# Interpretation / Interpretación

To turn on simultaneous interpretation, find the "globe" icon at the bottom of the Zoom screen and select your preferred language **(yellow arrow)**. The "Mute Original Audio" option will turn off the overlay of voices for a clearer sound **(red arrow)**.

Para activar la interpretación simultánea, busque el icono del "globo" en la parte de abajo de la pantalla de Zoom y seleccione su idioma preferido **(fleche amarilla)**. La opción "silenciar el audio original" desactivará la sobreposición de voces para un sonido más claro **(fleche roja)**.
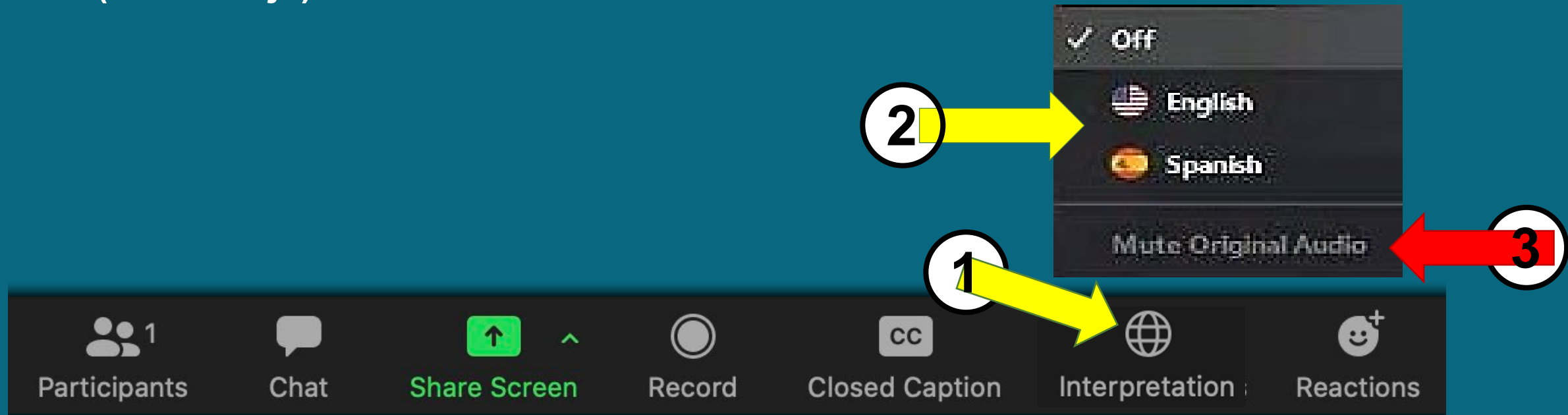
Introduction

CA Climate Action Team – Public Health Workgroup Meeting

Trinity Smyth *(she/her)*
Program Specialist, Climate
Change & Health Equity Section
Office of Health Equity
CA Dept of Public Health

Dan Woo *(he/him)*
Team Lead, Climate Change
and Health Equity Section
Office of Health Equity
CA Dept. of Public Health

Linda Helland *(she/her)*
Manager, Climate Change and
Health Equity Section
Office of Health Equity
CA Dept. of Public Health

CAT-PHWG Meeting | February 8, 2023
Mental Health and Climate Change: Community-Led Solutions

Participation

During Q/A and Discussion:

- Use **Zoom Chat function**

Click to open Chat

Click to open captions

Zoom Webinar Chat

To: All panelists ▾

Type message here...

Chat   Record   Closed Caption   Reactions   More
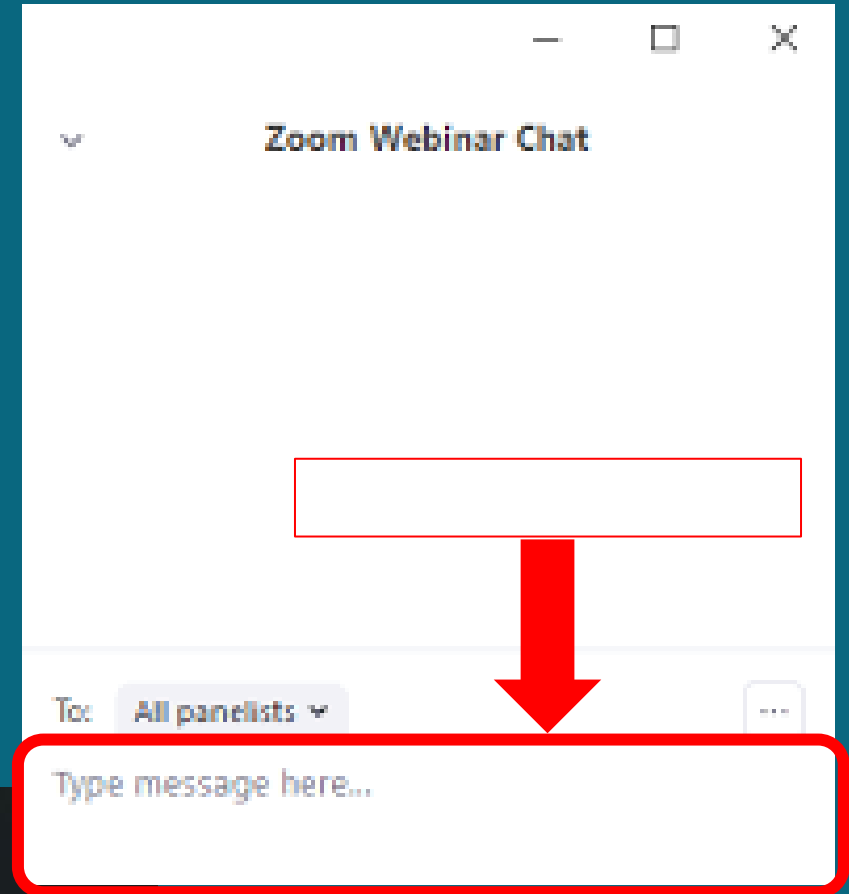
Meeting Recording

