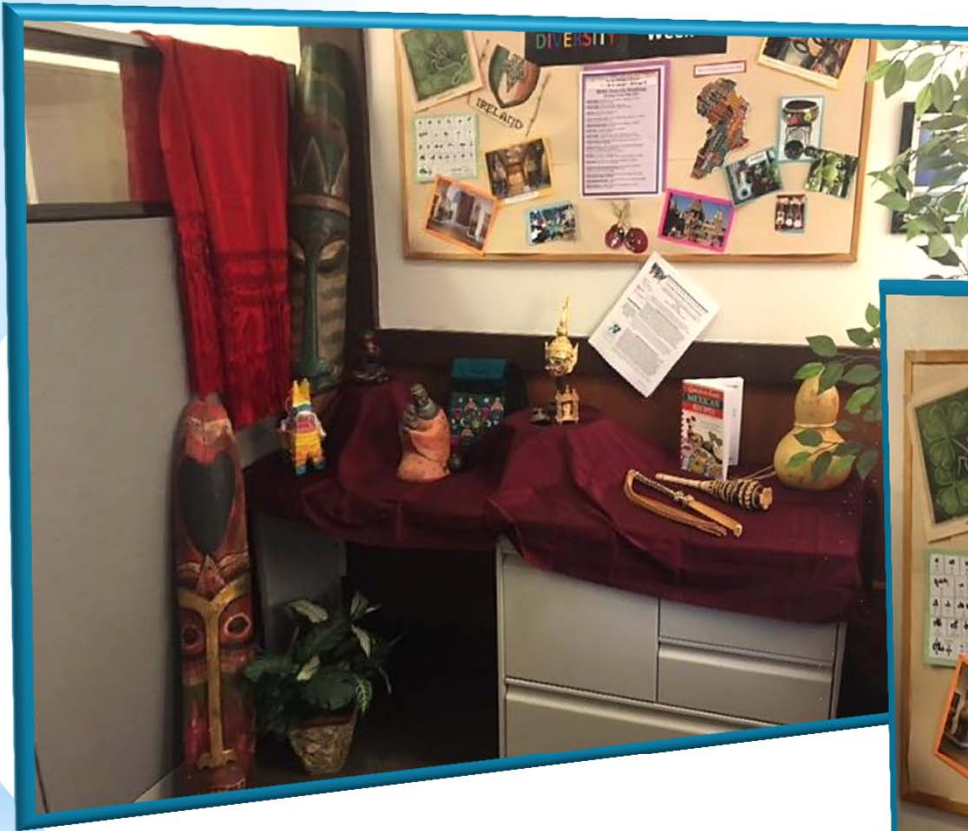


BHRS Diversity Road Map

October 2 – 6, 2017

Administration



Contracts



Data Management Services / Performance Measurement



DMS Staff

The majority of us (9 or more):

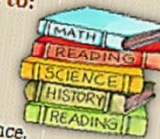
- Favor the Color **Blue**
- Enjoy 80's Music and Love Rock
- Watch The Voice
- Like the Bugs Bunny Character
- Enjoy a Slice of Cheesecake for Dessert
- Prefer Warm Climate
- Would Like to Live in Europe
- ...and the Majority of Us Are Between 40-49 Years of Age.



DMS Staff

We are also very diverse when it comes down to:

- Game Shows (Jeopardy, Price is Right, Family Feud, etc.)
- Exercise Routines (Aerobics, Bicycling, Running, Walking, Weights, Yoga, or Zumba)
- Favorite Class or Subjects (Math, History, English, PE, Science, etc.)
- Talk Show Hosts (Ellen, Oprah, Dr. Oz, Barbara Walters, etc.)
- Candy (Reese's, Kit Kat, Gummies, Snickers, Almond Joy)
- BHRS Employment History (15+ years, 10-14 years, 5-9 years, 1-4 years, or less than a year)
- Ancestral Heritage



