# EVALUATION OF AMANI MENTAL HEALTH TRAINING PROGRAM AT HOMELESS CHILDREN'S NETWORK

2023-2024 EVALUATION FINDINGS

#### REPORT PREPARED BY INDIGO CULTURAL CENTER



#### FOR HOMELESS CHILDREN'S NETWORK

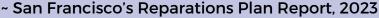


HOMELESS CHILDREN'S NETWORK

# GRATITUDE & ACKNOWLEDGEMENTS

#### TO OUR ANCESTORS...

"We honor the gifts, resilience, and sacrifices of our Black ancestors, particularly those who toiled the land and built the institutions that established the City of San Francisco's wealth and freedom, despite never being compensated nor fully realizing their own sovereignty. We acknowledge this exploitation of not only labor, but of our humanity and through this process are working to repair some of the harms done by public and private actors. Because of their work, we are here and will invest in the descendants of their legacy."





#### **MORE GRATITUDE...**

We express deep gratitude to the San Francisco Office of Economic and Workforce Development, Dream Keeper Initiative, and San Francisco Human Rights Commission, whose generous funding made this program possible.

Thank you to the entire Homeless Children's Network community. This has taken a collective effort, and everyone has come together seamlessly to bring it full circle.

Thank you to the Amani Mental Health
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helped us truly see the sense of community
and cohesion within and among the Black

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Thank you to Rio Holaday for the vibrant, customized art work. Your process of getting to know the program and the data not only make this report more meaningful, but this process helped us understand the data and the work at HCN in more expansive and integrated ways. To learn more about Rio's work, please visit: (@rioholaday on Instagram) or (www.rioholaday.com).

Thank you to our very own, Krystle Canare, for the fabulous design of this report.

Thank you to our amazing Indigo Cultural Center team for their assistance and amazing attention to detail in gathering, entering, managing and analyzing various aspects of the vast amounts of data for this evaluation. And for all the additional administrative and emotional support required to move this work to completion in such a short amount of time.

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#### INTRODUCTION

#### **PURPOSE OF THIS REPORT**

In 2021, Homeless Children's Network (HCN) launched a mental health services training program to train underemployed or unemployed Black San Franciscans in Afri-Centric approaches to mental health and holistic well-being. HCN's **Amani Mental Health Training Program** is funded through a partnership between the Office of Economic and Workforce Development (OEWD), Dream Keeper Initiative, and Human Rights

Commission (HRC). HCN's program was started with the intention of providing an alternative entry point and training opportunities beyond traditional academic environments for health-based careers such as Community Health Workers and Peer Support Specialists.

#### The main objectives of this report are to:



Describe the **Amani Mental Health Training Program** in a way that contextualizes it as one aspect of Black community mental health,



Demonstrate whether key service goals and objectives were met,



Share feedback about experiences and impact from **Amani Mental Health Training Program** participants, and



Explore the factors and conditions necessary to deliver this service to the Black community in San Francisco.



# INDIGO CULTURAL CENTER: A NOTE ABOUT THE AGENCY & PEOPLE CONDUCTING THIS EVALUATION

The Institute of Child Development Research and Social Change at Indigo Cultural Center is an action-research firm that specializes in infant and early childhood research and evaluation conducted with an anti-racist lens. Indigo Cultural Center (a predominantly BIPOC-staffed organization) is led by executive director Dr. Eva Marie Shivers who identifies as an African American, cisgendered woman. Dr. Shivers led this current evaluation with a small team that consisted of a bi-racial Black and Mexican American woman, a Black woman, two Filipina/Filipina American women, and one white woman.

Indigo Cultural Center's mission is to conduct rigorous policy-relevant research on mental health, education, and development by partnering with community agencies and public agencies that are dedicated to improving the lives of children, youth and families

in BIPOC communities. Since its inception, Indigo Cultural Center has employed the use of

**community based participatory research** in all our evaluations.

What this means is that we use a collaborative model and working style that involves our clients - who we prefer to call 'partners' - in the planning, implementation, interpretation, and dissemination processes of evaluation. We recognize the strengths that our partners bring to each evaluation project, and we build on those assets by consulting with our partners initially and at key milestones throughout the project, integrating their input and knowledge into all aspects of the project, asking for feedback on a regular basis, and seeking consensus on key issues and outcomes.



#### INTRODUCTION

## BACKGROUND & CONTEXT

We begin this evaluation report by including a description of several background factors and the context in which HCN's Amani Mental **Health Training program** took place. Over the past several years, there has been a call to decolonize the field of mental health. One important way we can do this is by expanding the construct of wellness to include a more explicit focus on community mental health in Black and Brown communities. It is increasingly imperative that we not perpetuate the mainstream pathology-narrative of people in our communities by failing to acknowledge the broader forces that impact the well-being of communities that have experienced historic and current marginalization and oppression. Community-based programs designed to promote healing, wellness, and positive mental health do not simply unfold in isolation. The work that Homeless Children's Network embodies is emergent work that will always reflect the time and space in which it is happening.

Indeed, African and Pan-African philosophy teaches us that "all things have an impact on each other, and this interconnectedness and interplay is universal" (Marumo & Chakale, 2018).



## VOICE AND TERMINOLOGY USED IN THIS REPORT

The authors of this report employ the use of feminist methodology and use of first-person voice (e.g., 'we', 'us')

(Leggat-Cook, 2010; Mitchel, 2017).

- Throughout this report we use the terms Black and African American interchangeably.
- We do not capitalize white but capitalize Black, Indigenous, and People of Color to challenge the power of whiteness, decenter it, and elevate Black and BIPOC perspectives.
- We use LGBTQIA+ as an acronym for "lesbian, gay, bisexual, transgender, queer, intersex, and asexual" with a "+" sign to recognize the limitless sexual orientations and gender identities used by members of our community.
- We use queer to express a spectrum of identities and orientations that are counter to the mainstream. Queer is often used as a catch-all to include many people, including those who do not identify as exclusively straight and/or folks who have non-binary or gender-expansive identities.
- We use gender rather than sex as an inclusive term that acknowledges that gender is socially and contextually constructed and is a multidimensional facet of identity.



All things have an impact on each other, and this interconnectedness and interplay is universal.

Marumo & Chakale

#### **BLACK COMMUNITY IN SAN FRANCISCO**

The City of San Francisco is often lauded for its diversity and progressive values. However, after decades of structural racism, the Black population in San Francisco, which was once 13.5%, has eroded to 5%. The Black San Franciscans that remain are largely segregated in communities that have experienced marginalization, exclusionary policies, and other forms of discrimination and oppression. Once considered the 'Harlem of the West,' San Francisco has been home to a vibrant population of Black residents since the city's inception. For one to fully comprehend the present circumstances and trends within the Black San Franciscan community, it is vital that we revisit the rich history of Black San Franciscans and their continued impact on the city's culture and growth.<sup>1</sup>

#### **WORLD WAR II**

During World War II, Black Americans from the South were recruited by employers to fill the need for shipbuilding labor and jobs left vacant by Japanese Americans who were forcibly sent to internment camps. While Black Americans were heavily recruited to San Francisco, they had few options for housing and were often funneled into what are now considered historically Black neighborhoods such as the Fillmore District, the Western Addition, and Bayview-Hunters Point.

