

Equity-Centered Place-Based Community of Practice in Mental Well-Being and Resilience Arizona Playbook



Acknowledgments

The Equity-Centered Place-Based Community of Practice in Mental Well-Being and Resilience Arizona Playbook is a product of the Arizona Health Improvement Plan (AzHIP) Mental Health & Trauma Implementation Team, created in partnership with Arizona State University, Arizona Adverse Childhood Experiences Consortium (Az ACEs), and the Arizona Department of Health Services (ADHS).

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Executive Summary

Why Was This Playbook Developed?

Cross-sectional collaboration and sustained connection are important in cultivating a culture of equity, inclusion, and resiliency in the field of mental health. Sharing of information and knowledge can help foster a greater sense of community. Communities of practice (CoPs) are effective in fostering collaboration across stakeholders, sectors, and disciplines. They can bring people together and increase capacity to respond to community needs, in addition to providing a conduit for communities to learn in creative ways together. CoPs help to collect and share the intelligence, areas of interest, and resources within the community. The Equity-Centered Place-Based Community of Practice in Mental Well-Being and Resilience was created in order to create guidelines for CoP development in response to mental health needs in Arizona. This playbook was developed as a part of the Arizona Health Improvement Plan (AzHIP).

This playbook is intended for anyone who aims to create an Equity-Centered Place-Based Community of Practice in Mental Well-Being and Resilience. The playbook can be shared between stakeholders and members to brainstorm ideas and develop the structure of the CoP. The contents of this playbook will address the creation and implementation of a CoP with a focus on equity and inclusion for mental health and resiliency. The Arizona Department of Health Services (ADHS) recognizes the need to address mental health issues facing Arizona, and particularly Arizona's youth. By leveraging the principles of a Community of Practice approach, ADHS aims to effectively address mental health challenges faced by local communities by refining current practices and empowering resilient communities.

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Introduction

In Arizona, mental health care for communities is both complex and critical. Data provided by the Arizona Department of Health Services (ADHS) reveals a concerning high prevalence of mental health conditions and unmet mental health needs within our communities. These alarming statistics impact the immediate well-being of individuals in Arizona across the lifespan and carry broader implications for future generations. An Equity-Centered Place-Based Community of Practice can be a significant catalyst for change in creating a more comprehensive network for mental well-being and resilience in Arizona. To understand the significance of such an approach, it is imperative to explore the following fundamental elements: what constitutes a Community of Practice, the importance of an equity-centered and place-based approach, and the roles and functions a community performs within a given context.

A **Community of Practice (CoP)** is a collaborative network for peers with shared interests and expertise to foster an environment that facilitates the exchange of explicit and implicit knowledge (for examples of CoPs, see Case Examples in the ‘Foundational Principles’ section below; Li et al., 2009). Operating as informal platforms for learning, CoPs extend the accessibility of knowledge to their members, which ultimately leads to the collective development of proficiency in a particular area. Being **Equity-Centered** implies that a community is dedicated to promoting justice, fairness, and equal opportunities. An equity-centered community prioritizes inclusivity and aims to rectify disparities based on race, gender, socioeconomic status, disability, and other social positions. Furthermore, adopting a **Place-Based** initiative considers the unique needs and resources of any given community related to its specific geographic and cultural context (Li et al., 2009).

A Community of Practice approach can be an invaluable tool for mental health providers in Arizona, offering them a chance to refine their existing clinical skills and address the unique challenges that exist in their field in the state (ADHS, 2022).

Organizations like the Centers for Disease Control and Prevention (2024) have reported a growing prevalence of mental health issues among communities nationwide. In 2021, data from the National Alliance of Mental Illness (NAMI) revealed that 40.8% of adults in Arizona reported symptoms of anxiety or depression, while 27.4% of individuals who sought mental health care were unable to receive counseling or enroll in therapy. Exacerbated by the COVID-19 pandemic, these challenges affect both adults and youth, thus making it imperative to intensify the spotlight on mental well-being and resilience tactics and prioritize appropriate support and resources. With the increasing need for mental health services and collaboration across sectors, ADHS aims to utilize the CoP approach to promote integration and cross-sector cooperation to address mental health challenges and increase the reach of services. ADHS intends to support and promote the Equity-Centered Place-Based Community of Practice in Mental Well-Being and Resilience Playbook to communities across Arizona to access and utilize.

Purpose and Goals of Creating a Community of Practice



Figure 1. From “ABM Roundtable – Key Insights”, by Forrester, 2016, <https://www.forrester.com/blogs/abmroundtablekeyinsights/>

The purpose of the Equity-Centered Place-Based Community of Practice in Mental Well-Being and Resilience is to allow for discussion and shared information between people, stakeholders, and communities focused on enhancing resilience in Arizona communities by expanding approaches to improve mental health and address trauma. The Community of Practice will facilitate a sustainable and creative space for interdisciplinary, collaborative work to accelerate social change in mental health in Arizona.

The goals of the Community of Practice include:

- To provide a safe and structured environment to share information and address disparities and disconnects in mental health in Arizona.
- To address the needs and interests of the community to promote equity, diversity, and inclusion
- To create collaborative networks and pooled resources (data and statistics, training, information about trauma-informed care, etc.) and foster a sense of community and belonging throughout Arizona, particularly in vulnerable populations.

Foundational Principles (Background & Context)

Equity and Inclusion

Mental well-being and resilience are crucial aspects of overall health, and several key concepts play a pivotal role in fostering positive mental health outcomes. In order to be effective and responsive to community needs, communities of practice (CoPs) must be equity-centered, inclusive, and culturally responsive. **Equity** involves ensuring that all individuals have fair and just access to resources, opportunities, and privileges, irrespective of their backgrounds. **Inclusion** focuses on creating environments that embrace and celebrate diversity, acknowledging the diverse perspectives each member brings to the community (Moreno & Chhatwal, 2020). Culturally responsive services play a pivotal role in this context, recognizing and respecting the unique needs and backgrounds of individuals.

Cultural diversity is especially important in the field of mental health. Firstly, many providers and professionals in mental health work with cultures different than their own (Gopalakrishnan, 2018). Culture greatly impacts mental health care for communities as well. Culture influences how people view health and wellness, health-seeking behaviors, and views on therapeutic relationships and mental health resources (Gopalakrishnan, 2018). Further, those with historically marginalized identities experience health and mental health care under the lens of historical racism and discrimination in the health fields (Gopalakrishnan, 2018). The historical implications of culture and its relationship to care are essential in creating safe and inclusive spaces while highlighting diversity and equity. By tailoring services to diverse cultural norms, organizations can better meet the varied needs of their community members (Stubbe, 2020). Having a place-based approach in a CoP involves acknowledging and incorporating the unique characteristics, histories, and needs of the specific community in which the CoP operates. This approach considers the cultural, social, and environmental context, ensuring that the practices developed are relevant and meaningful to the local community (Burgemeister, 2021).

