



The Soul Space Alliance of Community Partners Empowerment Guide

**A Community Resource for the Delivery of Trauma-Informed
Community-Based Services to African Americans**

ACKNOWLEDGEMENTS

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The findings, approaches, and recommendations expressed in this toolkit are those of the contributors and do not necessarily represent the official position or policies of CALMHSA.

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INTRODUCTION

More than a toolkit, this document is an invitation. You, the reader, whether program director, front-line staff, community member or public agency leadership or staff are invited to participate in an extraordinary process of transformation. Sacramento County is currently undergoing a wide-ranging and deep behavioral health systems reform effort to become a place that effectively and efficiently supports its most vulnerable children, families and communities, especially African Americans and other under-resourced people whose lives that both a viral and a mental health pandemic has disproportionately impacted. It would be tempting to keep the focus of the disproportionate deleterious impacts of the pandemic on the individual behaviors of people living within underresourced communities, as some have. Conversely, the pandemic can be an invitation to take a reflective look at pre-existing racial disparities in mental health, and how public systems and community-based organizations can work together to both alleviate current emotional suffering and prevent it in the future.

This toolkit's focus is on prevention and early intervention--to keep as many African American people as possible out of mental health crises in the first place--and on partnerships across public agencies and community-based organizations to meet this goal. It is the hope of this toolkit that through the implementation of the strategies and approaches found in this toolkit that the reader, service provider, and African American people themselves in need of effective mental health support are healed of their own racialized traumas that prevent us all living safely, powerfully, and authentically.

This Toolkit has been written expressly for the frontline workers and community members who will bring change to the place where it is most needed: into the lives and homes of African American people. You will need to operate with a spirit of partnership and shared aim, creating well-integrated collaboration that is organized around and dedicated to one goal: providing individuals and families with services and supports they need to thrive—both now, and before another cycle of crisis has had a chance to begin. Consequently, this toolkit shifts the frame of traditional mental health services by centering the experiences, perspectives, bodies, and racialized traumas of African American people.

Throughout this document we have used color-coded text boxes to highlight particular strategies and practices we believe are especially worth replicating. We have also included in text boxes the stories of clients who have benefited from the Soul Space program to keep this Toolkit grounded in what matters most: the lived experience of African Americans.

The text boxes are color-coded as follows:

Strategies for Developing Knowledge

Strategies for Building Stronger Relationships with Clients

Racial Equity and Cultural Competence

Programmatic use of Assessments

We hope this Toolkit proves useful to you as you develop and/or deepen an array of African America-centered services for your clients, making it more possible to provide them with a seamless experience of support and services, ultimately leading to happier, healthier, and powerful lives for African American individuals, families and communities.



MODULE 1
**Understanding the African American
Experience and Forms of Racialized Trauma
and Social Oppression**

Providers have an important role in improving the day-to-day functioning and quality of life of African Americans and their communities. Given the impacts of individual and structural forms of oppression, competent care requires thoughtful consideration of historical, sociocultural, and individual factors that influence care.

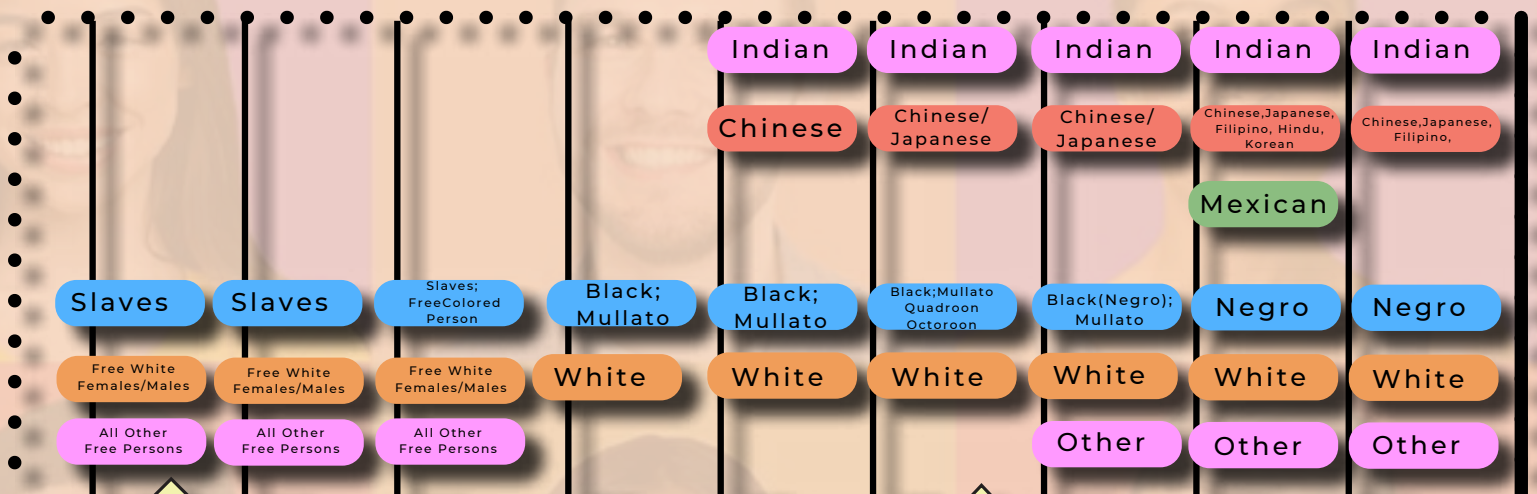
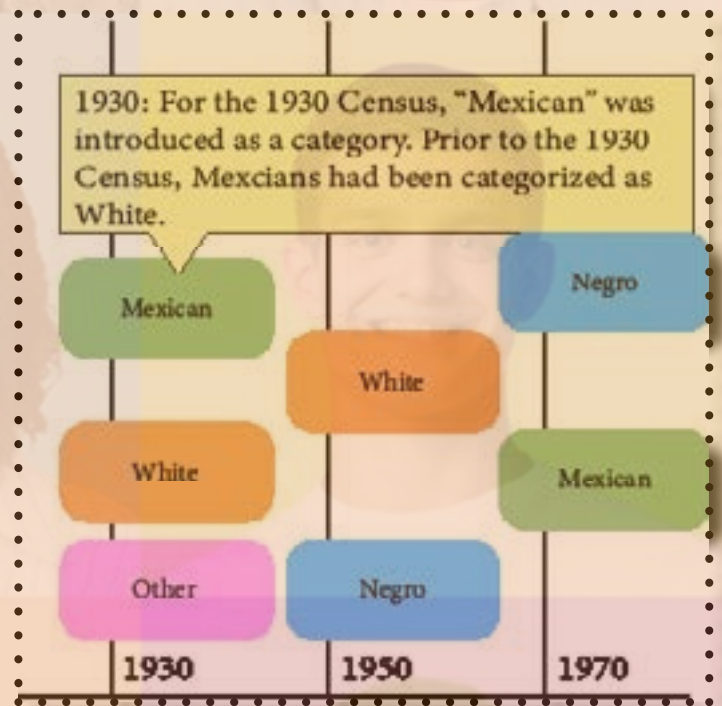
The behavioral health of African Americans can be appreciated only within this wider historical context of the Americanization process and the historically race-based restrictions on the allocation of private and public resources, including behavioral health services. In order to improve the behavioral and mental health care of Black people, providers must have will, skill, and knowledge to address the distinctive forms of racialized trauma among African Americans

Labels are critical to the socialization process among humans within systems, private and public, playing an important part in defining groups, individuals, and who belongs where in the social landscape or institutions. Racial identity labels such as Black, White, Asian - have been used since America's founding to systematically define in-groups and out-groups in systems of governmental representation and oppression, sorting advantages and disadvantages, unevenly distributing benefits (freedom) burdens (segregation), and racialized meaning among different individuals and groups.

Measuring Race and Ethnicity Across the Decades: 1790–2010

Mapped to 1997 U.S. Office of Management and Budget Classification Standards

Racialization: The social construction of the American population and its tie to resource allocation.



1790, 1800, 1810: The Racial categorization in the first decennial census of 1790 was a reflection of Article 1, Sect. 2, of the newly ratified U.S. Constitution. Data on race were recorded via enumerator observation and for many more censuses.

1900: In 1900, for the first time, "Negro" was used in conjunction with "Black," to describe the population of African origin. While there were no separate categories used to measure "Black blood" quantum, the term "Negro" was used to refer to full-blooded individuals and the term "of Negro descent" was used to refer to "Mulattos."



The racialized experience of the Black people of African descendants in the United States has been fundamentally different from that of other American groups. There is no European immigrant analogy to the Black American experience. Brought to the United States from a continent populated with diverse ethnicities and over two thousand language groups, but in which there was no racial identity or notions of Black inferiority, Africans became chattel, and experienced dehumanization and marginalization in the United States.

Key Concepts

- Historical trauma is intergenerational trauma experienced by a specific cultural group that has a history of being systematically oppressed.
- Current lifespan trauma, superimposed upon a traumatic ancestral past creates additional adversity. Historical trauma can have an impact on psychological and physical health.
- Historical trauma is cumulative and reverberates across generations. Descendants who have not directly experienced a traumatic event can exhibit the signs and symptoms of trauma, such as depression, fixation on trauma, low self-esteem, anger, and self-destructive behavior.
- People coming into systems of services and support from communities who have been subjected to historical trauma may believe the systems do not support them. They may experience triggers that are re-traumatizing. United States Administration for Children and Families Trauma Toolkit ([Hyperlink](#))

In short, the creation of a racialized system emerged with the enslavement of Black humans and codified in a racialized system of citizenship and segregation that allocated resources such as citizenship, residential freedom, gainful employment, and access to quality education and healthcare for much of the nation's history with impacts that continue to this day.

The behavioral health of African Americans can be appreciated only within this wider historical context of the Americanization process and the historically race-based restrictions on the allocation of public and private resources. The historical trauma of African Americans refers to the multigenerational, emotional, psychological, and physical wounding of African Americans as a group. Historical trauma is cumulative and collective; it continues in various forms generation after generation. Over time these wounds are passed down as traumatic retentions within African American communities, families, and, genetically, according to recent developments in psychobiology and epigenetics, within their bodies impacting deleteriously their mental health and physical well-being.





Given that their bodies wore the brand of their social inferiority as color, understanding Black embodiment is critical to understanding wellness, mental and physical among African Americans. The bodies of African Americans have been not just the objects of chattel slavery, hyper-segregation, and mass incarceration, but also of exploitative research by medical professionals. Antebellum medical research frequently relied on unprotected and/or marginal classes of people such as the mentally ill, prisoners, and African Americans to serve as “subjects” of their experimentation. The status of African American slaves as subhuman, as property rather than persons, and without legal protections, made them more vulnerable to the experimentations of the medical field as detailed in Harriet Washington’s *National Washington, Medical Apartheid*).


