EC Reems Community Services

GIRLS FAR ABOVE RUBIES/GFAR

...A GIRL 'S MOST PRECIOUS ADORNMENTS COME FROM WITHIN

Girls Far Above Rubies

innovation

This project was funded by the Innovation Grants Program through the Prop 63 Mental Health Services Act

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This project was funded by the Innovation Grants Program through the Prop 63 Mental Health Services Act

Our Story

EC Reems Community Services is a 501 (c) 3 non- profit public benefit corporation, founded in 1989 to address the need for health, education, life skills, and workforce development programs in the East Bay community. Its mission is to educate and assist individuals in the community to transition out of poverty toward self-sufficiency and economic security. EC Reems addresses the needs of community youth in a fresh innovative fashion with a key concern for education and safety.

Girls Far Above Rubies (GFAR), an EC Reems program, was funded by BHCS to research alternative opportunities in improving the efficiency and reducing the cost of delivering behavioral health care services to African American participants. GFAR addresses the barriers that may be reinforced in the African American churches regarding biblical teachings and clinical therapy. Clergy are educated, informed and supported as to how mental illness has impacted the lives of church members through testimony and case study. A strength-based approach to therapy is incorporated into the GFAR curriculum, utilizing family and community support systems with regard to the care and treatment of clients. Our delivery of services reflects African American values as well as cultural sensitivities, customs, attitudinal beliefs and sense of community. Our service providers are trained using an Afro-centric approach focusing on relationships and feedback. GFAR staffing consists of competent African American professionals who are an encouragement and support for the participants.

We thank all of those who supported or assisted in the many services offered during the year. The framework of GFAR is strengthened by the collaborative efforts and challenges that we face. We could have not done it Alone!

Sincerely,
Pastor Maria Reems
Executive Director

This project was funded by the Innovation Grants Program through the Prop 63 Mental Health Services Act

Improving a System of Care through Faith Based Integration: The GFAR Report

EC Reems Community Services

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Girls Far Above Rubies (GFAR) can be used to improve mental health outcomes in Oakland, California. The Program, provided by EC Reems Community Services, was funded by Alameda County Behavioral Healthcare Services to research alternative opportunities in improving the efficiency and reducing the cost of delivering behavioral health care services to African American participants. The following report will provide recommendations for a program design that will improve behavioral healthcare delivery to the African American community using faith-based integration.

This project was funded by the Innovation Grants Program through the Prop 63 Mental Health Services Act

Improving a System of Care through Faith Based Integration:

The GFAR Report

Pastor Maria Reems, EC Reems Community Services

Maisha House-Asemota, Trinity Economic Development Group

September 30, 2013

This project was funded by the Innovation Grants Program through the Prop 63 Mental Health Services Act

Executive Summary

Historically, African-Americans were the product of incredible brutality, separation from loved ones and loss of homes, language and identity as a result of slavery. The effects of such a legacy of pain still resonate in the unconscious psyche of many African-Americans and hinder their ability to live full productive lives when compounded by racism and poverty. Most African Americans saw the Emancipation Proclamation as freedom; however many soon found that the words on the paper did not reflect the actions and opportunities in their communities. African Americans lived through a system of slavery that was cruel and unusual. African Americans were conditioned to mistrust governments and all forms of government agencies.

Many African Americans today embrace a level of mistrust that began during slavery times and is institutionalized by events like the Tuskegee Experiment, conducted in 1932 and 1972 by the U.S. Public Health Service, forced sterilization that occurred in North Carolina between 1929 and 1974 also conducted by the State of North Carolina, police brutality, and poor access to quality education.

Relationship building is a vital means of obtaining our goal of improving mental health care outcomes for underserved communities and reducing mistrust. It is the foundation of an organized effort for creating a cost effective and sustainable interaction between the African American community and Alameda County Behavioral Healthcare Systems. The relationship building can ultimately pave the way to reconciliation of the community and connect individuals into a space of confidence for healthcare systems rather than mistrust.

Girls Far Above Rubies is one such program that can be used to improve mental health outcomes in Oakland, California which is located in Alameda County. The Program, provided by EC Reems Community Services, was funded by Alameda County Behavioral Healthcare Services to research alternative opportunities in improving the efficiency and reducing the cost of delivering behavioral health care services to African American participants. The following paragraphs will discuss the Background and History of EC Reems Community Services and Girls Far Above Rubies, discuss behavioral health as it relates to African American girls and women as well as faith based organizations, provide program results and outcomes, and conclude with recommendations for a program design that will improve behavioral healthcare delivery to the African American community using faith-based integration.

