

PLENARY #4

Addressing Disparities to Increase
Equity in Prevention, Treatment, and
Recovery Services

Addressing Disparities to Increase Equity in Prevention, Treatment, and Recovery Services

Office of Behavioral Health Equity
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

June 1, 2021
Mary Roary, Ph.D., MBA
Director OBHE



SAMHSA
Substance Abuse and Mental Health
Services Administration

Agenda

- SAMHSA Mission
- OBHE Vision and Mission
- OBHE Framework: 5 Strategy Areas
- Data On Disparities
- Conclusion & Future Opportunities

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation

SAMHSA's mission is to reduce the impact of substance use and mental illness on America's communities

OBHE Vision and Mission

The vision of OBHE is for minority and disadvantaged communities across the country to achieve behavioral health equity

OBHE's mission is to reduce disparities in behavioral health by improving access to quality services and supports that enable these individuals and families to thrive, participate in and contribute to healthy communities.

OBHE Framework: 5 Strategy Areas

- **Policy**: Promote policy initiatives that strengthen the impact of SAMHSA programs and external initiatives in improving minority health and advancing behavioral health equity in States and communities
- **Data**: Use measurement and data strategies in SAMHSA and the broader field to identify, monitor, and respond to these disparities
- **Workforce Development & Practice Improvement**: Expand the behavioral health workforce capacity to improve outreach, engagement, and quality of care for minority and disadvantaged populations.
- **Communications**: Elevate communications nationally about behavioral health disparities by serving as a trusted broker of behavioral health disparity and equity information
- **TA, Collaborations and Customer Service**: Engage in collaborations to leverage joint resources for a common goal and to provide substantive, timely customer service, presentations, and TA

OBHE's Major Happenings

The Disparity Impact Statement (DIS): a data-driven quality improvement strategy to reduce disparities by ensuring SAMHSA grantees are inclusive of underserved racial/ethnic minorities in their grants

National Network to Eliminate Disparities in Behavioral Health (NNED): a virtual network of 1,100 community-based organizations (CBOs) focused on the mental health and substance use issues of diverse racial/ethnic communities and with a goal to eliminate disparities in behavioral health

NNEDLearn 2021: annual training in culturally-adapted and developed evidence-based practices for teams from CBOs

Elevate CBOs: an overarching OBHE policy driven initiative to build capacity, increase the visibility, and highlight the unique role of CBOs serving under-resourced racial/ethnic communities in behavioral health

OBHE Policy Briefs, Trainings, Convenings, Virtual Roundtables

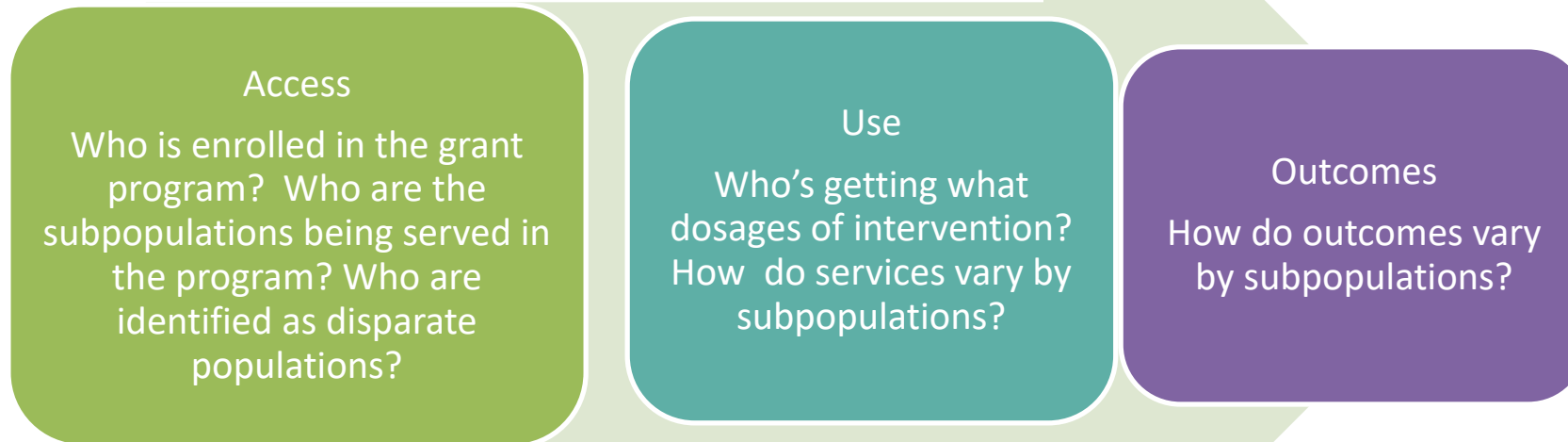
<https://www.samhsa.gov/behavioral-health-equity>

Disparity Impact Strategy (DIS)

- A Requirement of all SAMHSA grantees to submit a Disparity Impact Statement
- Create a more strategic focus on racial and ethnic populations in SAMHSA investments
- Use a data-informed quality improvement approach to manage grants and address racial and ethnic disparities in SAMHSA programs
- Utilize the secretarial priority to influence how SAMHSA does it work, e.g., its grant development and management operations

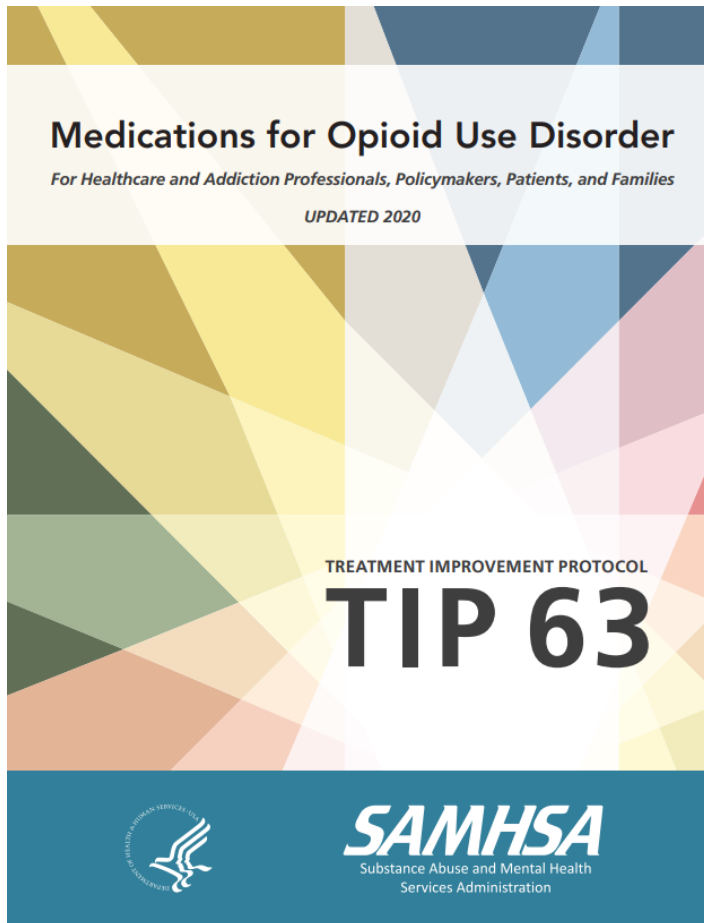
The Disparity Impact Statement: Required of all SAMHSA Grantees

Using program performance data, disaggregated by race/ethnicity to determine differences in:

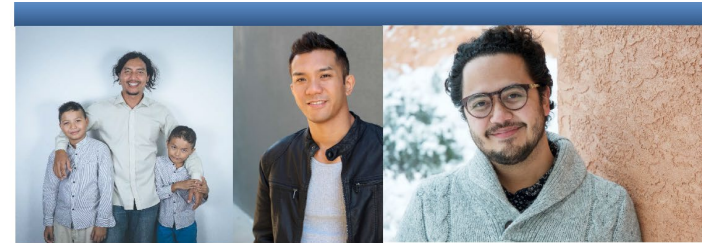


Using data-driven quality improvement strategies to reduce disparities.

DIS Products from Grant Programs and OBHE



<https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Documents/PEP20-02-01-006>



Advancing Best Practices in Behavioral Health for Asian American, Native Hawaiian, and Pacific Islander Boys and Men

SEPTEMBER 2016



https://store.samhsa.gov/product/Advancing-Best-Practices-Behavioral-Health-Asian-American-Native-Hawaiian-Pacific-Islander/SMA17-5032?referrer=from_search_result

OBHE Opioid Issue Briefs: Black/African Americans and Latino/Hispanic Populations (2020)

THE OPIOID CRISIS AND
THE BLACK/AFRICAN AMERICAN
POPULATION: AN URGENT ISSUE



<https://store.samhsa.gov/product/The-Opioid-Crisis-and-the-Black-African-American-Population-An-Urgent-Issue/PEP20-05-02-001>

THE OPIOID CRISIS AND THE
HISPANIC/LATINO POPULATION:
AN URGENT ISSUE



<https://store.samhsa.gov/product/The-Opioid-Crisis-and-the-Hispanic-Latino-Population-An-Urgent-Issue/PEP20-05-02-002> (English)
<https://store.samhsa.gov/product/PEP20-05-02-003> (Spanish)

DATA

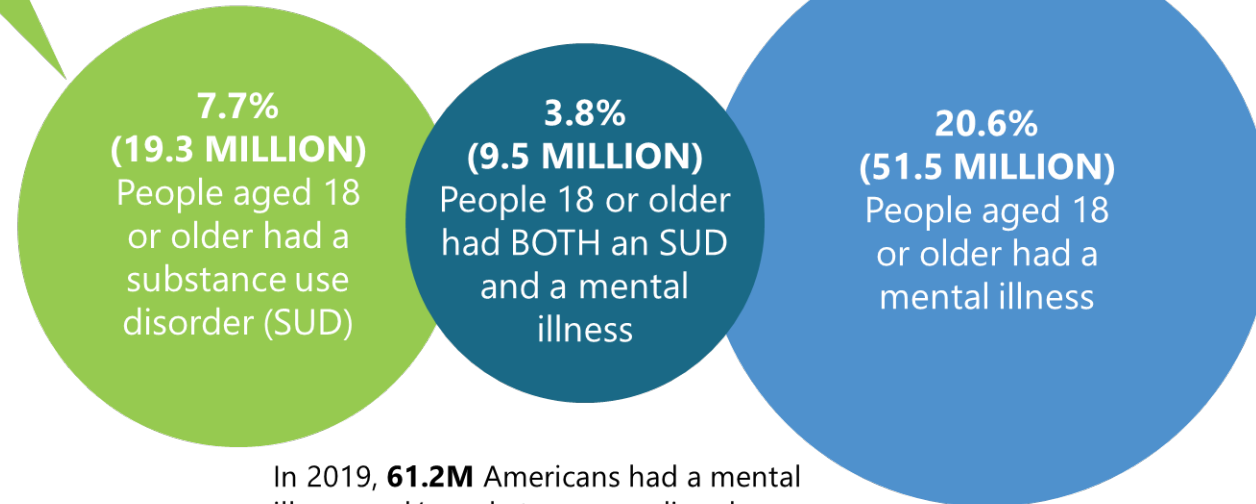


Mental Illness and Substance Use Disorders in America

PAST YEAR, 2019 NSDUH, 18+

Among those with a substance use disorder:
2 IN 5 (38.5% or 7.4M) struggled with illicit drugs
3 IN 4 (73.1% or 14.1M) struggled with alcohol use
1 IN 9 (11.5% or 2.2M) struggled with illicit drugs and alcohol

