



Behavioral Health System
Baltimore

Baltimore Crisis Information & Referral Line Focus Groups

November 2019

Final Report

Conducted by

OPINIONWORKS
PUBLIC SPIRITED RESEARCH

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1

Report of Findings

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PROJECT OVERVIEW AND METHODOLOGY

The Hatcher Group commissioned these focus groups on behalf of Behavioral Health System Baltimore to assess the profile of the Baltimore Crisis Informational & Referral Line, and to evaluate the best methods for promoting it among the population in Baltimore that could benefit from it. OpinionWorks LLC, an independent research organization based in Annapolis, Maryland, designed and conducted this research.

Two focus groups were conducted November 2, 2019 in Baltimore. Participants were recruited from the general population and were compensated for these two-hour sessions. As an in-depth research method that relies on an open, trusting group environment, focus groups are most successful when people are grouped with others who have similar life experiences or perspectives on the issues being discussed. All participants were residents of Baltimore City, at least 25 years old, and had no direct professional connections as a provider of health care, mental health, social services, or addiction treatment. Based on questions that are often used in a clinical setting, participants were also assessed to ensure that they faced the types of challenges that the Baltimore Crisis Informational & Referral Line is designed to address.



A total of 11 people participated in these two roundtable discussions, including six women and five men, who were segmented in separate focus groups. OpinionWorks' professional moderator, Shirley Marté, facilitated these focus groups following a discussion guide which had been developed in advance to ensure that all topics of interest were covered.

Full results are discussed in the following pages. Detailed appendices accompany this report, including the recruitment screening questionnaire, the focus group discussion guide, exhibits tested in the focus groups, and full transcripts. This report is also accompanied by digital recordings of the focus group sessions.

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EXECUTIVE SUMMARY AND RECOMMENDATIONS

This focus group project provides a window into the daily lives and challenges of Baltimore residents who could benefit from the Crisis Information & Referral Line. The mission was to understand how to brand and better publicize the Crisis Line so that it is more widely known and used by the community. To do so, we needed to anchor this inquiry in the real-life experiences and perceptions of the people who might use and benefit from the service.

The stories of their challenges are difficult. We heard about separated families, significant financial hardship, mental health challenges, substance use, and the tragic loss of family members. Through all of this, focus group participants are persevering, though the challenges are sometimes overwhelming.

We learned that “crisis” is not a word that they respond to. These severe challenges are a perpetual state, and focus group participants are more interested in getting “help” or “information.” The concept of a “crisis” also conveys the possibility that the remedy will be severe, such as inpatient treatment or something else unwelcome and invasive. Consequently, both focus groups – unanimously – opted for a name that does not include the word “crisis,” with the strongest response attached to the concept of a “Help Line.”

Who answers the line is important to people. They want to know that the personnel handling their call are credentialed. Even more important, perhaps, they want a non-judgmental, listening ear, and an assurance of confidentiality. This involves cultural competency, including empathy and direct affinity for the difficulties the caller is facing. It is important to know how frequently these community members experience disrespect, condescension, or simple misunderstanding in their daily life, and they want to deal with someone who “gets it,” and will treat them as an equal.

It is also significant that many people in this audience have experienced broken promises from service providers, have been turned down for needed services, or just do not know where to turn. All of this baggage is brought with them as they consider calling this hotline, so the outreach must communicate that this will be a different more successful experience.

In terms of marketing materials, these audiences want warm, vibrant colors, not the gray palette that is currently in use. They crave authenticity in the images – not the polished family with all their problems behind them – and not the isolated images of individuals in despair. What they crave are images of people interacting in a caring, trusting setting. The simple image on the Spanish language post card of a woman comforting a man, offering a caring gesture and a listening posture, resonated by far the best of any we tested.

In connection with that theme, participants in both groups asked for an “open” tone in outreach materials – one that invites people in through questions, rather than being prescriptive or directive. That said, there was an interest in knowing that a conversation with the hotline will lead to some actual results somewhere not too far down the line.

Detailed discussion of these observations are found on the following pages.

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DETAILED FINDINGS

Challenges

A roundup of the experiences of the six women in the first focus group offers a glimpse into the very serious circumstances that so many people are having to endure. As one explained, “Why are you stressed out? First of all, I woke up, you know?”

- Barbara, 62 years old, lives with and cares for her elderly parents. Her father has dementia. She also for her 5-year-old grandson after her daughter dropped off the child as an infant and left town.
- Alisha, 30 years old, works full-time as a federal contractor and cannot afford childcare. She is in a stable relationship with the baby’s father, but he works nights in a job that requires him to carry a weapon, so she worries about him constantly. She makes too much money to qualify for assistance, which she feels she badly needs. “You don't qualify for anything. So (I am) just trying to figure everything out.”
- ShaRel, 33 years old, just moved out of transitional housing and into her own apartment. She lost her mother a few weeks previously and is going through court action to regain custody of her daughter. She has suffered some mental health challenges, including a period as an in-patient. Reliant on public transportation to get to her various appointments around town, ShaRel described her situation this way, and another participant chimed in to emphasize the point:

“I've already been in a mental institution. I checked myself in when I was having a nervous breakdown a couple of years before that and I'm trying to keep myself from having an episode, but it's hard to set appointments to go get my medication to keep me balanced. So I'm choosing to take time off from work, being at home when she gets home from school and trying to make it around town on these buses to go to these appointments to get, it's just... (Moderator Interjects): It's like an obstacle course you see in the Olympics. (ShaRel continues): Yeah, but every day.”

(Second participant): “You know the hurdles. The hurdles, swim, jump out of that joint, crawl up the wall, crawl down the hall, go down under the hole, yeah, it's like that and then you got to go to work.”

- Valerie, 65 years old, is in recovery from substance use, and very recently moved out of transitional housing into her own house. She is starting from scratch in rebuilding her life.
- Helen, 37, lost her 14-year-old son in 2017 to a drunken driver who was drag racing, and remains in deep grief about that loss. She described how she gave in to drugs and alcohol as a way to help take away the pain. Her description underlines the even deeper sacrifices she made during this time, just to get by:

“I felt so responsible. I held myself responsible for that. So I felt like I didn't deserve anything. I didn't deserve to live. I took my six-month-old child to his father, dropped him off, cut myself off from everybody I knew for six months, didn't have no contact with my family. I kept myself in the environment where people didn't like me and I made it that way. I made it that way. I was hard to get along with. I slept with a knife every night cause I just knew that somebody was going to try me and they never did. With somewhere... Even though they hated me, they saw something. They knew that it wasn't me.”

- Tanya, 47, is estranged from her mother. “I'd rather be on the streets than with her.” She has also been institutionalized for mental illness, survived cancer, attempted suicide, and today leans heavily on her faith and has aspirations for travel and a much better life. She describes a tough life on the streets, including an assault earlier in 2019. She remains very much in need of support.

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"I'm tired of all this that I've seen and experienced... Here is what I worry about. I worry myself to death that darkness that I have felt, I'm afraid that it's going to come out."

The men's focus group offered some serious concerns, as well.

- Wendall, 40, has 10 children. He suffers from alcoholism. His house has been foreclosed on, his van is broken, and he has severe financial worries. He is recent married and his new wife has an autistic son. An adult daughter "who I hardly know...keep asking me for money." He described an extended family that "keep looking for me because I was able to accomplish things that they wasn't," and that creates tremendous pressure on him.
- Harry, 55, recently lost his father. Ten years ago he became physically disabled, and dealing with his disability has been a significant adjustment. Previously, he spent 20 years in prison.
- Christopher, 33, has recently returned to Baltimore after ten years away. He attended some college and is currently working, but he struggles with his sense of accomplishment and self-worth and with fitting in to his community. He is a product of the foster care system.
- Darrell, 37, has a daughter that he rarely sees and lives alone. Recently he missed a court appearance in Virginia because of traffic and lost his parental rights as a result. He has been working two jobs but still does not get by financially. He has aspirations of owning his own business, but he is frustrated that he can't make that a reality.

"I'm tired of working two jobs just to get by. It's every time I get close to reaching a goal it's just life. How life throws all types of obstacles my way. ... I be thinking it's like a test to try and break my will or something. ... You're reasoning with why is this happening to me? It has to be that God or the fates or the universe is putting me through this test."

- Doug, 68, lives with his brother. Both brothers are disabled. He said people in the family are blaming them for their disabilities because they are not getting medical help. "How are we going to the hospital? We don't have the money."

Experience Finding the Help People Need

If these focus group participants are at all typical of the general population of Baltimore, the experience with finding help to deal with these challenges is not good. Once help is found, participants often felt it was not appropriate for them, not sensitive to their needs, or not respectful of their dignity as individuals.

The barriers to finding help were many and significant. Some people felt adrift, not knowing where to look. A prime example was this younger male participant, who felt as if he were ejected from the foster care system at the age of 18, suddenly with no support:

"I lived a period of time as a ward of the state. I was in foster care. Having those counseling services from a young age, all the way up until let's say 18 where you got dropped off at a college so that's it. At 18, literally this is what you need to do and then it stops. To be able to say reach out or ask for help. It's hard when you don't really have the facilities or the qualifications to get the help that you need, or the help that you would want." – Male participant

Often, need presents itself urgently or unexpectedly, and a person does not know where to turn in that moment. This can be a critical time of stress and danger.

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“Say he loses his job. Say he lose his job tomorrow. He don't know what to do for that first 24 hours. That's the hardest 24 hours, because one I got to tell you, and you're going to take it out on me because you're going to say, ‘What the hell did you do?’ (But) it's not my fault.” – Male participant

Other times, problems rumble along in a person's life at a chronic low-grade frequency, and a person does not even know that they could be reaching out for help. Stress and severe challenges are normalized.

“What happens when you have that sense of normalcy to where's though the issues that you deal with you've dealt with them for so long, or if you've gone through them or you see people have gone through them or your parents had, your sisters, your siblings and whatnot. It's something that you don't really take as an issue. It's just something that's second nature.” – Male participant

Several of the focus group participants were actively out of treatment, with little in any support. This participant, who relied on the “loving environment” of a friend's home rather than formal treatment or therapy, described why she felt it was so difficult to trust and relate to a counselor or therapist:

*“It's already hard to talk to a stranger. When you're looking for a mental health, we're looking for a black male or female individual to talk to because they can relate to what..., even if they can't, we look at them as they can. When we look at another individual that's not our complexion, not of our background, we like we got to clue you in on everything that we are talking about.”
– Female participant*

It is critical to the people we interviewed that anyone providing them with help understand – and have lived – their difficult walk in life. Another participant agreed with this point of view, and explained that she had found a sympathetic therapist who understood her – and that the relationship was extremely helpful to her:

“I do struggle from anxiety and depression and it started a lot after I had my son. It just became, I almost didn't recognize myself, and sometimes I have great days and sometimes I have bad days. Last week I had a bad day where I couldn't get out the bed, I couldn't do anything, I couldn't sleep. I just literally like cry, and it just comes from being overwhelmed from all of my responsibilities. But...therapy works for me. And you said something about a black therapist...and I found a black therapist. Because again, you feel like they understand you better, you feel like they, they know your life. Y'all came from the same community. They get it. You don't have to explain other layers of yourself to them.” – Female participant

By contrast, many of the participants in these focus groups told stories of being disrespected. A female participant told the story of wanting to feed her baby, who was in a neonatal intensive care unit (NICU).

*“My baby was in NICU, and I'm sitting there and the lady told me to go somewhere...I told her I wanted to feed my baby. Came back, she sitting there feeding my baby. I wanted to smack this doctor, white lady, and I'm like, ‘I clearly told you because my baby's in the NICU, I wanted her, that first touch, that was important.’ ... I felt like she was like, ‘This b**** can't take care of her child. Her child's in here because she's probably a drug addict or something like that.’ That's how she looked at me.” – Female participant*

Another barrier may be the deep religious history in the African-American community:

“And God is good, but I feel like there's a, especially in the African-American community, a lot of people don't seek therapy because they feel like that. They feel like God has everything that I need.

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Not that he's weak, but God does a lot. But sometimes you need a little extra assistance from people outside of that. I know, I've been there.” – Female participant

It almost goes without saying that there is significant financial stress in this population, and real concern that they will not be covered for needed services, or that they will be treated differently by medical and other service providers because of their financial status.

“I got medical assistance now, so before I had to...pay that like 300 something dollars. I had to come with the money. I mean, it's not like help is readily available for especially when you're dealing with an addiction.” – Male participant

Two participants in the women's focus group explained it this way:

“You could be bleeding from your head.”

“And somebody come in there with stomach pains or whatever, and they got Blue Cross Blue Shield or whatever...”

“Yep, they right in the back.”

“Go right back there.”

– Female participants

Just Needing to Talk

Particularly in the men's focus group, participants expressed the need for the most basic support. Often they just wanted to talk about their challenges and their stress with someone who understands their struggle, without having to become ensnared in an invasive program, or prescribed medications, or simply labeled with a diagnosis that they feel does not apply to them.

“Now, I reached out to a place with Healthcare for the Homeless. I went down there for help and they set me up with a mental health doctor. I'm sitting there talking to the doctor and all that. I really just needed to vent. I'm sitting there and talked to some of the stuff. I said, I guess they didn't like, but they tried to commit me... (Another participant interjects): Damn you went off. (First participant continues): I was so much bottled up and I done been through so much. I just had to talk to somebody that I didn't think was going to judge me. Then when that happened, I stopped going... I felt like I had to re-explain a lot of things. They was misinterpreting and I was just really venting because I really needed to get it off. Because I felt like I would go crazy if I didn't talk to nobody. Then when I finally get it out, you all think I'm crazy and want to commit me.” – Male participant

Nonetheless, they felt that it was sometimes necessary to accept a label or a diagnosis that they felt did not apply, just to gain access to the help they need. Responding to another participant's story, this focus group respondent put the quandary this way:

“Like he was saying, he's a worker. He's a worker and fell through the crack, and there's nothing there for him. (To get help) you got to label yourself an addict, re-entry programs, anything, a nut. Anything, homeless. You can keep going. Now, they got all those (programs) out there, but they're gimmicks.” – Male participant

While the women also saw the value of a good listening ear, their discussion focused a bit more on results. As illustrated by this interchange, they want the Crisis Line to not just be a place for talk:

“Not just saying that this is a place that you can come talk to us. I need a solution at the end of the day.”

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“Like can you help me.”

“Yes.”

“Like what can you actually do for me?”

– Female participants

Both focus groups expressed a reluctance to seek help out of concern that they will be judged – as immoral, or irresponsible, or incompetent to handle life’s challenges. They described a broader motif in life where they often feel judged for their actions, their manner of speech, their lifestyle, or the way they dress. The people doing the judging are often of another race, or of a different socio-economic status. Medical providers and others in the helping professions are often guilty of judging, in the eyes of our participants. The female focus group participants were particularly concerned about this.

“Off the top. As soon as you walk in the door you're judged.”

“You get judged. You get judged based off of the insurance you have.”

“It's anybody that works in the (medical) industry. They look at you a certain type of way... It's just stereotypes.”

“Not even so much that profession. People look at you, say, ‘I don't like her.’ Don't even know you. Why you don't like me? You got a problem? Don't even know me.

– Female participants

Awareness and Impressions of Baltimore’s Crisis Information & Referral Line

Based on the focus group discussion, awareness of the Crisis Line in the community is fairly low. When asked if they knew about it, there did not seem to be much recognition. The marketing materials that were tested in the focus groups did not prompt much recognition, either.

There was some awareness, though, at least among the women in the focus group, of the “211” service, as well as a general awareness that such hotline numbers exist. But at least two of the women expressed an aversion to calling assistance numbers like these. One explained that she would not call it “because they come and try to pick your ass up.”

Another woman in the group expressed a different concern. For her, it was a lack of trust that the service would actually be effective. She doubted that “strangers” could help her, and furthermore that they may not be properly trained. At best, it would be a waste of time. At worst, she thought it could be harmful.

“Because you just don't feel like lines like that actually work, and your first response we're having an issue is not to go to a stranger behind the phone lines thinking that they can help you. Someone just posted it on ... I just read a post this week on Facebook where someone said that they called the suicide hotline because they felt like they needed help, and it was the worst decision they could have made. They said that the person on the other end of the call didn't know the right thing to say. I don't know if they weren't properly trained, but it was just like ... it was not helpful at all. I would use any other resource before I would go to that first. I would Google, I would search, I would try to go to the root of whatever. I wouldn't call, and especially a general number that's supposed to be able to help with crisis issues. And we have real problems, you know? Like you talk about addiction or if you're concerned about a family member or something like that. My first thing wouldn't be let me call this hotline and see if these strangers could help me.” – Female participant

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Seemingly all participants emphasized that the person on the other end of the line needed to understand their walk through life and feel their struggle.

“It would also help to know that the people that you're speaking to have had some type of background or have gone through something too.” – Female participant

There is perhaps also a lack of faith that a call-in hotline will provide assistance that other providers in the community are unwilling to provide – often for economic reasons. This participant explained her predisposition poignantly:

“I know you know a little bit, you probably know a little bit more about this line, but for someone like me, I don't know if this is for me. I know I need help. I know I need services. I know I ain't got no therapy because I can't afford it. But I know I'm turned away for every single time when I actually try to get help or assistance. Right now I'm sitting in a position where I suffer from depression. I'm going through bouts of it a lot, but I can't get no help right now because I can't afford it. But I'm always told that I can't get help because I make too much money. So I'm not going to call a line like this because I feel like they gone do the same thing that everybody else...” – Female participant.

These doubts and barriers, of course, need to be considered when developing future marketing and outreach for the Crisis Line.

Where do people turn if they need help? Based on the discussion, it appears they are relying on fairly traditional resources. These were some of the responses:

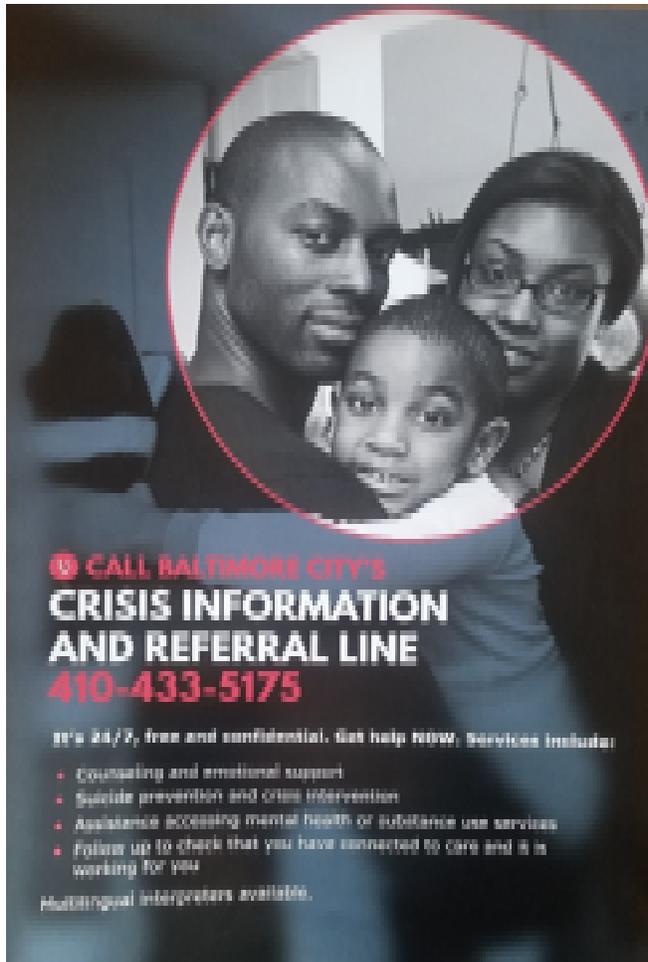
- “Family elders”
- “I walked to the ER.”
- Google

Evaluating Marketing Materials

A suite of marketing materials for the Crisis Information & Referral Line were tested. The materials included a poster showing a family, three post cards, and variations of two ads that could be used in a digital, outdoor, or transit setting.



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In general, the gray-toned treatments were considered “dreary” and “depressing as hell.” Focus group participants did not find those visuals “eye catching.” They also had strong reactions to the images of people included on these materials. The family appeared too happy and composed. People interpreted that image as an aspiration, and they could not relate easily to it. The image felt somewhat artificial or canned. The most constructive comment was that perhaps this family had come through their problems and were on the other side.

“They look like they’re over it.”

“To me, it looks like they’re pimping them.”

“I’m not thinking oh, look at this nice black family. They probably got a lot of money, and they doing okay.”

The two post cards showing individuals were too downcast. Across-the-board, focus group participants reacted negatively to those, saying they felt repelled and did not want to look at them. The images were just too depressing.

The exception was the post card in Spanish, which both (English-speaking) focus groups found to be the most effective in this series because of what it conveyed. It offered a sense of help, and a listening ear.

“That’s the only one that I would think that projects exactly what you’re giving...Help me help you.”

“That’s a perfect portrayal.”

“Help me carry the weight or let us help you carry the weight.:

– Male participants



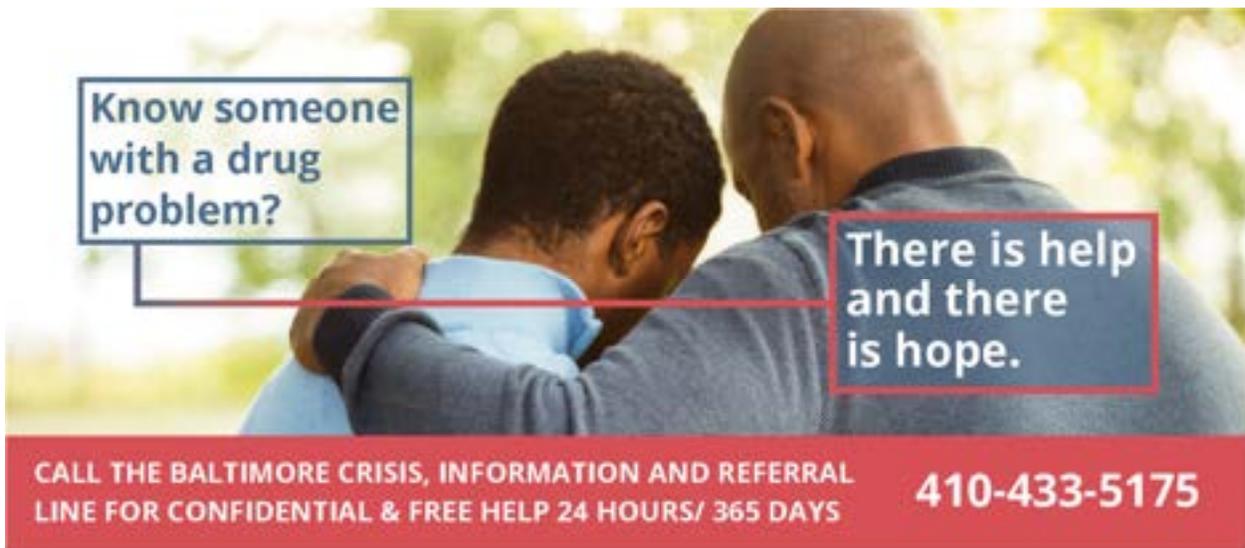
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A female focus group participant suggested another reason why the image on the Spanish language card might resonate better than the others:

“Because you already feel alone. I’m going to keep on looking actually at people that’s alone. And then a family, I might not even have a family.”

Participants also suggested that images could reflect their actual life challenges. For example, a simple image of a baby crying would remind them of real life, one participant said.

Testing the other suite of ads, the colors definitely drew people in more readily than the series that was predominantly gray.



The men, however, reacted very negatively to the term “mental illness.” They did not want to be labeled. Instead, they preferred a more positive reference to “mental health,” and felt that could be presented in the same way one would discuss any other kind of good health.

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"We all have problems. We're very, very deep rooted. We're not mentally ill."

"Most of it just needs somebody to talk to."

"Yeah, you're the one that's saying that I'm mentally ill. I got to prove to you that I'm not."

– Male participants

The women were more accepting of the term "mental illness." They reacted positively to the statement, "Mental illness is not a choice. But you can choose to get help." They found this affirming, as they feel some people are suggesting that they are at fault for their stress and anxiety.

Both groups suggested that the language of any outreach needed to be inviting, and maybe slightly indirect. A female participant explained, "Not directing it. 'Feeling hopeless?' That's open. Not, 'Do you feel hopeless?' Because it does feel isolated." Similarly, a male participant thought the words, "Mental illness is not a choice. But you can choose to get help." were too direct. "It was like a command, not a question," he said.

While looking for a tone of openness and invitation, and images of people interacting rather than alone, a female participant clarified that an appeal still needs to be pointed and hit people where they live. In her case, that means the ad needs to talk about more than just "stress."

"Because like that first one, are you stressed? That's a normal everyday feeling for me. I'm not picking up a phone or that's not going to entice me to want to contact somebody. It's when my walls feeling like they closing down when I'm feeling bottomed out, when I feel like there isn't any hope, I don't feel a way out of this. That's when I'm looking for help. ...Stress. That's every day."

– Female participant

Testing Words

In both focus groups, participants reacted very negatively to the word "crisis." They observed that stress and anxiety are normal for them, and they do not see themselves as in crisis. The word also seems to conjure significant worries about become ensnared in unwanted treatment or medication, perhaps even on an inpatient basis.

"When you see the word 'crisis,' people don't label themselves as, I'm in a crisis. I mean, I've been dealing with this for decades." – Male participant

"When I hear 'crisis' I feel extreme. Like are you going to keep me away? You're going to put me in a mental institution." – Female participant

Asked by the moderator what word they would prefer, the men uniformly came up with the same word:

"Help."

"We have things that can help."

"The help you need, help..."

"Medical help here, you need counseling to vent here? We can help you."

– Male participants

The women offered similar reflections.

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Asked what they would call the service, choosing among “hotline,” “crisis line,” “information line,” and “help line,” the majority in both groups opted immediately for “help line.” Second most appealing was the term “information line.”

Testing a variety of words that suggest accessibility of the line (“24-7,” “always ready,” “immediately,” “instant,” “on-the-spot,” and “right now”), both groups opted strongly for “24-7” as the best description of the line that would always be available to them. Second most appealing was the concept “right now,” which conveyed both a sense of urgency and availability.

Generally, the word “information” seemed to resonate better than “referral.” While the men found “referral” to be a positive idea, the female participants felt that meant they might get the run-around. They want help quickly, and not to have to chase after it.

“Referral is saying you’re going to send me somewhere else.” – Female participant

Presented with a list of descriptors for why a person might need to call (“problem,” “stress,” “worry,” “crisis”), the men rejected all of them. They did not want to be reminded of their ever-present challenges, but rather wanted to be invited to seek help and a listening ear.

Giveaways and Outreach Channels

The stress reliever in the shape of a telephone did not prove popular. Perhaps given its unusual shape, people found it to be “a waste,” and “pointless.” Some did not even know what it was.

The hand sanitizer and pens seemed more useful, though participants pointed out that a magnet listing the phone number would be most useful to them, and likely to be kept in a visible place at home.

In terms of outreach channels, participants suggested methadone clinics, transitional and halfway houses, social service offices, schools, libraries, as well as publicly accessible bulletin boards. Naturally, they also suggested social media, including short videos from people who have been helped.

Other Issues

While a non-memorable, 10-digit telephone number may not be ideal for a hotline, it appears somewhat less important today than it may have been a few years ago to have a memorable telephone number. Based on other work, we know that smart devices nearly saturate the low-income population of Baltimore. While people often rely on free WiFi hotspots rather than paying for mobile data, there is widespread access to the Internet. Consequently, people often “would just prefer to be able to Google it and it came up,” as one focus group participant said.

Nonetheless, a more memorable number may be advisable, or a number that can also spell a word or phrase, which participants said they might more easily remember.

During the women’s focus group, the moderator called the Baltimore Crisis Line. Focus group participants heard this recorded greeting:

You have reached Baltimore Crisis Response information and referral line. This call may be monitored for training and quality purposes. Please hold for the next available counselor. Please hold and your call will be answered as quickly as possible.

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After the recording, the line was answered fairly quickly by a live voice. The women in the focus group seemed satisfied with the amount of time before a live person came on the line. But at least one participant raised a concern about the pre-recorded greeting mentioning that the call would be monitored. That might be reason enough for her to hang up, adding that she wanted assurances of confidentiality at the beginning of the call. Other participants agreed and went on to say that the live operator should be the one to mention issues of monitoring and confidentiality, which they thought would build better trust at the outset.

“I want to say I would also be thrown off immediately by the knowing that the call is being recorded if I'm calling about something serious. The first thing they say is this call is being monitored and recorded, and it's like, dang. Definitely not talking to y'all about... (Moderator interjects): So then how, what would you prefer? What would you prefer? (Participant continues): This is confidential. That the introduction that your doctor gives you should be the introduction that they give you, right?” – Female participant

CONCLUSIONS

This focus group work provides a pathway to a clearer, most affirmative branding of the Baltimore Crisis & Information Referral Line. There are many barriers to overcome in building trust within the community for this service, due to the broader life experiences of the people who might use it. But the community is hungry for what this service provides, and with good outreach and faithful execution of the service, it will meet with an interested public.