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EC Reems Community Services

Background and History

EC Reems Community Services is a 501 (c) 3 non- profit public benefit corporation. The organization was founded in 1989 to address the need for health, education, life skills, and workforce development programs in the East Bay community. The mission of E.C. Reems Community Services is to educate and assist individuals in the community to transition out of poverty toward self-sufficiency and economic security. Our mission addresses the needs of youth in a fresh innovative fashion with a key concern for education and safety. Violent crime is rising in East Oakland. Overwhelming amounts of youth are victimized by the crime levels in our City.

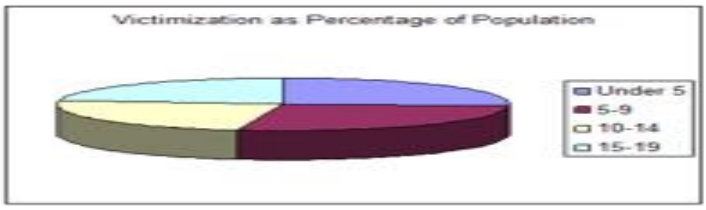

Chart 1

Oakland Youths are disproportionately impacted by violent crime. According to the Alameda County Health Status Report of 2006, among African American males aged 15-34 years of age, homicide was the leading cause of death in Alameda County.

Over the next five years we hope to reduce crime in the East Oakland area by 10% by providing workforce investment, education, and empowerment programs. Our goal is to educate individuals in the community about healthy living, and inform them of ways to transition out of poverty toward self-sufficiency and economic security. Our Health and Job Fairs have contributed to our collaborations with employers and health care providers. Our Mental Health and empowerment workshops provide participants access to healthcare and opportunities to address mental health needs. Our education programs enlighten participants about opportunities for education in institutions of higher learning. We expect the impact leads to a 10% decrease in crime across the board for residents located in the East Oakland. Our Programs serve a population in a high stress area as designated by the Measure Y Stressor Map and our programs leverage city assets and resources.


Chart 2

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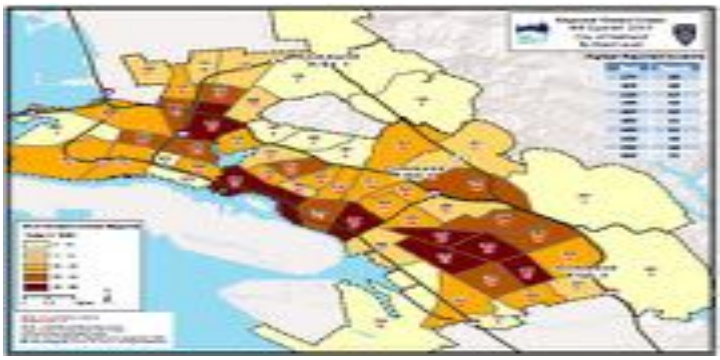
Chart 3

Additionally, youth have access to enriching activities in a safe space by caring adults thereby increasing youth confidence and self-esteem. At EC Reems, we operate using an empowerment Model that sets strategy and process for all programs and activities. Our Five Pillars of Empowerment address the needs of our community from childhood to retirement. Our Health and Wellness Pillar is designed to address the health issues plagued by our community. Girls Far above Rubies is located under Health and Wellness. The next section will discuss the program in detail. (See **Appendix A**)

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Girls Far Above Rubies

Background and History

Economic living conditions in Oakland have profound effects on the wellbeing of youth in the city. Economic disparities are tied to a host of developmental issues for children and youth, as studies have proven correlations between family income and assets to youth's healthy development, academic success, likelihood of being a victim or perpetrator of crime, and future earnings. Home to the fifth largest shipping port in the nation, Oakland has traditionally been a blue-collar, working class city, and has long had lower levels of household income and higher rates of unemployment than neighboring Bay Area cities. Yet, the collapses of the housing market, subsequent recession, and the ensuing jobless recovery have deepened the level of poverty and distress facing Oakland children. With increased unemployment and decreased wealth due to collapse of housing prices, poverty has risen in Oakland.

According to the Oakland Fund for Children and Youth Indicators Report for Strategic Plan 2013-2016, the national recession has had a profound impact upon the healthy and positive development of Oakland's children and youth as evidenced by the increased rate of poverty. Child poverty in Oakland has increased more than 30% in the just three years, from 25% of youth in poverty in 2007 to 32.7% in 2010. Demographic shifts in the past ten years have led to an increase in Oakland's Latino population, which has grown to reach almost 100,000 residents and comprises the largest ethnic group for children 0-20. 42.5% of Oakland's 390,724 residents speak a language other than English as their primary language at home.

