

Walker Tisdale:

Let's kick off the Black History Month 2024. I'm Walker Tisdale. I'm a Public Health Analyst within the Office of Behavioral Health Equity at SAMHSA. I want to welcome you to the Black History Month webinar on this fifth day of February. This event is organized by SAMHSA's Office of Behavioral Health Equity in collaboration with the Division of Children and School Mental Health, the Mental Health Promotion Branch, our friends at 988 and Behavioral Health Crisis Coordinating Office, the Suicide Prevention Branch and Members of Achieving Behavioral Health Equity Initiative. I also want to just make sure that during this webinar you will see links put in the chat throughout this presentation, so there will be an interactive nature to the presentation.

Walker Tisdale:

Now it is my pleasure and honor to introduce our moderator today, Dr. Alfiee Breland-Noble, who goes by Dr. Alfiee affectionately. She is globally recognized authority and thought leader on mental health disparities and equity. Dr. Alfiee is also the founder of the AAKOMA Project. We will be listing her social media contacts in the chat as well and there are many.

Dr. Alfiee started the AAKOMA project as an academic medicine research lab and RO1 teaching hospital in 1999. She is noted for her ability to draw audiences and to inspire. She's trained at Howard University, New York University, the University of Wisconsin-Madison, Duke University School of Medicine. She is very learned. So, with that is my honor to turn it over to you, Dr. Alfiee.

Dr. Alfiee Breland-Noble:

Thank you so much, Walker. I really appreciate the opportunity to be here with you all and I love to talk, but I'm not going to do that today because I'm moderating. So again, thank you, Walker, and everyone from this organization who's taking the time to put this together. I want to walk through a couple of things with you regarding Zoom logistics.

Dr. Alfiee Breland-Noble:

You will notice that you are all muted and you will be muted throughout. Closed captioning is available as my colleague Walker shared. And please, please, please look over to probably your right and you will notice a Q&A box if you have questions as we go along. Please feel free to use that box to ask the questions that you want to ask.

Dr. Alfiee Breland-Noble:

I want to make sure that I am mentioning again, that closed captioning is available through Zoom using that CC button for live transcription option because we want to make sure that this is through SAMHSA, so we are making sure that everybody has access throughout this webinar. A couple of things I want to

share with you. We are going to increase awareness of best practices in health equity for African Americans and black people of the diaspora.

Dr. Alfiie Breland-Noble:

We want to better understand resiliency and the impact impacts of trauma because they are real within African American black communities. We want to learn about the impact of training and capacity building programs for African American and black providers. So, you are going to get all of that today. First, what I want to do, though, is introduce three special people. I will do this quickly.

Dr. Alfiie Breland-Noble:

Forgive me for flying through this with the three people I want to introduce to you are Dr. Delphin-Rittmon, Dr. Larke Huang, and Ms. Monica Johnson. Dr. Miriam Delphin-Rittmon is currently Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration, known as SAMHSA.

Dr. Alfiie Breland-Noble:

She previously served as Commissioner of the Connecticut Department of Mental Health and Addiction Services for six years. My friend, way back to when I was in training. Dr. Larke Huang is a Senior Advisor in the Office of the Assistant Secretary for Mental Health and Substance Abuse Substance Use, I am sorry, and Director of the Office of Behavioral Health Equity.

Dr. Alfiie Breland-Noble:

She is a licensed clinical psychologist who has worked at the interface of policy, research and practice in behavioral health for nearly 35 years. Finally, Ms. Monica Johnson MA LPC, is the Director of the 988 and Behavioral Health Crisis Coordinating Office. Ms. Johnson has worked in the behavioral health field for 26 years and most recently served as the interim Commissioner excuse me for the Georgia Department of Behavioral Health and Developmental Disabilities.

Dr. Alfiie Breland-Noble:

With that, I want to turn it over to my distinguished colleagues, starting with Dr. Delphin-Rittmon.

Dr. Miriam Delphin-Rittmon:

Thank you so much for that introduction. I just want to say good, good afternoon, everyone.

On behalf of SAMHSA, I would like to welcome you to our event celebrating Black History Month. You heard this already, but I'll just repeat again. So, today's webinar is a wonderful collaboration between SAMHSA's Office of Behavioral Health Equity, SAMHSA's 988 Behavioral Health Coordinating Office, and also two divisions within CMHS. That's the Division of Children and School Mental Health, the Mental Health Promotion Branch, and the Division of Suicide Prevention and Community Supports of the Suicide Prevention Branch.

Dr. Miriam Delphin-Rittmon:

And again, we are so excited to present this webinar on best practices and behavioral health equity for African Americans. We know that Black History Month just gives us an opportunity to pause and recognize the remarkable achievements and contribution across a rich and diverse African American community and black diaspora. For us at SAMHSA, we celebrate behavioral health, focus advances, innovations and successes in the field. We are pleased that we have three of SAMHSA's behavioral health partners with us here today to discuss some of their work and their best practices that they're implementing every day.

Dr. Miriam Delphin-Rittmon:

This afternoon, we will hear from SAMHSA's program partners, spotlighted from the state of Georgia, Louisiana and Florida. These programs are indeed just making such a positive impact. So, over the next 90 minutes you will hear from Dr. Dawn Tyus, from the African American Behavioral Health Center of Excellence. Dr. Robyn Thomas from the Louisiana 988 Call Center. Both Jocelyn E. Turner and Andria Bannister from Jacksonville, Florida, both represent two of our ReCast grantees. ReCast stands for Resiliency in Communities After Stress and Trauma. We will learn how their best practices are advancing equity in behavioral health supports for African American communities. I thank each of them for the work that they do every day and for being here with us today.

Dr. Miriam Delphin-Rittmon:

As you listen to these presentations, consider how they're customized and how they're customizing the work that they do to reach the communities that they're serving. How they each in their own way, advance behavioral health for black communities, and how we can expand and scale up their efforts.

Dr. Miriam Delphin-Rittmon:

As we gather for Black History Month, it is so fitting that we honor the contributions and sacrifice stories of African Americans who have helped to shape the nation. We also recognize and applaud the wonderful SAMHSA Partners who are successfully advancing SAMHSA's mission within all communities, including African American communities.

Dr. Miriam Delphin-Rittmon:

Dr. Miriam Delphin-Rittmon:

This year's Black History Month celebration, we celebrate the robust and crucial work being done across the country across the full continuum of care, including prevention, treatment and recovery, harm reduction, mental health promotion that will help to lead us to a future ultimately where African-American health disparities are eliminated and African-American individuals, families and communities across the country can thrive and experience mental well-being.

Dr. Miriam Delphin-Rittmon:

In addition to applauding these three grantees, I want to turn inward for a moment and thank my staff at SAMHSA and celebrate for a moment with them. I just want to say such a special thank you to the planning team within the Office of Behavioral Health Equity, & the 988 Crisis Coordinating Office, and the SAMHSA Suicide Prevention Branch for their work to put together this webinar.

Dr. Miriam Delphin-Rittmon:

We also celebrate our African American Community within SAMHSA. I'm so pleased to share that we have established an African American employee resource group called the Yard, which consists of SAMHSA staff who have graduated from HBCUs. This is such an important group for staff who are able to come together and share their experiences and support each other and talk about ways to champion and advocate for grantees.

Dr. Miriam Delphin-Rittmon:

Ultimately, in the long run, this contributes to the overall work that they do day in and day out to advance the behavioral health and well-being of our communities. So again, once again, thank you so much for joining us. Thank you to our program speakers today for joining us to share their expertise. I'm happy to now turn the floor over to Dr. Larke Huang, who is the Director of our Behavioral Health Office of Behavioral Health Equity. So, Larke, I'll turn it over to you now.

Dr. Larke Huang:

Thanks very much, Dr. Delphin-Rittmon, for those warm, and welcoming remarks. Dr. Alfiere Breland-Noble, thank you also for introducing all of us. It's great to have you that if I have to be facilitated by anyone, it would be you. So, I'm we've had some very exciting initiatives these past few years, and I really want to thank Dr. Delphin-Rittmon, who's allowed us to embark on truly exciting activities to really push equity into the forefront.