OpinionWorks LLC
Annapolis, Maryland

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Focus Group Supporting Materials

November 2, 2019; Hotel Indigo; Baltimore, MD

Participant Name: _____

(Circle one):

A	Women	City residents, Age 25+
B	Men	City residents, Age 25+

Thanks for your interest in our focus group. I am calling with some details about it. If you are chosen and attend, you will receive \$100 cash for two hours of your time. It will be a relaxed discussion. We are not selling anything. The group is about your own experiences, and there will be 6 or 8 other people there. I would like to ask some questions to see if you qualify and can come at the time when your group would be scheduled. Is that OK?

First, I am going to ask you some questions to be sure we have a balanced group.

1. With what gender do you identify? (Ask only if necessary to identify.)

Female Male Other _____

(Must be at least Age 25.)

2. What is your age? (Record exact age) _____

(Must live in City.)

3. Do you live in Baltimore City or outside of it? (Circle) In City Somewhere else _____

(At least 2/3 African-American.)

4. Do you identify your race or ethnicity as African-American or Black, Hispanic or Latino, Caucasian or White, Asian, or something else? (Allow multiple.)

African-American/Black Hispanic/Latino Caucasian/White Asian Other _____

(No strong connection to care-giving or mental health.)

5. Do you or anyone in your immediate family...

Work in the health care field Yes No
 Work as a social worker..... Yes No
 Work or volunteer in the mental health field Yes No
 Work or volunteer in the area of substance abuse addiction treatment Yes No

(If yes to any record specifics, such as relationship, employer, job title, responsibilities – and continue with screener.)

6. What is the last grade in school that you completed? (Do not read list.)

Less than 12th grade 12th grade/High school diploma/GED Some college/Associate's degree
 Four-year degree/Bachelor's degree Graduate work/Advanced degree Not sure/Would not say

7. Do you have children living with you? Yes No

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14. (Recruiter scale for how well the participant expresses himself/herself. 7=very articulate with complete thoughts; 4=average; 1=poor communication/incomplete thoughts.)

Very poor	Poor	Below	Average	Above	Very good	Outstanding
1	2	3	4	5	6	7

Stop here and indicate we will call back with an invitation to the group.

Invitation (Callback)

The purpose of this call is to form a one-time small group discussion – sometimes called a focus group. We are not selling anything. The purpose of this discussion is to hear your thoughts and ideas only. There will be about 8 other {women/men} there, and a moderator who will introduce questions and topics.

C1. This will be a friendly discussion and will take a total of two hours. You will receive refreshments and \$100 in cash as soon as the group is over as a thank you for your help. It will take place on {Date} at {Time} in Baltimore. Would you like to be included in the group?

Yes Maybe/Depends No (*Thank and terminate.*)

C2. (*If yes*): Your discussion group includes only about 8 people and your participation is very important. Can we count on your participation on {Date}?

Definitely Probably About 50/50/Not sure (*Offer callback to confirm.*)
Probably not/Definitely not (*Thank and terminate.*)

(*If definitely/probably*):

(Describe location and make sure they know where it is. Explain that we will have refreshments, and ask that people are 15 minutes early so we can start right on time. We will have a drawing for \$50 in cash for anyone who is on time.)

C3. We will send you a written confirmation with the details of the location and time. Would you prefer that by...?

Email Standard U.S. mail Text

Email address (*confirm carefully*) _____

Mobile number _____

(*If mail*): Street address, including zip _____

Thank you very much. You should expect a written confirmation in the next day. (*Also let them know they can call (number) in case they have any other questions.*)

Recruiter Name _____ Date _____

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MISSION: Understand how to brand and better publicize the Crisis Line so that it is more widely known and used by the community.

Introductions (:10)

1. \$50 Early bird!
2. Moderator introduction and ground rules.
 - Confidentiality: Everyone here is protected by confidentiality. We will use first names only. What is said in this room stays in this room. There may be people that you know or recognize here today, and during our discussion, some people may share very personal information. It is important that everyone respect the privacy of the people in this this room and the ideas that are shared with the group.
 - Disclosure: My colleagues and I will honor that confidentiality as well. I am recording so I don't have to take notes while we talk. This recording will not be shared beyond the immediate research team, and statements will never be attributed to you personally. A few of my colleagues are watching to help make sure I don't forget to ask you anything.
 - Beyond that, speak one at a time. And say exactly what you think. There are no right or wrong answers here. Don't give the answer that you think I want to hear. Tell me how you really feel.

A. Challenges (:30)

1. Tell us a little about yourself: Where do you live? Who do you live with? Then, give me an idea of your typical day. Let's start with when you get up...what happens first? What happens next? Just walk me through your day, and tell me what you are really worried or stressed about as you go through your day.
2. Are some of the people around you dealing with a serious problem that makes you worry about them? I'm talking about others in your household including children, or maybe a neighbor or a friend including their kids – (Explore. Name the challenges and concerns.)
3. After unaided exploration, discuss prevalence/level of concern with any of these if not already named:
 - a. Mental health
 - b. Emotional trauma
 - c. Substance use
 - d. Suicidal thoughts
 - e. Chronic stress

B. Finding Help (:20)

1. What kind of help do people need when they are facing problems like this? (Explore various types of formal/professional help like social work, treatment, counseling, as well as informal like family, church.)
 - How do you feel about taking medication to help deal with mental health problems? Would it help? Would people look down on you if they found out you were taking that kind of medication?
 - Is professional help like we have been talking about available to people in Baltimore who need it?
 - Have you ever tried to get help, and what has happened?
 - What about other people you know? What has their experience been?
2. Where do people you know go to find out about the kind of help that is available to them?
 - How do they find out about the help that is available?
3. What if there was a call-in hotline number available for people who are experiencing a crisis – or for their family and friends who are worried about them – where you could talk with a trained counselor on the spot and get immediate help (or get referral)? Let's call it the "Crisis Information and Referral Line."

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- Would you use it? (Why or why not?)
- What would you want to know about it before using it?
- What do you want to hear when you call?
- (Actually call the number and get a reaction: 410-433-5175)

One-hour mark.

C. Evaluating Existing Crisis Line Marketing (:20)

1. Pass out and discuss existing marketing materials.
 - Poster
 - Post card
 - Giveaways (hand sanitizer, etc.)
 - Content embedded in other campaigns
 - Other content?
2. Evaluate other jurisdictions' crisis line outreach materials.

D. Retooling Crisis Line Marketing (:40)

OK. Let's be the ad agency for the Crisis Line. I want you to help me get the word out about this service to the people who really need to know about it.

1. What should we call this service? Right now it is called the Crisis Information and Referral Line. Let's come up with a new name.

Words to test:

- Hotline, Crisis Line, Information Line, Help Line
 - 24-7, Always Ready, Immediately, Instant, On-the-spot, Right Now
 - Information, Referral, Crisis
 - Problem, Stress, Worry, Crisis
2. Where should we be advertising? Here is how I want you to think about this question: Usually, you want to give people information at the time and place where they are ready and able to think about it, and act on it. Where would that be?
 - (Explore formal channels such as transit, digital, billboards, posters, social media, texting; also seek specifics about placement.)
 3. What should the message be?
 - (Worksheet/Small group exercise)
 4. Is telephone the best or only way to deliver this service? Are there any other ways we should consider making this help available so people are more likely to contact it?

Any final thoughts or advice for us?

3

Focus Group Transcripts

Segment A: Women; November 2, 2019; Baltimore, MD

Moderator: And then that way I can slide over here; then Ms. Tanya can have more room. All right. So everybody showed up on time, which means you qualify for the early bird raffle. So what I'm going to do is, I'm going to rip up these little sheets of paper and what I'm going to do, do you need help with that sweetheart?

Respondent: No, I'm okay.

Moderator: Okay.

Respondent: Thank you

Moderator: All right, so what we are going to do is-

Respondent: Excuse me?

Moderator: Yes Ma'am

Respondent: Before we get started I just want to say. [crosstalk] thank you; the reason why is because I am moving to my apartment on Monday.

Moderator: You are?

Respondent: Guess how much money I need?

Moderator: How much?

Respondent: \$80

Moderator: Oh my goodness! You might win an extra \$50. Who knows?

Respondent: I'm satisfied with that. Yeah you said that I was accepted, I wanted to just burst into tears. I can't say-

Moderator: A round of applause for Ms. Helene.

Respondent: Thank you! Thank you.

Moderator: All right, congratulations for your apartment.

Respondent: God is good.

Respondent: Yes he is. Yes he is.

Respondent: He is always on time. God is good, all the time

Moderator: All right, so I am going to give you some pens; Helene congratulations for that.

Respondent: Thank you.

Moderator: I'm sure, it was a hard time to get that apartment and everybody goes. here you go, here you go.

Assistant: Shirley [crosstalk]

Moderator: Yes

Assistant: I apologize, I would like to announce that the wings have arrived, so if people are hungry that they can get some wings.

Respondent: Are they spicy hot?

Assistant: I don't know [crosstalk]

Moderator: You know what? How about we give our guests 5 more minutes to go get some food and come back to the table. Would you like to do that?

Respondent: I am fine.

Respondent: What are we writing on here?

Moderator: This is how you are going to fold it up until you can fold no more. You just fold it up into little itty bitty ball like this until you can, if you need help holding it up, I can help. So like this and then we're going to put it in there. Okay. All right. You need help rolling it up-

Respondent: Can I get some chicken?

Moderator: Go ahead, go help yourself.

Respondent: [crosstalk] Little like that.

Segment A: Women; November 2, 2019; Baltimore, MD

Moderator: Yeah. Fold it up all the way. Little bit. Yeah. And go get some lunch please don't feel embarrassed. I mean we're going to wait-

Respondent: I think we pretty much know each other already.

Moderator: After that little warm up.

Respondent: Yeah. Yeah.

Respondent: This still enough?

Respondent: No, I'm going to help you with them a little more.

Respondent: A little more. [crosstalk]

Respondent: Helene has pretty eyes.

Moderator: Yes she does. She got olive color eyes.

Respondent: I have pretty teeth too they just in my pocket right now. [crosstalk 00:03:41].

Respondent: I left my home too.

Respondent: I got a tooth back here. That's aching me and when I put my dentures in, it started aching real bad on the way here. I couldn't do it. I just took them out. I haven't eaten anything yet so you there's nothing in my mouth.

Moderator: Yeah. Did you want to go get something to eat though?

Respondent: Yeah cause I needed to-

Moderator: Okay. So then we'll wait for everybody. So I got one, two, three, four, five, six.

Respondent: Valerie, let's go get some wings.

Respondent: I'm fine [inaudible] baby. Let me get those sheets I left.

Moderator: Yeah, go ahead.

Respondent: Let me look and see [inaudible]

Moderator: But you know you are a little something because we're going to be here for two hours.

Respondent: Yeah. Yeah.

Respondent: That's no long to go without eating.

Moderator: What'd you say?

Respondent: That's not real long to build without eating.

Moderator: Yeah. I always like to have-

Respondent: the same strip.

Moderator: Yeah.

Respondent: We're going to sit here. Talk.

Moderator: Yeah. Basically, Okay I'm going to just change the time right here.

Respondent: Turn right.

Moderator: Yes ma'am. They do it all the time. They have something going on.

Respondent: We not allowed to call?

Moderator: You're not allowed to what?

Respondent: Call. Is there someone we can call?

Moderator: Oh yeah, you can call them and see if they have something that's happening or-

Respondent: Do you know their number?

Moderator: It should be on the, I don't have a card on me right now-

Respondent: You don't know the number by heart?

Segment A: Women; November 2, 2019; Baltimore, MD

Moderator: No I don't. I got to look it up. Hold on for a second. I will tell you in a second.

Respondent: Thank you.

Moderator: Yeah, you're welcome. Okay. Opinionworks.com Okay.

Respondent: Oh, excuse me.

Moderator: I will put her little jacket right here so that she can.

Respondent: [inaudible 00:06:07].

Moderator: Oh, there's separate.

Respondent: Blue cheese.

Moderator: Oh, that's right.

Respondent: Buffalo sauce.

Moderator: So that's not inside. So then you can-

Respondent: it's not hot.

Moderator: Okay If you want hot, you can get hot if you don't want. Yeah, that's Okay, that's good. This thing is going to get crazy. Okay. Here's the number.

Respondent: Alicia.

Respondent: Good.

Respondent: I think it's like not as sweet as we like it.

Moderator: But you could put it, it would be unsweetened. And then you-

Respondent: Let's try what happened.

Moderator: And you have to put in your own-

Respondent: I wouldn't really go for sweet because I'm diabetic.

Moderator: Yeah. This splendor and stuff. Okay here's the phone number.

Respondent: I'm ready.

Moderator: Okay the company is called opinion works. Do you want the address too?

Respondent: That's how.

Moderator: Opinion like, "O P I N I O N" works all together. Works the waterworks, "W O R K S" the address or the phone number of both.

Respondent: Oh many, Oh God.

Moderator: Here. 7 Willow street, suite 200 Annapolis, Maryland 21401 and tell me when you're ready for the phone number.

Respondent: I'm ready.

Moderator: It's (410) 280-2000.

Respondent: (410) 280-4000.

Moderator: 2000 zero zero zero.

Respondent: Well there's 282 or 280.

Moderator: 280 okay.

Respondent: Thank you.

Moderator: All good? Then that way you can call, Ms. Dimetria.

Assistant: Yes Ma'am.

Moderator: I need you to be the Vanna White.

Assistant: The what?

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Moderator: Vanna White, you know like a wheel of fortune you spin the letters or you pick out something. So now you're going to pick out the lucky window.

Assistant: Oh yes I love that.

Moderator: Whose going to get the extra \$50 okay. So when we're waiting for, This Tanya.

Respondent: Whose going to get the lucky extra \$50?

Respondent: Oh my goodness.

Respondent: We're getting ready to do the raffle now. She's coming. She's coming. Oh, here she comes. Let's step back. Maybe so she can fill in-

Assistant: Oh I love the pace of my own tag.

Moderator: All right. Who's the lucky winner of the \$50.

Respondent: Not me I don't [crosstalk 00:08:58].

Moderator: You don't know that. Let's see.

Respondent: I want to hit that power ball, what it [inaudible] .

Moderator: Okay, so here as you can see, Ms. Dimetria didn't see anybody right there is down. All right, and the lucky winner is, let's see.

Respondent: [inaudible].

Moderator: Well let's hope. [crosstalk] All of you have a one in six chance to win.

Respondent: She said I know it was me, I had paper roll about.

Respondent: That's her Ms. Barbara.

Respondent: Who is it?

Respondent: Barbara.

Respondent: Thank you so much. Yeah, thank you Lord. Thank you.

Respondent: It was meant to be.

Moderator: All right. Either way everybody gets \$80 at the end of the session.

Respondent: Thank you so much.

Moderator: Oh, you're very welcome. Thank you for coming on time. I wish I could get paid to show up on time.

Respondent: That you so much.

Respondent: But you do.

Moderator: Anyways thank you again for coming on time. I'm going to explain all of this, first things first though. I would like for everybody to put their name tags facing me. So then that way your partners on the table can see your name back and forth, behind and in front. Okay, Perfect. Just like that. That's perfect because that way the person next to you and the person next to them can see the name and that way we're not saying Hey you over there-

Respondent: Right.

Moderator: So as you can see, I'm going to put my phone on silent. I'm hoping everybody does the same thing.

Respondent: That's the rule.

Respondent: Yeah turned mine off.

Moderator: Yeah, but if you're waiting for an important call.

Respondent: No I'm not.

Moderator: Okay. I just have it hooked up to my battery here, so that's what that funny looking thing is.

Respondent: Is it 12:15?

Moderator: Yes, it's 12:15, this clock says the wrong time but it's giving me the right time interval. We're trying to get it changed but this clock is going to keep me on time and it's also going to help keep you guys on time too. Okay. So we have a two-hour session and we are going to try to get through everything that we want to

Segment A: Women; November 2, 2019; Baltimore, MD

discuss and talk about. And I hope that first and foremost I want everybody to feel welcome. I'm sorry is this in your way? I'm trying to organize myself here. I want everybody to feel comfortable. Yes, we are audio recording. We are video recording only because so much is going to be said in this room. We have other groups going on. No one's going to have enough time to take notes because there's so much going on.

Respondent: How many groups you going to have today? Monday.

Moderator: A few. We're going to have a couple of them. You guys are my first.

Respondent: Okay.

Moderator: So I appreciate it and thank you very much but you're not the only one. When we are going through the, you know what is said in the results, we have to put it all together and then do a report. One of the things that we do is, when we're report writing, we are going to refer you by your group number instead of your name or your face. Oftentimes, and especially when you're note-taking, we don't know who said what. That's why we need the video. Okay. And the only reason why we do that is it's not because your face or your name is going to be presented as, well, ShaRel said in this report, blah, blah blah. We're going to say our responder from group one the Saturday session stated blank, blank, blank because all of you in this room share something in common.

Moderator: So we don't need, and I know that there's always, everyone's experiences are different and everyone has a unique perspective on things, but in this room, all of us share a common experience.

Respondent: All of us.

Moderator: Yes. So that's why you're here as a group and as an individual, but you won't be identified by your face or your name or none of that.

Respondent: Just dial a number.

Moderator: Yes ma'am.

Respondent: When you say all of us, do you mean all of us or all of us?

Moderator: All of us and including me of course. I'm here doing my job.

Respondent: Right.

Moderator: Which is to interview you guys. In fact, I came all the way from Tampa, Florida-

Respondent: Really?

Moderator: For this project. Yes.

Respondent: Nice.

Moderator: I'm actually very grateful that there's some cold [crosstalk] when is fall coming? We only have two seasons, hot and very hot.

Respondent: Man.

Moderator: Anyways, but I'm grateful to be here. I've always loved coming to Baltimore. I'm leaving tonight too. I wish I could stay longer. I was correct at one time saying, It's not Baltimore is Bal-mer". Anyways, this is what I do for a living. My name is Shirley. I work in market research. I've been in the game a long time. I'm hoping to stay in the game for a long time, but it's not a game. It's actually very fulfilling work.

Respondent: Yeah.

Moderator: I'm grateful for the opportunity to do it because I get to meet very interesting people with interesting experiences and ultimately what I was hired to do is to solve a problem that's in the community. So right now what we're going to be talking about, can you imagine what we were talking about based on the questions you were asked on the phone?

Respondent: Trauma, violence, drugs.

Respondent: Addiction.

Moderator: All that, right? I have to walk away today solving a problem and you're going to help me get there. I've got some things that we're going to show you on a video on this screen here, and there's things that, that we're going to be showing you, like some advertising type posters and some phrases that you'll hear in a commercial or you see on a bus banner. But before that, I want to get to know you first. But I also have to tell you about my other friends in the other room. They are also part of this study. They're going to be taking notes for me.

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Respondent: They're watching me.

Moderator: Yes [inaudible] because oh someone had a lighter?

Respondent: I think it's mine [crosstalk]

Moderator: Okay. That's fine. Yeah. You can put your stuff there.

Respondent: My glasses are here so I'm fine.

Moderator: Yeah. And then anytime if you want to get up, use the restroom, get some more wings or water or coffee, please feel free to do so. Since I got to get you out of here on time, I'm going to try to cover all the bases that we have. That's why my friends are in the other room. They also work with me only because they're not going to be asking any questions. I will be doing that. But they're also helping me keep track of all the things because sometimes I skip over stuff.

Respondent: Are they going to pop out here or?

Moderator: Sometimes you'll see a little piece of paper come in and say, Hey you skipped that question. Or it could be another question that comes up that wasn't considered already because you guys were so awesome and said something very interesting that they want to do some following up on.

Respondent: Oh, you don't have a little earphone?

Moderator: No, I had my little Bluetooth things but that was just for listening to music and stuff. But no I'm not like one of those like MTV you'll see none of them. That would be annoying too because I want to be able to talk to you guys. Anyways, what I want to guarantee you is anonymity and confidentiality the same way that I'm going to be anonymous, you are going to be anonymous, I'm going to be confidential, my colleagues are going to be confidential and I also ask that everybody in this room be confidential with each other because we're going to be talking about those topics that Barbara here mentioned that we were in the Helen as well. It's sensitive stuff. Don't run and tell it.

Respondent: A lot of people don't like talking about it.

Moderator: No. [crosstalk] But we're here to solve a problem, a community problem that we're hoping that thanks to you and the help that you're giving us, we'll be able to meet that need. So I hope that covers the introduction. Any questions so far? Do you need anything?

Respondent: No.

Moderator: You're good. Okay.

Respondent: I had a quick question.

Moderator: Sure.

Respondent: Can you tell me a direct me to [inaudible] [crosstalk] .

Respondent: We'll figure it out afterwards.

Moderator: We'll do it afterwards.

Assistant: I told her what was there.

Respondent: But I don't want to get the bus way out there.

Moderator: Oh yeah, we'll make sure that you know.

Respondent: Because I have to still do...

Moderator: Oh, okay.

Respondent: Because they had shoes get one pair and get the other one for about \$2.

Moderator: That's cool but now we got to get this done.

Respondent: I know. I'm just joking.

Moderator: All right I want to go shoe shopping for \$2.

Respondent: Yes.

Moderator: Anyways we're going to be talking and then sometimes we get the energy going and everyone's talking. I need you to talk at one at the same time, please.

Respondent: One at a time.

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Moderator: Yeah, one at a time so then that way when we're listening and rewriting things and we're able to hear what was said. And then also too, since we have such a big itinerary that a lot of topics, you can put your arm back over there [crosstalk] Oh, okay. I might have to say, okay Barbara, I'm going to have to put pause on that one we got to move to the next time. So sometimes that happens I don't want you to feel I'm being rude or it's just that we heard about that point already so we got to keep it going. Okay. Any questions for me so far?

Respondent: No.

Moderator: No. Ready to begin?

Respondent: Yes.

Moderator: Okay. Here's what we're going to start. Tell me a little bit about yourself. Where do you live? Who do you live with? Or like Helen, who's moving today, she's getting her apartment today. Walk us through a typical day. I know that sounds like a lot. What is a typical day? What are you thinking about? What's worrying you? What's stressing you out?

Respondent: Okay.

Moderator: Okay. I can help you if you don't remember I'll remind you. You want to start Ms. Barbara? Yeah.

Respondent: Well I'm 62. I live with my mother and my father. My father's 90 and my mother is 85 and I got my grandson who's five. His mother brought him to my house at three months and dropped him. So she's going to [inaudible] and haven't been back since. And I get stressed out sometimes because I cook for him, I'll take him to the doctor and then my grandson, I take him to school, get him ready and I'll do all this myself.

Moderator: And you take care of your parents?

Respondent: Yes. I moved from my place back to my mother father's home. They lived there for 40 some years-

Moderator: And where is that?

Respondent: On Calvert street.

Moderator: And what neighborhood, I'm sorry?

Respondent: Northeast.

Moderator: Northeast Okay.

Respondent: [inaudible] about the Calvert street.

Moderator: I'm not from here that's why I need to [inaudible]. Yeah.

Respondent: Yeah, it's Northeast.

Moderator: Okay. So that's what they call the neighborhood Northeast?

Respondent: Yeah. I left my house, gave up my apartment to move in-

Moderator: With your parents to help them because they're elderly.

Respondent: Right.

Moderator: But then now you get your-

Respondent: I got my grandson and now he's five and he got amount of his own. He five going on 30.

Moderator: So that's definitely worrying you and stressing you out.

Respondent: Two different generations by mother and father then him. I got to find time for me.

Respondent: We can play date if you want. I got a three year old.

Respondent: Okay. You do.

Moderator: All right we're going to hear about that Ms. Helene. As you go through your day, what's another worry or another stress aside from all this? You sound like you're busy?

Respondent: I am, believe me, I'm burdened. Sometimes I have to keep up with my own performance.

Moderator: Are you retired? Are you not working anymore?

Respondent: No, I'm not working now. No. I just [inaudible] to security.

Moderator: Okay.

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Respondent: And I've been doing that for about seven years now.

Moderator: Okay.

Respondent: Excuse me.

Moderator: No, that's all right.

Respondent: My father, he's got dementia and I have to remind him constantly of certain things and then on the other hand I got my little grandson well, I'll put it this way, my father act like he's my grandson and my grandson acts like he is my father.

Respondent: Wow.

Respondent: That's the difference

Moderator: Wow. So that's a lot. You sound like you've got a lot on your plate. And what about your mom?

Respondent: Well she's doing pretty good but she walked with a walker but he had new Rob-

Moderator: So mobility issues?

Respondent: Yeah.

Moderator: Okay. Thank you very much. Alicia.

Respondent: Alicia. I just turned 30.

Moderator: Happy birthday, did you just have a birthday? [Crosstalk] .

Respondent: October 14th.

Respondent: My birthday was October 13th, I turned 62.

Respondent: Just turned 30, I have an 18-month-old son at home. We live in West Baltimore near Mondawmin.

Respondent: Yeah.

Moderator: Are you living by yourself or you're living with a family or my husband?

Respondent: We're not married, but we're in a relationship. It's me and my son's father and my son. I'm in West Baltimore. I am a background investigator, contractor for the federal government. I-

Moderator: So that is full-time?

Respondent: Full-time, work from home.

Moderator: That's good.

Respondent: Yeah. But I have to go out and do interviews and stuff like that.

Moderator: So sometimes but at least you're mostly at home?

Respondent: It's work from home, not always at home.

Moderator: Okay.

Respondent: Your responsible. You make your own schedule and everything.

Moderator: That's fantastic.

Respondent: It's flexible [crosstalk 00:24:31]. A lot a.

Moderator: Okay. Keep telling me about. So that's your typical day. So then you got your job, your 18-month-old, your partner-

Respondent: Who is a good guy, but he's not much help with the child. He works overnight.

Respondent: That's the scarf we see.

Respondent: Yeah, it's a new scarf. My boyfriend works overnight.

Moderator: So he's tired?

Respondent: And long hours and does a lot of overtime so that's the main stressor. We have a lot of help from his parents because they have a business so they're able to help us more and they watch our son, but not always. He also works a job where his safety is at risk. He works for an agency and he has to carry a

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weapon and things like that, that's another stressor. I'm just trying to think if you want to talk about stressors. I have seen of him, but-

Moderator: So you're a new mom?

Respondent: Yeah,

Moderator: You're working.

Respondent: Full-time.

Moderator: Child care is an issue.

Respondent: And I'm going to do that right now we have to put our son in childcare and I've been looking and searching for childcare that we can afford, but that's been a very tough thing.

Respondent: Yeah.

Respondent: The most I'm finding is 350 a week. That's not the most, that's average.

Respondent: A week?

Respondent: A week.

Respondent: They consider him an infant because he's not two yet.

Respondent: And he's not potty trained.

Respondent: And he's not potty trained. So if you want to go to a decent daycare that you feel comfortable with, it's about \$350 a week.

Respondent: A week?

Respondent: Exactly.

Respondent: That is just scary.

Moderator: Then how do you work from home and then have an 18-month-old? Right.

Respondent: Right. So there was a lot on my plate right now I'm just trying to figure it out.

Moderator: And then of course worrying about your partner and his safety.

Respondent: And we were talking earlier and I can't get any assistance at all-

Moderator: Because your income level.

Respondent: And I guess because there is two of us. Even without him though, they don't give me nothing if I don't even put his name on the paper, no you don't qualify.

Moderator: Wow.

Respondent: You don't qualify for anything. So just trying to figure everything out.

Respondent: That's a good thing.

Respondent: Maybe you could put them down if child support was given to you and that's a shame that the government will not issue us help if we all together-

Respondent: They won't.

Respondent: Just like me they wouldn't give me his birth certificate. I got to get the mother or the father Monday, my son locked up for the next ten years. God knows where she is.

Moderator: So you don't have a power of attorney or you're not the legal guardian-

Respondent: No, I'm not the legal guardian, I didn't go down [crosstalk] because I didn't feel like going through that getting through social service [inaudible].

Moderator: Hold on there, one at a time.

Respondent: I didn't feel like going through all that. I can take care of him from the social security that I get. I don't get nothing for him.

Moderator: All right, so we're going to put pause right there. Remember I said I was going to do pause because we got to move on. Thank you very much, Ms. Alisha. We'll get to everybody. Tell me ShaRel.

Segment A: Women; November 2, 2019; Baltimore, MD

Respondent: Okay, my name is ShaRel. I'm 33 years old, I'm just getting out of the transitional housing. August 19th I've signed my first lease of a [crosstalk 00:27:36].

Moderator: Congratulations.

Respondent: Yeah. And then August 22nd my mother passed away.

Respondent: Oh.

Respondent: Yeah. So our relationship, she was hardest on us. In my mind, I had seen her a week before she passed away and my dream she was like, you want me to stay? You want me to go? And I was, that's up to you because she was going through a lot of medical issues. I was feeling it. I went to the hospital with tightness in the chest and all of that. So I was feeling her pain. I didn't know what was going on. I-

Respondent: Wow.