Creating an equitable, inclusive, and culturally responsive CoP involves intentional efforts to address diversity and promote a sense of belonging. Firstly, inclusive policies that value diverse perspectives and experiences should be established, ensuring that all members have equal opportunities for participation and leadership. A culture of mutual respect can be fostered by actively promoting and celebrating different cultural backgrounds. Diverse voices should be included in decision-making processes to ensure a representative and democratic environment. The CoP should also facilitate open dialogue about cultural norms and biases, encouraging members to learn from one another. Additionally, educational initiatives should be implemented to increase awareness of cultural diversity within the CoP (Serrat, 2017).



Figure 2. From “*Business People Talking*”, by FreePik, 2024, <https://www.freepik.com/vectors/business-people-talking>

Ensuring Accessible and Culturally Responsive Services

Furthermore, it is important that providers and community organizers deliver culturally responsive services. **Cultural humility** is a theory that emphasizes the importance of diversity and lifelong learning in relation to cultural diversity and the growing global community (Foronda, 2019). Operationalizing cultural humility includes using a flexible mindset that remains open to learning over time and values each person’s life experiences (Foronda, 2019). This concept is different from **cultural competence**, because cultural humility allows individuals to admit that they are not the experts on culture and are willing to learn from people about their experiences while allowing for flexibility in personal reflections on their own perspectives on cultural diversity (Lekas et al., 2020).

Building trust within communities is essential for the success of mental health initiatives. Trust enhances the sense of belonging and encourages open communication, which is fundamental for the exchange of ideas and experiences. In a trusting CoP, members are more likely to feel comfortable expressing their opinions, seeking guidance, and contributing to the collective learning process without fear of judgment or discrimination. Trust also facilitates the establishment of meaningful relationships, reinforcing a sense of commitment to the community's objectives. To **establish trust**, a CoP should prioritize

transparent communication, demonstrate reliability, and promote inclusivity. Regular interactions, whether virtual or in person, help build personal connections, while shared goals and a sense of belonging contribute to a positive and trusting community dynamic (Kirmayer & Jarvis, 2019).

Meeting Unique Community Needs

Societal trends reveal increasing diversity and intersectionality across individuals and communities. Despite this, historical and current contexts uphold the barriers and discriminatory practices that contribute to adverse mental health outcomes for vulnerable populations; Black, Indigenous, and Other People of Color (BIPOC) experience disproportionately higher rates of adverse mental health outcomes, barriers, and lack of representation in healthcare providers (Kim, 2022). Mental health providers in the community and clinical spaces may not reflect the cultural background of those requiring services; however, providers must work to create culturally safe and responsive environments in mental health care. Part of this work includes using a **trauma-informed** framework, which includes recognizing the widespread impact of trauma on individuals and communities, identifying paths for recovery, and integrating knowledge about trauma into policies and practices in an effort to actively resist re-traumatization.

There has been an increased emphasis on mental health with the onset of the COVID-19 pandemic, which contributed to not only greater isolation and adverse outcomes but also barriers to care (The White House, 2021). The COVID-19 pandemic also underscored the intersections of mental health with systemic factors, including isolation, grief, poverty, food insecurity, and other social determinants of health, suggesting a need to situate mental health care within a broader, interdisciplinary context. The creation of equity-centered, place-based mental health and resiliency-focused Communities of Practice fulfills an area of need for the community.

Continuing education

Participating in a collaborative CoP enhances continuing education by fostering a non-classroom learning environment where members can share knowledge, experiences, and best practices. These dynamic and unique interactions encourage professional growth and ongoing learning, as people and communities can be exposed to work that might not be accessible in formal educational settings. Through collaboration, discussion, and resource sharing regarding the latest developments in mental health prevention and response, people are able to discuss challenges in the community and broaden their skillset. Furthermore, the supportive network of a community of practice provides motivation and accountability, ensuring that members remain engaged and committed to their professional development goals.

Implementation:

1. *Cross-sector Collaboration in Mental Health Services and CoP:* With the growing emphasis on diversity, there is an important need to increase cross-sector collaboration when addressing mental health at a community level. When creating a CoP, it is important to encourage participation, communication, and sharing of knowledge. There are several ways that can encourage cross-sector collaboration; some methods of building morale and trust in the group can include:

- A. Clearly defining objectives and goals
 - i. With any number of collaborators in a CoP, it is important to define and agree upon the objectives of the group.
- B. Bring in voices that are not always heard
 - i. With a focus on equity, mental health, and resiliency, it is essential to listen to the community about the needs that best suit them. Including community members or creating a community advisory board (CAB) can help integrate the community's voices into the CoP.
 - ii. Bringing in voices that are not always heard is especially important in communities that have been historically marginalized (communities of color, people with disabilities, refugees, etc.) that have a high need for mental health care but may also mistrust health providers and services related to mental health.
 - iii. Learn from and integrate findings from community-based participatory research (CBPR) about best practices for a given community based on community input.
- C. Identify and address barriers
 - i. With the integration of multiple people and sectors into the CoP, addressing barriers to cross-sector collaboration including language, cultural differences, and differing priorities, can help proactively address potential challenges in the process.
 - ii. Addressing barriers through open discussion is important to facilitate a safe space for communication in the CoP.
- D. Encourage knowledge sharing
 - i. Encourage members to share their experiences, expertise, and best practices to incorporate multiple lenses.
 - ii. Disseminating knowledge to other areas and creating a greater reach for the CoP can also be incorporated in this step. For example, webinars, workshops, or knowledge repositories/websites can help to share the knowledge of the CoP and generate new membership.



Figure 3. From “Top 10 Tech Companies In 2023 For Culture”, by CRN, 2023, <https://www.crn.com/news/channel-news/glassdoor-top-10-tech-companies-in-2023-for-culture-values>

2. *How do we plan to continually search for more collaboration?* Continually searching for greater collaboration comes from a strong foundation of the CoP that celebrates cross-collaboration. Continually searching for additional collaborators includes taking intentional steps to prioritize collaboration and outreach within and beyond the CoP team. Some examples include:

- A. Establish regular communication within the CoP to share experiences and resources for potential collaboration.
- B. Advertise the CoP to relevant networks to encourage other interested parties to reach out and become involved.
- C. Identify collaboration opportunities within the networks of the CoP and with external organizations This could include surveys of members, check-ins about networking, or sharing community activities.
- D. Hold events and workshops for the CoP members and for anyone interested in joining. Promoting the CoP is important through all channels, and an interest form can be created to generate interest and hold potential members accountable for sharing their interest and dedication to equity and mental wellness.