1 For an excellent review of Black San Franciscan history, please see: "African American Citywide Historic Context Statement, 2024, Prepared for City and County of San Francisco, San Francisco Planning Department." Retrieved on July 26, 2024: <a href="https://sfplanning.org/african-american-historic-context-statement">https://sfplanning.org/african-american-historic-context-statement</a>

#### **POST-WORLD WAR II**

During the Post-World War II period, Black Americans were faced with housing shortages as GIs and Japanese Americans returned to San Francisco and anti-Black discrimination in the private housing market left them unable to purchase homes. Black communities quickly became overcrowded and under-resourced. Moreover, competition from returning GIs, the closing of shipyards, and lack of representation from labor unions led to high unemployment rates among the Black community.





#### 1960 - 1979

In the late 1960s, racial tensions continued to rise against the Black community. During this time, the 1949 Housing Act allowed the city to demolish and reconstruct neighborhoods considered "slums." Thus, a significant number of homes and places of business in Black neighborhoods such as the Fillmore District were demolished (Whitney, 2024). This led to an exodus of Black-owned businesses and Black residents from the city. In 1970, there began a significant decline in San Francisco's Black residents since the 1920s, when it was 13% of the city's population.

#### 1980-2009

Redevelopment projects were completed by the 1980s, but new homes were too expensive for the majority of former San Francisco residents to afford. Then, the 1990s-2010s brought tech booms that created a strong demand for skilled tech workers in the Bay Area. Subsequently, rates of gentrification of historically Black and immigrant neighborhoods in San Francisco increased, contributing to rising costs of living and further displacement of the Black community.



#### **2010 - PRESENT**

Looking ahead to the last decade, Black San Franciscans have been faced with even more challenges as they continue to experience rising police brutality, use of force (Balakrishnan, 2023), and disproportionate rates of hospitalizations and mortality from COVID-19 compared to white people (Cho & Hwang, 2022). Now, the Black community makes up only 5% of the San Francisco population and continues to decline as Black Americans endure the lasting impacts of gentrification, discrimination, and anti-Blackness.

Since the murder of George Floyd and the rise of the Black Lives Matter movement, the City of San Francisco has begun to acknowledge historical racist policies that have disproportionately impacted the Black community. The city has made more direct efforts toward revitalizing Black communities (Health Commission City and County of San Francisco, Resolution No. 20-10; Office of the Mayor of San Francisco, 2021; San Francisco Human Rights Commission, 2020, 2023). With ongoing, targeted, and intentional support for the Black San Franciscan community, we may look to a future where Black families can live and continue to nurture their legacies in San Francisco.













## CONTRIBUTIONS TO THE CITY OF SAN FRANCISCO

The Black community has made significant and lasting impacts on the civic, cultural, and economic conditions of San Francisco.

For example, over the past four years, San Francisco's Black community, with HCN's expertise, has increased recognition of the importance of mental health and wellness for the Black community. This has resulted in increased awareness and conversation, training, funding, and collaboration. HCN has been critical to growing the Black mental health workforce through peer-based training programs, such as HCN's **Amani Mental Health Training Program** and the **Black Birthing Health Initiative**.

Specifically, HCN's Amani Mental Health Training Program has graduated over 97 mental health and peer support practitioners since 2021, offering an Africentric, trauma-informed, strengths-based approach to working with Black and African American children, youth, parents/caregivers, elders, families, and community members.

Despite the longstanding history and significant contributions to San Francisco, Black residents and the Black community are often overlooked and forgotten. Community organizations like Homeless Children's Network exist to uplift and preserve the rich history of Black San Francisco by attending to the holistic wellbeing of its residents.



#### **HOMELESS CHILDREN'S NETWORK HISTORY**

Since 1992, Homeless Children's Network (HCN) has empowered toward a brighter future for children, youth, parents/caregivers, and families in San Francisco who are experiencing or are at risk of homelessness, formerly homeless, or in generational poverty. HCN was founded by the directors of six homeless and domestic violence shelters to establish a standard of care for San Francisco. Now, HCN is the hub of a Provider Collaborative of over 60+ service agencies and community-based organizations in San Francisco.

Their mission is to decrease the trauma of homelessness and domestic violence for children, youth, and families through direct mental and behavioral health services as a response; to empower families; and to increase the effectiveness of collaborative efforts among service providers by unifying a city-wide collaborative to end homelessness and poverty.

Three notable and distinguishing factors that describe HCN's work include: a 32 year-long history of building trust-based relationships with both community members and providers; a committed focus on amplifying the voices of marginalized communities; and the integration of a strong Afri-centric framework for their clinical and community mental health services, which includes engaging Black communities in the design and implementation of solutions, including the evaluation of HCN's impact.<sup>2</sup>

#### **BLACK COMMUNITY MENTAL HEALTH**

Over the past four years, the field of mental health has been undergoing a shift in paradigms that involve bringing community mental health frameworks and initiatives in from the margins of discourse and into the light as many BIPOC mental health advocates march more urgently toward liberation and decolonization (Mullan, 2023; Murray-Browne, 2021). One of the key pillars of understanding Black community mental health is to acknowledge and accept the impact of historical systemic racism and oppression in the U.S. and how mainstream therapeutic approaches have failed to take account of the harms done to the descendants of enslaved Africans. This neglect has resulted in a mental health paradigm – employed by most therapists in this country – that focuses on the pathology of individuals and virtually ignores the dynamics of community.

**Ubuntu** is the essence of HCN's Afri-centric programs. For Black people in this country and around the world, community and interconnectedness – **ubuntu** – is and always has been a vital part of our existence and healing. **Ubuntu** is a term that originates from the Bantu people in South Africa. Ubuntu encapsulates a set of closely related value and belief systems throughout the continent of Africa and throughout Pan-Africa (including the U.S.) that emphasize interconnectedness and humanity towards others. This value system ultimately comes down to the following, "an authentic individual human being is part of a larger and more significant relational, communal, societal, environmental and spiritual world" (Mugumbate & Admire, 2020). When we only provide mental health support in bifurcated, disjointed, and essentialist ways, we suppress the potential of healing that can take place when community is integrated into healing approaches.



# AFRI-CENTRICITY IN HOMELESS CHILDREN'S NETWORK'S PROGRAMMING & APPROACHES

All the programs at HCN and the organizational culture (including who is hired to do Black community mental and behavioral health work) are influenced and based on an Afri-centric worldview. 'Afri-centricity' refers to a way of considering social change and human dynamics that are rooted in African-centered intellectual and (pre-colonial) African philosophies. The main values and concepts that ground an **Afri-centric worldview** include the "interconnectedness of all things; the spiritual nature of human beings; the collective / individual identity and the collective / inclusive nature of family structure; the oneness of mind, body, and spirit; and the value of interpersonal relationships" (Graham, 1999, p. 258). Regarding mental and behavioral health, Afri-centric theory is used to help explain and understand African-centered therapies and 'treatment.' HCN's Afri-centric framework is presented below.



- Affirms Blackness
- Is trauma-informed
- Is love-informed
- Focuses on self-acceptance
- Focuses on resilience
- Identifies unique areas of strength
- Normalizes clients' experiences
- Reframes the stigma of mental health among the Black community
- Acknowledges a range of spiritual practices within the Black community
- Encourages clients to believe in their capability and choice to engage in their own healing
- Integrates family and community members into services
- Offers space to process collective grief and fear without judgment
- Addresses barriers to accessing resources and basic needs
- Facilitates difficult conversations

#### HCN'S AMANI MENTAL HEALTH TRAINING PROGRAM

#### LITERATURE REVIEW

Levels of burnout and stress are high among mental health professionals; for Black mental health professionals, racism and related stressors are a significant contribution (Kirk et al., 2023; Lipscomb & Ashley, 2020; Norris & Primm, 2024; Shell et al., 2021). A recent review highlighted the ways that mental health organizations function within a white racialized context, upholding white dominance while embracing color blindness and cultural competence efforts (Kyere & Fukui, 2023). Efforts emphasizing cultural diversity at the individual level ignore the structural racism occurring at the institutional level.