Respondent: I feel as though I'm an impassive individual. When she passed away, she came to me and it brought me some peace. My mother had been watching my daughter this whole time. I end up getting my daughter, but legally I don't have it right now. I have to go down to the courts and file-

Moderator: Similar to Barbara.

Respondent: Yeah right.

Moderator: To be a legal guardian.

Respondent: To be a legal guardian of your own child.

Respondent: What?

Respondent: Because your mother had her until she passed.

Respondent: Go down there [crosstalk 00:28:46]. She had guardianship.

Moderator: How old is she?

Respondent: She's 10 years old. She turns 10 in November. Well, November 13.

Moderator: Okay. Yeah, we're November 2nd. Okay. I'm so sorry. Here you are apartment.

Respondent: Yeah, everything hit-

Moderator: At the same time.

Respondent: And I've already been in a mental institution. I checked myself in when I was having a nervous breakdown a couple of years before that and I'm trying to keep myself from having an episode, but it's hard to set appointments to go get my medication to keep me balanced. So I'm choosing to take time off from work, being at home when she gets home from school and trying to make it around town on these buses to go to these appointments to get, it's just-

Moderator: Crazy.

Respondent: Yeah.

Moderator: It's like an obstacle course you see in the Olympics.

Respondent: Yeah but everyday.

Respondent: You know the hurdles. The hurdles, swim, jump out of that joint, crawl up the wall, crawl down the hall, go down under the hole, yeah it's like that and then you got to go to work.

Moderator: And then have the mental capacity to focus you on your job. Oh man. Well you know what? I want to know. I want to give a round of applause to you.

Respondent: Thank you.

Moderator: Because you're doing it same with Alicia, and same with Barbara. Okay, so now we're going to get to this side of the table and then we're going to give you guys a round of applause for that. All right. Hi, Miss Valerie.

Respondent: Oh, hello. I'm Valerie.

Moderator: So where do you live? Who do you live with? What's your day like? What's keeping you,

Respondent: Okay.

Moderator: What's stressing you out?

Segment A: Women; November 2, 2019; Baltimore, MD

Respondent: On the borderline between the City and County.

Moderator: Okay.

Respondent: I live with all of them. I have a two-bedroom townhouse, I've been there in now for about two or three weeks.

Moderator: Oh congratulations. So you got a new move. All right let's clap for that one.

Respondent: I also came out of a transition. Where else?

Moderator: All right.

Respondent: I was there for a year. I was just telling my mom, I'm 65 [inaudible] started using. But before I started using that, had a lot of decent city jobs. So I was in now a lot about my addiction and I got cleaned up, stay clean for nine years, went back out.

Moderator: All right. Another applause right there because that's tough.

Respondent: Then I got five more clean and went back out and now I'm going on five months right now.

Moderator: All right, good for you.

Respondent: One day at a time.

Moderator: That's right.

Respondent: So what I do now is a lot of meetings. I do a lot of facilitating in a room.

Moderator: So you help others who were in that situation before and advice, right.

Respondent: I try. That's right. I try.

Moderator: Something tells me you do a good job.

Respondent: I try. I'm a top. I'm a people person.

Moderator: That's why you're here.

Respondent: I like people. I also do opaque next pull in my pain from, I'm still, I'm not, I wasn't about still in the groups. I still go back to groups, they'll get what I need. I'm not working right now. I retired from my job making the attention and retirement check.

Moderator: Good for you.

Respondent: But that's not a lot.

Moderator: But at least it's something, right. Because you did have the government city jobs. Right?

Respondent: Right.

Moderator: Those are good. Those are good pension job. Right.

Respondent: [crosstalk 00:32:31].

Moderator: Wow, we got to go to two-dollar shoe shop with Tanya.

Respondent: She something back talking about, they're not \$2. They might be a pair for two dollars but trust me-

Respondent: No it's buy one.

Respondent: Exactly.

Moderator: Like a 50% or something like that.

Respondent: Right.

Respondent: Have you all been to Boscov's?

Moderator: The what?

Respondent: Boscov's.

Moderator: No, I haven't.

Respondent: A nice store.

Respondent: What's the name of it? [crosstalk]

Segment A: Women; November 2, 2019; Baltimore, MD

Moderator: I don't know because I, I haven't heard of it.

Respondent: B O S C O V S. Boscov's.

Moderator: Okay. Is it like a TJ Maxx or Marshall's or something like that?

Respondent: It's like a department store.

Respondent: Right? I love it.

Moderator: Okay. Let's get back to you Valarie. All right, we were talking about shoes. What right now are your challenges that you're working on right now?

Respondent: Fixing up my house.

Moderator: Fixing up your house.

Respondent: Yeah. When I moved out, I had a lot of things. So when I moved, I didn't have a box spring or mattress but I had to save him some change. So I went online and [inaudible] my daughter [inaudible] sit like that.

Moderator: So you're regrouping, you're re-

Respondent: Starting over.

Moderator: Starting over Congratulations.

Respondent: And I'm going to enjoy it.

Moderator: That's right.

Respondent: But that's not the biggest problem, finances.

Moderator: Yeah. Yeah. Well thank you very much and congratulations.

Respondent: Thank you.

Moderator: Because that's a journey.

Respondent: And now [inaudible].

Respondent: Thank you.

Moderator: Because that's a journey.

Respondent: [inaudible 00:34:02].

Respondent: Yeah. [crosstalk 00:00:05].

Moderator: All right, Ms. Helen, how are you?

Respondent: Hi.

Moderator: You just were talking about you are going to be moving into your apartment today.

Respondent: Yup. Monday.

Moderator: Oh, Monday! All right. Congratulations. Talk to us.

Respondent: Well, I think a 37, I think I'm 37 [crosstalk 00:00:25]. For a little bit [inaudible 00:00:34:30]. In 2017, I lost a child. He was 14; he got hit by a drunken driver and I felt so responsible. I held myself responsible for that. So I felt like I didn't deserve anything. I didn't deserve to live. I took my six-month-old child to his father, dropped him off, cut myself off from everybody I knew for six months, didn't have no contact with my family. I kept myself in the environment where people didn't like me and I made it that way. I made it that way. I was hard to get along with. I slept with a knife every night cause I just knew that somebody was going to try me and they never did. With somewhere... Even though they hated me, they saw something. They knew that it wasn't me.

Moderator: Right.

Respondent: Even though that's what I was presenting.

Moderator: You were going through a very traumatic grieving process and...

Respondent: I woke up [crosstalk] and I didn't seek support.

Moderator: Oh.

Segment A: Women; November 2, 2019; Baltimore, MD

Respondent: I [inaudible] down into drugs, alcohol. Whatever could take the feeling away. I would come down, I would just start to cry and cry. You know, people were so sick of me, they would give me drugs.

Moderator: So that you would be quiet?

Respondent: Yes. I mean, and I didn't think that I deserved anything but pain. That's why I kept myself in the environment that I did for as long as I did. I was lost. Losing my child. This just...

Moderator: Was that your only child?

Respondent: No. Wait. So I raised my sister's four kids. She was in active addiction for most of their lives, but before she died, she had seven years clean. Her and my mother had mended their relation. But my mother died in July of 2010 and my sister died in March of 2011, seven months apart.

Moderator: So back to back, back to back tragedy.

Respondent: And then she left me her four kids on top of it. I've always raised them like they were my own. It was like she spit them out. I took them, they were mine. But then when she left, they became totally mine. You know what her husband did? He rode with me to the courthouse and signed his rights over and packed his shit and left.

Respondent: That's how they do. Were They his children?

Respondent: Yeah. Three of the four was his.

Moderator: So let me ask you this, Helen. Are they with you now?

Respondent: Well...

Moderator: The kids?

Respondent: The 14-year-old, he was 14 when he got hit. I had one birth child, he's three. But these were my children. These are my children.

Moderator: They are your children. You're their mother.

Respondent: Baby girl is 15. She lives with her oldest brother. He's 26. Because I told you I just gave up. He does... I still have the rights to her, but he raises her, he gets her money.

Moderator: Do you guys have contact with each other now?

Respondent: I'm staying with them right now.

Moderator: Oh, okay. Good.

Respondent: I just stay with them this last month while I saved up my money and getting my own place. So...

Moderator: Fast forward to now.

Respondent: Right. Everything seems to happen for a reason. When I decided I wanted to leave this program, I was in the program since Thanksgiving of last year. The program only supposed to be like a six-month program. But I have a tendency to, when I feel comfort cling on.

Respondent: Anybody, everybody.

Respondent: My best friend made a good argument that I lost everything because I covered it.

Respondent: Yeah.

Respondent: And everything always has a sentimental value. Like this, I'm going to have this five years from now.

Moderator: Right.

Respondent: You know.

Moderator: Sometimes it's too much.

Respondent: Right. I mean I've had-

Moderator: Because you've lost so much. [crosstalk 00:38:52].

Respondent: I had things from when I was in elementary school, I had things from when my mother was in high school. I held onto these things. Every part- I went to four proms, I had all my prom dresses. I went to all my formals in college. I have all those dresses. Just holding on to shit.

Respondent: You sound like a hoarder to me.

Segment A: Women; November 2, 2019; Baltimore, MD

Respondent: Right, [crosstalk] but I wasn't a hoarder of new things. I didn't buy things and then like keep them forever. But I did...

Moderator: Like you had the dresses and the, yeah.

Respondent: But you know, sometimes people are afraid to let go.

Respondent: Right.

Respondent: To change, get a change. Change is good sometimes.

Respondent: And my best friend said, God took all of this away from you because you didn't need it. It didn't bring your life meaning. This just materialistic.

Moderator: Right.

Respondent: And I just... I did all my kids. I had all eight little certificates. They little drawings. My oldest is 26. I still had the toys he played with when he was two. You know, I held onto everything. I had a whole another house that I kept shit in. Fully furnished, nobody lived there. I'm just paying the mortgage on this house to hoard my stuff in.

Moderator: So now, where you are at now, so you have gone through this process, this grief, this massive grief.

Respondent: I wake up, used to wake up every day feeling like shit. That was my first feeling from the time that I opened up my eyes and I felt hopeless. Today I wake up, I feel normal.

Moderator: All right. That's great.

Respondent: Thank you.

Moderator: That is good.

Respondent: I still know that I played a part in my nephew's death...

Respondent: Exactly, I mean, excuse me.

Respondent: Right. It's only, I'm a parent.

Respondent: Of course, you going to feel it.

Moderator: You're a survivor [inaudible 00:40:55]. [crosstalk] What could I have done to prevent, you know, to [inaudible 00:41:00]. [crosstalk]

Respondent: If I was home, my boy wouldn't have been going across Liberty Road at eight o'clock on a Friday night. There's nothing past our house, but gas stations and bars. That's how far we out Liberty [crosstalk 00:00:41:14]. And this guy, who lived in our neighborhood, and my neighbor, they're racing from one bar to the other bar and my nephew... My neighbor saw my nephew and switched lanes and then his buddy came flying past him and hit him at 70 miles an hour. And he was with my oldest boyfriend, girlfriend, my oldest nephew's girlfriend at the time. He went through the windshield. She lived.

Respondent: [inaudible] save that? Could you have saved him if you were there?

Respondent: If I was home, my child would have been in the house getting ready for his track meet that he had the next day.

Moderator: But see, here's the thing.

Respondent: He was not supposed to be out.

Moderator: Okay, but here's the thing. Here's the thing, Helen, let's refocus. Please understand and I'm sorry for trying to bring you back.

Respondent: That's okay.

Moderator: There is nothing that you could have done whether you were home or not, that could have prevented that, except the person behind that wheel. You are not at fault, but I just need you to understand that. And I know that it may not be, but that is what happened.

Respondent: I've forgiven myself.

Moderator: You have to.

Respondent: I feel it and I feel that God [crosstalk] I was never one of them people that curse God or anything like that. You know, from day one that it happened, I asked God for forgiveness but I wasn't forgiving myself.

Moderator: Right.

Segment A: Women; November 2, 2019; Baltimore, MD

Respondent: And I've gotten to the point where I'm starting to forgive myself and I'm starting to feel better about myself. I know that I'm a good person, I know that I can... My thing is I want to contribute to society.

Moderator: And you are.

Respondent: I want to do good things.

Moderator: That's right.

Respondent: I've always done good things. I've always tried to do good things. I've always tried to...

Moderator: Because you're a good person.

Respondent: Thank you.

Moderator: You're a great person, not just good. You're great. You're a great, fantastic person and you're a wonderful mother and you're a loving aunt.

Respondent: Thank you.

Moderator: Okay. And you deserve all the happiness and joy in the world, in the universe. Okay.

Respondent: God does nothing wrong. And peace. [crosstalk 00:43:42].

Respondent: I feel it. I mean, like I said, I'm in a sober relationship. Oh, you want to hear about the bad things? Here is what I worry about. I worry myself to death that darkness that I have felt, I'm afraid that it's going to come out.

Moderator: Let me ask you a question. Are you going to a therapist or somebody right now?

Respondent: Yeah. I have all the help that I need.

Moderator: So, you've got some support there that help you go through this because you're ready to go back on track again. You know-

Respondent: I'm moving in all the right directions. And I pray to God every day to keep me in positive spirits and on the right track.

Respondent: [inaudible] people, like you said, [crosstalk 00:44:35].

Moderator: You're in a sober relationship.

Respondent: First time, in years. Don't it feel good? [crosstalk 00:10:40].

Respondent: We've been together for 10 months.

Moderator: Oh, so, oh see that's cute.

Respondent: [crosstalk] And it's a big difference in a sober relationship than an addicted relationship.

Moderator: That's right.

Respondent: I made that my homework, not offensive [crosstalk 00:44:55].

Respondent: Find yourself a sponsor, so she can talk to you one on one, but you know if you haven't read the book and [inaudible 00:45:01].

Respondent: I've read some of it.

Moderator: Do you want me to put that away for you?

Respondent: You know what we suggest, right?

Respondent: [crosstalk] Why do you think I asked you what I asked you? About how long y'all been in a relationship. Right? You got 10 months clean, right?

Moderator: Yeah. Now the person... What they say in the book, this is the only-

Respondent: I know.

Respondent: They say they suggest that we don't get into relationships-

Respondent: The first year.

Respondent: For the first year, right? Because a lot of times when our relationship don't work, the first thing we do is go back out.

Segment A: Women; November 2, 2019; Baltimore, MD

Respondent: And that's the best thing about me, there is nothing that's going to send me back out there, but me. I don't want to go back out. I know that there's a possibility. I was just talking about this the other day. I know that there is a possibility that this relationship may not work for whatever reason. But what I know is, is that God has given me a taste of what true love is and whether it lasts or not, I'm thankful for the experience I had and I'm just going to ride it until the wheels fall off. [crosstalk] Today or tomorrow or he dies on, I'm a little worried about him dying than I am him leaving. But I have to go through it.

Moderator: And since you're going through... You have a therapist, somebody to help you deal with difficult situations, especially when you've been through something so traumatic after the [inaudible 00:46:32], oh man. But now are you seeing the things that are kind of like bringing us together?

Respondent: We all need a therapist.

Moderator: Okay. [crosstalk] So here we are. We're at 9:50, I mean a 12:50. I know this is California time for some reason, but I have to get to Tanya, but I want to congratulate you again. Okay. And I have to get to Tanya because we have to be at [inaudible 00:46:57].

Respondent: Hey you, [inaudible] introduce yourself.

Moderator: Oh yes, I do. And I will... no, but I mean...

Respondent: Don't try to get out of it, Tanya. It's your turn.

Moderator: Yeah. It's Tanya time.

Respondent: Tanya time.

Respondent: I'm going to keep this short, sweet and breathe because when I start talking, I like say a sermon. I'm supposed to be going back to Bethany Baptist Church to get baptized.

Moderator: Okay, nice.

Respondent: I used to go to First Apostolic ,years ago when me and my mother was going through, you know, came through with the way she is and she still is today. She herself, just in February, two days before Valentine's day, she turned 65 and...

Moderator: Do you live with her?

Respondent: No, thank God. [inaudible] I'd rather be on the streets than with her.

Moderator: Oh. And so what about now? Where are you at now?

Respondent: I have my own apartment. I will never go back there. Her mother and her sister. I don't consider them family and I'm washing my hands of people like that. Even that ignorant man, she got pregnant by. He used to do drugs and her husband was on drugs and I come from a very dysfunctional family. The In-laws and...my upbringing. I was hit by a car when I was only eleven years old. The lawyer took advantage of her. She's listening to the one she was married to. Who's the seats now. But, anyway, she listening to him. I'm supposed to be getting money for that, for me getting hit by the car. For the rest of my life outside of this little welfare money I'm getting from Social Security. I'm not even really getting that no more. I get money from my father's work...

Moderator: Like pension.

Respondent: All the money he paid.

Moderator: So, the lawsuit money-

Respondent: When I got the new settlement. It was only a little over \$5,000-

Moderator: And you were eleven years old?

Respondent: And I didn't get that money until I was like 16,17. And I remember the lawyer's name and my friend I'm with now, he's had all this taken care of. I'm going back after-

Moderator: Good for you. [inaudible] [crosstalk 00:15:57].

Respondent: I want to go out, like Helen was saying, go to other countries, like Rome, places where Jesus used to go.

Moderator: You want to do the Holy Land.

Respondent: And help people less fortunate. Like I was telling other people at the psych hospitals, because I've been there and they made me well you know actually. The people who play crazy, they can be reformed. I saw a movie about that.

Segment A: Women; November 2, 2019; Baltimore, MD

Moderator: It depends, of course.

Respondent: No, because there's a woman now, I'm at John Hopkins Hospital. She's playing crazy just because she homeless. Even though staff...

Respondent: It's that bad though because if there's no place for you to go that night. Go to the hospital, they try to freeze you out in the emergency room. They play that crazy. You'll have a bed upstairs.

Respondent: They do that nowadays to get into recovery [inaudible 00:51:03]. [crosstalk 00:17:07].

Respondent: That's how I got sent to my program.

Moderator: So let's get back to Tanya for a second. So Tanya, what about right now, so now that you're getting all of this back again and getting, trying to get this lawsuit situation of what happened to you when you were 11 years old together, where are you at right now in your life?

Respondent: I just want revenge. Back in April of this year, I was jumped by two black ignorant, dumb bitches. I'm going to say that because-

Moderator: You can say whatever you want here.

Respondent: That's what they were.

Respondent: What did they jump you for?

Respondent: They jumped me because of the way I said, excuse me, to the one. She didn't know how I was feeling. You know, and I was, I don't even have a spleen anymore. I had cancer back in 2010 or 11. They cut-

Moderator: So you're a cancer survivor and. Man, girl, I mean you go [inaudible 00:52:17].

Respondent: God still has me here for a reason. Last time I went to a psych hospital... You know the only reason I'm still here was because I got out this woman's Uber car, went to my apartment. I said I'm born to be with my savior and I went in the house, took 11 melatonin. The only thing that didn't strike me out was that I didn't take alcohol with that.

Respondent: Because I had-

Moderator: Because you wanted to leave this earth.

Respondent: Yeah. I'm tired of all this that I've seen and experienced. [crosstalk 00:52:59].

Respondent: You know what, like what Helen was talking about, the pain was just too much and you just want to get rid of it with anything. Oh, I'm so sorry.

Respondent: God, don't put that-

Moderator: But, you're still here. So what are you looking forward to? You want revenge you said.

Respondent: No.

Respondent: I want to go at the [inaudible 00:53:17]. His name is Daniel W. [inaudible 00:19:20]. His short-

Moderator: The lawyer, the lawyer that took the money.

Respondent: You want to be rightened. That's what you want. I mean I can tell you what you want. It's just that it's that you don't want negative vibe.

Moderator: She wants justice. It's not revenge. She wants justice.

Respondent: She has been wronged and she wants to be righted. [crosstalk 00:53:40].

Moderator: It's justice. She wants justice for herself.

Respondent: When you say that you want revenge, you can't get blessed living on somebody else's.

Respondent: I'm like, God, Jehovah, he's going to do away with all the wicked and the people who don't believe. I used to study with them for the longest time...

Respondent: I'm getting ready to start.

Respondent: And even they are [inaudible] because it was one simple as used to sit in the [inaudible 00:54:10]. First, she use to speak to me, be loving, so kind warm. You know, she will talk to me and smile and all that. After I started going back to the meetings after my bout with cancer, the woman started giving me these nasty looks and everything and I told some other sisters about her. They like, well did you ever ask her? No, I didn't because why should I? I don't feel welcome with her anymore. Even though I was still attending.

Segment A: Women; November 2, 2019; Baltimore, MD

Moderator: So let me ask you this, let me pause you right there for a second. So Tanya, when you...Going through all these things and this question is also for everybody, when you find yourself in that spot, what did you do to get help? Did you call a phone number? Did you go somewhere? Like you went to the hospital, it sounded like you went straight to the hospital. I mean, what are the resources that you reached out to, to find help?

Respondent: The only thing I do is pray. I take everything internally now. That's why I self-destruct. First time-

Respondent: You don't have a therapist?

Respondent: No, I don't even want none because I'm about getting ready for this job, working for Medicare. I'm about ready to do that and see my two children that live in North and South Carolina because my son even told me, you know, he has a son named Cam. I don't know if this actually his. We'll find all that out later. But anyway. Yeah.

Moderator: So, what are you looking forward? You want to see your children. That's something to look forward to. So where did you or where are the places...The hospital?

Respondent: No. That's not where. Where I went just recently, like it's been a year and four months. I've actually had a real friend, a home girl for the first time. So when I was going through my panic attacks and my anxiety attacks, I would go to her house. 2:00 AM because we work over nights or whatever. 2:00 AM, can I come over? Just to be in a safe place-

Moderator: Where you're not going to do damage. [crosstalk 00:22:52].

Respondent: There was no pressure coming from her. There's no questions coming from her, her family, her kids is there, you know. It was a loving environment.

Moderator: And not everybody has that.

Respondent: No. And that's why I was so thankful she came into my life when she did. So-

Moderator: What about, aside from friends or family, is there a, does Baltimore-

Respondent: They have numbers.

Moderator: -Numbers. Did you call any of those? Did you-

Respondent: What problems specifically are you talking about? [inaudible 00:57:22].

Moderator: Well just anything stress-related, mental health-related.

Respondent: It's already hard to talk to a stranger. When you're looking for a mental health, we're looking for a black male or female individual to talk to because they can relate to what, even if they can't, we look at them as they can. When we look at another individual that's not our complexion, not of our background. We like we got to clue you in on everything that we are talking about. [crosstalk 00:23:51].

Moderator: Right.

Respondent: Yeah.

Respondent: I want to touch on what she's saying because I didn't address my mental health issues at all when I was speaking, but as I...Actually last week, it's actually a really bad week for me, mental health-wise. I do struggle from anxiety and depression and it started a lot after I had my son. It just became, I almost didn't recognize myself and sometimes I have great days and sometimes I have bad days. Last week I had a bad day where I couldn't get out the bed, I couldn't do anything, I couldn't sleep. I just literally like cry and it just comes from being overwhelmed from all of my responsibilities. But I, therapy works for me. And you said something about a black therapist. I was just telling her when I had my last job, I had Kaiser, and I found a black therapist. Because again, you feel like they understand you better, you feel like they, they know your life. Y'all came from the same community. They get it. You don't have to explain other layers of yourself to them.

Moderator: Why are you so stressed out? Right. [crosstalk] That whole thing-

Respondent: Yeah, I've gone, I've been through, I went through a lot of therapists before I got to him and I literally had people say like, well, if you know what you need to do, why don't you just do it? And I was like, [crosstalk] what's your job then? So I found him and I switched jobs.

Moderator: So having somebody there of your community, of your culture, of the culture, is important.

Respondent: Very.

Moderator: Okay.

Respondent: Very important.

Segment A: Women; November 2, 2019; Baltimore, MD

Respondent: That is trustworthy. You can tell when you talking to somebody that's dead air, dead eyes.

Moderator: Right. Dead ears, dead eyes. I like that.

Respondent: And then they're talking about God and things like that. You feel like they have the [crosstalk 00:59:25].

Respondent: -Insinuate anything on me that I don't bring to you and that's what happens.

Moderator: So it's like they add their layer of either bias [crosstalk] or whatever they got from you in the two minutes that you were sitting there-

Respondent: They try to switch you like don't read me. I'm trying to read myself to you. I'm trying to tell you.

Moderator: I'm trying to read the sentence of myself.

Respondent: You trying to get ahead in the paragraph like no.

Respondent: They don't tell you more about you than you [crosstalk 00:25:52].

Moderator: So you feel like you're judged.

Respondent: Yeah. Off the top. As soon as you walk in the door you're judged. It's like, why? Like she said, why are you here? Like-

Respondent: what is your job? What is the purpose?

Respondent: Why are you stressed out? First of all, I woke up, you know?

Moderator: I'm a black woman in America, live in Baltimore.

Respondent: Right, in Baltimore city.

Moderator: Bal-mer, sorry.

Respondent: When you're cradled to sleep by sirens, you know. If you don't hear them, you looking out the window like, what's wrong?

Moderator: And sometimes you're afraid to look out the window because you don't know if there's a stray bullet flying your way.

Respondent: Halloween night, all you hear is cracking and you don't know somebody is playing around and you trying to just get your child in the house. All their fun and laughter is straight out the door when you hear that going on.

Moderator: Right on. Yeah.

Respondent: That elevates your stress level.

Respondent: Yep.

Respondent: [crosstalk] It's a trigger right there.

Respondent: Are we going to be able to take a little break?

Moderator: All right. Do you want to do a bathroom break right now? Is that what somebody needs? Okay. [crosstalk 00:26:57].

Respondent: Where is the bathroom?

Moderator: Let's do a bathroom break then. Okay. Okay, so let's do a little bathroom break if that's what everybody wants.

Respondent: I'm going to get some more wings. [crosstalk] They were warm and everything. But anyway, your number thing. God is always listening and paying attention to you. You know, he's the only doctor I need. And the one I call on when I'm going through everything. I've been through too much in my life. I'll be 50 years old in three years and God's got a plan for me.

Respondent: And God is good, but I feel like there's a, especially in the African-American community, a lot of people don't seek therapy because they feel like that. They feel like God has everything that I need. Not that he's weak, but God does a lot. But sometimes you need a little extra assistance from people outside of that. I know, I've been there.

Moderator: Outside of religion, like a therapist or someone that's a mental health professional.

Respondent: God put us here for that. I mean, I'm not a therapist. I may be one day, who knows.

Respondent: You may be.

Segment A: Women; November 2, 2019; Baltimore, MD

Respondent: I just need to take the test. But anyway, God has helpers, people that he's put in these positions to help us, doctors.

Respondent: And a lot of people in the African-American community, we come, we have a lot of trauma in our history. We have a lot of problems and we don't talk about it. That's just our culture. [crosstalk 01:02:44].

Respondent: You know.

Moderator: [inaudible] a train or is it out there?

Respondent: It's out there.

Moderator: Oh, okay. Thank you very much.

Respondent: I'm thinking some more tea.

Moderator: [crosstalk] Thank you very much. Okay, so yeah, a couple more minutes.

Respondent: This must be the focus group, Miss Shirley. You think you slick?

Moderator: No, you guys are doing great. Yeah. You know what? Let me, let me, [crosstalk 00:29:15].

Respondent: certain topic.

Moderator: This is the topic.

Respondent: Okay.

Moderator: This is the topic. [inaudible] Did you want any...were they any good?

Respondent: Real good.

Moderator: Not too spicy, right? [crosstalk 01:03:40].

Respondent: There is water in here.

Respondent: Ma'am?

Respondent: There is water in here.

Respondent: Oh, there is?

Respondent: In that fountain.

Respondent: I took one of the pictures. Okay. [crosstalk 00:30:36].

Moderator: They do have water in there. [crosstalk]

Respondent: [inaudible] So that's your only child?

Respondent: Yes ma'am.

Respondent: You plan on having anymore?

Respondent: If I can afford it. I want a lot more children.

Respondent: You need some. They care about you. I wish I could get some for you.

Respondent: I wish I could get some.

Respondent: I probably could between me and you. I'm serious. Because I was going to try to get on for my niece, my brother's daughter...

Respondent: Yeah can't mess with-

Respondent: How old is your children, Tanya?

Respondent: 30 and 26.

Respondent: Okay.

Respondent: My daughter will be 30 in March and my son 27 in June.

Respondent: And mine is 44 and 42.

Respondent: Mine is one.

Respondent: Okay. This your first one? Yeah, you got a little one.

Segment A: Women; November 2, 2019; Baltimore, MD

Respondent: Tell her Miss Barbara, couldn't I get some daycare vouchers for her?

Respondent: Yeah.

Respondent: Tell her.

Respondent: You got somebody to babysit or she can get you [inaudible 01:06:16].

Respondent: I get the vouchers.

Respondent: Oh, you get from Social Services.

Respondent: Yeah.

