

2024 ANNUAL REPORT

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Message from our Chairman

Dear Citizens of Florida and Respected Stakeholders,

I would like to take this opportunity to update you on an important fundamental shift in the Council's approach to research and data collection. This shift marks our transition from one year study annual reports to a more comprehensive, multi-year study of the challenges and opportunities facing Black men and boys across Florida. Although we will publish annual reports, these reports will be aimed at the data collected thus far in the multi-year study.

Our decision to adopt a multi-year research approach comes from the recognition that many of the systemic issues we are addressing—such as educational disparities, economic inequality, and social justice concerns—require deeper analysis and long-term observation. Annual reports, while useful, often capture only a snapshot in time, offering limited insights into the root causes of these issues or the effectiveness of interventions.

By taking a multi-year approach, we will be able to gather more extensive data, analyze long-term trends, and develop policies that are more targeted and effective. This will allow us to create meaningful and sustainable solutions to the challenges faced by Black men and boys in our state. The citizens of Florida can expect more precise recommendations that reflect a clearer understanding of the underlying issues, leading to improved social services, educational programs, and job opportunities that directly benefit communities across the state.

For the Council, this shift provides the opportunity to make data-driven decisions that are backed by years of research, ensuring that our recommendations are not based on short-term trends but are truly transformative. We will be able to measure the long-term impact of existing policies and adjust strategies based on what has proven successful. Additionally,

this approach enhances our accountability and transparency, as we will be tracking progress over several years, showing a clearer trajectory of improvement in the lives of Black men and boys in Florida.

This multi-year framework will also foster stronger collaborations with academic institutions, research organizations, and nonprofits. Longer-term studies naturally encourage partnerships, and by aligning our work with the efforts of other research entities, we will increase both the quality and quantity of data. These collaborations will provide new opportunities for shared knowledge, expanded expertise, and joint advocacy for policy changes that reflect the true needs of the community. We anticipate that these partnerships will help us attract additional funding from grants focused on long-term research, further amplifying the Council's impact.

While we shift to a multi-year study, the Council will continue to produce annual reports to share data collected to date. Although the information may be incomplete during the course of the long-term study, these annual reports will offer valuable insights and a snapshot of the progress being made. This data will provide stakeholders with interim findings and allow us to adjust or refine our approaches where necessary. More importantly, it will offer additional information that may better inform our recommendations for policies that address the evolving needs of Black men and boys in Florida.

In conclusion, this multi-year approach, supplemented by annual updates, will allow us to provide more reliable, actionable insights into the lives of Black men and boys in Florida. With this shift, we can address the systemic challenges more effectively, create lasting change, and promote equality and justice in our state.

Thank you for your continued support and commitment to this important work.

Sincerely,

A handwritten signature in black ink, reading "Jerome Hill". The signature is fluid and cursive, with the first name "Jerome" being more prominent and the last name "Hill" following in a similar style.

Jerome Hill
Chair



Message from our Executive Director

Greetings,

As the Executive Director of the Florida Council on the Social Status of Black Men and Boys, it is with immense pride that I reflect on the progress and accomplishments we have achieved over the past year. Together with the unwavering commitment of the Council members and the dedication of our staff, we have made significant strides in fulfilling our mission to improve the quality of life and expand opportunities for Black men and boys throughout the state of Florida.

Over the past year, the Council has diligently worked to address the systemic challenges that continue to affect the social, economic, and educational status of Black men and boys. Our staff has played an essential role in executing key initiatives, from research projects that analyze pressing issues, such as disparities in health, mental health conditions, education, and criminal justice, to community engagement efforts aimed at raising awareness and fostering dialogue. Thanks to their tireless dedication, we have developed actionable recommendations for policy change and program development that can offer statewide impact for this population. As we reflect on these accomplishments, it is important to remember that our purpose remains steadfast. The Council was established to advocate for meaningful solutions that address the root causes of inequality and to work toward a future where every Black man and boy in Florida can thrive. Our vision is not only to illuminate the obstacles they face but to actively contribute to breaking down those barriers.

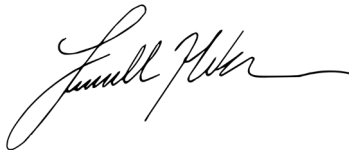
This year and beyond, we will continue our critical research efforts, which serves as the foundation of our work. The Council is currently expanding its data analysis to further examine the conditions of Black men and boys through

mental health, education, employment, poverty, etc. Our research allows us to develop informed recommendations that resonate with policymakers, community leaders, and other stakeholders who are crucial to creating lasting change. As we move ahead, the purpose and plans are to strengthen partnerships with key organizations, enhance mentorship and Council exposure, reinforce the need for research and broaden our policy advocacy. We are committed to increasing our engagement with community-based organizations and local government agencies to build solutions that are sustainable and rooted in the unique needs of each community. Additionally, we plan to launch new initiatives aimed at addressing mental health disparities by providing resources and strength-based research.

In closing, I want to express my deepest gratitude to the Council members, our hardworking staff, statewide partners and the Office of the Attorney General for their dedication and support. The work we do comes with challenges, but it is more important than ever. Together, we will continue to advance our mission, uplift our communities, and ensure that our efforts bring about the systemic changes needed for the future of Black men and boys across Florida.

Thank you for your continued support of the Florida Council on the Social Status of Black Men and Boys.

Sincerely,

A handwritten signature in black ink, appearing to read "Terrell Nelson", with a long, sweeping horizontal line extending to the right.

Terrell Nelson
Executive Director



WHO is CSSBMB?

CHAIRMAN



Jerome K. Hill
Program Administrator
Florida Agency
for Healthcare
Administration

VICE CHAIRMAN



Pat Smith
CPM Executive Director
Florida Children and
Youth Cabinet
Office of Communications
Florida Department of
Children and Families

1ST VICE CHAIRMAN



Justine D. Patterson
Regional Director
Florida Department of
Corrections

2ND VICE CHAIRMAN



Ben F. Shirley, Jr.
Regional Economic
Self Sufficiency Director
Florida Department of
Children and Families



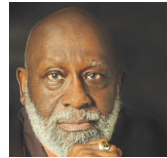
**Representative
Webster Barnaby**
Florida House of
Representatives



**Christopher
Benjamin**
County Judge
Miami Dade County



Dr. David Clay
Dr. David Clay LLC



T. Willard Fair
President and CEO
Urban League of
Greater Miami, Inc.



Glen Gilzean
Supervisor of Elections
Orange County



Alexander Jordan, Sr.
Director of Operations,
Emergency Management
Services, Safety and
Security
Division of Florida Colleges
Department of Education



Reggie Leon
Councilman
Miami Gardens



Mike Mason
Assistant Deputy
Secretary for Health
Florida Department of
Health



**Senator
Rosalind Osgood**
Florida State Senate



Marva H. Preston
Grace Embraced Outreach
Ministry, Inc.



**Senator
Corey Simon**
Florida State Senate



Marcus Smith
Program & Policy Chief
Florida Department of
Juvenile Justice



Raymond Spaulding
Director of Specialized
Services
Florida Department of
Management Services



**Terrell
Nelson**
Executive Director



**Yata
Caine**
Research Coordinator



**Raegene
Anderson**
Research Assistant



OUR HISTORY

Inspired by the efforts in other states, Senator Frederica Wilson with the help of former Representative Frank Peterman, led the charge to create a statewide council to address socioeconomic and other factors affecting the lives of Black men and boys in Florida. In 2006, the Florida Legislature created the Florida Council on the Social Status of Black Men and Boys to be administratively housed within the Attorney General's Office. The Council is charged with proposing measures to alleviate and correct the underlying causes of the conditions affecting Black men and boys, including homicide rates, arrest and incarceration rates, poverty, violence, drug abuse, death rates, disparate annual income levels, health issues and school performance. The Council is responsible for presenting their findings, conclusions, and recommendations in an annual report.

As outlined in 16.615, F.S., the Council shall consist of 19 specific appointees. Each member of the Council is appointed up to a four – year term. The Council is required to meet quarterly with additional meetings to be held at the call of the chairperson or a majority of the Council members.

MISSION

The Florida Council on the Social Status of Black Men and Boys is to research and propose measures that improve conditions affecting Black men and boys.

VISION

The Florida Council on the Social Status of Black Men and Boys is committed to engaging, educating, equipping and encouraging all Black men and boys to successfully achieve their full potential.

STATUTE

16.615 Council on the Social Status of Black Men and Boys

1) The Council on the Social Status of Black Men and Boys is established within the Department of Legal Affairs and shall consist of 19 members appointed as follows :

- Two members of the Senate who are not members of the same political party, appointed by the President of the Senate with the advice of the Minority Leader of the Senate.
- Two members of the House of Representatives who are not members of the same political party, appointed by the Speaker of the House of Representatives with the advice of the Minority Leader of the House of Representatives.
- The Secretary of Children and Families or his or her designee.
- The director of the Mental Health Program Office within the Department of Children and Families or his or her designee.
- The State Surgeon General or his or her designee.
- The Commissioner of Education or his or her designee.

