions) and 4 FGs with 17 community members/caregivers (MH perceptions for Hmong older adults, treatment/information preferences, program suggestions).
- **Zoosiab program participant enrollment and attendance** : 100% increase in annual enrollment, from 50 older adults served in 2016 (Pre -CDEP) to 100 older adults served in 2025.

Acknowledgements

- This content was funded by the Office of Health Equity as part of the phase 2 extension of the California Reducing Disparities Project. We would like to also express our gratitude to the Special Service for Groups (SSG), the Psychology Applied Research Center (PARC) at Loyola Marymount University, and our former program staff: Angel Yang and Kevin Vue, for their support.
- **For more information about the Zoosiab Program:** www.hmongculturalcenter.net; 530 -534-7474; info@hmongculturalcenter.net; cultureishealth.org



HEALTH
EDUCATION
COUNCIL

MENTE SANA, VIDA SANA

HEALTH EDUCATION COUNCIL – VANESSA VAZQUEZ, LUPITA RODRIGUEZ,
ARACELY GARCIA & LILIANA AVIÑA MENDOZA

PURPOSE, DESCRIPTION AND IMPLEMENTATION

MSVS addressed unmet mental health needs among Latinx immigrant adults in Sacramento-area counties by increasing depression knowledge, improving early identification of depression symptoms and related health risks, and strengthening timely linkage to culturally and linguistically appropriate services. Intended outcomes included reduced delays to care, increased enrollment/retention, and improved mental health among counseling participants.

MSVS used a sequenced service model: Outreach & Education, Preventive Health Screenings, Referral & Follow-up, and Crisis Counseling. Activities were delivered with language-accessible education and service navigation in a trusted location, the Mexican Consulate in Sacramento, to support engagement for the population served.

EVALUATION DESIGN AND METHODS

TIME PERIOD: May 2022–December 2025.

DESIGN: Utilization-focused mixed-methods evaluation; single-group pre–post (within-participant) design (no comparison group).

QUANTITATIVE DATA: Program records: pre/post 1-item depression knowledge assessment and pre/post PHQ-9 scores for MSVS participants (paired t-tests).

QUALITATIVE DATA: Convenience sample: semi-structured interviews (participants, staff, partners), participant audio narratives, and desk review of project documents/literature.

RESULTS

PARTICIPANT PROFILE

| Demographic | Percentage |
|--------------------------|------------|
| Age Group | |
| 18-20 | 1.7% |
| 20-39 | 26.8% |
| 40-49 | 30.0% |
| 50-59 | 24.2% |
| Over 60 | 16.7% |
| Gender | |
| Male | 60.7% |
| Female | 39.3% |
| Medical Insurance | |
| Insured | 45.1% |
| Uninsured | 54.9% |
| Country of Birth | |
| Mexico | 96.0% |
| Other (LATAM/USA) | 4.0% |

1,008

TOTAL PARTICIPANTS SERVED

82%

SCREENED FOR DEPRESSION

46%

REQUESTED REFERRAL

80%

ENROLLED IN SERVICES

DEPRESSION SEVERITY IMPROVED AFTER COUNSELING

-3.25

MEAN POINT CHANGE

Pre 11.6 (SD 5.4) →
Post 8.35 (SD 4.50);
t(44)=3.57, p<.001; n=45

MISCONCEPTIONS REDUCED AFTER EDUCATION

“Willpower alone cures depression”

23% PRE

6% POST

LISTEN TO THEIR STORIES

Hear from *Estela*, *Maria* and *Hermila** as they share the impact MSVS had on their lives.



SCAN THE QR CODE

*Participants elected to share their name

NEXT STEPS AND KEY TAKEAWAYS

Work clearly demonstrates that co-locating mental health services in trusted spaces effectively reaches underserved populations.

Infusion of cultural knowledge in the implementation shows that bilingual/bicultural staff are essential for building trust and reducing mental health stigma.

Practical implications of the work include the need for flexible (telehealth) care and expanding “total health” models in community hubs.

Evidence shows that education reduces stigma (willpower belief dropped from 23% to 6%) and 76% of participants accessed care for the first time.

ACKNOWLEDGMENTS

This project is supported by the California Department of Public Health, Office of Health Equity (CRDP Contract # 16-10522). We are deeply grateful to the Consulate General of Mexico in Sacramento for hosting MSVS and providing a welcoming home for our community.

Special thanks to Kaiser Permanente and the nursing programs at Chamberlain, Samuel Merritt, Pacific and Sacramento State Universities. Their collaboration allows us to provide integrated, whole-person care.

MSVS was made possible through the essential mental health support of UNAM’s Mental Health mhGAP Initiative, Sacramento State Counseling, and Daniel Cisneros, PhD, LPCC, NCC.

We honor the dedication of the Health Education Council team: L. Aviña Mendoza, A. Garcia, V. Vazquez, D. Oto-Kent, J. Padilla, and L. Rodriguez.



Journey to Empowerment:

Building Bridges to Wellness for Pacific Islanders in the Bay Area

Asian American Recovery Services, A Program of HealthRIGHT 360



CDEP PURPOSE & GOALS

Essence of MANA is a culturally grounded prevention and early intervention program designed to reduce stigma, increase mental wellness and expand access to services for Pacific Islander community in the Bay Area.

Essence of MANA builds awareness, reduces stigma, and equips Samoan and Tongan families with culturally-rooted tools to strengthen communication, empower voices and break cycles of generational trauma



This course is a new approach to child rearing. Learning how to show love and how to speak without becoming angry. Culturally, we do what we know, but now I know different.

-Samoan Great Grand Mother

DESCRIPTION

Established in 2017, Essence of MANA is funded by the California Reducing Disparities Project (CRDP), created to address mental health disparities in Pacific Islander communities.

**Rooted in culture
Driven by community.
Guided by our village.**

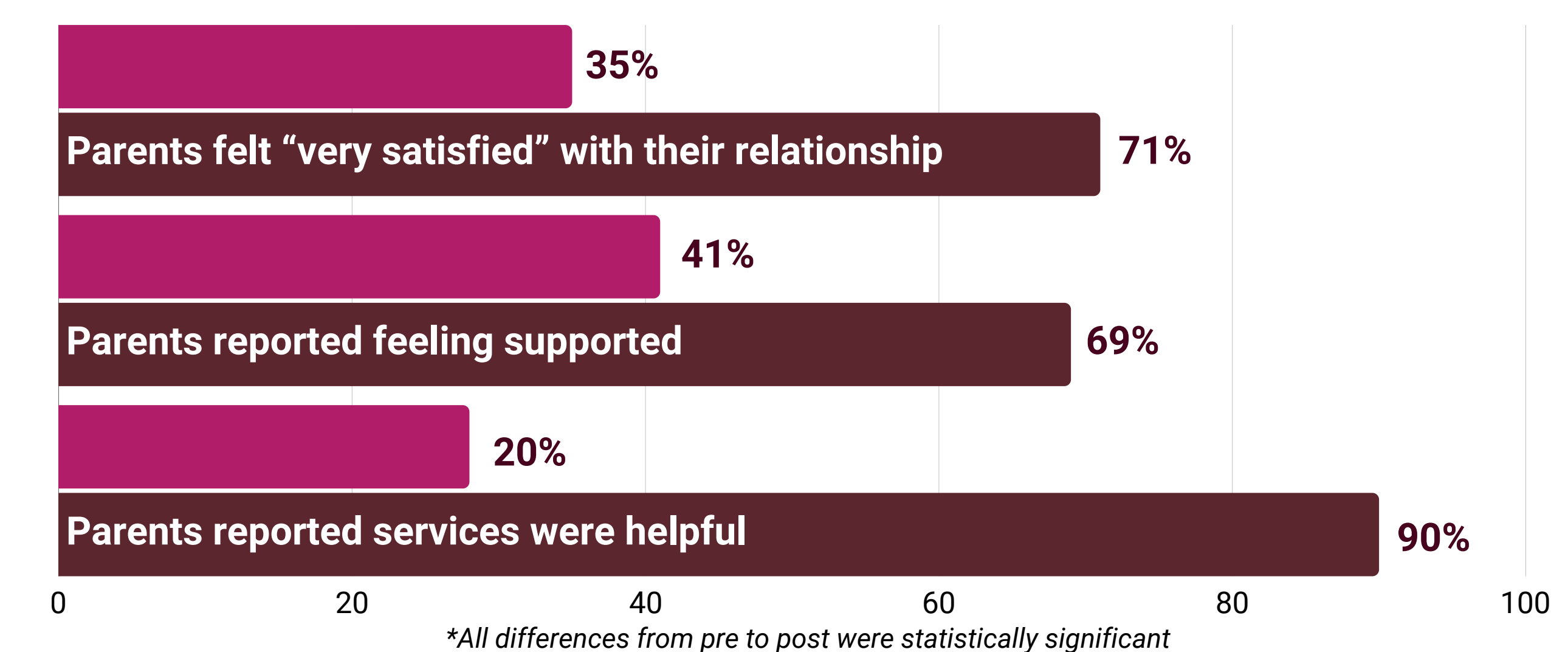
At Essence of MANA, we believe **"it takes a village"** to nurture children and foster positive change so that every family member can embark on a journey towards healing.

RESULTS

Over the Phase II Extension, Essence of MANA

- Held 7 Parent Project® Cohorts with 110 Participants and 2,775 referrals made
- Reached and engaged 157,095 individuals through Talanoa Tuesday
- Collected 681 Pacific Islander needs assessment surveys through J2E & Outreach

Through the Essence of MANA Parent Project®, families experienced meaningful growth such as **feeling more connected, more supported, and more confident** in the services available to them.



As a result of Essence of MANA programming, there was a **10% average increase** of greater confidence and comfort discussing mental health topics

| My level of comfort talking about: (Very comfortable) | Pre-EoM | Post-EoM |
|---|---------|----------|
| Domestic Violence | 59% | 67% |
| Child Abuse | 59% | 71% |
| Alcoholism | 67% | 80% |
| Substance Use Disorder | 65% | 71% |
| Mental Health Conditions | 67% | 80% |



It means a lot having someone who looks like me, who knows my culture... it's deeper when it's from your own people, people of the same color and background. I felt braver. I felt like I was safer.

-Tongan/Samoan Father

SUSTAINABILITY, SCALABILITY & SYSTEMS TRANSFORMATION

- Led advocacy to sustain CRDP funding & prevention infrastructure through CPSSC Subcommittee
- Culturally grounded model expanded through CURRENTS, Soalaupule Collective, and community capacity building.
- Policy & language advocacy advanced inclusive TAY, BIPOC, and LGBTQ+ representation in behavioral health systems

KEY TAKEAWAYS

- Increased knowledge and awareness
- Stronger family unit
- Improved access to care
- Growth in community reach
- Uplifted voices

NEXT STEPS AND RECOMMENDATIONS:

- Pursue long-term funding through county, state, and equity-focused investments to sustain CDEP programming and provide support for Pacific Islanders
- Expand cohorts and outreach while strengthening core components: J2E, Talanoa Tuesdays, and outreach to serve more families and deepen impact.

ACKNOWLEDGMENTS

This heartwork was made possible by:

Essence of MANA would also like to thank our Village of community partners and participants.

Lastly, Māuru'uru Roa to our Heartwork Queen

"We are the navigators and orators of our lived experiences... Only we can tell our stories"



EVALUATION DESIGN

- Evaluation design was a non-experimental, pre/post intervention, single-group design
- Pre/Post SWE and local evaluation
- Weekly cohort surveys
- Focus groups

METHODS AND STRATEGIES

- Storytelling
 - Empowering voices
 - Sharing lived experiences
- Culturally Focused
 - Concept of Vā
 - Pacific Islander lens
- Community Grounded
 - Representation
 - Relationship building
 - Nurturing established connections

IMPLEMENTATION

The Essence of MANA consists of **4 MAIN** components:

- Journey to Empowerment (J2E):** Monthly space aiming to break stigma and raise awareness on taboo topics
- Parent Project®:** 13 week program to strengthen communication and familial relationships
- Talanoa Tuesday:** Weekly podcast to share resources and uplift Pacific Islander voices through talanoa
- Community Outreach Events:** Engaging through events to connect families to culturally responsive support

ESSENCE OF MANA TEAM AND CONTACTS:

| | | | | | |
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|---|--|--|--|--|--|



WHAT IS A CONVIVENCIA?

Humanidad Therapy and Education Services (*Humanidad*) developed its Convivencia programs specifically to address a nexus of needs and barriers. By offering mental health education, peer support, and group counseling in Spanish within community spaces, the programs meet people where they are—both linguistically and culturally. The Convivencia model deliberately centers **familismo** (family connectedness), **confianza** (trust), and **personalismo** (warm, relationship-based communication) to create the safe, culturally affirming environments essential for engagement, while building resilience and reduce mental health stigma for Latinx families.

In this safe and trusting environment, community members can engage in storytelling, share life experiences, and learn from one another while increasing their understanding of mental health.

The Community Convivencias are one-time events while the Youth Group Convivencias occur over 8 weeks, and have been a main focus of the phase 2 study.

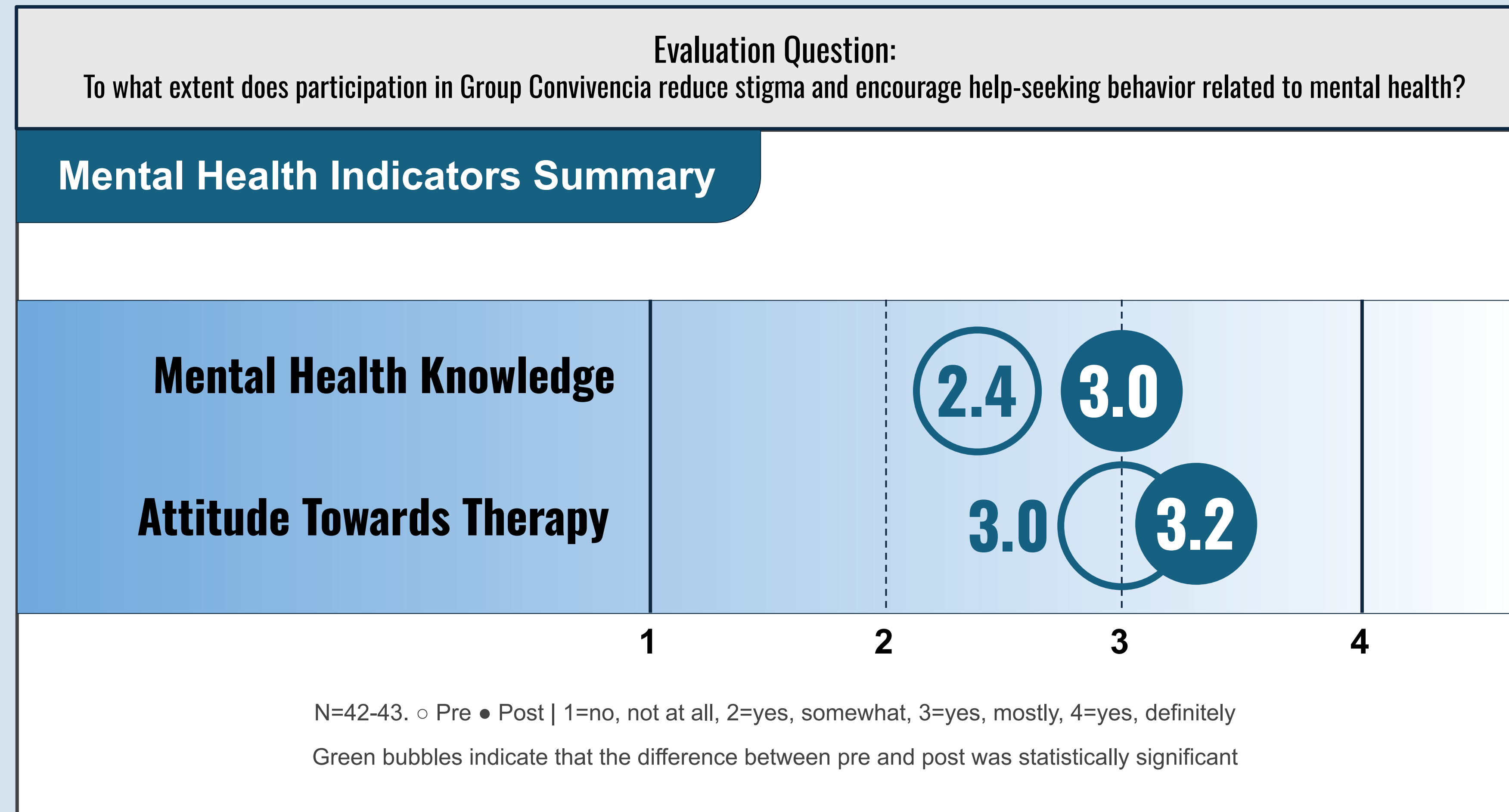


Evaluation Design and Methods

- The local evaluation design used for the Youth Group Convivencia was mixed methods, combining quantitative and qualitative assessment techniques to capture both measurable outcomes and participant perspectives.
- The design included a single intervention group, with pre- and post-program surveys matched for participants who completed both assessments.
- The time period for data collection presented here spans Spring 2023 through Spring 2025.
- Quantitative data were collected via paper-based pre- and post-program surveys including Statewide Evaluation (SWE) measures and locally developed measures assessing self-esteem, social support, emotional regulation, mental health knowledge, and attitudes toward therapy. Paired-sample t-tests were used to assess statistically significant changes between pre- and post-assessments.
- Qualitative data were collected through focus group interviews introduced in 2024, conducted separately with youth participants and therapy teams, audio-recorded, transcribed, and analyzed using NVivo with a grounded theory approach.
- Strategies used to incorporate cultural knowledge included a Community-Based Participatory Research (CBPR) approach, bilingual instruments and facilitation, use of culturally familiar terms, and engagement of Humanidad staff and community partners in interpreting findings within cultural frameworks.

What The Results Show

- Findings show that participation in Youth Group Convivencia was associated with significant improvements in both mental health knowledge and attitudes toward therapy, suggesting reduced stigma and increased openness to seeking professional help.



- There were statistically significant gains in all three knowledge items: understanding how trauma affects mental health, how to recognize signs and symptoms of poor mental health, and where to access available resources.
- Qualitative data from focus groups shows the program consistently delivers on emotional awareness and regulation skills (62%) and stress management skills (36%).
- There was a statistically significant gain in one attitude item related to viewing therapy positively (“I think therapy is a good way to solve mental problems”).

“A mí me hizo cambiar mi pensamiento porque yo pensaba que la terapia era para gente que se sentía triste y amargada, nada más. Y ahorita siento que no, siento que me gusta.”

[It made me change my thinking. Because I used to think that therapy was only for people who felt sad and bitter. And now I feel that's not the case, I feel like I liked it.]

“Aprendí que está bien tener problemas y que aunque uno no lo crea muchos también sufren en diferentes niveles.”

[I learned that it's okay to have problems and that even though one might not believe it, many others also suffer at different levels.]



Key Takeaways/Next Steps

This evaluation's most significant finding is clear: both Community Convivencia and Youth Group Convivencia successfully engaged highly vulnerable immigrant populations in culturally competent environments that reduced stigma and improved access to trauma-informed mental health care.

- Youth Convivencia addresses a critical gap by providing group counseling in participants' native Spanish, creating space for authentic expression that English-only services cannot offer. Despite an evolving curriculum, sustained requests from multiple schools reflect the program's ongoing relevance and impact. These outcomes position the Convivencia model as an effective Community-Defined Evidence Practice (CDEP)—a culturally responsive approach with strong potential for replication in communities seeking to support immigrant populations and advance mental health equity.
- We intend to extend the program beyond eight weeks or offering graduated levels of support (introduction, continuation, alumni groups) might allow for deeper therapeutic work and sustained symptom reduction.
- We also intend to extend the model to additional high schools across Sonoma County, particularly those serving large populations of Spanish speaking newcomer students.
- As the model continues to demonstrate effectiveness with this vulnerable population, there is potential to share these culturally grounded practices more broadly through documentation and knowledge-sharing with other organizations serving newcomer Latinx youth.

Acknowledgments

Content presented here was funded by the Office of Health Equity, as part of the phase 2 extension of the California Reducing Disparities Project.

Humanidad Team

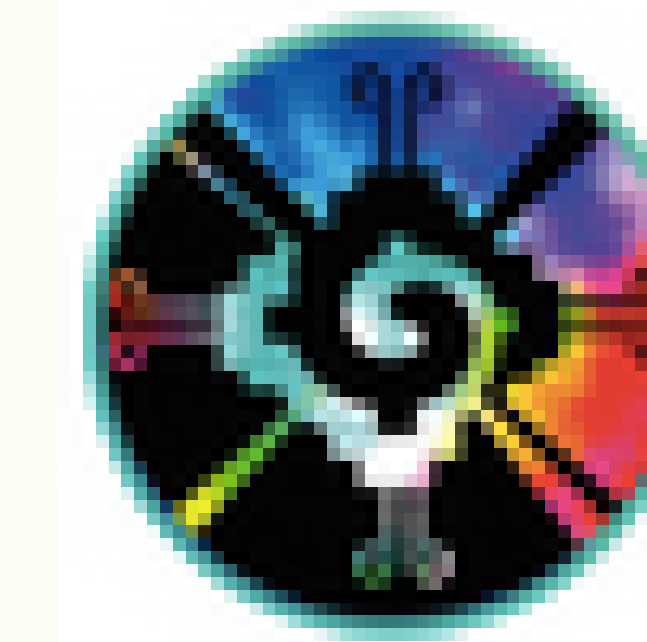
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Atención Plena and Pláticas:

A Latino Cultural Wealth Approach Youth Mental Wellness



Integral Community Solutions Institute

Location

Fresno County, CA

Groups Served

- Latinx children, youth and families
- Our community-defined approach is the last hope for our student population at the Community Justice Center and other Fresno urban locations
- For our young Latinx population this Program is often the last resort to break the school-to-prison pipeline
- Past experience: high absenteeism, defiant behavior, fighting, drug use, gang involvement, recidivism

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Methods

ATENCIÓN PLENA: MINDFULNESS WITH A LATINO TWIST

The students go through a 12-session Bienestar Curriculum (e.g., anger, depression, anxiety, substance abuse, mindfulness, communication and relationships, grief and loss, self-esteem, wellness, leadership and life skills, and self-compassion). The combination of poetry, lyrics and sound beats, the students kids convey their emotions and feelings via hip hop. Students also go on weekend retreat where they practice mindfulness.

PLÁTICAS (MENTAL HEALTH CONVERSATIONS)

Pláticas, as a practice, is grounded in the Latino Indigenous wisdom tradition that goes back thousands of years. It is a form to transmit knowledge regarding well-being, mental wellness, psychological, and healing trastornos (emotional imbalances), and related themes addressed through familiar cultural formats such as canciones (songs), dichos (sayings), cuentos (stories), and poesía (poetry).

MIXED METHODS EVALUATION

Pre/Post surveys we collected = 128 pre and 142 post surveys for the SWE team. These measures helped us to document mental health improvement over time. The school site from which we collected data (a traditional high school) agreed to share all the relevant school data that we needed, as well as give us access to the youth receiving the treatment for conducting surveys.

Results

Our quantitative findings show the effectiveness of our CDEP over the last three (3) years. Quantitatively, we collected 128 pre and 142 post SWE surveys. In all this data, our findings showed that our CDEP was effective in supporting youth as they improved navigating the school system and improving their mental health and wellness. The SWE survey showed that our CDEP helped youth to improve in accessing the protective factors that help them cope with school and life, and psychological distress and functioning. The SWE data showed improvement in all measures. All in all, we saw growth, excitement about our CDEPs, CDEPs that were delivered effectively, and CDEPs that were positively affecting the lives of youth.

Sample of Findings

Pre, Post, and Change of Protective Factors for Youth, By Mean and Numbers

| At present... | Pre/ Post (n) | Pre Mean | Post Mean | Mean Change |
|---|---------------|----------|-----------|-------------|
| your culture gives you strength | 123/142 | 2.14 | 1.94 | + 0.20 |
| you feel connected to the spiritual/ religious traditions of the culture you were raised in | 119/139 | 2.27 | 2.07 | + 0.20 |
| your culture is important to you | 119/140 | 1.92 | 1.75 | + 0.17 |
| your culture helps you to feel good about who you are | 119/140 | 2.03 | 1.87 | + 0.16 |

Note: Likert Scale: 1=Strongly Agree; 2=Agree; 3=I am Neutral; 4=Disagree; 5=Strongly Disagree. A +/- system of showing change in growth or decline was used for readability purposes.

Pre, Post, and Change of Protective Factors for Youth During the Past 30 Days, By Means and Numbers

| About how often during the past 30 days did you feel... | Pre/ Post (n) | Pre Mean | Post Mean | Mean Change |
|---|---------------|----------|-----------|-------------|
| isolated and alienated from society? | 120/140 | 3.53 | 3.84 | - 0.31 |
| connected to your culture? | 122/141 | 2.34 | 2.10 | + 0.24 |
| marginalized or excluded from society? | 118/140 | 3.54 | 3.76 | - 0.22 |
| balanced in mind, body, spirit and soul? | 118/141 | 2.55 | 2.36 | + 0.19 |

Note: Likert Scale: 1=All the time; 2=Most of the time; 3=Some of the time; 4=A little of the time; 5=None of the time. A +/- system of showing change in growth or decline was used for readability purposes. It is important to note that, for some indicators, a negative change represents an improvement, as it reflects a reduction in undesirable experiences (e.g., isolation or marginalization).

Discussion

- Data showed our CDEP helped youth improve in accessing protective factors that help them cope with school, life, and psychological distress/functioning

- The SWE data showed improvement in all measures.

- We saw growth, excitement about our CDEPs, CDEPs that were delivered effectively, and CDEPs positively affecting the lives of youth

- Results show the importance and effect of our CDEPs and our Bienestar Curriculum

- Our CDEPs changes lives, uplifts youth, and disrupts the school-to-prison pipeline

- Our youth felt a connection in how our Latina/o therapists embedded culture in their delivery and our Bienestar Curriculum

Recommendations

1. We need to continue to offer our CDEP to at risk youth, but also expand to other demographics in our community
2. We need to continue funding, and searching for sustainability efforts, as this program is a significant resource in our community for at risk youth
3. We need to continue to develop our Bienestar to different demographics in our community
4. We now have our Bienestar curriculum written as a manual in English and Spanish, but we need to move forward in translating it in Arabic, Hmong, and Punjabi
5. Need to standardize attendance and dosage tracking of our program, particularly our Bienestar curriculum sessions

California Reducing Disparities Project



Acknowledgements

Integral Community Solutions Institute (ICSI)
State Wide Evaluators (SWE)
Juvenile Justice Center (JJC)
Sunnyside High School (Fresno, CA)

REZolution Indian Health Council, Inc.

Presenters

Justin Rodriguez (he/him), Project Coordinator
Larisa Yarbe (she/her), Community Engagement Representative
Lisa Brucks (she/her) MPH, Project Director



PURPOSE AND IMPLEMENTATION

REZolution's purpose is promoting healthy self-expression through tribal culture and the arts as a personal, group, and community coping skill as well as encouraging the utilization of behavioral health services.

