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INNOVATION PLAN ANNUAL UPDATE

FY 2022-2023

Introduction

This is the annual update for Fresno County Department of Behavioral Health's (DBH) Community Planning Process (CPP) Innovation (INN) Plan. Fresno County has completed four years of work under the current INN CPP Plan and will be entering the final year of the five-year plan. During the fiscal year (FY) 2022-23 the effort continued to engage the community to help identify and understand needs and opportunities.

As in the past CPP INN plan utilizes a variety of local initiatives that focus on Fresno County's underserved, un-served, and inappropriately served communities, including our Black Indigenous and Persons of Color (BIPOC) communities. Adhering to the spirit of the Mental Health Services Act (MHSA) to transform the mental health system, close the gap in services, reduce disparities, and improve outcomes the plan has sought ways to include our communities in the discussion and identifying opportunities. Fresno County has been striving towards a goal of inclusion and has sought to improve engagement to those marginalized communities that experience greater health disparities to better understand their needs, and to have them help drive ideas and strategies for addressing those needs in a culturally responsive manner.

The following Annual Update will highlight several efforts that were planned or conducted in the past year, which included needs assessments, concept development, and community engagement. In that previous year, Fresno County intended to implement several projects focused on community planning opportunities. For various reasons some of those were achieved and some were not.

Projects in FY 2022-23

Current project – African American Faith Community-based Participatory Action Research (PAR): In FY 2022/2023 the Project completed its phase one, which was focused on community engagement, mental health literacy and input. The goal had been to then draw from participating stakeholders for a year two/phase two which would develop a taskforce which would forum and examine training, technical assistance, needs assessment, or other supports to help identify viable culturally responsive opportunities to better meet the needs of Fresno County's African

American communities. Both the first and second phases will continue to be a community participatory action research with the focus on understanding the experience of learning and developing behavioral health needs of the community and impacts of mental health literacy.

The Department received reports from Jewel of Justice, the provider coordinating the African American Community PAR, and Fresno State, who provided evaluation of the impact of community engagement for mental health literacy. The Department then provided its own considerations based on the community input and results of phase/year one. This information was shared with the Diversity Equity and Inclusion (DEI) committee, the Department's leadership and the staff involved in MHSA functions. See Appendix A for the summary and reports.

The coming year will be focused on the stakeholder taskforce effort and experience. The evaluation will be focused on the plan's intent to engage through mental health literacy.

The projects will conclude at the end of FY 2023/24.

Both agreements will be in place for FY 2022/23 and the project's second phase and evaluation will be completed by June 30, 2024. There may be an opportunity to share these findings regionally, with County Behavioral Health Directors Association of California (CBHDA), or with the Mental Health Services Oversight and Accountability Commission (MHSOAC). The information obtained through this process shall be used to help with future strategies. Proposed changes to MHSA through Proposition 1, if passed, may curtail stakeholder ideas and opportunities in future MHSA Plans.

Project Completion – Understanding the needs and challenges of LGBTQ+ BIPOC in Fresno County: The identified project began work in FY 2021/22 with the work occurring across FY 21/22 and into FY 22/23. This span included planning, research, and development of surveys, and then conducting the survey, developing a training based on local LGBTQ BIPOC input and needs, and finally the development of a formal training. The work then was to facilitate the training and to measure the input from the training participants as well as the survey responses to determine the needs for local BIPOC LGBTQ communities, which ranged from more representative providers

to providers focused on the community, to just increasing the training and understanding of non-BIPOC and non-BIPOC LGBTQ communities.

Last year, the custom training was developed that met the specific needs for providers in Fresno County who have limited LGBTQ+-specific resources. The training is focused on local needs as identified by local stakeholders and research of best practices. The training can be used to support case managers, peer support staff, clinicians, medical personnel, and support staff to better serve and be inclusive of BIPOC LGBTQ+ individuals in their care. As the training is implemented the Department will work to understand if more and specialized training can address the need for better provision of care, or if the County should pursue a strategy of providing specific programming for LGBTQ+ and LGBTQ+ BIPOC individuals. The combination of the focused populations insights and feedback from personnel in the system of care can help identify other needs and opportunities.

Summary of the training and responses are included in the appendix (**Appendix B**).

Community Engagement – The Department sought to engage underserved communities in a culturally responsive manner. In May of 2023, the Department partnered with the City of Huron and the LEAP Institute to facilitate a mental wellness townhall in Spanish for the residents of Huron. This event was coordinated with local input, and presenters and presentations conducted in Spanish. A majority of the panelist were also speaking Spanish, and interpreters were used for a few sections. Topics included social determents of health, trauma, mental health stigma, substance use, children's mental health and local resources. This event was attended by 30 mono-lingual Spanish speaking adults and mostly older adults. Huron is a small, rural and geographically isolated (52 miles from the county seat of Fresno), that is an agriculture-based community with a population of about 6,700 persons, most of whom are Latino, with 40% of its population living in poverty. This event was the foundation for future efforts to just provide general information and hear from the community. The Department intends to plan follow up sessions/events in Huron, as well as other rural communities in Fresno County.

The event flyer is included in the appendix and features the presenters/speakers and topics.

Projects for Fiscal Year 2022-2023

In FY 2022/23, Fresno County DBH will continue to pursue the projects described above and in earlier annual updates, while simultaneously advancing several other initiatives that were identified in the previous years.

Community Needs Assessment - Completion of Human-Centered Community Needs Assessment for Spanish Speaking Parents

The Department contracted with Every Neighborhood Partnerships (ENP) to facilities a human centered community needs assessment focused on Spanish speaking parents. ENP utilized community health workers and other community educators for a variety of programs and has services and established relationships with underserved communities, including mono-lingual Spanish speakers. As such the Department partnered with them to learn more about the behavioral health needs, challenges, and ideas of mono-lingual Spanish speakers.
The final assessment was provided in June of 2023. The Department has reviewed that needs assessment and compiled its own additional summary and recommendations. The needs assessment and the Department's summary was shared with the MHSOAC, the Fresno County DEI Committee, the Fresno County Behavioral Health Board, CBHDA and other statewide organizations.

The insights are all key factors to improving access and systems, but the possible changes to Innovation funding under Proposition 1 will curtail some possible projects. Those will be determined based on more information in the coming year as related to Innovation funding. The information from these specific needs assessment will be used to support planning, systems improvement, and the cultural competency plan.

Community Needs Assessments - The Department's goals highlighted in the past annual updates for community needs assessments with indigenous populations from southern Mexico and Refugees/Immigrants was stalled. The identified community partners did not have the

capacity at the time with other health related projects. The third partner was going to cease services and did not want to take on a project it was not going to be able to complete.

Thus, the Department evaluated the data, the input from other community efforts and forums to identify opportunities to both gain input from other underserved communities and also identify unmet needs.

In the end the department issued a Request for Application (RFA), seeking local vendors who would be able to provide a needs assessment for three of four the following populations:

	POPULATION FOCUS
1	Punjabi Speakers
2	Community Councils or Community/Parents Taskforce
3	LGBTQ+ Youth
4	Inter-Faith/Faith Leaders

These four possible target populations were identified based on some input from the County's MHSA three community planning process, External Quality Review Organization (EQRO) reports, and other plans.

