AMANI MENTAL HEALTH TRAINING PROGRAM

AT HOMELESS CHILDREN'S NETWORK

Findings from July 2024 to June 2025

INDIGO CULTURAL CENTER

HOMELESS CHILDREN'S NETWORK

This report was prepared by Indigo Cultural Center as part of an independent evaluation of the Amani Mental Health Training Program. The perspectives and interpretations presented here are those of the evaluators and are not intended to represent the official views of the Homeless Children's Network.

Detailed information about Indigo Cultural Center, Homeless Children's Network, Amani Mental Health Training Program, and the literature guiding this report are available at the end of this report in the section, *Background and Context*.

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Introduction

PURPOSE OF THIS REPORT

The purpose of this report was to evaluate the Amani Mental Health Training Program (referred to as Amani) at Homeless Children's Network (HCN). Through funding from San Francisco's Office of Economic and Workforce Development, HCN has offered the Amani Program for 4 years. The Amani Program is an entry-level, workforce development program designed to prepare individuals to provide peer support and community mental health services. HCN's Amani Program utilizes an Afri-centric framework and inspires and encourages participants to embark on an inward journey that ultimately guides the wellness journey that they will provide for other community members in the future. The Amani Program can be broken down into three areas of focus:

Amani Mental Health Training Program's Contracted Performance Objectives for the 2024-2025 Fiscal Year

The Amani Program met its goals of increasing participants' readiness for future careers and professional opportunities.

Objective	Actual	Status
Enroll 24 Participants	24 Participants Enrolled	**Objective Met**
19 Participants Complete the Program	23 Participants Completed the Program	**Objective Exceeded**
16 Participants Secure Employment Placements	18 Participants Secured Employment	**Objective Exceeded**

The Amani Program continues to contribute to developing the workforce of mental health professionals trained in Afri-centric healing practices.

For additional, detailed information about the Amani Program's achievement of contracted performance metrics see the table *Amani Performance Objectives* on page 5.

The Inward Journey: Amani participants engage in a self-reflective inner journey, focusing on identifying, understanding, and addressing personal experiences and history that shape behaviors, thoughts, and beliefs.

Cultural and Community Professionalism: Participants engage, learn, and collaborate with community members to improve communication styles, counseling skills, and community engagement to better understand how to address the whole person for greater healing through a deep cultural connection.

Workforce Development: Participants engage in an extensive and supportive process with Amani Program staff and HCN's community partners, to improve workforce preparedness for employment.

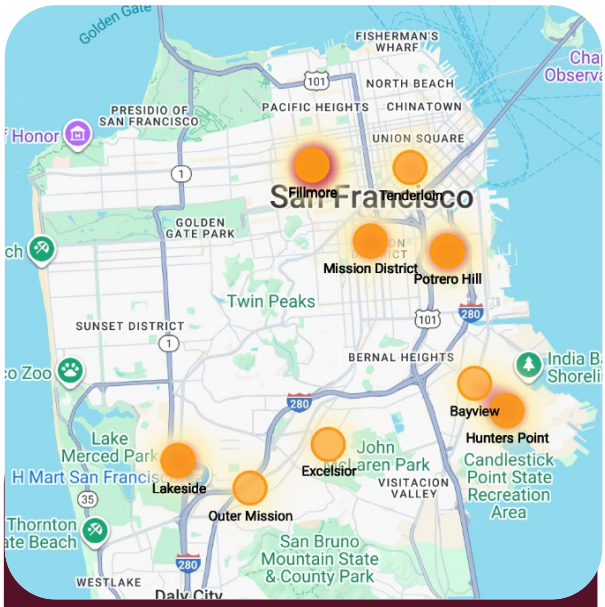
There are three goals of the Amani Program curriculum. The first goal is to increase employment opportunities in the mental health field for underserved and historically marginalized residents of San Francisco. The second goal is to increase the number of qualified peer mental health professionals to meet the urgent need for Afri-centric, culturally responsive mental health and wellness services within and outside of the City. Finally, the third goal is to support Amani participants with mental health tools, resources, and teachings to support their respective healing journeys and their capacity to provide wellness to others.