Available after the meeting at:

https://ww2.arb.ca.gov/resources/documents/climate-action-team-public-health-workgroup-meetings

Presenter

Osamu Kumasaka *(he/him)*
Tribal Climate Change Policy &
Program Specialist,
Climate Change & Health Equity Section
Office of Health Equity
CA Dept of Public Health

Presenter

Stephanie Welch *(she/her)*
Deputy Secretary, Behavioral Health
California Health and Human Services

CA Climate Action Team – Public Health Workgroup

Mental Health & Climate Change: Community-led Solutions

February 8, 2023

Stephanie Welch, MSW, Deputy Secretary of Behavioral Health

California Health & Human Services Agency

Person Centered. Equity Focused. Data Driven.

Growing Need for Behavioral Health Services

Pandemic Exacerbated Existing Significant Need –

California

- The rate of serious mental illness in California has **increased by more than 50%** from 2008 - 2019.

- **1 in 13 children** in California has a **serious emotional disturbance**, with rates higher for low-income children and those who are Black or Latino, relative to other racial and ethnic groups.

- Rates of suicide among **black youth increased** more than **50% from 2011 to 2020.**

- CA drug-related overdose rates **increased 96%** from 2014 to 2020 and **opioid-related overdoses increased 109%** from 2019 to 2021.

Nationally

- % of adults experiencing **major depressive episodes** with severe impairment grew by **over 40% from 2010 to 2020**; youth rates more than doubled.

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Sources: CHA, 2022; SAMHSA, 2021; CDPH, 2021

Need for Behavioral Health Infrastructure

- Between 1995 to 2017, per capita **psychiatric inpatient beds went down by 42%.**

- California has expanded access to **SUD residential treatment** in recent years, but **more can be done, particularly for youth**.

- It remains **hard to place individuals living with complex conditions** or histories in mental health residential treatment, and some areas have general shortages.

- UC San Francisco estimates California will have **41% fewer psychiatrists** and **11% fewer** psychologists, LMFTs, LPCCs, and LCSWs **than needed** by 2028.

- Behavioral health practitioners (psychologists, counselors, social workers and psychiatrists) are **2-10x less likely to be Latino** than the general population, **1-2x less likely to be Asian** and **1-3x less likely to be African-American**.

Sources: CHA, 2021 ; UCSF, 2018

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Need for Housing and Income Supports

- A top priority of counties and other BH stakeholders; most urgently, is affordable housing, housing supports and supported employment.

- **Over 171,000 people experiencing homelessness** in CA

- **23%** of California homeless have **SMI; 22%** have chronic **substance abuse**

- % of **adult psychiatric clients** that are **homeless more than doubled** from 2010 to 2020

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Sources: HUD, 2021; SAMHSA, 2020 / SAMHSA, 2010

Lessons Learned from the Pandemic

- Individuals diagnosed with an **SUD, had a 30% increased rate of death due to COVID-19**, compared to those without a diagnosed SUD, and experienced significantly higher rates of hospitalization, ventilator use, and mortality within 21 days of COVID-19 diagnosis.

- Individuals diagnosed with **schizophrenia spectrum disorders are nearly 3x more likely to die due to COVID-19**, second only to age.

- **1 in 4 Older Adults** reported **anxiety or depression** amid the pandemic. Women reported more significant symptoms.

- One survey found the **women are almost 3x** as likely as men to report suffering from significant mental health consequences including **anxiety, loss of appetite, inability to sleep** and trouble completing everyday tasks.

After Significant Advocacy - BH workers were prioritized for vaccinations and individuals with significant medical conditions and disabilities, including individuals residing in BH congregate facilities, were prioritized for vaccination

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Lessons Learned from the Pandemic

Challenges to the availability of behavioral health (BH) services due to the COVID-19 pandemic and resulting fiscal and social impacts

ACCESS
- Digital Divide/Telehealth is not working for everyone especially the most vulnerable (older adults, disabled, homeless, justice involved, LGBTQ+, TAY) and black, indigenous and people of color (BIPOC)
- Increased demand with less access & workforce shortages

Poverty and Lack of Equity in BH
- The marginalized have become more disenfranchised
- BH was not prioritized/ lack of understanding how the pandemic impacted systems

Lack of Integrated and Coordinated Care
- Social welfare, health and BH, public safety, education, etc., need to work better together
- The Continuum of Care has significant gaps

Source – Behavioral Health Taskforce Survey

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Lessons Learned from the Pandemic

The Challenges of Disaster/ Crisis Response for Behavioral Health:

- Must "respond" to the crisis – often "physically" deploying to the scene to provide crisis counseling depleting local capacity to serve community members in a system already operating far under needed capacity

- In a "pandemic" response could not necessarily be physical deployment – looked to "innovative ways" to be responsive – CalHOPE https://www.calhope.org

- For individuals with the severe behavioral health conditions, they may either be treated or reside in congregate settings. Barriers in federal guidance through FEMA made it difficult to access priority emergency aid.

- "Responding to save a life or life or death situations" were challenging to articulate for behavioral health settings.