Respondent: Yeah. She can get you some vouchers. You can get her some vouchers. Yeah. You got somebody that's going to babysit?

Respondent: You got to find a good daycare that you can trust.

Respondent: Yeah. Somebody you can trust.

Respondent: Yeah, but they, I don't know because they not going to give me no daycare vouchers. They said I don't qualify.

Respondent: She can get you some, but you ain't got to know everything that going on. [crosstalk] That's right. Exactly. They can think for her.

Respondent: I can't mess around like that. My job is too...I work at the Federal government. I can't [crosstalk] I can't do nothing. [crosstalk 01:07:00].

Respondent: I'm the only one willing to take that chance.

Respondent: Yeah.

Respondent: But you [crosstalk] because it's not worth you losing your job.

Respondent: Look, I can't even buy no food stamps.

Respondent: We'll go grocery shopping for you. [crosstalk 01:07:26].

Respondent: Yeah. Yeah. [crosstalk] They outside the store. You got some stamps? That's the thing.

Respondent: I was on probation for years and I still bought me some. [crosstalk 01:07:41].

Respondent: The cost of food is way too high. [crosstalk] But, you know the best store I have shopped at? Aldi's.

Respondent: These usually see something.

Respondent: Who?

Respondent: You. About the child because she cut school.

Respondent: Oh yeah.

Respondent: And I don't like that.

Respondent: Oh yeah.

Respondent: Yeah, sure, mm-hmm (affirmative) [crosstalk 01:08:09].

Respondent: And I don't like that. [crosstalk]

Moderator: Are you guys enjoying yourselves?

Respondent: Yeah, I'm having a good time.

Moderator: Are you? Because I think a lot of times when we talk about deep stuff, people get a little weirded out.

Respondent: Right, they get-

Moderator: But I want to make sure that everybody's having a good time, and if there's anything that you feel like you want to share aside from the stuff that we talked about, and go into ... I encourage you to exchange phone numbers because we do have to keep it going. I already have to switch you guys back as far as the topic. But I want-

Respondent: Oh, we're going on a different topic now?

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Moderator: No no no, it's a similar topic, but we're going to expand on another category. But I do want to encourage you that if you do have anything that you want to get off your mind, out of your mind, and you feel like you want to talk to somebody, let me know. And I'm sure that after the group is over, some of that information will be available if you ever need it, okay? Or if you want it. I'm just letting ... just putting it out there, and then we can continue. Everybody good?

Respondent: I'm fine.

Moderator: All right, okay, because we're going to close the door now.

Respondent: You want it closed?

Moderator: Yes, please. Thank you very much.

Respondent: I need to go get sugar in my Kool-Aid.

Moderator: What? Did you need something else?

Respondent: Yeah, I'm just getting some sugar to put in my thing because that ain't sweet enough for me. I like sweet-sweet.

Moderator: All right. So we are going-

Respondent: Excuse me, I wish I had some foil to take some of these with me. These are really good, and I don't do cooking at home so they [crosstalk 01:09:58].

Moderator: I know, but you're going shoe shopping afterwards, so we got to ... You know what? We'll ask Miss Debra. Miss Debra's around, [crosstalk] I'll ask her and see if you want to take some home, if there's some foil. You wanted some foil? Okay.

Respondent: Oh, she gone take chicken home.

Respondent: Saran Wrap. They got Saran Wrap.

Moderator: So we'll see. We'll double check. If there's any leftovers, we'll make sure to get some foil. The only thing is that we have another group coming in at two o'clock.

Respondent: Oh, okay.

Moderator: So we don't know if-

Respondent: Ain't going to be no leftovers you all got another group coming in.

Moderator: Exactly! [crosstalk]

Respondent: They probably getting the rest of the wings. They're not going to give them them wings. [crosstalk]

Respondent: One get \$50 for being here early. [crosstalk]

Respondent: I got that already.

Moderator: All right. So you'll take some extra wings for being early. Okay, let's continue. But anyways, like I said, I just want to say thank you for being open enough to sharing that because there's a lot of times, especially with ShaRel when she was talking about you walk into an office or a therapist or a doctor, and then you got this person, you got this person on the other side who may or may not be African-American from Baltimore, and they're already kind of looking at you differently or you're feeling different. You're feeling like you're already being judged before you're even heard.

Respondent: I'm not even from Baltimore, it's just the-

Respondent: Me, either.

Moderator: Where are you from?

Respondent: I'm from Pittsburgh, Pennsylvania.

Respondent: Oh, okay. I thought you was from here.

Respondent: I'm from Philadelphia, PA. [crosstalk]

Respondent: Who's your team?

Respondent: Ravens, and I'm from New York. [crosstalk]

Respondent: You such a traitor.

Respondent: I been here for about 40 years, right? I'm from Philadelphia [crosstalk 01:11:53].

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Moderator: Okay, so let me walk this back. So we're talking about African-American medical, mental health professionals are more, let's just say-

Respondent: They're scarce. They're scarce.

Moderator: Number one, they're scarce. Number two, you feel more comfortable talking, discussing-

Respondent: They're more in line with our needs. That's how we feel.

Moderator: They're more in line with your needs? You just reminded me of something with that whole Serena Williams thing and after she had her baby.

Respondent: Right, yeah.

Moderator: You heard about that? And how she had ... even her with the millions of dollars-

Respondent: Millions of dollars, yeah.

Moderator: Her husband is the owner of Reddit. He's a tech guy.

Respondent: Yeah, he's a billionaire.

Moderator: Even she had trouble because she said that she felt like her doctor wasn't listening to her. [crosstalk]

Respondent: They weren't, yes.

Respondent: They'll feed your baby before you get the chance to feed your baby. My baby was in NICU, and I'm sitting there and the lady told me to go somewhere. I'm about to feed the baby. I told her I wanted to feed my baby. Came back, she sitting there feeding my baby. I wanted to smack this doctor, white lady, and I'm like, "I clearly told you because my baby's in the NICU, I wanted her, that first touch, that was impor-" [crosstalk] "Not you, bitch. Are you serious?" [crosstalk]

Respondent: They took that moment away from you.

Respondent: Exactly.

Respondent: I was like, that was disrespectful as hell.

Respondent: It was.

Moderator: So what is it, the judgment zone, that you're feeling?

Respondent: I felt like she was like, "This bitch can't take care of her child. Her child's in here because she's probably a drug addict or something like that." That's how she looked at me.

Respondent: That's how they picture you. They don't know nothing about you but their perception of you already.

Moderator: It's like medical racism?

Respondent: Yeah.

Respondent: That's a real thing.

Respondent: It is.

Respondent: I feel like I have to overcompensate-

Respondent: You don't get the same bed treatment. I'm sorry.

Respondent: to be treat ... oh no, I didn't-

Respondent: I got you.

Respondent: But I'm just saying, I feel like I have to overcompensate to be treated like everybody else. Just one thing to share. When I had my son last year, 2017, I brought gifts to the hospital for all the nurses and all the doctors that were going to treat me because I felt like I had to do something extra to get them to like me, to make sure that they give me the best care and that they treat my ... I do stuff like that because it's a real thing. You get judged. You get judged based off of the insurance you have.

Respondent: Yes, you get judged!

Respondent: If you have state insurance or [crosstalk]

Respondent: If you walk in a room, the way you look-

Moderator: Hold on, you're going to go next. Go ahead, Alicia.

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Respondent: If you have-

Moderator: So you get judged even from the insurance that you bring?

Respondent: If you have ... I didn't want to put my child on state insurance because I feel like they judge you based on. They think, "Oh, what type of job do you have?" I feel some type of way that I don't have the same last name as my son. I feel like I'm judged off of that, not being married, even though I'm young, and I feel like I'm doing okay for myself.

Respondent: You named your child after the father, too?

Respondent: Yeah.

Respondent: Me, too.

Respondent: And he's named after his father, but we don't have the same last name, so I feel like people look at me automatically and think about me a certain kind of way.

Moderator: So you're buying out gifts [crosstalk] so that they can remember ... Hold on, so that they could remember, so that they could see, "Hey, by the way, I'm Alicia. Don't treat me any differently."

Respondent: And I tell you one thing, it worked. They treated me like a queen in that hospital. I didn't have any issues in that hospital.

Respondent: What hospital were you at?

Respondent: I went to GBMC. I went to ... I had not one problem, not one issue. I had the biggest room, birthing room. I had ... and it was amazing. And I feel like I had to, I have to overcompensate to be treated normally like a white person would be treated [crosstalk 01:15:32].

Respondent: And I try not to be extra, if you will, but that's just the reality of the situation. You're judged based off of a lot of things. And then me even being an overweight person, they look at me a different kind of way.

Respondent: Uh-huh, intimidating.

Respondent: So yeah, so I made sure my family wasn't too rowdy. I made sure my family wasn't too loud. I tried not to get on nobody's nerves. I'm bringing a child into the world, and this is my kid you all have to take care of.

Moderator: And then I have to do all of this stuff so that white people can feel comfortable.

Respondent: And you know what I did for the white people? They like Starbucks. I brought in Starbucks gift cards for everyone, and I brought in custom mugs that said "Nurse Life" on them and things like that, and every nurse wanted to treat me. The whole time I was there, they gave me everything that I needed, everything that I wanted. They were super nice to me and things like that, but I feel like it's because I overcompensated because I didn't want to be treated any different. You have to work twice as hard to be treated normally, like other people, and not be judged.

Respondent: And not only that, but you got to work three times as hard to get the same pay! [crosstalk]

Moderator: Okay, I want to hear from Barbara. Barbara, what were you saying when you heard Alicia talk about this? You were saying something about the insurance? That the insurance, they're not looking at you the same.

Respondent: Yeah, they don't. Even if, say for instance, you go in the hospital and you don't have insurance. I mean, they treat you-

Moderator: Or even if it's Medicaid or-

Respondent: Right, exactly. You will sit there all day long.

Respondent: You could be bleeding from your head.

Respondent: And somebody come in there with stomach pains or whatever, and they got Blue Cross Blue Shield or whatever-

Respondent: Yep, they right in the back.

Respondent: Go right back there.

Respondent: That's what I got, and I can't even afford insurance. I can't even get a therapist right now with my new Blue Cross Blue Shield.

Respondent: Exactly.

Respondent: And that's why I'm struggling too, because I have to meet my deductible, and I can't afford it.

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Respondent: Mm-hmm (affirmative).

Respondent: Excuse me, that's what I have, Blue Cross, but since I got 65, and my whole insurance program got kicked over, when I went to see my therapist about three weeks ago, they couldn't see me either because-

Respondent: That's the same problem I'm having right now.

Respondent: With the Medicare and the Medicaid.

Respondent: Because you couldn't pay the deductible?

Respondent: No, I paid the deductible, \$135.

Moderator: That's a part B. That's part B.

Respondent: A and B.

Moderator: A and B, right.

Respondent: But then you also have D.

Moderator: Oh, right, which makes it the Medicare Advantage?

Respondent: Right.

Moderator: Which also can combine Medicare and Medicaid together.

Respondent: The commercial is very informative though. It really helps you. [crosstalk]

Moderator: Everybody knows that, right? Okay. So what happened?

Respondent: So this is what I'm saying. When I went to get my medication, because I'm a diabetic, a type one, so I do insulin, the needles and stuff. So when I go to get my test strips, they were \$60. So I'm standing looking crazy saying "This is a mistake somewhere along the way because I'm not used to paying that much money for my test strips, for my medications period." There were so many of them, I couldn't afford it, so I had to pick which ones that I could afford that day to get. So he told me to go to social services. I went up there, and they was looking at me like I was crazy. Then from there I went to social security. Then I got on the phone and started calling up the Medicaid, the AARP people, and all of that. So some kind of way they pulled it up, and I'm paying like no more than \$8.50 now for my medication.

Respondent: Now she, ... I'm sorry, I'm not trying to cut you off, but she breezed through that social services and stuff, like you're going to be in there for five, ten minutes. No, that's a day. That's a day. If you could make it to the next- [crosstalk 01:19:03].

Moderator: So you have contacted your insurance, the hospital?

Respondent: Twenty-five minutes. I went to North [inaudible] on Harper Road.

Moderator: So hold on, so hold on. So then we went through this process now of when you needed help for ... So Alicia talked about that she has to go out of her way, that people have to go out of their way to make the white people, the white medical professionals feel comfortable-

Respondent: And I wouldn't even go as far to just say white, because it's not just white people.

Moderator: So tell me who are they.

Respondent: It's anybody that works in the industry. They look at you a certain type of way. We do it to each other. I'm not going to blame it just on white people. It's just stereotypes. Yeah, we do it too. If you work in that profession, you see somebody come in there-

Respondent: Not even so much that profession. People look at you, say, "I don't like her." Don't even know you. Why you don't like me? You got a problem? Don't even know me.

Respondent: It's the stigma.

Respondent: Favoritism.

Moderator: Favor. Okay.

Respondent: You know white people would do that. They don't even know you, but let me tell you-

Moderator: So then how do you find out, how do you go? You know that you need help, right? How do you know where to go?

Respondent: You ask questions and pick up the phone. That took me 45 days.

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Respondent: You got to put your faith somewhere.

Respondent: I'm trying to tell you, I went this ... I started out at social security. At social security I wasn't getting the right results.

Moderator: So you went social security to social services, to-

Respondent: Social services, she said all day. I wasn't there but 25 minutes [inaudible 01:20:30].

Respondent: It depends on where you go I guess because I'm like every time I go in there I'm sitting for two, three hours.

Respondent: When I walked through the door and I said, "Wow, nobody's in here", right? So I said it's going to be a breeze. Right? So I sat I'm downstairs for like maybe 20 minutes. They told me, they said, "Miss Diggs, go up on the second floor where the insurance places are, right?"

Respondent: So I was only in there for seven minutes, but guess what? The thing about that, I still had to wait anywhere from 30 to 45 days for my insurance that I needed to kick back in.

Moderator: Oh no. All right, so hold up, hold up. All right, I'm going to go to the next question then. What if there was one hotline number that you can call for all these different things?

Respondent: It would have been 211, but that joint is like-

Respondent: Yeah, that's no good.

Respondent: No.

Moderator: 211 is no good?

Respondent: No.

Respondent: Not really. That's a joke.

Moderator: Helen, what about you? Have you called 211? No. What about ... okay. So let me read you-

Respondent: No one trusts those numbers.

Moderator: No one trusts those numbers?

Respondent: Um-hmm.

Moderator: What if there was a call-in hotline number available for people who are experiencing some type of crisis or emergencies or-

Respondent: That's just a number.

Moderator: All right. Or their family and friends who are worried about them? Like let's say if it's a family, a relative or your loved one or even a neighbor that you're worried about, where you could talk to a trained counselor on the spot and get immediate help. You're talking to someone. [crosstalk]

Respondent: What number would that be?

Respondent: Called Baltimore Crisis Response.

Respondent: Nah, because they come and try to pick your ass up.

Moderator: Okay, okay, hold up, hold up. Let's call it for now the crisis information and referral line, just for now. For now we're going to call it that. Have you ever heard of that?

Respondent: Yeah, that sound like what she just said. The Baltimore Crisis Center.

Moderator: You've been there. You know who they are?

Respondent: It's right on North Avenue across from the headquarters. I got so tired of being there, I left out...

Moderator: So you had to wait a long time? [crosstalk]

Respondent: ...to the 91 bus stop and went home.

Moderator: So you would not use that?

Respondent: I would never call a line like that.

Moderator: You wouldn't?

Respondent: No.

Moderator: You know you need help, but you would never call-

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Respondent: Right. I would never call on them.

Moderator: Why?

Respondent: Because you just don't feel like lines like that actually work, and your first response we're having an issue is not to go to a stranger behind the phone lines thinking that they can help you. Someone just posted it on ... I just read a post this week on Facebook where someone said that they called the suicide hotline because they felt like they needed help, and it was the worst decision they could have made. They said that the person on the other end of the call didn't know the right thing to say. I don't know if they weren't properly trained, but it was just like ... it was not helpful at all. I would use any other resource before I would go to that first. I would Google, I would search, I would try to go to the root of whatever. I wouldn't call, and especially a general number that's supposed to be able to help with crisis issues. And we have real problems, you know? Like you talk about addiction or if you're concerned about a family member or something like that. My first thing wouldn't be let me call this hotline and see if these strangers could help me.

Respondent: That's why when I call, I asked them, "Who am I speaking to, and what's your name?" In cases the situation I can always go back and report. Like I had called the, what was it? The 211, the 311-

Moderator: You want to call the number now?

Respondent: It's a Saturday-

Respondent: If I called the number, and they said there's somebody-

Moderator: All right, all right. So here's what we're going to do. Here's what we're going to do. We're going to call the number. I'm going to listen to it.

Respondent: You're going to call Baltimore Crisis Response?

Moderator: Listen, we're going to call the number, and I want you-

Respondent: She gone tell you. Wait a minute.

Moderator: And I'm going to explain. I'm going to call the number. We're going to listen to it, and if somebody answers ... They already know that I'm going to be calling because we're going to tell them that it's part of the focus group, and then we're going to hang up. Okay? [crosstalk]

Respondent: Is it 211 or a 311 number? Which one?

Respondent: She had a question first. Did she ask?

Moderator: Okay, hold on. You were asking what?

Respondent: I want to ask a question.

Moderator: Well, go ahead.

Respondent: If you call and they answer, and then you hang up, will they call you back?

Moderator: No, I'm going to say, look, they already ... they already know that there's a study going on, so-

Respondent: If I call from my phone, would they-

Respondent: So then that's not ... that defeats the whole purpose.

Respondent: Yeah.

Respondent: They don't know who she is.

Moderator: No, listen, listen, listen. [crosstalk] Hold up, hold up, let me explain. I didn't explain it. We're going to call.

Respondent: I understood what you said.

Respondent: We're going to call who?

Respondent: 211.

Moderator: Call the crisis information referral line.

Respondent: I thought that was something you just made up. [crosstalk]

Moderator: So this is the thing. I put, okay, I'm going to explain it to Helen. Okay, Miss Helen, when you're with me I'm going to ... I'll explain. I was asking these questions, and then I said, all right, let's call the information, the crisis information referral line. And I asked, did anybody, has anybody heard about them? And then we've

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gotten yes's and no's and all this jazz, right? So then I said, okay, well then let's just call them if you know who they are.

Respondent: Right.

Moderator: I have the number right here on my piece of paper. And what I want you guys to do is we're going to call them, we're going to listen to the phone, And if somebody answers, we're going to tell them that we're a part of the study that we're doing. They already know we're doing the study. That's why we're here, by the way, because they want to better the services and seeing which ways [crosstalk 01:26:01].

Respondent: If you tell them that we are part of a survey, then you're going to get-

Respondent: the response you want.

Moderator: Okay, but we're not going as far as that. [crosstalk] We're going to hear the intro. We're going to hear the intro. You know how there's a recording? All right, so how about this, Miss Helen. We're just going to do this.

Respondent: Go ahead. I'm not stopping you.

Moderator: And then we'll ... we're not going to g[crosstalk 01:26:27]

Respondent: It's just to show you what do they say-

Respondent: What they say when they answer the phone, how they act in response.

Moderator: Right, okay. And then we're going to say, "Hey, we're part of the focus group."

Respondent: Right? After they talk.

Respondent: Just wanted to call in and see what it was like, and then hang up.

Moderator: Right.

Respondent: Could you answer my question?

Respondent: Yeah, if they start talking. I got a good question for they ass if you let me talk.

Respondent: That's what I'm saying. Make it real.

Respondent: When I call it 2060-

Moderator: Okay, okay, okay.

Respondent: B'more crisis response.

Moderator: Okay, listen.

Recording: You have reached Baltimore Crisis Response Information and Referral Line. This call may be monitored for training and quality purposes. Please hold for the next available counselor. Please hold and your call will be answered as quickly as possible.

Voice: Baltimore Crisis Response.

Moderator: Yes. Hi, my name is Shirley, and I'm part of the focus group market research that we're doing. We just wanted to call and just try out the phone number. So I'm going to hang up now, okay?

Voice: Thank you.

Moderator: Okay, thank you very much.

Voice: You're welcome.

Moderator: Okay, now you understand how and what we did?

Respondent: Pointless.

Moderator: Okay.

Respondent: I guess maybe she wanted us to see how quickly they answer-

Respondent: How they respond. [crosstalk]

Moderator: Okay. Has that been your experience before? No?

Respondent: Mine had been, I'm calling just like you called, and I made a call with them. And they said, "Hello, Baltimore Crisis Response" or whoever they are, and I called and give my complaint.

Segment A: Women; November 2, 2019; Baltimore, MD

Moderator: Okay, so you had to wait longer than that? [crosstalk]

Respondent: I haven't called that number in years.

Moderator: You haven't called this one?

Respondent: What I was having it confused with is 211. They put you through everything if you need help with mental health, this, that and the other services.

Moderator: So you were confusing this ... yeah, the phone number here is 410, which is the area code 433-5175.

Respondent: Oh, wait because I'm not going to call them. That's why I'm not even going to write it down, but I'm sorry.

Moderator: No, but had no one ... You don't remember that number? [crosstalk]

Respondent: I just remember 211.

Moderator: 410-433-5175.

Respondent: And you didn't have 887 numbers that come up? Because if you Google crisis hotline, [crosstalk 01:29:08].

Respondent: Right. It say 855 or 877.

Moderator: Would you prefer it be a toll-free number?

Respondent: I would just prefer to be able to Google it and it came up [crosstalk 01:29:18].

Respondent: This the Baltimore Crisis Hotline, right?

Moderator: It says crisis information and referral line. Yeah. Baltimore. Yeah, you just said it. All right. So-

Respondent: BCRI-

Respondent: Wait, no because see, that is not going to answer what we're trying to get to. If you call them, yeah they answer. What is the response to your crisis? A crisis?

Respondent: That's the important part.

Respondent: Yeah.

Respondent: That's why I said it was pointless. [crosstalk]

Respondent: If you called back and not say that we in a focus group, make up a story. Yeah, right now my sister is saying that she's ready to end it all. What should I do?

Moderator: Right, so that's what you would call the phone number for.

Respondent: That's what I'm saying. We should do that now.

Respondent: Don't want to put nobody through that.

Respondent: I mean, it's a crisis line, even if it's not a crisis.

Moderator: But I want you ... see, we're not here because that's another study.

Respondent: All right then. Okay.

Moderator: I just wanted to get your reaction on how the phone was first answered by the recording, and then how quickly it got to a real person.

Respondent: Yeah, it was pretty quick.

Moderator: Number one. Is that realistic?

Respondent: Yeah, so far, yeah.

Respondent: Yeah, because no one calls those lines like that. But also I want to say I would also be thrown off immediately by the knowing that the call is being recorded if I'm calling about something serious. The first thing they say is this call is being monitored and recorded, and it's like, dang. Definitely not talking to y'all about-

Moderator: So then how, what would you prefer? What would you prefer?

Respondent: This is confidential. That the introduction that your doctor gives you should be the introduction that they give you, right?

Respondent: The recording protects you and it protects the program.

Segment A: Women; November 2, 2019; Baltimore, MD

Respondent: That's true.

Respondent: Because if you got that negativity or that disrespect, it's being recorded.

Respondent: But that's not what I'm speaking about when I'm calling you for [crosstalk 01:31:18]. Even if they did have to say that, because a lot of people have to say that. I've worked at a lot ... it's something that's required.

Respondent: Get on the phone with them first. Hi, my name is such and such. I am here to assist you. This call will be recorded to assist you and me, and it will be confidential. If I got a person saying that to me instead of a recording because we're already ready for you. That's a recording. We're ready for you, what's up?

Moderator: So it shouldn't be that ... it shouldn't be on the voice-

Respondent: It's impersonal, and people are calling about real stuff.

Moderator: Right, okay, okay. And then-

Respondent: It should be all personal.

Moderator: And then if not, then maybe let do, would you like a choice? Like let's say for example, if you don't want to talk on the phone,

Respondent: Would you like somebody to text you, email you? Those should all ... is there a website? Is there a ... can I-

Moderator: chat? What about a chat?

Respondent: Yeah, chat back and forth because some people don't ... if you can't talk, if you choke the fuck up but you can hit, you know what I'm saying?

Moderator: Yeah.

Respondent: That's easier for these younger kids on top of that. They want to use emojis, you know what I'm saying? That's opened up more doors for them to express theirself [crosstalk 01:32:22].

Respondent: If there's no wait involved, and it's available to not even have to hear the recording, if it goes straight to, I'm dialing that number, someone's picking up the phone and talking to me, that would be much more personal than having to go through a recording, then you're telling me it's recorded. But if I called that number, it rang and then someone picked up-

Moderator: But what if it just told you, but what if it just told you? What if you had that call, that recording, right? And it didn't say, "This call is being monitored and recorded for quality purposes", if it didn't have that right then and there, does it change your perception of it?

Respondent: Yeah.

Respondent: Yeah.

Moderator: It sounds better?

Respondent: Pretty much, yeah.

Moderator: You know, someone will be with you shortly, dah, dah, dah and whatever. Okay. Yes ma'am.

Respondent: It wouldn't change mind if they came on the phone and said my phone call was being recorded. I would still have the same opinion of it because I would want somebody to be...

Moderator: This is just for you guys to look at, okay, so I'm going to-

Respondent: ...listening to my call because see, I might say A, they might say B. Sometime we need some help with that, you know?

Respondent: I have some background in the field, so I think I might be a little more open to reaching out for help than everyone else is because I have a Master's in community mental health counseling.

Moderator: You do?

Respondent: So there are things that I had to do to get my Master's degree. So I see both sides of the story.

Moderator: So you're here as a professional. So okay, so I need you to put on your, how do you call it, your client hat.

Respondent: Right, and because of-

Moderator: Because you have a lot of knowledge of-

Respondent: Right, but the opens me up. If I pick up the phone to get some help, then that's what I'm doing.

Moderator: Okay.

Segment A: Women; November 2, 2019; Baltimore, MD

Respondent: I'm not going to sabotage, self-sabotage because that's what we do. We find any reason not to get help, and we justify, but...

Moderator: But here's the thing-

Respondent: ...all we're doing is hurting ourselves.

Moderator: So here's the thing, Helen. There's times, like Alicia was saying, that you do call this number, but something about that call, the recording or the way that it comes off, like the tone like ShaRel was talking about, or just certain things just make people irk and just say, "Do you know what? This is just a waste of time." Just like you said, it was pointless. So what we're trying to do is we're trying to break down that barrier of ... we're trying to make it as inclusive enough, even if it's a recording, even if it's a person that's on the phone, and then you can respond.

Respondent: That's what I mean. It's not the recording, it's the person because you can have 10 different people listen to that recording, and they want to give 10 different responses because it's their perception of it.

Moderator: Okay.

Respondent: There is nothing that you can make that recording do-

Moderator: So we have to train the person behind.

Respondent: No, that's not ... the individual's calling into this number. There's different responses from each individual if they heard the recording, if they didn't hear the recording. So she's saying that you can't ... we're not-

Moderator: I can't control them, you can't control their feelings.

Respondent: It's an uncontrolled situation. So it's not much effort, not much of a difference that you could make with the recording and get a different result. So now it's like you got to veer off in a different direction with it. Like I was suggesting, if you have ... kids nowadays are on their phone all day. They're not calling, they're calling.

Moderator: What if they can text this number?

Respondent: They can text that number. They can go on the site. Yes, yes.

Moderator: Well, okay. Has anyone ever seen this poster before?

Respondent: I haven't.

Respondent: No.

Moderator: You haven't? No one's ever seen it. First gut reaction. Talk to me about layout, colors, the image itself.

Respondent: Depressing as hell.

Moderator: Depressing as hell?

Respondent: Yes.

Respondent: I'm not thinking oh, look at this nice black family. They probably got a lot of money, and they doing okay.

Moderator: So if this is a hotline ... let's imagine here. You guys are the committee for this hotline center program, and you're the advertising committee, right? What would you put on this poster to help people pick up the phone and feel confident that they will be helped?

Respondent: I want to see a kid talking to-

Respondent: Color. I don't want to see black and white.

Respondent: Kids talking to each other. A group setting with a positive vibe to it. That color right there, that's dreary.
[crosstalk]

Moderator: So you want to see kind of the result, like what's happening during the call, more vibrant colors. [crosstalk] What could be ... a kid on the phone listening, and the other person talking. [crosstalk]

Respondent: I want to see somebody laid out on the beach. I need a vacation myself.

Moderator: Here. There's a card, too, by the way.

Respondent: I know, look at this.

Moderator: So let's look at this. Let's look at the card. So you don't like that?

Respondent: It look depressed. No. [crosstalk]

Respondent: This is not attracting me to this card. I'm about to throw it in the trash.

Segment A: Women; November 2, 2019; Baltimore, MD

Moderator: Well, wait a minute. There's another card.

Respondent: We're also aren't feeling like we're in crisis right now. We have to put ourselves in a state of mind-

Respondent: No, I do feel like I'm in crisis. I stay in crisis. [crosstalk]

Moderator: All right, but I want your first gut reactions. Remember, your gut reaction.

