

Project Summary

County: **Alameda County**
 Date submitted: **4/13/2018**
 Project Title: **Emotional Emancipation Circles for Young Adults**
 Total amount requested: **\$501,808**
 Duration of project: **2 years 6 months**

General Requirement	Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
Primary Purpose	Increases the quality of mental health services, including measured outcomes

Problem

African Americans are a historically inappropriately served population. The Mental Health Services Act (MHSA) California Reducing Disparities (CRDP) report on African Americans found that many of the key issues revolve around racism, stigma, marginalization, and isolation – in society and within mental health services. Fundamentally, African Americans feel that their experiences and perspectives are not heard, respected or acted upon by the mental health system.

In Alameda County, after receiving on average more hours of mental health outpatient services, African American young adults (18-30) showed significantly less improvement than White young adults. Focusing time, energy and funding on developing new services that respond to the needs African Americans have identified and take into account the complexity of their experience – poverty, trauma, racism, etc. – is essential to reduce disparities.

Local African American young adults have identified the need to address isolation and to value one another, culturally and ethnically, despite the negative images communicated by the media or community. Alameda County Behavioral Health Care Services (BHCS) aims to address this need as a pathway to fostering independence and self-sufficiency.

Project

BHCS worked with African American young adults to pilot Emotional Emancipation Circles (EEC) to address the needs they identified. EECs are a community-defined practice developed by the Community Healing Network (CHN) and Association of Black Psychologists (ABPsi). The participants felt the EECs were valuable but needed to be tailored to better engage young adults. This project will:

- Work with young adult EEC facilitators to conduct outreach, tailor them to young adult needs, and provide 6 EEC series
- Conduct evaluations of each series to contribute to tailoring of the model

Evaluation

This Innovation Project aims to tailor the EEC model, a community-defined practice within the mental health field, to answer:

Can Emotional Emancipation Circles that are tailored for young adults result in participants feeling valued and connected to an inclusive community, contributing to independence and self-sufficiency?

1. How can EECs be tailored to effectively engage young adults?
 - In what way were EECs tailored? (program records)
 - Did young adults engage with and complete the series? (participation records)
 - Were young adults satisfied with their experience? (surveys, focus groups)
2. Will participants in young adult EECs experience improved mental health and functional outcomes, specifically independence and self-sufficiency?
 - Do they experience changes in well-being, connectedness and self-worth?
 - Do they experience changes in education and/or employment activities?
 - Do they experience changes in their use of planned services?
(surveys, focus groups)
 - Do BHCS clients who participate have better outcomes than non-participants?
(compare BHCS client records)

The learnings from this project will help counties address common challenges regarding serving the African American young adults by providing data on whether EECs improve mental health and functioning and by providing a version of EECs that is well-adapted for young adults. The learnings will be shared with behavioral health divisions throughout the state, as well as through the CHN and ABPsi networks. Alameda County will use the learnings to determine what aspects to continue under MHSA PEI or CSS funding.

Budget

Salaries \$102,374	Project Administrator: BHCS staff to oversee implementation (0.3 FTE)
Operating \$55,080	Materials, transportation, accessible meeting spaces, incentives Young Adult Facilitator stipends
Non-Recurring \$5,000	Culturally-based displays to establish desired tone in the room
Consultants \$274,553	Lead Trainers from ABPsi Peer Project Coordinator (37 hours/week) Evaluator
Indirect \$64,801	15% for BHCS to administer project

Emotional Emancipation Circles for Young Adults

Logic Model

Situation: In Alameda County, after receiving on average more hours of mental health outpatient services, African American young adults (18-30) showed significantly less improvement than White young adults. Focusing time, energy and funding on developing new services that respond to the needs African Americans have identified and take into account the complexity of their experience – poverty, trauma, racism, etc. – is essential to reduce disparities. Local African American young adults have identified the need to address isolation and to feel valued ethnically and culturally.

Inputs	Outputs		Outcomes -- Impact		
	Activities	Participation	Short	Medium	Long
Personnel Time: <ul style="list-style-type: none"> - Project Administrator - Lead Trainers - Peer Project Coordinator - Peer Facilitators (6-8) EEC curriculum, materials	Outreach to potential participants Peer Facilitators conduct 6 EEC series Young adults participate in EECs (20 x 6 series = 120) Tailor EEC model for young adults, including conducting various formats and multiple series, incorporating participant feedback in tailoring process Ongoing evaluation and tailoring	Peer Project Coordinator, Peer Facilitators African Americans ages 18-30 experiencing or at risk for serious mental illness or emotional disturbance Project Administrator, Lead Trainers, Peer Project Coordinator, Peer Facilitators, Participants Project Administrator, Lead Trainers, Peer Project Coordinator, Peer Facilitators, Participants, Evaluator	EECs reach full registration (20 per series) Participants complete the series (75% complete 75% of series)	Participants report improved mental health (well-being, connectedness, self-worth) upon conclusion of participation (65%) Average participant satisfaction with EEC experience increases between first (65%) and last series (80%)	3 months after conclusion of participation: Participants report improved functional outcomes (employment and education activities) (50%) Appropriate use of planned services increases for participants (35%) BHCS clients that participate show better outcomes than non-participating clients (30%)

Assumptions
 EECs, a community defined practice developed for and by African Americans, can be adapted for AA young adults to address "isolation and feeling valued ethnically and culturally." Addressing these issues will lead to increased sense of connectedness and self-worth, which in turn will improve mental health and functional outcomes.

External Factors
 - Life circumstances of young adult participants that interferes with completion of the program or affects the desired outcomes

INNOVATIVE PROJECT PLAN DESCRIPTION

County: Alameda Date Submitted 4.13.18
Project Name: Emotional Emancipation Circles for Young Adults

I. Project Overview

1) Primary Problem

a) *What primary problem or challenge are you trying to address?*

African Americans are a historically inappropriately served population. The California Reducing Disparities project report on African Americans highlights the need to integrate their experiences and perspectives into the development and provision of services. Within Alameda County, African American young adults have identified the need to address isolation and to feel valued ethnically and culturally. From their input, Alameda County Behavioral Health Care Services has developed five aims, including providing supports that allow young adults to feel valued and connected to an inclusive community as a pathway to achieving independence and self-sufficiency. This Innovation project provides a model for this.