(See page 29 for full Statute.)

PILLARS

The Florida Council on the Social Status of Black Men and Boys is committed to identifying strategies for meaningful change for the state of Florida's Black male community. The Council has worked hard to see the need, but we can't achieve it without the support of creating connections and communities across the state of Florida and adhering to our central core pillars of unification:



Values

Learning



Self-Worth

Unity

Prosperity

Family

WHAT is CSSBMB doing?

Strategic Realignment: Focusing on Mental Health

Since its establishment, the Council has employed a thematic approach to address the systemic challenges impacting Black men and boys in Florida. This strategy has enabled the Council to address a broad spectrum of issues and develop diverse policy recommendations, ensuring that its initiatives remained responsive to the evolving needs of our communities statewide. Each year, the Council would assess emerging trends, incorporate community feedback, and identify existing gaps in knowledge to determine a research focus with the potential for meaningful impact. While this approach has fostered adaptability, it also constrained the Council's capacity to generate in-depth insights and sustained advocacy on specific critical issues. Upon reflection, it became clear that a more cohesive and strategically focused approach to research was necessary.

In response to this insight, the Council has implemented a significant strategic shift this year. Rather than rotating its research focus annually, the Council has chosen to concentrate its efforts on mental health, with the aim of deepening its understanding and producing more substantive outcomes. This shift entails a three-year study that will focus specifically on the impact of mental health and well-being of Black men and boys, particularly in the context of systemic barriers and social determinants of health. This extended study offers several key advantages:

- **Depth of Understanding:** Mental health challenges are multifaceted and influenced by a wide range of factors, including social, economic, and cultural contexts. A multi-year study allows for a more thorough exploration of these factors, yielding richer data and more nuanced insights.
- **Longitudinal Data:** A longer study period facilitates the tracking of mental health trends over time, offering valuable insights into patterns, shifts, and the long-term effects of interventions. This longitudinal approach can reveal the progression or regression of mental health issues and highlight critical windows for effective intervention.
- **Building Trust and Relationships:** Long-term engagement with communities fosters trust and rapport, particularly in studies involving historically marginalized populations, where there may be a legacy of mistrust towards research initiatives. Sustained engagement enhances the credibility and impact of the study within these communities.
- **Inclusion of Diverse Experiences:** A multi-year study provides the opportunity to capture a broader array of experiences and challenges faced by Black males, including those related to life transitions, socioeconomic changes, and evolving community dynamics.

- **Policy Development:** The findings from a comprehensive, multi-year study will generate robust evidence to inform policy decisions and resource allocation. Policymakers will benefit from a deeper, more comprehensive understanding of the ongoing challenges and needs related to mental health among Black males.
- **Collaboration Opportunities:** A longer research timeline fosters opportunities for collaboration with community organizations, mental health professionals, and academic institutions, enhancing the study's reach and impact through a multidisciplinary approach.
- **Addressing Systemic Issues:** Mental health disparities are often rooted in broader systemic issues, such as racism, socioeconomic inequality, and limited access to care. A multi-year study offers the opportunity to investigate these factors in greater depth, supporting a more holistic understanding of the challenges faced by Black males.

A multi-year study focused on mental health among Black males will provide a more comprehensive and nuanced understanding of the issues at hand. This approach promises to yield more effective interventions and policy recommendations, ultimately addressing the unique mental health needs of this population in a meaningful and sustainable way.

CSSBMB Five-Year Strategic Plan 2028

Empowering Wellness: A Roadmap for Advancing the Health and Well-Being of Black Men and Boys in Florida

Vision: The Florida Council on the Social Status of Black Men and Boys (CSSBMB) is dedicated to engaging, educating, equipping, and encouraging Black men and boys to achieve their full potential.

CSSBMB strives to enhance the well-being of Black men and boys in Florida through evidence-based research, policy advocacy, and strategic communication. By fostering innovation and championing equity in healthcare and mental wellness, the Council seeks to deliver meaningful solutions to marginalized communities while celebrating their achievements.



**Celebrate
Achievements**



**Foster
Innovation**



**Deliver
Healthcare
Solutions**

Key Objectives & Goals

<i>Ensure, Access, & Financial Sustainability</i>	<i>Foster Organizational Excellence</i>	<i>Advance Collaboration to Improve Research & Policy Development</i>
GOAL: Increase the Council's visibility, strengthen engagement with citizens and stakeholders, and secure sustainable funding sources.	GOAL: Improve the Council's operational efficiency by implementing a unified framework for decision-making and resource allocation.	GOAL: Position the CSSBMB as one of Florida's leading authority and catalyst for change regarding Black men and boys.



Monthly Timeline & Project Milestones



Mental Health Disparities Among Black Men and Boys in Florida

Mental health is a fundamental aspect of overall well-being, yet it remains one of the most underexamined and underserved areas of public health, particularly for marginalized populations. Among these groups, Black men and boys face unique and compounding challenges that significantly impact their mental health. These challenges are rooted in systemic inequities, economic barriers, and sociocultural stigmas that intersect to create disproportionate risks and barriers to care.¹ In Florida, with its large and diverse Black population, the urgency of addressing these disparities is both a moral and public health imperative.

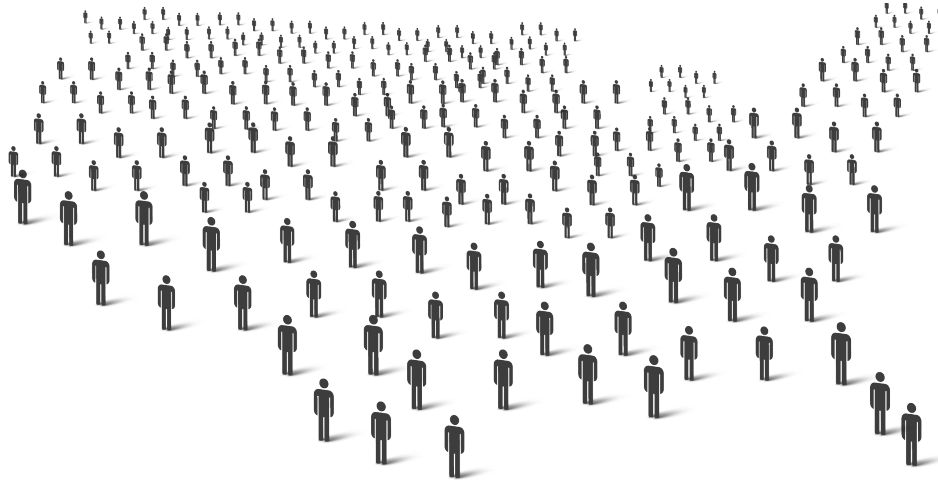
The stigma surrounding mental health in Black communities, particularly among men and boys, is deeply entrenched. Societal expectations often equate masculinity with stoicism, discouraging expressions of vulnerability and emotional distress.^{2 3} Additionally, the historical mistreatment of Black populations by healthcare institutions—epitomized by abuses such as the Tuskegee Syphilis Study—has fostered a pervasive mistrust of medical and mental health systems.⁴ These dynamics, compounded by the lack of culturally competent care, leave many Black men and boys navigating mental health challenges in isolation. Studies show that untreated mental health conditions such as depression, anxiety, and post-traumatic stress disorder (PTSD) are disproportionately prevalent within this population, leading to adverse outcomes that affect not only individuals but entire communities.^{5 6}

Florida's socioeconomic landscape further intensifies these disparities. Higher rates of poverty, unemployment, and housing insecurity among Black communities increase susceptibility to mental health issues while simultaneously limiting access to care.⁷ Urban cities such as Miami, Jacksonville, and Ft. Lauderdale, which host significant Black populations, also exhibit stark disparities in the availability of mental health resources.⁸ Furthermore, systemic factors such as exposure to racial discrimination, community violence, inequities in education and policing intensify the stressors experienced by Black men and boys, reinforcing cycles of trauma and mental health neglect.^{9 10}

Addressing these issues requires a nuanced understanding of the intersectionality of race, gender, and socioeconomic status in shaping mental health outcomes. This annual report explores the state of mental health among Black men and boys in Florida, emphasizing the systemic barriers they face, the socioeconomic determinants of mental health, and the critical gaps in care. By examining the unique experiences of Black men and boys, this report seeks to highlight not only the challenges they encounter but also the solutions they envision for improving mental health outcomes in their communities.

Did You Know?