Thus, BIPOC mental health professionals are more likely to experience harm in the workplace, such as being overlooked for leadership positions, feeling less safe expressing their emotions, and being asked to engage in racialized tasks (Kyere & Fukui, 2023).

Recent literature has highlighted the importance of healing and safety for Black mental health professionals (Norris & Primm, 2024; Shell et al., 2021). While the healing process should occur for its own sake, it can have additional benefits as Black professionals may feel more equipped to support their mental health clients (Shell et al., 2021). Beyond mental health organizations, a recent report examined the necessary components for Black women to thrive in the workplace, citing autonomy, available support and resources, and stable work environments (Hines & Ward, 2022).

Another part of dismantling white supremacy in the mental health field is building a sustainable workforce that includes not only licensed mental health professionals, but also community healers (Millner et al., 2021; O'Keefe et al., 2021; Read et al., 2023). Community healers and health workers have supported individuals with mental health concerns and community wellness around the world, drawing on deep wisdom and time-honored practices (Chibanda et al., 2015; Waddell et al., 2017). Peer support specialists are individuals who have lived experience with the mental health concern for which they are offering support. Their support can increase feelings of respect, trust, and humanity in clients (Miyamoto & Sono, 2012). Peer support specialists can also help their colleagues in more traditional mental health positions become more patient-centered, optimistic about outcomes, and action-oriented (Miyamoto & Sono, 2012).

# HCN'S AMANI MENTAL HEALTH TRAINING PROGRAM DESCRIPTION

In 2021, **HCN's Amani Mental Health Training Program** (Amani) was launched with funding from the Office of Economic and Workforce Development (OEWD), Dream Keeper Initiative, and Human Rights Commission (HRC). This program recruits and engages Black community members who are interested in pursuing careers in mental health, mental health adjacent, or community healing fields as they seek to serve Black communities in San Francisco. Through Amani, Homeless Children's Network (HCN) provides Black residents with its groundbreaking Afri-centric community mental health training pathways and guides them on an introspective journey to understand themselves and how to best support their communities.

For the first time, in 2023-2024 the Amani program engaged student interns from the University of San Francisco. Adding this group of participants to the Amani program was in response to growing awareness that collectively we need to: 1) increase the numbers of Black professionals in the mental health field; 2) expose Black students to the integration of Afri-centric frameworks early on in their mental health educational experiences; and 3) provide supportive environments for Black students to develop their sense of self while navigating predominantly white spaces in higher education.

#### **HCN's Amani Mental Health Training Program aims to:**

- Increase the number of professionals that can provide Africentric mental health services in San Francisco.
- Further Black San Franciscans' careers in roles like Community Health Workers, Peer Support Specialists, and others in health-based fields.
- Provide an alternative entry point and training opportunities beyond traditional academic environments.



The purpose of Amani is to support participants through their healing and educational journey to further their abilities to heal and support their communities. At a time when compounding crises continue to disproportionately impact Black communities in San Francisco, there is an urgent need for culturally responsive mental health services. Amani is one of HCN's transformative approaches to growing the capacity of Black communities to identify and respond to these service needs, while affirming and strengthening the efforts of Black leaders and professionals across the city. Amani seeks to build the City's capacity for more Black healers in the Black community while simultaneously opening employment opportunities to break the cycle of poverty; thereby providing solutions from within Black communities.

# AMANI'S APPROACH TO CENTERING LOVE AND HEALING

'Amani' is the Swahili word for 'peace.' HCN's Amani Mental Health Training Program creates space for deep healing of the self and of the collective, building on and deepening community leaders' calling to transform systems, practices, and outcomes for the benefit of Black individuals, families, and communities in San Francisco. Amanitrained community members grow in their own capacities to offer the gift of wellness to Black people in San Francisco.

Amani demonstrates the power of centering love and healing in design and experience:

- Amani is grounded in HCN's Afri-centric community mental health approach, which supports the process of becoming an active member in the community of Black healers and mental health-trained individuals.
- Rooted in love, Amani utilizes HCN's comprehensive Afri-centric approach to tap into African intellectual, spiritual, artistic, and ancestral wisdom.

#### THE PROGRAM

Amani has the following goals: 1) to provide education and employment opportunities in the mental health field for Black residents of San Francisco, 2) to grow the number of peer mental health professionals qualified to meet the urgent need for Afri-centric, culturally responsive mental health and wellness services in the City and beyond, and 3) to guide participants through their inward journey towards healing through Amani's mental health tools, resources, and teachings.

Amani makes achieving these goals possible by providing stipends to participants so that their basic needs are met while they receive training. Additionally, the program provides assurances of temporary, part-time, or full-time job placement upon completion of the program, linking participants with local job placements in the mental health field.



# COMPONENTS OF THE 2023-2024 AMANI MENTAL HEALTH TRAINING PROGRAM

Amani's training has **two core components** - workshops and consultations, which are described below.

#### Component #1: Workshops

Participants meet as a group weekly for 2 hours over eight months. They attend workshops to build their knowledge of mental health and learn best practices in providing high quality mental health services for Black communities using ancestral practices, informed by Afri-centric principles.

#### **Component #2: Consultations**

Participants engage in one-on-one weekly or bi-weekly consultations with HCN's Amani trainers—who are mental health professionals—to support their mental health and career goals. These consultations covered a wide range of topics tailored to the individuals' mental health and career development needs.

During these consultations, Amani trainers guide participants to set and achieve their personal and professional goals. Throughout their consultations, Amani trainings create a trusting space to process participants' thoughts and feelings about their experience in the program and any stressors and traumas that surfaced. This is also an opportunity for greater self-reflection, as well as an opportunity to experience and explore the facets of the therapeutic/counseling process.

In addition to working towards achieving participants' goals, Amani trainers support job placement, providing connections to job opportunities, support for resume building, career planning, networking, and other support related to helping participants get selected for a job.

#### THE CURRICULUM

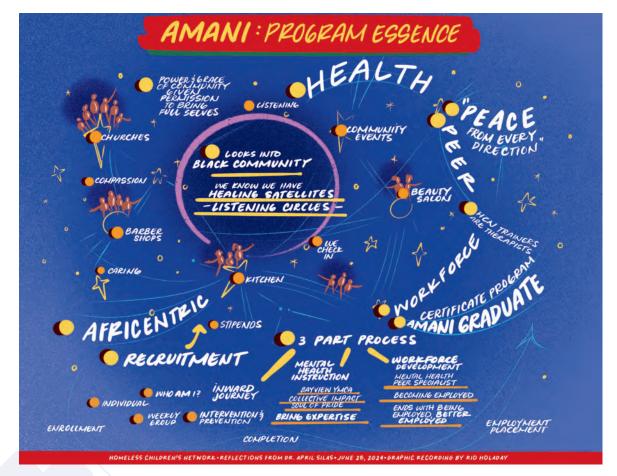
Amani trainers develop and utilize an Afri-centric curriculum divided into three sequential "focus-frames" that are integrated into workshops and consultations: **Inward Journey, Community Mental Health Training, and Workforce Development.**Participants first learn about the concept of Afri-centric wellness and discuss topics such as holistic well-being, Afri-centric therapy, radical self-care, and cultural humility. This process serves as an 'invitation' for participants to attend to their **inward journey**. Each of these frames are further described below.