Dr. Larke Huang:

It's a big part of what our office does, but also throughout our agency. I wanted to just give you a few updates about what our office is doing. Our office coordinates SAMHSA's efforts to reduce disparities in mental health and our substance use disorders across populations. Office of Behavioral Health Equity, or as we call it, OBHE or OB was established in accordance with a section of the Patient Protection and Affordable Care Act under the Obama administration.

Dr. Larke Huang:

And this means that our existence is codified in statute. So, we are not going anywhere. We are codified in legislative statute. OBHE's mission is to advance equity in behavioral health care by tailoring public health and service delivery efforts that promote mental health, prevent substance misuse, provide treatments, and facilitate supports to foster recovery for racial, ethnic, and sexual gender minority populations and communities.

Dr. Larke Huang:

A few of our flagship programs out of the office include our National Network to Eliminate Disparities in Behavioral Health. Some of you may know this recognize it as the NNED. It is a network of now 1500 community-based organizations across the U.S. focused on the mental health and substance use issues of diverse racial and ethnic communities. We provide annual training on clinical and prevention-oriented interventions that have been adapted for the populations we focus on, or community grown programs and interventions.

Dr. Larke Huang:

We also provide capacity building efforts for increasing funding, applying for government grants and recruiting and retaining talent to serve underserved communities. Last year, OBHE launched its first ever challenge. The goal of the Behavioral Health Equity Challenge was to identify and highlight outreach and engagement strategies used by community-based organizations to increase access to behavioral health services for racial and ethnic, under-resourced and underserved communities.

Dr. Larke Huang:

We received about 420 submissions and through a multi-level judging process, selected ten organizations each to receive a prize of \$50,000. This was very exciting for us running this challenge and being able to recognize many of our CBOs. Also, last summer, at the request of the White House, we organized the Mental Health Summit for our Asian American, Native Hawaiian and Pacific Islanders.

Dr. Larke Huang:

Four key themes emerged, and we have built ongoing workshop groups on these topics. The four topics included hate crimes and their impact on mental health, language assistance and language justice connecting with 988 and our crisis response network, and growing and importantly, growing the behavioral health workforce. OBHE has also funded four behavioral health centers of excellence, one of which you'll hear from today.

Dr. Larke Huang:

These are population specific centers of excellence. We have an African American, Asian-American, Native Hawaiian Pacific Islander, Hispanic and Latino and LGBTQ Centers of Excellence. And over the course of their grants, they'll be providing extensive training and technical assistance. We are also what we call an incubator, in the sense that we might often pilot a grant idea or initiative before we offer it on a larger scale.

Dr. Larke Huang:

For example, we initiated a new grant program, family counseling and support for LGBTQ youth and their families. The first ever dedicated grant program for this population group. So, these are just a few of the activities our office is engaged in. And if you have thoughts or wish to communicate with us, anyway, please put that in the chat or please feel free to contact us as well.

Dr. Larke Huang:

Before I close, I also would like to acknowledge the hardworking team that helped coordinate today's event. This webinar, as you heard, is a collaboration of OBH, the 988 Office and Behavioral Health Crisis Coordinating Office, our colleagues within the Suicide Prevention Branch, and in the Center for Mental Health Services, and specifically, I'd like to acknowledge Walker Tisdale for leading the concept and planning for it today, as well as Amber Green and Brandon Johnson, Dr. Laura Howes, Tracy Cooper and Jennifer Earley and our Office of Communication Colleagues and Abt Associates for their support.

Dr. Larke Huang:

Finally, I would like to thank each of you for taking the time to be at this event. We so appreciate you taking the time to hear about behavioral health issues and the African American population and to celebrate Black History Month with us. We welcome each of you to what I know will be a dynamic and informative webinar. And so, with that, I will now turn it over to my colleague Monica Johnson, who is the Director of the 988 and Behavioral Health Crisis Coordinating Office.

Monica Johnson:

Thank you. I'm so excited to be here with you all today. I'm happy to join you as a co-sponsor of this year's SAMHSA Black History Webinar, along with the Office of Behavioral Health Equity and the Center for Mental Health Services. As director of the 988 and Behavioral Health Crisis Coordinating Office, we are pleased to celebrate Black History Month and the amazing work of our SAMHSA grantees who are making a huge difference in terms of promoting behavioral health awareness and support within black communities all over the country.

Monica Johnson:

As you know, SAMHSA has a bold vision for the future of behavioral health crisis care in our nation. It is built on a belief that everyone struggling with mental health and substance use should have someone to talk to, someone to respond, and a safe place for help. Since its July 22 launch night, 988 has received about 8.1 million calls, texts and chats in total. Over the past year and a half since our launch we have been committed to implementing critical strategies, approaches and steps to provide culturally and linguistically responsive and meaningful services to several diverse populations. We will continue this work with the goal of reaching and responding to many more populations as we move forward. I want to give special recognition to one of the SAMHSA grantees that will be featured today.

Monica Johnson:

The Louisiana Department of Health and Office of Behavioral Health has oversight of the 988 suicide and crisis lifeline in Louisiana. We applaud your diligence, creativity, dedication and skill in terms of increasing general 988 awareness and reducing stigma about 988 and mental health treatment and services in general across your state. You have successfully impacted black communities in other key communities, including other racial and ethnic groups, LGBTQI+ groups, veterans, and others.

Monica Johnson:

I also want to note that Louisiana had one of the highest response rates in the nation, which has significantly improved over the last two years. They also created one of the most comprehensive public dashboards for 988 outcomes in the country. As we continue our work within SAMHSA, we will continue to share examples of excellence and work that is deeply committed to improving behavioral health and wellbeing in black communities and other diverse communities across the country.

Monica Johnson:

Not only can these examples be modeled and replicated by others, but they can also bring extraordinary hope, strength and healing, especially to those that have been underserved and marginalized. So, I lift up all of our featured SAMHSA grantees today and encourage you to keep doing this amazing work. Thank you so much for your attention and your time. And with that, I'll turn it back over to Alfiee. Thank you so much.

Dr. Alfiee Breland-Noble:

All right. So hello, everyone again, for those of you who didn't meet me, I am Dr. Alfiee and I'm going to be your moderator for today. So, it is a pleasure to be here. I'd love to hear the remarks from my colleagues and I'm going to move us along because I know that who you really want to hear is this next series of speakers.

Dr. Alfiee Breland-Noble:

For the next hour or so, we're going to hear from these distinguished speakers, very knowledgeable about our topic for today, which is African American and black mental health. And I know you're really going to enjoy them. So let me go ahead and introduce them. I also want to remind you, please drop questions for your speakers in the chat, in the Q&A section of the chat, and we will do our best to get to those because at the end of the presentation. I'm going to have a brief opportunity to just have some dialogue, answer some questions for you.

Dr. Alfiee Breland-Noble:

All right. So don't forget about that Q&A in the chat. So, for now, what we're going to do is I want to introduce you to one, two, three, four speakers who are going to speak with us today. The first is, excuse me, Dr. Dawn Tyus, the Director and Principal Investigator of the African American Behavioral Health Center of Excellence.

Dr. Alfiee Breland-Noble:

Next, we have Dr. Robyn Thomas representing the local 988 call center in Louisiana. I will share I'm very familiar with obviously 988, as we all are, having recently stepped down off the board after serving my time with crisis text line, so very familiar with text and chat and our 988 call centers. Next, we have Andria Bannister, the Director of the Building a Resilient Jacksonville System of Care at Partnership for Child Health.

And finally, we have Jocelyn Turner, the Director of Care of the Care Initiative excuse me, at Partnership for Child Health. So, I'm going to pass it over to Walker, who's going to introduce our first panelist.

Walker Tisdale:

Thank you, Dr. Alfiee. It is my pleasure to introduce Dr. Dawn Tyus. She is the Director and Principal Investigator of the African American Behavioral Health Center of Excellence and the Southeast Addiction Technology Transfer Center at Morehouse School of Medicine, where she's also an Associate Professor in the Department of Psychiatry and the Office of Online Education Expanded Programs.