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Lessons Learned from the Pandemic
We must continue to diligently work to prevent crisis

Warm hand off to treatment services

CalHOPE Support:
Crisis counseling via chat, phone, virtual, and in-person
Focused on highest-risk communities

CalHOPE Peer Warm Line

CalHOPE Web:
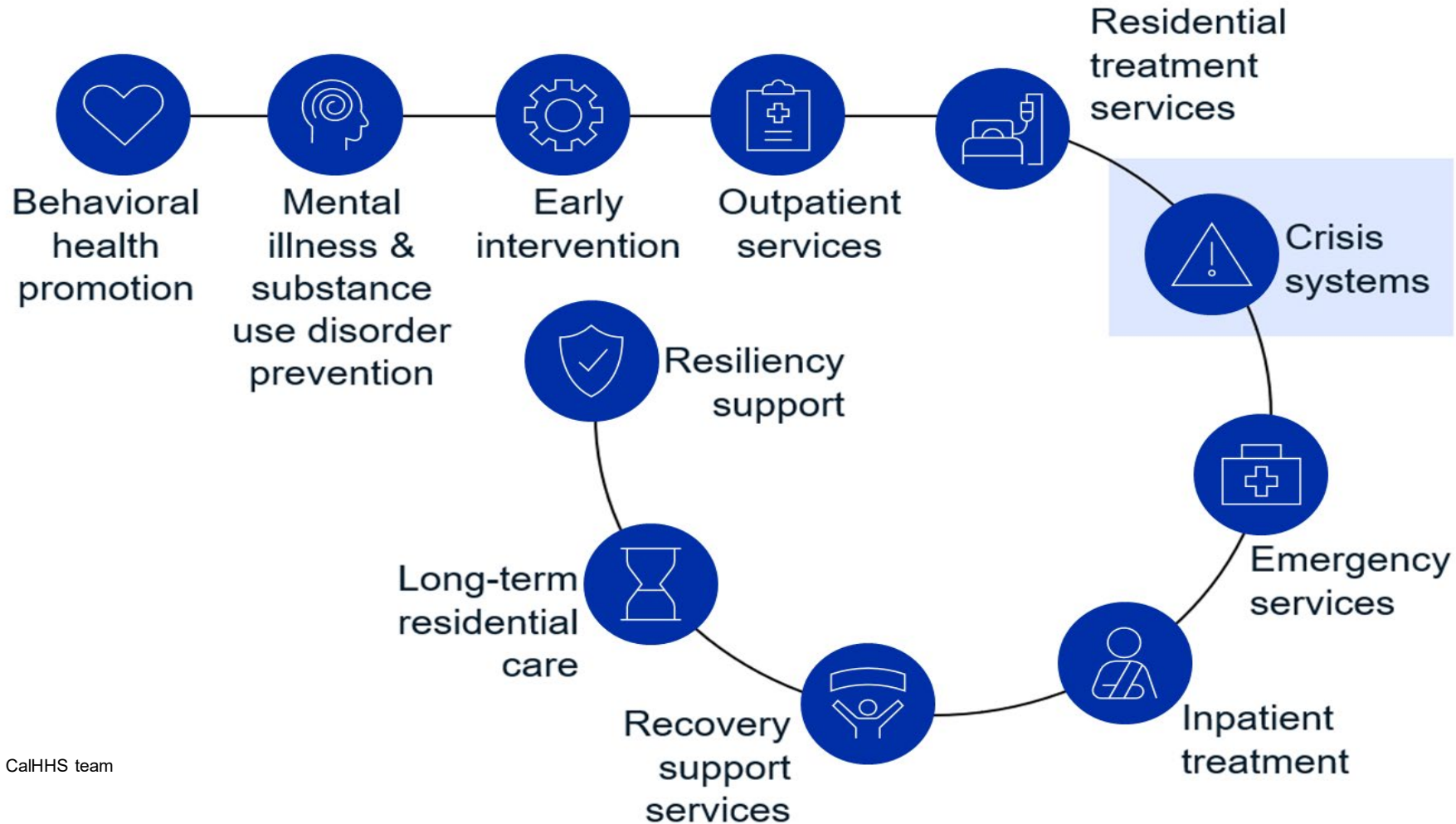Links to resources, including apps

CalHOPE Media:
Broad and targeted messaging

CalHOPE Layers of Intervention and Support

CalHOPE addresses the stress and anxiety that people may feel due to isolation, health challenges, economic uncertainty, food insecurity and other negative consequences of the COVID-19 pandemic.

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Behavioral Health Continuum of Care

Services from Prevention to Long Term Care

Behavioral health promotion

Mental illness & substance use disorder prevention

Early intervention

Outpatient services

Residential treatment services

Crisis systems

Resiliency support

Long-term residential care

Recovery support services

Inpatient treatment

Emergency services

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Behavioral Health Transformation Goals

CalHHS Strategic Priorities

❖ **Create an Equitable Pandemic Recovery**

❖ **Build a Healthy California for All**

❖ **Integrate Health and Human Services**

❖ **Improve the Lives of the Most Vulnerable**

❖ **Advance the Well-being of Children & Youth**

❖ **Build an Age-Friendly State for All**

Context of the Crisis Care Continuum Project (CCC-P)

More than **1 million individuals attempt suicide** each year nation-wide[1]

More than **4,000 individuals died by suicide in California** in 2020[2]

There are **existing challenges to accessing crisis care**, including capacity, coordination, and coverage

To address existing access challenges, **federal and state stakeholders are prioritizing crisis care:**

- **SAMHSA described a 5-year vision for 988**, following July 2022 launch as new 3-digit number to access National Suicide Prevention Line

- **California AB-988 passed Sept. 30th, 2022,** which requires CalHHS to develop a detailed implementation plan by end of 2023[3]

1. SAMHSA
2. CDPH Data on Suicide and Self Harm
3. AB-988

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Objectives of the Crisis Care Continuum Project (CCC-P)

Identify the **state-wide vision for full set of services** for individuals experiencing crisis

Define state-wide **essential crisis services**

Provide a **high-level view of resources required, or current investments** that could be used

Outline a **governance model** to support implementation

Identify a **roadmap** to reach major milestones

Source: CalHHS

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California Health & Human Services Agency

Proposed Components of Future State Crisis Care Continuum

BH crisis systems strive to serve anyone, anywhere and anytime and fall along a continuum:

Preventing Crisis

Community-based preventive interventions for individuals at risk for suicide or mental health / substance use crises (e.g., Zero Suicide, harm reduction programs, warmlines, peer support, digital-self help, recovery support services, addressing stigma[1])

Responding to Crisis

Acute crisis response services, including hotlines, 911 / 988 coordination, mobile crisis teams, social service response, and co-response models

Stabilizing Crisis

Community-based crisis stabilization services, including in-home crisis stabilization, crisis receiving facilities, peer respite, crisis residential services, sobering centers and transitioning individuals to care

1. There are many ongoing efforts across the state focused on stigma reduction that contributes to prevention

Source: CalHHS

CalHHS
California Health & Human Services Agency

Essential Crisis Services Span the Continuum – Will Achieve Over Time

■ = Near term (by FY 23-24) ■ = Medium term (by FY 26-27) ■ = Long term (by FY 28-29)

Preventing Crisis

1. **Peer-based warmlines**
2. **Community-based behavioral health services, such as:**
   - Community-based social services
   - School-based and school-linked services
   - Primary care clinics and FQHCs
   - Outpatient BH care (e.g., CCBHCs, urgent care clinics, transition clinics, bridge clinics)
   - Peer support
   - Harm reduction
   - Medication for Addiction Treatment (MAT)
   - Housing services
   - Employment services
3. **Digital apothecary (e.g., CYBHI digital platform, CalHOPE digital tool)**

Responding to Crisis

1. **Hotlines**
   - Operate 24/7/365
   - Answer all calls (or coordinate back-up)
   - Offer text / chat capabilities
   - Be staffed with clinicians overseeing clinical triage
2. **Mobile crisis services**
   - Operate 24/7/365
   - Staffed by multidisciplinary team meeting training, conduct, and capability standards
   - Respond where a person is
   - Include licensed and/or credentialed clinicians

Stabilizing Crisis

1. **Crisis receiving and stabilization services**
   - Operate 24/7/365 with multidisciplinary team or other suitable configuration depending on the model
   - Offer on-site services that last less than 24 hours
   - Accept all appropriate referrals
   - Design services for mental health and substance use crisis issues
   - Offer walk-in and first responder drop-off options
   - Employ capacity to assess & address physical health needs
2. **Peer respite**
3. **In-home crisis stabilization**

1. **Crisis residential treatment services**
   - Operate 24/7/365
2. **Post-crisis step-down services, such as (LT)**
   - Partial hospitalization
   - Supportive housing
3. **Sobering center**

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Summary of Findings for CCC-P

- CalHHS has been working with State and external stakeholders to develop the **Behavioral Health Crisis Care Continuum Plan (CCC-P)** to articulate the statewide vision for the future state crisis care system
- Based on preliminary research and stakeholder discussions, CalHHS believes that **California's current crisis care system meets select measures of 988 readiness**[1], but includes geographic variation and opportunities to improve coordination across settings
- The Plan includes **three Strategic Pillars** for the future state crisis care system:
  – Build towards **consistent access statewide**
  – Enhance **coordination across and outside of the crisis care continuum of care**
  – Design and deliver a **high quality and equitable system for ALL Californians**
- Initial implementation considerations to achieve these Strategic Pillars will be **executed over time with near, medium, and long-term milestones** over the next 5 years. The pillars will be measured against metrics that are not yet finalized
- **California has made significant investments in crisis care** over the last few years
- CalHHS **prioritizes inclusion and equity** and will examine best practices and evidence-based strategies to ensure the crisis care continuum meets the needs of diverse populations
- CalHHS has examined the **governance structure outlined in AB-988** as well as approaches used in other states

Crisis Care Implementation Activities

o **Crisis Care Mobile Units (CCMU) Project -** ($205M) Support and expand behavioral health mobile crisis and non-crisis services

o **Medi-Cal Mobile Crisis Services Opportunity -** ($1.4B) to add qualifying community-based mobile crisis intervention services as a Medi-Cal covered benefit available to eligible Medi-Cal beneficiaries exclusively through the Medi-Cal behavioral health delivery system

o **Crisis Care Continuum Plan -** CalHHS is developing a plan to support connections between prevention efforts like hotlines and peer support services, 9-8-8 mental health crisis call centers, and mobile crisis response at the local level. Expected publish date February 2023.

o **CA Office of Emergency Services -** ~$6M technology budget granted to CalOES

Crisis Care Implementation Activities – Call Centers and Warmlines

- $30M over 3 years for CalHOPE in addition to $13M for base operations
- $20M one-time investment of State General Fund to build call center capacity for 988 implementation
- $4M per year Mental Health Services Act funding
- $15M SAMHSA grant to DHCS
  - Support 13 California Lifeline Crisis Centers to maintain and expand the workforce to respond to anticipated increase in Lifeline call volume due to 988 implementation.
  - Increase chat/text capacity
  - Key performance indicators

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AB 988 Can Help Expand Crisis Care Services in California

- In September 2022, Governor Gavin Newsom signed the **Miles Hall Lifeline Act (AB 988)** into law as one of many recent steps to **ensuring and expanding services for Californians experiencing a behavioral health crisis**
- The Assembly Bill 988 (AB 988) **provides a framework and funding mechanism** for the 988 Suicide and Prevention Lifeline in California, including:
  - Starting in 2023, **establishing a 988 surcharge** at $0.08 per access line per month. Starting in 2025, establishing a surcharge based on a specified formula that is not greater than $0.30 per access line per month
  - **Requiring health plan and insurer coverage of 988 center services** when medically necessary and without prior authorization
- AB 988 includes a **preliminary description of state-level agency roles and responsibilities** across CalHHS, DHCS, CalOES[1], and newly formed advisory bodies
- Based on CalHHS discussions and analysis of other state crisis system infrastructure, the **State may look to examples from other jurisdictions** to inform open questions on:
  - Decision rights, meeting cadence, and additional to roles and responsibilities
  - Role of additional sectors and agencies, including at the county or local level in their crisis care system governance structures