There are approximately **20 million** Black males in the **United States**.¹¹



Over the last two decades, suicide rates for Black males in the U.S. have surged by 60%.¹²



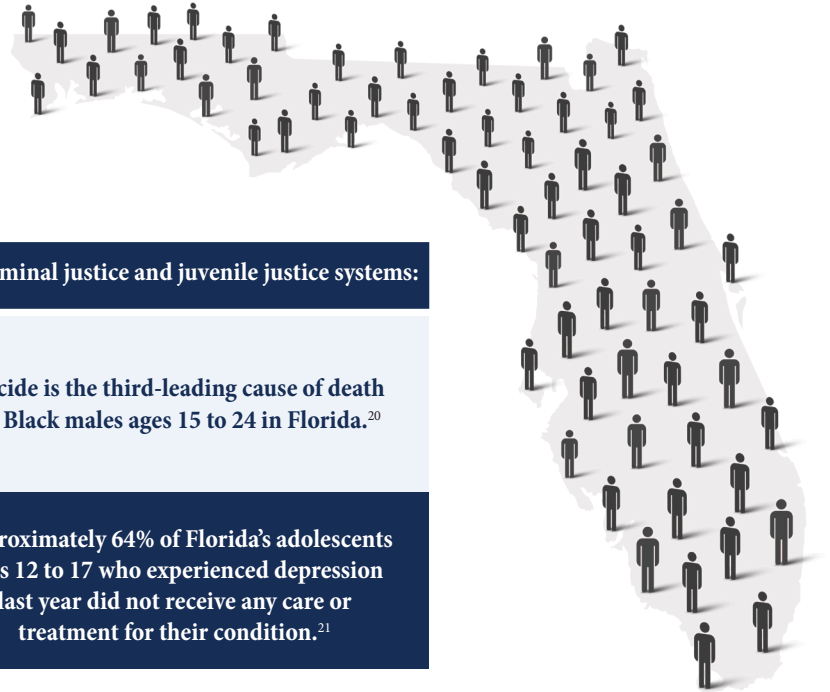
Black males in the U.S. are four times **more** likely to die by suicide than Black females.¹³



Black males in the U.S., ages 18-25 are more likely to experience serious mental conditions compared to white males.¹⁴

Less than 80% of Black adolescent males with persistent mental health challenges in the U.S. receive the necessary mental healthcare, a significant disparity compared to their white counterparts.¹⁵

In Florida, there are **approximately 1.6 million** Black males.¹⁶ The state has the third-highest rate of adults experiencing mental health conditions in the nation, with half of these individuals not receiving the mental healthcare they need.¹⁷



Black males are disproportionately represented in the criminal justice and juvenile justice systems:

70% of adolescents in Florida's juvenile justice system have a diagnosed mental health condition.¹⁸

Suicide is the third-leading cause of death for Black males ages 15 to 24 in Florida.²⁰

Nearly 40% of adults in jails and prisons have a history of mental illness.¹⁹

Approximately 64% of Florida's adolescents ages 12 to 17 who experienced depression last year did not receive any care or treatment for their condition.²¹

Prioritizing Mental Wellness for Black Males

Prioritizing mental wellness for Black males remains a critical priority in addressing the systemic, cultural, and interpersonal factors that disproportionately affect their mental health outcomes. Recent studies confirm that Black men encounter significant barriers to accessing mental health care, including economic hardship, a lack of representation in the mental health workforce, and culturally ingrained stigmas against seeking emotional support.^{22 23} These challenges emphasize the urgent need for targeted wellness initiatives that empower Black males to thrive in the face of adversity while fostering community resilience.

Promoting Resilience: Focusing on mental wellness enables Black males to build resilience—an essential tool for adapting to and overcoming adversity. Programs that incorporate culturally specific approaches, such as mindfulness tailored to Black experiences, have demonstrated success in fostering emotional regulation and resilience in underserved populations.²⁴ By enhancing coping skills, such interventions can reduce vulnerability to depression, anxiety, and other mental health challenges.²⁵

Combatting Stigma: Stigma remains a major obstacle to mental health care for Black men, as societal norms often link emotional expression with weakness. This discourages vulnerability and prevents open conversations about mental health. Initiatives such as *Men to Heal* and *Therapy for Black Men* work to dismantle these barriers by offering culturally tailored, judgment-free spaces for Black men to seek help.²⁶ Research indicates that culturally competent care increases engagement in treatment and reduces stigma, fostering greater openness about mental wellness.²⁷ As awareness grows, these programs help shift perceptions and encourage Black men to prioritize their mental health without fear of judgment.

Enhancing Coping Strategies: Effective coping strategies are crucial for promoting mental wellness among Black males. Culturally tailored interventions, such as cognitive-behavioral therapy (CBT) and trauma-informed yoga, have shown promise in improving emotional regulation and stress management.²⁸ Studies suggest that adapting CBT to address racial stressors enhances its effectiveness, while trauma-informed yoga helps manage the somatic impact of racial trauma.²⁹ Community-based programs also play a key role by providing peer support and integrating culturally resonant practices, fostering a proactive framework for mental health.³⁰ By combining evidence-based methods with cultural relevance, these strategies empower Black males to better cope with life's challenges.

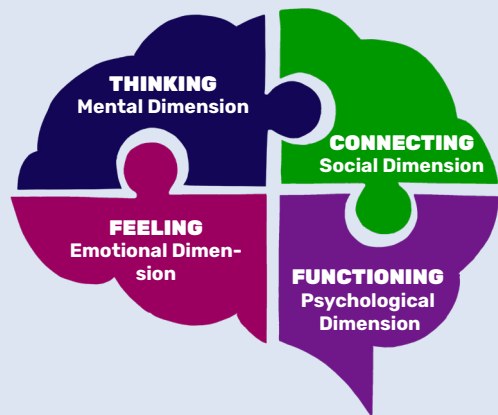
Fostering Community Connections: Strong social support networks are pivotal to mental wellness. Culturally attuned peer mentorship programs and support groups have been instrumental in fostering a sense of belonging and collective healing among Black males. For instance, community-driven initiatives in urban centers like Miami and Jacksonville have demonstrated measurable improvements in self-esteem and social cohesion among participants.^{31 32}

Addressing Systemic Barriers: Structural inequities, including underrepresentation of Black therapists and mistrust of healthcare systems, exacerbate mental health challenges in Black communities. Recent federal policy recommendations advocate for increasing the availability of culturally competent care and expanding Medicaid coverage for mental health services.³³ Addressing these barriers through advocacy and

systemic reform is critical for bridging gaps in care and promoting equitable mental health outcomes.

By prioritizing mental wellness over merely treating mental health conditions, we can create a supportive ecosystem that empowers Black males to overcome challenges and reach their full potential. This holistic approach not only improves individual well-being but also strengthens communities by fostering resilience, equity, and collective healing.

What is Mental Wellness?³⁴



Mental wellness is an internal resource that helps us think, feel, connect, and function; it is an active process that helps us to build resilience, grow and flourish.

Source: Global Wellness Institute

Understanding the Difference Between Mental Health & Mental Wellness

Mental health and mental wellness are frequently conflated; however, they constitute distinct yet interrelated components of psychological well-being. A nuanced understanding of their differences is imperative, particularly when examining the unique challenges faced by specific populations, such as Black males. This group often encounters distinct stressors that can impact both their mental health and mental wellness, necessitating targeted strategies to promote resilience and enhance their overall quality of life.

Mental Health: Definition and Determinants

Mental health refers to an individual's emotional, psychological, and social well-being, encompassing a range of diagnosable conditions such as depression, anxiety disorders, and schizophrenia.³⁵ These disorders are characterized by symptoms that impair daily functioning, interpersonal relationships, and quality of life. For example, untreated anxiety disorders may manifest as chronic stress, potentially exacerbating physical health issues like hypertension—a condition that disproportionately affects Black males.³⁶

The determinants of mental health are multifaceted, including genetic predispositions, environmental stressors, socioeconomic disparities, systemic inequities, and lived experiences of trauma.³⁷ Addressing these factors often require professional intervention, such as psychotherapy, pharmacological treatment, or community-based support programs. Despite the availability of such resources, cultural stigma and structural barriers frequently deter individuals from seeking care, underscoring the need for culturally responsive and accessible mental health services.³⁸

Mental Wellness: A Proactive Paradigm

In contrast, mental wellness encompasses a proactive and holistic approach to sustaining psychological well-being.³⁹ Rather than focusing on the diagnosis and treatment of disorders, mental wellness emphasizes preventative measures that foster emotional resilience, stress management, and overall balance.⁴⁰ This paradigm highlights the importance of daily practices such as mindfulness, regular physical activity, adequate sleep, self-care, and cultivating supportive social networks. These behaviors not only enhance emotional stability but also mitigate risk factors associated with mental health disorders.⁴¹

For Black males, prioritizing mental wellness within culturally affirming frameworks is particularly crucial, given the compounded impact of systemic inequities and cultural pressures. Such approaches can provide individuals with the tools to navigate complex stressors while maintaining emotional equilibrium.⁴²

Interdependence of Mental Health and Mental Wellness

While mental health focuses on addressing specific disorders requiring clinical intervention, mental wellness provides a preventative framework aimed at maintaining psychological stability and reducing the risk of developing severe conditions. Together, these concepts represent complementary facets of psychological well-being. Integrating strategies that prioritize mental wellness with robust, accessible mental health care can foster a more comprehensive approach to promoting resilience and improving quality of life.

