

Behavioral
Health
Workforce
Development



Inclusion & Person First Language

Presented By:

Tony Sanchez, Director of Partnerships

Krissi Jacob, Recovery Support Services Specialist

Indigenous Land Acknowledgement

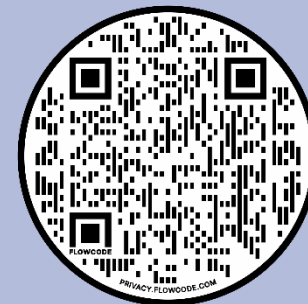
- We respectfully acknowledge that we live and work in territories where Indigenous nations and tribal groups are traditional stewards of the land. Our California office currently resides in Tongva territory.
- Please join us in supporting efforts to affirm tribal sovereignty across what is now known as California and in displaying respect, honor, and gratitude for all indigenous people.

Whose land are you on?

Option 1: Text your ZIP code to 1-907-312-5085

Option 2: Enter your location at <https://native-land.ca>

Option 3: Access Native Land website via QR Code:





MIP Program Purpose

To help achieve the BHWD goals, the Mentored Internship Program is designed to provide:

1. Opportunities for students 18 and older, and at multiple stages of their education, to gain practical on-the-job experience as paid interns in nonprofit organizations and county-operated provider settings providing behavioral health (BH) services; and
2. BH provider organizations with an increased workforce of diverse and talented interns who are potentially interested in being hired as members of the BH workforce upon graduation and/or following their internship.



MIP's overarching goal is to enhance the professional development of diverse talent to help meet California's urgent need for BH workforce in the near term and develop ongoing partnerships with schools.



Modalities of TTA Participation

TTA will include:

- Regional quarterly Learning Collaborative meetings
- Coaching calls and webinars
- Affinity Groups, organized by profession, populations served, topics of interest, local needs, age groups served, etc.
- Tailored TA based on grantee requests





Advocates for Human Potential (AHP) Mentored Internship Program Team



Kathleen West
Project Director



Tammy Bernstein
Project Manager



Kate Cox
Operations Manager



Ellen Radis
BHWRC Manager



Susan Lange
TTA Provider



Vic Walker
Operations Specialist



Jennifer Ortiz
Grantee Coach



Tiffany Malone
Grantee Coach



Marjorie Delgadillo
Grantee Coach

Allen Fowler
TTA Provider



Caitlin Storm
Quality Assurance

Cklara Moradian
Grantee Coach



WELCOME!

