

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

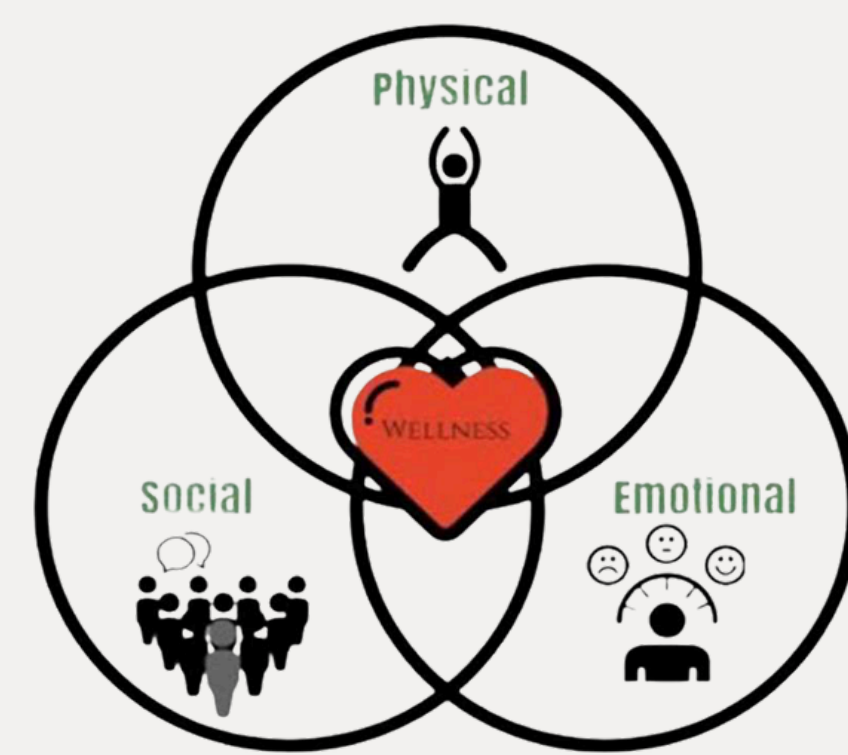
- Cambodian immigrants and refugees in Greater Long Beach and Santa Ana face mental health disparities and limited service access.
- Barriers include limited English proficiency, mental health stigma, and a shortage of culturally appropriate providers.

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



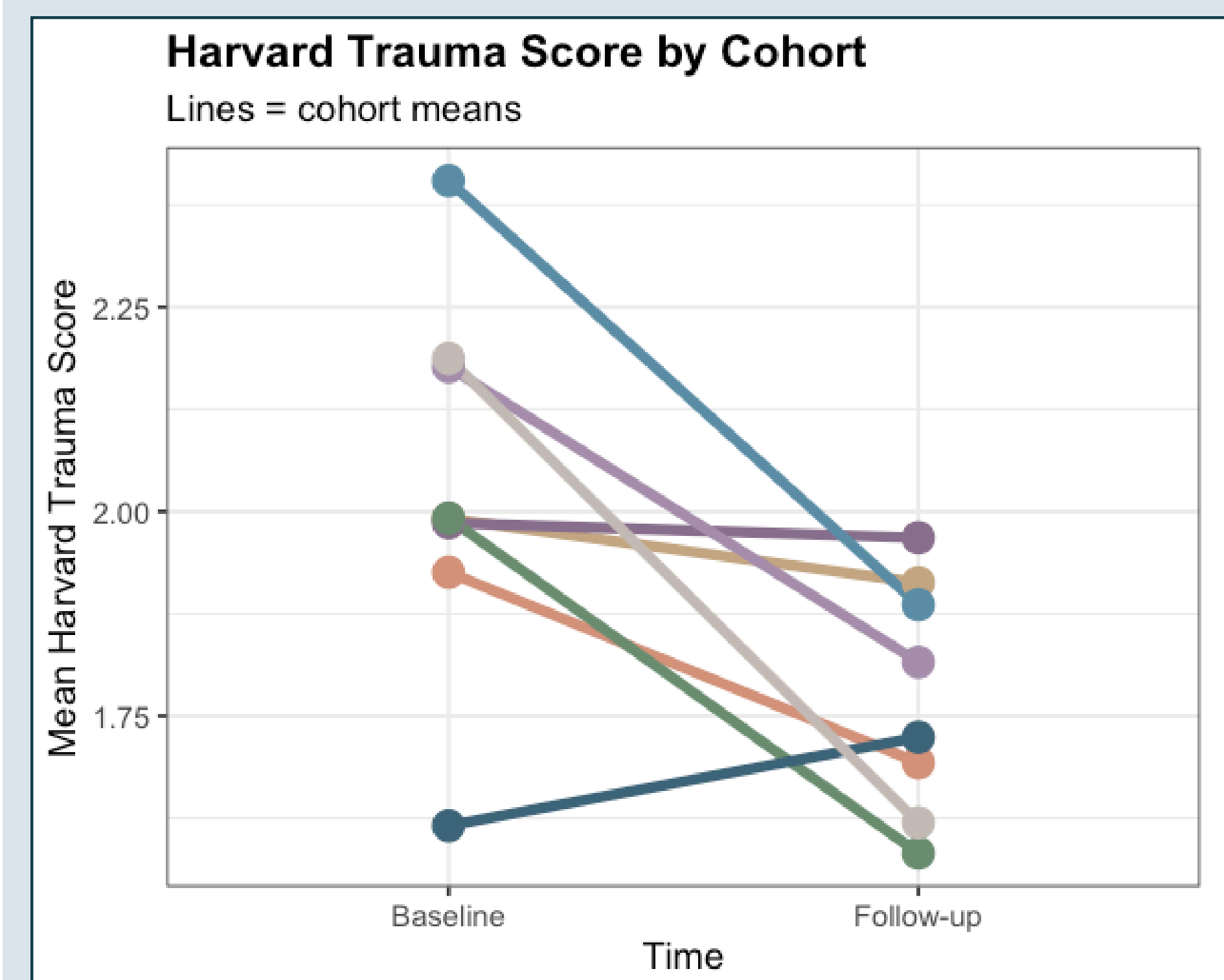
"A CHW has even helped my grandchildren. My grandson stayed in the room and didn't want to come out. Chork talked to him and he came out and now takes part in different resources. It has relieved a lot of my stress."

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)

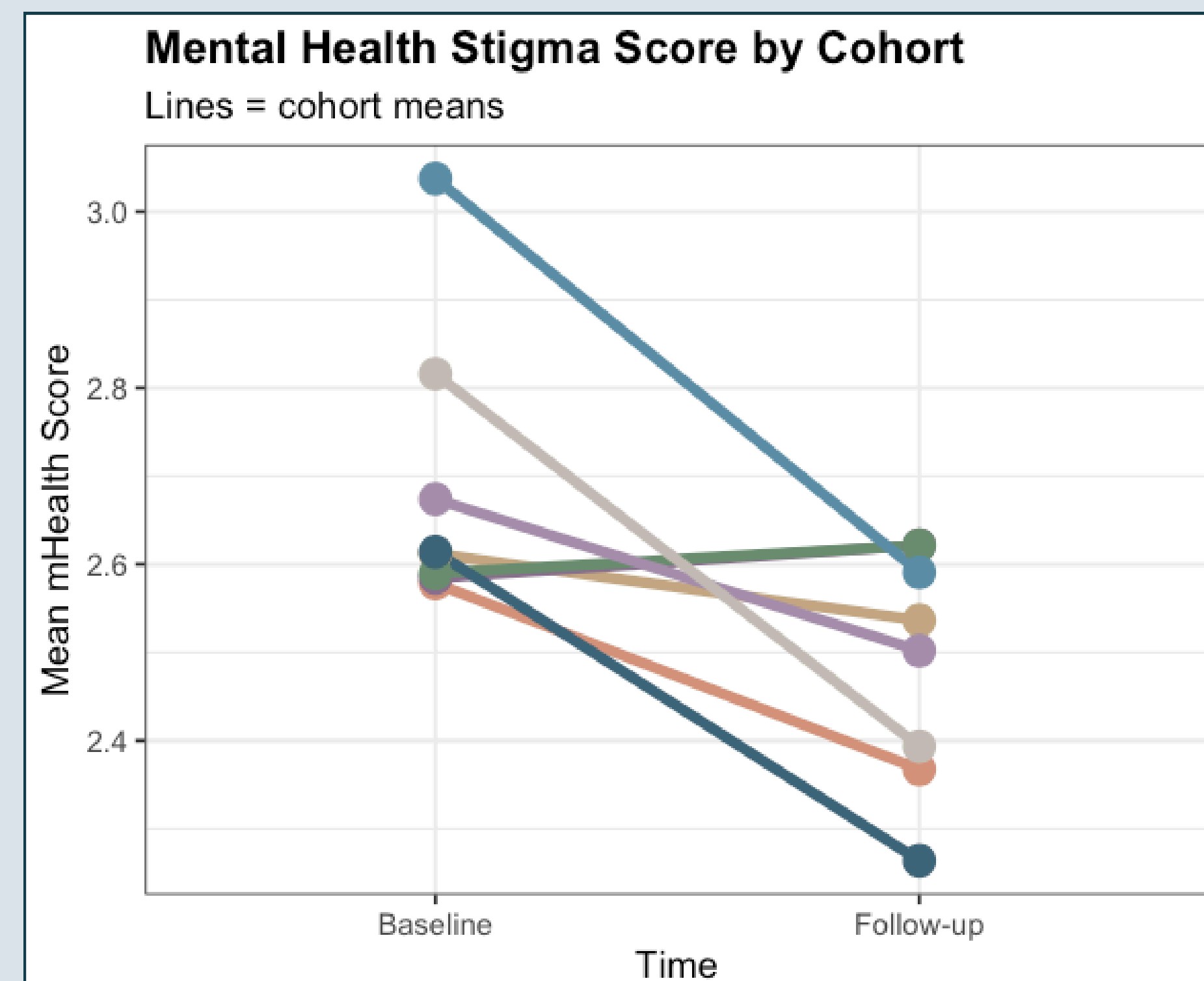
- CWP participants showed significant improvements across all primary outcomes
- Trauma symptoms (HTQ): 2.03 → 1.76 (p < .001)
- Psychological distress (K6): 8.07 → 5.54 (p < .001)
- Mental health stigma (CalMHSA): 2.68 → 2.49 (p < .001)
- Greater participation in CWP activities was associated with improvements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