In FY2016-17, 6,188 young adults aged 18-30 received specialty mental health services from Alameda County Behavioral Health Care Services. Of these, 2,010 (32%) are African-American. African Americans often do not receive culturally responsive services. On a statewide level, the California Reducing Disparities Project report, *"We Ain't Crazy! Just Coping With a Crazy System" – Pathways into the Black Population for Eliminating Mental Health Disparities*, documents the many challenges African Americans experience in receiving appropriate services. Many of the key issues revolve around racism, stigma, marginalization, and isolation – in society and within mental health services. **Fundamentally, African Americans feel that their experiences and perspectives are not heard, respected or acted upon by the mental health system.**

Alameda County statistics reveal a similar pattern as statewide statistics:

- African American young adults (18-30) have an increased penetration rate:
7.13% for African American young adults versus 4.73% for White (FY16-17)
- The impact of the services is less for African American young adults (18-30):
After receiving on average more hours of outpatient services in 2016 (489 hours per African American client vs 383 hours for White clients), the African American clients showed less improvement from 2015 to 2017:
 - The number of African American young adults using crisis services reduced 17%, while there was a 37% reduction for White young adults, and
 - The number of African American young adults hospitalized reduced 12%, while there was a 37% reduction for White young adults.

These statistics speak to the lack of appropriateness of the services for the needs of the African American young adults. **Focusing time, energy and funding on developing new services that respond to the needs African Americans have identified and take into account the complexity of their experience – poverty, trauma, racism, etc. – is essential to reduce disparities.**

In Alameda County, an African American Utilization study was produced in 2011. This report defined young adults as ages 16-29 *due to patterns of delayed access to treatment for African Americans*. It identified the top two priorities for young adults as:

- **Decrease social isolation and marginalizing of African American young adults at risk for serious mental health issues due to social determinants.**
- **Provide culturally responsive treatment and services for those already being served in the young adult system of care.**

Young adults have identified discrimination, not feeling that the services are safe, lack of systems support, and lack of cultural diversity among service providers as reasons why they do not prioritize mental health services in their journey of staying well. **They express the need to value one another, culturally and ethnically, despite the negative images communicated by the media or community.**

BHCS conducted a Results Based Accountability (RBA) process with young adult providers. Based on the input they heard from young adults, the process determined five key factors to better support them. **One of those factors is developing supports that allow them to feel valued and connected to an inclusive community as a pathway to achieving independence and self-sufficiency.** Community integration is considered a corner-stone of wellness and recovery. In addition, social connectedness and ethnic identity among racial minorities are also understood to impact mental health outcomes and functional outcomes for adolescents (Lamblin et al, 2017) (Phinney & Kohatsu, 1997). These influences contributed to the development of BHCS's key support factor.

b) Describe what led to the development and prioritization of the idea for your INN project

The data noted above speaks to the need to increase the availability of services that respond to the expressed needs of African American young adults. The California Reducing Disparities Project (CRDP) emphasizes the need for community-defined practices in order to be responsive to underserved communities. In addition, in Alameda's recent Community Planning Process for the MHSAs Three Year Plan, there was significant interest in developing more peer-run program models under Innovation. The issue of "Social Isolation/Feeling Alone" among young adults was also identified as a problem by 60% of respondents. Additionally, young adults and the African American community were both identified by 44% of respondents as underserved populations. (www.ACMHSA.org under Documents/MHSA Plans)

Alameda County, along with many other counties, is challenged to appropriately serve African American clients, as well as effectively engage young adults. Alameda BHCS' core strategy is to act upon their input by providing supports that allow them to feel valued and connected to an

inclusive community as a pathway to independence and self-sufficiency. Given Alameda County's experience with piloting a community-defined practice designed for the African American community, Emotional Emancipation Circles, it feels essential to continue developing this practice to respond to the expressed needs of African American young adults.

2) *What Has Been Done Elsewhere To Address Your Primary Problem?*

The primary challenge is to better serve African American young adults by respecting and acting upon their perspectives and expressed needs. Alameda BHCS has already identified a strategy based on their input: developing supports that allow young adults to feel valued and connected to an inclusive community as a pathway to achieving independence and self-sufficiency.

In considering potential services, programs included in the Substance Abuse and Mental Health Services Association database, the CRDP Black Population report, and other young adult focused services have been reviewed.

- The programs in SAMHSA generally focus on addressing a mental health or substance use problem, rather than the process of connection to community as a strategy that addresses a number of challenges.
- A popular approach to engaging young adults from underserved communities is to use arts, music and social media for them to express themselves. Some examples include San Diego's Urban Beats and Richmond's RYSE Center. While they do seem to be effective with engaging young adults and improving outcomes, this program is looking to specifically address the need expressed by African American young adults to value one another, culturally and ethnically, despite the negative images communicated by the media or community.
- The CRDP report includes a few programs that specifically address community connection, such as Emotional Emancipation Circles (EECs), named Community Healing Circles at that time. Alameda has previously piloted EECs and received very positive feedback from young adults.

The Association of Black Psychologists (ABPsi) has identified a lack of practices that are responsive to the needs of African Americans. They have worked in collaboration with the Community Healing Network (CHN) to develop Emotional Emancipation Circles (EECs), a community defined practice. EECs are self-help support groups to address the impact of historical forces and ongoing racism, learn emotional wellness skills, heal through the valuing of the African American experience, and build a supportive community. There is a developed curriculum and training for EEC facilitators. Evaluation to date has mostly focused on participant satisfaction, although the Community Healing Network is working with the California Institute of Behavioral Health Solutions (CIBHS) to include an outcome evaluation.