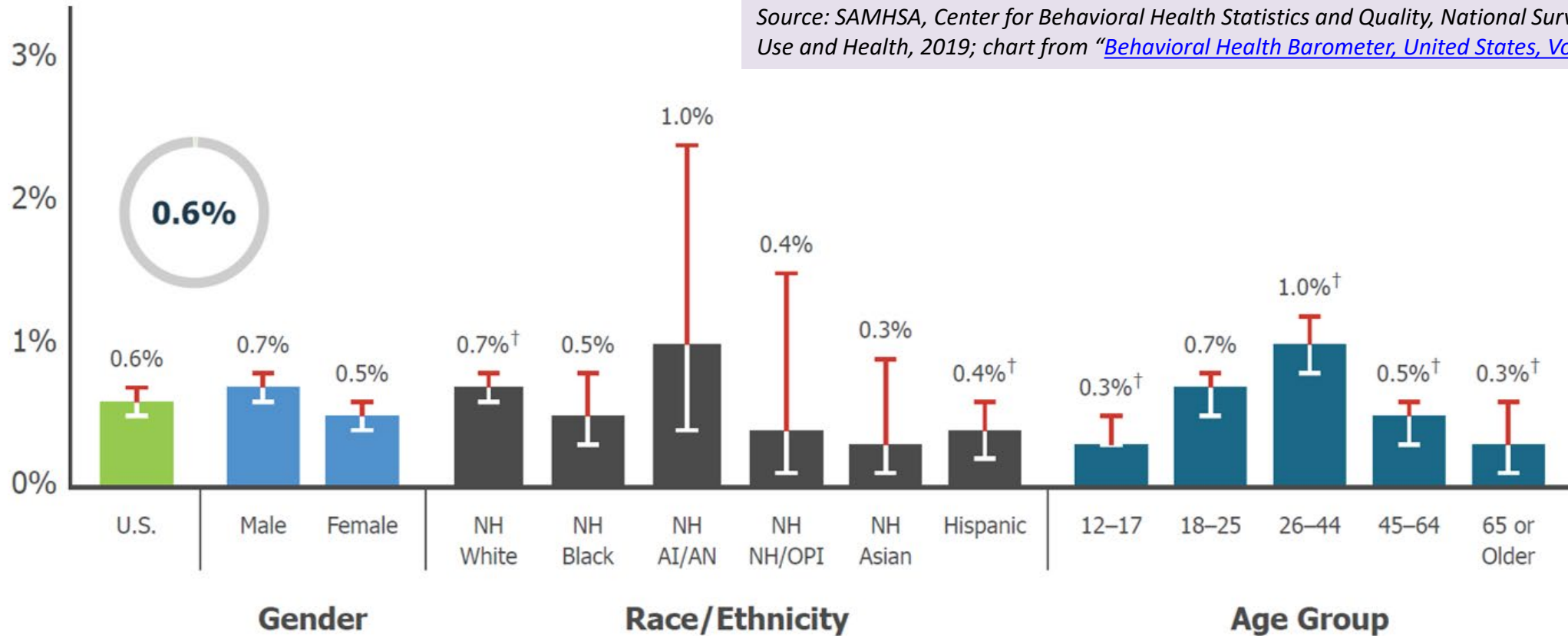
Among those with a mental illness:
1 IN 4 (25.5% or 13.1M) had a serious mental illness



In 2019, **61.2M** Americans had a mental illness and/or substance use disorder—an increase of 5.9% over 2018 composed entirely of increases in mental illness.

Past-Year Opioid Use Disorder Among People Aged 12 or Older in the U.S., by Gender, Race/Ethnicity, and Age Group, (NSDUH, 2019)

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2019; chart from "[Behavioral Health Barometer, United States, Volume 6](#)"



Error bars indicate 95% confidence interval of the estimate.

U.S. = United States; NH = non-Hispanic; NH AI/AN = NH American Indian or Alaska Native; NH NH/OPI = NH Native Hawaiian or Other Pacific Islander.

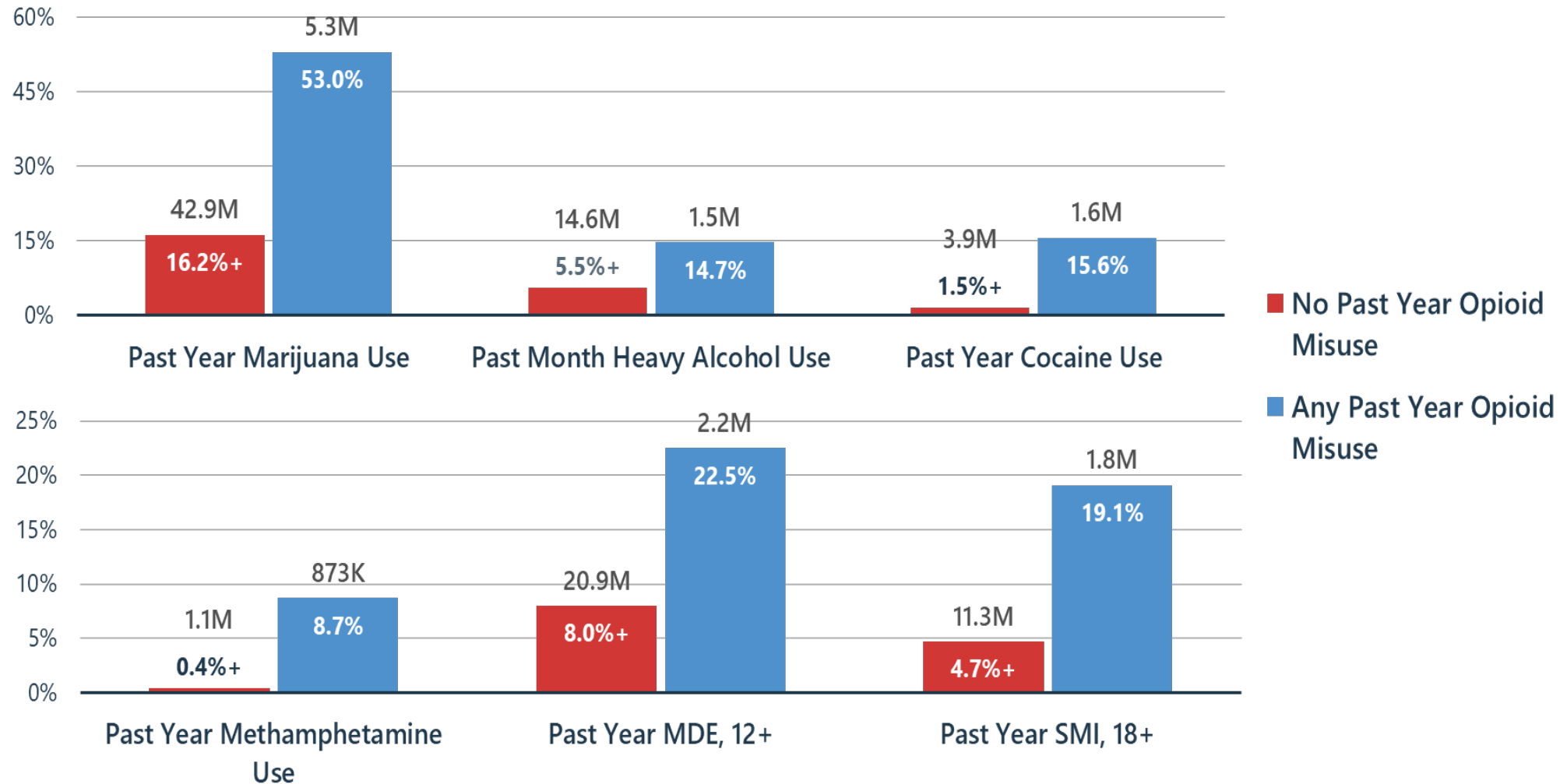
Estimate is significantly different from the estimate for males ($p < .05$).

† Estimate is significantly different from the national average ($p < .05$).

* Omitted due to low precision of data.

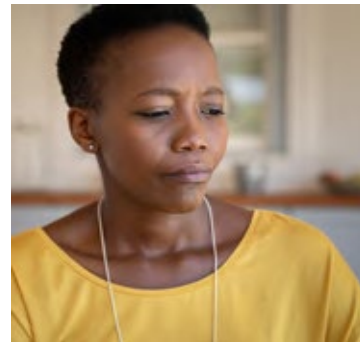
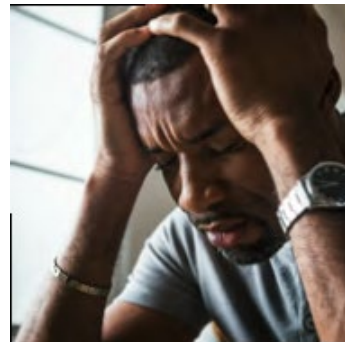
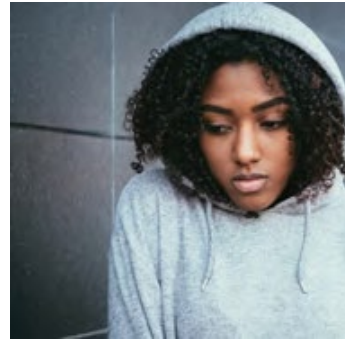
Opioid Misuse Related to Other Substance Use, MDE and SMI

PAST YEAR/MONTH, 2019 NSDUH, 12+



+ Difference between this estimate and the estimate for people with past year opioid misuse is statistically significant at the .05 level.

Blacks Experiencing Fast-Rising Rates of Overdose Deaths Involving Synthetic Opioids Other Than Methadone



<https://www.samhsa.gov/behavioral-health-equity/obhe-data>

Conclusions

Conduct assessments to understand the needs of persons from diverse racial and ethnic backgrounds

Use data to inform your work in supporting persons from diverse racial and ethnic backgrounds

Partner with ALL community organizations to prevent substance use and to advance behavioral health for persons with from diverse backgrounds

Text reminders to low-income, minority populations to improve prevention, treatment, and recovery rates

Using direct-to-patient technology and clinical decision support to increase SUD and SMI Prevention Screening;

Effective integration of prevention, treatment, and recovery services across health care systems is key to addressing substance misuse and its consequences and it represents the most promising way to improve access to and quality of treatment.

HHS, SAMHSA, and key behavioral health stakeholders should take the lead among federal partners in the design, implementation, and evaluation of an evidence-based national strategy to reduce stigma and to support people with mental and substance use disorders.