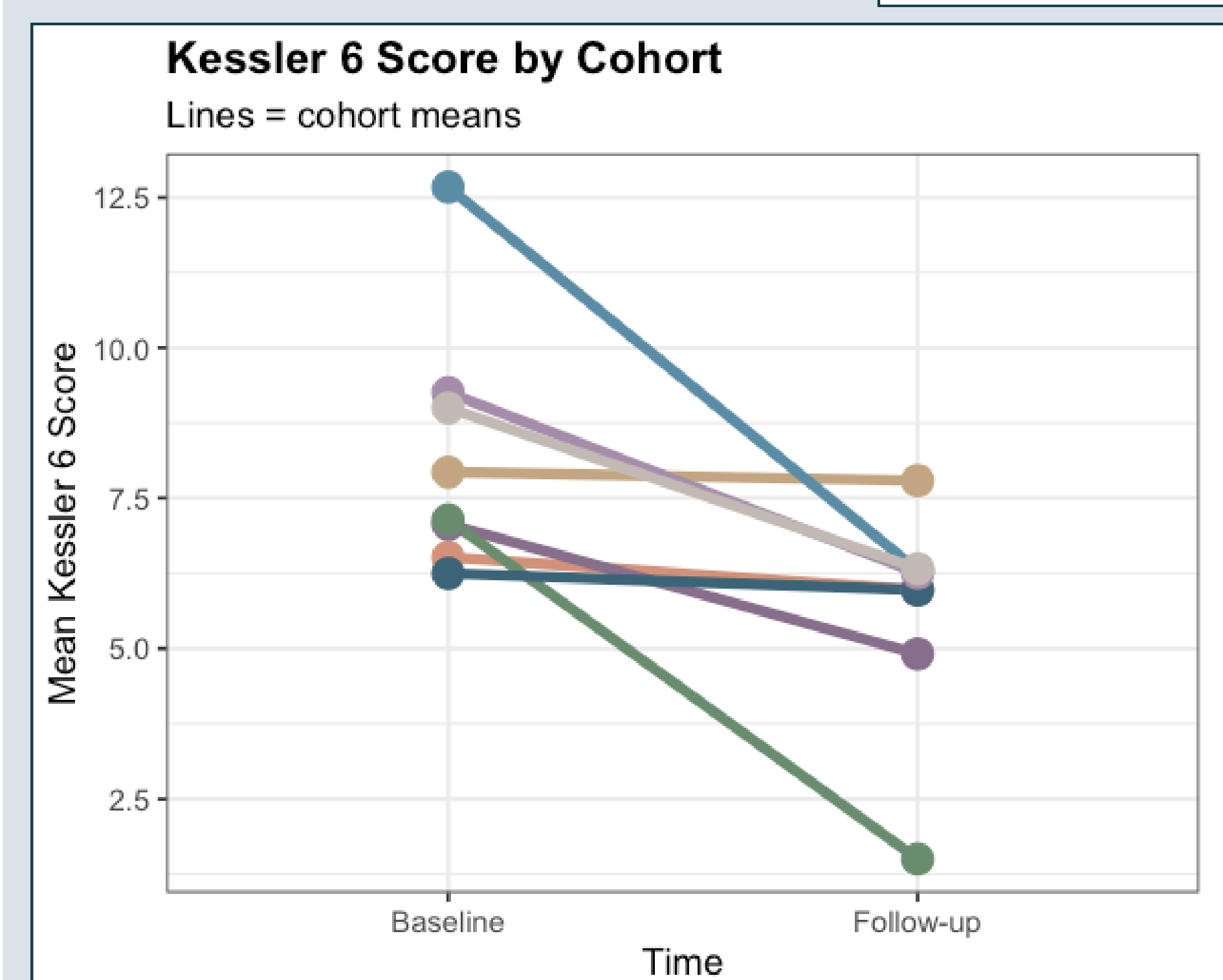
HTQ (left): Most participants saw their trauma symptoms decrease at follow-up, though the amount of improvement varied across cohorts and a few groups showed little change or slight increases.



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.

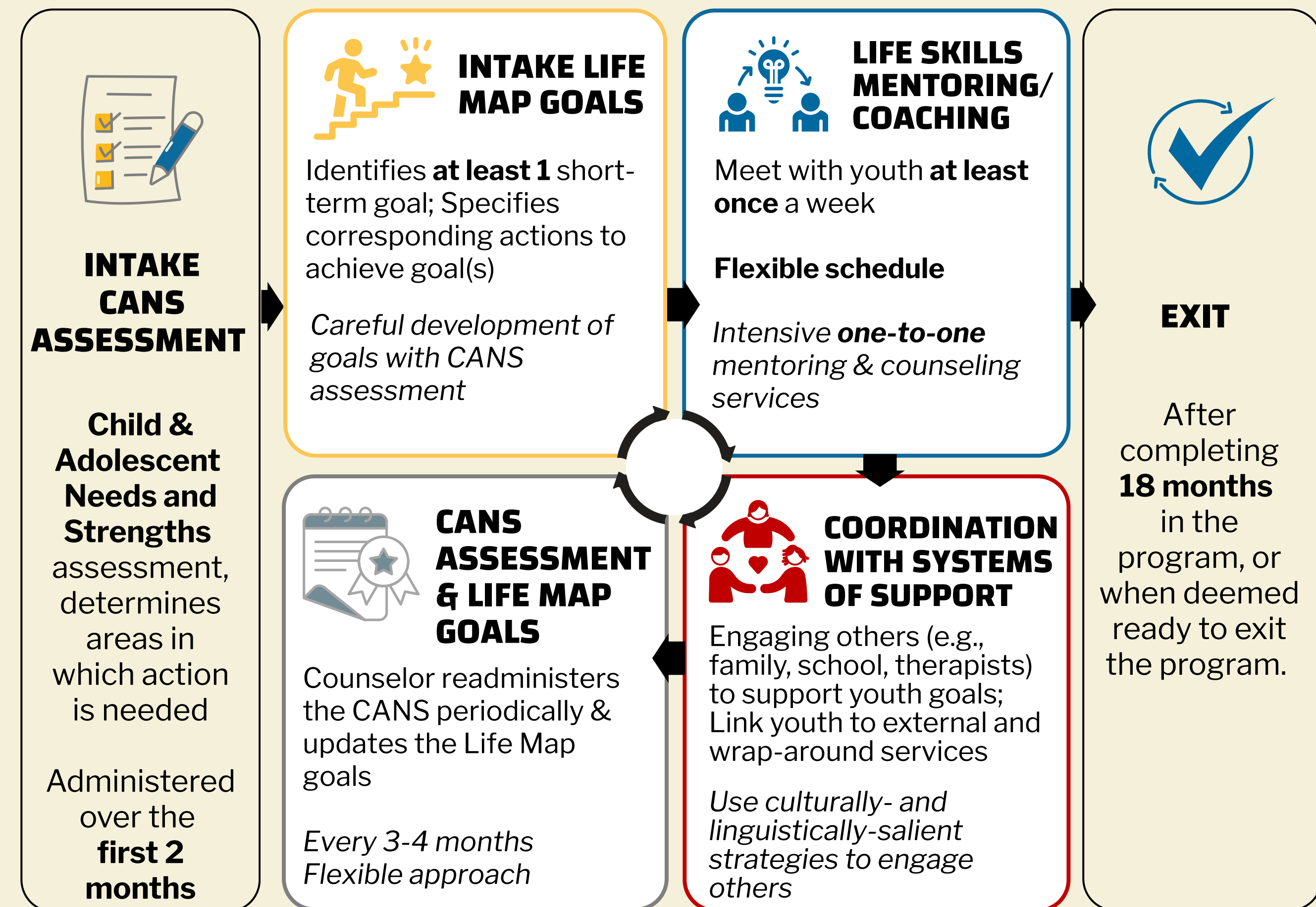


Groundwork is East Bay Asian Youth Center's (EBAYC) Community-Defined Evidence Program (CDEP) to address prevention and early intervention for Southeast Asian youth in Sacramento.