3. Build sustainable, mutually beneficial relationships with community members prior to formal CoP development.

Understanding the importance of the historical implications in the communities that you are working with are essential.

- a. Reflect upon the power dynamics between yourself and the community you are working with.

4. Engage with community members in the CoP planning stages to understand perspectives from a variety of community members. Encourage community members to advise on COP priorities and functions, and ensure community members benefit from sharing their experiences and expertise.

This can include strategies such as:

- a. Community surveys and interviews to assess needs and tailor CoP topics to serving these needs.
- b. Focus groups or workshops that allow community members to provide feedback in a discussion format. This can help to create learning opportunities from other people with shared experiences.
- c. Creating a community advisory board consisting of diverse populations and perspectives that can provide ongoing assistance and guidance for community needs.
- d. Stipends for participation, including survey completions, regular CoP attendance, and community member listening sessions.

5. Consider how real or perceived hierarchies may prevent all voices from being heard and use strategies to ensure equitable participation in CoP development and execution.

This can include strategies such as:

- a. Anonymous feedback mechanisms including surveys or polls that assess the experiences of power dynamics within the CoP and identify any additional needs. This can be done using online platforms such as Google Sheets or Qualtrics, or in person with paper and pen to be collected and read.
- b. Rotating leadership roles can help make sure there are diverse perspectives in CoP facilitation.
- c. Holding office hours where the community can advance ideas and participate in brainstorming for the CoP, which helps to break down barriers within the CoP and between providers and the community.
- d. Creating a system for transparency and accountability. This can include a detailed document that can continuously be edited and referenced, regarding effective methods to provide feedback and work as a team in a way that encourages growth and discussion.
- e. Culturally Responsive Problem-Solving Guide by Wisconsin Department of Public Instruction

6. Ensure CoP meetings occur in ways that are culturally responsive (including language options) and accessible to community members when considering meeting structure, modality (e.g. in-person or virtual), location, and duration.

7. Build in processes to receive and respond to open feedback from community members after each CoP session. Ensure that recommendations and suggestions are acted upon in ways that are responsive to community members' needs.

Case Examples

- **ACES and Resilience Community of Practice**



Since 2018, the ACES and Resilience Community of Practice (CoP) has been organizing biannual gatherings, either in person or virtually, throughout Washington state. These events serve as valuable occasions for individuals deeply involved in fostering resilience and mitigating Adverse Childhood Experiences (ACEs) to come together. The gatherings feature presentations and discussions that spotlight evidence-based practices and innovative approaches. Attendees have the opportunity to acquire tools and models to apply in their respective communities, with recent emphasis placed on addressing the enduring effects of historical trauma and racism.

In addition to the in-person and virtual gatherings, the ACES and Resilience CoP has conducted two webinar series since the summer of 2019. These webinars serve as valuable supplements, offering further learning opportunities. Moreover, they stand alone as independent learning experiences, making them accessible to individuals within their network who may not be able to attend full-day events. The topics of the webinars are often inspired by the needs and interests that emerge during in-person gatherings, and also showcase successful practices of their partners.

- **REACH Community of Practice**



The REACH Community of Practice (CoP) consists of school community members from various regions of the state, united by a shared interest in topics related to trauma-responsive practices in schools. Members of the REACH CoP engage in mutual learning, fostering personal and professional development while refining their professional practices. The intentional cultivation of knowledge and skills within the CoP aims to contribute to the formulation of trauma-responsive policies, practices, and procedures in their respective schools. This collaborative journey not only allows members to meet new peers, but also fosters a feeling of belonging within a community characterized by trust, collaboration, and connection.

The collective learning and action embraced by REACH CoP unfold through regular live virtual gatherings and utilization of the REACH Learning and Resource Hub. These sessions, lasting between 90 and 120 minutes, occur four to six times per semester and revolve around topics aligned with domains of the Trauma Responsive Schools Implementation Assessment (TRS-IA), including areas such as whole school safety planning, classroom-based strategies, and staff self-care.

The REACH CoP is funded by the Elementary and Secondary School Emergency Relief Funds (ESSER II) from the Office of Elementary and Secondary Education at the U.S. Department of Education. They also received support from the Grand Victoria Foundation and other philanthropic partners.

Additional Resources

- Building collaborative teams
 - New Jersey Department of Education’s [Collaborative Teams Toolkit](#) support collaborative team structures and evidence-based conversations in schools
- Cultural competence and humility
 - UC Berkeley Humility Center [Trainings](#) on Cultural Humility
 - U.S. Department of Health & Human Services’s [Training](#) on Improving Cultural Competency for Behavioral Health Professionals
- Community engagement
 - CITI Program’s [Training](#) on Community-Engaged and Community- Based Participatory Research

Community Structure and Governance

Establishing a community of practice in mental wellbeing involves fostering a collaborative and inclusive structure. CoPs should adopt non-hierarchical approaches where members can build and contribute to the community regardless of their starting point. The four main elements of community structure and governance include: a leadership team, established roles and responsibilities, defined membership criteria, and outlined inclusivity and diverse representation.

The CoP places a strong emphasis on creating a safe and respectful environment, cultivating member comfort and active participation. Additionally, there is a dedication to ongoing educational development and personal growth, facilitated through deliberate training mechanisms identified by the group. The CoP underscores consensus building and collective decision-making processes, particularly focusing on amplifying the voices of marginalized communities within its initiatives. Through these principles and practices, the CoP aims to be a dynamic and inclusive platform for collaborative community engagement.

Implementation:

To create a community structure that fits the needs of the CoP, areas for implementation include:

1. Choose where in the non-hierarchical chart (Figure 4) you want to start. If the CoP has a specific focus within Mental Wellbeing and resilience, incorporate this into your community guidelines.
2. Engage with community and CoP members to answer the questions listed below the main elements in figure 4. Have clear goals in mind for what the CoP should accomplish when answering the questions.
3. Establish clear expectations for participation. Consider including:
 - a. How decisions are made
 - i. Consensus Building and Collective Decision-Making.
 - b. Commitment requirements for CoP members
 - i. How often the CoP meets.
 - ii. Attendance requirements.
 - c. Ground rules for promoting a safe and respectful environment where members feel comfortable participating
 - d. How to emphasize the voices of marginalized communities
4. Determine timeline for Community Structure and Governance assessment, evaluation, and revision.

