

African American Youth Community Ambassador Network Project of Antelope Valley

FY 19-20 CAPACITY BUILDING PROJECT (PO-MH-19010526-1)

PROJECT DESCRIPTION

The purpose of the African American Youth Community Ambassador Network Project is to educate and empower African American youth about the importance of mental health care to build awareness and community connections. This project will increase mental health awareness through educational workshops, the arts (dance, music, drama, poetry, etc.), and other outreach and engagement activities culturally sensitive to this community. This project will target African American youth, ages 12-21 who reside in Service Area one (SA 1) of Los Angeles County, otherwise known as Antelope Valley

This project involved two components, 1. The facilitation of community stakeholder focus groups to develop culturally responsive outreach and engagement curriculum targeting African American youth ages 12 and older; 2. The recruitment of Black youth ages 18-25 years, trained to conduct the outreach and engagement activities.

This project's second component was to train African American presenters to conduct grassroots level community mental health presentations through educational workshops, the arts (dance, music, drama, poetry, etc.), and other culturally relevant activities.

The African American Youth Community Ambassador Network Project's objective was to engage, empower, and educate African American youth to combat negative stereotypes, increase their self-esteem, to build community resilience. We also set out to increase the accessibility of mental health services by providing support and increase awareness.

PROJECT RESULTS

Positive Results Corporation (now known as Center (PRC) has taken the initiative to engage all African American youth, service providers, and community members in the Antelope Valley (AV) area. Our contacts referred people to us, and through our outreach efforts, we met more African American families and youth. We also connected with people and organizations throughout LA County who had a connection with African American Families in the AV.

The first order of business was to compile as many culturally competent and relevant resources as to address the African American community's needs. We gathered names, addresses, phone numbers, and email addresses for the following types of establishments: hospitals (ER/OR), OBG-YN, dental offices, law firms, mental health services, food pantries, housing & employment services.

We set out to reach all Antelope Valley residents who identified as African American to have suitable and dependable resources to use at any time. We also want the African American community to support themselves with finding sustainable resources and advocating for themselves if and when service providers are unable or unavailable to do so. It was a rather daunting task looking for all of this necessary information. Still, we completed our searches and created a rich network of resources from relationships and connections that were already in place and flourishing in the Antelope Valley, plus new relationships made from networking in the community and our focus groups.

Resource Guide – Please see the attachment, which consists of 4 pages.

Culturally Specific Curriculum - See attachment

We completed the curriculum in partnership with Dr. Gloria Morrow, a clinical psychologist who serves as the Director of Behavioral Health for Unicare Community Health Center, Inc. Dr. Gloria manages the behavioral health department of their 13 clinics. She also maintains a small clinical practice that focuses on pastoral leaders, their families, and those in the entertainment industry. Her career began as a faculty member in the Psychology Department of

the University of La Verne (ULV). She was soon promoted to Associate Professor of Psychology and Clinical Training Director at ULV and later California State University at Fullerton. Dr. Gloria's work has been published in scholarly journals and books. She has also been cited in critically acclaimed national publications such as "Psychology Today," "Jet," "Heart and Soul," "Essence," "Woman's Day," and "Black Enterprise."

Pre & Post Survey – Please see attachments

This project was also co-created with Dr. Gloria Morrow

Focus groups:

PRC completed three (3) focus groups comprising the African American community. Each focus group provided more insight and clarity on issues that this geographic area was experiencing.

Our first paid-focus group took place, Saturday, September 28, 2019, in Lancaster, CA. There were 22 participants, of which 12 were African American males, and 10 were African American females; 15 were representative of the TAY population (16-25); 3 were representative of the adult population (26-59), and 4 were representative of the older adult population (60+).

The second paid-focus group was Monday, November 7, 2019, in Palmdale, CA. There were 8 participants, of which 5 were African American women, 3 were African American males, 3 were TAY, and 5 were adults.

We conducted a third focus group on Saturday, February 1, 2020, with Transitional Aged Youth selected to participate in our program to understand our program and its reason better. There were 11 African American TAY, of which 6 were young men and 5 were young ladies, five identified as LGBTQIA.