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AB 988 and CalHHS Responsibilities

- CalHHS must create a set of recommendations to support a 5-year implementation plan for a comprehensive 988 system.
- CalHHS must convene a diverse and robust group of stakeholders who meet quarterly as the State 988 Advisory Group. This group will advise CalHHS on the set of recommendations. The recommendations will specify what can be accomplished pursuant to existing administrative authority and what will require additional regulations or legislation for implementation. 15 required topics, include but are not limited to:
  - Comprehensive assessment of the behavioral health crisis services system
  - How to meet federal requirements
  - Strategies to support technology
  - State governance structure
  - Strategies to support 988 infrastructure, including access to crisis receiving and stabilization services, triage and warm-offs
  - Communication strategies and quantifiable goals/ outcome measures
  - Support mechanisms for reimbursement from insurers

Questions and Discussion

Resources

California Health and Human Services - California Health and Human Services

https://www.dhcs.ca.gov/CalAIM

https://www.chhs.ca.gov/blog/2022/07/18/statewide-988-roll-out/

https://www.calhope.org

Behavioral Health Task Force - California Health and Human Services

CalHHS
California Health & Human Services Agency

Presenter

Dan Woo *(he/him)*
**Team Lead, Climate Change and
Health Equity Section**
*Office of Health Equity
CA Dept. of Public Health*

Mental Health & Climate Change

Climate Change & Health Equity Section
Office of Health Equity
California Department of Public Health

California Climate Action Team
Public Health Workgroup Meeting
February 8, 2023

Climate Change & Health Equity Section
California Department of Public Health

IMPACTS OF CLIMATE CHANGE ON HUMAN HEALTH

Rising Temperatures

More Extreme Weather

Increasing GHG Levels

Rising Sea Levels

Mental Health Impacts

Stress, anxiety, depression, sense of loss, post-traumatic stress disorder, strains on social relationships

Air Pollution & Increasing Allergens
Asthma, allergies, cardiovascular and respiratory diseases

Extreme Heat
Heat-related illness and death, cardiovascular failure

Drought
Water supply impacts, dust storms, Valley Fever

Environmental Degradation
Forced migration, civil conflict, loss of jobs and income

Wildfires & Wildfire Smoke
Injuries, fatalities, loss of homes, cardiovascular and respiratory diseases

Degraded Living Conditions & Social Inequities
Exacerbation of racial and health inequities and vulnerabilities, loss of employment

Changes In Vector Ecology
Lyme disease, West Nile Virus, hantavirus, malaria, encephalitis

Food System Impacts
Malnutrition, food insecurity, higher food prices, foodborne illness

Severe Weather & Floods
Injuries, fatalities, loss of homes, indoor fungi and mold

Water Quality Impacts
Harmful algal blooms, campylobacteriosis, cryptosporidiosis, leptospirosis

CDPH (Adapted from CDC, J. Patz)
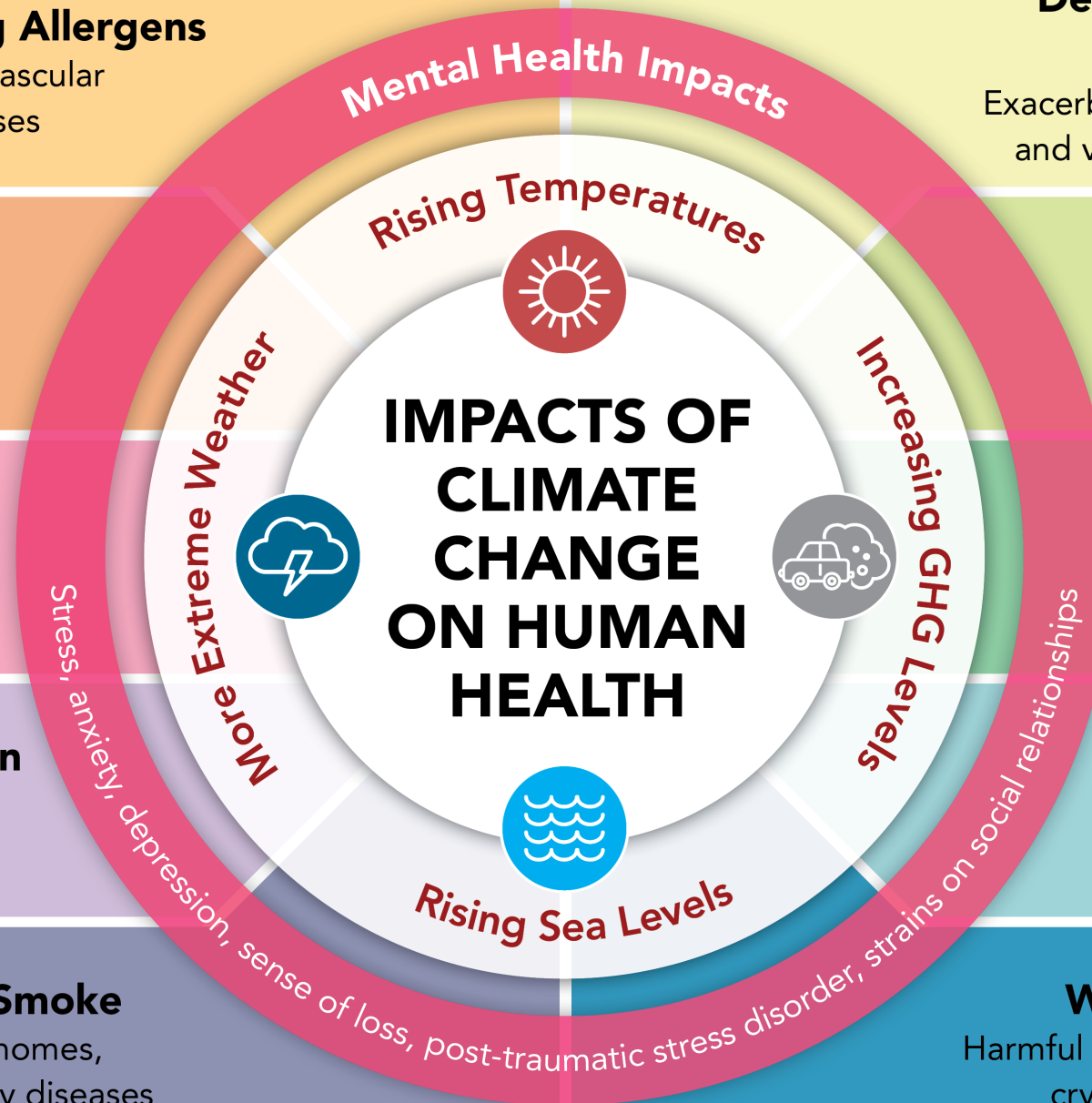
CLIMATE CHANGE IS ALREADY HARMING HUMAN HEALTH.