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.

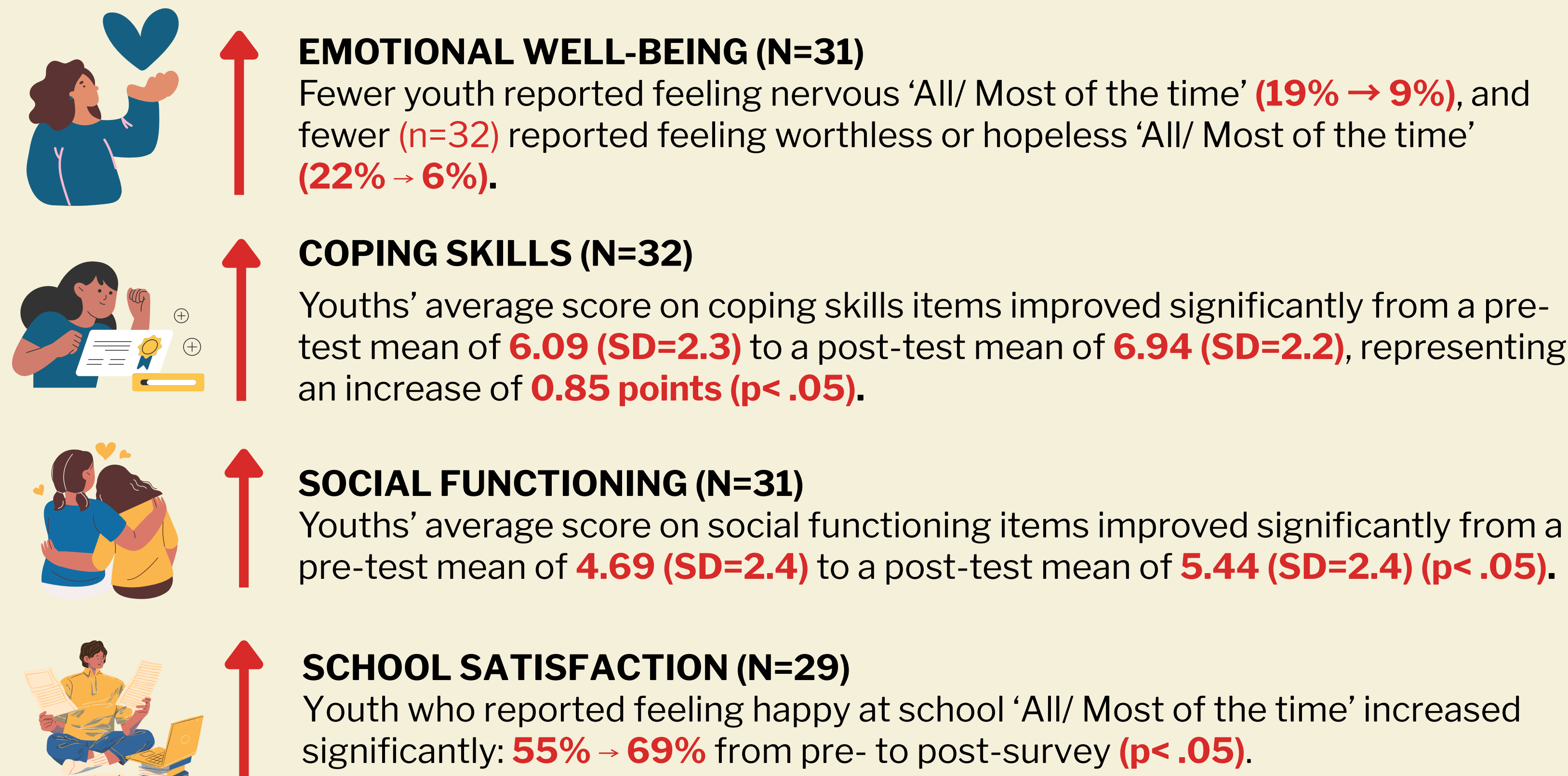
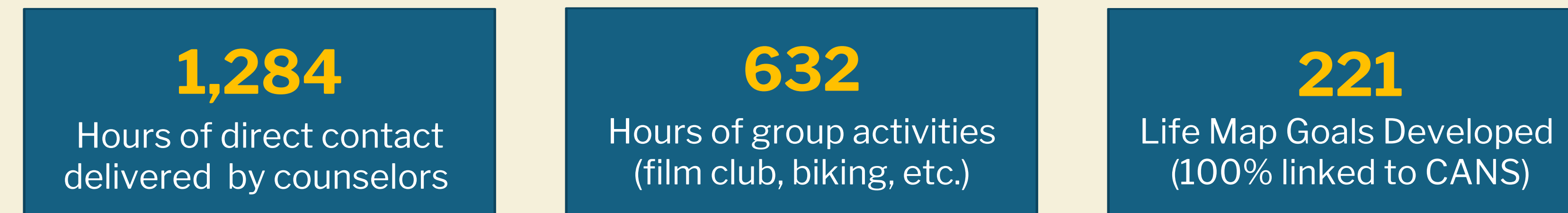
Hopelessness became hope and isolation became belonging.

KEY TAKEAWAYS

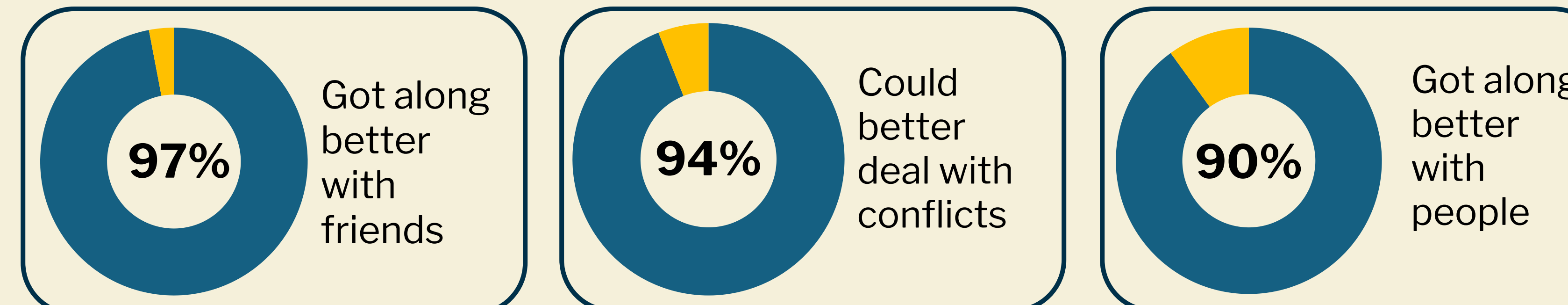
- Youth showed significant improvements in emotional well-being, coping skills, and social functioning.
- Positive relationships with caring adults are central to the youth experience with programming.
- Leveraging presence at schools is an effective strategy for outreach and recruitment.