During this period, use of the bodies of African American living and dead were a regular feature of medical education

in medical colleges primarily, but not exclusively, in the South (Savitt, Todd L., 1982). One of the most known cases of the use of African Americans in medical experimentation in the antebellum period concerned Marion J. Sims, the so-called “Father of Modern Gynecology.” From 1846 to 1849, Marion operated on the vaginas of at least 12 slave women and children. During the surgeries he administered no anesthesia to the young ladies, and none gave their informed consent. Three of the young ladies—Lucy, Anarcha, and Betsy, were operated on as many as 13 times.

Of the Post Civil War experiments on Black bodies, the Tuskegee Study of Untreated Syphilis in the Negro Male has impacted the historical consciousness and skepticism of Blacks toward Eurocentric medical practitioners the most. The public vices, conducted the study between 1932 and 1972. Six hundred impoverished African American men, 399 with syphilis, and 201 who did not have it, were enrolled in the program to track the full progression of syphilis. After refusing them penicillin once had been demonstrated to cure syphilis, 28 of the men died from syphilis 100 more died from complications related to the disease, 40 spouses contracted the disease, and 19 infants died at birth due to the disease.

The history of medical racism is fused in the minds of many African Americans with the larger history of the abuse and marginalization of Black bodies throughout American history. Historical trauma, intergenerational trauma, and personal trauma passed on genetically, and through present day traumatic experiences in communities, institutions, and homes conspire to reinforce and trigger each other, leaving African Americans with a shorter life expectancy, and a diminished quality of life.





**Getting Grounded in Yourself
Understanding Racialization and Historical and Inter-
generational Trauma Socially, Emotionally,
Intellectually, and Morally**

REFLECTION QUESTIONS

Visit the US Census website “Measuring Race and Ethnicity Across the Decades: 1790-2010,” and answer the question, “what race were (or would have been if you recent to the United States) my ancestors (parents/grand/ great) assigned according to the census?” It was only beginning with the 1960 census that people were able to choose their own race. The census was conducted door-to-door. How do you think this shaped the experiences of your ancestors? Did your family or others discuss these experiences with you? How do you think they may have influenced you? What resources, values, assets were passed on to you? How does this exercise make you think and/ or feel? How do you think it shaped people's sense of belonging, a crucial factor in mental health?

2. Watch the Video Post Traumatic Slave Syndrome: How is it Different from PTSD: <https://youtu.be/Rorgjdvphk>

1) How did you feel as you watched the video? What emotions were triggered, and what in the video triggered them? What impact did these feelings have on what you were experiencing in your body?

2) What did you think while you were watching the videoclip? Did you find yourself in conversation with the video or did you just allow yourself to take it in? When did you find yourself talking back to the speaker, rather than just taking in her point of view regarding historical trauma? What were the three big thoughts the video left you considering? What intergenerational experiences may have influenced your own life?

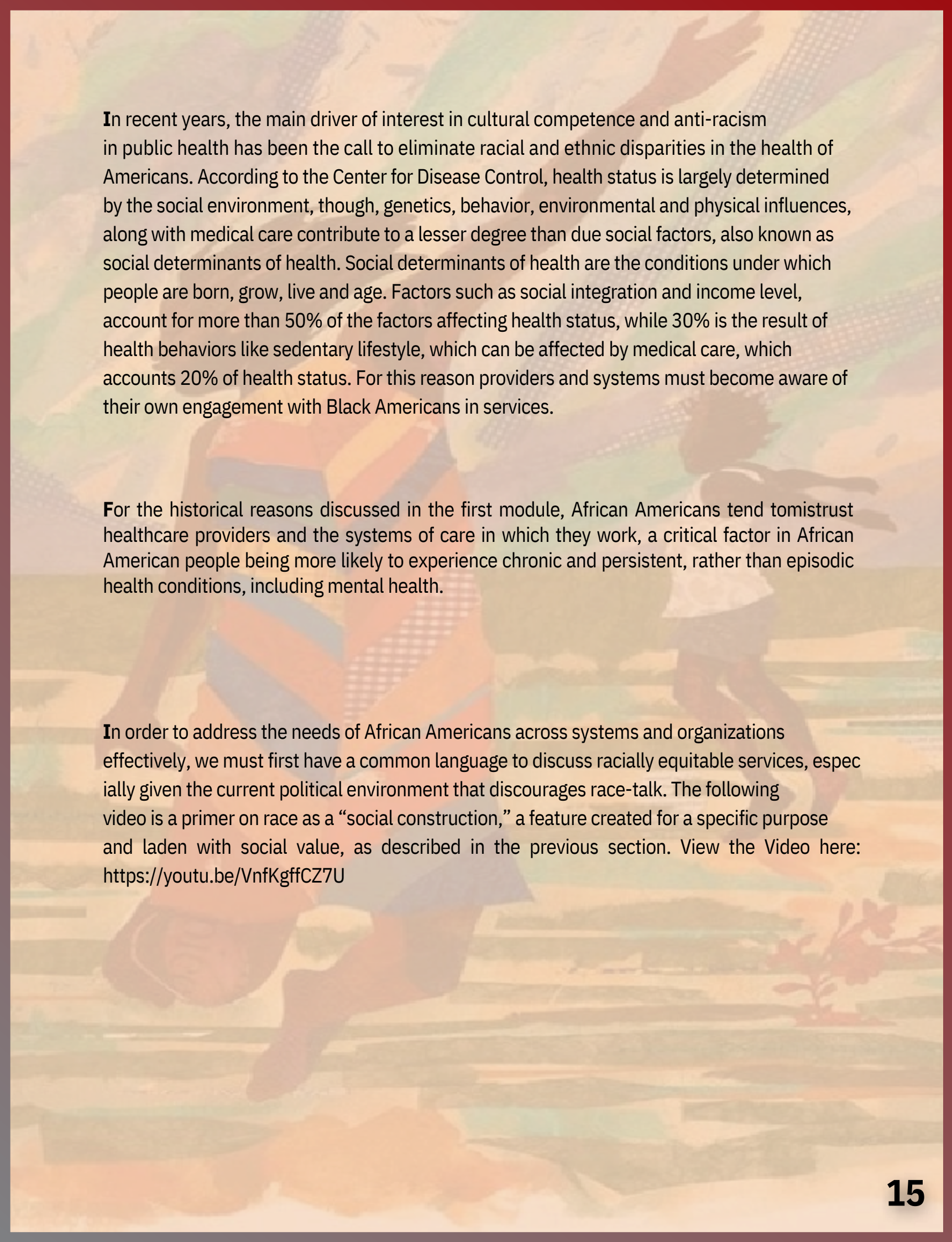
3) How did the video engage your personal value system or beliefs? What do you believe that the video affirmed? What do you believe that the video challenged? What specific beliefs about mental health and/or trauma did the video cause you to think about?

4) What did the video cause you to consider doing? What actions, such as conducting further research or altering a therapeutic approach, did the video cause you to consider? How might understanding generational and historical trauma shape your future interactions in providing African Americans services.



MODULE 2

Racial Disparities and Implicit Bias



In recent years, the main driver of interest in cultural competence and anti-racism in public health has been the call to eliminate racial and ethnic disparities in the health of Americans. According to the Center for Disease Control, health status is largely determined by the social environment, though, genetics, behavior, environmental and physical influences, along with medical care contribute to a lesser degree than due social factors, also known as social determinants of health. Social determinants of health are the conditions under which people are born, grow, live and age. Factors such as social integration and income level, account for more than 50% of the factors affecting health status, while 30% is the result of health behaviors like sedentary lifestyle, which can be affected by medical care, which accounts 20% of health status. For this reason providers and systems must become aware of their own engagement with Black Americans in services.

For the historical reasons discussed in the first module, African Americans tend to mistrust healthcare providers and the systems of care in which they work, a critical factor in African American people being more likely to experience chronic and persistent, rather than episodic health conditions, including mental health.

In order to address the needs of African Americans across systems and organizations effectively, we must first have a common language to discuss racially equitable services, especially given the current political environment that discourages race-talk. The following video is a primer on race as a “social construction,” a feature created for a specific purpose and laden with social value, as described in the previous section. View the Video here: <https://youtu.be/VnfKgffCZ7U>



What is Implicit Bias?

Dual Systems Theory Psychology, neuroscience and the social sciences have in the past 30 years explored two ways of thinking affect conscious thought. They refer to these two systems as “System 1,” and “System 2.” System 1 thought process is instantaneous and is heavily influenced by past experiences, prior learning and social context. In contrast, “System 2” thinking is slower, it is deliberate, controlled, and intentional. Implicit bias is a product of System 1 thinking, because we act on them without conscious effort, they can undermine or reinforce our best intentions (Kirwan Institute). Daniel Kahneman has demonstrated how System 1 processes, actually guides System 2 thinking to shape fully conscious humans capable of both complex thought, and love, sacrifice, and racism. Even when we believe we are making decisions based on rational considerations, our System 1 beliefs, biases, and intuition drive many of our conscious actions.



Conscious racial bias reflects the attitudes, assumptions, expectations and beliefs that people may endorse and act upon continually. **Implicit racial bias** are the unconscious attitudes and/or stereotypes that influence our daily lives and the decisions we make. Implicit biases influence our perceptions, judgments, decisions, and actions and can be predictive of behavior. No one is born with negative biases toward any particular group of people. Implicit biases are “primed” through our experiences – images and messages we receive every day about who is “normal,” “desirable” and “belongs” or who is “different,” “dangerous” or “undesirable” and “not one of us.” They can be either positive or negative and shape our behaviors and actions. In contrast to implicit biases, explicit biases are the attitudes or beliefs about other people or a person that are the product of deliberate thought. Implicit biases are pervasive, everyone possesses them.

The individual assumptions that are constitutive of implicit bias may frequently lead to racial micro-aggressions. Racial micro-aggressions are communications of assumptions, including assumptions of intellectual inferiority, assumptions of criminality, assumed superiority of dominant values and culture.



Both African American community members (mistrust) and individual providers bring implicit biases to treatment.

According to Dayna Bowen Matthew in her book: *Just Medicine: A Cure for Racial Inequality in American Healthcare*, implicit biases lead to a feedback loop that adversely impacts Black health. The feedback loop is overdetermined by the detrimental biases of healthcare professionals



Given patients indicating identical pain levels, doctors and other medical staff are less likely to prescribe pain medication to Black patients than to white patients.

1. Association of American Medical Colleges: How We Fail Black Patients in Pain, <https://www.aamc.org/news-insights/how-we-fail-black-patients-pain>.



Racial/ethnic minority youth with behavioral health issues are more readily referred to the juvenile justice system than to specialty primary care, compared to white youth.

