Sisters Mentally Mobilized

Powered by California Black Women's Health Project

A Community-Defined Evidence Based Practice and Intervention to Decrease Mental Health Stigma, Anxiety, and Isolation in Black Women

Report prepared by:

CALIFORNIA BLACK WOMEN'S HEALTH PROJECT
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CRDP California Reducing Disparities Project

CDPH

A COMMUNITY-DEFINED EVIDENCE BASED PRACTICE AND INTERVENTION TO DECREASE MENTAL HEALTH STIGMA, ANXIETY, AND ISOLATION IN BLACK WOMEN REPORT

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ORGANIZATIONAL BACKGROUND

Since its founding in 1994, California Black Women's Health Project (CABWHP) has served as the first statewide organization specifically dedicated to advancing health equity for Black women. CABWHP has been a pioneering leader in the development and delivery of culturally responsive, community-defined prevention and early intervention practices. CABWHP's work aims to improve the health and wellness of California's 1.2 million Black women and girls, from preconception through aging.

Through education, outreach, policy, and advocacy, CABWHP's programs and practices improve the physical, spiritual, mental, and emotional well-being of Black women, families, and communities.

CABWHP's mission is driven by the understanding that a healthier future for all is only possible when Black women are empowered to make choices in an environment where equal access and health justice are community priorities.

Mission

California Black Women's Health Project is committed to improving the health of California's 1.2 million Black women and girls through advocacy, education, outreach, and policy.

Vision

We believe a healthier future is possible when women are empowered to make choices in an environment where equal access and health justice are community priorities.

CABWHP conducts over

100

gatherings, workshops and trainings each year focusing on essential health and wellness topics for Black women and girls

In the past year, CABWHP has engaged over

20,000

Individuals through community gatherings and partnerships distributing information and resources and increasing awareness of health services available to Black women

In 2025, in response to the LA fires, disruptions to federal food assistance and ongoing crises stemming from the COVID-19 pandemic and systemic inequities, CABWHP held grief circles, distributed essential supplies, and created a comprehensive mutual aid resource guide that reached over

10,000

individuals across five key regions of California:
- Sacramento County
- The Bay Area
- Inland Empire
- San Diego County; and
- Los Angeles County

CABWHP's Theory of Change is driven by five guiding values:

Equity
To ensure that systems of care do not overlook Black women and girls in their pursuit and access of quality health and wellness

Empowerment
Using a Sister Circle model of engagement, we empower Black women and girls to proactively advocate and improve their health and wellness

Collaboration
Our programmatic efforts are 100% centered on partnership and a fundamental belief that collective engagement is essential for effective prevention and early intervention

Change
We operate as a lever for change in community conditions, health disparities, policies, and individual level behaviors that impact health and wellness

Black Women Centered
Based on the premise of the intrinsic value, history, and heritage of Black women, we unapologetically advocate for and employ culturally specific preventions and early interventions that are relevant, appropriate, and effective for Black women and communities

With a theory of change grounded in Black women's legacy of community activism and social action, CABWHP's signature Advocate Training Program (ATP) model addresses the root causes of health disparities by dismantling the intersections of race, class, and gender barriers within systems of care.

It also prepares Black women, girls, and families to become active advocates for improving individual and collective outcomes in their circles, while building cross-sector collaborations to expand access to culturally specific, early intervention, responsive, and trauma-informed risk reduction programming in the communities where they live, learn, work, play, and pray.

Relatedly, the programming legacy of the organization is centered on a nationally recognized evidence-based "Sister Circle" model of engagement that complements the organization's strategic focus on policy, advocacy, outreach, and education.

From Sacramento to San Diego, CABWHP's programming is shaped to respond to and mitigate the social and systems determinants that have inordinate adverse impacts on the health and well-being of Black women and families. This work is critically necessary to address the complex factors that predispose and create risk for chronic disease, depressive disorders, physical and emotional injury, and other conditions that exacerbate poor health outcomes in Black women and girls. Ultimately, CABWHP creates a critical safety net for the communities we serve to deal, heal, and be well.

Recognizing that mental wellness must be a focal point across all our initiatives, our program areas, including aging, maternal and reproductive health, violence prevention, COVID-19, Black girls' health, reparatory justice, sexual health, relational health, and physical health, employ mental health practices that encompass culturally affirming, community-defined

Sisters Mentally Mobilized
Mind Care. Heart Care. Soul Care. Community Care.
A project of California Black Women's Health Project

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Brief History of CABWHP's Mental Health Initiative

In 2000, CABWHP conducted a statewide study asking "what is important to Black women in California?" the first study of its kind. More than 1,400 women participated. CABWHP continued this important conversation by hosting nine focus groups in Sacramento, Riverside, Los Angeles, San Diego, and the Bay Area. The stories and data collected revealed that mental health was a salient issue amongst Black women. The following year, CABWHP released the documentary **Unheard Voices.**

The powerful public response to the data and documentary highlighted an urgent call from our community for culturally affirming mental health support. In response, CABWHP proudly launched The Well, a transformative resource center that offers a haven for healing. We also developed '**The 12 Commandments of Good Mental Health**,' a user-friendly guide packed with practical strategies to empower individuals in nurturing their mental well-being. Your support can further our mission to create these vital resources and advance the mental health of our community.

Over the last three decades, CABWHP has steadfastly championed mental health initiatives, demonstrating an unwavering commitment to our community's well-being. Building on our legacy of support, we provide essential resources and transformative programs that prioritize mental health. Through impactful trainings, workshops, and our signature Sister Circle events, we foster deep connections, empower individuals, and cultivate a supportive network. Through partnerships, we can expand our reach and amplify our mission to nurture the mental well-being of Black women and girls.

California Black Women's Health Project creates opportunities for me to meaningfully connect with my community and tend to my wellness
- CABWHP Program Participant

Executive Summary

BACKGROUND

Black women in the United States are disproportionally impacted by disparities in access to high-quality, affordable, and culturally responsive mental health services and supports. The severe lack of access to culturally specific and responsive mental health resources, combined with endemic societal factors that predispose or create higher risk for depressive disorders in the Black community, exacerbates a community mental health crisis that takes a toll on the souls of Black women.

Designed and implemented by and for Black women, California Black Women's Health Project developed Sisters Mentally Mobilized as a community-defined evidence practice (CDEP) and mental health prevention and early intervention to address the mental health conditions and resource gaps that predispose Black women to greater risk of depressive disorders. Sisters Mentally Mobilized combined culturally-specific mental health awareness and empowerment training and social support networks to build the capacity of Black women to speak to and address mental health conditions and barriers in their lives and communities.

From March 2018 through June 2025, California Black Women's Health Project recruited 222 self-identified Black women to participate in Sisters Mentally Mobilized, a program that trained and prepared Black women in California to become mental health advocates and community activists. Program participants were recruited from Los Angeles County, Alameda County/Bay Area, Sacramento County, and the Inland Empire (Riverside and San Bernardino Counties), the four California regions with the highest concentrations of Black women in the state.

EVALUATION QUESTIONS

To measure and assess the effectiveness of Sisters Mentally Mobilized (SMM), the goal of the SMM CDEP evaluation was to answer the following key questions:

Was the SMM CDEP culturally responsive to the mental health needs of Black women?

Did the SMM CDEP have an impact on Black women's knowledge about mental health?

Did the SMM CDEP help Black women address their own mental health issues?

Did the SMM CDEP have an impact on building Black women's confidence to speak to and address mental health issues in their lives and communities?

Did the SMM CDEP serve as a culturally responsive space for Black women to engage in community outreach, education, and awareness to improve mental health conditions in their communities?

Did the SMM CDEP have an impact on Black women's perceptions and stigma around mental health?

Championship
Photography©

Evaluation Methodology

A mixed-method evaluation was undertaken to assess the impact of the SMM CDEP. The quantitative design component of the study consisted of pre-and-post survey assessments that were administered to investigate changes in mental health knowledge, confidence, and stigma. Additionally, a post SMM Experience Survey was administered to measure the extent to which the SMM CDEP was culturally responsive to the mental health needs of Black women.

The qualitative design component of the study consisted of summative analysis of interviews, focus groups, testimonials, and open-ended survey questions to further measure cultural resonance and effectiveness of Sisters Mentally Mobilized as a Community Defined Evidenced Practice.

SMM CDEP DESCRIPTION

Sisters Mentally Mobilized was a group-level, gender specific, prevention and early intervention designed to reduce mental health stigma, anxiety, and isolation in Black women.

The SMM CDEP consisted of two core program components:

SMM-Advocate Training Program (SMM-ATP), a 10-12-week mental health knowledge and advocacy training program **&** **The formation of SMM-Sister Circles focused on community mental health support, education, outreach, and awareness**
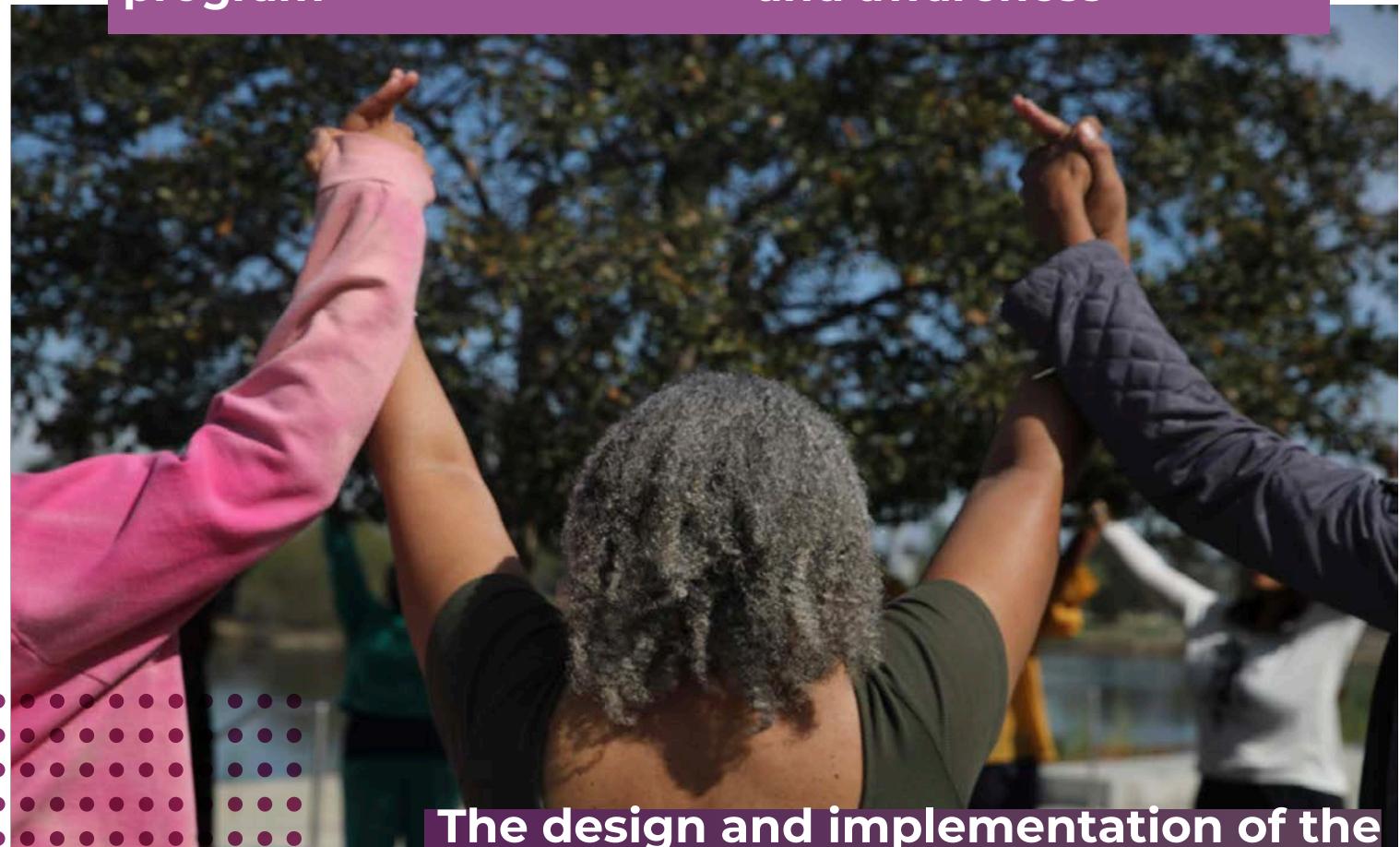
The design and implementation of the intervention was rooted in two of the five tenets from CABWHP's Theory of Change: Empowerment and Black Women

Black cultural signifiers of race, ethnicity, and gender shaped all aspects of the Sisters Mentally Mobilized intervention.

Specifically, but not exhaustively:

●The SMM CDEP employed Sister Circles as a nationally recognized, culturally relevant, and effective model of behavioral health intervention for Black women (Gaston, Porter & Thomas, 2007; Neal-Barnett, et al., 2011

●The training curriculum for the SMM CDEP was specifically grounded in the complex and intersecting issues impacting the mental health of Black women, including, but not limited to: systemic racism, misogynoir, social and economic disenfranchisement, intergenerational trauma, community, family, and interpersonal violence, ongoing stress and abuse, and an inordinate reliance on faith

●The predominance of SMM CDEP staff, program facilitators, guest lecturers, organizational partners, and advisory board members were Black identified women with lived experience and/or expertise in providing culturally competent, gender responsive, and trauma informed services to address the mental health needs and disparities experienced by Black women

● Culturally specific and affirming artifacts, imagery, and rituals (e.g. call and response dialogue, unfiltered and non-judgmental usage of African-American Slang and Vernacular English, ancestral acknowledgments, libations, spiritual meditation, music, poetry, art, photography/graphics and food for the soul) were imbued throughout every stage of the SMM CDEP.

KEY FINDINGS

The SMM CDEP evaluation demonstrated that Sisters Mentally Mobilized was a culturally responsive and affirming prevention and early intervention for reducing mental health stigma, isolation, and anxiety for Black women. The quantitative results from the pre-and-post assessments showed statistically significant ($p<.05$, one-tailed) increases in mental health knowledge, decreases in mental health stigma, and increases in confidence to talk about mental illnesses and mental health education, outreach, and awareness. More specifically, the quantitative results indicated that:

53% (n=137) of SMM Sisters increased their confidence to talk about mental health after participating in Sisters Mentally Mobilized

75% (n=137) of SMM Sisters increased their confidence to talk about mental health after participating in Sisters Mentally Mobilized

94% of the responding SMM Sisters expressed feeling more at ease with seeking professional help for any mental health concerns they may have or develop

94% of the responding SMM Sisters expressed feeling more empowered to address mental health stigma, anxiety, and isolation in their family or community

95% of the responding SMM Sisters expressed having a greater understanding of the mental health risk factors and symptoms affecting Black women and communities

98% of the responding SMM Sisters indicated that Sisters Mentally Mobilized was a culturally affirming experience for Black women**, according to results from the SMM End of Program Experience Survey (n=172)

CONCLUSION

The overall findings from the evaluation resoundingly affirm that Sisters Mentally Mobilized was an effective community-defined evidence practice (CDEP) for helping Black women to address mental health stigma, isolation, and anxiety in their lives.

One of the operating principles of California Black Women's Health Project is that we want Black women to speak to us, so they can speak through us. The transcribed narrative and qualitative findings from the evaluation corroborated Sisters Mentally Mobilized as a culturally affirming and empowering, Black-

women centered mental health intervention. Participating SMM Sisters described the experience as a safe space that served as a balm for the mind, body, and soul.

Furthermore, the findings validated Sisters Mentally Mobilized (SMM) as a promising practice for 1) increasing mental health knowledge and help-seeking behaviors amongst Black women, 2) reducing mental health disparities for Black women and communities and 3) building Black women's confidence to talk about mental health in their families, communities, and spheres of influence.

" **I want the world to know that this was something great for me. It was healing. It was deliberate.**

"It taught me skills that I didn't know. It taught me coping skills and I love it...I'd just like the world to know that Sister Circles are something that we need in our African-American communities...And I think this is most important because we hold so much in and this is a way for us to get things out of our system and then we can start healing and be helpful to our families...

~ SMM Sister Inland Empire

It validated me as a Black woman.

It validated me as a Black woman living with a mental illness...allowed me to purge myself in a safe environment and feel that I was validated, that I was being heard, that I was loved, that I was respected...