PEOPLE FACING INEQUITIES HURT FIRST AND WORST.

Image: Public News Service

Image: UC Davis

Image: CBS SF/Local

Image: US News

©Depositphotos.com/zenpi

2 Questions on Climate Change's Impact on Californians:

- **For adults:** Was your mental health or the mental health of members of your household affected by any of these events?

  - extreme heat waves
  - flooding
  - wildfires
  - smoke from wildfires

  - public safety power shutoffs when electricity was shut off to prevent a wildfire

- **For teens:** Does the issue of climate change make you feel nervous, depressed, or emotionally stressed?

- **Racial and health equity frame**

- Support **mutual aid** and **community-based peer led efforts**, and services and structures that build **social cohesion**

- Enhance skills, strengths, and resources to **prevent** and **heal from trauma**

- Provide community members will tools and skills to **regulate** and **calm mind, body, emotions, increase linkages to social networks**

- Use hardships as **transformational catalyst** to find new source of meaning, purpose, and hope ("presencing" and "purposing")

Primary Prevention of Mental Health Impacts of Climate Change

- **Meet peoples' basic needs:** housing, economic security, food, water, safety, clean environment, education, transportation

- **Address existing inequities** that place some people at higher risk of mental health impacts and the health impacts of climate change:
  - **structural racism**
  - **economic inequality**
  - other forms of **discrimination**

- Support policies to **reduce greenhouse gas emissions**

  - Collaborate with public health, emergency services, etc. in **climate change & disaster planning** (Local Hazard Mitigation Plans, Climate Action Plans, Planning Commissions, etc.)

Presenter

Kanwarpal Dhaliwal *(she/her)*
Associate Director & Co-Founder
RYSE

RYSE: Rooted in Belonging & Liberation

RYSE's Roots

RYSE was born from BIYOC (Black, Indigenous, Youth of Color) organizing to change conditions in Richmond and beyond. They understood creative expression, centering relationships, and being adaptive and responsive as key tenets of safety, belonging, and healing. They called on systems and adults to build power together with young people to dream and enliven beloved community that is just and affirms their humanity. RYSE Commons was always part of the vision: a campus dedicated to and lifting up youth culture, innovation, creativity, healing and connection.

RYSE Commons - Liberatory Health Home

✓ 45,000 sq. ft campus
✓ Expanding age range
✓ Expanding partnerships
✓ Space for emerging efforts
✓ Youth Power Building

What happens in this home:

➢ Sanctuary and safe space

➢ Space to connect, grieve, heal, play, learn, and lead

➢ Programs in Community Health, Youth Organizing, Media, Arts & Culture, Education & Justice

➢ Trauma response and triage

➢ Resilience and Liberation Hub

RYSE as liberatory public health

Versed in...

Social Determinants of Health and Health Disparities/Inequities, Ecological Model

Conventional social science models of program design and evaluation

Cross-sector collaboration/coordination

Resource cultivation and sustainability

Invested in...

Structural Conditions of (Dis)ease and Liberation; Intersectionality, Critical Race Theory, Embodiment

Radical inquiry: proximate, responsive, adaptive; tender in our relationships, strident in our values

Beloved community; Truth, Reckoning, Reconciliation

Reparations, redistribution of risk and resources

Interacting Layers of Trauma and Healing

RYSE CENTER

Dehumanization and Distress

Nation Building by Enslavement, Genocide, Colonization, Economic Exploitation, Resource Extraction, White Supremacy, Patriarchy...

Systemic Subjugation of BIPOC by Interacting Policies & Systems: (Capitalism): Broken Treaties, Jim Crow, War on Drugs, Mass Incarceration, Criminalization of Poverty & Survival, Anti-Immigrant/Imperialist Policies, Redlining and Gentrification, Climate Violence, Harmful Media Narratives ...

Atmospheric Distress that includes Interpersonal, Family, Community Violence & Exposure; Sexual Exploitation/Gender Violence, Displacement, Lack of Safe Passage and Spaces; Lack of Green Spaces, Underinvestment, Oversurveillance...

Embodiment and Expression of Distress through Personal Traumatic Experiences; Bullying/Gender Violence, Family Systems Stressors, ACEs, Shame and Blame, Generational Transmission...