2. Office of Juvenile Justice and Delinquency Prevention Model Programs: Intersection between Mental Health and the Juvenile Justice System, PG 6 https://ojjdp.ojp.gov/model-programs-guide/literature-reviews/intersection_between_mental_health_and_the_juvenile_justice_system.pdf



Studies show that people perceive young Black men as bigger (taller, heavier, more muscular) and more physically threatening (stronger, more capable of harm) than young white men of the same actual size. Participants in the studies were more likely to condone the hypothetical use of force against Black men compared to white men on the basis of this perceived threat.

3. American Psychological Association, "People see Black Men as larger and more threatening than same-sized Black Men." <https://www.apa.org/news/press/releases/2017/03/black-men-threatening>



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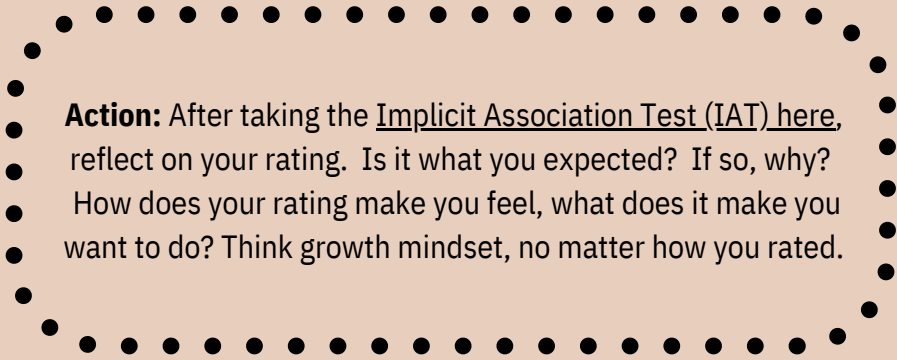
A close-up photograph of several hands of different skin tones (light, medium, and dark brown) clasped together in a circle. The hands are positioned in the center of the frame, with arms extending outwards. The background is a soft-focus green field, suggesting an outdoor setting. The lighting is warm and natural, highlighting the textures of the skin and the firm grip of the hands. A black rectangular box with white text is overlaid on the lower-left portion of the image.

Tools to Reduce Implicit Bias and Racial Anxiety

1. Self Assessment

Social scientists have used a variety of methods to study implicit bias. The most researched instrument is the Implicit Association Test (IAT). The IAT was developed by Project Implicit, a 501c3 organization and international collaboration of scientists at Harvard University, University of Virginia, and University of Washington interested in developing a “virtual lab” to study human thoughts and feelings that occur outside of conscious awareness and control. In the Black/White, or “Race” IAT, the test taker sorts the faces of Black and White people into groups associated with positive and negative words (i.e., pleasure/ pain, good/bad) as quickly as they can. The racial group to which someone most quickly associates with negative terms reflects a negative implicit bias toward that group. Conversely, the more quickly an individual assigns a racial group to positive terms reflects a positive bias toward that group. The results of the test since 1998 show that the vast majority of test-takers, regardless of race, test for a pro-White/anti-Black bias. This is not entirely surprising since implicit biases are the result of mental associations that are formed by the direct and indirect messages we receive about different groups of people through the media, and other forms of socialization. For instance, most Americans associate Black people with criminality.

Researchers have noted that the results of a single IAT does not predict whether an individual will behave in a racially biased way in any given situation. But, according to its creators, what the IAT does accomplish well is predict the aggregate behavior of individuals and large groups of people. At the individual level, this means that rather than relying on taking the test once to determine one’s racial bias, the results would have a greater validity if the results of multiple tests, taken over time were averaged. This process itself would encourage individuals to reflect more deeply over a period of time about their racial biases. At the level of large populations, researchers, have found for instance that “metro areas with greater average implicit bias have larger racial disparities in police shootings.” Additionally, “counties with greater average implicit bias have larger racial disparities in infant health problems. Given this important element of the IAT, one can see how there is a direct connection to the implicit bias of individuals and racial disparities in institutions.



Action: After taking the [Implicit Association Test \(IAT\) here](#), reflect on your rating. Is it what you expected? If so, why? How does your rating make you feel, what does it make you want to do? Think growth mindset, no matter how you rated.

2. Stereotype Replacement

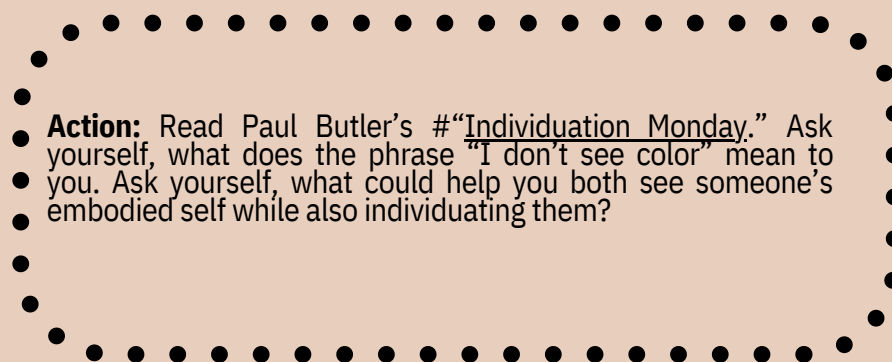
Counter-stereotypic imaging

This strategy involves imagining in detail counter-stereotypic others (Blair et al., 2001). These others can be abstract (e.g., smart Black people), famous (e.g., Barack Obama), or non-famous (e.g., a personal friend). The strategy makes positive exemplars salient and accessible when challenging a stereotype's validity.

This de-biasing strategy involves replacing stereotypical responses for non-stereotypical responses. This approach requires an individual to recognize that they are stereotyping, labeling it as such and reflecting on why.

3. Individuation

Racial Individuation is the process of giving individuality to persons of a racial group rather than assuming what they are like, which can lead to making biased inferences about individuals based on race or other intersecting identities such as gender and sexuality. This is not colorblindness, which actually raises racial anxiety. This approach involves obtaining specific information about people instead of generalizing about their group membership.



Action: Read Paul Butler's #["Individuation Monday."](#) Ask yourself, what does the phrase "I don't see color" mean to you. Ask yourself, what could help you both see someone's embodied self while also individuating them?

From Cultural Competence to Cultural Responsiveness and Cultural Humility

The development of cultural competency approaches to reducing racial disparities has been the key strategy by which federal, state, and local jurisdictions have sought to reduce racial disparities. While there are a number of definitions of cultural competence, the definition provided by the Office of Minority Health (OMH) has the widest berth in healthcare. The OMH defines cultural and linguistic competency as “services that are respectful and responsive to the health beliefs, practices and needs of diverse patients.” The definition continues that, “by tailoring services to an individual’s cultural and language preferences, health professionals can help bring about positive health outcomes for diverse populations.”

The basic assumption of the National Culturally and Linguistically Appropriate Services (CLAS) Standards is that through “responsiveness and respect for the individuals needs and preferences” health professionals can help bring about positive health outcomes for diverse populations.” The word racism, nor any particular group is mentioned in the National CLAS Standards’ guiding document.



This Module will develop a definition and practice of cultural responsiveness that is specifically suitable to African American community members. This type of cultural responsiveness will require cultural humility, a commitment to self-evaluation, self-critique, mitigation and redressing the power imbalances between client/community member and provider, and the implementation of institutional and organizational consistency to promote these values and practices. Cultural humility is the foundation upon which cultural responsiveness rests. It is the commitment to ongoing learning that keeps the process of becoming culturally competent on an upward spiral of continuous learning, rather than a downward spiral towards frustration and giving up, the kind of giving up that leaves African Americans without the care they may need. The four elements of cultural humility include :

A commitment to racial and cultural self-awareness of your own values, perspectives, norms and ways of being and how they might impact an African American person from a different cultural and racial background

A commitment to understanding the cultures and perspectives of African Americans, including their historical traumatic experiences and current social background and status in Sacramento communities

A recognition of power dynamics and a desire to fix them and develop partnerships with African American community members and people and groups who advocate for them

Institutional accountability to African American people and community knowledge

This approach offers providers the opportunity to engage with community members and the community in a process which can build meaningful connections, shared understandings, and empowering partnerships that develops solutions to the long-standing entrenched support needs of African Americans.

A close-up portrait of a young Black man with short, dark, curly hair. He is looking slightly to the left of the camera with a neutral, thoughtful expression. The background is a plain, light-colored wall. The lighting is soft and even, highlighting the texture of his hair and the contours of his face.

**Getting Grounded in Yourself
Centering Ourselves: Cultural Competence and Cultural
Humility**



Reflection Questions

**View Cultural Humility and the Pre-Health Professions Student
Jann Murray-Garcia, M.D., M.P.H. (2013)**

Video: <https://www.youtube.com/watch?v=NZUP6CrHAXA>

Beginning at the 5:00 minute mark and ending at 41 minutes, watch the YouTube video of Pediatrician by training and Professor Jann Murray-Garcia discuss the relationship between race, cultural competence and cultural humility. As you watch the video, respond to the following questions:

What does the distinction between cultural competence and cultural humility mean for you in your engagement with African Americans?

What does the idea that you should be responsive to the African American community members knowledge rather than your own knowledge?

Additional Resources

- Film: 3 1/2 Minutes, Ten Bullets

3 1/2 Minutes, Ten Bullets is a film that reveals the ways that implicit bias and the associations of rap music and Black boys with thuggery and violence. The discussion guide, free curriculum and video clips assist individuals and groups, particularly educators, engage with their implicit biases about African Americans and begin to take actions individually and organization- ally. The curriculum was created by the Perception Institute experts in implicit bias and the developers of the Starbucks' curriculum. Download at: <https://www.participantmedia.com/film/3-12-minutes-ten-bullets>

- 7-Day Debiasing Cleanse

The 7-Day Debiasing Cleanse is a collaboration between MTV's Look Different Cam- paign, Project Implicit, and the Kirwan Institute for the Study of Race and Ethnicity, The 7-Day Debiasing Cleanse combines the IAT with interactive de-biasing exercises, and a daily email to assist individuals and groups to disrupt institutional racism in organizations and the larger society. Access at: www.lookdifferent.org/what-can-i-do/bias-cleanse

- In 2018, Starbucks created The Third Place curriculum. The episode below addresses implicit bias and cultural humility. It can be accessed here: <https://stories.starbucks.com/stories/2018/thethirdplace/>



MODULE 3

Creating an Empowerment Approach to Prevention and Early Intervention



INTRODUCTION

The last module focused on the interpersonal relationship between those who provide services—i.e., therapists, mentors, and case managers to African Americans in terms of cultural competence and implicit bias, factors that focus on knowledge rather than behavior and attitudes. This module returns to the relationship between the social implications of the systematic racial disadvantage of African Americans across systems justice, health, housing, and its impact on the overall well-being of African Americans.