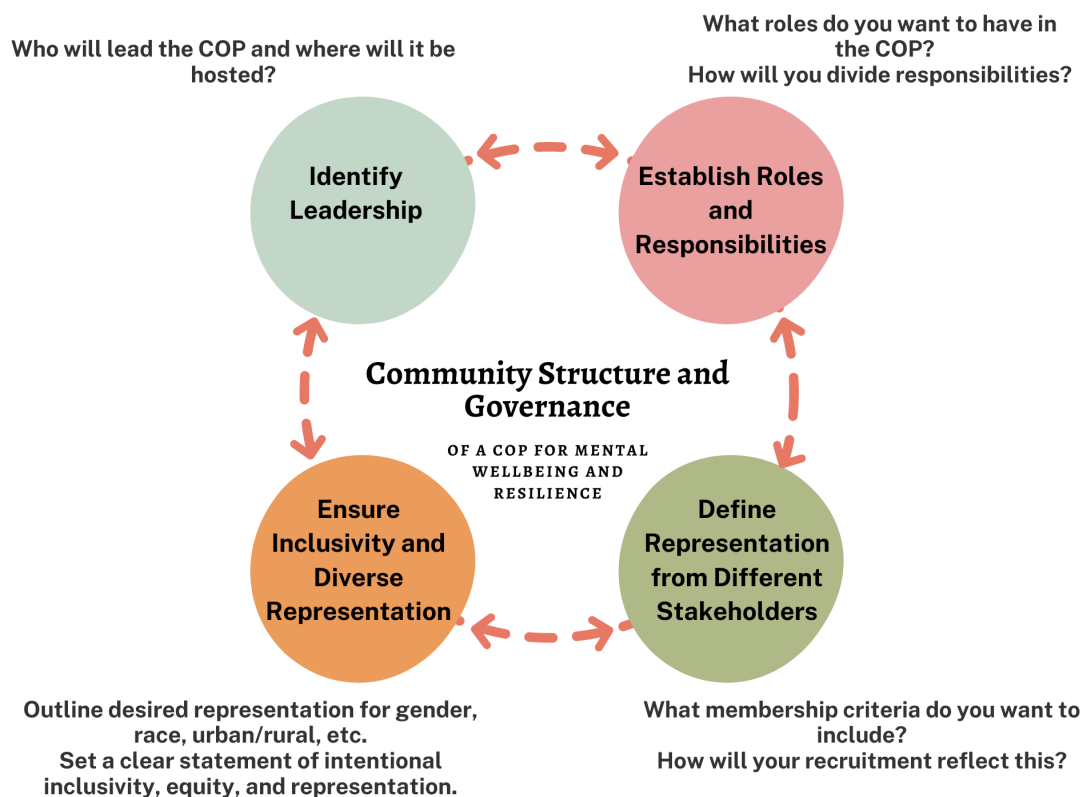


Figure 4. From “Non-hierarchical Community Structure and Governance Chart”, by A. Hartman, 2024.

Areas for Consideration

Leadership Team

The leadership team of the CoP should include diverse individuals that represent different backgrounds and experiences. This includes mental health providers, representatives from grassroots organizations, people with lived experiences, and others who are relevant to your place-based CoP. Leadership roles may also rotate to create shared responsibility within the leadership team that reflect the collaborative nature of the CoP.

The CoP should be hosted using a platform that is accessible and user-friendly to all members, which takes into account technological constraints with the use of online and web-based platforms. Platforms such as Zoom should be thoroughly tested to ensure that the technology is sufficient for meeting the needs of the CoP, and consider using accessible and accommodating features in web platforms, including closed captioning. If in-person meetings will be scheduled, consider meeting in a neutral location to reduce any discomfort or power dynamics. This could include a private space in a local library. If the CoP is hosted by someone on the leadership team, consider ways to make other members more comfortable in the space.

Roles and Responsibilities

Roles and responsibilities should be outlined to ensure comfort and clarity in what is expected of CoP leaders and members. Precise roles and responsibilities can be discussed by the group, both within the leadership team and and the rest of the CoP to facilitate shared decision-making. Furthermore, roles and responsibilities can rotate within the team as previously mentioned, to promote a sense of shared responsibility. This can also introduce diverse facilitation styles.

Roles can include:

1. Facilitator/Coordinator: Guides discussion, fosters inclusivity, and ensures the objectives of CoP are met.
2. Notetaker: Documents discussions from meetings, including decisions and action items, and disseminates notes.
3. Outreach coordinator: Coordinates events and networking opportunities for the CoP.
4. Resource Identifier: Considers and incorporates resources from diverse team members (e.g., graphic design, technological skills, etc.).

Representation from Different Stakeholders

Membership criteria and recruitment of stakeholders should be clear, transparent, and inclusive. The membership guidelines should reflect the goals of equity, mental health improvement, and resiliency. Ensuring that the members who join are dedicated to the goals and values of the CoP will help to build an accountable and equitable community working towards a common goal. This requires meaningful participation of valued stakeholders and community partners in not only informing, but also helping to lead decision-making processes and any subsequent actions. CoP leadership should engage in active efforts to check in with the make-up of the leadership team to ensure involvement of multiple stakeholders. Regular assessment and evaluation can help to ensure diverse perspectives within the CoP.

Inclusivity and Diverse Representation

Diversity has been shown to promote innovation and engagement among teams, and inclusivity allows for individuals from all backgrounds to be involved in the mission of the CoP. As such, it is important to aim for diversity in leadership and also within the members of the CoP. The leadership team and CoP should aim to reflect the diversity of the community served, including identities such as race/ethnicity, gender, lived experience, geographical location, and ability status. This may involve intentional recruitment and outreach in specific communities that would contribute valued perspectives. The desired representation should be outlined clearly and thoughtfully, and leadership should collaborate with members to set a clear statement of intentional inclusivity, equity, and representation.

Establishing Clear Expectations for Participation

Another consideration is to establish clear and transparent expectations for participation in the CoP. Having a dedicated time commitment (e.g., 6 months, 1 year, etc.) can help foster continuity and meaningful contributions. While people can commit at varying levels, establishing clear expectations and outlining options at each level will help members work towards shared goals.