Opioid Overdose Prevention Toolkit

- published in June 2018
- offers strategies to health care providers, communities, and local governments for developing practices and policies to help prevent opioid-related overdoses and deaths.
- available at https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742?referrer=from_search_result



Opioid Overdose Prevention Toolkit

- published in February 2021
- shows how institutions that primarily serve students from a distinct background, region, or culture can create prevention strategies to meet the unique needs of those students
- available at https://store.samhsa.gov/product/college-drinking-prevention-perspectives-embracing-culture-and-context-to-prevent-underage-drinking-discussion-guide/PEP20-03-10-002?referrer=from_search_result



**COLLEGE DRINKING:
PREVENTION PERSPECTIVES**

EPISODE 2: "EMBRACING CULTURE AND
CONTEXT TO PREVENT UNDERAGE DRINKING"
DISCUSSION GUIDE

**TAILORING CAMPUS
PREVENTION STRATEGIES**

Targeted to college and university administrators and community leaders, the *College Drinking: Prevention Perspectives* video series features strategies to reduce underage and high-risk drinking. Members of the campus community offer in-depth looks at how they are implementing prevention programs and strategies on campus and within the larger community.

Episode 2: "Howard University and Morgan State University"

Historically black colleges and universities (HBCUs) educate students in a culturally specific context, so campus life at HBCUs typically offers a different experience than campus life at colleges and universities with broader demographics. HBCUs' history and culture call for tailored approaches to underage drinking prevention. This video shows how HBCUs such as Howard University in Washington, D.C., and Morgan State University in Baltimore, Maryland—as well as other institutions that primarily serve students from a distinct background, region, or culture—can create prevention strategies to meet the unique needs of those students.

Key Themes

1. Evidence-based strategies to prevent underage drinking are most effective when developed within the context of a college or university community's culture.
2. Students' ethnic and/or cultural heritage can influence their behavior regarding alcohol consumption.
3. Students' involvement in creating strategies to prevent underage drinking increases the likelihood that they will change their behaviors.

**HOW CAN YOU USE THE VIDEO
IN YOUR COMMUNITY?**

- **Campus Administrators**
Use the video during strategic planning meetings or when discussing campus substance use prevention efforts with administrators. Emphasize the need to tailor efforts to your campus's specific culture to gain support for your underage and high-risk drinking prevention initiatives among students.
- **Prevention Team**
During staff training or prevention planning, use the video to demonstrate how campus prevention efforts can be adapted for the unique needs of your specific college or university setting. Discuss some of the successful strategies illustrated in the video to generate ideas.
- **Student Leaders**
Showing the video during student leadership training helps initiate discussions about the best ways to reach students with prevention messaging that resonates with your population. By watching young adults in the video, student leaders will be inspired to lead prevention campaigns.

SAMHSA
Substance Abuse and Mental Health
Services Administration

College Drinking: Prevention Perspectives EPISODE 2: "EMBRACING CULTURE AND CONTEXT TO PREVENT UNDERAGE DRINKING" | PAGE 1

SAMHSA & NASADAD
ANNUAL MEETING



Office of Addiction Services and Supports

ANDREW M. CUOMO
Governor

ARLENE GONZÁLEZ-SÁNCHEZ, M.S., L.M.S.W.
Commissioner

Addressing Disparities to Increase Equity in Prevention, Treatment, and Recovery Services- the NY perspective

June 25, 2021

Trisha Schell-Guy, Acting General Counsel
Pat Lincourt, Associate Commissioner for Treatment and Recovery

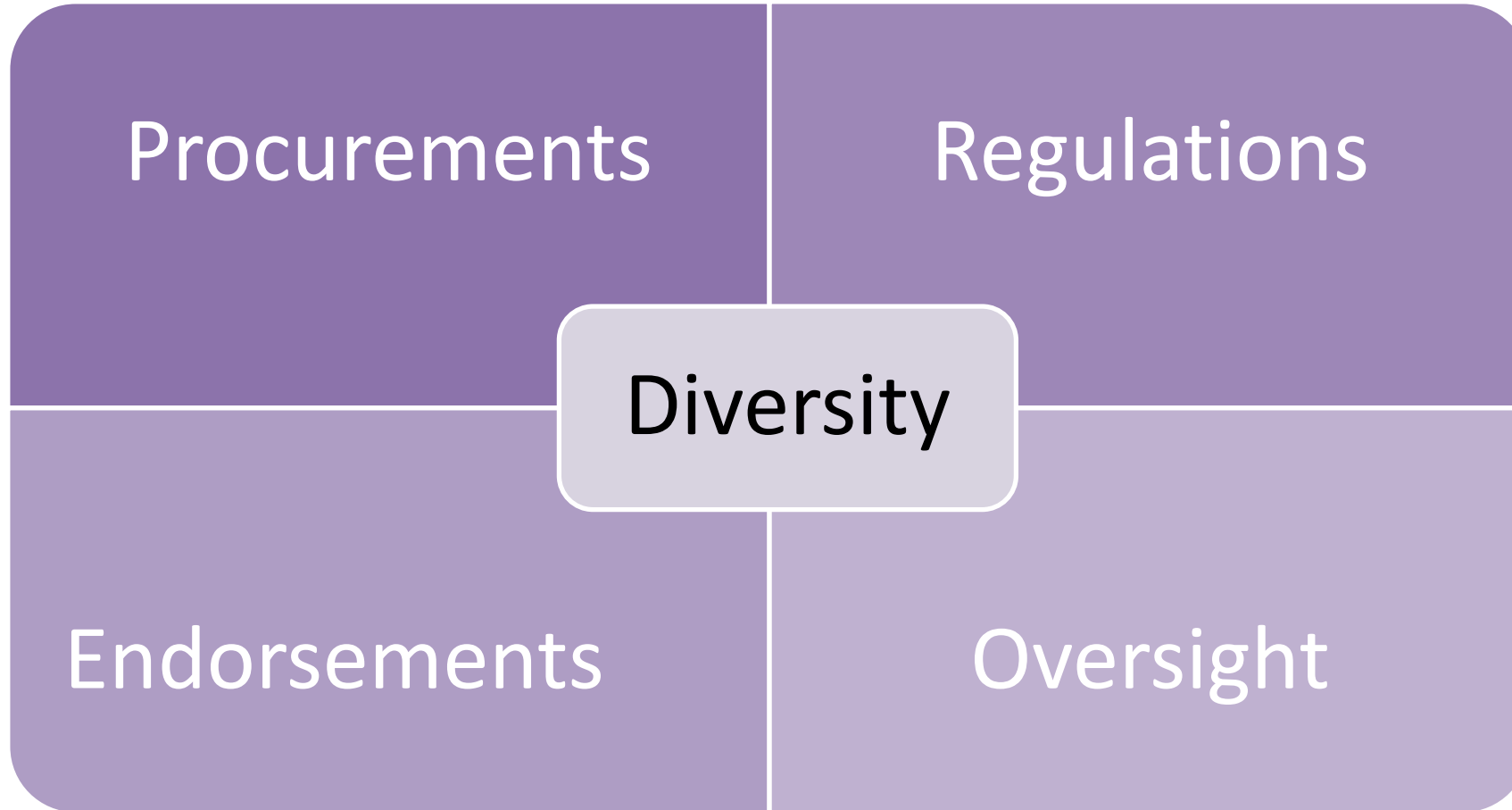
Disparity

“There is often disparity between the way in which we perceive things and the way things really are”

- Dalai Lama



How has OASAS approached diversity in our system



Expanding Our Approach

Procurements

- Do we have the right criteria
- Are we evaluating properly

Regulations

- Requiring policies and procedures
- Staffing
- Aligning with the ADA and NYS Human Rights Law

Agency Culture

- Recognizing bias
- Chief Diversity Officer



Equity

“The difference between equity and equality is that equality is everyone get the same thing and equity is everyone get the things they deserve.”

-DeRay Mckesson

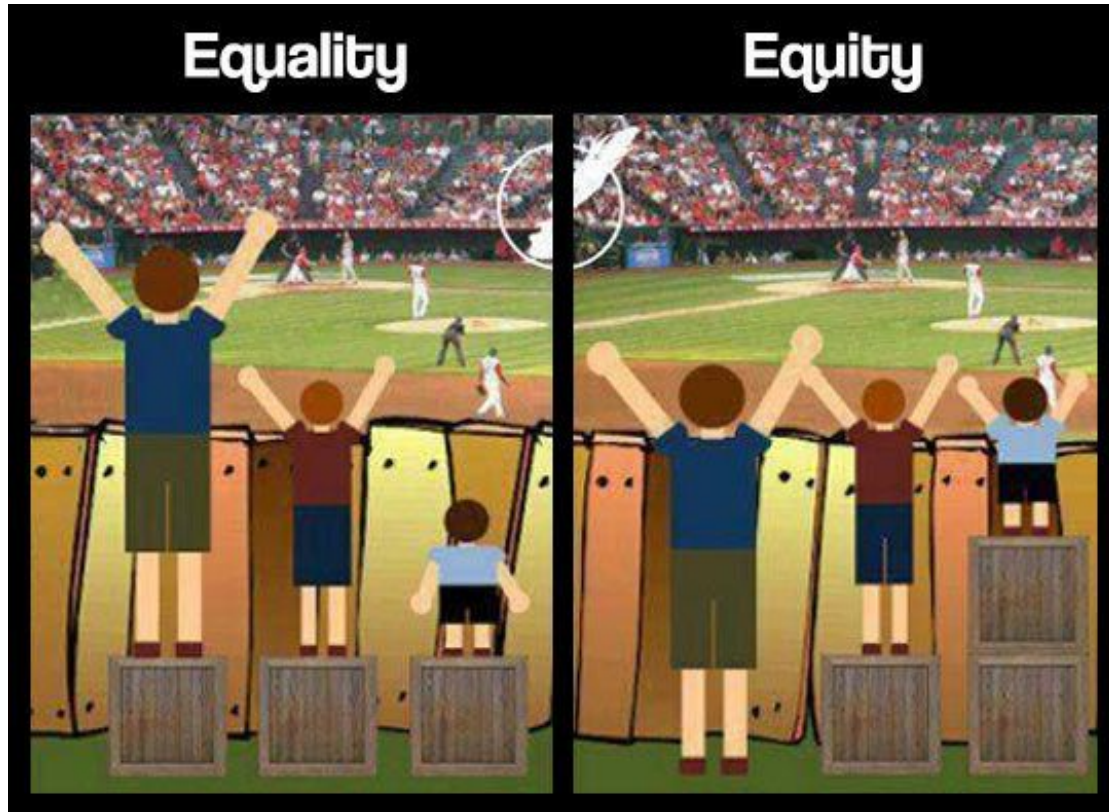
“The essence of global health equity is the idea that something so precious as health might be viewed as a right.”