Mental illness disparities in African American communities occur largely as a consequence of social toxicity, an array of historical and persistent traumatic circumstances. People of African descent are at high risk for mental illness and emotional stress due to racism, poverty, unemployment/ underemployment, community violence, housing instabilities, lack of strong social supports, physical illness substance use disorders, and cyclical involvement in the justice system. Many individuals are afflicted with racism, discrimination and culturally related historic trauma, as well as complex personal trauma and family distress; compounded with fears and anxieties associated with the amalgam of overlapping internal factors. Other barriers include mistrust of government systems, particularly law enforcement and criminal justice institutions and health systems, which themselves are in many communities impacted by the same racial toxicity that has traumatized African Americans. Misunderstanding and misinterpreting behaviors have led to tragic consequences, including inappropriately placing African Americans with serious mental illness in the juvenile and criminal justice systems, or worse. As a result, many African Americans, who have historically been marginalized, have higher thresholds for living at “rock bottom.” Feelings of vulnerability to abuse in public, and private, health settings, financial hardship, or lack of resources, denial, embarrassment and fears of being confined or locked up, also create barriers associated with stigma.

Individual cultural competence and cultural humility will never, alone, deal with the intricate web associated with the mental health of African Americans. Create a trauma-informed healing justice for African Americans living in communities where disadvantage is concentrated, generational trauma wide-spread, and the historical trust of public systems weak.

CENTERING COMMUNITY EMPOWERMENT

Effective services with African Americans moves beyond the individual commitment to acquiring cultural competence to centering the voices of African American individuals and communities. This centering of African American experiences, cultures and voices means viewing African American individuals and communities as possessing inherent value and assets critical to the healing of themselves and the broader community. This is the meaning of empowerment in this toolkit, or what Shawn Ginwright calls healing centered engagement. The empowerment of African American is strength based, collective, and places a premium on the individuals place within African American culture.

According to Ginwright, this is a major shift in how trauma-informed care is traditionally practiced in three ways. First, healing is considered individual, social and political in that it addresses the sources of trauma at all three levels in such a way, for example, that when an individual advocates for more mental health services in their community they are “gaining a sense of purpose, power and control over their own environmental circumstances,” a critical feature of well-being. Second, healing should be asset driven—both individual and collective--and focuses well-being on what the community member wants, rather than their symptoms. Third, healing-centered engagement embraces a holistic view of well-being, including the physical, mental and spiritual, and I am centered in the culture of the community member. Finally, healing centered engagement supports providers in their own healing, a healing the healers approach.



Exercise



**Watch the video "The New Paradigm: Healing Centered Engagement" from the 14:20:00 minute mark to 29:00 minute mark.
<https://youtu.be/MKUNtOUQuFM>**

1. Think of the ways that social toxicity impacts African Americans and public institutions. Ask yourself, In what ways have you seen it impact your own institution(s) in terms of policies and values.
2. In what ways have you observed in African American communities that there is a collective aspect of trauma, not just individual, as it is in a medical model?
3. Do you agree or disagree with Ginwright's statement that since there is a collective aspect of trauma, interventions must also have collective features? Why or Why Not?



MODULE 4

Practices that Promote Healing and Wellness



The empowerment approach to individual and community wellness among African Americans requires processes that allow individuals and communities to define for themselves the practices that they see as credible and effective, whether or not they reflect dominant interventions in mental health. This section highlights some of the specific service delivery strategies used in a community-defined empowerment model for African American people.

The goal of empowerment services to African Americans is not limited to preventing mental illness and promoting mental wellness, although mental wellness in itself is critical, the larger aim is to help community members to become positive leaders of their own lives, families, and communities. It is to reorient individuals away from lives marked by disabling individual and systemic circumstances toward health and well-being across multiple areas of their lived experience. Achieving this larger goal requires that service providers meet people where they are, in their own communities, providing services that will support them in addressing their demonstrated range of needs.



Ground Comprehensive Services in Culture

As was mentioned in the previous module, African Americans from poverty-dense neighborhoods often experience a wide range of needs in which they need support to navigate. Years of living in communities that lack cultural capital, access to life empowering resources and frequent interaction with law enforcement and struggling schools have had a long-lasting effect on Black communities.

Build Strong Community Partnerships

Any one organization would have difficulty providing for the wide range of needs of many African Americans. The most practical and effective way of providing a comprehensive set of services along the continuum of needs and care is to partner with other organizations—public, nonprofit, and private.

You will want to make sure you have partnered with other community organizations and public agencies that offer additional supports that may include spiritual support, substance abuse treatment, therapy, parenting classes, transportation, education, job training, budgeting and money-management training, case management, legal services, and peer support with barbershops, for instance.

Importantly, the development of partnerships is first and foremost, driven by the community members' needs. Because the needs of community members in services may undergo subtle shifts over time, providers need to ensure they have a thorough and accurate understanding of their clinical-treatment, and supportive-service needs. To obtain this information, providers can conduct a variety of activities, including case reviews, surveys, or focus-group discussions with current community members, and exit interviews with members leaving the program.

The Arizona Self-Sufficiency Matrix provides a fairly comprehensive range of needs in the form of a rubric, though it is culturally jaundiced regarding resource needs. It can be found here: <https://www.mass.gov/doc/accs-self-sufficiency-matrix-0/download> Additional resources for planning that are racially and culturally specific include the UConn RACIAL/ ETHNIC STRESS & TRAUMA SURVEY (Un-RESTS) (<https://www.mentalhealthdisparities.org/traumaresearch.php> also provides racial and cultural measures to determine the relationship between a client's race, culture, and treatment planning needs.



Relationship-Centered Empowerment

Positive empowering relationships are one of the primary assets leading to the wellness and empowerment of African Americans seeking services. Relationships must be at the center of the members' wellness treatment. Staff should be of the same race as community members or explicitly addressing their own biases and competency to work with African Americans. Thus, they must be screened carefully to be sure they have the capacity to build positive relationships and treat African Americans with respect and dignity. In fact, the restoration of dignity and respect are key goals in the empowerment work with African American community members who have experienced incarceration and abuse within public systems, such as foster care. The program should offer opportunities for positive peer relationships to develop, such as assigning each community member a peer mentor or advocate, in addition to the case manager or empowerment advocate, soon after entering the program. Additionally, part of a community member's treatment plan should include strategies for building and strengthening networks of support. In short, the capacity to build healthy attachments, cultural and social capital, and respectful relationships must be centered in empowerment planning.

Empowerment-Centered Treatment

Empowerment-centered treatment empowers community members to be in charge of their own lives. This means African American are not passively receiving services but are active participants. Community members are involved in their own assessments and in the development of their own empowerment plans; they are supported in finding their own solutions to the challenges of living in a society in which they bear the badge of inferiority in their skins; they are intentionally equipped with the skills and tools necessary to be leaders of their families and communities; and they are treated with dignity and respect at all times.



One way to ensure that your program is culturally responsive to the community it serves is to develop a leadership body made up of the people you serve that provides an opportunity for them to practice leadership skills by giving them an avenue by which to build, shape, and formulate some of the program policies as they relate to daily client procedures and rules, as well as to cultural and racially sensitivity issues and responsiveness of the program. It additionally promotes ownership and enhances accountability.

Organizational Assessment and Governance

Policies and procedures are the backbone of an organization's implementation of racially specific and culturally responsive services. By creating, reviewing, and adapting programmatic and administrative policies and procedures in response to the stubborn, long entrenched social circumstances of African American communities the organization is able to provide staff with the support they need to be effective with African Americans. Suggested components of any racial equity policy include:

- Provide a vision of racial equity
- Justify the need for the policy
- Lead with race
- Recognize the role of partnerships
- Recognize the role of resource allocation
- Offer concrete next steps and accountability mechanisms
- Provide definitions
- Partner with the community

Here is a link to an assessment to help your organization assess, identify, and improve its cultural and racial understanding and responsiveness to the needs of Black community members: [Racial Equity & Justice Initiative \(REJI\) Organizational Assessment](#).

Module 4 Actions: Ground Your Organization and Build Partnerships

Action:

1. **Principal 1:** Services are most effective conducted by organizations committed to racial equity.

Action: Conduct the [REJI Organizational Assessment](#) and build a plan. [REJI Organizational Assessment](#).

2. **Principal 2:** Services are most effective with African Americans when they are holistic and comprehensive.

Action: Review the Arizona Self-Sufficiency Matrix and complete the partnership matrix.

3. **Principal 3:** Comprehensive services to African Americans should be intentional and strength based.

Strengths and Goal Assessment

DOMAIN	STRENGTH/SKILLS /INTERESTS	Community Resource Partner Involved	Goals
HOME/Family			
COMMUNITY			
FINANCIAL/ECONOMIC			

HEALTH			
LEGAL			
LEISURE/RECREATIONAL			
VOCATIONAL/EDUCATIONAL			
SOCIALIZATION			
OTHER			

Actions	Resources Needed	Responsible Parties	Timeline	Activity Outcome/ Output Measures	Progress Report
What steps do you need to take to achieve the goal and objective for this strategy?	What kinds of funding, facilities and expertise are needed to carry out the action? Where will resources come from?	Who from each organization will take the lead or provide key support?	By when should the action be completed?	How will you know the action succeeded or is complete?	What is the current status of this activity?

Resources

Introduction

In December 2018, Sacramento County, Division of Behavioral Health Services (DBHS), engaged the African American community and local stakeholders in a community planning process to address the mental health and wellness needs of African American/Black community members. As the result of a number of community listening sessions, the following findings became apparent.

When possible, services should be designed by and for community members who identify as African American or of African descent.

- Services shall be provided at easily accessible locations in the community where participants feel safe such as:
 1. Community centers and organizations, including libraries
 2. Faith Based Organizations such as church or other places of worship
 3. Online support services through social media platforms
 4. Community mental health locations and public health centers
 5. In Home Support Services

- Services include an array of support groups that provide safe healing spaces for community members such as, but not limited to:
 1. Ethnic/topic specific
 2. Gender specific support groups
 3. Healing Circles and Groups
 4. LGBT, Transgender and non-gender conforming support groups
 5. Trauma from gun violence for family members and victims
 6. Victims of racial profiling support groups for men

The following Resource List is provided to advance the goal of addressing the emotional and psychological stressors affecting African-Americans residing in the greater Sacramento area and providing instruction to providers on how to be more culturally informed when providing services to their African-American clients.