126 MIP awardee locations

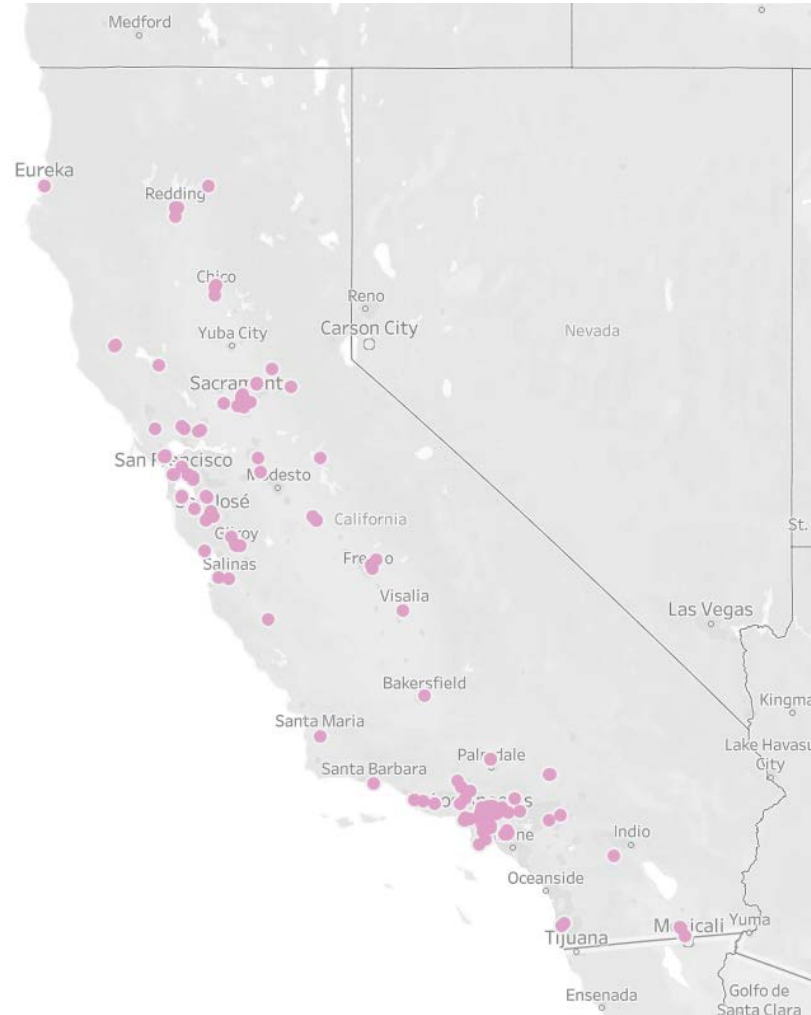
from

84 nonprofit & county-operated behavioral health organizations

located in

78 cities in 34 counties

Congratulations again on your awards!