While Punjabi is not a threshold language, it is an emerging language in the county and in previous EQROs it was recommended the Department consider outreach efforts to the Punjabi speaking community. As the needs of the community are unknown and what information is needed, it was identified as focus area for a needs assessment, and the data obtained from such a needs assessment can help direct strategies and future efforts to address local needs.

There are several local grassroots efforts to address local issues, such as parents' groups, residents' council, etc., with some already examining children's health and wellness issues, needs, etc. Working with a community group already engaged in this work would be beneficial to helping the Department also understand existing efforts, issues, needs, and resources and

for the group to be able to develop a formal needs assessment funded through the Department to help formally guide their work. Such workgroup or bodies were identified as a possible target population.

The needs of LGBTQ+ youth are specific and often underrepresented in stakeholder planning and its also a marginalized population with higher risk for some behavioral health prevention and need for affirming care. As this target population (LGBTQ Youth) may not be easily identified or engaged, the RFA would seek vendors who have existing expertise and established standing within the community to successfully engage in the needs assessment.

The last focus area was to have a needs assessment that could facilitate a needs assessment with local faith leaders, faith communities and faith institutions (churches, synagogues, temples, mosques), as historically faith communities have had limited involvement in things like our Suicide Prevention Collaborative, behavioral health trainings, prevention efforts, and stakeholder processes. Understanding the needs of faith communities (which are often led by their local faith leaders) may help identify opportunities for inclusion, engagement, and partnerships.

The Department will launch the RFA in FY 2023/2024. The Department will seek to award three organizations with a purchasing contract for $25,000 each to focus on three of the four targeted populations. Depending on responses and other possible needs to understand service gaps or opportunities, additional needs assessments may be considered and conducted with community partners.

At this time the Department plans to invest $75,000 to $100,000 for community needs assessments focused on specific populations and communities.

The Department is also looking at the possibility of facilitating a needs assessment focused on the downtown Fresno area, which has a larger concentration of unhoused persons, as well as resources, and services to better understand the needs, the reasons for the concentration and understanding what the resources may be available. In FY 2023/2024 the team will explore options for such a possible needs assessment.

Concept Paper Collaboration - In the coming year, the Department will be working with Fresno Black Wellness and Prosperity Center to develop a concept paper that will examine a pathway for developing doulas with mental health specialization who can provide additional education, referrals and linkages while working with perinatal populations, in the home, and also having a formal training or accreditation similar to or certified peers. The plan will examine options, training to develop a workforce who can also bill Medi-Cal for mental health services provided as a doula, who may be able to reach other underserved populations.

Statewide Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) - Fresno County has been one of the four cohort counites working with the Solano County and the UC Davis' Center for Reducing Health Disparities to learn and implement ICCTM in an effort to both engage underserved communities and foster new culturally responsive ideas. The Department has allocated some funding from the INN CPP plan to support ICCTM engaging in community efforts to help generate ideas and opportunities for projects that can better meet local needs. The Department had discussions with the Break Box Thought Collective, and its work with local African American Youth, to examine possible projects to pilot or examine community defined practices that may be effective for local African American Youth. The Department has set aside funds to assist with any community planning, forums, or other efforts through the ICCTM to assist this organization in developing and submitting some possible concept papers and plans to the MHSOAC.

Next Steps

Going into the final year of a five-year project, Fresno County will seek to implement the BIPOC LGBTQ+ project training, the African American Community Participatory Action Research project, several community needs assessments, and some community driven concept papers to help inform future plans, strategies and address issues.

There have been some delays with some plans and efforts. The Department has worked to be adaptable in its work with this plan to ensure it leverages it in a manner that helps underserved and inappropriately served communities voice their needs. The Department intends to facilitate

and complete several needs assessments, concept papers and completion of some participatory action work. The future use of these may result in Innovation plans (pending outcomes of Proposition 1 on the March 2024 ballot), however the data and community input from these efforts will be able to support more responsive and inclusive care, systems, processes and opportunities.

The County will explore opportunities to engage small, marginalized, underserved, or inappropriately served communities through trusted community organizations. These may include supporting some communities to exploring possible community defined evidence practice (CDEP) opportunities, townhalls, community forums, and other direct engagement in those specific communities.

Budget

Of the $750,000 allocated to this Innovation project, a total of $340,021.43 has been expended through June 30, 2023. As of July 1, 2023, the current INN CPP has $273,000 in services planned to be spend on continuing projects and new plan and needs assessment.

For FY 2023/2024 the County is projected to end with a remaining balance of $136,573.96 (having spent $613,426). The pending balance may provide an opportunity to conduct some additional local needs assessments examining workforce needs, youth focused community forums, and possibly justice involved populations.

FY 2023-2024 Projected Budgets

Several projects where increased to address the significant change in costs based on increased fuel costs and inflation. Budgets have been slightly adjusted to address changes in costs of planning, but also to maximize opportunities to combine and leverage other efforts to help reduce costs where possible and to allow for maximum use of funds for community planning and engagement.

Project Name	**Projected Budget for 2023-2024**

African American Community Participatory Action Research (C-PAR) Phase 2	$100,000
African American CPAR Evaluation	$55,000
Community Forums/Listening Session	$10,000
Punjabi Needs Assessment	$25,000
ICCTM Support	$10,000
Community Taskforce Needs Assessment	$25,000
LGBTQ+ Youth Needs Assessment	$25,000
Downtown Fresno Needs Assessment	$20,000
Doula Mental Health Training/Certification Concept Paper	$45,000
	$315,000

Budget Narrative

- African American Community PAR – The Department had committed an initial investment of $105,000 to initiate work on this Participatory Action Research project.
    - $50,000 for the initial work and providing the behavioral health literacy for the first phase.
    - $55,000 has been allocated for the evaluation of the PAR by a third-party academic institution (over two years)
    - An additional $100,000 has been allocated for a phase two by a taskforce comprised of trained community members and leaders which will focus on needs and strategies for reducing behavioral health disparities through planning, training, or projects.
- Community Needs Assessments - Up to $75,000 shall be allocated for work with community-based organizations for development of a community needs assessment identifying the service needs and gaps for three of the four identified community. Punjabi speaking residents in Fresno County, Community Council/Parents Taskforce, LGBTQ Youth, and Faith Leaders/Faith Communities.
- Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) - As the pilot training and consultation are provided at no cost and the Department will continue to set aside up to $10,000 to be used to support its work with community workgroups. The

funds shall be used to conduct/complete surveys, provide food for events, incentives for participants to demonstrate the value for their time and input, cost for venues, etc. Fresno County will receive the training and support from Solano County and the UC Davis Center for Reducing Health Disparities.

- Doula Mental Health Certification Concept- Up to $45,000 will be allocated to support community collaboration to develop a possible concept paper to explore specialized mental health trainings for doulas, that will allow trained/certified doulas to bill Medi-Cal for specific mental health services (screening, access and linkage, care coordination).
- $20,000 will be set aside to support any other identified needs assessments that can support community planning, improve community voice and quality of care opportunities in the future.
- Additional funding may be used for possible workforce needs assessment, capacity, justice involved, and youth focused townhalls/community forums.

Appendix

- A- African American Community Participatory Action Research Evaluation and Report.
- B- BIPOC LGBTQ Training Post Survey Results and Report.
- C- Huron Townhall Event Flyers

Evaluation of the Fresno County "**African American & Behavioral Health Community-Based Participatory Action Research (CBPAR)"** Project

Jewel of Justice: Dr. Karen Crozier, Garbralle Conroe, Kalisha Goodwin & Candace Mayo
California State University, Fresno: Dr. Travis W. Cronin, Dr. De Anna Reese, Dr. Reva. E. Sias, Dr. Cheryl A. Whittle, & Dr. Jenelle Pitt-Parker.