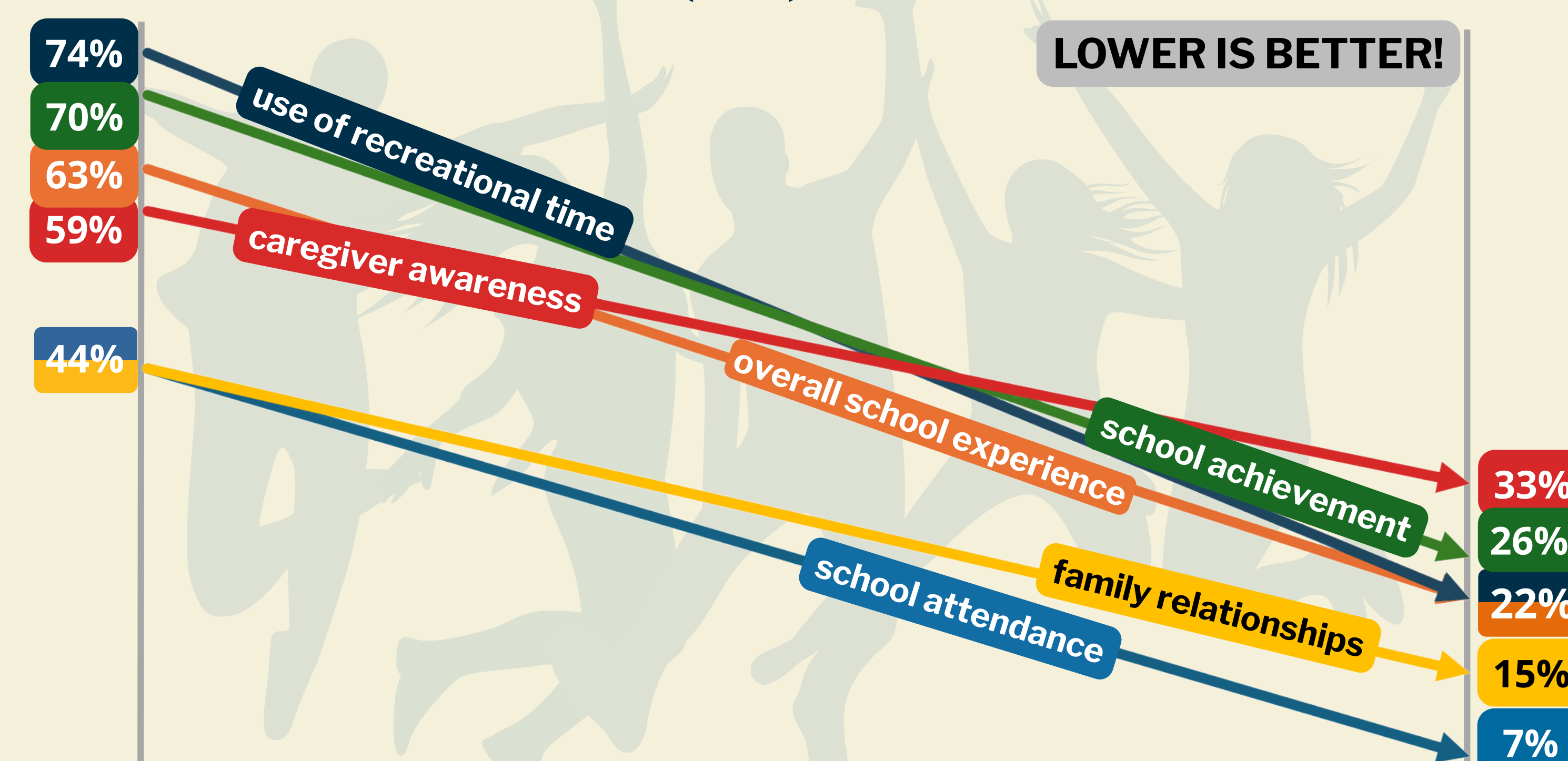
RESULTS



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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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

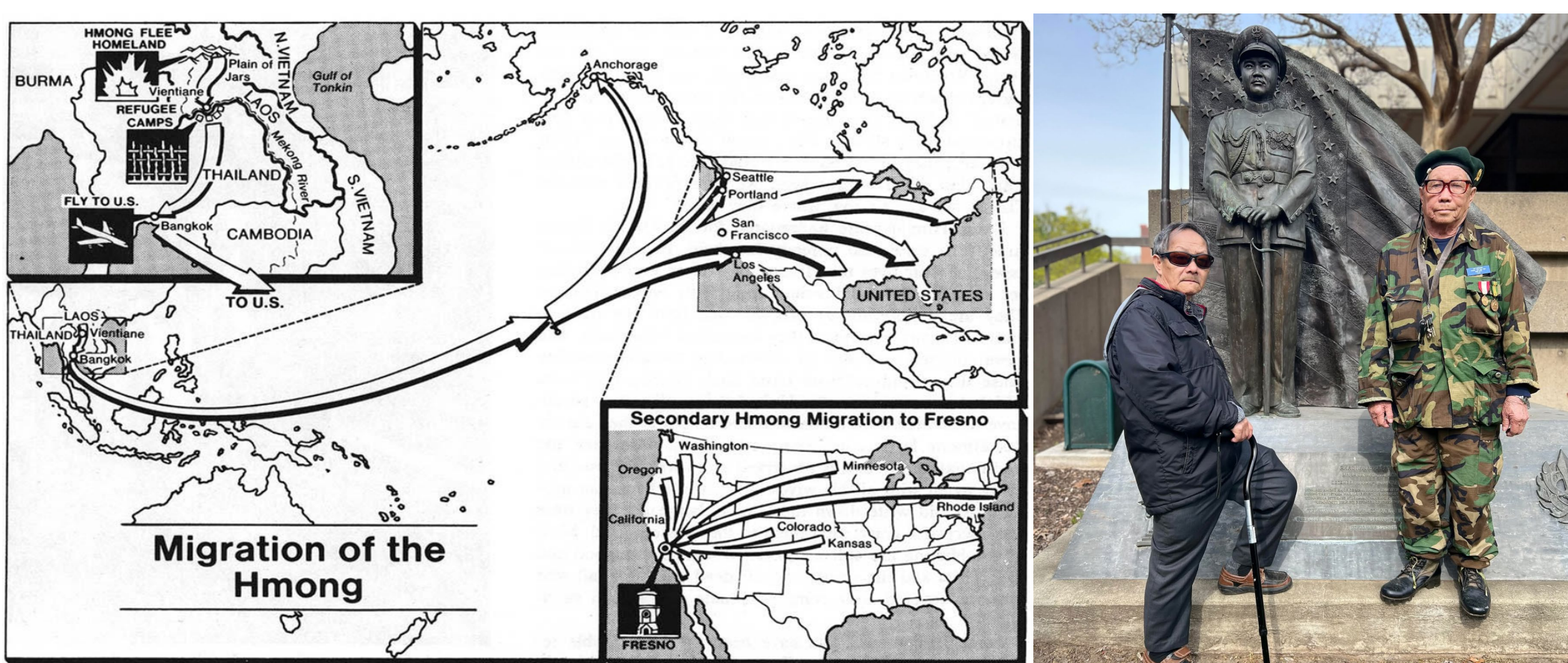
Hmong Cultural Center of Butte County and the CDEP Zoosiab "Happy" Program for Older Adults

- 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)



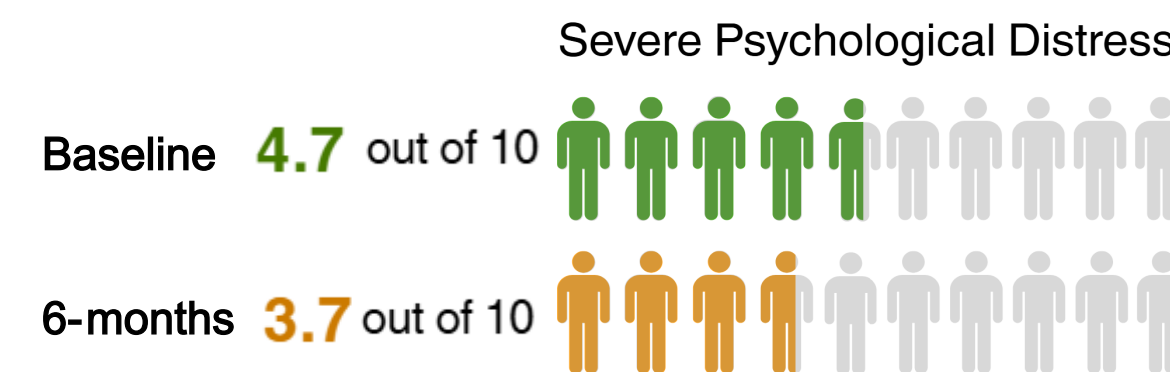
Root Causes of Mental Health: Secret War, Flight, and Resettlement to U.S.



- **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.