Walker Tisdale:

I must say that I've had the pleasure of working closely with Dr. Tyus and her team over the last year and have been nothing less than inspired by all of her great work that's happening on behalf of SAMHSA and the country. Dr. Tyus is the behavioral health strategist committed to developing and implementing strategies to build and improve a more supportive and resilient environment in behavioral health.

So, without further due, I'll turn it over to Dr. Dawn Tyus.

Dr. Dawn Tyus:

Good afternoon. It is such a pleasure to be here this afternoon. Thank you to the Office of Behavioral Health Equity and SAMHSA for allowing me to present on the wonderful work that we're doing at the African American Behavioral Health Center of Excellence, located at Morehouse School of Medicine.

Dr. Dawn Tyus:

The African American Behavioral Health Center of Excellence was funded in October of 2020, right in the midst of the pandemic for five years by the Substance Abuse and Mental Health Services Administration. Our center was funded to provide, develop and to disseminate resources to help practitioners eliminate behavioral health disparities within this large and diverse population.

Dr. Dawn Tyus:

Because of the urgent need for greater equity and effectiveness in behavioral health services for African Americans, our center was really, really focused. And we put our grant proposal together to really lift up the distinguished voices and expertise of African American behavioral health and health equity to address some of those systemic inequities that have blocked for many years access and engagement in behavioral health services and support for African Americans.

Dr. Dawn Tyus:

We also looked at the scarcity of culturally appropriate evidence-based interventions and approaches for African Americans and really those insufficient dissemination of the products that did not even exist. We also looked at the minimal workforce development, our social determinants of health, health disparities, historical trauma, really looked at some of those unconscious biases. What are those ways that we can look at cross cultural respect and trust with providers as they are working with African American clients? Next, our goals that were written into our grant and that we have been very intentional in meeting was really to increase the capacity of behavioral health systems, to provide outreach, engage and to effectively care for African Americans. We also have begun for the last three years to really look at a lot

of those up to date, as I previously mentioned, a lot of those out of date, culturally appropriate behavioral health approaches.

Dr. Dawn Tyus:

We have been really working with a lot of our collaborative partners to look at even promising practices and best practices of care for African Americans. We also have looked at it and designed a lot of innovative ways to look at our workforce and focus on some of those implicit biases that African Americans face in the workplace to look at what are some of those social determinants of health that African-American within a community that they often have to face?

Dr. Dawn Tyus:

What are the tools and the resources that are needed to make sure that we implement high quality care for black and African Americans? We are making sure that at the forefront of our work that we're looking at not just from one region but globally around, what are those factors that really impede that care? And then we do a lot of our work through our increased collaboration between our Center of Excellence and SAMHSA's other technical TA centers.

Dr. Dawn Tyus:

But also, we have a lot of community partners. We have a lot of private organizations. We've really built up a variety of people who are vested in making sure that African Americans receive whole health and care. Next. When we originally wrote the grant, we really, we had a framework and you'll be able to see that in a few moments.

Dr. Dawn Tyus:

But also, within the last year and a half, we did an assessment of all of the work that we've done. And we've met with our advisory board, who is we have a plethora of subject matter experts and pioneers on our board. And we started to really take a deeper dive into our data. And really the work that we have been doing has really been focused on the socio ecological model, really looking from a community perspective, understanding that African Americans as we know as a vast culture, but thinking about how you can really treat and move the needle for African Americans.

Dr. Dawn Tyus:

So, part of that is the new model that we are working on, which was really a success. All our work is that we can't focus on an individual without looking at their family. And families are part of communities. I hear you saying, okay, Dr. Tyus, that's three people. And that why do you have four characters?

Dr. Dawn Tyus:

Well, because oftentimes in communities we bring in external support. So, we didn't want to leave out that it takes an individual for us to be able to provide this level of care and create these resources and for African Americans to really get the care that they receive. We needed to really have a sure model and look at the individual, the family, focus on community issues, their needs, and look at that additional support that may be needed from time to time.

Dr. Dawn Tyus:

So, what is our perspective? Thank you for asking our perspective as we really focus on the strengths and the needs of individuals, families and communities. We really encompass the behavioral health effects of the social determinants of health. We explore the science and promote culturally specific models and adaptations, and we trace back the history and the calls of healing the gifts for African American and cultures that is important for us. What type of approaches and how do we get this done? So, I have a team of millennials who work for me. So that approach truly has been innovative for me, and I think that it works because we're not just looking at one generation of workers, we're looking at emerging leaders as well.

Dr. Dawn Tyus:

And what is it that they need and how do we connect with those audiences? Our approach, we make sure that we create inclusion in our work and in services for people wounded by exclusion. We explore and instill engagement, and it's always based on honesty, respect, encompasses compassion. We have a model that promotes true and trustworthy collaboration on all levels, from a community level to a state level, regional, federal level.

Dr. Dawn Tyus:

That is important for us. And our overall goal is to really seek to find, foster and reward innovative solutions for African American behavioral health. We have four core teams, and I'll show you a diagram of that in the next slide. But our four core teams, they are charged with really seeking and engaging collaboration, developing the behavioral health workforce from pre-service to leadership, finding and disseminating culturally relevant evidence-based practices, and encouraging and supporting system transformation to increase equity and effectiveness.

Dr. Dawn Tyus:

Our key initiatives, we have a lot of initiatives and we're juggling a lot of balls, and this work is really rewarding work. And we knew that it's not a one size fits all. So simultaneously, we're making sure that we have projects that are going on and touching several different audiences. We work with a lot of

HBCUs, historically black colleges and universities to ensure wellness and inspire new careers through collaboration.

Dr. Dawn Tyus:

And we just recently graduated we had 20 applicants and we graduated 16 emerging leaders from a six-month Leadership Fellowship Academy. We're so excited about that. And a part of that academy, it was really to develop them from a leadership model but also because of the crisis of our country. I'm a therapist as well. It was important that we not only teach them the leadership skills, but we call it the internal external pivot.

Dr. Dawn Tyus:

So, we spent a few days really teaching them around mental health and how important that is and developing a really good rich self-care plan and taking care of themselves as they embark upon these leadership roles. Also, our key initiatives we study the roots of black youth suicide and foster collaborative relationships and efforts in that place. We speak in a lot of different we on a lot of different panels around black youth suicide.

Dr. Dawn Tyus:

We're doing a lot of work in the community and also, we're developing tools for increasing the welcome, inclusive and respect of not one African American, but all African Americans. And this is just a little diagram of how our team this is the diagram that as we were visualizing, writing the grant proposal and thinking about all of the things that needed to take place in order to accomplish our goals.

Dr. Dawn Tyus:

These are the four core teams which are led by subject matter experts in the field. In the field we have a primary coordination team, which is me, as well as our evaluator and her administration. But also, we have again, I spoke about our executive advisory board, and we have a Black Stakeholder Engagement Council. I'm super excited about that because the people of recovery in that you have people who are in long term recovery, you have people who in the communities - you have barbers, you have beauticians.

Dr. Dawn Tyus:

It's just a community focus of people who are vested in this particular work. And who serve African Americans in some capacity. And then we have our National Strategic Partners Guide and those are group excuse me, and those are the larger groups like APA, NAADAC, NASADAD, all of those larger groups that you were part of that oftentimes all of us will touch in some capacity.

Dr. Dawn Tyus:

And then some of the accomplishments. And I won't go to all of these because I know I'm on a timer, but some of the accomplishments that we've had is really reducing disparities and how we've been able to do that through training, technical assistance and other resources that make sure that people, again, a welcome and inclusive, help practical practitioners recognize and address their own biases. That is really, really important and helping them to improve retention by promoting evidence-based practices.

Dr. Dawn Tyus:

And then we increase behavioral health equity by examining in equity through a system of environmental scans. We've done a lot of environmental scans helping the field implement some change strategies and spark collaborations across all of the centers and the community. Next, this is just a really good snapshot. It's important for us that we are we have data to report back.

Dr. Dawn Tyus:

This is a sneak peek of our year at a glance that's about to come out. But overall, we've touched between the between the second and third year, over 45,000 people have engaged us on our website. Over 3,000 people have downloaded our files. We've had people come from across the country, 48 states in 18 countries. And you can see that the United States, primarily other individuals who we're engaged with, but other countries have as well.