~ SMM Sister Sacramento

RECOMMENDATIONS

Sisters Mentally Mobilized highlights and reaffirms the critical need to expand the availability of community-defined and evidenced-based practices to address the gaps in effectiveness of traditional evidenced-based programs that have not been conceptualized, designed, developed, or evaluated for Black women.

The evaluation findings from this study call for and warrant ongoing public sector and governmental investments to support the repeatability and scalability of Sisters Mentally Mobilized, particularly given the lack of availability and accessibility of traditional mental health services for Black women, families, and communities (Jones, et al., 2018).

As the State of California moves forward with its behavioral health transformation stemming from the passage of Proposition 1, it is imperative that legislators and policy makers ensure that Sisters Mentally Mobilized and other CDEP models are integrated into county mental and behavioral health departments in order to expand the availability of culturally responsive care that fills the long-standing mental health services gaps for Black women and their families.

Introduction

As highlighted in the 2012 California Reducing Disparities African-American Population Report, "We Ain't Crazy! Just Coping With a Crazy System: Pathways into the Black Population for Eliminating Health Disparities," disparities in mental health in the African-American community are fueled by over-representation of high need groups with high risk factors; relatively lower quality and access to care; complex and multi-factorial root causes; and conscious and unconscious bias in clinical and treatment settings. Additionally, the reluctance of behavioral systems to prioritize, focus, and invest in the specific and unique mental health care needs of the African-American community results in deeper and wider mental wellness disparities at the local, state, and national level.

To the extent that there is any truism to the adage that "Black don't crack", there is an equally forceful counterpoint whereby societal harms, racialized public policy, environmental challenges, and neighborhood and community conditions lead to gross disparities in the prevalence, severity, treatment, and healing of the mental health challenges that Black women experience. California Black Women's Health Project is deeply disturbed and concerned about the concurrent mental and physical health crises that plague urban and suburban Black communities throughout California.

Furthermore, we are acutely aware that Black women bear an inordinate mental health burden that is rooted in historical, endemic, and institutional racism, sexism, and classism.

Black women face a multiplicity of circumstances that put them at high risk for mental and emotional stress – economic and housing insecurity (Herrera, et al., 2020), responsibilities of caregiving (Fabius, et al., 2020; Frye, 2020; Keller, 2021), domestic violence (DuMonthier et al., 2017; Lacey, et al., 2015; Woodson et al., 2010), chronic illness or disability, (Chinn, et al., 2021; Quiñones, et al., 2019) and traumatic interactions with law enforcement and the carceral state (Nellis, 2021).

For example, in Los Angeles County, one of the four priority regions for Sisters Mentally Mobilized and home to the largest concentration of Black women in California (432,312), the Department of Public Health Office of Women's Health and Office of Health Assessment & Epidemiology (Singhal et al., 2017) found that:

- Black women had the highest percentage of families living in poverty for single-headed households with children (60.5% compared to 40% for Latinas, 23% for White women and 18% for Asian women)

- Black women had the lowest average life expectancy at birth at 79.1 years, compared to 83.5 years for White women, 86.1 years for Latinas, and 88.9 years for Asian women)

- Black women had the highest age-adjusted death rate from all causes and the highest age-adjusted death rate from cardiovascular disease, respiratory disease, cancer, Alzheimer's, HIV, suicide, and homicide

- Black women were most likely to have provided care or assistance to an elderly adult living with a long-term illness or disability (31% compared to 24%, 18%, and 15% for Whites women, Latinas, and Asian women, respectively)

- Black women had the highest infant death rate per 1,000 live births (10.3 vs. 4.5 for Latinas, 3.0 for White women and 2.5 for Asian women)

Despite these life challenges, many Black women do not feel as if they have the "luxury" to succumb to the institutional and systemic social determinants that have the ability to upend their lives.

To the contrary, there is almost a collective cultural internalization of the Strong Black Woman (SBW) schema (Woods-Giscombé, 2010) that presents a deafening, if not life-threatening, expectation that Black women must always remain strong, steadfast, and selfless, even in the face of adversity. The weight of this expectation, however, comes at a cost. The detrimental mental and physical effects of attempting to live, survive, or even thrive under the burden of the SBW narrative are well documented (e.g. Abrams, et al., 2018; Harrington et al., 2010; Liao et al., 2020; Romero, 2000; Watson & Hunter, 2016). Even more explicitly, researchers have found that the stressors of navigating anti-Black racism and discrimination accelerates health declines and even death for Black people in the United States (Duru, et al., 2012; Forrester, et al., 2019; Geronimus, et al., 2006), a phenomenon referred to as "weathering."

Far too often, Black women are plagued by tension, anxiety, worry, and fear. The chronic states of stress that Black women and communities are under hold wide-ranging consequences.

According to a report on Monitoring Californians' Mental Health by the RAND Corporation (Eberhart et al., 2018), of the four major racial and ethnic groups reported:

Highest rates of severe psychological distress

Black people exhibited the highest rates of serious psychological distress (5.39, as compared to 4.52, 2.93, and 2.10 for Latinos, Whites, and Asians, respectively)

Highest percentage of work absences due to mental health

Black people had the highest percentage of those missing 9 or more days from work due to mental health (10.6%, as compared to 7.5%, 6.6%, and 4.6% for Latinos, Whites, and Asians, respectively)

Greatest levels of unmet and unaddressed needs.

Black people had the highest rates of unmet needs for mental health services (11.3% vs. 9.9%, 8.2%, and 7.1% for Latinos, Whites, and Asians, respectively)

Greatest rates of suicide attempts

Blacks had the highest rates of suicide attempts (.41% vs .33%, .18%, and .07% for Latinos, Whites, and Asians, respectively)

While the authors did not disaggregate the data by race and gender, the report did note that, overall and compared to men, California women have higher rates of serious psychological distress (4% vs. 3%), higher rates of mental health or substance abuse service utilization (15% vs. 10%), higher rates of unmet needs for mental health treatment (9.6% vs. 8.3%), higher rates of severe work impairment due to mental health (5.0% vs 3.8%), and higher percentages of multiple days missed of work because of mental health challenges (10.1% vs. 7.0%).

Sisters Mentally Mobilized:
A Community Defined Evidenced Practice and Intervention For Black Women and Their Mental Health

Black women in California who are looking to achieve their optimal mental wellness run into a wall of lack: lack of culturally competent licensed clinical practitioners, lack of properly trained community providers, lack of spiritually and culturally affirming mental health care services, and the lack of safe, caring, and affirming places to go for help ("safe spaces").

Existing culturally responsive mental health resources in the Black community are both limited and overtaxed. For example, a report by the Center for Health Professions at UC San Francisco (Bates, et al., 2014) found that 78% of licensed psychologists in the State of California were White, 12% were Hispanic/Latino, and the remaining 10% was a collective comprised of all the other non-White racial and ethnic groups in the State. African-Americans in the mental health workforce were more likely to be non-licensed counselors (14.8%) or social workers (12.9%).

The weakness or sheer absence of a safety net of culturally responsive mental health services and the inability to adequately address Black women's predisposing risk factors and adverse societal conditions often accelerate deteriorating mental illness and fuel cycles of conditions that trigger the onset and worsening of mental illness. Black women (and their families) get caught in a vortex of related consequences, including:

● Intergenerational trauma leading to internalized oppression, self-inflicted anger, hatred, aggression, and the passing on of pain and stress

● Stigma leading to shame, suspicion, paranoia, denial, low seeking and utilization of mental health services and supports, and the belief that mental illness only "happens" to Black women

● Ongoing stress and abuse that is exacerbated by high rates of anxiety, domestic violence, interpersonal violence, and sexual abuse

● Over-reliance on accessible interventions (e.g., faith, food, self-soothing, and self-seeking).drug/alcohol use, compulsive shopping, etc.) that are not designed to address mental health conditions

In response to a clarion call from our sisters, California Black Women's Health Project conceptualized, designed, and implemented Sisters Mentally Mobilized to serve as a beacon of light and lift for Black women in search of culturally responsive and affirming safe spaces to lay their burdens down.

"

"As a Black woman, Sisters Mentally Mobilized signifies everything that is… oh God, I can't even find the words to say it…Sisters Mentally Mobilized for me as a Black woman is about visibility, it's about knowing that I'm not out here by myself, and even when times get hard, there's somebody out there who understands me, who gets me. I can be myself, I can be authentic, I can cry if I want to and that's okay. It's been a space where I felt comfortable sharing things that I've compacted inside of me, but I felt comfortable in the space to open up and be myself, and not face any judgement for being honest and speaking my truth…"

~ SMM Sister Los Angeles
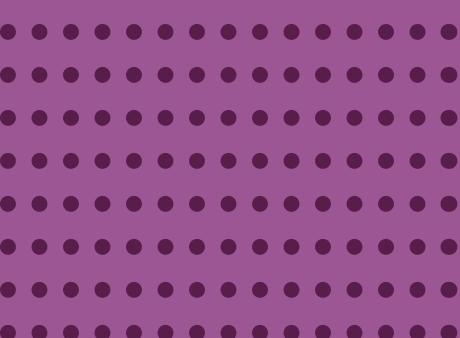
Sisters Mentally Mobilized employed a signature blend of CABWHP's legacy Advocate Training Program (ATP) Community Empowerment and Engagement Model and CABWHP's Sister Circle Model of Community Mobilization to empower Black women with the knowledge and skills to improve the identification, prevention, and risk reduction of mental health issues such as anxiety, isolation, and stigma.

Sisters Mentally Mobilized (SMM) built upon the 2012 California Reducing Disparities Project (CRDP) African-American Report and dispelled the notion that Black women do not and will not seek support for their mental wellness. This evaluation of the SMM CDEP elevates and validates that Black women will embrace healing systems of care that are centered and rooted in their lived experiences.

Project Purpose, Description, and Implementation

Sisters Mentally Mobilized is a group-level, gender specific, prevention, and early intervention designed to decrease mental health stigma, anxiety, and isolation in Black women. Sisters Mentally Mobilized (SMM) combines culturally-grounded mental health awareness and empowerment training and social support networks that build the capacity of Black women to speak to and address mental health conditions and barriers in their lives and communities.

Sisters Mentally Mobilized incorporates the foundational advocacy and empowerment principles of CABWHP's Advocate Training Program (ATP) while also building the ongoing capacity of Black women to address mental health conditions and barriers in their lives and communities through the formation of mental health focused Sister Circles (SMM-Sister Circles) that equip Black women to mobilize and employ culturally responsive mental health focused community education, outreach, and advocacy strategies.

The blending of advocacy training and support/ engagement circles provides a comprehensive approach for mitigating multiple risk factors that contribute to mental health disparities in Black women, families, and communities and also serves as a safety-net bridge to stand in the gap created when community is not able to access the level and nature of culturally responsive care from licensed mental health professionals and facilities.

Sisters Mentally Mobilized was conceptualized as a Community Defined Evidenced Practice. The National Network to Eliminate Disparities in Behavioral Health defines a Community Defined Evidenced Practice (CDEP) as:

"A set of practices that communities have used and determined to yield positive results as determined by community consensus over time and which may or may not have been measured empirically but have reached a level of acceptance by the community."

My experience was that I'm in awe because I know the creator put this together and he was the orchestrator of this union coming together. As we move forward with our facilitators and Sonya Young, the CEO of California Black Women's Health Project to different parts of the State of California, as we began this journey tighter, our village will be able to start the healing process...Again, as it's related to mental illness, I, as a person with lived experience did not expect this to be part of my story, but I will share and move forward to advocate for my community and others who are suffering from mental illnesses...

~ SMM Sister Inland Empire

The following set of practices were incorporated into the Sisters Mentally Mobilized CDEP to communicate that SMM was specifically designed to be culturally relevant and responsive to the ancestry, societal context, and lived experiences of Black women:

Messaging

From the branding of outreach and marketing materials with the color purple to signify African royalty, to the visual representation of diverse Black women throughout SMM training presentations and collateral material, to the explicit wording in the description of Sisters Mentally Mobilized (SMM) as a statewide movement of the California Black Women's Health Project that trains Black women to become mental health community advocates and launch mental health-focused Sister Circles in the communities where Black women live, work, play, and pray," California Black Women's Health Project made clear that the Sisters Mentally Mobilized CDEP was a community of practice unapologetically focused on the needs of Black women.

Messengers

Beyond gender, racial, and ethnic representation, the complement of SMM staff, facilitators, advisors, partners, and presenters had a demonstrated commitment to the uplifting, empowerment, and liberation of Black people and communities. In the vein of the words of Dr. Martin Luther King, the architects and knowledge experts for SMM are invited in based on the content of their character – and not the color of their skin.

Meaning

As represented by the title of the 2012 CRDP African-American Population Report, "We Ain't Crazy, Just Coping With A Crazy System," the Black-centered, culturally grounded, mental health education and awareness curriculum and content for the SMM CDEP was specifically designed for program participants to understand the ways in which historical and ongoing systemic and institutional anti-Black racism foments the conditions that lead to the mental health crises experienced in the Black community. Being rooted in this knowledge is essential for eradicating the individual and group stigma and shame Black women, children, and families experience related to mental state and wellbeing.

Modality

For both the training and mobilization components of the SMM CDEP, Sister Circles were utilized as the program delivery and implementation vehicles for Sisters Mentally Mobilized. In their article, "Sister Circles as a Culturally Relevant Intervention for Anxious African-American Women", the authors (Neal-Barnett, et al., 2011) describe sister circles as:

"...support circles that build upon existing friendships, fictive kin networks, and the sense of community found among African Americans females. Originally embedded in the Black club movement (Giddings 1984), sister circles have been a vital part of Black female life for the last 150 years. Sister circles exist directly in the community and within organizations that are components of women's lives... Inherently, sister circles provide Black women with help, support, knowledge, and encouragement..."

California Black Women's Health Project has utilized the Sister Circle model of engagement since its inception. The mental health adaptation of Sister Circles through Sisters Mentally Mobilized incorporated CABWHP Sister Circle Touchstones, while also elevating the use of therapeutic practices, such as mindfulness, deep breathing, journaling, and creating a safe and non-judgmental space for sharing.

Movement Building

Another key aspect of the SMM CDEP was the adoption of the South African philosophical concept of "Ubuntu," which is roughly translated as, "I am because you are." The expanded Zulu translation of this concept, Ubuntu ngumuntu ngabantu, is "A person is a person through other people." For Sisters Mentally Mobilized this philosophical concept was operationalized through the mobilization (mental health outreach, education, and awareness) component of the SMM CDEP whereby the ultimate locus of change is communal, not individual. The values of Ubuntu (humanity to others, community, co-responsibility, etc.) were manifested through the activism of the mental health Sister Circles that were formed.

INTENDED OUTCOMES

The overarching intended outcomes for the Sisters Mentally Mobilized CDEP were to:

● **Build a cadre of 160 Black Women throughout the State of California that are knowledgeable, trained, and prepared in their community to:**
> Identify mental health risk factors and symptoms
> Engage in efforts to address the early onset and severity of mental illness
> Increase awareness and reduction in mental health stigma
> Foster solicitation and accessing of mental health services and care

● **Establish Sister Circles throughout the State of California that are led and facilitated by Black women who are equipped and empowered with the advocacy skills, tools, and strategies to:**
> Promote mental health community education (stigma reduction and risk identification)
> Change cultural practices (stigma reduction and increased awareness)
> Identify provider access barriers (prevention and access)
> Foster coalitions and networks to scale advocacy and impact (prevention and access)
> Influence the mental health policy and legislative landscape (access)

● **Additional mental health risk reduction outcomes for the Sisters Mentally Mobilized intervention were to:**
> Create accessible and safe healing spaces
> Provide relief from stress and dysfunction
> Promote resiliency and accountability
> Inspire change in risk factors

PROJECT DESCRIPTION

Sisters Mentally Mobilized (SMM) is a mental health focused adaptation and expansion of California Black Women's Health Project's signature Advocate Training Program, combined with Sister Circle support groups to sustain the impact of an intervention that leads to mental health advocacy and engagement while also facilitating cultural affirming safe spaces for Black women to talk about mental illness, reduce stigma and increase openness about mental health needs and receive support and encouragement to seek professional mental health services if needed. The combined PEI approach of training, support and awareness outreach and education creates a complement of interventions that address the multiple risk factors and conditions impacting the mental health of Black women and their families and communities.