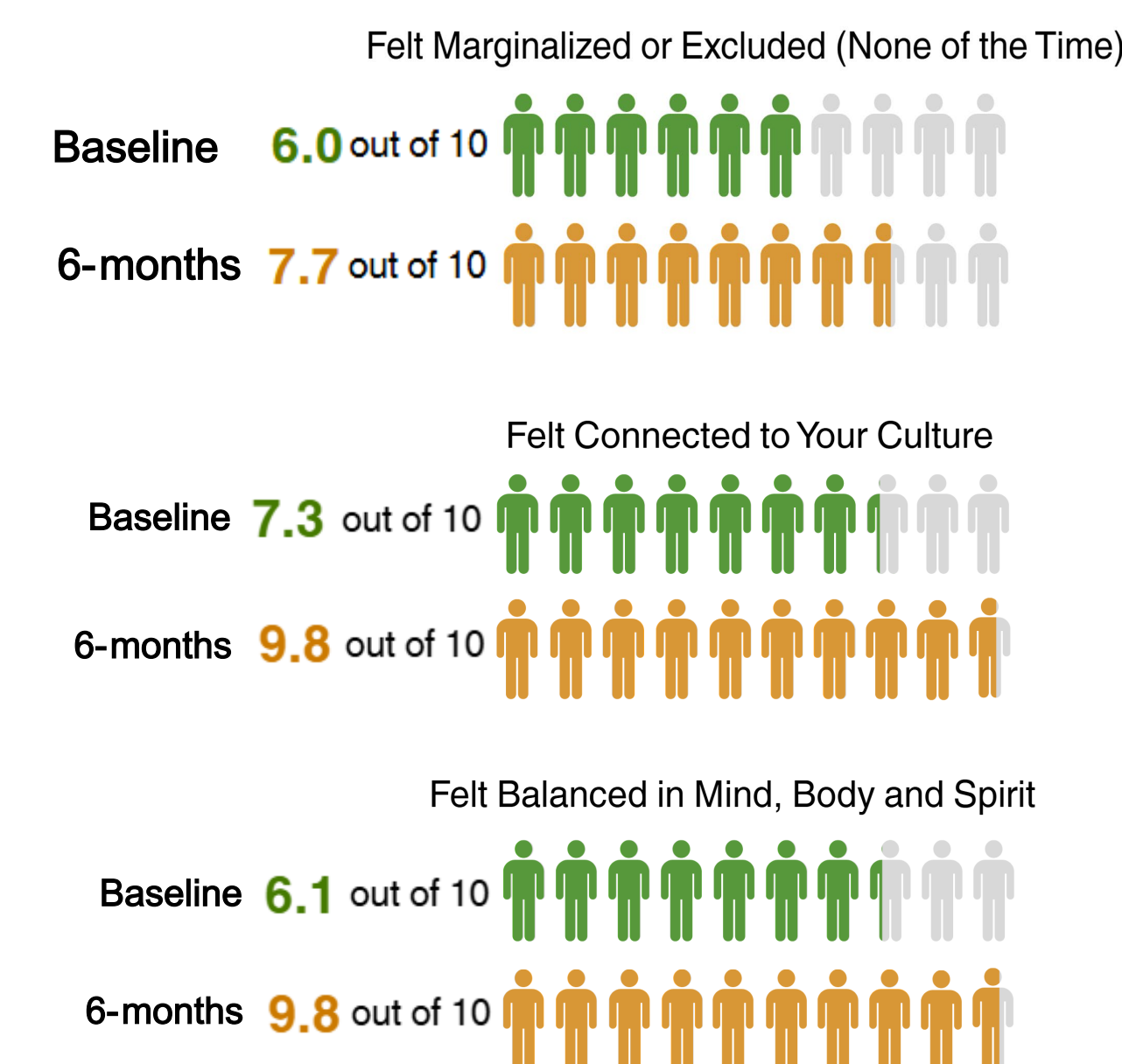
Results: Severe Psychological Distress Declined

- 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.

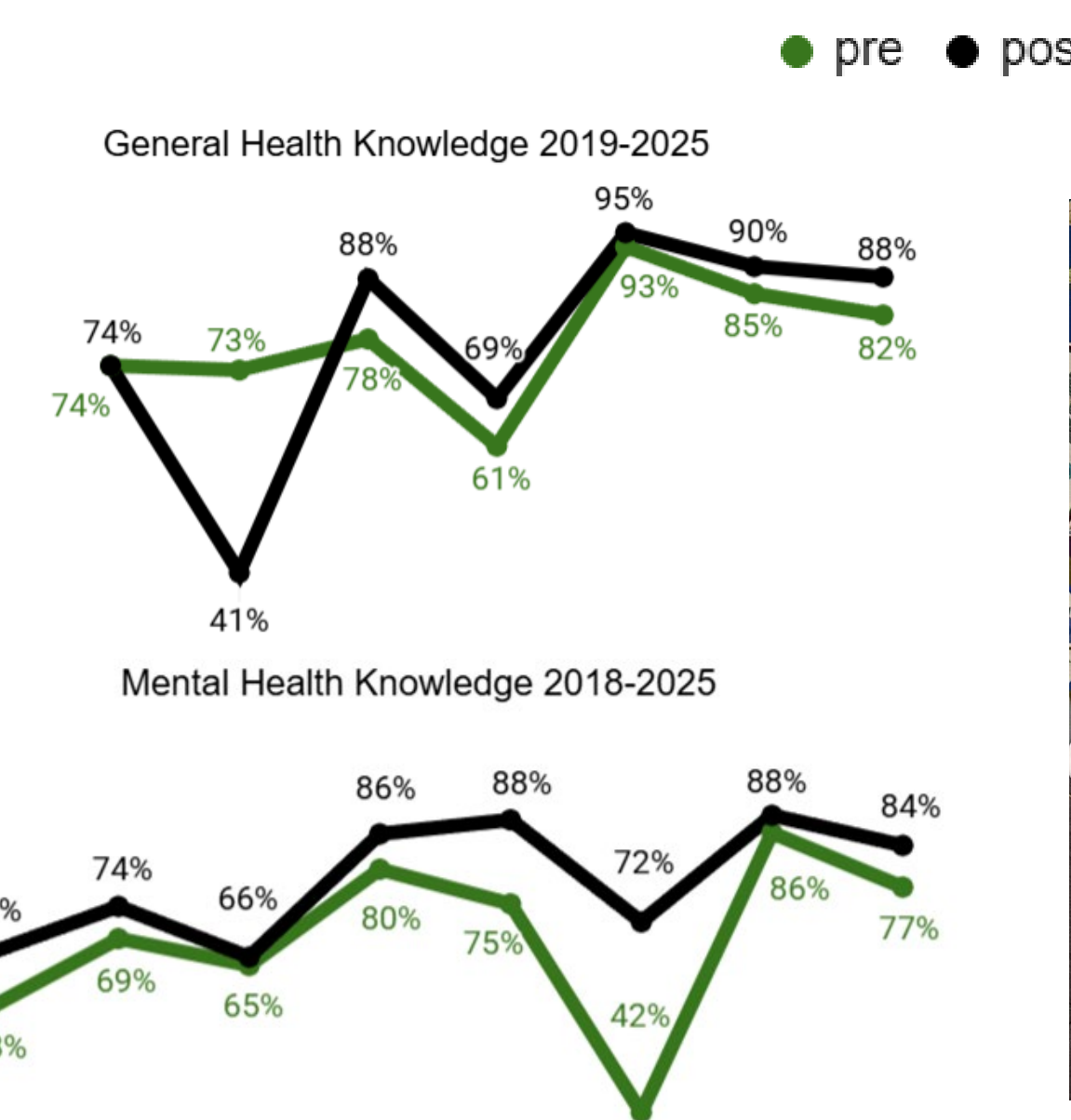


Results: More Culturally Connected, Balanced in Mind/Body/Spirit, & Less Marginalized/Isolated

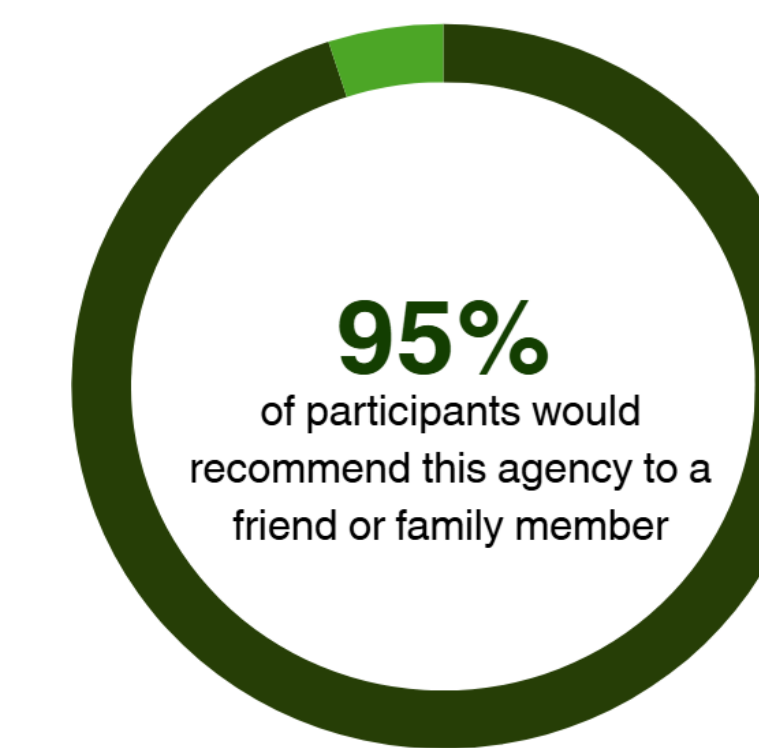
- **Substantially more program participants did not feel marginalized or excluded** from society at 6-months (77% or 7.7 out of 10) compared to at baseline (60% or 6 out of 10).
- **Almost all participants felt connected to their culture** some of the time or all of the time after 6 months (98% or 9.8 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