National Recovery Institute

Faces & Voices of Recovery

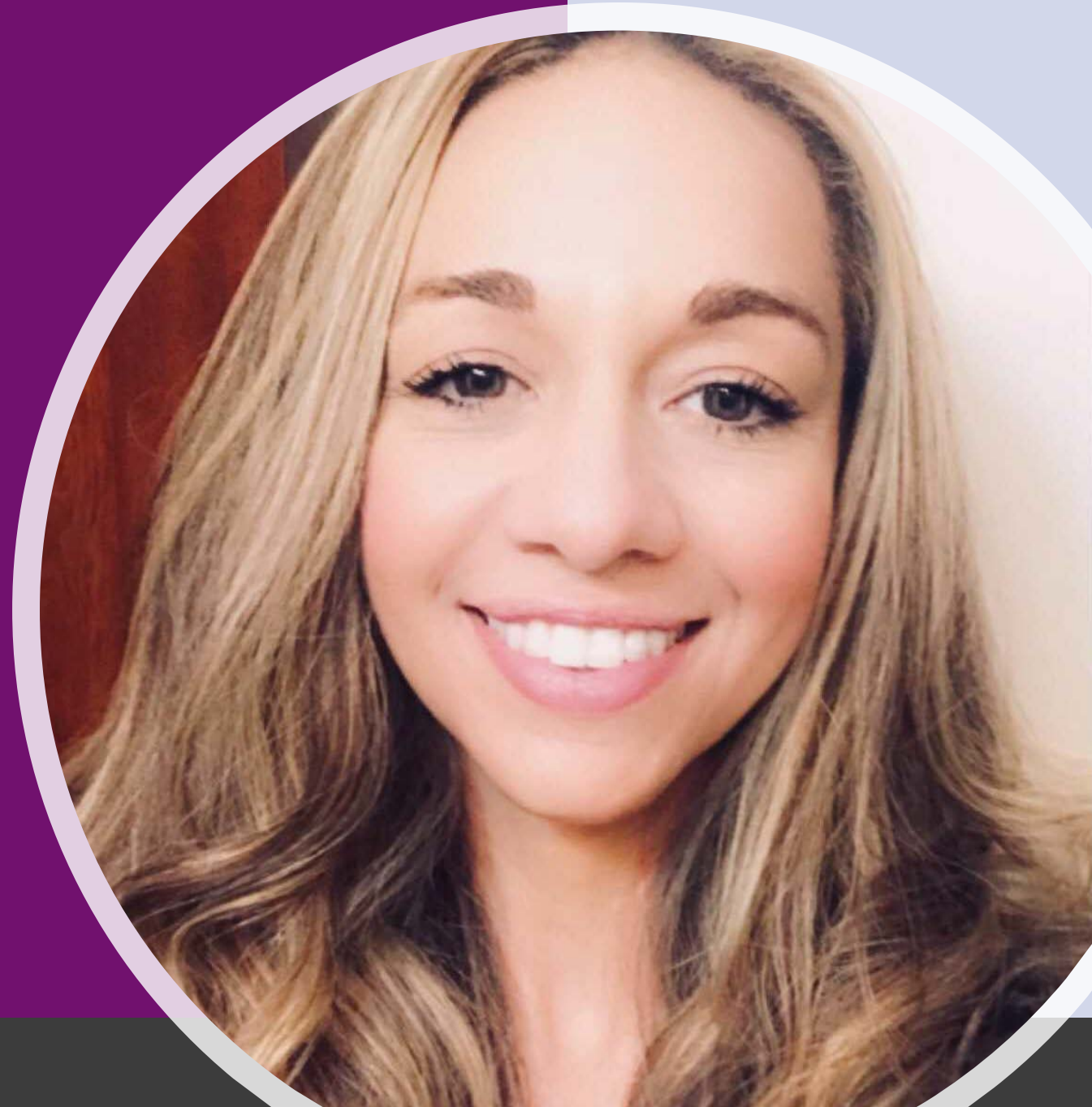
ment

Tony Sanchez

*Director of
Partnerships*



Krissi Jacob
*Recovery Support
Services Specialist*



ON THE AGENDA

- Discover what individuals seeking recovery from SUD care most about to ensure their voices guide future research and action
- Drive improvement in recovery and treatment outcomes by focusing on what people need and want and fostering an environment of inclusion.
- Learn recommended actions for policymakers, service providers and researchers based on participant prioritized outcomes.





Let's Talk About Inclusion

- **Inclusion:**

the practice or policy of providing equal access to opportunities and resources for people who might otherwise be excluded or marginalized, such as those who have physical or mental challenges and members of other marginalized groups.

The Recovery Movement

EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

- Equality is typically defined as treating everyone the same and giving everyone access to the same opportunities.

Equity refers to proportional representation (by race, class, gender, etc.) in those same opportunities.

Safe Spaces

Actively listen

Listen without feeling the need to fix

Dialogue

Be invitational and welcoming to everyone

Practice Humility



How can you create a safe space in your organization and your community?



Build Inclusion Through the Power of Language

Inclusive language gives a more accurate view of the real world by reflecting social diversity rather than perpetuating stereotypes. It avoids making false assumptions about (or stereotyping) people based on their age, cultural background, disability, gender, Indigenous background or sexual orientation and gender identity.





communication

Reflection

When are you best at listening?

Dialogue vs. Debate

Dialogue

- Is collaborative: two or more sides work together
- Finding common ground is the Goal.
- One listens to the other side(s) in order to understand
- Enlarges and possibly changes a participant's point of view.
- Reveals assumptions for re-evaluation

Debate

- Is oppositional: two sides oppose each other to attempt to prove each other wrong.
- Winning is the Goal.
- One listens to the other side in order to find flaws and to counter its arguments.
- Affirms a participant's own point of view.
- Defends assumptions as truth.

Dialogue vs. Debate

Dialogue

- Opens the possibility of reaching a better solution
- Creates an open-minded attitude: an openness to being wrong and an openness to change.
- One submits one's best thinking, knowing that other people's reflections will help improve it rather than destroy it.