Empowerment Center



Family Partnership Center



Housing & Employment



Josie's Place



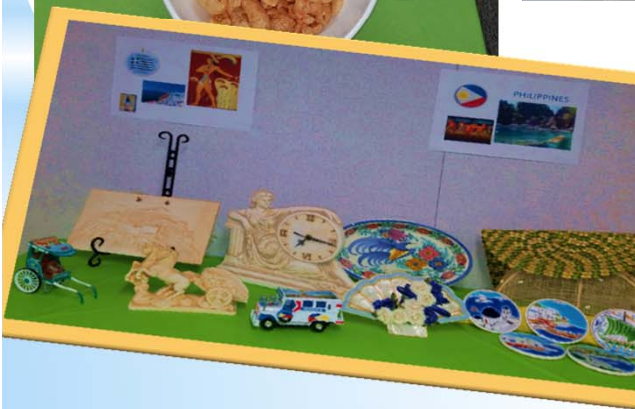
Juvenile Justice



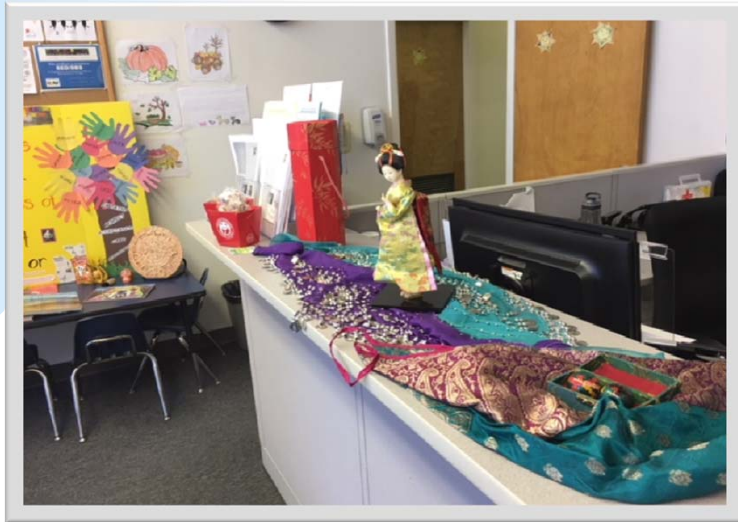
Modesto Recovery Services



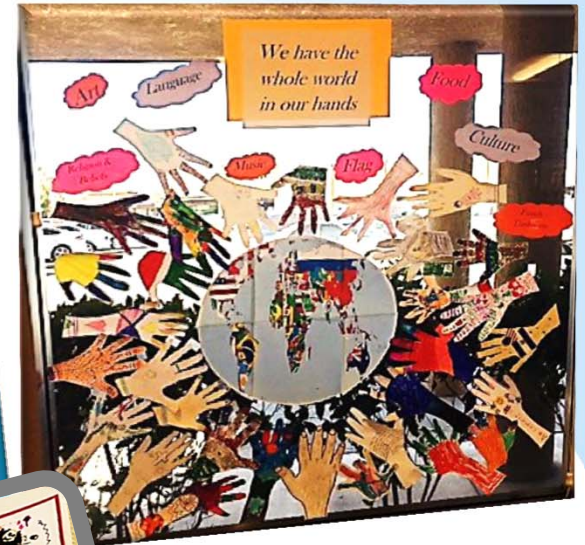
Prevention Services



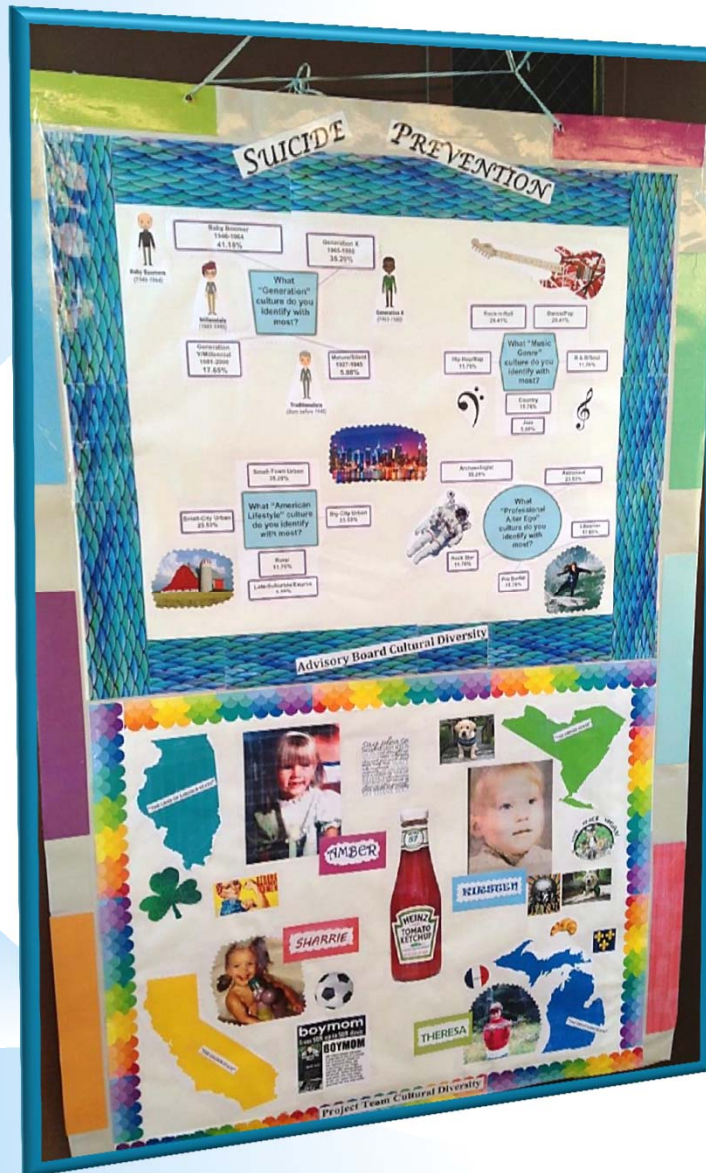
SED / SBS



Sierra Vista Child & Family Services



Suicide Prevention Innovation Project



Suicide Prevention Advisory Board

Cultural Diversity Week 2017 Participation

What "Music Genre" culture do you identify with most?

R & B/ Soul 11.76% Country 11.76%
 Hip Hop/ Rap 11.76% Jazz 5.88%
 Dance/ Pop 29.41% Rock & Roll 29.41%



Langer



Fuchs



Ellen Luber



Mabona



Frazier



McCartney

What "American Lifestyle" culture do you identify with most?

Big City Urban 23.53%
 Small City Urban 23.53%
 Small Town Urban 35.29%
 Late Suburbia / Exurbs 5.88%
 Rural 11.76%



What "Professional Alter Ego" culture do you identify with most?