Dr. Dawn Tyus:

And in the most visited states, they're listed from 1 to 10 and then the other bar graph just indicates the pages that they're actually looking at. And this really provides us with the data that, hey, people are interested in this, we need more of that. Or maybe people aren't as interested or need this right now, so they're not engaging as much. I see they're not trying to meet our staff. They just want the resources, which is understandable.

Dr. Dawn Tyus:

I put we've serviced our 5,200 plus and the plus represents the individuals who may not feel that our gift performs. And that's within the last two and a half years. So, we're excited about that, and we're excited about all of the additional partners that people to come to our webinars who come to our training and also, they really look at our resources.

Dr. Dawn Tyus:

So, we've serviced 5200 plus. So please OBHE take note of that plus, take note of the plus. But we're excited about the impact that we're having. I'm excited about giving you all see I'm excited about a lot of things, but my staff is doing some amazing work. But last year it was important. Part of our job is to make sure that we provide technical assistance.

Dr. Dawn Tyus:

I wanted our team to keep up with the data points. So, this was just in year three. We started this in year three. We've had over 250 plus TA requests. But just in the last three, this map depicts where our TA requests were coming from. And what does that mean to you, Dr. Tyus? What that means to me is there's a large part of the country that we probably aren't engaging about or maybe don't even know about our center.

Dr. Dawn Tyus:

So, we have to implement some level of strategies to make sure, since we are a global center of excellence, that we're touching individuals from across the country. So that's it. That heatmap just denotes year three. And so, my goal is when we come back in year four that we've really touched more points across the country. Next, these are just a few of our amazing projects.

Dr. Dawn Tyus:

I spoke about the Diversity Leadership Fellows Academy. It says podcasts are coming soon. We've already initiated an amazing podcast monthly. We'll have different podcast guests on. We have a book club, and the way that we're doing our book club, is there a lot of amazing subject matter experts who are writing books in this space. So, we will be starting next month with Dr. Nzynga Harrison.

Dr. Dawn Tyus:

Dr. Harrison will be doing a conversational style with talking about the book club, the black health matters as the liberated spaces because we change from safe spaces is where we have behavioral health providers just to come across the country to be able to connect, to be able to unwind. And in December, we had jeopardy. We did Black Jeopardy, and that was hosted by two amazing psychiatrists and a black dentist who who's actually the deejay. Next.

Dr. Dawn Tyus:

These are just a few of our products, but I'm just going to highlight one before I go. That healing history was important for us. That was one of the first products that our senior advisor made. She created that because we think that is important. If you are working with African Americans, it's important that you understand the history and how can we really help them heal.

Dr. Dawn Tyus:

So that's a self-guided workbook and excited that we will begin in a learning community around this entire self-discussion guide. It'll be a six-month learning one time per month for the next six months, starting in February, February 22nd. So, you can go over to our website and sign up for the learning community if you're interested.

Dr. Dawn Tyus:

And these are just ways to connect with our center of excellence. You can register or attend some of our classes. You can visit our website and there on our website if you have a TA request, please, please, please hit the TA request button and we'll be more than just happy to this issue. I'm out of time, but please just get in touch with me if you have additional questions, drop them in the chat. Thank you.

Dr. Alfiee Breland-Noble:

Thank you so much, Dr. Tyus. Again, everyone, go to African American behavioral health.org to learn more about the African American Behavioral Health Center of Excellence at the Morehouse School of Medicine. We really appreciate Dr. Tyus for her enthusiasm, energy and all this incredible work that's coming out of the center. I want to briefly introduce you to our next speaker, who is going to introduce the person who's going to be speaking, and that is Dr. Laura House. The equity and engagement lead for the 988 and Behavioral Crisis Coordinating Office 988 and BHCCO at SAMHSA. I'm turning it over to you, Dr. House.

Dr. Laura House:

Thanks, Dr. Alfiee. Good afternoon, everyone. I am excited and proud to introduce to you Dr. Robyn Thomas, our next speaker. Dr. Thomas is the State Suicide Prevention Coordinator for the Louisiana Department of Health Office of Behavioral Health, which has oversight of the Louisiana 988 suicide lifeline. She has a Ph.D. in industrial and organizational psychology, and she is a licensed professional counselor, licensed marriage and family therapist and nationally certified counselor, as well as a certified mental health first aid instructor.

Dr. Laura House:

Dr. Thomas has over 22 years of experience in state government, which includes 16 years working with various departments within the Department of Health in Louisiana. Without further do, I want to present to you Dr. Robyn Thomas.

Dr. Robyn Thomas:

Hello. Thank you for that introduction. Good afternoon, everyone. It's a pleasure to be here today celebrating Black History Month with you all and sharing initiatives and strategies to improve behavioral health equity and outcomes among African Americans. We conducted research to explore the knowledge, attitudes and beliefs held by four specific populations around Louisiana 988 Suicide and Crisis Lifeline.

Dr. Robyn Thomas:

The specific populations included BIPOC, black, indigenous people of color, servicemembers, veterans and their families, which I'll refer to as SMVF LGBTQ A-plus and suicide loss survivors and suicide attempt survivors. We wanted to understand what might encourage or discourage vulnerable individuals from seeking help through Louisiana's 988 line. We also wanted to gain a general understanding of how these four populations approach crisis situations in which the 988 lines might be helpful. To gain a better understanding a five-minute online survey was conducted with participants. The survey sample was a convenient sample so does not reflect the state overall. There are 527 participants that responded to the survey. Survey topics included awareness and usage of the 988 number and barriers and motivators around emergency 988 usage. As a result of the survey, nine 75-minute virtual focus groups were conducted with residents in Louisiana.

Dr. Robyn Thomas:

There was a total of 39 respondents across 21 parishes in Louisiana that participated in the focus groups. Of the nine focus groups, two groups of the residents identified as BIPOC. Two groups of residents identified as LGBTQIA+ and we had three groups identified as suicide attempt loss survivors. Focus groups consisted of language testing with various message frames, baseline conversations about 988 assessing which behavioral determinants would cause people to engage or refrain from using 988 and visual testing was sample creative concepts.

Dr. Robyn Thomas:

So, there were three overall campaign goals. The first campaign goal was to increase General 988 awareness and intent to contact 988 statewide. The second goal was to increase 988 awareness among key populations, including BIPOC, LGBTQIA+, SMVF and suicide attempts survivors and loss survivors. The third goal was to destigmatize the need for mental health treatment and services, particularly among key populations, with emphasis on areas of the state with low engagement.

Dr. Robyn Thomas:

There are three flights to our public awareness campaign. Flight one and two of the public awareness campaign included YouTube, Meta, SCM, which is search engine marketing. Flight three of our public



awareness campaign included YouTube, META, SCM, and then it expanded to cable streaming, TV, out-of-home, digital audio and programmatic video. This slide talks about how we incorporated 988 messaging into the annual Bayou classic event.

Dr. Robyn Thomas:

The Bayou Classic is a historic game between two HBCUs Southern University and Grambling State University that occurs annually the weekend following Thanksgiving in New Orleans, Louisiana. While it's a rivalry game, it's a friendly coming together between these two HBCUs that is rooted in tradition and celebrates the culture of both universities. The slide shows the eight strategies implemented for the Louisiana 988 by classic campaign for this campaign, in an effort to give precedence to black audiences and emphasize awareness of the 988 helpline efforts targeting the Bayou Classic attendees were strategically activated prior to, during and after the Bayou Classic events.

Dr. Robyn Thomas:

Digital paid ads were placed on Facebook, Instagram and the programmatic channels, while other strategies included an activation space during the fan festival exhibitor event. 988 materials were distributed during the Thanksgiving Day parade leading up to the big game and LED ribbon board banner and Mental Health commercial aired on the Superdome Jumbotron during the game, 988 graphics were shared on the Bayou Classic App, website and on social media channels.

Dr. Robyn Thomas:

OBH was able to include influential members of student communities in the advertising content. Miss Grambling State University, Madison Johnson and Ms. Southern University, Jordan Williams are both student ambassadors that had been mental health, they have mental health as their platform. Miss GSU and Miss SU joined together in solidarity to show their support for 988 and mental health promotion.

