



BEHAVIORAL HEALTH AND RECOVERY SERVICES
A Mental Health, Alcohol and Drug Service Organization

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Mental Health Services Oversight & Accountability Commission
1325 J. Street, Suite 1700
Sacramento, CA 95814

Dear Colleagues:

Please find attached Final Learning Reports for three (3) Mental Health Services Act (MHSA) Innovation Projects that were completed in FY 14-15. They are being submitted under a separate cover and were not included in the Annual Update for FY 15-16 due to time and logistical constraints.

Working from the BHRS Vision and Mission, MHSA General Standards, input from stakeholders, and in accordance with state guidelines, these projects were developed in November of 2011. As three (3) year demonstration projects, they were fully and successfully implemented by community-based organizations in Stanislaus County.

We understand counties must provide the Mental Health Services Oversight & Accountability Commission (MHSOAC) with a Final Report upon completion of the projects. The Final Report may be included in the county's Annual Update or its Three-Year Plan, whichever is due during the year the project is completed. The county does not have to provide, but may submit, a separate report. An acknowledgement that you have received this document is appreciated.

If you have any questions, please do not hesitate to contact me, or Dan Rosas, MHSA Coordinator, at (209) 525-6225.

Sincerely,

Madelyn Schlaepfer, Ph.D., CEAP
Behavioral Health Director

cc: Dan Rosas

Enclosure

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**Stanislaus County
Behavioral Health and Recovery Services**

**Mental Health Services Act
April 2015**



WELLNESS • RECOVERY • RESILIENCE

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INNOVATION OVERVIEW

Innovation funding is defined by the Department of Health Care Services as “novel, creative and/or ingenious mental health practices/approaches that are expected to contribute to learning, which are developed within communities through a process that is inclusive and representative, especially of unserved and underserved individuals and which are aligned with the general standards identified in the Mental Health Services Act (MHSA) and set forth in Title 9 of the California Code of regulations, Section 3320.”

The purpose of all Innovation projects is to help solve persistent, seemingly intractable mental health challenges as described in Welfare and Institutions Code Section 5830c. The projects are developed to target a mental health adaptive dilemma, or a challenge that cannot be resolved through habitual or known responses. The desired outcome of these learning Innovation projects is the development of new best practices in mental health by increasing interagency and community collaboration for mental health services or supports; increasing quality of mental health services, increasing access to underserved populations; and/or increasing access to mental health services.

Since January 2010, Stanislaus County Behavioral Health and Recovery Services (BHRS) has conducted three rounds of community planning for Innovation funding that resulted in establishment of 12 projects. The first round of planning resulted in one project with learning goals related to stakeholder and agency partner participation in understanding public funding processes and how community may contribute to decision-making. The project was entitled: Evolving a Community-Owned Behavioral Health System of Supports and Services. Concluding in FY12-13, the final report was submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) in June 2013 and may also be viewed at www.stanislausmhsa.com.

Stanislaus' second round of planning for Innovation funding began with the BHRS leadership team's intention to bring out ideas for projects in behavioral health that are unique to efforts in our County's commitment to community capacity building, increasing protective factors and advancement of non-stigmatizing early intervention approaches. On October 26, 2010, the Stanislaus County Board of Supervisors authorized the first Request for Proposals (RFP) process for the Innovation Learning Projects, which resulted in the selection and funding of nine (9) new Innovation projects to be operated by six unique community-based organizations and one county agency for two or three years.

Six final reports were submitted to the MHSOAC in June 2014. They were as follows:

- Building Connections for Troubled Youth
- Choose Civility Learning Project
- Integration Innovations
- Promoting Community Wellness through Nature
- Revolution Project
- Connecting Youth to Social Supports

Three additional projects from Round #2 were completed in FY14-15. They are included in this document.

- Beth and Joanna Friends in Recovery
- Families in the Park
- Arts for Freedom

The Final Reports for these projects may be viewed on-line by going to www.stanislausmhsa.com

Next steps for Stanislaus:

A 3rd Round of Innovation Projects was conducted in FY12-13 and resulted in two (2) new projects: Stanislaus County Wisdom Transformation Initiative and Garden Gate Innovative Respite Project. The projects were approved in June 2013 and began implementation in FY13-14. The approved project proposals may be viewed by going to www.stanislausmhsa.com.

On July 18, 2014, community stakeholders approved a priorities funding plan that included a third RFP process for Innovation. Proposers were asked to select a mental health adaptive dilemma consistent with stakeholders' priorities. Regardless of the adaptive dilemma selected, the Innovative approach had to include prevention strategies that are known to address similar adaptive dilemmas in other fields, such as health. The prioritized adaptive dilemmas were as follows:

1. Improving parental competency and social support for fathers
2. Improving the well-being of children, Transition Age Youth (TAY) and Transition Age Young Children (TAYA)
3. Treatment options for people struggling with both substance abuse and mental illness

Other mental health adaptive dilemmas were also recognized deserving attention and learning.

4. Connecting people receiving services to community based support
5. Honoring and identifying more holistic approaches to well-being
6. Connecting and linking underserved and diverse communities with resources

On September 30, 2014, the Board of Supervisors authorized BHRS, in conjunction with the General Services Agency (GSA), to issue the fourth Request for Proposals (RFP) for the Innovation Learning Projects. The RFP was issued on October 3, 2014 and sent electronically to 439 vendors, 33 of which downloaded the RFP. A non-mandatory pre-proposal conference was held on October 17, 2014 and four vendors were in attendance. The RFP closed on November 10, 2014. Five vendors submitted proposals.

An Evaluation Committee reviewed and scored the proposals and contract awards were made to vendors whose proposals best met the criteria set forth in the RFP and provided the best value to the county.

On December 2, 2014, the GSA issued a Notice of Intended Award to the following community-based organizations:

- Center for Human Services/Father Involvement Project
- Sierra Vista Child and Family Services/Quiet Time Project

In addition, the BHRS Juvenile Justice program requested to expand its services through a Youth Peer Navigator Innovation project to serve children, Transition Age Youth (TAY), and Transition Age Young Adults (TAYA) in the Children's System of Care. The expansion request was reviewed by the Evaluation Committee and recommended for approval by the BHRS Senior Leadership Team.

On February 10, 2015, the Stanislaus County Board of Supervisors approved two year agreements with the community-based organization and the Juvenile Justice (JJ) expansion contingent on their approval from the MHSOAC. The goal is to have the proposals ready for the MHSOAC April meeting. Once approved, the proposed agreements and JJ expansion would begin on May 1, 2015 and end July 30, 2017.

Beth & Joanna Friends in Recovery

I. Project Description

Introduction

Beth and Joanna – Friends in Recovery project is a 3 year project operated by National Alliance for Mental Illness (NAMI Stanislaus) and focused on increasing quality of services including better outcomes for consumers of mental health services.

This project uses a model borrowed from other disciplines in which two individuals are paired in a mentor/mentee relationship. Mentees are individuals who have mental illness and/or co-occurring substance issues, are isolated and need/seek support. Mentors are someone who is successfully utilizing recovery practices related to their mental illness and/or co-occurring substance issues.

This project seeks to demonstrate that peer support can be effective when offered in the community and parallel to treatment as a short term mentor/mentee relationship. Two essential outcomes are at the center of this demonstration project: 1) that this mentoring approach enhances recovery in ways that can be documented, and 2) which elements of the program such as particular dimensions of the mentoring relationship, training, and support for the mentoring relationship, etc. made the difference and therefore should be sustained.

The project seeks to support and accelerate county-wide transformation by connecting people receiving services to community-based supports.

A Mentoring Organization

NAMI Stanislaus has been a mentoring organization for many years. NAMI Stanislaus' board members have acted as leaders and mentors. As they implement NAMI's recovery and anti-stigma programs they look for persons that want to be mentored and develop their skills. As board members they have acted as leaders in recruiting, developing skills and giving persons opportunities to participate in all of NAMI Stanislaus' activities.

The three most valued aspects of mentoring others are 1) A genuine interest in others 2) Recognize a person's potential and 3) Remove obstacles to success. A person must have genuine intent and interest in the person that they mentor and spend time with. A mentor must be able to see a person's potential and be able to share that vision with their mentee. NAMI's core values are 'recovery is possible' and 'people are resilient.' It's these beliefs that Friends in Recovery is founded on.

A Mentoring Program

It is natural that an organization based on mentoring leaders would implement a mentoring program that focuses on recovery, relapse prevention and resiliency. The same values and techniques used to

develop leaders within the NAMI organization were used to develop resiliency amongst consumers. Presented in this section are the learning aspects of implementing a mental health based mentoring program. Learning aspects were documented through participation with and observations made during program implementation.

Learning Aspect: During the intake it is determined what level of participation a person is comfortable with doing. Persons are allowed to choose one or all activities: talking on the phone, meeting face to face, joining a group activity, attending a workshop. It is through these activities that mentoring relationships develop.

Learning Aspect: Willing to communicate NAMI would often get referrals from concerned family members wanting their loved one to join the FIR program. It's important to determine if the person has a true desire to participate.

Learning Aspect: Workshop topics and format changed several times during the onset of the FIR program. Three topics were settled on 'defining healthy friendship', 'articulating the boundaries of a friendship' and 'talking to your therapist.' The format that was found to be most effective is support group style meetings.

Learning Aspect: Good communication and availability is important in a mentoring relationship. During the intake it is determined what level of participation a person is comfortable with doing. Communication is the first level of participation in this program. Talking to someone on the phone each week is sometimes a personal challenge and a part of a person's recovery. Each person is allowed to participate at their own level of comfort. The second level of participation is meeting with the program coordinator for a 'coffee date.'

Learning Aspect: Here are some elements that we look for in our mentors and mentees... 1. Clean and Sober - a person needs to be clean before embracing new friends 2. Availability - able to answer the phone, shows up to appointments, desire to participate 3. Diagnosis - friends have a common experience in their struggle to manage symptoms. An important distinction between mentor and mentee is that a mentor has the ability to recognize another person's strengths and believe in and encourage people.

Learning Aspect: In order to have a successful mentor/mentee match the mentee must be involved in choosing a mentor. At each workshop participants were asked to identify and share an experience in which they considered someone to be their mentor. Various experiences were recounted with mentors ranging from ministers to coworkers to parental figures. A significant commonality is that participants discussed *how they chose* their mentors on the desire to emulate certain qualities. What is significant is not the desire to emulate but that the mentee *seeks out and chooses* whom they want to emulate.

Milestone: A change in program practices occurred. In addition to workshops and regular follow up phone calls small group events were held within the community. Mentors and mentees were invited to meet at the movie theatre. Persons were invited to come 30 minutes before the movie was scheduled to begin. During this time people were encouraged to visit and socialize. If the first level of

participation is making/receiving phone calls and the second level of participation is meeting with the program coordinator then third would be meeting new people and making friends.

Milestone: Weekly activities between friends, mentors and mentees have been on a regular basis. Activities have included fingernail painting in a group setting. Jamba Juice dates and Coffee dates in a community setting. Each month a movie day is planned at Brenden Theatres.

Learning Aspect: Active mentors need ongoing training and support. In other words, they need to be mentored on how to be a mentor. Workshops are a great beginning but once workshops are completed the one on one attention of a mentoring relationship is required. Added to our original curriculum is ongoing personal development that requires a certain type of mindset that we will attempt to develop through mentoring our mentors.

Learning Aspect: The mentoring mindset is the belief that mentors and mentees are equal and that the only difference is that the mentor has the ability to share a positive vision of the future. Also, is the belief that all good mentoring relationships are based on healthy friendships.

Learning Aspect: For a more enriching experience both mentors and mentees are welcome to attend workshops at the same time. This practice promotes a sense of equality in that each person has their strengths and can learn from each other.

Learning Aspects: The unique needs of mentors and mentees have been observed and considered in the way FIR develops its program practices. Two mentors have embraced mentoring only one mentee each. Weekly activities are one to one either by phone and/or in person. Another two mentors have taken on mentoring several mentees. In this case the nature of weekly activities varies from one to one meeting to small group activities involving up to three mentees. These activities often involved the mentor joining the mentee in simple activities such as walking to the store or attending a group therapy session together.

Milestone: In addition to our original intake interview the questions; "Do you have a treatment plan set by your therapist/doctor/case worker?" and "Do you have a relapse prevention plan?"

Learning Aspect: Typical answers to this question were "What is that?" "No, I don't think so." "It would be nice if I did." In response to this a weekly follow up phone calls and quarterly workshops addressed 'talking to therapists/doctors and asking questions.' Discussions on what a treatment plan is and the types of things a therapist might ask you to do created a better sense of understanding recovery. A typical conversation would be: "When the therapist asks you to take your medicine each morning that is part of your treatment plan." "Each thing a therapist asks you to do 'like go for a walk, take your meds, or call a friend' are important parts of getting well."

Learning Aspect: FIR discovered the importance of regular phone calls. One mentor handled a difficult situation well. A FIR mentee called his mentor and said he wanted to end his life. The mentor did a quick assessment: asked him where he was, asked him if he had the means and motive, and asked him if he would answer the phone if she or a professional were to call him back in five minutes. The mentor called the CERT Team and the warm line called the mentee back and talked to him. After a

few hours the mentor gave a follow up phone call to see how he was doing. The mentee told her he was feeling better.

Milestone: On two occasions a mentor acted as an advocate to two persons. First person, a mentor made an appointment and arranged transportation. The mentor met the mentee at the appointment and gave encouragement. The mentee is applying for SSA benefits and didn't understand "what was happening." Second person, a mentor was asked to accompany him at a Social Security evaluation.

Learning Aspect: Having a mentor present to advocate helped these two persons manage their symptoms during a very stressful time: shaking hands, confusion, sweating. The mentor was not able to resolve the ongoing hardship but was able to provide clarity and a system of support for following up with SSA.

II. Program Highlights/Successes :

Measuring Interviewing Surveying:

The first two years of our three year project we had a challenge learning how best to measure our mentoring program. Some of the challenge was building trust with and soliciting information from our participants. It was decided that a participatory approach would be best to build trust. It was also decided that because of the small population of participants interviews would be appropriate in measuring the "recovery experience." Along with interviews a survey regarding which aspects of the program were (or were not) helpful was administered to each person upon completing six months of mentoring activities. This past 3 years NAMI Stanislaus interviewed 44% of the program participants.

Recruiting New Mentors:

After measuring and organizing program activities were established attention to developing and cultivating mentors became the main focus of the program. An essential element to this program is recruiting and training new mentors as well as providing support and encouragement to current mentors. The Beth and Joanna Friends in Recovery program began in its first year with two mentors and now after three years they have eight persons dedicated to mentoring others.

Diversity:

Diversity reaching out and working with persons of different ages, diagnosis, education levels, and economic status was achieved. Referrals from counselors and concerned family members yielded persons of different levels of ability due to the nature of a person's illness. Persons with agoraphobia persons that are severely depressed and somewhat home bound required NAMI to examine program practices on how best to include these persons. Flexible autonomous leadership practices that allow those to be reached were necessary and effective. The program coordinator was able to set her own schedule, travel from city to city, meet persons in community (non -mental health) settings, make follow up phone calls from home during evening hours.

III. Challenges :

Overcoming fear:

Some persons are fearful of giving their personal information. So far three persons with dual diagnosis have joined FIR. It was only after three weeks of participation in program activities that they would complete the intake. One consumer candidly expressed, "After making so many years of bad decisions and trusting all the wrong people I just need to be extra careful." It took quite a bit of follow up activities such as phone calls, home visits, and 'coffee dates' to build trust. Having a genuine interest in persons is a core value to the project and necessary to build trust.

Diversity:

It was a challenge to include persons with severe illnesses. Persons whose symptoms prevent them from participating in group activities or from leaving their home to meet with someone. When persons join the FIR program they typically begin by meeting mentors at the office or in a public place (ie. library, coffee house, and restaurant). Only after trust and friendships are established do mentors and mentees visit at one another's homes. NAMI had to meet the challenge of serving those that are home bound. This challenge was met by keeping program criteria simple and activities flexible: a person must have a desire to do well in recovery, a person must be willing to communicate, and a person must be willing to honor the boundaries of a healthy friendship. Flexible activities include home visits, telephone conversations, or joining a person in healthy activities such as exercising together or quitting smoking.

IV. RBA Framework :

Program Results Shown in RBA Framework

Described here is the participants and activities over a three year time span. Any data given is unduplicated.

By the end of year three there are a total of 32 consistently active participants. Each person has a mental illness and lives in Stanislaus County areas and cities. A total 29 of the 32 persons completed 6 months of mentoring and friendship activities. Each of the 29 persons took our survey on their "Recovery Experience." Twelve persons that completed 6 months of mentoring were interviewed. Seventeen of the 29 persons declined being interviewed. There were 14 additional persons over the past three years of this project that occasionally participated in activities.

Our Coordinator facilitated *friendship* activities which were completely planned and

How Much?

<p>implemented by mentors and mentees. Each winter month a movie day was planned at Brenden Theatres. During summer months picnics at Graceada Park were planned and well attended as well. Mentors and mentees supported each other in the budgeting, shopping, cooking, and transportation responsibilities. Weekly activities between mentors and mentees have been on a regular basis. Other activities included fingernail painting in a group setting. Jamba Juice dates and Coffee dates in a community setting.</p> <p>The program began with two mentors, one of which was the program coordinator. At the end of the third year of implementation there are eight consistently active mentors trained. These eight persons made the decision to accept the responsibility of mentoring after they themselves were mentored in the program.</p>	
<p><i>Survey questions with data are presented below. Surveys administered by program coordinator and by an evaluator.</i></p>	
<p>Milestone: Follow up survey was completed by 29 consumers that have been participating in Friends in Recovery for six months or more. Questions and results are as follows:</p> <p>Has Friends in Recovery been helpful in improving your recovery experience and/or your quality of life?</p> <p>24 Persons chose "Very helpful" 5 Persons chose "Helpful" 0 Persons chose "Somewhat helpful" 0 Persons chose "Not at all helpful"</p> <p>Did someone from Friends in Recovery do any of the following activities with you?</p> <p>Persons chose "Talk with you on the phone" Persons chose "Visit with you just to see how you were doing" Persons chose "Invite you to join others in a group activity" 11 Persons chose "Go with you to an appointment"</p> <p>To what degree has/has not Friends in Recovery contributed to relapse prevention?</p> <p>26 Persons chose "Very helpful" 3 Persons chose "Helpful" 0 Persons chose "Somewhat helpful" 0 Persons chose "Not at all helpful"</p> <p>Has Friends in Recovery connected (or tried to connect) you to at least one service in the community?</p>	<p>How Well?</p>

<p>29 Persons chose "Yes"</p> <p>0 Persons chose "No"</p> <p>If yes, tell us how? Check all that apply...</p> <p>22 Persons chose "Helped you make an appointment"</p> <p>16 Persons chose "Gave you a ride"</p> <p>20 Persons chose "Provided a bus pass"</p> <p>19 Persons chose "Gave you a phone number to call"</p> <p>27 Persons chose "Helped you fill out paperwork"</p> <p>29 Persons chose "Gave you encouragement"</p> <p>Other_____</p> <p>Person chose "Other" and wrote:</p> <p>"Helped me learn how to ride the bus."</p>	
<p><i>Each person interviewed was asked "In what way has FIR been helpful?" These are some of the things they said:</i></p> <p>Interviews and Quotes:</p> <p>Memorable Quotes when asked: "In what way has FIR been helpful?"</p> <p>"Activities are "mood lifting they allow me to do the 'normal' things I used to do like go to a movie or attend a potluck." I now have someone "that visits me or I can call and talk on the phone.""</p> <p>"FIR activities as a "pleasant distraction" from hardships."</p> <p>"It's nice being able to call and the phone is answered by someone that wants to talk."</p> <p>"I love group and being able to have you call me... especially when I get so depressed."</p> <p>"It's cool having someone to talk to that understands."</p> <p>"I've learned so much and look forward to start mentoring."</p> <p>"It's been really great to get out [of the house] and not have impending doom."</p> <p>"I like to go out [with my new friend] and know that no one is judging me. The support calls are nice."</p>	<p>Is Anyone Better Off?</p>

"It's been nice to know that you [will] call me and I can depend on it."

"It's been helpful to have someone that has walked in my shoes."

V. Individual De-identified Success Story :

#1 Success Story - Carol

Mental health symptoms and drug abuse began after her family was murdered. She then had a bad experience accessing mental health services. "I was in a crisis and I really wanted to kill myself. But I never had a chance to tell the intake person that because he just kept focusing on my addiction. I felt like he didn't care and so I left." At the onset of her addiction she had a short stay in jail on petty theft charges.

She spent many years under the care of a psychologist and psychiatrist and no longer has access to those services. She had been diagnosed as bi-polar then diagnosed as clinically depressed. She now has her psych meds managed through her primary care doctor. She attends group therapy and has enrolled in a narcotics replacement program.

Recovery goal: methadone is at 75 and she wants it down to 35. She has succeeded in the past and knows what it takes to do so. Her plan is to reduce dosage over the winter months when the cold weather will make bearing the side effects a little easier. Recovery goal: wants to continue attending group therapy, wants to leave her apartment more often and avoid isolating for weeks at a time.

During the 2007 economic crash she went through divorce and great financial and emotional hardships. Financial hardships are exasperated by 'payday loans' with high interest rates. She cries easily and remorsees over not being able to afford daily living activities such as grocery shopping.