Historical Context of Black Men and Boys in Florida: Impact on Mental Wellness

To understand the current mental wellness landscape for Black males, it is essential to examine the historical context that has shaped their experiences. The legacy of systemic racism, economic disenfranchisement, and social marginalization has created an environment where mental health concerns are often overlooked or stigmatized within Black communities. The roots of racial inequality can be traced to the era of slavery, followed by the enforcement of Jim Crow laws that upheld racial segregation and discrimination.⁴³ Black males, were subjected to violence, dehumanization, and the denial of basic rights. This legacy of historical trauma continues to affect psychological well-being across generations, contributing to a collective mistrust of institutions, including the healthcare system.⁴⁴ As a result, many Black males are less likely to seek mental health support due to fear of discrimination or lack of culturally competent care.⁴⁵

In Florida, the economic struggles of Black communities have been compounded by both historical and contemporary barriers. Following the abolition of slavery, discriminatory practices in employment, housing, and education severely restricted economic mobility for Black individuals.^{46 47 48} This legacy persists today, exacerbated by issues such as gentrification and rising living costs that disproportionately affect Black families.⁴⁹ Financial instability is closely linked to mental health challenges, with economic stress serving as a significant contributor to anxiety, depression, and hopelessness among Black males.^{50 51} Recent research underscores that these economic pressures often exacerbate pre-existing mental health conditions, leading to a cycle of poor mental wellness that is difficult to break.⁵²

The educational system in Florida has also played a role in shaping the mental wellness of Black males. Historically, underfunded Black schools and the lingering effects of racially discriminatory policies have contributed to an achievement gap that persists in contemporary education.⁵³ Black males face lower graduation rates and limited access to higher education, which limits their opportunities for economic advancement and social mobility.⁵⁴ ⁵⁵ The pressure to succeed in an environment that has historically marginalized them often leads to mental health struggles, as Black males navigate both personal and systemic barriers to success.⁵⁶

Cultural narratives around masculinity within the Black community also influence mental wellness. The expectation to "tough it out" or avoid showing weakness can discourage Black males from seeking help or expressing vulnerability. This stigma, rooted in the historical necessity of resilience against oppression, reinforces the idea that mental health struggles are a sign of weakness rather than a legitimate health concern. As a result, Black males may suppress their emotional distress, which can lead to untreated mental health conditions and more severe psychological outcomes over time.⁵⁷

Despite these challenges, Black communities in Florida have demonstrated resilience and solidarity. From religious institutions to grassroots organizations, Black males have historically built strong support networks to combat the effects of systemic oppression.⁵⁸ These community systems provide critical emotional and social support, which helps to mitigate some of the mental health challenges faced by Black males. In recent years, there has been a growing movement to address mental health more openly within these communities.

The historical context of Black males in Florida is marked by a complex interplay of trauma, resilience, and ongoing challenges related to mental wellness. Understanding this context is essential for creating mental health interventions and support systems that resonate with the lived experiences of Black males. By acknowledging the historical legacy of oppression and addressing the systemic barriers that persist today, Florida can move towards a future in which mental wellness is prioritized and accessible for all.

HOW will CSSBMB address the existing issues?

H.E.R.O.es for Black Males Initiative

The Council is excited to introduce the **Helping Empower Resilient Outcomes H.E.R.O.es for Black Males Initiative**, a transformative three-year research initiative designed to address critical challenges faced by **Black adolescent boys** and **Black adult males**. This initiative seeks to understand the unique lived experiences of these interconnected demographics while promoting solutions that foster equity and empowerment. Through this initiative, the Council aims to:

- **Highlight Disparities:** Generate data-driven insights into the unique mental health challenges facing Black males.
- **Foster Understanding:** Inform stakeholders on the systemic and cultural factors influencing these outcomes.
- **Promote Equity:** Advocate for policies and programs that address mental health disparities while respecting the lived experiences and cultural contexts of Black males.
- **Empower Communities:** Equip Black males with tools for resilience and self-advocacy to navigate mental health challenges effectively.

The name '**H.E.R.O.es** for Black Males' reflects a community-centered commitment to proactive engagement and self-determination. Each element of the acronym encapsulates a core aspect of the initiative's vision:

Helping- Recognizing the power of collective action, this component emphasizes collaboration across communities to identify pressing issues and craft evidence-based strategies. By fostering a shared sense of purpose, we aim to empower Black males to thrive individually and collectively.

Empower- Empowerment lies at the heart of the initiative. We will provide tools, resources, and strategies to enhance self-advocacy, resilience, and holistic well-being, enabling Black males to navigate systemic barriers and seize opportunities for growth.

Resilient- Highlighting the inherent strength of Black males, this element focuses on celebrating and cultivating resilience. Through targeted research, we aim to understand and address the social, psychological, and systemic factors that shape their experiences, fostering a narrative of perseverance and triumph.

Outcomes- Our commitment to measurable change drives this initiative. By developing interventions and prevention strategies based on rigorous research, we aim to create tangible improvements in the mental, social, and economic well-being of Black males.

Rationale for Research Initiative

The **H.E.R.O.es** for Black Males Initiative emerges from a critical need to address the disproportionate mental health outcomes experienced by Black males. These outcomes reflect a complex interplay of systemic barriers, cultural factors, and environmental stressors that are often overlooked in traditional mental health research. A holistic understanding of Black males' lived experiences is essential to uncover the root causes of these disparities and to develop effective, culturally responsive solutions.

To effectively address these disparities, our initiative takes a comprehensive approach, examining the full spectrum of Black males' lived experiences. This includes exploring historical and intergenerational trauma, economic challenges, and cultural dynamics that shape their mental health outcomes. By contextualizing mental health within the broader societal and cultural framework, our initiative seeks to identify patterns and influences that are often missed in conventional research.

Systemic and Environmental Influences: Black males often face heightened stress due to systemic racism, chronic economic inequality, and environmental adversity. These factors lead to elevated allostatic load, a measure of cumulative stress, which increases susceptibility to mental health disorders and chronic illnesses like hypertension and depression.⁵⁹ For instance, research shows that racism-related stress produces physiological and psychological harm, exacerbating mental health disparities across generations.⁶⁰