REZolution goals include:

1. Increasing the number of visits to therapeutic services available through IHC's Behavioral Health Department
2. Encouraging personal growth and wellness and destigmatizing counseling services
3. Creating Showcase Performance Events with youth planners and community
4. Creating Art Based Activities with local youth promoting self-expression

- Implemented through working with tribal afterschool programs to design youth recruitment strategies and logistics
- Incorporating cultural knowledge was achieved by reaching out to community members about sharing tribal practices
- Cultural activities at events included bird singers, storytelling, drumming, and gourd painting

Groups Served

- **Youth Planning Cohorts:** Native American youth ages 14-24 years old from each of the 9 IHC serving Tribal reservations
- **Audience at Showcase Events:** All ages could attend Showcase Events, Workshops, Community Art Activities, and Events

EVALUATION DESIGN

- **Design:** Quantitative, Non-Experimental: Pre-Post with Single Group Design
- **Recruitment:** Cohort participants (youth planners) recruited per each tribe; recruited by purposive sampling via the education centers, afterschool programs and through word of mouth
 - Audience participants are recruited by convenience sampling, participants choose to attend and participate. Event shared through media to consortium area and by word of mouth.
- **Data Collection**
 - Cohort method design by tribe youth planning group
 - Pre-Post surveys with youth planners
 - Audience surveys after showcase events
- **Data Analysis**
 - Surveys administered online through Qualtrics program via phone or tablet or paper format
 - All cohort data were combined and analyzed
 - All audience survey data were combined and analyzed
- **Flexibility:** Built in with responsiveness to local tribes, each tribe felt ownership of their showcase event and activities were developed based on the voices of the youth and community
- **Survey instruments:**
 - EIS Ethnic Pride and Ethnic Differentiation. A Valk & K Karu, 2001. [Valk A, Karu K. Ethnic attitudes in relation to ethnic pride and ethnic differentiation. J Soc Psychol. 2001 Oct;141(5):583-601. doi: 10.1080/00224540109600573. PMID: 11758037.]
 - Sense of Community Survey (McMillan, D. W., & Chavis, D. M. (1986). Sense of community: A definition and theory. Journal of Community Psychology, 14(1), 6–23. [https://doi.org/10.1002/1520-6629\(198601\)14:1<6::AID-JCOP2290140103>3.0.CO;2-I](https://doi.org/10.1002/1520-6629(198601)14:1<6::AID-JCOP2290140103>3.0.CO;2-I))
 - QPR Evaluation



RESULTS

The vast majority of participants showed:

- Benefit in **reducing stigma** and seeking answers through improvement of mental health with **positive coping skills**
- Cultural teachings are directly connected to mental and spiritual wellbeing
- Newly acquired mental health coping skills and practicing positivity daily with others

Youth participants:

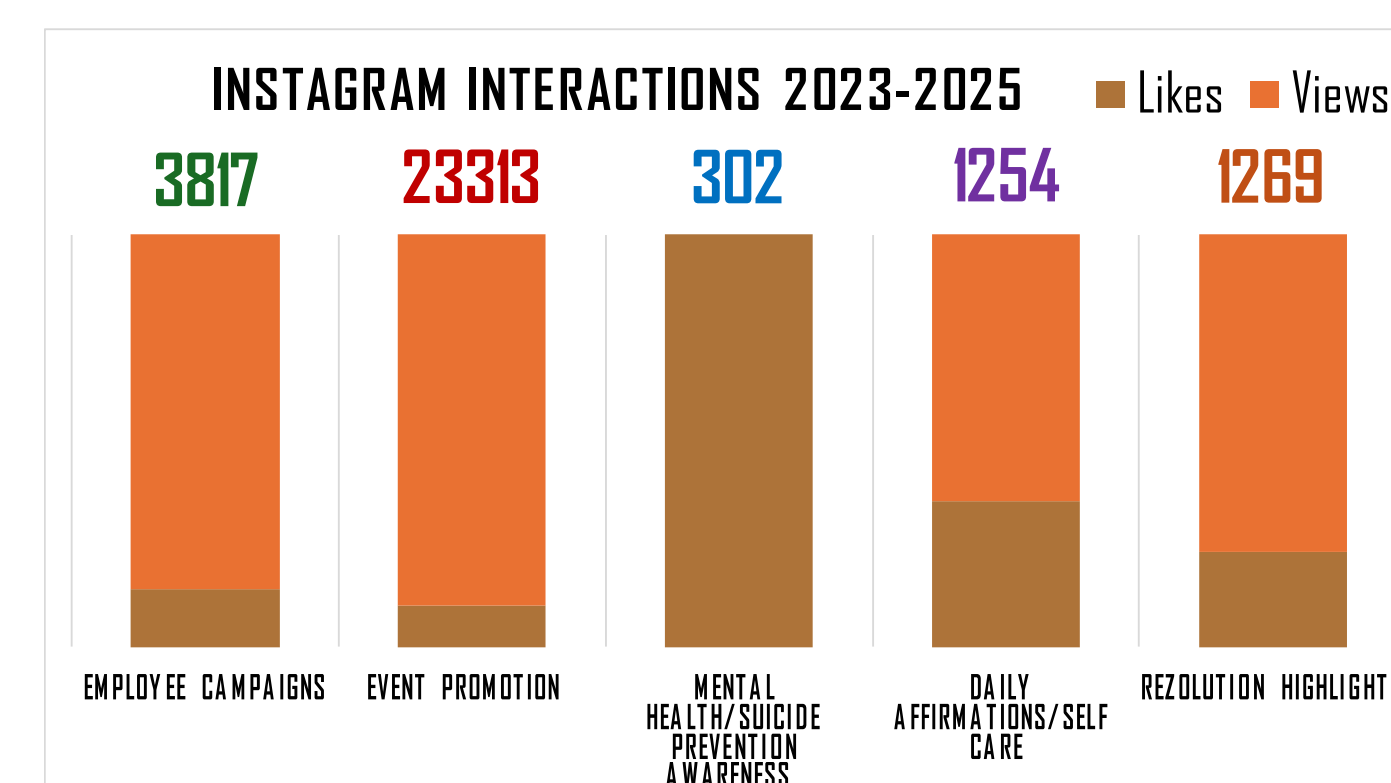
- worked with tribal community to teach, build upon, celebrate, and strengthen cultural and **traditional practices and teachings**
- became more encouraged by the climbing levels of **community support** for their Showcase Events
- were interested, engaged, creative, aware and proud of their **tribal history**

REZolution became synonymous with inspirational and practical behaviors related to improvements in overall mental health.

Events & Projects

Love Your Ancestors Shoe Design
Health Gathering Mural & Walking Sticks
Garden 'Glimmers of Hope' Art Night
Youth Set Design and Acting Workshop

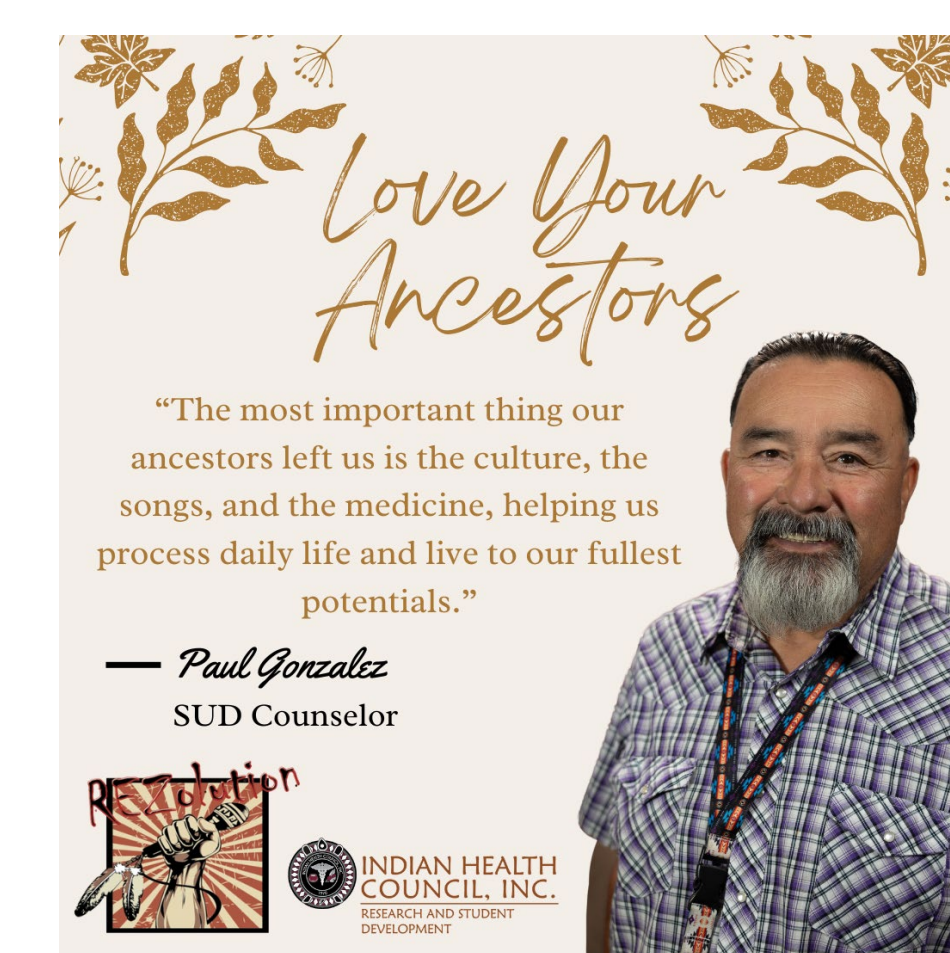
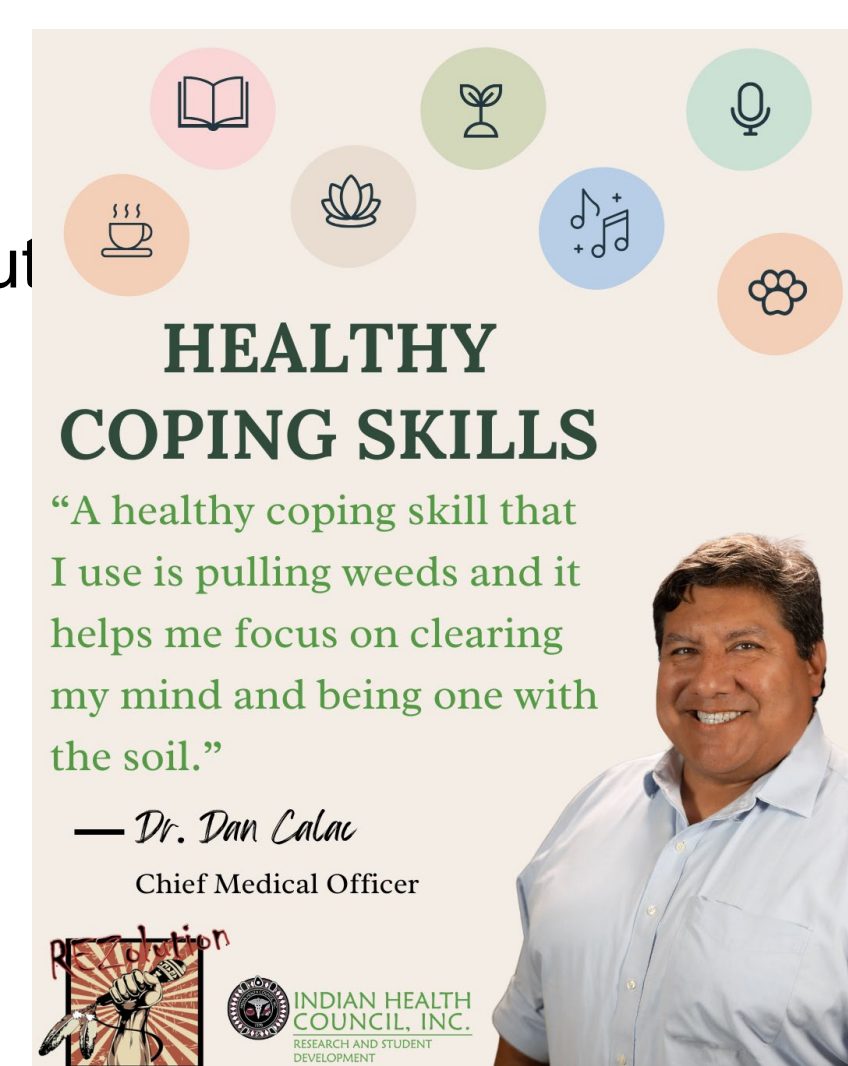
'Tradition in Every Bite' Cookbook
Interactive Bulletin Board
Little Library
Positivity Posters
Academic Tutoring/Support



Total Youth Planners: 34
Total Events/Activities: 6
Participants: 1,050

Media Campaigns

REZolutions
Art is Prevention
Your Life is Sacred
Love Your Ancestors
Sunrise Serenades
Native American Heritage Month

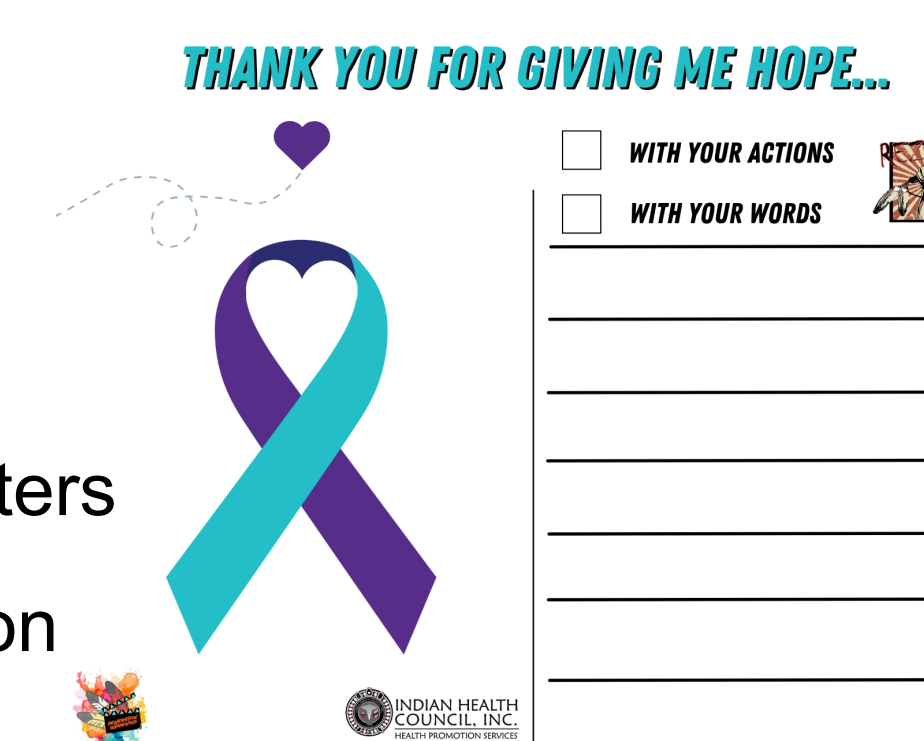


SUSTAINABILITY



- Hope Note was created to help say the positive things before it's too late
- Goal is to keep people alive by showing them the impact they have on our lives

- Allowed youth to become more familiar with expressing their emotions
- REZolution trained Hope Note facilitators for implementation in schools and tribal education centers
- QPR (Question, Persuade, Refer) suicide prevention training for youth was used in conjunction



KEY TAKEAWAYS

- Our work clearly demonstrates meaningful conversation with youth about mental health
- Youth value celebrating and strengthening cultural practices and teachings
- Youth groups demonstrated that mental and spiritual wellbeing is achieved through coping skills
- Practical implications are that understanding history, culture, and creativity are key motivators for youth
- Indicates the effectiveness of intergenerational connection between Tribal youth and Elders

NEXT STEPS

Recommendations:

- Develop a Youth Advisory Council for a more extensive and meaningful experience
- Intergenerational connection should be incorporated more to increase participation and cultural attainment
- Project should have strong social media footprint involving youth as future leaders
- REZolution is the realized vision of the past IHC CEO and grant writer Romelle Maje McCauley, with the goal to expand skill building opportunities in the next version of REZolution



ACKNOWLEDGEMENTS

IPP Name: Indian Health Council, Inc.
CDEP Name: REZolution
Priority Population: Native American
Local Evaluation Time Period: Sept. 2022 – Oct. 2025

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This work was made possible in part by funds received from the California Department of Public Health, Office of Health Equity's California Reducing Disparities Project Phase 2 Extension, Contract # 16 -10532



STRENGTHENING YOUTH AND FAMILIES PROJECT



NEXT STEPS AND KEY TAKEAWAYS

The main limitation is that the Strengthening Youth and Families Project evaluation had a small sample size, which was insufficient to determine statistically significant outcomes. This project did not collect data on the specific reasons underlying participants' responses. However, it is reasonable to consider that given the time period of data collection, broader contextual factors such as the political climate could have influenced participants' sense of cultural pride and identity, as well as their attendance and willingness or ability to participate in the research.

With these findings IHSCCV offers the following recommendations.

- 1 | CDEP activities are needed and wanted by the AIAN community of Santa Clara County and further investment is needed in sustaining these programs.
- 2 | Findings are consistent with messages shared by AIAN communities and highlight the need for continued research into culturally based approaches to mental health prevention and promotion.
- 3 | In the future, IHSCCV will engage with in-person recruitment approaches more strongly and spend more time directly engaged with the community and participants around evaluation.
- 4 | For future evaluation efforts, IHSCCV will develop a qualitative follow-up study to more deeply understand how CDEP activities impact mental health prevention and promotion.



PURPOSE, DESCRIPTION, AND IMPLEMENTATION

The Strengthening Youth and Families Project is a prevention/early intervention program that aims to prevent and/or reduce signs of early onset mental illness for American Indian people in Santa Clara County by increasing knowledge of mental health factors of historical trauma, suicide prevention, stigma and discrimination reduction, and access and linkages to services.

The activities are Traditional Song Class, Traditional Dance Class, San Jose Native Youth Empowerment Group, Cultural Arts Classes, Gathering of Native Americans (GONA), and Mini-Powwows. The population served by these activities was AIAN youth, transitional-aged youth, and adults.

A key strategy for incorporating cultural knowledge into the CDEP was implementation by experienced staff with AIAN cultural backgrounds.

Programs were grounded in the cultural traditions of those delivering the programming and in the core principles of the GONA, an evidence-based, culturally grounded approach that centers AIAN cultural values, traditions, and spiritual practices to address community-identified challenges.

EVALUATION DESIGN AND METHODS

The local evaluation design used for the CDEP work was quantitative. There was no qualitative data collection. The design included a convenience sampling methods inclusive of all participants in CDEP activities. The time period for collecting data presented here is from July 2024 to May 2025.

Quantitative Data was collected through self-administered online surveys using Microsoft Forms. The survey instrument was disseminated by IHSCCV and included both statewide evaluation measures and locally developed evaluation items.

A strategy used to incorporate cultural knowledge involved piloting the survey with AIAN youth to gather their feedback on the appropriateness and relevance of the questions during Phase 2. IHSCCV used this feedback to revise and refine the survey accordingly. Additionally, during the Phase 2 extension, the evaluation team reviewed and updated the survey questions based on their ongoing work with the community and youth.

RESULTS

A subset of 16 respondents completed both intake and follow-up surveys, drawn from the full sample of 31 participants who were assessed over time in mental health, cultural connectedness, substance use, and other key measures. Results are reflective of the 14 participants aged 12 and over unless otherwise noted.

Key highlights of the include:

Responses on the Multi-group Ethnic Identity Measure (MEIM) showed strong agreement from baseline to follow-up for all responses options, but follow-up did see slight declines in several response options. These decreases are further supported by the baseline values (mean=54.21, SD=5.16) and follow-up values (mean=52.00, SD=12.75), but these decreases were not statistically significant (p-value=0.56).



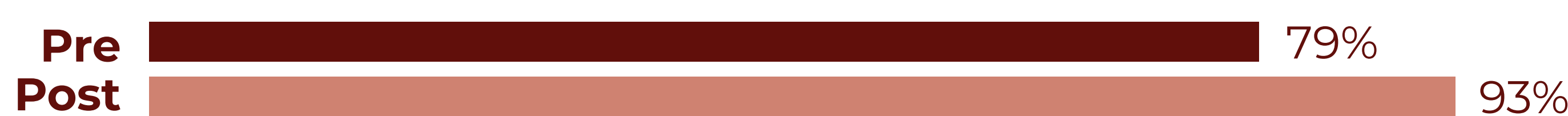
The social connectedness scale measures saw decreases from baseline to follow-up. The baseline average was 25.79 and the follow-up average was 22.64 (p-value=0.19).



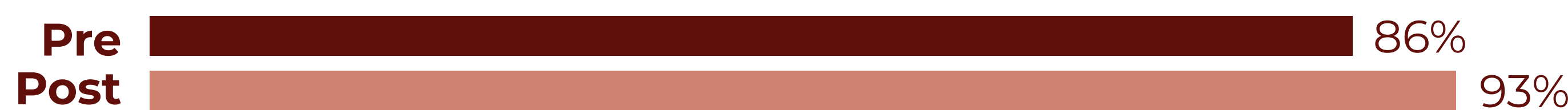
General Self Efficacy saw increases from baseline to follow-up. The mean score of the General Self-Efficacy Scale at baseline was 32.86 and the follow-up mean score was 34.43 (p-value=0.51).



The frequency of reported feelings of hopelessness improved, with a greater proportion of respondents indicating little to no hopelessness at follow-up (93%) compared to baseline (79%).



Feelings of depression were low amongst respondents at baseline and follow-up as 86% of respondents reported little to no feelings of depression at baseline and 93% reported little to no feelings on the follow-up. These results are positive findings that the mental health of the respondents improved from baseline and follow-up (p-value=0.26).



ACKNOWLEDGEMENTS

This work was made possible in part by funds received from the California Department of Public Health, Office of Health Equity's California Reducing Disparities Project, Contract # 16-10535.

Michael Andrews, Justina Duran, Michael Duran, Anecita Miller, Neela Samayoa, Mariposa Evaluation Consultants

<https://indianhealthcenter.org>



INTEGRATED CARE COORDINATORS PROJECT

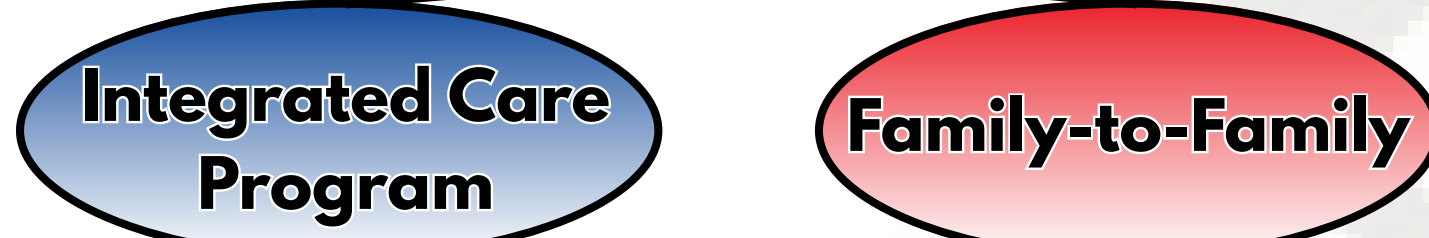
Enhancing Service Accessibility for the Korean Community



CDEP Description

Integrated Care Coordinators (ICC) are culturally competent staff who help Korean immigrants navigate behavioral health and social services.