Resource Introduction

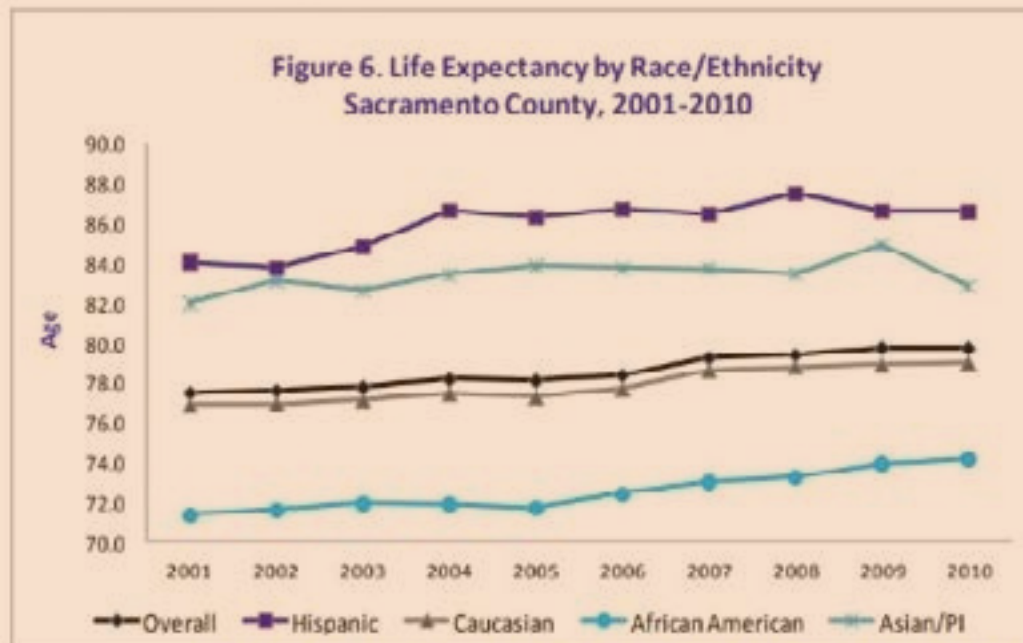
African Americans comprise 13.3 percent of the population in the U.S. but remain a historically inappropriately served population. Within Sacramento County, several factors combine to make them a uniquely challenged population.

They don't make as much money.



Data source: <http://www.behealthysacramento.org/>

They don't live as long.



Data source: [https://www.sierrahealth.org/assets/Sacramento County CTG Report.pdf](https://www.sierrahealth.org/assets/Sacramento_County_CTG_Report.pdf)

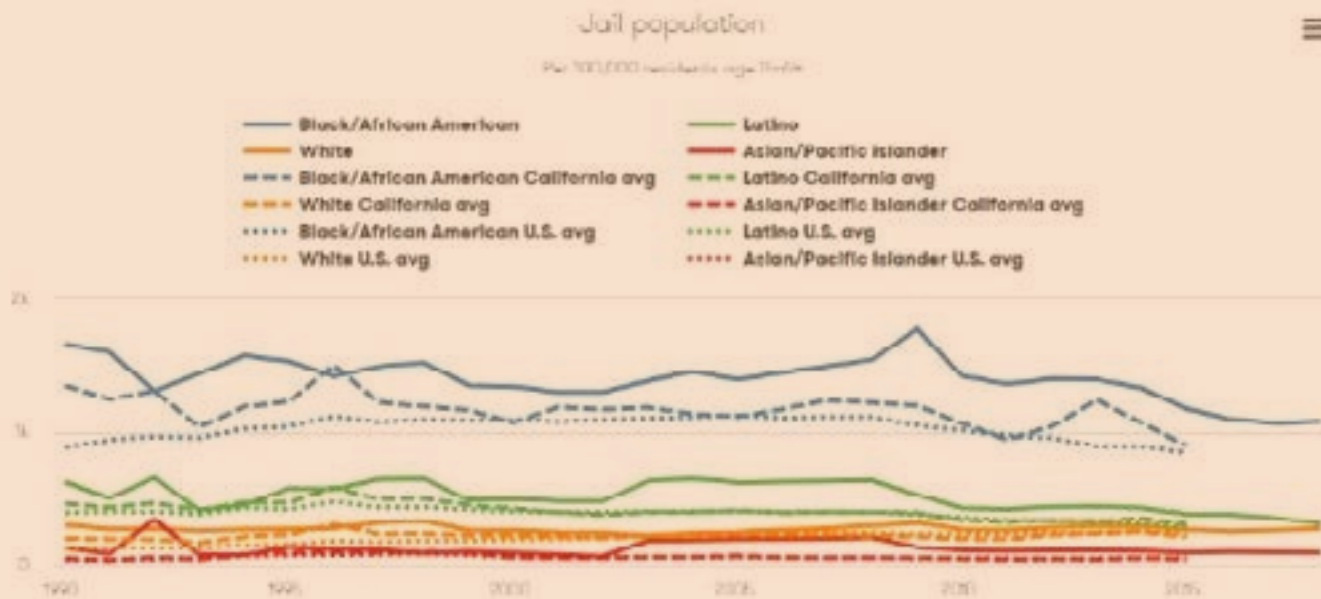
Their housing is less secure. Just 27 percent of black householders in Sacramento County owned their homes in 2015, down from 43 percent in 2006, according to U.S. Census figures. By comparison, 62 percent of whites and 43 percent of Hispanics in the county owned their homes in 2015.

They are sent to jail at a much higher rate than anyone else, and this is more true in Sacramento County than most other places in the US. Although Sacramento County has a high jail incarceration rate, both compared to California as a whole and to the national average, this is not true across the board. The White jail population in Sacramento County reflects a jail incarceration rate very close to state and national averages for Whites. Blacks/African Americans in Sacramento County are jailed at a per capita rate approximately 3x more often than Latinos, the next most incarcerated group, and approximately 4x more often than the per capita jail incarceration rate of Whites.

Sacramento County, CA

[» Back to national map](#)

Data ▾
Measurement ▾
Race/ethnicity ▾
Gender ▾
Compare ▾



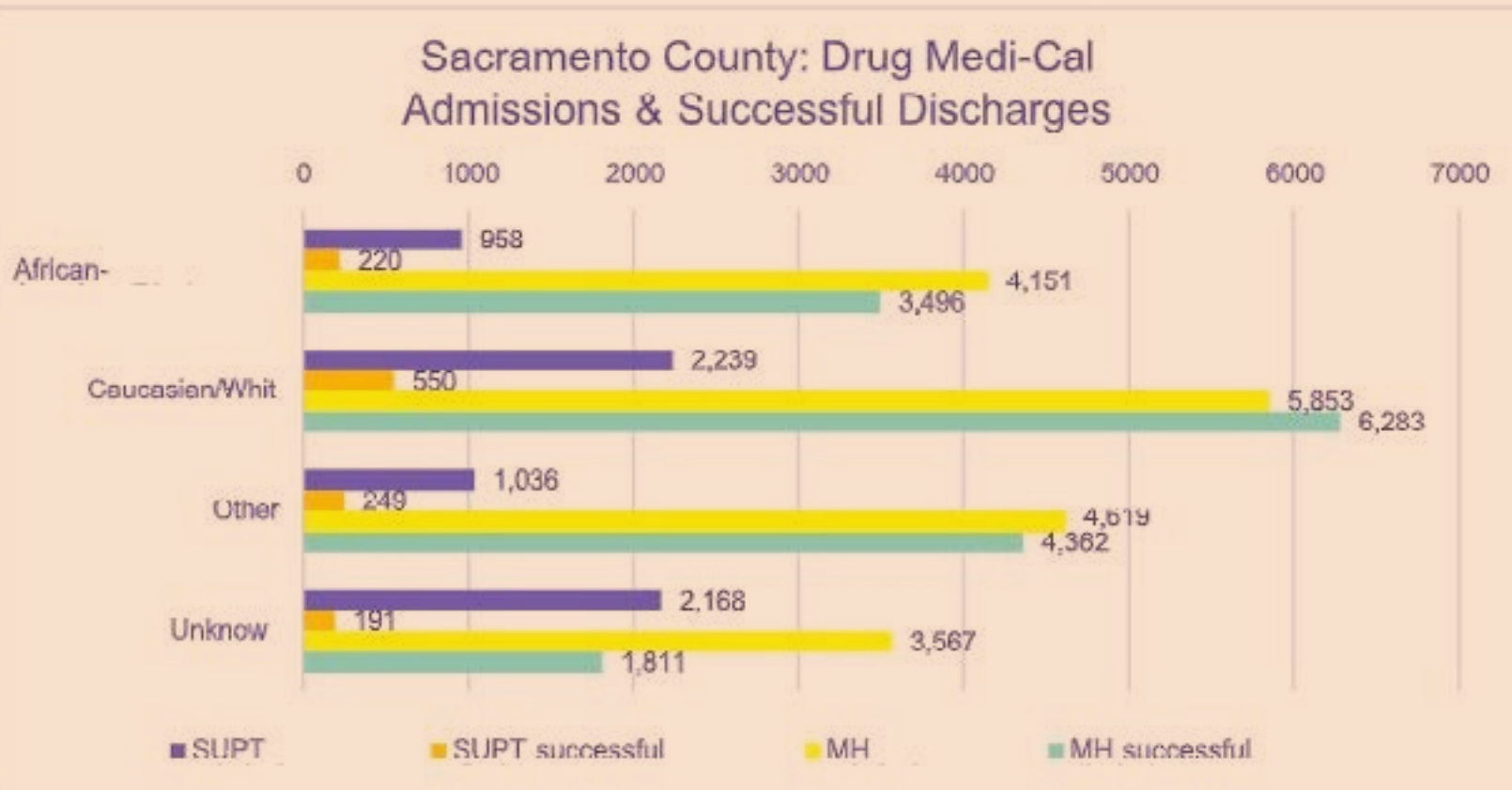
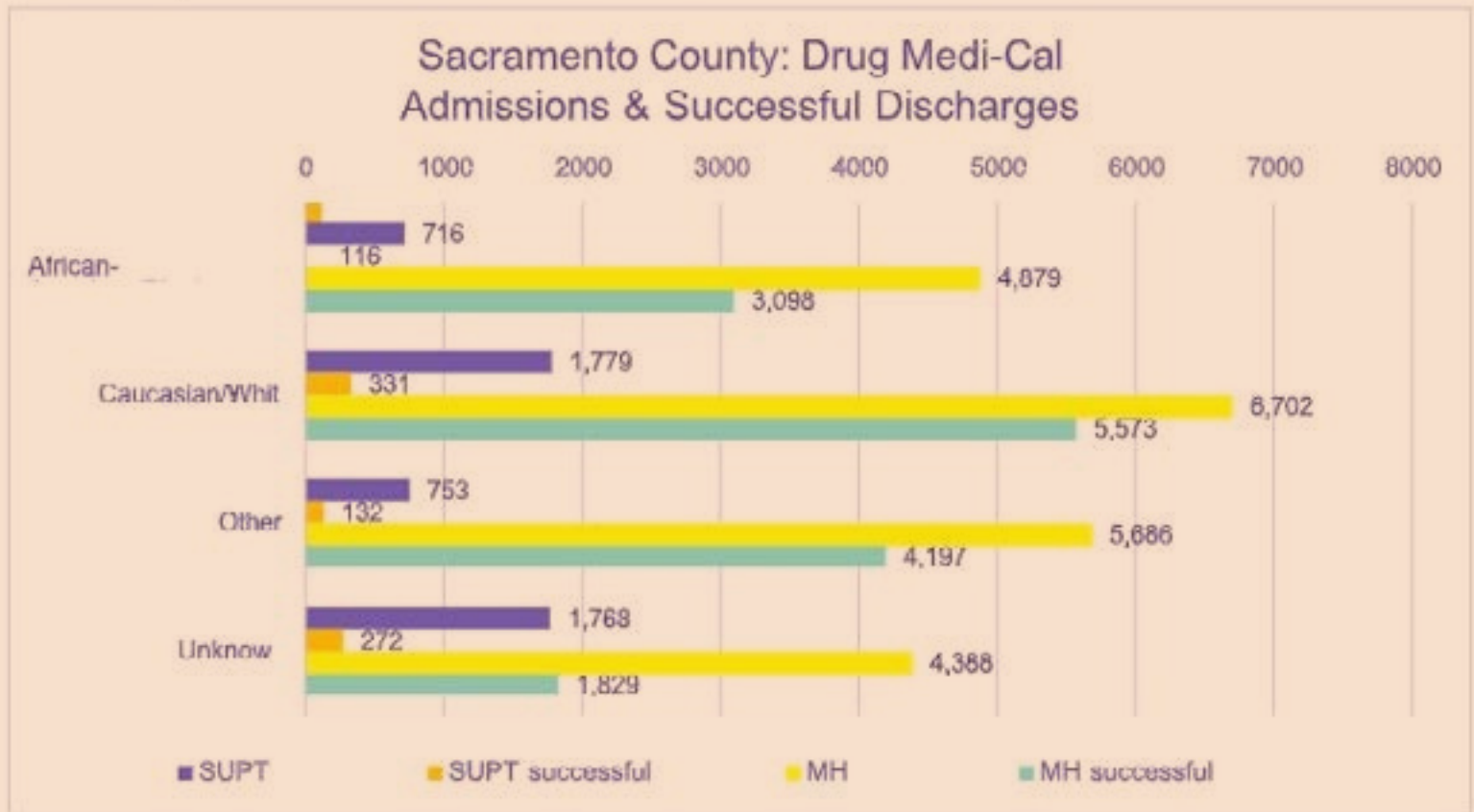
Source: <http://trends.vera.org/rates/Sacramento-County-CA>