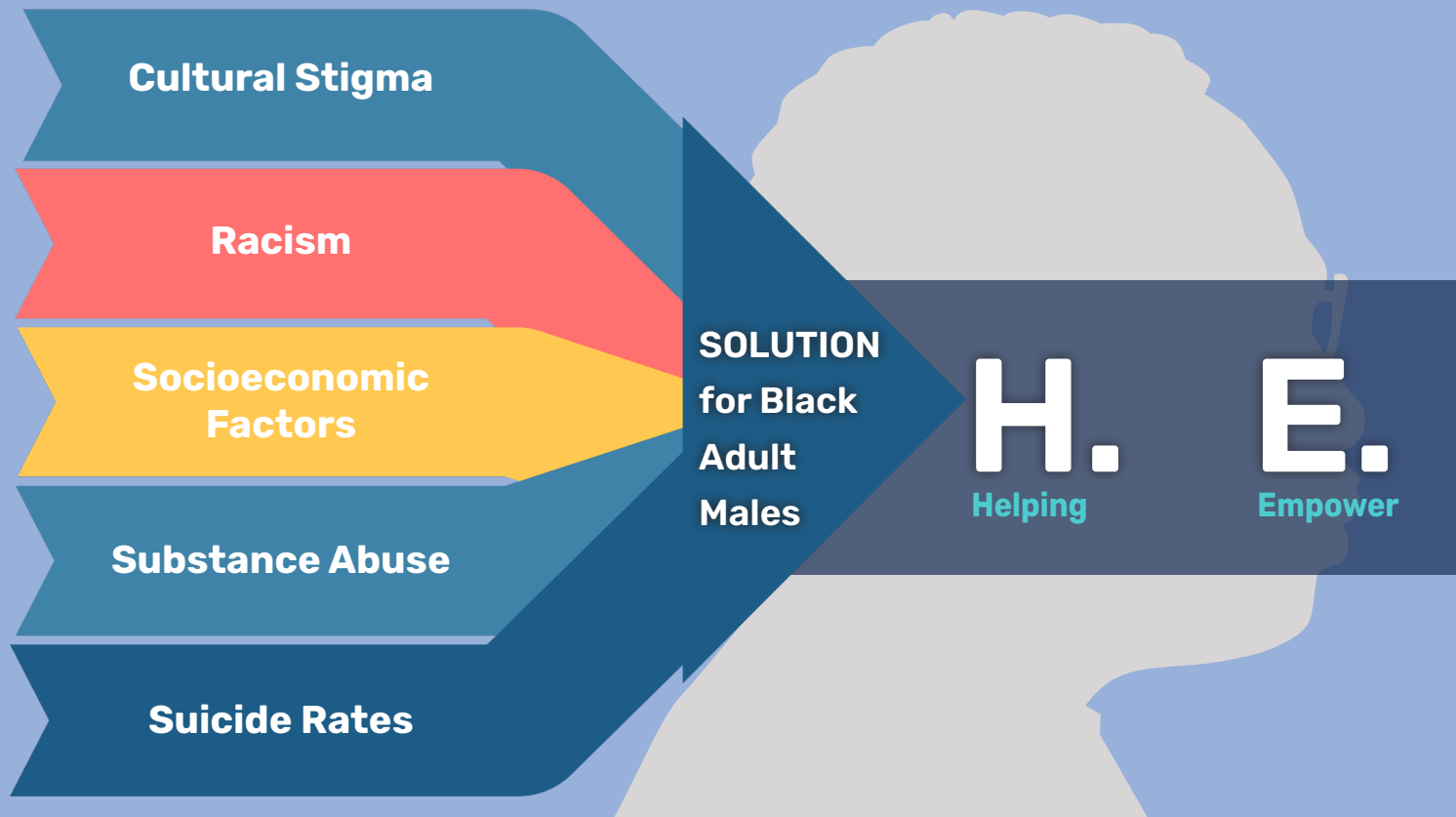
Stigma and Mistrust in Mental Health Care: Cultural stigma around mental health and deep-seated mistrust in medical institutions deter many Black males from seeking help. Generations of discrimination have created barriers to access, including fear of misdiagnosis and the perception of mental health care as unrelatable or punitive. Black individuals, for example, are less likely to receive culturally sensitive care, contributing to underdiagnosis and untreated mental health conditions.^{61 62}

Broader Wellness Approach: The initiative also highlights the need to expand the conversation from "mental health" (focused on diagnosis and treatment) to "mental wellness"—a proactive, holistic model emphasizing resilience, emotional regulation, and community-based interventions. Studies have demonstrated that trauma-informed practices, mindfulness, and culturally relevant therapies can significantly improve outcomes by addressing both individual and systemic needs.⁶³

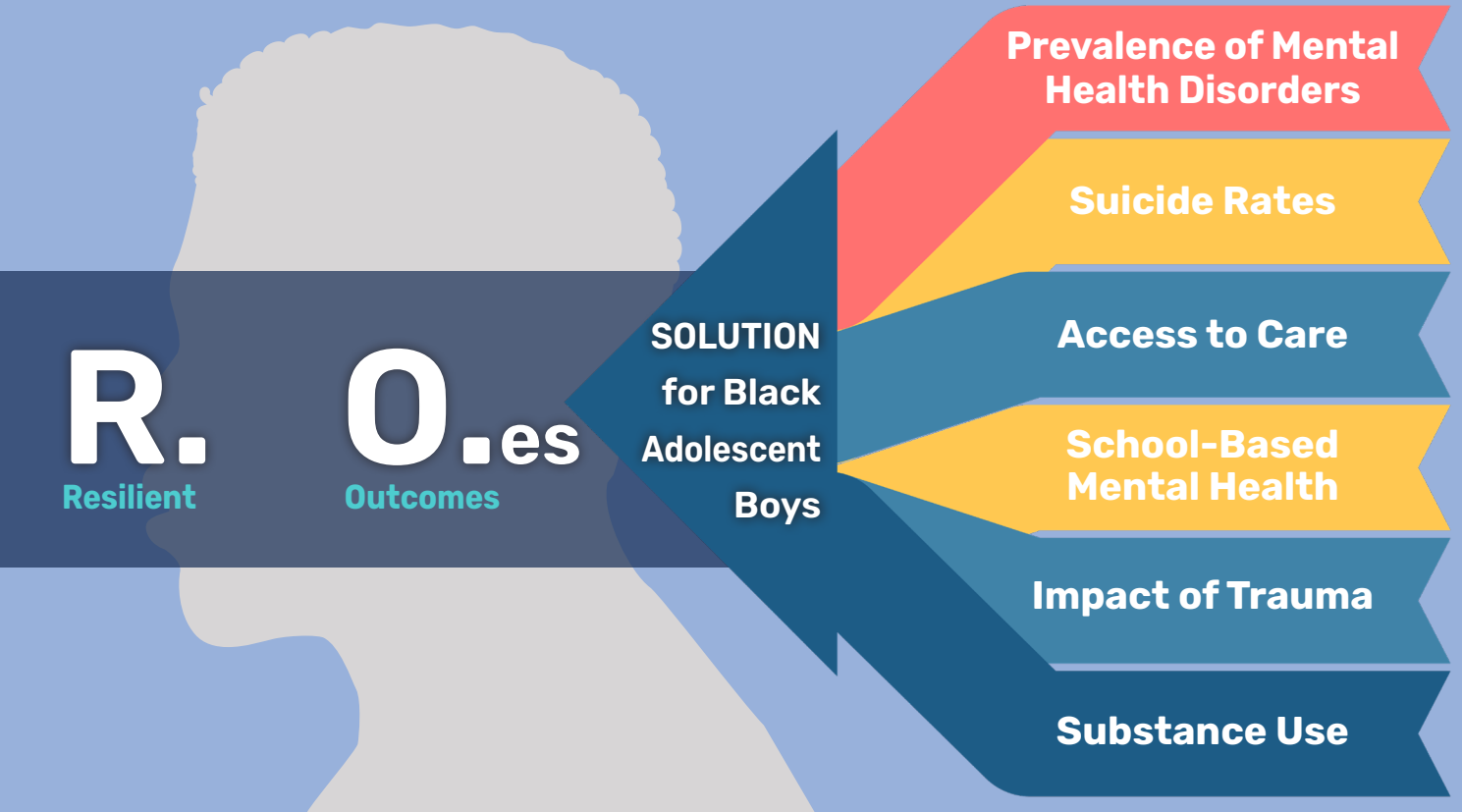
Linking Research to Interventions: By addressing these overlapping issues, the initiative seeks to inform equitable policies and community programs, fostering environments where Black males can thrive mentally and emotionally. This approach integrates actionable research with real-world applications to dismantle stigma, empower individuals, and promote long-term wellness.

The **H.E.R.O.es** for Black Males Initiative is more than a research effort—it is a call to action. This research-driven initiative aligns with evidence-based strategies that have shown success in reducing disparities, fostering trust, and enhancing mental health outcomes in underserved populations.

CRITICAL AREAS AFFECTING BLACK MALES



AND BLACK ADOLESCENT BOYS



2024 Annual Report Recommendations

Research shows that Black males face disproportionately high rates of mental health challenges, driven by cultural stigma, socio-economic barriers, and systemic inequities. Addressing these disparities requires the State of Florida to adopt transformative strategies to reshape its mental health prevention and intervention efforts.

This can be achieved by enhancing access to mental health services through existing channels and broadening the focus from treating mental health conditions to fostering overall wellness. By prioritizing culturally relevant and inclusive initiatives, Florida can create impactful programs that promote healthier individuals and empower communities statewide.

Recommendation I: Expand Teletherapy Access and Address Mental Health Workforce Shortages for Black Males in Florida Schools

It is recommended that the **Florida Legislature** increase funding for the **Department of Education** to **enhance school-based behavioral health services** across Florida's school districts through telehealth. This investment would significantly improve access to mental healthcare for Black adolescent males, who often face cultural stigma and other barriers to seeking help. Research indicates that these students are more likely to engage with mental health support when offered in a school-based setting.⁶⁴ Providing teletherapy would ensure they can receive counseling in a private, confidential manner, during school hours, and without the concerns of judgment from family, peers, or their community.

It is also recommended that the **Department of Education** **collaborate with the Florida's higher educational institutions with mental health programs** to help optimize and expand the reach of school-based behavioral health services via telehealth, ensuring that students have access to culturally competent, specialized care that meets their unique needs.