In what way has FIR been helpful? Mentor sometimes provides rides to group therapy. Activities are "mood lifting they allow me to do the 'normal' things I used to do like go to a movie or attend a potluck." I now have someone "that visits me or I can call and talk on the phone."

#2 Success Story – Nick

He has had sporadic access to psychologist/psychiatrist for counseling. Over the past five years or so his only access to professional help has been through DBHC. He has been diagnosed as bipolar and then as having PTSD. Currently he lives at the Gospel Mission and then when he is on his '15 days out' he sleeps at his 'camp site.' For the first time he utilized the Garden Gate Respite service during his '15 days out.' He explained to me that the staff caused him "a lot of anxiety."

In what way has FIR been helpful? He described FIR activities as a "pleasant distraction" from hardships. His mentor has acted as a friend and an advocate. One thing he noted as being helpful is

that he now has a cell phone. His mentor assisted him in signing up for Life-Line a low income phone service. He told me "It's nice being able to call and the phone is answered by someone that wants to talk." He went on to note the good feeling of talking to his friend/mentor as opposed to making a business related call. Before having a mentor all his phone calls were business related such as making appointments.

Nick went on to explain another way FIR has been helpful is that it gave him the opportunity to help others. During one of the Graceada Park picnics Nick participated in several of the planning and preparation activities. He expressed appreciation for the trust and responsibility given to him. He was given ten dollars and asked to help shop for picnic items.

Recovery goals: continue attending group therapy, pursue taking a class at MJC, and pursue housing. He currently attends NAMI Connection groups (peer support groups) and recently finished the NAMI Peer to Peer classes (10-week class on mindfulness and other topics). He explained that he has lots of depression and anger. He told me that he is sometimes "too sensitive and internalizes" what people say. He recognizes that it interferes with his recovery goals. For example, the anxiety he felt while at Garden Gate Respite was due to 'internalizing' a comment made by staff. Nick explained that his mentor has been helping him to recognize symptoms and their affect.

#3 Success Story – Jim

Jim was diagnosed with post acute withdrawal syndrome with the symptoms of mood swings, anxiety with panic attacks, depression, and general cognitive impairment. About three years ago Jim was evaluated at DBHC. After having several panic attacks he disparately wanted to understand what was happening to him. DBHC determined he was not suicidal so he could not receive treatment that night. They did refer him to a psychiatrist and Jim's family paid for treatment. Jim was pleased with the referral because the psychiatrist was able to diagnose him and prescribe medication.

Jim has been participating in FIR for 8 months. He has embraced his recovery efforts and meets with his mentor twice a week. In the year 2012 Jim attended AA meetings and was also in his second year of narcotics replacement therapy at the Aegis Clinic. Now Jim attends a dual diagnosis group instead of AA meeting. Jim made this decision to change to a group that addresses mental health and substance abuse so he could learn more about mental health. His mentor facilitates this group.

As a result of mentoring Jim has been able to take on empowering responsibilities as part of his recovery. As Jim expressed to me "I want to do good. I hurt so many people in the past and I can only apologize for what I have done. This is why I want to do good by helping people." Jim's mentor trained him and guided him through the process of becoming a volunteer Patient Advocate. He has been doing his advocacy work for two months now. Jim, in addition to advocacy work, also assists in support group activities such as making coffee, arranging chairs, and passing out materials.

Recovery goals: to quit smoking, to taper down on his methadone dosage, and to take his mental health medications. Jim and his mentor are supporting each other's effort to quit smoking. They both wear smokeless electronic cigarettes and are feeling the benefits. Jim has decided to taper down his methadone after he quits smoking. He doesn't want to suffer the adverse effects of reducing/quitting

both substances at the same time. Jim confided in me that it is a struggle for him to take his mental health medications. He doesn't like the stigma of having to take pills to "make his mind right."

I asked Jim "In what way has FIR been helpful?" He cited two things as helpful the "self-esteem exercises" and "being able to call someone even at night." He told me he really liked the exercise where he wrote his troubles on a piece of paper then lit it on fire. As it was burning he was instructed to say "the past is the past and the only thing you can do is let it go." Another exercise is similar only he was to tie the paper to a helium balloon and let it go.

#4 Success story - Mentors commentary on Paul & Rachel

I have been mentoring Paul and Rachel for 9 months. They have off and on lived in care facilities. They moved out of their care facility six months ago and still share an apartment. When I first started as their mentor they did not take care of shopping, doctor appointments, or meal preparations. They depended on the care facility for their daily living activities. Their basic living skills were very low functioning.

I thought as an activity I would see if they would like to learn how to ride the bus? They were skeptical at first; however, after a few times they get around very well. When they go grocery shopping they call a taxi when it is too much for them to take on public transportation. They started to take cooking classes, and enjoy them very much. They go to the movies on their own whereas before they never would have done these activities by themselves. They also have started a walking schedule. They are very proactive in their own recovery now.

As a mentor it has been one of the best experiences I have encountered during the three years I have been involved with the Friends in Recovery program. I have watched these two ladies progress from basically just staying isolated in their apartment, without having a quality of life to being active, happy, and enjoying their lives. Each week I visit them and make sure they are ok. At first I was guiding them and teaching them things like how to shop for groceries. Now I just visit with them, listen to them, and support their decisions.

#5 Success story - Mentors commentary on Hope

I started being Hope's friend and mentor 6 months ago. The first two months of our friendship was phone calls and me visiting her home each week. She told me she had not been out of her house for three years. Her [adult] daughter told me Holly had not been out of her house for at least five years. Hope often expressed her frustration with "how is it other people with problems can leave the house but I can't." The first time I got her to go anywhere with me was 4 months ago. I simply pulled up; called her on her cell phone from my car. I said to her "let's go to Sonic drive through we are not even getting out of the car." I stated my car overheats, so if you could "please hurry it" would really help. Without her thinking about it she hurried out on the porch. We have done more outings since. Soon the rest will be history. She got me exercising and I have lost 16 lbs., so this is not a one sided friendship. We exercise every Friday morning at 6:00 am. Hope has also been able to let things go that was about crippling her from her past. All and all it's been a healthy Friendship for both of us.

#6 Success Story – Michelle

Michelle within the one and one half years prior to FIR was treated four times at DBHC. She went through many medication changes and counseling. Although she attended counseling regularly she isolated herself and in her words told me it was because "I was very, very sad and had low self-esteem." She has some slight speech problems, and because of the emotional abuse she had received from her family was not confident in speaking with many people. I asked Michelle, "In what way has FIR been helpful?" She said, "It helped me reach my goals and be a woman... Being a woman means I don't rely on other people to make decisions for me. I used to depend on people for everything now I don't do that anymore; I'm grown up."

#7 Success Story - Mentor's commentary on Michelle

"I cannot express what an honor it has been to watch her come out of her shell, and to watch her blossom into a confident young woman. We have spent many hours together and have done many different types of activities. We have attended movies and gone out to lunch and dinner. She has been over to my house for dinner and for the Thanksgiving holiday. We have gone shopping, and had "girls" days where we get our hair, eyebrows, and nails done. We have had many great conversations and I have enjoyed all the time we have spent together.

She has been able to exorcise many of the demons from her past, and now realizes that she is not the derogatory things she has been called by others. She has become extremely self-sufficient and is now living on her own, and handling her own finances. I have taken her grocery shopping and shown her how to shop for bargains and she is getting comfortable doing this on her own. She has recently become engaged and is going to be going to college in August when the fall semester starts. She says I am her "big sister", and calls herself my "little sister", and we have moved past friendship and we have become a part of each other's family. I am excited to continue watching all the progress Michelle is going to continue to make in the future."

#8 Success Story – Jorge

Jorge six months prior to joining FIR experienced symptoms that caused him to be extremely disruptive when asked to leave public places such as restaurants or coffee cafes. On two occasions police were called in to escort him out of establishments. He was shot by a police officer and bitten by a police dog. He was admitted to a hospital for psychiatric care. Jorge told me, "I didn't want to isolate myself because I was afraid of what I would do. So I would try and stay as long as I could in public places that were open late."

#9 Success Story - Mentor's commentary on Jorge

"My first impression of Jorge was one of concern as his persona actually sort of concerned me a little. I am by no means a clinician; however, he did seem to me to be a little manic at times and easily agitated. We started attending FIR activities and NAMI support groups. We became closer friends and over the course of several weeks as I became a little closer to him his demeanor became much

calmer. He shared with me his story. As time passed, we met more frequently. We opened up to each other more and more as we shared our individual journeys.

Jorge and I started doing more things and going more places together. At first he had difficulty focusing on what we were currently engaged in. His mind would wander. One of the things I enjoy doing is watching movies in the theater. This was most difficult for Jorge and he would get up and leave the auditorium several times during the course of the picture. As we became more engaged in conversation over the next few weeks I noticed a remarkable improvement in his attention span. We were able to sit through a 2 hour movie without interruption or incident. We were also able to discuss things without changing direction as often. I feel our friendship just blossomed. I am looking forward to spending as much time as possible with my new friend over the summer months. It is my honor and privilege to know Jorge. We just somehow sort of clicked."

#10 Success Story - Martha

Martha has been participating in FIR for one year. Martha called the NAMI office and was referred to the FIR program. She began with receiving support calls and being invited to group activities. Activities are designed to promote friendships and conversation. Martha would come each week and have her nails painted by our program manager. The year prior to joining FIR she was institutionalized five times for psychiatric care. Martha was assigned a mentor eight months after she first joined FIR. She is quoted as saying, "FIR kept me out of the hospital." When I asked in what way did FIR keep you out of the hospital she stated, "I feel better about myself... ."

Martha spoke to me about several things that she thought was most helpful. She has a new circle of friends that call her, visit her, and do things with her. The FIR program has provided opportunities to develop new friendships that are healthy and helpful in improving the recovery experience. She described some of the biggest differences in her new friends versus old acquaintances is when they call or visit it is genuine and not to ask for money. She told me, "In the past I would isolate a lot but now I have things to do and people that care."

#11 Success Story - Mentor's Commentary on Martha

"I care for Martha very much I feel we will always be friends. She has helped me feel good about myself. We call each other all the time. When I start to isolate my phone rings and there she is. When she starts to isolate her phone rings and we have a laugh before hanging up. We've had many conversations about friends and family. I hope I've been helpful in encouraging her to set boundaries and not let people take advantage."

#12 Success Story – Fred

Success Story: Fred has been participating in FIR for 7 months. Fred has not yet been matched with a mentor. At first Fred was only interested in support calls it was not until several months later that he began participating in other activities. He still regularly receives support calls from our program manager and is now actively participating in our group activities. I asked Fred "In what way has FIR

been helpful?" and he told me, "What I find helpful is that people and activities are positive... When I can stay positive I'm not allowing myself to be sad and I'm not isolating myself... Right now I'm trying not to be a follower when negative people say come do this or that. I want to say, "No, you go on. I have something else to do." That's what I like about my new friends in the program... They are not followers."

**STANISLAUS MULTI-CULTURAL COMMUNITY HEALTH COALITION
WEST MODESTO/KING KENNEDY NEIGHBORHOOD COLLABORATIVE
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FAMILIES IN THE PARK



**Final Report
FY 11/15/11 - 2/15/15**

**Werner Schink
Project Evaluator**

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**Funded by
Stanislaus County Behavioral Health and Recovery Services
Mental Health Services Act - Innovations**



Final Report – Innovations

March 1, 2015

Families in the Park Project

West Modesto/King Kennedy Neighborhood Collaborative

Issue

Families in the Park, a 3 year innovation project operated by the Stanislaus Multi-Cultural Community Health Coalition (SMCHC)* West Modesto/King Kennedy Neighborhood Collaborative (WMKKNC) was designed to increase access to underserved groups through an innovative approach that focuses on culturally specific ways to outreach to young African-American families (predominantly mothers with pre-school children) who spend their days from April to November in West Modesto's Mellis Park. Locating the project in the untypical and accessible location of the familiar neighborhood park is the first step in a culturally specific approach as the park is a place where families feel relaxed and comfortable.

Over half of the young children entering kindergarten in west Modesto are not school ready and data suggests one-third of young children will not graduate from high school. Most high school dropouts score either "Below Basic" or "Far Below Basic" on English language or mathematics tests in the fourth grade. A large percentage of individuals who do not graduate from high school do not lead healthy, happy productive lives and are at higher risk for mental/behavioral health issues. Compared to high school graduates, dropouts earn lower wages, pay fewer taxes, are more likely to commit crimes, are less likely to be employed, are more likely to be on welfare, are more likely to raise children in single parent homes, and are overall less healthy. Data from the California Health Information Survey indicate individuals dropping out of high school are 50% more "Likely have had psychological distress during past year".

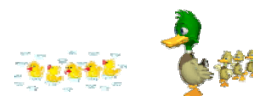
Mental health problems that contribute to lack of success in school (and later life) can be directly linked to lack of preparation for school, lack of effective parental support to attend school regularly and ongoing lack of internal resources (developmental assets) during the school years. A significant number of parents/guardians and some children who participated in the project were identified as having mental health/behavioral needs that contribute to this problem throughout the lifespan.

Project Description

Families in the Park was designed to 1) Learn culturally specific ways of outreaching and engaging young African-American families with pre-school aged children that were currently unserved and underserved and experienced significant barriers to connecting with needed mental health services and increasing school readiness, 2) increase developmental assets of unserved and underserved young African-American children 2 years old and up, 3) introduce a specific change in an existing mental health approach using culturally specific outreach and engagement methods through creating relationships with African-American families with school age children, 4) "take the services" to the families "where they are" rather than trying to "bring them to a project" immediately, and 5) offer child development supports to families where mental/behavioral needs have not been formally identified to foster school readiness.

Project Effectiveness

There were two general approaches to measuring the benefits of the project. Parent input was central to measurements of success in this project. Ongoing input and feedback was central to developing culturally



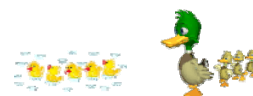


specific outreach approaches that have not been tried before. As parents were successfully engaged, they had the opportunity to participate in development asset work with their children.

The program measured successful outreach quantitatively (the number of families who participated, the number of program participants with mental health issues who connected and received mental health services) and qualitatively (the approaches to outreach and connection that are most successful based on reports of parents, staff, and community partners). Results of this evaluation will help others successfully connect to and build partnerships with African American families with young children.

The table below details the benefits of the project in 10 key developmental asset areas as reported by parents and caregivers. As can be seen in the table, with rare exceptions, there was “Much Improvement” or “Some Improvement” in all of the asset areas. This data was tabulated from an exit survey of the parents and caretakers.

	Please indicate the level of change for your child resulting from participation in the <i>Families in the Park</i> Project.					
	Asset	Decline	No Improvement	Some Improvement	Much Improvement	Explanation
1	Family Support			<u>1</u> 6%	<u>15</u> 94%	Parent(s) and/or primary caregiver(s) provide the child with high levels of consistent and predictable love, physical care, and positive attention in ways that are responsive to the child’s individuality.
2	Positive Family Communication			<u>1</u> 6%	<u>15</u> 94%	Parent(s) and/or primary caregiver(s) express themselves positively and respectfully, engaging young children in conversations that invite their input.
3	Safety			<u>2</u> 13%	<u>14</u> 88%	Parent(s), caregivers, teachers, neighbors, and the community take action to ensure children’s health and safety.
4	Adult Role Models			<u>3</u> 20%	<u>12</u> 80%	Parent(s), caregivers, and other adults model self-control, social skills, engagement in learning, and healthy lifestyles.
5	Constructive Use of Time at Home			<u>3</u> 20%	<u>12</u> 80%	The child spends most of her or his time at home participating in family activities and playing constructively, with parent(s) guiding TV and electronic game use.
6	Engagement in Learning & Early Literacy			<u>1</u> 6%	<u>15</u> 94%	The child fully participates in a variety of activities that offer opportunities for learning. The child enjoys a variety of pre-reading activities, including adults reading to her or him daily, looking at and handling books, playing with a variety of media, and showing interest in pictures, letters, and numbers.





7	Integrity & Honesty		$\frac{1}{6\%}$	$\frac{2}{13\%}$	$\frac{13}{81\%}$	The child begins to express her or his views appropriately and to stand up for a growing sense of what is fair and right. The child begins to understand the difference between truth and lies, and is truthful to the extent of her or his understanding.
8	Self-Regulation		$\frac{1}{6\%}$	$\frac{1}{6\%}$	$\frac{14}{88\%}$	The child increasingly can identify, regulate, and control her or his behaviors in healthy ways, using adult support constructively in particularly stressful situations.
9	Cultural Awareness and Sensitivity			$\frac{7}{41\%}$	$\frac{10}{59\%}$	The child begins to learn about her or his own cultural identity and to show acceptance of people who are racially, physically, culturally, or ethnically different from her or him.
10	Self-Esteem				$\frac{16}{100\%}$	The child likes her/himself and has a growing sense of being valued by others.

a. Success Stories

All of the parents were very grateful for *Families in the Park* the project and all the opportunities their children had been given. One of the fathers said that he had seen such a major change in his children's behavior. "They sing, have better manners and ask for books because they love to be read to." He says this project has given his children a better educational foundation. "Without this project, I don't know if my kids would even know the alphabet, their colors and shapes. I get excited when they run up to me wanting to tell me about what the letter of the day was and show me what they made at school. I feel that they have a better chance at being successful in school because of what they learned at this project. I am forever grateful for the project and all those who work with our kids".

A grandmother who brought her grandson to the project, and rarely missed class, attended for 13 months. They were always first to arrive, even though they had to walk. The child cried if they were not able to attend class for any reason. Grandmother stated that the child has learned all the alphabets, colors and shapes since starting the project. The child learned all the songs and always wanted to read and write at home. This child developed into a class leader and role model. He followed all rules and was very respectful to adults and the other children. Following the visit from Fire Station 2, grandmother says the child has decided to become a firefighter in order to help save people's lives. The academics as well as the activities and field trips have made a great impact on her grandchild. She feels that because of this project, he will be more than ready to enter kindergarten.

Another participant brought her granddaughter to *Families in the Park*. Her granddaughter is two years old and had not attended any early learning program before coming to the project. When her granddaughter first started, she would not talk to anyone. Over time, she has become more social and looked forward to coming to class. Grandmother states her granddaughter asks every morning if she is going to school that day. Her grandmother says that the child does not know all of the days of the week, but is ready when Thursday comes so that she can attend the program.

One child's kindergarten teacher was so impressed with the development and behavior of the child that she asked, "Where did your child go to preschool?" The child's only preschool was the *Families in the Park* project. The kindergarten teacher went onto say, "The child was the best student in the class."





b. Mental Health Referrals

The target pool of families in the *Families in the Park* project were specifically selected because they represented families who are likely to be unserved or underserved by mental and behavioral health services. This was initially found to be the case as 4 of the initial 6 families in the project were in need of and referred to mental or behavioral (substance abuse) services. The concern is that the parent(s)/caregiver(s) might have mental or behavioral health issues which would significantly reduce their capacity to provide the family support essential for healthy child development. Additionally, there is potential for the adult behavior to be adopted by the children.

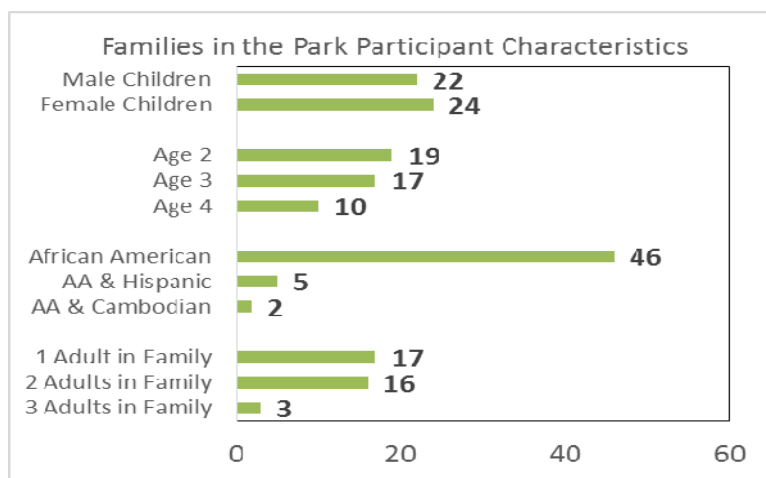
Addressing mental health and wellbeing of participating families was another element of support. During enrollment and throughout the project, information was given and for those participants desiring them, referrals were made. Of the total number of families enrolled over the three year period, approximately 54% received some type of mental health referral.

Referrals were made to support groups as well as other mental health services and agencies. These included referrals for those who needed ADD/ADHD, substance abuse (alcohol and drugs) and depression support for themselves, their child or another family member. Mental health clinician services were also made available to the families.

c. Who was served by the project?

The proposed program design was to serve 15 – 25 African American families with 20 – 30 pre-school age children annually. Over the entire 3 years of the program 39 families and 46 children participated. The number of families served varied from 25 during the first year to 18 during the final year and the number of children participating varied from 28 in the first year to 21 in the final year.

Performance Measure	2012	2013	2014	Entire Program
# Regular Meetings	20	21	18	59
# Special Events	2	8	11	21
# Active Families	25	22	18	65
# Active Children	28	27	21	76



The children participating in the program were close to equal when designated by gender. The age at entry of the children was primarily 2 and 3 years old. All of the children were African American, consistent with the program intent, and spoke English.