SMM Component I

The first component of Sisters Mentally Mobilized is Sisters Mentally Mobilized-Advocate Training Program (SMM – ATP), a culturally grounded, mental health focused leadership development and skill-building program that trains Black women to become community mental health advocates. SMM-ATP is centered on the core tenets of advocacy, organizing, civic engagement and peer support and the framework for SMM-ATP is informed by expanding knowledge on: 1) social determinants of health, 2) the state of mental and emotional well-being, and 3) disparities and inequities in access to care.

SMM-ATP is designed as a 30-hour training program that takes place over the course of 10 – 12 weeks. The customizable curriculum for SMM-ATP was tailored to incorporate mental health specific content that provides Black women with the knowledge to identify mental health risk factors, symptoms and stigma affecting Black women and communities and to build the capacity of Black women to engage in community education, outreach and awareness to improve mental health conditions in their communities.

Over the course of the SMM-ATP implementation, mental health focused content topics for the curriculum included but were not limited to:

- Trauma and the Black Community
- Mental Health Advocacy and Policy
- Signs and Symptoms of Mental Illness
- Mindfulness and Mental Health
- Suicide Awareness and Prevention
- Self-Care and Boundary Setting
- Faith, Spirituality, and Mental Health

- Mind, Body, and Soul Connection
- Food and Mood
- Womb Care and Mental Health
- Maternal Mental Health
- Mental Health and Medication
- Communication Tools for Navigating Verbal/Mental/Emotional Abuse

Beyond training, SMM-ATP uplifts the rich cultural and linguistic tonalities of Black women's voices, creates a safe and supportive environment for Black women to seek refuge from being rendered invisible and having their lived experiences dismissed. SMM-ATP also provides a community for Black women to share and receive care in the daily struggle to mitigate the effects of systemic and institutionalized racism, anti-blackness, sexism, and classism.

> I am sitting in the afterglow of that experience on yesterday. I cannot call it a graduation because it reduces the experience to a mere acknowledgment of moving from one level to the next and it was so much more than that. It was a beautiful summation of what we as women mean to you, what you mean to us and what our families and community mean to all of us as Black people. During the celebration, I felt serenaded and loved in a way that only Black women can love. I felt appreciated and supported by all of you, my family and my friends. It was sweet potato pie, laying on grandma's bosom, listening to Stevie Wonder, skating through South Central Los Angeles as my 11-year old "worrying about nothing" self all rolled into one. From the amazing band that topped off their beautiful instrumental play with my favorite artist, Stevie Wonder, and one of my favorite song's "Overjoyed," to the beautiful opening acknowledging the ancestors with the pouring of libations, to the beautiful words spoken by all of you, to the videos, to the presentations and to the gentle way the sister who seemingly spoke out of turn was lovingly advised that she did not and that her comments were right on time — I was blown away. You gave me an amazing gift in the Sisters Mentally Mobilized program...

~ SMM Sister Inland Empire

Core Cultural Elements of SMM-ATP

CABWHP embeds Black-women centered, responsive, and affirming elements into all aspects of SMM-ATP. Core cultural elements of SMM Component 1 include:

Community Representation

The team of CABWHP staff, volunteers, facilitators, and presenters for SMM predominantly consists of Black women who are trained and skilled (both professionally and through lived experience) to provide culturally relevant and responsive mental health knowledge, services, and supports for Black women and girls.

Cultural Aesthetics

The print and digital collateral materials and visual imagery for the project explicitly communicate that Sisters Mentally Mobilized is a project designed by and for Black women. The selection of the color purple as the brand for the project was intentionally selected to communicate our community's relationship to royalty and the connection to our African roots.

Black and African Centered Rituals

SMM-ATP incorporates *Calling on the Ancestors*, *Honoring of the Elders*, and the *Pouring of Libations* as opening and closing rituals throughout the training.

Afro-Centric Cultural Expressions

Music (Jazz, Soul, R & B, Gospel) and poetry by Black and African writers is imbued throughout the project activities.

Culturally Specific and Targeted Outreach and Recruitment

In addition to direct email outreach and recruitment, California Black Women's Health Project engaged its existing network of Black and African-American serving CBOs/ Volunteer Service Organizations (e.g., Black women auxiliary organizations) to serve as outreach and recruitment partners. CABWHP staff conducted outreach for the program at community fairs and events (pre-COVID) and distributed materials at Black churches and beauty salons. With the advent of COVID-19, CABWHP enhanced and targeted (via paid advertising and boosts) its social media outreach and recruitment across Facebook, Instagram, and LinkedIn.

Storytelling Tradition

The cultural practice of the storytelling tradition is a core element facilitated throughout the SMM-ATP. There is an introductory check-in for each session that centers conversation in the cultural values of collective responsibility and reciprocity. Sisters are encouraged to speak their truths and to respect and respond to what is offered within the healing space. The check-in is also used to link participant engagement to the curriculum topic at hand. Culturally responsive facilitation and data collection methods aligned with the storytelling tradition (e.g. River of Life, Anecdote Circles, Testimonials, Critical Moments Reflections) are also core to SMM-ATP implementation.

SMM Component II

The second component of Sisters Mentally Mobilized was the establishment of mental health focused sister circles (SMM-Sister Circles) in the target regions for CABWHP's CDEP: Los Angeles County, Sacramento, Alameda/Bay Area, and the Inland Empire (San Bernardino/Riverside Counties). Upon completion of the SMM-ATP, one or more cohort graduates forms and facilitates a SMM-Sister Circle in their respective community.

The SMM-Sister Circle served as a culturally responsive and affirming vehicle for sustaining and expanding the availability of culturally responsive and congruent mental health supports that decreased the mental health stigma, isolation, and anxiety, experienced by Black women.

SMM-Sister Circles are designed to foster continued individual and community level mental health awareness, education, prevention, and healing and also serve as safe spaces where Sister Circle members can receive the encouragement to seek out needed professional help that is beyond the level of support the circle can provide.

For California Black Women's Health Project, SMM-Sister Circles served a dual purpose: 1) to create a mental wellness safety-net for Black women to come together to discuss their fears, anxieties, life stressors, and emotional state of being, in a culturally affirming, non-judgmental and supportive environment to act as a precursor and/or supplement to traditional therapy and 2) to offer an empowering and healing space for Black women to actively engage in education and advocacy to reduce mental health stigma, anxiety, and isolation in their communities.

Whether formal or informal, Sister Circles in themselves are nationally recognized as a culturally relevant and effective behavioral and therapeutic model for Black women (Gaston, Porter & Thomas, 2007; Neal-Barnett, et al., 2011). Sister Circles can be viewed within the context of "Tend and Befriend" theoretical behavioral model research (Taylor, 2000) showing that during times of crisis, women are likely to form groups and coalitions to respond to threats and ameliorate stress. For Black women in particular, Sister Circles serve as protective barriers and safe spaces to "talk, deal, and heal" from the unique and shared experiences and conditions that negatively impact the mental and physical well-being of Black women and communities.

SMM-Sister Circles speak directly to the African-American Population Report recommendation to "increase the wellness and the health of individuals and communities through taking action for social change strategies to restructure the mental health system to be recovery-oriented, community-based, and to bring systemic transformational change to correct dysfunctional systems dynamic systems that will support emotional emancipation and healing for Black people (p. 249)."

Similarly, the cultural importance of community outreach, education and engagement activities of SMM-Sister Circles also calls to mind research that highlights the mediating role that empowerment has as a coping mechanism for Black women (Wright, et al., 2010).

"

We have to recognize that we need the help, and just to be able to be empowered and speak up about it...I don't know of any place where we can go and get that without creating it from scratch. But Sisters Mentally Mobilized has done all the work for us, and I'm just eternally grateful for that."

~ SMM Sister Los Angeles

"

I am an Afro-Latina woman, Garifuna woman from Honduras who's lived in the Bay Area for the past 13 years.

Sisters Mentally Mobilized to me is more than a sisterhood. It's a safety net. It's a passion for me, it's community. It is healing, it is nurture, it's love. It is joy. And honestly, it is the reason why I feel like now I have a regulated nervous system. If I can say that honestly, the sisterhood has allowed me to nurture my body, my soul, my spirit in multiple ways, and I'm forever grateful for the opportunity to be part of this."

~ SMM Sister Bay Area

Project Delivery Locations

In order to provide a wide berth for intergenerational participation and engagement in the SMM CDEP, the targeted outreach for Sisters Mentally Mobilized was self-identified Black women between the ages of 18 and 99 who lived, worked, played, or prayed in one of the four target regions and priority program for the SMM CDEP and California Black Women's Health Project:

Alameda County/Bay Area

is home to the City of Oakland where African-Americans have been an essential part of the fabric of the city since the First and Second Great Migrations of Black families from the South enhanced and targeted (via paid advertising and boosts) its social media outreach and recruitment across Facebook, Instagram, and LinkedIn

Inland Empire (San Bernardino/ and Riverside Counties)

were destinations for a mass exodus (beginning in the 1990s) of Black families from Los Angeles and other regions of the state who were in search of affordable housing and a lower cost of living. Despite these benefits, African-Americans in the region still experience significant inequities in many of the social determinants of health and well-being

Los Angeles County

is the location of California Black Women's Health Project's headquarters and the largest African-American population center (urban or otherwise) in the State

Sacramento County

is the capital of the State of California, the center of statewide policymaking, and an ideal location for SMM mobilization that could potentially lead to systems changes in mental health programs and policies that would benefit African-Americans locally and statewide
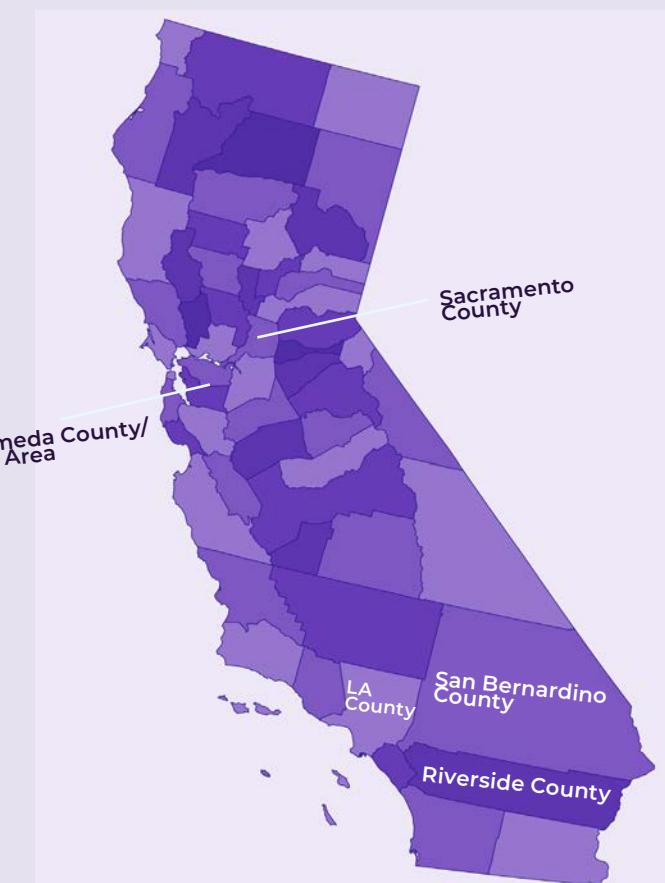
In each of the regions, SMM CDEP Program staff intentionally selected and secured delivery sites that were well known to the Black/African-American community (e.g. community centers, churches, local parks and libraries), in neighborhoods deemed to be safe zones, and in locations that were easily accessible by public transportation or major highways. Most importantly, the meeting spaces were required to be large enough to set up the seating arrangements as circles in order to foster a sense of community, connectedness, and unity that couldn't be broken.

Changes in SMM CDEP Delivery

From March 2018 through June 2025, California Black Women's Health Project convened, completed and collected data for twelve Cohort Cycles of Sisters Mentally Mobilized throughout the priority regions. The implementation schedule below includes staff time and activities related to advanced planning, curriculum development and outreach and for each cohort cycle.

Mid-way through the SMM CDEP implementation (beginning in March 2020 with Cohort #4-Alameda/Bay Area), California Black Women's Health Project pivoted the delivery of SMM from in-person to virtual and digital implementation in response to COVID-19, social distancing, and sheltering-in-place requirements. California Black Women's Health Project continued the virtual and digital implementation of SMM for Cohort #5 (Inland Empire), Cohort #6 (Sacramento), and Cohort #7 (Alameda/Bay Area).

As COVID-19 restrictions were lifted, California Black Women's Health Project transitioned to a hybrid virtual and in-person implementation of Sisters Mentally Mobilized, beginning with Cohort #8 (Los Angeles) and continuing on through the remainder of the study period for Cohort #9 through Cohort #12.

Table 1: Project Delivery Dates for the SMM CDEP

Cohort	Region	Delivery Date
1	Inland Empire	April 2018 – December 2018
2	Sacramento	February 2019 – August 2019
3	Los Angeles County	July 2019 – February 2020
4	Alameda/ Bay Area	January 2020 – June 2020
5	Inland Empire	July 2020 – December 2020
6	Sacramento	January 2021 – June 2021
7	Alameda/ Bay Area	August 2021 – November 2021
8	Los Angeles County	January 2022 – April 2022
9	Sacramento	April 2023 – June 2023
10	Alameda/ Bay Area	March 2024 – June 2024
11	Inland Empire	December 2024 – June 2025
12	Los Angeles County	December 2024 – June 2025

From a programming perspective, there were no substantive changes made to the program that significantly altered the delivery of the SMM CDEP.

Although ANOVA analysis was not conducted or analyzed for the purpose of this study, the Local Evaluator and CABWHP Staff note that SMM participants did not indicate any substantive differences in the quality of their experiences across the varying implementation modes (in-person, virtual, and hybrid).

The SMM-ATP and SMM-Sister Circle components continued to operate as envisioned and extreme intention was given by SMM staff, facilitators, and presenters to carry the SMM CDEP core cultural elements into the virtual environment to the fullest extent possible.

The SMM CDEP practices (messaging, messengers, meaning, modality, and mobilization) did not change. Black-and-African centered rituals (e.g. libations and calling on the elders) continued to be incorporated into the virtual delivery of the SMM CDEP. The oral tradition and cultural communication norms (e.g., call and response) continued to operate. The chat box even became a virtual representation of the "amen corner." SMM music playlists continued to be curated and played throughout the virtual sessions that were delivered.

Anecdotally, a few SMM Sisters did express Zoom fatigue, not necessarily from the program in and of itself, but from the perspective of having almost every facet of their lives taking place on one virtual platform or another. For example, one SMM Sister who was recruited to participate in Cohort #5 (Inland Empire) specifically expressed that the virtual format did not meet her dire need for connection and subsequently dropped out of the cohort within the first two weeks.

On the other hand, an unintended yet positive consequence of the pivot to a virtual environment was the ability to engage a few SMM elders in the use of technology. In a particularly empowering and affirming case, SMM via Zoom served as a lifeline for an elder SMM Sister with a mental health diagnosis who was experiencing extreme isolation at the onset of the pandemic.

SMM CDEP program staff likely experienced the greatest impact of the transition to virtual implementation of the program while also coping with COVID-related impacts on their own lives and families.

Nevertheless, program staff remained attuned and responsive to certain indirect program elements that got lost in translation, such as, the opportunity costs of deeper relationship formations and connections made through impromptu and organic one-on-one conversations that take place before and after in-person sessions; the absence of the bonding hormone (oxytocin) that is released through hugs and shoulder-to-shoulder proximity; the ability to see and emotionally read everyone's faces; breaking bread together as another way to strengthen ties and collectively nourish the mind, body, and soul; and the grandness and awe of in-person celebrations and culminations.

Indeed, CABWHP continued to create a welcoming and affirming space for SMM Sisters:

> Before joining the circle, I was disconnected...and I was feeling out of sorts. I needed a safe space to process things. I needed a place where my words didn't have to be translated or explained. I needed a space where I could understand things. And, Sisters Mentally Mobilized became that safe space. The facilitators held us with such care and such understanding and such knowledge, and they provided resources and positive connections and examples of how to advocate for mental health."
>
> ~ SMM Sister Sacramento (Virtual Cohort)

The SMM-ATP and SMM-Sister Circle Even through external factors and required adaptations beyond the control of California Black Women's Health Project (CABWHP), of the 235 women who submitted an SMM Participation Intake Form and attended an SMM Orientation, 218 women graduated from the twelve SMM CDEP cohorts implemented between March 2018 and June 2025, representing a 93% retention rate.