REPORT: Year 1

African American & Behavioral Health Community-Based Participatory Action Research (CBPAR)

Executive Summary

ABSTRACT

Prior to the approval of this project, the intervention representatives from Jewel of Justice (JOJ-a community advocate), the representatives from Fresno County Division of Behavioral Health: Equity Division (DBH-the funding source), and the cross-disciplinary evaluation representatives from California State University, Fresno (i. e., Fresno State's Departments of Africana Studies/History, Education, English, and Social Work) came together to collaborate. We met monthly to establish the scope of work (March through August of 2022). Once DBH had executed the contract with JOJ (June 2022), we began to discuss the kick-off event (September 24, 2022), and established a core team with representatives from each of the partners: JOJ, DBH, and the Fresno State Evaluation Representatives, (FSER). For the purpose of this report, the African American & Behavioral Health Community-Based Participatory Action Research (CBPAR) data was analyzed and completed by the FSER, in collaboration with JOJ.

THE PURPOSE

The aim of this African American & Behavioral Health Community-Based Participatory Action Research (CBPAR) project is to gain insight from Fresno County's African American/Black community regarding their experiences with matters related to behavioral health, and to utilize this insight as a foundation to increase behavioral and mental health literacy. The data from this project will be used by DBH, to understand the specific behavioral health needs of African American/Blacks in Fresno County, and to leverage this data towards the design and implementation of culturally appropriate behavioral health services.

SCOPE OF WORK

The scope of work document indicated a start date of August 2022, for the FSER. Yet, the agreement was not in place until October 18, 2022. Nevertheless, the African American & Behavioral Health CBPAR kickoff event was held as planned on September 24, 2022. Intervention sessions were facilitated by JOJ throughout Year 1. Some of the sessions took place in person, and others took place online. The FSER worked with the JOJ representatives and DBH to establish the CBPAR methodology for Year 1. We decided that our primary mechanism for

data collection would be a survey. The survey evolved over time to include additional areas of interest. Thus, some items within the data were only available once the revised survey was distributed to participants (February 2023). Additional forms of data collection in Year 1 included observations from the intervention/evaluation representatives, data collection during the kickoff event, and information gathered from the sign-in sheets.

Overall, the data indicated that participation in community learning sessions (Intervention Sessions) increased mental health awareness and literacy among most participants. However, the matter of how mental health services are utilized and impacted by the community learning sessions/interventions was less clear.

Background/Introduction

This project focuses on the behavioral health needs of African and Black Americans in Fresno County, California, in the areas of literacy, awareness, and utilization of public, private, and personal services. We use the terms 'African American' and 'Black' to denote all people of African descent in the United States, which includes those in Fresno County who may trace their African/African American heritage from voluntary immigration to the United States (i.e., Caribbean, West Indian, Jamaican, Canadian, South African, etc.), as well as those who may trace their African/African American ancestry prior to the twentieth-century, through the global involuntary trans-Atlantic slave trade. For Year 1, we focused on promoting the project to specific sub-groups of African American and Black people in Fresno County, although all Black people were welcome to attend and participate. They were (1) Faith Communities and Leaders, (2) Students Grades 7-12 (School Sites and Group Homes) (7-12 no survey just sign-in information), (3) Undergraduate and Graduate Students, (4) Athletic Coaches, (5) Mentors, (6) Teams, and (7) Other Professionals – (Hair Stylists, Barbers, Educators, and Clinicians).

The intent in Year 1 was to build trusting relationships both internally and externally, through the evaluation of a behavioral health intervention process. The intervention consisted of conversational and educational sessions on topics that were primarily chosen by Black community participants at the African American and Behavioral Health Launch Event. Additional topics were chosen by DBH.

The topics engaged were: Bearing the Burden (Collaborative Agreed On and Led-Topic), Cultural Identity and Awareness (Black Professionals/Community-Led Topic), Mental Health 101 (DBH-led topic), The Public Behavioral Health System (DBH-led topic), Suicide Prevention and Intervention (DBH-led topic), Generational Trauma (Black Professionals/Community-Led Topic), Grief & Loss (Black Professionals/Community-Led Topic), Healing with the Arts (Black Professionals/Community-Led Topic with Black Woman-Led Art non-profit), Parenting While Black (Black Professionals/Community-Led Topic), Speaking Up & Out (Black Professionals/Community-Led Topic), and Black College Students & Behavioral Health (Black Professionals/Community-Led Topic).

We conducted both in-person and online 2-hour sessions in an attempt to increase participation and visibility of the project. The DBH provided Black behavioral health professionals to lead sessions to help build relationships between the agency and Black/African American participants. We designed and implemented conversations and educational learning sessions as the two-way Intervention for both the Black/African American participants and the DBH. In most instances, Black participants were both part of the community and the partnering agencies.

We gathered data from the participants through a survey that was designed and administered by the collaborative and elicited responses from participants who attended on their current or desired behavioral health practices.

There were two iterations of the survey instrument.[1, 2] We evaluated/assessed the intervention sessions regarding the impact on the Black community's behavioral health awareness, literacy, and service utilization/facilitation of the intervention sessions. We also requested data from the DBH to identify and address (e.g. make recommendations) the barriers to utilization of behavioral health services, programs, and funds by African American/Blacks.

During the initial exploration of this project, the DBH representatives asked us to utilize a community-based participatory research (CBPR) approach, and to center African and Black American community member experiences.

Toward the beginning of year one, a DBH representative was asked by JOJ and FSER for data about DBH service utilization by African and Black Americans. Several sets of data were provided. However, the data available from DBH was not sufficient to discern the utilization of DBH services by African and Black Americans. The data sets made available to JOJ and FSER did not provide any workable understanding of utilization or experience of African and Black Americans with regard to DBH programs and services.

Literature Review

Even as contemporary scholarship and clinical research titles suggest modifications of the research term (i.e., Community-Based Participatory Research (CBPR), Community-Based Participatory Action Research (CBPAR), and/or Community Participatory Action Research (CPAR)), there is no denying the strategic, collaborative, and social importance of community-based action research, which brings together the voices and expertise of academic researchers, community advocates, behavioral and mental health stakeholders, and the public/community at large, to identify and address the needs, goals, outcomes, and resources for targeted and diverse groups, people, and communities. For the purpose of this literature review, as found in the published scholarship, the respective research terms (i.e., Community-Based Participatory Research (CBPR), Community-Based Participatory Action

[1] Appendix A is the first iteration of the survey.
[2] Appendix B is the second iteration of the survey.

Research (CBPAR) and Community Participatory Action Research (CPAR)) are interchangeable, as well as signify that CBPR, CBPAR, and CPAR may have similar research designs, aims, and outcomes. To understand the collaborative trajectory of CBPAR, this review of contemporary scholarship illuminates relevant intersections, such as (1) Community Action Research Paradigm; (2) Mental Health Literacy & Stigma; and (3) African Americans and Mental Health Disparities.