Dr. Robyn Thomas:

Miss GSU was also a member of the GSU dance team, so you will see images of them both incorporated into the advertising content. To reinforce the 988-helpline messaging and leverage important local cultural events the paid campaign utilized geo targeting digital advertisements to those who, within 2-to-5-mile radius of the Caesars Superdome, GSU And SU during the Bayou Classic events and on game day. Following the events, the ads continued to target people who were previously within the radius for five days to increase frequency at which target audience were exposed to key 988 messages.

Dr. Robyn Thomas:

Here we'll talk about search engine marketing overview. Ads which serve the people across the open Internet who were geo targeted within a five-mile radius of the Caesars Superdome during and after the Bayou Classic events. And here we just want to show you what the performance of all of those the META and Facebook and Instagram, there were 295,319 impressions.

Dr. Robyn Thomas:

That's the time that ads were served to the audience. There were 135,333 unique people that were reached through these ads. Ads were sold to each user about 2.5 times average, and it resulted in 286 clicks to our new Louisiana 988 website that we developed through our public awareness campaign, our survey research that we conducted. The META reached by gender and age for men, it was 80,048. For women, it was 54,197. And here we will see the programmatic performance of SCM. There were 257,500 impressions. These are times that the ads were served to the audience. 124,451 unique people were reached. Ads were shown to users at least two times. On average, it resulted in 342 clicks to the new Louisiana 988 website.

Dr. Robyn Thomas:

The average click through rate was .13%. That surpasses the benchmark of a click through rate of .10% and I do want to bring your attention to the image that's on the right that's has the snare drum, which we know is synonymous with HBCUs and the drum line in the battle, the balance and the message that we had on this created was life.

Dr. Robyn Thomas:

Life feeling off beat, 988 can help. And this was one of our top performers on most Impressions with 28,569 views, there were 62 clicks to the Louisiana 988 Website, the click through rate, surpassed the benchmark of .10% at .17%. And this slide shows the outcome metrics for the Bayou Classic. These are metrics shared by the Caesars Superdome in New Orleans, Louisiana.

Dr. Robyn Thomas:

Now to provide a glimpse during the Bayou Classic event. These metrics are not exclusive to Louisiana state efforts. They show a cumulative total for all partners who participated in the visit. So, if you look at the image to the right, you see the football player with 988 and hope written above. So, the football player with the 988 jersey that you see here had the highest reach, reaching 42,142 people in total.

Dr. Robyn Thomas:

You will see hope in our messaging as the focus groups that we conducted research on. They indicated that hope was important to them, and they wanted to know that there is hope for tomorrow. And we

also know that hope is key in suicide prevention. So, to show you, those Bayou Classic cumulative social app and metric totals, 4.3 million impressions were made across all channels and posted 4.1 million users reached through all channels.

Dr. Robyn Thomas:

There are 34,625 total app engagements and the average monthly website view was 26,920. And this slide shows multiple creatives that we developed specifically for this audience for the Bayou Classic Campaign. I won't go through all of them. You'll see the first one with both of the GSU and SU queens HBCUs Unite for Hope, 988 can help you keep your head up high.

Dr. Robyn Thomas:

Not feeling the hype. 988 can help, hope and help are here. 988 can help with problems big and small. And of course, the 988 with the football players showing hope was one of our top performers. Tired of keeping your game face on and tired of dancing around your feelings? 988 can help. There were several partners that collaborated to make this awareness campaign a success.

Dr. Robyn Thomas:

Marketing for Change is OBH's partner in research, content development and marketing strategies. We partnered with Ms. Southern University, A&M College, and Student Affairs for Creative Content. We partnered with Ms. Grambling State University and Student Affairs for Creative Content. The Caesars Superdome was a partner in the LED banner and the fan festival outside the Superdome on game day.

Dr. Robyn Thomas:

On the picture to the right, you can see the banner illuminated inside the Superdome. Messages on the banner included, you are not alone, protect your mental health. And the Louisiana 988 logo that we created through feedback from our survey that we conducted allowed us to create the 988 logo Hope and Help were here that you see on the banner.

Dr. Robyn Thomas:

I want you to pay attention to other names on there from external partners NAMI's No Judgment, no stigma campaign, the Huntsman Foundation, several entities that contributed to make this a success. There was also a mental health wellness video that played a PSA during the game. Also, Capital Area Human Service District, which is one of our local governing entities that provided behavioral that provides behavioral services in the capital area, catchment area here in Louisiana.

Dr. Robyn Thomas:

And then Set free Indeed ministry was a partner for the fan festival in which Tonja Myles had a team that was boots on the ground at the fan festival that morning prior to the game with 988 materials to educate people about 988. Now this site talks about a task force that was created in July of 2023. House concurrent Resolution 84 was proposed by Representative Edmond Jordan.

Dr. Robyn Thomas:

As a state suicide prevention coordinator, I was able to serve as a designer on this task force and OBH was also tasked with staffing the task force. The goal of the task force was to bring together mental health professionals across the state to study suicide rates among African Americans in Louisiana. The work with the task force began in July of 2023, and it dovetailed nicely into the goals that were developed through the Black Youth Suicide Policy Academy that I'll discuss in the upcoming slides.

Dr. Robyn Thomas:

So, to the right, we have a news clip that we can share, and we actually have video that we can share in the chat. It's a local station, WBRZ, that is highlighting the work of the task force to address suicide rates among African Americans in Louisiana. In July of 2023, Louisiana Department of Health Officer Behavioral Health, we participated in the Black Youth Suicide Policy Academy in Baltimore, to develop an action plan to reduce suicide deaths, suicide attempts among African American youth and young adults aged 5 to 25.

Dr. Robyn Thomas:

So, this slide shows the composition of our team. Our team had representation from LDH, OBH, Southern University, Office of Public Health, Louisiana Department of Education, Via Link, which is one of our local crisis centers that's located in southeast Louisiana. The Peer Initiative that does training for high school students and suicide prevention, and American Foundation for Suicide Prevention, Louisiana Chapter.

Dr. Robyn Thomas:

Our team is expanding to include input from our statewide suicide prevention stakeholder group and other community organizations that want to collaborate in support of this work. And during the Policy Academy, our team, along with seven other states, worked with SAMHSA and a facilitator that was a subject matter expert to develop an action plan. We have three goals and I have listed here goal one was to build a community network centering black youth population.

Dr. Robyn Thomas:

You will see the strategies listed below for the sake of time I won't go through those. Goal two is to increase awareness of wellness for black youth, and goal three was to analyze suicide behaviors and deaths among black youth. The Bayou Classic campaign aligns with our goal two, in which we were able to collaborate with two of the local HBCU's to increase awareness of 988.

Dr. Robyn Thomas:

The task force findings were submitted on February 1st and that report is currently being finalized. The task force research was focused on college age African-American youth, age 17 through 25, and these findings will be pertinent in accomplishing goal three to develop an analytic report on youth suicide in Louisiana, the BYS focus is on ages five through 25, so we still have some work to do there to analyze younger age groups among African-Americans.

Dr. Robyn Thomas:

But we look forward to the relationships that we've created through the Comprehensive Bayou Classic Awareness Campaign, the Comprehensive Public Awareness Campaign that we're working to develop, the Task Force and the Black Youth Suicide Policy Academy to continue to examine suicide, African suicide among African-Americans and to expand this work, as well as to increase education and awareness surrounding 988.

Dr. Robyn Thomas:

That concludes my presentation. I want to thank you for your time and special thanks to SAMHSA for the opportunity to share our work that strives to increase awareness and access and strives to decrease stigma and disparities among this population.

Dr. Alfiee Breland-Noble:

All right. Thank you so much, Dr. Thomas. We want to recognize and honor all the incredible work that you all are doing that is culturally relevant. As I've been saying for almost 30 years now, culturally specific and just really focused on making sure that you're tapping into and meeting African American and black people where they are across all points of diversity. Young people with disabilities, not so young, those with disabilities, LGBTQIA+, who also happens to be black or African American. So, it's wonderful work. I want to direct people to the chat where they dropped two links. One was for Instagram, get on socials. They can be used for good to find out and learn more as well as the link for the video.