In 2016, ABPsi and Alameda County BHCS ran a pilot program in which twenty (20) African American young adults became certified EEC facilitators. Four (4) of the trained young adults helped to run one EEC series (8 workshops). The facilitators and participants completed surveys and participated in a focused discussion about the experience. They indicated that they benefited from the experience and that it should continue. They also indicated that some of the format and approaches were not engaging for them as young adults. The areas they most felt needed to be added were:

- Age appropriate activities and mediums for addressing the Seven Keys curriculum
- Removing participation barriers (transport, schedule, etc.)
- Aligning housing, employment, education, wellness and community supports

This previous pilot effort also only evaluated satisfaction, not outcomes. In addition, further EECs were not conducted due to lack of allocated funds. Conducting EECs as an Innovation project will enable BHCS to include many more participants, **tailor the model for African American young adults' needs and interests and conduct an outcome evaluation as a test of concept to lay the groundwork for the expansion of this model.**

3) The Proposed Project

a) *Provide a brief narrative overview description of the proposed project.*

BHCS will tailor the EEC model to specifically target the needs of African American young adults, while ensuring fidelity to the model. Two EEC trainers who are ABPsi members will provide technical support for this. The implementation steps include:

1. Work with existing young adult EEC facilitators trained during the pilot project to host six (6) EEC information sessions to recruit young adults to participate in an EEC session;
2. Update the certification of 6-8 existing young adult EEC facilitators that commit to facilitating EECs. They will be provided stipends and other types of support to enable participation;
3. Work with the ABPsi members and the certified young adult trainers to *tailor* the curriculum to better serve the target population. Tailoring will include:
 - Having young adults co-facilitate the EECs;
 - Incorporating modes relevant to young adults, such as young adult independence development models, music and media, and a framing of the topics and activities to speak to their experiences and interests;
 - Incorporating components that address housing, education, employment and other needs, such as sharing of information and providing linkages;
 - Developing marketing to appeal to young adults;
 - Offering the sessions at times and places that fit their schedules, providing food and transportation assistance, and

- Developing appropriate evaluation tools.
4. Conducting six (6) EEC series for twenty (20) participants per series. A series is eight (8) 90-minute workshops or two (2) extended workshops covering the Seven Keys outlined in the EEC curriculum. Between each series adjustments will be made based on participant and facilitator feedback. Most likely there will be one female only, one male only, and four mixed gender series. Four (4) of the sessions will be offered once a week on a weekday and two (2) will be offered as two extended workshops on Saturdays. In addition, there are evaluation and graduation sessions.

Emotional Emancipation CirclesSM (EEC) are support groups designed by and for African American people to “work together to overcome, heal from, and overturn the lies of White superiority and Black inferiority.” In the workshop series participants share their stories and feelings, learn about historical forces that have shaped their experiences, develop a healing and validating relationship with each other, learn wellness skills for living in a racist society, and learn to value themselves as African American individuals and as a people. The participants and facilitators can influence how the Seven Keys are covered as long as the essential curriculum is adhered to.

- b) *Identify which of the three approaches specified in CCR, Title 9, Sect. 3910(a) the project will implement*

This proposal makes a change to an existing practice in the field of mental health.

- c) *Briefly explain how you have determined that your selected approach is appropriate*

EECs are a community-defined practice developed to address the lack of African American focused mental health service models. The first circle was conducted in 2007 in Connecticut by the Community Healing Network (CHN). By 2012, CHN and ABPsi had developed the EEC curriculum. At this point about 500 trainers have been certified in the United States, United Kingdom, Africa and elsewhere. EECs are a unique tool for supporting the development of racial and ethnic identity for African Americans as valued members of a community. While there is limited data on the impact of them, this project aims to evaluate the mental health impact for young adults.

4) Innovative Component

Tailoring EECs for young adults may expand the use of a community-defined practice within the mental health field. Innovation provides an opportunity to test the concept in two ways:

- 1) Tailor EECs to better engage and serve young adults: The current EEC format is more appropriate for older participants. By working with young adults to implement changes,

while remaining true to the model, we can find best practices for appealing to and supporting young adults.

- 2) Evaluate mental health and functional outcomes: The current EEC evaluation process focuses on participant satisfaction. By expanding the scope of the evaluation we can determine if young adults felt engaged and if it resulted in mental health and functional outcomes.

5) Learning Goals / Project Aims

African Americans have been identified as an underserved/inappropriately served population by Mental Health Services Act. Many counties struggle with improving engagement of and services for African Americans. In addition, engaging young adults in services is a widespread challenge. A fundamental concern identified in the CRDP African American population report is that African American's do not feel that their experience and perspective is integrated into service development or provision. Based on African American young adult input, Alameda would like to test:

Can Emotional Emancipation Circles that are tailored for young adults result in participants feeling valued and connected to an inclusive community, contributing to independence and self-sufficiency?

Learning Goals

1. How can EECs be tailored to effectively engage young adults?
 - Tailoring EECs for young adults is one of the two changes being made in this project. It is essential to evaluate which strategies were effective in order to contribute to successful expansion or replication of this model.
2. Will participants in young adult EECs experience improved mental health and functional outcomes, specifically independence and self-sufficiency?
 - Mental health measurements will include emotional wellbeing, sense of self-worth and connectedness. Functional outcomes, such as independence and self-sufficiency, will include progress in education, employment, ability to access resources when needed, etc.
 - Expanding the evaluation of EECs to capture outcomes is one of the two changes being made in this project. This is a core learning goal in order to test if EECs contribute to key outcomes for young adults, specifically independence and self-sufficiency.

6) Evaluation or Learning Plan

Learning Goals

1. How can EECs be tailored to effectively engage young adults?

Data to collect	Data collection method
In what way were EECs tailored	Project Coordinator will track all ways the EECs were tailored for young adults
How many young adults participated and for how much of the series <i>120 participants</i> <i>75% complete 75% of series</i>	Sign in sheets will provide data on how many participants attended each workshop within a series
Satisfaction with the services <i>65% of participants in first series will report satisfaction with services</i> <i>80% will report satisfaction in last series</i>	Feedback will be gathered from facilitators and participants in survey and focus group format at the conclusion of each workshop and each series to determine effective/ineffective elements
Family Perspective	Family/caregivers will be given a survey at the graduation event regarding their observations about their family members' participation, such as what the participant shared about their experience and any changes noticed

2. Will participants in young adult EECs experience improved mental health and functional outcomes, specifically independence and self-sufficiency?