COLLABORATIVE PROCESS AND PARTICIPANTS

Together, with HCN, Indigo Cultural Center evaluated the impact of the Amani Program this year. In line with a Community-Based Participatory Research (CBPR) approach rooted in racial equity, HCN's staff, including the HCN Amani Leadership team, collaborated with the Indigo Cultural Center team on evaluation design, survey development, data collection, and the interpretation of quantitative and qualitative findings. The current evaluation continues our exploration of the Amani Program by examining the impact during the 2024-2025 fiscal and program year (see previous year's report). This year, our evaluation had the following objectives:

1. Assess the impact of the Amani Program on participants' professional and social skill development.
2. Explore how the Amani Program fosters critical awareness and appreciation of Afri-centric mental health practices.
3. Examine how the Amani Program strengthens participants' connections to the broader healthcare and mental health ecosystem.

Participants completed one survey at the beginning of their training program in October 2024 and completed a second survey on the final day of the program in May 2025 (17 of the 24 program participants completed the surveys). The evaluation participants were on average 35 years old, however participants' ages ranged from 22 to 66 years old. Participants identified as Black or Black bi-racial (100%) and identified as female (35%), male (47%) and non-binary (6%). Participants joined the cohort from a variety of San Francisco neighborhoods which are displayed on the map to the right. In addition to survey responses, we utilize administrative data tracking on performance metric service goals and objectives.



Represented participant neighborhoods: Fillmore (18%), Hunters Point (12%), Lakeside (12%), Mission District (12%), Potrero Hill (12%), Bayview (6%), Excelsior (6%), Outer Mission (6%), Tenderloin (6%)

The Amani Program Lead Trainer, Dr. Treajané Brown, with Amani participant.

Evaluation Findings

THE AMANI PROGRAM EXCEEDED PERFORMANCE METRICS

The Amani Program's service goals, which were outlined for a two-year contract period, were exceeded for the number of participants who enrolled and completed the program and the number of employment placements (see the table below). The table below also provides enrollments and completions disaggregated by participants and 2023-2024 college interns from the University of San Francisco. Interns are not included in the employment placement metric as they are full time students and not expected to leave the program employed (see previous year's report for more detailed information).

Amani Program Performance Objectives			
Service Goal	**Goals for 2024-2025**	**Achieved for Program Year 2024-2025**	**% Goal Met**
Program Enrollments	24 Participants	24 Participants	100%
Program Completions	19 Participants (70-80%)	23 Participants (96%)	121%
Employment Placements	16 Participants (60-70%)	18 Participants (75%)	113%

The Amani Program successfully met their goal for participant employment placements. A list of some of the job titles garnered is provided below. Importantly, the majority of Amani graduates are employed within the social services sector (*47%*) and by non-profit organizations (*57%*). These employment outcomes exemplify one of the Program's primary goals - to further participants' abilities to heal and support marginalized communities in San Francisco, including their own communities.

Roles Secured by Amani Graduates

- Service Coordinator
- Math Specialist
- Community Educator
- Outreach Practitioner
- Peer Counselor
- Program Leader
- Grant Generalist
- Public Health Worker
- Residential Direct Support Specialist

Central to the success of this program is its earn-and-learn model, which provides trainees with a monthly stipend as they engage in the program and develop skills for peer support and community mental health roles. This stipend helps alleviate financial barriers that often impede upward mobility, allowing participants to focus on developing their skills and gaining experience without the stress of financial instability. Additionally, the program fosters the creation of strong professional support networks that participants can continue to rely on even after graduation.

"I think that the allowance removes the barrier that often job seekers have when they're looking for a job, from paying […] your phone bill or time to get to interviews or buying a laptop… or other technological devices that could help with job applications, like a mobile phone…the financial support …[the Amani Program gives] every month, in addition to the support they give you to find a job, by the time you finish the program, you tend to have both the financial stability and the financial support needed to get you where you need to be. And I appreciate that the most about this program." - Amani Participant

> *"I came here because I wanted to have an opportunity to return to the workforce and working with my coach and trainers I was able to regain some of the confidence I had lost […] Ultimately it is this social network and that continuous reaffirmation of your capability that helped me find [the] job that I hold now and I'm truly grateful for that opportunity because it helped me reframe what I wanted to do and I went for it and did it."*

HCN's CEO, Dr. April Y. Silas, at the Amani Program Graduation.