COMMUNITY ACTION RESEARCH PARADIGM

We acknowledge that the African American & Behavior Health CBPAR was inspired by Alfiee M. Breland-Noble's *Community Mental Health Engagement with Racially Diverse Populations* (2020).[3] The seminal text theorizes and focuses on identified behavioral and mental health disparities that may impact marginalized populations, in general, as well as may impact racially diverse groups and people of color, more specifically. In the chapter, "Faith-Based Mental Health Promotion: Strategic Partnership Development of a Black Faith Community-Academic Pilot Project," Breland-Noble, et al. reflect on the importance of community-based research initiatives. They explain:

> Over the past 15-20 years, alternate methods to traditional research have been proposed to improve the participation of people of color in clinical research, to improve treatment efficacy, and as a means of addressing health disparities. Of these approaches, community-based participatory research (CBPR) has emerged as a potential solution given its adaptability and cultural relevance for diverse populations. CBPR is a partnership approach to research in which members of the community, organizational representatives, and academics contribute expertise and share decision making. This process integrates the academic expertise of professional researchers with the concerns and considerations of community members, making it highly adaptable and culturally relevant for diverse populations (113-114).

While community-based action research projects do not have to have a faith-based component or research perspective, scholars agree that CBPR, CBPAR, and CPAR empower community engagement (Burns, 2009; Breland-Noble, et al., 2020; Maiter, 2008). Still, the collaborative nature of community-based action research is valuable, and its ethical, social, and culturally relevant attributes should not be underestimated. For example, as our current study demonstrates, and as Lawrence W. Green and Shawna L. Mercer conclude, "Public health agencies can provide a bridge between university-based researchers and community-based projects, using participatory research at the agency level to adapt best practices and at the community level to ensure relevance of the research to the community's needs and actions" ("Community-Based Participatory Research," 1928). It is through the bridging of ideas, expertise, and resources that CPAR projects open a space beyond the traditional one-to-one research design and analysis models, such as researcher-to-public/community, researcher-to-community agency, and/or community agency-to-mental health stakeholder.

[3] County of Fresno Department of Behavioral Health Inter-Office Memorandum, dated July 8, 2020.

Thus, we look to guidance of DBH as the "bridge" for the African American & Behavior Health CBPAR collaboration.

Moreover, scholars maintain that action research is distinctive from traditional research methods because the "[a]ction involves taking calculated steps toward solving a community, social, or organizational problem" (Vivona and Wolfgram, 514). On the other hand, scholars like Michelle Fine (2008) and Ernest T. Stringer (2014) argue that action research is not a research methodology as used with other data collection and analysis models, but it is a research paradigm for investigation and social change. Stringer states, "The primary purpose of action research is to provide the means for people to engage in systemic inquiry to design a way of accomplishing a desired goal, and to evaluate its effectiveness" (*Action Research* 6). As proposed, community-based action research is a vehicle for community engagement, organizational awareness of a problem, critical investigation, and evaluation of goals and outcomes, which are true markers of collaborative research and knowledge development.

<u>MENTAL HEALTH LITERACY & STIGMA</u>

To foreground our critical community-based action investigation in the African American community, it was important to understand and have a general scope of behavioral and mental health literacies. In the groundbreaking article "Mental Health Literacy," Anthony F. Jorm, et al. offer the first definition for mental health literacy. In 1997, Jorm, et al. explain:

> "Health literacy" has been defined as the ability to gain access to, understand, and use information in ways which promote and maintain good health. By extension, we have coined the term "mental health literacy" to refer to knowledge and beliefs about mental disorders which aid their recognition, management or prevention. Mental health literacy includes the ability to recognize specific disorders; knowing how to seek mental health information; knowledge of risk factors and causes, of self-treatments, and of professional help available; and attitudes that promote recognition and appropriate help-seeking (182).

Scholars and clinicians agree on the definition of mental health literacy, as the Jorm, et al. study is referenced widely in publications across many disciplines, such as Public Policy and Marketing, Nursing, Women's Health, Social Work, College Student Development, and Medicine (just to name a few). While there are socioeconomic and environmental factors that may cause a delay in treatment or seeking help (i.e., poverty, lack of providers, lack of financial resources, etc.), research shows that individual and shared communal beliefs may also impact a lack of care. "For example, those living with a mental health condition are sometimes challenged by the stereotypes and prejudices that result from misconceptions about mental illness" (Kemp, Davis, and Porter, III, 262). Silence and silencing within and outside of the African American community may prevent mental health help-seeking. As Sullivan, et al. explain, "Additional barriers for African Americans may include having different, non-medical views of the etiology of mental health problems, stigma related to mental disorders, and mistrust of providers or of certain types of treatment such as medication" (540-541). Likewise, as sampled about *stigma* and *mental health literacy,* Sullivan, et al. report:

> *Stigma.* Participants in both focus groups and forums described widespread stigma associated with having mental illness or with seeing a mental health professional. They felt stigma was a key barrier to help seeking, and some even suggested that individuals would refrain from telling friends, their primary care providers, or pastor about mental illness either in their family or about their own symptoms. Older people sometimes viewed symptoms as a weakness; younger people were very concerned about what their peers would think (557).
> […]
> *Mental health literacy.* Participants in both forums and focus groups were concerned that most people did not know how to recognize mental illness and would, therefore, not understand when treatment was needed. […] Poor mental health literacy was also directly demonstrated by some of the participant's comments. There was a great deal of concern expressed about the need to educate children early about mental health (557).

Even as history and scholarship show that African American/Blacks are less likely to seek behavioral and mental health services than other ethnic groups, it is our belief that our current community-based participatory action research project may illuminate and facilitate mental health literacy in Black communities.

AFRICAN AMERICANS & MENTAL HEALTH DISPARITIES

Racially diverse and marginalized people of color are underrepresented in behavioral and mental health studies. Scholarship also shows that current knowledge of and best practices in mental health literacy have had a smaller impact and reach in African American communities. "In general, African Americans suffer from common mental disorders (such as depression and anxiety) at rates similar to Whites, but they are significantly less likely than Whites to receive treatment" (Sullivan, et al., 540). In light of racial and ethnic disparities in the United States, the U.S. Surgeon General has determined that historical and sociocultural factors, such as slavery, racial bias, racism, poverty, homelessness, incarceration, etc., in combination and individually, are uniquely linked to the mental health accessibility and treatment of Black people (*Mental Health,* 1999; *Mental Health: Culture, Race, and Ethnicity,* 2001). "The legacy of slavery and discrimination continues to influence their social and economic standing. The mental health of African Americans can be appreciated only with this wider historical context" (2001, 53). Yet, race-based assessments, when considering mental health care, are undervalued and/or omitted in many studies and in clinical practices.

According to McGuire and Miranda, a clear definition of racial/ethnic disparities in mental health is complicated. They explain:

> A consensus about what constitutes a "disparity" has not been reached despite a voluminous literature on the topic. The term disparity clearly connotes an unfair difference, but measurement of this difference is far from uniform. Here, we rely on the definition employed by the Institute of Medicine (IOM) in its *Unequal Treatment* report: a disparity is a difference in health care quality not due to differences in health care needs or preferences of the patient. As such, disparities can be rooted in inequalities in access to good providers, differences

> in insurance coverage, as well as stemming from discrimination by professionals in the clinical encounter (393).