Data to collect	Data collection method
Changes in mental health <i>65% of participants report improvement</i>	Conduct a survey and focus group at the end of each series with the participants to determine self-reported changes in mental health status, including the effects of the EEC on their sense of well-being, connectedness and self-worth. Participants will be asked to what extent and how the EECs contributed to changes in mental health. The evaluator will help identify, and adapt as needed, existing tools for measuring well-being, self-worth and connectedness.
Changes in functioning 50% of participants report improvement	Conduct a survey and focus group at end of each series and 3 months later with the participants to determine changes in functioning towards independence and self-sufficiency, including progress in pursuing education, employment, and other positive outcomes. Participants will be asked to what extent and how the EECs contributed to changes in functioning. Correlate changes in

	connectedness and self-worth with progress towards independence.
Changes in service engagement 35% of participants report accessing appropriate services	Conduct a survey and focus group at the end of each series and 3 months later with the participants to determine changes in service use patterns, such as accessing appropriate planned services.
Improved quality of care Participants show 30% better outcomes than non-participants	For those participants who are also BHCS clients, compare changes in their routine assessments and outcomes (3 months after completing the EEC) to comparable BHCS clients who did not participate in an EEC.

Data collection, evaluation and reporting for this project will be in alignment with the current Innovation Regulations. This includes collecting indicated demographic data, tracking changes made to the project in the course of implementation, and providing annual and final reports covering all required elements.

BHCS will engage a contractor to conduct the evaluation. This will include:

- Developing a final evaluation plan that will be effective with young adults and their attendance patterns
- Determining survey and focus group tools
- Conducting the focus groups at the final workshop of each series
- Analyzing the survey and focus group data

The evaluators will work closely with the young adults, staff, and trainers implementing this project to develop the plan, tools and analysis. They will document factors that might affect the outcomes and attempt to increase the validity of the results.

7) Contracting

The implementation of this project will be led by BHCS staff.

II. Additional Information for Regulatory Requirements

1) Certifications

2) Community Program Planning

The community planning process for the MHSA Three Year Plan was conducted from June – October 2017. During that process Alameda County BHCS staff provided updates and

information on current MHSA programs and community members provided input on mental health needs and services. There were three modes for providing input:

- Five large community forums (one in each Supervisorial District);
- Eighteen focus groups were conducted throughout Alameda County: Chinese speaking family members; African American family members; providers for refugees; providers for LGBTQ community; transitional age youth; Afghan immigrants; older adults; API; refugee providers and advocates; providers for individuals with developmental disabilities and mental illness; and Pool of Consumer Champions (Alameda County's local consumer leadership group); and
- Community Input Surveys in all threshold languages: submitted by 550 unique individuals. Respondents were very diverse in age, race, and ethnicity. Fifty percent of respondents were from Oakland, while they make up only 30% of Alameda's population. Survey respondents included: Mental health consumers (25%); family members (17%); community members (15%); education agency (2%); community mental health providers (14%); homeless/housing services (6%); county Behavioral Health staff (1%); faith-based organization (2%); substance abuse services provider (<1%); hospital/provider care (4%); law enforcement (1%); NAMI (1%); Veteran/Veteran services (1%); other community (Non-MH) service provider (5%); and other/decline to state (9%).

Details of the process are provided in the MHSA Three Year Plan www.ACMHSA.org (click on Documents/MHSA Plans).

The BHCS systems of care and BHCS Housing Department were asked to submit proposals that addressed the needs identified in the community planning process. The proposed projects were vetted by MHSA staff based on whether they addressed community priorities, as well as other factors. In 2011, the Alameda County African American Utilization study identified the top need for African American young adults as "Address social isolation and marginalization of young adults at risk for serious mental health issues due to social determinants." In addition, in Alameda's recent Community Planning Process for the MHSA Three Year Plan, there was significant interest in developing more peer-run program models under Innovation. The issue of "Social Isolation/Feeling Alone" among young adults was also identified as a problem by 60% of respondents. And, young adults and the African American community were both identified by 44% of respondents as underserved populations.

This proposal was posted for public comment from April 13-May 13, 2018 and on May 14, 2018 a public hearing was held. Substantive comments and responses are included here.

Comment: Providing more culturally appropriate and impactful services to engage this population is critical. The concept behind the Emancipation circles appears to appropriately address the needs for this group to start to heal and recover. It is the hope that Alameda County continues to value this sort of support system, aside from what is typically considered "success"

or "utility" of an intervention measured only by traditional outcome measures.

Peer support has often been shown to be effective in engaging consumers who might not otherwise see a professional, due to concerns about stigma, ability to relate to their experiences, etc. While the peer run component is likely one of the most impactful aspects, the question arises about what happens when there is a larger mental health crisis or need for more services aside from the support circle. Are facilitators trained in how best to connect group participants to resources in the community? Are they trained to assess and appropriately manage a crisis, in addition to their own potential triggers or reactions to participant responses to group material? In working with trauma, especially with own lived experience, this kind of work can be very activating, thereby necessitating that there is sufficient support for the facilitators.

Additionally, given the intensity of topics and experiences in the room, what is done about attrition from the circles? Is there an outreach component should an individual stop attending for a period of time?

It would be interesting to know more about the outcome measures, it would seem one of the main points of these circles are to improve connection to community/each other, which may be hard to measure. This increased connection would likely influence mental health wellbeing and healing from trauma, but may be hard to objectively assess.

Response: In response to the question regarding facilitation training: The facilitators will be trained in the EEC model as well as informed about available community resources through Behavioral Health Care staff.

In response to the measurement question: each project will have an evaluator that will work with multiple stakeholder groups (the EEC project staff and TAY, BHCS staff and the MHSA stakeholder committee staff) to fully develop the outcome measures around "increased connection."