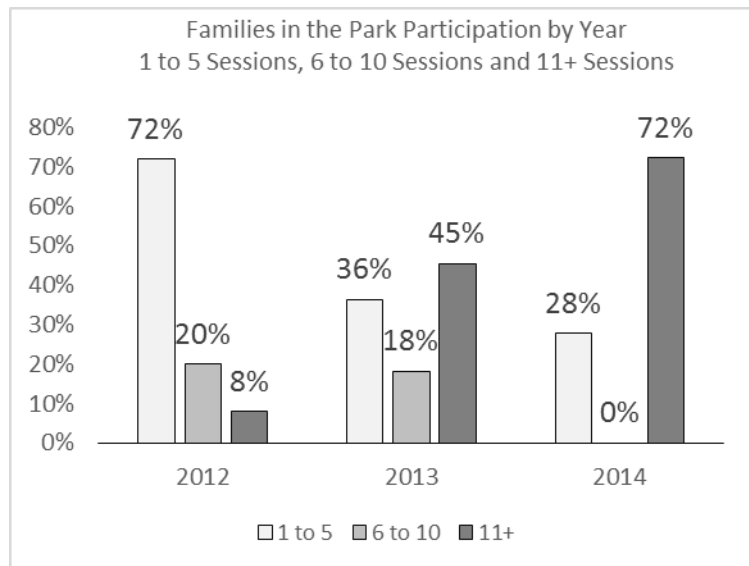
Slightly less than half of the families lived in single-adult homes. The remainder of the homes consisted of 2 to 3 adults/caregivers.





d. How much did the project do?

Sign-in sheets were part of the “welcome” process at each session. As illustrated in the chart on the right, the length of participation shifted substantially over the 3 years. In the first year of 2012 there were 72% of the families that participated in 1 to 5 sessions and only 8% participated in 11 or more sessions. The length of participation increased in 2013 and again in 2014 such that in the final year, only 28% of the families participated in 1 to 5 sessions and 72% participated in 11 or more sessions.



e. How did the project provide support?

The project provided support by offering bi-monthly two hour program sessions and special events to the unserved and underserved targeted population. The sessions were designed to prepare 2 to 5 year olds for school readiness through a variety of pre-reading activities, engagement and learning, social skills and healthy lifestyles. A more complete description of the regular program sessions and special events is provided in the Training Manual (pages 6-8).

f. Is anyone better off?

Throughout the program the two primary means for assessing program benefits, was: 1) Parent(s)/Caregiver(s) surveys and 2) Parent(s)/Caregiver(s) focus groups. These tools universally indicated very high levels of benefits to children in terms of their academic, behavioral and emotional well-being. Noteworthy here is that participation increased very significantly for the families as a whole over the 3 years meaning that program effectiveness and benefits increased as the program was refined. Over the entire program there was only one recorded criticism of the program – one parent felt bored at the sessions. This was early in the program in 2012 before parent(s)/caregiver(s) involvement was significantly increased and there were no subsequent criticisms of the program in either 2013 or 2014.

Changes during Implementation

Originally the project was open to 2 to 5 year old children. During the summer of the first year, a substantial number of the older children enrolled in Kindergarten or Pre-K projects. Late in the first year the enrollment changed from 2 to 4 year old children with an emphasis on entry for 2 and 3 year olds.

The initial project design emphasized project staff doing most of the project facilitation. Over time, there was a significant shift to having the parents/caretakers actively participating and leading project components.

A key defining project element of the project was “The 40 Developmental Assets”. The original design was to use the 40 Developmental Assets for early childhood children ages 3 to 5 years developed by the Search Institute. The original project materials consisted of small print written text which was written at a fairly





high reading level. Explaining these materials to parents/caretakers took over one hour on a one-on-one basis. A revised version of the 40 Developmental Assets was created which featured a “flower poster” design (see Appendix I). This was much more engaging, however, it still proved too complex. A condensed version of 10 developmental assets in a flower design was created in the fall of the first year and used for the remainder of the project. Unique brochures were created for each child featuring the child’s name along with an oval picture of the child in the center of the flower (Appendix I pages 11-12).

Another key element of the project was to have a Modesto City Schools Healthy Start Coordinator on board. However, the original Coordinator decided to accept a position with another school district, which created a vacancy for this position. The vacancy was not filled for approximately 16 months. Once the vacancy was filled, Modesto City Schools elected to have the new Coordinator support *Families in the Park* as part of her normal duties since they complimented *Families in the Park* and enhanced services to improve the well-being of unserved and underserved children in West Modesto.

What was Learned

- Ensure that the project materials are user friendly and easy for the participants to understand and follow.
- Identify and engage appropriate target population as soon as possible.
- Empower participants immediately. Let them know that they will be taking a leadership role in their children’s education (storytelling, teaching, leading songs, selecting arts and crafts projects, etc.). Provide this information during the orientation stage of the project. While the parents were willing to take charge of these activities and were successful, they would have benefited even more had they known it was expected of them from day one, with coaching. This would have allowed for longer preparation and practice time.
- It is best to expand individual surveys to include teachers, family members other than parents/caregivers in the household and faith based community. Including teachers in the evaluation process will give a more objective view of the child’s school readiness when they enter a more structured learning environment such as Head Start and kindergarten. Other family members and faith based community can give a clearer picture of social and emotional development and relationships as they observed it from their respective roles in the children’s lives. This information will be invaluable to making improvements to the project
- Establish an incentive project to value the parents’ time and promote participation.
- Build in a designated time to work on the evaluation component every six (6) months for the life of the project.
- Emphasize the importance of home visits. The home visits afforded the child and parent an opportunity to spend individualized time with the project coordinator, address project concerns, expectations and goals. Initially, during the home visit, assessment tools were completed and any emotional, behavioral or academic deficiencies were discussed, including appropriate interventions and helps. As implementation of the program progressed, it became evident that the visits were too lengthy. A change was made and assessments were done in the office. This enabled the home visits to focus more on the issues related to the children’s progress and supporting the home learning environment.
- Families in the Park created an “extended family” for participants and helped reduce isolation for target population.





- Families in the Park reduced stigma around mental health services delivery via locating a clinician on-site.

Recommendations for Others

It is imperative to secure qualified staff with a passion for working with children in this age group. Staff candidates for these positions should have the skillset necessary to effectively support the objectives of the program. Knowledge, understanding and appreciation for what makes the particular community unique will be an asset. This includes, but is not limited to cultural sensitivity as well as any tools that can further develop skills necessary to make communication within the community and with participating families effective.

Be flexible with the development and implementation of the project. Flexibility is imperative as challenges may arise while facilitating and engaging with the participants. Flexibility allows for ease of implementing an alternative curriculum or activity when necessary. Understand that the program, by nature of working with a diverse group, will offer a unique set of challenges that require last minute changes. Remain open to other ideas and options that may enhance the effectiveness of the project. Embrace change and think outside the box.

We recommend that a component focused on parent education be included. These educational components could include, but not be limited to discipline, anger management and stress management. Addressing these issues can drastically improve not only the health and wellbeing of the families, but it also fosters a more positive learning environment. By providing these support classes, you further equip the participants with tools they can use with their children in the home.

It is best to expand individual surveys to include non-custodial parent(s)/caregivers(s) such as teachers, family members (not in the household) and faith based community members. Including teachers in the evaluation process will give a more objective view of the child's school readiness when they enter a more structured learning environment such as Head Start and kindergarten. Other family members and faith based community can give a clearer picture of social and emotional development they observe in their relationships with their child. This information will be invaluable to making improvements to the project.

Continuation of Project

At this time, West Modesto/King Kennedy Neighborhood Collaborative is not able to continue this highly successful project due to lack of funding. However, the Collaborative will vigorously explore funding opportunities as they present themselves via traditional and nontraditional venues.

Reports Developed

Werner Schink, an independent project evaluator designed and analyzed data collection systems for our *Families in the Park* project.

A variety of contributions were made by the following people: Cleopathia Moore-Bell, Mary Burton, Carole Collins and Richard Mendoza.



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FAMILIES IN THE PARK



Appendix I
FY 11/15/11 - 2/15/15
Supporting Documents



Funded by
Stanislaus County Behavioral Health and Recovery Services
Mental Health Services Act - Innovations





Appendix I

Project Coordinator's Reflections

As an educator, I have a general understanding of the educational process as it relates to various age groups. However, *Families in the Park* was a learning experience for me. In the early stages of the program, there were a lot of trial and error days, because there was no handbook or manual for guidance. This was the first program of this type.

One of the things that I marveled at was how receptive most of the families were to the program. When parents begin to fully understand that you truly have their children's best interest at heart, they will support you one hundred percent. This was true of this program. Parent participation and support for the program helped foster its success.

There was skepticism from some parents in the beginning of the program because it was a new concept for them as well. As their attendance increased, parents began to get a better sense of the program and its overall goal of preparing their children for school. Parental participation and enthusiasm for the program was reflected in not only their attitudes and enthusiasm, but in the attitudes and actions of their children as well.

For most of the children enrolled in the program, this was their first experience in any structured academic setting. Keeping them engaged was a challenge. As an older adult, I learned that at times it is difficult to engage 2, 3 and 4 year olds unless you are willing, at times, to act and think like a 2, 3 or 4 year old. This was also something that was stressed to the parents, as they will be charged with continuing to engage their children in learning.

Through this program, I learned what works and what doesn't when trying to engage parents and children in educational activities that can be practiced at home. Continued success of the children is dependent upon this home practice. To support this, we were able to equip parents with a number of tools, activities and learning materials to continue to build upon the academic, emotional and social foundation that was provided through the *Families in the Park* Program. The impact this program made in the lives of these families is immeasurable.





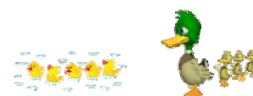
Appendix I

Results Based Accountability

During the implementation of the project all of the MHSA PEI programs funded by BHRS were increasingly focused on developing Results Based Accountability (RBA) data and this formally became a component of the bi-annual *Families in the Park* evaluation report format. The table below provides the project activity in RBA for the third year of project operation.

RBA Category	Performance Measure	2014 First 6 Months	2014 Second 6 Months
How much did we do?	# Regular Meetings	8	10
	# Parent/Caretakers at Regular Meetings	70	117
	# Children at Regular Meetings	79	132
	# Special Events	5	6
	# Attendees at Special Events	91	156
	# Parent/Caretakers at Special Events	39	71
	# Children at Special Events	47	88
	# Active Families	15	17
	# Active Children	18	20
	# Children Ages and Stages Assessed	9	12
	# Children 10 Developmental Assets Assessed	7	15
	# Satisfaction Surveys Completed	24	61
How well did we do it?	% of participants reporting <i>satisfaction</i> with program services#	100% (35/35)	100% (61/61)
Is anyone better off?	% of participants reporting increased <i>well-being</i>	100% (35/35)	98% (60/61)
	% of participants reporting they can now <i>talk more effectively to others in group</i> about important things	97% (34/35)	100% (61/61)
	% of participants who report being more <i>hopeful</i> about their future	97% (34/35)	98% (60/61)

* Over the entire program there was only one recorded criticism of the program – one parent felt bored at the sessions. This was in the first year of the program in 2012 before parent(s)/caregiver(s) involvement was significantly increased and there were no subsequent criticisms of the program in either 2013 or 2014.



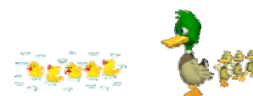


Appendix I

What made the difference?

In a complex innovative program there are many factors that lend themselves for desired learning specific to African American children and families to occur. Below is a list of key factors:

- African American culturally appropriate books, games and activities were central components to the program. This included a variety of materials sent to the home to reinforce learning.
- The revised “Developmental Assets Approach” which established a clear, comprehensive framework for the program design
- Focusing on parent(s)/caregiver(s) as first teachers in their children’s development.
- A regular structured program that included key developmental components.
- Supplemental mental and behavioral health support for parent(s)/caregiver(s).
- Special events and trips expanded the world view of the children and the parent(s)/caregiver(s).
- Parent(s)/caregiver(s) experienced a sense of pride and ownership in the project as buses arrived to take to them to the special event. This activity built their self-esteem and improved their personal well-being.





Appendix I

The following 5 page document was utilized for participant enrollment into the project.

STANISLAUS MULTI-CULTURAL COMMUNITY HEALTH COALITION ** WEST MODESTO/KING KENNEDY NEIGHBORHOOD COLLABORATIVE 601 N. Martin Luther King Drive • Modesto, CA 95351 Family Assessment & Case Management Log
--

Date Joined Group:	Group: HBO BHRS EBP HEAL UW Other
Staff Member Completing Form:	Date Joined:

FAMILY INFORMATION (completed by WMKKNC Staff Member)

Group Participant Member Info								
Last Name:				First Name:				
Home Address: <small>address)</small>				Mailing Address: (if different from home)				
City/Zip Code:								
Home phone:				Cell Phone:				
Soc. Sec. No.				Case No.				
First time at WMKKNC? _____ If not, approximate date first rec'd services: _____								
ADULTS age 19-90 Please list all adult family members living in the home								
Name (Last, First)	Relationship (mom, dad, aunt, gp)	Date of Birth	Ethnicity	Primary Lang.	Health Insurance? What kind?	Primary Health Provider	Any Health Concerns	Employed If so, employer name
CHILDREN age 0-5 years Please list all children age 0-5 living in the home								
Name (Last, First)	Birthchild, adopted, foster, other	Date of Birth	Ethnicity	Primary Lang.	Have Health Insurance?	Primary Health Provider	Any Health Concerns	Immuniz. current? Date of last immunization Any Health concerns?
CHILDREN age 6-18 years Please list all children age 6-18 living in the home								
Name (Last, First)	Birthchild, adopted, foster, other	Date of Birth	Ethnicity	Primary Lang.	Have Health Insurance?	Primary Health Provider	Any Health Concerns	School & Grade





Appendix I

1. Do you identify with any of these classifications?

☐ Head Household ☐ Single Parent
☐ Homeless ☐ Gay, Lesbian, Transgender, Biracial

2. Household Size and Total Annual Household Income:

- A. Circle the total number of people in your household (in the first column)
 B. On the line corresponding to your household size, check the income range that includes your household's annual income.

HH Size	Extremely Low		Very Low		Low		Moderate & Above	
1	\$11,750	or less	\$11,751	- \$19,600	\$19,601	- \$31,350	\$31,351	& up
2	\$13,450	or less	\$13,451	- \$22,400	\$22,401	- \$35,850	\$35,851	& up
3	\$15,100	or less	\$15,101	- \$25,200	\$25,201	- \$40,300	\$40,301	& up
4	\$16,800	or less	\$16,801	- \$28,000	\$28,001	- \$44,800	\$44,801	& up
5	\$18,150	or less	\$18,151	- \$30,250	\$30,251	- \$48,400	\$48,401	& up
6	\$19,500	or less	\$19,501	- \$32,500	\$32,501	- \$51,950	\$51,951	& up
7	\$20,850	or less	\$20,851	- \$34,700	\$34,701	- \$55,550	\$55,551	& up
8	\$22,200	or less	\$22,201	- \$36,950	\$36,951	- \$59,150	\$59,151	& up
9	\$23,550	or less	\$23,551	- \$39,200	\$39,201	- \$62,750	\$62,751	& up
10	\$24,900	or less	\$24,901	- \$41,450	\$41,451	- \$66,350	\$66,351	& up

3. Do you receive income from any of the following sources?

☐ CalWORKs ☐ General Assistance ☐ Social Security
☐ Food Stamps ☐ Medi-Cal ☐ Other: _____

Additional items – circle where appropriate:

Need health insurance enrollment appointment? Yes No
 Is any member of the household pregnant? Yes No
 Is any member of the household disabled? Yes No
 Need or interest in mental health support? Yes No
 Need or interest in other health support? Yes No
 Other family support needs? Yes No
 Would like a follow-up phone call from WMKNC? Yes No

4. Have you previously heard about WMKNC? Yes No

5. (If yes to 4) Have you received services or attended events from the WMKNC? Yes No
(Examples – Services, Information, Referrals, Transportation, Food, Clothes, Community Meetings)

6. (If yes to 5) Were you satisfied with the WMKNC services? Yes No

Street Address _____ Apt _____ City _____

Signature _____ Date _____

Comments: _____





Appendix I

Check all that apply: *(Completed by Group Member)*

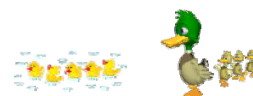
Area of Interest or Need	Risk Hi- Med- Low	Educ	Sup	Referral	Comments
<input type="checkbox"/> Parenting Group					
<input type="checkbox"/> Food Assistance					
<input type="checkbox"/> Car Seat Info/Distribution					
<input type="checkbox"/> Info on Parenting Classes					
<input type="checkbox"/> Domestic Violence Info					
<input type="checkbox"/> English Classes					
<input type="checkbox"/> Job Assistance					
<input type="checkbox"/> Health Insurance					
<input type="checkbox"/> Drug/Alcohol Use Prevention					
<input type="checkbox"/> Smoking Cessation					
<input type="checkbox"/> Depression Screening					
<input type="checkbox"/> Child Development Information					
<input type="checkbox"/> Pregnancy Information					
<input type="checkbox"/> Breastfeeding Info					
<input type="checkbox"/> WIC Info					
<input type="checkbox"/> Prenatal/Post Partum Care					
<input type="checkbox"/> Health Education Classes					
<input type="checkbox"/> Cancer Support Group					
<input type="checkbox"/> Other					

What skills do you have (H) or would like to develop (D)?

H D Agricultural	H D Business	H D Child Care	H D Computer
H D Cooking/Baking	H D Construction	H D Craft/Art	H D
H D Interviewing			
H D Labor	H D Mechanical	H D Office	H D Phone
H D Sales	H D Writing	H D Other	

☐ What services can we provide to you? _____

☐ Request follow-up phone call from WMKNC? Yes or No Phone: _____

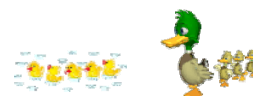


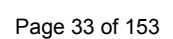


Appendix I

Referrals (Indicate date for each referral):

--	-----		
<input type="checkbox"/> Consumer & Family Emp Center	_____	<input type="checkbox"/> WMKKNC – Depression Screening	_____
<input type="checkbox"/> CSA Family to Family	_____	<input type="checkbox"/> WMKKNC – Drop-in Center	_____
<input type="checkbox"/> El Concilio	_____	<input type="checkbox"/> WMKKNC – Healthy Birth Outcomes	_____
<input type="checkbox"/> Faith Counseling	_____	<input type="checkbox"/> WMKKNC – Grief Support Group	_____
<input type="checkbox"/> Family Partnership Center	_____	<input type="checkbox"/> WMKKNC – Mental Health Depression Group	_____
<input type="checkbox"/> Haven Women’s Center	_____	<input type="checkbox"/> WMKKNC – Parenting Group	_____
<input type="checkbox"/> Health / Mental Health Team	_____	<input type="checkbox"/> WMKKNC – Other Support Group	_____
<input type="checkbox"/> Health Services Agency	_____	<input type="checkbox"/> WMKKNC – Transportation	_____
<input type="checkbox"/> Housing – Project Sentinel Fair Housing	_____	<input type="checkbox"/> _____ Other	_____
<input type="checkbox"/> Housing – Stanislaus Housing Authority	_____	<input type="checkbox"/> _____ Other	_____
<input type="checkbox"/> Modesto City Schools Community Affairs/Issues	_____	<input type="checkbox"/> _____ Other	_____
<input type="checkbox"/> NAMI	_____		
<input type="checkbox"/> New Directions	_____		
<input type="checkbox"/> Senior Access Team	_____		
<input type="checkbox"/> StanWorks	_____		
<input type="checkbox"/> TeleCare/SHOP	_____		
<input type="checkbox"/> West Modesto Regional Services	_____		



9



Appendix I

This document is the original 40 Developmental Assets for Early Childhood. This proved to be overwhelming for the participants. Two additional drafts were created before the final draft was adopted.



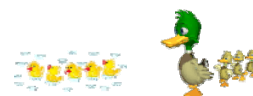
40 Developmental Assets® for Early Childhood (ages 3 to 5)

Search Institute® has identified the following building blocks of healthy development—known as Developmental Assets®—that help young children grow up healthy, caring, and responsible.