The Girls Far Above Rubies (GFAR) program was birthed out of need for Mothers as well as daughters to form a closer bond in their relationships whereby incorporating trainings that would improve the stigma of mental illness in the African American community by normalizing the condition through education, workshops and support groups. Bishop Ernestine Reems had a vision over 50 years ago to see the families in our communities working together, supporting one another, building relationships and loving one another through a spiritual component, worshipping and praying together as a unit. Because of the disproportionate rate of single parent households in the Oakland community, the focus became Mothers and daughters.

Under the mentorship of Bishop Ernestine Reems, the founder Brenda White started GFAR. GFAR later collaborated with EC Reems Community Services under the leadership of Pastor Maria Reems. GFAR focuses on building self-esteem through positive reinforcement, support groups, education, skill building exercises while addressing shame, trauma and stigmas.

Relationships are the foundation of our families, social organizations, churches as well as our schools. Learning to relate and communicate reduces conflict which can lead to reduction in violence in the household as well as the community. The ability to relate produces a sense of belonging and wholeness as well as a healthy sense of self. The program has helped in the healing process of thousands of mothers and daughters in the city of Oakland.

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African American Girls and Mental Health

African American girls both diagnosed and undiagnosed with mental illness tend to experience low self-esteem, high rates of sexually transmitted disease, reduced opportunities for education attainment, and high incidence of victimization.

According to (Kirsten, 2012) African American children are overrepresented in special education based on diagnoses of internalizing behaviors, such as anxiety and depression. According to the ecological systems theory and the social cognitive theory, children's mental health development is impacted by their environments and efficacy beliefs. In addition, African American girls were more likely to experience anxiety and depression than boys.

A recent study indicates that African American girls in urban areas with mental health problems report higher rates of HIV-risk behavior than do their peers, and African American girls **h**ave higher rates of sexually transmitted infections than do girls of all other racial groups. Additionally, strengthening mother daughter interaction and relationships may reduce the higher rates of HIV risk among African American girls as well as their mental health problems (Donenberg, Emerson & Mackesy-Amiti, 2011).

Finally, Woodson, Hives & Sanders-Phillips find that juvenile crime and violent victimization continue to be significant social problems, in that adolescents, females in particular, are likely to participate in health-related risk behaviors as a result of having been victimized or exposed to a violent environment. Specifically, abuse, neglect, sexual molestation, poverty, and witnessing violence are well-known risk factors for the development of trauma-related psychopathology and poor outcomes relative to delinquency, drug and alcohol abuse, and HIV risk behaviors. HIV infection is a common public health concern, disproportionately affecting adolescent African American female detainees. This unique population has a serious history of violence exposure, which subsequently tends to lead to engaging in risky sexual behaviors, mental health problems, and substance abuse. Also, as a result of little to no intervention, this population is recidivating at an alarming rate- a problem that may further exacerbate the expression of health-related risk behaviors among African American adolescent female detainees (Woodson, Hives & Sanders-Phillips, 2010).

Intervention Programs like GFAR reduce the incidence of low self-esteem, at risk sexual behavior, and victimization for African American girls by creating and cultivating relationships as well as increasing education opportunities. Our survey results indicate participants experienced increased mental health awareness and decreased behavioral aggression. A recent article in the Journal of Prevention & Intervention in the Community made the same conclusion.

> "Further, the intervention appears to have promise for decreasing at-risk girls' levels of relationally and physically aggressive behaviors, hostile attributions, and loneliness ''(Left, et al., 2009).

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African American Women and Mental Health

African American women tend to suffer from major depressive disorder at alarming rates. Of all mental illnesses, major depressive disorder (MDD), referred to in this article as depression, is the most commonly occurring affective or mood disorder. A recent study indicates African American women are 50% more likely to suffer from MDD than their white American counterparts. Additionally, depression among African American women remains under detected, inadequately treated, missed diagnosed, mis-diagnosed, and under-diagnosed.

A lack of knowledge and disbelief that they are or could be suffering from depression coupled with trying to live up to the image of being a "strong black woman" contributes to their not seeking treatment for depression. They also have alternative ways of coping that cause delays or conflicts with seeking care from a professional. They are also less likely to participate in mental health research studies. Also, mis-diagnosis by a professional (physician or other medical and/or health care professional) can also result in depression being under-diagnosed in this population.

These circumstances cause dysfunction in relationships between African American women, family and community. Spirituality is often the conduit used to cope with the circumstances of depression and while stigma may be assigned to individuals seeking help with in the walls of the African American church, African American women are more likely to seek refuge from the church.

A recent study examines the role of spirituality as a moderator of the relationship between traumatic life experiences, mental health, and drug use in a sample of African American women and finds that there is an inverse relationship overall between spirituality and mental health and drug use among the sample of African American women used for the study. Additionally, the authors find that spirituality moderates the relationship between traumatic life events and mental health and drug use (Stanton, et.al, 2013)

Intervention programs like GFAR address the issues African American women are facing in a safe and comfortable environment. Additionally, GFAR gives a voice and opportunity to women who would never seek treatment from traditional care providers.