**Inward Journey** – Participants are engaged in a self-reflective inner journey that focuses on identifying, understanding and addressing **personal experiences and history that has informed their behaviors, thoughts, and beliefs.** 

**Community Mental Health Training**– Participants engage, learn, and collaborate with other community members to build and improve communication styles, counseling skills and community engagement to better understand how to address the whole person/whole system for greater healing through a deep cultural connection.

**Workforce Development** - Participants engage in an extensive and supportive process to improve workforce preparedness for employment that includes support from the HCN team and community partners. Participants have an opportunity to be placed in a temporary, part-time or full-time job placement based on their individual skills, efforts, and application.

For each 'focus-frame' component, participants receive culturally relevant training materials and engage in activities they can integrate into their professional contexts and new job placements.



#### HCN'S AMANI MENTAL HEALTH TRAINING PROGRAM EVALUATION

#### **PRIMARY RESEARCH QUESTIONS**

- Were HCN's Amani Mental Health Training Program objectives met?
- How do the Amani program participants rate and describe their experiences with and the impact of the program?
- How does HCN's Amani program team describe the conditions and approaches that enabled them to meet their objectives?

#### **METHODOLOGY**

#### **PARTICIPATORY PROCESS**

Since 2007, Indigo Cultural Center has built a strong reputation as a Community Based Participatory Research (CBPR) organization with partner-clients across the country; whereby evaluation design, implementation and dissemination activities are closely aligned with our partner's ongoing service delivery to establish and maintain continuous quality improvement.

HCN leadership and HCN's Amani program team collaborated with us on the following phases of development: evaluation design, focus group and survey development, data collection outreach, and interpretation of findings.

#### PHASES OF DATA COLLECTION

The evaluation for the Amani program at HCN had three phases.

**Phase one** involved reviewing the progress of service goals and performance measures set by the funders and HCN leadership.

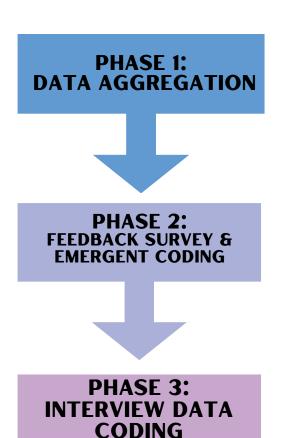
**Phase two** involved the distribution of a survey that included rating scales and open-ended questions and a semistructured interview.

Phase three involved the Amani team's participation in a joint interview to explore the approach(es) and conditions necessary to make this program a success.

We relied heavily on the methodology of storytelling in the qualitative aspects of our data collection in Phase three. Inspired by the work of S.R. Tolliver (Recovering Black Storytelling in Qualitative Research, 2022), we were interested to uplift alternative ways of knowing that foregrounds Black narrative traditions

Here at Indigo Cultural Center, we are also on our journey of decolonizing our ways of gathering data and conducting community evaluations by decentering more mainstream, white-centered qualitative methods.





#### **ANALYSIS APPROACH**

#### **PHASE ONE:**

To track performance measures, we simply aggregated data points from HCN's administrative database.

#### **PHASE TWO:**

To analyze the participant feedback survey, we conducted descriptive analyses on the rating scales. For the open-ended questions and interview responses, we coded responses using a priori and emergent coding.

#### **PHASE THREE:**

To analyze joint interview data from HCN staff, we utilized emergent coding (Charmaz, 2006; Saldaña, 2021). Because our questions were broad and exploratory, we aimed to capture concepts, experiences, and meanings that surfaced from the words and stories in the transcripts. Emergent themes are a basic building block of inductive approaches to qualitative social science research and are derived from the worldviews of research participants themselves.

#### RESEARCH QUESTION #1: WERE THE AMANI MENTAL HEALTH TRAINING PROGRAM OBJECTIVES MET?

This year the Amani program exceeded service goals for program enrollment and completion. In FY 2023-2024 there were 43 total participants in the Amani program – this included 30 Amani participants and thirteen (13) interns from the University of San Francisco who participated in the Amani program.

For the purposes of this report, we will refer to participants and college interns collectively as "Amani participants," unless otherwise noted.

SERVICE GOAL	GOAL	ACTUAL			
Enrollment of Amani Participants*	30	30			
Completion*	24	30			
Job Placement*	21	21			
Enrollment of Amani College Interns	0	13			
*These service numbers do not include college interns					

Currently, 21 out of 30 practitioners have been placed in jobs, and HCN continues to support job placement. Below is a list of examples of positions where Amani graduates have been placed:

Case Manager Coordinator	Peer Counselor
Barber	Health Worker III
Drug Outreach Specialist	Longshoreman
Autism Specialist Staff	Tech Lab Associate
Resident Services Manager	Peace Parks Coordinator









Many of these positions where Amani graduates are placed are within the field of mental health or mental health adjacent. But some job placements are not explicitly within the field of mental health. It is important to emphasize that the Amani program integrates and uplifts an expanded understanding of Black community mental health and requires us to acknowledge the role of community healers – like barbers – in contributing to the collective well-being of the Black community.

This ideal aligns with Indigenous and historical approaches to healing within the African / Pan-African traditions.

"We have to change ourselves to change the world." ~ Grace Lee Boggs







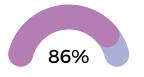
# RESEARCH QUESTION #2: HOW DID AMANI PARTICIPANTS EXPERIENCE THE IMPACT OF HCN'S AMANI PROGRAM OFFERINGS?

To explore participants' experiences with the Amani program, the evaluation team utilized surveys to explore perceptions, and impacts of the program. Twenty-nine (29) Amani participants (16 community participants and all 13 college interns) from the Amani program were surveyed. In addition, three (3) community participants were interviewed. Interview questions were designed to explore more nuanced experiences in the Amani program.

We first explored the Amani participants' experiences in the program. We asked participants **WHAT helped them throughout the program**:



Agreed that the AMANI TEAM was helpful in helping them to navigate and graduate from the program.



Agreed that their PROGRAM PEERS were helpful in their ability to complete the program.



Agreed that Amani provided them with enough SUPPORT, TOOLS, and RESOURCES to move towards their professional goals.

## AMANI'S IMPACT ON PARTICIPANTS' INWARD JOURNEY

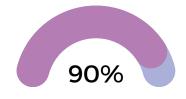
Amani emphasizes the importance of the **inward journey** – that is, how does one engage in self-reflection to identify, understand, and address personal experiences and factors throughout history that have informed their behaviors, thoughts, and beliefs? By grounding participants' experiences in this type of self-reflection, Amani aims to make it possible for participants to care for themselves mentally, emotionally, physically, and spiritually as they continue to develop in their desired professions.



We wanted to understand participants' perceptions of the ways in which Amani supported their **inward journeys**.



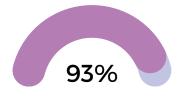
Agreed that Amani helped them learn more about **their identities**.



Agreed that they felt **affirmed** in the Amani program.



Agreed that they felt safe and secure in the Amani program.



Agreed that Amani helped them learn ways to **continue healing** as they work towards their career.

Another very crucial aspect of the **inward journey** in the Amani program is the focus and centering of HCN's Afri-centric principles. Amani participants expressed the role of **emphasizing Afri-centric principles** such as Collectivism, Centering Blackness, and Connection throughout the program as being a strong catalyst for engaging more deeply and authentically in their inward journey.