In response to the question around crisis management: Yes, management of crises and their own potential triggers are supported with frequent observation of the space and the discussions, often leading to pauses in the session to re-group and address the triggers. We strongly communicate to participants in each session to take breaks and remove his/herself for self-care. Self-care may include taking moments to lead the group in deep breathing exercises, allowing folks to vent emotions via a writing activity, or supporting a participant in taking a short walk to re-center his/herself. As facilitators we do not take on the role as clinician's or mental health counselors. The sessions are not therapy, but community inclusive groups to support one another in healing from trauma and learning from each other's experiences.

In response to the question regarding attrition: While the EEC sessions typically run 6-8 weeks, participants sometime part from the groups, but ongoing outreach such as information emails and unending invites to circles and planning/debrief groups are executed. The beauty of working with the TAY population is their need for change and transition. The EEC's support the needs of this population by embracing variation and respecting life change in an effort to address trauma. No one is ever excluded from ongoing participation in the circles.

Comment: The B.I.Z. Stoop Founder/CEO, I am in great support of the TAY Emotional Emancipation Circles Proposal. I've been an observer and facilitator and agree, there is need to get a youth perspective on the module - to strengthen its long lasting impact.

Response: Thank you for your comment and interest in the project.

3) Primary Purpose

Increase the quality of mental health services, including measurable outcomes

4) MHSA Innovative Project Category

Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.

5) Population

- a) *If your project includes direct services to mental health consumers, family members, or individuals at risk of serious mental illness/serious emotional disturbance, please estimate number of individuals expected to be served annually. How are you estimating this number?*

It is expected that one hundred and twenty (120) African American young adults experiencing or at risk for serious mental illness or emotional disturbance will be served by this project. There will be six (6) series with twenty (20) participants per series.

- b) *Describe the population to be served, including relevant demographic information*

Participants will include young adults (18-30) in Alameda County who identify as African American/African Descent who experience or are at risk for mental illness. They will have a history of accessing mental health treatment services, mental health wellness services, or other relevant services, such as youth development centers, juvenile justice, and employment support.

- c) *Does the project plan to serve a focal population or eligibility criteria*

Participants will include young adults (18-30) in Alameda County who identify as African American/African Descent who experience or are at risk for mental illness. They will have a history of accessing mental health treatment services, mental health wellness services, or other relevant services, such as youth development centers, juvenile justice, and employment support. More specific eligibility criteria will be established if needed.

6) MHSa General Standards

- a) Community Collaboration: This project works closely with African American young adults to adapt and implement a service.
- b) Cultural Competency: The model this project is based on was developed by and for African Americans. The implementation of it will be done by African American providers in collaboration with African American young adults. In addition, the project, evaluation plan, and results will be presented to the Cultural Competency Advisory Board (CCAB), MHSa Stakeholder Committee and Alameda County African American Health and Wellness Steering Committee for their input.
- c) Client-Driven: African American BHCS clients will be involved in the development, implementation, and evaluation of this project. It is a peer-centered model that engages young adults as facilitators and interactive group participants.
- d) Family-Driven: At the graduation event for each series, parents/family will be asked to provide feedback on what they saw in terms of the participants' experience and changes. This feedback will be considered in developing the next series.
- e) Wellness, Recovery, and Resilience-Focused: This project aims to increase the independence and self-sufficiency of young adults experiencing or at risk for serious mental illness or emotional disturbance.
- f) Integrated Service Experience for Clients and Families: This project does not specifically address integration of services.

7) Continuity of Care for Individuals with Serious Mental Illness

Participation in an EEC series is in addition to ongoing services provided for young adults with serious mental illness. Participants generally attend just one series, and therefore this program does not affect continuity of care.

8) INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement.

- a) *Explain how you plan to ensure that the Project evaluation is culturally competent.*

This project is focused on providing culturally competent services for African American young adults. The model is developed by and for African Americans. The African American young adult facilitators will participate in tailoring the model, implementing the program, ongoing quality improvement, and final evaluation of the project. In addition, the project, evaluation plan, and results will be presented to the Cultural Competency Advisory Board (CCAB), MHSa Stakeholder Committee and Alameda County African American Health and Wellness Steering Committee for their input.

- b) *Explain how you plan to ensure meaningful stakeholder participation in the evaluation.*

The African American young adult facilitators will participate in providing ongoing feedback about the program, developing the evaluation, and analyzing the resulting data. In addition, the project, evaluation plan, and results will be presented to the Cultural Competency Advisory Board (CCAB), MHSA Stakeholder Committee and Alameda County African American Health and Wellness Steering Committee for their input.

9) *Deciding Whether and How to Continue the Project Without INN Funds*

BHCS will support the continuation of this project or components of this project based on a number of internal and external factors and processes including: 1) the evaluation results from the project, 2) support and buy-in from the Children/Youth/TAY and Adult Systems of Care and 3) recommendations from the MHSA Stakeholder Committee & the CCAB, and 4) available funding. MHSA Prevention and Early Intervention (PEI) and Community Services and Supports (CSS) funds will be considered for supporting these services.

10) *Communication and Dissemination Plan*

- a) How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties?*

Updates on the project will be provided to stakeholders on an ongoing basis via email and presentations at existing meetings. The final evaluation report for this project will be shared widely by posting it on the BHCS website and announcing via email to stakeholders, including to mental health directors, MHSA coordinators, and Ethnic Services Managers throughout California. In addition, presentations will be made to the MHSA Stakeholder Group, the Cultural Competency Advisory Board, consumer groups, NAMI, the Board of Supervisors, and the Alameda County African American Health and Wellness Steering Committee.

- b) How will program participants or other stakeholders be involved in communication efforts?*

The young adult facilitators will assist with sharing information about the program and outcomes, including outreaching to potential participants, developing social media posts, and participating in providing presentations to stakeholder meetings. The project coordinator will be responsible for website postings and email announcements. The Association of Black Psychologists and the Community Healing Network (CHN) will also disseminate information about the project to their members and stakeholders.