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Faith Based Organizations and Mental Health

GFAR collaborated with Center of Hope Community Church to complete the Program activities. The Center of Hope Community Church opened its doors with four members in 1968. Bishop Ernestine C. Reems, pastor and founder has served the community for over 40 years. Adjacent to Castlemont High School, Center of Hope is a major force in strengthening the community. Today, the church has over 1500 members and is a major force in the spiritual, educational and economic life of East Oakland. The relationship between E.C. Reems, and the Center of Hope is vital to the success of all programs. The African American church is the community's oldest, most enduring and powerful institution. In fact, a 2009 study of 48 Alameda County Churches indicates that 81% of Congregations participating in the study provide forums and events to address health issues. (The Faith Factor, 2009) Survey results from the same study indicate that Mental Health is a key concern of the survey participants.

The African American church is a strong instrument of political, social and economic change. The church is a place where members receive spiritual fulfillment and guidance. The church provides continuity to the lives of all members of the community, even to those that do not attend. Therefore, the Church is able to build uncommon relationships between individuals within Alameda County. Traditionally, County Agencies have failed at delivering appropriate levels of care because County residents and participants are unable to build a relationship of trust with county care providers. The Church values help ensure that all people are served the personal, economic and spiritual empowerment needed to achieve self-sufficiency and therefore better serve and deliver care at a much lower cost than traditional delivery systems of care.

Additionally, relationship building is a vital means of reducing negative impacts of mental illness. It is the foundation of an organized effort for creating a one on one interaction between the family member/peer and individuals with mental illness. The relationship building process can ultimately pave the way to reconciliation of the family and connect individuals back into the place of confidence rather than social isolation. Studies show that churches and faith based organizations play an important role of extended family in the community, especially in the low and lower socio economic population of the African American and Latino communities. The African American, family members, and peers will more readily respond to their church and faith based organizations than professional formal mental health organizations.

Finally, Allen, Davey & Davey find that within the context of Black churches**,** African American clergy have a significant role in the delivery of mental health care services for parishioners and their families. Working toward better linkages between faith-based communities and more formal mental health care could help to provide more culturally sensitive and timely mental health care for African American families. (Allen, Davey & Davey, 2010)

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Program Design

The methods utilized for obtaining information from parents and youth were built into the monthly meeting wherein the social worker was present at each meeting to observe, as well as, participate. (See **Appendix B**) Surveys, focus groups and workshop comments were also used to collect data. The Social Worker also presented four workshops, "Introduction to Mental Health: Signs and Symptoms," "Self-Esteem and Depression," "Emotional Healing through Dance" and "Mental Health and Spirituality." Presenting the workshops helped the participants develop a trusting relationship with the social worker because the mothers and daughters talked with the social worker candidly.

At the end of each meeting the participants were given a satisfaction survey to complete. The purpose of the survey was to determine whether the workshop was something that the parents and youths benefitted from or not. It also provided feedback on the presenters. A section for comments gave the participants an opportunity to express any other concerns they had.

A six and twelve month survey was designed to capture specific mental health data from the participants. Questions were asked to determine if the parents and youth had increased their awareness and understanding of mental health and if they understood how to navigate the mental health system. The survey also captured data as to whether the participants were utilizing individual or family therapy or had planned to make an appointment with the social worker.

Four focus groups were held to ensure that program staff was able to gather as much feedback as possible from the participants. A final survey was given to participants to document feedback as well.

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Program Results

The Mother /Daughter Mental Health Project were successful as far as bringing mental health awareness and services to the faith community. The grant allowed us to introduce the services to several churches in the community. By making presentations and recruitment of participants, our program included families from other areas as well as in our own community. The sixteen month methodically organized Agenda slowly introduced the topic of mental health subjects to the mothers and girls. The workshops helped the parents and youth understand some mental health illnesses and the terminology associated with it.

For the first four months of the program there was a core group of mothers who attended the program faithfully (May, June, July, and August). After school started, attendance waned. Some mothers explained that they were in school and/or working on Saturdays and could not attend regularly. Some of the youth were involved in various extra-curricular activities on Saturdays. There was still a core group of youth who came each month. The youth indicated that one Saturday a month was not enough and they would like to come at least two times a month.