Respondent: It looks like someone that's depressed, and I'm not about to cross a line-

Moderator: Here's another one. This one is in Spanish, though. But the images-

Respondent: Right, I see.

Moderator: You can see the images, right?

Respondent: This one is a little better, this one here.

Moderator: What?

Respondent: The Spanish one is a little better.

Respondent: The [inaudible] one?

Moderator: The image, you like it. No wait, that's not it. [crosstalk] Why do you like the Spanish [crosstalk 01:38:45].

Respondent: Because it's like he gone show [crosstalk]

Moderator: Okay, someone's helping, and someone's doing this.

Respondent: Right, exactly.

Respondent: Because you already feel alone. I'm going to keep on looking actually people that's alone [crosstalk 01:38:57]. And then a family, I might not even have a family [crosstalk 01:39:02].

Moderator: So it's more ... it's talking about the promise of being consoled.

Respondent: Right.

Moderator: Okay. Very good.

Respondent: Can I make a point?

Moderator: Yes.

Respondent: I know you know a little bit, you probably know a little bit more about this line, but for someone like me, I don't know if this is for me. I know I need help. I know I need services. I know I ain't got no therapy because I can't afford it. But I know I'm turned away for every single time when I actually try to get help or assistance. Right now I'm sitting in a position where I suffer from depression. I'm going through bouts of it a lot, but I can't get no help right now because I can't afford it. But I'm always told that I can't get help because I make too much money. So I'm not going to call a line like this because I feel like they gone do the same thing that everybody else-

Moderator: What do I have to do?

Respondent: You're self-sabotaging yourself. [crosstalk]

Moderator: Time out, time out. Visually or speaking of the advertising, what should be on there that would say this is speaking to me?

Respondent: This doesn't seem like it's speaking to all different types of people. When I look at this picture, it seems like they're targeting African-American community, who may or may not have ... who may be struggling. Immigrants or people who may be here illegally. I'm not thinking that oh, the one people who always gets turned away from help from the government, they're trying to, they can help me, too. I'm not thinking that when I look at this.

Moderator: So when what would have to, what would be on ... what would be that symbol or that-

Respondent: Maybe pictures of all different types of people.

Respondent: Yes, a variety.

Respondent: All different types, not just one type of person, one type of family, a depressed person. Maybe images of a bunch of different kinds of people.

Respondent: A result, not just the problems.

Segment A: Women; November 2, 2019; Baltimore, MD

Moderator: What did you think of Barbara's insight about this is telling me ... this is telling me what they're going to do for me. They're going to console me. What about that image? What did you think of that one?

Respondent: That was the best out of all of them.

Respondent: Yeah, it was. It was the nicest one out of all different ones. And honestly, if I saw this and didn't see this, I might consider it more. Oh, this is just, they're just trying to help people. But when I see this I'm like this isn't for me because I always get turned away, and they're going to tell me I make too much money, and too bad, figure it out by yourself.

Moderator: So it's for lower income families as opposed to-

Respondent: That's what I see. That's what I get-

Moderator: Okay.

Respondent: No judgment, but that's what I see.

Respondent: I'm not going to see this out of Anne Arundel County.

Moderator: Right, right.

Respondent: You're going to see this in Baltimore City in the subways.

Respondent: You're going to see this one out Anne Arundel County.

Respondent: Yeah, you will see that one, you will see this one.

Respondent: You haven't been in the right place, Alicia. When you leave today I can give you a number. Matter of fact, I should [inaudible 01:41:47].

Moderator: Okay. All right, let's see these. How many of you been ever to a [inaudible 01:41:53]. You know what? Like I said, at the end of the group all of you guys can hook up and talk and exchange phone numbers if you like, and information. So we're going to keep it moving.

Respondent: I was out of line.

Moderator: No, you're never out of line.

Respondent: I'm a-

Moderator: You're a helper.

Respondent: No, they call me-

Moderator: You're a helper.

Respondent: And giver. They say I'm a giver.

Moderator: And a survivor. You want to help others get through it.

Respondent: If there is some help out there, and somebody will actually give me assistance, I will take it.

Moderator: No, there's no need to apologize.

Respondent: You going to take advantage of it. Exactly.

Moderator: There is no need to apologize.

Respondent: I'm just direct. That's all.

Moderator: Okay, we got a note from the beyond.

Respondent: I got the number.

Respondent: You've got to stop having that self-defeating attitude. It's okay that's what your experience has been, don't give up.

Respondent: It's like when you ask for help so many times though, and it's like [crosstalk] even when I was a college student, I was doing it by myself but they ain't giving you food stamps.

Respondent: I understand that but who's going to be in your corner to keep encouraging you?

Respondent: Right, because I had a place and I had a job.

Respondent: If you don't have somebody that's the angel on your right side to tell you, "baby don't give up."

Respondent: Never give up, never give up.

Segment A: Women; November 2, 2019; Baltimore, MD

Respondent: It's going to come along. There is help out there.

Respondent: Because all you're doing is listening to that.

Moderator: [crosstalk] Okay has anybody ever been to a health fair?

Moderator: Yeah.

Respondent: Yeah, I've been to one.

Moderator: Sometimes you'll see them, and they do some giveaways. Well, how about these? I'm going to hand these out.

Respondent: I go all the time.

Moderator: And I do need those back for the next group. I just want to get your ideas, your impressions, like look at these little

Respondent: Okay.

Respondent: What is it for? [Inaudible] What is this for?

Respondent: Stress things?

Moderator: No, because I need them for the next group.

Respondent: This is a waste. [crosstalk]

Respondent: This is pointless.

Respondent: Okay, so I just need your [crosstalk]

Respondent: I don't have no time for that. [crosstalk 00:01:41].

Respondent: [crosstalk] Okay, so you don't get to keep any of these.

Moderator: No, cause I need them for the next group, I don't have enough.

Respondent: This was the only thing I would want to keep, this or that. I have no use for this.

Respondent: What is it?

Respondent: Okay.

Respondent: I don't know what it is. [crosstalk] I have no use for it.

Respondent: Hand sanitizer is nice.

Respondent: [crosstalk] I needed one of these.

Respondent: Somebody is employed for this. But other than that it has no purpose.

Moderator: All right, just put them back though.

Respondent: What is it though?

Moderator: I don't know. You tell me.

Respondent: A magnet would be better, a magnet would be better. [crosstalk 01:44:14].

Respondent: Would be better than this [crosstalk]

Moderator: All right, we're going fast.

Respondent: I could give it to my three-year-old. [crosstalk]

Respondent: My son would like that.

Moderator: But it has a phone number on it right?

Respondent: We got caught.

Respondent: Ghostbusters, first.

Respondent: First.

Respondent: Okay, [crosstalk] You can't keep it [crosstalk] You can't keep it. If I can't keep it, you can't keep it.

Segment A: Women; November 2, 2019; Baltimore, MD

Moderator: [crosstalk] All right, timeout, timeout. I'm going to show you, instead of things that look like this, I'm going to give you a different idea.

Respondent: Well I got an idea for you, have stuff that we can keep next time.

Respondent: Give me a nice pillow so I can take it home. [Crosstalk]

Moderator: Okay, so a point taken, and I will let the powers that be, know. Okay. So now,

Respondent: Ahh-

Moderator: You want to see something new?

Respondent: Yeah.

Moderator: Everything you guys were talking about?

Respondent: Can we have it?

Moderator: No. Listen, I got 10 minutes more with you guys. I really need to continue.

Respondent: Okay.

Moderator: So check this out. Remember what you guys were talking about?

Respondent: A drug problem, yeah. Addiction [inaudible]

Moderator: Do you see that?

Respondent: Two big guys. Tony tells me...

Moderator: [Inaudible] wait, wait, wait, below, look.

Respondent: Let me see...

Moderator: Look, read, read, read the text and then the photo.

Respondent: We can't see it.

Moderator: Okay,

Respondent: You're good right there.

Respondent: It says know someone with a drug problem? There is help. There is hope. Call the Baltimore city crisis [crosstalk] information and referral line [crosstalk] for confidential and free help 24 hours, three sixty-five days.

Moderator: What do you think of this?

Respondent: It's okay. It's fine.

Moderator: It's better than this? Black and white?

Respondent: Yeah, yes.

Respondent: Much better, [inaudible] much better. [crosstalk]

Respondent: It'll get my attention.

Respondent: The color itself makes a difference.

Respondent: It'll get my attention.

Respondent: Yeah.

Moderator: So we have to tell the design company, no black and whites anymore.

Respondent: [inaudible]. No, it's dreary. [crosstalk]

Respondent: Just because he's going through a crisis doesn't mean he can't line up his hair like that. Like just because...

Respondent: But-

Respondent: Some people take the best care of their self, but they're still going through shit.

Respondent: But when someone... [crosstalk] addiction, he's not taking care of himself.

Respondent: Exactly! Exactly. [Inaudible]. [crosstalk]

Segment A: Women; November 2, 2019; Baltimore, MD

Respondent: That's what I mean...just certain... [Crosstalk 01:46:43].

Respondent: I just want to [crosstalk]

Respondent: Exactly. [crosstalk] That's just bullshit.

Respondent: What you mean? Okay, so... Can I...

Respondent: Can I say something? Guess what, I have seen white people that's doing drugs [crosstalk]

Respondent: Yes! Aw girl every day. That's what I mean. [crosstalk] [inaudible]

Moderator: So you would have...Time out!

Respondent: [crosstalk] if I saw white people on there, I definitely would not get involved. [crosstalk]

Moderator: I need, I need time out. Time out.

Respondent: [inaudible] all white people on methadone.

Moderator: I need ShaRel. ShaRel has...excuse me. I need Shar...and I'm sorry but I got to get stupid. Don't make me get stupid. I need to correct everybody for a second. ShaRel, your point was that you don't like the idea that someone that has a problem, like drugs, like whatever, should look so shabby?

Respondent: Right.

Moderator: That's the point she was trying to make...

Respondent: Yes.

Moderator: ...that I was trying to hear, is that right?

Respondent: That's all. That's all. Yep.

Moderator: Okay. Now Valerie.

Respondent: Okay. And what I'm saying is, I don't think that it's a white thing, a black thing. It's not a color thing at all because I have seen some white people, and I know I'd be looking ugly as a bitch when I'm on my thing, but they be worse than I do. And I know when I'm getting high, I do nothing to make me look no different than what I am.

Respondent: But I want the perception... [Crosstalk] [inaudible]

Moderator: But, but here's the thing...

Respondent: When individuals are looking for that help I don't have to be that typical individual. [crosstalk] [inaudible 01:48:01].

Respondent: Let me just say. I didn't even share this when I talked with a woman that called me. I have a parent, a very close parent to me, well, my mother, who was a functioning addict and she has been for years. Years. But for some reason, even that picture with this young kid who you know, doesn't even really look like he takes care of his self. That wouldn't make me want to call into that number. I don't know what to do for her.

Moderator: Let's continue.

Respondent: She lives on her own, takes care of herself, she does what she does. [crosstalk]

Moderator: Okay, here's this one.

Respondent: "Mental illness is not a choice, but you can choose to get help." Got a point there.

Respondent: I like the saying.

Respondent: Yeah.

Moderator: What, you like the saying? [Inaudible].

Respondent: Yeah.

Moderator: What do we think of the saying?

Respondent: It's not a choice. [crosstalk]

Respondent: Not a choice. [crosstalk]

Respondent: It's not a choice. We didn't choose. [crosstalk]

Respondent: It's not your fault.

Segment A: Women; November 2, 2019; Baltimore, MD

Respondent: It could happen to anybody. [crosstalk] Doesn't discriminate. It could happen to anybody.

Moderator: Okay, are those words more welcoming than the other ones?

Respondent: There's no trigger.

Respondent: Yes.

Respondent: It's not saying that you're at fault. They're saying that people are out here open with you.

Moderator: Okay.

Respondent: [inaudible 00:07:12]...like mental health. We all got mental issues. Some just...

Respondent: To a different point.

Respondent: You know, we just want,

Respondent: Like she said, functional.

Respondent: [inaudible] [crosstalk] Non-functional

Respondent: I can identify with every last one of these because when I'm feeling down-

Respondent: Different stages.

Respondent: When I'm, when I'm having a craving, I feel like this, should I use, shouldn't I use. I'm really wanting to use but I know I can't.

Respondent: Right.

Respondent: I'm feeling like this, I'm struggling with my family right now. I can identify with this. What's going through my head is, how I'm going to feed my child. I have a roof over our head. Me and my man, we trying to hold tight, so identify with this. This one, therapy. I know that there are therapists out there that really care. I have a therapist that really cares, so I can identify with every last one of them. Was the other picture brighter? Yes. Was it more welcoming? Yes.

Moderator: This one?

Respondent: Yes. I'm not even paying attention to the fact that his head is not shaped. I don't even care about that one because I'm a female-

Respondent: Okay.

Respondent: And yeah, it does look a little gay. You know what's funny? I can identify with this picture. Okay, because we all need somebody that we can lean on.

Respondent: Comforting

Respondent: Okay, but back to her.

Moderator: But then now let's go to Alicia because she was talking about, she wants a picture that she feels that [crosstalk] she can identify with.

Respondent: Identify with, right

Respondent: Not just saying that this is a place that you can come talk to us. I need a solution at the end of the day.

Respondent: Like can you help me.

Respondent: Yes.

Respondent: Like what can you actually do for me?

Respondent: Right.

Respondent: I think the problem is just like communicating to the person that actually, I am going to be able to help you. Actually, you can talk to me about getting help for your parent and I can counsel you on weight because I feel like there's nobody I can turn to for that.

Respondent: Right.

Respondent: But she's just going to thug it until she thug it and that's just what it is. You function, you pay your bills, you do what you got to do. What can I really say to you?

Respondent: Right.

Segment A: Women; November 2, 2019; Baltimore, MD

Moderator: Right

Respondent: And I don't...

Moderator: Because all, because all she's going to tell you is I got this under control. [crosstalk 01:51:19].

Respondent: Yeah, yeah, I know. [crosstalk] You know I take care of myself. [crosstalk] I think she almost don't even think that we know that's how bad the secret is.

Moderator: Okay, what about, [crosstalk 01:51:30].

Respondent: My mom was a functional addict.

Moderator: What about this one? What about this one here? This is a different color.

Respondent: His collar is jacked up, his shirt-

Respondent: That's worse.

Respondent: Like yeah.

Respondent: I saw that.

Respondent: He's not embracing him [crosstalk] and then, come on.

Moderator: All right, so all right-

Respondent: Ahh-

Moderator: So-

Respondent: But that to me that just gives off- [crosstalk]

Moderator: The first one, the first one [crosstalk]

Respondent: No matter how low you are there's help.

Moderator: Okay.

Respondent: Not, it wasn't like- Instead of hovering it should be like an upfront like strengthen back confidence. That gives me the idea that you are going to make it out.

Respondent: You're not feeling sorry. [crosstalk] You're not feeling sorry for me.

Respondent: Right. It's like I got to come into this building looking like this or feeling like this when I called this number and I don't necessarily-. Oh sorry-

Moderator: No, you can keep going.

Respondent: Okay. And I don't necessarily want to feel like that. People put a front up every day. [crosstalk] If someone can make me drop that front-

Respondent: Exactly.

Respondent: I'm not coming to you like this because I'm not a weak person and I don't want to be looked at as weak. [crosstalk 01:52:34].

Respondent: As weak. Right.

Respondent: That's what this is. See this right here-

Respondent: They stereotype you so much!

Respondent: [crosstalk] The family is trying to stay strong.

Respondent: Strong.

Respondent: And we always look like this, but behind-

Respondent: Right.

Respondent: closed doors,

Respondent: Right.

Respondent: [Inaudible] fussing that. Then the kids [crosstalk] go play somewhere else cause she trying to figure out how to pay the bills.

Respondent: Right.

Segment A: Women; November 2, 2019; Baltimore, MD

Respondent: And what bill is going to get paid and what we going to eat for the next time.

Respondent: Exactly, exactly.

Respondent: Okay. Can I ask you a private personal question?

Respondent: What's that?

Respondent: And I just explained my and expressed my situation to y'all. What do y'all feel someone would do in a situation like that? Especially if anyone has ever like gone through it or been in a similar situation. And it's crazy cause I trust my mom with my child before anybody and I know her problem. You and I can talk about this afterwards.

Moderator: And trust me that's why we record because when I have to leave the room I can listen back to the tape and then hear what you guys said because I know that there was some very important commentary that was said. All right. Can you hand these back to me please? Because we're going now to see something else.

Respondent: With pleasure.

Moderator: Thank you. Thank you again. Thank you. All right, we're almost done. You guys are so good. That's why it's going on.

Respondent: How much longer we got?

Moderator: Like ten more minutes.

Respondent: That's all?

Moderator: If I-

Respondent: You said ten more minutes, ten minutes ago.

Moderator: Well, I know.

Respondent: I don't know what time it is. I don't know how long.

Respondent: Are we going to another room?

Moderator: No, you got to stay right here.

Respondent: Good.

Moderator: We got ten-

Respondent: Actually I got 2:00.

Respondent: Yeah, I got 1:58.

Moderator: Okay. This is what I've got, I got two more things. If you guys get through this quick, then you can leave. But you know, this is something interesting.

Respondent: I want to finish this, I don't want to leave.

Respondent: Yeah.

Moderator: You want to finish this?

Respondent: There's another group coming.

Moderator: Yeah, they're outside.

Respondent: You'll make them wait.

Moderator: Yeah, but they're men.

Respondent: Come on, give us this paper.

Moderator: But I need you present though. I need you mentally here. If you need to leave, you can go. If you need to leave. You can go.

Respondent: We just agreed, we want to finish this.

Moderator: Okay, good. All right. No, cause I don't want to keep anybody here that, that can't stay. So-

Respondent: I ain't leaving without my eighty bucks.

Respondent: You already got it.

Segment A: Women; November 2, 2019; Baltimore, MD

Moderator: I'm going to ask you to write your first name. Just so I know who you are so that we don't get confused and making sure that I got the count right. And then circle 12:00 PM. We started a little late, but you know, that's what accounted for the lateness of-

Respondent: Come on fly.

Moderator: I know what is going on with this fly? I hope I didn't bring it.

Respondent: I'm not stressed all the time.

Moderator: All right, listen to the instructions. Listen to the instructions. I need you to listen to the instructions. Circle the words or phrases that motivate you to call this line. If you're going to call a line, and it's not Ghostbusters, but if you're going to call the line that you need, you know somewhere that's in counseling, you need help. You need information either for yourself or for a family member, whatever. I want you to circle those words or phrases that motivate you to call that line. Or text that line, or go to their website or whatever it is, right? Put a star next to your one or two favorites. Now that could be one or two favorites. If you have more than one favorite, that's fine too. But really we're looking for one or two favorites cause that's going to help us create the messaging that will be more impactful so that people pick up that phone call. People, pick up that their phone and call the number, or text, or go to the website so that they can have a live chat session. Okay. All right. Did you circle the ones-

Respondent: None of them.

Moderator: Okay, so here we are again. If you don't find anything that you don't like, write something down that will be impacting. How about that? Do you like that idea? Okay.

Moderator: Okay. All right. I already see two so far that are- okay. Okay.

Respondent: And I could add one more. Live out your dream.

Moderator: Okay. Write up, write down. Write that one down for me.

Respondent: Oh, I want to add something.

Moderator: Right. Okay. See sometimes- you didn't have to give it back right away.

Respondent: I know so many sayings. Don't give it to myself.

Moderator: Come on and hear it.

Respondent: I can't even think right now and as soon as I leave I'll be like, oh that was a good one.

Moderator: Just keep writing it. Don't give it back to me. Don't give it back to me. Barbara here. Write down ones that aren't on the page that-. No, you can keep it for now. Write down ones that aren't-

Respondent: I don't have many more. That's it.

Moderator: Okay.

Respondent: Short and sweet.

Moderator: Okay.

Respondent: Yeah, I'm through too.

Moderator: Okay. You didn't circle those you didn't circle.

Respondent: Oh, I didn't circle it. Okay.

Moderator: And you didn't circle. You don't have any more favorites? Circle the ones you like, but the ones that your-

Respondent: Just stop taking me back down memory lane, I don't want to go back.

Moderator: Okay.

Respondent: Like I said triggers. That's what I was saying.

Moderator: Okay. So you know what? I respect you for saying that and I will and I will if you don't want-

Respondent: Cause see I'm not calling BCR, John Hopkins, Sinai or the hospital in Rockville. I'm tired of being institutionalized, cooped up, you know, smothered around a lot of people with more problems than me. Drug problems and all of that. I don't have nothing against them. My sister, she's a year older than me. She's been on drugs. I believe she used to sniff, but me and her don't see eye to eye. She was at Hopkins crying, literally crying when she found out what happened to me.

Moderator: So would you like, would you like this to be the kind of hotline or phone number that doesn't just-

Segment A: Women; November 2, 2019; Baltimore, MD

Respondent: it's not generalized.

Respondent: No, I just want to live out my dreams, be like a Mother Teresa. That's my mission in life.

Respondent: Just like we were able to come to this group and share amongst each other, even chat groups. Like if you can just chime in on one you're reading someone else's- going through what you're going through and believe it or not, you feel a lot better letting it out than holding it. Exactly.

Moderator: Okay, that's good. And then let me see. Anybody else? Okay, I got two more. All right. I know that Ms. Helen is working on her shoe right now. Okay. So I saw some that were checked off. Do something. A couple of you put that one. Let me see. So, all right. You know what we're going to do? We're going to. We're going to look at the ones that are not on the list. I'm going to start with Ms. Helen cause the first shall be last and last shall be first.

Respondent: Right. Okay. Family services. Do you feel hopeless? Are the walls closing in? We can get you the help you need. We have some free services. That's the messaging that has to be there. It'll be like on the postcards, on the website.

Respondent: Right? Because like that first one, are you stressed? That's a normal everyday feeling for me. I'm not picking up a phone or that's not going to entice me to want to contact somebody. It's when my walls feeling like they closing down when I'm feeling bottomed out, when I feel like there isn't any hope, I don't feel a way out of this. That's when I'm looking for help. But just say-

Moderator: are you stressed?

Respondent: Stress. That's every day.

Moderator: So you want that replaced. You want that to be, do you feel hopeless?

Respondent: Yeah. Yes.

Respondent: Or feeling hopeless.

Moderator: Asking, a question mark. Do you feel hopeless?

Respondent: Not directing it. Feeling hopeless. That's open. Not, do you feel hopeless? Because it does feel isolated.

Moderator: right? [inaudible].

Respondent: Or something like you have nowhere to go. You have no one,

Respondent: Isolation.

Respondent: Everybody needs somebody to talk to. I understand.

Moderator: I understand.

Respondent: I understand.

Moderator: We understand.

Respondent: Been there, done that.

Respondent: I know your pain.

Respondent: It would also help to know that the people that you're speaking to have had some type of background or have gone through something too.

Moderator: Doesn't that make a difference? Some of you guys were talking about-. Ms. Valerie and Helen were talking about they are also kind of like, you guys have been giving advice and stuff because this sounds like you, you can teach a class on how to survive this.

Respondent: What one don't know the other might.

Moderator: Right?

Respondent: Each one, teach one.

Respondent: That's what we all connected.

Moderator: Okay. So thank you very much. We're going to go then. So the next one, now these are words to test. What should we call this service? And I'm going to give you these cards in a certain order. So then that way you can tell me what words go best and what words don't work. Okay? Okay. The first one I'm going to show you is this group of words and it's hotline, crisis line, information line, and helpline. What should we choose?

Segment A: Women; November 2, 2019; Baltimore, MD

Respondent: Helpline.

Respondent: Helpline.

Moderator: Helpline?

Respondent: Helpline.

Moderator: Helpline.? What about you Tanya?

Respondent: Information line.

Moderator: Okay. What about you, Helen?

Respondent: I think both of them.

Moderator: Both of them help and information line. Okay. So if we were to have a contest between information line and helpline, which one would it be?

Respondent: Helpline.

Respondent: Helpline it is.

Respondent: Helpline.

Respondent: I would say information line.

Moderator: Okay. All right.

Respondent: [inaudible] Helpline.

Moderator: Okay, so, but I want to know why you said information line still.

Respondent: Because I like to know what's out there.

Moderator: What if I-

Respondent: That would be a separate number.

Respondent: Well, no, because help is getting information. [Inaudible] That's why I'm okay with both of them because they kind of mean the same thing. When we're calling for help, we need information.

Respondent: Right.

Respondent: And if I call an information line and you ain't got the information I'm looking for I'm going to be mad.

Respondent: And they don't have the information I need.

Respondent: They're there to help you find the information you need. I'm assuming information like, got the information that I need. Helpline is telling me they can help me find [crosstalk]

Moderator: Alicia, tell me what you think.

Respondent: Helpline. If I need help I'm not saying information, information. I'm saying help.

Moderator: Okay. Whether it's information, whether it's, okay. All right, now, next is 24/7, always ready,-

Respondent: right now.

Moderator: -immediately, instant, on the spot, right now.

Respondent: 24/7.

Respondent: 24/7

Respondent: Right now, don't always mean right now.

Moderator: So 24/7 means like it's always available?

Respondent: Always available.

Respondent: I was saying right now because you know, a lot of times somebody might need some information or they might need some help. I might not have the information to give you, but I can take you somewhere where you can get the help right now.

Moderator: Okay. Okay, so, so, okay, good. Right now and 24/7, it's kind of like a tie.

Respondent: The problem with 24/7 is, people always put things off. When I'm hearing, right now I'm thinking like it's time.

Segment A: Women; November 2, 2019; Baltimore, MD

Moderator: Its time to talk to somebody.

Respondent: It's always available, but.

Moderator: It's available 24 hours a day right now.

Respondent: That gives you the chance to procrastinate. Right now is saying get it together.

Moderator: It's a call to action.

Respondent: Call to action is exactly right.

Moderator: All right, third group. Information, referral, crisis.

Respondent: information.

Moderator: Back to information again?

Respondent: Referral is saying you're going to send me somewhere else.

Respondent: And crisis just seems too intense.

Moderator: Alicia said something important. You said, what about crisis?

Respondent: When I hear crisis I feel extreme. Like are you going keep me away? You're going to put me in a mental institution.

Moderator: Tanya was saying-

Respondent: I can't talk to you, I can't talk you down.

Respondent: I, I don't, I don't like that the, you know, whatever. Because if it makes me feel like I'm going to be institutionalized.

Moderator: So crisis makes you feel like you're going to be institutionalized.

Respondent: I would almost even say assistance on that paper instead of coordination or referral.

Moderator: Assistance and information. Forget referral because referrals, that means send me away. So we're adding information and assistance. All right, last one. Problems, stress, worry, crisis.

Respondent: Well I got a lot of problems.

Moderator: Out of this group. Which do we choose?

Respondent: Hopeless.

Moderator: Hopeless is, that's the one we-, I remember you can add.

Respondent: Yeah that was a good one. A good one.

Moderator: Okay. What about hopelessness? Feeling hopeless. What about these? So we're taking out crisis?

Respondent: And worry.

Moderator: And worry?

Respondent: No worry is good, because I worry.

Respondent: Stress is like pulling out your hair. Worry. It's like I'm concerned about something.

Moderator: So you know what something...

Respondent: Sometimes there's people and I include myself.

Respondent: Oh I am too.

Respondent: But I that, that I don't, I didn't know it was stressed until I went to my physical. Oh you got high blood.

Respondent: That's what I told you. I went to the hospital-

Moderator: Oh you got high cholesterol. Oh you got this. And I was like, what are you talking about?

Respondent: And you know stress is the number one killer.

Respondent: It's the silent killer.

Moderator: And you know what? What did my dad die of? What is my mom?

Segment A: Women; November 2, 2019; Baltimore, MD

Respondent: Diabetes. [inaudible] The this the that. And so this is the thing that sometimes I could see, I'm not going to call somebody cause stressed out

Respondent: Because I don't know that myself. I don't know that I'm stressed out.

Respondent: But you know when you're worrying about something.

Respondent: But I know when I'm worrying about something. So that's the point that she was trying to make. Like I like worry cause it kind of-

Respondent: It came with the same category to me, stress and worry, to me.

Respondent: That's why the same [inaudible]

Moderator: Yeah. Worrying like okay now we got worry and stress about it.

Respondent: Okay check me, worry and problem.

Respondent: Problem is a problem.

Respondent: A problem is a problem.

Moderator: Everybody got problems but not everybody's worried?

Respondent: No.

Respondent: Okay, no problem. Okay. Their problems still don't pay the bills and they ain't worried about it.

Moderator: I'm over time now. I'm over, over time. Where should we put these, this advertising that we're planning?

Respondent: On the buses.

Respondent: [inaudible] Social services, social security building, schools, libraries.

Moderator: Well I want people, I want people just like you to be able to have access to this information.

Respondent: Yeah that's what I'm thinking. [inaudible] I go to Walmart all the time.

Moderator: Okay. So we got subway, we got the library, we got social services,

Respondent: The drug infested corners where people need help.