Three Core Components



Participant Demographics (Category III)

- Total Participants: 237 (Category III)
- Foreign-Born: 97.9%
- Average Duration of Residence in America: 25.88 years
- English Fluency: 7.3% fluent

*Predominantly monolingual Korean speakers

CDEP Purpose and Goals

- Improve mental health and wellness
- Enhance accessibility and quality of services
- Decrease stigma surrounding mental health
- Support the community in adapting and flourishing within mainstream society

Implementation Process

- No Wrong Door**-Access to any service at any entry point
- Whatever it takes**-Holistic approach
- Warm Hand Off**-Direct, personal transfer to providers to prevent falling through the cracks
- 'Noonchi'**-To sensitively recognize and respond to cultural stigma surrounding mental health



Integrated Care Program

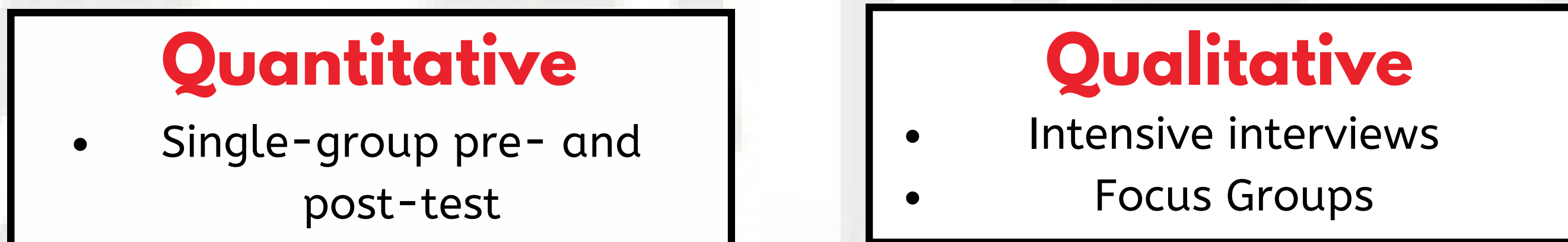
- Individuals who seek support for their own mental health needs
- Prevention & Early Intervention Program
- Average # of sessions: 8.17 sessions

Family-to-Family

- Families of individuals with mental health conditions
- Integration of psychoeducation + support group
- Average # of sessions: 8.15 sessions

Evaluation Design & Methods

Mixed Method Design



- Quantitative**
 - Single-group pre- and post-test
- Qualitative**
 - Intensive interviews
 - Focus Groups

- Use of Korean Language Across Evaluation Activities
- Culturally Competent Local Evaluators
- Integration of ICC Staff Expertise
- Inclusion of Measures on Indigenous Practices and Cultural Competence

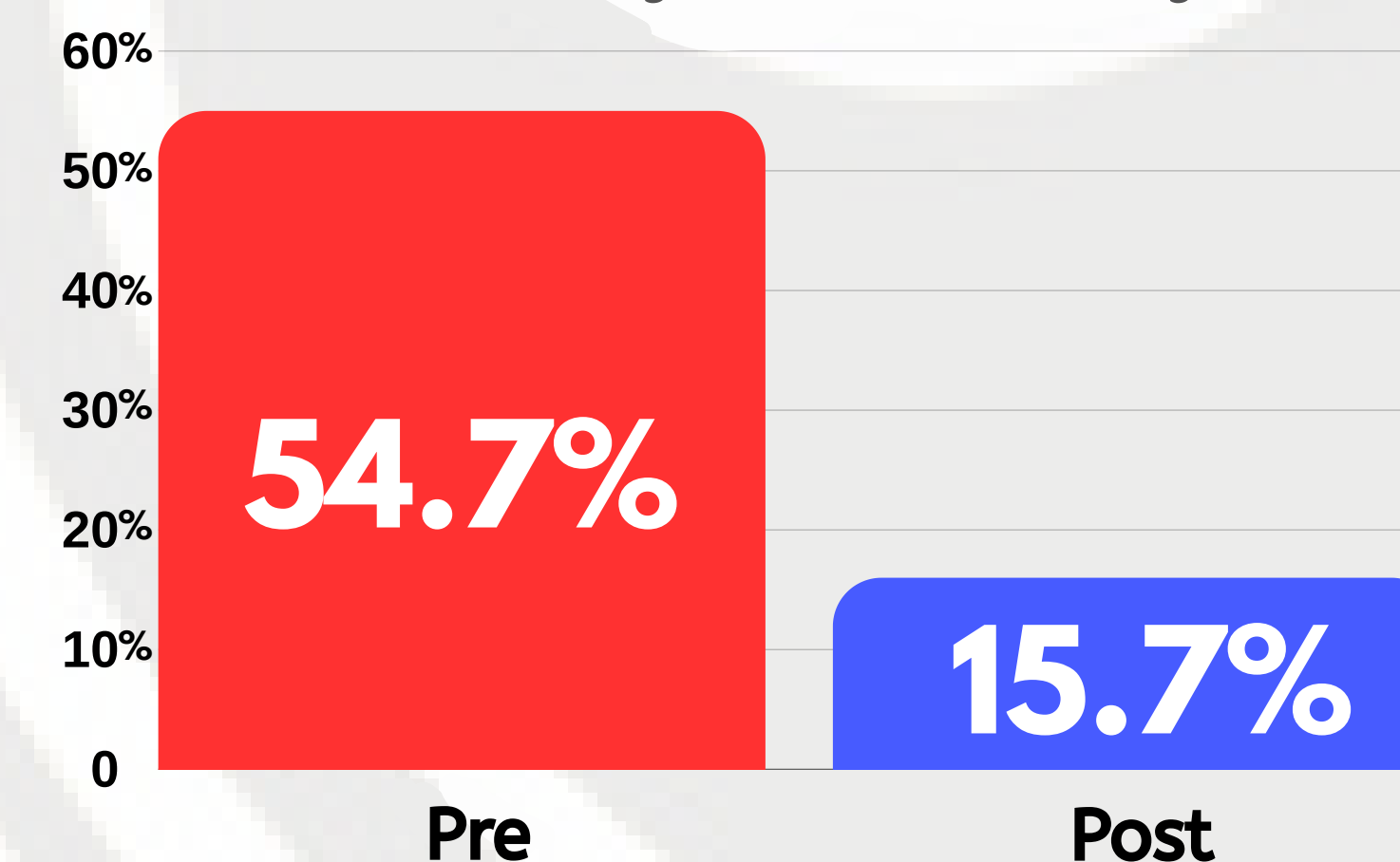


Results

Integrated Care Program

Decrease in Participants with Severe Psychological Distress

Pre-Survey vs. Post-Survey



Family-to-Family

- 96.1%** Agreed or strongly agreed that they were better able to manage daily challenges
- Reduced Stress
- Improved Coping skills
- Emotional support from Peer Connections & Psychoeducation
- Realistic recovery goals have been set, understanding that progress may be gradual and could take years

"Family-to-Family helped me begin to let go of the guilt of believing my family's illness was my fault."

"Through Family-to-Family, the silence between my son and me finally began to break."

Sustainability, Scalability, & Systems Transformation



Sustainability

- New Grants
- Fee for Service
- Reimbursement (Medi-Cal/CHW)
- Coalition (other API CBOs, NAMI,...)
- Volunteer-Led Utilization Strategy

Scalability

- Reliable Culturally Responsive Scale
- Documentation and Compilation of Data for all Program Components for future Replications and Adaptations of other ethnic communities.

Systems Transformation

- Utilized CDEP to foster a more politically supportive environment for the Asian American community

Key Takeaways

- Cultural Significance & Enhanced Access:** By serving as a trusted cultural and linguistic bridge, the ICC Program reduces stigma and builds community trust, ensuring Korean immigrants gain timely access to mental health services before concerns escalate.
- Holistic Approach:** By addressing social and structural stressors alongside mental health needs, the program improved emotional well-being and reinforced the social determinants of health model, supporting better mental health outcomes.
- Policy & Systems Relevance:** Prioritizing community-embedded care models within public health systems serving immigrant populations is essential to improving access, equity, and long-term mental health outcomes.
- Demonstrated Impact on Psychological Distress:** Findings show that KCS's ICC Program significantly reduced psychological distress, highlighting culturally responsive, community-centered care as an effective prevention and early intervention approach.

Next Steps

- Without this program, disparities could re-emerge, resulting in higher costs, delayed support, and more detrimental effects on the community. Sustaining culturally grounded care coordination ensures problems are **proactively managed before they reach a critical stage.**

As Orange County experiences the fastest growth of its Korean population in California, sustaining these programs is vital to supporting individuals and families who have nowhere to seek help.

Conclusion

ICC's culturally grounded, community-based approaches effectively reached Korean immigrant clients, fostering trust, engagement, and culturally responsive care.



CENTRO DE APOYO LATINO

IMPLEMENTATION PILOT PROJECT - LATINX PRIORITY POPULATION

CALIFORNIA REDUCING DISPARITIES PROJECT PHASE 2 EXTENSION | NOVEMBER 2023 - MAY 2025



BACKGROUND

Centro de Apoyo Latino (CAL) program utilizes "Cultura de Salud" (Culture of Health) a service delivery model, rooted in "The Enchilada Approach to Reawakening Therapy" (Fernandez & Barnes 1978), a framework developed by La Familia Counseling Center (LFCC) founders over 50 years ago that identifies eight key culturally based principles deemed essential for delivering effective community-based mental health care.

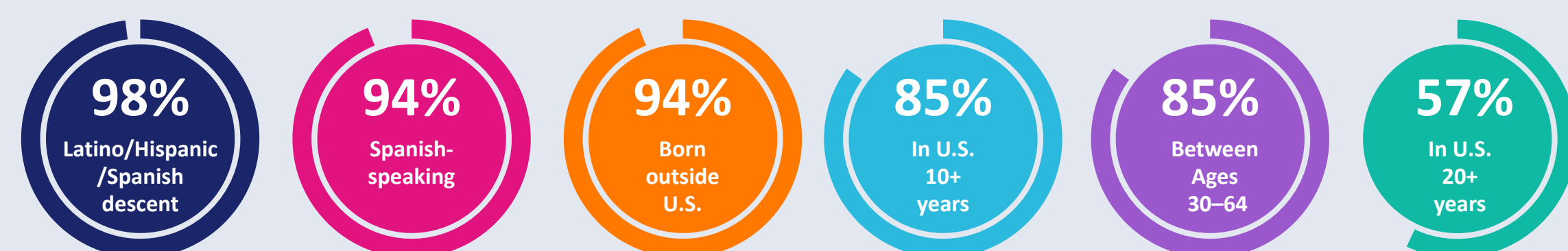


CDEP DESCRIPTION

The Centro de Apoyo Latino (CAL) program was developed to address the growing needs for culturally and linguistically responsive mental health services among Latinos in the Sacramento region, where many face geographic and systemic barriers to care.

In response to these persistent barriers, the CAL program provided outreach, navigation, and short-term therapy with warm handoffs to long-term providers, all grounded in the Eight Principles of "Cultura de Salud," reinforcing La Familia's unique position to address the growing needs for culturally and linguistically responsive mental health services.

CAL Client Demographics (n = 114)



CAL's multidimensional approach to treatment and care operationalizes the eight culturally responsive principles found in the "Cultura de Salud" in three ways:

- Outreach & Educational Workshops
- Navigation Services
- Individual & Group Therapy Sessions



EVALUATION DESIGN

The CAL program helps us to understand the value of integrating the "Cultura de Salud" principles into our community mental health programs. This evaluation phase sought to answer three primary questions:

- To what extent does program participation strengthen individual wellness and resilience?
- To what extent does program participation reduce risk factors for mental illness?
- To what extent does the program approach improve retention in CAL services?

The multidimensional program design required for "Cultura de Salud" also highlights the need for mixed methods in the evaluation process.

| CAL Evaluation Mixed Method Approach | |
|--------------------------------------|---|
| Latent Variable Analysis | <ul style="list-style-type: none"> • Quantifies latent variables in context • Structure Equation Modeling |
| Feedback Informed Treatment | <ul style="list-style-type: none"> • Measures clinically significant changes • Treatment informed by client response |
| Ordinal Logistic Regression | <ul style="list-style-type: none"> • Quantifies probability of client success • Pre & Post treatment conditions |
| Content Analysis | <ul style="list-style-type: none"> • Identified themes using client voices • Inductive coding through Grounded Theory |

Multiple data sources also help validate post treatment evaluation outcomes:

1. Statewide Evaluation (SWE) data for Pre and Post treatment comparison.
2. Sheehan Disability Scale (SDS) data for measuring the likelihood of improved wellness.
3. Feedback Informed Treatment (FIT) data for measuring clinically significant changes in wellness
4. Semi-Structured Client and Staff Interviews to identify themes important to understanding client satisfaction and utilization.

This combination of multiple analytical approaches with multiple data sources allows us to infuse scientific methods into the evaluation process in a manner that highlights, rather than ignores, important cultural indicators of and for wellness.

FOR MORE INFO



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QUANTITATIVE FINDINGS

Statistical analysis of client reported Pre and Post treatment data provides compelling evidence that CAL clients experienced significant improvement in mental well-being following treatment. Finding from the 2021 evaluation period were noteworthy, positive findings for the 2025 evaluation period were even more pronounced after COVID restriction on public meeting were lifted.

| 2021 | Clients were: | 2025 |
|------|---|------|
| 9x | More likely to report improvements in the ability to perform at work or school. | 19x |
| 8x | More likely to report improvement in performing/managing household chores. | 17x |
| 9x | More likely to report improvements in social life. | 21x |
| 6x | More likely to report improvements in relationships with family and friends. | 31x |

QUALITATIVE FINDINGS

Academic research shows that there is a strong relationship between client satisfaction and positive patient-reported mental health outcomes. Our Content Analysis of client and staff interviews, uncovered factors that led to client satisfaction. These factors showed how "Cultura de Salud" can help us design effective community mental health programs.

Grounded Theory Conceptual Map: CAL Satisfaction

| | | |
|----------------------------------|---------------------------|---|
| Therapeutic Alliance | "They listened to me" | Intervention, stabilization, & engagement |
| Navigation | "They helped me" | Support, connectivity, & engagement |
| Whole Person Approach | "They cared about me" | Physical, social, & mental wellness |
| Family Integration | "They included my family" | Emotional resilience |
| Cultural Integration | "They understood me" | Safety & trust |
| Service Located In The Community | "They are here for me" | Accessible resources |

CONCLUSION

Centro de Apoyo Latino (CAL) provides and demonstrates how culturally and linguistically responsive, multidimensional care, grounded in the "Cultura de Salud" principles, serves as a central mechanism for healing for clients experiencing urgent and crisis-level mental health conditions.

Leticia Blanca Galicia Morales (she/her)
Navigator

Teresa Isabel Santos Ramirez (she/her)
Navigator

Noemi Tungui (she/they)
Program Manager

Berenice Gonzalez (they/them)
Evaluation Coordinator

Dr. Alison Herrmann (she/her)
Local Evaluator

Purpose, Description & Implementation

Living with Love is a culturally defined 8-workshop mental health and domestic violence program by and for the Indigenous, Mexican, Migrant, and Latino populations.

Goals:

- **REDUCE** depression, anxiety, DV, socio-cultural and linguistic isolation, and stigma
- **INCREASE** knowledge/ access to support resources

Cultural Knowledge Strategies



• **Promotoras:** trained community health workers who are trusted members of the community, and share in or are deeply familiar with the culture, language, values, and life experiences of the community.

- **Language:** Spanish/Mixteco interpretation
- **Confidentiality**
- **Cultural items**
- **Group OR Virtual and in-person one-on-one classes:** accommodate community needs
- **Community Advisory Board (CAB)**
- **In Lak'ech (You Are my Other Me):** poem by Juan Valdez based on indigenous Mexican collectivist point of view

In Lak'ech

You are my other me
If I do harm to you,
I do harm to myself
If I love and respect you,
I love and respect myself

Evaluation Design & Methods

Mixed methods, quasi-experimental pre-post design with comparison group.

2- year evaluation period: 8/2023-7/2025

- **Pre/Post & Intake Surveys**
 - Interviewer-administered survey in Spanish and Mixteco
 - CAB consulted on linguistic/cultural aspects
 - Post administered after 4-6 weeks of classes (intervention) or waiting period (comparison)
- **Focus Group (intervention group only)**
 - Spanish/Mixteco consecutive interpretation
 - MICOP office - trusted space
 - Led by trusted/trained promotoras
 - Audio recordings transcribed and translated
 - MICOP and UCLA conducted coding



Why LwL?

| | |
|--|------------|
| Learn to manage your emotions & behaviors | 46 (42.6%) |
| Be heard and be able to express | 43 (39.8%) |
| Strengthen the relationship & communication of couple and/or children | 43 (39.8%) |
| Personal improvement | 31 (28.7%) |
| Healing of past wounds or current situations | 27 (25%) |
| Learn to educate children | 24 (22.2%) |
| Identity & learn what mental health & wellness tools are | 20 (18.5%) |
| Know what is a healthy and unhealthy relationship (DV) | 16 (14.8%) |
| Learn info to help a family member with mental health/substance abuse challenges | 11 (10.2%) |
| Family Law required | 14 (13.0%) |
| Other | 7 (6.5%) |

Results

Stress Management (p<.0001)

Difficulty relaxing - always (intervention p=.0001) (comparison p=0.855)

Female, Mixteco translation
"I go for a walk when I feel like I'm about to get stressed... listening to music relaxes me a lot, or I start singing... and breathing helps too."

Depression and Anxiety Symptoms (p=.0001, referred by court system p=.0003)

Fast breathing/increased heart rate - sometimes & always (intervention p=.0005) (comparison p=0.919)

Female, Mixteco translation
"...the first time I came here, I had a headache and wasn't feeling ok...and now I feel happier..."

Mental Health Resources (p<.0001)

Mean # of resources known (intervention p<.0001) (comparison p=0.3351)

Standard Deviation
• Intervention (n=84) pre= 1.933, post= 2.19
• Comparison (n=41) pre= 1.1356, post= 1.526

Subgroup: Men

- 18 men participated in program
- Trends show improvements in all evaluation areas

Domestic Violence Knowledge (p<.0001)

Heard of a DV safety plan (intervention p<.0001) (comparison p=0.059)

LwL Promotora, Leticia Blanca Galicia Morales
"The majority... thought that if they don't get hit, it's ok...because in our community, the man is boss and has a right to yell...[It is also believed] that the [proper] way to educate is with blows but after participating...they share, 'I learned that is not good and now my relationships with my kids and partner have improved'"

Mental Health Knowledge & Stigma* (p<.0001)

*Changes in stigma more pronounced in those referred by law

Understand depression well (intervention p<.0001) (comparison p=0.801)

Comfort in sharing about receiving mental health support, with family and/or friends (intervention p<.0001) (comparison p=1)

Self Esteem

LwL Promotora, Teresa Isabel Santos Ramirez
"...A participant wore a mask at the beginning of the workshops and at the end shared that she covered herself out of shame but now accepts herself as she is and shows her face."

Male, Spanish translation
"I did not like myself, did not love myself, did not respect myself, did not value myself... my self love has evolved because I have learned...to love myself more, to value myself more, to respect myself more, to take care of myself..."

Culture

Both intervention and comparison groups maintained cultural traditions at high rates at pre-evaluation

Key Takeaways & Next Steps

Data shows the transformative positive effects Living with Love has had on individuals, families, and the community. We had statistically significant desirable outcomes for intervention group in all areas regardless of age, gender, Indigenous identity, marital status, years in US, Spanish proficiency, and whether they were referred by law or came voluntarily.

- Culture is integral to individual and collective success
- Similar info unavailable in Mixteco elsewhere
- Connection with promotoras allows deeper dialogue
- Several found strength to leave DV situations

Future considerations

- Deeper analysis among men and couples
- Longer-term follow up
- Evaluate impact of modifications on success in other communities
- Presentations on program processes and results
- Facilitator's guide to train others
- Expand to MICOP Santa Barbara County
- Seek funding from court systems
- Copyright curriculum

Acknowledgements

California Reducing Disparities Project Phase II Extension 2022-2025. This work was made possible in part by funds received from the California Department of Public Health, Office of Health Equity's California Reducing Disparities Project, Contract #16-10525.

Special thanks to collaborators: Leticia Blanca Galicia Morales, Teresa Isabel Santos Ramirez, Irisela Contreras, Berenice Gonzalez, Dulce Vargas, Noemi Tungui, Living with Love Community Advisory Board, Arcenio J. Lopez, Genevieve Flores-Haro, Rio Lorenzo, Adriana Mandujano Angel, Bárbara Márquez-O'Neill, UCLA Kaiser Permanente Center, Dr. Alison Herrmann, Diana Balderas Trujillo, UC Davis Center for Reducing Health Disparities.

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Noemi Tungui (ella/elle)
Gerente del Programa

Berenice Gonzalez (elle)
Coordinadora de Evaluación

Dra. Alison Herrmann (ella)
Evaluadora Local

Propósito, Descripción, e Implementación

Viviendo Con Amor es un programa culturalmente definido de 8 talleres para la salud mental y violencia doméstica creado por y para las poblaciones indígenas, mexicanas, migrantes, y latinas.

Metas:

- **REDUCIR** depresión, ansiedad, violencia doméstica, aislamiento sociocultural y lingüístico, y estigma
- **AUMENTAR** conocimiento y acceso a recursos de apoyo

Estrategias de Conocimiento Cultural



Promotoras: trabajadoras comunitarias entrenadas de salud que son miembros comunitarias de confianza y comparten o tienen familiaridad profunda con la cultura, lenguaje, valores, y experiencias vividas de la comunidad.

- Lenguaje: Interpretación Español/Mixteco
- Confidencialidad
- Objetos culturales
- Talleres en grupo O virtuales y en persona 1 a 1 para adaptarse a las necesidades de los participantes
- Consejo Comunitario (CAB)
- In Lak'ech (Eres Mi Otro Yo): poema por Juan Valdez basado en el punto de vista colectivista de Mexicanos Indígenas.

In Lak'ech

Tu eres mi otro yo
si te hago daño a ti
me hago daño a mi mismo
si te amo y respeto
me amo y respeto yo

Métodos y Diseño de Evaluación

Métodos mixtos, diseño pre-post-experimental cuasixperimental con grupo de comparación.

Periodo de evaluación de 2 años: 8/2023-7/2025

- **Encuestas Pre/Post- y Formulario de Admisión**
 - Encuesta administrada en español y mixteco
 - El CAB fue consultado en aspectos lingüísticos y culturales
 - Administración post tras 4-6 semanas de clases (intervención) o periodo de espera (comparación)
- **Grupo de enfoque (solo grupo de intervención)**
 - Interpretación consecutiva en español/mixteco
 - Oficina MICOP - espacio de confianza
 - Dirigido por promotoras entrenadas y de confianza
 - Grabaciones de audio transcritas y traducidas
 - MICOP y UCLA realizaron codificación



¿Por qué Viviendo con Amor?

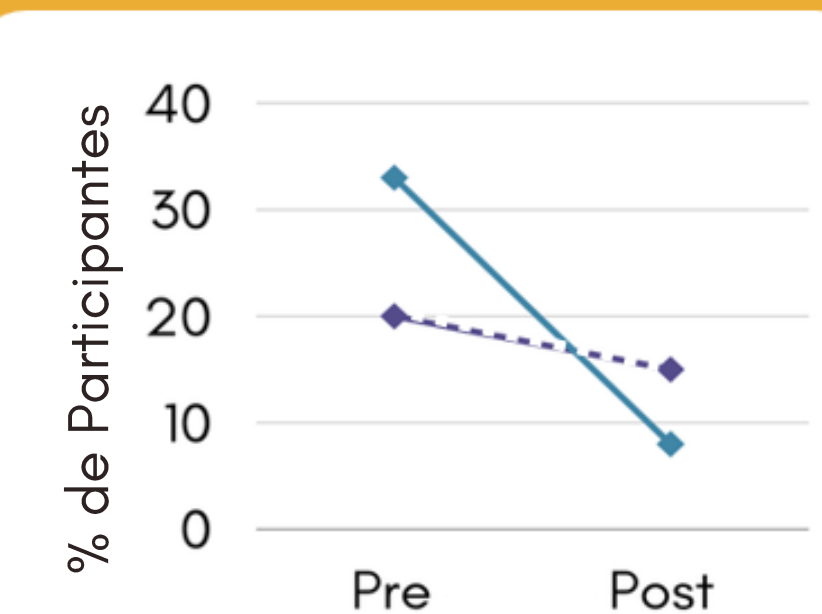
| | |
|--|------------|
| Aprender a gestionar sus emociones y comportamientos | 46 (42.6%) |
| Ser escuchado y poder expresarse | 43 (39.8%) |
| Fortalecer la relación y la comunicación de pareja y/o hijos | 43 (39.8%) |
| Superación personal | 31 (28.7%) |
| Sanar heridas del pasado o situaciones actuales | 27 (25%) |
| Aprender a educar a los hijos | 24 (22.2%) |
| Identificar y aprender de las herramientas de salud mental y bienestar | 20 (18.5%) |
| Conocer qué es una relación sana y qué no lo es violencia domestica | 16 (14.8%) |
| Información para familiar con problemas de salud mental o sustancias | 11 (10.2%) |
| Referido por la corte | 14 (13.0%) |
| Otro | 7 (6.5%) |

Resultados



Dificultad para relajarse, siempre (Intervención p=.0001) (Comparación p=0.855)

Manejo del Estrés (p<.0001)



"Salgo a caminar cuando siento que me voy a estresar... escuchar música me relaja mucho, o me pongo a cantar... y respirar también me ayuda."

Mujer, traducción de mixteco

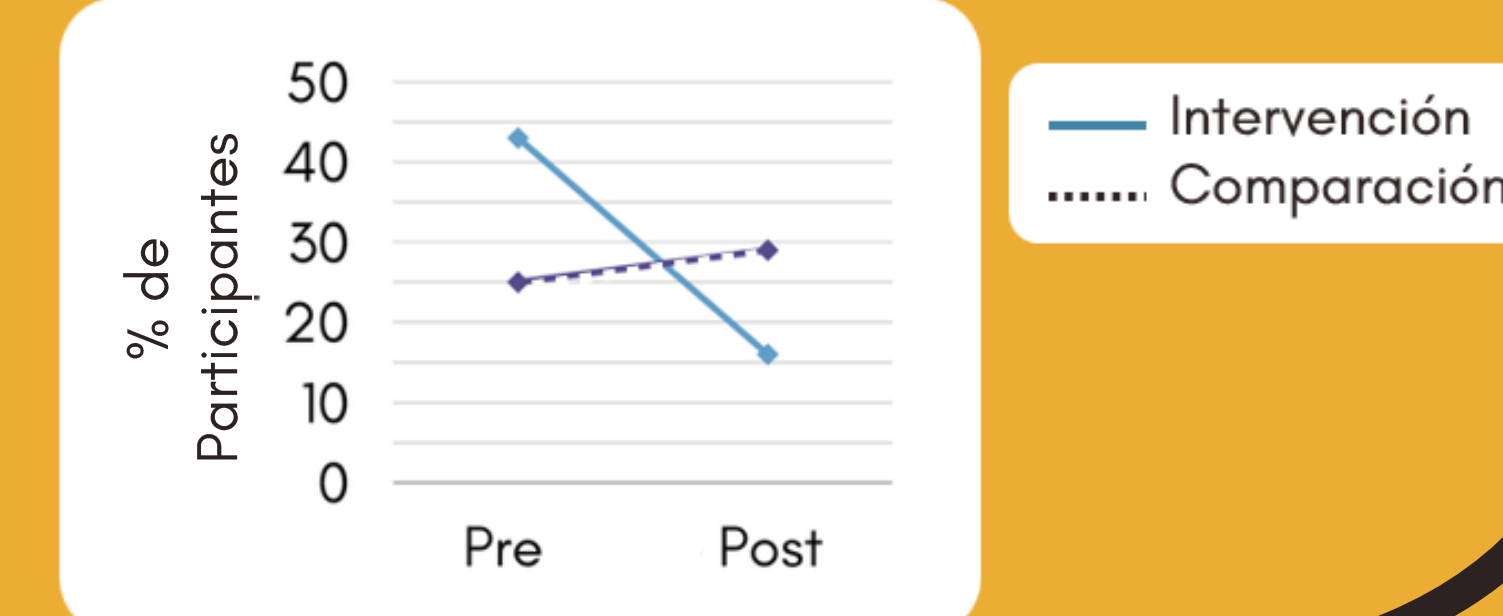
Síntomas de Depresión y Ansiedad

(p=.0001, referido por el sistema judicial p=.0003)

"...la primera vez que vine, tenía dolor de cabeza y no me sentía bien... y ahora me siento más feliz..."