Workshops

The *first session* was an introduction meeting that provided an opportunity for the mothers and girls to bond with each other. All the staff and program administrators were introduced and a discussion of what the program was all about. There was a question and answer period with the mothers and the daughters together and then separately. (See **Appendix C**)

The *second session* was a PowerPoint presentation on "An Introduction to Mental Health Signs, Stigmas, and Symptoms." This workshop gave the participants and overall view of the mental health system and explained the signs of mental illness, the assessment process and the different types of therapies that are available. We also discussed the stigmas associated with mental health and how people can be helped by getting the appropriate treatment. We discussed how to work with a therapist and roles of medical doctor and psychiatrist. After the workshop the youth discussed some of their feelings about anxiety and depression. The mothers wanted to know more about mental health disorders especially child mental illness and bipolar disorders. They also wanted parenting information on how to deal certain behaviors concerning their youth. The mothers admitted not knowing much about mental health issues.

The *fourth through the fourteenth workshop sessions* incorporated some of the above listed topics with various experts teaching the workshops. Mothers and daughters spent time together as well as separately in their own peer groups so they could discuss their feelings openly. Topics of discussion included stress, conflict, drugs and issues with their parent or youth. During the sessions, there were mothers' who wanted to talk to the social worker "*on the side"* to discuss various topics such as sexual activity, smoking weed and other defiant behaviors. Parents and youth were encouraged to make appointments or call the social worker to discuss issues. Each workshop brought out various dynamics with the parents and girls regarding their individual need for therapy.

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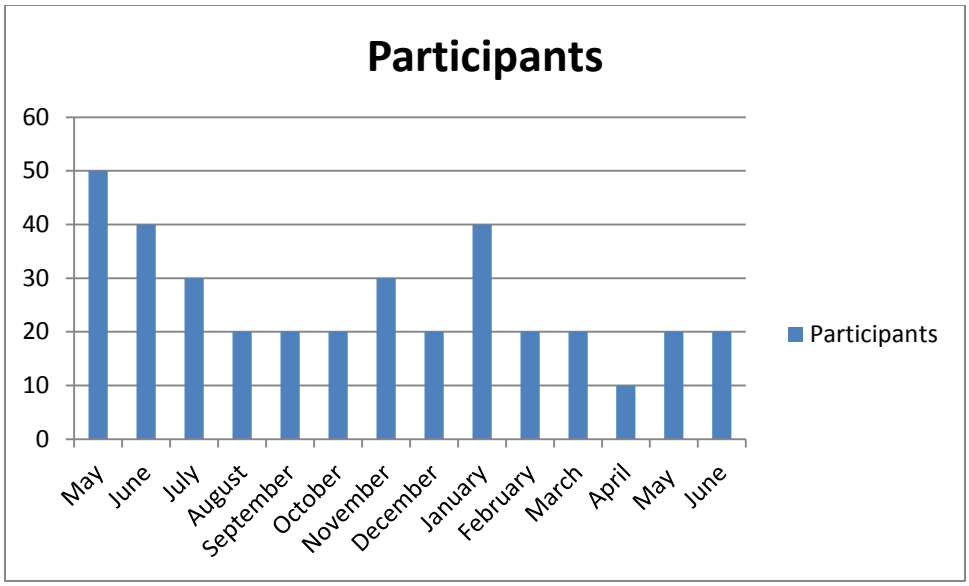
Our culminating activity was the Mother and Daughter Retreat. The overnight retreat was successful in that participants had several opportunities to express their thoughts and feelings in the various exercises that were held. The overnight experience where moms and their daughters stayed in the same room and had kitchen duty together was another bonding experience. The feedback from the retreat helped us to see that parents and youth need to carve out special time together which in turn helps build their relationships. One of the workshops on Families and Depression took the participants on a journey through family history and where depression and substance abuse have contributed to mental problems. It helped the youth see how sometimes genetics plays a major role in family dysfunction.



Counseling Services

There were a total ten families and youth who utilized individual counseling services over the fourteen month period. Youth and parents were seen individually and some were family sessions. The individual counseling started by the third session of program and ended by the fourteenth session. Most sessions were not the typical fifty minute sessions. The social worker talked on the phone with clients and collaterals as well as made referrals to other programs. There were face to face visits which were often twice a week. There were hardly any missed appointments. Parents and youth were often seen separately. Most of the concerns were with the young teens in the program.

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Program Outcomes

Internal Focus Groups and Surveys

Through the use of focus groups and monthly surveys the mothers and daughters both expressed their appreciation to have the group process as a means of learning about mental health information. In one of the focus groups, many of the mothers expressed a desire to continue learning more about the various topics including depression, bipolar disorder, oppositional defiant behaviors, and anxiety. The mothers liked having a time to meet separately from their daughters so they could talk about their own issues. They wanted a program just for the mothers. The youth wanted more activities with their parents such as going places and more hands on activities.

GFAR conducted a total of 360 surveys for the fourteen workshops and each of the four focus groups consisted on 20 participants. (See **Appendix D**)

The survey and focus group data indicate that the adolescent participants improved their mental health awareness and the adult participants identified their own mental health issues. Additionally, all participants revealed they are better equipped to deal with their own mental health issues as well as those of their family and friends.