-Paul Farmer

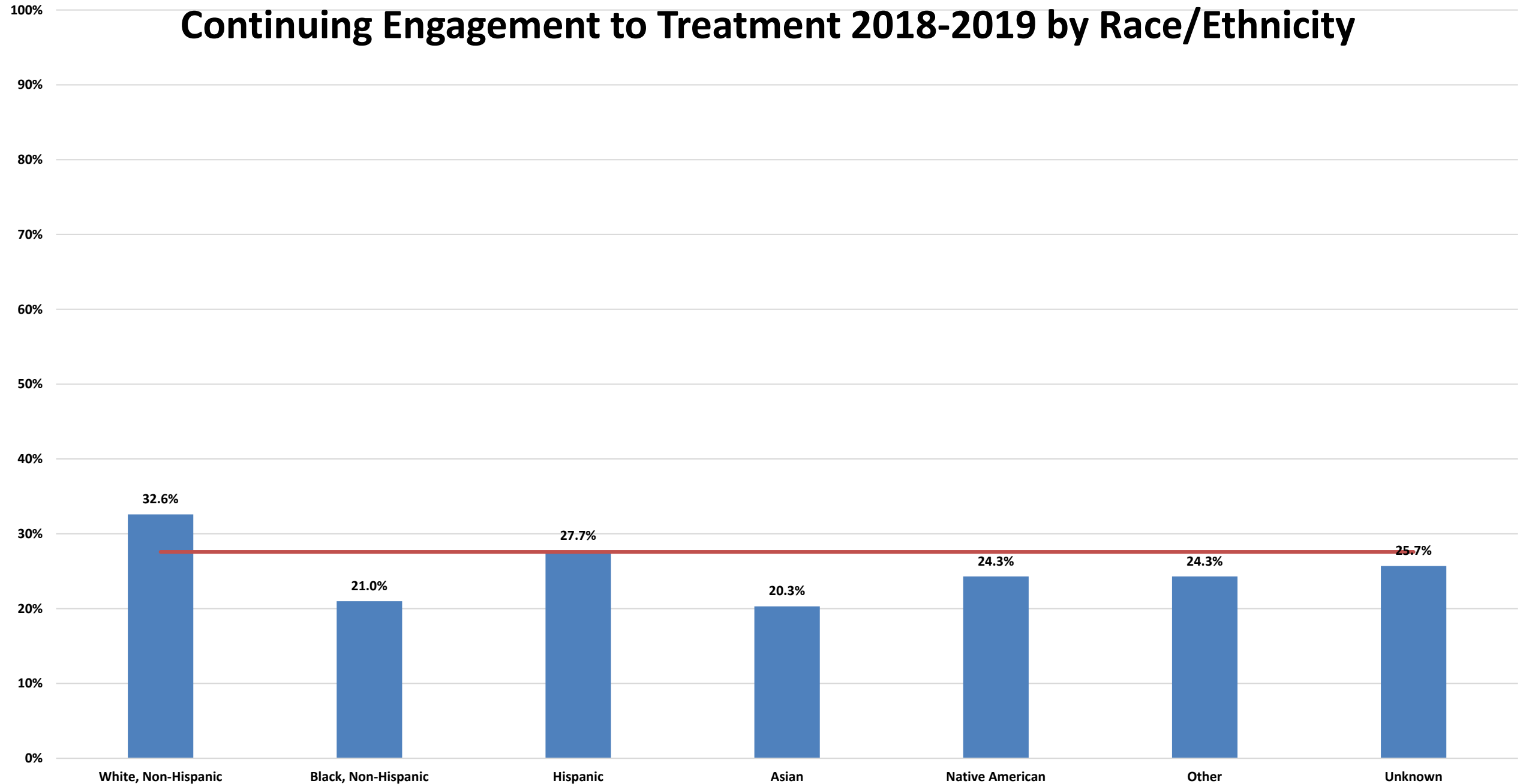


NEW
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STATE

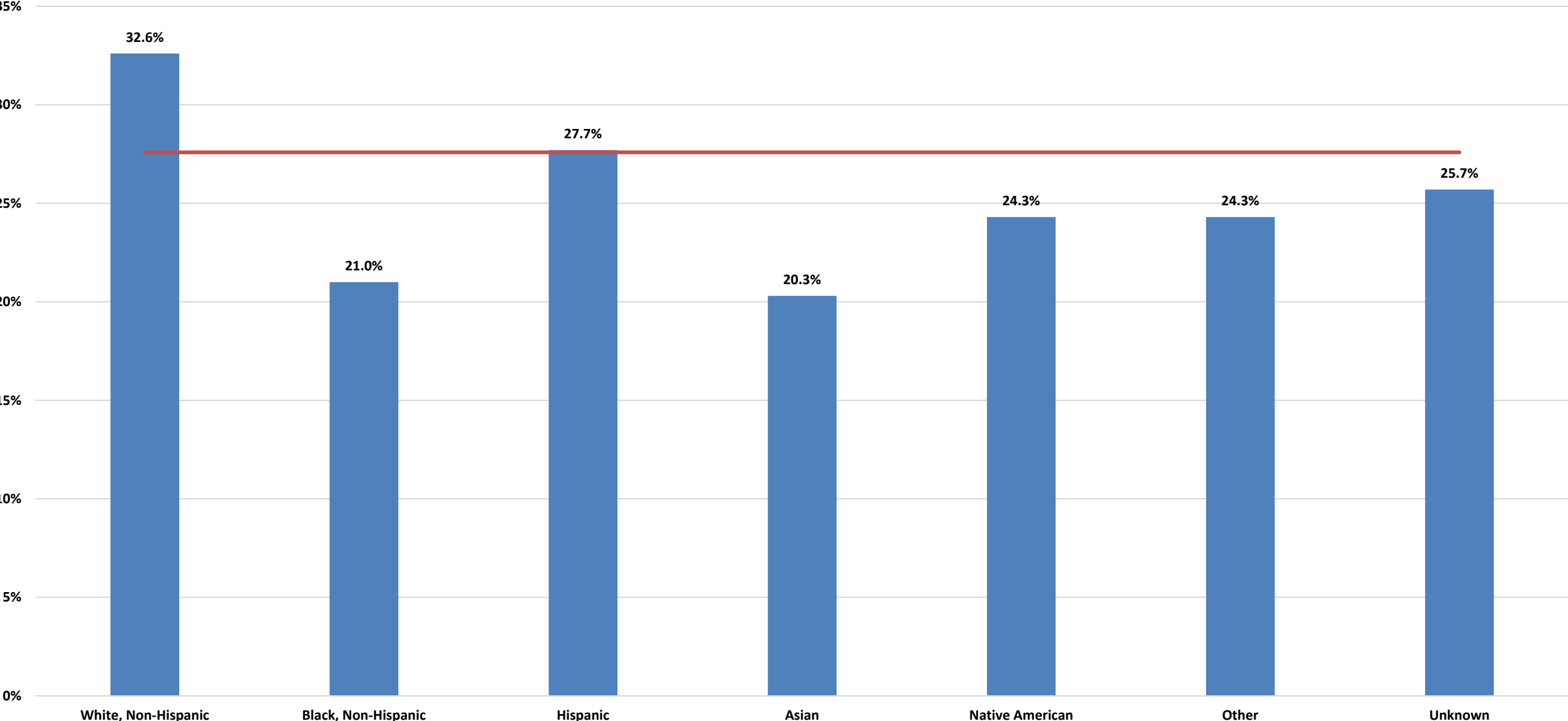
Office of Addiction
Services and Supports



Continuing Engagement to Treatment 2018-2019 by Race/Ethnicity



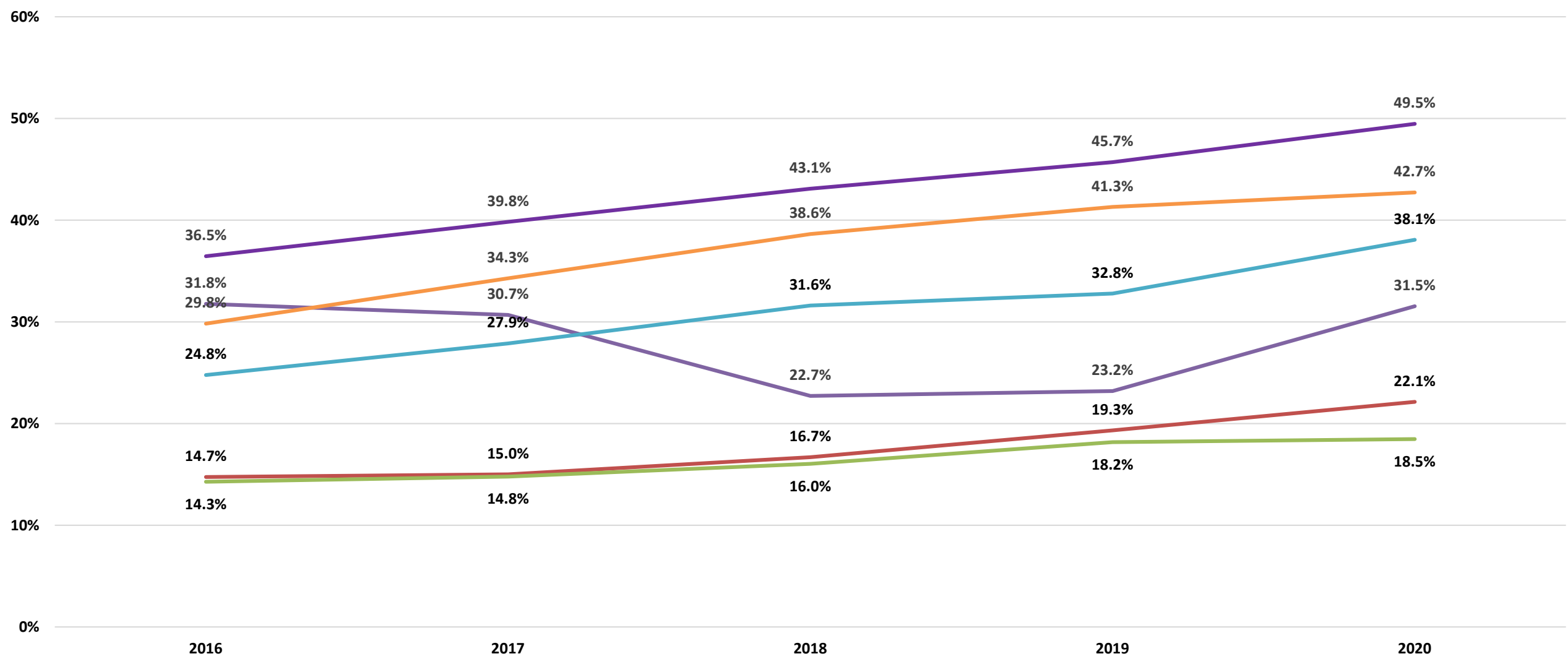
Continuing Engagement to Treatment 2018-2019 by Race/Ethnicity



Rate of OUD Diagnosed Members Receiving Buprenorphine

Member Receiving Buprenorphine Per OUD Diagnosed Members by Year and Race/Ethnicity