Contributing factors to the attrition included:

- Distance/location was too far

- Child care challenges (i.e. even though CABWHP supported SMM Sisters with bringing their children to sessions, one SMM Sister who was bringing her child with autism ultimately decided that it was too challenging to navigate the care and fully participate in the program)

- Discomfort with an all virtual delivery during the COVID-19 restriction era

- Unanticipated family emergencies and personal life crises

Local Evaluation Questions

IRB Designation – On January 1, 2018, the State of California-Health and Human Services Agency Committee for the Protection of Human Subjects (CPHS) approved California Black Women's Health Project's Request of Determination of Exemption for the implementation and evaluation of Sisters Mentally Mobilized (Project Number: 2018-017).

For evaluation purposes, Sisters Mentally Mobilized was described as a race, culture, and gender-specific mental health prevention and early intervention to address mental health stigma, isolation, and anxiety among Black women. The proposed Sisters Mentally Mobilized intervention consisted of two components: Sisters Mentally Mobilized - Advocacy Training Program and Sisters Mentally Mobilized - Sister Circles. The Sisters Mentally Mobilized intervention combines mental health knowledge, capacity building, support circles, and engagement as healing tools for Black women to address mental health in their lives and communities. The two main objectives of Sisters Mentally Mobilized were to:

- **Recruit and train 160 Black women through the Sisters Mentally Mobilized – Advocate Training Program component (SMM-ATP)**

- **Transition and support SMM-ATP program graduates with establishing at least one mental health focused Sisters Mentally Mobilized – Sister Circle in each of the target regions for the project: Los Angeles County, Alameda County/Bay Area, Sacramento County, and the Inland Empire (San Bernardino and Riverside Counties)**
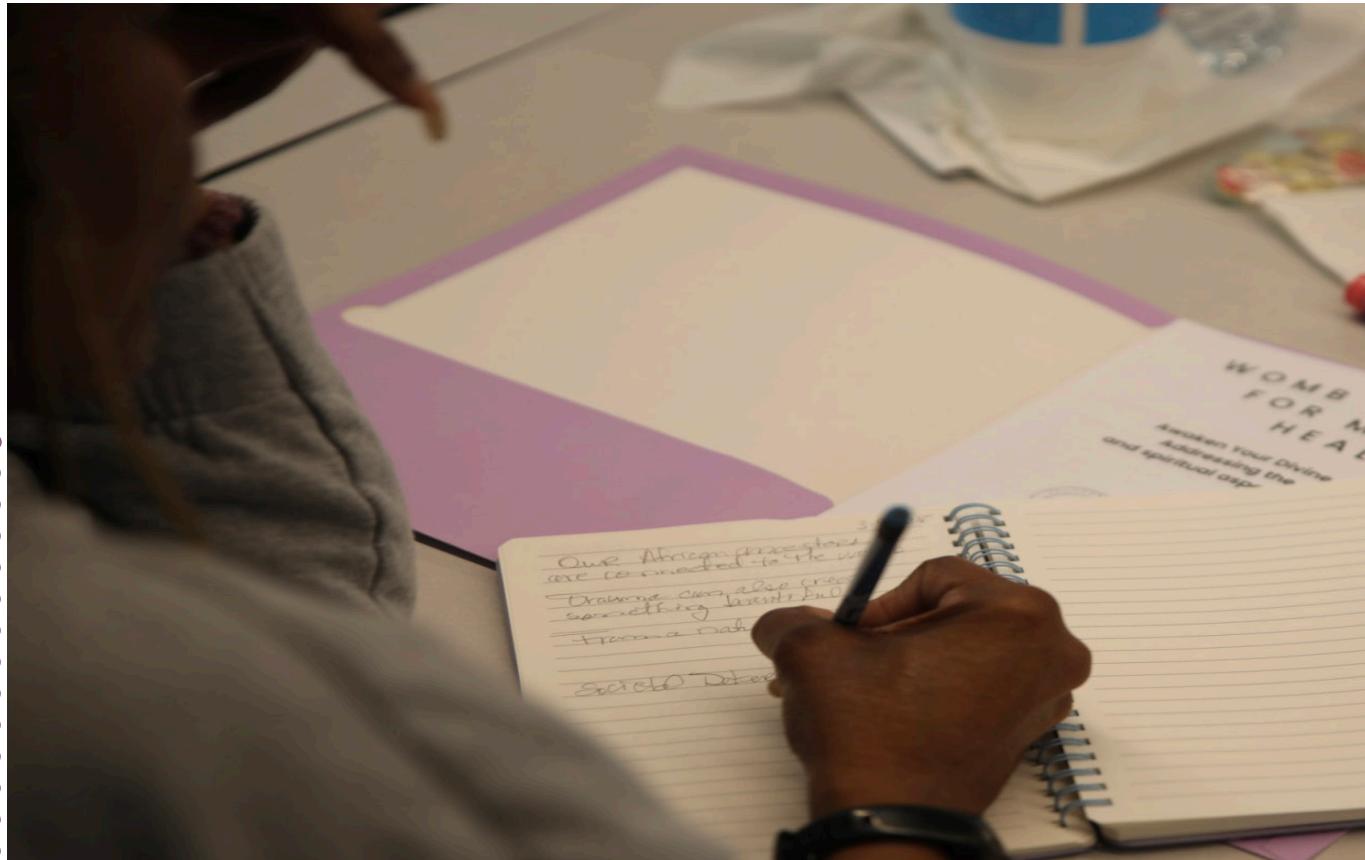
Research Questions

1. Did California Black Women's Health Project implement the Sisters Mentally Mobilized CDEP as intended?

2. Did CABWHP implement the CDEP in a culturally competent way?

3. To what extent did the Sisters Mentally Mobilized – Advocate Training Program build the capacity of Black women to engage in community education, outreach, and awareness to improve mental health in their communities?

4. To what extent did Sisters Mentally Mobilized – Sister Circles serve as a culturally responsive space for Black women to engage in community education, outreach and awareness to improve mental health in their communities?

5. To what extent did participating in the Sisters Mentally Mobilized CDEP help participants to address their own mental health?

In response to the COVID-19 pandemic, CABWHP submitted a communication to CPHS outlining immediate changes and updates to the Sisters Mentally Mobilized protocols in order to ensure continued risk mitigation, harm reduction, and confidentiality for project participants. The proposed protocol revisions were approved by CPHS on May 20, 2020 and extended by CPHS on October 3, 2023.

Details on the changes to delivery and implementation of the SMM CDEP as a result of the pandemic are further outlined in the report on project fidelity and flexibility and the related changes in administration of the SMM CDEP survey protocols are detailed in the Measures & Data Collection Procedures section of this report.

It is important to note that no changes to the evaluation questions for the study were made as a result of the pivot from in-person to virtual implementation and delivery of the SMM CDEP. Furthermore, while there were some changes in the administration of the data collection instruments due to the COVID-19 pandemic, all of the evaluation questions for this study were answered and presented in the Results section and overall presentation of findings in this report.

Evaluation Design and Methods

"Research is formalized curiosity. It is poking and prying with a purpose."

~ Zora Neale Hurston

Cultural and Community-Based Participatory Research Practices in the Evaluation Design of Sisters Mentally Mobilized

As a cornerstone organization grounded in the lived experiences of Black women and communities, California Black Women's Health Project was acutely attuned to the sensitivities related to racist and sometimes lethal intentional and experimental research on Black bodies. Consequently, establishing community trust, engagement, and participation in the evaluation process and protocols for Sisters Mentally Mobilized was essential.

Similar to the core cultural elements identified earlier in this report, California Black Women's Health Project incorporated a number of culturally responsive and respectful "ways of being" (strategies) for being in community around evaluation that were informed by the Seven Guiding Principles for Community-Based Participatory Research for the African American Community (Smith, et al., 2015):

- We are Family
- It Takes a Village
- Come As You Are
- Just Stand
- Health, Wholeness & Healing
- Go Tell It On The Mountain
- We Shall Overcome, Someday

A sampling of the community norms for the SMM evaluation includes framing SMM's evaluation within the foundation of the California Black Women's Health Project **Sister Circle Touchstones**:

Give and receive welcome. People learn best in hospitable places. In our Sister Circles, we support each other's learning by giving and receiving hospitality

Be present as fully as possible. Be here with your doubts, fears and failings as well as convictions, joys, successes, your listening as well as your speaking

What is offered in the Sister Circle is by invitation, not demand. This is not a "share or die" event! During this gathering, do whatever your soul calls for, and know that you do it with our support. Your soul knows your needs better than we do

Speak your truth in ways that respect other people's truths. Our views of reality may differ but speaking one's truth in a Sister Circle of trust does not mean interrupting, correcting or debating what others say. Speak from your center to the center of the circle, using "I" statements, trusting people to do their own sifting and winnowing

No fixing, saving, advising or correcting each other. This is one of the hardest guidelines for those of us in the "Strong Black Women" category. But it is vital to welcoming the soul, to making space for the inner teacher

Learn to respond to others with honest open questions instead of counsel, corrections, etc. With honest, open, questions, we help "hear each other into deeper speech"

When the going gets tough, turn to wonder. If you feel judgmental, or defensive, ask yourself, "I wonder what brought her to this belief?" "I wonder what she's feeling right now?" "I wonder what my reaction teaches me about myself?" Set aside judgment to listen to others and yourself more deeply

Attend to your own inner teacher. We learn from others, of course. But as we explore poems, stories, questions and silence in our Sister Circle of trust, we have a special opportunity to learn from within. So pay close attention to your own reactions and responses

Trust and learn from the silence. Silence is a gift in our noisy world, and a way of knowing in itself. Treat silence as a member of the group. After someone has spoken, take time to reflect without immediately filling the space with words

Observe deep confidentiality. Nothing in our Sister Circle of trust should ever be repeated to other people

Know that it's possible to leave the Sister Circle with whatever it was that you needed when you arrived, and that the seeds planted here can keep growing

In alignment with our cultural value and practice of the oral tradition, a group recitation of the SMM Code of Confidentiality was read out loud during the evaluation pre-registration sessions that took place prior to the launch of the SMM cohort sessions:

We, the dynamic sisters of Sisters Mentally Mobilized, affirm our commitment to this contract of confidentiality to each other individually, and our group as a whole. Every member of our group acknowledges the need to keep personal information shared in the group private. We further acknowledge that information shared by a group member within the group should be considered personal and private information. Each member agrees to protect this private information and will not share the information with anyone outside of the group, unless explicitly asked or given permission to do so.

Another community norm incorporated into the SMM CDEP was the use of the Fihankra symbol. Fihankra is a West African Adinkra word for secured house or compound and is a symbol of security and safety. In Akan culture, living is communal and the safety and security of everyone in the house/compound has utmost priority.

In Sisters Mentally Mobilized the Fihankra symbol is used in two key ways:
1) When an SMM Sister does not wish to have their information included in data collection for evaluation, they can check or circle the Fihankra symbol that's included on all evaluation forms to let us know that they don't want their information to be shared beyond the program

Fihankra Symbol

2) When an SMM Sister is in session but not ready to share or be called upon, they use the Fihankra symbol to let the community know that, "I'm silent, but I'm here." In turn, the community knows to give her the space needed. She is safe.

Cultural Storytelling

The SMM evaluation was centered within the greater context of the need for Black people to shape their narrative and tell their stories. Furthermore, we use African/African-American artistry (poetry, proverbs, quotes, etc.) to invite SMM Sisters to share their feedback and stories as part of the SMM evaluation.

The Sound of Evaluation

Another aspect of community and culture embedded into the evaluation and data collection process is music. When the local evaluator initially reached out to SMM Sisters in preparation for the evaluation pre-session activities, they asked the sisters to share their favorite songs and artists. Those songs are turned into the Cohort SMM Playlist that is played to welcome sisters into space.

Community-Based Participatory Research Principles (CBPR)

California Black Women's Health Project incorporates a number of CBPR Principles (Israel et al., 1998 and 2005) into its Sisters Mentally Mobilized evaluation practices in a number of ways. Namely, the SMM Advisory Board that provided guidance to CABWHP on the design and implementation of SMM was comprised of Black women with lived experience, Black women who are graduates from prior cohorts, Black women who are respected experts in their fields, and collaborative partners from Black-led and serving organizations. The role and contributions of the SMM Advisory Board and its members are manifestations of the CBPR principles of recognizing community as a unit of identity and building on strengths and resources within the community.

Throughout the project, California Black Women's Health Project shared summary evaluation results and qualitative feedback with cohort members who graduated from the program in order to engage SMM Sisters in dialogue on the meaning of the results from their perspective. This also provided the opportunity for SMM Sisters to weigh in on further program improvements needed. These conversations helped to facilitate the CBPR principle of fostering co-learning and capacity building among all partners.

Mixed-Method Evaluation Methodology

California Black Women's Health Project undertook a mixed-methods (quantitative and qualitative) study in order to answer the research questions for the Sisters Mentally Mobilized intervention.

SMM Quantitative Design

The quantitative design method for the study consisted of administering non-experimental pre-and-post and post-only data collection procedures to examine changes in participants' mental health knowledge and attitudes and changes in confidence to speak about mental health, to collect feedback on the quality and impact of their participation in the project and to document post-project community mental health outreach and engagement.

SMM Qualitative Design

The qualitative design of the project incorporated phenomenological and narrative methods of data collection to capture feedback on the quality and impact of participation in the project and to make meaning of participant experiences with the project.

The qualitative methods of the SMM evaluation were designed to support and complement inter-related cultural dynamics within the Black community: the oral tradition and kinship. Deeply rooted and inherited from our African ancestors, the oral tradition (spoken word, storytelling, testifyin', signifyin', etc...) continues to serve as a powerful medium for the Black community to transmit culture and values, exchange knowledge, make meaning of life experiences, and, perhaps most importantly, to serve as a protective barrier and salve against the pain and oppression that so many Black women experience. Audio narrative from testimonials, interviews, focus groups, and SMM sessions were audio recorded, transcribed, and thematically analyzed. Written responses to open-ended questions from the 11-item Post Experience survey were also included in the thematic analysis.

Sampling Methods and Size

Purposive Sampling

The overall findings from the evaluation Because Sisters Mentally Mobilized is a gender-specific and culture-specific intervention singularly focused on the mental health experiences of Black women, a purposive sample was selected as the basis for gathering and analyzing program data. The relatively homogeneous demographics of the target population, combined with the mixed-methods and phenomenological/narrative evaluation design, support the selection of purposive sampling. Furthermore, from a community-based participatory research perspective, if the evaluation approach and results from Sisters Mentally Mobilized can ultimately be used as a model for other Black-serving grassroots organizations with limited funding resources for evaluation, purposive sampling is one of the more accessible and cost- effective approaches.

"

Sisters Mentally Mobilized was that rare and really powerful opportunity to engage with other Black women in a way that was just raw, authentic, without all of the masks and layers that we often have to surround ourselves, that I surround myself with moving through the world. So, just to feel like a sense of really homecoming, being with other Black women and sharing our stories, our struggles, our triumphs, and really connecting in very, very deep and profound ways.

~ SMM Sister Sacramento

Inclusion Criteria, Participant Recruitment, and Participant Retention

There were three inclusion criteria for participation in Sisters Mentally Mobilized:

- Self-identify as a Black woman
- Age 19-99+
- Resident of Los Angeles County, Alameda County/Bay Area, Sacramento or the Inland Empire (Riverside/San Bernardino Counties)

As referenced earlier in this report, these regions were selected because they contained the largest populations of Black/African-Americans and Black women and girls within the State of California. As a purposively sampled and race-and-gender specific intervention, Black women within each of SMM CDEP cohorts are overrepresented in comparison to the population percentages of African-Americans in each of the target regions.

Table 2: Population Demographics of Target Regions (Source: US Census Bureau, 2019)

Region	Total Population	African American Population	% Black or AA Alone (not including mixed race)
Los Angeles County	10,039,107	903,520	9%
San Bernardino County	2,180,085	204,928	9.4%
Alameda County	1,671,329	183,846	11%
Riverside County	2,470,546	180,350	7.3%
Sacramento County	1,552,058	169,174	10.9%

The recruitment goal for Sisters Mentally Mobilized for the period of March 2018 through June 2025 was 160 women across the four target geographic regions.

Sample Size by Cohort – For the sampling plan, the projected sample size for each cohort cycle of Sisters Mentally Mobilized was 10-15 program participants. The following table identifies the cohort size for each program implementation cycle from March 2018 – June 2025.