Mujer, traducción de mixteco

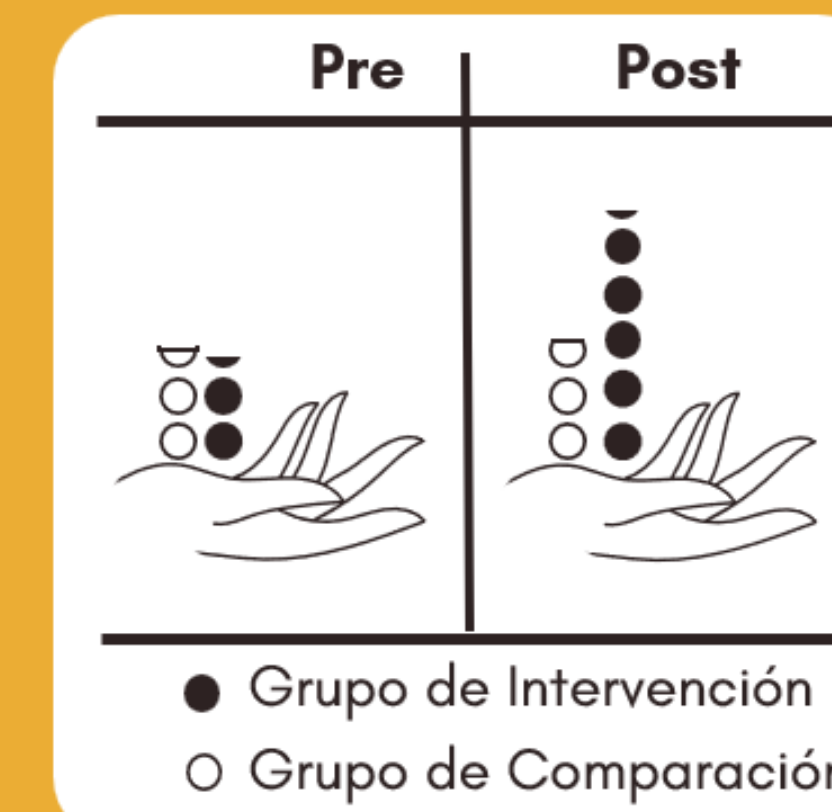
Experimentaron respiración acelerada/aumento de la frecuencia cardíaca, a veces y siempre (Intervención p=.0005) (Comparación p=0.919)



Recursos de Salud Mental

(p<.0001)

Medio # de recursos conocidos por cada grupo (Intervención p<.0001) (Comparación p=0.3351)



Desviación Estándar

- Intervención (n=84) pre= 1.933, post= 2.19
- Comparación (n=41) pre= 1.1356, post= 1.526

Subgrupo: Hombres

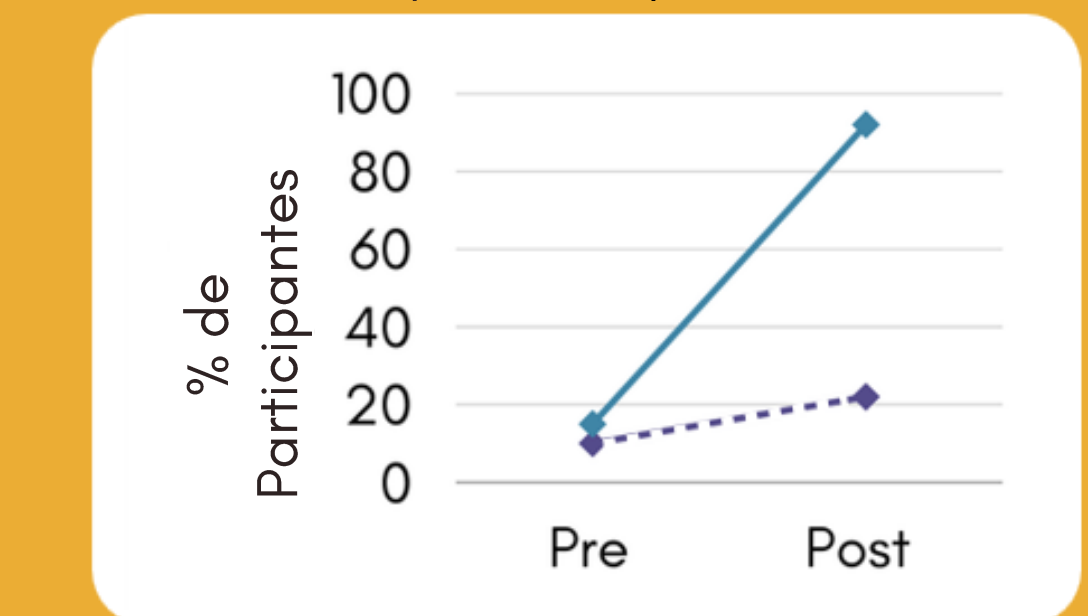
- 18 hombres participaron
- Las tendencias muestran mejoras en todas las áreas de evaluación.



Conocimiento Sobre la Violencia Doméstica

(p<.0001)

Han oído hablar de un plan de seguridad para VD (Intervención p<.0001) (Comparación p=0.059)



"La mayoría... pensaban que, si no les golpeaban, no pasaba nada... porque en nuestra comunidad, el hombre manda y tiene derecho a gritar... [También se cree] que la forma [correcta] de educar es con golpes, pero después de participar... comparten: 'Aprendí que eso no es bueno y ahora mis relaciones con mis hijos y mi pareja han mejorado'"

Promotora, Leticia Blanca Galicia Morales

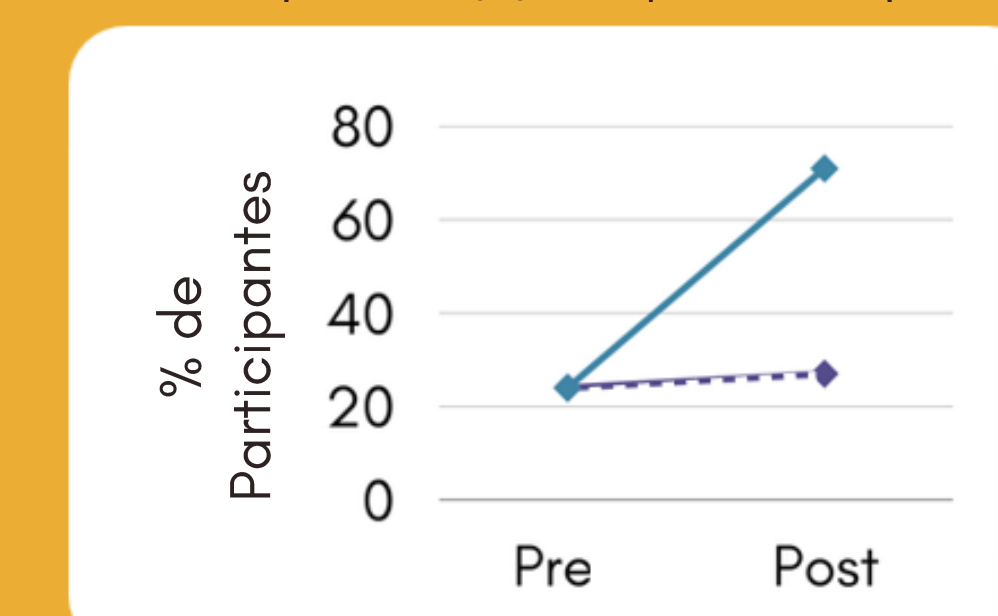


Estigma * y Conocimiento Sobre Salud Mental

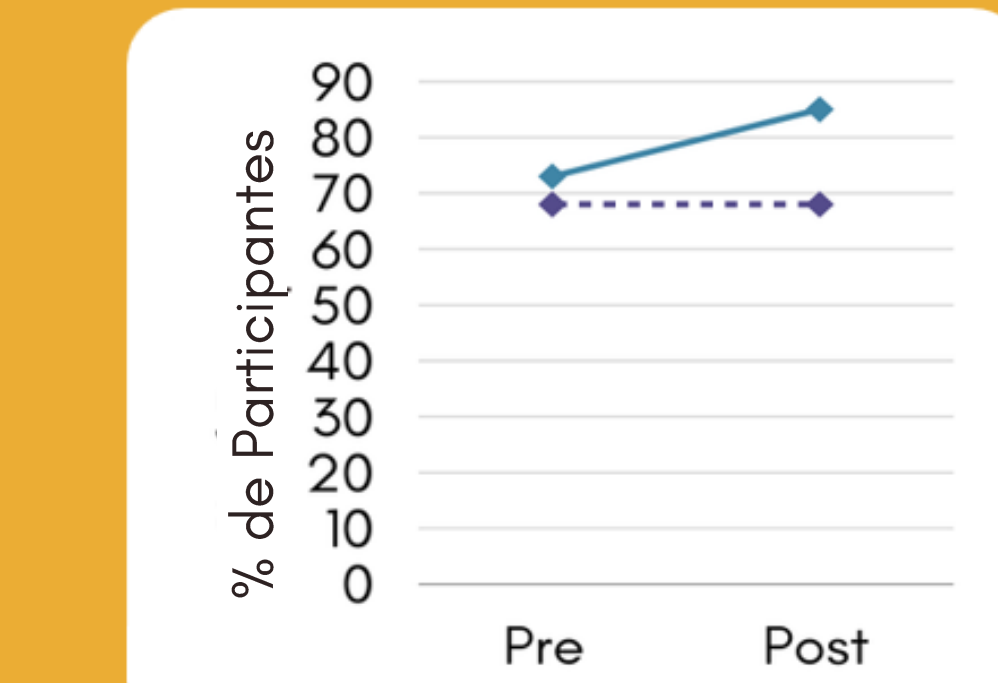
(p<.0001)

*Cambios en el estigma fueron más pronunciados en aquellos referidos por la corte

Conocen bien la depresión: (Intervención p<.0001) (Comparación p=0.801)

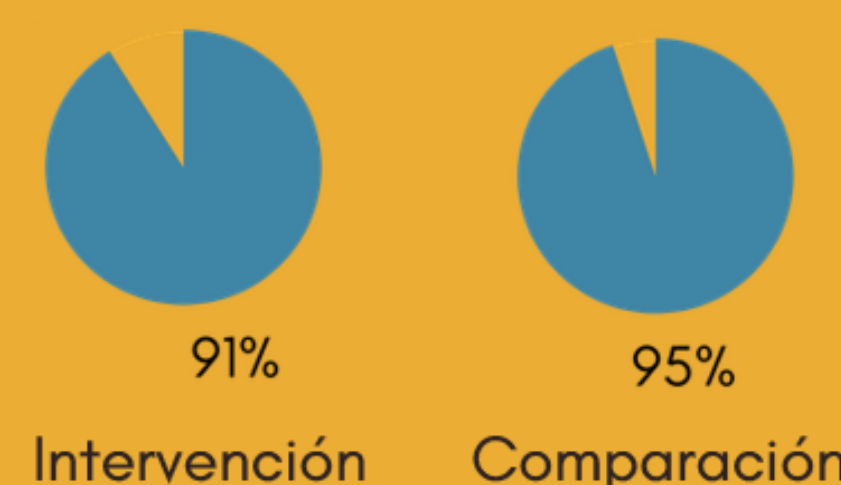


Se sienten cómodos compartiendo con familiares y/o amigos el hecho de estar recibiendo apoyo en salud mental: (Intervención p<.0001) (Comparación p=1)



Cultura

Tanto los grupos de intervención como los de comparación mantuvieron las tradiciones culturales a altas tasas en la preevaluación



Amor Propio

"... Una participante llevaba mascarilla al inicio de los talleres y al final compartió que se cubría por vergüenza, pero ahora se acepta tal y como es y muestra su cara."

Promotora, Teresa Isabel Santos Ramirez

"No me quería, no me amaba, no me respetaba, no me valoraba... mi amor propio ha evolucionado porque he aprendido... a querarme más, valorarme más, respetarme más, cuidarme..."

Hombre, traducción del español



Puntos Clave y Próximos Pasos

Los datos muestran los efectos positivos transformadores que el programa ha tenido en las personas, familias y comunidad. Obtuvimos resultados estadísticamente significativos y deseables para el grupo de intervención en todas las áreas, sin importar edad, género, identidad indígena, estado civil, años en EE. UU., dominio del español y si fueron referidos por ley o vinieron voluntariamente.

- La cultura es fundamental para el éxito individual y colectivo
- No hay información similar en Mixteco en otros sitios
- Conexión con las promotoras permite un diálogo más profundo
- Varios encontraron fuerzas para salir de situaciones de violencia doméstica

Consideraciones futuras

- Análisis más profundo entre hombres y parejas
- Seguimiento a largo plazo
- Evaluar el impacto de las modificaciones en el éxito en otras comunidades
- Presentaciones sobre procesos y resultados
- Guía para facilitadores para entrenar a otros
- Expansión a MICOP del Condado de Santa Bárbara
- Buscar financiación de los sistemas judiciales
- Conseguir derechos de autor para el currículo

Agradecimientos

Extensión de la Fase II del Proyecto de Reducción de Disparidades de California 2022-2025. Este trabajo fue posible en parte gracias a fondos recibidos del Proyecto de Reducción de Disparidades de California del Departamento de Salud Pública de la Oficina de Equidad en Salud en California, Contrato #16-10525.

Agradecimiento especial a nuestros colaboradores:

Leticia Blanca Galicia Morales, Teresa Isabel Santos Ramirez, Irisela Contreras, Berenice González, Dulce Vargas, Noemi Tungui, Consejo Comunitario de Viviendo Con Amor, Arcenio J. López, Genevieve Flores-Haro, Rio Lorenzo, Adriana Mandujano Angel, Bárbara Márquez-O'Neill, Centro Kaiser Permanente de UCLA, Dra. Alison Herrmann, Diana Balderas Trujillo, Centro de Reducción de Disparidades de Salud de UC Davis.

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Gathering of Native Americans (GONA): A Culture-Based Intervention to Improve Mental Health and Well-Being Among Native Youth into Adulthood

Paul Masotti, PhD, Director of Research and Evaluation, Jemzi Ortiz, M.S., Program Manager I, Research and Evaluation; Oakland, CA (unceded Ohlone lands)

“HEALTH IS EMBEDDED IN OUR CULTURE” - JANET KING

Implementation and Population

The Gathering of Native Americans (GONA) is a community-defined, culturally grounded intervention designed to strengthen cultural connection.

- Developed by Indigenous people for Indigenous people
- **Manualized four day, overnight, community-based intervention**
- Conceptualizes the community as the “patient,” where community healing promotes the wellness of individuals and their families
- **Functions as both a community needs assessment and a community intervention**
- Adapted to SF Urban Indian community and maintained fidelity
- **Population included youth ages 12-17 who self-identified as Native American**
- Facilitated by trained community members
 - Many former Youth GONA participants
- **Implemented in partnership with local cultural and spiritual leaders**
- Participants were referred through community networks
 - Primarily from the San Francisco Bay Area
 - **Represented diverse tribal affiliations (10+) multiracial identities**

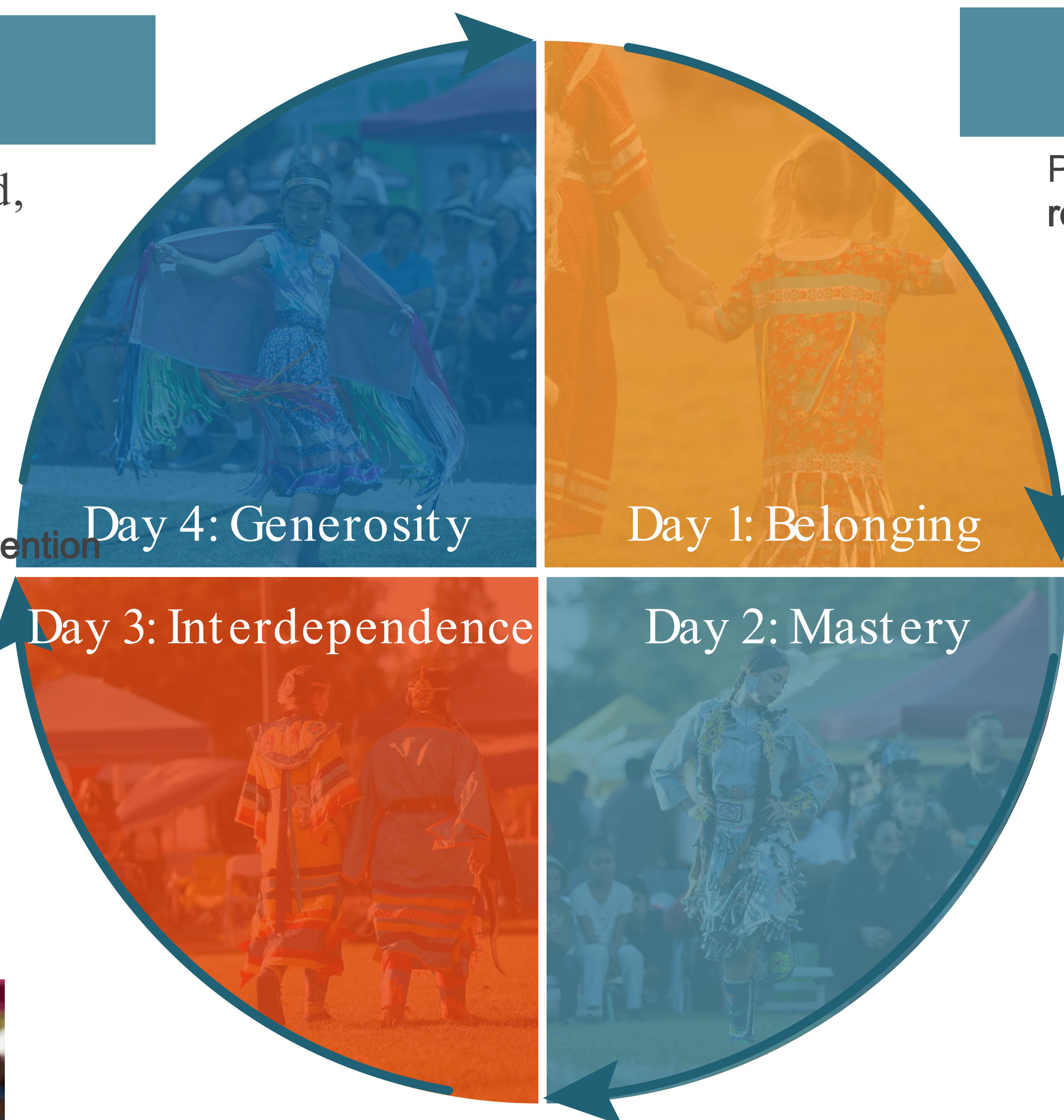


Figure 1. The GONA is a manualized curriculum that provides a framework for communities to address and heal from historical and intergenerational trauma, grief, and loss, organized around four main themes.

Results

Participants consistently reported positive experiences, strong feelings of belonging, and a desire to remain engaged with GONA and their peers.

- GONA participation was associated with significant increases in cultural connectedness immediately post-intervention and sustained at six months.
- Youth demonstrated improved mental health, hope, empowerment, and community engagement.
- Adult participants who attended a Youth GONA had significantly higher cultural connectedness and life satisfaction up to 10+ years later compared to non-participants.
- A positive dose-response was observed: more GONA participation was associated with higher cultural connectedness scores.
- Cost analyses suggest GONA is **cost-effective** compared to Western behavioral health modalities.

Outcomes of Adults (Age 18-30) Who Participated in Youth GONA (Age 12-18) Compared to Adults Who Did Not

| Outcome | Difference between GONA Group (N=38) and Non-GONA (N=50) Group | p-value |
|---------------------------------|--|-----------|
| Cultural Connectedness (CCS-CA) | +12.2 points | 0.0002*** |
| Life Changers Score | +4.7 points | 0.0003*** |
| Days Limited by Health | -5.4 days | 0.021* |
| Life Satisfaction | +2.0 points | 0.027* |
| Good Physical Health Days | -0.2 days | 0.829 |
| Good Mental Health Days | +0.8 days | 0.624 |
| Urgent Care Visits | -22.7% | 0.527 |
| ED Visits | -20.9% | 0.512 |

* p < 0.05 ** p < 0.01 *** p < 0.001

Table 1. Adults who participated in a Youth GONA demonstrated significantly higher cultural connectedness, empowerment, life satisfaction, and fewer days of health-related limitations up to 10+ years later.



Evaluation Design and Methods

Study 1– Youth Prospective Study (Ages 12-17)
Mixed-methods longitudinal evaluation with data collected at baseline, post-GONA, and six-month follow-up. Measures included the Cultural Connectedness Scale (Short), Herth Hope Index, and Life Changers Instrument, along with qualitative feedback. NAHC developed and validated the Cultural Connectedness Scale (CCSCA) a measurement tool created by, with and for Indigenous people.

Study 2– Youth GONA 2023 Cost Analysis
Prospective cost analysis conducted from the payer perspective to estimate total cost, cost per participant, and cost per participant per day. Sensitivity analyses were performed to evaluate costs under different variables.

Study 3–Retrospective Study of Adults (Ages 18-28) Who Participated in GONA as Youth (Ages 12-17)
Comparison of adults who participated in a GONA as a youth aged 12-17 (N=38) to a non-GONA control group (N=50) to assess long-term impacts on cultural connectedness, well-being, and healthcare utilization

Take Away Messages and Recommendations

GONA participation strengthens connection to culture for Native youth immediately and 10 years after into early adulthood. Evidence is clear that connection to culture is a protective factor and is a powerful Social Determinant of Health. Connection to culture is an important intervention objective and can be measured with the validated/ published Cultural Connectedness Scale-CA.

Community-defined, culture-based interventions and measurements, like GONA and the CCSCA, can address health inequities and complement healthcare systems. Community Defined Evidence Practices (CDEPs) like GONA can deliver and sustain individual, family, community, and system change.

Integrating CDEPs into health systems offers a promising pathway for sustainable, cost effective, and culturally inclusive care.



This work was made possible in part by funds received from the California Department of Public Health, Office of Health Equity's California Reducing Disparities Project, Contract #16-10533 A2. This project was supported through the California Reducing Disparities Project (CRDP) Phase 2 Extension. Local evaluation time was from 2022-2026. We would like to thank our intertribal Community Advisory Board, Culture is Prevention Project team members, Dr. Angela Snowshoe, Janice Linton, and the many community and staff members who have contributed to this work over the years. Special acknowledgement to Dr. Ana Johnson and research team at Queen's University for their evaluation support.

Openhouse

Ariel Mellinger, Sylvia Vargas, and Dani Soto, PhD

Visit us online!
openhousesf.org



CDEP Purpose, Description and Implementation

Program Purpose, Goals, and Focus

LGBTQ+ older adults experience isolation and mental health disparities at rates 2-3 times higher than their heterosexual peers. Openhouse's Community Defined Evidence Practice (CDEP) addresses these disparities through culturally competent, integrated programming that successfully reduces isolation, improves mental health, and builds authentic community. The Openhouse CDEP aims to reduce social isolation, improve mental health, and address social determinants like housing insecurity.

Target Population

The program serves LGBTQ+ older adults, including low-income seniors, transgender gender-nonconforming and intersex (TGNCI) individuals, LGBTQ+ people of color, and adults with disabilities.

Key Program Components

Includes Mental Health Program, TGNCI community programming, Club 75 Adult Day Services, and cultural competency trainings.

Community-Driven, Affirming Approach

Utilizes trauma-informed, community-informed "no wrong door" model affirming intersecting identities to foster trust and engagement.

Evaluation Design and Methods

Mixed-Methods Approach: The evaluation combined quantitative surveys and qualitative interviews for a comprehensive program assessment.

Data Collection Techniques: Quantitative data included surveys on mental health and loneliness; qualitative data included focus groups and interviews.

Cultural Knowledge Integration: Centering participant voice and contextualizing data ensured evaluation reflected LGBTQ+ older adults' realities.

Evaluation Period: May 2022 - May 2025

Results

Reduced Social Isolation

Programs **reduced social isolation and stress** among LGBTQ+ older adults and their caregivers, promoting community connection.

Improved Mental Health

Mental health improved with **fewer poor mental health days and decreased loneliness** across all measured domains.

Cultural Competency and Trust

Cultural competency and trust were identified as key drivers of the program's positive impact and effectiveness.

Training and Empowerment

Training **increased caregiving confidence and capacity** to counter discrimination among participants.



Mental Health Program

! 33% LESS poor mental health days

↑ Coping Skills ↓ Loneliness

! Cultural competency + community-based delivery model = success

Club 75

LGBTQ+ Affirming Adult Day Program

! 100% Reduced Isolation
! 100% Caregiver Stress Relief
! 64% Improved Physical health

TGNCI Programming

! Safe transportation = safe access to affirming programming
! Create authentic spaces that felt like a family atmosphere
! Increase in quality and quantity of program: evolved Openhouse from service provider to community builder

Cultural Competency Training

! 82 - 87% Increased ability to serve LGBTQ+ Older Adults
! Practical skills gained
! Deeper knowledge and understanding gained

"Openhouse was the first place that made me feel accepted [as intersex]. Staff were helpful with locating housing when I had knee surgery and Openhouse provided education to the Salvation Army regarding what it was to be intersex when I faced some bias because of who I am. I owe my life to Openhouse."
- Openhouse Participant

Next Steps and Key Takeaways

Culturally Affirming Models

Community-based models improve mental health and reduce isolation among LGBTQ+ older adults through cultural affirmation.

Access and Engagement Factors

Transportation and trust-building are critical for improving access and engagement with community services.

Future Implementation Recommendations

Future work will focus on continuing to prioritize high levels of communication, expanding outreach, maintaining quality, reinforcing training, and ensuring sustainable transportation.

Sustainability and Systems Transformation

Openhouse's intentional growth of programs supports equity, sustainability, scalability, and systems transformation in LGBTQ+ affirming aging services.

Openhouse's models can be scaled in other communities with intensive training from and partnership with Openhouse.