External Assets	Support	<ol style="list-style-type: none"> Family support—Parent(s) and/or primary caregiver(s) provide the child with high levels of consistent and predictable love, physical care, and positive attention in ways that are responsive to the child's individuality. Positive family communication—Parent(s) and/or primary caregiver(s) express themselves positively and respectfully, engaging young children in conversations that invite their input. Other adult relationships—With the family's support, the child experiences consistent, caring relationships with adults outside the family. Caring neighbors—The child's network of relationships includes neighbors who provide emotional support and a sense of belonging. Caring climate in child-care and educational settings—Caregivers and teachers create environments that are nurturing, accepting, encouraging, and secure. Parent involvement in child care and education—Parent(s), caregivers, and teachers together create a consistent and supportive approach to fostering the child's successful growth.
	Empowerment	<ol style="list-style-type: none"> Community cherishes and values young children—Children are welcomed and included throughout community life. Children seen as resources—The community demonstrates that children are valuable resources by investing in a child-rearing system of family support and high-quality activities and resources to meet children's physical, social, and emotional needs. Service to others—The child has opportunities to perform simple but meaningful and caring actions for others. Safety—Parent(s), caregivers, teachers, neighbors, and the community take action to ensure children's health and safety.
	Boundaries & Expectations	<ol style="list-style-type: none"> Family boundaries—The family provides consistent supervision for the child and maintains reasonable guidelines for behavior that the child can understand and achieve. Boundaries in child-care and educational settings—Caregivers and educators use positive approaches to discipline and natural consequences to encourage self-regulation and acceptable behaviors. Neighborhood boundaries—Neighbors encourage the child in positive, acceptable behavior, as well as intervene in negative behavior, in a supportive, nonthreatening way. Adult role models—Parent(s), caregivers, and other adults model self-control, social skills, engagement in learning, and healthy lifestyles. Positive peer relationships—Parent(s) and caregivers seek to provide opportunities for the child to interact positively with other children. Positive expectations—Parent(s), caregivers, and teachers encourage and support the child in behaving appropriately, undertaking challenging tasks, and performing activities to the best of her or his abilities.
	Constructive Use of Time	<ol style="list-style-type: none"> Play and creative activities—The child has daily opportunities to play in ways that allow self-expression, physical activity, and interaction with others. Out-of-home and community programs—The child experiences well-designed programs led by competent, caring adults in well-maintained settings. Religious community—The child participates in age-appropriate religious activities and caring relationships that nurture her or his spiritual development. Time at home—The child spends most of her or his time at home participating in family activities and playing constructively, with parent(s) guiding TV and electronic game use.
Internal Assets	Commitment to Learning	<ol style="list-style-type: none"> Motivation to mastery—The child responds to new experiences with curiosity and energy, resulting in the pleasure of mastering new learning and skills. Engagement in learning experiences—The child fully participates in a variety of activities that offer opportunities for learning. Home-program connection—The child experiences security, consistency, and connections between home and out-of-home care programs and learning activities. Bonding to programs—The child forms meaningful connections with out-of-home care and educational programs. Early literacy—The child enjoys a variety of pre-reading activities, including adults reading to her or him daily, looking at and handling books, playing with a variety of media, and showing interest in pictures, letters, and numbers.
	Positive Values	<ol style="list-style-type: none"> Caring—The child begins to show empathy, understanding, and awareness of others' feelings. Equality and social justice—The child begins to show concern for people who are excluded from play and other activities or not treated fairly because they are different. Integrity—The child begins to express her or his views appropriately and to stand up for a growing sense of what is fair and right. Honesty—The child begins to understand the difference between truth and lies, and is truthful to the extent of her or his understanding. Responsibility—The child begins to follow through on simple tasks to take care of her- or himself and to help others. Self-regulation—The child increasingly can identify, regulate, and control her or his behaviors in healthy ways, using adult support constructively in particularly stressful situations.
	Social Competencies	<ol style="list-style-type: none"> Planning and decision making—The child begins to plan for the immediate future, choosing from among several options and trying to solve problems. Interpersonal skills—The child cooperates, shares, plays harmoniously, and comforts others in distress. Cultural awareness and sensitivity—The child begins to learn about her or his own cultural identity and to show acceptance of people who are racially, physically, culturally, or ethnically different from her or him. Resistance skills—The child begins to sense danger accurately, to seek help from trusted adults, and to resist pressure from peers to participate in unacceptable or risky behavior. Peaceful conflict resolution—The child begins to compromise and resolve conflicts without using physical aggression or hurtful language.
	Positive Identity	<ol style="list-style-type: none"> Personal power—The child can make choices that give a sense of having some influence over things that happen in her or his life. Self-esteem—The child likes her- or himself and has a growing sense of being valued by others. Sense of purpose—The child anticipates new opportunities, experiences, and milestones in growing up. Positive view of personal future—The child finds the world interesting and enjoyable, and feels that he or she has a positive place in it.

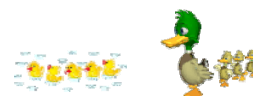
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Appendix I

This is Draft #2 of the 40 Developmental Assets for Early Childhood revisions created by the project evaluator in consultation with the project participants.





Appendix I

Page 1 of 2

This is the Final Revised 40 Developmental Assets for Early Childhood assessment tool developed in consultation with the project evaluator and in consultation with project participants (see final report page 7).

ASSET BUILDING IDEAS

ASSET	SUGGESTIONS FOR IDEAS	IDEA FOR YOUR CHILD
Family Support	1. Give more hugs and verbal reinforcement. 2. Eat at least one meal together each day.	
Positive Family Communication	1. When your child talks, really listen. 2. Ask your child every day what they are doing or thinking.	
Safety	1. Set clear family ground rules about maintaining physical and emotional safety within the family. 2. Talk to your child about what to do if they feel unsafe in the park or anywhere they go.	
Adult Role Models	1. Always remember that you are your child's most important role model. 2. Talk to your children about adults they know and who are positive role models.	
Constructive Use of Time at Home	1. Make time at home fun for everyone. Play favorite games, read or take walks. 2. Limit the time your child spends watching TV or playing electronic games.	
Engagement in Learning & Early Literacy	1. Learn together with your child -- go somewhere new and explore. 2. Encourage motivation from "the inside out" -- tap into your child's passions and interests.	
Integrity & Honesty	1. Model integrity in your daily life -- talk openly about what you believe and value. 2. Catch your child being honest. Give your child the opportunity to be honest.	
Self-Regulation	1. Be clear about boundaries, values and reasons. 2. Compliment your children when they show self-control.	
Cultural Awareness and Sensitivity	1. Teach your children about their heritage and encourage them to feel proud about their culture and identity without feeling superior. 2. Go to events that celebrate different cultures and religions - talk to your child about them.	
Self-Esteem	1. Express your love for your child regularly and often. 2. Celebrate your child's uniqueness; find something special to value and affirm it.	

GENISIS'S ASSETS





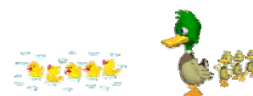
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Page 2 of 2

"Families in the Park" – Assets Assessment – West Modesto King Kennedy Neighborhood Collaborative

Parent/Caregiver Name _____ Child's Name _____ Date _____

#	Asset	Great	Good	OK	A Challenge	Need Help	Explanation
1	Family Support						Parent(s) and/or primary caregiver(s) provide the child with high levels of consistent and predictable love, physical care, and positive attention in ways that are responsive to the child's individuality.
2	Positive Family Communication						Parent(s) and/or primary caregiver(s) express themselves positively and respectfully, engaging young children in conversations that invite their input.
3	Safety						Parent(s), caregivers, teachers, neighbors, and the community take action to ensure children's health and safety.
4	Adult Role Models						Parent(s), caregivers, and other adults model self-control, social skills, engagement in learning, and healthy lifestyles.
5	Constructive Use of Time at Home						The child spends most of her or his time at home participating in family activities and playing constructively, with parent(s) guiding TV and electronic game use.
6	Engagement in Learning & Early Literacy						The child fully participates in a variety of activities that offer opportunities for learning. The child enjoys a variety of pre-reading activities, including adults reading to her or him daily, looking at and handling books, playing with a variety of media, and showing interest in pictures, letters, and numbers.
7	Integrity & Honesty						The child begins to express her or his views appropriately and to stand up for a growing sense of what is fair and right. The child begins to understand the difference between truth and lies, and is truthful to the extent of her or his understanding.
8	Self-Regulation						The child increasingly can identify, regulate, and control her or his behaviors in healthy ways, using adult support constructively in particularly stressful situations.
9	Cultural Awareness and Sensitivity						The child begins to learn about her or his own cultural identity and to show acceptance of people who are racially, physically, culturally, or ethnically different from her or him.
10	Self-Esteem						The child likes herself or himself and has a growing sense of being valued by others.





Appendix I

This is the script the facilitator used for the parent focus group(s).

Families in the Park – Focus Group Questions

1. What have you liked best about the program?

WELCOME – MEALS – ACTIVITIES – EVENTS – STAFF – COMMUNITY & GROUP
SUPPORT – FACILITIES – ONE-ON-ONE DISCUSSIONS, E.G., WITH PROGRAM
COORDINATOR

2. What has been the most help to your child?

WHAT – HOW – WHY – DYNAMICS

3. What are your greatest challenges with your child?

REFER TO ASSETS ASSESSMENT – GENERAL AREA – DON'T NEED TO GO INTO
SPECIFIC DETAIL IF UNCOMFORTABLE

4. What changes would you suggest to improve the program?

PARENT INVOLVEMENT – WHERE TO GO & WHAT TO DO

- a. more
- b. less
- c. different

5. Do you have any other family needs or concerns?

IF PRIVATE – TALK ONE-ON-ONE WITH PROGRAM COORDINATOR

6. Any other comments, ideas, questions, concerns or reflections?
COMMENTS ON ASSETS ASSESSMENT AND FOCUS GROUP PROCESS?

INTRO SELF – PURPOSE – RESEARCH, TECHNICAL SUPPORT, EVALUATION, REPORTS

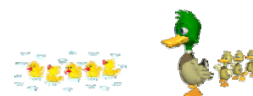
INTRO RECORDER – PURPOSE – RECORD (ACCURATELY) – CONSOLIDATE – WRITE
UP

FAMILIES IN THE PARK IS AN “INNOVATION GRANT” – WE’RE ALL LEARNING
REQUIRES EVALUATION – ASSETS ASSESSMENTS, FOCUS GROUPS, AGES & STAGES
FEEDBACK – IMPROVE THE PROGRAM

OPINIONS – NO RIGHT OR WRONG

RECORD WHAT SAID – NOT WHO SAID IT

RESPECT FOR OTHERS – DON’T TALK ABOUT WHAT OTHERS SAY WITHOUT THEIR
PERMISSION – CONFIDENTIAL – NOT FOR SHARING WITH OTHER





Appendix I

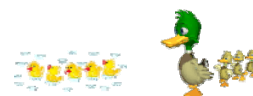
Families in the Park Summer Site



When the weather is good WMKKNC meets with the families in Mellis Park as shown in the figure on the left.

Families in the Park Winter Site

When the weather is cold or rainy WMKKNC meets inside the King Kennedy Memorial Center which is located in Mellis Park. A key element of every meeting is the development of writing skills or the ability to draw with pencils or crayons on paper.





Appendix I

Special Events/Enrichment Activities



Story Time at the Library & Lunch in the Park

The children and families took a trip to the Modesto Library on I Street. There was a story time led by staff from the library along with “personal reading” time with children and their parent(s)/caregiver(s). Story Time Program has two stories with puppetry and, also, there were two songs which involved the children to participate with hand and body movements. Parents were able to check out books for their children before leaving the library. About 2 blocks from the Library is Graceada Park and everyone had a sack lunch and the children were able to enjoy the rest of the afternoon on the play structure

Below dad joins the Easter Egg hunt with daughter and friends in Mellis Park.





Appendix I

Special Events/Enrichment Activities



Sitting on straw bales and riding out past the corn field to the pumpkin patch is fun and a wonderful experience for children who live mostly in the city.

Building bridges across communities is part of the philosophy of the program. Members of the Stanislaus County Peer Recovery Art Project served as Santa Claus and sang carols for the program families.





Appendix I

Conclusion

In conclusion, the *Families in the Park* project was a successful learning experience for staff, partners, the community, parent(s) /care-giver(s) and especially our children. The opportunity to provide family support, like mental health via connecting an unserved and underserved population to services was extremely important and rewarding. As we watched parents enter their children in formal preschool or kindergarten equipped to actively engage in their child's education and well-being it was apparent the project had achieved its goals and objectives.

It is key to ensure that ample time is allowed for proper planning and startup. Accomplishing the majority of the tasks will make the project run smoother as you accept participants into the project and begin the implementation phase.

You will undoubtedly acquire your own unique learning experience with this project. West Modesto/King Kennedy Neighborhood Collaborative encourages you to begin the journey and you will definitely not be disappointed.





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Appendix I

Introduction

For the past three (3) years, Stanislaus Multi-Cultural Community Health Coalition*West Modesto/King Kennedy Neighborhood Collaborative (WMKKNC) worked to design and learn effective and culturally specific innovation project outreach and engagement methods for African-American families. To accomplish this WMKKNC established relationships with African-American Families with pre-school aged children who spent their day in the local neighborhood park to prepare the children for pre-school. The project “took the services” to the families “where they were” rather than trying to “bring them to the services” initially.

Families in the Park helped support and accelerate county-wide transformation by promoting mental health and improving the well-being of the children and engaging traditionally hard-to-reach populations.

Ultimately, *Families in the Park* was successful in introducing a positive approach to the Stanislaus County Behavioral Health and Recovery Services Department for outreaching and engaging traditionally isolated and hard-to-reach populations residing in West Modesto.

This manual is written to provide basic information on how to replicate the highly successful *Families in the Park* Project to positively impact school readiness and success for children throughout Stanislaus County.





Appendix I

Startup

1. Identify and secure qualified staff
2. Complete background clearance processes
3. Secure all age appropriate assessment tools
4. Select culturally appropriate educational materials
5. Purchase age appropriate equipment and supplies
6. Meet with collaborative partners, such as, schools, City of Modesto, etc., faith based leaders, community residents and consultants
7. Train Staff

Outreach and Engagement

- Develop project flyers
- Distribution of flyer door-to-door
- Formal presentations to Healthy Starts, Parent Teachers Association (PTA) and School Site Councils
- One-on-one presentations to interested parents

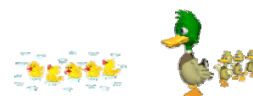
Orientation

1. Project overview
2. Project goals and objectives
3. Project intake and assessment
4. Project hours of operation
5. Classroom schedule
6. Special events
7. Parent(s)/Caregiver(s) participation
8. Question and Answer session
9. Next steps

Intake and Assessment

- Completion of the 2-pageBHRS outreach and engagement Initial Contact Form;
- Completion of the 4-page Family Assessment;

Completion of the Burns Depression Screen by the parent/caretaker.





Appendix I

Implementation

Meeting Components-There are two major program components: (1) regular meetings and (2) special events. The core meeting for the *Families in the Park* program were twice-a-month 2-hour Thursday meetings at the King Kennedy Memorial Center which is located in Mellis Park.

Regular Meetings:

A sample annotated agenda is provided below.

FAMILIES IN THE PARK

11:30 a.m. – 1:30 p.m.

11:30-12:00 P.M. **SIGN-IN, WELCOME and LUNCH**

12:00-12:25 P.M. **Pre-K Learning Activities (pencils and crayons)**

1. HAND OUT ALPHABET WORKSHEETS AND THE STAR TO TRACE.
2. INTRODUCE THE ALPHABET OF THE DAY.
ALPHABET FOR THE DAY: A SHOW BOTH UPPERCASE AND LOWERCASE.
3. SHOW THE SHAPE. SHAPE: STAR
4. HAVE PARENTS/CHILDREN BEGIN WORK ON THESE SHEETS.
5. ONCE THEY ARE CLOSE TO FINISHED, STOP AND ASK IF CHILDREN CAN COUNT TO 10.
6. HAND OUT NUMBER SHEETS. HAVE THEM WORK ON THESE.
NUMBERS: 1-10
7. IF NOT ENOUGH TIME, IT CAN BE TAKEN HOME.

12:25-12:35 P.M. **Flashcards**

1. HAVE CHILDREN SIT ON RUG. GO THROUGH COLORS AND SHAPES.

12:35 -12:50 P.M. **Parent/Child Reading**

1. HAVE CHILDREN CHOOSE 1 OR 2 BOOKS FOR PARENT TO READ.
2. PARENTS CAN SIT AT TABLE OR MOVE TO OTHER SPACE IN ROOM.

12:50- 1:05 P.M. **Arts and Crafts: Alien**

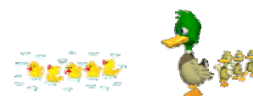
1. HAND OUT SCISSORS, CRAYONS, GLUE STICKS AND EYES.
2. HAND OUT PUPPET SHEET.
3. SHOW THE EXAMPLE. CHILDREN MAY USE ANY COLORS THEY CHOOSE.

1:05-1:15 P.M. **Story Telling**

1. HAVE CHILDREN SIT ON RUG WITH PUPPETS.
2. READ STORY ON BACK OF PUPPET EXAMPLE OR MAKE UP A SHORT STORY.

1:15- 1:30 P.M **Games/Activities**

1. HAVE CHILDREN COLLECT THEIR THING AND PLACE ON TABLES.
2. GET IN STRAIGHT LINE TO GO OUTSIDE.
3. PLAY FOLLOW THE LEADER (JUMP,SKIP, HOP, RUN, TWIRL)
4. PLAY PARACHUTE(SLOW, FAST, COLORS)
5. DISMISS. REMINDER ABOUT HOMEWORK AND ASSESSMENTS.



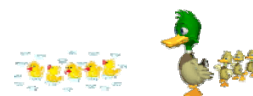


Appendix I

Special Events

Many children from low income families don't get a great deal exposure to the larger world. Special events open up the children's and parent/caretaker's lives in many ways. Our objective has been to have a special event every two months or more often. Some of these are held at the King Kennedy Memorial Center in Mellis Park and some are trips to locations that are a relatively short drive from the center. Some of the special events sites listed below:

- Annual Holiday Party with Peer Recovery Act Project
- Modesto Library
- First Day of Class Balloon Presentation
- Black History Program
- Hilmar Cheese Factory
- Monterey Bay Aquarium and Beach
- Children's Museum of Stockton
- Discovery Center of Fresno
- Zoo, Fairytale Town and Funderland in Sacramento.
- Amtrak to Fisherman's Wharf
- Celebrating the Project with Stanislaus County Behavioral Health and Recovery Services



Arts for Freedom

A Mental Health Services Act Innovation Program's Final Report

PEER RECOVERY ART PROJECT

January 31, 2015

Authored by: John Black

Arts for Freedom

A Mental Health Services Act Innovation Program's Final Report

Intro from CEO:

I don't care for labels, but I'm a Californian who went around the country working carnivals before schizophrenia dug its hooks into me. I spent 10 years – most of my 20's – on the streets of Modesto. I began my recovery as a volunteer at a community alcohol treatment drop-in center. From that, I learned how important it was to prevent people in treatment from being isolated, and I turned that experience into a career as an event promoter who encouraged people with mental health issues to use music to raise money for community charities. I've found that this work and staying closely connected with others, improved my own mental health.

Today I'm back on the streets of Modesto as CEO of the nonprofit gallery downtown named Peer Recovery Art Project. We're a collaborative that empowers mental health consumers to take part in the arts and other activities that improve wellness and connect people to the community. The goal is to demolish old attitudes and make sure those with mental health life experiences are not blocked from finding their rightful place in our community.



Peer Recovery Art Project informally started in 2007 by participating in the Modesto Blues, a major festival, and in a community walk that raised funds for NAMI. It was hard to find money at first. I was amazed by the amount of funding spent on “art therapists” inside institutions – and how little was spent in the local community to find creative outlets for people who otherwise could wind up in jails or hospitals. We persevered and found funding via a number of local individuals and businesses, as well as a big assist from Wells Fargo.

Our animating idea is that music and art are so widely appreciated and it's proven to be an effective dynamic for people to integrate into a community. Even people who are resistant to being among those with mental health life experiences are able to connect with people via art. I sense that's because art and music are so accessible and familiar, which intends to inspire

feelings of security, rather than fear. We also know that art stimulates the imagination and thinking of all people. In addition, individuals who create come to see themselves differently. From each polar opposite perspective with regards to mental health, art becomes a manner of expressing hard-to-express things and developing interpersonal relationships. **Art counters isolation and at times -- can end stigma.**

Issue:

Peer Recovery Art Project, Inc. is a non-profit tax exempt public charity whose purpose is a “continuous campaign to end stigma, revitalize downtown areas, while implementing new strategies for an all-inclusive and, therefore, healthier community”. Born outside of the mental health realm, and managed exclusively by consumers and/or family members, the Peer Recovery Art Project is the only independent, community-based art organization of its kind in the Central Valley. The “Arts for Freedom” program is a unique mental health approach not heretofore implemented in Stanislaus County.

Peer Recovery Art Project, Inc. has a history of successfully working in collaboration with a variety of partnering agencies, community-based organizations and service providers in Stanislaus County. Peer Recovery Art Project offers activities and events at its own downtown gallery location or at a variety of downtown partner locations. In addition, activities and events are done in collaboration with many community-based organizations.

Understanding and accepting each individual’s unique cultural perspective and world view are critical to the recovery process. Peer Recovery Art Project partners with community groups that represent various ethnic and cultural groups. Our program is open to anyone from Stanislaus County who wants to participate without regard to race, ethnicity, age, gender or sexual orientation.

Art therapy for the treatment of mental illness is not new. Since the early 20th century, creative writing, dance, music and visual arts have been used to help individuals cope with and express what they are feeling. Art exhibits by artists living with mental illness are not new. In fact, “Outsider Art”, a term coined in 1972, also known as “Art Brut” (“Raw Art” or “Rough Art”) in the mid-1940s, refers to art created outside the mainstream art world (by the ill, insane, unschooled or by prison inmates or others in captivity). Outsider Art events are currently conducted in Europe and the United States.