AMANI PROMOTES PROFESSIONAL AND PERSONAL DEVELOPMENT

Participants highlighted that the program's curriculum and structure both connected them with professional and employment opportunities and also catered to them as a whole person. Nearly all participants (88%) reported that Amani helped them learn ways to continue their healing while also building their careers, highlighting the program's unique integration of professional development and personal growth.

Amani Program weekly meeting.

Professional Development

Amani trainees reported that the program gave them the tools, resources, and encouragement needed to pursue their professional goals – 86% agreed the program was well-supported in this area – and positively shaped how they saw themselves in a professional context – 81% reported improvement in this area.

HCN's Director of Africentric Programming embracing an Amani participant at the Amani Program graduation ceremony.

> *"The Amani Program has helped me with not only referrals, but with applications, resumes, cover letters, professionalism, interviews, and simply knowing how to approach the job market from follow-ups and a variety of other resources. The Amani Program has been a major help, especially the one-on-ones with [the Amani staff]. They have been an extreme help from a mental, emotional, and professional standpoint to learning how to approach the job market."*

Our evaluation of trainees' pre- and post-program competencies supported these reflections. We found that trainees' level of competence increased across every skill area assessed. A list of the skill areas can be seen in the table below. For example, for building professional connections, participants' scores increased from 3.56 at the start of the program to 4.33 out of 5.00 at the end of the program. This was a statistically significant increase. These findings demonstrate the profound and positive impact of the Amani Program on participants' readiness for future careers and professional opportunities.

Amani Trainee Reported Skill Growth (1 = No competency in skill to 5 = Excellent competency in skill)			
Skills/Competencies	**Perceived level of competency BEFORE Amani program**	**Perceived level of competency AFTER Amani program**	**Amani Program impact on competency levels**
Building professional connections	3.56	4.33	Increased*
Using technology that supports workflow processes (cloud suites, word, spreadsheets, AI, etc.)	2.89	3.80	Increased*
Understanding the roots and history of personal trauma, cultural trauma and other forms of collective harm	3.61	4.25	Increased*
Knowledge of Afri-centric/Black-centered mental health approaches	2.96	4.13	Increased*
Emotional intelligence in the workforce	3.54	4.37	Increased*
Resume and cover letter building	3.25	4.07	Increased
Ability to work with diverse communities (cultural humility)	4.07	4.33	Increased

*Note: An * in the final column means that increases were statistically significant.*

Personal Development

Amani participants found the program highly supportive and transformative, particularly in fostering personal development and healing. Most participants reported that Amani helped them deepen their understanding of their own identities, with 88% agreeing that the program contributed to this self-discovery. In addition, participants emphasized the importance of holistic care, illustrating the Amani framework of the Inward Journey through which healing is achieved. The *Inward Journey*, or the intentional engagement in self-reflection, challenges participants to identify, understand, and address the experiences and history that informs their behaviors, thoughts, and beliefs. Participants specifically reported that the *Inward Journey* contributed to their development of the following skills:

- Increased understanding of the roots and history of personal trauma, cultural trauma, and other forms of collective harm.
- Increased reflective capacity (includes self reflection and introspection)
- Increased emotional intelligence

Improvement and emphasis in these skills by participants is a testament to the necessity of the Inward Journey in building a confident, culturally aligned workforce. Furthermore, these rankings reflect the intentional approach the Amani Program takes to invest in the community through investing in the person.

"Be ready to go on a real journey personally and collectively. Come with an open mind and heart. This process is guaranteed to peel back some layers to reveal new information, through collective reflection and processing. You'll receive some great tools that'll equip you with the ability to have agency on your personal and professional career path."

– Amani Participant

HCN's Director of Africentric Programming with HCN's SUD Program Coordinator and a Community-Based Substance Use Prevention and Education Initiative Peer Educator.