History, Legacy & Structure

Systems & Institutions

Community & Place

Individual & Interpersonal
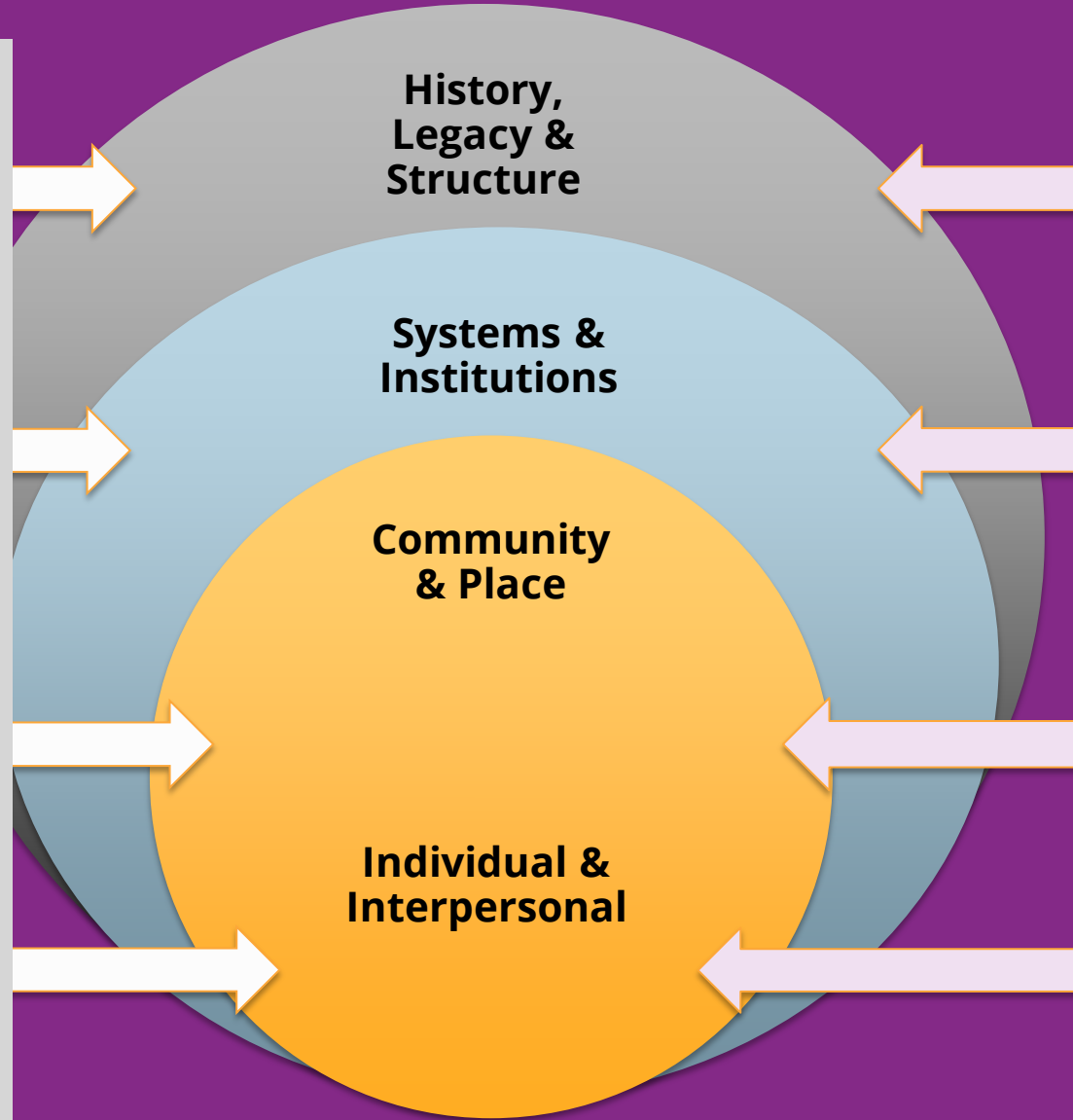
Liberation and Healing

Collective Liberation by Truth & Reconciliation, Reparations, LandBack, Redistribution, Open Borders/No Borders, Multi-racial Solidarity, Gender Justice, Just Transitions...

Lead with Love and Justice by Healing-Centered & Restorative Practices, Listening Campaigns, Collective Care, Identity Affirming, Adaptive, Responsive, and Proximate, Land and Power-sharing (Nothing about us without us)...

Build Beloved Community by Radical Inquiry, Popular Education and Culture Building, Celebration and Affirmation; Healing Spaces, Land Acknowledgement, Arts & Expression, Base & Power-Building...

Honor Resilience and Fortitude by Listening & Validating, Processing/Integrating Personal Traumatic Experiences, Family Healing, Tailored Supports & Opportunities, Loving Connections To Each Other and The Land; Loving, Predictable Structure...

RYSE, 2019

Adult Allyship and Solidarity

RYSE CENTER

We remember we are in service to young people, not the systems

We tend to what young people need, want, hope, and expect. We make space for young people to consider what they need, want...

We build awareness and sensitivity to oppression and privilege and how it shows up in our lives and in the work

We take righteous risks and commit to healthy struggle

We engage in collective learning, unlearning, dreaming, and healing

Presenter

Kyle X. Hill, Ph.D, MPH *(he/him)*
Assistant Professor
Department of Indigenous Health
University of North Dakota School of Medicine and Health Sciences

Presenters

SWEET POTATO PROJECT 2

Patrick Hamilton *(he/him)*
Program Manager
West Fresno Family Resource Center

Ben Britton *(he/him)*
Program Assistant
West Fresno Family Resource Center

Aleks Rodas *(she/her)*
Program Assistant
West Fresno Family Resource Center

Essienia Porter *(she/her)*
Program Assistant
West Fresno Family Resource Center

Andre Smith *(he/him)*
Program Assistant
West Fresno Family Resource Center

Samad Walton *(he/him)*
Program Assistant
West Fresno Family Resource Center

WHO WE ARE:

- A Prevention and Early Intervention program (PEI) that aims to prevent and/or reduce high school drop-outs, substance abuse, and gang involvement among youth ages 12-18 years old living in SouthWest Fresno, California.