Clear guidelines can help to promote a safe and respectful environment that is risk-free and values discussion and diversity in perspectives. Allowing participation that includes a spectrum of involvement (e.g., sharing personal experiences with members, attending or running training sessions, being actively involved in leadership) will promote comfort in sharing of resources within the CoP, and will also encourage the sharing of lived experiences that add value to the discussion and facilitate effective approaches to working with communities. Soliciting feedback from members on an ongoing basis can support this development.

Another important method in setting expectations is to create SMARTIE Goals. SMARTIE stands for Specific, Measurable, Achievable, Relevant, and Time-Bound, and these are qualities that each goal should encompass.

How to Write SMARTIE Goals:

1. Specific: Clearly define your goal. Ask yourself: What exactly do I want to accomplish? Be specific about the outcome you're aiming for.
2. Measurable: Determine how you will measure your progress and success. Ask yourself: How will I know when I've achieved my goal? Identify quantifiable indicators to track your progress.
3. Achievable: Set realistic and attainable goals. Ask yourself: Is this goal within reach given my resources and constraints? Ensure that your goal is challenging yet feasible.
4. Relevant: Ensure that your goal aligns with your values, priorities, and long-term objectives. Ask yourself: Is this goal meaningful and relevant to my personal or professional growth? Make sure your goal contributes to your overall aspirations.
5. Time-bound: Establish a deadline or timeframe for achieving your goal. Ask yourself: When do I want to achieve this goal? Set a specific date or timeframe to create a sense of urgency and accountability.
6. Inclusive: Ensures that the goals specifically address and incorporate strategies to include diverse perspectives and marginalized groups. Focus on creating an environment where all individuals have equitable opportunities to participate and succeed.
7. Equitable: Emphasizes fair access to resources, opportunities, and support for all members of the CoP, particularly those from underrepresented or disadvantaged groups. Identify and address systemic barriers to create a level playing field for everyone involved.

An example of the process to create a SMARTIE goal for the CoP could include:

If the overarching original goal is "To organize and facilitate monthly mental health workshops for members of the local community with the aim of increasing education and awareness about mental health issues," consider applying the following steps to create a SMARTIE goal:

Specific: By identifying key topics and themes relevant to mental health, such as stress management, depression awareness, and coping strategies, we will tailor each workshop to address specific needs within the community.

Measurable: We will track attendance at each workshop, aiming to increase participation by 20% compared to the previous month, thereby ensuring that more community members benefit from the educational sessions.

Achievable: Collaborating with local mental health professionals, educators, and community leaders, we will pool resources and expertise to ensure the workshops are informative, engaging, and accessible to all residents, regardless of background or socioeconomic status.

Relevant: Given the rising importance of mental health awareness and support, particularly in light of recent societal challenges, our workshops will focus on the specific needs of our community (e.g., substance abuse prevention, reporting maltreatment in childcare settings), contribute to the overall well-being of the community, and help reduce stigma surrounding mental health issues.

Time-bound: Over the course of the next six months, we will host a total of six workshops, each focusing on a different aspect of mental health education. By the end of this period, we aim to have significantly increased awareness and understanding of mental health topics among community members.

Inclusive: Consider who is important to bring to the table for these conversations. Make sure to extend invitations to members outside of the traditional mental health professional community from various backgrounds and skill levels.

Equitable: Acknowledge and address the systems that have historically led to inequity and may prevent members from full participation in the CoP. Work towards dismantling system barriers by prioritizing transparency and fairness in decision-making processes.

STRATEGIC	Make your goal specific and narrow for more effective planning
MEASURABLE	Make sure your goal and progress are measurable
ACHIEVABLE	Make sure you can reasonably accomplish your goal within a certain timeframe
RELEVANT	Your goal should align with your values and long-term objectives
TIME-BOUND	Set a realistic but ambitious end date to clarify task prioritization and increase motivation
INCLUSIVE	Consider bringing traditionally marginalized people—particularly those most impacted—into processes, activities, and decision/policymaking in a way that shares power.
EQUITABLE	Seek to address systemic injustice, inequity, or oppression.

Figure 5. Adapted from “Explanation of SMART Goals” by Herrity, 2024 and The Management Center, 2021, <https://www.managementcenter.org/resources/smartie-goals-worksheet/>

Consensus Building and Collective Decision-Making

Establishing a non-hierarchical structure of the CoP, as previously mentioned, is essential for maintaining clear expectations within a CoP. Consensus building (i.e., coming to an agreement that all team members can support) should be prioritized. Consensus building includes pooling opinions, listening effectively, discussing ideas and differences, accepting that individuals may not get everything they want, and coming to an agreement that everyone can “live with” (U.S. Office of Personnel Management, n.d.). The process of building consensus may involve brainstorming, multi-voting (i.e., reducing a list containing a large number of items to a manageable few until reduced to three to five items), and/or a nominal group technique (i.e., a more structured approach to ranking brainstormed ideas; U.S. Office of Personnel Management, n.d.). Decision-making should be co-created and constantly assessed both formally and informally to make sure that the group feels comfortable and included in decisions made for the CoP. There should be shared weight in decision-making among all members, and the decisions should be clearly documented into meeting notes to ensure proper dissemination of information.

Emphasizing the Voices of Marginalized Communities

In crafting a CoP, establishing a foundation that prioritizes and elevates the voices of marginalized communities is vital for facilitating a safe space for discussion. Begin by acknowledging the invaluable perspectives and unique experiences these communities bring. Incorporate intentional strategies to ensure individuals’ active participation and contributions. Create designated spaces for sharing stories and insights, giving prominence to these voices during meetings and discussions. Implement resource allocation strategies that address the specific needs of marginalized groups, fostering an environment where their concerns are acknowledged and serve as catalysts for collective action. By weaving these

practices into a CoP, there is a more intentional space for sharing resources and experiences that respect and exemplify voices from marginalized communities.

Effective Communication and Conflict Resolution

When working with multiple members and stakeholders, it is important to establish effective and consistent communication. Firstly, it is important to set expectations and provide/raise awareness for related trainings. When deciding on trainings to provide as a CoP, it is imperative to understand the perspectives of all group members, provide ample time to promote trainings, and make sure trainings are accessible to stakeholders and community members (e.g. providing trainings that can be done remotely, trainings that do not cost money, etc.). There should also be a recurring space for sharing new and improved practices, so continuing to set an expectation for openness and communication is important.