Even with a lack of consensus, scholars also cite environmental and political factors (i.e., police brutality, violence/danger, political protests, etc.) as disparities that have a direct impact on mental health and well-being (Avent Harris, et al., 2020; Brown, 2008; Hirshbein, 2021). The level of trust or mistrust in authority figures, such as healthcare professionals, clergy, etc., may consciously and unconsciously hinder help-seeking and treatment. In addition, historical adversities must not be overlooked. According to the U.S. Surgeon General's Supplemental Report on Culture, Race, and Ethnicity:

> Historical adversity, which include slavery, sharecropping, race-based exclusion from health, educational, social, and economic resources, translate into socioeconomic disparities experienced by African Americans today. Socioeconomic status, in turn, is linked to mental health: Poor mental health is more common among those who are impoverished than those who are more affluent (57).

But even as it is recognized that people of African descent in America "suffer a disproportionate burden of mental illness," Newhill and Harris note that the Surgeon General's "report concluded that there is a large gap between the need for services and the services actually provided" (2007, 108). Likewise, with respect to our current CBPAR project, we also recognize the important distinction, and are hopeful that the community-based action research data may be used as an assessment tool for analysis of any racial/ethnic disparities and gap(s) "between the need for services and the services actually provided."

Methods

RESEARCH QUESTIONS

Q1) Does participation in community learning sessions impact community mental health awareness?

Q2) Does participation in community learning sessions impact community mental health literacy?

Q3) Does participation in community learning sessions impact community mental health service utilization/facilitation?

SUMMARY OF METHODOLOGIES UTILIZED IN YEAR 1

The representatives from Jewel of Justice (JOJ), Fresno State (FSER), and the Fresno County Department of Behavioral Health (DBH) met often during Year 1 to discuss the project overall, and the methodologies we wanted to utilize. Several meetings were open to the entire team, but early into Year 1 a core leadership approach was used where a single representative from Fresno State (Dr. Pitt-Parker or Dr. Travis Cronin), and DBH (Mr. Dennis Horn) joined the JOJ

representatives. Meetings were held 1-2 per month to plan for the events (community learning sessions/interventions) and to process observations and data collected during the events. These meetings informed the data collection process, served as an initial space to discuss the data as it was collected, and helped the collective project assess what adjustments were needed to maximize our success as we headed into Year 2, where we would utilize a community-based participatory action research (CBPAR) approach. The DBH representatives specifically expressed their interest in a CBPAR design for both the intervention and evaluation.

We decided to create a simple survey to understand at a basic level if the community learning sessions/interventions were helpful to raising behavioral/mental health awareness and literacy. The initial survey had four quantitative items and an open-ended item. The initial survey was used for the first seven learning sessions (September - December 2022). The representatives decided to keep four of the initial items, add five substantive items (related to awareness, literacy, and utilization), and add three demographic items.

EVENTS AND ATTENDANCE

Jewel of Justice hosted 18 events (e.g. launch, intervention sessions, CBPAR presentation, and Leadership Council Development Dinner), with 171 participants across the 18 events. The events ranged from two to 30 participants, with a median of 7 participants. Three events had more than 20 participants.

Event	**Date**	**Number Registered**	**Number Attended**
Project Launch – Jewel of Justice, Fresno State, and DBH	9/24/22	5	13
Bearing the Burden – African American Community Co-Facilitator w/ Jewel of Justice	10/14/22	0	2
Mental Health 101 – DBH Black Staff Co-Facilitator w/ Jewel of Justice	11/7/22	2	5
Mental Health 101 (online) DBH Black Staff Co-Facilitator w/ Jewel of Justice	11/17/22	2	2

The Public Behavioral Health System – DBH Black Staff Co-Facilitator w/ Jewel of Justice	12/5/22	1	3
Generational Trauma African American Community Co-Facilitator w/ Jewel of Justice	12/9/22	1	2
The Public Behavioral Health System (online) DBH Black Staff Co-Facilitator w/ Jewel of Justice	12/15/22	8	8
Grief & Loss – African American Community Co-Facilitator w/ Jewel of Justice	1/13/23	0	2
Cultural Identity and Awareness – African American Community Co-Facilitator w/Jewel of Justice	2/10/23	8	12
Healing with the Arts Jewel of Justice Collaborated with B Awesum	2/17/23	12	30
Suicide Prevention & Intervention – DBH Black Co-Facilitator w/ Jewel of Justice	3/6/23	1	4
Suicide Prevention & Intervention (on-line) – DBH Black Facilitator w/ Jewel of Justice	3/22/23	7	7

Parenting While Black, Pt. 1 – African American Community Co-Facilitator w/ Jewel of Justice	3/29/23	7	8
Parenting While Black, Pt. 2 – African American Co-Facilitator w/ Jewel of Justice	4/12/23	10	6
Speaking Up & Out – African American Community Co-Facilitator w/ Jewel of Justice	4/19/23	8	8
Black College Students Behavioral Health Conversation – Jewel of Justice and Fresno State	4/27/23	0	28
CPAR Inquiry and Design Presentation	6/13/23	20	23
Design of Leadership Council Dinner Gathering	6/29/23	14	11

Table 1 (Year 1; Submitted By: Karen Crozier)

Findings & Results (Key Learnings & Analysis)

Q 1) What do we know regarding question 1 (awareness), and how do we know it?

RQ 2) What do we know regarding question 2 (literacy), and how do we know it?

RQ 3) What do we know regarding question 3 (utilization/facilitation), and how do we know it?

PARTICIPANTS

We had multiple strategies to learn about the identities of the participants including the data on sign-in sheets. Demographic identifiers were not included on the first iteration of the survey due to historical and contemporary misgivings about the research process among many African

American/Blacks. We purposely kept a lower profile with regard to demographic questions in hopes of building a sense of trust with participants. The second iteration of the survey (n = 31) included items regarding ethnic/racial identity, gender, and age.

Participants could select multiple racial and ethnic categories. The most common ethnic and racial identities were African American (n = 18, 58%), and Black (n = 12, 39%). Other responses with at least one response, yet less than four responses : Black African, Afro Latina/o/x, Afro Caribbean, multi-racial, and biracial.

Most of the participants (n = 25, 81%) identified as female. The remaining (n = 6, 19%) identified as male.

The age variable was collected in categories to protect anonymity within a small sample. The age categories included: 18-25 (n = 3), 26-35 (n = 11), 36-45 (n = 7), 46-55 (n = 0), and 56 or older (n = 7). Three participants did not select an age answer.

SURVEYS

We received 21 responses to the initial survey. There were 35 participants when the initial survey was administered, therefore the 21 survey responses represented a 60% response rate. All 21 participants (100%) answered “yes” to the prompts: This event helped me to think about how I take care of my mental health; I want to attend other events similar to this; and I intend to share what I learned from this event with other people. Twenty of the 21 participants (95%) answered “yes” to the prompt: This event helped me to think about how I receive mental health support from other people. The remaining participant (5%) indicated that they were “unsure” about this item. Eighteen of the 20 participants (90%) answered “yes” and two participants answered “unsure” to the prompt, “This event helped me to think of new ways to take care of my mental health.” One participant did not respond to this prompt. Of the 21 participants who submitted a survey, 11 (52%) answered the open-ended prompt: Please share any other information you would like to share with us about your experiences this evening. The most common sentiments included gratitude, and safety. For example, one participant wrote, “Thank you for giving me the space (to) talk about concerns I don't get the chance to talk about.”