Focus Group Questions:

1. What constitutes good mental wellness?
2. What is mental illness?

3. What kind of strategies for promoting mental wellness in African American youth do you think are effective?
4. How can we incorporate the arts (dance, music, drama, poetry, storytelling, etc.) to educate African American Youth about mental wellness?
5. What are some of the vital steps we need to take in engaging and outreaching to African American youth who are affected by substance issues in their communities?
6. What can we do to better engage and assist African American youth with psychosocial barriers (i.e., those recently released from detention camps or those who are part of the child welfare system)?
7. What are some of the critical barriers to working effectively with African American youth?
8. What are some of the strategies we need to implement to work more effectively with African American youth?
9. How can we help African American youth to overcome the effects of generational/historical trauma, discrimination, and poverty?
10. What strategies does LACDMH need to effectively get African American youth to participate in prevention and early intervention services?

After we finished our focus group, we selected 19 Transitional Aged Youth (our goal was 12), we held four (4) in-person training sessions with the African American Youth Ambassadors.

COVID

On March 7, 2020, after finishing our session with the Ambassadors, our host partner, Penny Lane, contacted us, stating they were closing their facility due to COVID-19. PRC complied with the mandatory guidelines to be vigilant while officials globally worked to evaluate systems that needed to be adopted to ensure safety for all.

We quickly pivoted and continued connecting and building community with our African American Transitional Aged Community Youth Ambassadors. We reached out via email, text, and via an APP called Group Me. We also began working with

the Ambassadors on-line via zoom, teaching them how to navigate the virtual world, how to use zoom, and how to search the internet for material. From March 8 through April 8, 2020, we continued working with and paying the Ambassadors to participate in our program virtually.

On April 9, we received the following email from Desiree DeShay

Desiree DeShay DDeShay@dmh.lacounty.gov Thu, April 9, 2020, 11:22 AM

Dear Vendors.

*I received new directives from Mirtala this morning regarding the capacity-building projects. We have been informed that all activities need to stop until further notice. To further clarify, she wants the virtual activities to be placed on hold until further notice. As I receive more information, I will keep you posted on this new development.
Thank you kindly, Desiree*

Although we discontinued all activities related to the capacity-building project, we continued to check in with the African American Community Youth Ambassadors, providing them with resources related to food, housing, shelter, and career opportunities. We also continued to connect via telephone, text, and Group Me providing inspiration and networking opportunities.

We continued to advocate on behalf of the Ambassadors to resume the program. Unfortunately, we were unable to start the program again until September 2020. By that time, a toll had been taking on the community, the Ambassadors, and our team. We lost connection with two Ambassadors, and another four were unable to participate regularly because of work or other responsibilities.

From April through the end of August, some youth experienced severe mental health challenges, including being hospitalized, and one checked himself in a facility to address his mental health issues. Two male Ambassadors were arrested because they were homeless, sleeping on the steps of local government agencies in Antelope Valley.

When we resumed our workshops, some of the Antelope Valley Youth Ambassadors were experiencing many difficulties, the lack of resources (i.e., no computers, smartphones, or iPad, lack of internet capabilities, etc.). However, the youth were determined, and PRC supported by helping them secure cellphones or used tablets.

We took time to go back over the curriculum during September, where we left off and finished our session. From October 2020 to December 2020, the Ambassadors engaged the community, conducted outreach, and conducted virtual presentations 2-3 times a week.

These workshops included addressing and creating awareness of mental health awareness through educational seminars and the arts (music, dance, drama, poetry, etc.), physical exercises, games, and other outreach and engagement activities culturally sensitive to this community.

PRC and 13 Youth Ambassadors conducted the last virtual community presentation on December 14 and finished writing the report on December 30, 2020.

PROJECT COSTS

Phase 1 \$17,000

Development of the Resource Guide

Development of Pre/Post Survey Questionnaire

3 Stakeholder Focus Groups (Food, water, Uber/Lyft transportation for community members)

Curriculum Development – 5 modules

Phase 2 \$15,000

Recruitment and Training of YCA & Training Locations/Logistics (transportation, food & water, art & office supplies, printing, payment to Youth Ambassadors for participation, research, and attendance)

Phase 3 \$49,300

20 Virtual Community Presentations (Zoom cost, paying Youth Ambassadors to prepare, research and present, providing virtual lunches or snacks to participants)