A common discussion in guidance, facilitation, and learning is the concept of Sage on a Stage vs Guide on the Side. A Sage on the Stage is a person who leads by lecturing as the “expert” in a classroom (King, 1993). On the other hand, a “Guide on the Side” highlights shared learning where discussion and agency for decision making are at the forefront (King, 1993). In the realm of adult learning, there is a 70/20/10 rule, in which 70% of learning comes from engaging in the work, 20% comes from collaborative discussions and seeing work done, and 10% comes from formal didactic information. Further, when conducting CoP meetings, silence does not always mean confusion or disinterest in content. Sometimes, silence is important in giving the space to participants to collect their thoughts and process the information. Discussion does not mean constant conversation, but rather, a sharing of ideas.

Utilizing both in-person and virtual learning spaces can be accessible for people who are located in different areas but still want to contribute to the work of the CoP. When working on Zoom, Google Meet, or other web-based platforms, it is important to ensure that you are utilizing best practices for accessibility purposes. Websites such as [Zoom](#) or [Google Meet](#) have accessibility pages that should be read and followed to best serve members that require different accommodations. Utilizing different methods for engagement (breakout rooms, visuals, and powerpoints) can help to facilitate engaging spaces for participation and also increase the understandability of the content.

Resources for Adult Learning and Engagement

- [Adult Education and Literacy Resources](#)
- [Pennsylvania State College of Education Resource Bank](#)
- [University of San Diego Professional and Continuing Education](#)
- [Centers for Disease Prevention and Control](#)
- [North Carolina State University - Leveraging Zoom](#)

Case Examples

- **Veterans Affairs Mental Health Lived Experience (MHLE) Community of Practice (COP)**

The VA Mental Health Lived Experience (MHLE) Community of Practice (COP) is a CoP specifically for VA mental health care professionals who have personal experience with mental illness. The group aims to address identified field needs, engage in ongoing educational and advocacy initiatives, and provide mutual support. All VA mental health care staff, including psychologists, psychiatrists, social workers, nurses, occupational therapists, peer specialists, trainees, medical support assistants, managers, researchers, and others with MHLE, are invited to participate.

The MHLE COP has a [Consensus Statement](#) relating to their stance on mental health stigma which can serve as a guidance for people that want to join the CoP and for others to gauge what information is being shared within the CoP.

Additional Resources

- [Stakeholder mapping](#) can help to identify groups that have influence or will be influenced by the CoP
- Center for the Study of Social Policy's "Building Community Partnership Governance Capacity: Strategies and Lessons from Best Start" [Best Practice Brief](#)
- U.S. Office of Personnel Management information on [Consensus Building](#)

Promoting Community Engagement

Community engagement refers to the active involvement of community members in various aspects of their communities, including decision-making, problem solving, and social activities. It can take many forms, from participating in local government meetings and volunteering for neighborhood initiatives, to attending town hall discussions and collaborating on projects. Community engagement is about empowering individuals and groups to contribute their ideas, resources and energy to shape the future of their communities (Lavasseur, 2010).

Studies have shown that engaged communities tend to have lower crime rates, better health outcomes and higher levels of trust among residents. Additionally, they are more resilient in the face of challenges and are better equipped to address issues like poverty, education, and environmental sustainability (Johnson, 2020).

Community engagement is essential for building resilient, inclusive, and thriving communities. It can also lead to more effective and efficient government services, as local officials gain valuable insights from the people they serve. It empowers individuals to shape the future of their neighborhoods, enhances social cohesion, and fosters a sense of

ownership over local issues. Through active participation and collaboration, communities can address their unique challenges and create lasting positive change. Recognizing the importance of community engagement and implementing strategies to encourage it is crucial for the well-being and progress of society as a whole (Lavasseur, 2011).

Implementation:

1. Intentionally partner with community/county behavioral health coalitions (if they exist), hospitals, or clinics to identify the communities that are most underrepresented/marginalized.
 - a. Building trust is the first step in order to provide the space for underrepresented communities to feel safe enough to share.
 - b. Focus on building relationships.
 - c. Identify the needs of the specific community, in order to help build trust and safety.
 - d. Build a list of coalitions/organizations to connect with.
2. Action steps for Community Engagement
 - a. Community Events and Activities
 - i. Provide awareness and support workshops, webinars, and panels.
 - ii. Promote and attend peer support groups and social activities.
 - b. Community Outreach and Awareness Campaigns
 - i. Reduce stigma surrounding mental health and trauma.
 - ii. Amplify voices from underrepresented communities.
 1. People with lived experience, those that have experienced the criminal justice system, those living with serious mental illness, etc.
 - c. Advocacy and Policy Change Efforts
 - i. Collaborate with local governments and Community Based Organizations (CBOs).
 - ii. Identify and promote equitable policies related to mental health and trauma.

Case Examples:

- **The Milwaukee Coalition for Children’s Mental Health Community Health Worker Mental Health Community of Practice**

The Mental Health Community of Practice is led by Community Health Workers (CHWs) in the local area in order to promote their goals of improving mental health outcomes. CHWs are trusted public health workers from the communities they serve that enables them to be a link between providers and community members. This promotes cultural humility and responsiveness in services. By utilizing CHWs for their community

knowledge and lived experience, the knowledge sharing and community-building can help better the reach and education of the CHWs involved.

Capacity Building and Training

Capacity building is the process of developing and strengthening skills that are present in a community to help create a flexible, adaptive, and sustainable group. It allows for personal and professional growth within the CoP, empowering individuals and communities to enhance skills, knowledge, and resilience. Training in capacity building is important to gather knowledge, skills, and insights into specific areas of work for the CoP. These can include self-paced trainings on topics of interest or trainings that are taken as a group. When developing a CoP focused on mental health and resilience, incorporating training information on trauma-informed practices and organizations will increase members' accountability for learning and responding to the effects of trauma in their community. Further, encouraging a stance of "continuous learning," particularly as it relates to cultural competence, will allow members to better respond to the unique needs of their communities, colleagues, and peers.

Implementation:

1. Provide Access or Awareness of Training/ Modules: This can be achieved by creating a training toolkit or list for participants and communities served. Options such as evidence-based trainings or practices such as Train the Trainer methodologies can help to disseminate knowledge across a wider audience within the CoP and with the communities served. Training should be encouraged across all levels of CoP participation.
2. Assess the needs and gaps of knowledge within the CoP and continuously add to the list of resources and trainings
3. Encourage a growth mindset and normalize openness to learning new information. This may include members of the leadership teams taking trainings alongside CoP members, having an ongoing thread or listserv dedicated to training opportunities, or having community members provide trainings to other members based on their unique expertise.
4. Create mentoring partnerships, in which advanced professionals support more junior CoP members through access to resources, career development, training advice, and mental health strategies and networks
5. Initiate task forces made up of CoP members and stakeholders dedicated to improving CoP workflows and inefficiencies.