We received 31 responses to the second iteration of the survey. There were 136 participants when the second iteration of the survey was administered, therefore the 31 survey responses represented a 22% response rate. All 31 participants (100%) answered “yes” to the prompts: This event helped me to think about new ideas to take care of my mental health; Attending this session helped to build my mental/behavioral health awareness. Thirty participants (96%) selected “yes” to the prompt: I intend to share what I learned from this session with other people. Twenty-nine participants (93%) selected “yes” to the prompt: This session helped me to think about how I take care of my mental health, one participant (3%) selected “unsure,” and the final participant (3%) selected “no” in response to this item. Twenty-eight participants (90%) selected “yes” to the prompt: This session helped me to think about how I receive mental health support from other people. The remaining 3 participants (10%) selected “no” in response to this item. Of the 31 participants who submitted a response to the second iteration of the

survey, 10 (7%) answered the open-ended prompt: Please share any other information you would like to share with us about your experiences this evening. The most common sentiments included gratitude, and safety. For example, one participant wrote, “I think this session was very healing and freeing. It was nice to have a safe space to express myself and hear from other women who are like me. It was nice to find community and to experience this space with this amazing group of women.”

The second iteration of the survey included additional items in an attempt to understand behavioral health utilization issues. Twenty-nine participants (93%) selected “yes” to the prompt: I plan to use what I learned in this session. The remaining two participants (7%) selected “unsure” in response to this item. Two items were added to understand which behavioral health resources and medicines had been utilized in the past year. Participants could select all of the choices provided including the category of “other”. The resources utilized included: prayer (n = 24), deep breathing/meditation/mindfulness (n= 24), therapy/counseling (n = 20), talking to a friend, kin, elder, mentor, coach, teacher (n = 15), exercise/yoga (n = 14), telehealth (n = 11), talk to your medical/healthcare provider in person (n = 9), faith community (n = 6), talk to your faith leadership (n = 4) and, Department of Behavioral Health program or services (n = 4). Medicinal strategies used in the last year included: tea (n= 23), plant-based/herbs (n = 11), prescriptions (n = 10), none (n = 4), homeopathic (n= 2), over the counter (n = 2), and walking (n = 1).

Overall, the data from the two iterations of the survey (*N* = 52) indicated that the interventions were helpful to most participants with regard to mental and behavioral health awareness (RQ 1), and mental and behavioral health literacy (RQ 2).

The second iteration of the survey helped us to understand behavioral health utilization (RQ 3). A strong proportion of the participants who completed the survey are praying (n = 24, 77%), practicing mindfulness/deep breathing (n = 24, 77%), and accessing counseling/therapy in the community (n = 20, 64%). Despite the fact that these participants report utilizing multiple strategies to manage their mental and behavioral health challenges, few reported utilizing DBH programs and services (n = 4, 13%).

OBSERVATIONS

The Stigma. In general, Black people and African Americans continue to experience medical and behavioral health institutions and practitioners as untrustworthy and lacking providers who represent them. Many of the participants in the intervention phase were aware of behavioral health practices and utilized them. In addition, they expressed excitement about the work we were doing because it was needed although we struggled with how to access the number of people who were in need and to resource them for access to trustworthy providers and systems of support and care. There also seemed to be limited to no usage of the public behavioral health system by the intervention participants. For the few that did report usage, it was not a positive experience.

Barriers to Treatment. From several intervention sessions, it was identified that Black people and African Americans would probably have an increased utilization of public behavioral health system if the following conditions were met: 1) more providers who were Black and African American, 2) more of a relational and trust building focus during the intake process rather than the current high volume of paperwork and bureaucracy, 3) going into the homes and communities as an option of service, and 4) resourcing and supporting known and trusted individuals and providers who have access to the people as a bridge.

Medi-Cal. Even if these conditions were met, it still would be a struggle because we heard from a Black faith-based provider that they were informed not to work with the Department of Behavioral Health (DBH), and from a Black clinical provider that they will not work with the Department of Behavioral Health because the function of the agency is to recoup Medi-Cal dollars and not empower and support small, burgeoning providers who do not yet have the infrastructure to be a partner to have dollars returned for not servicing accordingly as designed by Medi-Cal. In closing, while the traditional stigma of being afraid to talk about behavioral health challenges is waning, the lingering effects are still there and county agencies must become more trustworthy.

Messaging (Research focus vs. community's immediate behavioral health needs/ concerns/ challenges). Throughout Year 1, the representatives regularly discussed the challenges associated with the call from community members for immediate relief by way of direct services. As Jewel of Justice conducted community learning sessions/interventions and met with members of the community, there was an ongoing challenge related to the way we share the message about this project. Toward the end of Year 1, we (JOJ, FSER, & DBH) had a meeting to discuss the last large scale event of the fiscal year. During that meeting we collectively decided that we needed to adjust our messaging towards African American/Blacks health and well-being rather than use the language of mental and behavioral mental health. This dynamic will likely play a central role as we shift our attention to Year 2 and its reliance upon community participatory action research methodologies.

Discussion (Suggestions on Project Viability)

The data from the first year was promising with regard to the first two research questions. Participants indicated an appreciation for the interventions, and indicated the sessions enhanced their community mental health awareness and literacy. These findings were borne of the survey results and observations.

It was much harder to discern if the interventions impacted community mental health service utilization and facilitation. In fact, the findings pointed to a number of structural factors that hindered community mental health service utilization. Therefore, the data from Year 1 suggested that it is unlikely that participation in community learning sessions/interventions will be sufficient to increase African American participation in community mental health programs.

As we transition into the second year of this project we suggest continued efforts to offer community learning sessions/interventions. The survey results and observations[4] clearly indicated African Americans and Black people in Fresno County reported increased awareness and literacy as a result of participating in community learning sessions/interventions. Consideration should be given to finding ways to scale up the community learning sessions/interventions. Some of the sessions were quite small (n = 2-3), yet other events were much larger (23-30). Certain events may call for smaller groups, but we suggest aiming for a middle ground for events in the second year (10-15). If the smaller events can draw additional participants, it stands to reason that the reach of this project will grow. The data from the larger events yielded important observations as well, so we suggest that larger events remain a part of the strategy as we move into the second year.

As reported in the observational findings, the participants perceived substantial structural problems with regard to the systems designed to provide behavioral and mental health support in the community. Participants urgently wanted direct, meaningful, and effective treatments that were designed for them. The community learning sessions/interventions in some ways appeared to partially fill this gap. As noted in the literature review, historical adversities such as enslavement should inform the design of services for African Americans. The findings from Year 1 suggest this all be woven into the design of the services, not simply stacked on top. The findings and literature together, suggest providing programming and services that align with the historical and contemporary challenges faced by Black and African American residents within Fresno County.

The participants called for providers that could understand and meet their needs. One way this was articulated was through the call for providers who "look like me." Practices that account for hiring and retaining Black and African American practitioners are challenging in a landscape where affirmative action programs have been eliminated. Nevertheless, if this finding remains neglected, the systems designed to care for the behavioral and mental health needs of African Americans may continue to go unmet.