Moderator: Churches, what other places?

Respondent: Where they pass out the phones.

Respondent: The program, the methadone program, the methadone program.

Moderator: The methadone program and sometimes there's a bulletin board in stores.

Respondent: I got a good one, how about those things called the transitional houses in that area.

Respondent: Supermarket.

Moderator: But what if I want to reach people like you were saying, I'm sorry that Alicia and ShaRel were saying that may or may not be in those-

Respondent: Facebook

Respondent: [inaudible] Everybody's looking for their city and what they have in there.

Moderator: So social media, Facebook, Instagram, what about YouTube?

Respondent: If you've got those videos right there. Sharing stories and stuff like that.

Respondent: I did like God, stuff like that.

Respondent: And it's private, nobody has to know that you're using these resources. You don't have to go to the building, you don't have to make that call. So I can just go on my phone, watch video, I can text.

Respondent: Find it all!

Moderator: Or call. Right on. Okay. And then, I got a last one.

Moderator: I got one last thing please.

Respondent: Thanks for listening. That's why you guys are so good. You are so, you are so good.

Moderator: No, I think I've, I think I got through everything, yes I did.

Segment A: Women; November 2, 2019; Baltimore, MD

Respondent: Yeah, I think so too. Okay.

Moderator: I'm going to go check with the powers that be in the back and I'll be right back.

Respondent: I have to see what my mother and father are doing, I've been gone a couple of hours.

Respondent: I need you all to do me a favor. Write your name and number down here.

Moderator: Before you do that. I've got some news.

Respondent: What?

Moderator: You were phenomenal. Round of applause! But here's the thing. I have to clean this room out for real quick, so if you can do that out there. No, no, no. You are my guests. I don't want you to clean up anything.

Segment B: Men; November 2, 2019; Baltimore, MD

Moderator: All right we're ready. If everybody is ready, I'm ready. Everybody got their name tag? Come on in. Just have a seat around the table there. Except where it says Shirley, of course. We got coffee right here in to go cups as well as in cups and saucers. You could sit anywhere you like. Be careful with the wire there. Thank you. We got a total of five. All right.

All right. Perfect. [crosstalk 00:03:46]. Yes I do. I think we're good. All right everybody with me? Do you see a little ... You see a little piece of paper that's torn? I want you to write your first name down and then we're going to have the \$50 early bird drawing.

Respondent: Early bird?

Moderator: Early bird.

Respondent: Early bird.

Moderator: Close the door? Yes because you guys were here early. Everybody showed up on time. You should get a reward. What I want you to do is and if you want to put your stuff also we have that counter space over there. We also have this chair here where you can put your extra items on if you have a bag or something. All right. Then you have to fold it up like in the smallest little piece of paper possible like the tiniest. A little tiny ball until your fingers can't anymore. It has to look like if you were ever in school when you did a spitball.

Respondent: I did not do spitballs at school.

Moderator: Well then, this is what a spitball is. I will show you. Have you ever received one?

Respondent: No, [inaudible] private schools all my life.

Moderator: I did too. Well no, I didn't go to private school all my life. We had spitballs in Catholic school. I also went to public school.

Respondent: Me too. But they [crosstalk]

Moderator: You see this size right here? That's what we're looking at. Like a spitball and then you bite on it and then you-

Respondent: Why would you do that?

Moderator: You don't want to know. Is this someone's?

Respondent: Yeah, that's Doug.

Moderator: Doug, is this yours right here? I'm going to put it in here. Last two gentlemen I need to call Dimitria. Do you need another pen. I'm so sorry. Do you need another pen? I got pens. Where did they take all the pens? Here? You can have this one. Try that one.

Respondent: A question is there a non-disclaimer form for the camera stuff?

Moderator: I'm going to explain it right now. Doug and I mean I'm sorry Doug is it Harry?

Respondent: Mm-hmm (affirmative).

Moderator: And Christopher.

Respondent: Yes.

Moderator: You know what Harry I'm going to give you a napkin because I need you to put your ... I need to see your name. Here Harry.

Respondent: I love you too.

Moderator: Okay. Love you too. Just put it as small as possible. Like this one? This one is pretty small. You want me to help you with that one Harry, with your little piece of paper? You got it. All right I'm going to call Ms. Dimitria in here. Ms. Dimitria could you be [inaudible 00:07:10].

Respondent: No, that's my favorite color.

Assistant: You guys don't think I'm cheating because I can't cheat like this because-

Moderator: No, no, no. Listen-

Respondent: Just block my name-

Moderator: Listen. I collected the names but they call it she's got a clean hands on this.

Segment B: Men; November 2, 2019; Baltimore, MD

Respondent: You made a comment earlier.

Moderator: About what?

Respondent: You said-

Respondent: We should get treated because we was early.

Respondent: I'm only speaking as a lawyer.

Moderator: Well, I've got lawyers in here. [crosstalk 00:07:52]. Everybody had a chance.

Respondent: Now you change. we got some folk missing too.

Moderator: Ms. Dimitria, who's the winner?

Respondent: Can't find the [inaudible 00:08:09].

Respondent: That's not fair. She work for the government.

Respondent: That's me right there.

Assistant: I don't want to know.

Moderator: The lucky winner is Harry.

Respondent: Isn't that Something?

Moderator: After he talked. No, you didn't. He went in on me. He went in. He was correcting me and tried to ... Hold up.

Respondent: I said hold up. I said I got them. Sit down.

Moderator: Congratulations.

Respondent: Sit down, I said I'm going to do it.

Moderator: Look who won?

Respondent: This hush money, isn't it.

Moderator: You didn't come to group to hush. I mean you're here to talk. You're here to share your opinions like the rest of the gentlemen here. My name is Shirley. I am a market researcher and I am going to explain why you are here, how we do this, why we record all that jazz if you give me the chance. First question has anyone ever participated in a market research study before? You have? For those that are unfamiliar with the process I'm going to explain how it goes. As you see there's a time of people roaming around and going in back and forth and you see this microphone set up in the ... You need help?

Respondent: You all right.

Moderator: You got it?

Respondent: Yeah.

Moderator: Okay. You see this recorder whatever. This is what happens. We are doing multiple groups as you saw, because of the other group that just came out, in different cities around Maryland. What we're trying to do is we're trying to collect and get some consensus around a particular idea. Which you'll know in a minute what it is. We're not going to have enough time to collect or to write down and transcribe everything you say. Also this is not court. We don't need a court stenographer typing in there. That's because that's not the kind of thing that's ... This is not that study.

Respondent: Who has time to re listen to it?

Moderator: Well we do. That's our job. This is where I'm explaining to you Wendell. Wendell or Wendell?

Respondent: Wendell.

Moderator: Thank you. What happens is we've got people on the other side of this wall as you know, Dimitria and Steve as well as myself, who are here to make sure that we get the answers that we're looking for this particular project. Now you guys are here to provide the feedback and the response and the answers. If you think about it this way you are representing 10,000 people just like you in the Baltimore area.

Respondent: I could represent a million if you want. [crosstalk 00:11:20].

Moderator: It's right here.

Respondent: With the I.

Segment B: Men; November 2, 2019; Baltimore, MD

Moderator: Anyways. That way feel like you're an ambassador. There's 10,000 people just like you that need to be heard. Here's your chance. Please give me your thoughts, your opinions good, bad ugly. Curse words are allowed. No violence of course, but I might be with one acting up, so listen. Anyways but what I really want is I just want everyone to have a good time today. I want everybody to share their opinions and I want everyone to feel like they were heard today. So far so good?

Respondent: Not quite. Who's this video exactly going to be sent to?

Moderator: We're getting to that point. That's why we're recording because I need to make sure that we capture everything because a lot of things happen. Yes. Hi.

Assistant: ...things before you get started.

Moderator: Please do. Yes. Don't feel like you need to knock either. There's no worry. Thank you again, Ms. Dimitria. It was nice meeting you.

Assistant: It was nice meeting you all.

Moderator: All right. See you next time. Hopefully. All right, bye. Anyways, so we have a ton of groups that we're doing. We're not going to be taking notes. Steve, Dimitria are part of OpinionWorks. They were the company that was hired to collect all these responses about this community issue that we're going to be talking about today. Now the community issue at hand can be ... It's actually a program or a service that is available and we want your opinion on what you think of how they should rework their branding. They're advertising, certain phrases or slogans and words and you'll find out who that is later.

Respondent: The video is just for-

Moderator: Me.

Respondent: For those that are not in the room but just to have tangible evidence of what was talking-

Moderator: Well no not just evidence. I need the evidence ... I need the transcripts because all of you guys are going to start talking at the same time. No one is going to be able to hear each other speak. I need a backup on audio and I need a video because sometimes we're going to be showing things and talking about and somebody is going to say, "Well I like this one the best. If it's just audio I'm not going to know what you're talking about."

Respondent: Understood. I mean-

Moderator: I'm continuing to speak.

Respondent: I'm sorry.

Moderator: Therefore, all of this information is going to be used anonymously and confidentially. I am not going to write this report saying, "Wendell from Baltimore said this." With your face next to it. This is not going up on Facebook or Snapchat, on Instagram, on YouTube, on the six o'clock news. It's not going to be shared in any way that is going to identify you as a person to what you commented about or what you said. If that is okay, we can continue. If not then I could just interview whoever it is.

Respondent: I mean for future reference there should be a disclaimer way [inaudible] it's a guarantee that you won't.

Moderator: What do you mean? I'm giving you ... I'm giving you the disclaimer now. It's on audio and video. You got me.

Respondent: I'm here but I'm just saying for future reference it should be on paper. Something we could take home saying, Hey, they won't dispose-

Moderator: Would you like that right now?

Respondent: No, I don't need it right now. I'm just saying for future reference.

Moderator: For future reference. I'll keep that in mind then. The powers that be Steve, Dimitria. We need a piece of paper. It's all research. If you don't feel comfortable Wendell, you're more than welcome to leave and you'll still get paid.

Respondent: No.

Moderator: Because I need to get on with this group because I don't need anybody in the middle just saying, "You know what, I'm not comfortable with this. I'm leaving."

Respondent: Are you saying for clarity it may be something-

Moderator: That's why I put all of this upfront so that we can ... Anyone who doesn't feel comfortable, anyone who doesn't feel like they should be-

Segment B: Men; November 2, 2019; Baltimore, MD

Respondent: I'm just saying we videotape all day the[inaudible 00:16:03].

Moderator: You know what I mean? If anyone doesn't feel comfortable this is your chance. Speak now or forever hold your peace.

Respondent: Well I just got married so I'll forever hold my peace.

Moderator: All right. Any questions for me so far?

Respondent: Where you from?

Moderator: I live in Tampa, Florida.

Respondent: I just got back from-

Respondent: You from where, Boston?

Moderator: Yes

Respondent: What part of Boston? Because it got a whole bunch of cities.

Moderator: I know. I'm from a suburb of Boston called Lawrence.

Respondent: You know where Portland, Maine is?

Moderator: That's all the way up there.

Respondent: That's where I'm from.

Respondent: I know about Rochester, I know about Dorchester. I've been to Boston a few times.

Moderator: Okay, good.

Respondent: Maitland in Florida.

Moderator: Outside of Orlando. Let's continue. All right so first things first, Wendell are we still in this group? Yes or no?

Respondent: Indeed.

Moderator: I need everybody to turn their name tags like Doug right here my way. Then that way everybody could see each other's name. Perfect.

Respondent: I can't see yours.

Moderator: I'm sorry. Here. Can everybody see it like that Doug? You can see it. Anyways, my name is Shirley. I come from Tampa, Florida. I live there. I've been living there for 20 years. I'm originally from Massachusetts. That makes me a Masshole. It hasn't gone out of my system. The majority of my family live in New York City. The Bronx.

Respondent: Dominican.

Moderator: Dominican Republic. Anyways I'm here. I flew in this morning. I got to leave tonight unfortunately. I love the nice cool weather.

Respondent: Seeing you all when you all was coming in.

Moderator: When you saw us unloading.

Respondent: I was walking by smoking a cigarette. I walked in the library. I said, "They [crosstalk 00:17:54]-

Moderator: Steve is from right down the street here. When I said down the street, I mean Annapolis. Not too far. He's there local.

Respondent: I've seen him before.

Moderator: I think I've seen you too maybe.

Respondent: I was in the group then.

Moderator: There was another group that we might have done five or six years ago. Well we're going to continue. Anyways, I just wanted to give you a little background story about myself. I've been doing this so very long time, 25 years. I still have so much to learn and know. Every day, every group is a different experience. If there's any questions that you have during the process, I have to keep you on time. We started late but I want to get you out of here as close to 4:00 as possible. I will be stopping somebody and then moving on. I know that the ladies they just they carried on a little bit way too much.

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Respondent: You all was [crosstalk 00:18:46].

Moderator: They were having fun. That's what I'm hoping happens here. I also don't want to keep anyone if you have to be somewhere at a particular time.

Respondent: This is not a part of the impractical jokers or nothing?

Moderator: No.

Respondent: I like that. I watch that TV show. [crosstalk 00:19:04].

Moderator: Anyways so that's the disclosure. I've given you the whole thing. Why we're here and why I'm here. I'm not from Baltimore. I've worked here a lot. Like Harry was talking about. He thought he participated in something that I did a few years ago. I don't know neighborhoods or places or the names of certain things. I'm going to stop sometimes and ask you to ... Can you remind me of what that is or what is that or how is that or where is that located.

Respondent: Just to give you a definition-

Moderator: To give me a definition so I could write it down in this report. Mostly I want you guys to speak your mind. Remember you're representing 10,000 people like yourself but I don't want you to speak for those 10,000 people. They've given you the power to speak for them. I want you to give me your exact opinion. I don't know about your wife, your mother, your brother, your sister, your cousin's opinion. I want yours. I want your opinion. How you live through this, how you went through that, et cetera. All right so when you were called, they asked you some pretty deep questions. Pretty deep. What were they about?

Respondent: Not deep enough.

Moderator: It was about ... It wasn't like you weren't talking about boots or detergent. You're talking about your personal situation, right?

Respondent: Yeah, it was personal. [crosstalk 00:20:35].

Respondent: It was personal.

Moderator: All right so we are here to talk about a program that addresses people that need help. People that need information, people that need something to help them get through whatever it is that they're getting through. Now do we understand where we're here for?

Respondent: Mm-hmm (affirmative).

Respondent: Okay.

Moderator: That's why I need you guys to give me feedback. We're going to be showing you some things and then you tell me whether that will work, that won't, et cetera. Now if you're especially quiet, don't feel like I'm picking on you because I need to hear from everybody.

Respondent: You are.

Moderator: What?

Respondent: You will be.

Moderator: I will be. I need your feedback. Everybody. I have to do it.

Respondent: Because if you don't speak, we go on to split your money. We already said that.

Moderator: Moving on. All right. I want to know first of all of course I know your name, you already know about me. What I'm stressed and worried about is trying to get through this group and get you guys out on time and making sure that you guys have a great time doing this. When I'm asking you this question, we're going to be talking about problems, things that worry us, things that are on our mind constantly, things that we're having a hard time doing or achieving. Problems, either domestic problems, problems with either some type of substance abuse or alcohol abuse or either mental health issues. Those are the kind of things that we're going to be talking about. If it gets too deep, if it gets too much, I don't want anybody to worry that they have to stay for the full conversation because I know sometimes it could be hard to talk about these things. I'm just letting you know right then and there. It's okay. We got it?

Respondent: Mm-hmm (affirmative).

Moderator: Everybody good? Doug you good? Wendell you're good? Okay, we're good. All right. I just want to know a little bit about yourself, the neighborhood that you currently live in. If you live with someone, who do you live with? Then what's a typical day like? What are the things that are on your mind that you have to constantly work hard on or are worried about or stressed about? Who wants to start? Wendell.

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Respondent: I got 10 kids.

Respondent: 10 that's not that bad.

Respondent: Well I just got married. I've just inherited three step kids.

Moderator: They're step kids too.

Respondent: Well that makes it 14 because [crosstalk 00:23:28]. I have ten physically-

Moderator: Okay. Congratulations by the way.

Respondent: Really?

Moderator: I'm serious.

Respondent: That's the second time you did that.

Moderator: I'm serious. Congratulations that you got married.

Respondent: Yeah. By somebody else. Anyway I worry about kids. I won't get my next drink a lot of times. I was worried about [inaudible] but I hooked it up myself. Bills is always a problem but I just cut it from my mind and all day.

Moderator: Is that someone's phone?

Respondent: That's the microwave.

Moderator: I'm sorry.

Respondent: It's about what we worry about.

Moderator: Yeah. I mean you said it right there.

Respondent: My van is broken out. I'm worried about how to fix that. My house got foreclosed on [inaudible 00:24:29].

Moderator: That's a lot. You got a lot going on.

Respondent: I have more than enough. The girl I got married went [inaudible 00:24:41]. She got an autistic kid. Pain in the ass. Shit. In staying with her now, because my home got foreclosed and I don't got no [inaudible 00:24:56]. My mother elderly.

Moderator: Where is she?

Respondent: [inaudible 00:25:01]. I got one son in college in LA. Got another son in college in Pennsylvania. I got a daughter who I hardly know that keep asking me for money and she 20 years old. This is ... I mean I can keep going.

Moderator: Have you gone anywhere? Has there ever been ... I mean I know the whole thing about the house, the foreclosure I mean that's a money issue. Have you been able to find something or someone out there to talk about or to help you deal with the stress of all these different situations? Because there's little situations here. Together they're a monster.

Respondent: [inaudible] counseling for my alcohol and so on and so forth. I've been to other places to get counseling. [inaudible] my alcoholism but then I have so many people involved [inaudible] and not just including cousins and sisters. I only got one sister but a lot of my cousins we was all raised in the same house. They're like my brothers and sisters. Just everybody isn't doing too swell right now.

Moderator: You're not the only one.

Respondent: No I'm not just the only one. It's like people keep looking for me because I was able to accomplish things that they wasn't when I was young.

Moderator: I see what you're saying. You're like the one they ran to-

Respondent: Yes.

Moderator: They're not realizing, dude I got all this other stuff going on.

Respondent: Yeah. I just had one of my cousins come stay with me. Me and him about to have a fist fight. I'm buying the food. He isn't doing nothing. He an insurance agent.

Moderator: An insurance agent?

Respondent: Yeah.

Moderator: Is he working now?

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Respondent: No.

Moderator: No?

Respondent: I had to put his dumb ass out [inaudible 00:27:09]. Either way, this is a lot of responsibility on me. I know that's a part of the reason why I drink, and it's a money issue.

Moderator: [inaudible]

Respondent: Big time.

Respondent: That's what I was just thinking that it's not most about stress is the culpability.

Moderator: I heard that in another group. There was the other group. You know what I heard? I heard someone say in the other group see that's how we describe it. I'm not saying who said it, I'm saying someone in the other group said that it's just all this pain and all this stress that just you don't know what to do with it except run to something to help you help you cope or-

Respondent: Because I'm a fucking alcoholic.

Respondent: I said [inaudible] it's more so regret than dealing with remorse. You're dealing with cause and effect actions and choices and decisions. Dealing with acceptance and tolerance. Are you accepting this? Are you tolerating or are you not? It goes into deeper when you're not really dealing with control or the lack of control of a situation when you're not just able to say okay, well this is what I can do. This is what I can't do.

Moderator: Let me stop here.

Respondent: I've had to accept that.

Moderator: Or this person coming to me like there's not ... I can't give you more than what I can.

Respondent: That's why I take the serenity prayer seriously.

Respondent: Then you deal with anxiety.

Respondent: You deal with anxiety.

Respondent: No, I want to say depression when you say-

Moderator: Sometimes those things are together anxiety with depression.

Respondent: Oftentimes people mistake depression really or they classify depression as frustration. When you're frustrated about a situation, when you're indecisive about an encounter that you'd like ... Say you literally have no control over. It comes. One creates anger or a sense of disposition.

Moderator: Or someone in the other group said hopelessness or like you said frustration. Thank you very much Wendell by the way for sharing that.

Respondent: That's where the coping comes in.

Moderator: You need something to help you keep you together so that you could deal with this stuff. I'm going to get to you Christopher. Let's get to Harry. Hi, Harry.

Respondent: What's going on?

Moderator: You want us to go to somebody else and then come back to you?

Respondent: No come on bring it.

Moderator: By the way I didn't ask you where you're currently staying. In what area again?

Respondent: East side Northeast.

Moderator: Northeast. Harry.

Respondent: Yes, Ma'am.

Moderator: Where are you currently staying or living, with whom? Things that typical day, situation, worries. Things that you think about that you struggle with or you're working on.

Respondent: Stay by myself. I'm disabled. I really don't let things get me down because I can only change things that I can change. I look at things totally different from maybe the next person might look at things you know. I worry about other things that people seem to ignore like what's going on in the world right now. How the hell did we get a president where we got? How would they let him do the things that he's doing and they know it's all illegal and they wants to do certain things too.

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Moderator: That's a worry that you're also thinking about today. Is it stressful?

Respondent: Yeah, because it's a brink right now.

Moderator: I don't want to get political.

Respondent: No, I'm not getting political. I'm just saying-

Moderator: Because I want to keep this about your emotional state. What are you ... I know that that that's valid. It's valid. Sometimes we can go on another direction-

Respondent: Be gone.

Moderator: Be gone and can't, I can't bring you guys back to the point that we're trying to do. What are things? What are struggles, problems, worries, situations. I mean Wendell gave ... I mean he was really I got ... I want to give him a round of applause to Wendell though because he is-

Respondent: Thank you.

Moderator: Because you know what? It took a lot of courage. It took a lot of courage to come up to strangers.

Respondent: Empty the gun.

Moderator: You know what I'm saying? That is something that I commend you on that.

Respondent: Thank you.

Moderator: Those are the kinds of things that we're talking about. Just inner things. I know that the world was messed up. Everything is going to be messed up out there. I'm talking about Harry what's the inner Harry dealing with right now if you're comfortable to talk about it of course.

Respondent: Well. Right now just I just lost my father and in the process of that we found out that when he got married, his first marriage and then his brother married two sisters. When we're thinking that somebody is our cousin, they not really our cousin. They are our brother. We didn't find this out to the funeral when everybody starts talking about-

Respondent: He married two sisters?

Respondent: No, he married one and his brother married one. You got brother-in-laws with brother-in-laws. You feel me? Your first cousin is really your brother-in-law.

Respondent: They still would be-

Respondent: Your first cousin is your brother-in-law because my father's brother is married to your mother's sister. See what I'm saying?

Moderator: It's a first cousin.

Respondent: It's a first cousin and an aunt. It's a first cousin and aunt. It's a first cousin and an aunt. It goes like that.

Respondent: They still would be your cousin.

Respondent: No.

Respondent: That's what I'm confused about.

Respondent: If you had a brother [crosstalk 00:33:35].

Respondent: See what I'm saying, it's confusing.

Moderator: That was very confusing. Shocking?

Respondent: It shocked everybody because it came up at the weirdest time. We trying to put my father to rest and out the clear blue somebody we don't even know. I'm your brother, your uncle. I'm standing and looking at him like, what the hell is he talking about? That's when it all came out.

Moderator: That's disturbing.

Respondent: But in Baltimore is not-

Moderator: Well hold up. Let Harry talk. Let's talk about when did you find out you had the disability or you became disabled? Was it after an accident or something?

Respondent: I used to work down crazy [inaudible] and I drove the big loaders. I bounced around a lot and it messed up like this. That's to find out. Fourth, fifth and sixth was already backwards. They had to take these out and put the titanium here and now they want to give me a 50-50 chance of going into my back. Saying that I

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might not never walk again. I said, "Well you're not going in my back because I'm already walking so why should I let you go on my back?"

Moderator: With a 50-50 chance. I mean you're going to do it with a 75-25, I'll do.

Respondent: Give me give me the cane and I'll holla at you. I couldn't go for it-

Moderator: How is mobility? How long have you been with that situation though?

Respondent: I've been like this 10 years.

Moderator: That's tough.

Respondent: I did 20 years-

Moderator: You look young. I mean you look, you look young.

Respondent: 20 chuck the trailer. I did ten down crazy race and that's when everything ... From 2004 on up everything-

Moderator: Started happening.

Respondent: Everything just went ... One day I went to reach for the door of the car to open the door for somebody and my arm wouldn't move. I was like. I picked my arm up and opened the door and I was like, damn. I went to the doctor. When the doctor saw me walking in, he said, "I know what's wrong with you." Two days later I was getting operated on. That's when he cut me.

Moderator: That sounds so painful. How has been as like therapy like physical therapy stuff. Do you still have to go?

Respondent: Yeah. I mean for somebody that used to depending on his self, the more and more you could-

Moderator: It's debilitating. Mentally debilitating because you were always the person that was going out there doing stuff and now it works on your soul.

Respondent: Like when people try to hold the door for me, I know they're being respectful.

Moderator: Like I just said, "Hey, did you want me to pick up the pen?"

Respondent: I hurry up and said, "No, no I got it."

Moderator: I know. I didn't mean to do that.

Respondent: I don't know. Even though it bothers me to bend down I'm still going to do it.

Moderator: It's like that inner dignity.

Respondent: Yeah. Because I can't let nobody else do nothing for me. That's why I stay by myself still [inaudible] the streets but I just don't do it like I used to.

Moderator: That takes a toll on you. On anyone and anyone going through stuff. All right well I'm going to get to Christopher now and then we're going to continue talking. Hi, Christopher. I know you went in ... You went deep on the coping thing and stuff. Have you lived something similar?

Respondent: I mean like I was saying for-

Moderator: By the way where do you live? Where do you live?

Respondent: Right now it's in Pikesville [inaudible] something similar. I mean I'm back and forth in Atlanta so but I'm up for work.

Respondent: That's why you voice my stuff.

Respondent: What?

Respondent: Your accent.

Respondent: Your accent.

Respondent: No, I'm from here. [Crosstalk 00:37:38].

Respondent: You say certain things.

Moderator: It sounds like he's been in the south.

Respondent: Because he say certain things and it come out southern. That's why I'm looking at you. I'm like, he isn't from the south but he'd been in the south.

Respondent: I lived in Georgia for almost ten years.

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Respondent: You kept running in and out the door. I told him I said yo, look at her man. I said she from New York or something. She's just hyped and she's talking.

Moderator: I'm working.

Respondent: See I'm from Jersey. I went to school up there and everything.

Moderator: You know the type. All right. Let's continue with Christopher.

Respondent: [crosstalk] which is close to my job. I work for Baltimore City Public Schools. As far as things you worrying. You worry about bills, you worry about work, worry about getting to work. I have a couple of coworkers like I said earlier they're 25, 30 years in and where I'm from or where in my mind frame. After 25, 30 years. You shouldn't be doing that. My worrying is let me get to work. Did you make sure? My coworker who was 65 or 63 or in their 50s and whatnot. It's just I'm there to help them. Not saying that they can't do it.

Moderator: By your personal worries, like of course money, making money.

Respondent: Like how he said. For me it's more so worrying about being more independent because I'm used to having things done and or having things just show up.

Moderator: Any kids. Do you have kids?

Respondent: No kids yet. Growing up with my cousin we [crosstalk 00:39:15]. If I stayed in Baltimore, I probably would had a couple of kids but that was around college time. I had to get up out of here.

Moderator: Then you went to school you did ... Of course you finished school you worked in the education department.

Respondent: Then I went to Georgia and started catering. Like I said going from a lot of dependents to trying to be more independent. Like I said worrying about bills and worrying about remembering things and making the appointments. It's something that you would-

Moderator: Somebody else would do for you but now you got to do it yourself.

Respondent: I have those reminders and getting set up like say with working and have nice schedule-

Moderator: What about stress?

Respondent: I'm stressed out all the time. Stress with family. Because like I said I didn't grow up around my mom's side. Being back in Baltimore where I'm from, I try to reach out. It's just like a frustration to where it's like you're still living in the past and you're still dealing with a lot of issues or you're not coping with the reality of it all. For me it's stressful and it's worrisome that you try to build a relationship with people who just aren't ready or are able to let go of certain things. Which again brings up-

Moderator: That's heartbreaking though because you know that it's your family.

Respondent: Like I said it brings up this self-value, self-worth. The meaning of you're reaching out and you're putting yourself out there.

Moderator: Then you got to deal with their insecure stuff or their issue.

Respondent: The rejection and how to cope with that or how to not worry about that because at the same time if you see-

Moderator: Then it eats away at you when you're quiet or and there's something that ... Like you'll see somebody walking down the street, "Oh man. That looks like my-

Respondent: Bitterness. The term you feel some type of way about it or it leaves you on edge.

Moderator: Incomplete also.

Respondent: You're worried about a budget and being able to budget and not calling and asking for help. Because you want to be let's say with ego and your pride to be seen as or to have that own capability of okay, I can do this. Why I don't need this or let me show you or prove to you or what have you of an instance of this is what I need to do and this is how I can go about it. If any or if at all I needed help in just knowing that you have that option just to be able to ask sometimes. Oftentimes you're asked or you don't want to. Or you feel that that you asking means that you failed completely.