External Focus Groups and Stakeholder Analysis

Our objectives under the Stakeholder Analysis include the following:

Identify stakeholders
Prioritize stakeholders
Dialogue with stakeholders (Pathways, 2012).

The Stakeholder Model proposes that organizations must be aware and accountable to all stakeholders or groups who invest in the organization and the sustainable organization model which insists that organizations use environmental, social and financial capital to succeed (Stranberg 2009).

In order to identify stakeholders GFAR determined responsibility, influence, proximity, dependency, and representation. Responsibility refers to individuals connected to the organization through legal, financial, operational, and regulatory contracts. GFAR identified volunteers, clergy, and staff under this category. Influence refers to individuals who influence the intended goals of the organization. GFAR identifies EC Reems Board of Directors under this category. EC Reems provides financial backing to operate GFAR. Proximity refers to individuals close to the location of the organization. GFAR identifies the organizations, businesses, and residences surrounding the program location. Dependency refers to individuals most dependent on the organization. GFAR identifies adolescent and adult participants (mothers

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and daughters) under this category. Representation refers to individuals who represent specific organizations like trade unions, community leaders, and local politicians. GFAR identifies Alameda County Social Service Representatives and Alameda County Behavioral Health Care Providers. Stakeholders are then classified by direct or indirect status. Organization has direct impact on direct stakeholders and indirect impact on indirect stakeholders.

Chart 4

Stakeholders are then prioritized by using a Stakeholder Prioritization Table. (See **Appendix E**) The Stakeholder Prioritization Table requests the respondent to identify influence in terms of economic performance, social performance, and environmental performance. 1 equates to yes and 0 equates to no. The numbers in the chart can be summed up to determine numerical values of influence. GFAR determined that local community, adolescent and adult participants, and service providers have the highest numerical values for prioritization (Pathways, 2012).

There are several methods used to dialogue with stakeholders including letter, telephone interview, email, face to face, surveys, and telephone hotlines. GFAR made telephone calls to stakeholders initially. GFAR then followed up with focus groups for each stakeholder group to ask specific questions and allow for appropriate dialogue.

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Recommendations Faith Based Integration Model

How can the mission, services and purpose of Behavioral Health Care Services BHCS be enhanced through partnerships with African-American churches as cultural institutions and natural places for clients/consumers and families to receive supports in their community?

What are effective ways for African American churches to welcome and integrate mental health consumers into their faith community and to support social inclusion, decrease stigma and discrimination and provide a safe place for people to receive services and support, outside of the behavioral health care system?

What needs to be considered in the planning of services to the African-American community is to address the barriers that are often reinforced in the Black churches that psychology and the need for therapy is somehow against biblical teachings. Clergy would be educated, informed and supported as to how mental illness has impacted the lives of their members by testimonies from those struggling with their illness. A strength-based approach to therapy would be incorporated instead of culturally-deprived model utilizing family and community support systems in the care and treatment of clients. Historically, African-Americans were the product of incredible brutality, separation from loved ones and loss of homes, language and identity as a result of slavery. The effects of such a legacy of pain still resonate in the unconscious psyche of many African-Americans and hinder their ability to live full productive lives when compounded by racism and poverty. African-Americans have a tendency to deny pain, seek treatment late or talk about emotional hurt which may be passed down in the family and reflected in parenting style or rules. The delivery of services would reflect African American values as well as cultural sensitivities, customs, attitudinal beliefs and sense of community. The service provider will be trained in an Afro-centric approach focusing on the relationships, feedback, trust and respect in the therapeutic process utilizing a cognitive-behavioral approach which tends to be effective for African-Americans.

GFAR provides an intervention strategy that identifies mothers with mental illness and their daughters; ages 8-18 years. GFAR evaluates their attachment to one another; the impact mental illness has on that relationship, and the avenues of intervention to reduce risk factors such as suicide, teen pregnancy, low self-esteem, juvenile delinquency, sexual abuse, exploitation, substance abuse, and poor school performance.

GFAR is significantly important to the faith community because it allows for efficient access to mental health providers. GFAR exemplifies the need for more community based counseling centers with culturally competent staff. GFAR staffing consists of competent African American professionals which was an encouragement and support for the participants.

African American youth and families need to know that mental health facilities care about them and the services are user-friendly. People in general are willing to seek help if they feel safe and know that they will be heard. They need flexible hours to get treatment and to see their therapist. Standard hours don't always work in communities due to the lack of funding for

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wrap around services including childcare, housing, and transportation issues. Evenings and Saturday appointments were often needed by the participants. Our participants appreciated our flexibility in scheduling appointments and it reduced appointments. Community mental health programs increase preventative care use of County Services thereby redirecting County dollars from costly emergency care services to preventative care and education services.