Table 3: Sample Size By Cohort Cycle

Cohort #	Region	Cohort Size
1	Inland Empire	11
2	Sacramento	18
3	Los Angeles	21
4	Alameda/Bay	23
5	Inland Empire	9
6	Sacramento	27
7	Alameda/Bay	23
8	Los Angeles	20
9	Sacramento	24
10	Alameda/Bay	10
11	Los Angeles	24
12	Inland Empire	8
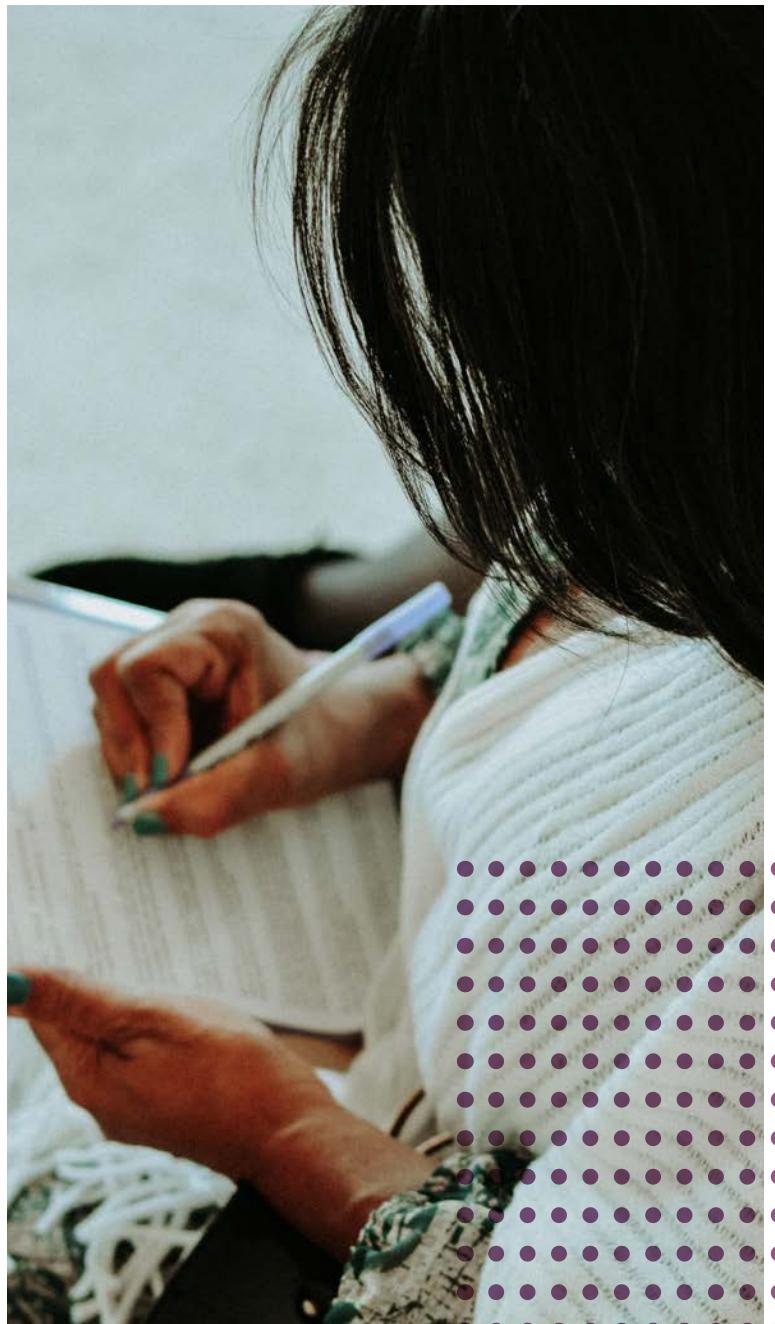
In terms of the target demographic for Sisters Mentally Mobilized (Black women), all of the program participants who gave permission to have their data shared or included in the evaluation self-identified their race or ethnicity as Black. Additional demographics on the participating SMM Sisters are included in Table 4 below:

Table 4: Additional Demographic Overview

Characteristics of Sample	% (n)
Age (n=201 responses)	100% (201)
18-20	1%(1)
21-29	14% (28)
30-39	21% (43)
40-49	28% (57)
50-59	20% (40)
60-69	11% (23)
70-79	5% (9)

Sexual Orientation (n=205 responses)	100% (205)
Heterosexual	83% (171)
Queer	6% (12)
Bi-Sexual	5% (11)
Lesbian/Same Gender Loving	2% (4)
Prefer Not to State	3.4% (7)

Relationship Status (n=203 responses)	100% (203)
Single	83% (171)
Married	6% (12)
Committed Relationship	5% (11)
Divorced	2% (4)
Separated	3.4% (7)
Widowed	.004%(1)
Prefer Not to State	3% (5)

Religious Affiliation or Spiritual Practice (n=204 responses)	100% (204)
Christian	44% (89)
Spiritual/Non-Denominational	43% (87)
Non-Affiliated	5% (10)
Other (Catholic, Buddhist, Afa/Ifa, Religious, Science, Seeking)	3% (7)
Muslim	1% (3)
Prefer not to State	4% (8)

Current Living Arrangement (n=201 responses)	100% (201)
Alone	19% (38)
With spouse/partner	15% (31)
With spouse/partner and minor children	15% (30)
With other family members/ blended/intergenerational	15% (30)
With adult children	10% (20)
With minor children	10% (19)
With roommate	7% (14)
With spouse/partner and adult children	4.5% (9)
In temporary housing/homeless	2% (5)
Prefer not to State	2% (5)

Highest Level of Education (n=205)	100% (205)
High School Diploma/GED	3% (6)
Currently Enrolled	5% (11)
AA/Vocational Certificate	13% (14)
Some College	12% (25)
4-Year College/University	26% (53)
Graduate or Professional Degree	39% (79)
Prefer not to State	3% (5)

Current Employment Status (n=204 responses)	100% (204)
Employed Full-Time	83% (171)
Self-Employed/Business Owner	6% (12)
Retired	5% (11)
Employed Part-Time	2% (4)
Looking for Work	3.4% (7)
Not Working Due to Disability	3% (6)
At-Home Caregiver	3% (7)
Full-Time Student	1% (1)
Prefer not to State	3% (5)

Data Collection Measures and Procedures

The SMM CDEP Evaluator utilized a variation of existing validated, adapted, and originally developed survey instruments to: 1) address the study evaluation questions, 2) measure changes in mental health knowledge, confidence and stigma and 3) capture participant satisfaction.

Quantitative Measures and Procedures

Mental Health Knowledge

The SMM CDEP Evaluator developed a 15-item True or False Pretest-Posttest Questionnaire to measure changes in knowledge about mental health risk factors.

For the pre-COVID Cohorts (1-3), the SMM CDEP Evaluator administered a pen-to-paper version of the Pretest Questionnaire within one week of the start of the 8-10 week, 30-hour SMM-ATP training. Similarly, the SMM CDEP Evaluator administered a pen-to-paper version of the Post-test Questionnaire within two weeks of the last day of the training program and prior to the Sisters Mentally Mobilized Program Graduation Ceremony.

In compliance with the CPHS-approved IRB confidentiality protocols, the SMM CDEP Evaluator assigned a unique, non-identifying Sister I.D. code to each SMM participant for the purposes of conducting pre-post matched analysis. Only the SMM CDEP Evaluator and the CEO of California Black Women's Health Project had access to the assigned Sister I.D. codes. SMM program staff, facilitators, presenters and advisors did not have any access to the assigned Sister. I.D. codes.

Mental Health Confidence

The SMM CDEP Evaluator developed an 8-item, Likert-scaled Questionnaire to measure changes in participants' confidence to talk about mental health risk factors to family, community, and political stakeholders. For the pre-COVID Cohorts (1-3), the SMM CDEP Evaluator administered a pen-to-paper version of the Pretest Confidence Questionnaire within one week of the start of the 8-10 week, 30-hour SMM-ATP training. The Post-test Confidence Questionnaire was administered within two weeks of the last day of the training program and prior to the Sisters Mentally Mobilized Program Graduation Ceremony.

For the COVID impacted Cohorts (3-6), an electronic version of the Pre-and-Post Test Confidence Questionnaires were deployed via SurveyMonkey. The electronic versions were administered by the SMM CDEP Evaluator during the same time frames as the pen-to-paper versions.

Mental Health Attitudes (Stigma)

To measure changes in mental health stigma, the SMM CDEP Evaluator adapted the AQ-27 (Attribution Questionnaire), a 9-point Likert-type scale instrument to measure attitudes and beliefs toward people with mental illness (Corrigan, et al., 2003).

For the pre-COVID Cohorts (1-3), the SMM   CDEP Evaluator administered a pen-to-paper version of the Pretest AQ-27 within one week of the start of the 8-10 week, 30-hour SMM-ATP training. The Posttest AQ-27 was administered within two weeks of the last day of the training program and prior to the Sisters Mentally Mobilized Program Graduation Ceremony.

SMM Program Experience Survey – The SMM CDEP Evaluator developed an 11-item, Likert-Scale Post SMM-ATP Experience Survey to assess the impact of Sisters Mentally Mobilized and whether participants experienced SMM as a culturally affirming for Black women. For the pre-COVID Cohorts (1-3), the SMM CDEP Evaluator administered a pen-to-paper version of the Experience Survey post within two weeks of the last day of the training program and prior to the Sisters Mentally Mobilized Program Graduation Ceremony.

For the COVID impacted Cohorts (3-6), an electronic version of the Experience Survey was deployed by the SMM CDEP Evaluator via SurveyMonkey during the same time frame as the pen-to-paper version.

Sisters Mentally Mobilized After-Action Summary Report – The SMM CDEP Evaluator developed an After-Action Summary Report to document community outreach, education, and engagement events conducted by SMM-Sisters and SMM-Sister Circles after graduation from the SMM-ATP component of the SMM CDEP. Data collection for the SMM After-Action Summary was conducted via SurveyMonkey.

TORI GROUP SELF-DIAGNOSIS SCALE

To measure the relational effectiveness of SMM-Sister Circles as a culturally responsive model of engagement for Black women, the SMM CDEP Evaluator utilized and administered the TORI SCALE (Gibb, 1974) to capture and measure the level of Trust, Openness, Realization, and Interdependence (TORI) within the SMM-Sister Circles. The TORI SCALE is a 96-question, 4-item Likert-Scale (Strongly Agree, Agree, Disagree, Strongly Agree) survey instrument that measures trust formation and group development. For the purposes of the SMM CDEP, the TORI SCALE was designed to be administered 3-months after cohort completion of the SMM-ATP component of the SMM CDEP.

The SMM CDEP Evaluator administered a pen-to-paper version of the TORI SCALE to Cohort 1 and Cohort 2. However, given the advent of the COVID-19 pandemic and sheltering in-place requirements and the related pivot in program delivery from an in-person to a virtual model changed the conditions and environment of the project and given the in-depth nature (96-questions) of the TORI SCALE instrument, the SMM CDEP Evaluator was limited in being able to administer the instrument in a culturally affirming and engaging manner in a virtual environment.

Furthermore, the TORI SCALE was not designed or validated as a tool where group formation completely took place in a virtual environment where most members of the group have never met each other in-person or worked together in-person. The internet had not even been invented when the TORI SCALE was developed – and an updated version of the TORI SCALE has not developed that has been adapted to speak to the specificities of virtual group formation.

Consequently, the SMM CDEP Evaluator, in consultation with the SMM Program Staff, determined that the results from the TORI SCALE could not be validly and consistently measured across the in-person and virtual cohorts of the SMM CDEP. Subsequently, the joint decision was made to discontinue administering the TORI SCALE after Cohorts 1 and 2.

Note: Despite the discontinuation of the TORI SCALE, through the administration of SMM Experience Survey and the administration of the qualitative evaluation protocols identified below, the SMM CDEP Evaluator was able to capture perceptions of SMM - Sisters Circles as a model for culturally responsive mental health prevention and early intervention for Black women. Thus, discontinuing the TORI SCALE did not impede the ability of the SMM CDEP Evaluator to answer all five research questions for the SMM CDEP.

Qualitative Measures and Procedures

The qualitative design of the project incorporated phenomenological and narrative methods of data collection to capture feedback on the quality and impact of participation in the project and to make meaning of participant experiences with the project. The qualitative methods of the SMM evaluation were designed to support and complement inter-related cultural dynamics for the Black community: the oral tradition and kinship.

Deeply rooted and inherited from our African ancestors, the oral tradition (spoken word, storytelling, testifyin', signifyin', etc...) continues to serve as a powerful medium for the Black community to transmit culture and values, exchange knowledge, make meaning of life experiences, and, perhaps most importantly, to serve as a protective barrier and salve against the pain and oppression that so many Black women experience.

Audio narrative from testimonials, interviews, focus groups, and SMM sessions were recorded, transcribed, and thematically analyzed by the SMM CDEP Evaluator. Written responses to open-ended questions from the SMM Program Experience Survey were also included in the data collection and thematic analysis process.

Culturally Responsive Administration of Data Collection Methods and Procedures

Throughout the in-person and virtual implementation of SMM, the SMM CDEP Evaluator and SMM Program Staff engaged numerous strategies to incorporate Community-Based Participatory Research Principles (Israel, et al., 1998 and Smith, et al., 2015) into the introduction and administration of the SMM CDEP evaluation activities, including:

- **Acknowledging the community as a unit of identity/We are Family** – The messaging of SMM CDEP explicitly and continuously highlighted the importance of Sisters Mentally Mobilized as an intervention that was designed by Black women, for Black women, based on the lived experiences of Black women.

  From a programmatic and evaluative perspective, the goal of SMM to develop a cadre of 160 Black women throughout the State of California who are individually and collectively trained and empowered to address mental health conditions in their lives and communities uplifted California Black Women's Health Project's unapologetic commitment to the well-being of Black women as the administrative heads of homes and communities. Additionally, the CDEP name, Sisters Mentally Mobilized, was intentionally chosen to communicate the familial nature and value of the SMM CDEP.

- **Building on the strengths and resources of the community** - The SMM CDEP Evaluator lifted up and operationalized the following African proverb, "Until the lion tells his side of the story, the tale of the hunt will always glorify the hunter" by engaging SMM aspirants and participants in conversation and dialogue about the importance of Black women sharing their stories and defining and articulating for themselves what culturally responsive and effective interventions need to look and feel like to address their needs.

- **Promoting Ecological Perspectives of Health and Attending to Social Inequalities and Health Disparities** – The SMM CDEP Evaluator and Program Staff also contextualized the importance and need for Black-women centered evaluation studies that can be garnered and leveraged to advocate for increased investments that address the institutional, structural, and social barriers that negatively impact health and mental health outcomes for Black women, families, and communities.