AMANI PROMOTES CRITICAL AWARENESS FOR AFRI-CENTRIC MENTAL HEALTH PRACTICES

A key goal of the Amani Program curriculum is to meet the urgent need for Afri-centric, culturally responsive mental health and wellness services within and outside of the City. In the HCN Amani Program and organization wide, an Afri-centric lens is used to strengthen the capacity of staff and providers to deliver more empathetic, equitable, and contextually grounded care. Afri-centricity centers values such as collective responsibility, interdependence, humility, and reverence for ancestral and cultural wisdom—creating a healing environment that is inherently trauma-informed and rooted in community care.

These principles enhance services not only for Black participants who participated in this study, but for all people, by promoting a deeper understanding of the historical and systemic forces shaping individuals' lives. We found that the program increased this year's trainees' critical awareness of Afri-centric mental health practices. Participants reported the following impacts:

- Increased in cultural knowledge that affirms African-Diasporic wisdom as valid healing practices, challenging eurocentric health models.
- Enhanced focus on Collectivism to emphasize community power, mutual care, and group healing over individualism.
- Increased understanding of context to recognize that mental health in the Black community is shaped by experiences of racism, inequality, and historical trauma.

We provide the following quotes to elevate the voices of the Amani participants as they described the profound power of the Amani Program in enhancing critical awareness for Afri-centric mental health practices and, thereby, expanding the cultural responsiveness of the mental health professional workforce:

"Eurocentrism undermines or discounts the experience of those from other groups. It's important to acknowledge the differences so as to inform more holistic care."

"Explore what's coming up in the now and to give voice to whatever is not just when it comes to our experiences."

"I feel like the Amani Program has taught me to think more strategically about white supremacy [...] And what I love about the Amani Program is [that] we're acknowledging it instead of acting like it's not fair, right? So to me, if anything, it's taught me how to be strategic in decision making, and that it's okay to be me - a Black woman."

"I've learned that when it comes to the Black community's mental health, we have to engage fully, with your mind, body and soul. Always think about every aspect of a person's situation and don't judge but be mindful."

> *"Our collective experience as people with roots from the [Black] diaspora has made and is making an impact. We are needed in all fields and industries and centering our mental health is paramount as we forge a future of inclusive contributions."*

Implications

The Amani Mental Health Training Program provides training to community members interested in mental health. The primary goal of the program is to empower and equip participants to become mental health specialists and community healers. Based on the findings from this study, there are several implications for both policy and practice.

Our findings demonstrate the HCN's Amani Program's success in delivering effective career readiness for entry into the social service workforce. We found a key contributor to participants' engagement and completion of the Amani Program was the earn-and-learn structure, or the provision of stipends to ensure that participants' basic needs were met during the program duration. Thus, **our first implication is that mental health workforce development programs should provide financial support similar to those offered by the Amani Program.** These "earn-and-learn" models not only address structural barriers that limit upward mobility, but they have demonstrated success at driving real outcomes (Manno, 2025), which was further supported by the Amani Program's high completion rates and stronger job placement. This strategy offers a promising pathway to expand the workforce by intentionally including professionals with lived experience and racially marginalized backgrounds—particularly those whose voices and talents have too often been overlooked in conventional workforce development efforts.

The results from this evaluation affirm the success of a holistic, equity-rooted approach to workforce development. Participants had significant increases in skills necessary in the health and human services sector and in developing their own reflective capacity, awareness of trauma, and personal goal setting skills. Thus, **we posit that more workforce development programs should integrate personal and professional development to contribute to a greater likelihood of lasting impact, and to offer a stronger return on investment for both participants and funders.** When participants see their lived experiences reflected in the training curriculum, they engaged on a deeper level. These integrated strategies not only contribute to

program completion and job placement rates but also foster participants' confidence, agency, and access to support networks needed for long-term participation in the workforce.

Our findings illustrate the impact of integrating Afri-centric principles for mental health practice as a means of healing for not only the communities to be served but also as an educational modality to train practitioners within the field. Thus, **a key implication is that expanded funding is needed for training programs rooted in Afri-centric principles, including for HCN's Amani Program.** Integrating Afri-centric principles into training is a powerful approach that supports healing on multiple levels (e.g., for the participant, the program cohorts, and the community). It affirms cultural identity and community wellness while also shaping a more grounded, culturally responsive mental health workforce.