Therefore the GFAR Program should be funded for replication throughout Alameda County. Additionally, GFAR Staff should train and conduct the various workshops which prove to be an effective intervention for improving mental wellness among adolescent and adult participants (mothers and daughters).

The Strategy and Support include a Faith based Integration Model that funds EC Reems Community Services to conduct, train, and replicate the GFAR Program throughout Alameda County. Our external focus group results indicate the need for the GFAR program locally and stakeholder engagement reveals requests for replicate and duplicate Programs at offsite facilities. Additionally, our external focus groups indicate that BHCS clients/consumers and their families are more likely to seek and receive preventative services from local service providers. Therefore, EC Reems proposes to seek put and local community providers, conduct the GFAR Program, and train local community providers to administer their own GFAR Program on their own site (See **Appendix F**). Additionally, EC Reems is especially skilled at seeking and finding populations in need of such services by leveraging relationships with other churches, organizations, education institutions, and residents.

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Conclusion

Relationship building is a vital means of improving mental health care outcomes for underserved communities and reducing mistrust. It is the foundation of an organized effort for creating a cost effective and sustainable interaction between the African American community and Alameda County Behavioral Healthcare Systems. The relationship building can ultimately pave the way to reconciliation of the community and connect individuals into a space of confidence for healthcare systems rather than mistrust.

Girls Far Above Rubies is one such program that can be used to improve mental health outcomes in Oakland, California which is located in Alameda County. The program results provide alternative opportunities in improving the efficiency and reducing the cost of delivering behavioral health care services to African American participants. Faith based integration is the key to delivering superior service to the African American population since the same population relies on relationships to seek and received mental health services. Alameda County must in invest in community health sites and community health programs that address the needs of the local community.

Faith based organizations like EC Reems can replicate, train, and administer programs and services at lower cost and higher impact than traditional behavioral health care providers. Alameda County must consider the costs and benefits when attempting to improve the level of care provided to the African American community. Faith based organizations provide a holistic solution to the mental health issues experienced in the African American community today.

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Appendix

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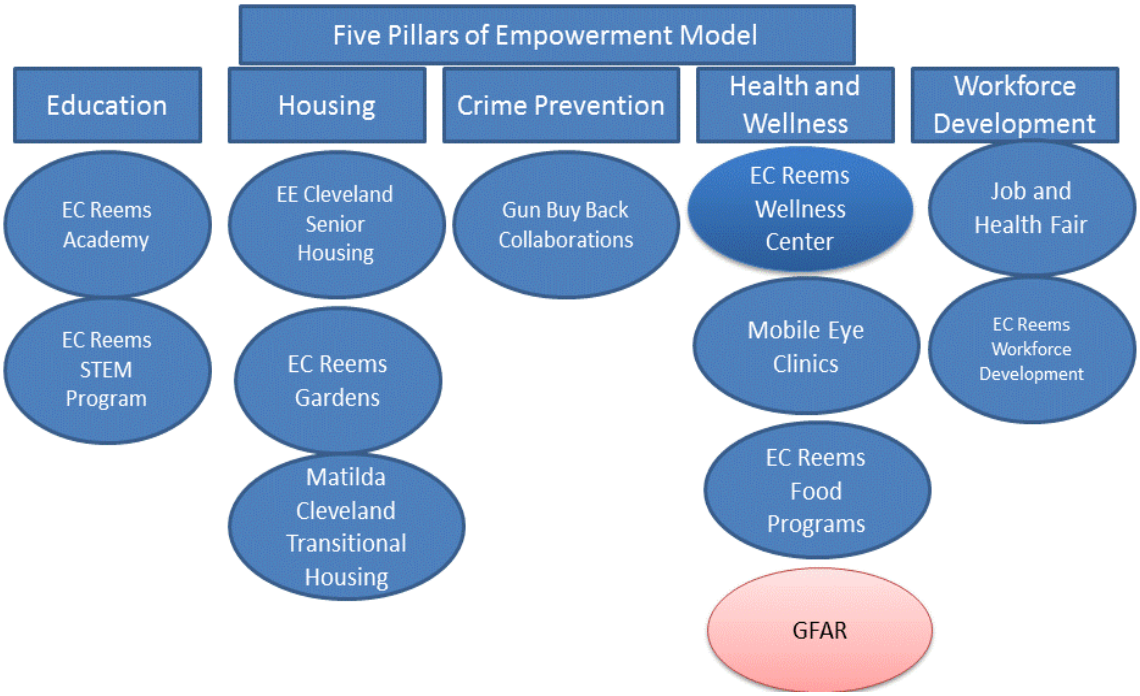
Appendix A