Acknowledgments

- This work was made possible in part by funds received from the California Department of Public Health, Office of Health Equity's California Reducing Disparities Project, Contract #16-10530
- Openhouse would like to thank the following staff for their invaluable contributions: Liz Copp, Carla Peña, Aiden Goodwin, Lunae Chrysanta, Taylor Butelle, J Jha, sylvie bloom, saroj mitti, Isaiah Meade, Su Waqa, Sandra Rivas, Jeffrey Basille, and Carrie Schell.
- openhousesf.org, (415) 295-8996, San Francisco





LOCATION

Alameda County, CA
Oakland & South Alameda



GROUPS SERVED

- Latinx & Central American Indigenous population :
- Urban & Suburban Setting
 - Low Income
 - Uninsured or underserved
 - Immigration experience
 - All ages : Children, Youth, Transitional Age Youth (TAY), Adults, Seniors

OVERVIEW

- Background :**
- Ongoing structural inequities impact the mental health and well-being of groups served .
 - **Cultural, linguistic, and structural barriers** to accessing appropriate mental health services .
- Cultura y Bienestar (CYB) :**
- Culturally rooted mental health prevention and early intervention program . Traditional Healing Practices are emphasized .
 - Community -based collaborative .
- Purpose :** Address the mental health needs of the communities it serves .
- Approach :**
- * Non -stigmatizing
 - * Holistic view of health *
 - Community -defined
 - * Culturally, linguistically relevant
 - * Honors history & traditions
 - * Fosters community building

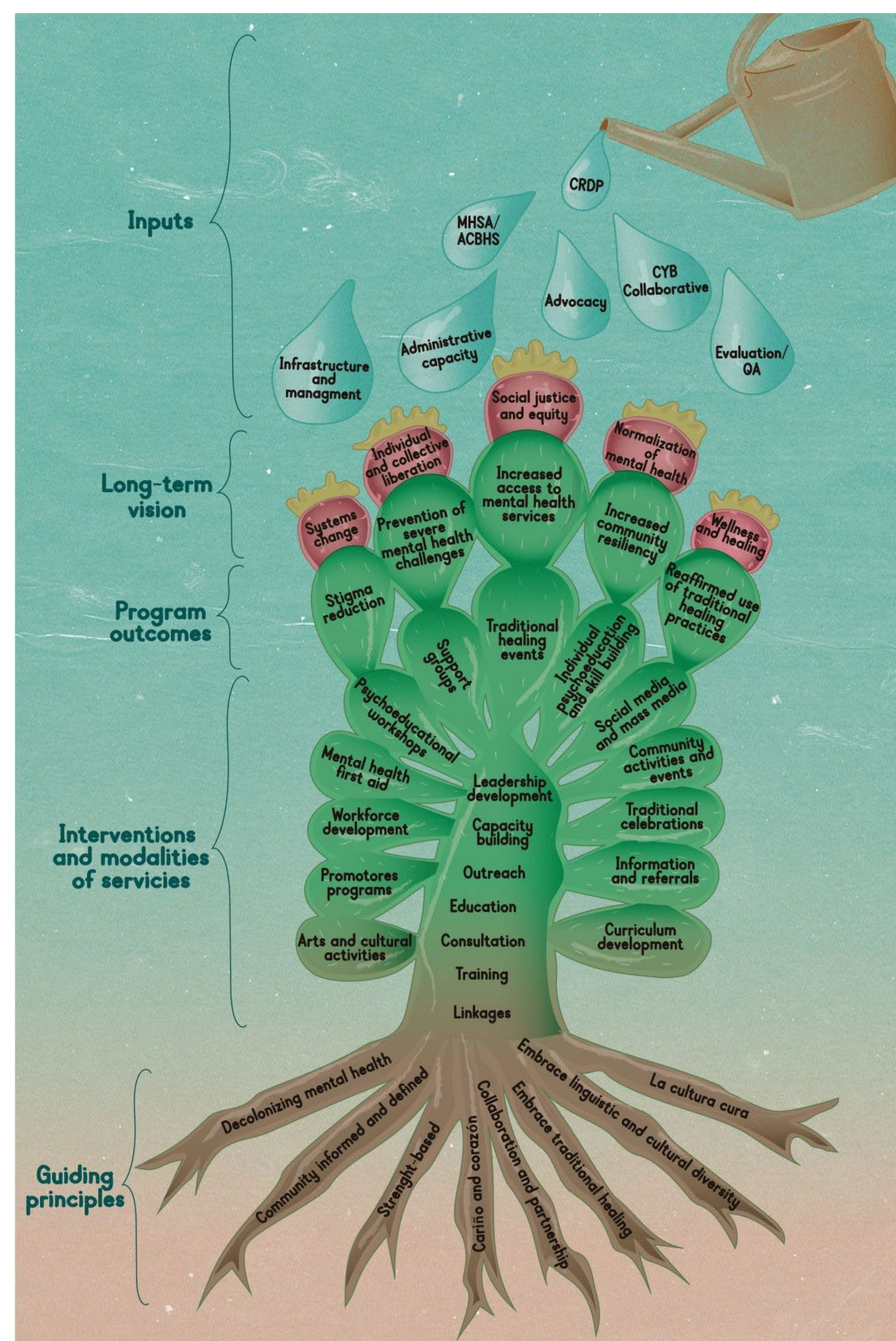
INCORPORATING COMMUNITY KNOWLEDGE

- Ongoing **dialogue** with community leaders and parents .
- CYB educators **rooted in the communities** CYB serves .
- **Relationship -building** with grassroots groups (Desarrollo Maya, MUA, Street Level, etc .).
- Needs assessments



CULTURA Y BIENESTAR MODEL

The Nopal of Cultura y Bienestar represents our program model using a plant that is deeply connected to our cultural heritage and that is a symbol of resiliency and strength .



TRADITIONAL HEALING

Traditional wellness practices and wisdom are grounded in a holistic and interconnected approach to health and wellness :

- Foster cultural affirmation, connection, and community care .
- Support prevention and healing around mental health .
- Expand community outreach .

CRDP Phase 2 Extension :

- **Evaluation of CYB's Traditional Healing (TH) component** .
- Jul. 2022-Dec. 2025: **219** traditional and community events shared among four (4) CYB sites across Alameda County.

LOCAL EVALUATION: DESIGNS, METHODS, AND FINDINGS

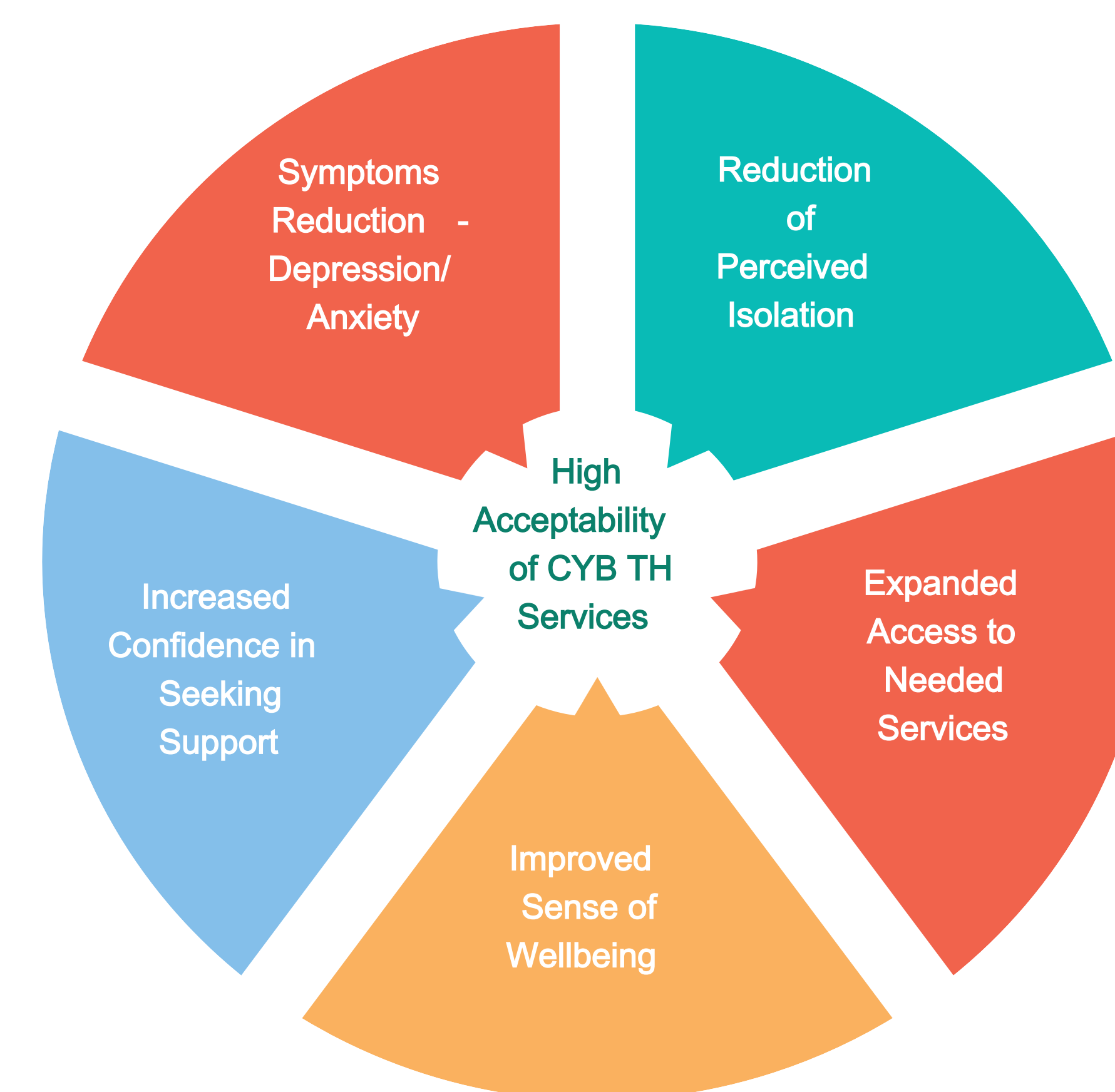
Both qualitative & quantitative data collection methods were applied to Traditional Healing and Community event interventions among four (4) CYB sites across Alameda County :

Tools /Data Collected :

- (Paired T-Test Analysis) Statewide Evaluation CDEP Participant Questionnaire - Traditional Healing (TH) events' participants:
 - Pre surveys: 220, Post surveys: 189
- (Paired T-Test Analysis) Comm. Event Post/Follow Up Questionnaire - Comm. Events' participants:
 - Post Event surveys: 53, Follow-Up surveys: 37
- Key Informant Interviews:
 - Seven (7) Community Traditional Healers

Findings :

- **Significant reductions in symptoms of depression and anxiety**, decreased social isolation, and increased cultural resilience .
- **Strong evidence of CYB services acceptability** : Particularly regarding **staff respect for identity and cultural practices** - essential for building trust .
- Positive impacts on participants' mental health awareness, **confidence in seeking help**, and perceived value of cultural practices in promoting well-being .
- Traditional Healing practices offer acceptable, **non-pathologizing pathways to mental health support** .
- **Increased sense of wellbeing** by rebalancing emotions, fostering connectedness, and reconnecting with cultural roots and ancestral wisdom .



SUMMARY, FUTURE DIRECTIONS, AND KEY TAKE AWAY

Impact Summary :

- **Traditional healing practices**, embedded within a holistic approach to mental health, offer an effective way to expand outreach, strengthen care, and improve community wellbeing .
- Supported by the highly positive CRDP Phase II results on CYB's early intervention services, **the CYB Model's demonstrates its ability to provide meaningful support** for community members with mild to elevated symptoms .

Future CYB Plans :

- In response to changes in mental health services and the political landscape, **CYB will continually pivot and adapt to safeguard the continuum of care** .
- Building on the DHCS-BHS recommendation of the CYB Model, the program will pursue opportunities to strengthen its sustainability and scalability .
- CYB will continue amplifying community -defined evidence practices, like the CYB Model, as a **core part of the continuum -based care to prevent severe mental illness and substance use disorders** .

TAKE AWAY:

The community -based, culturally rooted, and holistic CYB approach is key to expanding outreach and preventing mental suffering and severe mental illness among Latinx and Central American Indigenous community members across service locations.



CONTACTS

- | | | |
|---|---|--|
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|---|---|--|



WWW.CULTURAYBIENESTAR.COM

California Reducing Disparities Project - African Americans Cohort
Phase 2 Extension October 2023 – June 2025

This report was made possible by the support of the California Department of Public Health - Office of Health Equity, through a California Reducing Disparities Project Phase 2 Extension grant funded by State of California General Fund.

- Josefina Alvarado Mena, Esq., Chief Executive Officer
- Gary Mallare, Ph. D., Program Manager Youth and Workforce Development
- Jonathan Brumfield, MA, Director Youth and Workforce Development

SAFE PASSAGES

LAW AND SOCIAL JUSTICE LIFE COACHING

EVALUATION DESIGN & METHODS

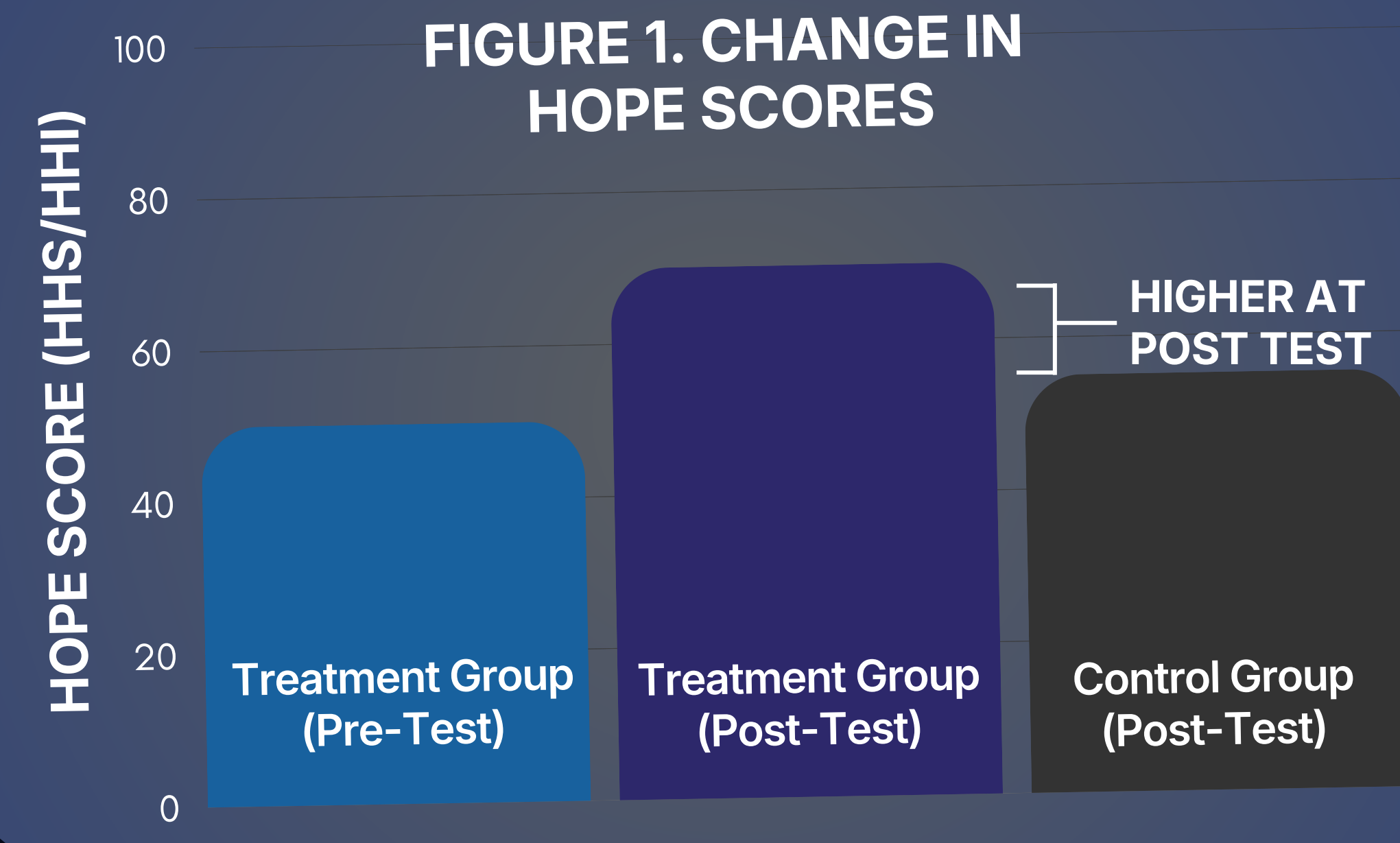
- Evaluation Design**
- Quasi-experimental design
 - Treatment vs. comparison group
 - Pre- and post-assessment

- Data Sources**
- Herth Hope Scales (HHS) and Herth Hope Index (HHI)
 - Kessler Psychological Distress Scale (K6)
 - School & Workforce outcomes
 - Recidivism tracking (administrative records)

- Culturally Responsive Evaluation Approach**
- Grounded in the Community-Defined Evidence Practice (CDEP) framework
 - Youth and lived-experience leadership shaped outcome priorities
 - Protective-factor measures (hope, resilience) prioritized over deficit-only metrics
 - Quantitative findings interpreted within community and systemic context

RESULTS

Hope Significantly Increased
 Treatment group demonstrated significant improvement in hope and scored higher than comparison group at post-test



Modest Improvement in Distress
 Psychological distress decreased slightly within treatment group; no significant between-group difference.

NEXT STEPS & KEY TAKEAWAYS

Interpretation of Findings
 Relationship-based, culturally grounded life coaching strengthens hope among African American system-impacted youth. Protective-factor gains may precede symptom-level change.

Cultural & Practical Significance
 Demonstrates that community-defined practices can meet strengthened evaluation standards and contribute to equity-centered behavioral health systems.

Critical Takeaway
 Culturally grounded, relationship-centered life coaching measurably strengthens protective factors and supports system stability when paired with rigorous evaluation.

- Future Directions**
- Expand longitudinal tracking
 - Increase comparison group power
 - Explore replication in additional sites
 - Integrate into broader behavioral health funding streams

Workforce Outcomes

25+ youth gained employment

3+ Months sustained placements

Recidivism & Legal Stability

MAJORITY remained system-free at 6-12

Probation **DISCHARGES** achieved

Record **SEALING** support provided

<10% new legal charges

Educational Outcomes

12+ high school graduates

18+ grade promotions

3 GED completions

3S'S WORK

SUSTAINABILITY

Strengthening Capacity Through Collaboration

- Built shared evaluation infrastructure across program and leadership teams
- Integrated CRDP findings into funding strategy and program design
- Stabilized coaching workforce through cross-department support and supervision
- Institutionalized outcome monitoring for continuous learning

SCALABILITY

Positioning the LSJ Model for Replication

- Built shared evaluation infrastructure across program and leadership teams
- Integrated CRDP findings into funding strategy and program design
- Stabilized coaching workforce through cross-department support and supervision
- Institutionalized outcome monitoring for continuous learning

SYSTEMS TRANSFORMATION

Advancing Cross-Sector Equity Partnerships

- Validated CDEP through strengthened evaluation
- Deepened collaboration with probation, courts, schools, and behavioral health providers
- Integrated recidivism prevention within a behavioral health framework
- Elevated culturally grounded coaching within local equity-centered systems
- Instrumental in advocating for codification of CDEPs in CYBHI and BHSA.

CDEP PURPOSE, DESCRIPTION & IMPLEMENTATION

INTERVENTION PURPOSE & GOALS

The LSJ Life Coaching CDEP reduces behavioral health disparities among African American system-impacted youth by strengthening protective factors (hope, future orientation, help-seeking) and improving educational, workforce, and legal stability outcomes.

Primary Mental/Behavioral Health Targets:

- Increased hope & resilience
- Improved help-seeking
- Reduced system re-entry
- Improved emotional regulation

DESCRIPTION & IMPLEMENTATION PROCESS

Core Components

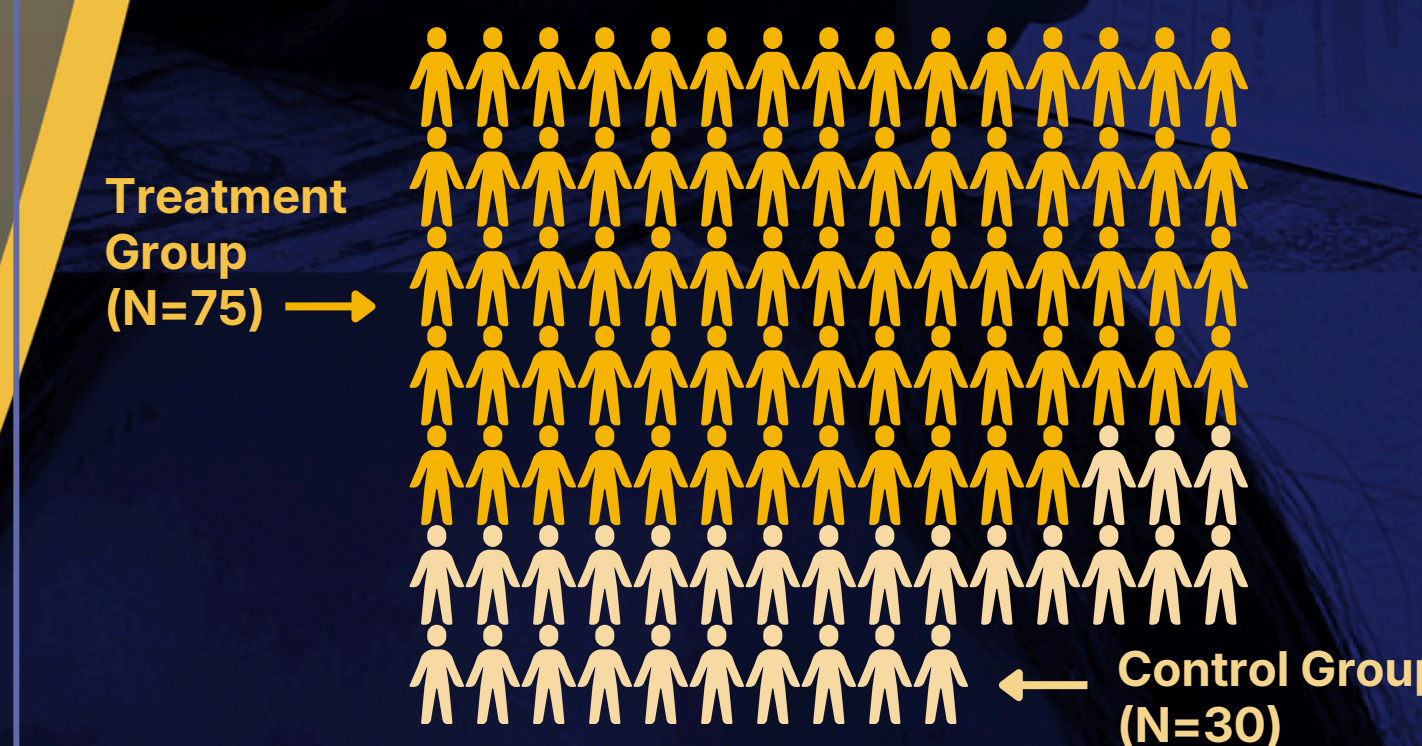
- High-frequency life coaching (3 contacts/week)
- Legal empowerment ("Know Your Rights")
- Family engagement
- School re-engagement
- Workforce readiness
- Court advocacy

Cultural Grounding

- Community-defined model rooted in African American lived experience
- Strength-based, non-deficit framing
- Trauma-informed & restorative approach

Population Served (Phase II Extension)

TOTAL PARTICIPANTS: N=105



Age Range: 14-21
 Majority with prior or active system involvement

Integration of Local & Cultural Knowledge

- Developed from community-identified needs
- Lived-experience leadership in coaching
- Iterative youth and family feedback informed refinement

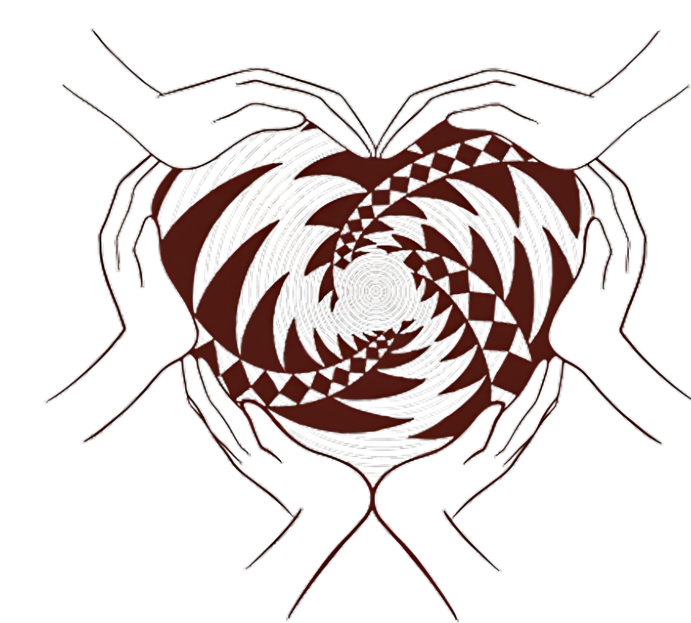
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 Phone: (510) 775-9200
 Email: connect@safepassages.org



Scan for full report & evaluation details
 Accessible version with alt text available via QR code

Data source: Safe Passages CRDP Phase 2 Evaluation Report

Sonoma County Indian Health Project, Inc: The Aunties & Uncles Program



This work was made possible in part by funds received from the California Department of Public Health, Office of Health Equity's California Reducing Disparities Project, Contract #16-10760

LOCATION

Sonoma County, California

WHO WE SERVE

- Native American Youth 14 - 24 Years Old
- Families
- Manchester/Point Arena Rancheria
- Kashia Band of Pomo Indians of Stewarts Point Rancheria
- Cloverdale Rancheria of Pomo Indians
- Dry Creek Rancheria
- Graton Rancheria
- Lytton Rancheria

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SOCIAL MEDIA



Sonoma County Indian Health Project, Inc.

ABOUT OUR PROGRAM

Aunties and Uncles Program (AUP) is an innovative, strengths-based program that centers culture as a protective factor in intergenerational, youth-focused behavioral health interventions. To normalize behavioral health challenges and reduce stigma, we engage youth and their families in cultural activities combined with behavioral health education, community resources, and self-care practices. These strategies include:

- Talking Circles (Youth/Adult/Elder)
- G.O.N.A (Gathering of Native Americans)
- Family Fun Nights (Bingo Night, Game Night, Paint Night, Etc.)
- Cultural Workshops (Beading, Clapper Sticks, Medicine Bag, Regalia, Etc.)
- Native Graduation
- Back-to-school Giveaway
- Memorial Gathering
- Veterans Celebration
- Native Clubs
- Native Youth Internship Program

AUP works in partnership with the six consortium tribes in Sonoma County. The community-based prevention approach requires nurturing of cultural and community relationships with a decentralized approach which enhances sustainability and representation of tribal leadership.



EVALUATION DESIGN & METHODS – 2018-2021 and 2023 - 2025

- The AUP evaluation focused on community-wide prevention and early intervention strategies for mental health and wellness with an emphasis on the Native Youth Internship.
- AUP program staff and the community-based Eagle Council guided the evaluation design, implementation and preliminary analysis of the data to assure cultural relevancy and competency.
- The mixed-methods evaluation design measured program process, community and individual impact outcomes.
- Qualitative data was collected through staff reported observations, key informant interviews, and focus groups to determine value, benefit and impact.
- Quantitative data included community participation rates for each event to demonstrate reach and exposure and pre/post-surveys to illustrate change in risk and protective factors for mental health.

RESULTS



650
COMMUNITY MEMBERS
SERVED PER YEAR

- Community building among Natives promotes belonging, supports resilience.
- Community events are inclusive and intergenerational
- Elders acknowledged and honored, children given space to play, youth engaged in a non-judgmental and safe space.
- Coming together allowed opportunities to meet new community members: youth met Native peers, elders and mentors allowing the exchange of knowledge to support family health and culture.

“ Affirmed, welcomed, related, confident, hopeful... ”

“ We felt we belonged... ”


NEXT STEPS

Continuing Intergenerational events and activities honoring the culture by including the whole family. Family is the foundation for community. The benefits of community building were supported by the evaluation findings.



WHERE YOU CAN VISIT US!

**145 E. Weber Ave
Stockton, CA 95202**



Communities Served in the San Joaquin County

- Diverse LGBTQIAP+ Community
- Rural Spanish speaking communities
- Youth and foster care agencies
- Elderly and retired LGBT+ members
- Mental Healthcare Clients

The Dream Team

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THE CULTIVATING ACCEPTANCE PROGRAM

The San Joaquin Pride Center's (SJPC) Community Defined Evidence Program is designed to **cultivate acceptance of LGBT+ youth by creating safe school and community environments**, supporting families in accepting and embracing their LGBT+ youth, and providing support to youth, friends, and family throughout the coming-out process. A key part of this work is to provide holistic support for our youth by integrating modern technologies, such as social media campaigns and telehealth, that are integral to their lives. Our program also:

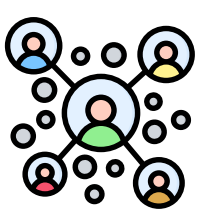
- Engages public schools, foster care systems, and community partners across San Joaquin County.
- Supports LGBT+ youth mental wellness.
- Provides cultural diversity training, workshops, educational campaigns, and counseling.
- Promotes acceptance and reduces risk factors using a fact-based, motivational approach.
- Developed to meet local LGBT+ mental health needs
- Aligns with the CRDP Strategic Plan.
- Addresses discrimination, social exclusion, insurance access, environmental conditions, and quality of care in the Central Valley.