Conclusion

As the fourth cohort of the Amani Program, the results from this evaluation affirm the success of a holistic, equity-rooted approach to workforce development and add to the growing body of evidence on Amani's effective programming (link previous report). This evaluation highlights that Afri-centric values such as cultural knowledge, collectivism, and understanding historical context paved the way for Amani's whole-person approach to shape both personal and professional growth. Such growth was not limited to technical skills, but included domains that can foster participants' long-term participation in the workforce: reflective capacity, support networks, professional connections, emotional intelligence, and goal setting skills. As the Amani Program continues to grow—engaging over 120 San Francisco community members and counting—its power lies not only in cultivating a strong and inclusive mental health workforce, but as a transformative, Afri-centric model that nurtures the inner growth required to support the healing of others has the potential to transform the mental health workforce in San Francisco.

Amani Program graduate with their certificate of completion.

Background and Context Supplementary Materials

Literature Guiding this Evaluation Report

On a global scale, research indicates that the mental health workforce faces significant personnel shortages (a deficit estimated to be over 5 million mental health providers) and cyclical deficits such as high levels of burnout, secondary trauma fatigue, community fatigue and workforce attrition (Ballout, 2025). Poor workforce diversity exacerbates the existing challenges in the mental health workforce; within the United States, the majority of mental health professionals (e.g., counselors, psychologists) identify as white, severely limiting offerings for culturally competent mental healthcare (Ballout, 2025). Black, Indigenous, LGBTQIA+, and immigrant mental health clinicians face an increased risk of facing the aforementioned workforce challenges in addition to the negative socioemotional effects of systemic racism, discrimination, and pay inequities (Ballout, 2025).

Current research encourages the integration of trauma-informed education reform to equip providers and institutions with the tools to better manage secondary trauma, compassion fatigue, and burnout, thus strengthening workforce resilience (Ballout, 2025). Existing research also boasts the importance of diversifying health professions to improve the mental health "thinkforce" – or "the heterogeneity of thought" – to the benefit of institutions' abilities to respond to the needs of minority communities with community-driven and culturally-relevant care (Yanagihara et al., 2021). The incorporation of roles in the mental health field such as Peer Support Providers also diversifies the mental health field, offering opportunities for less traditional mental health professional roles while supporting patient-centered, culturally-competent care, marked by trust and respect. (Miyamoto & Sono, 2012). Programs like HCN's Amani Program are designed to address these labor shortages and develop competitive and diverse skilled workforces through earn-and-learn initiatives – offering opportunities for individuals to learn a new skill-set while earning an income.

Key References

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Indigo Cultural Center

A Note About the Agency and People Conducting this Evaluation

Indigo Cultural Center (a predominantly BIPOC- staffed organization) is led by executive director Dr. Eva Marie Shivers, who identifies as a bi-racial African American, cisgender woman. The Institute of Child Development Research and Social Change at Indigo Cultural Center is an action-research firm that specializes in infant and early childhood research and evaluation conducted with an anti-racist lens. The Institute is led by director Dr. Jayley Janssen, who identifies as a white, cisgender woman. The evaluation of HCN's Amani Mental Health Training Program was led by Ronae Matriano, a Filipina woman and a small team that consisted of a Black multiracial woman, two Black bi-racial women, a Black woman, and a white woman.

Indigo Cultural Center's mission is to conduct rigorous policy-relevant research on mental health, education, and development by partnering with community agencies and public agencies that are dedicated to improving the lives of children, youth, and families in BIPOC communities. Since its inception, Indigo Cultural Center has employed the use of community-based participatory research in all our evaluations. What this means is that we use a collaborative model and working style that involves our clients – who we prefer to call 'partners' – in the planning, implementation, interpretation, and dissemination processes of evaluation. We recognize the strengths that our partners bring to each evaluation project, and we build on those assets by consulting with our partners initially and at key milestones throughout the project, integrating their input and knowledge into all aspects of the project, asking for feedback on a regular basis, and seeking consensus on key issues and outcomes.