Survey responses made it clear that establishing a space where participants are centered and affirmed made it possible for them to critically engage with Amani's curriculum to truly work towards healing.

"I think that the community of the Amani Program was the most impactful to me. Being in a place where black people are centered felt very special and while there are not many places like that that exist in our country they are crucial to our empowerment."

~ Amani intern

These themes also arose during interviews. Specifically, interviewees shared the following themes when discussing the role of Amani on their **inward journeys**.



Being in a **room full of Black people** who care about mental health made it easier to be vulnerable.



- Amani gave participants skills to help **themselves** and others when needing mental health support.
- Amani helped participants heal through reflection, sense of purpose, and utilizing tools gained in the program.
- Learning about Blackness and the history of Black people helped participants become **more** compassionate and empathetic.

"I guess just like learning that aspect, not just to like, teach others, but also learn from myself, and just how to take care of myself, and just knowing that I can't help others unless I help myself. And yeah, I tend to focus a lot on other people. That's how I got the job. That's how I got into the field that I'm in now. And just like helping someone else, but yeah, it's just this program really helped me take a look at myself and reevaluate myself and the areas that I needed help with."

~ Amani intern

Another aspect of the **inward journey** is understanding the **historical context** in which the mental health field was developed. Specifically, Amani's teachings challenge mainstream, white supremacist and Eurocentric thinking and practices that have dictated a pathology narrative related to mental health surrounding the Black community. Rather, the Amani program reframes mental health in a way that shifts worldview and perspective. Amani participants can see themselves reflected in the healers, trainers, and their Amani peers. **They are encouraged to embrace healing, mental health and wellbeing in a way that's consistent with an Africentric worldview,** which includes a need to revisit and relearn historical ways of healing that have always been present in our communities (Gilbert, 2009; Greer, 2024; Mullan, 2023).

Amani participants endorsed the following sentiments regarding **how Africentricity was centered and uplifted i**n the Amani experience.



Agreed that Amani helped them **challenge** their own perceptions related to Black mental health and well-being.



Agreed that Amani helped them feel **more connected** with their community and the Black community.



Agreed that Amani taught them how to **think critically** about the role of white supremacy and eurocentrism on common practices within the mental health field.

"Embracing my culture and knowing where my people come from and where we are going in life. We're still not free, but I'm free in my mind. I have always embraced my Blackness and where I come from. I look at the world in a different lens because having the knowledge is more powerful than having anything else in the world."

"Amani intern

Understanding the history makes me more aware of where I want to be in life and how far I want to go in life and what my impact can do for the next generation, for our Blackness. It's really powerful if you look at our history and what we stand on and how we have become so much stronger and so much centered and surrounding each other and holding hope and faith is really what I believe in.

So, my understanding is still a learning process, but I'm not angry. I'm more aware."

~ Amani intern

### MOVING FORWARD: WHAT WILL PARTICIPANTS CARRY INTO THEIR COMMUNITY?

Finally, participants revealed that Amani helped them **learn to ask for help** when they need it, alleviating risk of burnout and isolation as they work on their careers.



Agreed that Amani positively impacted their perspective on **seeking support**.



Agreed that Amani helped them identify others who can help them with their healing journey.

Qualitative responses from participants in surveys and interviews illuminated several themes regarding the lessons that Amani taught them when it comes to ensuring they care for their mental health while working within a Eurocentric field.

To take care of their mental health while building their careers, participants plan to:



Engage in regular self-care.

🌿 Regularly check-in on how they are feeling.

Establish support network(s)/safe space(s) such as Amani.

Center their needs before attending to others to ensure they do not burn out.



"Caring for myself is not an act of self-indulgence, it is self-preservation, and that is an act of political warfare."

~ Audre Lorde, 1988



## AMANI'S IMPACT ON PROFESSIONAL DEVELOPMENT, WORKFORCE SKILLS, AND CAPACITIES

One aspect of the theory of change that drives the curriculum and approach used in the Amani program is the grounding belief that the **inward journey** work is foundational for development in all areas of one's life – including professional development. Consequently, upon completion of the **inward journey** part of the Amani curriculum, participants are then primed and ready to flow into the phase of the curriculum that focuses on professional development and developing specific workforce skills and capacities. **HCN's Amani program emphasizes the following skills and competencies in their curriculum:** 



- Reflective capacity
- Understanding the roots and history of personal trauma, cultural trauma, and other forms of collective harm.
- Emotional intelligence in the workforce
- Coping skills
- Interviewing skills
- Resume and cover letter writing skills
- Cultural humility
- Personal and professional goal setting

On a scale of 1-5 (I = No knowledge of this skill; 5 = Excellent level of competency in this skill), we asked participants to reflect on their level of competency in the previously mentioned skills PRIOR to attending the Amani program and AFTER attending the Amani program.

Independent samples t-tests provided support for the statistically significant and positive impact Amani had on participants' perceived level of competence in the program's targeted skills. The table below depicts the average level of growth in each skill.

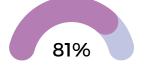
Skills/Competencies	(1= No knowledge of skill to 5= Excellent level of competency in skill)			
	Perceived skill level BEFORE Amani	Perceived skill level AFTER Amani	Average change in competence level	Statistically significant impact (p < .05)
Reflective capacity	4.00	4.38	+.38	yes
Understanding the roots and history of personal trauma, cultural trauma, and other forms of collective harm	3.79	4.39	+.6	yes
Emotional intelligence in the workforce	3.76	4.31	+.55	yes
Coping skills	3.69	4.38	+.69	yes
Interviewing skills	3.52	4.17	+.65	yes
Resume and cover letter writing skills	3.59	4.14	+.55	yes
Ability to work with diverse communities	4.14	4.54	+.4	yes
Personal and professional goal setting (Does not include college interns)	4.13	4.5	+.37	yes

## AMANI'S IMPACT ON PROFESSIONAL DEVELOPMENT, WORKFORCE SKILLS, AND CAPACITIES

In addition to engaging participants with curriculum which hones these important skills for the workforce, Amani has had positive impacts on participants' **professional identities** and has enhanced their **capacity to build relevant professional networks**.



Agreed that Amani improved their perception of their professional self.



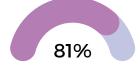
Feel more **confident** in getting a job related to the professional skills they developed.



Feel more **connected** with other Black organizations and professionals in their community.



Feel like they **belong** in the community with other local Black professionals.



Feel more confident in their ability to **build and maintain** a network of likeminded professionals.



"I was curious to, you know, learn more about mental health and how to help people, especially within the Black community. I'm a health worker. I work for City and County. I wasn't doing that before I was in the Amani program, but I was able to secure that position, being in the Amani program, just learning more about mental health, being around like-minded people. The whole experience was great."

"Amani participant"

#### **AMANI'S IMPACT ON COLLEGE INTERNS**

This year, HCN's Amani Mental Health Training Program included thirteen (13) college interns from the University of San Francisco. The interns were either in their freshman or sophomore year and each seeking out professions in the fields of Sociology, Psychology, and Family Development.

In addition to Amani's impacts on the entire group of participants that was discussed in previous sections, we also



wanted to know how Amani has specifically impacted the college interns in terms of their education and personal growth. Adding this group of student-participants to the Amani program was in response to growing awareness that collectively we need to 1) increase the numbers of Black professionals in the mental health field; 2) expose Black students to the integration of Afri-centric frameworks early on in their mental health educational experiences; 3) provide supportive environments for Black students to develop their sense of self while navigating predominantly white spaces in higher education.