GETTING TO THE FINISH LINE



SJPC cultivates acceptance in schools through our Youth Empowerment Program, providing LGBT+ youth with tools to advocate for safer spaces and support for acceptance in their schools. The Cultural Awareness and Diversity Training program trains school administrators, educators, and non-classified staff to improve school climates for LGBT+ students and to be more tolerant and accepting of diversity. Creating Safe Spaces is for youth to change school culture and be aware of privilege, and empowering them to speak up and support LGBT+ youth.



Create a Network of Acceptance: By reaching out to other community-based organizations in our county, we have built an organized system of referrals and connections. We can tailor an action plan for each individual based on their immediate and long-term needs. By working with and training other agencies and care spaces, we have expanded the services we can offer our members.



Culturally Competent Mental Health Services and Workforce: SJPC provides culturally competent preventive mental health support services to LGBT+ youth and their families. Services are provided on-site by our full-time clinician and clinician interns, who offer life-coaching support and care through external agencies. These services generally average 2 to 4 months for LGBT+ youth coming out or transition process, and up to 3 months for mental health maintenance and care.

HOW WE ARE GOING TO BE THE CHANGE

Our target population for our CDEP will be middle school and high school age youth, their families, the schools, and other agencies that interact and impact LGBT+ youth. SJPC intends to demonstrate the effectiveness of our Community-Defined Evidence Program by identifying the following outcomes:

- Increase acceptance behaviors to reduce mental health risk factors for LGBT+ youth.
- Partner with local schools and school districts to track progress with parents, students, and educators
- Monitor improvements in school climate and graduation rates for LGBT+ students.
- Use school data, the California Healthy Kids Survey, and in-house surveys
- Track growth in culturally competent healthcare providers
- Increase workplace understanding of LGBT+ competency
- Provide tailored training and tools to community organizations to strengthen LGBT+ inclusion



Follow-ups and on site support will continue years after we have helped them create a safe space and environment.

OUR PHASE 2 ACCOMPLISHMENTS



- CRDP Phase II evaluation data reflect improved school safety, with 66.6% of students feeling comfortable reporting bullying to staff.
- Increased cultural competency; 96.8% of training participants reported greater knowledge, and 92.8% reported increased sensitivity.
- Training outcomes reflect practical impact, with 89% of participants able to immediately apply LGBTQ+ inclusive practices.
- Cultural Acceptance Workshop evaluations confirmed the training's effectiveness, with 100% of school staff finding it beneficial and reporting increased understanding of LGBT+ culture.
- Youth Empowerment Summit surveys showed a positive impact on school climate, with 91.7% of youth reporting their school is safe for LGBT+ students.
- Community survey results show greater impact, with 76.2% of respondents stating SJPC is effective in promoting LGBTQ+ acceptance.
- Evaluation findings showed 72% of community members reported their environment as a safe space for LGBT+ individuals.
- Expanded mental health access, with counseling services increasing from 24 clients in 2023 to 49 in 2024.
- During Phase II, hundreds of youth received culturally competent counseling, peer support, and prevention-focused mental health services.

WHAT THE FUTURE HOLDS

We are evolving into a Behavioral Health & Navigation Hub. Building on our legacy as a trusted LGBT+ space, we are expanding to meet both social and behavioral health needs across San Joaquin County.

- Focus areas:
- Youth support & school-based stigma reduction
 - Expanded clinical services
 - Formalized case management
 - Substance use harm reduction services

Stronger impact. Measurable outcomes. Deeper care.

"...it was the dance that kept us in the fight—because it was the dance we were fighting for."
— Dan Savage

Purpose and Goals

“In Laos we have feet that can trek through the jungles, mountains and valleys, but in America our feet cannot take us beyond our front and backyards.”

CDEP Purpose

- Fresno County is home to about 35,000 Hmong, many of whom were refugees traumatized and displaced by war. Due to the stigmatization of mental illnesses as well as the lack of trained bicultural and bilingual care-givers in the US, a gap remains between the high level of mental health problems faced by the Hmong in the Central Valley and the mental health services. Many Hmong men and women continue to face mental illnesses exacerbated by social isolation, poverty and unfamiliar or unwelcoming environments in the US.

CDEP Goals

- The Hmong Helping Hands Village Project (HHHVP) at The Fresno Center uses **Community-Defined Evidence Practices (CDEP) to address the high rate of mental health problems among Hmong in the Central Valley by reducing feelings of stress and isolation and strengthening cultural protective factors through community-informed, culturally-responsive strategies.**

Description & Implementation

There were four community-informed, culturally-responsive strategies to HHHVP. These strategies were adopted because they have historically been instrumental in the Hmong community’s resilience and perseverance.

- Nuam Yaj (Mindfulness Exploration)**
 - Engage in a variety of walking activities, explorations, and meditations
- Hmong Storytelling**
 - Learning about the past, present, and future
- Farm to Table**
 - Healthy eating that focuses on traditional Hmong diet
- Teaching to Learn**
 - Healthy habits are crucial to ensuring a healthy body, mind, and soul



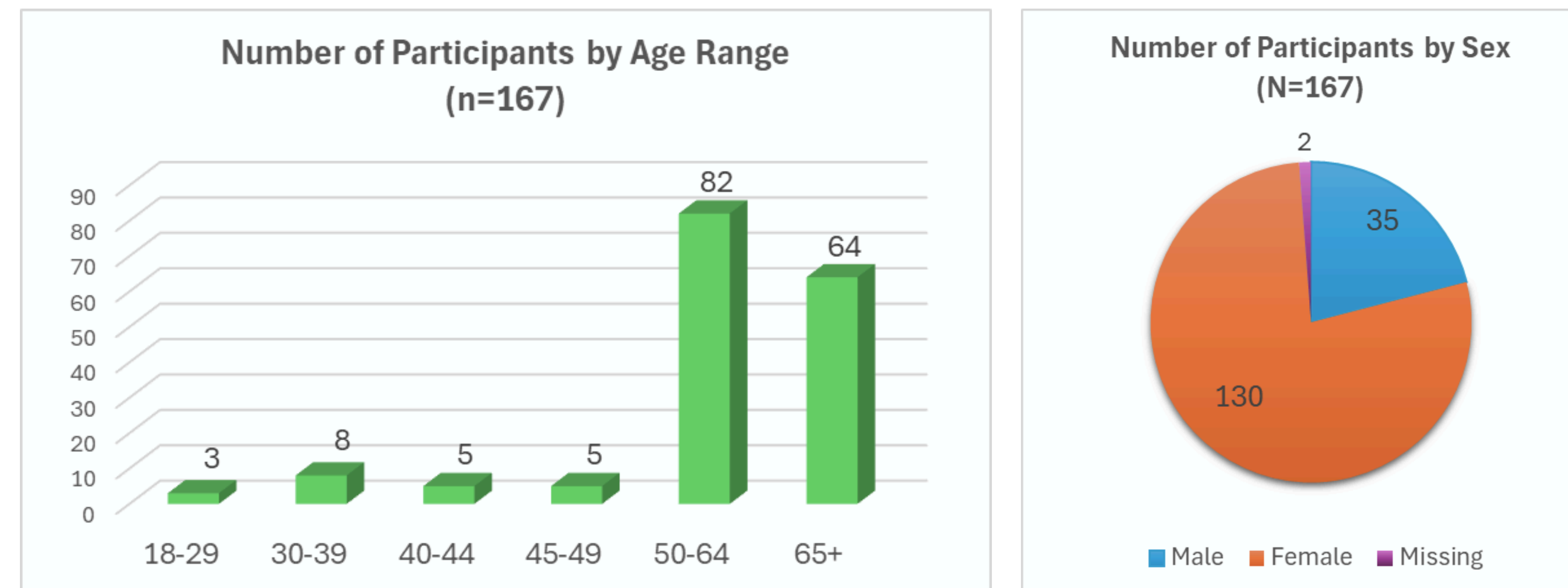
Farm to Table staff preparing irrigation drip system to the farm.



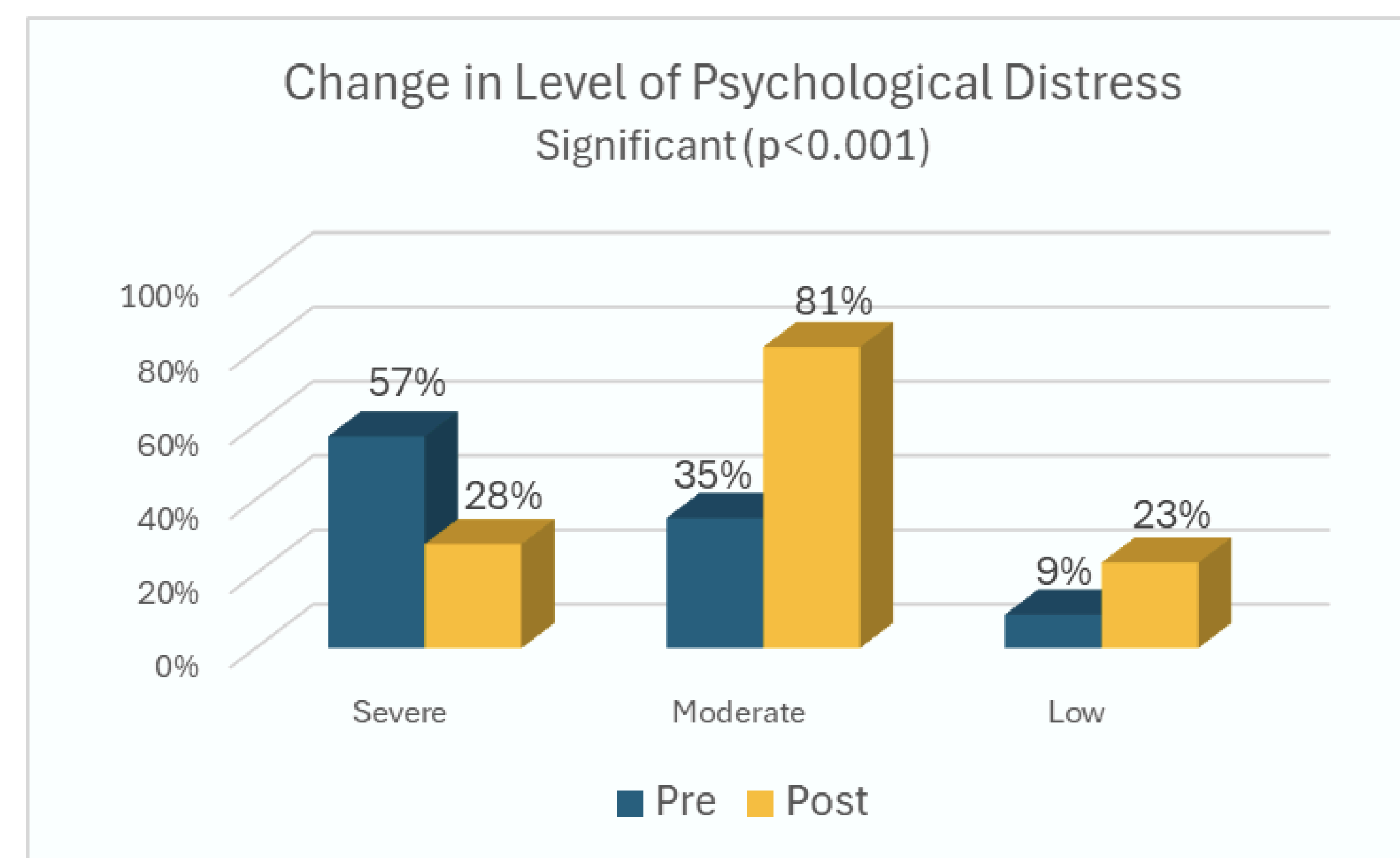
Nuam Yaj (Mindfulness Exploration) activity at CA Poppy Flower Field in Lancaster, CA.

Results

Participant Demographics



Psychological Distress



Reduced psychological stress + Improved self-esteem, social connection, mental well-being = Increased Happiness

“After my severe stroke, I was feeling sad, helpless, hopeless and asked to end my life with an injected medication...”

With the HHHVP-CDEP I **never missed a day** and by the 24th week, I was making friends, building self-confidence, practicing self-love/care, self-acceptance and increased my physical and mental well-being. **I feel happier!**”



For **additional details** about *The Hmong Helping Hand Project*, please reach out to Autumn at Autumn.muas@fresnocenter.org.

Evaluation Design & Methods

Quantitative data

Quantitative data was collected using multiple different assessments:

- *Kessler 6 (K6) Psychological Distress Measure (Statewide Evaluation)*
- *Protective Factors, Cultural Connectedness evaluation*
- *Sheehan Disability Scale (SDS) for Psychological Functioning*
- *Psychological Resources/Strengths*

Qualitative data

Qualitative data was collected utilizing:

- 4 post-exit group interviews
- 8 in-depth individual interviews
- 10 plus hours of interview audio recordings
- 2 (15-minute) video “testimonials”

Cultural knowledge

To incorporate cultural knowledge, data collection was completed by:

- Linguistically and culturally competent staff
- Local Evaluator
- Translated PRE and POST survey questionnaires into Hmong language
- Focus group interviews conducted in Hmong

Next Steps & Key Takeaways

We are actively participating in various local and state committee meetings and partnerships to increase awareness to our CDEP work and sustainability of our efforts. HHHVP-CDEP overall has provided Hmong participants with hope, healing, and increased in happiness. HHHVP exist to fill in the gap:



Factors to success

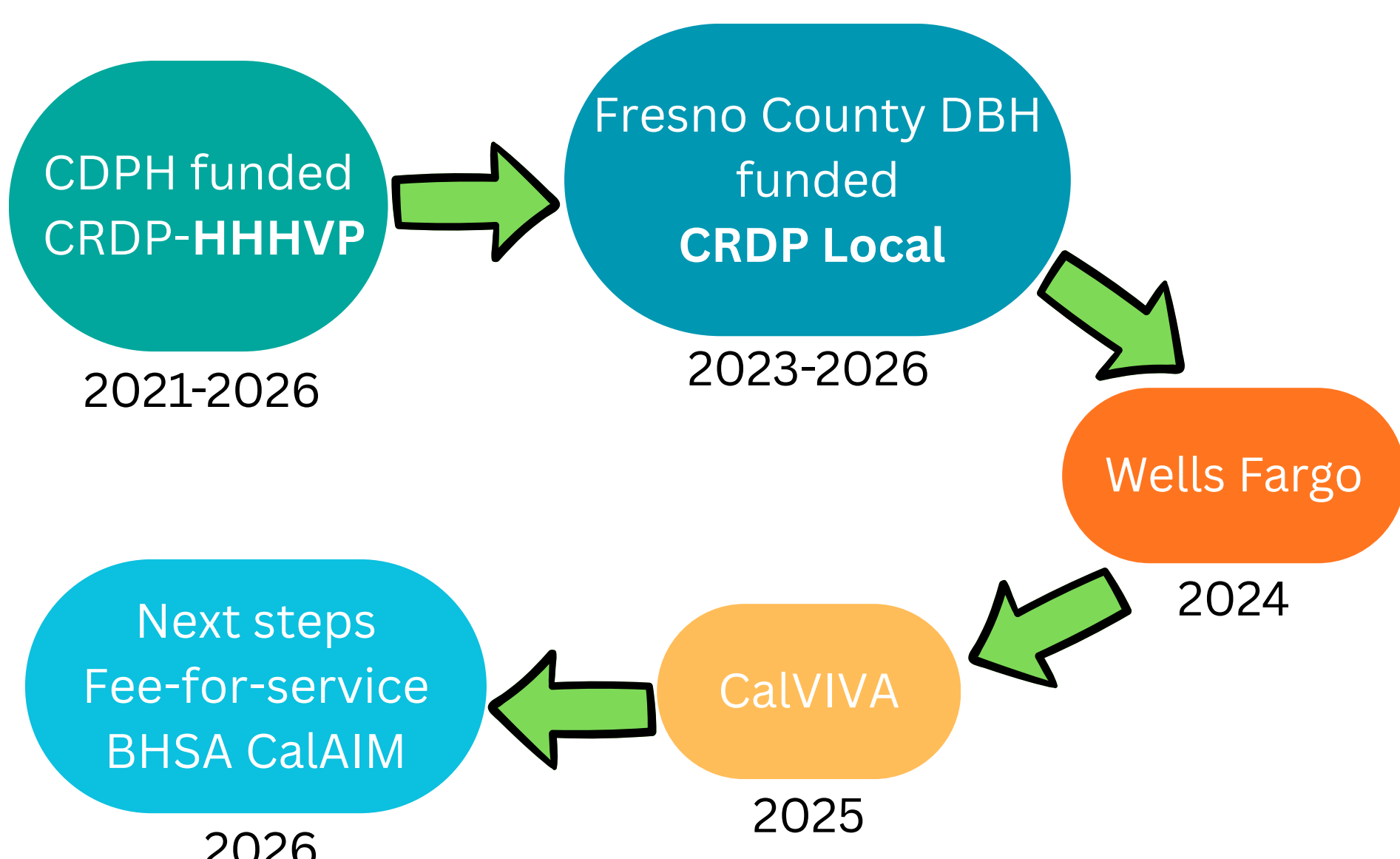
- Cultural Breakfast & Luncheon
- Bilingual & bicultural staff
- Early Intervention activities
- Translated surveys
- Provided transportation

Key Takeaways

- 6 cohorts implemented
- 24 weeks per cohort
- 167 participants completed the CDEP



Sustainability, Scalability & Systems Transformation



- CRDP-CDEP HHHVP phase II was funded in 2017 through the CDPH-OHE
- In 2021, State of California General Fund continued to fund HHHVP Phase II extension
- HHHVP was expanded at the county level with advocacy work in 2023
- Wells Fargo and Calviva were major one-time sponsors to support the HHHVP for green space

Acknowledgements



Department of Behavioral Health



This work was made possible by the support of the *California Department of Public Health - Office of Health Equity*, through a California Reducing Disparities Project Phase 2 Extension Grant funded by *State of California General Fund*.

A Community Defined Evidence Practice (CDEP) in West Fresno

Program Purpose

The Sweet Potato Project serves African American youth (ages 12–15) in West Fresno through:

- Agricultural entrepreneurship
- Mental health education
- Leadership development
- Cultural empowerment

Goal: Prevent school dropout, substance use, and disengagement by building resilience and economic skills.



Community Context

- Median income: **\$34,147**
- High poverty & food apartheid
- Legacy of redlining



Program Model & Methods

36-week curriculum integrating:

- Mental health awareness**
- Coping & resilience skills**
- Farming instruction**
- Business planning**
- Public speaking**

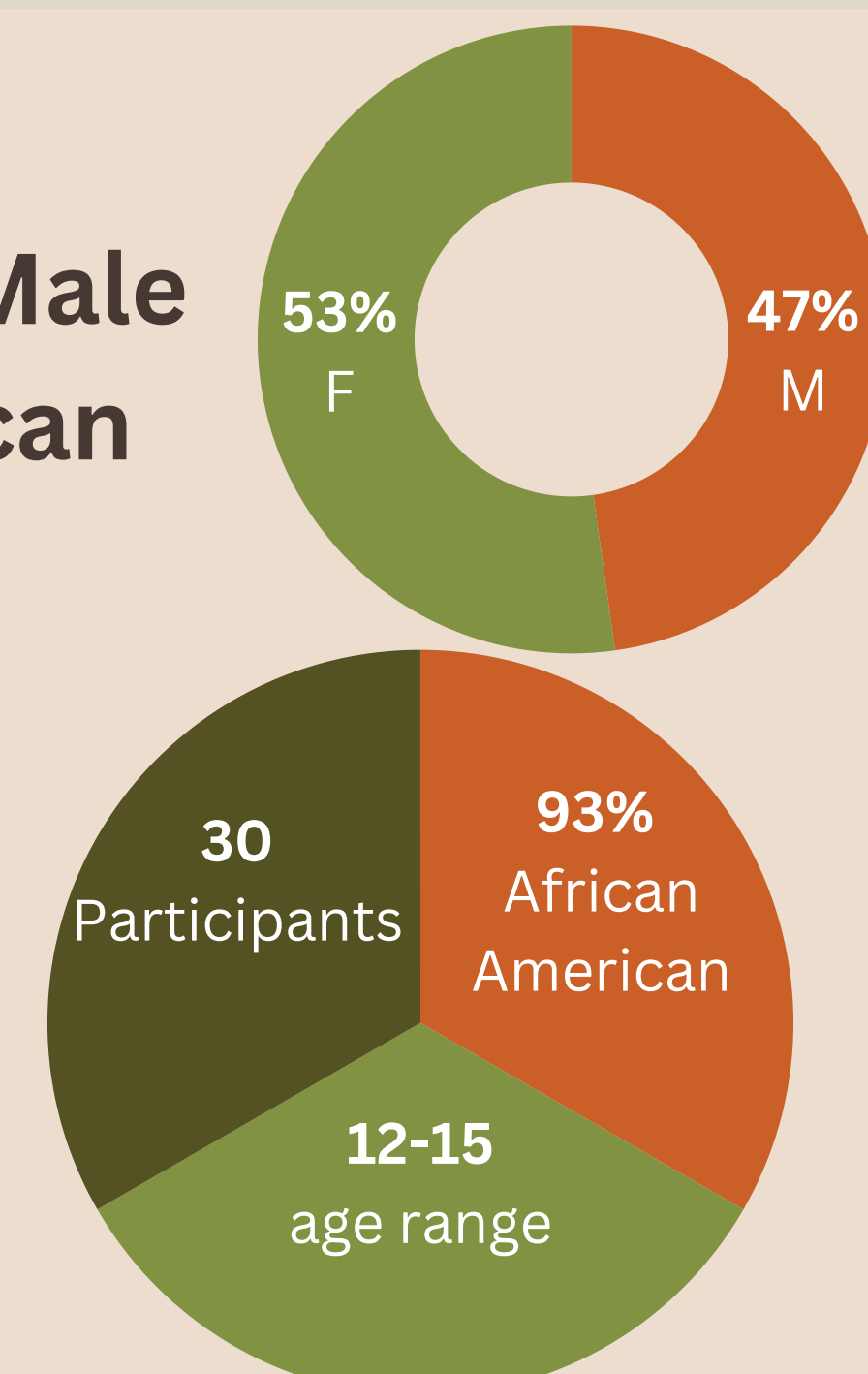


Cultural Significance of Farming

- Black farming legacy
- Land-based learning
- Economic self-determination
- Cultural pride

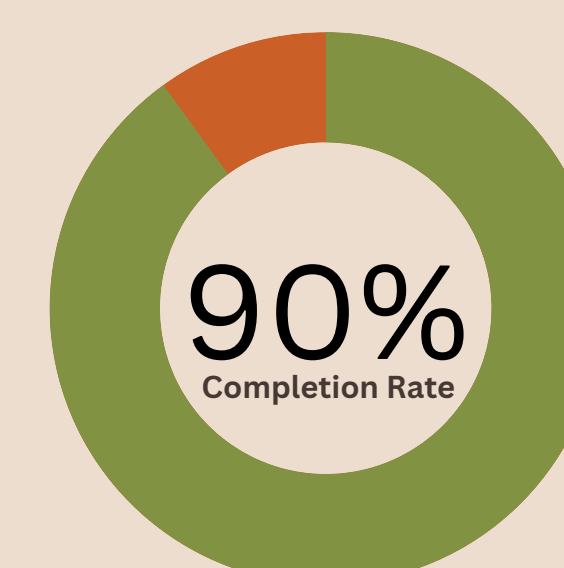
Participants

- **Total 30** youth
- **53% Female / 47% Male**
- **93% African American**
- **12-15** age range



Mixed Methods Evaluation

- GPA tracking & attendance records
- Community driven focus
- Parent interviews
- Staff observations
- Document review



Evaluation Period

January 2023- December 2025

Mental Health & Wellness

Safe spaces, peer support & emotional growth

Outcomes

Parents reported:
“My son was shy, now he talks to anyone.”

- Improvements in:
- Confidence
- Leadership
- Communication
- Peer support



Program Challenges & Limitations

Challenges:

- No clinical mental health staff
- Limited formal assessments
- Summer activity gap
- Funding uncertainty

Sustainability, Scale & Systems

Sustainability



- District Partnerships
- Braided funding
- Staff retention

Scalability



- Replicable curriculum
- Cost modeling



Systems Transformation

- Coalition building
- Policy engagement
- Data sovereignty



Next Steps

1. Strengthen data systems
2. Integrate licensed clinicians
3. Launch alumni tracking
4. Expand year-round programs
5. Secure district partnerships



Trans:Thrive at San Francisco Community Health Center: How We Cultivate Belonging, Hope, Joy, and Thriving



OUR LOCATION

As part of San Francisco Community Health Center (SFCHC), Trans:Thrive is a community drop-in space located in **San Francisco, CA**.

Photo Description: Our 8000 square-foot space (opened in early 2023) is the first stand-alone facility of its size dedicated to trans people's lives in SF.



WHO WE SERVE

Trans:Thrive exists to create safe spaces, services, and events for the entire trans, nonbinary, and gender-expansive community in San Francisco.

- We are a **“for us, by us”** organization – we are led by and for trans, nonbinary, and gender-expansive people. We are powered by a self-generating cycle of leadership development, meaning that our leaders mentor future and emerging leaders.
- We strive to be **accessible, low-barrier**, and to center clients who are **multiply marginalized**, such as folks who are: Black, Indigenous, and people of color (BIPOC), unhoused or marginally housed, living with or at risk for HIV, survivors of violence, and eligible for Medi-Cal.

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ACKNOWLEDGEMENTS

Trans:Thrive is a Community-Defined Evidence Project (CDEP) for the LGBTQ+ priority population, supported by the California Department of Public Health Office of Health Equity, through a California Reducing Disparities Project (CRDP) Phase 2 Extension grant funded by the State of California General Fund.



This poster summarizes Trans:Thrive's CRDP-funded work and will be presented at the annual CRDP convening in 2026.

OVERVIEW

Our Goals

Trans:Thrive is a community-based drop-in center led for and by transgender, nonbinary, and gender-expansive people in San Francisco. Our name is an acronym which stands for: Transgender Resource and Neighborhood Space (Trans), and Transgender Health & Resource Initiative for Vital Empowerment (Thrive). Our goals expand beyond merely reducing disparities and health symptoms: **we are grounded in a vision of universal thriving**, where clients can build protective factors and reach their aspirations.

Compared to cisgender people, trans people experience higher rates of discrimination, violence, homelessness, isolation, psychological distress, and suicidality. We aim to help reduce these disparities by promoting clients' sense of belonging, access to trans-led and trans-centered health services, social support, basic needs supports, and joy through self-expression.