Moderator: Sometimes there's ... Because it's embarrassing. To ask for help, sometimes that could be embarrassing.

Respondent: Knowing that you need help.

Moderator: Knowing that you needed it.

Respondent: That's the issue. Knowing that you need help but not wanting to or not filling the needs. We're not feeling an urge or a sense of urgency to things that you ... Things settle. You'll let things dwell. You overlook it for-

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Moderator: You don't talk to anybody about it and it's building up and building up and building up.

Respondent: It has like a regression.

Respondent: You're now in rejection.

Respondent: You don't use no drugs or nothing? [crosstalk 00:42:38].

Respondent: No. I mean for me alcohol, ... We used should party seven days a week. It will get to the point where we would study one day. Have a day you set aside for studying.

Respondent: In college?

Respondent: Even after college. I went to Georgia and by '07, between '07 and '09 that you start to get out not having a curfew. You get dropped off in college. I didn't see my parents till Thanksgiving. Where do you leave 18 to 21-year-olds with-

Moderator: By themselves.

Respondent: Right. It was a lot of like say issues. We drank every day. We drank all day. That's why I don't drink as much as I did anymore. I smoke. [crosstalk] deals with anxiety then you also deal with hereditary issues like you said with addiction. Addiction is hereditary. It's literally genetically imprinted in your DNA. It's the susceptibility to where it's the exposure and the level of exposure like say you're dealing with the stress and frustration and how do you cope? Well this is what's been ... You've seen [inaudible 00:43:37].

Moderator: Because it's a chemical and a psychological dependence to cope. All right well I'm going to get to Darrell. Thank you very much.

Respondent: Can I use the bathroom?

Moderator: Absolutely. Go right ahead. Darrell?

Respondent: Mm-hmm (affirmative).

Moderator: Darrell?

Respondent: Mm-hmm (affirmative).

Moderator: How are you Darrell

Respondent: Hi. I'm well.

Moderator: You heard roughly what the intro.

Respondent: My worries ... I'm from northwest Baltimore. I lived here all my life. I got a daughter. I live by myself. My worries is I don't like working two jobs but I'd be working a job and then I get lazy because I feel like I should be my own boss.

Moderator: You do self-contract work?

Respondent: I do that on the side and I do security during the day and I don't be having enough money for my bills and then I do-

Moderator: Even with two jobs.

Respondent: No, I don't have two jobs. I don't like working ... All right it's this-

Moderator: You want to be an independent person.

Respondent: Yeah. I want my own company now as far as that. This shit I'm tired of working two jobs just to get by. It's every time I get close to reaching a goal it's just life. How life throws all types of obstacles my way. I know it isn't just me but it just-

Moderator: It is you. It's happening to you right, Darrell?

Respondent: Yeah. It's happening to me.

Moderator: It's happening to you.

Respondent: To test me. I be thinking it's like a test to try and break my will or something.

Respondent: Resistance.

Respondent: It is.

Respondent: I just-

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Moderator: You try to reason as to the why it's happening to me. You're reasoning with why is this happening to me? It has to be that God or the fates or the universe is it's putting me through this test.

Respondent: I'm not trying to lose it.

Moderator: I'm not losing it. I'm going to pass this test. [crosstalk 00:45:44].

Respondent: You got to find your niche. You got to find out.

Moderator: Do you know what is this that you want to do with your independent like a company or whatever? Do you have an idea?

Respondent: I want [crosstalk] recruitment.

Moderator: Recruitment for jobs or helping people get jobs?

Respondent: Home improvement.

Moderator: Home improvement. I didn't hear that. I'm sorry. You want to help people-

Respondent: Or real estate. That's the field I really want. Since I've been young, I always said that.

Moderator: You like real estate, going in fixer uppers and then buying and selling homes.

Respondent: That's something I wanted to do to help people.

Moderator: Do you work on that right now?

Respondent: I work with people that do that.

Moderator: You want to see how they ... They're able to write off a receipt against their taxes. They're able to do more independent stuff.

Respondent: I'm trying to better myself and I feel like I don't want to waste my time helping somebody else make money.

Moderator: When you can help yourself.

Respondent: When I can put that time in making for myself.

Moderator: You're an entrepreneur.

Respondent: That's what I'm working on.

Moderator: All right so the worries ... I mean I know that you've-

Respondent: Then my baby mother and trying to get my daughter back up here with me is another issue because she got locked up for like three years and I don't ... Virginia I think is the worst fucking state in the world. We've been going over this custody battle.

Respondent: It's a commonwealth. It's not a state. I'm sorry.

Moderator: Don't interrupt please. It doesn't matter what it is. It's a state as far as the Darrell is concerned.

Respondent: For the last three years. The struggle they've been giving me. Then for her-

Moderator: Where is your daughter now?

Respondent: She with her mother.

Moderator: She got out?

Respondent: She with her grandmother I should say. Her mother she got out but she don't even ... She signed over her rights to her mother.

Moderator: To the mother? To her mother?

Respondent: I had to come from-

Moderator: You still have rights.

Respondent: I mean you wouldn't have had to sign the paper too.

Moderator: I didn't.

Respondent: Unless they railroaded me. When I finally got down Virginia because I live in Baltimore, when I finally got down Virginia it was ... This courthouse that we've been going to for the last three years-

Moderator: Is in Virginia.

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Respondent: Have never been open before 1:00 o'clock.

Moderator: In the afternoon?

Respondent: Yes.

Moderator: Where in Virginia?

Respondent: It's to Stafford. That's two and a half hours away from where I live at, and I got to take 495. So when I get on 495 there's an accident. I normally get down there by 12:00. I leave here around 7:00. I'm not get down there this day until like 12:15.

Moderator: You lost your rights over your daughter because you were late.

Respondent: They told me I got to ... When I got down there, they told me that I have to deal with her mother, my baby mother's mother.

Moderator: Do you have somebody that's an attorney like pro bono attorney?

Respondent: Down there I need at least 3,500 retainer fee for them to even look into the case or anything.

Moderator: I'm saying isn't there for low-income cases? You know what I mean?

Respondent: That's their low-income cases.

Respondent: He would have to reside in Virginia.

Moderator: He would have to reside in Virginia. I see.

Respondent: This is a struggle between that with me.

Moderator: I would be dying. Just frustrating.

Respondent: It's like since my baby mama had got locked up. The relationship between my daughter I was building back up stronger because my baby mother used her as a token. That's another thing that I don't like.

Moderator: What about the grandmother? How is she with you?

Respondent: We got a better relationship than the person ... Her daughter-

Moderator: At least she's cooperative in that regard.

Respondent: Yeah.

Moderator: What does your daughter want? Does she want to be with you?

Respondent: Yeah. Every time she come up here because her mother went and had other kids and she just feel like she's the babysitter. She don't like that. Since she told me now that she older. We've been sitting and talking when I had her like I just had her this summer.

Moderator: I would be beside myself.

Respondent: It drives me crazy that physically I'll be trying and then feel like I can't do nothing at all. It frustrates me sometimes and I always worry because when I had her here with me, I knew what was going on. Down there. I don't really like that parenting too much. I try not to think of the word but some nights I have crazy dreams about crazy stuff going down there. They don't tell me until later. It frustrates me a lot.

Moderator: That is a legitimate one. Legitimate. Man. Doug. I'm sorry to keep you so much but this is some real ... This is real life. This is all real life here Doug.

Respondent: No matter how I try find help. Maryland laws-

Moderator: Are different from.

Respondent: From Virginia. Can't nobody help me from here. I got to call Virginia and then it's like they always got stuff I got to go through to-

Respondent: They'll see you as a no show and that's why-

Moderator: That's why I said.

Respondent: That's why they can understand why-

Moderator: We're going to continue on and thank you for that. Because these are all challenges. These are all problems.

Respondent: May I use the bathroom?

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Moderator: Yes of course. All right Doug how are you doing Doug? I'm so sorry that ... We save the best for last. Doug you heard the gentleman talk about some real stuff.

Respondent: Yes.

Moderator: I mean everybody's experiences is different. Tell us about yours.

Respondent: I'm living up in Charles Village with my brother. I'm 68 years. He's only 61. He's younger. I've been disabled for 19 years.

Moderator: You could relate to Harry's story.

Respondent: Yes. I kept over walking. Why don't you get a [inaudible 00:52:49]. I mean why don't you get enough [inaudible 00:52:49]? I can still walk barely but I can still walk.

Moderator: Sometimes the cure is worse than the illness. Is it in your back to or in your ... Is it major?

Respondent: My lower back, my shoulders and both of my knees. My whole right side as far as waist down. I finally got it approved on the ... What are they call that? Mobility. That's the only thing that's saving me now. My brother ... I was adopted into a black family. My brother, I guess that puts us in an odd situation anyway with people around. My brother is in worse shape than I am. He can't even get out of bed. Now tell me how they can do this. Military doctor because my dad was military. He went to the doctor when he was like about 10 years old. Tell me how they can do this. Kidney out by mistake.

Respondent: Kick you out on a mistake.

Moderator: No kidney. The kidney. They removed the kidney by mistake.

Respondent: Did you get an [inaudible 00:53:56]?

Respondent: How can you do that? Then it's military so you can do it.

Respondent: Are you 100%?

Respondent: Now my dad was military because at that time he was under [inaudible 00:54:05]. There's only certain ... Like five or six different types of food that he can eat. He can't go. He can't get a-

Moderator: Is he alive still?

Respondent: Yeah. He's in better shape than I am.

Moderator: It sounds like you're taking care of each other.

Respondent: He's helping me mentally. I mean just keep on going and going and going and then I'm the one that's helping him physically. He's in better shape than I am mentally.

Respondent: [crosstalk] you would know about gluten free and vegetarian and vegan way before it was popular.

Respondent: That is even got to be careful in that like organic.

Respondent: That's what I'm saying.

Respondent: Then in certain types like [inaudible] there are certain types.

Moderator: There's certain foods that he definitely can't do because of the ... Because it could build protein.

Respondent: Because it's vegan it doesn't necessarily-

Moderator: Doesn't make it-

Respondent: I know what you mean.

Respondent: His health must be amazing.

Respondent: Everybody's family says ... And my mom is a minister.

Moderator: She is?

Respondent: One of my sisters is an acting pastor now but then nobody can understand. You have to ... You can't go to the doctor. They're not going to give you any ... They are going to give you medication. They're going to get you this. They going to give you that.

Moderator: What about physical therapy?

Respondent: That'd be great and all this but how does he get-

Moderator: No, but I'm talking about you with your stuff. I mean how are you managing with that?

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Respondent: I'm going through therapy once a month.

Moderator: You definitely don't want the operation because you're more afraid of that disabling you even further. Do you have like a case worker or a social worker though or someone like a nurse case manager helping you and for you too. I mean during with Medicare Medicaid advantage programs like the Medicare advantage programs sometimes they assign you one depending on ... None of that.

Respondent: Now they do house care. They don't do that no more.

Respondent: I have your premium and all this. You pay so much and you can get all these things.

Moderator: You're on disability though.

Respondent: That's what they do.

Moderator: So [inaudible]

Respondent: [crosstalk] get by on.

Moderator: Doug let me ask you a question.

Respondent: My brother didn't fit into that because he can't get ... Before you can get social security-

Moderator: Because he's 61.

Respondent: He's 61, number one. Number two he can't go to ... He has [crosstalk] from a doctor. He gets the thing from the doctor. He has to have money to come see your doctor. We don't even know a doctor go to. That's going to be fair because any of the medications do this, do that.

Respondent: Side effects. That's why I went to brain and spine institute.

Respondent: Well they don't have those kinds of doctors. I guess they're outlawed or something.

Moderator: Seeing the people that you love ... I mean you're going through your body is broken technically. You're dealing with that. Then also seeing your brothers suffer, seeing your dad suffer because if ... Well I mean it sounds like he's in good shape. I mean he's older and then seeing all of the people that you loved struggle with that.

Respondent: Well no they're not struggling. They're just saying well it's your own fault. You're not going to a doctor. You're not going to the hospital. Well let's say how are we going to the hospital? We don't have the money. Well just they gave you a bill and don't pay it. This is the pastor and then of course mom and sister pretty good help. Then everybody says go to the doctor, go to the hospital. That's what got him in trouble in the first place.

Moderator: That's true. How are you dealing with all this Doug? I mean what do you ... Are you going to counseling? Are you what do you-

Respondent: No.

Moderator: No, none of that? Would you like to learn how? Do you feel like this is something that you could talk to somebody about and get off your chest? Or do you think that there's no hope and just got to deal with it and that's it. We just got to man up and move on. How do you ... What is the outcome you want?

Respondent: People will give us a chance besides just opening up a little bit. This is what the situation is. Don't go by what we say, research it. Do some research. Here we give you some stuff to research. You research it.

Moderator: More education.

Respondent: Right.

Moderator: Thank you very much everybody. You talked to me about some of the places that you've gone. Are you actively right now like for any for Daryl, Christopher, Harry, Wendell, Doug are any of you currently signed up with a program or some mental health therapy type of situation counseling? [crosstalk]

Respondent: A lot of programs are subjectively or in Baltimore directed to transition, living with people ... Living with addiction or the people who are living with getting off or in jail or coming out of those type of rehabilitation programs. You don't really see a lot of programs that are full-

Moderator: Preventative, let's say, preventative.

Respondent: Focused on the working-class man, got people that were just trying to make it through the day, or trying to get through that week or trying to get to the point where as though-

Moderator: They're treating people who hit rock bottom.

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Respondent: Classification of [inaudible], they know what's up?

Respondent: They go see counselor.

Respondent: They [inaudible] whatnot to where you're getting that counseling. For me, I lived a period of time as a ward of the state. I was in foster care. Having those counseling services from a young age, all the way up until let's say 18 where you got dropped off at a college so that's it. At 18, literally this is what you need to do and then it stops. To be able to say reach out or ask for help. It's hard when you don't really have the facilities or the qualifications to get the help that you need, or the help that you would want. Because like I said it's always about purpose. The re-defining aspect of that purpose, of what is it that you're looking for and how-

Moderator: Sometimes you don't know what you want, right? Sometimes you know. A lot of times, especially with stress or with something that is ... Like in Wendell's situation, a ton of little things. You've got the light, the house, the wife. The ex-wife or the ... I'm just using you as an example, or the job. All of those little things start getting together and it's this big monster. It becomes a big monster once you put all those things together. Then what if ... Let me just and just using me as an example. What if I don't know it's stress? What if I don't know that it's a problem? Like you said just I haven't hit rock bottom yet. Is that the thing even just ... Is that what we're talking about? Are we, that there aren't any ... There are no programs or counseling centers. There's nothing like that for just somebody who still doesn't even know whether or not-

Respondent: Like he was saying-

Moderator: Somebody that just wants to call and vent or visit.

Respondent: He's a worker. He's a worker and fell through the crack and there's nothing there for him. You got to label yourself an addict, re-entry programs, anything, a nut. Anything, homeless. You can keep going. Now, they got all those out there, but they're gimmicks.

Moderator: There's nothing there for someone who's just not.

Respondent: Say he loses his job. Say he lose his job tomorrow. He don't know what to do for that first 24 hours. That's the hardest 24 hours, because one I got to tell you, and you're going to take it out on me because you're going to say, "What the hell did you do?" It's not my fault.

Respondent: [crosstalk] when you're working for someone, how you come back to work when you're worried about work? Hey, I'm worrying about work. When I go to work and I'm doing this and I'm doing this and I'm right. I'm doing the work that I'm not really getting paid for. I'm not being appreciated for. I think though that you're not-

Moderator: You hearing something familiar?

Respondent: Because that's it.

Respondent: You're not really understanding that the sacrifices that I make, just for 10, 15, \$20 an hour when the compensation isn't really there to whereas though you have other people that you get to the work and they're doing less of or-

Moderator: That stress, that's a stress-

Respondent: Or they're making your job or making your day even more worse, or even more frustrating or complicated or they bring the complications, when you're just trying to go to work. When you're just trying to do this, or when you're just try to ... Like I said, finding a purpose. When you're dealing with actions that are out of your control, the choices and decisions that you make but then are affected from other people's choices and decisions. Then you have to-

Respondent: It would be nice to have somebody that's going through the same similar situation that I am, or that you are. That I didn't have to be locked up. That I didn't have to ... I just wanted to have somebody to listen and talk to and-

Respondent: You know what I'm saying. Before I came over here, I was over there at the library. On the wall, going around, they had from 18 ... From 1790 all the way up to 1990. What happened to the black man in America?

Moderator: The timeline.

Respondent: The timeline. Coolidge was in office. Woodrow Wilson was president. All these people right. Everywhere you look, they was stopping black people from doing everything to try to make it. They stopped them from living in certain cities. They couldn't live in certain cities. You know, I'm sitting now, I'm reading this and I know about-

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Moderator: Where is this?

Respondent: It's in the library.

Moderator: Which library?

Respondent: Right, across the street.

Respondent: In [inaudible 01:05:17].

Respondent: It's a whole wall. I'm sitting there and I'm reading it and I'm like, now see this is the problem. Because the generation that's out there now, they don't know nothing about this. They don't look at this.

Respondent: That library was built before library of Congress.

Respondent: You feel me? They don't look at this. What black and white went through back in the day, they don't believe that. They don't think that it really happened. You know what I'm saying?

Moderator: Some people think the earth is flat. Have you seen that stuff? I need to get off the topic because I need to get back into mental health and stressful issues and stuff like that. You said library. Is that a place to go find out information? If you were Christopher, talking about that frustration that you were talking about, or Wendell that I don't know what to do type of thing. Where do you go to find out that kind of information?

Respondent: Well, you have multiple outlets? Like I said you-

Moderator: Where do you go? Which ones?

Respondent: In the web.

Moderator: The website? The web?

Respondent: I said you can research. They have places that you go, but then it's also-

Respondent: Then you get to reach and check on different things.

Moderator: On what? Like what?

Respondent: Check different views, different and just know you don't just check on one thing, Google you check on different-

Respondent: You got to-

Moderator: You want to know if they're reputable reviews or what?

Respondent: Everything. You can just do flat out research. I have a lot of time to do research because, I don't know-

Respondent: What happens when you have that sense of normalcy to where's though the issues that you deal with you've dealt with them for so long, or if you've gone through them or you see people have gone through them or your parents had, your sisters, your siblings and whatnot. It's something that you don't really take as an issue. It's just something that's second nature. It's a problem. It's something that-

Moderator: You know it's a problem, but where do you go for help?

Respondent: Where though for my mom's instance, she feels as though therapy doesn't work for her or she doesn't need it. It's nothing that you can really sit down and fix when you sit and speak for something or you speak on something. Whereas though when it comes down to ... When people have those places, hey, I'm go to the bar for that, or I can go get a blunt for that or I can go be promiscuous with that or what have you. To where though I have my own mechanisms. Whereas though, this is how I feel.

Moderator: Have you ever gotten to a point where you said, "Okay, this is enough, I need help now?"

Respondent: I have.

Moderator: You have? Then what happened? Did you say, I need to nip this in the bud? Where did you go? Did you talk to a family member? Did you Google it? What did you do?

Respondent: First, if I'm going through something, I go to my elders first.

Moderator: Is it church elders, family elders?

Respondent: Family elders. Then with me and my alcoholism, I would get sick if I don't have something to drink. You absolutely get sick. I went to [inaudible] just down the street. I walked to the ER to get [inaudible] and all that stuff. I had to be sick and all that. There's some crazy heavy spots and you can read my house or something or my father get killed in the job, stuff like that. It just happens. He just threw me right back.

Moderator: There's a stress inducing point that just-

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Respondent: Kids. This and that. I'm not going to say family-

Moderator: Mostly the hospital just you go to a hospital or?

Respondent: I used to work at a hospital. I mean, I knew how hospitals do, but just to take edge off so I was just going to get sick and-

Respondent: Reaching out for help is like-

Respondent: Other than going to an ER, or going to a police station. I mean, I got medical assistance now, so before I had to go to [inaudible 01:09:28]. I had to pay that like 300 something dollars. I had to come with the money. I mean, it's not like help is readily available for especially when you're dealing with an addiction.

Moderator: When someone's struggling to get better-

Respondent: Yeah. Then I mean living in this city is always something going on. If I'm driving, the police might pull me over. [inaudible] suspended license because of child support, I don't even know. [crosstalk 01:09:54].

Respondent: When you do something, I'm having an issue. I'm [inaudible] you're driving without a license.

Respondent: You're locked up. I've been locked up plenty of times.

Respondent: Now, I reached out to a place with healthcare for the homeless. I went down there for help and they set me up with a mental health doctor. I'm sitting there talking to the doctor and all that. I really just needed to vent. I'm sitting there and talked to some of the stuff. I said, I guess they didn't like, but they tried to commit me.

Respondent: Damn you went off.

Respondent: I was so much bottled up and I done been through so much. I just had to talk to somebody that I didn't think was going to judge me. Then when that happened, I stopped going because I'm like-

Moderator: They already want to institutionalize you. You know that came up in the ... Excuse me. That came up in the other group too.

Respondent: You're judged and that's why-

Moderator: That that is like a medical discrimination.

Respondent: Because they said they're not supposed to do that, but when they do-

Moderator: I'm like, I thought I was just here let you-

Respondent: Opinions are projected.

Moderator: Was it ... I'm sorry. Was it a man or woman? I mean, did you feel like they weren't ... I mean, did you feel like they were understanding you or did you feel like you had to re-explain things?

Respondent: I felt like I had to re-explain a lot of things. They was misinterpreting and I was just really venting because I really needed to get it off. Because I felt like I would go crazy if I didn't talk to nobody. Then when I finally get it out, you all think I'm crazy and want to commit me.

Respondent: You know what, that's what they'd be talking about. When you go to see psychiatrists and stuff, they suggest that you see somebody of your own color and everything because he might say something a different way than Doug said, even though I mean the same two things. He's saying it [crosstalk 01:12:06].

Moderator: Doug, he's adopted and his family is black, but I can understand because culturally speaking-

Respondent: The values, morals.

Moderator: No, but he's just has said it perfectly. I say tomato, you said tomato and then now I'm thinking you're crazy because you said tomato, therefore I have to commit you. I get it. I get what you're saying.

Respondent: I used to work in a hospital.

Respondent: That's where it's all opinionated.

Moderator: Then there are already-

Respondent: That's wrong. That's wrong.

Moderator: That's a very good point. Anyone ever call a call-in hotline or a number like a crisis center?

Respondent: My sister give me the bands that the VA says call.

Moderator: Were you in the army? You look at you-

Respondent: We're a military family. I grew up [inaudible] with my sisters and my parents or grandpa.

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Moderator: They have the-

Respondent: I have said myself, so every part of VA. Just like you said, they're members. My sister and my uncle, they'll act a fool just to be able to be seen and just to be acknowledged that, well, had I not acted that way, I would have not been given that service or given the-

Moderator: The attention.

Respondent: The attention that I know I need. Otherwise because like I said, I'm an able-bodied man an adult. Like I said, even with his disability, the fact that he's still walking, in their mindset, you're able. They would deny him for certain opportunities because of that. Reaching out, you'll get to the point where as though, it'll-

Moderator: It's a waste of time.

Respondent: Yeah. You'll feel-

Moderator: They get frustrated. Because why can't they see me going?

Respondent: Like I say it goes back into the relate-ability whereas though if you can't be understood or if you're misunderstood or you're misinterpreted. Whereas though your feelings though that you're not understanding me, you're not comprehending me, you're not listening to me.

Moderator: Did you feel that Darrell?

Respondent: Yeah.

Respondent: I said with the-

Respondent: That's why I stopped going. I was like, if you ain't listening-

Moderator: Was it an African-American health professional?

Respondent: No. No.

Respondent: Probably white?

Respondent: They're often times-

Respondent: I can tell you that, no.

Moderator: Well, I'm just asking.

Respondent: Well, then all you get to do is look at the ... What he was looking for, somebody to play with the mind. Not too many black people are going to do that.

Moderator: Do you think ... Would it have helped if your therapist or your psychiatrist or your health care, a mental health care professional was not white or better yet, that was African-American?

Respondent: If they was more so understanding-

Respondent: Well, I don't think race has any issue with that.

Moderator: You don't think so, but let's hear him. That they understood about what?

Respondent: About life.

Respondent: I just wanted to vent to somebody. That's really all I went for because my case manager kept telling me I need to see your mental health. Then they try telling me I'm bipolar and all this other stuff wrong with me, mentally and all of a sudden. I don't think they know what they were talking about type stuff. Then give me a label and they try ... Well, then you should try some of this. Give me meds and stuff and I don't need ... I don't think I need none of this stuff.

Respondent: Can I say something?

Moderator: Hold on. Hold on. Let him-

Respondent: Go ahead.

Moderator: Darrel, what about, what happened afterwards? You just stopped going?

Respondent: I stopped going.

Respondent: Did you feel like you ... Did you feel the need though to still vent, to still-

Respondent: Yeah, I felt the need, but I felt like I wasn't going to get the help I was looking for, so it's no point.

Moderator: What were you looking for?

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Respondent: To be able to vent, without being judged.

Respondent: Let it out, and talk to somebody late.

Respondent: Life is about picking and choosing these days. You literally wake up having to pick and choose this or that, this or that this or that. When you live in really in a society-

Moderator: He chose. He's like I don't want to deal with that. I don't want to be mentally labeled. I don't want to be institutionalized, but I still have the need to vent. I still had the need to get this out of me. Yes. Let me get to Harry and then you Christopher.

Respondent: No. I was just saying, he said they told him he was bipolar. He didn't know what that meant. That isn't nothing, but mad and happy in our world, but not in his world. As in a white person world, they say I'm bipolar. I'm mad and I'm happy. Guess what they do? They throw him pills.

Respondent: That's an excuse. [Crosstalk 01:17:04].

Respondent: See, when it comes to us-

Respondent: It's a way of life.

Respondent: They don't give that to us, because that's our life. We go through ups and downs.

Moderator: We wake up that way.

Respondent: We wake up that way.

Respondent: That's the real world.

Respondent: One minute I'm mad, coffee calm me down. You know what I'm saying? Coffee calm me down. [crosstalk 01:17:28].

Moderator: Not Doug said ... Did you hear what Doug said? Doug says, I take a cup of coffee and I go right back to sleep.

Respondent: I do too. You want me to tell you something? Three o'clock in the morning, I will get up and go make a cup of coffee and sit there, drink half of it and smoke a cigarette and go right back to sleep. Wake up at 6:00 o'clock-

Moderator: Because there's 10,000 more things more stressful than-

Respondent: Yeah.

Respondent: Priorities, I always think about that, life is about priorities. It's hard to prioritize.

Moderator: Insomnia? Insomnia?

Respondent: I deal with that. Hereditary insomnia.

Moderator: Everybody? No. [crosstalk 01:17:56].

Respondent: I have a bad problem sleeping. I only sleep for two hours every day.

Moderator: That's a problem.

Respondent: He's not sleeping.

Moderator: Hold up. There's insomnia going on. You're not getting ... Are you getting any help for your insomnia? For the guys that have insomnia?

Respondent: Hell no.

Respondent: Vodka.

Respondent: [crosstalk] take blunt.

Moderator: Vodka?

Respondent: Vodka will put me to sleep.

Respondent: I was about to say, I got to be real-

Moderator: Self-medication, marijuana?

Respondent: I got to be real messed to go sleep. Then when I do-

Moderator: Hold on, one at a time. I'm sorry. Let me get to Darrell and then Doug.

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Respondent: I smoke. I got to be real messed up to actually fall asleep. Then when I fall asleep, it's the only for two hours no matter what time I go to sleep.

Moderator: Doug what were you going to say? What were you saying?

Respondent: [crosstalk] possible because I have to keep constant eye on my brother as far as throughout the night. I have-

Respondent: Empathy is a lot. It's deep when it comes to worrying.

Moderator: Well, this does. Because he's stressing out.

Respondent: I had to be conscious of every move that he makes-

Moderator: Because you don't know if he's going to hurt himself or whatever because that's, and that's stressful. He should be able to have a home attendant or something. That's some stuff.

Respondent: You go from worrying from yourself to worrying about what yourself and others. That's [inaudible] priority? When do you start to think about just yourself?

Moderator: Excuse me. No one will consider ... I'm sorry.

Respondent: I got eight kids, one girl. They was babies you know what I'm saying? [Crosstalk 01:19:31].

Respondent: Where do you find your own life? After eight kids and one girl, that could be 20 years.

Respondent: Same thing, just how-

Respondent: How do you get back 20 years of your life, or how do you-

Respondent: It was just hard to do, because I was always worried about-

Respondent: By that time you've already been three different people. That you've been the person when you met, the person when you're with her and the person after when you [inaudible] you understood what you like and what you don't like. The acceptance of what you wanted to-

Respondent: I was still single when I was with her. You know what I'm saying? [crosstalk 01:20:04].

Respondent: Can I say something though?

Respondent: What's it brother?

Respondent: God put that child in your life for a reason.