#### **AMANI'S IMPACT ON INTERNS' UNIVERSITY EDUCATION**

We asked Amani interns whether their experiences in the Amani program have led to a reverberation into their education and experience at the University of San Francisco. Interns shared comments which revealed the following themes:



+ + +

As a result of Amani, interns felt a stronger connection to their Black peers in the Amani program and in their college classes.



Amani helped the interns be more **critically reflective** about what they learn (e.g., Eurocentric practices, the history of Black people in America / San Francisco).



Amani reminded interns of their **WHY**. In other words, Amani affirmed their passions, career interests, and importance of what they are working to achieve with their professional goals. "I learned that it's not just my white peers that can succeed at their dream goals. Learning from people who look like me and do what I wish to do in the future was such an amazing experience and I hope to learn more from the people of the Amani program and HCN in the future."

"Amani intern

Amammeem

"I also feel that given the support and the structure of the Amani program it just kind of aided in me feeling welcomed and fully like supported within the City since it was a new city for me. I just felt very comforted knowing that there was a community of Black people out there who wanted to see me succeed and were going to help me in anything that I could do as well as teaching me and helping me grow as a person."

~Amani intern

"I believe that my experience in the Amani internship impacted my education at the University of San Francisco by causing me to critically think about some of the information I'm being given. A lot of times we only look at it through the white lens and I think that going through the Amani program as an intern and just seeing the way that they conduct discussions and critically think about information given that I realized the implications on the Black community...So, I found that it was very helpful to be able to truly like think about it as a Black person and see how that truly affects me and has affected my generations past."

"Amani intern

#### AMANI'S IMPACT ON INTERNS' PERCEPTION OF SELF

Amani served as an illuminating force by helping college interns learn more about themselves and the way they should engage with others as they work towards their careers.

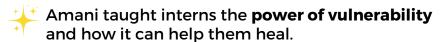
We asked interns how Amani has impacted the way they see themselves and their identities. Responses from the interns revealed the following themes:



Amani helped interns **better understand intersectionality**, and the impact of one's various identities.









"Before joining this program, my perception of myself included having a perfectionist mentality. While being in this program, I not only found more peace in not being "perfect" but specifically while working on my last project, I also gained an important quote to carry with me 'Be patient and continue to be kind to yourself. The first step is believing in yourself and allowing yourself to be vulnerable...Consider every victory an accomplishment while giving yourself grace."

-Amani intern

"The Amani program has made me feel so much more comfortable in my skin. Especially at my school, being the minority, I feel sometimes like I don't belong, but the community that the Amani program provided me made me feel recognized and appreciated within the City."

~Amani intern

# HCN'S AMANI MENTAL HEALTH TRAINING PROGRAM

PEACE PARKS COUNSELOR HAN FEELING SAFE AND THAT'S ENTERING THE AMANI PROGRAM "THERE IS NO OTHER FEELING EXACTLY WHAT I FELT UPON AND BEING CENTERED... JUST BEING ACCEPTED IN THAT SPACE FELT LIKE THE WORLD GRADUATES CURRENTLY OUTREACH SPECIALIST COORDINATOR WORKING AS MANAGER SERVICES AN AFRI-CENTRIC APPROACH TO INCREASING THE NUMBER OF BLACK PEER SUPPORT AND MENTAL HEALTH PROFESSIONALS THROUGH EMPLOYMENT AND EDUCATION OPPORTUNITIES RESIDENT SPECIALIST MSITUR WORKER III ASSOCIATE UNIVERSITY STUDENTS TOTAL & OF AMANI 16.
PARTICIPANTS = 43 PREVENTION RESUME/COVER LETTER DRUG CULTURAL HUMILITY KNOWING WHERE MY PEOPLE COME FROM AND WHERE WE ARE GOING IN LIFE. WE'RE STILL NOT FREE, BUT I'M FREE IN MY MIND... I HAVE ALWAYS LONGSHOREMAN EMBRACED MY BLACKNESS AND INTERVIEWING EMBRACING MY CULTURE AND GOAL SETTING JOB & CAREER 2) COMMUNITY MENTAL HEALTH TRAINING WHERE I COME FROM. 3) WORKFORCE DEVELOPMENT PROFESSIONALS, AND INTERNS TRAINING STAGES: COLLECTIVISMICOMMUNALISM 1) INWARD JOURNEY CENTERING BLACKNESS EMBRACING CULTURAL AMANI AFRI-CENTRICITY KNOWLEDGE OF HISTORICAL AND PERSONAL UNDERSTANDING THE ROOTS TRAUMA, CULTURAL TRAUMA, EMOTIONAL INTELLIGENCE AND OTHER FORMS OF REFLECTIVE CAPACITY COLLECTIVE HARM COPING SKILLS

A PROGRAM OF HOMELESS CHILDREN'S NETWORK•FUNDED BY THE SAN FRANCISCO OFFICE OF ECONOMIC AND WORKFORCE DEVELOPMENT, DREAM KEEPER INITIATIVE, AND SAN FRANCISCO HUMAN RIGHTS COMMISSION•GRAPHIC BY RIO HOLADAY

- AMANI PARTICIPANT

-AMANI INTERN



The final section of our evaluation explored the HOW of understanding HCN's approach to implementing an expansive agenda for addressing the community's need for mental health and peer support specialists trained with an Afri-centric lens. We felt it important to highlight this aspect of the work since there are still many gaps in the literature that elucidate the mechanisms by which Black community mental health can operate in communities.

HCN's work as a whole - and especially regarding Amani's offerings - is rooted in an Afri-centric paradigm. In the field of mental health and community mental health, it is widely accepted that theory drives practice. It is imperative that mental health practitioners who practice community mental health by applying an Afri-centric theory and paradigm document what those practices look like and why they are important in the pursuit of healing, well-being, and uplifting mental health in the Black community (Fairfax, 2017).

In order to learn about and document the application of Afri-centric worldview to community practice, we conducted a focus group with HCN's Amani team. We heard stories about how the work is done and why these approaches matter. The themes presented below elucidate implications for the community mental health field and specifically how to build, maintain, and nurture an effective workforce that can effectively apply an Afri-centric paradigm to community mental health services for the Black community.

To analyze interview and focus group data from HCN staff, we utilized an emergent coding approach (Charmaz, 2006; Saldaña, 2021). Because our questions were broad and exploratory, we aimed to capture concepts, experiences, and meanings that surfaced from the words and stories in the transcripts. Emergent themes are a basic building block of inductive approaches to qualitative social science research and are derived from the worldviews of research participants themselves – in this case – HCN's Amani team. Through our emergent coding process, we found two (2) primary themes:

- Integrating HCN's Afri-centric model and approaches;
- The importance of co-creating safe, healing space for processing and discussion.

# RESEARCH QUESTION #3: WHAT DID IT TAKE TO MEET AND EXCEED PROGRAM OBJECTIVES AND IMPACT AMANI PARTICIPANTS' OUTCOMES?

These themes are explored in more detail in the paragraphs below.

Afri-centric Approaches. Amani is unique in that it offers alternative pathways to mental health training and education to unemployed or underemployed Black San Franciscans to support the workforce with mental health professionals and peer support specialists. The Amani team exceeded program deliverables of participants completing the program by supporting participants' growth and learning by utilizing practices that map onto HCN's Afri-centric framework in a professional training capacity (e.g., Affirms Blackness; is trauma-informed; is love-informed; focuses on self-acceptance; reframes the stigma of mental health among the Black community; integrates family and community into programming; offers space to process collective grief and fear without judgment; and facilitates difficult conversations).