- c) KEYWORDS for search*

African American young adult healing; healing racial trauma; community connection for African American young adults; young adult Emotional Emancipation Circles

11) Timeline

a) Specify the total timeframe (duration) of the INN Project: **2 Years 6 Months**

b) Specify the expected start date and end date of your INN Project:

Start: October 2018 End: March 2021

c) Include a timeline that specifies key activities and milestones

Timeline	Activities/Milestones	Responsible
Oct-Nov 2018	Recruit existing young adult facilitators to participate Recruit PEER Project Coordinator Determine evaluator through RFP process	Project Administrator
Dec 2018	Peer Project Coordinator hired Outreach Plan developed Determine schedule/locations of all EECs Young adult facilitators certification updated	Project Administrator Project Coordinator Project Coordinator Lead Trainers
Jan 2019	Evaluation Plan developed and vetted Outreach for participants begins Begin tailoring of EECs for young adults	Evaluator Project Coord/Facilitators Project Admin/Coord/ Facilitators/Lead Trainers
Feb 2019	Continue tailoring of EECs for young adults	Project Admin/Coord
Mar 2019	Start EEC Series #1	Project Admin/Coord/ Facilitators/Lead Trainers
Apr-May 2019	Complete EEC Series #1 Graduation Celebration for EEC Series #1 Evaluation and debriefing of EEC Series #1	Project Admin/Coord/ Facilitators/Lead Trainers Evaluators
Jun 2019	Determine adjustments to activities and materials Prepare for EEC Series #2 Continue outreach	Project Admin/Coord/ Facilitators/Lead Trainers
Jul 2019	Start EEC Series #2	Project Admin/Coord/ Facilitators/Lead Trainers
Aug-Sep 2019	Complete EEC Series #2 Graduation Celebration for EEC Series #2 Evaluation and debriefing of EEC Series #2 Three month follow-up for Series #1	Project Admin/Coord/ Facilitators/Lead Trainers Evaluators Evaluators
Oct 2019	Determine adjustments to activities and materials Prepare for EEC Series #3 Continue outreach	Project Admin/Coord/ Facilitators/Lead Trainers
Nov-Dec 2019	Conduct EEC Series #3 (Saturdays) Graduation Celebration for EEC Series #3 Evaluation and debriefing of EEC Series #3	Project Admin/Coord/ Facilitators/Lead Trainers Evaluators

	Three month follow-up for Series #2	Evaluators
Jan 2020	Determine adjustments to activities and materials Prepare for EEC Series #4 Continue outreach	Project Admin/Coord/ Facilitators/Lead Trainers
Feb 2020	Start EEC Series #4	Project Admin/Coord/ Facilitators/Lead Trainers
Mar-Apr 2020	Complete EEC Series #4 Graduation Celebration for EEC Series #4 Evaluation and debriefing of EEC Series #4 Three month follow-up for Series #3	Project Admin/Coord/ Facilitators/Lead Trainers Evaluators Evaluators
May 2020	Determine adjustments to activities and materials Prepare for EEC Series #5	Project Admin/Coord/ Facilitators/Lead Trainers
Jun-Jul 2020	Conduct EEC Series #5 (Saturdays) Graduation Celebration for EEC Series #5 Evaluation and debriefing of EEC Series #5 Three month follow-up for Series #4	Project Admin/Coord/ Facilitators/Lead Trainers Evaluators Evaluators
Aug 2020	Determine adjustments to activities and materials Prepare for EEC Series #6 Continue outreach	Project Admin/Coord/ Facilitators/Lead Trainers
Sep 2020	Start EEC Series #6	Project Admin/Coord/ Facilitators/Lead Trainers
Oct-Nov 2020	Three month follow-up for Series #5 Complete EEC Series #6 Graduation Celebration for EEC Series #6 Evaluation and debriefing of EEC Series #6	Evaluators Project Admin/Coord/ Facilitators/Lead Trainers Evaluators
Dec 2020	Complete collection of evaluation data	Evaluator
Jan-Feb 2021	Analyze evaluation data with input from young adults and various committees Preliminary data shared with stakeholders to discuss continuing project Three month follow-up for Series #6	Evaluator Project Admin/Coord/ Facilitators/Lead Trainers Stakeholders Evaluator
Mar 2021	Evaluation report completed Disseminate Results Determine whether/how to continue project	Evaluator Project Administrator BHCS, stakeholders

This timeline includes evaluation throughout the project, beginning with vetting and finalizing and evaluation plan with the project committees and the CCAB; developing the evaluation tools with similar input; gathering preliminary data to make course corrections; gathering final data; and analyzing the data with the project committees. The last six months of the timeline allows time for data collection, analysis, dissemination, and the process to determine whether and how to continue the project. This work is feasible in this timeline because there will be efforts throughout the project to keep stakeholders informed and to consider sustainability plans.

12) INN Project Budget and Source of Expenditures

This INN Plan will use FY 10/11 funds that were deemed reverted back to the county of origin under **AB 114** to cover FY18-19 and FY19-20 expenses.

The funding for this project is for two purposes:

- To put a high level of focus on listening to and responding to the needs of African American young adults to tailor EECs as a potentially effective service. To date the African American community receives proportionally more BHCS services while experiencing lower outcomes. It will require additional investment to find solutions to these disparities.
- To evaluate whether and how EECs can be an effective service for African American young adults. This project runs six (6) cycles of EECs to allow for evaluation and quality improvement between each cycle.

A. Project Budget by Year - Narrative

Salaries

FY18-19	9 months (Oct-Jun) Project Administrator: 0.3 FTE wages and benefits = \$30,712
FY19-20	Project Administrator: 0.3 FTE wages and benefits = \$40,950
FY20-21	9 months (Jul-Mar) Project Administrator: 0.3 FTE wages and benefits = \$30,712
	<u>Total = \$102,374</u>

Operating Costs

EECs are 8 short workshops or 2 extended workshops, 2 evaluation meetings, 1 graduation
There are 20 participants and 2 young adult facilitators at each workshop/meeting

Facilitator Stipends: \$20/hour x 2 facilitators x 60 hours x 6 EECs = \$14,400

Accessible meeting room for EECs: average \$180/meeting x 60 meetings = \$10,800

Food at EEC meetings: 22 people per meeting x \$9.30/person x 58 meals = \$11,880

Graduation: \$500 incidentals x 6 EECs = \$3,000

Training Materials (handouts, booklets, etc.): \$1500 x 6 EECs = \$9,000

Participant/Facilitator Transport: \$1000 x 6 EECs = \$6000

Total = \$55,080

Non-Recurring Costs

Culturally-based displays and artifacts to establish the desired tone in the room that are re-used at each EEC.