- **Come as You Are/Fostering Co-Learning and Capacity Building** – As part of the SMM recruitment and orientation sessions, the SMM CDEP Evaluator facilitated conversations and training activities that enabled SMM aspirants and participants to engage their current and prior knowledge of evaluation processes. Session attendees were provided the opportunity to share their own experiences with participating in program evaluation. Also, evaluation word games developed by the SMM CDEP Evaluator were played during the recruitment and orientation sessions to increase awareness of evaluation terminology while simultaneously highlighting terminology that was already known by attendees.
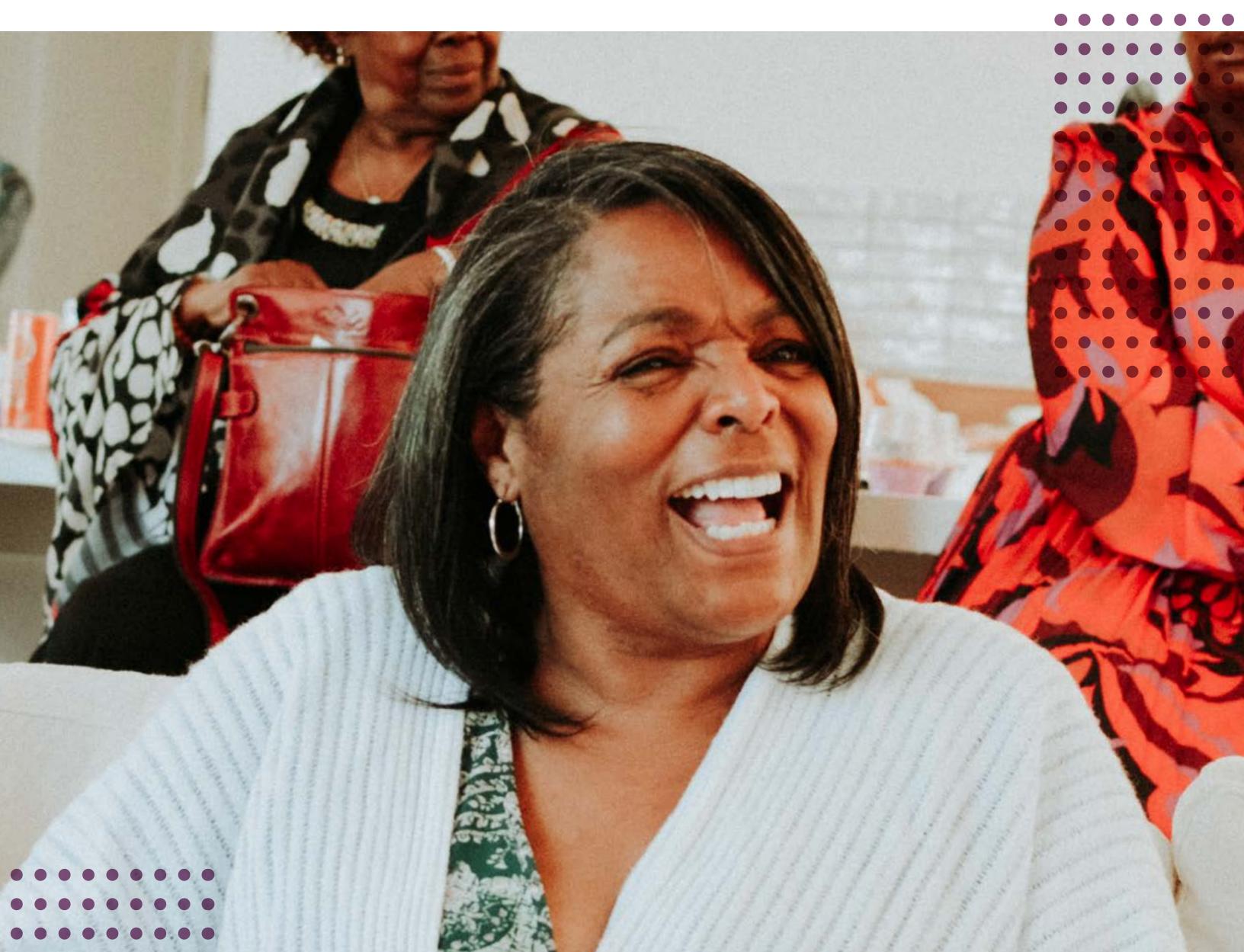
Quantitative Findings and Results

Quantitative Data Analysis

The effectiveness of Sisters Mentally Mobilized in building the capacity of Black women to engage in mental health community education, outreach, and awareness (Research Question #3) was measured in relation to changes in knowledge, confidence, and stigma. For the quantitative data analysis, paired t-tests were conducted because pre-post observations were not independent of one another.

Scores for each Sister who completed both the pre-and-post assessment were compared, so the SMM CDEP Evaluator expected there to be a relationship between the scores provided by each Sister, which is accounted for in the paired t-test. The SMM CDEP Evaluator looked at the differences in the values of the pre-and-post scores and tested whether the mean of those differences was equal to zero or whether there was no change at all.

The paired sample t-tests showed statistically significant increases in knowledge of mental health risk factors, increases in confidence to talk about mental health and mental illness and decreases in attitudes/stigma around mental health. The findings are summarized in Table 5.

Changes in Knowledge About Mental Health

For changes in knowledge about mental health risk factors, a 15-Item True or False Pre-and-Post assessment was administered and analyzed. From the sample, there were n=128 matched pre-and-post "In the Know" mental health assessments resulting in the following findings:

Overall, SMM Sisters showed an 8% increase in knowledge about mental health while 53% of SMM Sisters showed an increase in mental health knowledge upon completion of the program, representing a statistically significant change of t=3.313, p < 0.001.

Out of a maximum score of 15, the overall mental health knowledge score increased from an average of 8.79 before participating in the SMM-ATP component of the CDEP to 9.52 after participating in the SMM-ATP component of the CDEP.

Table 5: Paired sample t-Test differential table for changes in mental health knowledge

	Pre	Post
Mean	8.79	9.52
Variance	5.92	4.20
Observations	128.000	128.000
Pearson Correlation	0.384	
Hypothesized Mean Difference	0.000	
df	127.000	
t Stat	3.313	
P(T<=t) one-tail	0.001	
t Critical one-tail	1.657	
P(T(<=t) two-tail	0.001	
t Critical two-tail	1.979	

Changes in Confidence to Talk About Mental Health

For changes in confidence to speak about mental health with different stakeholder audiences, an 8-item Pre-and-Post Likert assessment was administered and analyzed.

From the sample, there were n=137 matched pre-and-post "Confidence" mental health assessments resulting in the following high-level findings:

Overall, SMM Sisters showed an 18% increase in confidence to talk about mental health, representing a statistically significant change of t=8.516, p < 0.001.

Additionally, 75% of SMM Sisters demonstrated increased confidence to talk about mental health after participating in SMM.

For the mental health confidence instrument, scores ranged from 1 to 10. The overall confidence score increased from an average of 7.51 before participating in the SMM-ATP component of the CDEP to 8.85 after participating in the SMM-ATP component of the CDEP.

Table 6: Paired sample t-Test differential table for changes in confidence to talk about mental health

Mental Health Confidence	Pre	Post
Mean	7.51	8.85
Variance	3.81	1.70
Observations	137.000	137.000
Pearson Correlation	0.408	
Hypothesized Mean Difference	0.000	
df	136.000	
t Stat	8.516	
P(T<=t) one-tail	0.000	
t Critical one-tail	1.656	
P(T(<=t) two-tail	0.000	
t Critical two-tail	1.978	

Changes in Stigma Related to Mental Health

For changes in personal perceptions and stigma about mental health, a 14-item Post Attribution Likert Scale assessment was administered and analyzed by the SMM CDEP Evaluator. From the sample, there were 137 matched pre-and-post "Perceptions/Stigma" mental health assessments resulting in the following high-level findings:

Overall SMM Sisters showed a 6% decrease in stigma related to mental health, representing a statistically significant change of t=4.477, p < 0.05.

Furthermore, 69% of SMM Sisters showed a decrease in stigma around mental health after their participation in SMM.

Table 7: Paired sample t-Test differential table for changes in confidence to talk about mental health

*Note: A high score represents decreased levels of stigma	Pre	Post
Mean	6.59	6.96
Variance	1.09	1.17
Observations	69.000	69.000
Pearson Correlation	0.589	
Hypothesized Mean Difference	0.000	
df	136.000	
t Stat	4.477	
P(T<=t) one-tail	0.000	
t Critical one-tail	1.656	
P(T(<=t) two-tail	0.000	
t Critical two-tail	1.978	

To further answer the research questions, the SMM CDEP Evaluator administered a 10-point Likert-Scale (1-Strongly Disagree to 10-Strongly Agree) SMM Program Experience Survey (Program Experience Survey). As outlined in the sections from Tables 8a-d below, findings from 172 surveys demonstrate that the intended goals of the SMM CDEP were achieved.

Research Question: Was the SMM CDEP implemented in a culturally competent way?

Table 8a: Program Experience Survey - Culturally Competent Program Administration

Survey Question	Mean	Standard Deviation
Sisters Mentally Mobilized was a culturally affirming experience for me as a Black woman	9.66	1.16
The mental health topics and materials were presented in a way that was engaging and relevant to me and the communities I care about	9.55	1.23
The Sisters Mentally Mobilized program staff, presenters, and facilitators were friendly, welcoming, well-prepared and knowledgeable	9.73	1.17
I was able to meet and make meaningful connections with other Black women	9.24	1.58

Research Question: Did the SMM CDEP build the capacity of Black women to engage in community mental health education, outreach, and awareness?

Table 8b: Program Experience Survey – Mental Health Empowerment for Black Women

Survey Question	Mean	Standard Deviation
As a result of participating in Sisters Mentally Mobilized, I have a greater understanding of the mental health risk factors and symptoms affecting Black women and communities	9.4	1.38
Because of Sisters Mentally Mobilized, I feel more empowered to address mental health stigma, anxiety, and isolation in my family and community	9.33	1.57
Sisters Mentally Mobilized was a safe space for Black women to talk openly and honestly about mental health	9.73	1.04
Based on my experience participating in Sisters Mentally Mobilized, I will stay connected and involved by joining or forming a SMM Circle in my community	9.53	1.26

Research Question: Did the SMM CDEP (SMM-Sister Circles) serve as a culturally responsive and affirming space for Black women to engage in community mental health education, outreach, and awareness?

Table 8c: Program Experience Survey – Sister Circles

Survey Question	Mean	Standard Deviation
Sisters Mentally Mobilized was a safe space for Black women to talk openly and honestly about mental health	9.73	1.04
Based on my experience participating in Sisters Mentally Mobilized, I will stay connected and involved by joining or forming a Sisters Mentally Mobilized Sister Circle in my community	9.53	1.26

Research Question: Did the SMM CDEP help participants to address their own mental health?

Table 8d: Program Experience Survey – Stress Relief and Mental Health Support for Black Women

Survey Question	Mean	Standard Deviation
As a result of participating in Sisters Mentally Mobilized, I feel more at ease to seek professional help for any mental health concerns I may have or develop	9.18	1.82

The impact of the Sisters Mentally Mobilized cohorts is nothing short of transformative, illustrating the success of the SMM as a Community-Defined Evidence Based practice and intervention to decrease mental health stigma, anxiety, and isolation in Black women.

The quantitative evaluation results from the Sisters Mentally Mobilized cohorts validate that the SMM CDEP met its program goals and showed that the SMM Sisters who participated in the SMM-ATP component of the CDEP increased their knowledge and confidence to speak about mental health with different stakeholders and demonstrated decreases in stigma about mental health.

Overall, the SMM CDEP demonstrably built the capacity of Black women to engage in community mental health education, outreach, and awareness, and served as a culturally responsive and affirming space for Black women. As a result of participating in Sisters Mentally Mobilized, participants felt more at ease to seek professional help for any concerns they may have or develop in the future. The SMM Sisters' quantitative assessment of these impacts are reinforced and enhanced by the power of the SMM Sisters' own words that are thematically organized by evaluation questions.
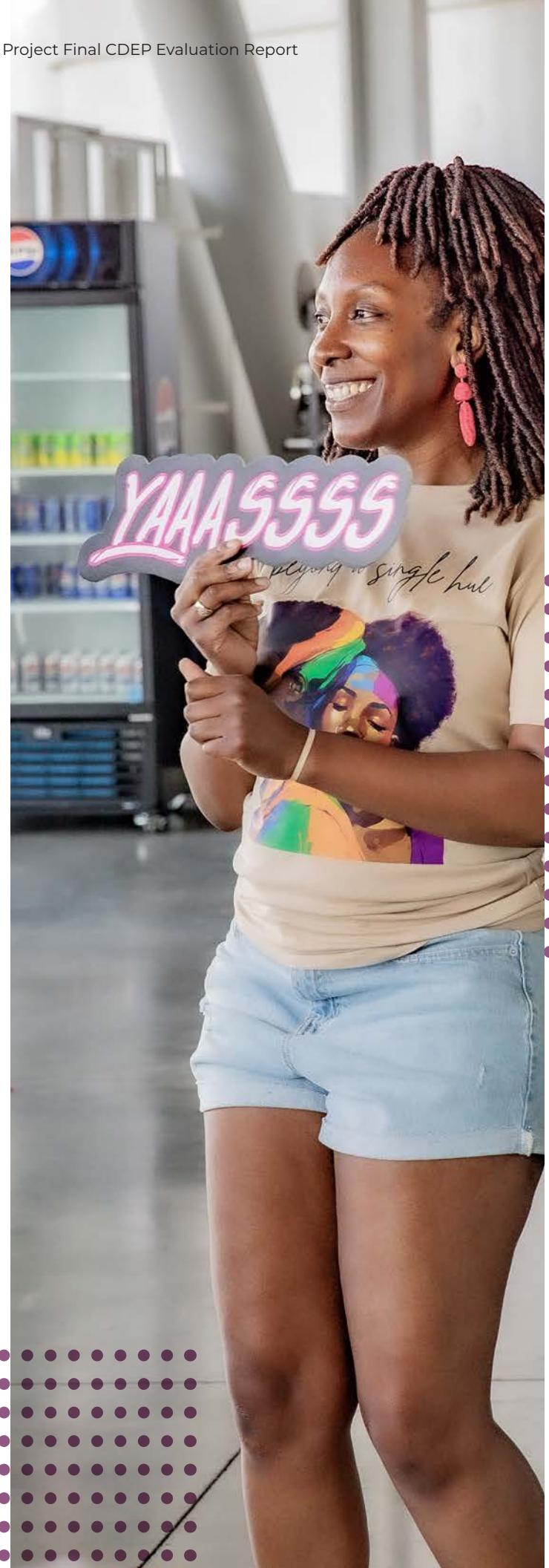
Signifyin' and Testifyin'

The purpose of incorporating a qualitative analysis plan within the SMM CDEP study was to lift up and gain deeper insights into participants' experiences with Sisters Mentally Mobilized, create a process for collecting more robust and comprehensive data for answering the SMM CDEP research questions, and to strengthen the validation of the overall findings of the SMM CDEP evaluation.

> ...Sisters Mentally Mobilized was that rare and really powerful opportunity to engage with other Black women in a way that was just raw, authentic, without all of the masks and layers that we often have to surround ourselves, that I surround myself with moving through the world. So, just to feel like a sense of really homecoming, being with other Black women and sharing our stories, our struggles, our triumphs, and really connecting in very, very deep and profound ways
>
> **~ SMM Sister Sacramento**

Qualitative Data Collection

The data collection methods implemented for the qualitative evaluation component of this study included participant interviews and focus groups, participant video testimonials, and the collection of responses to open-ended questions from the SMM Program Experience Survey described earlier in the quantitative data analysis section of this report.

Qualitative Data Collection

Prior to the launch of the SMM CDEP, the SMM CDEP Evaluator and SMM CDEP Program staff convened the SMM Advisory Group to review the research questions for the study and solicit their feedback on the related sentiments to look for from the experiences of participating SMM Sisters. The SMM CDEP Evaluator guided the SMM Advisory Group members through a deductive process to identify and select key sentiments that were also aligned with the research questions for the SMM CDEP. Those key sentiments were then grouped and assigned to the following macro level thematic code words for qualitative study component of Sisters Mentally Mobilized:

- **Blackness**
- **Womanhood**
- **Affirmation**
- **Empowerment**
- **Safety**
- **Stress Relief**

The findings from the qualitative data are based on over 50 pages of narrative and audio transcribed from the interviews, focus groups, testimonials, session recordings, email communications, and open-ended question survey responses that were uploaded to Dedoose for analysis by the SMM CDEP Evaluator who then utilized a phenomenological approach to review and organize the narrative data to highlight and align the SMM Sisters' expressed perceptions and perspectives to the following SMM research questions:

1   **Was Sisters Mentally Mobilized a culturally affirming experience for Black women?**

2   **Did SMM Sisters feel more empowered to engage in community mental health education, outreach and awareness?**

3   **Did Sisters Mentally Mobilized help program participants address their own mental health?**

Thematic Qualitative Findings Organized by SMM CDEP Research Questions

AFFIRMATION

Research Question: Did the Sisters Mentally Mobilized CDEP provide a culturally affirming experience for Black women?

The reflections shared by SMM Sisters were consistent with, validated, and gave meaning to the quantitative results from the SMM Program :Experience Survey which showed that

92%

of SMM Sisters Strongly Agreed that "Sisters Mentally Mobilized was a culturally affirming experience for me as a Black woman."

SMM Sisters expressed deep appreciation and gratitude for the culturally affirming and responsive space that SMM provided:

"I would say that being a part of this program as a Black woman, it's allowed me to speak my truth in a space that's safe and that is welcoming and that is powerful. The whole idea of Black girls having magic is real and being a part of this has allowed me to express myself and open up myself in a way that I know is helpful to each person that I'm speaking with…"

"As a Black woman, they've been my inspiration. They've been my strength. They encouraged me to just keep going and to hold on to them and don't let go because we're very much needed for each other right now… it is imperative that we hold on to each other and just inspire each other to keep moving and keep going forth because we have great work to do."