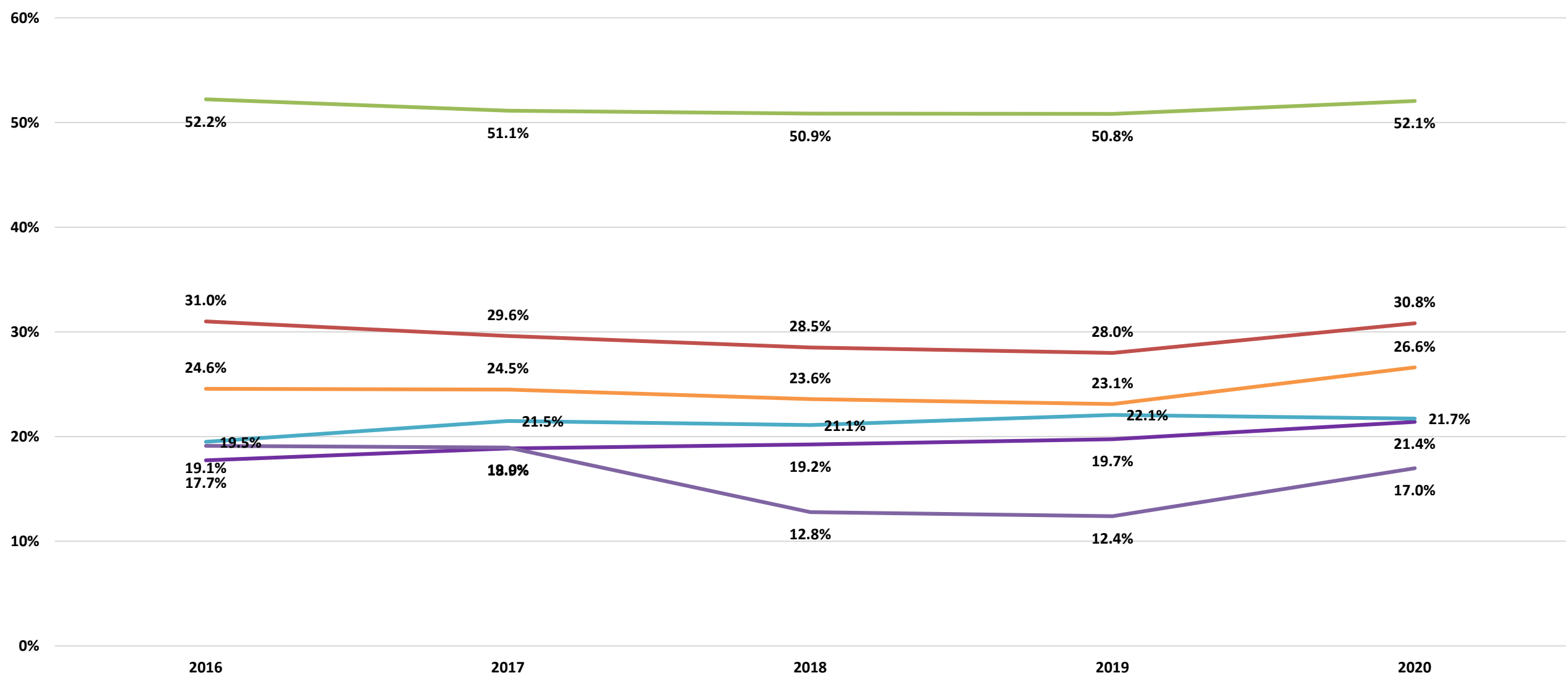
White Black Hispanic Asian Native Hawaiian Other/Unknown



Rate of OUD Diagnosed Members Receiving Methadone

Member Receiving Methadone Per OUD Diagnosed Members by Year and Race/Ethnicity

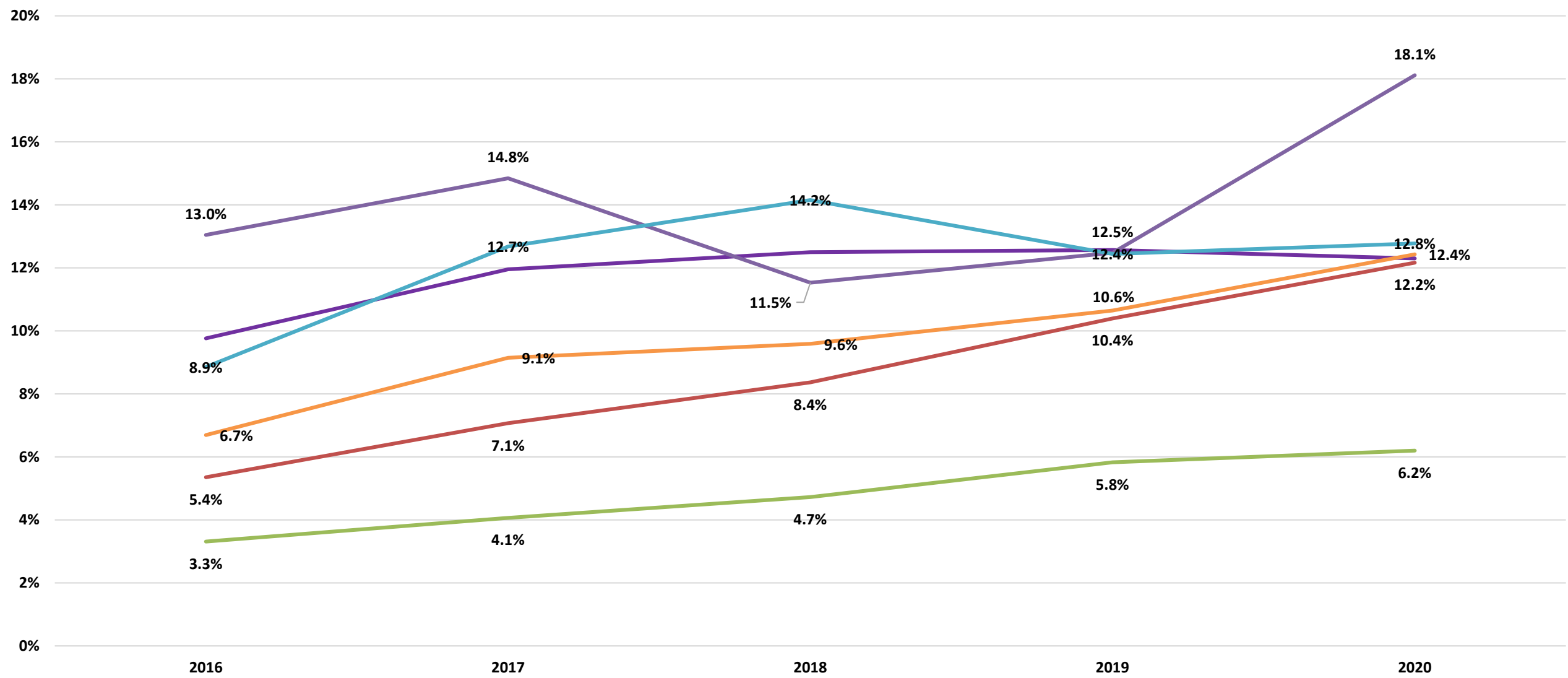
White Black Hispanic Asian Native Hawaiian Other/Unknown



Rate of OUD Diagnosed Members Receiving Naltrexone

Member Receiving Naltrexone Per OUD Diagnosed Members by Year and Race/Ethnicity

White Black Hispanic Asian Native Hawaiian Other/Unknown



Clinical Advisory Panel

- Panel of clinical thought leaders responsible for reviewing and developing clinical guidance and making recommendations to the agency on clinical policy.
- Identified a need for specific recommendations for clinical settings.
- Sub- group has been formed and will meet over the summer and develop specific recommendations.

Research Questions

- What are the disparities by race, gender, LGBT, criminal justice involvement, age, SES? Where are they greatest, least?
- Programs serve vastly different populations – do they differ in outcomes of population (ex. do programs with large percentages of black or lantinx population have better outcomes with black/latinx than regional average?)
- Are programs with higher minority populations less well resourced? Do they have lower performance on outcomes?



Research Questions

- What programs have better outcomes with specific populations?
- Which have poorer outcomes specific to these populations?

Policy Implications

- Advantage to this type of research as government- academic institution as results can more immediately and intentionally be used to direct policy.
- What can be changed from a regulation, policy or workforce perspective based on findings?
- What are the surprises?
- Example – a finding that specific providers had better outcomes for people within a specific population – can we incentivize programs to continue to recruit from these communities or networks to further develop the practices?

Closing

SAMHSA & NASADAD
ANNUAL MEETING



“Addressing Disparities to Increase Equity in Prevention, Treatment and Recovery”

Virginia Department of Behavioral Health Office of Behavioral Health Wellness

Gail Taylor, Director , NPN

NASADAD Annual Meeting

June 9, 2021

SAMHSA Strategic Prevention Framework (SPF) - Outcome Based Planning model



Prevention System build around SPF that delivers evidenced based Prevention initiatives
Fund 40 CSBs that coverage the entire geographic area of the State.

Virginia State Epidemiological Outcomes Workgroup – Va SEOW

Health Disparities: A Summary from Virginia's Substance Use Prevention Efforts

This document was produced in 2020 by OMNI Institute in collaboration with the Virginia State Epidemiological Outcomes Workgroup (SEOW). OMNI and the SEOW compiled this document as a summary of the larger report. It can be used as a starting point to share a common definition of health disparities and see an example of a disparity in Virginia. For more extensive resources and further learning on this topic, please see [the full report](#) and the reference section included there. For more information on the SEOW, please visit [VirginiaSEOW.org](#).

What are Health Disparities?

Health Disparity Defined

A health disparity is a systematic and usually avoidable difference in health between groups of people who have relatively different positions in society.

When there is a health disparity in a community, health equity cannot exist at the same time. Health equity is when everyone in a community can reach their highest level of health regardless of factors like race, income, and zip code.

Health disparities negatively affect the health of people linked to social, economic, and environmental disadvantages.

Factors that Influence Disparities

The cause of health disparities is often unequal social and economic resources, known as social determinants of health. These are factors that influence the length and quality of life.

Common Social Determinants of Health

 <p>Health & Healthcare</p> <ul style="list-style-type: none"> • Access to healthcare • Health literacy 	 <p>Neighborhood & Built Environment</p> <ul style="list-style-type: none"> • Access to healthy foods • Crime & violence • Environmental conditions
 <p>Social & Community Context</p> <ul style="list-style-type: none"> • Incarceration • Discrimination 	 <p>Economic Stability</p> <ul style="list-style-type: none"> • Employment • Housing instability • Poverty
 <p>Education</p> <ul style="list-style-type: none"> • Early childhood education & development • Language & literacy 	

Example Impact of a Social Determinant of Health

Education Scenario: A low-income neighborhood in a city that relies on property taxes to fund schools. With lower property values in this neighborhood, there is less funding to support teacher salaries, school materials and infrastructure, and extra-curricular activities. Students attending these schools do not have access to the same education as students attending school in a wealthier part of the city.

Impact: Lower high school graduation and college acceptance rates, which impacts earning potential and ability to afford health care.