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.**

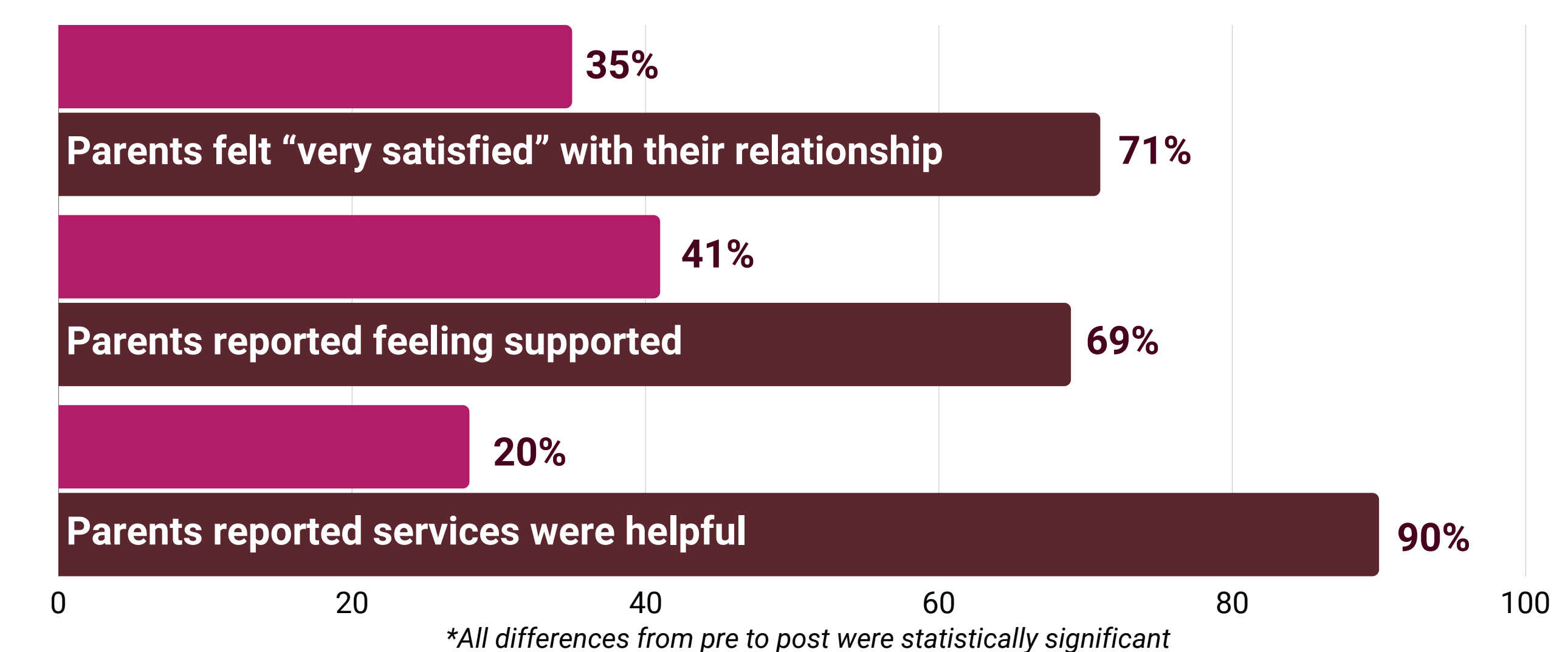
At Essence of MANA, we believe **"it takes a village"** to nurture children and foster positive change so that every family member can embark on a journey towards healing.

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%

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.

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



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

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"



ESSENCE OF MANA TEAM AND CONTACTS:

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INTEGRATED CARE COORDINATORS PROJECT

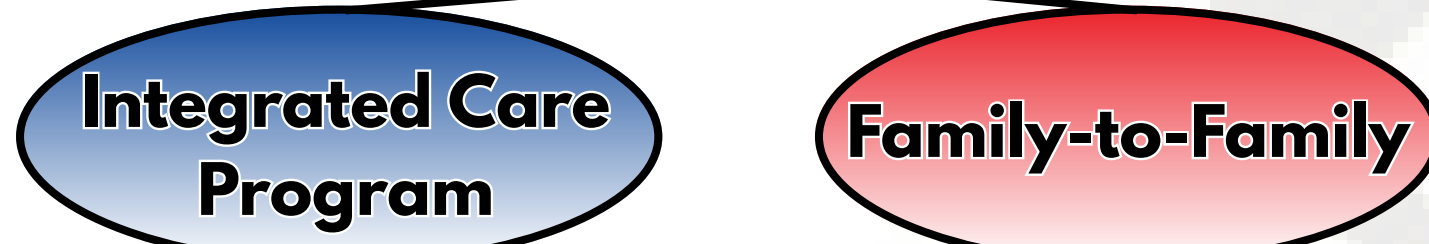
Enhancing Service Accessibility for the Korean Community



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

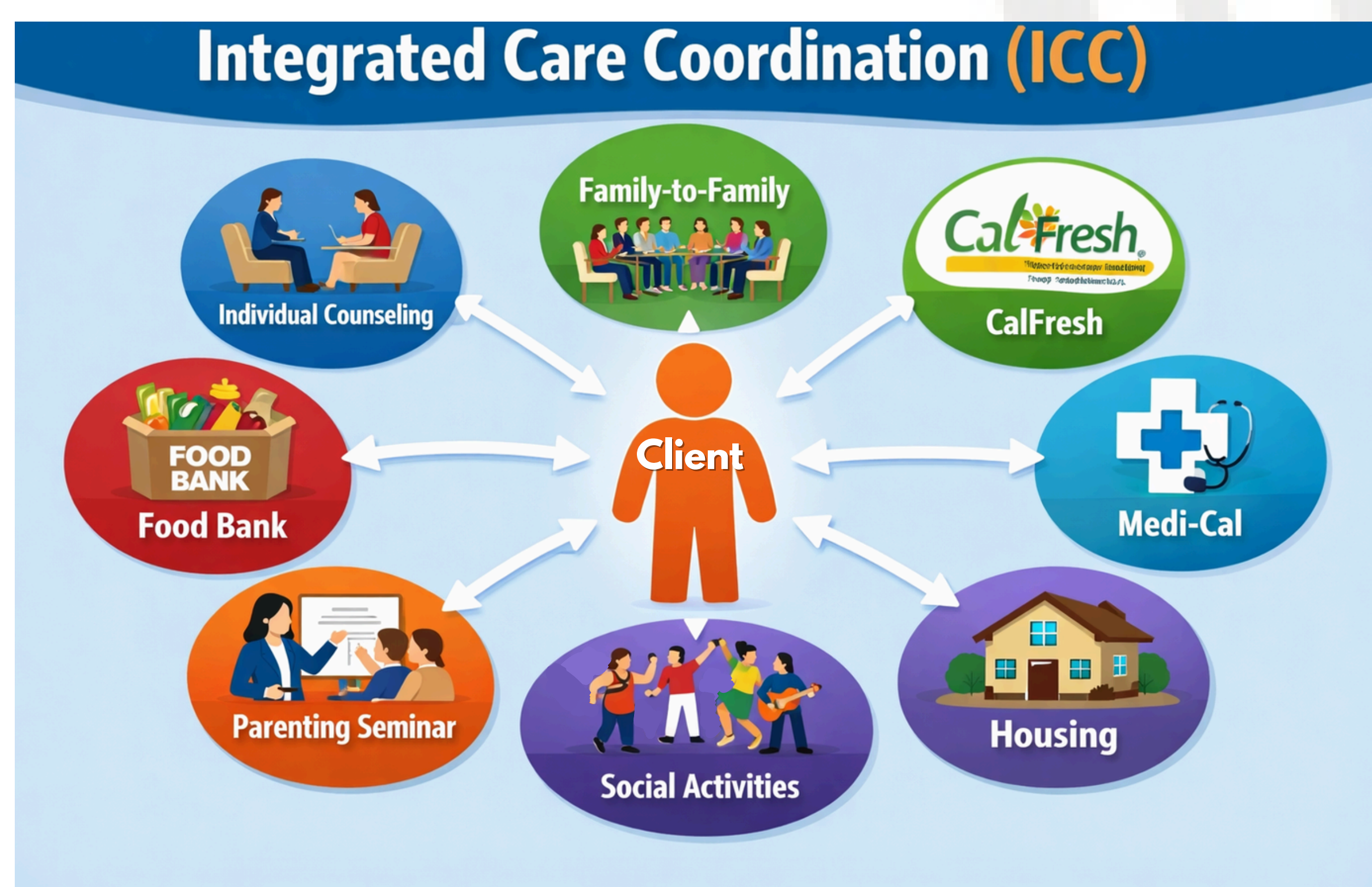
*Predominantly monolingual Korean speakers