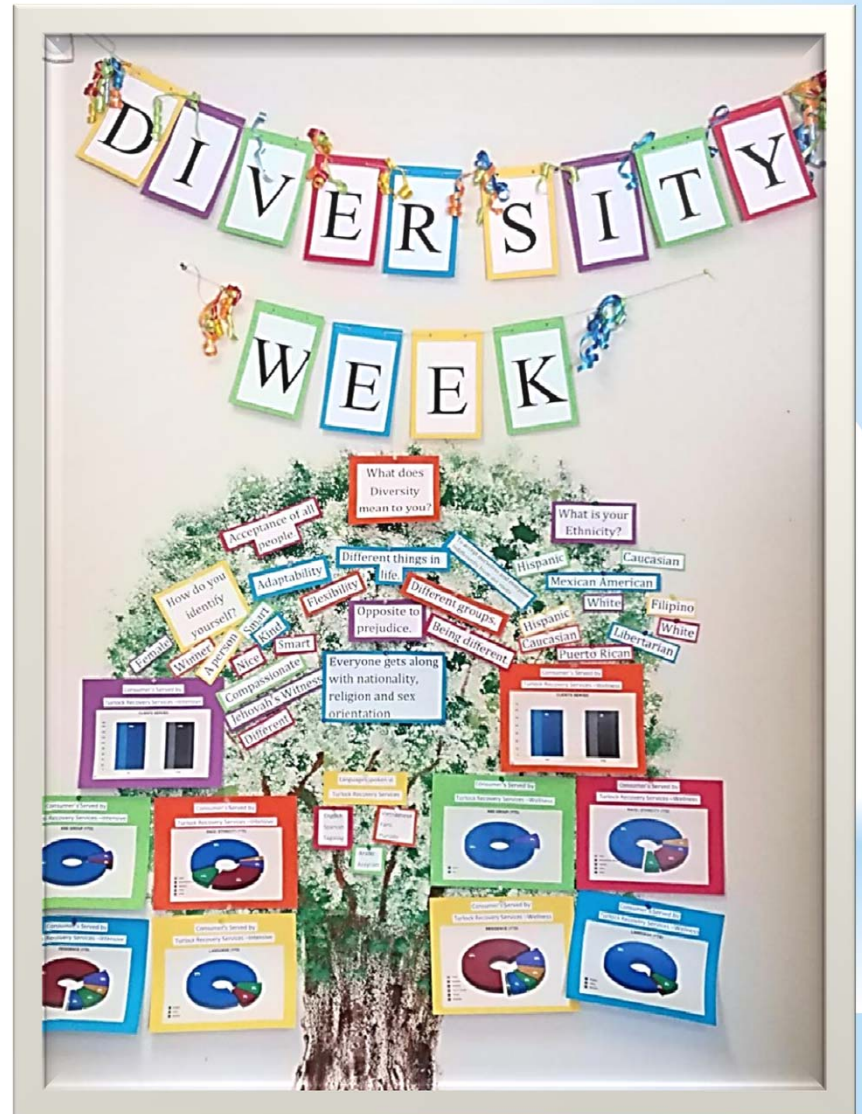
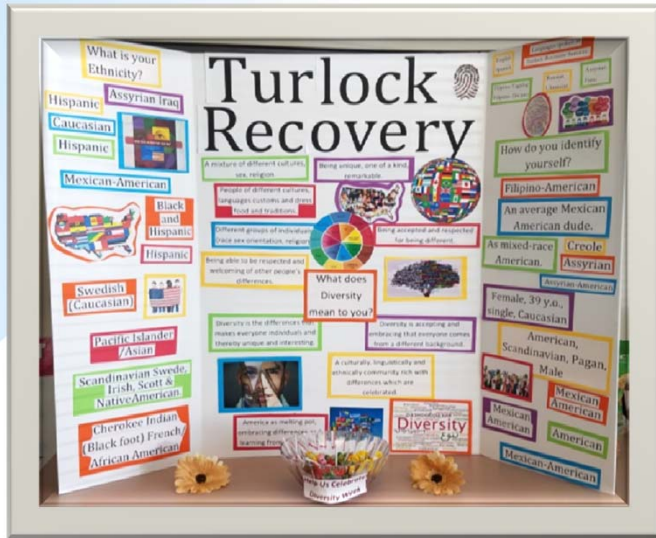


Rock Star 11.76%
 Librarian 17.65%
 Professional Surfer 11.76%
 Astronaut 23.53%
 Archaeologist 35.29%

Telecare - Latino Access Program



Turlock Recovery Services



Wellness Recovery Center



Certificate of Appreciation

Celebrating Cultural DIVERSITY! Certificate of Appreciation

In recognition of your participation in Diversity Week
Week October 2nd – 6th, 2017

This certificate is awarded to
ADMINISTRATION

Associate Director

Date

Director

Date

Behavioral Health and Recovery Services

CLAS STANDARDS

The National Standards for Culturally and Linguistically Appropriate Services (CLAS)

- ▶ A set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services.
- ▶ The National CLAS Standards were first developed by the HHS Office of Minority Health in 2000. Following 10 years of successful implementation, the Office of Minority Health launched an initiative to update the Standards to reflect the tremendous growth in the field of cultural and linguistic competency since 2000 and the increasing diversity of the nation.
- ▶ The Enhancement Initiative lasted from 2010 to 2013, and it had three major components: a public comment period, a systematic literature review, and ongoing consultations with an advisory committee comprised of leaders and experts from a variety of settings in the public and private sectors. (www.thinkculturalhealth.hhs.gov)

The Enhanced National CLAS Standards

- ▶ The enhanced National CLAS Standards were developed in response to health and health care disparities, changing demographics, and legal and accreditation requirements.
- ▶ The enhanced National CLAS Standards have a broader reach to address the importance of cultural and linguistic competency at every point of contact throughout the health care and health services continuum. Specifically, the Standards' conceptualization of culture, audience, health, and recipients were expanded to improve the quality of services and primary care outcomes.
- ▶ Health care policies, such as the Affordable Care Act, have also helped to underscore the importance of cultural and linguistic competency as part of high quality health care and services.
- ▶ National accreditation standards for professional licensure and accreditation of health care centers such as Federally Qualified Health Centers, has helped accentuate the importance of cultural and linguistic competency as a part of high quality health care services. (www.thinkculturalhealth.hhs.gov)

Expanded Standards	National CLAS Standards 2000	National CLAS Standards 2013
CULTURE	Defined in terms of racial, ethnic and linguistic groups	Defined in terms of racial, ethnic and linguistic groups, as well as geographical, religious and spiritual, biological and sociological characteristics
AUDIENCE	Health care organizations	Health and health care organizations
HEALTH	Definition of health was implicit	Explicit definition of health to include physical, mental, social and spiritual well-being