Health Disparity Example: Current Tobacco Use in Virginia

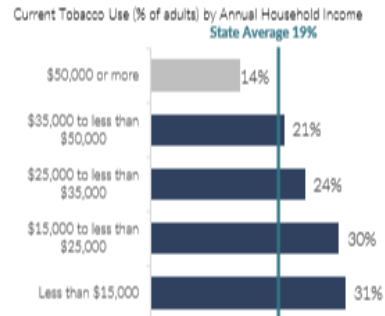
Below is an example of a disparity in tobacco use among Virginians, which helps demonstrate how health disparities emerge in a population. This example focuses on one potential cause of the disparity. Additional factors contributing to this disparity (such as race, gender, and age) may exist and should be further explored to inform state efforts and ensure all Virginians are served equitably.

About the Disparity

As household income decreases, rates of adult tobacco use increase.

In 2017, current tobacco use among all adults in Virginia was approximately 19%. When broken out by annual household income, disparities in tobacco use rates emerged, with rates ranging from 14% to 31% depending on income level.

Those with an annual household income **less than \$50,000** had higher rates of tobacco use than the overall Virginia rate, while those with higher incomes had a lower rate of use than the state average.



Why this Disparity is Occurring

Greater availability of tobacco is linked to higher rates of smoking.

In areas where tobacco is more available, tobacco companies often target marketing efforts to give the impression that tobacco is available and accessible, encouraging further use.



How Virginia is Addressing this Disparity

Virginia has partnered with the organization Counter Tools since 2015 to identify the tobacco disparities that exist and advance Virginia's tobacco control strategies.

CSBs have created an inventory of tobacco retailers by visiting and recording every retailer across the state.

Using the inventory of retailers, CSBs have identified areas considered "tobacco swamps," where policy change would be useful at reducing the number of retailers and access to tobacco products.

Identifying and Presenting Health Disparities

Health disparities data allows communities to determine what is causing health differences among groups and to create plans to work toward eliminating them.

Elements of Health Disparity Data

There are several pieces of data to consider when identifying health disparities in a population. Below are some of the elements and examples of each.



Health Status

- Life Expectancy
- Infant Mortality
- Chronic Disease



Social Grouping

- Racial or ethnic groups
- Income groups
- Educational level groups



How to Compare Groups

- Ratio/differences of health rates
- Comparing the best and worst-off

Types of Data to Explore

Through data, communities can target problematic issues causing inequities and work towards positive change. Communities can see if initiatives have reduced disparities by tracking data over time. Refer to the full document for a list of available resources for each type of data.



Health behaviors and outcome data

Can be broken down by demographic characteristics, such as race, ethnicity, or income.



Community factors and social determinants of health.

Look at data from different sectors to identify factors and other social determinants of health contributing to health disparities.



Community voices from affected populations

An effective way to frame data in the broader community context is by including community voices to help interpret and explain data.

Tips for Framing Health Disparity Data Responsibly

Framing health disparity data appropriately is important to avoid perpetuating negative stereotypes or overlooking the social determinants of health that have contributed significantly to the disparity. These tips serve as a starting point to consider when sharing health disparity data.

1. Include data on the context around the disparity.
2. Incorporate community voices from affected populations
3. Know your audiences and make data understandable to them.
4. Be aware of your own thoughts and biases when interpreting data.

Health disparity data cannot be interpreted in a vacuum without also examining the community context, culture, and voices. Without all those pieces, data are simply numbers instead of genuinely representing individuals and the disparities they face.

Health Equity Index with VCU Society & Health

- Partnering with VCU Society and Health to create “behavioral health index” to improve on existing method for allocating fiscal resources
- Phase 1 depicted prevalence “stress related conditions”. Phase 2 will focus on SMI, SED, SUD by zip code level
- The goal is to spread our resources more equitably, moving beyond population based allocations.

The Behavioral Health Index

A Study by the Center on Society and Health
Virginia Commonwealth University

Figure 1.

COMMISSIONED BY THE VIRGINIA DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Health and wellbeing are influenced by social factors and our environment—our education, income, living conditions, and life history—and this applies not only for physical health but also emotional and psychological wellbeing. While we know that the risk of mental illness is shaped by family history, genetics, and unidentified factors that scientists have yet to discover, we also know that the risk of chronic stress, anxiety, depression, and substance abuse are affected by exposure to trauma, unemployment, poverty, unstable housing, and other social determinants of health (Figure 1).

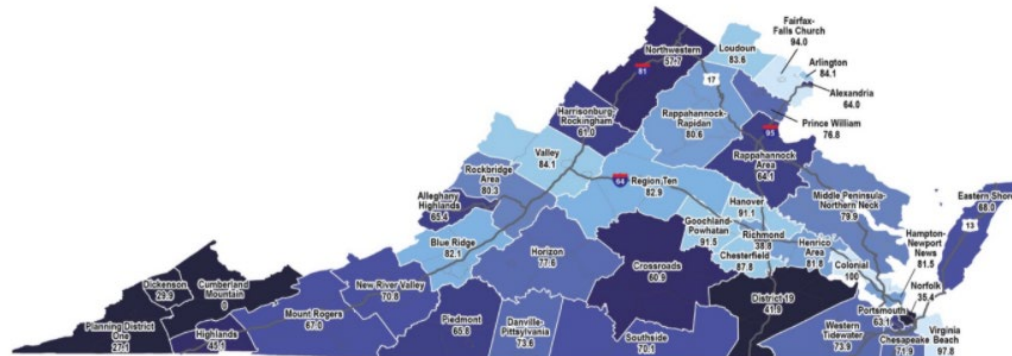
Such local factors contribute to geographic variations in behavioral health needs across Virginia—and in the demands placed on local providers and service agencies. The prevalence rate—the percentage of a population with mental illnesses or substance abuse disorders—is often higher in socioeconomically distressed areas. Unfortunately, reliable data on the true prevalence of mental health conditions are unavailable in Virginia and much of the nation. A tool for estimating prevalence would be a useful alternative, not only for clinicians but also for policymakers.

In 2019, the Virginia Department of Behavioral Health and Developmental Services funded the Center on Society and Health at Virginia Commonwealth University to produce an index that could estimate the prevalence of mental health needs in the local populations served by the 40 CSB districts. The researchers developed the Behavioral Health Index (BHI), which they derived by applying

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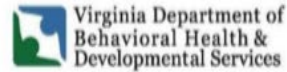
Center on Society and Health | VCU | Virginia Department of Behavioral Health & Developmental Services

MAP 1 | Behavioral Health Index (BHI), by CSB



DBHDS' PARTNERSHIP FOR EQUITY ADVISORY COMMITTEE

- Aisha Williams-Cusano
- Allyson Coleman
- Andrea Coleman
- Chaye Neal-Jones
- Cherice Jackson
- Ericka Ward
- Erima Fobbs
- Eva Stitt
- Gail Taylor
- Gregory Hopkins
- Jill Grumbine
- Kevin Howard
- Marcus L. King
- Pat Hill
- Susie Arce
- Randl Dent
- Shana Grady
- Virginia Moorer



PEAC

PEAC Recommendations to SLT

Individual Level: skills, knowledge & attitudes needed to work with/for a diverse population

1. Conduct anti-bias and anti-racism trainings that delve into implicit and explicit biases. Trainings should be grounded in the historical context of race in The United States, with a focus on Virginia. Additionally, there should be an examination of contemporary systems of oppression and the stressors that all minority populations navigate. Trainings should happen in an educational setting where individuals feel comfortable unpacking and examining their own biases, but also offer an opportunity for healing and reconciliation. Trainings should be led by an external, highly trained facilitator.
2. Provide educational opportunities to acknowledge, learn and celebrate diverse communities and their accomplishments, including distinguished individuals from these communities that address disparities in behavioral and public health.
3. Conduct an employee engagement survey with a focus on how to make DBHDS more inclusive.
4. Create transparency around the leadership team by openly communicating who are you and share what decisions are you are making. Progress tracking: Report on goals and progress on all of the above.

Organizational Level = policies and procedures in place and infrastructure that supports diverse communities

1. Evaluate current DBHDS staffing to determine whether diversity exists at all levels. This includes the senior leadership team, which we note to be relatively racially homogenous. We think it is pertinent to reflect upon and strategize on how the senior leadership team might shift their structure to be more inclusive.
2. Develop recruitment practices that yield a more diverse pool of applicants.
3. Make policies of discrimination and harassment easily accessible. Create clear guidelines about how to confidentially report incidents and what the auditing process will look like.
4. Share what support HR can provide for employees impacted by discrimination and harassment.
5. Have clear systems in place for DBHDS employees to provide feedback without retaliation. You say you want to hear from us, how do we do it? What is the line of communication?
6. Provide ongoing funding to support internal programs that specifically address behavioral health disparities.
7. Explore continuing education models for existing and future employees on the social determinants of health, bias in healthcare and CLAS standards.
8. Progress tracking: Report on goals and progress on all of the above.

Systems Level = programs, laws and regulations in place and infrastructure that supports diverse communities.

- Improve data collection and analysis infrastructure so we can identify what disparities exist among Virginians and create programming to be responsive to them.
- Regional sessions across the state culminating in a statewide conference on Cultural Competence like we used to do every year. Bring in national speakers. Invite Virginia's thought leaders. Partner with 2-3 key organizations.
- Support development of CSH historical archive project with Dr. King Davis
- I think this will be the most challenging for us to address but potential strategies for this are things like working with the agency, HHR and Administration at large to identify and recommend law and regulations changes... etc.



THE IMPACT OF EVERYDAY RACISM ON MENTAL HEALTH: EVIDENCE AND OPPORTUNITIES

Glencora Gudger, Behavioral Health Equity Consultant glencora.gudger@dbhds.virginia.gov

Dr. Joseph M. Williams Associate Professor of Education University of Virginia jmw5k@virginia.edu



IMPLICIT RACIAL BIAS AMONG BEHAVIORAL HEALTH PROFESSIONALS: EVIDENCE AND OPPORTUNITIES

Workforce Development Trainings



Image Source


JOIN THE DIVISION OF COMMUNITY BEHAVIORAL HEALTH FOR A WORKSHOP ON

RECOGNIZING AND RESPONDING TO RACIAL MICROAGGRESSIONS AT WORK

WITH DR. [JOSEPH WILLIAMS](#)

APRIL 29, 2021 | 1:00PM - 3:00PM
REGISTER ON [ZOOM](#)

We encourage day of participation, however if you are unable to attend a recording will be available for viewing 180 days after the presentation.



SOCIAL (IN)JUSTICE IN MENTAL HEALTH

with [Dr. Ruth Shim](#)

A TWO PART SERIES
EXPLORING THE IMPACT OF STRUCTURAL RACISM ON THE IDENTIFICATION, DIAGNOSIS, AND TREATMENT OF BEHAVIORAL HEALTH CONDITIONS

- Define social determinants of mental health, structural racism, health disparities, and health inequities
- Explore how structural racism impacts mental health
- Identify strategies to dismantle structural racism in clinical and policy settings

Session One

Defining Structural Racism and Key Concepts of Social Injustice and Mental Health

May 17, 2021 | 12 PM - 2PM
[REGISTER HERE](#)

Session Two

Structural Racism in Mental Health and Dismantling Structural Racism

June 4, 2021 | 12 PM - 2 PM
[REGISTER HERE](#)

LGBTQ+ Safer Spaces Training & Virtual Action Planning Workshop



Facilitated by:
Ted Lewis, Executive Director
Andrea Leon, Volunteer & Outreach Coordinator



Training into Action

The Importance Names & Pronouns A guide to why they matter and how they make a difference.