Debate

- Defends one's own positions as the best solution excludes other solutions
- Creates a closed-minded attitude
- One submits one's best thinking and defend against challenge to show that it is right



Peers Speak Out On What Matters Most



Overview

- Project developed in partnership with Community Catalyst and American Society of Addiction Medicine
- First national examination of treatment outcomes prioritized by people with substance use disorders
- Long Term Goal: Drive improvement in treatment outcomes by focusing on what people need and want

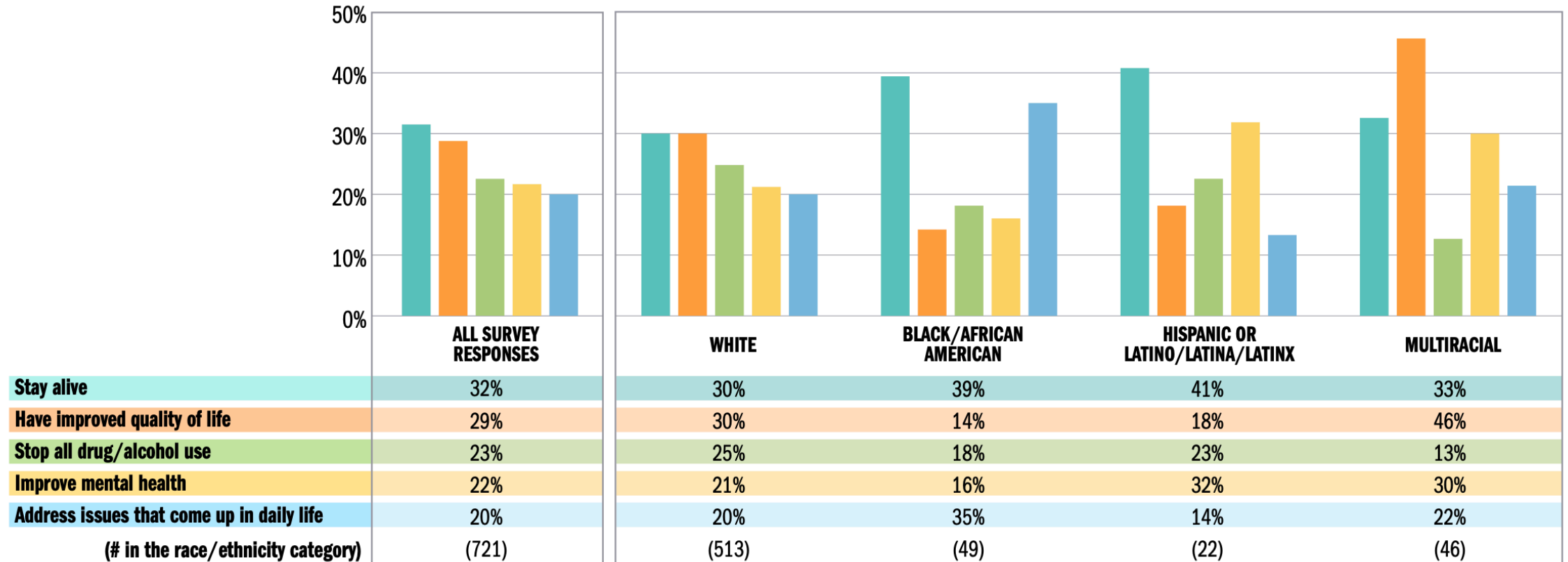
What We Learned

1. Staying alive
2. Improving quality of life
3. Reducing harmful substance use
4. Improving mental health
5. Meeting their basic needs
6. Increasing self-confidence / self-efficacy
7. Increasing connection to services and supports



Variance

GRAPH 2: HOW DO THE TOP OVERALL SURVEY RESULTS DIFFER BY RACE/ETHNICITY OF THE RESPONDENT?



Why Does it Matter?

- to more effectively and equitably address the national epidemic of substance use disorders
- people with lived experiences of substance use disorders are often left out of how treatment and recovery programs are designed and what outcomes those programs seek to achieve
- research on what works best often isn't focused on what matters most to people with addiction

Unpacking Priority Outcomes

Improving Quality of Life

- holistic approach to substance use treatment, including other health care and social services
- This person-centered approach would focus on multiple facets of a person's life.