Conclusion

During the first year of this CBPAR project, JOJ built important relationships throughout the community. This foundation was underscored by the call for "more" action similar to the community learning session provided during Year 1. At every turn in the data the findings suggested that funding this project was an important first-step towards enhanced behavioral

[4] Appendix C: Observations from community events submitted by Dr. Reese

and mental health awareness and literacy among Black and African Americans living in Fresno County. There is a great deal of work ahead, and Year 2 will provide the opportunity for the second step towards building a bridge between the community and DBH. Historical and contemporary abuses of people of African descent are the foundation of this bridge. The findings from Year 1 suggest that telling the truth about these abuses may be the only way to build a bridge worthy enough to walk across. The journey in Year 2 should focus on gathering data about Black and African American experiences that may help to inform behavioral and mental health services designed specifically to enhance their well-being.

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APPENDIX A

Survey (First Iteration)

Your participation in this survey is voluntary. You may skip any question you do not want to answer. Your answers will be used to evaluate this session and to assist us as we plan future programming. Any information you provide will be anonymous and will not be used to identify you or the answers you provided. Thank you for attending this event!

This survey should take approximately 10 minutes to complete. Do you wish to participate in this survey?

No
Yes

This event helped me to think about how I take care of my mental health.

Yes
No
Unsure

This event helped me think of new ideas to take care of my mental health.

Yes
No
Unsure

I want to attend other events similar to this.

Yes
No
Unsure

I intend to share what I learned from this event with other people.

Yes
No
Unsure

Please share any other information you want us to know about your experience this evening. (text box provided for typing)

APPENDIX B

Survey (Second Iteration): New content in bold

Your participation in this survey is voluntary. You may skip any question you do not want to answer. Your answers will be used to evaluate this session and to assist us as we plan future programming. Any information you provide will be anonymous and will not be used to identify you or the answers you provided. Thank you for attending this event!

This survey should take approximately 10 minutes to complete. Do you wish to participate in this survey?

No
Yes

This event helped me to think about how I take care of my mental health.

Yes
No
Unsure

This event helped me think of new ideas to take care of my mental health.

Yes
No
Unsure

This session helped me to think about how I receive mental health support from other people.

Yes
No
Unsure

Attending this session helped to build my mental/behavioral health awareness.

Yes
No
Unsure

I plan to use what I learned in this session.

Yes
No
Unsure

I intend to share what I learned from this event with other people.

Yes
No
Unsure

Please share any other information you want us to know about your experience this evening. (text box provided for typing)

What behavioral health resources have you used in the past year? (Mark all that apply)

telehealth
prayer
therapy/counseling
deep breathing/mindfulness/meditation
talk to your medical/healthcare professional in person
talk to your faith leadership
talk to your friend, kin, mentor, elder, coach, or teacher
Department of Behavioral Health services or programs
faith community

exercise/yoga
Other (text box provided)

In the last year, what medicinal remedies have you used to treat your behavioral health?

plant-based/herbs
prescription
over-the-counter
homeopathic
tea
none
not mentioned, please specify (text box provided)

If you have used a service within the past year with the Fresno County Department of Behavioral Health, please briefly describe or name the service below. (text box provided)

What is your age?

18-25
26-35
36-45
46-55
56 or older

How do you racially or ethnically identify? (Mark all that apply)

African American
Afro Caribbean
Afro Latina/o/x
Biracial
Black
Black African

Multiracial
Not Mentioned (text box provided)

What is your sex or gender identity? (mark all that apply)

Female
Non-binary
Male
Trans
Non-conforming
Expansive
Prefer to describe (text box provided)

APPENDIX C

The following observations were made by Dr. Reese during two of the community events.

Fresno State Black Behavioral Health Forum April 27, 2023
On April 27, Fresno State representatives and Jewel of Justice led a Black Behavioral Health Forum with guest speaker and a licensed Marriage & Family therapist Dennice McAlister from the Fresno State Counseling Center.

The goal was to center Black student voices, experiences, and truth in order to create a robust, extensive awareness on behavioral literacy and the utilization of services at Fresno State.

Dr. Karen Crozier acknowledged that generational trauma, and cultural identity affect and inform the creative ways Black people take care of their behavioral health.

Dennice Mc Alister said that at least 83 out of 763 Black students at Fresno State used services at the Counseling Center (approximately 5%). The leading areas influencing student visits on campus are: social anxiety, isolation, and learning how to navigate after the COVID-19 pandemic, microaggressions, a higher level of anxiety or depression, and suicide which is highest for those ages 15-24.

The myths that keep Black students from seeking therapy are:

- the idea that 'therapy is for White people' without recognizing that everyone has 'trauma'.
- A lack of trust and awareness about what therapy can do; he/she won't understand
- A lack of people of color in therapy
- Misunderstanding that therapists tell you what to do rather than guide you in your decision making
- A lack of family support

During the session, students spoke on how racism, not feeling seen or heard (isolation), and the lack of an infrastructure at Fresno state to cater to African American students
have all interfered with their mental health and wellness.

McAlister thinks it's important to change the idea of always having to be strong to "being courageous"– in which one is allowed to be both authentic and vulnerable.

Questions arose on the difference between “behavioral v. mental health” to which there was some discussion around the latter which is often discussed in relation to drug and alcohol abuse. McAlister said that there will be a new team at Fresno State to address substance abuse.

Black Life, Health, and Wellness Event June 13, 2023

On June 13th, 2023, Jewel of Justice and the Fresno State Community Participatory Action Research (CPAR) representatives sponsored an in-person event “Black Life, Health, and Wellness” at the Legacy Commons. The purpose of the event was for Black residents of all ages “to explore needs and create change around health and wellness.”

Among the goals for the event was to enter into conversation on how to hold others accountable in relation to our children by sharing with the community our research, design methods and plan, and gain feedback and recommendations. Dr. Crozier shared that the first year of the CPAR project aimed at building trust and transparency,organizing interventions, designing and engaging the project, and informing and learning from the community.

The research representatives announced and explained our big question “Parenting/ed While Black” which was chosen because Black communities are disproportionately impacted by structural and interpersonal racism that leads to burdens on their physical and mental health. This is coupled by the stress and trauma associated with the post-pandemic. While Black families are strong and resilient, they are more likely to experience intergenerational trauma (defined as a traumatic event that gets passed down from one who directly experiences an incident to subsequent generations) which also affects parenting styles as survivors face challenges (e.g. shame, low self-esteem, depression, substance abuse, etc.) when they are parents, including difficulty bonding to and creating healthy emotional attachments with their children. The question addresses the support that Black parents need, their lack of access to care, and how they cope.

After sharing our design plan which includes self-recordings with selected questions generated by the research representatives, focus groups]with one specifically for barbers, hair stylists, and nail technicians, surveys (when deemed appropriate) after each training intervention session, and intervention training (one or two for half or full-day sessions) for the Leadership Council and broader community, these were some of the ideas, questions, recommendations, and feedback heard from the community during the event.