Phase 4 \$2,300

Project Summary Report and Outcomes

TOTAL \$83,600

LESSONS LEARNED

1. The African American Community of Antelope Valley is a loving, caring, supportive group of people who care about their children, each other, and their community.
2. The African American Community of the Antelope Valley is in desperate need of resources and services specifically geared to youth, mental health, education, trauma, and housing insecurity.
3. There is a lack of Culturally Specific, Trauma-Informed providers for youth and Transitional Aged Youth.
4. The community is hungry for Black Providers and Care-givers
5. The youth are resilient and want to learn, share and work
6. More programs & services for youth and young adults are needed for Youth, TAY, and parents
7. There are a few great partners in the Antelope Valley, such as Penney Lane TAY Center in Lancaster.
8. The impact of violence, racism, and apathy is real in this community in how they engage with or attack African American people. It has made African American's, who are generally proud people, almost fearful of venturing into certain areas of Antelope Valley.
9. It was a TREMENDOUS mistake to begin a program or service to an unrepresented population, build trust and community. When the community needed us most and required DMH services or our trauma-informed crisis services, we were instructed to go home and leave them to fend for themselves, knowing there were no services specifically for this population.
10. People are tired of zoom, especially kids.
11. Using programs that look like a game to teach youth is ideal. They have fun and learn at the same time.
12. Every community has been devastated by COVID-19. Our biggest concern is for Black / African American low-income children. We have witnessed the

lack of services, lack of technology, or current technology needed to stay at a level playing field, educationally. We have heard parents cry because they had to put their children on medication to curb their attitude or anger spikes due to being locked down and isolated from things and people they knew, like school. The need for increased mental health services for children will be extremely high in the next few years.

13. Our 2nd concern is for Transitional Aged Homeless Youth. Many of them have disconnected from society, feeling that they were Nomads, unaccepted by the community. During the first three months of COVID-19, this group received the least amount of support, the most hatred, and lost almost every turn. They had not secure or stable housing. They didn't have money, so that they couldn't get masks. They weren't able to enter any establishments or ride buses because they didn't have masks, and they were afraid to stay with anyone for fear of catching COVID-19. Their mental health plummeted. Some checked themselves into mental health facilities because they need they were on a steady decline. This group will also need lots of emotional, cognitive, and socio-emotional support for years to come.

RECOMMENDATIONS

1. Continue the African American Youth Community Ambassador Network Project of Antelope Valley as a permanent program. You could develop a paid internship for Transitional Aged Youth (TAY) to learn about the Department of Mental Health programs and services BIPOC (Black, Indigenous & People of Color Communities. It would be an excellent pathway for TAY to secure permanent employment, learn a career and continue to help their family and community.
2. If another pandemic, emergency, or crisis happens, meet with the people participating in the program and the community to see what services are most needed.

CONCLUSION

What would have been one of the most phenomenal programs created in Los Angeles County was cut short and changed by COVID-19. The Antelope Valley lacks culturally specific, trauma-informed programs, which they are significantly in need of for the community. Some programs most need are related to the

community's socio-emotional and mental health at large, from children five and up to seniors and everything in between.

We are proud to have successfully achieved our goals during a global pandemic, which isolated everyone, left people homeless and hungry. We provided sources of security, financial and emotional support, plus a connection to a group of people who appeared forgotten to the rest of the world.

We were fortunate to build a robust and solid bond with the community and our participants early on, which helped ensure this success.

We successfully achieved or exceeded every goal and requirement of this program and established connections with community partners and our African American Youth Ambassadors.

Phase 1

Development of the Resource Guide – 1 – 2 paged **Exceeded goal**

Development of Pre/Post Survey Questionnaire - **Achieved**

2 Stakeholder Focus Groups - **Exceeded goal by hosting 3 Focus Groups**

Curriculum Development – 5 modules – **Achieved**

Phase 2

Recruitment and Training of 12 YCA – **Exceeded goal with 19 YCA**

Training Locations/Logistics **Achieved**

Phase 3

20 Virtual Community Presentations – **Achieved**

Phase 4

Project Summary Report and Outcomes - **Achieved**

We have continued working with many of our Ambassadors in a paid capacity on other projects and hope to employ some in a full-time capacity soon.

It was a pleasure working with the Department of Mental Health to implement this project and a greater pleasure working with the Black / African American community of Antelope Valley.

Submitted by The Positive Results Corporation (Center, PRC)

