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 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*
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](https://www.samhsa.gov/behavioral-health-equity)
• 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:

Access
Who is enrolled in the grant program? Who are the subpopulations being served in the program? Who are identified as disparate populations?

Use
Who’s getting what dosages of intervention? How do services vary by subpopulations?

Outcomes
How do outcomes vary by subpopulations?

Using data-driven quality improvement strategies to reduce disparities.
OBHE Opioid Issue Briefs: Black/African Americans and Latino/Hispanic Populations (2020)


https://store.samhsa.gov/product/PEP20-05-02-003 (Spanish)
DATA
Mental Illness and Substance Use Disorders in America

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

7.7% (19.3 MILLION) People aged 18 or older had a substance use disorder (SUD)
3.8% (9.5 MILLION) People 18 or older had BOTH an SUD and a mental illness
20.6% (51.5 MILLION) People aged 18 or older had a 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+

- Past Year Marijuana Use: 53.0% (5.3M), 16.2% (42.9M), 0.4% (1.1M)
- Past Month Heavy Alcohol Use: 14.7% (1.5M), 5.5% (14.6M), 8.7% (873K)
- Past Year Cocaine Use: 15.6% (1.6M), 1.5% (3.9M), 4.7% (11.3M)
- Past Year Methamphetamine Use: 0.4% (1.1M), 8.7% (873K), 2.2% (20.9M)
- Past Year MDE, 12+: 8.0% (20.9M)
- Past Year MDE, 18+: 19.1% (1.8M)

+ 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.
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
Learn more about OBHE and behavioral health equity at:

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

Contact OBHE: Mary.Roary@samhsa.hhs.gov
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

- Procurements
- Regulations
- Endorsements
- Oversight
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
Continuing Engagement to Treatment 2018-2019 by Race/Ethnicity

- White, Non-Hispanic: 32.6%
- Black, Non-Hispanic: 21.0%
- Hispanic: 27.7%
- Asian: 20.3%
- Native American: 24.3%
- Other: 24.3%
- Unknown: 25.7%
Continuing Engagement to Treatment 2018-2019 by Race/Ethnicity

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- Black, Non-Hispanic: 21.0%
- Hispanic: 27.7%
- Asian: 20.3%
- Native American: 24.3%
- Other: 24.3%
- Unknown: 25.7%
Rate of OUD Diagnosed Members Receiving Buprenorphine

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

- White: 36.5% (2016) to 49.5% (2020)
- Black: 14.7% (2016) to 18.5% (2020)
- Hispanic: 14.3% (2016) to 18.2% (2020)
- Asian: 29.8% (2016) to 31.5% (2020)
- Native Hawaiian: 24.8% (2016) to 31.6% (2020)
- Other/Unknown: 27.9% (2016) to 38.1% (2020)
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 Latinx 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
“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 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 when using a common definition of health disparities and as an example of a disparity in Virginia. For more detailed resources and further reading on this topic, please see the full report and the referenced section included here. For more information on the SEOW, please visit va-seow.org

What are Health Disparities?

Health Disparities Defined

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

Factors that Influence Disparities

The presence of health disparities is a product of 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

<table>
<thead>
<tr>
<th>Health &amp; Healthcare</th>
<th>Neighborhood &amp; Built Environment</th>
<th>Social &amp; Community Context</th>
<th>Economic Stability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to care</td>
<td>Access to healthy foods</td>
<td>Interpersonal</td>
<td>Housing instability</td>
</tr>
<tr>
<td>Literacy</td>
<td>Obesity</td>
<td>Environment</td>
<td>Poverty</td>
</tr>
</tbody>
</table>

Example Impact of a Social Determinant of Health

Education: A low-income neighborhood in a city that relies on property taxes to fund schools. With lower property values in the neighborhood, there is less funding to support teacher salaries, school materials, and infrastructure. As a result, some schools do not have the same educational opportunities as students attending schools in a suburban 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 the disparity, such as race, gender, and age, may exist and should be further explored to inform state efforts and ensure all Virginians are served equally.

About the Disparity

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

- In 2017, current tobacco use among adults in Virginia was approximately 14%. When broken down by annual household income, disparities in tobacco use rates emerged, ranging from 14% to 31% depending on income levels.
- Those with an annual household income less than $35,000 had higher rates of tobacco use than the average 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 target marketing efforts to increase the number of tobacco users and reduce awareness of the health risks associated with tobacco use.

How Virginia is Addressing this Disparity

Virginia has partnered with the organization Counter Tools since 2015 to identify the tobacco disparities and address Virginia’s tobacco control strategies.

Identifying and Presenting Health Disparities

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

Elements of Health Disparity Data

There are several ways to consider when examining health disparities in a population. Below are some of the elements and ways of each.

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Social Grouping</th>
<th>How to Compare Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age &amp; gender</td>
<td>Race or ethnicity</td>
<td>作比较的基础数据</td>
</tr>
</tbody>
</table>

Types of Data to Explore

Through data, communities can target interventions and allocate resources to areas of greatest need. Communities can use this information to reduce disparities by tracking data over time. Refer to this document for a list of available resources for each type of data.