Resources and ideas for trainings

- Understanding Mental Well-Being and Resilience
 - [Course bank](#) for resiliency and wellbeing courses
- Implement trauma-informed care and practices
 - The Urban Institute's [Trauma-informed Community Building and Engagement](#) strategies can be used to engage with marginalized communities when building the CoP
 - *Suggested trainings for trauma-informed mental health providers are listed below:*
 - The National Childhood Traumatic Stress [Network](#) (NCTSN) offers trainings on supporting children coping with traumatic experiences, including culturally-informed issues related to acculturation, race-based trauma, family displacement, trafficking, and more.
 - NCTSN also offers a 5-hour interactive course on psychological first aid
 - Mental health providers can be trained in trauma-focused interventions online, including Medical University of South Carolina's web trainings on Trauma-Focused Cognitive Behavior [Therapy](#) (TF-CBT) and Cognitive Processing [Therapy](#) (CPT) for PTSD
 - The U.S. Department of Veterans Affairs offers trauma-informed evidence-based therapies for military individuals and families.
 - Arizona State University houses training in [After Deployment: Adaptive Parenting Tools \(ADAPT\)](#), designed for families who have experienced stress and/or trauma
 - Indian Health Services [Integrated Behavioral Health Programs](#)
 - [AZ ACEs Consortium](#)
 - [AZ Trauma Institute](#)
 - Southern AZ Trauma Informed Network- Linked here through [Facebook](#) Or [Eventbrite](#) for a list of their trainings
 - [Coconino Coalition for Children & Youth](#)
- ACEs training
 - Self-paced Centers for Disease Control [Training](#)
 - Arizona ACEs Consortium [Online Training](#)
- Cultural Competency
 - Skill development workshops, TedTalks, Videos from Office of Minority Health
 - [Switchboard trainings](#) on working with interpreters, and identity and inclusive services for newcomers
 - UC Berkeley Humility Center [Trainings](#) on Cultural Humility
 - Unconscious bias
 - University of Arizona [Training](#)
 - Social stigmas on Mental Health
 - How different cultures view Mental Health
 - Individual, institutional, societal, cultural levels
 - Low context culture and high context culture

- Engaging cultures in appropriate ways, seeking individual (and cultural) experts or representatives, etc.
- Examples of low and high context cultures and strategies/tips on how to engage with each
- Facilitation skills
 - There are a number of free online courses on problem solving and decision-making to help CoP members develop effective communication skills

Curating and Sharing Best Practices and Research Within CoP

Dissemination of research and information can be difficult to organize and disseminate in ways that are useful to the community. Mental health can be a sensitive topic to address in research and practice. However, addressing mental health requires adopting evidence-based techniques to create culturally responsive care. Asking community members and stakeholders perspectives and ideas for sharing can be extremely useful in tailoring communication and dissemination of information that is useful and appropriate for the audiences.

NINE STEPS TO INNOVATIVE DISSEMINATION



Figure 6. Adapted from Ross-Hellauer, T., et al. (2020). Steps to innovative dissemination. *Ten simple rules for innovative dissemination of research*. PLOS Computational Biology. <https://doi.org/10.1371/journal.pcbi.1007704>

Data Collection and Evaluation

Data collection and evaluation involve the systematic gathering of data and information to assess the effectiveness, impact, and progress of the CoP. These tools can also be used to assess the satisfaction and comfort of the CoP members. It is a vital process that enables community leaders and members to understand the CoP and the established

SMARTIE goals, measures the outcomes of CoP efforts, and facilitates recommendations or improvements. In line with the Goal Attainment Model, data collection and evaluation can, in turn, promote the achievement of a particular time-limited goal and measure the degree to which that goal has been achieved.

There are a variety of methods for data collection, including surveys, feedback mechanisms, performance measures or metrics, and interviews. Data collection will depend on what information is needed for the CoP. There are two main types of data that can be collected: quantitative and qualitative. **Quantitative data** involves the collection and analysis of numerical data, which is helpful for measurements or statistical analysis/comparisons. **Qualitative data** involves non-numerical information, including narratives, interviews, observations, images, and other forms that don't involve numbers. Qualitative data is useful for understanding depth and context while uncovering underlying meanings and understanding of complex subjects. Both methods of data collection can be useful for CoP and integrating both can make for a more holistic approach.

Implementation

1. Defining Metrics and Indicators of Success
 - a. Develop evaluation questions to be answered for the CoP
 - i. Keeping answers confidential can help maintain anonymity and honest responses.
 - ii. This can include questions related to the process of the CoP, outcomes of the CoP, or areas for growth and improvement.
 - iii. These questions can always be edited with input from the community and rest of CoP members.
 - b. Include a glossary of key terms (definitions)
 - c. Include community members/partners/organizations in the creation of the data metrics and indicators of success
 - i. Obtain direct feedback from the community/populations the CoP serves
 - ii. Include community/populations when defining equity outcomes - capture what is important to the community.
 - iii. What services do community members need? What services are they accessing? How does the CoP complement the community needs?
 - iv. Establish the population being served. This may inform next steps, how the community is engaged with, and how findings are shared.
 - v. Cultural competency considerations for data collection/use.
 - d. Including Qualitative and Quantitative Data
 - i. Quantitative Methods can include:
 1. Surveys with numerical responses (i.e. Yes/No, Likert Scales, Ranking, Checkboxes)
 2. Assessments or tests.

3. Secondary datasets (Datasets that are from other sources online or through request)
 - ii. Qualitative Methods can include:
 1. Listening sessions, structured around strategic plans.
 2. Interviews or focus groups.
 3. Community forums.
 4. Open-ended questions on surveys.
 5. Community Storytelling.
- e. Collecting Data on Equity Outcomes
 - i. Considerations of what is equity in this context?
 - ii. How do we assess outcomes?
 - iii. Tie back to Foundational Principles (equity and inclusion)
 - iv. Some of this data may not yet exist and may need to be created: access to care, service accessibility vs. who is/is not getting access - measuring disparities has challenges.
 1. Is this something we need to build? Advocate for? Enhance? What are the highest priority items?
 - v. Overlay demographic data with outcomes - healthcare indicators, protective factors, etc.
 1. Standard demographic data may not be equitable to begin with (data may not be available re: LGBTQ+ community, for example)
 - vi. First step: what is already available?
 - vii. How do we make systemic changes and define how a comprehensive, equitable list of demographic data; why is this important?
 - viii. How often will we do this?
2. Ongoing Evaluation and Feedback Mechanisms
 - a. Regular assessments and reflections
 - i. Create reports with successes, challenges, and plans moving forward
 1. Community members should be able to access data tools/reports, etc.
 2. Consider data literacy/outcomes and how to make reports digestible for community members.
 3. Ensure data being shared out to community members is culturally competent and useful to the community.
 - ii. How does CoP respond to the data?
 1. How do you use the data you are collecting to further your mission?
 2. How is the CoP responsive to data/changes within the community to address new/changing/newly identified needs?
 - b. Engaging Community Members in the Evaluation Process