Safe, Healing Space. The Amani program is such an impactful program to participants due to the safe space they co-create to allow for participants to process their emotions, experiences, and understand the history of mental health within the Black community. Specifically, the Amani team and participants are encouraged to engage in an approach that falls firmly in a Healing Justice framework (Page & Woodland, 2023). Healing Justice serves as a framework for movements to address collective harm and trauma. Healing Justice approaches necessitate held spaces for healing, building accountable and authentic relationships, facing conflict and resolution, and transforming ways we work together. Healing Justice spaces build upon and are rooted in southern traditions of resiliency to sustain our emotional / physical / spiritual / psychic and environmental well-being. In Healing Justice spaces, love is an organizing principle (Teng & Nuñez, 2019). These are precisely the same values and ways of being in community that are upheld within the Amani program.

Amani's overarching goal is to help grow the number of Black mental health practitioners and peer support specialists trained in Afri-centric practices. Amani facilitates the development of participants' capacities to provide mental health support to others by offering them unapologetically Black spaces to process experiences and perspectives. All these dynamics and catalysts for success positions HCN's Amani program to effectively nurture emerging mental health and peer support specialists in the Afri-centric perspective. Through HCN's Afri-centric expansive approach towards Black community mental health, Amani provides high quality training and professional support to its participants.



#### **DISCUSSION**

#### **HIGHLIGHTED FINDINGS**

The primary goal of the Amani Mental Health Training Program is to provide training to Black community members interested in mental health to become mental health specialists, peer support specialists, and community healers. The findings from this evaluation reveal the **power** that Amani holds in helping participants **heal** from their trauma and engage in **reflection** about the harm caused by the mental health industrial complex (e.g., the elevation of western, Eurocentric practices in the mental health field). The findings also demonstrate that the **integration of Afri-centric principles** including learning about Black history was incredibly impactful and empowering. By beginning the curriculum with a grounding focus on one's **inner journey**, Amani positioned participants to build capacities to care for themselves **and others** with **compassion and empathy**.

Moreover, Amani had **significant and positive impacts on participants' reflective and job-related skills** necessary to be successful in the mental health field and for job placement (e.g., reflective capacity; understanding the roots and history of personal trauma, cultural trauma, and other forms of collective harm; emotional intelligence in the workforce; coping skills; interviewing skills; resume and cover letter writing skills; cultural humility; and personal and professional goal setting).

Lastly, Amani had positive impacts on participants' perceptions of their **professional selves**, building participants' levels of confidence in their abilities to build and maintain their professional networks. Relatedly, Amani helped participants feel like they **belong** in the field of mental health, despite it traditionally being a white-dominated field. Amani's teachings and practices help participants develop capacities to **consistently and successfully** provide mental health support in their professional and personal realms, and offers participants tools to alleviate burnout, access networks of support, and engage in effective coping as they work on their careers.

The following page shares a quote from an Amani participant that **summarizes the multidimensional impacts of the Amani program.** 



"When I say the Amani program is a growth program, I mean that in all areas of an individual life. They have helped me financially with the monthly stipends. It was days I didn't know how I was going to be able to put groceries in my house and the stipend literally came at the perfect time!

I thought I had my interview skills down pat because I took interviewing and workforce classes and when we covered interviewing and resumes in the Amani program they taught me a different approach to interviewing, what questions to ask, which answers were considered typical answers from a HR standpoint, how to have confidence when speaking about yourself.

I uncovered childhood trauma. I never knew how it was affecting me in my everyday life. We went really deep in the program. It's more than just a program, it's really a community.

You have classmates and mentors who've been through what you've been through with ZERO judgement. We can be raw and uncut and express ourselves. The Amani program was really a SAFE SPACE for me. I grew so much since the program and I honestly can't thank them enough for such a big impact they had on my life. I've built a forever family."

~Amani Participant

#### **DISCUSSION**



#### **Implications for Practice**



The curriculum used in HCN's Amani Mental Health Training Program is grounded by a strong focus on one's **inner journey** – influenced by HCN's Africentric model and Healing Justice principles. This underscores the belief and worldview that in order to build and nurture a cadre of Black professionals in the mental health field, we **MUST include a strong foundation that attends and attunes to the healing of the healers** (Mullan, 2023; Silas, 2022).

Another related implication for practice is based heavily on work that Dr. April Silas, HCN's CEO, has presented throughout the country. Over the past 32 years, HCN has been implementing programs that unapologetically **counter the stigma of mental health in Black communities** in San Francisco. HCN has worked to replace current mental health approaches with a revolutionary framework for Black mental health (Silas, 2022). Some of the core components of this practice and approach include:

- Co-creating spaces that are held and nurtured by Black therapists.
- Co-creating Afri-centric, holistic, therapeutic communities like those that are seen in HCN's Amani and Ma'at programs.
- Co-creating communal gatherings that encourage connection where Black mental health and wellness is upheld as a sign of strength, resilience, pride, and invincible transformation.





#### **DISCUSSION**



#### **Implications for the Workforce**

In addition to Amani's positive impacts on the entire group of Amani participants that was shared in the Findings section of this report, it is also important to call out the specific ways that the Amani Mental Health Training Program positively impacted **Amani's college interns** in terms of their education and personal growth. These positive findings underscore the need for mental health 'diversity' workforce initiatives to not only focus on increasing the numbers of Black professionals in the mental health field, but the imperative to also **expose Black students to the integration of Africentric frameworks early on in their mental health educational experiences**, and to **provide supportive environments for Black students to develop their sense of self** while navigating predominantly white spaces in higher education.

There were positive findings in this report that demonstrated the impact on all Amani participants regarding the initial focus on one's **inner journey** and the added potency when that foundational experience was integrated with a strong Afri-centric framework. Hence, another workforce implication worth noting draws attention to **WHO is hired to provide training**, coaching, mentoring, and support in Black mental health training programs like Amani. Hiring and supporting **Black therapists who embody HCN's Africentric model and who are knowledgeable about liberatory frameworks** which may include Healing Justice (Page & Woodland) and Black Liberation Theology (Azibo, 1994; Hersey; 2022) is crucial to achieving transformational outcomes that have long lasting implications for the development of a Black mental health workforce.

#### **Implication for the San Francisco Community**

Programs like HCN's Amani Mental Health Training Program play an important role in increasing capacity in the Black San Franciscan community to offer access to Black mental health professionals, Black peer specialists, AND other types of Black community healers who may not be in traditional, explicit mental health roles, but carry trauma informed, Ari-centric ways of bringing well-being into the community (Chibanda et al., 2015; Waddell et al., 2017).



"To empathize with someone's experience you must be willing to believe them as they see it – not as you imagine their experience to be."

~ Dr. Dixon Chibanda, Friendship Bench



#### REFERENCES

American Psychological Association. (2022). Demographics of U.S. Psychology Workforce [Interactive data tool]. Retrieved August 15, 2024, from <a href="https://www.apa.org/workforce/data-tools/demographics">https://www.apa.org/workforce/data-tools/demographics</a>

Azibo, D. A. ya. (1994). The kindred fields of Black liberation theology and liberation psychology: A critical essay on their conceptual base and destiny. Journal of Black Psychology, 20 (3), 334-356. <a href="https://doi.org/10.1177/00957984940203007">https://doi.org/10.1177/00957984940203007</a>

Balakrishnan, E. (2023, November 2). SFPD can't explain its massive racial use-of-force disparities. Mission Local. <a href="https://missionlocal.org/2023/11/sfpd-cant-explain-massive-racial-force-disparities/">https://missionlocal.org/2023/11/sfpd-cant-explain-massive-racial-force-disparities/</a>

Charmaz, K. (2006). Constructing grounded theory: A practical guide through qualitative analysis. Publisher: Sage.