SMM Sisters also expressed being affirmed by the opportunity to engage in an intergenerational community space for Black women:

"One of the things about this particular experience that has been on my mind, part of what made it successful is the fact that it was intergenerational…I think that harkens back to a time when we as a people sat around together, regardless of our different age groupings or socioeconomic backgrounds…and we talked about the things that were important to us all just being a woman."

SAFETY

The sentiment of "safety" was also identified as an important aspect of creating a culturally affirming space for Black women and expressions from the SMM Sisters upheld an essential tenet of the SMM CDEP that posits that SMM-Sister Circles are critical for providing bridge of support for Black women in times of crisis:

"I was just over it...I didn't want to live no more. I didn't want to do anything no more...So, I got on my knees and prayed to God. I said, 'Lord, if you love me, you will save me. What do you want me to do? Where do you want me to go?' He said, 'Go to California.' And he told me where to go...we were homeless for two months...but God said, 'Keep going, no matter how it looks.' Fast forward to 2018, after praying and waiting for that whole year, I ran across the ad with Sisters Mentally Mobilized..."

"This circle made me feel that I was not alone in this world, that I had a purpose in this world... these women not only love me, but thanks to my sisters, I was able to get out of a bad relationship...my sisters came together and helped me out with everything I needed. I didn't have to go outside of my social circle...This is something that will change your life. I am a testimony of that..."

EMPOWERMENT AND ENGAGEMENT

Research Question: Did the Sisters Mentally Mobilized CDEP build the capacity of Black women to engage in community mental health education, outreach, and awareness?

"...The flyer came up on my Facebook. I was like, 'What are they doin'?' I'm way out here in the Inland Empire and you guys are in LA, so it was like you came to me...it spoke to me because mental health is now my new passion and career and I would like to give back to the community and help people...So, I went to the orientation and was like, 'Oh yeah, this is good.' I felt the connection already and the rest is history, I'm here still..."

When SMM Sisters were asked to reflect on their experiences, they shared their desire and intention to take what they learned and apply it to their lives and spheres of community influence:

"I would say my experience with Sisters Mentally Mobilized was in a word transformational...I learned so much. I was a psychology major in college, so I came in thinking I already knew things about mental health...And I didn't expect to get as much as I did about what mental health means to a Black woman and in the Black community.

And that's so important to anyone who's going into the psychology field. And when I speak now, I don't speak as just a student. I speak as a woman who's had the voices and the power of other women in this circle behind the words that I share about mental health."
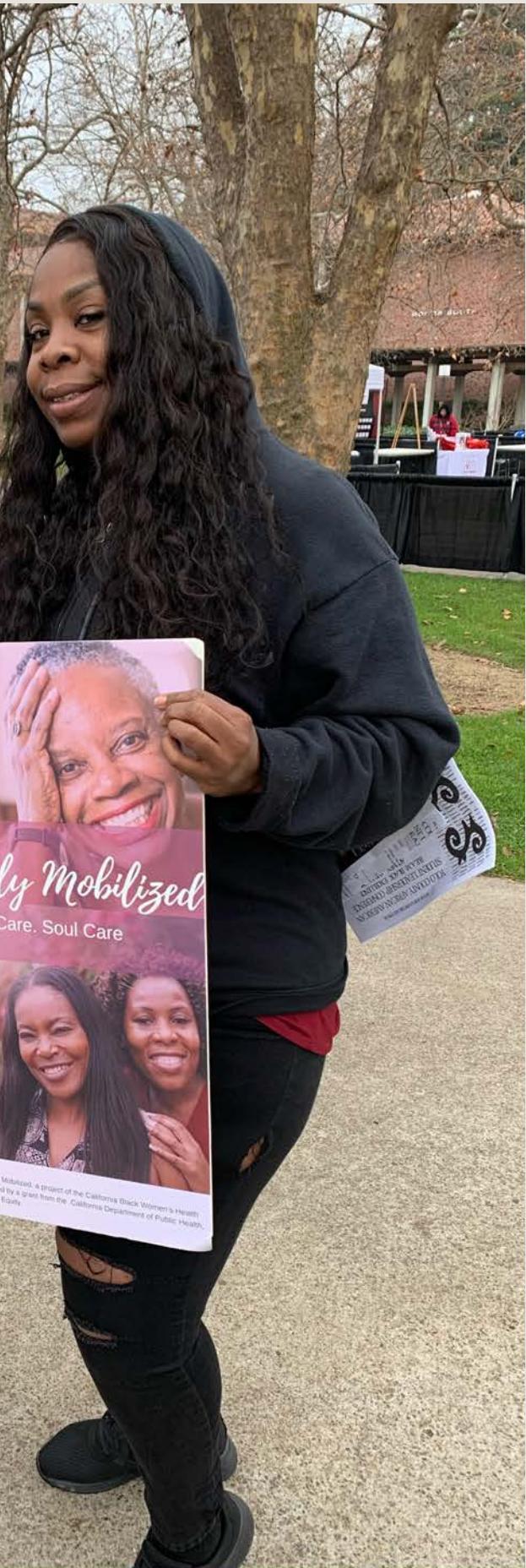
"I am so excited about getting ready to start a Sister Circle in my community where I live in the San Fernando Valley. A lot of times we don't see each other or our community is so spread out that we don't have those moments to get engaged. And because this has been such an empowering and special experience for me, I want to share that with my sisters where I live. And, also just to know that Black women can find healing and hope for any situation and for their life experiences through a very welcoming and culturally appreciated program, I think that would make a world of difference."

"I feel the main difference is just more confidence when I'm talking about advocacy and about mental health in general. I feel like sometimes it's hard for me to put myself out there... But now I have a sounding board of women who support me and believe in me and the knowledge that I've acquired through this program. I feel like I'm way more empowered to speak to people on issues of mental health and more empowered even in conversation on a one-on-one basis when I'm speaking to people who may not be exposed to all the things that we've learned in the circle...I'm able to convey these complicated concepts to them in a way that they can understand and connect with."

The narrative feedback SMM Sisters (n=172) provided on being better equipped to engage in community mental health education, outreach, and advocacy is consistent with the quantitative data showing that:

89% of SMM Sisters Strongly Agreed that the mental health topics and materials from Sisters Mentally Mobilized were engaging and relevant to the communities they care about

85% of SMM Sisters Strongly Agreed that they felt more empowered to address mental health stigma, anxiety, and isolation in my family and community

89% of SMM Sisters Strongly Agreed that they would stay connected and involved with joining or forming an SMM-Sister Circle in their community

STRESS RELIEF

Did the Sisters Mentally Mobilized CDEP help Black women to address their own mental health?

"...The difference that has come in my life after joining Sisters Mentally Mobilized has been my mental health...My capacity, as a person who suffers from a mental health disorder, was someone who would always be negative. I wasn't kind to myself...However, after becoming a part of Sisters Mentally Mobilized, I'm optimistic. I know that I have value within who I am as a person..."

This expression from an SMM Sister aligned with the quantitative findings from the SMM End of Program Experience Survey showing that the SMM CDEP was successful in helping participants to address their own mental health:

89% of SMM Sisters agreed that Sisters Mentally Mobilized was a very safe space to talk openly and honestly about mental health

95% of SMM Sisters agreed that Sisters Mentally Mobilized helped them to have a greater understanding of the mental health risk factors and symptoms affecting Black women and communities

94% of SMM Sisters agreed that they were more at ease to seek professional help for mental health concerns they might be experiencing

SMM Sisters also shared testimonials on the ways that Sisters Mentally Mobilized helped them to center and prioritize their mental wellness:

"I've been asked to share one word about my experience with Sisters Mentally Mobilized, and that one word is 'free.' It set me free from an experience that I'd been carrying around for years, that I felt no one would understand what I was going through. But when I shared that experience, I felt the weight being lifted off my shoulders and it allowed me to talk about it. And it opened up the doorway for some amazing things to enter into my life..."

"My mental health has been fragile. I've struggled with some mental health issues, but being in community with the Black women I've been with during this experience has helped me through some of the crisis that I've experienced, some of the anxiety and stress. And I'm so very grateful for that. I definitely feel supported in my journey to improve my understanding of mental health issues and ways to best address those issues to heal..."

"This program helped me to recognize my need to focus on self-care more. And also to realize that I had been masking a lot of my feelings and issues or concerns by doing things like shopping and feeling like I had to prove myself...the program really allowed me to realize that I no longer have to do those things and helped me to find ways to cope with some of the feelings that I'm really having..."

Allowing SMM Sisters' voices to narrate the impact of Sisters Mentally Mobilized was fully embodied by an excerpt from a poem that was written and read by an SMM Sister at their graduation ceremony:

The black woman is God. Not goddess, empress nor queen, even though we are also all of those things, but God, the originator, giver, creator of life. We are Mother Earth and it's time we find our balance.

So when your mind, body, and spirit say these words, and once you feel it, go ahead and spread what you heard...

And this is how we can teach our sisters. Self-care is the first care of the mind, heart and soul care. We have to pour into ourselves to be able to pour into others. We are individuals, not just mothers, daughters, wives, and friends. We are more as ourselves than who we are to loved ones.

What do we need physically, mentally and spiritually? Shoot. Let me get a PhD. Self-awareness is key, so I don't lose myself or so that I can find myself again. As I find my understanding and balance I will be able to share my power with the world.

Sister care is the second care of the mind, heart and soul care, as we must come together and uplift one another. Here from the passionate young all the way to the wise elder, let us share our gifts and grow each other. Black women in sister circles, as the healing power divine, we will speak our mind, share our tears, release our fears and laugh in the full capacity and the abundance of our authenticity.

Community care is the third care of the mind, heart and soul care, as the power of one means nothing without the ripple. It takes more than the individual, family, community. It takes a change of the system that can be done through advocacy. We're talking resources and networks, education and life work. Support through the shadows. The lessons sprout new growth, whether it's through depression or anxiety or establishing healthy boundaries, decolonizing our psyches will advance our communities, emotional intelligence or wound wellness. We are a sister circle made up of black women, facilitating for healing. And even though the black woman is God, we can't take care of everything, because not only are we superwomen, we're also human.

But the one thing we can realize is that we are sisters, mentally mobilized.

The power of the SMM CDEP that was palpable during every session is difficult to express without being present in the moment. However, collecting and triangulating the qualitative and quantitative evaluation feedback directly from the participating SMM Sisters provided critical insight into both the successes and future possibilities for Sisters Mentally Mobilized.

While the quantitative evaluation findings provided a foundation to demonstrate the impact that the SMM CDEP had in the lives of participants, testimonials and sentiments expressed by SMM Sisters were reflective of California Black Women's Health Project's raison d'être ~ Black women speak to us so that they can speak through us. The emerging themes from the qualitative findings confirm that SMM Sisters sought and found the mental health support, affirmation, safety, empowerment, engagement, and stress relief they were seeking from the Sisters Mentally Mobilized CDEP.

SMM CDEP Implementation: Fidelity and Flexibility

In consultation with the SMM CDEP Program Team, the SMM CDEP Evaluator identified two dimensions for assessing the fidelity and flexibility of the SMM CDEP:

- Quality of Delivery
- Participant Responsiveness

Additionally, while Program Adherence was not selected as a fidelity and flexibility domain of assessment for this study, this section does include commentary to document the impact of the COVID-19 pandemic on the implementation of the SMM CDEP.

Quality of Delivery

The SMM CDEP Evaluator utilized the results from the SMM Program Experience Survey to measure the degree to which the SMM CDEP was delivered as intended. Specifically, the SMM CDEP Evaluator identified the following dimension criteria from the SMM Program Experience Survey to assess the level of program fidelity to the SMM CDEP:

- SMM participant satisfaction with program facilitator knowledge and preparedness

- SMM participant satisfaction with the cultural relevance of SMM CDEP curriculum content and materials

- SMM participant satisfaction with the overall experience and environment of the Sisters Mentally Mobilized program

The following summary results from the SMM Program Experience Survey (n=172) demonstrated high levels of satisfaction with the ways in which the SMM CDEP was delivered by SMM Program Staff, Facilitators, and Presenters:

99% of SMM Sisters Strongly Agreed that Sisters Mentally Mobilized program staff, presenters, and facilitators were friendly, welcoming, well-prepared, and knowledgeable

97% of SMM Sisters Strongly Agreed that the mental health topics and materials were presented in a way that was engaging and relevant

93% of SMM Sisters Strongly Agreed that they were able to meet and make meaningful connections with other Black women
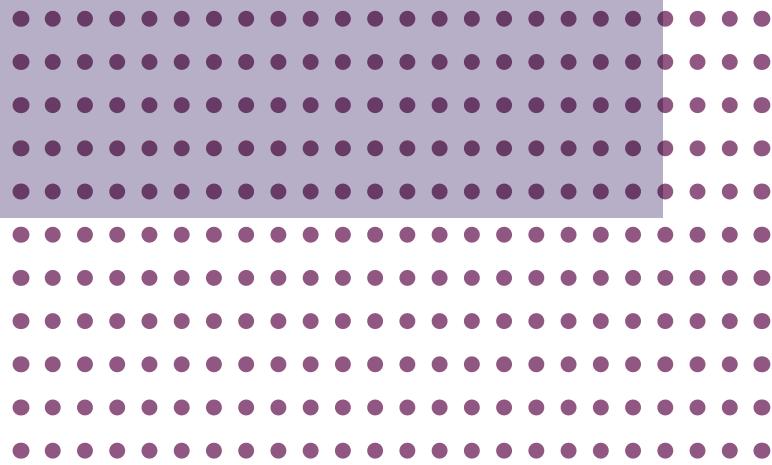
Participant Responsiveness

To measure the extent to which the SMM CDEP was responsive to the needs of participants, the SMM-ATP CDEP Evaluator utilized the results from the SMM Program Experience Survey, the number of SMM program graduates, and the submission of SMM After-Action Summaries. Specifically, participant responsiveness was measured in the following ways:

- SMM participant retention and attrition

- Participant satisfaction with the Sisters Mentally Mobilized program

- SMM participant connection to the Sisters Mentally Mobilized program

- SMM participant engagement in post SMM-ATP community mental health education, outreach, and engagement

Retention and Attrition

The SMM CDEP Evaluator reviewed SMM Participant Intake Records and SMM Graduation Records to measure retention and attrition related to the implementation of Sisters Mentally Mobilized. The SMM CDEP Evaluator found that of the 235 Black women who completed the SMM Participant intake form/attended the SMM Orientation, 218 successfully completed the program requirements to graduate from SMM-ATP, for a retention rate of 93%.

Satisfaction and Connection – The SMM CDEP Evaluator utilized a SMM Program Experience Survey to capture participant satisfaction with and connection to the Sisters Mentally Mobilized Program. Additional summary results from the survey showed that:

91%	**89%**	**90%**
of SMM Sisters Strongly Agreed participating in Sisters Mentally Mobilized was worth the time they invested	of SMM Sisters Strongly Agreed that they would like to stay connected and involved with Sisters Mentally Mobilized	of SMM Sisters Strongly Agreed that they were likely to recruit other Black women to participate in Sisters Mentally Mobilized

Engagement

To measure the extent to which the SMM CDEP was responsive to the needs of participants, the SMM-ATP CDEP Evaluator utilized the results from the SMM Program Experience Survey, the number of SMM program graduates, and the submission of SMM After-Action Summaries. Specifically, participant responsiveness was measured in the following ways:

Changes to Program as a Result of COVID-19

Although Program Adherence was not selected as one of the fidelity and flexibility domains for this study, an acknowledgement of the potential impact of the COVID-19 pandemic and related public health mandates on the implementation of the SMM CDEP is nonetheless warranted. Due to the pandemic, the SMM CDEP program pivoted from in-person implementation to virtual and online program delivery beginning with SMM Cohort Cycle 4 (Alameda/Bay Area).