Lastly, it is recommended that the **Florida Legislature** address the ongoing mental health workforce shortage by allocating funding to **expand the Loan Repayment Program for Mental Health Professionals**. This funding would help alleviate staffing shortages by attracting and retaining qualified mental health professionals, particularly in underserved areas. Additionally, the state should allocate resources to increase and sustain salaries for mental health professionals working in schools, mental health facilities, and local mental health authorities. Florida is the second-largest state with the highest number of mental health job openings, yet only 5% of mental health counselors nationally are Black.⁶⁵ Yet, only 17% of those are Black men.⁶⁶ By increasing the representation of Black males in the mental health workforce, particularly in school settings, students may feel more understood and supported by counselors who share similar cultural and gendered experiences.

Recommendation II: Enhance Support for At-Risk Black Male Students through the Florida Fatherhood Initiative

It is recommended that the **Florida Fatherhood Initiative** allocate \$5 million from uncommitted grant funds to **expand**

mentorship programs specifically tailored for at-risk Black male students. These students face unique and significant challenges, including systemic barriers, economic hardships, and cultural stigma surrounding mental health. Currently, the initiative funds educational programming aimed at middle and high school-aged male students, helping them develop critical economic, social, emotional, and cognitive skills necessary for future success. Expanding mentorship programs to include culturally relevant mental health and wellness components is critical for addressing these issues and providing Black male students with the skills and support necessary to navigate academic, social, and emotional challenges successfully.

This initiative is particularly crucial as suicide is the third leading cause of death among Black males within the age group of the participants. Incorporating mental health education and counseling into mentorship programs can help identify and address early warning signs of mental distress, reduce stigma, and foster environments that encourage seeking help. By addressing these critical factors, the Florida Fatherhood Initiative has the potential to decrease suicide rates among this vulnerable group, improve mental health outcomes, and create a lasting impact on their overall well-being and community contributions.

Recommendation III: Increase Funding for Black Male Organizations

It is recommended that the **Florida Legislature allocate increased funding** to organizations such as the **5000 Role Models of Excellence Project**, **100 Black Men of Jacksonville, Inc.**, and **100 Black Men of South Florida, Inc.**, to **integrate mental health and wellness programming** specifically tailored to Black males. Currently, these organizations play a vital role in supporting Black male youth within the cities of Miami and Jacksonville, home to significant portions of Florida's Black population.⁶⁷ By equipping participants with tools to navigate academic, social, and emotional challenges, these organizations have shown measurable success in fostering educational attainment and societal productivity. However, incorporating culturally specific mental health and wellness initiatives would address a critical gap, combating stigmas associated with seeking mental health support and addressing the rising mental health challenges and suicide rates among Black males in Florida.⁶⁸

By leveraging existing relationships and trust within their communities, these organizations are uniquely positioned to reduce barriers to mental health care and cultivate a more holistic approach to well-being for Black males across the state.

Recommendation IV: Increase Funding for Mental Health Research on Black Males

It is recommended that the **Florida Legislature** allocate \$5 million to **support mental health research** through the **H.E.R.O.es for Black Males Initiative**. This initiative aims to conduct a comprehensive investigation into the socio-cultural, economic, and psychological factors that uniquely affect Black adolescent boys and Black adult males. Both groups face significant barriers to accessing mental health care, stemming from systemic inequalities within and outside the healthcare system. A deeper understanding of their lived experiences is crucial for addressing these barriers and enhancing both individual and societal outcomes.

The proposed funding would support targeted research designed to identify the specific challenges faced by Black males, as well as the opportunities for improving their mental wellness. This research will inform the development of evidence-based interventions and policies that are tailored to their unique needs, promoting their overall well-being and success. By focusing on the lived experiences of Black males, this initiative will help generate solutions that are both culturally relevant and impactful.

Furthermore, it is recommended that the **Florida Legislature introduce legislation** based on the findings and recommendations from the **H.E.R.O.es for Black Males Initiative**. This would involve drafting a bill or resolution incorporating the research outcomes, which would then be presented for consideration by the appropriate legislative committees. This legislative action would ensure that the critical insights gained through the initiative are translated into concrete policy changes and resource allocations aimed at improving mental health outcomes for Black males.

Investing in mental health research not only supports the well-being of individuals, but also strengthens the resilience and vitality of our communities. By prioritizing mental wellness for Black males, Florida can create a more equitable, inclusive environment that fosters positive outcomes for all residents, ultimately contributing to the health and prosperity of the entire state.

FL Stat § 16.615 (2020) Council on the Social Status of Black Men and Boys.—

(1) The Council on the Social Status of Black Men and Boys is established within the Department of Legal Affairs and shall consist of 19 members appointed as follows:

- (a) Two members of the Senate who are not members of the same political party, appointed by the President of the Senate with the advice of the Minority Leader of the Senate.
- (b) Two members of the House of Representatives who are not members of the same political party, appointed by the Speaker of the House of Representatives with the advice of the Minority Leader of the House of Representatives.
- (c) The Secretary of Children and Families or his or her designee.
- (d) The director of the Mental Health Program Office within the Department of Children and Families or his or her designee.
- (e) The State Surgeon General or his or her designee.
- (f) The Commissioner of Education or his or her designee.
- (g) The Secretary of Corrections or his or her designee.
- (h) The Attorney General or his or her designee.
- (i) The Secretary of Management Services or his or her designee.
- (j) The Secretary of Economic Opportunity or his or her designee.
- (k) A businessperson who is an African American, as defined in s. 760.80(2)(a), appointed by the Governor.
- (l) Two persons appointed by the President of the Senate who are not members of the Legislature or employed by state government. One of the appointees must be a clinical psychologist.
- (m) Two persons appointed by the Speaker of the House of Representatives who are not members of the Legislature or employed by state government. One of the appointees must be an Africana studies professional.
- (n) The deputy secretary for Medicaid in the Agency for Health Care Administration or his or her designee.
- (o) The Secretary of Juvenile Justice or his or her designee.

(2) Each member of the council shall be appointed to a 4-year term; however, for the purpose of providing staggered terms, of the initial appointments, 9 members shall be appointed to 2-year terms and 10 members shall be appointed to 4-year terms. A member of the council may be removed at any time by the member's appointing authority who shall fill the vacancy on the council.

(3) (a) At the first meeting of the council each year, the members shall elect a chair and a vice chair.

- (b) A vacancy in the office of chair or vice chair shall be filled by vote of the remaining members.
- (4)
 - (a) The council shall make a systematic study of the conditions affecting Black men and boys, including, but not limited to, homicide rates, arrest and incarceration rates, poverty, violence, drug abuse, death rates, disparate annual income levels, school performance in all grade levels including postsecondary levels, and health issues.
 - (b) The council shall propose measures to alleviate and correct the underlying causes of the conditions described in paragraph (a). These measures may consist of changes to the law or systematic changes that can be implemented without legislative action.
 - (c) The council may study other topics suggested by the Legislature or as directed by the chair of the council.
 - (d) The council shall receive suggestions or comments pertinent to the applicable issues from members of the Legislature, governmental agencies, public and private organizations, and private citizens.
 - (e) The council shall develop a strategic program and funding initiative to establish local Councils on the Social Status of Black Men and Boys.
- (5) The council may:
 - (a) Access data held by any state departments or agencies, which data is otherwise a public record.
 - (b) Make requests directly to the Joint Legislative Auditing Committee for assistance with research and monitoring of outcomes by the Office of Program Policy Analysis and Government Accountability.
 - (c) Request, through council members who are also legislators, research assistance from the Office of Economic and Demographic Research within the Florida Legislature.
 - (d) Request information and assistance from the state or any political subdivision, municipal corporation, public officer, or governmental department thereof.
 - (e) Apply for and accept funds, grants, gifts, and services from the state, the Federal Government or any of its agencies, or any other public or private source for the purpose of defraying clerical and administrative costs as may be necessary for carrying out its duties under this section.
 - (f) Work directly with, or request information and assistance on issues pertaining to education from, Florida's historically Black colleges and universities.
- (6) The Office of the Attorney General shall provide staff and administrative support to the council.
- (7) The council shall meet quarterly and at other times at the call of the chair or as determined by a majority of council members and approved by the Attorney General.
- (8) Eleven of the members of the council constitute a quorum, and an affirmative vote of a majority of the members present is

required for final action.

(9) The council shall issue its annual report by December 15 each year, stating the findings, conclusions, and recommendations of the council. The council shall submit the report to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the chairpersons of the standing committees of jurisdiction in each chamber.

(10) Members of the council shall serve without compensation. Members are entitled to reimbursement for per diem and travel expenses as provided in s. 112.061. State officers and employees shall be reimbursed from the budget of the agency through which they serve. Other members may be reimbursed by the Department of Legal Affairs.

(11) The council and any subcommittees it forms are subject to the provisions of chapter 119, related to public records, and the provisions of chapter 286, related to public meetings.

(12) Each member of the council who is not otherwise required to file a financial disclosure statement pursuant to s. 8, Art. II of the State Constitution or s. 112.3144, must file a disclosure of financial interests pursuant to s. 112.3145.