Arts for Freedom is NOT Outsider Art and it is more than a thesis and 8-artist exhibit. Arts for Freedom is modeled after Riverside County’s successful Art Works program. **Arts for Freedom adopts elements from outside the mental health system and introduces new approaches not applied before in Stanislaus County.** Arts for Freedom honors a more holistic approach to well-being, strengthens developmental assets to help participants thrive under stressful life

circumstances, and welcomes participation by those struggling with co-occurring issues related to substance abuse and mental illness, but Arts for Freedom *does not focus on mental illness*. Our innovative strategy is to continue supporting one another as we might engage outside of the traditional mental health settings. This innovative strategy conceptualized into consumers and their family members participating within community-based projects that are open to all, with no labeling of anyone as mentally ill.

Program Design:

A free public art gallery is open three days a week, including Saturdays. The gallery houses artwork of all media types. The consignment art gallery, provides opportunities for artists to showcase and sell their work. Thirty percent of the proceeds from sold items are returned to the Arts for Freedom treasury to assist in the ongoing sustainability of the program and becoming self-sufficient. A focus group of artists and community representatives were convened to determine consignment shop protocol and pricing.

Arts for Freedom continues to make an unprecedented shift in the way mental health consumers and their family members are seen by other community organizations and business associations.

Now, instead of looking to “the system” or the community for services, Arts for Freedom participants offer their services, give of themselves, build collaborative relationships and improve the overall image of all who are served.

Arts for Freedom is a clearinghouse that offers volunteer, artist and educator services to its partners for collaboration on city-and county-wide projects. Positive activities benefit not only participants and their family members but also provide a service for the ‘greater good’ of the whole community. Using art and music as an empowerment tool, Arts for Freedom’s consignment gallery, open air festivals and anti-stigma campaigns model inclusive behavior, break down existing barriers, and results in increased opportunities for volunteers to assist with city-and county-wide events, thus creating a positive cycle of increasing community participation and collaborative support.

Arts for Freedom is a vital link in the process of reintegrating consumers into mainstream society. By simply sharing their common love for the arts, consumers find their rightful places in social networks. We are no longer people who are set aside in day treatment centers but rather become spirited community developers, capable of maintaining high personal and professional integrity as artists, educators, event coordinators and valued citizens of Stanislaus County. All of this decreases the stigma associated with the mental health system and simultaneously encourages people receiving services to connect with community-based supports that focus on their *interests, passions, and strengths* instead of their symptoms, illnesses and diagnoses. Arts

for Freedom continues to make an unprecedented shift in the way mental health consumers and their family members are viewed by other community organizations and business associations. Now, instead of looking to “the system” or the community for services, Arts for Freedom participants offer their services, volunteer their time and build collaborative relationships which improve the overall community image of those who are served.

Project Effectiveness:

A. Increase quality of services, including better outcomes for individuals of all ages:

Arts for Freedom project has a mission to emphasize what people can do rather than what they cannot do through artistic expression and in support of artistic pursuits.

- Peer Recovery Art Project’s approach is different; we jump right into community. We do this by combining two missions into one: supporting people in recovery, and revitalizing public spaces, especially the downtown core of Modesto’s business district. People in recovery do the work of revitalizing these spaces and, through their work, pose the question: “Who is responsible for taking care of our community?” Our answer: “Everybody, including us.”

B. Adoption of elements from outside the mental health system to introduce new approaches not previously applied in Stanislaus County:

- Focus is not on mental illness but on the use of a holistic approach to well-being of the first consumer/family member-developed and driven consignment art gallery.

Changes during Implementation:

Program start-up required more time and effort than expected.

In order to operationalize the program and basically open the gallery, we had to start a new business from scratch. Careful research and thought were required to select the best, most cost-effective financial recordkeeping, timekeeping and payroll systems; to acquire insurance coverage; to develop an Employee Handbook containing all necessary personnel policies and procedures; to create forms and policies/procedures for accepting art, organizing exhibits, and running the consignment shop as well as the gallery; and to recruit, train, reward and retain volunteers. To overcome these problems, the Peer Recovery Art Project, Inc. Board began to meet more frequently to discuss options and make decisions. We hired part-time staff. In addition, staff and interested volunteers began to meet twice a month to develop gallery programming, discuss and resolve problems, establish schedules and deadlines, and to delegate tasks and responsibilities to lead individuals to more equitably share the ongoing workload. It is difficult to start up and run a small business with such a small staff, all working part-time. There are numerous details and requirements to attend to.

Worker's Compensation coverage costs continued to be much higher than we anticipated and projected for the budget. Until we established payroll history to verify our need for substantially less coverage, our monthly premium continued to be high. In following two years our insurance agent was able to lower our cost.

We have had difficulty securing volunteer or low-cost support for grant writing and statistical analysis. When administering both pre-and post-tests, it is often difficult to locate and engage all of the original respondents. Our original survey collection methods tools did not take into consideration the level of actual involvement in our program for each of the pre and posttest participants. We had to adjust our methodology and our expectations as we continue the process.

What Was Learned:

The hypothesis of Arts for Freedom and the contribution to learning from implementation of this program is:

Would building a welcoming and inclusive community that provides opportunity for those with a mental illness to step away from and not be their illness while working (and learning) side by side with others, increase self-esteem, promote recovery, reduce stigma and contribute to healthier and more productive members of the community who are therefore less dependent on the mental health system?

A. Mental health consumers doing artwork are known as artists rather than by their diagnoses:

- This question is asked frequently of our staff and volunteers. Even on the day when 60 mental health providers visited the gallery from outside Stanislaus County. Someone asked, "Is all this great art really done by consumers? An artist answered: We really do not know because not one is labeled and no one is segmented into any stigmatizing category. We are simply artists and Peer Recovery Art Project is an all-inclusive community service organization. We have learned that directly asking our population such a mental health-related question is not in line with our community model of inclusion. Even in our Community Rating Scale survey, we do not have a category for mental health client.

- “I met John Black and he showed me I can open those doors I always thought were locked. I met the crew and started developing relationships, something I used to fear. They all gave me hope that I can shape my own future”.
- “Love this place, helped me establish my artistic voice, I love volunteering here. Peer recovery art project helped me become a better more confident person. Thank you!”.
- “My life before Peer Recovery Art Project was going nowhere. Becoming a volunteer changed my life! It gave me hope and a reason for getting up in the morning. I was the only volunteer back then who could see the vision and when the gallery opened I was the first one hired”.
- “Made friends and found motivation and my first job ever. Met Betty Barnes (coordinator) and display lots of my art”.

B. Stigma of mental illness has been reduced:

We developed a community satisfaction report and collected close to 300 hundred responses. The survey was sent out as web link on our social media sites, filled out by patrons who came to our gallery shows or completed in one of our many outreach art and music festivals.

Q: We are pleased to have Peer Recovery Art Project's Gallery downtown

Answer Choices –	Responses –
Pleased	95.35%
Neutral	4.26%
Not pleased	0.39%

Q: I was aware that Peer Recovery Art Project is a mental health innovation program

Answer Choices –	Responses –
I was aware	77.52%
Neutral	8.53%
I was not aware	13.95%

Q: Peer Recovery Art Project's example helped improve my opinion of persons with mental health diagnoses

Answer Choices –	Responses –
Has helped to improve	70.54%
Neutral	28.29%
Has not helped to improve	1.16%

C. Participants will be less dependent on the mental health system and more productive community members:

- Information and anecdotal evidence were collected. Individual stories, genuine smiles and realization of personal achievement are most important. Our program has taken a population of people who come from a place where receiving services is all they've known and becomes a more recovery model of providing service to others. Even more importantly, peers have the opportunity to serve within their respective community. To date we have hired 10 people, who had been without a job for several years. Some individuals have multiple jobs. Artists are now "artists". Before associating with this program, they did not see themselves as "artists", but a label because of the trauma experienced within a traditional mental health setting.
- Eron P.: When Eron first volunteered, he was quiet and not very good at communicating with others. During his time at the gallery, he has learned to be more comfortable in social situations as well as to speak in front of others. This has helped him achieve goals such as being in several plays at Modesto High School and being cast in several plays at Gallo Center for the Arts. He was awarded a scholarship with the Mayor's Top Teen program.
- Moe P.: "Before finding Peer Recovery Art Project, I felt that my art did not fit in anywhere and would not be good enough for anyone. I was referred to the gallery by a friend and reluctantly came down. When I met the staff they were very welcoming and accepted my art. I was so happy to see it put in the first edition of the gallery flyer. It was amazing to know that my work was so valued. Since coming here and being in this positive environment and I've been able to improve my art skills and have also decided to improve my life. I am attending school and plan on getting my high school diploma soon!"
- James D.: "My life has taken a 360 degree turn. I meet other artists, influential people, my art work has improved and my general outlook on life is better. I have come to a place when I know there is a lot more out there to learn. I went from being in a place that was depressing but I have grown from there since joining the gallery."
- Lucas B.: Lucas was diagnosed with ADHD when he was three years old. His school career has been plagued with teachers labeling him because of this. In coming to the gallery, Lucas has been able to find an outlet for his energy by learning to do set up, help hang art tags and greet those who come in. He has

discovered he is very social and intelligent and this has helped him and his ADHD work for him in the gallery environment.

- **Elijah B.:** Elijah sees the gallery as a place where he can come and be himself without worrying about being judged. As a 5th grader who has unique interests such as cryptozoology, he is subject to bullying at school. He uses the gallery as a safe place to express himself because he can.
- **Barbara and Mairin P.:** I have worked for the gallery since September 2012. I was out of work for a while due to being pregnant with my daughter, Mairin. After having her, John Black allowed me to bring her to work with me instead of having to put her in child care at such an early age. She is now six months old and a member of the gallery family just like me.
- **Zachary S.:** Zachary is an accomplished artist and photojournalist for the Modesto Bee. He came to the gallery in October 2013 for the Cambodian Experience to show photos from his trip to Cambodia and to show a movie about the garment industry in Cambodia. Due to this, he was able to make connections with the Cambodian community. Zachary has also attended events in the community as a representative for the gallery. He will be traveling to Indonesia and will cover another story that will be showcased at the gallery in January 2015.
- **Miguel H.:** Miguel has been an artist since high school. He worked mainly with acrylic until his recent solo show at the PRAP gallery, where most of his paintings were done in oil. This is a long way from where Miguel was before becoming part of the gallery family. He had previously tried to show at other places but was told his art was not good enough to show. He then found PRAP. Besides showing his work here he has also helped create numerous community murals as well as painting many commissioned private pieces and murals.
- **Pinky P.:** Pinky came to the gallery on a recommendation from a family member in 2012. She loved the gallery so much that she used it as a place for work experience. She ended up becoming a paid staff member a few months later. She is also a very talented artist. She has become a wonderful ambassador for our program as well as moving on to become a team member at not one but two other jobs.

Continuation of Project:

Our gallery continues to grow based on the needs of the community.

Artists have contributed to all aspects of our regular and new projects. The idea for the new Good Neighbor Squad was that of a local artist who was released from a life sentence in prison under model prisoner AB 109. He's been an outstanding role model to us and one of his works of art was personally presented to Darrel Steinburg at a recognition party during the CIMH Policy Forum in Sacramento, March 2013. The new shoe shine stand was created because of this man's ability to make a worn old shoe come alive again. He and others of the population forged the connection between local business men and Peer Recovery Art Project for the sustainable model we are building.

Classic Community Murals – Part of our urban revitalization public art.

Classic murals created for all to enjoy. Modesto is known around the world for its rich American Graffiti heritage. Visitors and locals alike find the classic cars, the cruising and the hometown legends fascinating. Mural movement is collaboration between building owners, Wells Fargo Bank, Modesto View Magazine and Peer Recovery Art Project.

Maintain or possibly expand programming in our current consignment gallery and shared community space at 1222 J Street.

Open 6 days a week instead of the current 3 day per week schedule. In part to provide more volunteer options and to accommodate the number of Project YES's youth work experience placements expected this fall. Now focusing on outreach and engagement on mental health population within California's Central Region.

Expand our International Arts Exhibition into rural areas of Stanislaus County to support community-based organizations in their event productions.

Imagine a beautiful 16-foot step van rolling through town. Our traveling art gallery attracts attention where ever it goes. But wait! The best parts are inside the van and the activities provided as we roll into your special event, school rally, street fair or any venue where information can be exchanged. Our traveling gallery will have art inside the van, and under the awning or canopies "Peer Recovery Artists" will conduct live painting workshops. Just think how easy it would be to promote healthier lifestyles, workforce development, cessation of underage drinking or tobacco use (or any other message) as attendees enjoy the art. Handouts, live painting, exhibits and activities may be specifically designed to build healthier communities. This project has endless possibilities in marketing, public relations and community building.

Expand our Healthier Community Arts Initiative's Good Neighbor Squad.

Peer Recovery Art Project would like to build on our successes as a volunteer training ground and employee referral service for Stanislaus County businesses. Our program has attracted the traditionally underserved, hard to reach and under-employed across all demographic groups in Stanislaus County. Anyone who wishes to may become part of our volunteer crew. We want to

continue to connect volunteers with community projects and local businesses. We want to build stronger partnerships with the Stanislaus County Office of Education, Project YES in Ceres, and with youth leadership organizations in outlying regions of the county. We hope to develop programming to improve social skills, employment skills, and customer relations skills in a retail setting.

Peer Recovery Art Project offers two career development pathways: Trained gallery volunteers may advance into paid part-time positions; others who develop skills may find sustainable employment options outside the gallery.

We want to provide creative ways for peer-to-peer mentoring to help people help themselves as artists or musical entrepreneurs. We would use our gallery setting as a magnet to attract candidates from older adult and assistance-dependent populations as well. By offering volunteer options we can identify the gifts and interpersonal qualities these individuals offer and increase their self-esteem by recognizing their value as a team member. Our gallery offers on-the-job training in positions such as retail clerk, data collector, and data entry operator, as well as experience developing the social and soft employment skills needed to succeed in the workplace.

Summation: Community Partner

Arts change the world, arts change our community, and arts change people.

The Peer Recovery Gallery changes people, brings people together and teaches us all that we can all be included. Art is for all people, those that are trained to those that need a hand, those in recovery and those returning to our community as well as those who do art for a career.

John Black, himself a person of recovery, has guided Peer Recovery so that it has changed Modesto. Peer Recovery has created a new art and community zone on J St in downtown Modesto. Peer is giving people a chance that have been unseen before and may not have ever considered art as a path to community reengagement Peer Recovery has brought the visual, musical, created and performance art worlds together in a place that is for all, for the young the old the new. Peer Recovery has changed the way we look at art and those that are reentering mainstream life, from mental health, from dependency or any other type of illness that may have a stigma in our community.

These people are all included, and partnerships are important. Artists are paid for their work, arts and jobs that are missing in our community are created like shoe shine, team labor, sound and music stages, street fairs, and mental health services.

Peer Recovery has teamed up with ModestoView to create Classic Community Murals and has now delivered 9 murals celebrating our community, history and traditions. Peer as teamed up

with Wells Fargo and other for a mobile community arts vehicle that travels to many of our local festivals, schools and events to create arts outreach. Peer has teamed up with Modesto View Magazine, Stanislaus Magazine, Project Yes and the Good Neighbor Shine group and has opened ModSpot, and new arts community space. This will transform Modesto for years to come, and bring people from all parts of the arts community together.

Please consider Peer Recovery for your Non-Profit of the Year. It will help make the goal of arts inclusiveness possible in the greater Modesto area.

Thank you,
Chris Murphy, ModestoView
209-534-1704

Facebook Peer Recovery Art Project

2014 Chapters

Introduction

(changed cover photos) 14 of total 63 as of Sept. 19, 2014



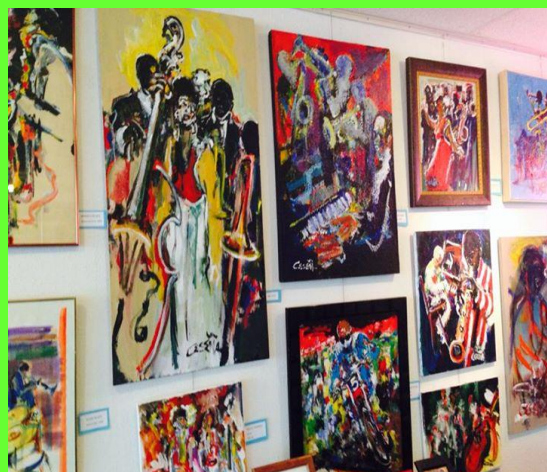
Facebook Peer Recovery Art Project



Facebook Peer Recovery Art Project



Facebook Peer Recovery Art Project




Artists

Sergio Soto

Facebook Peer Recovery Art Project

KOOL DRAWINGS
AN ART CLASS WITH ARTIST SERGIO SOTO



Come learn how to draw and create amazing works of art! Learn new techniques! It's Free and supplies are provided! Donations Appreciated!

Sergio Soto is a professional artist. He is currently completing the bachelors program at the Art Institute of Sacramento.

Dragon's Lair by Sergio Soto 2010

Every other Saturday
Dates are: August 16, 30, September 6, 20, October 4, 18, November 1, 15

Class time 1:00pm-3:00pm
Where Peer Recovery Art Project
1222 J Street Modesto CA
Corner of 13th and J

Contact us: 209 581-1695
arts4freedom1222j@yahoo.com
www.peerrecoveryartproject.org

James Devlin

Facebook Peer Recovery Art Project



Anna McCuistion: Miniatures at Huntley House



Talented Poets (Video - 4:28)

https://www.youtube.com/watch?feature=player_embedded&v=CDAesgW4zzM

Creating: An Artist in Action

Facebook Peer Recovery Art Project



Ed Cesena (300 pieces): An Artist Showing



Call for Artists

Facebook Peer Recovery Art Project

Taste of McHenry Village (4th year in a row): A Call for Artists



In Support of Go Red: A Call for Women Artists



Events

Facebook Peer Recovery Art Project

Modesto Architecture Festival: 45 artists (7 photos)



Grand Art Walk: August 21 (4 photos)



Modesto Grand Prix: August (11 photos)

Facebook Peer Recovery Art Project



Modesto Art Walk (Video: 1:16 minutes)

https://fbexternal-a.akamaihd.net/safe_image.php?d=AQBdOCdeailLDBCch&url=https%3A%2F%2Ffbcdn-vthumb-a.akamaihd.net%2Fhvtthumb-ak-xaf1%2Fv%2Ft15.0-10%2Fs526x296%2F1976357_10152376293745819_10152376289820819_58670_355_b.jpg%3Foh%3D89057f01b2820bd878c57fb128bcd323%26oe%3D54879B2B%26_gda_%3D1422814527_f3c30a1c29e337283593a53363a05582&jq=100

60's-driven : seating, eating, rockin', May 21 (10 photos)



Each Mind Matters: <http://youtu.be/OgBBX8Ag-6w>

Facebook Peer Recovery Art Project



Collection of Project Activities: May 4 (9 Photos)



Modesto Khmer New Year: April 13 (30 photos)



'Tools for Change': Peer Review

<https://www.youtube.com/watch?v=pVS7Q6zT9wo&feature=share>

Facebook Peer Recovery Art Project



Day of Hope



Tools for Change Anti Stigma March: San Francisco

(Video: ?? minutes)

https://fbexternal-a.akamaihd.net/safe_image.php?d=AQCXshvIRhI8nfXU&url=https%3A%2F%2Ffbcdn-vthumb-a.akamaihd.net%2Fhvtthumb-ak-xpf1%2Fv%2Ft15.0-10%2Fp526x296%2F1976355_10152115844030819_10152115841745819_25854_1272_b.jpg%3Foh%3D7d9cfd877aa11c19a15eec115a6caccb%26oe%3D548590F7%26_gda_%3D1422611508_3c2f4d884_10121e1501cef3d3d380eae&jq=100

Bowl Benefit: Second Harvest Food Bank Donation (20 photos)

Facebook Peer Recovery Art Project



Black History: DRAIL Event



CASRA: A 'Peer Recovery Art Project' Presentation

<http://www.casra.org/conference.html>

Facebook Peer Recovery Art Project



[California Association of Social Rehabilitation Agencies: www.casra.org](http://www.casra.org)

Bowl Benefit: Empty Bowl Painting (21 photos)



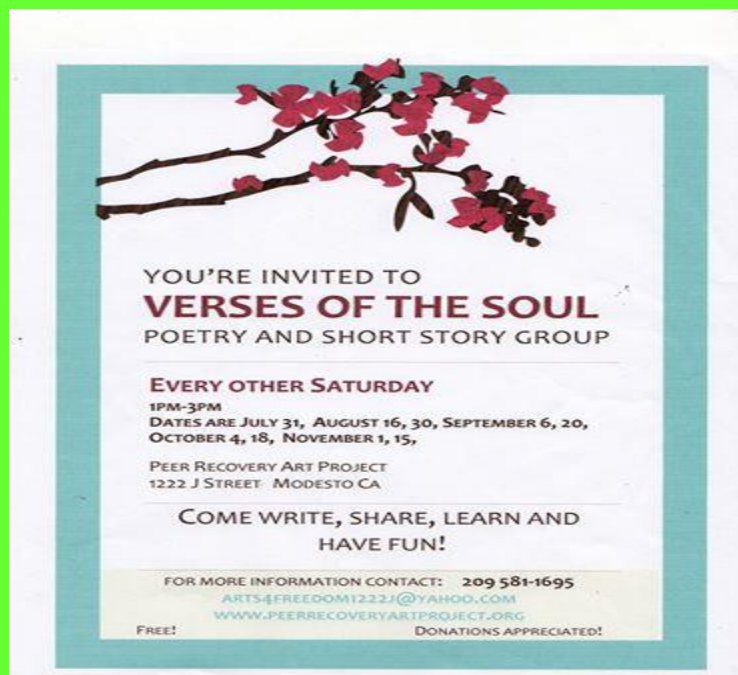
3rd Year of Operation: Peer Recovery Art Project (24 photos)

Facebook Peer Recovery Art Project



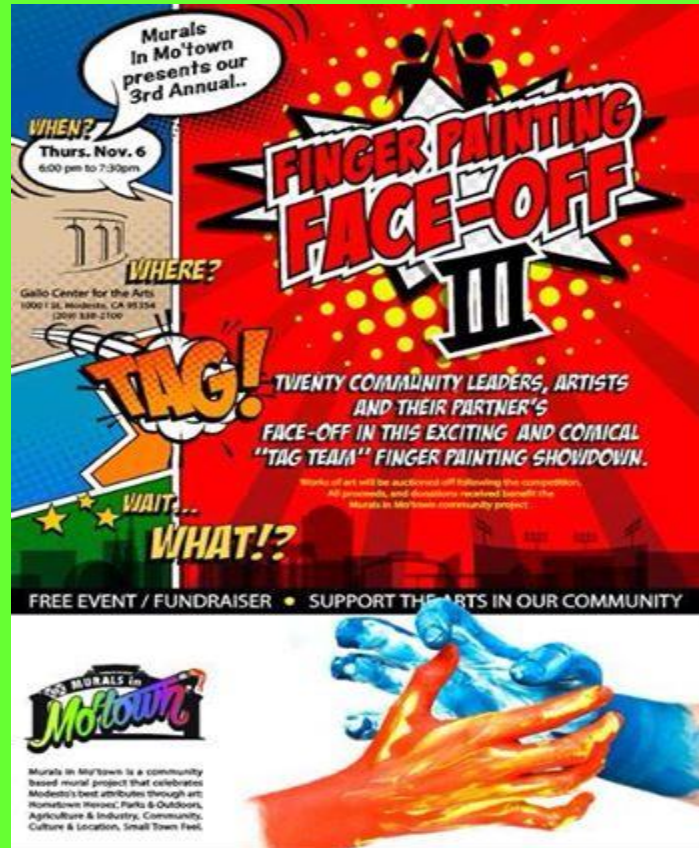
Media

Amy Soto: Join Us for Poetry Class



Facebook Peer Recovery Art Project

Fundraiser: Finger Painting Challenge



Miniatures on Display



News Blogging: 'West of the Rockies' (Video: ?? minutes)

Facebook Peer Recovery Art Project

<https://peerrecoveryartproject.wordpress.com/>

Newsletter Collection: ISSUU: Digital Publishing

<http://issuu.com/peerrecoveryartproject/docs>



Support Strut Performing Arts: A Celebration of Graffiti



Attracting World Class Talent: A Solution Towards Social Inclusion

Facebook Peer Recovery Art Project



Youth Group: Are you looking for something to do – during the summer?