Trans:Thrive Program Components

As a trans-led and client-centered space, our programming responds directly to clients' needs, barriers, goals, and cultural values. Below are **5 core program components** which staff designed, and later articulated, as “community-defined evidence practices” supported by CRDP.

| | |
|--|--|
| Drop-in center , a welcoming “one-stop shop” | 5 days a week (15 hrs/week) of community-based drop-in space with hot meals, social support, case management, referrals and system navigation, and basic needs items (e.g., hygiene kits, snacks, and harm reduction supplies). Ongoing community outreach and collaboration with local community organizations. |
| Trans-led activities that promote joy, fun, and self-expression | Weekly events such as Bravo Martes (Spanish-language games with prizes), a writing and poetry group, and Friday night dinners with karaoke. Large-scale special events, such as TransGiving and Sparkle Soiree. Digital storytelling workshops in which participants can share personal stories and the impact of Trans:Thrive on their lives. |
| Extravagant shopping experiences to promote healthcare engagement, self-expression, joy, and safety | Monthly gender-affirming shopping experiences (SHE Boutique and Folk ‘n’ Swagger) where clients can select gender-affirming clothing and accessories. These events include a wide range of sizes and styles, and a safe environment to explore gender expression. Clients earn credits (points) to attain highly sought-after items by engaging in services. These programs were designed to incentivize healthcare engagement. |
| Trans-led social support groups | Trans-led social support groups that center specific populations, such as: a neurodivergent group, a transmasculine support group, and 50+ and Fabulous. |
| Therapist-led meditation group | Weekly mindfulness-based group, Transformative Mindfulness. |

OUR LOCAL EVALUATION

We conducted an exploratory evaluation to assess the implementation of Trans:Thrive between May 2022-May 2025 (the CRDP Phase 2 Extension period), which marked a period of significant growth for Trans:Thrive.

Key learning questions:

1. In what ways might Trans:Thrive influence clients' mental health and well-being?
2. What core components of Trans:Thrive's model are most essential for the program's success (particularly in reducing mental health disparities)?
3. How could Trans:Thrive be improved?

Evaluation approach:

- Our evaluation primarily draws from qualitative data sources, including interviews with Trans:Thrive clients (n=14) and staff members (n=7), program-level data, landscape research, and ongoing conversations with leadership and staff.
- **Key Strength:** Our local evaluator and Trans:Thrive staff collaborated closely on designing and implementing the evaluation, ensuring that our approach is grounded in the expertise of trans, nonbinary, and gender-expansive people who have directly experienced and led public health programs for LGBTQ+ communities.
- **Key Limitation:** Our ability to analyze program data was limited by data system barriers at the time of data collection. For example, previously, Trans:Thrive primarily collected intake assessments and attendance data on paper which limited our ability to compare the same client over time; Trans:Thrive is currently transitioning to electronic data collection via iPads.

KEY FINDINGS

- 1) **With a larger and more welcoming location, Trans:Thrive has increased its reach as a drop-in community center that supports trans people's existence.** Trans:Thrive's new space is the first stand-alone facility of its size dedicated to improving trans people's lives in San Francisco. Interviewees described this space as a “refreshing” safe haven, “a sense of home that I may not have had otherwise,” “a mini family reunion,” and place to make friends.

~557 unique clients served
between May 2022-May 2025

~200 unique clients per month

[estimated # of clients during CRDP Phase 2 Extension]

“The new space really gave us opportunities to be creative on what we can offer the trans community.”

– Trans:Thrive leader



Photo Description: Waiting room at Trans:Thrive. It features a welcoming reception desk, comfortable furniture (couches and chairs), a TV on the wall, and a trans flag banner.

- 2) **Staff intentionally design Trans:Thrive as a client-centered, compassionate antidote to various forms of pain that many clients experience, such as isolation, exclusion, hopelessness, homelessness, and discrimination.** Trans:Thrive supports clients' mental health and well-being by helping to cultivate their sense of belonging, hope, joy, and thriving.

Theme

How Clients, Volunteers, and Staff Describe Trans:Thrive

BELONGING

A safe haven and a “home base.” A radically welcoming place to go where everyone is valued, where people can gather to celebrate holidays, to mourn, and to meet friends. A low-barrier “one-stop shop” that can help clients access multiple types of services to support their holistic well-being.

HOPE

Staff and volunteers as role models (or possibility models), inspiring people to believe in themselves and see a positive vision for their future. A radical, collective re-conditioning (challenging the way many trans people are conditioned to feel limited, alone, and without hope). A place to reinforce messages of community resilience (“this isn't our first rodeo”).

JOY

Fun, affirming shopping experiences (through SHE Boutique and Folk ‘n’ Swagger) where clients feel confident, safe, and cared for. Creative, playful activities like karaoke, playing games, and creating artwork. A place filled with laughter.

THRIVING

A beautiful self-generating cycle of leaders and role models. A place where staff are consistent, reliable, and help clients break down their goals into manageable steps. A place that offers (or connects clients with) resources such as therapy, education and employment support, case management, housing referrals, and affirming healthcare.

“[Trans:Thrive] really saved my life, and I'm eternally grateful. And now I get to work with the agency; I get to be one of the staff and share the gift that they gave me.”



Photo Description: Photograph of a person holding a large transgender pride flag with blue, pink, and white stripes waving against a clear sky during an outdoor event.

OUR NEXT STEPS

Trans:Thrive and San Francisco Community Health Center will continue to show up relentlessly as leaders to expand our capacity, deepen our impact, and create a possibility model for spaces that center trans people's joy, belonging, and thriving during escalating threats. As of 2026, our next steps and aspirations include:

- Secure a larger, long-term space to make Trans:Thrive a permanent sanctuary, refuge, and community hub for trans people in San Francisco
- Hire more providers and increase services offered (e.g., gender-affirming care clinic, therapy, case management)
- Develop data infrastructure and learning routines which allow staff to track and monitor clients' progress over time
- Continue to oppose funding cuts to LGBTQ+ healthcare and anti-LGBTQ+ policy (e.g., engaging state legislature and our local Health Commission)
- Continue to expand and protect spaces and services that improve trans people's quality of life
- Continue to deepen Trans:Thrive's partnership with Taimon-Booton Navigation Center (TBNC), a 75-bed emergency shelter which prioritizes safe housing for transgender, gender non-conforming & intersex people. (SFCHC assumed management of TBNC in 2024.)

“When it came to me being homeless, they really did hold my hand through the whole thing, and they just really were there in my like true time of need that... I just didn't know how I was going to get through.”



Photo Description: Photograph of a colorful parade float from SF Pride 2025 featuring the San Francisco Community Health Center as the organizational grand marshal. The float is decorated with pink, blue, and white fringe, adorned with flowers, and carries people celebrating with rainbow flags and festive attire along a city street.

THE VILLAGE PROJECT



Be Like The Living Tree
Poem by Nicholas Sironka

Children...
Be like the living tree...
...Whose roots sink deep beneath
the Earth, to find water, a source of
life and strength.



GHANA TRIP 2025



CDEP PURPOSE, DESCRIPTION AND IMPLEMENTATION

- The Emanyatta Program is a unique CDEP initiative intended to not only be an intervention plan for young children who may have been experiencing stress and mental health issues, but to also be a strong prevention program to help children develop protective factors to reduce the impact of the stress they inevitably experience as children of African descent.
- The primary mission of the Emanyatta Program is to prevent and reduce symptoms of clinical depression and anxiety in the participating children, while fostering resilience through the promotion of self-esteem, cultural awareness, and pride in their African heritage.
- Ultimately, the goal of this CDEP is to prevent the possibility of these youth ever developing any long-term mental health issues that would become severe and disabling.
- Students (referred to as "Warriors") were invited to participate in all three components for the duration of the program:
- Saturday School
 - Weekly culturally grounded sessions rooted in African cultural values (communalism, collective power).
 - Included rituals, habits, and routines similar to traditional African rites of passage.
 - Emphasize respect, discipline, compassion, empathy and community responsibility.
 - Guest speakers of African descent highlighted African and African American contributions, going back to Kemet.
 - Breakfast and snacks provided.
- After-School Tutorial Support
 - Priority enrollment for Emanyatta warriors.
 - One on one tutoring.
 - Advocacy support for parents and students.
 - Attendance at parent teacher conferences.
 - Parents advisory counsel.
 - Cultural enrichment activities.
- Summer Program
 - Six-week, full-day program prioritizing Emanyatta students, combining cultural rituals and support with core academics (reading, writing, math, geography) and healthy breakfast and snacks provided.
- Clinical Component
 - Early intervention through assessment and treatment, ongoing progress documentation, interdisciplinary collaboration, and (in Phase 2 and during the extension) the addition of equine therapy was provided as one of the modalities of therapeutic intervention.

EVALUATION DESIGN AND METHODS

- The program used for the CDEP work was a mixed-methods longitudinal evaluation design with a case study component.
- The design includes case studies of six families, encompassing fourteen children, with one child from each family having participated in Emanyatta for five to eight years.
- Quantitative data was collected using the following self-esteem measurement tools: Abridged version of the Thomas Self-Concept Values Test and a later use of the Rosenberg Self-Esteem Scale, group-level data analysis to assess program impact and surveys.
- Qualitative data was collected through parent interviews, focus groups, in-depth case studies and qualitative analysis aligned with research questions.
- Strategies used to incorporate cultural knowledge included:
 - Speakers of African descent spoke on various topics highlighting the contributions of Africans and African Americans.
 - Used traditional African drumming as a cultural signal to guide transitions and routines.
 - Incorporated circle seating to reflect African values of unity, equality, and collective strength.
 - Practiced libation rituals to honor ancestors and affirm spiritual-cultural connections.
- Integrated Cultural Warrior Healers, facilitators, and culturally grounded rituals to reinforce the core curriculum.

THE VILLAGE PROJECT

Emanyatta Program
African American Hub
September 2018 – May 2025

This work was made possible in part by funds received from the California Department of Public Health, Office of Health Equity's California Reducing Disparities Project, Contract #16-10515.

Melvin Mason, Regina Mason, Grace Carroll, Monica Mapp-Smith, Jamelle Jones, April Dunham, Reyna Vasquez

Website: www.villageprojectinc.org
Email: village@villageprojectinc.org
Phone: 831-392-1500

NEXT STEPS AND KEY TAKEAWAYS

- Continue leveraging our CDEP findings to reduce criminal justice involvement, improve mental health outcomes, and promote positive community engagement.
- We found that cultural integration in CDEP implementation elevates youth self-esteem and promotes positive, affirming behavior.
- Continue to grow our agency in a culturally affirming way that uplifts the pride of being of African ancestry.
- Secure funding from new sources such as Prop 1 to allow our CDEP to pivot to our after-school academy.
- Continue to collaborate with African American and other hubs.
- Another key takeaway is that there is truly strength in numbers and working with all IPPs demonstrated this to be true.
- CDEPs should be embedded in the landscape as a model showing that the five priority populations provided what they set out to do by providing culturally affirming interventions across the five priority populations which we will continue as a next step.
- Another next step is to continue to utilize the SWE and LE to key stakeholders to continue funding the work.

RESULTS

- Successful achievement of both short and long term goals (see Logic Model below)

THREE S'S WORK

- Sustainability:
 - Our agency has successfully obtained Medi-Cal certification.
 - Became ECM provider.
 - Our agency has maintained partnerships with key stakeholders, the Monterey Unified School District, the City of Seaside and the Community Foundation for Monterey County.
 - Our Jegna warriors have embraced their expanded leadership roles by supporting program setup, mentoring and assisting younger warriors, and ensuring proper breakdown and closure of activities.
 - Our Jegna warriors have also become cultural ambassadors in our Stigma Reduction Campaign in the communities of Seaside, Monterey, and Marina.
 - The launch of our benefit shop will operate as a sustainable funding stream.
 - Cal State University of Monterey Bay MSW Program.
- Scalability:
 - Ongoing funding streams.
 - Support from our TA provider.
 - Training Jegna warriors for future leadership roles in the agency.
 - Use of MSW student interns for future roles in the agency.
- Systems Transformation:
 - Advocacy work at the local and state level to support CDEPs and policy changes.
 - Stakeholder engagement with community members, city councils, Board of Supervisors and state and federal elected officials.

EMANYATTA - LOGIC MODEL

INPUTS

- Funding from State of CA, CDEP
- Collaboration between Monterey Unified School District, The Village Project, Inc., Akira's Boo Club, and City of Seaside
- In Kind contributions
- Community agency and support based on past and current community service projects
- Financial donations from local supporters and agencies
- Experienced evaluator specializing in assessing impact of community based projects

OUTPUT

- Number of family intake/baseline assessments
- Number of participants enrolled in Emanyatta; weekly attendance of participants
- Number of participants engaged in clinical /therapy sessions (including equine therapy) resulting in more positive behavior and greater emotional regulation
- Number of participants who are positively engaged in school (academic and socially); lack of suspensions
- Number of participants who exhibit positive cultural awareness and pride in African heritage
- Number of participants who exhibit positive self-esteem
- Number of evaluation tasks completed (self-reports/surveys/interviews)

OUTCOMES

- | | |
|---|---|
| <p>Short Term</p> <ul style="list-style-type: none"> Fewer school suspension Better school grades/achievements More positive self-esteem Positive behavioral changes (self-report and staff feedback) More positive view of Africa/African Americans Exposure to role models | <p>Long Term</p> <ul style="list-style-type: none"> Continued academic achievement High self-esteem Greater involvement with family/community Improved mental and physical health Greater understanding of African / African American history Greater understanding of the 'possibilities' for African Americans (personally/professionally) |
|---|---|

ACTIVITIES

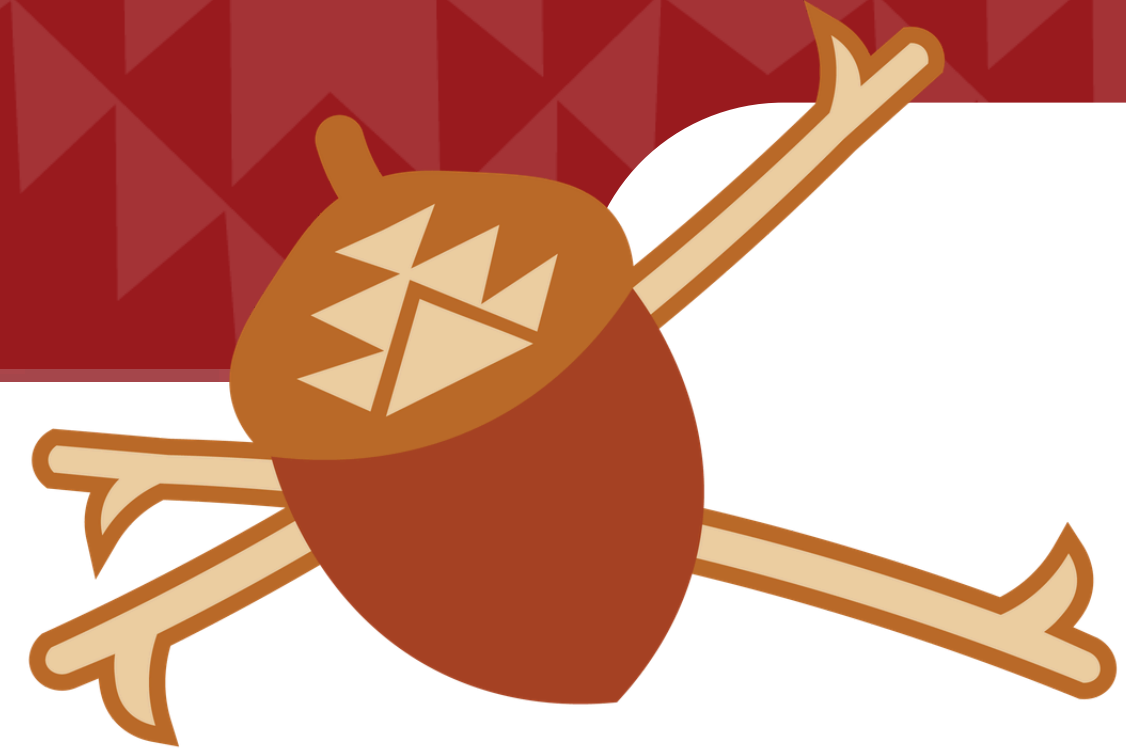
- Conduct community awareness campaign
- Recruitment of participants/families
- Saturday Emanyatta Sessions
- Clinical Assessments
- Offer trauma informed therapy
- Provide advocacy for participants at school when needed/requested
- Conduct annual surveys, focus groups and interviews
- Engage with community (city, college and nonprofit organization events)
- Provide field trips to expose participants to experiences outside of local community
- Conduct ongoing process and outcome evaluation

IMPACTS

- Fewer school suspensions/greater school achievement
- Reduction of involvement with criminal justice system
- Reduction of mental illness/negative mental health issues
- Higher self-esteem leading to positive, affirming behavior (reduction of negative and self-destructive attitudes and behaviors)
- More positive community involvement
- Greater resilience when facing racism and anti-black behaviors

A.C.O.R.N Youth Wellness Program

Two Feathers Native American Family Services



CDEP Purpose, Description, and Implementation

The Two Feathers Native American Family Services Stick Game & Flower Dance project is an early intervention and prevention program designed to reduce mental health disparities among Native American youth by reconnecting young people to ancestral cultural practices that promote wellness, resilience, and community belonging. This culturally defined evidence practice (CDEP) strengthens youth mental health by fostering hope for the future; mitigating historical loss and grief; improving family relationships; and reinforcing individual, familial, and community connections. Through culturally grounded mentorship, intergenerational engagement, and ceremonial practice, the project supports mental, physical, spiritual, and emotional well-being.

Make it Stronger

A five-session series focused on physical wellness, cultural teachings, food sovereignty, language, and identity. This program integrates Stick Game and Flower Dance values into fitness and personal development activities.

Stick Game Programming

Youth receive mentorship on Stick Game protocol, cultural expectations, physical conditioning, and intertribal tournament readiness. Phase 2 added structured mentorship lines, more collaborative practices, and expanded regional tournaments.

Flower Dance Programming

Youth receive mentorship on Stick Game protocol, cultural expectations, physical conditioning, and intertribal tournament readiness. Phase 2 added structured mentorship lines, more collaborative practices, and expanded regional tournaments.

Authors

Dr. Virgil Moorehead Jr.



ACORN Participant 2019



Same Participant 2025

Next Steps and Key Takeaways

Culturally grounded interventions are not optional – they are essential to addressing the mental health disparities experienced by Native youth in Humboldt and Del Norte Counties.

Key Next Steps:

1. Sustain and expand funding to ensure long-term, year-round access to culturally based programming, especially for youth facing geographic or systemic barriers.
2. Formalize youth leadership pathways by creating structured roles such as youth ambassadors, peer mentors, and co-facilitators to strengthen long-term community capacity.
3. Invest in cultural material sovereignty and land-based learning by supporting gathering supplies, regalia-making, transportation, and access to cultural sites – core components tied to engagement and wellness outcomes.
4. Strengthen evaluation efforts through mixed-methods data collection, culturally grounded outcome measures, and youth involvement in evaluation to further validate and grow the evidence base for community-defined practices.



Evaluation Design and Methods

The Cultural Programming team worked collaboratively with the Internal Evaluator to design a culturally responsive evaluation plan, review findings, and develop interpretations and recommendations. Through this collaborative process, a mixed-methods evaluation design was selected. This design allowed the evaluation to document program reach through quantitative measures while also centering youth voice and individual stories through qualitative methods.

Quantitative Evaluation

Quantitative data were collected to describe program participation and demographic characteristics. Sign-in sheets were used at each program event and included youth age, gender, home location, guardian contact information, and transportation needs.

Qualitative Evaluation

Qualitative methods were used to explore youth experiences, cultural connection, and perceived program impact. Qualitative data were collected through focus groups and individual interviews using semi-structured discussion guides designed to promote consistency while allowing participants to share experiences in their own words.

Results

Evaluation findings from the ACORN Youth Wellness Program demonstrate strong evidence that culturally grounded programming positively impacts Native youth's sense of hope, belonging, cultural identity, and emotional wellness. Across all program components youth consistently reported meaningful increases in cultural connection, supportive relationships, leadership development, and engagement in community practices.

Acknowledgements

Two Feathers extends our deepest gratitude to the many hands and hearts who made this project possible. Throughout both phases of this work, our communities showed up in powerful and meaningful ways. We are especially grateful to our Community Advisory Committee, Cultural Consultants, dedicated staff – past and present – and the community leaders, Elders, and mentors who helped shape and uplift this program. This project reflects what is possible when we lead with collective care, shared vision, and an unwavering commitment to our youth and families.

UAII'S DRUM, DANCE, AND REGALIA PROGRAM



Overview

The Drum, Dance & Regalia Program is a community defined prevention and early intervention program for urban American Indian/Alaska Native (AI/AN) individuals in Los Angeles County. The program consists of 2-hour learning workshops held once per week and facilitated by AI/AN community leaders. The CRDP Phase II extension allowed for modifications to the program including the program length and adjustments to the evaluation design.

The hypotheses of the study remained the same. After participation in the program, participants were expected to:

1. Increase Cultural Identity
2. Improve Mental Health
3. Decrease Substance Use
4. Improve Coping Skills

Objectives

1. Finalize a Native American Cultural Revitalization Program.
2. Evaluate program effectiveness in increasing cultural identity, improving mental health, decreasing substance use, and improving coping skills.
3. Contribute to California's statewide investigation on the effectiveness of cultural interventions.



Strategies



Participants:
N = 95: 63% adults (18+), 23% adolescents (11-17), and 14% children (5-11).

Cycle 7 and 8 surveyed children 8 - 11 years old through self report instead of a proxy-guardian for children 5+.

| Outcome Measure | Test | Cycle 6 | | | | | | Cycle 7/8 | | | | | | |
|------------------------------------|------------|---------|------|------------|------|-------|-------|-----------|------------|-----|-------|--|--|--|
| | | Adult | | Adolescent | | Child | Adult | | Adolescent | | Child | | | |
| | | Pre | Post | Pre | Post | Pre | Post | Pre | Post | Pre | Post | | | |
| Cultural Identity and Spirituality | SCI-2 | | | | | | | | | | | | | |
| | MEIM | | | | | | | | | | | | | |
| | CCS-CA | | | | | | | | | | | | | |
| Mental health and wellness | PHQ | | | | | | | | | | | | | |
| | CES-DC | | | | | | | | | | | | | |
| | GAD | | | | | | | | | | | | | |
| Substance Use | SCARED | | | | | | | | | | | | | |
| | HLS | | | | | | | | | | | | | |
| | HLAS | | | | | | | | | | | | | |
| Coping Skills | TFSU | | | | | | | | | | | | | |
| | CRS SES | | | | | | | | | | | | | |
| | MDS | | | | | | | | | | | | | |
| Outlook | CAA | | | | | | | | | | | | | |
| | Attendance | | | | | | | | | | | | | |
| | HHI | | | | | | | | | | | | | |

10 Weeks of Regalia Making



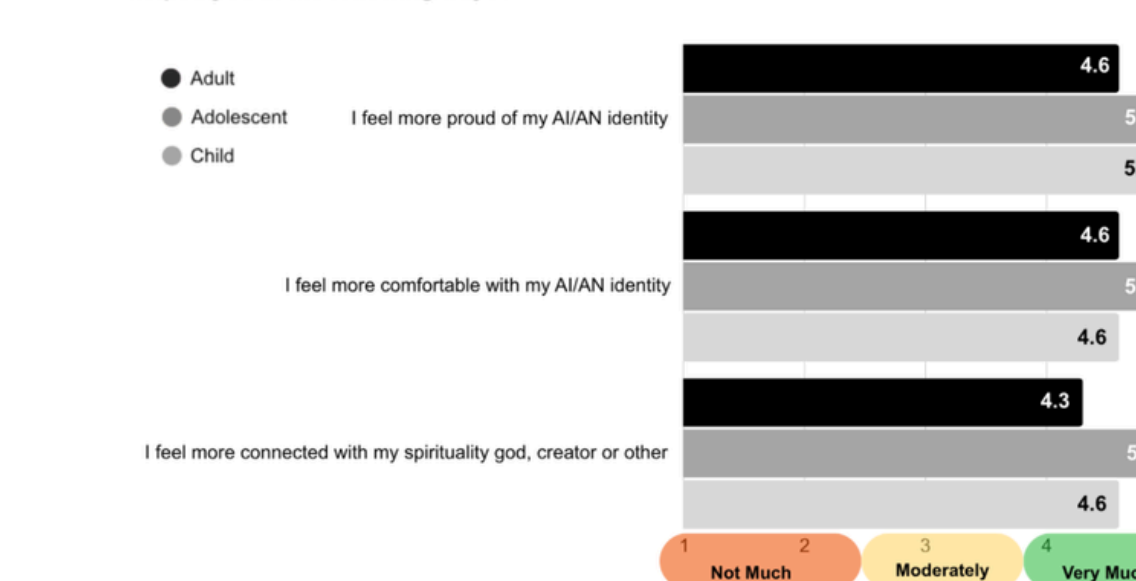
Outcomes

Cultural Identity & Spirituality

- Cycle 8, children showed a significant increase on the Sense of Community Index-2.
- Over 50% of adults in cycles 6 and 8 and adolescents in cycles 7 and 8 showed increased sense of community.

Cultural and Activity Assessment

Since participating in cultural and traditional activities, how much do you think they have helped you in the following ways?



Cycle 6, post 20 survey participants regarded the program "very much" helpful for improving cultural identity and spirituality using the Cultural and Activity Assessment.

Mental Health

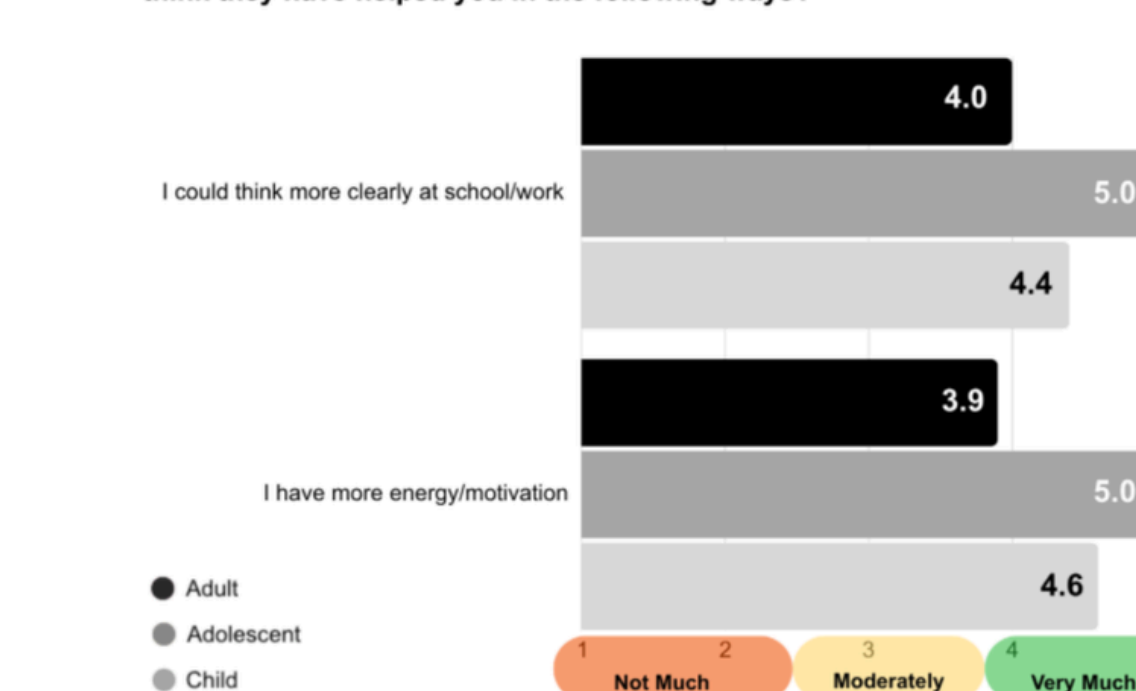
- Adults: Up to 80% improved depression; 57% improved anxiety
- Adolescents: 64% improved depression in Cycle 8; 58% improved anxiety
- Children: 67% improved on depression and anxiety by post-week 10 in Cycle 8

Substance Use

- Adult reductions in non-daily cigarette, daily/binge alcohol, and marijuana use
- Adolescents cycle 6, post 20 survey reported decreased desire to use drugs and alcohol

Coping Skills

Since participating in cultural and traditional activities, how much do you think they have helped you in the following ways?