National CLAS Standards in California

- ▶ The California Department of Public Health has incorporated the National CLAS Standards in state policies and procedures.
- ▶ In 2014, the Department's Office of Health Equity drafted California's Statewide Plan to Promote Health and Mental Health Equity,¹ which outlined priorities and goals targeted for implementation through 2019.
- ▶ The Department of Health Care Services mandates that each county's mental health department develop and annually update a Cultural Competence Plan³ to facilitate cultural competency at the county level, in accordance with the California Code of Regulations, Title 9 §1810.410 (9 CCR §1810.410). The goal of a Cultural Competence Plan is to ensure the reduction of mental health service disparities identified in racial, ethnic, cultural, linguistic, and other underserved populations and the development of the most culturally and linguistically competent programs and services, to meet the needs of California's diverse racial, ethnic, and cultural communities in the mental health system of care.
(<https://www.thinkculturalhealth.hhs.gov/assets/pdfs/CLASCompendium.pdf>)

Format of National CLAS Standards

- ▶ Principal Standard and Three Enhanced Themes with a total of 15 Standards
 - ▶ **Principal Standard (Standard 1):** it has been made the principal Standard to frame the essential goals of all the Standards.
 - ▶ **THEME1:Governance, Leadership, and Workforce (Standards 2-4)**
 - ▶ **THEME 2: Communication and Language Assistance (Standards 5-8)**
 - ▶ **THEME 3:Engagement, Continuous Improvement, and Accountability: (Standards 9-15)**

Principal Statement (Standard 1)

- ▶ 1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
- ▶ **Culture**: “The integrated patter of thoughts, communications, actions, customs, beliefs, values, and institutions associated wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics. Culture is dynamic in nature and individuals may identify with multiple cultures over the course of their lifetime.”
(<https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf>)
- ▶ Individuals do not experience their lives or their health through a single lens of identity (e.g., solely on race, gender, religion, or sexual orientation)

Principal Statement (Standard 1) Elements of Culture

- ▶ Age
- ▶ Gender, Gender Identity, Sexual Orientation
- ▶ cognitive ability or limitations
- ▶ Country of Origin
- ▶ Degree of Acculturation
- ▶ Educational level attained
- ▶ Environment and Surroundings
- ▶ Family and household composition
- ▶ Gender identity
- ▶ Health Practices (e.g., traditional healers, Reiki, Acupuncture, etc.)

Principal Statement (Standard 1)

Elements of Culture Continued

- ▶ Linguistic Characteristics, including language (s) spoken, written, or signed; dialects or regional variants; literacy levels; and other related communication needs.
- ▶ Military Affiliation
- ▶ Occupational Groups
- ▶ Perceptions/beliefs regarding diet and nutrition
- ▶ Physical Ability or limitations
- ▶ Political beliefs
- ▶ Racial and ethnic groups - including but not limited to - those defined by the U.S Census Bureau.
- ▶ Religious and Spiritual Characteristics including beliefs, practices, and support systems related to how an individual finds and defines meaning in his/her life.

Principal Statement (Standard 1): Putting it all together

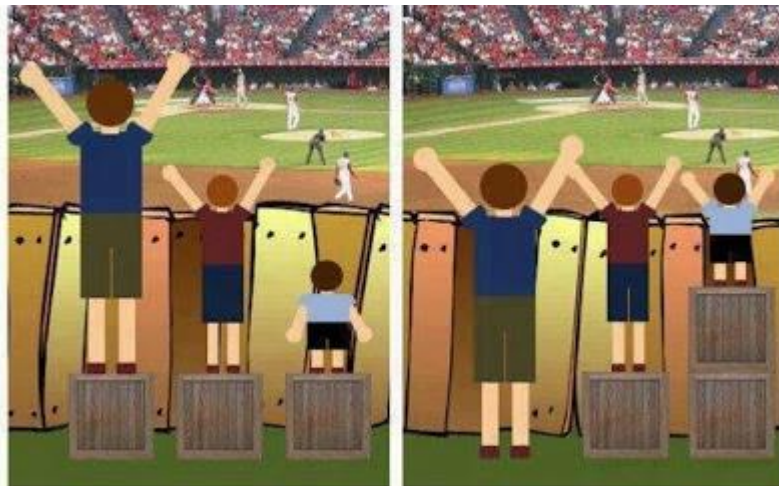
- ▶ Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs
- ▶ What are Effective Care and Services?
- ▶ How does Equitable Care and Services look like?
- ▶ How can we provide Understandable Care and Services?
- ▶ How do we provide Respectful Care and Services?
- ▶ How do we integrate Cultural Beliefs and Practices in the Care & Services?
- ▶ What efforts are we making in providing Care & Services in the Preferred Language, Health Literacy Level, and Communication Needs of our clients?