The Hue Crew

Young Artists Group(14 to 20 years old)

Meeting on June 6th, 2014 @ 2:00pm

1222 J St, Modesto Ca

Come join us!

Get involved with:

- Community based projects
- Gallery bases projects
- Volunteer opportunities

The Hue Crew at the Peer Recovery Art Project Gallery has the goal of creating opportunities for young adults to become involved in the community and to help create positive role models for other youth in through art and community involvement.

Looking for:

- Artists in any medium
- Dancers
- Singers
- Writers
- Photographers
- Film
- Musicians
- Fashion
- Any Art Form!!

For more information please email us at thehuecrew@hotmail.com or text Barbara @ (209)303-9876

Block Party: Peers Speak Out for Hope

Facebook Peer Recovery Art Project



Peers Speak Out For Hope Block Party: JOIN US!

Capitol Bound: May 10




Sacramento: An Opportunity to Show Art and Play Music



Sergio Soto: Poetry Added to Art Class

Facebook Peer Recovery Art Project

**KOOL DRAWINGS
WITH ARTIST SERGIO SOTO**



**Come learn how to draw
and create amazing works
of art! Learn new
techniques using markers,
colored pencils, pencils,
and crayons!**

Sergio Soto is a professional artist. He has been drawing ever since he could hold a pencil. He has won numerous county contests. He is currently in the bachelors program at the Art Institute of Sacramento.

Dragon's Lair by Sergio Soto 2010

**Class Starts April 19, 2014 and
continues every other Saturday**

1:00-3:00pm **1222 J Street Modesto, CA 95354**
Corner of 13th and J Street

Contact us for more information

Peer Recovery Art Project Inc
1222 J Street Modesto Ca 95354
arts4freedom1222j@yahoo.com

Open Thursday -Saturday 11-5:30pm
(209) 581-1695
www.peerrecoveryartproject.org

Peers Speak: Come Join Us April 10th

We are throwing an amazing educational showcase of Stanislaus County peer program. 1 in five people will be diagnosable with a mental health issue. Families need to know what works for peer support, law enforcement, students and in clinical settings.

In Partnership with **Working Well Together**
"A Technical Assistance Center"

PEERS SPEAK: Promising Ideas, Concepts and Designs

An Evening with Outstanding Poets: Join Us!


Facebook Peer Recovery Art Project



88 people were in Attendance





Miquel Herrera Dominiguez

**PEER RECOVERY ART
PROJECT GALLERY**
PRESENTS
MIGUEL HERRERA DOMINGUEZ



6pm April 19th, 2014
1222 J Street Modesto, California 95354

SPONSORS

 zongavids.com	 algranotalks.com	 (209)538-5899	 (209)578-1580
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Bowl Painting: Donations to Second Harvest Food Bank

Facebook Peer Recovery Art Project



Now Showing – Year 3 at J Street: Peer Recovery Art Project

Peer Recovery Art Project's
Arts for Freedom, Consignment Gallery



January 2014 Solo Exhibit
Award-winning artist,
Ed Cesena

1222 J Street Modesto
Thursday-Saturday 11am - 5:30pm
ART WALK Reception 5:30pm - 9pm
Call or Text 209 581-1695
peerrecoveryartproject.org

COMING SOON
FEBRUARY 2014
WOMEN OF THE ARTS
FOR HEALTHY HEARTS
ARTISTS WELCOME

Arts for Freedom is sponsored by
Stanislaus County
Board of Supervisors
and Stanislaus Behavioral Health
and Recovery Services

Mobile Gallery

Facebook Peer Recovery Art Project

Community event: April 20 (6 photos)



Murals

Mural Dialogue (Video: ?? minutes)

Mural controversy: Not

<http://origin.library.constantcontact.com/download/get/file/1102589984727-1659/Classic+Community+Murals.pdf>

California Mural Movement

Facebook Peer Recovery Art Project

Mural movements are uniting California artists, communities and Peer Recovery Art Project put Modesto on the map. Why not pick an artist find a wall and be part of solution!!

<http://www.calpams.org/routes.html>



Mural Routes of California

www.calpams.org

Community Pride, Community Wide!

<http://www.healthiercommunityartsinitiative.com/murals.html>



Patterson: Mural Skate Park Project (6 photos)



Music

Post Exclamation Festival Day (Video: ?? minutes)

https://fbexternal-a.akamaihd.net/safe_image.php?d=AQCB6LUHc2UeMEpq&url=https%3A%2F%2Fbcdn-vthumb-a.akamaihd.net%2Fhvthumb-ak-xpa1%2Fv%2Ft15.0-10%2F10442781_10152448907080819_10152448906135819_32126_1578_b.jpg%3Foh%3D7248de4b3634125b0c23b54aa562672f%26oe%3D54C97CC3%26_gda_%3D1418834436_7e42dc227e706bb85c653f3d788516ba&jq=100

Modesto Unplugged

Facebook Peer Recovery Art Project

Modesto Unplugged Music Federation presents:



Folkgrass duo
OTTER CREEK
4-time Utah State
Champions
(banjo, fiddle & mandolin)
5-time Intermountain Acoustic
Music Association People's
Choice Award winners

and

Nashville
country-pop starlet
**TARA
TINSLEY**



Sunday August 24, 2014, 3:00 PM
Peer Recovery Art Project
1222 J St., Modesto
\$10 donation at the door

Modesto Grand Prix: Sneak Preview



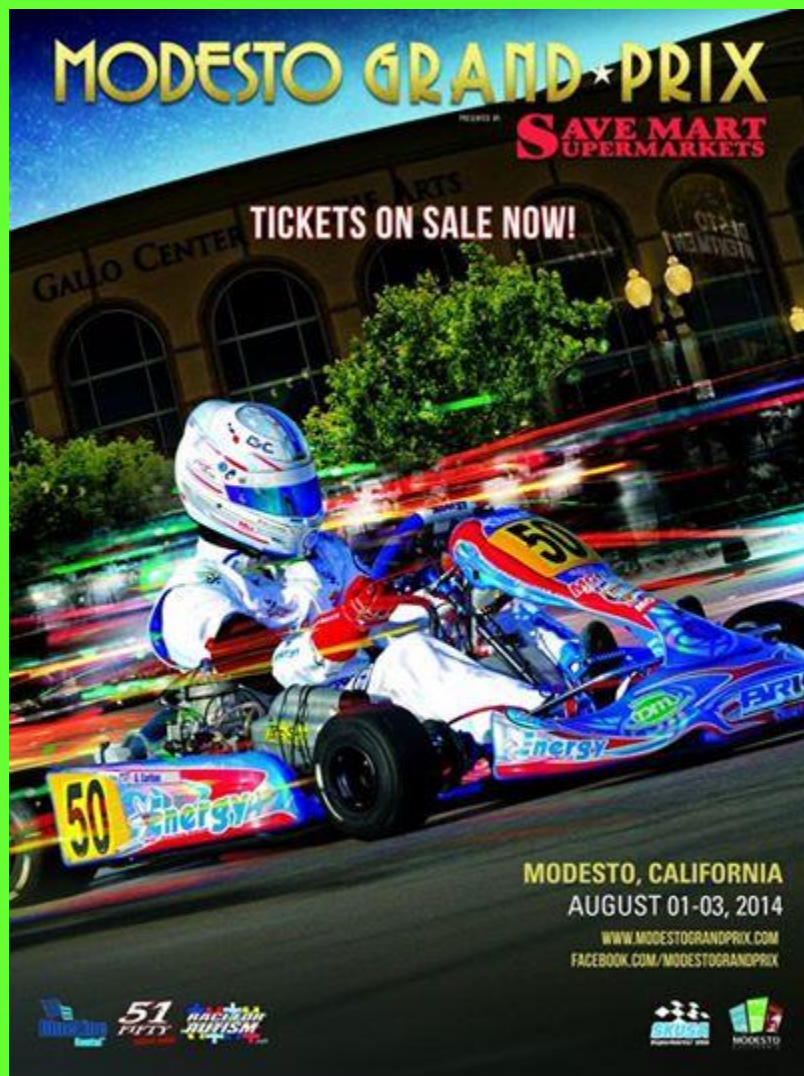
Inspiration for 'Working Well Together'

Facebook Peer Recovery Art Project

"Coming together is a beginning,
staying together is progress,
working together is success."
Henry Ford



Modesto Grand Prix: Tickets on Sale



Good Neighbor Squad: Says “Thank you for the Opportunity”



Peers Speak: Book It Now

Facebook Peer Recovery Art Project

https://www.eventbrite.com/e/peers-speak-promising-ideas-concepts-and-designs-tickets-10900362277?utm_campaign=order_confirm&ref=emailordconf&utm_medium=email&utm_source=eb_email&utm_term=eventname

Empty Bowl Benefit: Second Harvest Food Bank



Annual Bowl Painting Open House Celebration
Jan 18, 2014
1222 J St Gallery
11am till 8pm

LIVE MUSIC
REFRESHMENTS
NO FEE TO PAINT

PeerRecoveryArtProject

Empty Bowls Benefit
Hosted By
SECOND HARVEST
Food Bank

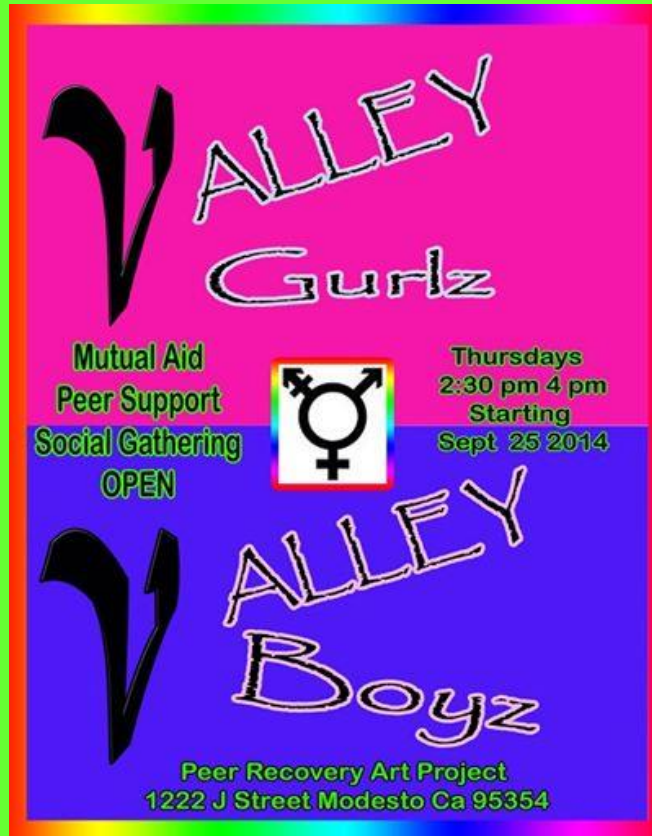
Friday February 21, 2014
Stanislaus Theatre at
The Modesto Centre Plaza
1000 L Street | Modesto, CA | 95354

\$35 per person | \$300 per table
\$500 Sponsorship
(includes table and advertisement in program)

Partnerships & Sponsors

Facebook Peer Recovery Art Project

Community Collaboration: 'Working Together' Model



Facebook Peer Recovery Art Project

Community Service Arts Organization: July 22 (3 PHOTOS)



Projects

Youth Group: Community Volunteer Opportunities



Facebook Peer Recovery Art Project

Speaker's Training: September 17 (15 trained, 40 speeches last quarter)



Community Outreach Campaign Team



Facebook Peer Recovery Art Project

Rural Outreach Campaign (6 photos)



Good Neighbor Squad – ‘Get Your Shine On!!’ (6 photos)



15 Trained Speakers, 40 Speeches last quarter {as of July (Video: 1:00 minute))}

Facebook Peer Recovery Art Project

https://fbexternal-a.akamaihd.net/safe_image.php?d=AQAq340A82A64LKX&url=https%3A%2F%2Fsjc.xx.fbcdn.net%2Fhvtthumb-xpa1%2Fv%2Fi%2Ft15.0-10%2Fs526x296%2F10442623_10152354812160819_10152354805925819_45806_2060_b.jpg%3Foh%3Dc7dbdf559ce52d52de30f1ef2746ab87%26oe%3D54959C36&jq=100

Peers Speak Out for Hope (9 photos)



Sites

Hughson Concert (Park #2 and Fox Rd.) 43 photos)



A Place Called – Home (1222 J Street Gallery)

Facebook Peer Recovery Art Project



Visit these sites {and click on the following links}:

Healthier Community Arts Initiative

- <http://www.healthiercommunityartsinitiative.com/>
 - See Links for
- **Classic Community Murals**
- **Peer Recovery Art Project**
 - Click on mailbox {upper right corner}
- **Newsletter & Community Reports**
- <http://issuu.com/peerrecoveryartproject/docs>

Mission:

The Peer Recovery Art Project, is our continuous campaign to end stigma, revitalize downtown areas, while implementing new strategies for an all-inclusive and therefore healthier community.

Community Movement For Community Improvement

Gala Oct 28 2014

Thanks for the Opportunity
to Introduce

Our Truly Unique, Award-Winning
501 (c) 3

Community Service Organization



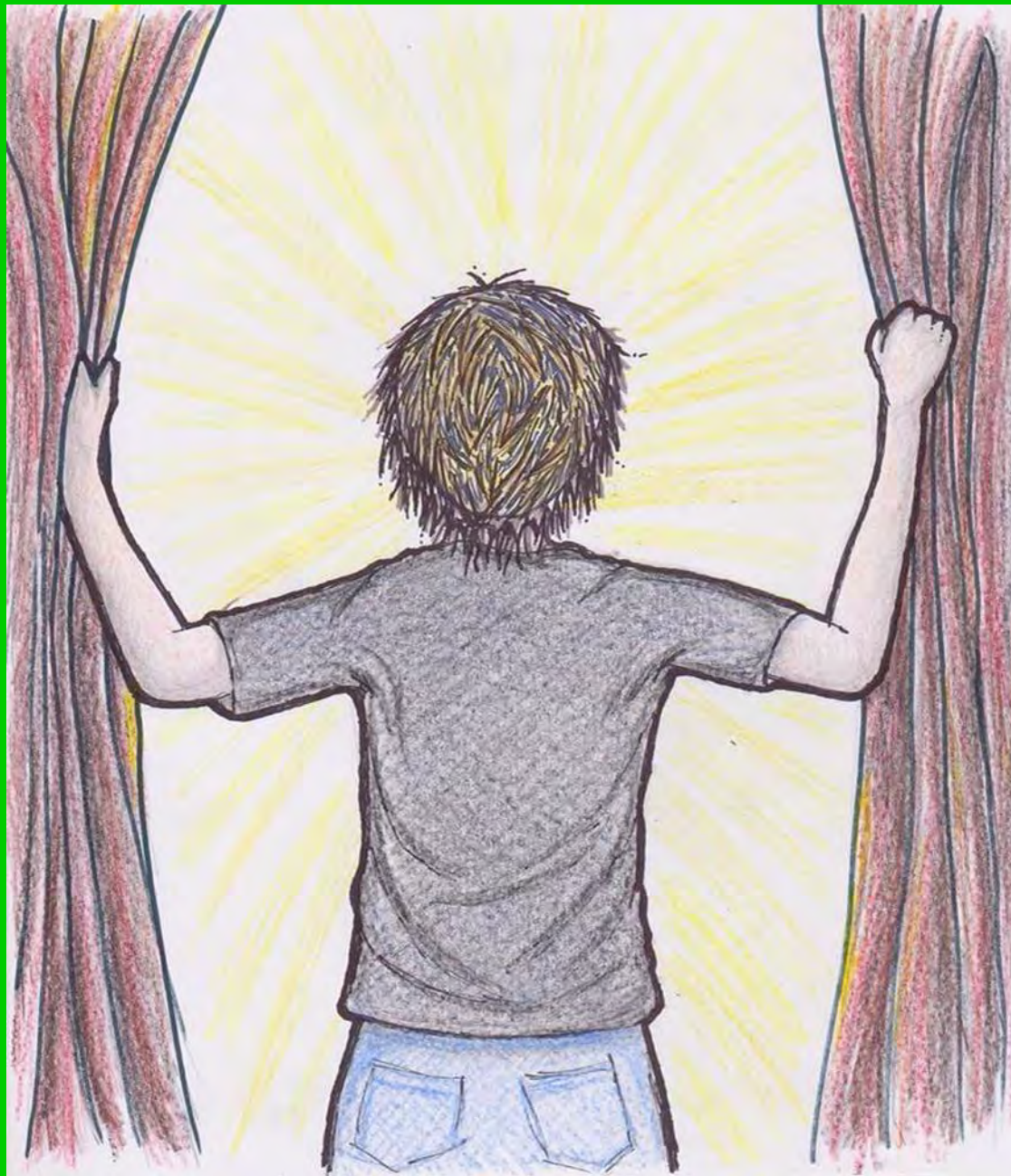
PeerRecoveryArtProject

Core Concepts

- How to start Art movement before funding it
- Steps to establishing a 501 (c) 3 small business model: Independent organization
- Skilled in the “all inclusive” social connection model
- Skilled in a community service model of stigma reduction (Gift Exchange)

Remember how you felt when
you found:

HOPE



Who We Are!

- The Peer to Peer Recovery Art Project, Incorporated (PRAP) is an informally networked "street team" that promotes special events that offer community-based awareness, mutual aid, and support.
- It is an art collaborative in which some of the contributing artists may have lived experience as mental health consumers. Their art may reflect that experience, but the emphasis is on respect of the art.
- There are dozens of people supporting and networking within the Art Project to end stigma. The project was founded and is driven by consumer activists who prefer to be known simply as artists.

OUR BOARD

- John Black - Founder, CEO, Operations Manager
- Ken McCall - CFO, Guidance, Support
- Carol Jo Hargreaves - Corporate Secretary, Editor

Leadership Team

- Betty Barnes, Arts for Freedom Program Coordinator
- Linda Hornsby-Black, Special Projects Manager
- Jodi Mc Clure, Bookkeeper

First Gathering of PRAP - Modesto Blues Festival, Graceeada Park, 2007



WHAT WE DO!

Our program is successful in:

- Connecting isolated individuals to an existing community in ways that help the individual become part of the community
- Connecting isolated individuals to each other so they become a community
- Working with an existing community so that it becomes stronger and better able to meet the needs of its members

Peer Support, Mutual Aid





Art and Music Festival, BHRS



WE WANT TO HELP!



MISSION STATEMENT

Peer Recovery Art Project, Inc., is our continuous campaign to end stigma, revitalize downtown areas, while implementing new strategies for an all-inclusive and therefore healthier community

Art on the Plaza





MHSA Innovations
Community-Driven Project
Peer Recovery Art Project, Inc.