Blacks in Sacramento County are also far more likely to be victims of police violence.



Data source: <https://policescorecard.org/ca/sheriff/sacramento-county>

Finally, the data below indicates that although the success rate of Drug Medi-Cal Substance Use Prevention and Treatment (SUPT) and Mental Health (MH) services in Sacramento County is greater for African Americans/Blacks than it is for those whose race is Unknown (i.e., not captured), when compared to the success rate of those services for Caucasians/Whites or for members of all other identified racial groups it is slightly less for SUPT services and very significantly less for Mental Health services.



Important County Entities and Numbers

2-1-1 Sacramento (Referrals to more than 1,600 community services in the Sacramento area)	2-1-1 or 1-844-546-1464 or 916-498-1000
Sacramento County 311 (Call to connect with County services with almost any non-emergency issue in Unincorporated Sacramento County)	3-1-1 Or 916-875-4311
Emergency Services (Police, Sheriff, Fire, Ambulance)	9-1-1
California Poison Control Immediate, free, and expert treatment advice and referral over the telephone	1-800-222-1222
Sacramento County Mental Health Access Team Referrals/linkages to mental health services for all ages	916-875-1055
Appointed/Elected Officials	
Interim County Executive Ann Edwards	916-874-5833
Sacramento County Board of Supervisors District 1, Phil Serna	916-874-5485
District 2, Patrick Kennedy	916-874-5481
District 3, Rich Desmond	916-874-5471
District 4, Sue Frost	916-874-5491
District 5, Don Nottoli	916-874-5465
Sacramento City Mayor Darrell Steinberg	916-808-5300

Mental Health Resources in the Community

African American Mental Health Providers

www.aamhp.com

Asian Pacific Community Counseling

Asian Pacific Community Counseling, Inc., promotes the mental health and wellness of Asian and Pacific Islander communities through culturally and linguistically relevant outreach, prevention, education, therapy, counseling, and recovery support services.

7273 14th Avenue #120B

Sacramento, CA 95820

(916) 383-6783

Cal Voices

Cal Voices works with individuals and families with mental health challenges to promote wellness and recovery, prevention, and improved access to services and support. Cal Voices staff strive to provide peer services that foster recovery, reduce stigma and discrimination, and improve cultural competency through self-help, education, and culturally relevant research.

720 Howe Ave, Suite 102

Sacramento, CA 95825

(916) 366-4600

www.calvoices.org

Catholic in Recovery

Weekly meeting offering gentle support to those suffering from issues relating to substance dependency, food, sexual integrity, control, anxiety, gambling, or any other unhealthy attachment.

Thursday, 6 p.m. - 7 p.m.

<https://olaparish.net/catholicinrecovery>

Disability Rights California (DRC)

Advocates, educates, investigates, and litigates to advance and protect the rights of Californians with disabilities.

1831 K Street

Sacramento, CA 95811

(916) 504-5800

www.disabilityrightsca.org

<http://apccounseling.org>

Gender Health Center/Transgender Health

Programs, advocacy, counseling for LGBT

2020 29th St, Ste 201

Sacramento, CA 95817

(916) 455-2391

www.genderhealthcenter.org

Guest House Homeless Clinic

Mental health clinic for the homeless with walk-in triage on Tuesdays and Wednesdays at 10 a.m. and Thursdays at 1 p.m. Mental health evaluation, medication if needed, SSI application assistance. There is also a Connections Lounge drop in center for anyone experiencing homelessness. The hours are 9 a.m. - 3 p.m. Monday through Friday.

600 Bercut Drive

Sacramento, CA 95811

(916) 440-1500

www.elhogarinc.org/guest-house-homelessclinic

La Familia Counseling Center

La Familia provides multicultural counseling, outreach and support services to low income, at-risk youth and families.

5523 34th Street

Sacramento, CA 95820

(916) 452-3601

TDD: (800) 735-2929 or 711

<https://lafcc.org>

Mental Health Resources in the Community

Intake Stabilization Unit

Mental health emergency services for youth under 18 years old 10:00 a.m. - 7:00 p.m. 7 days a week through the Intake Stabilization Unit at the Mental Health Treatment Center located at:

2150 Stockton Boulevard
Sacramento, CA 95817
916-875-1000

Mental Health America of California

Ensures that people of all ages, sexual orientation, gender, ethnicity, etc. who require mental health services and supports are able to live full and productive lives, receive the mental health services and other services that they need, and are not denied any other benefits, services,

rights, or opportunities based on their need for mental health services.

(916) 557-1167

www.mhac.org

NAMI

Support for individuals coping with mental illness and their families. Offering crisis help, support groups, NAMI educational courses, and an extensive list of resources.

3440 Viking Drive, Suite 125
Sacramento, CA 95827
Main: (916) 364-1642

Sac Wellness

Provides a directory of therapists located in the greater Sacramento area. Users can search for therapists by city, accepted insurance, issues treated, and therapeutic approach.

(530) 448-6602

<https://sacwellness.com>

Safe Black Space

Monthly Community Healing Circles and ongoing Emancipation Circles offered to address people of African ancestry's individual and community reactions to cultural and racial trauma.

(530) 683-5101

Safe Black Space Mind Body & Spirit Resource Guide: a working list of local Black owned or run resources serving members of the Black community. SBS Mind Body Spirit Black Providers Resource List_ updated08242020 - Google Sheets

SOUL SPACE

Soul Space is a community health home for culturally responsive social supports and resources to advance health and wellness for African Americans.

SOUL SPACE provides a COST-FREE holistic wellness services. 520 9th Street, Suite 102, Sacramento, CA 95814

Substance Abuse and Mental Health Services

Administration (SAMHSA)

It is their mission to reduce the impact of substance abuse and mental illness on America's communities.

www.samhsa.gov

Trauma Informed Culturally Responsive

Treatment (TICRT)

Trauma Informed Culturally Responsive Treatment (TICRT) is an adjunct therapeutic program focused on the mental health and wellness of the Black and African-American community. Clients may receive up to eight therapy sessions with one of the licensed therapists.

Rabiia Ali, MS, LMFT : (916) 495-4561

Sonya Howell, MS, LMFT: (916) 269-3506

Dr. Arrickia McDaniel, Ed.D, LCSW:

(916) 538-7719

Patrice Tevis, LMFT : (916) 217-0934

Turning Point Community Programs

Provides integrated, cost-effective mental health services, employment and housing for adults, children and their families that promote recovery, independence and self-sufficiency. County Referral required.

(916) 364-8395

www.tpcp.org

Mental Health Resources in the Community

Black Emotional and Mental Health Collective (BEAM)

Group aimed at removing the barriers that Black people experience getting access to or staying connected with emotional health care and healing. They do this through education, training, advocacy and the creative arts.

www.beam.community/whatwebelieve

Black Men Heal

Limited and selective free mental health service opportunities for Black men.

www.blackmenheal.org

Ebony's Mental Health Resources by State

List of Black-owned and focused mental health resources by state as compiled by Ebony Magazine.

www.ebony.com/life/black-mental-health-resources

Melanin and Mental Health

Connects individuals with culturally competent clinicians committed to serving the mental health needs of Black & Latinx/Hispanic communities.

www.melaninandmentalhealth.com

POC Online Classroom

Contains readings on the importance of self care, mental health care, and healing for people of color and within activist movements.

www.poconlineclassroom.com

Sista Afya

Organization that provides mental wellness education, resource connection and community support for Black women.

www.sistaafya.com

Therapy for Black Girls

Offers listing of mental health professionals across the country who provide high quality, culturally competent services to Black women and girls, an informational podcast and an online

support community.

www.therapyforblackgirls.com

Crisis Support, Helplines, Warmlines

A Community for Peace

Trauma-informed social justice crisis center serving children and adult survivors of sexual assault and domestic violence.

6060 Sunrise Vista Dr., Suite 2340

Phone: (916) 728-5613

Harmony House Crisis Line (916) 728-7210 Mon.–Weds.

9:30 p.m. - 5 p.m. /

Thurs. 9:30 p.m. - 7 p.m. /

Fri. 10 a.m. - 2 p.m.

California Youth Crisis Line

Counseling & medical services, shelters, crisis centers, AIDS testing and transportation info.