History.—s. 1, ch. 2006-123; s. 2, ch. 2008-6; s. 1, ch. 2008-130; s. 39, ch. 2011-142; s. 3, ch. 2014-19; s. 1, ch. 2019-3; s. 18, ch. 2019-4; s. 17, ch. 2021-25.

- ¹ Thomeer, M. B., Moody, M. D., & Yahirun, J. (2023). Racial and ethnic disparities in mental health and mental health care during the COVID-19 pandemic. *Journal of Racial and Ethnic Health Disparities*, 10(3), 961–976. <https://doi.org/10.1007/s40615-022-01284-9>
- ² Williams, D. R., & Mohammed, S. A. (2013). Racism and health I: Pathways and scientific evidence. *American Behavioral Scientist*, 57(8), 10. <https://doi.org/10.1177/0002764213487340>
- ³ Alsan, M., & Wanamaker, M. (2018). Tuskegee and the health of Black men. *The Quarterly Journal of Economics*, 133(1), 407–455. <https://doi.org/10.1093/qje/qjx029>
- ⁴ University of Georgia. (2021). Lasting impact of the Tuskegee Syphilis Study: COVID-19 vaccination hesitation among African Americans. *University of Georgia*. Retrieved from <https://news.uga.edu>
- ⁵ McKenna, B. G., Mekawi, Y., Katrinli, S., Carter, S., Stevens, J. S., Powers, A., Smith, A. K., & Michopoulos, V. (2021). When anger remains unspoken: Anger and accelerated epigenetic aging among stress-exposed Black Americans. *Psychosomatic Medicine*, 83(9), 949–958. <https://doi.org/10.1097/PSY.0000000000001007>
- ⁶ U.S. Department of Health and Human Services. (2022). *Mental health disparities: African Americans*.
- ⁷ Braveman, P., & Gottlieb, L. (2014). The social determinants of health: It's time to consider the causes of the causes. *Public Health Reports*, 129(Suppl 2), 19–31. <https://doi.org/10.1177/00333549141291S206>
- ⁸ Shrader, C. H., Westrick, A., Vos, S. R., Perrino, T., Kanamori, M. J., Ter-Ghazaryan, D., & Stoler, J. (2023). Sociodemographic correlates of affordable community behavioral health treatment facility availability in Florida: A cross-sectional study. *Journal of Behavioral Health Services & Research*, 50(3), 348–364. <https://doi.org/10.1007/s11414-022-09828-x>
- ⁹ Cogburn, C. D., Roberts, S. K., Ransome, Y., Addy, N., Hansen, H., & Jordan, A. (2024). The impact of racism on Black American mental health. *Lancet Psychiatry*, 11(1), 56–64. [https://doi.org/10.1016/S2215-0366\(23\)00361-9](https://doi.org/10.1016/S2215-0366(23)00361-9)
- ¹⁰ Cogburn, C. D., Roberts, S. K., Ransome, Y., Addy, N., Hansen, H., & Jordan, A. (2024). The impact of racism on Black American mental health. *Lancet Psychiatry*, 11(1), 56–64. [https://doi.org/10.1016/S2215-0366\(23\)00361-9](https://doi.org/10.1016/S2215-0366(23)00361-9)
- ¹¹ National Institute on Minority Health and Health Disparities. (n.d.). *Population of Black men in Florida 2018–2022*. Retrieved October 30, 2024, From: https://hdpulse.nimhd.nih.gov/dataportal/social/table?socialtopic=070&socialtopic_options=social_6&demo=00022&demo_options=pop_12&race=00&race_options=raceall_1&sex=1&sex_options=sex_3&age=001&ageoptions=ageall_1&statefips=12&statefips_options=area_states
- ¹² American Academy of Child and Adolescent Psychiatry. (2022, March). *AACAP policy statement on increased suicide among Black youth in the U.S.* Retrieved from: https://www.aacap.org/aacap/Policy_Statements/2022/AACAP_Policy_Statement_Increased_Suicide_Among_Black_Youth_US.aspx
- ¹³ Centers for Disease Control and Prevention. (2023). *Deaths: Final data for 2020*. National Vital Statistics Reports, 72(10), Table 10. Retrieved from <https://www.cdc.gov>

- ¹⁴ Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality. (2021). *National Survey on Drug Use and Health, 2021*. Retrieved from <https://www.samhsa.gov>
- ¹⁵ Lindsey, M. A., Brown, D. R., & Cunningham, M. (2017). Boys do(n't) cry: Addressing the unmet mental health needs of African American boys. *American Journal of Orthopsychiatry*, 87(4), 377–383. <https://doi.org/10.1037/ort0000198>
- ¹⁶ National Institute on Minority Health and Health Disparities. (n.d.). *Population of Black men in Florida 2018-2022*. Retrieved October 30, 2024, from <https://hdpulse.nimhd.nih.gov/dataportal/social/table>
- ¹⁷ Substance Abuse and Mental Health Services Administration (SAMHSA). (2019, December 18). *2017-2018 National Surveys on Drug Use and Health: Model-Based Estimated Totals (in Thousands) (50 States and the District of Columbia)*. Retrieved October 30, 2024.
- ¹⁸ Davis, D. (n.d.). *Only young once: The systemic harm of Florida's school-to-prison pipeline and youth legal system*. Southern Poverty Law Center. Retrieved October 30, 2024, from <https://www.learningforjustice.org/sites/default/files/2024-10/florida-only-young-once.pdf>
- ¹⁹ Bronson, J., & Berzofsky, M. (2017, June). *Indicators of mental health problems reported by prisoners and jail inmates, 2011-12*. U.S. Department of Justice, Bureau of Justice Statistics. Retrieved from <https://www.bjs.gov/content/pub/pdf/imhprpji112.pdf>
- ²⁰ Centers for Disease Control and Prevention (CDC). (2022). *10 leading causes of death, United States, 2022: All deaths with drilldown to ICD codes, males, Black, non-Hispanic*. Web-based Injury Statistics Query and Reporting System (WISQARS). Retrieved from <https://wisqars.cdc.gov>
- ²¹ Kaiser Family Foundation. (2017–2018). *Analysis of Substance Abuse and Mental Health Services Administration (SAMHSA)'s restricted online data analysis system (RDAS), National Survey on Drug Use and Health (NSDUH), Substance Abuse and Mental Health Data Archive*. Retrieved from <https://www.kff.org/statedata/collection/mental-health-substance-use-disorder/>
- ²² Turner, E., Douglas, C., & Haseeb, A. (2023). Predictors of seeking mental health treatment in Black men: *Therapy fears and expectations about counseling*. *Community Mental Health Journal*, 60(2), 385–393. <https://doi.org/10.1007/s10597-023-01183-1>
- ²³ Pederson, A. (2023). Management of depression in Black people: Effects of cultural issues. *Psychiatric Annals*, 53(3), 122–125. <https://doi.org/10.3928/00485713-20230215-01>
- ²⁴ Watson-Singleton, N., Black, A., & Spivey, B. (2019). Recommendations for a culturally responsive mindfulness-based intervention for African Americans. *Complementary Therapies in Clinical Practice*, 34, 132–138. <https://doi.org/10.1016/j.ctcp.2018.11.013>
- ²⁵ Watson-Singleton, N., Black, A., & Spivey, B. (2019). Recommendations.
- ²⁶ Therapists for Black Men. (2022). *Men to heal: Changing the narrative of Black mental health*. Retrieved from <https://www.therapistsforblackmen.org>
- ²⁷ Wippold, G. M., Jowers, T., Garcia, K. A., et al. (2023). Understanding and promoting preventive health service use among Black men: *Community-driven and informed insights*. *Journal of Racial and Ethnic Health Disparities*. <https://doi.org/10.1007/s40615-023-01864-3>
- ²⁸ Carter, R.T., & Scheuermann, T.D. (2019). *Confronting Racism: Integrating Mental Health Research into Legal Strategies and Reforms* (1st ed.). Routledge. <https://doi.org/10.4324/9781315148564>