- Making the idea of “trauma” explicit in our research topic
- Creating listening sessions via Zoom to create broader access for those with different schedules and perspectives at least once a week or more

- Research participants be added as “authors”
- Sharing report results with community before submission
- Including those who are not parents
- Including foster children and exploring how parenting (in “survivor mode”) done when basic needs go unmet
- Addressing the lack of Black therapists in Fresno County
- How do we market and build messaging in the Black community around the use of services given stigma around where these services are located and who benefits from them?
- Adding to the research design a pre/post evaluation of DBH’s utilization rates before and after the project
- Does the design plan address those who are the most vulnerable in the community and are linked “with the highest levels of pathology” to make sure they are not ‘slipping through the cracks’?
- Adding DBH consumers or ”persons served” who could offer first hand information
- Adding more qualitative information driven by stories and experiences

County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT, LMFT
DIRECTOR/PUBLIC GUARDIAN

Inter-Office Memorandum
DATE: July 12, 2023
TO: Laura Luna, Program Manager-Staff Development
FROM: Ahmad Bahrami, Division Manager
CC: Dennis Horn, Diversity Services Coordinator
Lisa Crossley, Staff Analyst
Susan Holt, Director

SUBJECT: QTBIPOC Training Summary

Through the Department's Mental Health Services Act (MHSA)-Innovation Plan Community Planning Process, funding was allocated to explore the development of training or staff development to help address the needs of the underserved LGBTQ+ communities of Fresno County. Specific focus was given to the Black/Brown Indigenous and Persons of Color (BIPOC) who also identify as members of the Lesbian, Gay, Bi-sexual, Trans, Questioning/Queer (LGBTQ+) community.

A training was developed using input and data from local BIPOC LGBTQ populations and Dr. Ebony M. Williams, a professional trainer on Culturally Linguistically and Appropriate Services (CLAS) standards, Health Equity and Sexual Orientation and Gender Identity (SOGI) topics.

Close to two years ago, an agreement was established with Dr. Williams to develop a training that would be tailored to Fresno County with input from the local BIPOC LGBTQ communities, with the goal of supporting direct service providers in providing more affirming and responsive in the care provided to meet the needs of those communities.

The tailored training was conducted on June 29, 2023, at the Department's Health and Wellness Center. The training is three and a half hours in duration. On the date that the training was conducted, thirty-one attendees from the system of care and community partners attended.

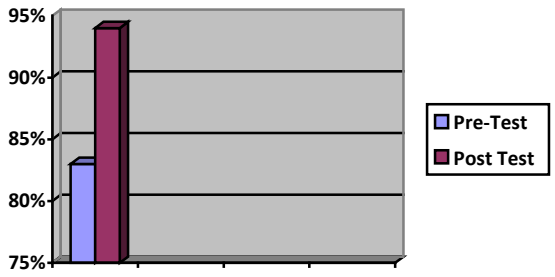
The training was recorded. Another session without an audience was recorded in the afternoon. The two will be combined into a three-hour training that will be available to personnel in the system of care via the Department's learning management system, Relias.

The initial goal was to be able to provide continuing education (CE) credits for clinical personnel. The Department is working to have the course approved for CEs, so participants and future attendees may be able to earn CEs for their attendance.

29 of the 31 (93.5%) attendees completed the training survey. Of the total survey respondents, 89.6% rated the training as very useful. Some of the comments received were things like "*This should be a required training at all levels of the department"* and *"information from slides is too valuable not to share"* and *"awesome training"* or *"training was so helpful".*

A pre- and post-test were administered as part of the course to measure increased or improved knowledge.

23 of the attendees completed the pre and post-test (74%). Of those overall average pre-tests, the responders earned an average of 83%. On the subsequent post-test, the responders had an improved average score of 94%, a close to 11% improvement in the average of the overall score. See table below for visual comparison.



The goal was to explore future advanced training building off this to provide application via some practices and strategies.

Continue to work to ensure approval of CEs for completion of the course (in-person or via Relias).

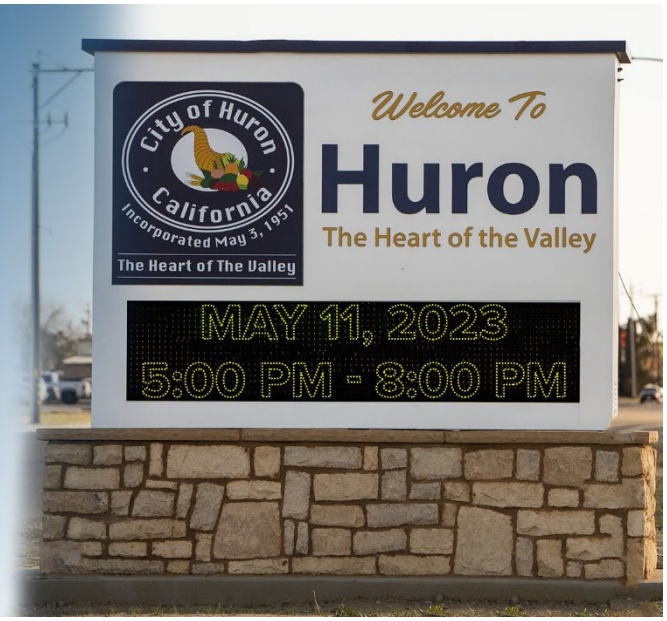
The training met the goals and expectations of the county. It was tailored for working with the local communities and may improve engagement and retention of persons served in services. The training was developed with the input of local BIPOC LGBTQ communities to identify what were important needs for them, what they wanted providers to know/consider, etc.

Training will be shared with some members of the local LGBTQ community for additional insights. This training will be a key resource used to improve local outcomes and will be available for the next two years in Relias.

¡ÚNETE A NOSOTROS!

UN ENCUENTRO COMUNITARIO POR EL **BIENESTAR**

Department of Behavioral Health



JUEVES 11 DE MAYO DE 2023
5:00pm – 8:00pm

John Palacios Community Center
16846 4th St. Huron, CA 93234

Presentado por:

Department of Behavioral Health

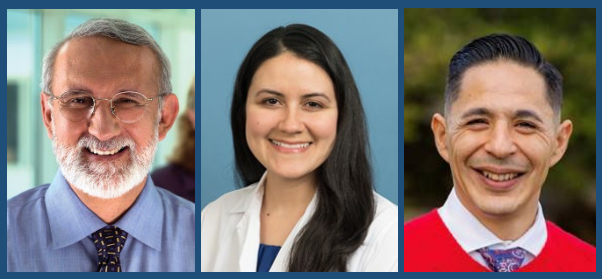
THE LEAP INSTITUTE

Este evento comunitario gratuito contará con presentaciones y paneles de discusión con muchos profesionales que hablaran sobre los desafíos, las soluciones y los recursos específicos de la salud conductual para Hurón.

El evento se entregará principalmente en Español. Se proporcionarán intérpretes.

- **Se proporcionará comida**
- **Sorteo de premios**
- **El evento se transmitirá en vivo a través de Facebook y YouTube**

Presentaciones especiales de:



Dr. Sergio Aguilar-Gaxiola, MD, PhD
UC Davis

Dr. Trinidad Solis MD, MPH
Fresno County Department of Public Health

Dr. Felipe Mercado, EdD, MSW
CSU Fresno

Panel de discusión + preguntas y respuestas con:

Dr. Juan Garcia, PhD, LMFT
Integral Community Solutions Institute

Fausto Novelo, APCC
Beloved Survivors

Dr. Iran Barrera, PhD, LCSW
CSU Fresno

Michael Prichard, MS
Fresno County Department of Behavioral Health

Ana Robleto
Fresno Community Health Improvement Partnership

Dr. Lesby Castro, PsyD, LMFT
Fresno County Department of Behavioral Health

Jennifer De La Cruz, MA, LMFT
Turning Point – Rural Mental Health

Dr. Jeannemarie Carus-McManus, PhD, MBA
Westside Family Preservation Services Network

Aurora Ramirez
Westside Family Preservation Services Network

Póngase en contacto con dhorn@fresnocountyca.gov para obtener más información