- The Sweet Potato Project is a part of the California Reducing Disparities Project (CRDP), a first kind Prevention and Early Intervention initiative funded by the Mental Health Services Act (MHSA, OR Proposition 63).

- Philosophy: Our mission provides early prevention and early intervention tools that focus on the emotional and psychological challenges youth may face during their physical development. This program was designed to build strength, resilience, coping skills, leadership, and entrepreneurship skills. By being proactive and anticipating the challenges our youth may encounter, we intend to help maneuver, dodge, and avoid negative consequences.

Sweet Potato Project 2 Youth Quotes

LESSONS ON RESILIENCE IN THE FACE OF TRAUMA & DAILY STRESSORS

Youth in our program face various types of hardship from family violence, loss of family, poverty, food insecurity, lack of support and safety, intense peer pressure to do drugs and gang initiation.

10 Ways to Build Resilience

Our lessons on resilience are used to educate our students on how to maneuver through life without ever giving up. We give them the necessary tools needed to build resilience to become successful in their lives. The following are the top 3 lessons our students enjoyed the most.

- making connections
- accepting that change is a part of living
- nurturing a positive view of yourself

Sweet Potato Project participant, Jay-Lynn Rodriguez with Earl Hall, owner of Hall Management Corp., near a tractor donated by Hall, during the Sweet Potato harvest, Saturday, Oct. 29, 2022. Dympna Ugwu-Oju *Fresnoland*

Resilience training in the field

CLIMATE CHANGE &
MENTAL HEALTH

- Climate change has impacted the Central Valley in various ways like extreme heat, wildfires, and drought.

- In Fresno, the most vulnerable and underrepresented communities are impacted by this global phenomenon.
  - Our youth come from these communities.
  - Fresno reaches as high as 115 degrees during the summer.
  - Extreme heat affects our overall well-being as well as our mental health.
  - Extreme heat can have long-term impacts on our youth and their families.
  - **SWEET POTATO PROJECT IS AN ASSET TO THE COMMUNITY!!**

U.S. Drought Monitor
California
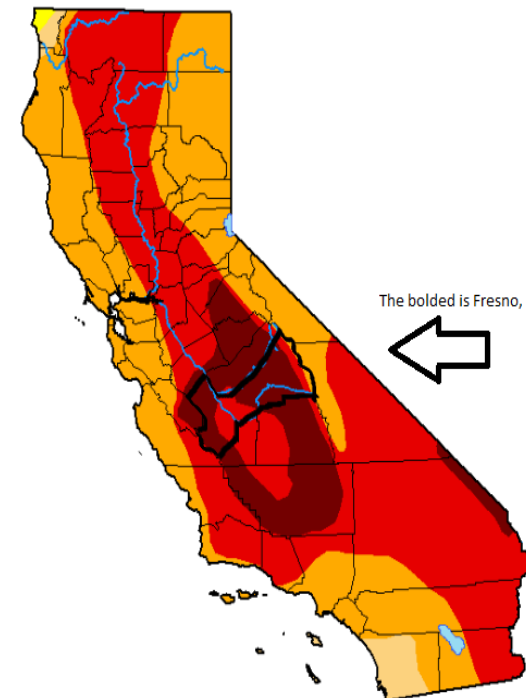
July 12, 2022
(Released Thursday, Jul. 14, 2022)
Valid 8 a.m. EDT

The bolded is Fresno, CA.

Intensity:
- None
- D0 Abnormally Dry
- D1 Moderate Drought
- D2 Severe Drought
- D3 Extreme Drought
- D4 Exceptional Drought
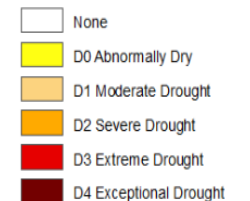
The Drought Monitor focuses on broad-scale conditions. Local conditions may vary. For more information on the Drought Monitor, go to https://droughtmonitor.unl.edu/About.aspx

Author:
Brian Fuchs
National Drought Mitigation Center

USDA NDMC

droughtmonitor.unl.edu

Success & Challenges

- *Challenge:* COVID-19 Pandemic did not allow for us to meet but we created an online platform for us to connect.

- Greater Missionary Baptist Church blessed the program with a safe space for everyone to meet.

- *Challenge:* During the off-season which is a 2-month break, the youth get disconnected.

- Success: Created a committee for the kids to still have a safe space to go to during the off season and give input on what is needed in the program.

- *Success:* 1500 Surveys were distributed by the youth to collect data on community needs which was then distributed to various organizations. Those organizations were able to create programs with that data to meet the needs of the community.

- *Success:* A tractor, a truck, and a trailer were donated by Hall Ag Enterprises. Porta Pottys donated by 28 Ag. Farm implements donated by Al Smith. B&A provided labor crews and storage for farming equipment.

- *Success:* SPP have various events that are created and put together by the youth in this program.
- New ways of thinking & thinking outside of the box
- Shows youth know they can do anything they put their mind to
- Events allow for the youth to be innovators and entrepreneurs
- Prepares them to be young leaders in the community

Future plans

Copy right SPP curriculum
- Allows us to share our curriculum for others to use.
- A satisfactory attribution is given to us as the original creators.

Dual enrollment with high schools
- Elective course
- College credit

Food truck
- Provide employment opportunities and a sense of ownership and pride to the youth in this program

Sweet Potato Project 2 Creed

Sources

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- West Fresno Family Resource Center. (2022). *Sweet potato project*. https://www.wfresnofrc.org/sweet-potato-project

Discussion Facilitator

Linda Helland *(she/her)*
Manager
Climate Change & Health Equity Section
Office of Health Equity
CA Dept of Public Health

Please ask questions using Zoom chat function