The unanticipated shift resulted in the following changes to the SMM CDEP program delivery and evaluation:

- A bi-furcated SMM CDEP program delivery model whereby SMM Cohort 1, SMM Cohort 2 and SMM Cohort 3 were delivered in-person, while SMM Cohort 4, SMM Cohort 5, and SMM Cohort 6 were delivered virtually

- A bi-furcated model of evaluation and data collection whereby half (3) of the SMM Cohorts involved in the study participated in pen-to-paper administration of the SMM CDEP evaluation surveys and instruments and half (3) of the SMM Cohorts involved in the study participated in on-line administration of evaluation surveys and instruments

- Beyond COVID-19, the timing of Cohort 4 coincided with the collective community trauma of the national racial reckoning and protests in response to anti-Black police brutality that were taking place throughout the United States. Data collection for Cohort Cycle 4 was delayed until CHPS approval was received for the transition to virtual implementation of the SMM CDEP and the data collection process for Cohort 4 was compromised due to lower and inconsistent response rates to the on-line administration of evaluation surveys and instruments

Due to the extreme circumstances and related mental health stressors that SMM Cohort 4 Sisters were experiencing and in accordance with the SMM Participant Bill of Rights that explicitly states that SMM Participants will "be free of pressure when considering whether to consent to, and participate in, the program evaluation," the SMM CDEP Evaluator and SMM CDEP Program Team conferred and determined that it was most important to honor and respect the mental and emotional state of the Sisters in SMM Cohort 4 who had shown a mixed appetite to participate in the online evaluation activities. Subsequently, the decision was that the quantitative pre-post matched data for Cohort 4 would not be included in the analysis and results of the study.

Similarly, the staff turnover and related onboarding of new staff coinciding with the start of SMM Cohort 10 posed challenges to the recruitment, implementation, and data collection for this cohort. As a result, the two pre-post matched data sets for Cohort 10 were not included in the analysis of this study.

The SMM CDEP Evaluator could not, with fidelity, conduct an ANOVA analysis to determine whether there were statistically significant differences between the cohort cycles because this would have required a complete revision to the evaluation design and questions and that would have resulted in a detrimental impact and delay on the implementation of the SMM CDEP

- Despite these changes, the overall summative analysis of the SMM CDEP yielded strong net positive results that demonstrated fidelity to the quality of delivery and participant responsiveness of the SMM CDEP.

Discussion and Conclusion

"There is a balm in Gilead To make the wounded whole There is a balm in Gilead To heal the wounded soul

~ Balm In Gilead

The purpose of this evaluation was to measure the effectiveness of Sisters Mentally Mobilized as a community-defined evidence practice (CDEP) to reduce mental health stigma, isolation, and anxiety among Black women. A mixed-method evaluation approach was undertaken to answer the key research questions and to gain greater depth and breadth in understanding the cultural resonance, impact, and phenomena of the Sisters Mentally Mobilized CDEP. More specifically, the SMM CDEP Evaluator and SMM CDEP Program Staff were looking to determine the extent to which Sisters Mentally Mobilized would serve as a culturally affirming and empowering prevention and early intervention that increased Black women's knowledge of mental illnesses and mental health risk factors, decreased Black women's stigma related to mental health, increased Black women's confidence to talk about mental health, and encouraged Black women to seek support for their own mental health needs. The overall findings from the evaluation validated the California Black Women's Health Project's hypothesis that Sisters Mentally Mobilized would serve as a balm for the multiplicity of social determinants and community conditions that put Black women at high risk for mental and emotional stress:

> "The problem of mental health in our community is so pervasive...It's just sometimes I feel that we don't take time to get back past the pain. Healing is hard because there's so much pain, there's trauma after trauma... and when we start to communicate, really just being vulnerable with each other...that's when the healing begins.
>
> ~ SMM Sister Sacramento

> "And so it's been culturally affirming because there aren't too many spaces for Black women to come together and bear their truth and not be judged or not be expected to hide their feelings. And so, we're in this space and you can see the passion, you can see the joy and you can see the tears and you can see the laughter, the humor. You can see all of who we are...And so I appreciate being able to be in a community. I feel that nurture and that love and that support..
>
> ~ SMM Los Angeles

When Black women seek refuge from the traditional mental health systems, they are far more likely to run into a wall of lack than they are to find a bridge to help them navigate their troubled waters (Holden, et al., 2014; Jones, et al., 2015). There is a paucity of culturally competent licensed clinical practitioners and sufficiently trained community mental health providers. The challenge of finding culturally and spiritually affirming mental health care services or practitioners who are attuned or grounded in the lived experiences of Black women discourages the solicitation of care when needed, and the cost of care can also be prohibitive when a provider of choice does not accept the insurance at hand. This lack of accessible, safe, caring, and affirming places to go for help ("safe spaces") confirms the dire need for the continuation and expansion of Sisters Mentally Mobilized (SMM) and other race-gender-and-culture specific and responsive mental health prevention and early interventions that address the lived experiences of Black women and their families and communities.

Interpretation of Findings

Throughout the in-person and virtual implementation of SMM, the SMM CDEP Evaluator and SMM Program Staff engaged numerous strategies to incorporate Community-Based Participatory Research Principles (Israel, et al., 1998 and Smith, et al., 2015) into the introduction and administration of the SMM CDEP evaluation activities, including:

- **CULTURE** – From a programmatic perspective, one of the underlying premises of Sisters Mentally Mobilized that was validated by the evaluation findings was the affirming power of explicitly naming and infusing Black-women centered elements throughout all aspects of the SMM CDEP design, delivery, implementation, and

> I think of culture as everything we say, the beliefs we have. It's the ways we move in the world. It's the way we talk, the way we speak, it's everything... And so to be around a group of women with whom I have so many cultural connections, everything from hairstyles to the things we like, the music we listen to, our belief system, our journey to self-help and healing...So, it's definitely affirmed all of the different aspects of my identity as well as the different parts of my cultural groups...So that's been absolutely phenomenal. It's been very, very affirming. So, I'm grateful.
>
> **~ Zora Neale Hurston**

The evaluation findings for the SMM CDEP demonstrated that the incorporation of culture is an essential determinant of effectiveness for mental health interventions for Black women and that successful mental health interventions for Black women must speak to the intersectionality of race and gender while also addressing racism and other social determinants that predispose Black women to being at higher risk for depressive disorders.
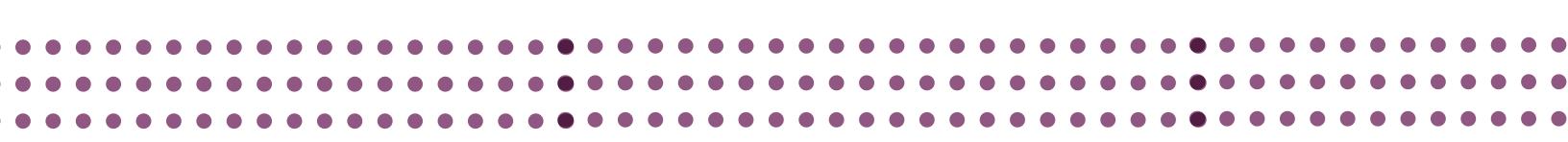
- **SISTER CIRCLES** – From a purely research perspective, one of the most important, overarching, and anticipated results from the SMM CDEP is that the findings from the evaluation are in alignment with the existing canon of research that validates Sister Circles as effective and culturally responsive interventions for improving mental, emotional, physical, and behavioral health outcomes for Black women (Gaston, et al., 2007, Neal-Barnett, et al., 2011; Thomas, et al., 2016). As evidence by the overall quantitative and qualitative findings from the evaluation, the utilization of Sister Circles as a model of engagement for Sisters Mentally Mobilized was an essential contributor to the effectiveness of the SMM CDEP.

- **COMMUNITY CAPACITY BUILDING** – A critical differentiator of Sisters Mentally Mobilized is the employment of training and mobilization as a mental health intervention strategy for the SMM CDEP. Whereas some mainstream evidence based interventions are inwardly focused on individual level change, Sisters Mentally Mobilized has an external focus on policy, advocacy, outreach and education as a strategy for changing individual, family, community, and cultural norms around mental health. Sisters Mentally Mobilized is a collective, not an individual, endeavor.

  One of the research questions for the SMM evaluation was to determine whether California Black Women's Health Project met its SMM CDEP process goal to build a cadre of 100 Black women throughout the State of California who were knowledgeable, trained and prepared to become engaged mental health advocates in their communities and to establish a SMM-Sister Circle in each of its priority regions: Los Angeles County, Alameda County/Bay Area, Sacramento County and Inland Empire (San Bernardino and Riverside Counties). Through the fidelity and flexibility assessment of program adherence, quality of delivery, and participant responsiveness, the evaluation findings demonstrated that the SMM CDEP progress goals were met. More importantly, the fidelity and flexibility review also revealed that even throughout the COVID-19 pandemic, SMM Sisters were actively engaged in providing community mental health education and awareness on a broad range of issues impacting the Black community, including, but not limited to: understanding social isolation, recognizing anxiety, COVID-19 vaccine stigma and hesitancy, the nature of Black grief, Black maternal mental health, the nexus between Black women's hair and Black women's mental health, and intergenerational relationship building and esteem-building through Black doll making. In other words, through their participation in Sisters Mentally Mobilized, SMM Sisters were empowered to "pay it forward" and engage in collective action to create and facilitate safe and culturally affirming mental health conversations and supports in their own communities.

- **THEORY OF CHANGE** – An integrated analysis and reflection of the Sisters Mentally Mobilized CDEP purpose, description, evaluation design, implementation, and outcomes suggest that the strength and effectiveness of the SMM CDEP stems from its full operation and comprehensive adoption, adherence, enactment, and fidelity to the five guiding values of California Black Women's Health Project: 1) Equity, 2) Empowerment, 3) Black-Women Centered, 4) Change, and 5) Collaboration. This has implications for other organizations and programs who may want to learn from or attempt to replicate the SMM CDEP model in that it will be important to ensure that their intervention is firmly aligned with and rooted in their own organizational practices, philosophies, belief systems, and values.

Limitations and Learnings

The mixed-method approach for the SMM CDEP evaluation was a major strength that provided a more rich, meaningful, and integrated understanding of the impact of the SMM intervention. Nevertheless, there are a few considerations that affect the findings. Namely, the intentional use of purposive sampling meant that almost all of the SMM participants were self-identified women (and in most cases U.S. born) Black women and as such it may be difficult to generalize the findings to other racial, ethnic, and foreign-born groups. A related limitation to generalizing the findings was the sample size of 218 participants relative to California's overall population of 1.2 million Black women and girls.

A different and unanticipated limitation of the study of the SMM CDEP is that evaluation was not designed to measure differences between in-person and virtual program implementation. Although it would have been inconceivable to plan for a global

pandemic that would necessitate the pivot to the virtual implementation of Sisters Mentally Mobilized, given that COVID-19 is likely to be cyclical and endemic, future consideration should be given to programmatic and evaluation design that can capture differences and similarities between in-person and virtual implementation of SMM.

One learning is in reference to cohort sample sizes and the fact that while the Inland Empire region has the second largest population of Black women in the state, the cohorts for this region was consistently and significantly lower than the three other target priority regions. In speaking with organizational partners from the region, SMM CDEP Program Staff learned that this situation was not unique to the SMM CDEP and that even locally based service efforts were sometimes challenged in recruiting Black families to participate in programs and services offered.

A related learning is that the region identified as the Inland Empire is comprised of two separate counties (San Bernardino and Riverside) that jointly cover an area of more than 25,000 square miles. It is highly likely that combining these counties for purposes of SMM program implementation contributed geographical and transportation barriers to participation. Future adaptations of SMM in the Inland Empire will be decoupled so that the program is implemented separately in both San Bernardino County and Riverside County.

While SMM Sisters overwhelmingly described SMM as an affirming experience, one SMM Sister lifted up a desire for the program to be more inclusive and expansive of Black women coming from diverse spiritual and LGBTQ+ backgrounds:

> As a queer, non-gender conforming person, I expected to get the opportunity to engage in a group that recognizes the importance of our intersections as Black people…The use of cis normative language… and the influence of Christianity was a bit problematic. I hope that programs in the future are more intentional about having open and honest conversations around our trans and queer sisters and how transphobia and queer phobia are prevalent in the Black community…"

~ **SMM Sister Sacramento**

This expressed sentiment from one of the SMM Sisters is extremely important to note for future program design, implementation, and evaluation. Calibrating and finding the nuanced balance of being respectful and inclusive of the broadest diversity of lived experiences within Black womanhood is a welcomed developmental opportunity for the Sisters Mentally Mobilized program.

SMM Sisters also identified a number of additional areas of knowledge, capacity building, and training needed to prepare to lead SMM Sisters Circles in their communities:

- I know there is a great deal of important information provided in the program and I'm sure it's challenging to try to scale back on so many important life applications. But I feel finances play a key role in our mental health. Just thinking about a guest speaker who can talk more about mental health and our money

- Involve the Transitional Age Youth (TAY) population

- Implement SMM Cohorts specifically for Black women between the ages of 18 and 25 who had experiences being hospitalized or institutionalized due to a mental health diagnosis

- Have a circle whose training is geared towards LGBTQ+, HIV/AIDS women who have been paroled or those with substance-abuse disorders

- More certification workshops for advocacy, allyship, and skill development

- Incorporate more facilitation training throughout the ATP

Recommendations for Future CDEP Implementation

In addition to being mindful and inclusive of the suggestions and recommendations from the SMM Sisters identified above, the findings from this evaluation speak to a number of opportunities and next steps for the continued implementation of Sisters Mentally Mobilized.

First of all, while the sample size for the SMM CDEP may not be generalizable, the quantitative and qualitative findings showed that the impact of the CDEP on participating SMM Sisters was sizable:

"One word I would use to capture my experience is the word 'free' because I have been free to show up as myself and not have to pretend like I'm okay when I'm not...Before I started with Sisters Mentally Mobilized, I was pretty isolated, I was dealing with depression and anxiety, still am, but now it doesn't feel as painful to say that those are some of the things I'm dealing with...And so it's been culturally affirming because there aren't too many spaces for Black women to come together and bare their truth and not be judged or expected to hide their feelings. And so, we were in this space and you can see the passion, you can see the joy and you can see the tears and the laughter and the humor...You can see all of who we are...And so I appreciate being able to be in community. I feel that nurturing, love, and support."

~ SMM Sister Sacramento
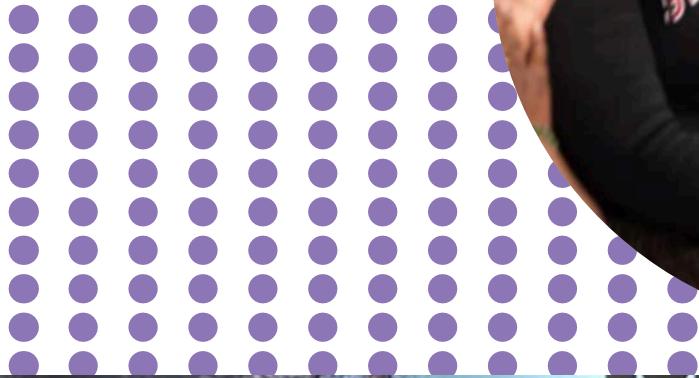
Conclusion

The Sisters Mentally Mobilized CDEP offers a promising practice for reducing mental health stigma, isolation, and anxiety among Black women and for addressing the dearth of accessible culturally specific and responsive mental health resources for Black women. The SMM CDEP demonstrably built the capacity of Black women to engage in community mental health education, outreach, and awareness, and served as a culturally responsive and affirming space for Black women seeking mental health supports and relief. The SMM CDEP evaluation findings also demonstrated that the incorporation of culture is an essential determinant of effectiveness for mental health preventions and early interventions for Black women.

The overall findings from the evaluation of the SMM CDEP speak to the compelling need and potential of Sisters Mentally Mobilized. The SMM Sisters have spoken to us and through us. Now they stand with us to achieve California Black Women's Health Project's vision of a healthier future where Black women are empowered to make choices in environments where equal access and health justice are community priorities.

"If I can give you three words to describe SMM, it would be transformative, invigorating, needed, special giving. I know that's more than three, but it really, you can't sum this up in three words. Not only is it a movement, it's a feeling, and sometimes those feelings, you got to dig deep down to describe them because maybe you're not used to feeling them. And then at other times, these feelings are easy, they're happy, they're joy. But it all boils down to transformation because you come in one way, feeling one way, thinking one way, and you lead knowing, seeing, and feeling a different way. You also lead with a community. So if nothing else, come for the community so, we were in this space and you can see the passion, you can see the joy and you can see the tears and the laughter and the humor... You can see all of who we are...And so I appreciate being able to be in community. I feel that nurturing, love, and support."

~ SMM Sister Sacramento

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