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

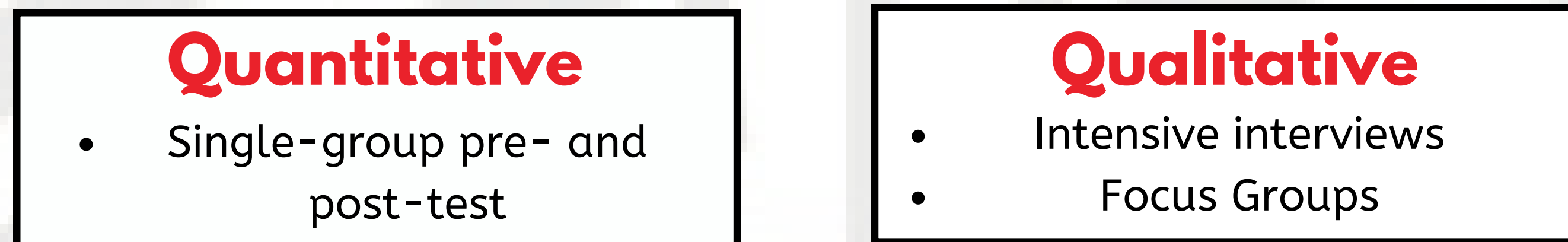
- Individuals who seek support for their own mental health needs
- Prevention & Early Intervention Program
- Average # of sessions: 8.17 sessions

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

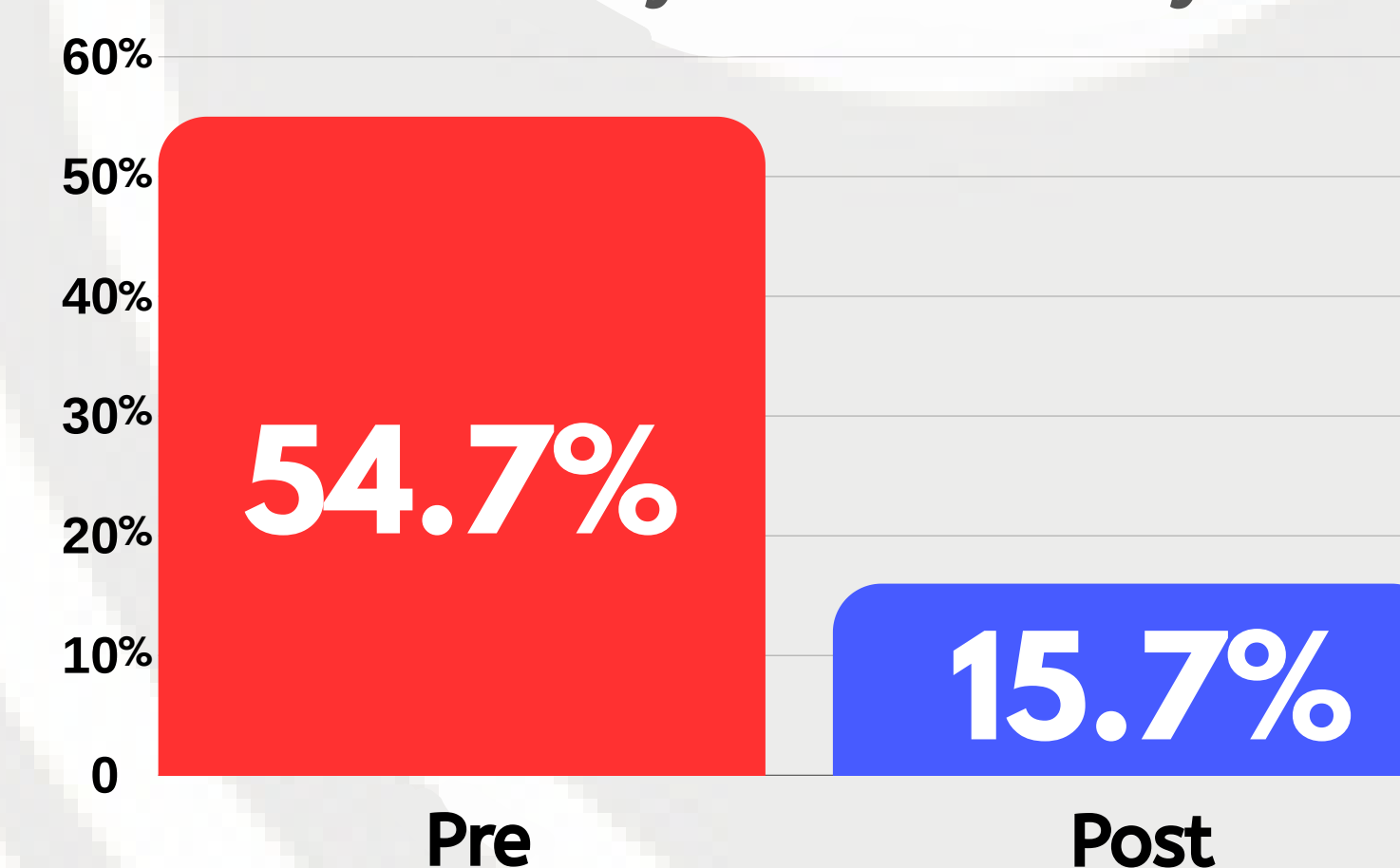


Results

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.



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



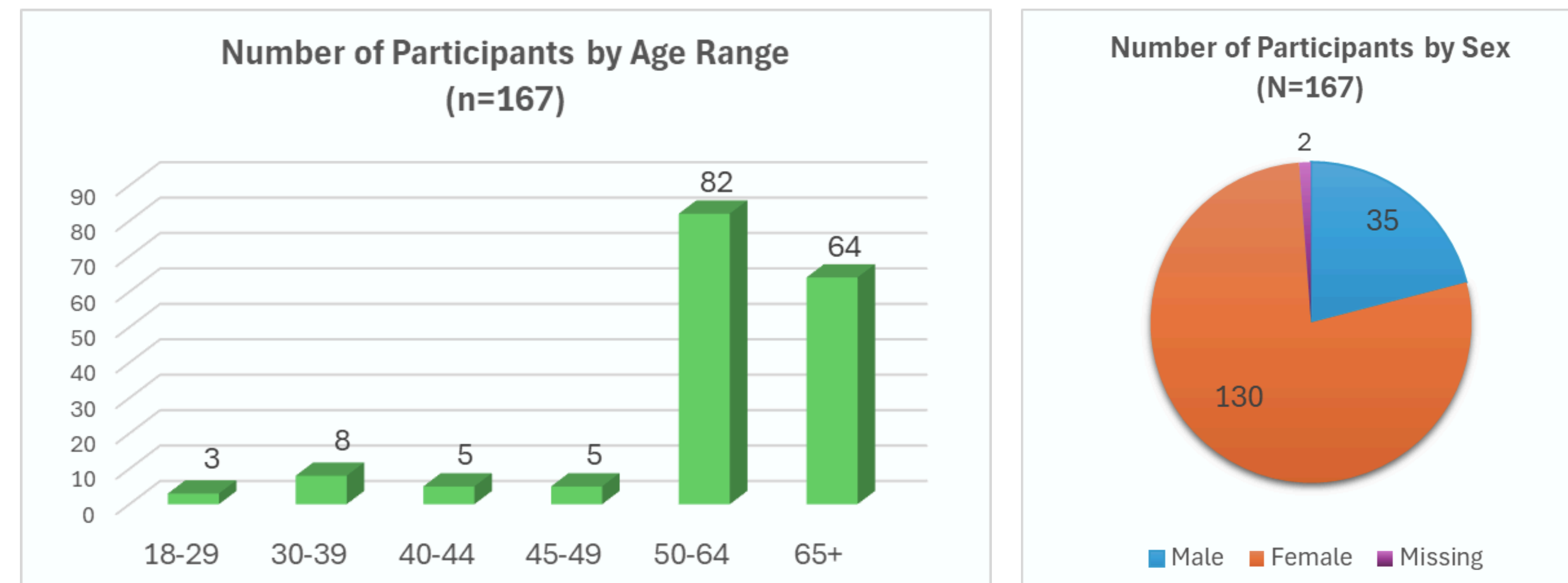
Farm to Table staff preparing irrigation drip system to the farm.