Dr. Alfiee Breland-Noble:

Now I'm going to pivot quickly and introduce Miss Amber Green (she/her pronouns). Amber Green is a public health advisor in the suicide prevention branch with the Division of Suicide Prevention and Community supports DSPCS at SAMHSA. Take it away Amber.

Amber Green:

Thank you so much, Andria Sherry Banister was raised on a beautiful island of Saint Thomas in the U.S. Virgin Islands by parents who instilled in her the importance of being disciplined and integrity driven in all aspects of life. She has spent much of her adult life working in public service with Duval County schools, the Florida House of Representatives and the Department of Juvenile Justice. Presently, Andria works for Partnership for Child Health as a Director of the Building a Resilient Jacksonville System of Care.

Amber Green:

Jocelyn Turner is a graduate of the University of Florida and a seasoned public health professional. She retired in 2019 from the Florida Department of Health in Duval County. After more than 36 years working in various roles. Her passionate concern for public health and community engagement didn't stop. COVID 19 brought her out of retirement, she joined the team at the Partnership for Child Health in 2021.

Andria Sherry Banister:

Good afternoon, the Partnership for Child Health would like to thank you for allowing us the opportunity to share our work with ReCast Jacksonville. The Partnership for Child Health is a child serving organization with a focus on advancing the health and well-being of children and families through the lens of trauma informed care, health equity, child rights and social justice.

Andria Sherry Banister:

We named our presentation 'Still I Rise' because of the themes of privilege, resilience woven in Maya Angelou's beautiful poem, Still I Rise. I would like to share an excerpt.

"Out of the hands of history. Shame I rise, up from a past that's rooted in pain, I rise.

I am a black ocean leaping and a wide welling and swelling I bear in the tide.

Leaving behind the nights of terror and fear I rise into a daybreak that's wondrously clear.

I rise bringing the gifts that my ancestors gave.

I am the hope and the dream of the slave. And still I rise. I rise, I rise."

Maya Angelou's poem represents what we hope for in this community resilience in communities after stress and trauma to rise above every adversity.

Andria Sherry Banister:

Here is a list of our team members without which none of this could be possible. Within our collaboration, we are twofold. We have our faith-based community hubs, where we have youth empowerment nights, financial literacy, therapy, open table, many activities. We also have our community collaborations where we have play, the Speaker series, and the Trauma Informed Congregations.

Andria Sherry Banister:

Play Preventing Long-term Anger and Aggression in Youth was created by Dr. Howard Stevenson. He is the Racial Empowerment Collaborative Director out of the University of Pennsylvania. Because of Dr. Howard Stevenson's own anger and aggression in dealing with racial stress and trauma, he created this program to teach young men how to deal with anger in ways that they can deal with conflict resolution and de-escalation.

Andria Sherry Banister:

On our slide, you will see many of our play activities and events. Share in play our youth have 30 to 45 minutes of the activity and 30 to 45 minutes of discussion in anger resolution and de-escalation. You will see on our slide a basketball game. During this basketball game, it was our youth facing off with the Jacksonville Sheriff's Office.

Andria Sherry Banister:

Our youth were very excited and very confident. However, they did not know that one of our basketball players from the Jacksonville Sheriff's Office was a former professional basketball player. Yes, it was a very hard win, but it was an enjoyable activity. We also have our gaming activity. This was a gaming tournament at Andrew Jackson High School, our tech school.

Andria Sherry Banister:

The idea came from our youth in our youth empowerment night and much to the name of our youth empowerment night, we empowered that youth with that brainchild to see it from idea to activity. Because of his initiative, we were able to share preventing long term anger and aggression within youth with 125 of his fellow classmates. We also have mixed martial arts, which is growing by leaps and bounds.

Andria Sherry Banister:

So much so that we need more space in our youth empowerment night programs, in our faith-based hubs. The youth are there to do our mixed martial arts, but they also get the opportunity to go out into all of Florida and compete. Our trauma informed congregation is geared towards our faith-based leaders to help them learn about the impact of trauma within their congregation and integrate that knowledge into their policies and practices to provide a safer environment for their parishioners as well as the community. We also hope, with a trauma informed congregation, to relieve the mental health stigma that many of the churches in our urban core deal with.

Andria Sherry Banister:

Open Table is a model funded by SAMHSA. It is a grassroots model that brings together the relational and social capital of our faith-based community to benefit the families and the individuals that we help at the open table.

Andria Sherry Banister:

Here you will see a picture of Julie and her seven children surrounded by her brothers and sisters within the open table model. Through the help of the open table, Julie and her children now have a family they can rely on, and they are helping them to move from struggling to thriving. Our speaker series is a family fun education entertainment with dynamic speakers.

Andria Sherry Banister:

It is culturally relevant and focuses on leaders in our community who are doing great things. Our families come together for a wonderful sit-down catered dinner where they're allowed to hear from members of the community who look like them and many of them who come from the same communities but are doing extraordinary things. Here you will see Dr. Benjamin Harvey and Mr. Alvin McClurkin, who are not only from Jacksonville but were born and raised in the urban core, which is the area where building a resilient Jacksonville system of care seeks to help.

Andria Sherry Banister:

These young men, though coming from humble circumstances and now the leaders of their own multimillion dollar tech company, they have come back in to speak with our youth. They have offered one of our youth an internship and now are full of partners. You will also see a panel discussion where youth from all over the urban core came together to watch the Wakanda Forever movie.

Andria Sherry Banister:

And then had the opportunity to listen to local leaders. The idea was superheroes off screen, superheroes on screen. This is how we hope to bring hope and resilience into our communities. I will now turn it over to Ms. Jocelyn Turner. Thank you.



Ms. Jocelyn Turner:

Good afternoon and thank you. It's a pleasure to be with you this afternoon. As a native of Jacksonville, Florida, I am happy to boast that we are the largest city and landmass in the nation. Of course, this brings unique challenges in that different areas of town have different interests, needs and issues. Therefore, we decided once we receive ReCast too, that we needed to identify and find community partners who are doing the work in the community.

Ms. Jocelyn Turner:

But we train them in stress and trauma so that they then will look at the families and the children, youth and families that they're working with from a trauma lens. One of the first events that we organized in Health Zone four, which is what we call it here in Jacksonville, is Command Your Youth Mental Health Summit.

Ms. Jocelyn Turner:

This is you've got an event that had different objectives, as you can see on the screen, to increase mental health literacy and awareness and students, equip students with healthy coping skills and managing stressors and trauma and connect students with community resources and a three-digit suicide prevention hotline. We trained at the event. The youth decided that they wanted to have different activities in order to get the message across to their peers.

Ms. Jocelyn Turner:

Some of those activities included mental health breakout sessions calling your life through the arts, mental health board games, using UNO, putting the pieces of life together, Jenga and they also feature their band as well as Dance Squad. The youth guided event was led by the mental mob, which you see pictured on the screen and looking at the specific interests or needs of the community.

Ms. Jocelyn Turner:

We also recognize obviously many communities across the nation that black suicide was up. So, in Jacksonville, we worked with various community partners and created a black suicide prevention Mental Youth Mental Wellbeing Committee. And the committee collaborated and came up and created a video which we're going to show you next.

Video Message from Cheryl Deas:

When you look at African Americans, if you say the word homicide, it doesn't trigger us that much. In the age of George Floyd's in the name of, you know, age of Trayvon Martin's is something that happens daily. We've almost become numb to it.

But if you say the word suicide, it's like whew.

What's wrong with that child?

Was something wrong with them? Like, it's not something that we commonly hear.

Video Message from Cheryl Deas:

There's a conglomerate of things that could be going on in these children's minds. But they have to have a safe space to come and talk about. And not just a mother or father who's like, there's nothing wrong with you mentally. You have nothing wrong. What do you have to do? Besides which you have no idea. It could be someone who was happy go lucky.

Just like D.J., who had a mental disorder that no one knew about. He was a perfectionist. He came out like a bouncing ball of light. And just full of joy. And I would say D.J., my angel baby. Your mommy's special boy. He just always had a loving, helpful spirit. He was a kind, gentle soul.