1-800-843-5200

www.youthcrisisline.org

California Department of Rehabilitation

Free services to help the disabled work and live independently.

(916) 558-5300

Call to ask for office closest to you.

Child Find Hotline

1-800-IAMLOST (426-5678)

Community Against Sexual Harm

Help for trafficked and sexually exploited women.

Peer Support, Harm Reduction

Phone: (916) 856-2900

www.cashsac.org

iCAN (Crime Victims Assistance Network)

Offers help for victims of crimes.

(916) 273-3603

<https://www.ican-foundation.org>

LGBT Community Center

Programs, support and advocacy for the LGBT community.

(916) 442-0185

<https://saccenter.org>

The Living Room

A part of the African American Suicide Prevention Project. Crisis Intervention, individual peer counseling, transportation, case management, service referrals, and support groups for Black/African American residents of Sacramento County.

Call for assistance M-F, 1 p.m - 6 p.m.

(916) 234-0178

<http://aaspp-thelivingroom.org/>

My Sisters House

Safe haven and transitional house for Asian and Pacific Islander women and children impacted by domestic violence and human trafficking

Office: (916) 930-0626

24 Hr. Multilingual Help Line (916) 428-3271

National Runaway Switchboard

Crisis intervention, independent intervention.

Message center for kids & adults.

1-800-621-4000 (Confidential - 24 hrs.)

National Suicide Prevention Lifeline

This free, 24-hour hotline is available to anyone in suicidal crisis or emotional distress. By calling, you'll be connected to a skilled, trained counselor at a crisis center in your area.

1-800-273-TALK (1-800-273-8255) 1-888-628-9454 (En Español)

1-800-799-4889 (TTY Service for Deaf & Hard of Hearing)

www.suicidepreventionlifeline.org

Crisis Support, Helplines, Warmlines

Parent Support Line (Crisis)

1-888 281-3000

Pregnancy Hotline

(916) 451-2273

Rape Crisis Line (WEAVE)

24 hr. support and information line for victims of Domestic Violence, Sexual Assault, and Sex Trafficking

(916) 920-2952

Sacramento County Mental Health Services

Mental health emergency services for youth under 18 years old

10:00 a.m. - 7:00 p.m.

(916) 875-1000

Mental Health Access Team

Referrals/linkages to mental health services (all ages)

(916) 875-1055

M-F, 8:00 a.m. - 5:00 p.m.

Toll Free After Hours 1-888-881-4881

Mental Health Urgent Care Clinic will evaluate for voluntary psychiatric care for adults, drop-in

Monday-Friday, 10 a.m. - 10 p.m.

(Last walk-in at 9:00 p.m.)

Saturdays, Sundays & Holidays, 10 a.m. - 6 p.m.

(Last walk-in at 5:00 p.m.)

2150 Stockton Blvd, building 300

Sacramento, CA 95817

www.tpcp.org/programs/urgent-care

Sacramento County Substance Use Prevention and Treatment Services (SUPT)

Sacramento County Dept. of Human Services will assess for Substance Use Prevention and Treatment services.

Services M - F, 8 a.m. - 11 a.m. and
12:30 p.m. - 4 p.m.

3321 Power Inn Rd., Ste. 120

Sacramento, CA 95826

Phone: (916) 874-9754

Safely Surrendered Baby Info Line

1-877-222-972

Senior Legal Hotline

Free, confidential legal advice by phone on almost any civil issue for Sacramento seniors over age 60 (no income restrictions) and for low income grandparent caregivers of any age.

Phone hours: 9 a.m. to 12 p.m. and 1 p.m. to 4 p.m. Monday - Friday.

(916) 551-2140

Toll Free: 1 (800) 222-1753

Suicide Prevention Crisis Line (24 hrs)

(916) 368-3111

TLCS Respite

Offers a safe place for those experiencing a temporary mental health crisis but is not life threatening or in need of psychiatric hospitalization. Individuals can stay for a maximum of 23 hours. (This is not a shelter, there are no beds. There is no medical staff on site to assist with medication issues).

(916) RESPITE

(916) 972-1017

Crisis Support, Helplines, Warmlines

Veterans Crisis Line

Connects veterans in crisis, their families & friends with qualified, caring VA responders. Available 24 hours, 7 days a week, confidential.

1-800-273-8255 and Press 1.

Para español, oprima 2.

1-800-799-4889 (TTY Service for Deaf / Hard of Hearing) Send a text message to 838255

www.veteranscrisisline.net

Victim / Witness Center

(916) 874-5701

Youth Crisis Hotline

1-800-843-5200

WEAVE

Free walk-in triage assessment for abused & battered women & children. Crisis counseling, safe houses for women & children, also children's program & services.

1900 K St. (Midtown)

7600 Hospital Dr., Suite 1 (South)

24 Hr. Crisis Line (916) 920-2952

Help for Children and Families

African American Perinatal Health (AAPH) This program serves pregnant African American women in Sacramento County. For more information, call the Pregnancy Referral Program toll-free at 1-888-824-BABY.

Bishop Gallegos Maternity Home

Assistance for women over the age of 18 who are pregnant and in need of shelter, food, safety, comfort and support during their pregnancy. (916) 395-9370

Black Infant Health Program

Serving Black women 16 years and older who are pregnant or with an infant through 1 year post-partum residing in Sacramento County. (916) 875-2229

<https://dhs.saccounty.net/PUB/Pages/Black-Infant-Health-Program/SP-Black-Infant-Health-Program.aspx>
email: DHSMCAH@saccounty.net

Black Mothers United – HerHealthFirst

Prioritizing women's health through culturally responsive support programs that lead to equitable health outcomes. Helpline: 916-558-4812
www.herhealthfirst.org

The California Black Women's Health Project (CABWHP)

CABWHP is the only statewide, non-profit organization solely committed to improving the health of California's 1.2 million Black women and girls through advocacy, education, outreach and policy. (310) 412-1828
www.cabwhp.org

The Cultural Broker Program

Voluntary advocacy program supporting African-American families involved in the child welfare system.

Valley Hi Family Resource Center
Franklin Blvd, Suite 820
Sacramento, CA 95823
(916) 290-8281

Family Resource Centers

Family Resource Centers offer a variety of free parenting workshops and classes in multiple languages. Nurturing Parenting Program – Parents learn about child development, empathy, discipline, and empowerment. Contact Us: (916) 452-3981
www.kidshome.org

Immunization Assistance Program

Children 0 to 18 years old may qualify for low cost immunizations if they are uninsured or have Medi-Cal or are Medi-Cal eligible. (916) 875-7468

[https://dhs.saccounty.net/PUB/Pages/Immunization-Assistance-Program/Immunization-Assistance-Program-\(IAP\).aspx](https://dhs.saccounty.net/PUB/Pages/Immunization-Assistance-Program/Immunization-Assistance-Program-(IAP).aspx)

Maryhouse (Loaves & Fishes)

Women and Children, 8 a.m. - 3 p.m. M - F Breakfast 8 a.m. - 9 a.m. Showers, mailing address

&

telephone.
1321 North C Street (at 12th)
Sacramento, CA 95811
(916) 446-4961

Help for Children and Families

Maryhouse (Loaves & Fishes)

Women and Children, 8 a.m. - 3 p.m. M - F Breakfast 8 a.m. - 9 a.m. Showers, mailing address & telephone.

1321 North C Street (at 12th)
Sacramento, CA 95811
(916) 446-4961

Rose Family Creative Empowerment Center (RFCE)

Rose Family Creative Empowerment (RFCE) combats social and cultural poverty through arts and education programs that help equip and empower our children and families to succeed and thrive.

Main Office
7000 Franklin Blvd, STE 1000
Sacramento, CA 95823
(916) 376-7916
www.rfcecenter.com

Sacramento Advocacy for Family Empowerment (SAFE)

Mental Health. Advocacy & support services to families and youth, free of cost. They facilitate a Teen Co-Ed group, Teen Anger Management Group and 2 Family support groups (one is Spanish speaking).

720 Howe Avenue, Suite 102
Sacramento, CA 95825
(916) 855-5427

The Sacramento Crisis Nursery

The Sacramento Crisis Nursery is a family-strengthening program, where parents can bring their children ages 0-5 to one of two Sacramento nurseries for emergency childcare services or overnight care during difficult times.

North Nursery 4533 Pasadena Ave.
Sacramento, CA 95821
(916) 679-3600

South Nursery 6699 South Land Park Dr.
Sacramento, CA 95831
(916) 394-2000 www.kidshome.org/what-we-do/crisis-nursery-program

Sankofa Parent Support Group (formerly African American Developmental Disabilities Alliance)

916-703-0403
<https://sankofa-group.herokuapp.com>

Wellspring Women's Center

Hospitality Center for mothers & children, Breakfast served M-F, 8:30 a.m. - 11:00 a.m.

3414 4th Ave.
Sacramento, CA 95817
(916) 454-9688
www.wellspringwomen.org

WIC- Women, Infants and Children

Nutrition Program for Pregnant women and mothers with infants and children
(916) 326-5830

www.communityresourceproject.org/Locations

Benefits Assistance, Homeless Services, Food and Shelters

Community Connection Resource Center

Help for ex-offenders, pre-release services, basic skill development, job placement assistance.
1217 Del Paso Blvd.
Sacramento, CA 95815
(916) 568-5980

Disability Action Advocates

Call for info or an appointment (916) 838-7001
Assistance with applying for Social Security Disability (877) 322-104

Friendship Park (Loaves and Fishes)

Men & Women Drop-in
M-F 7 a.m. to 2:45 p.m.
Coffee & Breakfast 7 a.m. to 8:30 a.m.
Men's Showers
M-F 7 a.m. to 10 a.m., 11:30 a.m. to 1:45 p.m.
Laundry M-F, 9 a.m.
North C Street at 12th Street
Sacramento, CA 95811
(916) 443-7378 (Page Guest @ (916) 443-9499)

Legal Services of Northern California

Problems with public benefits /Landlord/Tenant.
515 – 12th Street (at E)
Sacramento, CA 95814
M-F 8:30 a.m. - Noon, 1 p.m. - 5 p.m.
Call for appointment: (916) 551-2150

Next Move (formerly SAEHC)

Family Shelter –Families, including single fathers w/ children
Women's Refuge –Single women, no children (clothing/household items M-W-F, 9 a.m. - Noon)
Call for screening / space availability
(916) 454-2120

Primary Care Center

General primary health services
M - F 8 a.m. - 5 p.m. for homeless 21–65 yrs. old
4600 Broadway, Ste 1100/1200
Sacramento, CA 95820
Call for appointment (916) 874-9670
<https://dhs.saccounty.net/PRI/Pages/Health%20Center/GI-Sacramento-Coun-ty-Health-Center.aspx>

River City Food Bank

Once every calendar month distribution & Cal-Fresh application assistance. ID required for all family members; Medi-Cal cards best.
1800 – 28th St. (at R St.)
Sacramento, CA 95816
M-F 11:30 a.m. - 3 p.m.