Cycle 6, post-20 survey participants regarded the program "very much" to "moderately" helpful for thinking more clearly and having more energy/motivation.

Methodological Impact

- Shift from proxy to self-report (Cycles 6 → 7/8) revealed deeper emotional impacts
- Shorter surveys in later cycles improved participation and data quality

Next Steps

- Continue refining culturally responsive evaluation methods
- Disseminate findings across Tribal, state, and academic partners
- Support statewide efforts to expand culturally rooted mental health models
- Sustain programming through CDEP and advocate for reimbursement pathways



Los Angeles CA

TRIBE, Turning Resilience Into Brilliance for Eternity, 2018-2026: TRANSFORMING IDENTITY

WHOLE SYSTEMS LEARNING, Eba Laye, Project Director, Reinaldo Henry-Ala, Project Manager

CDEP Purpose, Description and Implementation

The TRIBE intervention purpose is to serve foster, and system impacted African American youth and adults affected by trauma, post-traumatic stress disorder (PTSD), and complex PTSD (C-PTSD). TRIBE recognizes complex trauma and complex PTSD as having significant and widespread societal and long-term health impacts devastating for African Americans who have been or remain at risk of being institutionalized. TRIBE's focus on trauma is fundamental, where the behavior of AA youth and adults has been pathologized and criminalized rather than recognized as normal-to-be expected trauma responses

The CDEP goal is to heal trauma by reframing ethnic identity and experience, and create new mental models and world views. CDEP components/activities include...

- Healing Circles – Added circles focused on gang-involved and gang-impacted trauma, where elders and peers support self-regulation, initiation into healthy manhood/adulthood, and collective healing.
- Know Thyself Resilience Workshops – Core identity and culture curriculum using African and African American history and worldview to rebuild accurate, pride-based identity and resilience.
- Somatic HipHopHeals – Somatic trauma-healing work using Hip Hop, movement, strength training, and boxing to release trauma stored in the body and calm the nervous system.
- Emotional Intelligence – Affective regulation and emotional skills (reading emotions in the body, understanding triggers, moving from reacting to responding) to reduce criminalized trauma behaviors and stabilize functioning.
- Conflict Resolution – Communication and collaborative problem-solving skills for managing conflict in relationships, school, work, and community, including active listening and nonviolent communication.
- Entrepreneurship and Wealth Building / Abundance – Multi-week entrepreneurship and financial literacy sequence that reframes wealth as abundance and guides participants to build licit income streams and business plans.
- The TRIBE environment that creates a family that is a permanent support system, shared experience with mentors and coaches, safe space consisting of 20,000 Sq.Ft. 24/7 Youth Development Center, peer mentorship, youth leadership, and youth owned clothing line business

The population (community/ies) served by the CDEP are African American adults who are returning citizens and male youth who are system and/or gang impacted.

A strategy used to incorporate cultural knowledge into the design of TRIBE TRIBE's intervention relies on its innovative K-TECTT (Know Thyself Embodied Complex Trauma Therapy) modality. It draws on neuroscience research to combine somatic and brain-based learning techniques integrated with African and African American cultural knowledge. This therapeutic mode of treatment through content and physical activity informs TRIBE's programmatic program that involves increasing 37 protective factors along with discharging trauma from the body. TRIBE's socioecological approach validates the whole person and helps him or her to build confidence in their own resilience.

Evaluation Design and Methods

Evaluation Design

- Single-group pre/post design aligned with an 8–12 week developmental intervention.
- Methods tailored to trauma-informed, community-based programming.

Data collection

- **2018-2026: Quantitative data** collected through 13 psychosocial instruments
- **Qualitative data** included one word descriptors, one sentence descriptors, thematic elements, and key informant interviews which also incorporated cultural knowledge.

Scale

- **1,009 enrolled participants, 508 program completions**
- High community staff representation (90% local; most with lived experience)

• **Credibility Signal:** Strong fidelity monitoring and mixed-method triangulations strengthen confidence in findings.

Results: Quantitative and Qualitative

YOUTH LOCAL EVALUATION

| Measures | Pretest (M±SD) | Posttest (M±SD) | % Change | p-value |
|-------------------------------|----------------|-----------------|----------|----------|
| EIS: Exploration | 1.70 ± 0.40 | 2.10 ± 0.50 | 25.1% | < 0.001* |
| EIS: Total Score | 2.10 ± 0.30 | 2.40 ± 0.30 | 11.1% | < 0.001* |
| SOC: Management/Organization | 15.70 ± 3.90 | 17.10 ± 2.40 | 8.8% | 0.010* |
| SOC: Meaning/Engagement | 14.50 ± 3.00 | 15.80 ± 2.10 | 8.4% | 0.003* |
| Pre: BPAQ-Anger | 34.10 ± 35.60 | 15.90 ± 7.80 | -53.4% | 0.001* |
| Pre: BPAQ-Physical Aggression | 35.50 ± 47.10 | 20.00 ± 9.30 | -43.6% | 0.034* |
| Pre: BPAQ-Verbal Aggression | 13.40 ± 5.60 | 15.70 ± 3.40 | 17.0% | 0.015* |
| Pre: BPAQ-Hostility | 39.30 ± 47.00 | 18.70 ± 9.50 | -52.5% | 0.005* |

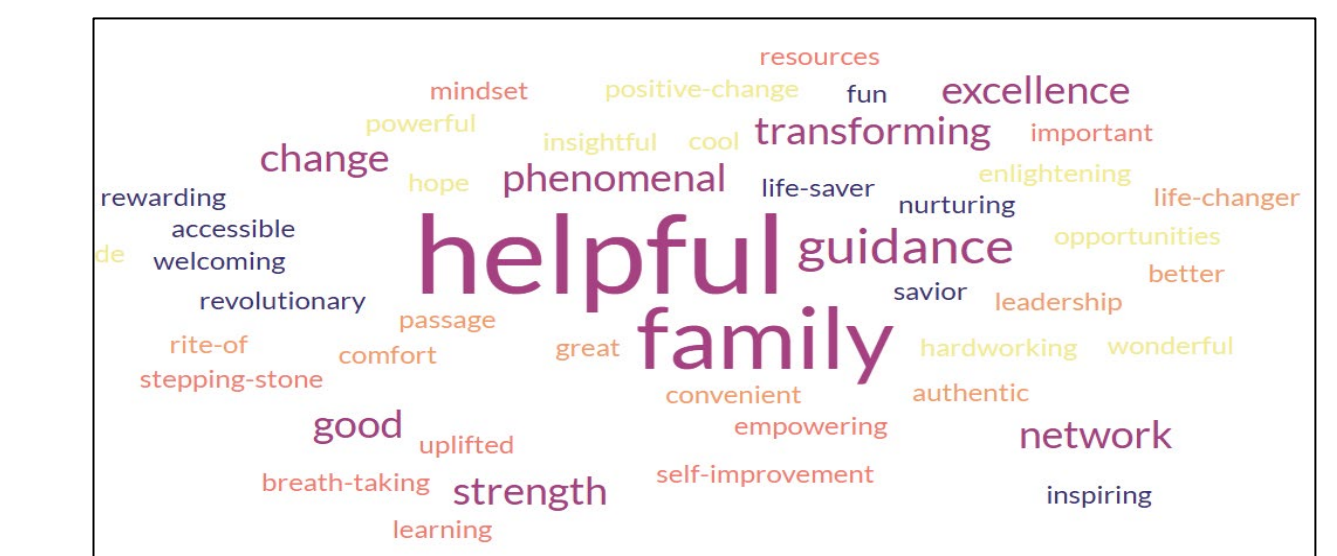
- **Key Findings**
- **Significant Identity Growth:** There were highly significant increases in EIS: Exploration ($p < 0.001$) and EIS: Total Score ($p < 0.001$), indicating that participants advanced significantly in their identity development processes.
- **Behavioral Reductions:** All aggression-related measures (BPAQ-Anger, Physical Aggression, and Hostility) showed statistically significant decreases at posttest. Notably, BPAQ-Verbal Aggression showed a slight increase.
- **Social and Meaningful Engagement:** Significant improvements were observed in SOC: Management/Organization ($p = 0.010$) and SOC: Meaning/Engagement ($p = 0.003$), indicating improved organizational skills and a stronger sense of purpose post-intervention.

YOUTH SWE RESULTS: Statistical Significance ($\alpha = 0.05$):

- Statistically significant positive changes (meaning a reduction in negative feelings) were found for **Nervous** ($p=0.015$), **Depression** ($p=0.009$), **Everything Takes Effort** ($p=0.004$), and **Worthless** ($p=0.028$).
- The change for **Hopeless** ($p=0.091$) and **Restless** ($p=0.108$) was not statistically significant at $\alpha = 0.05$ level but indicates a trend towards a reduction in these feelings.

ADULT LOCAL EVALUATION

| Variable Label | Pretest (Mean ± SD) | Change (Post-Pre) | p-value |
|--|---------------------|-------------------|---------|
| General Self-Efficacy Total Score | 31.90 ± 6.70 | +3.20 | <0.0001 |
| Rosenberg Self-Esteem Total Score | 22.00 ± 5.60 | +2.60 | 0.0001 |
| CESD (Depression) Total Score | 18.20 ± 11.90 | -3.40 | 0.0010 |
| Social Cohesion (SOC) Total Score | 49.10 ± 9.10 | +3.60 | <0.0001 |
| SOC: Management/Organization | 17.00 ± 4.10 | +2.40 | <0.0001 |
| SOC: Meaning/Engagement | 13.40 ± 3.30 | +1.00 | 0.0016 |
| Buss-Perry Aggression: Anger | 3.20 ± 1.00 | -1.30 | <0.0001 |
| Buss-Perry Aggression: Physical Aggression | 2.30 ± 0.90 | -0.40 | 0.0007 |
| Buss-Perry Aggression: Verbal Aggression | 2.30 ± 1.10 | +0.40 | 0.0019 |
| Buss-Perry Aggression: Hostility | 3.50 ± 0.70 | -1.50 | <0.0001 |
| Social Isolation Total Score | 43.60 ± 13.60 | -3.70 | 0.0223 |
| PYD: Purpose Seeking Total Score | 21.50 ± 6.60 | +3.80 | <0.0001 |
| PYD: Activity Involvement Total Score | 37.00 ± 10.00 | +5.00 | <0.0001 |
| PYD: Positive Identity Total Score | 31.20 ± 8.40 | +4.10 | <0.0001 |
| PYD: Life Goals Total Score | 44.10 ± 11.90 | +4.90 | <0.0001 |
| PYD: Confidence-Connection Total Score | 40.30 ± 9.90 | +3.70 | <0.0001 |
| PYD: CMCH Total Score | 32.30 ± 7.60 | +3.70 | <0.0001 |
| PYD: HPCR Total Score | 23.60 ± 6.30 | +2.40 | <0.0001 |



- "TRIBE has helped me, like, be more self-aware."
- "TRIBE was a steppingstone in pushing me forward in my life."
- "It's important that everyone take this class to help broaden your horizons and make you think and know more about yourself and others, cultures, the world, like you know people, mores, and beliefs."
- "TRIBE opened my mind to stuff a little more than it was before."
- "I'm taking more time out to learn myself, learn about myself."
- "You just have to change your mindset."
- "TRIBE gave me a platform to help others."
- "TRIBE helps me get out of my past of getting in and out of trouble."
- "TRIBE has been a transforming force in my finances and my thought processes."
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- "You just have to change your mindset."
- "TRIBE gave me a platform to help others."
- "TRIBE helps me get out of my past of getting in and out of trouble."
- "TRIBE has been a transforming force in my finances and my thought processes."
- "I'm wise, sourcing training wheels for therapy. (also cisco as training wheels for therapy)"
- "TRIBE: Giving back so freely what was given to me." ("All classes were great, and I learned so much from them.")
- "TRIBE was really good"
- "TRIBE is powerful!"
- "TRIBE: Overall, though, everything was a blast."
- "TRIBE: A resource and training wheels for therapy."
- "TRIBE: It was just an overall participation that I look for every day."
- "TRIBE allowed me to be my authentic self."
- "TRIBE is like one big happy family."

Psychological Transformation

Key Insight: Participants experienced meaningful psychological healing across multiple validated domains.

Highlights

- PTSD likelihood reduced (49.8% → 37.7%)
- Depression prevalence reduced (39.5% → 29.6%)
- Resilience and self-efficacy increased significantly
- Low self-esteem cut by more than half

Executive Takeaway: TRIBE functions as an effective early intervention for complex trauma.

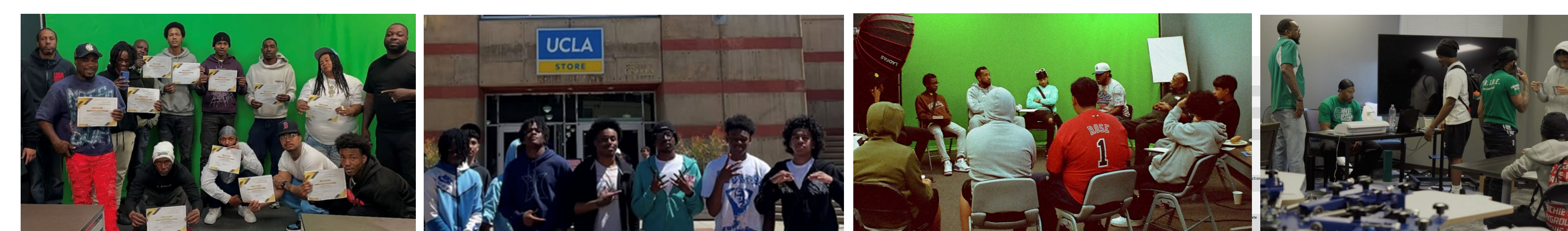
Behavioral & Cultural Transformation

Key Insight: Participants moved from dysregulation and marginalization toward identity stability and cultural pride.

Observed Changes

- Significant reductions in physical aggression, hostility, and anger
- Decreased feelings of isolation and societal exclusion
- Strengthened cultural identity through African-centered learning

Why It Matters: Healing occurred not only internally, but socially and culturally—key to long-term stability.



Key Takeaways

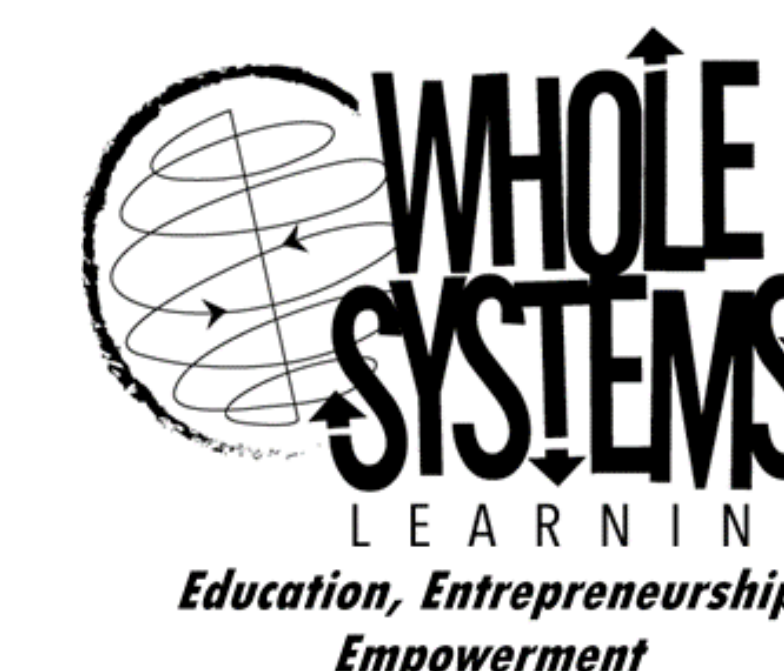
- The cultural, practical, and theoretical significance of these findings lies in the demonstrated relationship between trauma-informed treatment, positive ethnic identity development, and reductions in aggression and gang involvement.
- The results support the premise that behaviors among Black youth, frequently subject to criminalization, may instead reflect normative trauma responses. Structural racism has produced systemic neighborhood disinvestment and widespread family disruption through mass incarceration, which often removes fathers from the household.
- Within these contexts, engagement in criminalized activities can emerge as both an economic necessity and a means of expressing normative adolescent risk-taking behaviors in the absence of safe, structured recreational alternatives.

Three S's Work

- **Sustainability and Scalability:** Developed diverse funding portfolio that provides for billing Medi-CAL for both sustainability and scalability
- **Systems Transformation:** Loyal soldier in CPSSC, led by Josefina Alvarez and Stacie Hiromoto, resulting in changes to Prop 1, inclusion of CDEPs in CYBHI, State Prevention and Innovation funding and so much more. Changed landscape for CDEPs in California.

Acknowledgments

- Priority population: African American Adult returning citizens and system impacted Male Youth
- This work was made possible in part by funds received from the California Department of Public Health, Office of Health Equity's California Reducing Disparities Project
- For more information, contact Eba Laye eba@wholesystemslearning.org 310-710-1822 or visit us at 161 W. Victoria St., Suite 240, Long Beach CA 90805



LATINO SERVICE PROVIDERS | YOUTH PROMOTOR INTERNSHIP PROGRAM



DESCRIPTION OF PROGRAM

Latino Service Providers developed a Community-Defined Evidence Practice (CDEP) that is adapted from a *Promotores de Salud* model, the Spanish term for “Community Health Worker”. The heart of the program is the identification, recruitment, training, engagement, and compensation of bilingual-bicultural mental health Youth Promotores, ages 16 to 25 from Sonoma County. The program uses a youth development framework that is designed to support positive racial and ethnic identity development and improve the mental health and well-being of participating youth.

LOCATION

Sonoma County, California



CONTACT

Stephanie Manieri
Executive Director
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MORE INFORMATION

www.latinoserviceproviders.org
LSP: Youth Promotores
@lspyouthpromotores

SUSTAINABILITY



Sustaining our **long-term evaluation** remains a cornerstone of our program's identity, because we believe deeply in understanding the lasting impact of our work. Our initial longitudinal evaluation with alumni from our first six cohorts (2018–2023) revealed compelling evidence of that impact: 85% reported the internship influenced their educational paths, with two-thirds pursuing or completing four-year degrees; 88% credited the program with shaping their career goals, particularly in education and social services; and 93% reported lasting attitude shifts toward accessing mental health services. Alumni consistently described interconnected outcomes in which skill development, cultural connection, and self-confidence mutually reinforced one another, a testament to the holistic nature of what we have built together. Beyond evaluation, sustainability lives in our people. Our leadership capacity continues to grow as returning Youth Promotores step into peer-based **Leadership Roles**, cultivating empowerment from within and demonstrating what it looks like when young people are trusted with real responsibility. To sustain this work financially and structurally over the long term, we are also actively expanding our external funding landscape through **Fee-For-Service** offerings that leverage the deep expertise we have developed, targeted fundraising efforts, and intentional partnerships with new organizations who share our values and vision.

SCALABILITY

Our approach to scaling is both expansive and deliberate. From its inception, our program has grown far beyond its original focus on: **Mental Health Advocacy** and awareness to now encompass **Emergency Preparedness**, a necessity for all people living in California, **Environmental Education**, and **Civic Engagement** with a particular focus on housing and housing policy, reflecting the real issues our Youth Promotores encounter in their own communities. Central to this growth is our commitment to assembling a genuinely diverse cohort, drawing students from 13 different high schools, Santa Rosa Junior College, and Sonoma State, and intentionally recruiting across a wide spectrum of gender identities, abilities, belief systems, socioeconomic backgrounds, cultures, and neurodiversities. At the same time, we have made the conscious and values-driven decision to scale down in certain areas, not only in response to capacity realities but because we hold quality over quantity as a non-negotiable organizational pillar. On the clinical side, expanding **Early Intervention** and therapy utilization requires us to continue addressing structural barriers such as scheduling, transportation, and parental consent, while also growing our future therapist pool so that youth have genuine choice in matching based on gender, professional background, and therapeutic style.



SYSTEMS CHANGE



Our program has always understood that serving young people well means working to change the systems that shape their lives. This commitment has led us to deepen our advocacy work and build relationships with partners we had not previously engaged, including taking our interns and our cause directly to the state capitol in Sacramento to advocate for the funding and programming our communities depend on. This kind of civic action is not peripheral to what we do, it is a living example of the leadership and empowerment we cultivate every day. Equally transformative is our third tier of interns, our **Pro Promotores** who are placed as partners at a range of agencies and organizations aligned with their academic or professional goals. These placements are designed to support real workforce development and, just as importantly, to shift the way community organizations and hiring teams see young people. By integrating our interns into professional spaces as capable contributors, not just volunteers or shadows. We are actively challenging the assumption that young people need to wait their turn, and instead creating pathways for them to begin building meaningful careers right now.

EVALUATION DESIGN + METHODS

- 01 **Evaluation Design**
The evaluation of the Youth Promotor Internship Program used a mixed-methods design. The California Health and Human Services Agency's Committee for the Protection of Human Subjects (CPHS) determined that the evaluation was exempt and approved the exemption in 2017.
- 02 **Evaluation Approach**
Quantitatively, an interrupted time series design used two pre/post YP surveys administered at the start and end of each cohort year. Qualitatively, grounded theory (via exit interviews) and Community-Based Participatory Research were combined to ensure cultural responsiveness.
- 03 **Participation Criteria**
LSP established the following criteria for Youth Promotor participation: Bilingual + Bicultural in English and another language, Ages 16-25, live, work, or go to school in Sonoma County, and willing to commit for one year.
- 04 **Data Collection**
Survey Administration: Pre/post surveys (2018–2025) and an alumni survey (2024)
Exit Interviews: Individual in-person interviews (2018–2021) and group focus interviews (2022–2025); audio recordings were stored on a password-protected computer, transcribed, and destroyed following transcription to ensure participant privacy.
- 05 **Statewide and Local Evaluation Measures**
Statewide: Cultural Connectedness, Psychological Distress, and Program Satisfaction
Local Evaluation Measures: Self-Efficacy, Leadership Confidence, Mental Health Knowledge, Barriers to Care, Willingness to Seek Services, Workforce Skills



RESULTS*

| | | |
|---|--|--|
| <p>Cultural Connectedness</p> <ul style="list-style-type: none"> 57% felt more connected to their culture by the end of the program YP described the program as a safe space where they felt seen, accepted and rooted in their Latino identity | <p>Knowledge</p> <ul style="list-style-type: none"> 92% reported their knowledge about mental health increased YP described how the knowledge led to shifts in attitudes, including personal self-awareness, reduced stigma, and increased compassion YP also gained practical crisis intervention knowledge | <p>Willingness to Seek Services</p> <ul style="list-style-type: none"> 50% reported being more willing to seek mental health services for themselves |
| <p>Psychological Wellness</p> <ul style="list-style-type: none"> 60% reported a decrease in psychological distress | <p>Self-Efficacy & Skills</p> <ul style="list-style-type: none"> 63% reported an increase in self-efficacy YP developed or improved an average of 4 workforce skills | |

* All participants from Cohorts 2 to 8 (2018 to 2025) from both pre-post surveys and focus groups. Alumni results not presented here.



NEXT STEPS + KEY TAKEAWAYS

THE THREE TIER MODEL PIPELINE

Tier 1 | Safe Spaces, Cultural Connectedness & Validation LSP's "come as you are" environment gave Youth Promotores a psychologically safe space to show up authentically while exploring their cultural identity, processing personal challenges, and connecting with peers who shared similar experiences around immigration, education, and family. For many, the program became a rare bridge to their Latinx roots and a "second family" that affirmed who they are. Latinx staff modeled this cultural pride while also serving as tangible role models for educational attainment: "It was just very surprising and inspiring seeing them succeed on this level and knowing that this is attainable for me...I know that I'm capable of what they're doing now because I can relate to them all on a personal level." (YP Lead, female, age 19, Cohort 6). This foundation of belonging also meaningfully reduced stigma around mental health, while stigma-related concerns decreased significantly and willingness to seek help increased. Safe peer relationships allowed leadership competencies like communication and facilitation to develop organically.

Tier 2 | Leadership Development & Self-Efficacy Built on that foundation of safety and cultural belonging, the YP Lead role formalized a pathway for youth to step into leadership. Self-efficacy scores increased and YP Leads showed particular gains in leadership confidence as the experience of supporting others deepened their own growth. Youth described tangible shifts in their ability to network professionally, overcome social anxiety, and advocate for their communities. One lead reflected: "Stepping out of your comfort zone...helps you to be more present...you're really paying attention to your YP and making sure they are being heard." (YP Lead, male, Cohort 7). Others discovered strengths they hadn't previously recognized in themselves to become young professionals.

Tier 3 | Professional Development & Workforce Readiness The Pro Promotor tier translates the confidence, cultural grounding, and leadership skills cultivated in earlier tiers into real-world professional experience. Participants are matched with partner agencies for 1 year setting skill development goals alongside agency preceptors while LSP staff actively support them in navigating personal obstacles so external stressors don't impede career growth. This structure ensures that workforce readiness is built not in isolation, but through the same ethic of care and cultural affirmation that defines the entire pipeline. One Pro Promotora captured this shift: "Once I started to work with my organization, they asked me 'What do you want to do? What is the thing that drives your joy and makes you passionate?' I was super taken aback because I've never been asked that question...to not be told what to do was new for me and I liked it a lot." (Pro Promotora, age 20)

The Three Tier Model works because it meets youth exactly where they are, building safety and belonging first, then growing leadership and confidence, and finally translating those skills into real professional opportunities. This is exactly why we will continue to actively seek funding to sustain and expand this program.



TIERS OF THE PROGRAM



IMPLEMENTATION + TIMELINE