Chibanda, D., Bowers, T., Verhey, R. et al. The Friendship Bench programme: a cluster randomised controlled trial of a brief psychological intervention for common mental disorders delivered by lay health workers in Zimbabwe. Int J Ment Health Syst 9, 21 (2015). https://doi.org/10.1186/s13033-015-0013-y

Chioneso, N. A., Hunter, C. D., Gobin, R. L., McNeil Smith, S., Mendenhall, R., & Neville, H. A. (2020). Community healing and resistance through storytelling: A framework to address racial trauma in Africana communities. Journal of Black Psychology, 46(2-3), 95-121.

Cho, W. K. T., Hwang, D. G. (2023). Differential effects of race/ethnicity and social vulnerability on COVID-19 positivity, hospitalization, and death in the San Francisco Bay Area. Journal of racial and ethnic health disparities, 10, 834-483. <a href="https://doi.org/10.1007/s40615-022-01272-z">https://doi.org/10.1007/s40615-022-01272-z</a>

Ciofalo, N., Dudgeon, P., & Nikora, L. W. (2022). Indigenous community psychologies, decolonization, and radical imagination within ecologies of knowledges. American Journal of Community Psychology, 69(3-4), 283-293.

Doyle, O., Joe, S., & Caldwell, C. H. (2012). Ethnic differences in mental illness and mental health service use among Black fathers. American Journal of Public Health, 102(S2), S222-S231.

Fairfax, C. N. (2017) Community practice and the Afrocentric paradigm. Journal of Human Behavior in the Social Environment, 27:1-2, 73-80, DOI: 10.1080/10911359.2016.1263090

Gilbert, D. J., Harvey, A. R., & Belgrave, F. Z. (2009). Advancing the Africentric paradigm shift discourse: Building toward evidence-based Africentric interventions in social work practice with African Americans. Social Work, 54(3), 243-252.

Greer, T. M. (2024). African-Centered Spirituality as a Buffer of Psychological Symptoms Related to Specific Forms of Racism for African Americans. Journal of Black Psychology, 50(2), 165-193.

Hersey, T. (2022). Rest is resistance: A manifesto. Little, Brown Spark.

Hines, E., & Ward, M.F. (2022). Black women thriving report: 2022. Every Level Leadership. <a href="https://everylevelleads.com/bwt/">https://everylevelleads.com/bwt/</a>

Kirk, K. F., Jackson, J., Sagui-Henson, S., Wang, E., Semaan, F., Prescott, M. R., ... & Knott, L. (2023). Race-based experiences and coping as predictors of BIPOC mental health provider burnout and stress during COVID-19. Journal of Prevention and Health Promotion, 4(3-4), 323-338.

Kyere, E., & Fukui, S. (2023). Structural racism, workforce diversity, and mental health disparities: A critical review. Journal of Racial and Ethnic Health Disparities, 10(4), 1985-1996.

Lipscomb, A. E., & Ashley, W. (2020). Surviving being Black and a clinician during a dual pandemic: Personal and professional challenges in a disease and racial crisis. Smith College Studies in Social Work, 90(4), 221-236.

Marumo, P. O. & Chakale, M. V. (2018). Understanding African philosophy and African spirituality: Challenges and prospects. Gender & Behavior, ISSN: 1596-9231.

Millner, U. C., Maru, M., Ismail, A., & Chakrabarti, U. (2021). Decolonizing mental health practice: Reconstructing an Asian-centric framework through a social justice lens. Asian American Journal of Psychology, 12(4), 333.

Miyamoto, Y., & Sono, T. (2012). Lessons from peer support among individuals with mental health difficulties: A review of the literature. Clinical Practice and Epidemiology in Mental Health: CP & EMH, 8, 22.

Mullan, J. (2023). Decolonizing therapy. Publisher: W. W. Norton & Company.

Mugumbate, J.R. & Chereni, A. (2020). Editorial: Now, the theory of Ubuntu has its space in social work. African Journal of Social Work, 10, 1. ISSN 2409-5605.

Murray-Browne, S. (2021). Decolonizing mental health: The healing power of community. Psychotherapy Networker. November/December 2021 Issue. Retrieved July 28, 2024: <a href="https://www.psychotherapynetworker.org/article/decolonizing-mental-health/">https://www.psychotherapynetworker.org/article/decolonizing-mental-health/</a>

Norris, D. M., & Primm, A. (2024). Burnout and moral injury among black psychiatrists and other black mental health professionals. Psychiatric Services, 75(1), 83-86.

O'Keefe, V. M., Cwik, M. F., Haroz, E. E., & Barlow, A. (2021). Increasing culturally responsive care and mental health equity with indigenous community mental health workers. Psychological Services, 18(1), 84.

Page, C. & Woodland, E. (2023). Healing justice lineages: Dreaming at the crossroads of liberation, collective care, and safety. North Atlantic Books: Berkeley, CA.

powell., j. (2022). Beyond equity: Targeted universalism and the closing of the racial wealth gap. Non-Profit Quarterly. https://nonprofitquarterly.org/beyond-equity-targeteduniversalism-and-the-closing-of-the-racial-wealth-gap/. Retrieved 08/19/2024.

Read, U. M., Jilka, S., & Singh, S. P. (2023). Collaborating with traditional and faith healers in mental health: A public health approach. World Social Psychiatry, 5(2), 144-148.

Saldaña, J. (2021). The coding manual for qualitative researchers. The coding manual for qualitative researchers. 1-440.

San Francisco Human Rights Commission (2020). Investment of Funds to Support the Black Community in San Francisco: Community Engagement/Input Status Update. Prepared by Sheryl E. Davis.

San Francisco Human Rights Commission (2023). San Francisco Reparations Plan 2023: A Submission from the San Francisco African American Reparations Advisory Committee.

Shalaby, R. A. H., & Agyapong, V. I. (2020). Peer support in mental health: literature review. JMIR Mental Health, 7(6), e15572.

Shell, E. M., Teodorescu, D., & Williams, L. D. (2021). Investigating race-related stress, burnout, and secondary traumatic stress for Black mental health therapists. Journal of Black Psychology, 47(8), 669-694.

Shockley, A. A. (1978). Oral history: A research tool for Black history. Negro History Bulletin, 41, 1, 787-789.

Silas, A. (2022). Adapting evidence-based interventions for under-resourced populations: HCN's Afri-centric model of mental health service. Webinar hosted by SAMHSA, October 4, 2022.

Teng, S. & Nuñez, S. (2019). Measuring love in the journey for justice: A brown paper.

Tolliver, S. R. (2022) Recovering Black storytelling in qualitative research: Endarkened storywork. Publisher: Routledge.

Waddell, C. M., Robinson, R., & Crawford, A. (2017). Decolonizing approaches to inuit community wellness: Conversations with elders in a Nunavut community. Canadian Journal of Community Mental Health, 36(1), 1-13.

Whitney, T. (2024, February 8). A brief history of Black San Francisco. KALW. https://www.kalw.org/show/crosscurrents/2016-02-24/a-brief-history-of-black-san-francisco