Sacramento Food Bank & Family Services

Clothing, infant support, education & food programs
3333 3rd Ave.
Sacramento, CA 95817
For more information: (916) 456-1980
Food Hotline: (916) 313-7606
Clothing Hotline: (916) 313-7663
Parent Education Hotline: (916) 313-7622

Sacramento Works Job Centers

Call for the location nearest you:
(916) 263-3800

Sacramento Veteran's Resource Center

Employment Counseling & Training, Supportive Housing, Homelessness Prevention
7270 E Southgate Dr.
Sacramento, CA 95823
(916) 393-8387

Benefits Assistance, Homeless Services, Food and Shelters

Salvation Army Shelter

Dinner, breakfast & clothing for residents 1200 North B Street (12th & North B Street) Sacramento, CA (916) 442-0331

(M-F) 1 p.m. bed sign-up – Women only

(M-F) 1 p.m. bed sign-up – Men only

Utility Assistance and Food Boxes 678-4040 Thrift Shop 448-0890

Union Gospel Mission

Bed sign-up –Men ONLY 6:30-6:45 PM.

Showers/Shaves 9-11 a.m. & 1-3 p.m., M-Th, 9-11 & Fri. 6 A.M. breakfast for residents.

400 Bannon St.

Sacramento, CA 95811

(916) 447-3268

Veteran's Service Office

Counseling, claim development, advocacy, benefit entitlement, etc.

Walk-in M-F, 8 a.m. - 4 p.m.

2007 - 19th Street

Sacramento, CA 95818

Phone clients – M-F, 8 a.m. - 5 p.m.

(916) 874-6811

Volunteers of America (VOA) Bannon St. Family Residential Shelter Program

Requires CalWorks income. Ready to Rent training, Job Board, and case management services

470 Bannon Street

Sacramento, CA 95811

(916) 443-4688 Orientation to get on the waiting list every Wednesday at 10 a.m. - Noon

WIC- Women, Infants and Children

Nutrition Program for Pregnant women and mothers with infants and children

(916) 326-5830

www.communityresourceproject.org/Locations

Wind Youth Services

Services include street outreach, case management, mental health.

815 S Street

Sacramento, CA 95811

Emergency shelter for youth, 18 - 24 yrs old

Drop-in Center for homeless 12 - 24 yrs old

M-F 9 a.m. - 6 p.m., Sat-Sun 10 a.m. - 2 p.m.

(916) 561-4900

Housing Resources

Lutheran Social Services

Transitional housing programs for youth (singles & families). Permanent housing programs for emancipated foster youth, disabled individuals, and disabled adults with children.

(916) 453-2900

Mercy Housing of Sacramento

Call for availability status and information about the program.

(916) 414-4400

www.mercyhousing.org

Mutual Housing California

Provides assistance in seeking affordable or income-based housing.

8001 Fruitridge Rd

Sacramento, 95820

(916) 453-8400

www.mutualhousing.com

Sacramento Self Help Housing

Call to complete in-take process. Housing counseling and referrals for the homeless. No fee. 9 – 5pm.

(916) 341-0593

www.sacselfhelp.org

Salvation Army Rental Assistance Program

Call Monday only 9:00 a.m. to 11:30 a.m. and 1:00 p.m. to 4:00 p.m. for rental assistance. Must have a 3 day pay or quit notice and be on rental agreement.

(916) 678-4050

St. John's Housing Programs for Transitional Living

Women and children, 90-day max stay. Meals and showers provided for our guests. No boys over 14 yrs. D&A & Mental Health Counseling, Parenting

Classes

Call for Intakes – 7 days a week (916) 453-1482

Women's Empowerment Program

8 week program for homeless women to develop job skills & personal strength.

1590 North A Street

Sacramento, CA 95811

Open M-F 8:30 a.m. - 4:30 p.m.

(916) 669-2307

YWCA

Low-income women's residency program. Rooms for rent. No children. Walk in to apply. Possible waiting list.

1122 17th St

Sacramento, 95811

(916) 264-8066

Churches/Mosques

Antioch Progressive Church

Located in South Sacramento
7650 Amherst Street
Sacramento, CA 95832
www.antiochpbc.org

BOSS - Bayside of South Sacramento

Located in South Sacramento
Evening Service - 6:00p.m.
Sundays: First Service - 9:30 a.m.
Second Service - 11:30 a.m.
6528 44th Street
Sacramento, California, 95823
www.bossonline.org

Calvary Christian Church

Located in North Sacramento
2667 Del Paso Blvd.
Sacramento CA 95815
www.calvarychristian.com

Capital Christian Center

located in Rosemont area of Sacramento (near Hwy 50 and Bradshaw Road)
9470 Micron Ave.
Sacramento, CA 95827
www.capitalonline.cc

Center of Praise Ministry

Located in Midtown Sacramento
1228 23rd Street
Sacramento, CA, 95816
www.centerofpraise.net

Christian Family Life Worship Center

Located in Del Paso Heights area of Sacramento
Christian Life Family Worship Center is under the Pastoral leadership of Dr. Cedric Shelby and First Lady/Dr. Paula Shelby.
4350 Raley Blvd.
Sacramento, CA, 95838
www.christianlifefamily.org

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Faith Fellowship Community Church

Located in North Highlands
Sunday Services: 9:30am
Sunday School, 10:00am
Corporate Prayer, 10:30am
Worship Service. Children & Youth Church
10:30am 2nd & 3rd Sundays.
Tuesday Night Teaching - Bible Study - 6:45 PM.
5937 Watt Ave.
North Highlands, California, 95660
www.faithfellowshiplive.org

Genesis Missionary Baptist Church

Located in South Sacramento.
Under the leadership of the Porter Brothers: Pastors Ellington Porter and Tecoy Porter.
2801 Meadowview Road
Sacramento, CA, 95832
www.sacgenesis.org

Harvest Church

Located in Elk Grove
10385 East Stockton Blvd.
Elk Grove, CA, 95624
www.goharvest.org

Churches/Mosques

Masjid As-Sabur

Located just east of Oak Park, near Stockton and 15th Ave. Built in 2014, this is the first mosque built by African Americans in Northern California.

Open for all five daily salah: 6:30 a.m., 1:30 p.m., 5:00 p.m., Sunset, and 8:15 p.m.

The Friday prayer takes place every Friday afternoon, starting at 1:30 p.m. and continuing until approximately 2:15 p.m.

4926 15th Ave
Sacramento, CA 95820
(916) 451-7744
www.masjidassabur.org

Sacramento Islamic Center

Salat al-Jumuah (Friday prayer) offered every Friday. Khutbah (lecture) begins at 1:30 p.m. and is followed by the prayer at 2:00 p.m. This center is also open for all daily prayers.

4301 Marconi Ave
Sacramento, CA 95821
(916) 342-5054

St. Paul Baptist Church

Located in Oak Park area of Sacramento under the leadership of Pastor Dr. Ephraim Williams.

3996 14th Ave.
Sacramento, CA
www.stpaulsac.org

Next Level Living Christian Center

Located in Rancho Cordova
Bishop-Designate Kevin Gibbs and Lady Tanya Gibbs.

2729 Prospect Park Drive
Rancho Cordova, CA, 95670
www.facebook.com/bishoplectkevin.gibbs

South Sacramento Christian Center

Located in South Sacramento

7710 Stockton Blvd.

Sacramento, CA, 95823

<http://southsacramentochristiancenter.org>

Other Resources

Ambition Barber Studio

Located in Elk Grove, a full service barbershop actively sponsoring wellness in the Black community.

9093 Elk Grove Blvd #202

Elk Grove, CA 95624

(916) 670-2561

www.instagram.com/ambitionbarberstudio

Celebration Arts Theater

Non-profit organization providing drama, dance, and music productions and classes, allowing aspiring black artists and communities to experience the performing arts where they are the central subjects.

4469 D Street

Sacramento, CA 95819

(916) 455-2787

www.celebrationarts.net

KDEE 97.5 FM Radio

www.kdeefm.org

Project Implicit

The purpose of this website is to educate about implicit bias. We give feedback on Implicit Association Test (IAT) performance to raise awareness and encourage self-reflection.

www.projectimplicit.net

Sacramento Black Chamber of Commerce

The Sacramento Black Chamber of Commerce (SBCC) was organized to bring African American business owners and professionals together to create a solid economic structure within Sacramento's business community.

<https://sacblackchamber.org>

The Sacramento Observer

Established in 1962, this newspaper has six times received the John B. Russwurm trophy, given annually by the National Newspaper Publishers Association to the publication considered the nation's top Black newspaper.

<https://sacobserver.com>

Sojourner Truth African Heritage Museum

Located on the corner of 24th and Florin inside the Florin Business Arts Complex.

Hours:

Monday/Tuesday: closed

Wednesday: by appointment

Thursday - Saturday: 12:00 - 5:00 p.m.

Sunday: 12 p.m. to 3 p.m. (first, second, and

third Sundays; closed fourth Sunday).

2251 Florin Rd. #126

Sacramento, CA. 95822

www.sojoartsmuseum.org

Underground Books

Located in Oak Park

Monday - Saturday

11 a.m. - 6 p.m.

Sundays

12 p.m. - 5 p.m.

2814 35th Street

Sacramento, CA 95817

(916) 737-3333

www.sthope.org/underground-books-home

Scholarships

ABA Diversity Scholarship

<https://www.scholarships.com/financial-aid/college-scholarships/scholarships-by-type/minority-scholarships/african-american-scholarships/aba-diversity-scholarship/>

African American Scholarships (UNIGO)

<https://www.unigo.com/scholarships/scholarships-for-black-students/african-american-scholarships>

Buckfire & Buckfire Medical School Diversity Scholarship

<https://buckfirelaw.com/scholarships/medical/>

HBCU Connect Minority Student Scholarship

<https://hbcuconnect.com/scholarship/>

Jackie Robinson Foundation Scholarship

<https://www.jackierobinson.org/apply/applicants/>

NACME Collegiate Scholarship

<https://www.unigo.com/scholarships/by-major/civil-engineering-scholarships/nacme-collegiate-scholarship-block-grant>

Ron Brown Scholar Program

<https://www.unigo.com/scholarships/by-type/need-based-scholarships/ron-brown-scholar-program>

Thurgood Marshall College Fund

<https://www.tpcf.org/>

UNCF STEM Scholarship

<https://uncf.org/programs/fund-ii-uncf-stem-scholars>

Scholarships

<https://www.scholarships.com/>

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The information presented in this newsletter is not meant to diagnose or treat. It does not take the place of medical advice. It is for informational purposes only.