Total = \$5,000

Consultant Costs/Contractors

Lead Trainers (ABPsi): \$200/hour x 2 lead trainers x 30 hours per year X 3 FY = \$36,000

Peer Project Coordinator: Contract with a young adult employer for 37 hours/week

FY18-19 less than 8 months = \$39,773

FY19-20 12 months = \$62,160

FY20-21 9 months = \$46,620

Evaluator: \$30,000 per year = \$90,000

Total = \$274,553

Indirect

15% for county administration of the project. Applies to Personnel, Operating and Contract expenditures to provide Human Resources, Accounting, Budgeting, Information Technology, Business Services Office, and Legal management of staff and contract positions; rent, utilities, insurance; and other expenses necessary to administer the project.

Total = \$64,801

Expend by Fund Source – Narrative

Administration

50% of Project Administrator time = \$51,187

50% of Peer Project Coordinator time = \$74,276

Indirect expenses = \$64,801

Total = \$190,264

Evaluation

50% of Project Administrator time = \$51,187

50% of Peer Project Coordinator time = \$74,276

50% of Lead Trainers time = \$18,000

Evaluator = \$90,000

Total = \$233,463

B. New Innovative Project Budget By FISCAL YEAR (FY)*

EXPENDITURES					
PERSONNEL COSTS (salaries, wages, benefits)		FY2018-19 9 months	FY2019-20 12 months	FY2020-21 9 months	Total
1	Salaries	\$ 30,712	\$ 40,950	\$ 30,712	\$ 102,374
2	Direct Costs				\$ -
3	Indirect Costs	\$ 4,607	\$ 6,143	\$ 4,607	\$ 15,357
4	Total Personnel Costs	\$ 35,319	\$ 47,093	\$ 35,319	\$ 117,731
OPERATING COSTS					
		FY2018-19 9 months	FY2019-20 12 months	FY2020-21 9 months	Total
5	Direct Costs	\$ 9,180	\$ 32,130	\$ 13,770	\$ 55,080
6	Indirect Costs	\$ 1,377	\$ 4,820	\$ 2,066	\$ 8,262
7	Total Operating Costs	\$ 10,557	\$ 36,950	\$ 15,836	\$ 63,342
NON RECURRING COSTS (equipment, technology)					
		FY2018-19 9 months	FY2019-20 12 months	FY2020-21 9 months	Total
8	Workshop materials	\$ 5,000			\$ 5,000
9					\$ -
10	Total Non-recurring costs	\$ 5,000	\$ -	\$ -	\$ 5,000
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)					
		FY2018-19 9 months	FY2019-20 12 months	FY2020-21 9 months	Total
11	Direct Costs	\$ 82,773	\$ 103,160	\$ 88,620	\$ 274,553
12	Indirect Costs	\$ 12,416	\$ 15,474	\$ 13,293	\$ 41,183
13	Total Consultant Costs	\$ 95,189	\$ 118,634	\$ 101,913	\$ 315,736
OTHER EXPENDITURES (please explain in budget narrative)					
		FY2018-19 9 months	FY2019-20 12 months	FY2020-21 9 months	Total
14					\$ -
15					\$ -
16	Total Other expenditures	\$ -	\$ -	\$ -	\$ -
BUDGET TOTALS					
Personnel (line 1)		\$ 30,712	\$ 40,950	\$ 30,712	\$ 102,374
Direct Costs (lines 2, 5 and 11 from above) (add		\$ 91,953	\$ 135,290	\$ 102,390	\$ 329,633
Indirect Costs (lines 3, 6 and 12 from above) (add		\$ 18,400	\$ 26,436	\$ 19,965	\$ 64,801
Non-recurring costs (line 10)		\$ 5,000	\$ -	\$ -	\$ 5,000
Other Expenditures (line 16)		\$ -	\$ -	\$ -	\$ -
TOTAL INNOVATION BUDGET		\$ 146,065	\$ 202,676	\$ 153,067	\$ 501,808

C. Expenditures By Funding Source and FISCAL YEAR (FY)

Administration:

A.	Estimated total mental health expenditures for <u>ADMINISTRATION</u> for the entire duration of this INN Project by FY & the following funding sources:	FY2018-19 9 months	FY2019-20 12 months	FY2020-21 9 months	Total
1	Innovative MHSA Funds	\$ 54,142	\$ 77,491	\$ 58,631	\$ 190,264
2	Federal Financial Participation				\$ -
3	1991 Realignment				\$ -
4	Behavioral Health Subaccount				\$ -
5	Other funding*				\$ -
6	Total Proposed Administration	\$ 54,142	\$ 77,491	\$ 58,631	\$ 190,264

Evaluation:

B.	Estimated total mental health expenditures for <u>EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:	FY2018-19 9 months	FY2019-20 12 months	FY2020-21 9 months	Total
1	Innovative MHSA Funds	\$ 71,742	\$ 87,055	\$ 74,666	\$ 233,463
2	Federal Financial Participation				\$ -
3	1991 Realignment				\$ -
4	Behavioral Health Subaccount				\$ -
5	Other funding*				\$ -
6	Total Proposed Evaluation	\$ 71,742	\$ 87,055	\$ 74,666	\$ 233,463

TOTAL:

C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY2018-19 9 months	FY2019-20 12 months	FY2020-21 9 months	Total
1	Innovative MHSA Funds	\$ 146,065	\$ 202,676	\$ 153,067	\$ 501,808
2	Federal Financial Participation				\$ -
3	1991 Realignment				\$ -
4	Behavioral Health Subaccount				\$ -
5	Other funding*				\$ -
6	Total Proposed Expenditures	\$ 146,065	\$ 202,676	\$ 153,067	\$ 501,808

*If "Other funding" is included, please explain.