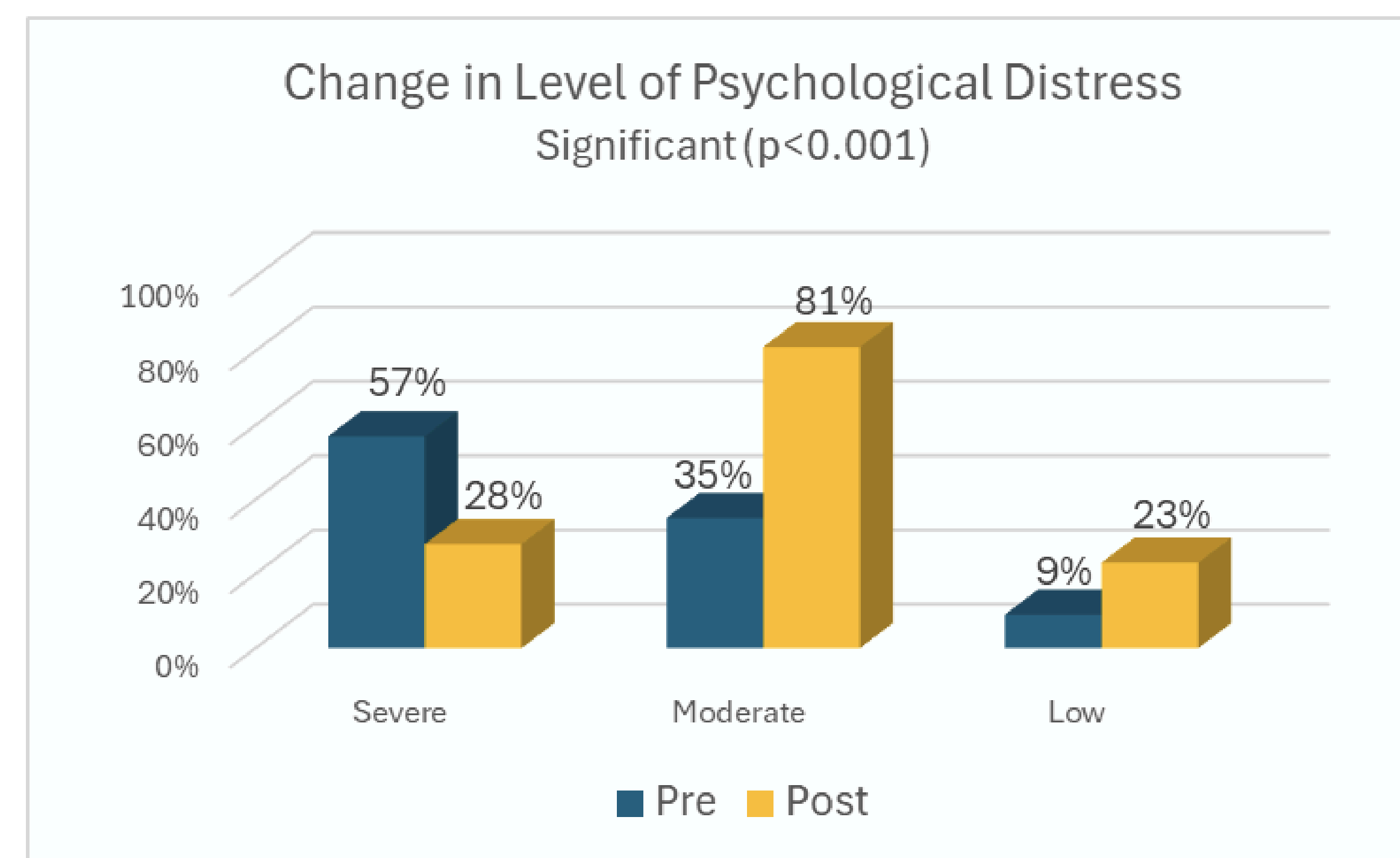
Nuam Yaj (Mindfulness Exploration) activity at CA Poppy Flower Field in Lancaster, CA.

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

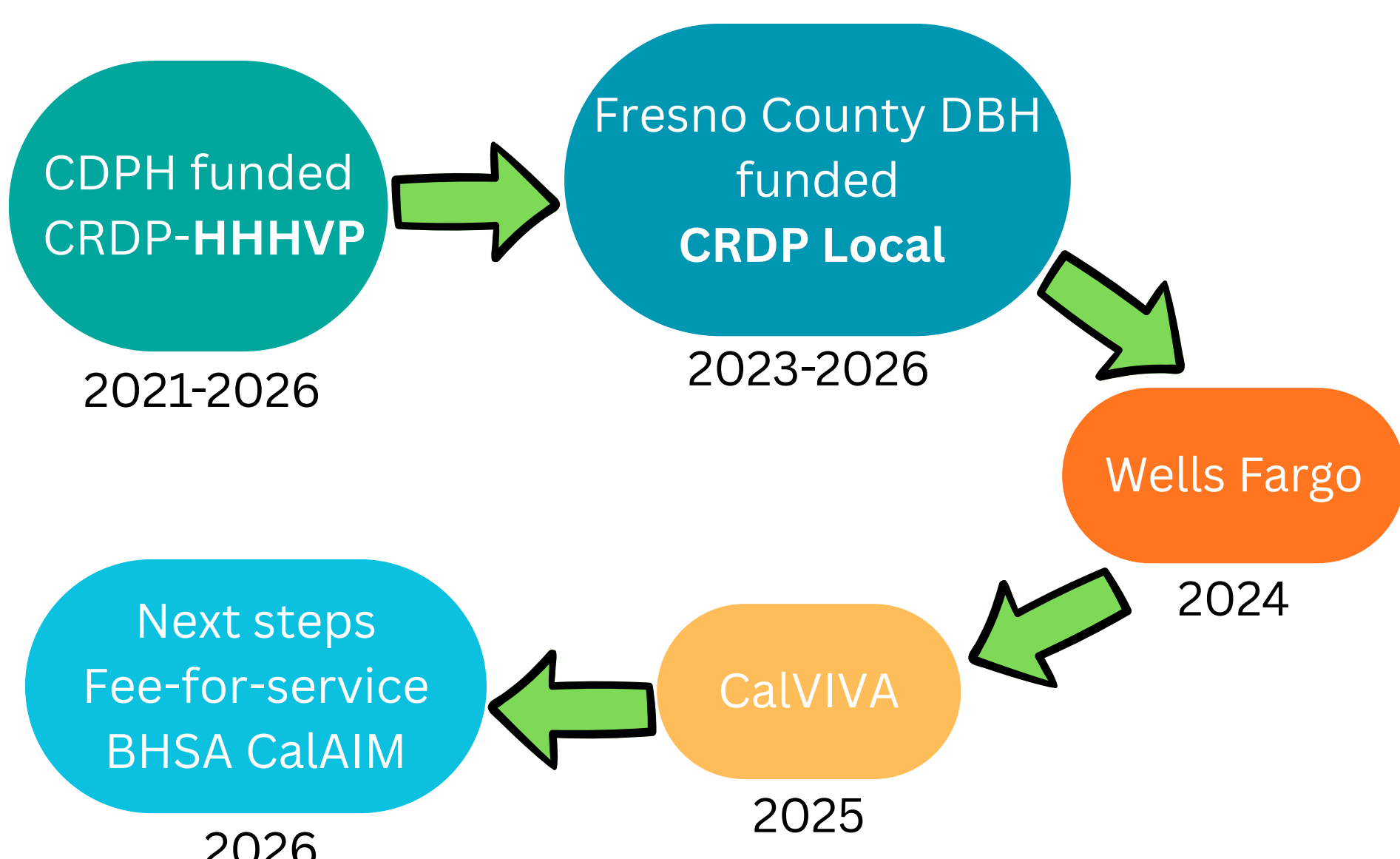
- Cultural Breakfast & Luncheon
- Bilingual & bicultural staff
- Early Intervention activities
- Translated surveys
- Provided transportation

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



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