Principal Statement (Standard 1): Putting it all together

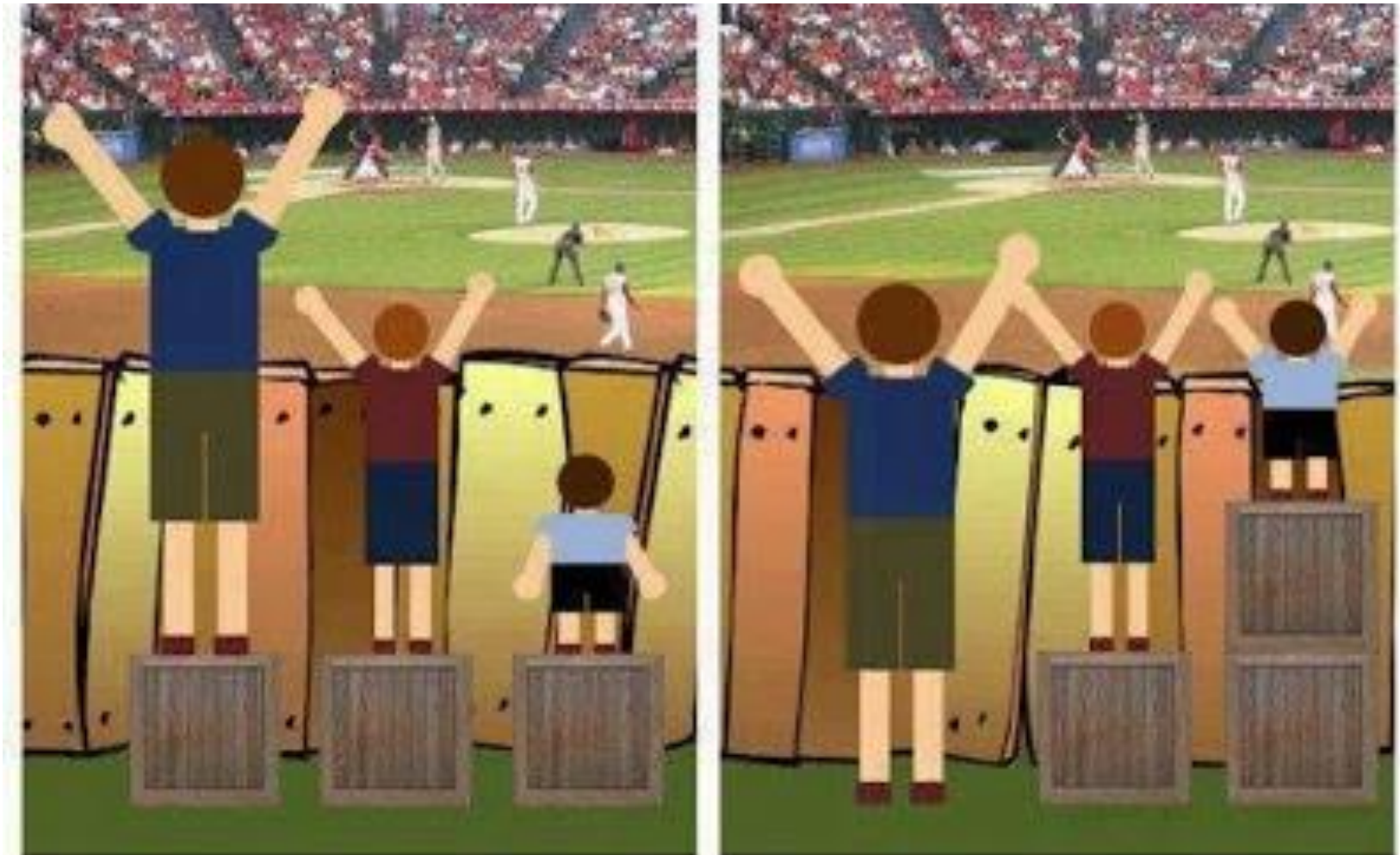
- ▶ EFFECTIVE CARE AND SERVICES:
- ▶ * Those that successfully restore an individual to his/her desired health status and help to protect his/her future health.
- ▶ * Ensuring that services are culturally and linguistically appropriate: **health promotions, disease prevention, diagnosis, treatment, supportive care, rehabilitation, palliative end-of-life care, mental & behavioral health, emergency care, and wellness and intervention.**
- ▶ * Imperative to providing effective care and services, service providers must understand the issue of illness, course of treatment or services for that individual or culture, and negotiate the solutions or treatment successfully with the individual.

Principal Statement (Standard 1): Putting it all together

- ▶ EQUITABLE CARE AND SERVICES: (Difference between EQUALITY & EQUITY?)
- ▶ * Must apply to all individuals and groups regardless of their cultural identity.
- ▶ * Equitable care and services are influenced by a number of factors, including but not limited to: **Race, education, health literacy, age, sexual orientation, ethnicity, religion, physical or mental disability, language, gender, gender expressions, gender identity, income, class, and access to care** (California Pan-Ethnic Health Network, 2010; National Partnership for Action and Health Disparities, 2011)
<http://www.cpehn.org/pdfs/Building%20Quality%20and%20Equitable%20Health%20Care%20Systems%2010-10.pdf>



EQUALITY AND EQUITY (JUSTICE)



Principal Statement (Standard 1): Putting it all together

▶ UNDERSTANDABLE CARE AND SERVICES:

- ▶ * Clear exchange of information between those providing care and services and those receiving them.
- ▶ * Individuals should be able to fully **comprehend** how to access care and services. What their treatment options are, and what they need to get and stay well.
- ▶ * Particularly important to those who have limited English proficiency, are deaf or hard of hearing, or may have difficulty comprehending the health care system and terminology.
- ▶ * It is estimated that 90% of adults have difficulty using everyday health information routinely found in health care facilities, retail outlets, media, and communities.
- ▶ * Limited health literacy is associated with poorer health outcomes and higher health care costs (HHS ODPHPO, 2012) (<http://www.health.gov/communication/literacy>)

Principal Statement (Standard 1): Putting it all together

▶ RESPECTFUL CARE AND SERVICES

- ▶ * Important to fostering an environment in which individuals from diverse backgrounds will feel comfortable discussing their needs with any service provider.
- ▶ * The U.S Department of Health and Human Services Agency for Health Care Research and Quality states on the Consumer Bill of Rights and Responsibilities that consumers “have the right to considerate, respectful care from all members of the health care system at all times and under all circumstances.”
(<https://archive.ahrq.gov/hcqual/cborr/chap5.html>)
- ▶ * All members of the health care team should provide individuals with assurances that disrespect and discrimination or any kind is intolerable and provide individuals with reasonable assistance to overcome language, cultural, physical, or communication barriers.
(<https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf>)

Principal Statement (Standard 1): Putting it all together

► CULTURAL HEALTH BELIEFS AND PRACTICES:

*Thoughts, communications, actions, beliefs, values, and institutions associated with one's cultural identity forms how individuals perceive illness, its cause, its treatment, and what wellness may look like (http://support.mchtraining.net/national_ccce/case0/concepts.html#4)

- Providers should inquire and try to understand traditional/cultural healing practices (e.g., curanderos, sobadores, acupuncture, cupping), used by consumers they serve and integrate these treatment approaches into treatment when appropriate.
- It is imperative that service providers and staff members engage in self-examination and honest self-assessment in order to understand how their own cultural beliefs and practices impact their own lives and professional activities.
- * It is equality important to not stereotype or overgeneralize any culture, in its beliefs or practices.