<table>
<thead>
<tr>
<th>Health behaviors and outcomes data</th>
<th>Community factors and social determinants of health</th>
<th>Community voices from affected populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data broken down by demographic characteristics, such as race, sex, or income</td>
<td>Data broken down by social determinants of health</td>
<td>Data broken down by affected communities</td>
</tr>
</tbody>
</table>

Tips for Framing Health Disparity Data Responsibly

Framing health disparity data appropriately is important to avoid oversimplifying complex issues or evaluating the social determinants of health that contribute significantly to the disparity. These data are a starting point to consider when framing health disparity data.

1. Include data on the context around the disparity.
2. Incorporate community voices from affected populations.
3. Know your audience and make data understandable to them.
4. Be aware of your own biases and how they may influence interpreting data.

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

For more information about health disparities, please visit va-seow.org
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.
PEAC Recommendations to SLT

Individual Level: Skills, knowledge, and 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 stresses 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 behavior 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 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 homogeneous. 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 CSH 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 laws and regulations changes... etc.
Workforce Development Trainings

The Impact of Everyday Racism on Mental Health: Evidence and Opportunities

Dr. Joseph H. Williams
Associate Professor of Education
University of Virginia

drjw@virginia.edu

Implicit Racial Bias Among Behavioral Health Professionals: Evidence and Opportunities

Social (In)justice in Mental Health

with Dr. Ruth Shim

- 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 - 2 PM
REGISTER HERE

Session Two
Structural Racism in Mental Health and Dismantling Structural Racism
June 4, 2021 | 12 PM - 2 PM
REGISTER HERE

Recognition and Responding to Racial Microaggressions at Work

with Dr. Joseph Williams

April 29, 2021 | 1:00PM - 3:00PM
REGISTER ON ZOOM

We are committed to protecting your privacy. If you are unable to attend, a recording will be available for viewing 10 days after the presentation.

Join the Division of Community Behavioral Health for a Workshop on

You speak excellent English.
WHAT IS A MICROAGGRESSION?

Everyone can succeed if you just work hard enough.

Where are you from?
ALL LIVES MATTER.

You are so articulate!

A Two Part Series Exploring the Impact of Structural Racism on the Identification, Diagnosis, and Treatment of Behavioral Health Conditions
Training into Action

The Importance of 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 must 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

<table>
<thead>
<tr>
<th>Subject</th>
<th>Object</th>
<th>Possessive</th>
<th>Possessive Pronoun</th>
<th>Reflexive</th>
</tr>
</thead>
<tbody>
<tr>
<td>He</td>
<td>Him</td>
<td>His</td>
<td>His</td>
<td>Himself</td>
</tr>
<tr>
<td>She</td>
<td>Her</td>
<td>Her</td>
<td>Hers</td>
<td>Herself</td>
</tr>
<tr>
<td>They</td>
<td>Them</td>
<td>Their</td>
<td>Theirs</td>
<td>Themselves</td>
</tr>
<tr>
<td>Ze (zay)</td>
<td>Him/Her</td>
<td>His/Her</td>
<td>His/Her</td>
<td>Herself</td>
</tr>
</tbody>
</table>

*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 himself 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 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 can link to this resource in their email signature to help educate others.

Developed by Side by Side for the VA Dept. of Behavioral Health & Developmental Services
www.sidesbyside.org
Addressing Health Disparities Through Alcohol Outlet Density

By Elizabeth Gerndt  |  April 1, 2021
Behavioral Health Equity Summits

DBHDS Behavioral Health Equity Summit – February 25, 2020

Breakfast and Registration
8:00 - 8:30 AM
Complimentary Breakfast

Morning Session

8:30 - 8:45 AM
Welcome and Introductions
Alton Land
Commissioner of DBHDS

9:00 - 10:30 AM
Overviewing Behavioral Health Indicators: A Study by the Center on Society and Health

9:00 - 10:00 AM
Health Equity and Same-Day Access
System LEAD

9:15 - 10:15 AM
CLAS Standards and Mini Health Equity Grants
National CLAS Center

9:30 - 10:30 AM
Exploring Health Equity in your Community Workshop

9:45 - 10:45 AM
Identifying the History of the African American Experience within the Mental Health System

10:00 - 11:00 AM
Incorporating Your Practice with Inclusion, Social Justice

10:30 - 11:30 AM
Behavioral Health Challenges and Opportunities for Outreach among Latino Communities

Break

Lunch
12:00 - 1:30 PM

Afternoon Session

1:30 - 2:30 PM
Improving Health Literacy: The Role of Social Media in Virginia

2:30 - 3:30 PM
Tips for Effective Communication

3:30 - 4:30 PM
2019 DFC Mini Grant Successes

4:00 - 5:00 PM
Behavioral Health Challenges and Opportunities for Outreach among Latino Communities

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
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.
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...
Vapear o Fumar Tabaco

Dentro o 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.
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 of 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
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
OBHW Team

Needs Assessment, Evaluation, Technical Assistance Contractor
Contact Information

Gail Taylor, Director
DBHDS Office of Behavioral Health Wellness
Gail.Taylor@dbhds.Virginia.gov
Q&A
Thank you for participating in this session.