Our Voice and Terminology used in this Report

Our evaluation team employs the use of feminist methodology and the use of first-person voice when writing reports (e.g., 'we', 'us'; Leggat-Cook, 2010; Mitchel, 2017). Throughout this report, we use the terms Black and African American interchangeably. We use LGBTQIA+ as an acronym for "lesbian, gay, bisexual, transgender, queer, intersex, and asexual" with a "+" sign to recognize the limitless sexual orientations and gender identities used by members of our community. We use queer to express a spectrum of identities and orientations that are counter to the mainstream. Queer is often used as a catch-all to include many people, including those who do not identify as exclusively straight and/or folks who have non-binary or gender-expansive identities. We use gender rather than sex as an inclusive term that acknowledges that gender is socially and contextually constructed and is a multidimensional facet of identity.

Homeless Children's Network

Homeless Children's Network History

Homeless Children's Network's trusted provider status among historically marginalized communities in San Francisco is built on 33 years of innovative, relationship- based, and culturally responsive approaches to program development, community outreach and engagement, service delivery, and evaluation. Its culturally responsive programs, citywide partnerships, and visionary leadership deliver services to 2,500+ community members annually at no cost to youth and their families.

As a city leader in programming development and delivery, HCN is dedicated to advancing systemic equity and reaching the most underserved youth, families, and communities that remain overlooked and marginalized by many systems of support including mainstream philanthropic agencies. Currently, HCN offers programs and extensive services providing San Francisco's historically marginalized youth, families, adults, and communities with the tools, resources, and support needed to navigate complex systems and overcome challenges through collaborative efforts.

Three decades ago, leaders from six shelters recognized a critical gap in services for San Francisco families experiencing homelessness. These organizations provided emergency shelter, domestic violence assistance, and transitional housing, but because of their structure, they could only serve families for a short time. This limited period of care created a cycle of attachment and loss— youth and families would build relationships with staff, only to be uprooted again. This instability made it hard for families to remain open to accessing support. In 1992, the community came together to break this cycle. They founded HCN to provide San Francisco families in crisis with a lasting source of connection and care. Over the next three decades, in close collaboration and communication with community members, community stakeholders, and community partners, HCN has evolved into an organization that directly addresses inclusion, community empowerment, and systemic equity.

Homeless Children's Network's Community Mental Health Model

Over the past several years, there has been a call to decolonize the field of mental health. One important way to achieve this is by expanding the construct of wellness to include a more explicit focus on community mental health in underserved and historically marginalized communities. It is increasingly important that we avoid reinforcing mainstream narratives that pathologize our communities by failing to recognize the broader systemic forces affecting the well-being of those who have

Homeless Children's Network (continued)

experienced historical and ongoing marginalization and oppression. Community-based programs designed to promote healing, wellness, and positive mental health do not simply unfold in isolation. Homeless Children's Network's approach embodies emergent work that always reflects the time and space in which it is happening. Indeed, a more universal philosophy encourages the tenets of Ubuntu - "I am what I am because of who we all are" - and teaches us that "all things have an impact on each other, and this interconnectedness and interplay is universal" (Marumo & Chakale, 2018).

HCN welcomes and affirms everyone, while engaging an Afri-centric lens to address the historical legacy of intergenerational racism, inequity, and trauma. HCN's Afri-centric approach is a way of embracing all historically marginalized communities based on community-defined evidence-based practices. "Afri-centricity" refers to both intellectual and sociocultural values, perspectives, and behaviors which can be used to understand the world and moderate the impact of stressful life experiences (Neblett Jr. et al., 2010). An Afri-centric lens strengthens the capacity of HCN's staff and providers to deliver more empathetic, equitable, and contextually grounded care. Thereby, Afri-centricity enhances services for all people by promoting a deeper understanding of the historical and systemic forces shaping individuals' lives. HCN's Afri-centric framework is presented below:

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

HCN's Amani Mental Health Program

Since 2021, as part of OEWD's SF Healthcare Academy, HCN has offered the Amani Mental Health Training Program – an entry-level program designed to prepare individuals to provide peer support and mental health services through an Afri-centric lens. HCN's Amani trainers utilize established community relationships to recruit participants that seek to serve San Francisco's historically marginalized and underserved communities in pursuing wellness and community healing. HCN's Amani Program inspires and encourages participants to embark on an inward journey that ultimately guides the wellness journey that they will provide for other community members in the future.