Principal Statement (Standard 1): Putting it all together

► PREFERRED LANGUAGES:

- According to the 2010 US Census, in the US about 8.7% of the population speaks “less than very well” English and should be considered limited English proficient for health and health care purposes according to the TJC *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals* (2010).
- Health and medical health terminology and discussions in English may be hard to comprehend for individuals who are conversant in English. Health Service providers should determine the communication and language barriers and assistance needed including interpreters, translators, materials, signage, etc.
- Communication should reflect appropriate health literacy level of the patients
- Just because someone speaks English does not mean they can read it (TJC, 2010)

Principal Statement (Standard 1): Putting it all together

- ▶ **HEALTH LITERACY:** The degree to which an individual has the capacity to obtain, process, and understand basic health information and services needed to make informed decision about their health (HHS ODPHP, 2000).
- About 12% of adults have proficient health literacy. Translates to nearly 9 out of 10 adults may lack the skills needed to manage their health and prevent disease (Kutner, M., Greenberg, E., Jin, Y., & Paulsen, C. (2006). The health literacy of America's adults: Results from the 2003 National Assessment of Adult Literacy (NCES 2006-483). Washington, DC: National Center for Education Statistics.)
- Adults with limited literacy skills are less likely to manage their chronic diseases and more likely to be hospitalized than adults with stronger literacy skills. This leads to poorer health outcomes and higher health care costs (<https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf>)

A better match between appropriate health literacy level provided to the population, patient or family being served, the greater the adherence to treatment, ability to engage in self-care, improved health status, and greater efficiency and costs to the health system. (http://www.health.gov/communication/HLActionPlan/pdf/Health_Literacy_Action_Plan.pdf)

Principal Statement (Standard 1): Putting it all together

COMMUNICATION NEEDS:

- Individuals commonly report that health professionals are not meeting their communication needs.
- Racial and ethnic minorities, individuals and families with limited English proficiency, and those with less education are more likely to have communication difficulties and to rate health care communication poorly.
- The communication needs of some individuals, culture or populations may be easier to identify than others.
- * Include the use of interpreters, translated materials, signage and wayfinding, augmentative and alternative communication resources, and auxiliary aids and services (<https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf>)

CLAS STANDARD NUMBER 3

Courtesy of Center for Applied Research Solutions
(CARS)

- ▶ **Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.**

The purposes of Standard 3 are:

- ▶ To create an environment in which culturally diverse individuals feel understood, welcomed, and valued.
- ▶ To promote trust and engagement with the communities and populations served.
- ▶ To infuse multicultural perspectives into planning, design, and implementation of CLAS.
- ▶ To ensure diverse viewpoints are represented in governance decisions.
- ▶ To increase knowledge and experience related to culture and language among staff.

What were doing:

- ▶ We continue to work to ensure that our workforce, including our Senior Leadership Team, is representative of the diverse population in our County.

Group Exercise

- ▶ How can we continue to operationalize CLAS Standard 3 throughout our agencies?
- ▶ Our Programs?

ENSURING WORKPLACE DIVERSITY

- ▶ As best as possible, ensure that our work force reflects the community that we serve.
- ▶ Does your workforce match the demographics that you serve or want to serve? If not, develop a hiring strategy to increase workforce diversity.

SUGGESTIONS FOR RECRUITING A DIVERSE WORKFORCE

- ▶ Talk to local organizations with community connections, including religious and spiritual organizations, cultural institutions, and colleges.
- ▶ Enlist the assistance of local nonprofits.
- ▶ Ask employees for referrals since they will have peers in the industry or know qualified candidates who may be looking for work.
- ▶ Make the job more compelling to job hunters by emphasizing details that will attract a more diverse candidate pool.
- ▶ Be culturally aware/sensitive when describing what makes your company a good place to work.

SUGGESTIONS FOR RETAINING A DIVERSE WORKFORCE

- ▶ Provide diversity training in your workplace. Employees should understand that hiring decisions are based on finding the best candidate and not on quotas.
- ▶ Making the recruiting process more transparent can help ease the minds of skeptical employees.
- ▶ Form staff workgroups that empower colleagues to improve community activities and events to attract the target population. This promotes innovation diversity as an asset.
 - Organizations get new ideas and employees are reassured that their differences are assets.

CLAS STANDARD NUMBER 6

Courtesy of Center for Applied Research Solutions
(CARS)

- ▶ **Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.**

The purposes of Standard 6 are:

- ▶ To inform individuals with limited English proficiency, in their preferred language, that language services are readily available at no cost to them.
- ▶ To facilitate access to language services.
- ▶ To assist organization to comply with requirements such as Title VI of Civil Rights Act of 1964; the Americans with Disabilities Act of 1990; and other relevant federal, state, and local requirements to which they may need to adhere.

Standard 6 in Stanislaus County BHRS:

- ▶ This information regarding this is posted in programs in the threshold language.
- ▶ Staff having first contact with an individual are also able to verbally let them know that we will provide staff or an interpreter who speaks their language.
- ▶ All of this information is part of our Policy and Procedure 90.1.106 - Language Assistance Services to Limited English Speaking Clients and Family Members.

CLAS STANDARD NUMBER 7

Courtesy of Center for Applied Research Solutions
(CARS)

- ▶ **Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.**

The purposes of Standard 7 are:

- ▶ To provide accurate and effective communication between individuals and providers.
- ▶ To reduce misunderstanding, dissatisfaction, omission of vital information, misdiagnosis inappropriate treatment and patient safety issues due to reliance on staff or individuals that lack interpreter training.
- ▶ To help organizations comply with requirements such as Title VI of the Civil Rights Act of 1964: the Americans with Disabilities Act of 1990: and other relevant federal, state, and local requirements to which they may need to adhere.