Why Names & Pronouns Matter

- Using someone's chosen name is a sign of respect and a way to build a relationship with someone. We often use people's chosen names instead of their given/legal name, for example using someone's nickname or middle name.
- We most often assign a person a pronoun based on their gender expression and assume we know who they are. It is better to ask people what pronouns they use and to offer up your own pronouns.
- Our names are a reflection of our identity including but not limited to our gender, our faith, our race, and our culture.
- Pronouns in the English language denote gender, and using the incorrect pronoun is considered "misgendering" someone, or not respecting their gender identity.
- Our names and pronouns represent who we are and should be respected.**

Quick Pronoun Use Guide*

Subject	Object	Possessive	Possessive Pronoun	Reflexive
He	Him	His	His	Himself
She	Her	Her	Hers	Herself
They	Them	Their	Theirs	Themselves
Ze [zee] long e sound	Hir [hi:r/] like here	Hir [hi:r/] like here	Hirs [hi:r/s] like heres	Hirself like hereself

*please note this is not an exhaustive list of pronouns people use, but rather the most common we are currently seeing.

Examples of Using Pronouns

- Someone left **their** cell phone in my office, I hope **they** come back to get it soon.
- I'm excited to welcome Taylor to our team, **ze** joins us from our Atlanta branch where **ze** made a name for **hirself** with new innovative approaches.
- Chris is a graduate of VCU where **they** studied computer science. **They** is currently teaching English over at TJ.

What To Do If You Make a Mistake

Everyone makes mistakes! The important thing is to not only apologize when you make a mistake, but work to change your behavior so the mistake does not continue. So when you misgender someone or use the wrong name, be sure to apologize and work to ensure it does not continue to happen.

Using Pronouns in Your Email Signature

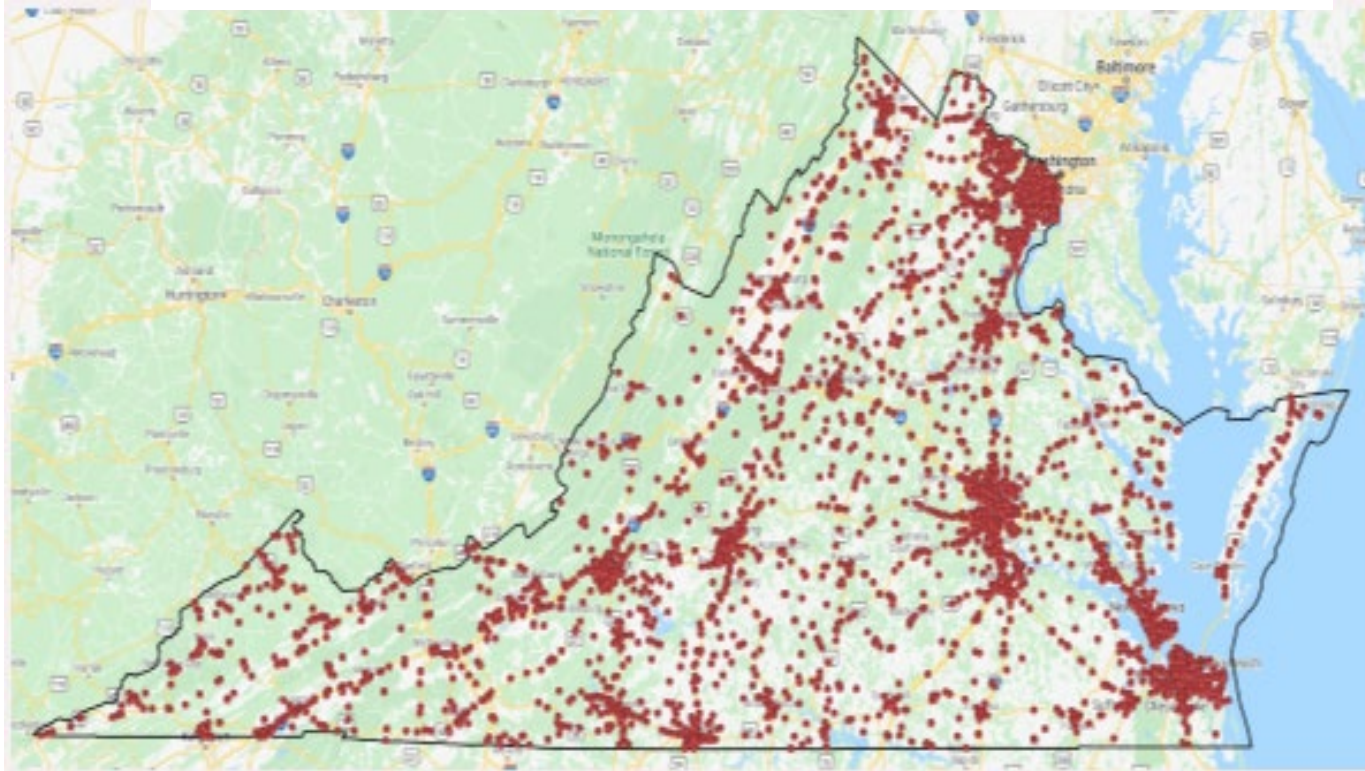
Including your pronouns in your email signature not only informs others of what pronouns you use, but also signals to those that you are open to them sharing their pronouns with you. It is a great example of a simple way to make a more inclusive environment. Here's a sample email signature:

John Doe, MPH
Pronouns: He/Him
Director of Mental Health Services
Dept. of Behavioral Health & Developmental Services
804-555-1234

mypronouns.org

My Pronouns is a great resource that has more information on pronoun use and many people link to this resource in their email signature to help educate others.





Addressing Health Disparities Through Alcohol Outlet Density

By Elizabeth Gerndt | April 1, 2021

Behavioral Health Equity Summits



DBHDS Behavioral Health Equity Summit

Breakfast and Registration		
8:30 - 9:00	A light continental breakfast will be served	
Frameworks for Understanding Behavioral Health Equity		
9:00 - 9:05	Welcome and Introductions	Gail Taylor
9:05 - 9:30	Frameworks for Understanding Behavioral Health Equity	Glencora Gudger
9:30 - 10:15	Deaths of Despair: Where and Why Mortality is Increasing in VA	Dr. Steven Woolf VCU's Center on Society and Health
10:15 - 10:30	Break	
10:30 - 11:15	The Role of Social Bias in Behavioral Healthcare	Dr. Nao Hagiwara VCU's Health and Discrimination Lab
11:15 - 11:30	Guided Stretch and Meditation	
11:30 - 12:30	Panel: Health Equity in Action	Community Organizations
Lunch		
12:30 - 1:30	Lunch will be provided	
Envisioning Behavioral Health Equity in Your Community		
1:30 - 1:50	Health Equity and Same Day Access	System LEAD
1:50 - 2:15	CLAS Standards and Mini Health Equity Grants	Randi Dent VCU Health Psychology PhD Candidate
2:15 - 2:30	Break	
2:45 - 3:45	Envisioning Health Equity in your Community Workshop	Moderators
3:45 - 4:00	Break	
4:00 - 5:00	Envisioning Health Equity in your Community Workshop II	Moderators



DBHDS Behavioral Health Equity Summit – February 25, 2020

Breakfast and Registration		
8:00 - 9:00 AM	Complimentary Breakfast	
Morning Session		
9:00 - 9:05 AM	Welcome and Introductions	Alison Land Commissioner of DBHDS
9:05 - 10:05 AM	Developing The Behavioral Health Index: A Study by the Virginia Commonwealth University Center on Society and Health	Dr. Steven Woolf
10:05 - 10:15 AM	Next Steps for the BHI	Dr. Lisa Jobe-Shields DBHDS Deputy Director, Community Services
10:15 - 10:30 AM	BREAK	
10:30 - 11:30 AM	The History of the African American Experience within the Mental Health System	Randi Dent VCU, Health Psychology
11:30 - 12:30 PM	Infusing your Practice with Inclusion, Social Justice & Cultural Affirmation	Dr. Deneen Evans Mosaic Counseling/Radford University
Lunch		
12:30 - 1:30 PM	Complimentary Lunch	
Afternoon Session		
1:30 - 2:30 PM	Behavioral Health Challenges and Opportunities for Outreach among Latino Communities	Dr. Kris Tilley-Lubbs & Thania Torres, Casa Latina
2:30 - 3:30 PM	Improving Health Literacy: Tips for Effective Communication	Lori Mays MSN, RN UVA Patient & Family Education Coordinator
3:30 - 4:00 PM	2019 BHE Mini Grant Successes	Kathy Baker & Cheryl Matteo-Kerney
4:00 - 4:30 PM	2020 Grant Applications & DBHDS's Vision for Health Equity	Glencora Gudger
4:30 - 4:45 PM	Wrap up and Evaluations	

JOIN DBHDS' OFFICE OF BEHAVIORAL HEALTH WELLNESS FOR THE 2021 BEHAVIORAL HEALTH EQUITY SUMMIT

PROMOTING HEALTH EQUITY THROUGH COMMUNITY ENGAGEMENT

THURSDAY MAY 13, 2021

Trauma-Informed Health Communications: Tackling Health Equity from the Ground Up

9:30 - 10:30 AM

Learn to develop trauma-informed and culturally relevant health communications that resonate with communities of color and encourage sustainable lifestyle changes.



With Ivan Juzang

Equity in Action: CSBs Share Their Strategies

10:30 - 11:30 AM

Learn about the health equity mini-grant experience and how Community Services Boards engaged their communities.

[REGISTER HERE - OPEN TO THE PUBLIC](#)

Community Engagement Workshop

12:30 - 2:30 PM

Ivan returns for an interactive workshop on how to build ongoing relationships with hard-to-reach populations, including those historically mistreated or underserved by the government.

For CSB employees only. Attending CSBs may apply for a health equity mini-grant up to \$10,000 to put their enhanced community engagement strategies to use.

[Sign up here](#)

Questions: glencora.gudger@dbhds.virginia.gov

Blue Ridge Behavioral Healthcare

- Provided the Hispanic community with prevention resources through parenting classes & community outreach
 - Developed a close partnership with Casa Latina, a local Latino community support center
 - Translated over 15,000 words and purchased prevention education materials in Spanish
 - Partnered with Casa Latina & VDH to pass out 100s of masks and resources to the Latino community
 - Distributed activity boxes to Spanish speaking children with information on community health services
 - Purchased lock boxes for distribution to the community
 - Purchased books and other materials designed to increase pride and strengthen their cultural connections for Latino children as they face the challenges of acculturation
- Increased staff capacity to work with Spanish speaking clients
 - Three BH providers trained to become BH interpreters for Spanish speakers
 - Partnered with National Latino Behavioral Health to provide staff with educational resources on Hispanic community & behavioral health



LOS NIÑOS Y LAS DROGAS: SEÑALES DE ALERTA

¿Cómo puedes notar que un adolescente anda en drogas? Aquí hay algunas señales de alerta que puedes buscar:

- Cambios de humor/cambios drásticos de comportamiento.
- Pérdida de peso extrema de forma repentina.
- Abandono de viejas amistades y actividades favoritas
- Cambio en los hábitos para dormir, tales como empezar a dormir todo el tiempo.
- Cambio en las calificaciones y rendimiento escolar.
- Ropa u objetos relacionados a las drogas, tales como las franclas que dicen "420".
- Uso repentino y abundante de enjuagues bucales, gotas para los ojos y desodorantes en spray.