The Amani Program can be broken down into three areas of focus:

- **The Inward Journey:** Amani participants engage in a self-reflective inner journey, focusing on identifying, understanding, and addressing personal experiences and history that shape behaviors, thoughts, and beliefs.
- **Cultural and Community Professionalism:** Participants engage, learn, and collaborate with community members to improve communication styles, counseling skills, and community engagement to better understand how to address the whole person for greater healing through a deep cultural connection.
- **Workforce Development:** Participants engage in an extensive and supportive process to improve workforce preparedness for employment, including support from Amani Program Staff and community partners.

Amani's Approach to Centering Love and Healing

In Swahili, "Amani" means "peace." HCN's Amani Mental Health Training Program supported the deep healing and growth of community leaders and healers as they developed the capacities to offer the gift of wellness to individuals, families, and communities in San Francisco, as well as the capacity to transform systems and practices. This workforce development program is grounded in the tenets of love and healing, tapping into African intellectual, spiritual, artistic, and ancestral wisdom as a tool to bring participants closer to their personal and professional goals.

The Program

Amani's Program curriculum adhered to the following goals:

1. Employment opportunities in the mental health field for underserved and historically marginalized residents of San Francisco.

HCN's Amani Mental Health Program (continued)

2. Increased the number of qualified peer mental health professionals to meet the urgent need for Afri-centric, culturally responsive mental health and wellness services within and outside of the City.
3. Supported Amani participants with mental health tools, resources, and teachings to support their respective healing journeys and their capacity to provide wellness to others.

Components of the 2024-2025 Amani Mental Health Training Program and the Curriculum

Amani participants are recruited from July to September of the program year. To ensure accessibility and community connection, we engage past participants as Community Recruiters to support outreach for each new cohort. This peer-led approach helps us recruit from the community for the community while also providing recruiters with hands-on experience in advocacy and outreach. Recruitment typically spans 6–8 weeks and begins with an application and resume submission. Selected applicants are invited to an in-person interview with the Amani team. Candidates are assessed based on their employment status, openness to new opportunities, interest in community or health-related work, desire to build workforce and mental health knowledge, and ability to commit to the full program. Upon selection and entry into the Amani Program, participants completed a brief pre-survey, offering Amani trainers valuable insight into the cohort's strengths and weaknesses; Amani trainers used this insight to inform program offerings with intentionality, enabling the program to be responsive to the 2024-2025 cohort's knowledge.

Each week over the course of eight months, HCN's Amani staff provided Amani participants with a two-hour workshop designed to provide participants with a platform and the tools to delve into their respective inward journeys, cultural and community professionalism, and their respective workforce development goals. Workshop offerings spanned myriad topics, including personal development, self-care for helping professionals, Afri-centric wellness practices, and discussions about current socio-political events. Additionally, Amani trainers recruited guest presenters to lead workshops, which created opportunities for participants to engage with subject matter experts. Participants' learnings were consistently grounded in best practices for high-quality mental health services for underserved and historically marginalized individuals and communities.

Amani participants engaged in bi-weekly consultations with HCN's Amani trainers, receiving one-on-one support and encouragement tailored to their respective mental health and career goals. The Amani trainers fostered a safe

HCN's Amani Mental Health Program (continued)

space for participants to explore stressors and traumas that may have surfaced during their time in the program. Amani's trainers, who are mental health professionals, held space for participants to reflect on their past experiences and future aspirations in the comfort of an Afri-centric, trauma-informed therapeutic/counseling environment. In addition to opportunities for reflection, Amani participants set their respective professional goals and received support with career exploration and planning, one-on-one resume support, and general career support.

HCN's Amani Program offers an earn-and-learn structure, supporting the development of participants' skills while ensuring participants receive wages. Participants' ability to engage fully and intentionally with the Amani Program was made possible through program stipends, which ensured that participants' basic needs were met during the program duration. Additionally, HCN's Amani Program ensures that participants close out the program with temporary, part-time, or full-time employment, leveraging city-wide relationships and linkages to bring participants closer to their goals.

Gratitude

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