May 31, 2018

To: Mental Health Services Oversight and Accountability Commission

The Community Healing Network (CHN) and the Association of Black Psychologists (ABPsi) look forward to working with Alameda County BHCS to implement Emotional Emancipation Circles (EECs) for young adults.

Given the majority of EEC participants are over 30 years old, this project is a great opportunity to widen the appeal of the circles for younger participants, providing an opportunity to change the course of people's lives earlier. This project will significantly add to the evaluation data on EECs by focusing on mental health and functional outcomes for participants. Doing so will allow the relevance of the EEC model to be better documented. Overall this project can lead to a wider use of the EECs among populations of African ancestry that could benefit from a community-defined evidence practice approach.

CHN and ABPsi have worked together to develop the curriculum and training for facilitators for EECs for over 10 years. The EECs have grown out of a need identified in the African American community for an ethnically focused practice that addresses their cultural experiences. EECs have been developed by and for African Americans to strengthen their racial and ethnic identity by connecting with other people of African ancestry and together transforming negative associations to positive associations. The circles provide tools and culturally relevant experiences to help heal negative self concepts, confront negative cultural messages, and contribute to the well-being of the African American community.

As an EEC Trainer, I am committed to supporting the implementation of the BHCS project by providing consultation, training and support as needed. We expect the learning from this project to contribute to increased use of EECs within mental health contexts. As the Coordinator of Safe Black Space Community Healing Circle and leader of efforts in Sacramento to get over 30 EEC facilitators trained in May 2018, I am interested in cross learning and support. Facilitators in Sacramento will implement EECs over the next six-twelve months to support the local community in response to racial trauma experienced as a result of the killing of Stephon Clark by the Sacramento Police.

Now more than ever, given the current racial climate in which we live, efforts such as these are necessary. Alameda County BHCS will play a significant role in positively impacting the lives of young Black youth with this project.

Sincerely,



Kristee L. Haggins, Ph.D.

EEC Trainer

Safe Black Space Coordinator



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May 31, 2018

To: Mental Health Services Oversight and Accountability Commission

Attention: Ms. Kristen Gardner
kgardner@alum.mit.edu

Dear Ms. Gardner,

It is with extreme pleasure and excitement that I submit this letter of support. The Community Healing Network (CHN; <http://www.communityhealingnet.org/>) and Association of Black Psychologists, Inc. (ABPsi; www.abpsi.org) are looking forward to working with Alameda County BHCS to implement Emotional Emancipation CirclesSM (EECSM) for young adults. A large majority of participants are over 30 years old. This project is a great opportunity to widen the appeal of EECsSM for young adult participants of African ancestry, providing an opportunity to change the course of people's lives earlier. Also, this project will significantly add to the evaluation data of EECsSM. Though the EECsSM are not designed to provide mental health services, it can be postulated that participants do experience increased coping skills in relation to psychological stressor. More specifically, participants may be better consumers of mental health services where warranted. By focusing on mental health and functional outcomes for participants, the relevance of the EECSM model will be better documented. Overall, this project can lead to a wider use of the EECSM model among populations that could benefit from this culturally-centered community-defined approach.

The CHN and ABPsi have worked together to develop the curriculum and training for facilitators for EECs for over 10 years. The EEC model has grown out of a need identified in African American communities worldwide for an ethnically focused practice that addresses their experiences centered on culturally-affirming healing processes. It has been developed by and for persons of African ancestry to strengthen ethnic identity formation, which has been shown to be essential for optimal development/wellness, as well as a protective factor in the face of complex trauma and racial stress.

In closing, on behalf of CHN and ABPsi, I applaud the leadership of Alameda County BHCS in embracing this innovative community

defined practice. It sets the stage for other counties to follow. Know that my colleagues and I are committed to implementing the BHCS project by providing consultation, training, and support as needed. We expect the learning from this project to contribute to the increased use of EECs within holistic mental health and wellness contexts.

Please do not hesitate to contact me if any questions or additional information warranted.

Sincerely,

A handwritten signature in cursive script that reads "Theopia Jackson". The signature is written in black ink and is positioned above the typed name and contact information.

Theopia Jackson, PhD
2017-2019 President Elect
The Association of Black Psychologists, Inc.
t.jackson@abpsi.org
(925) 786 - 6815



**BAY AREA CHAPTER OF THE ASSOCIATION
OF
BLACK PSYCHOLOGISTS**

**P.O. Box 29665
Oakland, CA 94604**

To: Mental Health Services Oversight and Accountability Commission

The Cultural Healing Network (CHN) and Association of Black Psychologists (ABPsi) are looking forward to working with Alameda County BHCS to implement Emotional Emancipation Circles (EEC) for young adults. A large majority of participants in the training are over the age of 30 years. This project is a great opportunity to widen the appeal of EECs for younger participants, providing an opportunity to change the course of people's lives earlier. Also, this project will significantly add to the evaluation data on this community-defined approach. By focusing on mental health and functional outcomes for young participants, the relevance of the EEC model will be better documented. Overall this project can lead to a wider use of the EEC model among populations that could benefit from it.

CHN and ABPsi have worked together to develop the EEC curriculum and training for facilitators for over 10 years. The EEC model has grown out of a need identified in the African American community for an ethnically focused practice that addresses their experience in this culture. It has been developed by and for African Americans to strengthen their racial and ethnic identity by connecting meaningfully with other African Americans and together challenging and transforming the historically negative associations to positive associations. This experience provides tools and experiences to heal emotional trauma connected to negative self-concepts, to confront negative cultural messages, and contribute to the well-being of communities of African ancestry.

We are committed to implementing the BHCS project by providing consultation, training and support as needed. We expect the learning from this project to contribute to increased use of EECs within mental health contexts.

Sincerely,

Tony Jackson

Dr. Tony Jackson (Heru)

President, Bay Area Chapter of the Association of Black Psychologists