Respondent: Which one?

Respondent: The one that you said that's driving you crazy.

Respondent: What child?

Respondent: The one that you said is autistic.

Respondent: I'm patient. I dig that.

Respondent: That's where you go, hey, that's why some things like that, they come to ... They only come to certain people that can handle because that's something that everybody can handle. Sometimes I see kids like that. I might be playing with them out on the bus or something, and I'd be like, I couldn't do that. I just couldn't.

Moderator: Be the caretaker.

Respondent: I couldn't be the caretaker.

Moderator: Or the parent.

Respondent: I couldn't be the caretaker because I would be so scared that I would be the one that would walk away.

Moderator: Well, I think that's what Doug was talking about. Doug was talking about how stressful it is because you're thinking about-

Respondent: That's always on your mind.

Moderator: Worrying about that person in the middle of the night. I mean, he's barely getting any sleep because he wants to make sure that his brother is okay.

Respondent: That's why he goes back into certain-

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Respondent: I do care about myself very, very much too and worry because if something happened to me, because of him.

Moderator: Because then, who's going to take care of him. Christopher.

Respondent: Then that's where we go back to when he was talking about having that change to where it's though with yourself reflection, I know I could have been ... I would not have been able to take care of that person or that child or that other human life because the situation that I've been in. Mind you, had I been given the chance with that job that pays this or I have this house-

Moderator: Then that comes the blame that you blame yourself for what happened.

Respondent: I have a lot more free time, or I have a lot more money that I can manage to be able to properly take [inaudible] understand like I said your idea of how things should be or how things could be or how you want things to be compared to what they are.

Moderator: To help you get there, I'm going to show you some things. Now, we're going to the advertising part of this.

Respondent: We aren't into porno.

Respondent: BBWs.

Respondent: All right, I quit.

Moderator: I'm going to change the channel right now, back to my channel. Because I've got to show you guys something and no. It is not some dirty nasty ... It talking about help, self-help. Our goal here is to try to come up with a way to have people that are going through certain situations that are feeling similar to the things that we were talking about off the table. To take some kind of action so that they can either call, visit a website. That sort of thing. Some kind of action that they can ... They feel confident and saying, I'm getting help now. You understand. That's our job here today. What we're going to be looking at, it could be good, bad, ugly. Tell me this is depressing. This is great. I love the colors. I hate this. We should change that. Words, colors, images are all fluid. They can be changed. Nothing is 100% as is. I want you to get into that mindset. I want you to use your imaginations. Get your little dream genie that lives in all of us. Get him inspired, get her inspired or-

Respondent: That's what this is all about, is inspiration more so.

Moderator: That's what we're here for. I'm going to give you a chance. You have some pieces, some sheets of paper if you want to write it down instead you can. What we're going to do is I'm going to give you a look at a poster. The poster is something that you would find at a bus shelter, in the subway. Maybe at a clinic, at a pharmacy, at a healthcare provider, whatever or it could be at the library or whatever. I want you to look at it. I want you to tell me what you think of it. How motivating or not is it for someone to call or to find information? Yes.

Respondent: For one it's subjective oftentimes, but well, predominantly Baltimore is a single-family home oftentimes. I would say within the past 20 years, people see a lot-

Moderator: Here's a different version of the ... Like a card like a postcard. Here you can-

Respondent: For me, my generation was the grandparents were together. Both my grandparents were together, but then they-

Moderator: You could share it right there. You could share this like that.

Respondent: I like that.

Moderator: It's objective. It's assuming a mother, father, child-

Respondent: For me, it gives generalizations. To whereas though you're labeling and you're subjective.

Moderator: Families aren't just-

Respondent: For this, it's more individualized. Whereas though you can relate on a personal level of just a one-on-one.

Respondent: I don't mean to be ... I'm sorry bro.

Moderator: Go ahead.

Respondent: It's like [inaudible] crisis, that this person [inaudible] crisis.

Moderator: They're too happy.

Respondent: Yeah.

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Moderator: The poster is too happy. Is that what you're saying?

Respondent: No, I wouldn't to say too happy. It was just like said it's-

Moderator: They don't look like they're under stress.

Respondent: They look like they're over it.

Respondent: Yeah.

Respondent: [inaudible 01:25:46], I'm like, well, at the end of the day we-

Respondent: They look like they're going through it. They look like they just got over it.

Respondent: To me if I saw this, I'd reject it because first of all it comes out, we go [inaudible] suicide. The same BS that you see all the time. Coming, like what he said, come on [crosstalk 01:26:13], we'll put you away in a nice little room all [inaudible 01:26:16].

Respondent: I can understand.

Respondent: Just like this. This is a great picture and all this, and loving family and all this. This, I just-

Moderator: It turns you off because it-

Respondent: Causing suicide and all that.

Moderator: Because what if I just want to vent. What if I just want to vent? Is this the right-?

Respondent: Now that I was thinking about it, when you look at it now and you ponder on it. As he was saying they already looked they're done. Reaching out and you're seeing the visual. You say okay, well we're just like you. We're a mom and dad. We go through problems-

Moderator: You don't like the bottom part.

Respondent: To me, it looks they're pimping them.

Respondent: It's just that we're just everyday people. We're normal people. Say we go through issues, understanding, when you said earlier, when it's enough it's enough type thing. Everybody goes through issues. When are you going to accept the fact that you need help?

Moderator: Is this effective for that message? Doug said no. What about Darrel?

Respondent: A lot of times when you see pictures like this, and beautiful little kids and old Asian people, they can't move around. Look what this is doing for them. Selling dope on TV [crosstalk 01:27:30]-

Moderator: It's medication.

Respondent: For me that's the same thing, they're pimping them.

Respondent: There's too much to read too. There's a lot of people in Baltimore that don't read and can't read period.

Respondent: Well, I just got the counseling and suicide.

Respondent: Then you also say crisis. When you see the word crisis, people don't label themselves as, I'm in a crisis. I mean, I've been dealing with this for decades.

Respondent: All my life-

Moderator: They don't see it as a crisis that's so.

Respondent: You've been subjected to these type of stuff all your life.

Moderator: Crisis is too much of a strong word. What word would you prefer then? Instead of suicide or crisis, what would you prefer then?

Respondent: Help.

Respondent: We have things that can help.

Moderator: Help.

Respondent: The help you need, help-

Moderator: Help you vent?

Respondent: Medical help here, you need counseling to vent here. We can help you.

Moderator: [crosstalk] counseling to vent?

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Respondent: I would be skeptical though, because I already went through it trying to talk-

Respondent: He isn't going never be the same.

Respondent: I'm not talking to nobody. I'm just going to explode.

Respondent: That's mostly about our life-

Moderator: We don't want that though.

Respondent: I know, but-

Moderator: We don't want you to explode-

Respondent: Once somebody step on you though, it's hard for you to open up.

Moderator: I'm going to show you some other things.

Respondent: Another thing, with these older folk going through-

Moderator: Let's talk about these.

Respondent: They work, they work. I mean, as far as ... That's perfect for what you're displaying. That's nice.

Moderator: Which out of these, out of these ... And I know one is in Spanish, so just ignore the-

Respondent: That's the only one that I would think that projects exactly what you're giving.

Moderator: The image?

Respondent: Help me help you.

Respondent: Suicidal or dope.

Moderator: Look, what about this? What about this and it's here? That's what he was talking about. Not everybody got that one.

Respondent: It still portrays say the opinionated, you don't want to be asked for help or labeled or classified for reaching out. It's something that always though you feel as if you're being belittled or you're feeling as though its charity work. Like I said, at the end of the day it's also about-

Moderator: Out of all those images, which is the image that we would go with?

Respondent: I would go with the one with the lady patting him on the back.

Respondent: That's a perfect portrayal.

Moderator: Then we'll put on the words. We'll put words that say-

Respondent: Anything can go.

Moderator: Just like Doug says, do you need help? You need some medical help?

Respondent: Help me carry the weight or let us help you carry the weight.

Respondent: Anything. Anything.

Respondent: Don't have money. I need some help.

Respondent: Right, help.

Respondent: We will see what we-

Moderator: Help you vent. Help you-

Respondent: This is help. Help is just the key word period.

Moderator: Help is the key word.

Respondent: Even if you had a baby crying [crosstalk 01:30:19].

Respondent: We can be your shoulder to lean on and stuff like that? I mean, there's so many different-

Moderator: Put an image of a situation. [crosstalk 01:30:28].

Respondent: Let me see this number about, I'm on a bus and I got this baby, Brittany. I miss a baby crying. How can I help this baby? Baby crying will go a lot further than somebody... [crosstalk 01:30:50].

Moderator: That's stressful.

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Respondent: That's what I'm saying, but like-

Respondent: Your life could be physically and visually okay, but then you still would need that mental type of help.

Respondent: Always something to talk to-

Moderator: Thank you very much. Say hi to Steve everybody.

Respondent: Hello. [crosstalk 01:31:14].

Moderator: You know that sometimes ... Well, all right. You know what? I'm going to try to show you this first, sorry. This keeps moving. I'm so sorry.

Respondent: Well, I'll fix this, by the way, because this is-

Moderator: I know. I apologize. I taped it down but-

Respondent: It's fine because-

Moderator: Now, we're going to look at ... Now remember what you saw. Now we're going to look at an alternative to those. Give me a second. I got to-

Respondent: You need a projector. I could have brought one.

Respondent: I could have brought one too. I have so many of them things-

Moderator: No. It's just, what on the plane, no. We're good. We got it. Now, I want you to read and I don't have a copy printed out. Can everybody see that right here?

Respondent: Mm-hmm (affirmative).

Moderator: The image and the words?

Respondent: This is not the choice but you could choose.

Moderator: They're just giving you examples.

Respondent: I don't like that first statement, mental illness is not a choice.

Respondent: Mental illness. Come to our little club, we got a nice little place for you.

Respondent: Mental illness affects everyone. I mean, that's as simple as you can put it. Mental illness affects everyone. We don't-

Moderator: Would you prefer that it says that?

Respondent: It should.

Respondent: For me it's about acknowledging what's not spoken or what is not talked about.

Respondent: What if I just want to vent? Does that make me mentally ill?

Moderator: No. [crosstalk 01:32:35].

Respondent: In their eyes it do.

Moderator: Then what would you prefer that this says?

Respondent: Mental illness is not necessarily a bad label. It's just more so of-

Moderator: What if I want to get Darrel through the door? What if I want him to call on the line, because he's had a bad experience already?

Respondent: Let's talk about it.

Respondent: I'm not going-

Respondent: [crosstalk 01:32:57]. It's too many words and this is like-

Moderator: What would you keep and what would you take away?

Respondent: I might keep the lady with her nodding and all that. It just says help, phone number Baltimore city, not crisis. Nothing.

Respondent: Mental health affects [crosstalk 01:33:18].

Moderator: You don't want to have mental health in there, Doug.

Respondent: Hold on. I don't think so because it's-

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Respondent: Mental health is not telling you what the problem is.

Respondent: Hold on. Hold on.

Respondent: We all have problems. We're very, very deep rooted. We're not mentally ill.

Moderator: You just need to vent like Darrell said. What were you saying, and then I'll get to Christopher.

Respondent: Just like he said, most of it just needs somebody to talk to.

Moderator: Does that make you mentally ill?

Respondent: No.

Respondent: In your eyes it do.

Moderator: No, not in my eyes, I'm not-

Respondent: I mean. You're the doctor.

Moderator: You're putting me as a doctor.

Respondent: Yeah, you're the one that's saying that I'm mentally ill. I got to prove to you that I'm not.

Moderator: Then it's a battle. [crosstalk 01:34:03].

Respondent: He don't even know what he trying to prove you wrong at.

Moderator: Time out, time out. I'm going to back that up and then to Christopher. As a follow up question, so what should I do on this particular language or term? Do I take the word mental health or the term mental health out? [crosstalk 01:34:30].

Respondent: The word illness would not need to be in there, if you really subjecting ... If this is Baltimore, illness that's not working.

Respondent: Do you need help?

Respondent: Because that's always the classification.

Respondent: You know what? I just figured it out. Because everything right here, it was like a command, not a question.

Moderator: Interesting. [crosstalk 01:34:50]. If you're someone who needs help, don't tell me what to do. Ask me.

Respondent: Do you need help?

Respondent: That's life in general. [crosstalk 01:35:00]. That's common courtesy, that's politeness.

Moderator: Wait, Doug said they're already telling me that I'm already mentally ill. [crosstalk 01:35:08].

Respondent: Mental health would have been a better analogy. If you were to label it, then mental health would be that. Other than that it's-

Moderator: They're already telling me I'm mentally ill.

Respondent: Mental illness is not a choice.

Respondent: I just see that and keep on walking. It didn't have anything-

Respondent: If I saw it, do you want to talk? Like you said, you just want to talk to someone.

Moderator: Do you want to vent, just vent.

Respondent: That will work too.

Respondent: Do you want some help?

Moderator: Do you want some help?

Respondent: Do you need help?

Respondent: It's all of our questions, instead of ... Somebody has to consider this, as [inaudible 01:35:35]. I don't like to be told-

Moderator: Put the headline as a question.

Respondent: How can I help you better your mental illness-

Moderator: [crosstalk 01:35:45]. He's talking. He's just talking it out.

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Respondent: [crosstalk] as far as being able to how can I help you to open up? Because it's all individual-based, whereas though without you wanting to help or accepting the fact that you need it or need some type of like say outlet. That's all it is, it's an outlet. Oftentimes people would gradually or gravitate to speaking anonymously because, hey I don't have to be ... I'm not being judged. The things that need to be said or I feel that I want to speak, except someone is not listening to you, but it doesn't more so affect mental illness just because you can't comprehend in a certain aspect or certain way or on a level that was feasible for a certain standard. Mental health effects whereas though you're dealing with day-to-day issue-

Moderator: Mental health could be good mental health.

Respondent: Yes.

Moderator: Bad mental health not a disease. It's like just general health. I get you. Versus like lung health, heart health, it could be good.

Respondent: You know what I would put there?

Moderator: What about this one? What about this image?

Respondent: I would put know before you judge me. [crosstalk 01:36:51].

Respondent: I like that.

Moderator: The one with the girl?

Respondent: Just that right there.

Moderator: What about, you would say know me before you judge me. Why?

Respondent: Because of what he said.

Respondent: She could just be sleeping.

Respondent: [inaudible]

Moderator: She could be withdrawing.

Respondent: No, but see. Every time you see that right there, what they call that? Damn. What's the little kid man with ... God damn, Tony Garston son. Got it.

Moderator: Isn't that autism?

Respondent: Autism, and every time I see that, that's the first thing come to my mind.

Moderator: The image of a withdrawn child, the closed in stuff.

Respondent: Yeah, closed in, you know, I'm not going to let you in because you don't know what you looking at.

Moderator: Know me before you judge me. This would go better for an autism type of thing.

Respondent: That's the only thing it would go for.

Moderator: What about you though? What do you think of this?

Respondent: I mean, that can go for anxiety.

Respondent: Like I said if I saw that I just saw this right here, I just pass by.

Respondent: He didn't even look at the picture. He looked at the words.

Moderator: Let's continue. What about this one? This was similar to that one, the first one.

Respondent: Same thing. If you have a drug problem. I don't have a drug problem. It doesn't have anything to do with me.

Respondent: Everybody knows someone, but-

Moderator: Is it talking to me?

Respondent: It ain't, no not at all.

Respondent: [crosstalk] dealing with me so why should I worry about it?

Moderator: All right, let's continue. Hold on.

Respondent: [inaudible 01:38:30].

Respondent: I remember you thinking about Baltimore. Like you said-

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Moderator: All right, we're going to continue more. Let's talk about-

Respondent: The city of Baltimore was established in 1720. That's 60 years before the constitution.

Moderator: It's 4:00 o'clock I want to get you out of here. I have to go to the airport, by the way. I want to make sure that we-

Respondent: Case is closed.

Moderator: All right.

Respondent: You already said that.

Moderator: We want to make sure that all of the things that I have to show you, have you ever been to like a health fair?

Respondent: Is that a stress ball?

Moderator: Well, let's see what this is. [crosstalk 01:39:15]. Have you seen any of this?

Respondent: They remade the stress ball.

Respondent: I can see you giving this to a kid. The kids just do like this.

Respondent: I work at a school.

Respondent: The kid do like, what the-

Moderator: Have you-

Respondent: Let me find out.

Moderator: In all seriousness, look at these pens. In fact you can keep these if you're interested.

Respondent: Have you ever thought about doing collaboration with Morgan State's behavioral science department?

Moderator: Here you go. I don't know. I'm an independent market researcher.

Respondent: They do a lot of marketing researching with that, everything.

Moderator: Are these the kind of things that you'd hang on to?

Respondent: It's different. It's different. I mean, you wouldn't hang on to it.

Moderator: You wouldn't hang on to it?

Respondent: You deal with stress every day, all day.

Respondent: No, it really wouldn't be something that-

Moderator: I mean, the little memorable, little items that you could walk away with, that you can have in your house or in your bag or-

Respondent: Functionality.

Respondent: I'd have something like this it used to be like this, but as far as what he's saying and all this? No. This is crisis. I'm not in a crisis.

Moderator: The word ... All right-

Respondent: The behavioral problem-

Moderator: All right, next. We're going-

Respondent: It would work.

Moderator: You think it would work?

Respondent: This are nice.

Moderator: This have a little memorable.

Respondent: This is something different. It's something different from the ball.

Respondent: Something like this, right.

Moderator: It's a reminder. As a reminder this will work. It's different.

Respondent: It was on it.

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Moderator: It was on it?

Respondent: We have stress men that you can set your phone on that allows-

Respondent: We're just looking at things that typically you would get in a firm and in a health fair. [crosstalk 01:40:58].

Moderator: We're going to be ending soon.

Respondent: [inaudible] something on your phone.

Respondent: No, it's a stress pad.

Respondent: No. They say dial the number. No, dial the number, man. Dial it.

Respondent: That's [crosstalk 01:41:14], I can't do nothing with it.

Moderator: Let's get to-

Respondent: She's throws out pens and everything. You throw out pens?

Moderator: Yeah, they told me you guys can keep it. Take a sheet. Put your name on the top across.

Respondent: I thought this was anonymous.

Moderator: I'll get, I'll get. Well, just so I know who did what. I know that one person didn't fill out the same or your initials or however you want to say.

Respondent: Let me get this right.

Moderator: 2:00 PM, you could put ... No last names. No last names. Circle 2:00 PM for me please.

Respondent: Wendell said that-

Respondent: Are you stressed?

Moderator: Hold on.

Respondent: Since we're getting videotaped and all this, we get the \$80 plus residuals.

Respondent: That's why I said three folks didn't come in, so I'm I know we can split that up.

Respondent: Can we split that up.

Moderator: Here is the thing. I can't do that because it's not going to be broadcast television.

Respondent: [crosstalk]

Moderator: Timeout, please let's focus now. All right, so circle the words or phrases that motivate you to call a line. The other group says text. What about call, text or chat on this line? You could go on a website and do a live chat. If you don't want to speak to anybody on the phone you could text.

Respondent: Could I make more stars?

Moderator: No. Listen, circle the ones you like. Then out of all the ones that you circled, star one to two of them that you liked the most. Circle the ones that you like that would speak to you. I know crisis for you Danny's not one of them. Anything with the word crisis on it is not one, Doug, I'm sorry.

Respondent: I was about to say, where Doug at?

Moderator: I need some coffee, speaking of coffee. Anyways-

Respondent: How do you do that? Because like you [inaudible] somebody to talk to.

Moderator: Here you go, Doug. If there's something that's not, that's on there that you don't like, ignore it. Write me something that you do like. Help, you've talked about help, right? Want to vent, feel the needs event. Call now or whatever. I don't know. I'm just giving you examples. If you see one that you don't like, ignore it. Write down what you do like. Maybe there's something that you can come up with that speaks better to you.

Respondent: That's my dumb ass [crosstalk 01:43:53].

Moderator: That's your phone.

Respondent: That's always in my pocket.

Moderator: That's fine. Anyways so I'll give you a minute to do those. Is that hummus? Yes, it is. [crosstalk 01:44:12].

Respondent: Hummus is just beans.

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Moderator: Yeah, it's Chickpeas. It tastes good?

Respondent: Good enough.

Moderator: All right, I will come right back. We're almost done.

Respondent: No more questions.

Respondent: [inaudible] She's not as powerful as you think.

Respondent: They're going to ask us when we leave, do we want that food out there. Because they said that before we came in.

Respondent: I wish I had been here.

Respondent: [inaudible] they can have all that food. Because they meant to tell the girls that. The girls had already left when he came up.

Respondent: [inaudible 01:45:55].

Respondent: I mean, they [inaudible 01:46:00].

Respondent: It was something. When you came up, it was something- [crosstalk 01:46:07].

Respondent: They said hurry it up and eat it up before anybody else comes in.

Respondent: I did though. Did.

Respondent: You're so crazy. I had just got some grease last night to fry some wings. She was in the house [inaudible] different things, game come on.

Respondent: Who played at night?

Respondent: What's what I was about to go figure out.

Respondent: It's a commentary.

Respondent: Michigan and Notre Dame play tonight. Ohio State playing ... Somebody played this morning while we was in here.

Moderator: All right, everybody finished?

Respondent: Mm-hmm (affirmative).

Moderator: Great. Give me your sheets please. Let me ask you a question.

Respondent: I'm not done.

Moderator: Remember we saw the number on the poster? I'm sorry. Thank you and thank you. Remember the number on the poster? Is it memorable? Have you seen his number before?

Respondent: I have.

Moderator: You have? Would you dial a phone number that was spelled out like a word?

Respondent: That's the way you do it.

Respondent: I would have both. A word and a number.

Moderator: Okay, good job.

Respondent: Me too. You all are going to call me if you have marketing and advertising. I know that.

Moderator: You're done?

Respondent: I'm not done. I can write on forever.

Respondent: I'm not into communication.

Moderator: That's wonderful.

Respondent: Like I said I'm going to real estate appraisal, I'm in school for real estate appraisal.

Moderator: You are? Good for you.

Respondent: I want you to public housing. Dealing with-

Respondent: Selling and stuff.

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Respondent: Because in Baltimore

Moderator: What about a logo? Something that told you this program is sponsored by blank.

Respondent: A logo will definitely be-

Moderator: A logo like ... Would it be a government institution? Would you feel better like if it was the board of health.

Respondent: No.

Respondent: Uh-huh (negative)

Respondent: Mm-hmm (negative)

Moderator: What type of organization would be-

Respondent: Privately owned.

Respondent: I said Baltimore is the University city to a lot of-

Moderator: A university, so that would give it credibility?

Respondent: A lot of outreaches and programs are based on university funding and housing. Well, not housing but on grants and all that stuff.

Moderator: Okay.

Respondent: I wouldn't use a university logo. You're just talking about like if it's university.

Respondent: No I was talking [crosstalk 01:48:34].

Moderator: This program is ... Whatever

Respondent: Founded by a university of-

Moderator: Yeah, see here it says Behavioral Health System Baltimore.

Respondent: Yeah, I don't like this logo.

Respondent: Be more healthy.

Respondent: But they already had something like that.

Respondent: I would definitely use a logo similar to this but not necessarily this one. Something that's attractive and colorful.

Moderator: Okay, more color.

Respondent: Something that's attractive, that's eye-grabbing, eye-catching. I've seen it before. What is that?

Respondent: Need help? See what we can do.

Moderator: Need to vent see what we can do.

Respondent: Yeah, need help see what we can do.

Respondent: I would definitely associate-

Moderator: We are going to rename this program.

Respondent: I dig that mental health wellness how happy are you.

Moderator: Hold on.

Respondent: Or are you happy?

Respondent: I don't know if you've seen the new treatment program they got out in Waldorf. They do a commercial and they say if you call, within 10 seconds I'll answer the phone.

Moderator: That's an interesting topic.

Respondent: The first time he said that it caught me. Every time you're going to answer the phone in 10 seconds, so you know me the fool I dial the number. Within 10 seconds they did answer the phone. I had to hang it up, but I just wanted ... I'm sitting there going 1, 2 and then he answered and it was him, the guy that was on the TV. I was like damn. I said okay. Yeah so then I'll start watching the commercial more.

Moderator: It will be nice if they could give you that guarantee?

Respondent: Yeah.

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Moderator: All right. We've run out of time, but I'm going to give you a couple of more things.

Respondent: [inaudible] catch a plane.

Moderator: I know. We are going to tell some words because some of you guys don't like certain words, so now we get a chance to pick some words that you like or come up with new ones. We're going to rename this program and these are some words on each sheet. There's some words on here that would either be in the title of this new program or used as a slogan. Doug was using some good examples about get help, need this, get help. Whatever. We are going to start with group number one. Okay, so that's E. Out of these words which one do you like the best?

Respondent: Helpline.

Respondent: Helpline

Respondent: Helpline

Respondent: Information line, help line.

Moderator: Helpline or information line?

Respondent: I say information.

Respondent: Both.

Respondent: Helpline or information.

Moderator: Show of Hands helpline, information line. That second choice or first choice?

Respondent: First choice would be helpful.

Respondent: Helpline.

Moderator: Helpline is-

Respondent: Information line for my first one.

Moderator: Okay so information line is second place. Crisis line and hotline? No crisis line. Hotline? Next group. 24/7, always ready, immediately, instant, on the spot, right now. Who is the favorite one?

Respondent: 24/7.

Respondent: 24/7

Respondent: 24/7

Moderator: 24/7?

Respondent: Right now.

Moderator: Right now. Always ready.

Respondent: Right now. I like right now too.

Respondent: Right now because it's literally right now. If you call in right now.

Moderator: First choice 24/7, followed by right now and then always ready.

Respondent: Immediately can work but right now my first choice.

Moderator: Right now and always ready.

Respondent: I like 24/7 and then right now. Right now is a very good one I like that.

Moderator: Third group. Information referral and crisis.

Respondent: Referral.

Respondent: Referral.

Respondent: Referral.

Moderator: Referral? You like referral?

Respondent: Information.

Moderator: Information.

Respondent: I like information.

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Moderator: Information.

Respondent: Information.

Respondent: Well referral is information that's the word that you use-

Respondent: Yeah but referral.

Respondent: [crosstalk] referral means she referred me to so I use information. You refer me I got the number so now I got to go jump I got to call this person.

Respondent: Look, see how hard it is for you to use information in a sentence when you're trying to talk to somebody. I can say she referred it to me [crosstalk 01:53:19].

Moderator: The thing is, what he said is that with referral it turns them off because it's already telling him is going to take work to find the information that he needs.

Respondent: Exactly, that's how I feel.

Moderator: That's how we feel too?

Respondent: Information is telling you the same thing.

Moderator: Hold on what did you say, Christopher?

Respondent: I said referral can mean more than just being referred or getting referred.

Respondent: I understand that part.

Respondent: Or being referred by. There's other uses.

Moderator: Harry?

Respondent: I say referral because information is letting me know that I do have to work for it.

Moderator: Okay so it's backwards.

Respondent: It's backwards.

Respondent: I think referral because there's a possibility of them thing okay, this is an avenue and we'll set it up for you.

Respondent: Yeah because if I got somebody to do that

Moderator: It looks like there's a generational divide here for some reason.

Respondent: It is, that's what society don't understand.

Moderator: Okay so there's referral versus information. Okay, last group. Problem stress worry crisis.

Respondent: Problem.

Respondent: None of them.

Moderator: What word will we use?

Respondent: None of them.

Respondent: Because they are all negative.

Respondent: I don't like none of them either.

Respondent: They said they're classifying.

Moderator: Situation.

Respondent: I got a situation.

Respondent: Situation [crosstalk 01:54:36].

Respondent: It's not negative but it's not positive.

Moderator: It's more generic. What about worry? The other group talked about worry.

Respondent: Too negative.

Moderator: Are you worried about something?

Respondent: No.

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Moderator: Called now, right now, 24/7.

Respondent: [crosstalk 01:54:58].

Moderator: Then what will we say situation.

Respondent: The situation

Moderator: Concern. What about concern I just made that up. No.

Respondent: No.

Moderator: What would you say?

Respondent: I like situation.

Moderator: Situation.

Respondent: I like that.

Moderator: What do you like Darrell?

Respondent: Well-being.

Respondent: I don't know.

Respondent: If you say it use it and that will tell you.

Moderator: What about you Darrell, tell me? I'm ready to put some information in your hand right now. Tell me out of these words which word and if not-

Respondent: None of them.

Moderator: None of them.

Respondent: I don't like none of them. I don't.

Moderator: That's fair enough.

Respondent: I'm just saying none of them.

Moderator: I got to check one last time to see if we're all good to go. Making sure-

Respondent: While you do that [crosstalk] bathroom shortly.

Respondent: [crosstalk 01:56:00]. You got to slow down Doug. I'm still trying to get in on the tab for three people that's not here.

Respondent: [inaudible 01:56:07].

Respondent: I already got mine.

Moderator: Well done men, you've done a fantastic job, round of applause for yourself and you are ready to go. Thank you again for your help.