Reducing Harmful Substance Use

- reduce the emphasis on abstinence as an outcome
- shift to viewing substance use on a continuum

Increasing Self-confidence / Self-efficacy

- reduction of self-shame and stigma, and the ability to live up to their own potential
- more interventions and trainings to increase patients' self-confidence in both clinical and recovery services settings.

Building Self-Confidence through Stigma Reduction

- Language holds the power to unify or divide us, and to make a person or group feel accepted or rejected
- Everything organizations do exists in a social emotional and cultural context – the language we use is a direct reflection on equity, inclusion, and diversity
- Static language, built-in lists, and “how to” and cookbook approaches actually work to promote stereotyping and can create a narrative of stigma and discrimination

Stigma and its Impact

- Public
Attitudes and feelings towards PWUD or SUD
- Institutional
Policies, practices, and cultures of orgs, systems
- Self
Internalization
- Excludes people from activities that are open to others
Employment, housing
health care (including MH/SUD TX)
social acceptance, social activities



Science of Language

In a study, individuals read similar case studies that used different language to make recommendations of care

When the subject was described as a 'substance abuser' punitive action was recommended

When described as a person 'having a substance use disorder' therapeutic action was recommended

This study was replicated with clinicians at two different mental health conferences. Results were the same.



Science of Language

General public polled for biases towards PWUD/SUD

- Bias for people described as
 - Addict
 - Alcoholic
 - Medication-assisted treatment
 - Relapse
- Positive association toward people described using
 - Long-term recovery
 - Pharmacotherapy
 - Medication-assisted recovery
 - Recurrence of use

*break
the
stigma*

Language Matters

Positive

- ✓ **Person with a Substance Use Disorder**
- ✓ **Alcohol and Drug Use**
- ✓ **Recurrence of Use**
- ✓ **Death by Suicide**
- ✓ **Person in Recovery**
- ✓ **Person with a Mental Health Disorder**



Negative

- ✗ **Addict or Alcoholic**
- ✗ **Alcohol and Drug Abuse**
- ✗ **Relapse**
- ✗ **Committed Suicide**
- ✗ **Clean/Sober**
- ✗ **Crazy**

Steps for Organizational Change



- Perform a “language audit” of existing materials for language that may be stigmatizing, then replace with more inclusive language
- Review internal and external documents
- Watch for:
 - First-person language
 - Language with clear, easily understood meanings
 - Fear-based words
- Use existing resources for language assistance

Recommendations for Providers

- Clarify each individual's desired treatment and recovery goals and adjust services to meet those goals. Tailor services to:
 - Each individual's desired short-term and long-term outcomes and needs
 - Culturally effective whole person approach
 - Multiple pathways
 - Self-directed, a full continuum of health and social supports
 - Addressing co-occurring conditions and trauma.
 - Provide services 24 hours a day, 7 days a week.
- Provide 24/7 crisis support, harm reduction services including infectious disease testing, and safe locations to await treatment if services aren't available on demand.

Additional Recommendations

Expand access to all forms of medications for addiction treatment, and tailor treatment duration based on the individual's needs, including developing therapeutic processes for tapering medication if requested

Assess differences in access and outcomes of participants/patients by race, gender, and other demographics. Provide culturally and linguistically effective care to reduce inequities in access and outcomes.

Help individuals find ways to reduce isolation, particularly by increasing connection to services and to the recovery community. This is especially important for those early in their recovery who may not yet have an established recovery network.



Virtual Recommendations

- Continue to provide expanded virtual services even when it is safe to return to in-person services but maintain both as patient-chosen options.
- Provide a directory of virtual services, including what services are available and how they can be accessed
- Incorporate advanced training for providers on active listening skills, such as non-verbal cues, and motivational interviewing techniques as this can be more difficult in virtual settings; provide training for patients on how they can use technology to access virtual platforms.





The priority outcomes identified in this study provide a framework for reshaping treatment, research and policy to focus more on survival and improving people's lives.