- i. Report sharing
 1. Important for the community to be engaged from the beginning and also as CoP operates.
 2. Feedback mechanism: each time CoP meets, needs to be a mechanism to share back with the community and have the community provide input.
 3. Can depend on data - 6 months/1 year to report on data trends.
 4. Can be more frequent to share out on major topics of discussion.
-

Sustainability

Sustainability is crucial for ensuring the longevity and effectiveness of the CoP. Sustainability refers to the ability of the community to maintain its activities, resources, and engagement over time. It involves fostering a culture of continuous learning, knowledge sharing, and collaboration within the community and within their own network. Sustainability also encompasses the ability to adapt to changing circumstances, such as shifts in technology, demographics, or organizational priorities. Without sustainable practices, a community of practice may struggle to retain members, relevance, and momentum.

Funding and resource sharing are key aspects of sustainability to support the CoP. . Funding can come from various sources, including organizational budgets, grants, sponsorships, or membership fees. Searching for funding may be a consideration if leveraging the existing available resources within the CoP does not cover the needs of the CoP. The CoP may discuss funding as it may help development of outreach programs, capacity-building initiatives, and research projects that contribute to the growth and impact of the community and can be shared within the CoP network. Resource sharing includes sourcing and providing resources for continuous activities, outreach, or initiatives. These two concepts, in addition to planning and evaluating sustainability needs, are integral for ensuring longevity of the CoP.

Implementation

1. Identify Potential Funding Sources

Identifying funding sources, such as grants, sponsorships, and significant donations, is crucial for sustaining the CoP. A compiled list of recurring or successful opportunities can help organize and guide efforts for funding. An example of this can include creating a spreadsheet on Excel or Google Sheets that all administrators have access to that addresses the topics of interest, deadlines, and requirements for funding applications. Collaborating with philanthropic organizations is another potential method for funding, where successful partnerships can be established to apply for and share funding between groups. There is also

opportunity to partner with businesses that have their own established stream of revenue to foster continuous funding for the CoP's sustainability.

2. Create a Sustainable Implementation Blueprint

This involves developing a sustainability plan that includes long-term resource allocation strategies and outlining areas for funding before creating a CoP. It is important to also keep in mind if there is existing funding for CoPs during this time. Leveraging community assets and expertise becomes extremely important, especially when thinking about member sustainability, in case of some members of the CoP leaving the group. Evaluating the resources each person or group contributes and identifying avenues to engage with other groups or communities to fill these gaps can be a way to ensure sustainability for the membership and assets within the CoP.

3. Evaluate Sustainability Needs

When discussing sustainability and funding, there are several important questions to answer and areas to discuss as a team. These include: envisioning what sustainability looks like in the absence of funding, understanding the necessity of funding for CoPs, identifying feasible work or projects that can only be completed with funding versus without funding, determining the expected lifespan and evolution of the CoP, and establishing criteria for membership and collaboration. Areas for membership and collaboration that can contribute high amounts of knowledge and team members could include: Law enforcements, Sheriff's offices, Juvenile Probation Departments, Businesses, Schools, Providers, and/or People with lived experience.

4. Empower Community Leadership

CoP members should look to their community and consider whether there are any "community champions" or leaders who can drive the CoP, and how to empower members to feel confident in leading this work. Empowering members to confidently lead the CoP is integral to its success. This involves fostering an environment conducive to leadership development and providing necessary support structures. By creating a space that allows people to feel like they belong, greater satisfaction can promote sustainability of members and the CoP itself.

Conclusion

In summary, establishing an Equity-Centered, Place-Based Community of Practice plays a pivotal role in fostering collaborations to address mental well-being and resilience. Resilience, often understood as a community's ability to unite, utilize local resources, and exhibit collective effectiveness in overcoming challenges, is crucial in confronting hazards and disasters.

In our vision of a healthy and resilient community, resilience is seen as a dynamic process involving continuous adaptation, response, and recovery. This flexible framework empowers communities to sustain their structures and functions, achieving positive health outcomes even amidst adversity. Patel et al. (2017) explored the concept of community resilience and identified nine fundamental elements essential for nurturing this resilience: local knowledge, community networks and relationships, communication, health, governance and leadership, resources, economic investment, preparedness, and mental outlook.

Through the commitment of Community of Practice (CoP) members and the affected community, a robust network of collaborators can unite towards a shared objective. This collective effort enhances community resilience, fostering a stronger foundation for addressing mental well-being and other challenges.

Glossary of Terms

Community of Practice (CoP): A group of people who share a common concern, a set of problems, or an interest in a topic and who come together to fulfill individual and group goals. Communities of practice often share best practices and create new knowledge to advance a particular area of professional practice.

Cultural Competence: Services, supports, or other assistance conducted or provided in a manner that is responsive to the beliefs, attitudes, language, cultures, identities, and behaviors who are receiving services.

Cultural Humility: Cultural humility is a life-long reflective process of understanding one's biases and privileges, managing power imbalances, and maintaining a stance that is open to others in relation to aspects of their cultural identity that are most important to them.

Inclusion: In the realm of social sciences and education, inclusion refers to the idea that each individual should be able to have the same access, usability, and partnership in the same activities and experiences regardless of status or position in society.

Equity: An ongoing process requiring us to identify and overcome intentional and unintentional biases or systemic structures in order to achieve fairness and justice in a community. Equity requires us to acknowledge that we do not all start from the same place and make adjustments to imbalances.

Equity-Centered Design: The practice of purposefully involving minoritized communities and populations throughout a design process in order to allow community members' voices to directly impact how a program or activity will address inequities.

Place-Based: An approach that focuses on the specific circumstances of a place and engages local people as active participants in development and implementation of a program or activity.

Trauma-Informed: A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands paths for recovery; recognizes the signs of trauma in individuals; responds by integrating knowledge about trauma into policies and practices; and seeks to actively resist re-traumatization.

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