Es más probable para las personas volverse adictos a los analgésicos que a los tranquilizantes, pero eso no significa que no pueda sucederte.

Ten en mente que todos los jóvenes pasan a través de fases. Es normal para los jóvenes cambiar mientras descubren quiénes son, y en la mayoría de los casos, un nuevo corte de cabello o un nuevo grupo de amigos no significa que tu hijo este usando drogas. Sin embargo, si notas que tu hijo está demostrando varios de estas señales de alerta al mismo tiempo, es momento de charlar.

COMENZANDO UNA CONVERSACIÓN

Algunos padres tienen problemas para hablar con sus hijos sobre las drogas. Aquí hay algunos consejos para iniciar una conversación. Elige un buen momento. Es difícil tener una conversación que valga la pena cuando su hijo está preocupado por la tarea o los videojuegos, o cuando tiene que irse a trabajar en cinco minutos. Encuentra una oportunidad para hablar cuando ambos tengan tiempo libre, o háganse ustedes un tiempo libre: Salgan a cenar o manejar. Minimiza las distracciones. Haz las preguntas y escucha. Evita hablar demasiado o habrá más probabilidad de que su hijo deje de escuchar. En su lugar, haga preguntas y escuche, escuche de verdad las respuestas de su hijo. ¿No está seguro de que preguntar? Pruebe con alguna de estas:

DICCIONARIO DEL IDIOMA DE LAS DROGAS

PARA MÁS INFORMACIÓN

¿Quieres saber más? ¿Buscar información sobre alguna droga en específico? ¿Quieres algunos consejos para mantener a tu hijo libre de drogas? Aquí hay algunos sitios web que puede visitar si quieres aprender más acerca de los jóvenes y las drogas.

- Above the Influence: www.abovetheinfluence.com
- Drug Abuse Resistance Education (D.A.R.E.): www.dare.com
- Parents. The Anti-Drug: www.theanti-drug.com
- National Institute on Drug Abuse (NIDA): www.drugabuse.gov
- NIDA for Teens: www.teens.drugabuse.gov

RAYSAC CASA LATINA
La Casa de los Latinos

Chesterfield

- Created affirming spaces for the LGBTQ+ clients
 - Worked with Side By Side, a local non-profit dedicated to supporting LGBTQ+ youth to host a series of trainings with frontline staff, direct service staff and clinical staff.
 - Side by Side also provided a direct consult to Senior Leadership on how to improve policies and practices support the LGBTQ+ community.
 - Many visual signifiers supporting LGBTQ+ were integrated into the office space (posters, pins, stickers etc.)
 - Following the trainings, 92% of attendees strongly agreed or agreed to the statement "I know how to be an ally to LGBTQ+ people."
 - Provided staff with specific examples of affirming practices and example scripts to talk about these issues with clients
- Opened a dialogue about anti-racism in a CSB setting
 - Dr. Jessica Brown hosted a training with over 100 participants, on "How to be anti-racist in a CSB setting". This event has spurred the CSB to move toward increasing opportunities for diversity and anti-racism discussions within and across County regimes.

A MESSAGE FOR OUR LGBTQ+ CLIENTS...

WE SEE YOU, WE HEAR YOU, WE BELIEVE YOU, WE
ACCEPT YOU, WE CARE FOR YOU, WE ADVOCATE
FOR YOU, WE STAND WITH YOU.



YOU ARE WELCOME HERE.



CHESTERFIELD COUNTY CSB



Made with PosterMyWall.com



Danville Pittsylvania Community Services

- Improved service delivery to Hispanic population
 - Completed Hispanic environmental audit
- Translation of 13 forms and signage into Spanish
 - Hispanic cultural training for all DCPS by National Behavioral Health Association
 - A Snapshot of the Local Latino Population and Culturally and Linguistically Appropriate Services

Latino Cultural Awareness & Sensitivity Training:

Creating an inclusive environment at DPCS

Three virtual sessions to choose from
Click on the date to register

El DPCS Quiere Limpiar el Aire

Por Favor...

NO Vapear o Fumar Tabaco

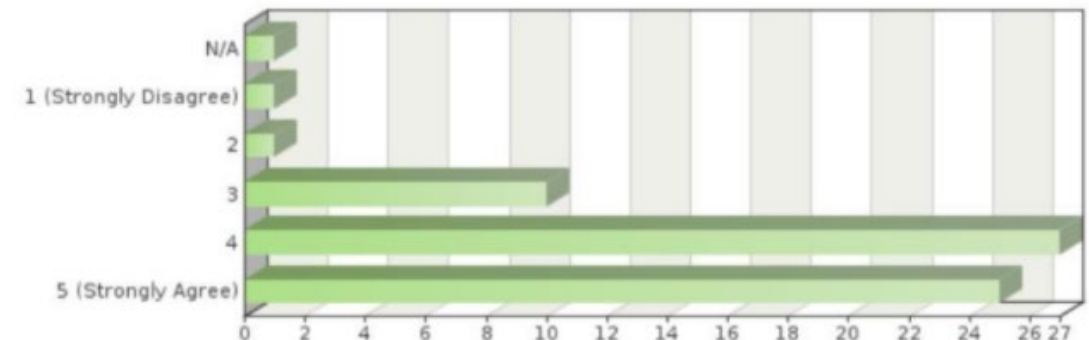
Dentro or fuera de la propiedad de la agencia

Fairfax

- Hosted a series of trainings that focused on engaging communities of color, social determinants of health and mental health stigma in communities of color.
- Translated “welcome” and “front door services documents” into several languages.
- Incentivized African-American males with a serious mental illness, to also engage in primary care treatment.
 - There are delays due to COVID, but to date two patients have been connected to routine primary care services.

Goal	How We Can Achieve Our Goal	Incentives
<ul style="list-style-type: none">• Increase engagement with primary care health services by 50%. 	<ul style="list-style-type: none">• Increasing staff awareness of the problem• Understanding some of the root causes of the problem• Developing staff’s overall cultural awareness and responsiveness	<ul style="list-style-type: none">• Providing incentives to clients in the hope of increasing motivation and engagement in physical health behaviors.

My knowledge about working with the target groups has increased because of the conference.



Region 10

- Worked with the Racial Equity Change Team to develop a staff climate survey surrounding understandings of race and experience for racism in the agency.
- Hired an external consultant to advise on making the agency a more inclusive space for BIPOC.
 - Creation and implementation of a virtual DEI learning center
 - Analyzed data from 2020 Climate Survey and made adjustments for 2021 climate survey
 - Reviewed strategic goals for diversity and created action steps related to each strategic goal.
- Developed messaging surrounding stress, COVID and the murder of George Floyd
- Completed two 2-hour trainings for supervisory staff on Implicit Bias and Microaggressions in the Workplace



Community Mental Health and Wellness Coalition

May 28, 2020 · 🌐



The Coalition is committed to bringing you tools and resources to help cope with the impact of the COVID-19 pandemic. We encourage everyone to bring these five human needs for your well being into your daily life: being safe, creating calm, staying connected, building a "can-do" spirit, and maintaining hope. Today, we celebrate our partners at UVA CAPS who are being sure to [#StayConnected](#).



Southside

- Supported children and guardians in kinship care
 - Coalition building among children and families in kinship care
 - Developed online community outreach program for kinship care families, connecting them to resources
- Contracted VA Tech Center for Public Health and Research Practice to conduct a community data needs assessment which included focus groups with both adults and youth in our area about Kinship Care issues.
 - Participant review: “It was wonderful to still be able to chat face to face with others even if it was virtually. The information that was shared was very valuable and we are all in this together. There were useful strategies learned such as calming techniques, family activities, zoom strategies, and it was just plain fun!! Thank you

Free virtual learning sessions for caregivers



WHAT IS KINSHIP CARE?

While you might not have heard the term "kinship care," it's not a new concept. In fact, families have always engaged in kinship care when, for whatever reason, birth parents are unable to care for their children for a period of time.

Overwhelmingly, kinship care falls to grandparents. According to census data, **more than 2.4 million grandparents are primary caregivers for grandchildren under 18.** In many areas of the country, the opioid epidemic is the primary driver of growth in kinship care.

LEADING TO CHANGE
WWW.LEADINGTOCHANGE.COM

VIRTUAL TRAINING

kinship care

SOUTHSIDE WELLNESS COALITION

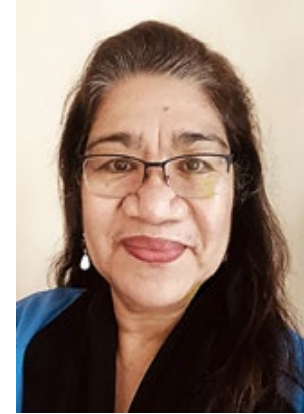
BRIDGING THE GAP CELEBRATION

Join us for this **FUN, INTERACTIVE, and multi-generational celebration!**

Come experience a mixture of tools, games, insight, and heartwarming lessons from both grandparents and grandchildren!

9/24 @ 6:00pm • www.bewellsouthside.org

OBHW Team



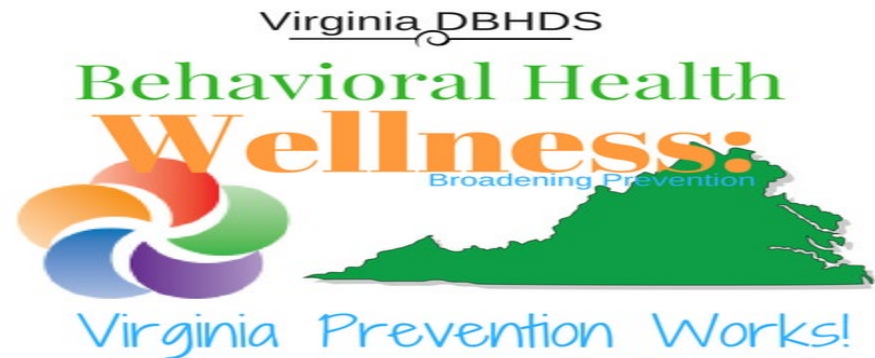
*Needs Assessment, Evaluation,
Technical Assistance Contractor*

Contact Information

Gail Taylor, Director

DBHDS Office of Behavioral Health Wellness

Gail.Taylor@dbhds.Virginia.gov



SAMHSA & NASADAD
ANNUAL MEETING

Q&A

SAMHSA & NASADAD
ANNUAL MEETING

**Thank you for participating
in this session.**