Standard 7 Interpreter guidelines:

- ▶ The use of Family and Friends should not be used to provide interpretation services (with exception of specific request by the client/consumer and after being informed of the risks of this choice and that a trained, confidential interpreter can be provided without cost).
- ▶ Interpreters must be qualified to work in the health industry and have no conflicts of interest with the client/consumer.
- ▶ Providers can educate and inform clients/consumers on how and when to use an interpreter.
- ▶ Providers can educate and inform clients/consumers on confidentiality issues and reassure clients/consumers who are not comfortable with interpreters.

Standard 7 Interpreter guidelines:

- ▶ Staff should receive regular trainings on how to effectively use an interpreter.
- ▶ Bilingual staff should be tested to determine if they have a command of English and the target language.
- ▶ Tools should be in place for measuring interpreter skills and qualifications.
 - ▶ Both in English and Target language.
 - ▶ Regarding Techniques, ethics, and cross-cultural issues.
 - ▶ Interpreter use should be documented.

Standard 7 in Stanislaus County BHRS:

- ▶ We do not allow children and adolescents to provide translation. .
- ▶ We discourage adult family members from being interpreters as well, but there may be occasions when the individual strongly prefers to have their family member do the interpreting..
- ▶ All of our interpreters and staff receive training regarding the Principles and Practices of Interpreting.

CLAS STANDARD NUMBER 8

Courtesy of Center for Applied Research Solutions
(CARS)

- ▶ **Provide easy-to-understand print and multimedia materials and signage in languages commonly used by the populations in the service area.**

The purposes of Standard 8 are:


- ▶ To ensure that readers of other languages and individuals with various health literacy levels are able to access care and services.
- ▶ To provide access to health-related information and facilitate comprehension of, and adherence to, instructions and health plan requirements.
- ▶ To enable all individuals to make informed decisions regarding their health, care, and services options.
- ▶ To offer an effective way to communicate with large numbers of people and supplement information provided orally by staff members.
- ▶ To help organizations comply with the requirements such as Title VI of the Civil Rights Act of 1964; the Americans with Disabilities Act of 1990; and other relevant federal, state and local requirements to which they may need to adhere.

Things to Take Into Consideration

- ▶ Do the documents provided by your agency address the person's reading level?
- ▶ Do they meet a basic level of health literacy?
- ▶ How do we verify that the person understood the material?
- ▶ Not all translations mean the same thing.

Standard 8 in Stanislaus BHRS:

- ▶ Many of the materials that are distributed to clients is in both English and Spanish, including but not limited to, HIPAA materials, Consent to Treatment, Release of Information as well as brochures and some media materials.
- ▶ The Medi-Cal booklet is also available in large print and on CD's.



PROJECT HOPE
Supporting Older Adults

"Once you chose hope,
anything is possible"-
Christopher Reeves




H Helping
O Others while
P Promoting
E Empowerment

Serving those 60 years of age and over

Presented By Vinitica Grant, ASW
and Arthur Ramirez

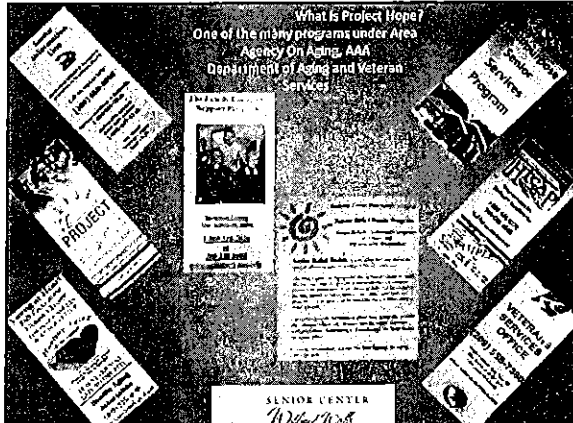
Family Caregiver Support
Project Hope
Ombudsman of Modesto
SER-Jobs For Progress, Inc.
Senior Community Services Employment Program
Healthy Aging Association Young At Heart
Home Delivered Meals and Congregate Sites
HICAP Health Insurance & Advocacy Program
Catholic Charities Homemaker Program
Case Management
MSSP Multipurpose senior Service Program
Senior Law Project
Veterans Services Office

What Is Project Hope?
One of the many programs under Area Agency On Aging
ASV Department of Aging and Veteran Services

Area Agency on Aging
3340 Easton Road, Suite 110
Modesto, CA 95351
www.aaaamodesto.org

What Is Project Hope?
One of the many programs under Area Agency On Aging, AAA
Department of Aging and Veteran Services



Senior Center
What's Next

VETERANS SERVICES OFFICE

What Does Project Hope Do?

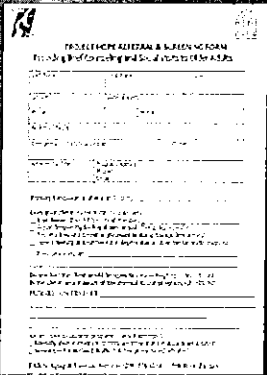
Provide **free in-home** emotional support and social visits for those who meet the following criteria:

YES	NO
<ul style="list-style-type: none">Resides in Stanislaus CountyIs 60 years of age and overIs currently experiencing difficult emotions and situations that they are struggling to cope withWilling to talk openly about their chief complaints and/or concernsIs NOT currently participating in psychotherapy/counseling	<ul style="list-style-type: none">Unstable / Not AppropriatePlaced in LTC (Long Term Care) or a SNF (Skilled Nursing Facility)Unable to comply or actively participate due to cognitive or memory impairmentHistory of hospitalizations due to 5150 (subject to screening)Homicidal/Suicidal Ideations

Who can make a referral?


ANYONE!

- Doctors
- Nurses
- Caregivers
- Social workers
- Family members
- Friends
- Volunteers
- Students/Interns
- The client himself/herself



Don't have access to a referral form... No Problem

"Think Pink" and Call it In...



Call us, we'll help!
(209) 558-8698

For help elsewhere in California:
1-800-510-2028

For more information:
Senior Care Locator
1-800-877-3111

Our hours:
Monday - Friday
8 AM - 4 PM

Area Agency on Aging
3500 Coffee Road, Suite 13
Modesto, CA 95333

We have a live operator available Monday-Friday from 8:00 am - 4:30 pm.