I don't know if you ate Wheaties or what. Tonight, 27 carries 217 yards, two touchdowns. What made you so effective out there tonight? Honestly, I just give all my glory to God. It's not me. It's him. He has blessed me with this talent, and I just want to use it to show my faith through him.

Video Message from Cheryl Deas:

Yeah. He wanted to go to the University of Alabama. And he was going into his junior year, so he did about four football camps. Physical wise, he might have needed a slight bit of a break, but he would not stop. You continue going. You have got to go all in. You have to have three practices each week, no slacking. Just have to eat, sleep, breathe football game, huh? Good job.

He was tired.

I remember looking back into his eyes.

I remember him looking like he was tired.

And my husband said that he called.

Video Message from Cheryl Deas:

And he spoke to him, and they had a normal conversation. And when they got ready to get off the phone, he was like, I love you. And usually D.J. will say, I love you too, Pops. And he was like, I love you too, Dad.

And we tried to call him later on, didn't get an answer, so I remember it took like four police and my two best friends like to restrain me from. I get in the door; I'm asking one of the officers.

Was he a Christian?

He was like, yes.

And I just asked him, I know my son is deceased, but please be careful with his body. Like be gentle with his body, pray over him.

Video Message from Cheryl Deas:

Literally everything after that was almost like a blur. The reality of going forward is enlightening but painful at the same time. I immediately went to therapy. It completely changed our parenting style. Our normal routine would make sure you're doing this. Make sure your grades were like this. We took a step back to say, are you okay? Are you whole? And if your child has those thoughts, it's okay. Let's get them the help. Let's give them coping mechanisms.

Video Message from Cheryl Deas:

So that when they start having those thoughts, what do you do? How do you get you act in that space? It's okay to not be okay. Talk to someone.

And once you get the help that you need, once you get the coping mechanism that you need spread that love. Spread that joy, spread that verbiage, spread what you've learned. D.J. had a purpose in his life, but our purpose was to continue to let his light shine. Talk about it, speak about D.J., tell people about his light, and one person would be saved, one person would be encouraged. It would always help at least one person in the world.

Video Message from Cheryl Deas:

The world we live in today will tear you down. You are smart and intellectual, but your skin color is brown. When in doubt, don't let your emotions fade away. If you feel like you're not enough, here's what to say. I am a leader. I am powerful. I am somebody. I am enough. I am courageous. I am tough. You are strong. You are smart. You are beautiful. You are resilient. You are what so many wish they could be. How could anyone miss me?

Ms. Jocelyn Turner:

You can imagine how showing this video in groups of with youth how they react to it. We actually showed the video at the mental health youth summit and heard gasps from the audience of youth that were present. This is one parent's story. Obviously, we are working here in Jacksonville to strengthen

families, children, youth and families through the work that we're doing with ReCast one and ReCast two. Thank you.

Dr. Alfiee Breland-Noble:

Thank you so much. It's hard to come in and even know the words. Just listen to Ms. Turner talk about and share this family's experience with us. It brings up a lot. In there so many of you out there have also been touched. I just want to take a moment to recognize you, everybody out there who has been touched by this.

Dr. Alfiee Breland-Noble:

I personally have been touched recently, and it's a national story from one of my student's mentees, Dr. Bonnie Candia Bailey. A lot of people heard about her, and it's just really difficult to hear these stories and recognize there are so many young people and people who are not quite so young struggling with some of these issues. So, we have about 10 minutes for Q&A, and I'm going to walk us through that that Q&A.

Dr. Alfiee Breland-Noble:

And again, I really just want to recognize D.J.'s family, his parents and just acknowledge how difficult that is. It also brings up for me, I have a very close girlfriend who works with me at the AAKOMA project who was on our board who lost her son to suicide when he was 17. Her name is Cathy Williams and it's a very similar story.

Dr. Alfiee Breland-Noble:

I just again want to acknowledge for all of you out there who have been touched that this is a very difficult topic. It is something that is impacting all of us. And I appreciate you all being here to have this conversation and gain resources from our excellent panel of speakers. So, there are multiple questions in the Q&A that I want to get us to.

Dr. Alfiee Breland-Noble:

I will start with one that I saw that really stood out to me, and I would love it if any of our panelists could speak on trauma informed training for the faith-based community. So, I know I think it was Dr. Tyus who mentioned faith-based mental health support or might have been Dr. Banister. So, if either one of you wants to come off me and talk to us a little bit about incorporating faith-based into your work with African American in black communities across all of our intersections, we'd appreciate that.

Dr. Dawn Tyus:

Thank you, Dr. Alfiee, for the opportunity. And I think it was Dr. Bannister. I'll answer right quickly. For the Center of Excellence, we work with here in Atlanta we do have a collaborative partner. We've been working with them is Charlene Flagg is on is on the webinar today. But we have a curriculum we're working with them on they are going across the state of Georgia training.

Dr. Dawn Tyus:

But we also have a faith work group that we are developing a curriculum as well so that we could have a more global perspective and it's working and teaching faith leaders around mental health, suicide and substance use disorders. So, we have a lot of opportunities. Again, they can reach out to the African American Behavioral Health Center of Excellence so they can sign up for some of those webinars and some of those learning communities.

Dr. Alfiee Breland-Noble:

Thank you so much. Dr. Bannister?

Dr. Alfiee Breland-Noble:

Miss Shirley Moon and Ms. Tina Johnson from ReCast Jacksonville both share with our communities for trauma informed congregation. They go to different churches and now it's actually spread out into multiple parts of our community. And not just the faith-based community. What they're realizing is the more they're sharing, the hungrier these churches are for learning, the more open these churches are at becoming, at sharing what they're dealing with, because now it's becoming okay to talk to about mental health and it's no longer a stigma.

Dr. Alfiee Breland-Noble:

We are learning a lot about some things that even youth have dealt with. One of the stories that was most poignant was when Miss Shirley Moon was sharing in a trauma informed congregation and one of the young men came up after and said that he was in a car where another young man, a young man, was shot right in front of him and killed. And what happened was then Shirley Moon was able to forward him along to our therapist so that we can continue this continuum of care for this community.

Dr. Alfiee Breland-Noble:

So, I think the most important thing right now is to take away that stigma so that we are able to share it with the community and understand what trauma is and how important the faith-based community is to help.

Ms. Jocelyn Turner:

I would also like to add to our program coordinator, Tina Johnson, in doing the trauma informed congregation, the surprising thing to her was the number of individuals who mentioned that they didn't realize their experiences were considered traumatic. They were just their experiences. And so, to now name them was something that was moving with her. It has been quite an experience working with the faith community and arming them with the resources they need in order to share with their congregants.

Dr. Alfiee Breland-Noble:

Thank you, Ms. Turner. And what I will offer to you all as well is that there's a lot of work and faith-based mental health out there. There is a suicide prevention intervention specific for African Americans event that happens every other year in Saint Louis. It's gotten bigger and bigger that focuses on the faith community, specifically and the ways in which they we can engage with the black faith community in this space of mental health.

Dr. Alfiee Breland-Noble:

The person that I mentioned earlier, Ms. Cathy Williams, and the work that we do with the AAKOMA project, we do a lot of work in faith-based mental health and have been doing it for about 15, 20 years and that work is out there on our website at the AAKOMA project. But I also want to recognize our presenters here who have highlighted and uplifted for us that there are many people in the faith community.

Dr. Alfiee Breland-Noble:

We know the importance of black churches in the black community across and throughout the diaspora, whether you are here in the States, on the continent, Africa, anywhere in the Caribbean, and also for our black Latino brothers and sisters and humans. It's really important that we uplift this work around faith-based mental health promotion. I also am editor of a book where there's a chapter specific to faith-based mental health, faith led mental health promotion for black youth.

Dr. Alfiee Breland-Noble:

I will put that in the chat. But that work is out there, faith-based mental health promotion. So, we want to honor our presenters for raising that. We probably have time for maybe one or two more questions. Miss Turner, somebody asked specifically for you. I think this would be great if you could respond to this. Someone said, "I have been touched by your story and they want to know from your perspective, I think is benefit is what work for you too to answer how can we help our community?"