- ²⁹ Woods-Giscombe, C. L., & Black, A. R. (2022). Trauma-informed yoga for African American communities: A pathway to healing. *Journal of Holistic Nursing*, 40(3), 290-301. <https://doi.org/10.1177/08980101221085892>
- ³⁰ Wippold, G. M., Jowers, T., Garcia, K. A., et al. (2023). Understanding and promoting preventive health service use among Black men: Community-driven and informed insights. *Journal of Racial and Ethnic Health Disparities*. <https://doi.org/10.1007/s40615-023-01864-3>
- ³¹ 5000 Role Models of Excellence Project. (n.d.). Program overview. Retrieved October 20, 2024, from <https://www.5000rolemodels.com/programs>
- ³² 100 Black Men of South Florida. (n.d.). Local history. Retrieved October 20, 2024, from <https://100blackmensf.org/local-history/>
- ³³ American Psychological Association. (2023). Advancing health equity through inclusive policies. Retrieved from <https://www.apa.org>
- ³⁴ Global Wellness Institute. (n.d.) Mental Wellness. Retrieved 7.18.2024, from <https://globalwellnessinstitute.org/what-is-wellness/mental-wellness/>
- ³⁵ Substance Abuse and Mental Health Services Administration. (n.d.). What is mental health? Retrieved August 23, 2024, from <https://www.samhsa.gov/mental-health>
- ³⁶ Young-Drake, R. T., et al. (n.d.). A growing dilemma: How police brutality affects mental health in Black communities. The Movement Lawyering Clinic, Howard University School of Law. Retrieved from <https://thurgoodmarshallcenter.howard.edu/sites/tmcrc.howard.edu/files/2021-05/A%20Growing%20Dilemma%20-%20How%20Police%20Brutality%20Affects%20Mental%20Health%20in%20the%20Black%20Communities.pdf>
- ³⁷ Braveman, P., & Gottlieb, L. (2014). The social determinants of health: It's time to consider the causes of the causes. *Public Health Reports*, 129(Suppl 2), 19–31. <https://doi.org/10.1177/00333549141291S206>
- ³⁸ Martinez, W. (2024). Mental health stigma in minority communities: Barriers to accessing care. *Journal of Psychology, Health and Social Challenges*, 1(03), 37–44.
- ³⁹ World Health Organization (WHO). (n.d.). *Mental health: Strengthening our response*. Retrieved October 31, 2024, from <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- ⁴⁰ World Health Organization. (n.d.). *Constitution of the World Health Organization*. Retrieved November 1, 2024, from <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf>
- ⁴¹ American Psychiatric Association. (n.d.). *Lifestyle to support mental health*. Retrieved November 1, 2024, from <https://www.psychiatry.org/patients-families/lifestyle-to-support-mental-health>
- ⁴² American Psychiatric Association. (n.d.) *Lifestyle to Support Mental Health*.
- ⁴³ Alexander, Michelle, (2010). *The new Jim Crow: mass incarceration in the age of colorblindness*. New York: New Press.
- ⁴⁴ Hankerson, S.H. at.el. (2022) The Intergenerational Impact of Structural Racism and Cumulative Trauma on Depression. *Am J Psychiatry*. 179(6):434-440. doi: 10.1176/appi.ajp.21101000.
- ⁴⁵ Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services* (Treatment Improvement Protocols (TIP) Series 57). Substance Abuse and Mental Health Services Administration.

- ⁴⁶ U.S. Department of Labor. (n.d.). *Fair Labor Standards Act Advisor*. U.S. Department of Labor. Retrieved June 2019, from <https://webapps.dol.gov/elaws/whd/flsa/screen75.asp>
- ⁴⁷ Wann, E. (2016, February 18). *American tipping is rooted in slavery—and it still hurts workers today*. Ford Foundation Equals Change Blog. Retrieved from <https://www.fordfoundation.org/ideas/equals-change-blog/posts/american-tipping-is-rooted-in-slavery-and-it-still-hurts-workers-today/>
- ⁴⁸ Wilkerson, S., M.Ed. (n.d.). *Exploring the nexus of property taxes, housing disparities, and educational access for Black and Brown youth in major U.S. cities*. Congressional Black Caucus Foundation. Retrieved November 1, 2024, from <https://www.cbccfinc.org/capstones/education/exploring-the-nexus-of-property-taxes-housing-disparities-and-educational-access-for-black-and-brown-youth-in-major-u-s-cities/>
- ⁴⁹ Wilkerson, M.Ed., S. (n.d.) Exploring the nexus of property taxes.
- ⁵⁰ Lee, C., Glei, D. A., & Park, S. (2024). Racial disparities in cognitive health among older Americans: The role of debt–asset profiles during preretirement age. *The Journals of Gerontology: Series B*, 79(5), gbae014. <https://doi.org/10.1093/geronb/gbae014>
- ⁵¹ Lee, C., Glei, D., & Park, S. (2024). Racial disparities in cognitive health among older Americans: The role of debt–asset profiles during preretirement age. *The Journals of Gerontology: Series B*, 79(5), gbae014. <https://doi.org/10.1093/geronb/gbae014>
- ⁵² Lee, C., Glei, D., & Park, S. (2024). Racial disparities in cognitive health
- ⁵³ Wilkerson, S., M.Ed. (n.d.). *Exploring the nexus of property taxes, housing disparities, and educational access for Black and Brown youth in major U.S. cities*. Congressional Black Caucus Foundation. Retrieved November 1, 2024, from <https://www.cbccfinc.org/capstones/education/exploring-the-nexus-of-property-taxes-housing-disparities-and-educational-access-for-black-and-brown-youth-in-major-u-s-cities/>
- ⁵⁴ Florida Department of Education. (2024, January). *Florida's high school cohort 2022-23 graduation rate*. Retrieved from <https://www.fldoe.org/core/fileparse.php/7584/urlt/GradRates2223.pdf>
- ⁵⁵ Florida College Access Network. (2024, February 8). *New reports promote opportunities for equitable four-year degree attainment*. Retrieved from <https://floridacollegeaccess.org/news/new-reports-promote-opportunities-for-equitable-four-year-degree-attainment/>
- ⁵⁶ Williams, D. R. (2018). Stress and the mental health of populations of color: Advancing our understanding of race-related stressors. *Journal of Health and Social Behavior*, 59(4), 466–485. <https://doi.org/10.1177/0022146518814251>
- ⁵⁷ Coleman-Kirumba, L. M., Cornish, M. A., Horton, A. J., & Alvarez, J. C. (2023). Experiences of Black men: Forms of masculinity and effects on psychological help-seeking variables. *Journal of Black Psychology*, 49(1), 32–57. <https://doi.org/10.1177/00957984221098122>
- ⁵⁸ The Florida Memory State Library and Archives of Florida. (n.d.). *The civil rights movement of Florida*. Retrieved from <https://www.floridamemory.com/learn/classroom/learning-units/civil-rights/>
- ⁵⁹ McEwen BS, Tucker P. Critical biological pathways for chronic psychosocial stress and research opportunities to advance the consideration of stress in chemical risk assessment. *Am J Public Health*. 2011 Dec;101 Suppl 1(Suppl 1): S131-9. doi: 10.2105/AJPH.2011.300270.

- ⁶⁰ Gibbs, J., Kriegsman, S., & Brown, H. (2022). Dismantling racial inequities in early psychosis family psychoeducation. *Psychiatric Services*, 73(10), 1065–1068. <https://doi.org/10.1176/appi.ps.202100459>
- ⁶¹ Cloud, D. D. (2024). Unveiling the unseen: Exploring the mental health realities of Black men. *Social Work in Public Health*, 39(7), 778–784. <https://doi.org/10.1080/19371918.2024.2387034>
- ⁶² Sanders, A. A., Roberts, J. D., McDowell, M. C., & Muller, A. (2024). The consequences of misdiagnosing race-based trauma response in Black men: A critical examination. *Social Work in Public Health*, 39(7), 721–733. <https://doi.org/10.1080/19371918.2024.2380821>
- ⁶³ Resources to Recover. (2023). Black Indigenous and People of Color (BIPOC) mental health fact sheet. Retrieved from https://www.rtor.org/wp-content/uploads/2023/01/rtor_bipoc_fact-sheet_2023-web.pdf
- ⁶⁴ Williams, E. D., Lateef, H., Gale, A., et al. (2023). Barriers to school-based mental health resource utilization among Black adolescent males. *Clinical Social Work Journal*, 51, 246–261. <https://doi.org/10.1007/s10615-023-00866-2>
- ⁶⁵ The American Psychological Association (APA) Center for Workforce Studies. (n.d.). Data tool: *Demographics of the U.S. psychology workforce*. Retrieved November 1, 2024, from <https://www.apa.org/workforce/data-tools/demographics>
- ⁶⁶ The American Psychological Association (APA) Center for Workforce Studies. (n.d.). *Data tool: Demographics of the U.S. psychology workforce*. Retrieved November 1, 2024, from <https://www.apa.org/workforce/data-tools/demographics>
- ⁶⁷ Florida Demographics. Florida Cities by Population (2024). Retrieved on 12.3.2024 from: https://www.florida-demographics.com/cities_by_population
- ⁶⁸ Centers for Disease Control and Prevention. (2022). *10 leading causes of death, United States, 2022, all deaths with drilldown to ICD codes, males, Black, non-Hispanic*. Retrieved from <https://www.cdc.gov/injury/wisqars>



Office of the Attorney General
PL-01, The Capitol
Tallahassee, Florida 32399-1050
(850)414-3300



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