ARTS FOR FREEDOM

BE CAREFUL WHAT YOU ASK FOR!



Operationalize







WELLNESS • RECOVERY • RESILIENCE

Small Business Model

Banking, Payroll, Taxes and Reports



Employee Accountability : Online Time Cards

Clockspot.com

Build



Community Welcomed



Community Inclusion



Stigma Reduction

Gala Grand Opening



Community Service Gallery 2011-2014

**175
Individuals**

**1,543
Units of
Service**

**6228
Hours**

**\$4,372
Incentives
Paid**

**\$137,888
Worth**



Our Consignment Gallery Outcomes: 2012-13



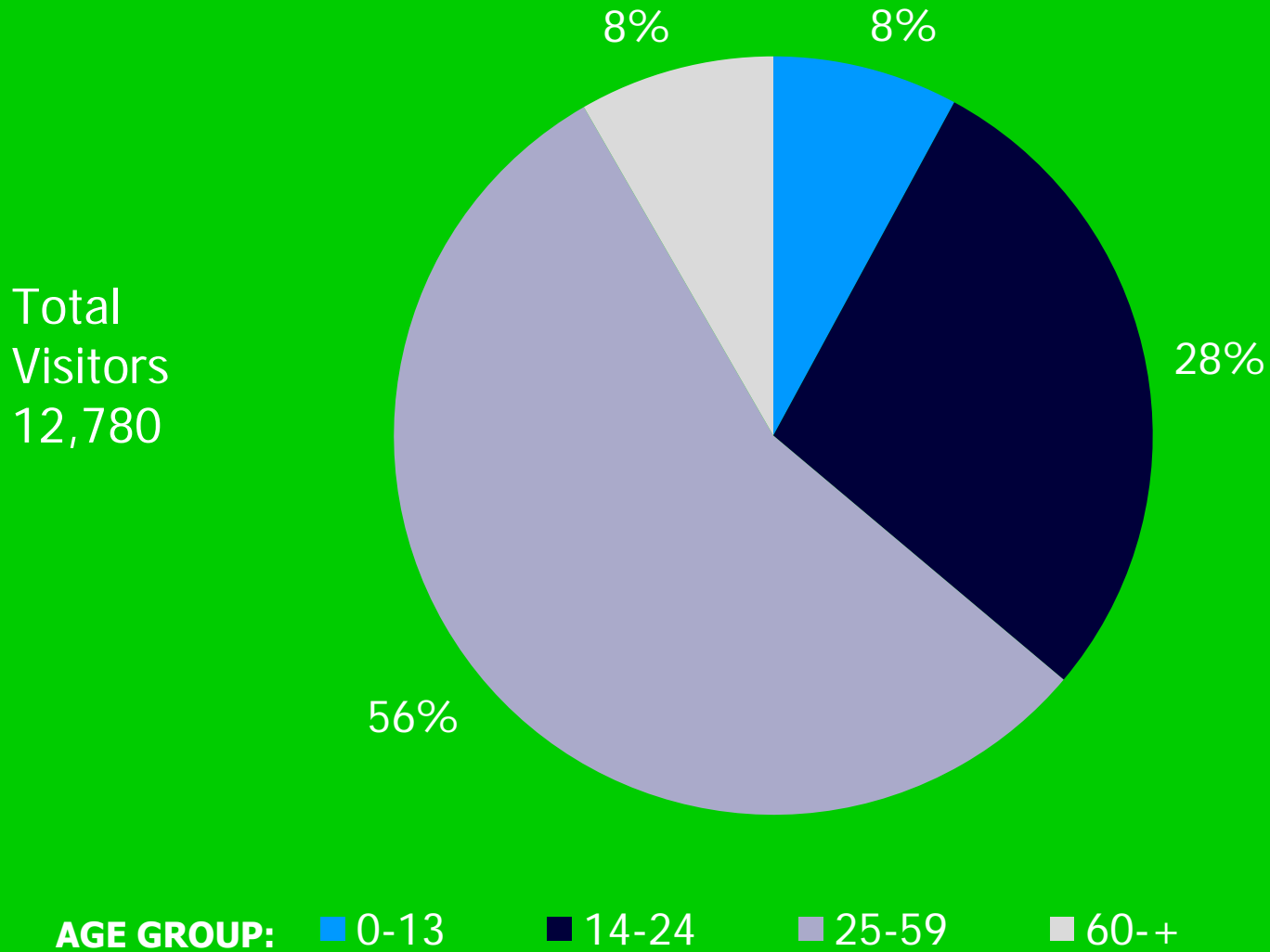


Artist : Miguel Herrera





VISITOR TRAFFIC BY AGE GROUP



Peer Support Affordable Health Care



Triple Aim

**Peers In Community :
Better Health**



**Peer Support:
Better Care**



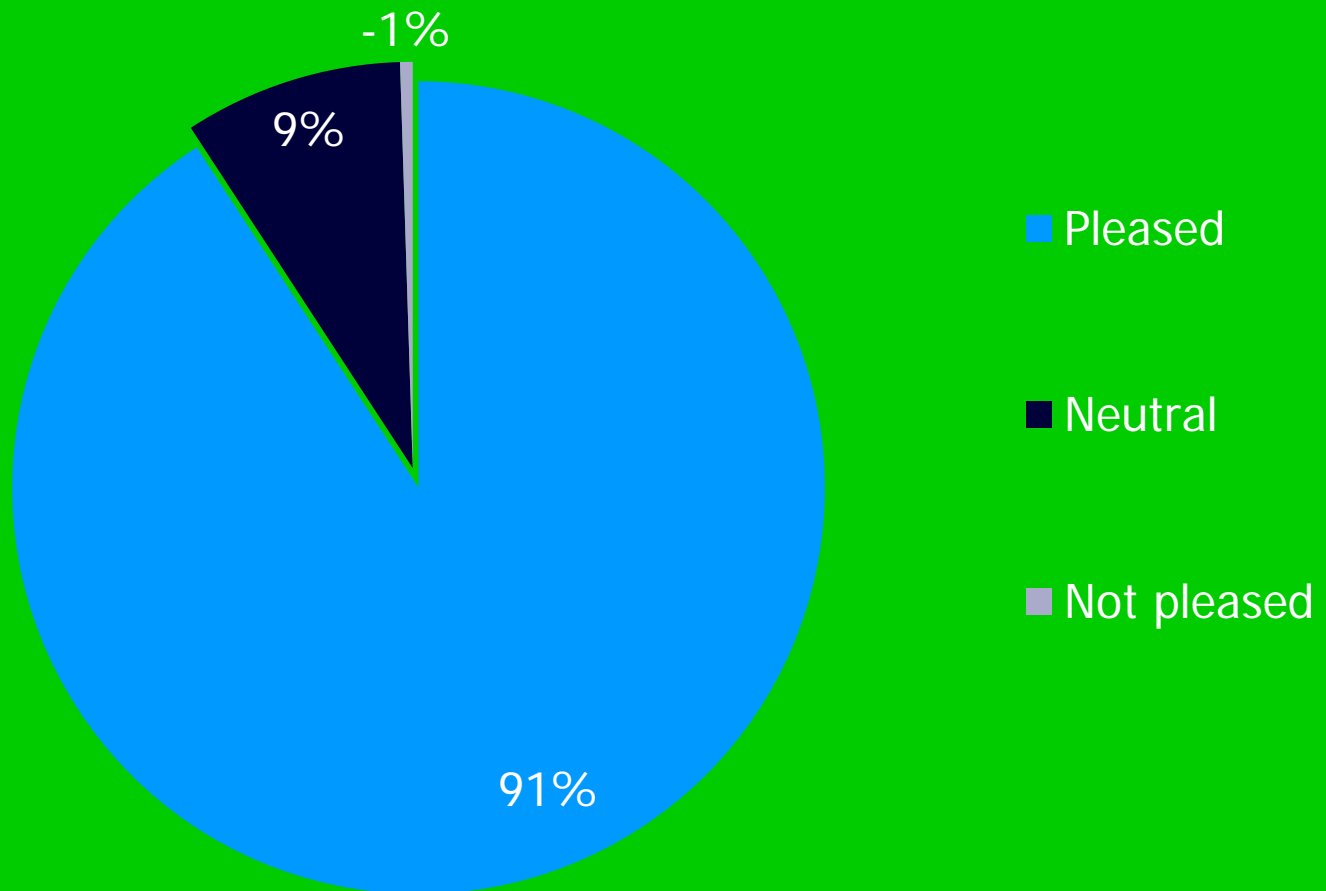
**Peer Volunteers:
Better Cost**



PeerRecoveryArtProject

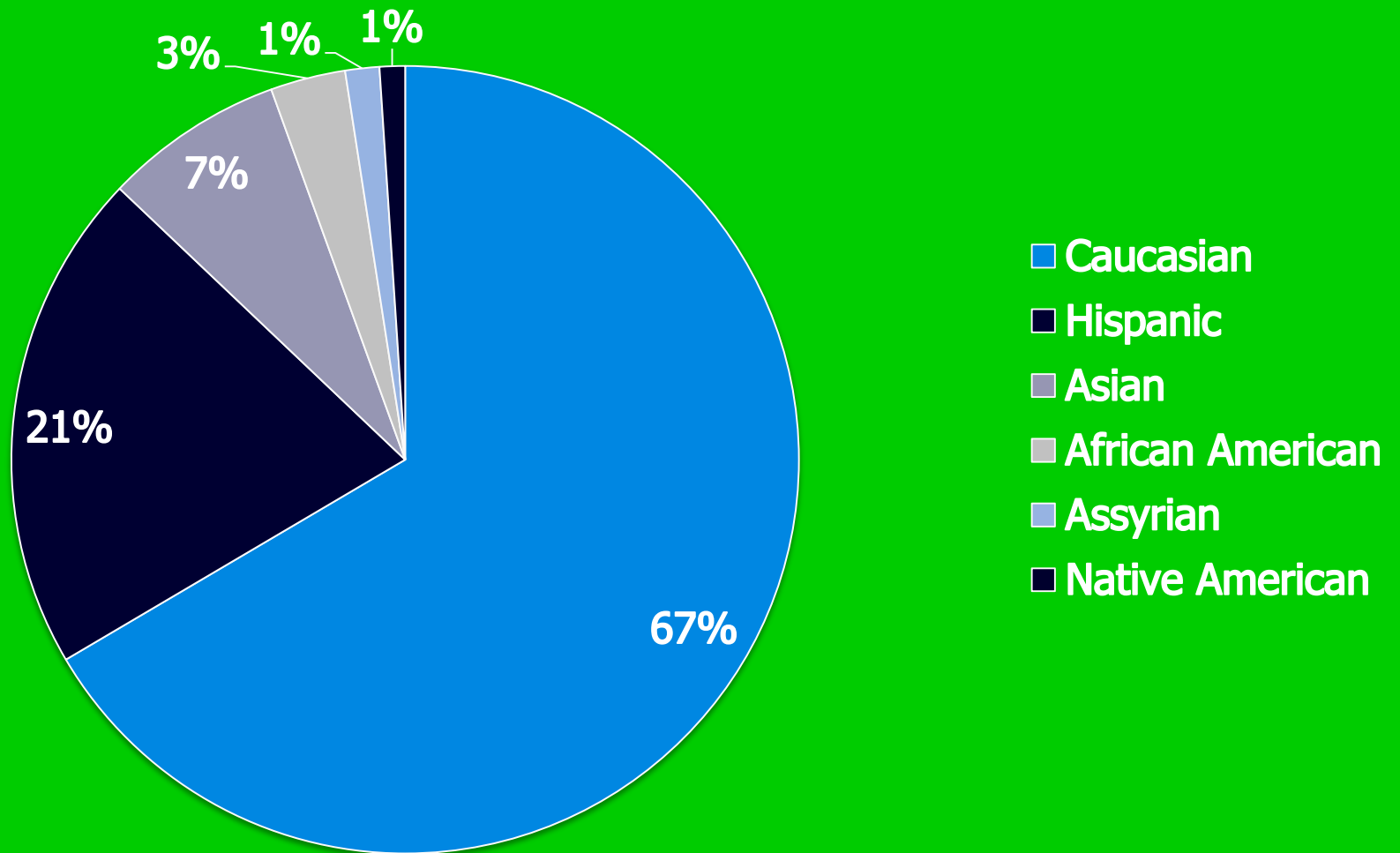
www.peerrecoveryartproject.org

I'm pleased with the Peer Recovery Art Project programing





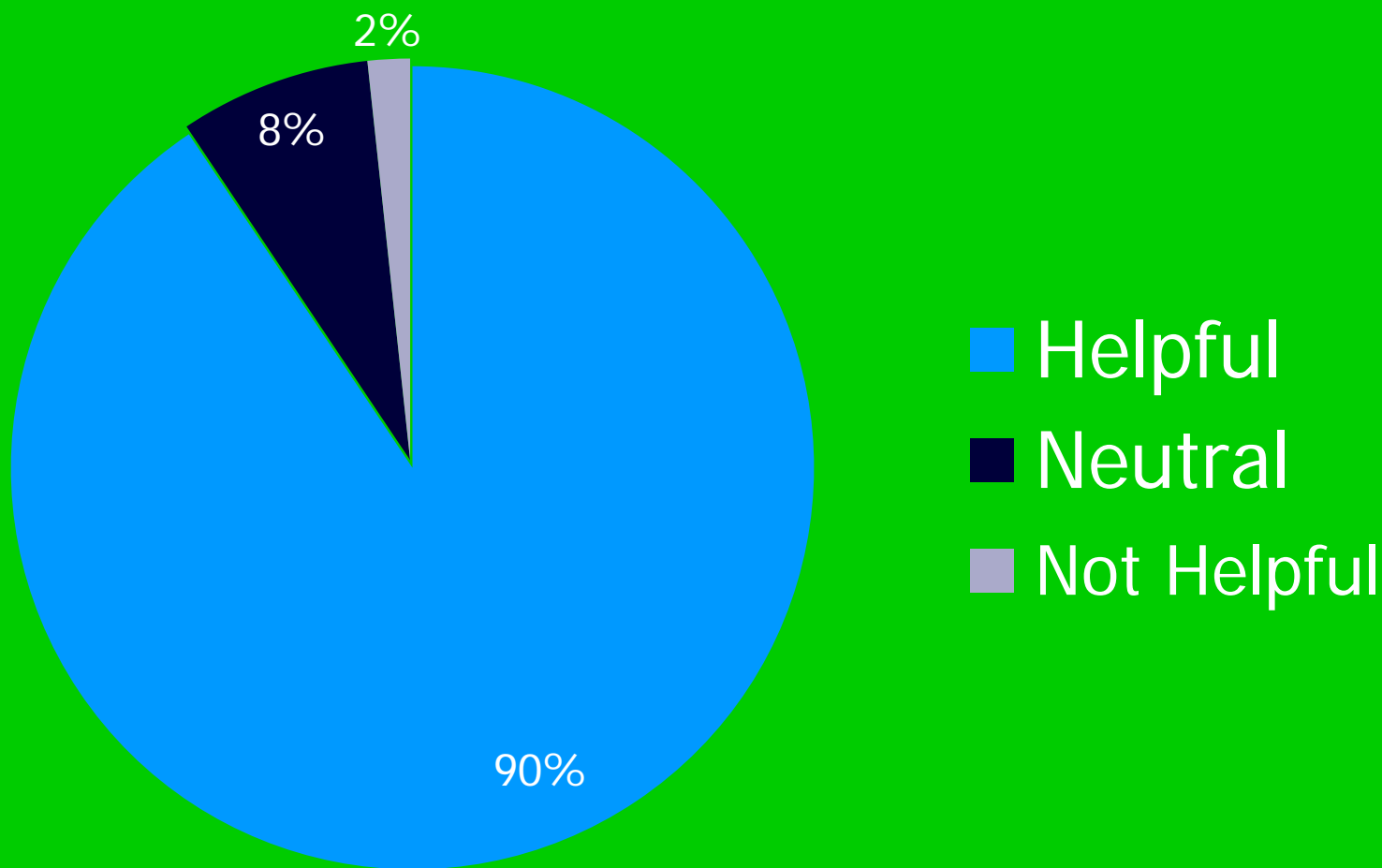
Visitor Traffic By Ethnicity







Peer Recovery Art Project staff and volunteers were helpful



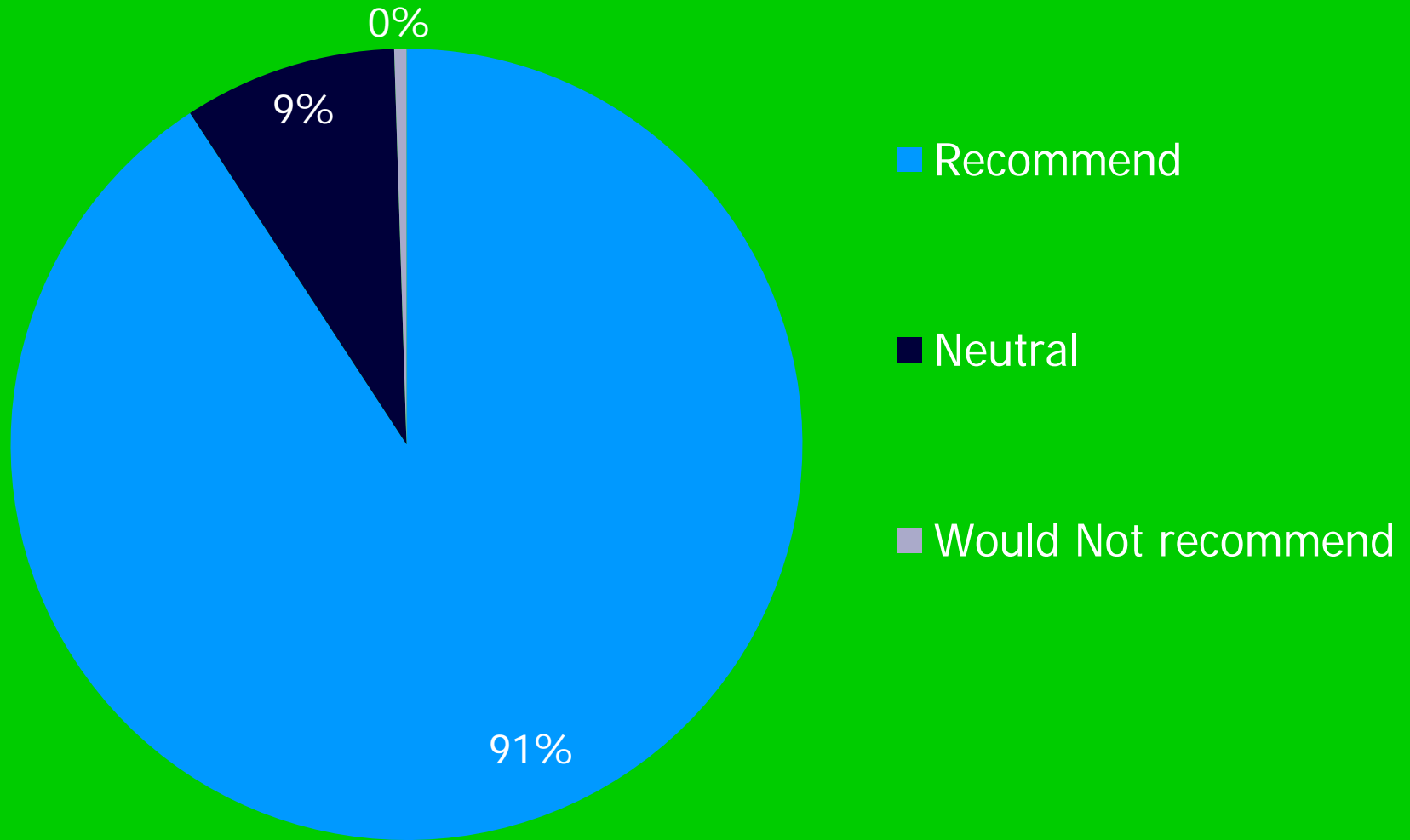
Artist: Ed Bossom



Artist: John Sams



I would recommend Peer Recovery Art Project to others



Artist : Mark Bixby



What Was Life Like Before Peer Recovery Art Project?

- 1) "It was very boring and isolative. Did not get out much and I did not have much. I felt empty and useless and lonely to the max. I had no purpose and kept going in circles in my mind." (since Dec. 12; 36 year-old female, lives with sister)
- 2) "Unfulfilled – somewhat lonely. A life of desperation!" (6 months with PRAP; 60+ year-old widower)
- 3) "I have been with Peer Recovery Art Project long before we had gallery. I volunteered setting up at art shows and doing whatever was needed to help out." (with PRAP 4 years; 59 year old family man with wife and 2 daughters)
- 4) "I spent most of my time trying to get high on something or just doing absolutely nothing." (with PRAP more than a year; 19 years old, being raised by grandmother)

What Happened at PRAP?

- 1) "I met John Black and he showed me I can open those doors I always thought were locked. I met the crew and started developing relationships, something I used to fear. They all gave me hope that I can shape my own future."
- 2) "I was asked to volunteer from friends who I've known for years that volunteer also."
- 3) "My life before Peer Recovery Art Project was going nowhere. Becoming a volunteer changed my life! It gave me hope and a reason for getting up in the morning. I was the only volunteer back then who could see the vision and when the gallery opened I was the first one hired."
- 4) "Made friends and found motivation and my first job ever. Met Betty Barnes (coordinator) and display lots of my art."