If you call after hours please leave message with your name and phone number so a member of our staff can call you back to take the referral.

The Process

After referral is submitted, a phone screening takes place. Then a home visit and assessment by a member of our staff. Appropriate program is determined with clients input.

Project Hope Program Components

Professional Counselling- Providing Early Intervention Counselling Services

Peer Counseling- Peer 2 Peer Support and Encouragement

Friendly Visitor- Companionship and Socialization

Our Team

Jill Erickson, RD
Program Manager

Uinda Lowe
Manager
Department of Aging

Our Volunteers

Senior Peer Counselors 55 years of age and "more experienced" than I.

- Trained volunteer counselors
- On-Going supervision provided
- Live Scan Back-ground check
- Volunteers are older people themselves 55+
- Short-term 3-6 months duration
- Help client learn to cope & support them during difficult times.

Friendly Visitors 18 year of age and over

Informal socialization program

- Provide companionship to elderly citizens in their Homes and Care Homes
- Volunteers visit older adults minimum of twice/month
- Volunteers can be adults of any age
- Live Scan Back-ground check

Volunteer opportunities to learning, growth and give back to the community.

Professional Counseling BC Brief Counseling


"My counselor helped me to focus on my well-being and the changes I needed to make in my life". -BC Client

Annual Report
July 2016- June 2017

207 contacted referrals
310 in home therapy sessions

Satisfaction surveys
100% of clients stated that they felt their participation in the program made a difference.

"It gave me someone to talk to about things I don't feel comfortable talking to anyone about". -BC Client



Music Therapy for a broken heart



Senior Peer Counseling

10 active Senior Peer Counselors

Satisfaction Survey Results

"Honest communication, felt there was help and hope"

When asked how much the client felt they benefited from the program on a scale from 1-10 with 10 being the highest, the score was 9.1

Friendly Visitor Program
40+ Active Friendly Visitors

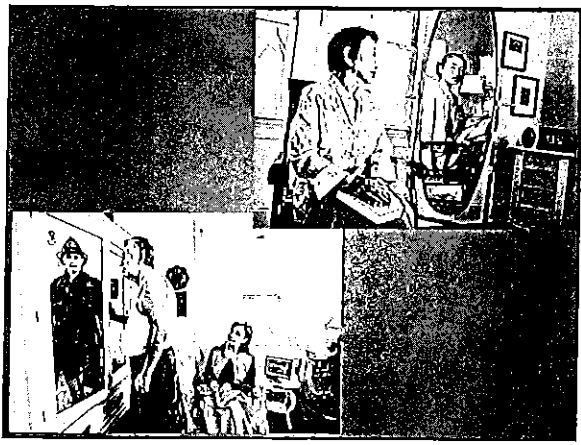
"I enjoy the visitor. Feels like someone cares about me"

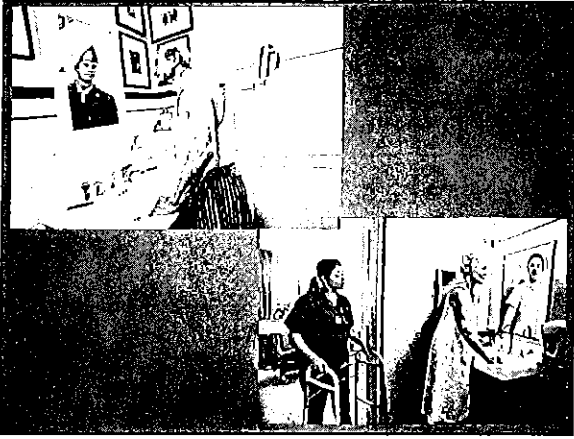
Satisfaction Survey Results

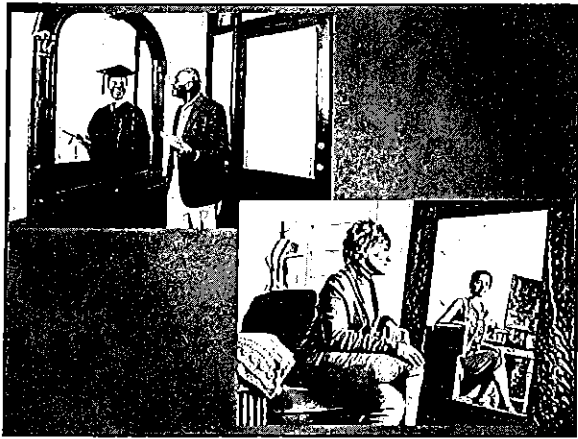
When asked how much the client felt they benefited from the program on a scale from 1-10 with ten being the highest, the score was 9

Friendly Visitor Program

Who are the people we serve?











- Police Officers
- Artist
- Doctors
- Dancers
- Cook
- Musicians
- Actors
- Business Owners
- Politicians
- Contributors to the community
- Grand Parents
- Mothers
- Fathers
- Aunts
- Uncles
- Siblings
- Neighbors
- Friends
- Our Past,
- Our Present,
- Our Priority
- & Our Future

- Who are the people we serve?**
People experiencing the following:
- Depression
 - Feeling down, sad, helpless
 - Isolation
 - Confined to house or room, no interaction with others
 - Lack of socialization
 - Declining Health
 - Physical limitations
 - Lack of Support
 - No family, friends or dependable persons
 - Financial difficulties
 - Unable to manage cost of monthly bills and medical expenses
 - Grief and loss
 - Death of loved one
 - Change in physical abilities
 - Change in Environment/Relocation
 - Elder Abuse
 - Physical
 - Emotional
 - Financial
 - Neglect
 - Family Dynamics
 - Adjustment
 - Difficulty with Assertive Communication

If you know someone who could
use a helping hand during a
difficult time, words of
encouragement and support...
please don't hesitate to contact us
WE'RE HERE TO HELP

 **Contact Us**

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