Findings also reinforce that recovery is an individual process: people want many different outcomes from treatment/services.

People need increased access to comprehensive services that are individually tailored based on personal goals and intersecting identities.

Let's Discuss What
we've learned



Breakout Group Discussion:

1. How does the information presented align with your organizations current policies & procedures?
2. What are 3 things you can implement in your organization to foster an environment of inclusion?
3. What are 3 words in your current vocabulary that you can change to be more inclusive to the people you serve?
 - Please designate a spokesperson to report out in the main room for your group.
 - We will remain in breakouts for 20 minutes.

Upcoming Events and Important Reminders

- **Contracts:** Great News! Contracts have begun to go out. Please be sure to follow the instructions in the email and submit the signed contract to ahpcontracts@ahpnet.com
- **Invoices:** The MIP Invoice Template was sent out Friday, June 17, 2022
- **July MIP Events:**
 - July 12, 2022 – Workplace Ethics Webinar 12:00 pm – 1:00 pm
 - July 14, 2022 – Mentor Office Hours – 12:00 pm – 1:00 pm , Intern Office Hours – 2:00 pm – 3:00 pm
- Please be advised that our Mentored Internship Program **website will become available in the second week of July**. At that time, mentors, interns, MIP grantee organizations' main point of contact, and educational institutions will be provided with login credentials. More to come!

In the interim, please visit our website to continue accessing materials related to the Mentored Internship Program: [Home Page | CABHWD \(buildingcalhhs.com\)](http://buildingcalhhs.com)

References

- Kelly, J. F., & Westerhoff, C. M. (2010). Does it matter how we refer to individuals with substance-related conditions? A randomized study of two commonly used terms. *The International Journal on Drug Policy*, 21(3), 202–207. <https://doi.org/10.1016/j.drugpo.2009.10.010>
- National Academies of Sciences, Engineering, and Medicine. (2016). *Ending discrimination against people with mental and substance use disorders: The evidence for stigma change*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/23442>.
- Pescosolido, B. A., Martin, J. K., Long, J. S., Medina, T. R., Phelan, J. C., & Link, B. G. (2010). "A disease like any other"? A decade of change in public reactions to schizophrenia, depression, and alcohol dependence. *The American Journal of Psychiatry*, 167(11), 1321–1330. <https://doi.org/10.1176/appi.ajp.2010.09121743>
- SAMHSA's Center for the Application of Prevention Technologies. (2017, November). *Words Matter: How Language Choice Can Reduce Stigma*. <https://facesandvoicesofrecovery.org/wp-content/uploads/2019/06/Words-Matter-How-Language-Choice-Can-Reduce-Stigma.pdf>

References

- Substance Abuse and Mental Health Services Administration Center for Behavioral Health Statistics and Quality. (2019). *2018 National survey on drug use and health: Methodological summary and definitions*. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.
- Substance Abuse and Mental Health Services Administration (US), & Office of the Surgeon General (US). (2016). *Facing addiction in America: The surgeon general's report on alcohol, drugs, and health*. US Department of Health and Human Services.
- United States Office of National Drug Control Policy. (2017) *Changing the language of addiction*. <https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Memo%20-%20Changing%20Federal%20Terminology%20Regrading%20Substance%20Use%20and%20Substance%20Use%20Disorders.pdf>
- Van Boekel, L. C., Brouwers, E. P., van Weeghel, J., & Garretsen, H. F. (2013). Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: Systematic review. *Drug and alcohol dependence*, 131(1-2), 23–35. <https://doi.org/10.1016/j.drugalcdep.2013.02.018>

508 Resources

- [PPT and Document 508 Checklist](#)
- [Web Aim Checklist—Use this for Media \(Videos and Presentations\)](#)
- [Additional 508 Standard and Rules](#)
- [Color Contrast Checker](#)
- [Alternative Text Tutorial](#)
- [508 Contracting/Training Services](#)