Artist : Pinky Patch



What Is Your Life Like Now?

- 1) "I am working on improving my physical, mental and emotional health and expanding my spiritual wellbeing. I am currently working on meeting my needs in a timely effective manner & also bugging. I am happier more relaxed and more grounded. I'm better able to deal with my stressors and I'm enjoying life to its fullest. All because I have peers support from some truly wonderful people."
- 2) "More fulfilled. Better focused from helping others. Thank you PRAP."
- 3) "My life now is full of happiness, love and a great feeling of being a part of something good in my life."
- 4) "I spend time painting and working at gallery. I got a second job now and I'm happy and clean now."

Recognized



Peer Recovery Art Project

**IS A 100 CARS FOR
GOOD FINALIST.**

Please help us win our
new car by voting on Oct 16 2013
at 100carsforgood.com



TOYOTA
**100
cars**
FOR GOOD

VOTE FOR



OCT 16

 **TOYOTA**

**100
cars**
FOR GOOD

"the peer recovery arts project is at the forefront in the field of what works, recovery through action, through self-directed expression, through proving that mental health diagnosis says nothing about one's potential. the painted brain stands proudly behind this incredible project with a whole heart and with open arms." - dave leon, editor and director of the painted brain magazine

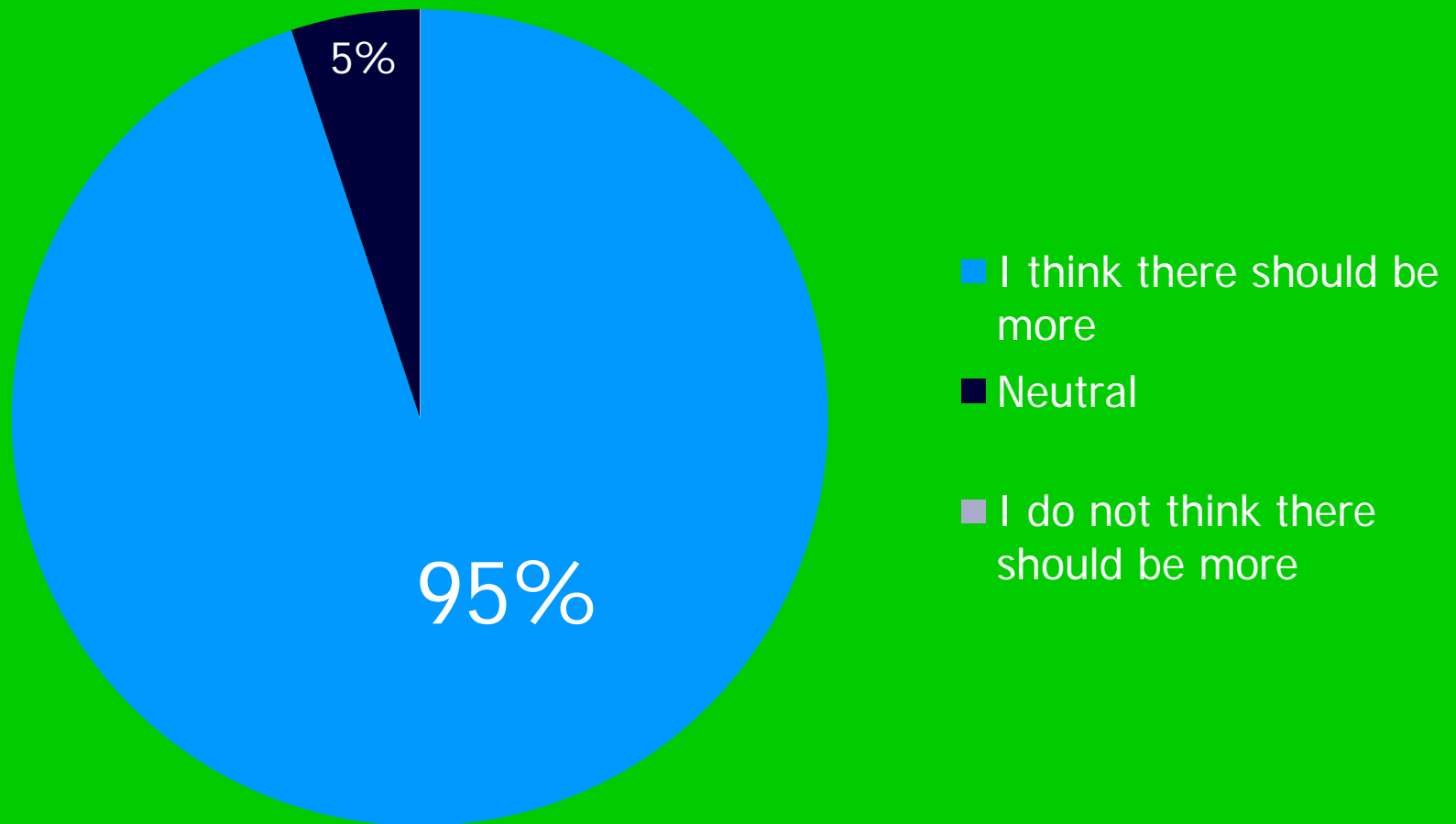
"The Peer Recovery Art Gallery is truly community based. The center is accepting of all individuals without regard to their artistic ability or community standing. The focus is sincerely one of authentic acceptance. As a member of the general public, I have been impressed by the array of services/events available. As a non-profit partner, I am astounded by the level of support the Gallery extends and the expertise of their volunteers."
Nouleng

"I have worked with Peer Recovery Art project as a catalyst, and momentum builder for many of our youth who need an outlet and alternative to programs that may not be able to or relate. Our youth have shown an interest and a desire for more creative programming as such."
Victor

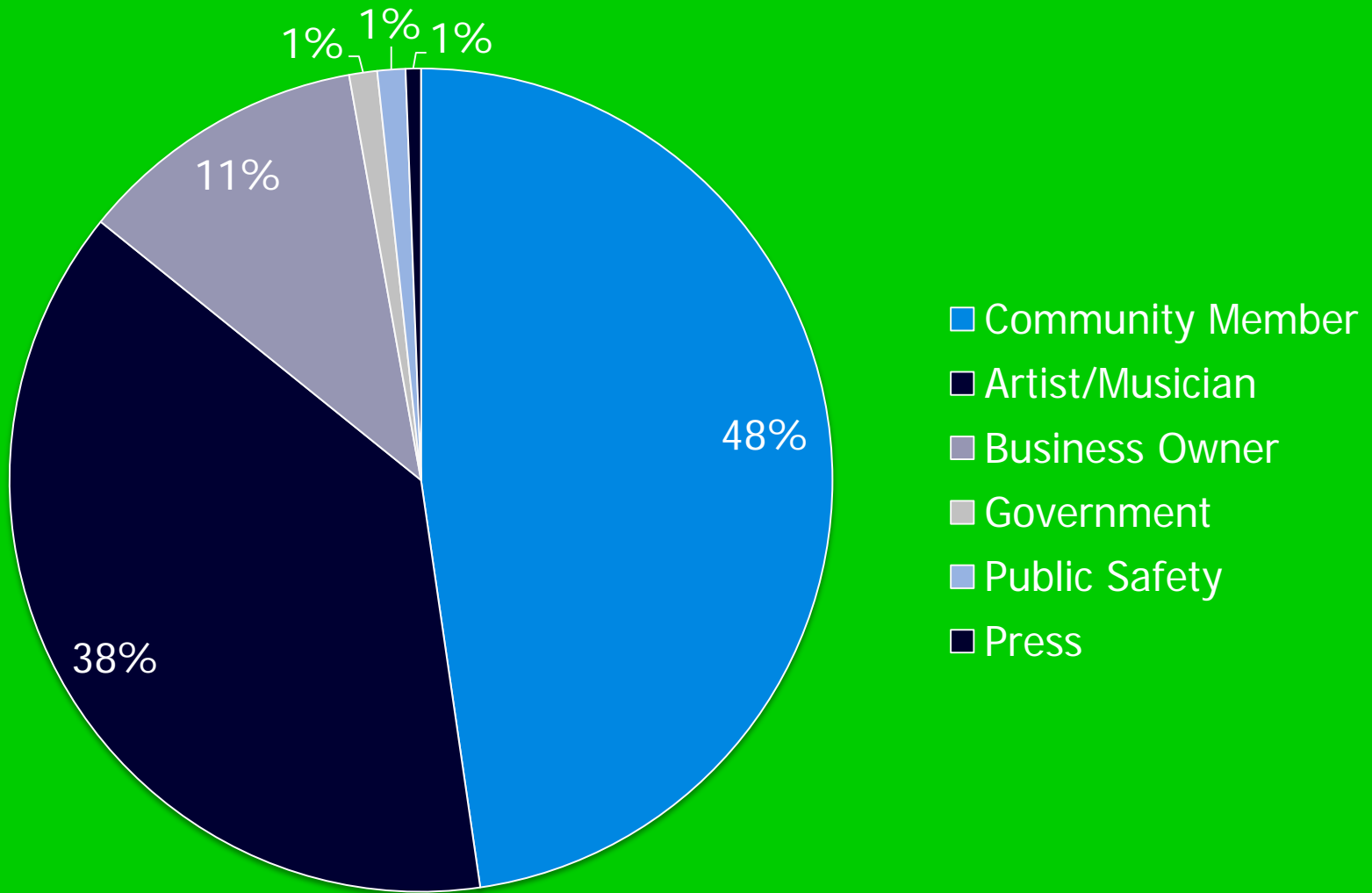
"The uniqueness of this organization is that it combines the two missions of supporting the strengths of people in recovery and helping to revitalize the downtown core of a business district. This is a vision that is powerful because it asks a basic question: "Who is responsible for taking care of our community?" This group's answer is that "It's everybody, including us." Many mental health groups talk about the importance of people in recovery belonging, but end up talking mostly about caseloads, funding cuts, crisis, and paperwork. This group puts first things first: community for everyone." Bruce A

"For too long having a mental health diagnosis has been associated with failure. Peer Recovery Art Project defies that belief by focusing on strengths and artistic talents. The mission of inclusion based on what people can do (instead of what they can't do) sets the project apart from the rest. They are a model for others in their enthusiasm and tireless effort to disappear the stigma associated with mental illness. Downtown Modesto supports this project, I support it and you can too!!" Karen H

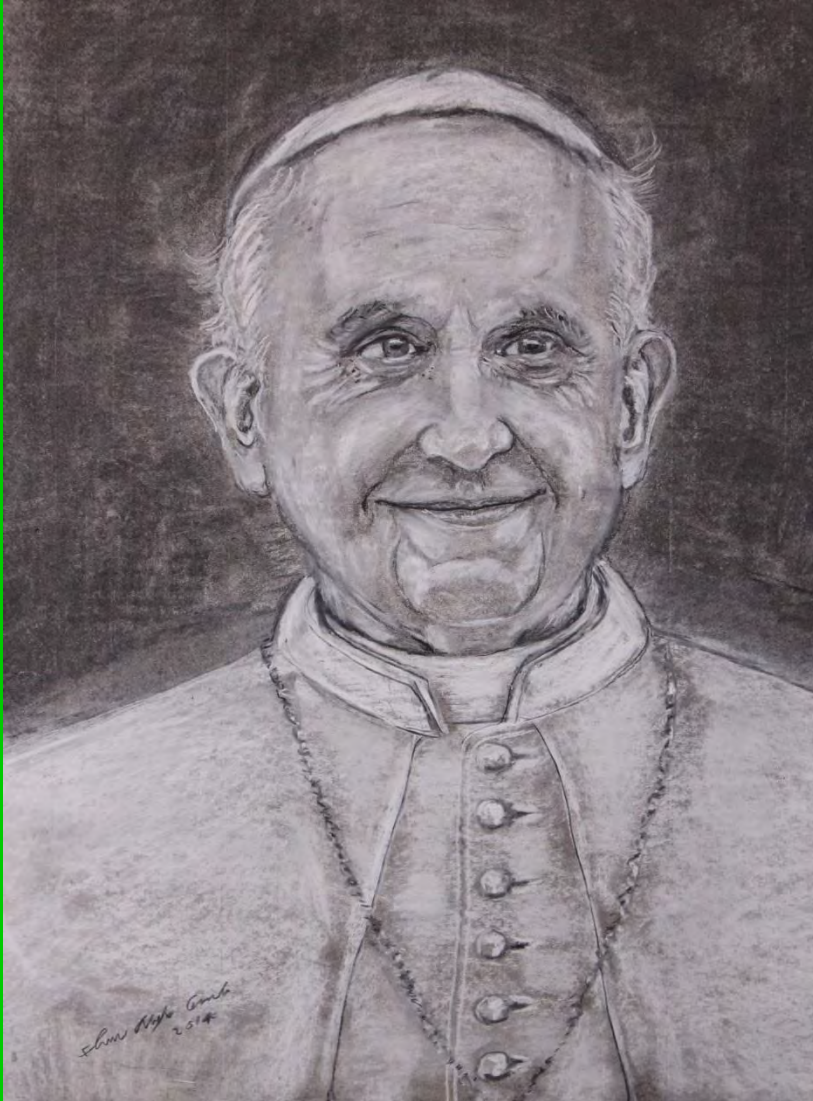
I think there should be more programs like Peer Recovery Art Project



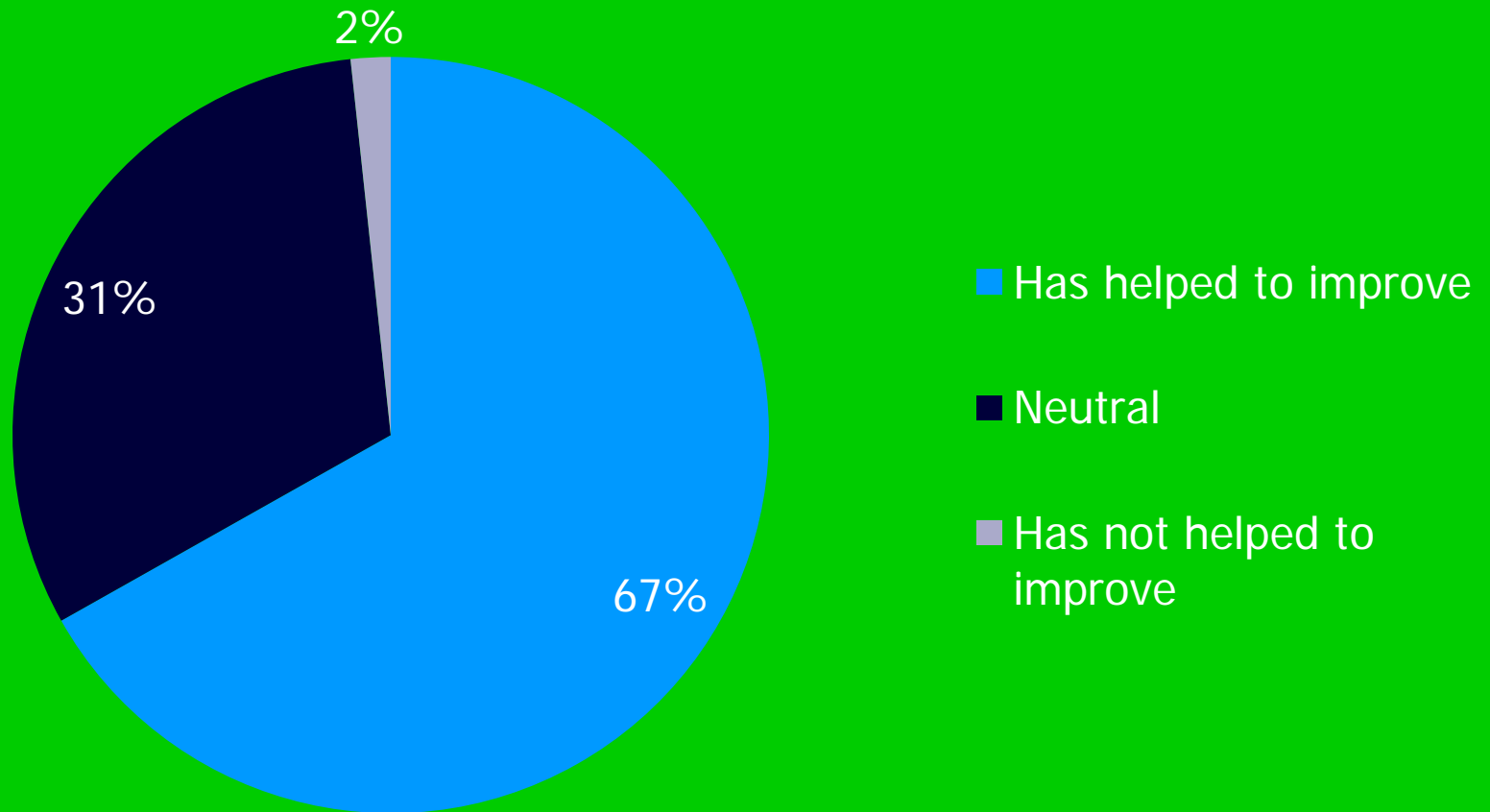
The following segment best describes me



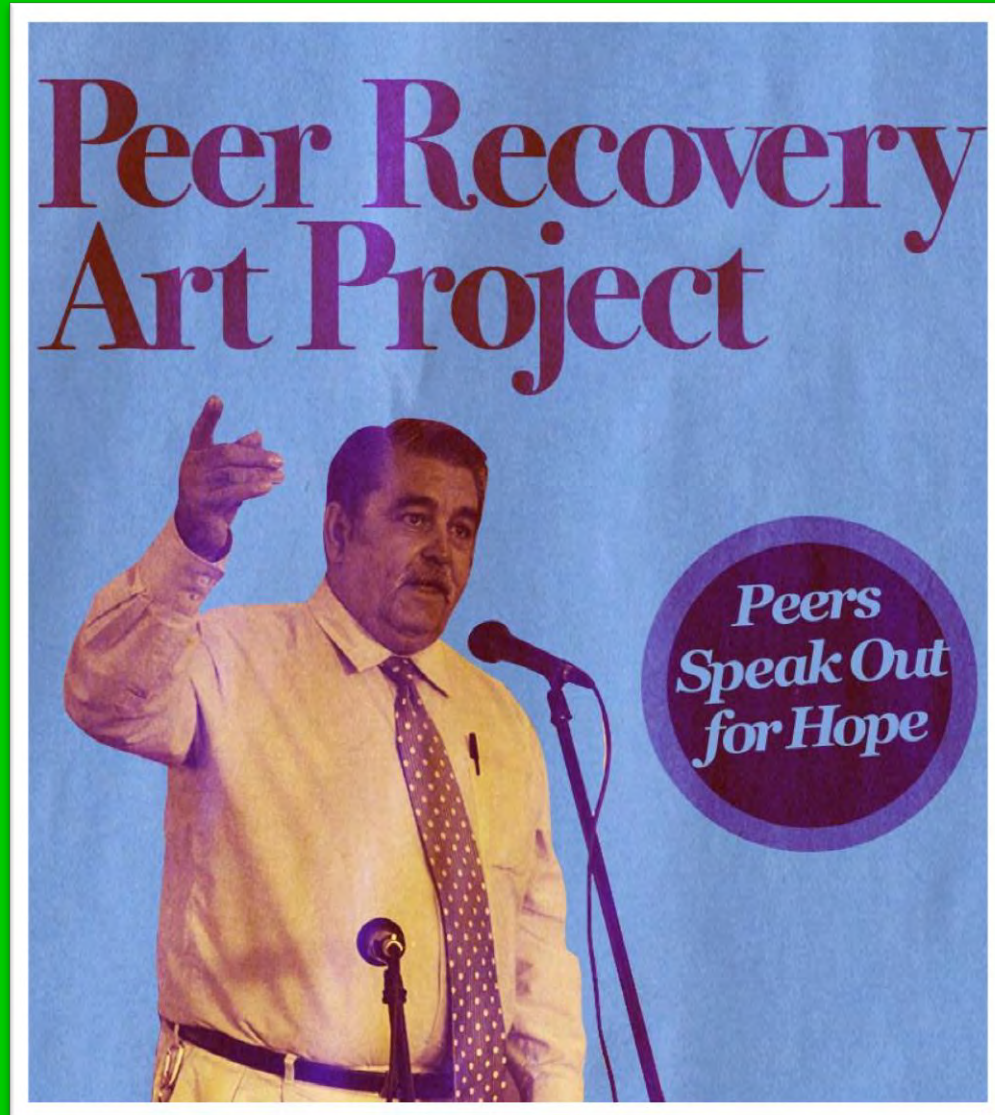
Artist: Ivan



Peer Recovery Art Project's example helped improve my opinion of persons with mental health diagnoses



Peers Speak Out for Hope



HOW CAN WE BETTER SERVE ?





PEER RECOVERY ART PROJECT **HEALTHIER COMMUNITY ARTS INITIATIVE** **SO MUCH MORE THAN AN ART GALLERY**



**Classic Community
Mural Projects**



**International
Arts Exhibition**



Healthier Community Arts Initiative

**Coming Soon
Good Neighbor Squad**



**Peer Speaker's
Bureau**



**Special Events
and Festivals**

www.peerrecoveryartproject.org 1222 J Street Modesto 95354 www.healthiercommunityartsinitiative.com

Community Service

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