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Appendix B

Activities Chart

Specific Project Activities

Activities	Responsible Staff	Measurement	Due Date
Design Survey Instrument & Intake Forms/ Assessment of participants	Valerie Williams	Survey	1st week-Month
Workshops on Signs/ Symptoms and Stigmas of Mental Distress	Valerie Williams	Survey	2nd Month
Workshops on building self esteem, confidence and communication skills	Maria Reems	Survey	3rd Month
Workshops on Parenting education/ Mother and child	Anita Simms	Survey	4th Month
Workshops on school performance- grades, peer pressure and social withdrawal	Tomikia McCoy	Survey	5th Month
Workshops on conflict resolution skills, assertiveness, critical thinking	Valerie Williams	Survey	6th Month
Mother and Daughter Luncheon	Brenda White	Survey	7th Month
Workshops on identifying coping skills and self care discovery	Dr. Gloria Morrow	Survey	8th Month
Workshops on Emotional wholeness and inner healing/Mid	Brenda White	Survey	9th Month

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Term Report Due			
Workshops on Spiritual Revolution and restoration	Maria Reems	Survey	10th Month
Creative Art/Dance and Music	Brenda White	Observation Protocol	11th Month
Holiday Party	Brenda White	Observation Protocol	12th Month
Workshops on surviving depression	Valerie Williams	Survey	13th Month
Focus Group on Lessons Learned	Brenda White	Survey	14th Month
Field Testing	Alameda County	Survey	15th Month
Field Testing	Alameda County Juvenile Hall	Survey	16th Month
Final Report Due	Consultant	Data Collection	17th Month
Award and Graduation Ceremony	Brenda White	Survey	18th Month

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Appendix C

Sample Workshop Agenda

Workshop Theme-Creative Art/Dance Music
1000-1030 Set Up/Open Church
11-1115 AM-Intro/Meet and Greet/Registration/Raffle
1115-1200 Photography Project (Art Project Reflecting Workshop Theme)
1200-1230 Light Lunch-Raffle

1230-200 Workshop 1 – (All Children and Parents) Dance/Music Therapy
200-230 Photo Project
200-230 Adults with

230-300 Conclusion and Wrap Up

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Appendix D

Sample Surveys, Focus Group Questions and Success Stories

(See Scanned Documents)

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Appendix E
Stakeholder Model

Stakeholders	Does this Group strongly influence			Is this Group strongly influenced			Will this Group influence the future	Total
	Economic	Social	Environmental	Economic	Social	Environmental		
Clergy		1	1	1			1	4
Local Community		1	1		1	1	1	5
Adolescent/Adult Participants	1	1	1		1	1	1	6
Behavioral Health Care Providers	1	1		1	1		1	5
Funders	1			1			1	3

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Appendix F
Faith Based Integration Model
Program Design

Activities	Responsible Staff	Measurement	Due Date
Outreach Stakeholder Analysis/Engagement and Community Needs Assessment	EC Reems Community Services	Focus Groups	1st week-Month
Train Clergy, Staff & Behavioral Health Care Providers	EC Reems Community Services	Survey	1st Month
Design Pre and Post Survey Instrument & Intake Forms/ Assessment of participants	EC Reems Community Services	Survey	1st Month
Workshops on Signs/ Symptoms and Stigmas of Mental Distress	EC Reems Community Services	Survey	2nd Month
Workshops on the Dangers of Internalizing Trauma-Domestic Violence and Substance Abuse Assessment	EC Reems Community Services	Survey	3rd Month
Workshops on building self esteem, confidence and communication skills	EC Reems Community Services	Survey	4th Month
Workshops on Parenting education/ Mother and child	EC Reems Community Services	Survey	5th Month
Workshops on school performance-grades, peer pressure and social withdrawal	EC Reems Community Services	Survey	6th Month
Workshops on conflict resolution skills, assertiveness, critical thinking	EC Reems Community Services	Survey	7th Month
Mother and Daughter	EC Reems Community	Survey	8th Month

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Luncheon	Services		
Workshops on identifying coping skills and self-care discovery	EC Reems Community Services	Survey	9th Month
Workshops on Emotional wholeness and inner healing/Mid Term Report Due	EC Reems Community Services	Survey	10th Month
Workshops on Spiritual Revolution and restoration	EC Reems Community Services	Survey	11th Month
Creative Art/Dance and Music	EC Reems Community Services	Observation Protocol	12th Month
Holiday Party	EC Reems Community Services	Observation Protocol	13th Month
Workshops on surviving depression	EC Reems Community Services	Survey	14th Month
Focus Group on Lessons Learned	EC Reems Community Services	Survey	15th Month
Award and Graduation Ceremony	EC Reems Community Services	Survey	16th Month

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