Dr. Alfiee Breland-Noble:

Can you give us some directions or guidance on. I will take prerogative a little bit how we as individuals can do more.

Ms. Jocelyn Turner:

I think by having conversations again, helping working with community organizations who are who have been around for years, doing the work in communities, training them in stress and trauma so that they will understand that sometimes, as some families are experiencing more than the day to day, how to make ends meet. Right? They there may be some ACES, those at adverse childhood experiences or other things that they've been dealing with all over their lives.

Ms. Jocelyn Turner:

And now to help them understand there are resources available for them and know how to connect when it's time to connect people and then how to connect and go a step further. Get back with us if there is a breakdown, if there are any barriers that are identified, when those families are trying to access those services. In Jacksonville, unfortunately, we had a situation of a gunman going in and shooting up some folks and us in a store, and that added a whole level of community trauma for us.

Ms. Jocelyn Turner:

So, we expand the conversations to share with people that you need to talk about it. First of all, recognize that it's real, your feelings are real and know we as a community can work together in order to address it.

Dr. Alfiee Breland-Noble:

Dr. Bannister, you want to add anything to that?

Andria Bannister:

I think it's also important to come from a place of love. This isn't just a job for me. This is something that I want to do for my community. So, coming from a place of love, coming from a place of hope and providing being creative, we now have youth, we have faith-based community programs.

Andria Bannister:

And it's in collaboration with churches where these churches are situated right next to housing complexes where our babies can walk directly over and join us for many activities, many, many family activities. And these families now have a place where they can eat together, they can fellowship together, not just during church, but, you know, back in the days when we when the church used to be the community.

Andria Bannister:

And so being able to be creative and have places for these families to come and just be and become unified once again, I think is so very important to our community.

Dr. Alfiee Breland-Noble:

Thank you so much. I want to turn to you I think next time we have time; we've got like four minutes. I hope maybe we'll get time to ask you this question, but that fits. I want to ask about the idea that I haven't heard a lot talked about that we study at the AAKOMA project, which is a huge part of the experience of mental health and mental illness for our black and African American youth with intersectionality included.

Dr. Alfiee Breland-Noble:

And that's racial trauma, right? That's what makes the experience of black youth and youth of color unique, is that consistent exposure to racial trauma. We study this at the AAKOMA project. We put out the State of Mental Health and Youth of Color report last summer, where we looked specifically, and black youth are the most likely across five groups of youth of color to say that they have been exposed to racial trauma in the prior week and in the prior year.

Dr. Alfiee Breland-Noble:

So, we know this is an issue for our kids. Can you talk a little bit about how that informs the work that you all do with the Center of Excellence?

Dr. Dawn Tyus:

Yes, most definitely so. And I guess let me write this down, Doctor Alfiee, because we need to be collaborating with your project as well. But one of the things is that we started a workgroup. Of course, we have workgroups and one of our workgroups will put together a series of webinars. Part of that is making sure that we expand knowledge around the racial trauma to make sure that we are informing individuals around what are some of those best practices we're looking at not only the youth, but we're primarily focused too on HBCUs and having conversation we received a little seed money from the



Robert Wood Johnson Foundation a while back, and it was specifically around just hosting these transformative conversations around racial healing for HBCU students.

Dr. Dawn Tyus:

And it was for males and females. But some of the work that we do, and we've seen that there has been a lot of gaps we talk about the African Americans in healing, but we also have realized that it's different for males it's different for females it's different youth. And so being able to make sure that we create a level of program is a level of workshop, a level of opportunities that we can address collectively as well as individually.

Dr. Dawn Tyus:

So that is truly important. It is at the top of our list and so we want to make sure that we're continuing to collaborate with HBCUs to form these collaborations. I mean, these to have these conversations, but also making sure that we're doing it in a way, in a manner that's consistent across the HBCUs. And I think that we don't like to reinvent the wheel.

Dr. Dawn Tyus:

We like to definitely look at the research, but also listening - all of our work is similar in so many different ways and just thinking of how we can forge these relationships and collaborate and leverage a lot of the funding. Because I just say this in my closing, we're stronger together and so just excited about this opportunity but more so excited for the days after this for how we can all connect.

Dr. Alfiee Breland-Noble:

Thank you so much. So, we have one minute. I don't want to do that to Dr. Thomas, but Dr. Thomas, maybe you can put something in a chat people have asked a lot about. Are you all planning to expand your work around the Bayou Classic and engagement with 988 to other HBCUs eight? I'm a bison right here.

Dr. Alfiee Breland-Noble:

You know, I think it's a very good reason all my kids are third generation bison, so I'm all about the HBCUs. They're about my family who went to HBCUs. So hopefully you have an opportunity to put that in a chat. I'm glad we get to see your beautiful face again, but people really are interested in what you are doing. Lots of kudos for the work that you did.

Dr. Alfiee Breland-Noble:

So that brings us to a close to this portion of the presentation. I really want to thank everybody for being here. I really do want to come back and acknowledge again two things the importance of recognizing the diversity of the black experience across ethnic groups, across cultural backgrounds, across our young people and not so young who are from the LGBTQIA+ community and those who might have disabilities.

Dr. Alfiee Breland-Noble:

Because our black young people are all of those things. They're not either/or. So, we just want to acknowledge that. And also, finally, I want to close before I turn it back over to Walker. I recognize recognizing the heaviness of what it means to live, knowing or having been connected to someone who died by suicide even if you didn't know them.

Dr. Alfiee Breland-Noble:

So, this is a really huge issue. And thank my nephew Brandon for bringing me into this because I know he's passionate about this suicide prevention work. And Walker, as I think our distinguished panelists and all the incredible work that they're doing, I want to turn it back over to you.

Walker Tisdale:

Thank you, Dr. Alfiee. I'm going to ask if the Zoom host can open up my video. All right. Perfect. Thank you so much to our panelists, to our moderator, Dr. Alfiee. This has been such a robust conversation and a really great way to kind of kick off the first week of Black History Month. I want to just thank a couple of people specifically in our work group it's befitting because as an event this size, it takes a village to put this on. And so, I want to recognize Yelile Saca. And we have Jennifer Earley, Amber Green, Brandon Johnson, Tracey Cooper, Nancy Kelly, as well as Jocelyn. I just want to thank all of them for helping to put this event on.

Walker Tisdale:

I want to ask if our colleagues can put the feedback survey in the chat as well, because we do have feedback because we want to get better and we want to make sure that we are responsive to your interest. And so, if you can take a moment, I think it takes literally less than 60 seconds to fill out the feedback.

Walker Tisdale:

We will ask you to do that. They're going to put it in the chat. Also, we want to make sure that we kind of keep the conversation going. And so here, when I talk about the what's happening next, these are all the folks that were part of the planning group explicitly.

Walker Tisdale:

Dr. Laura House I don't want to miss her for sure. Thank you, Dr. Laura House, for all of your assistance. Well, to me, Paul Biggs, our Deputy Director and the rest of the planning group there, we are going to ask you to take a look after this webinar and to follow us on social media. You will see the SAMHSA Equity 2024 hashtag as well as the images that you use to register for, and you will be able to access available resources.

Walker Tisdale:

They're going to look like this. It's on your screen now. So, you click on that badge on social media where it says Behavioral Health Equity Best Practices for African Americans. And once you click on it, you'll be able to access different resources. We are also going to have it on the NNED share page, which is going to be on the share.NNED.net.

Walker Tisdale:

share.NNED.net. And if you have any questions about anything that we've talked about today, you can also email through that email address [connect@NEDD.net](mailto:connect@NEDD.net), as well as to follow up about joining the NNED, which is a network of community-based organizations to work together to collectively address health disparities and expand health equity.

Walker Tisdale:

So, you might want to look into that as well. And so just know that this recording of this event will be hosted as well on the NNED page. So, you will be able to share with your colleagues as well. And so, with that, I'm going to ask you again to make sure that you check out our social media page after our LinkedIn, X or formally Twitter, Facebook, as well as LinkedIn to interact with those social media resources as well as the NNED.net website.

Walker Tisdale:

And with that, I want to say thank you to everyone who is involved, and I hope you have a happy rest of the month. A Happy Black History Month this month and every month throughout the year. Thank you so much.