Welcome to the first session of the Engagement in the Black Community A Virtual NAADAC Summit. I'm sorry, this is not the first session is the last session. Allow me to fix that. Just one moment I'll come back to the welcome to the final session of Engagement in the Black Community A Virtual NAADAC Summit. We are so happy you can join us for the special event. And I'm glad I was able to connect with your virtually. What I really want to say is that it's been an amazing two days. I can't tell you how wonderful it has been. In the meantime, before I tell you about that, allow me to introduce and welcome the facilitator for today's final session, Katina Palmer, one of the co-chairs of NAADAC's critical issues in the black community. Katina Palmer is a champion for change. She holds her bachelor of arts and Masters of arts from the George Washington University.

As a public servant for over 25 years, Katina has worked in public and private settings with children and adult populations. In addition to her work in the criminal justice system, Katina is an ordained minister answers as a youth director in the community. She believes that to be in service to others is a mandate of her life. I do want to say it has been wonderful to work with the great panelists, all the presenters that we have had in this experience over the last two days. I am so grateful for the co-chairs and I'm so grateful for all the panelists. I also want to say for some of you, this has been an educational experience, a spiritual experience, an inspiring experience, and some of you even went to church this morning. Church on Friday. I am so proud of NAADAC and so proud of what we do. I am proud of all of you for being in the house.

So at this point I'm going to turn over to Katina.

Thank you, Cynthia. Hello, everyone. I am Katina Palmer, one of the co-chairs of this important committee, critical issues in the black committee. I was invited to be on this committee because I wanted to have a direct impact on effecting change in the black community. We have all experienced the loss of people of color due to COVID, police brutality, and inequity in the communities. Until I was a member of NAADAC was not involved in the committees. But this committee pricked my spirit. I was drawn to become a part of the movement to help effect change in a positive way. This summer is an exact excellent example of engaging my community and bringing resources that can impact countless others. You see, the
more we educate ourselves, the more we educate others. The more we are educated, the more we can all make things happen for a greater good. James Bond has put this way, the purpose of education is to create in a person the ability to look at the world for himself to make his own decisions. I believe as he learned we develop, and as we developed we can inspire others to grow. The healthier we are as individuals, the healthier we can become as a society. So I encourage each of you that are learning during the summit confront your engagement in or on world. Become an active part of the movement. He’ll healing our black community. Before we begin, I’d like to take a minute to remind you that to access CEs for each section of the summit, returned to the webpage on the NAADAC website where you access this presentation and you will see a button under each session called access CE quiz. Click that button will take you to the quiz that you need to take to earn your CE certificate. If you have any questions about this process, I encourage you to read and state the CE and structural guide which is available on the NAADAC website and place in the taskbar -- check that.) is provided by which CaptionAccess. Please look at your email or the chat box for the closed captioning url. Please also remember we will have a live and interactive question and answer time with our presenter. So make sure you state you stay in the Q&A box. You can also -- vote up questions that you see others that you would like to have answered, too.

I am pleased to introduce to you our presenter for this last session. Angele Moss-Baker. She is a licensed clinical mental health counselor with over 30 years of experience providing comprehensive, integrated treatment services to individuals with co-occurring behavioral health disorders. She is a sole proprietor of Comprehensive Addiction and Psychological Services LLC located in the District of Columbia, where she provides EAP counseling, critical -- incident stress management, individual, group, couples/family counseling, and CE workshops. She is also the Behavioral Health Training Specialist at the DC Department of behavioral health. Angele is an active member of several professional associations and has been recognized nationally and internationally for scholarly presentations on mental health, addiction, and health and wellness topics. Angele is the first African-American president that the American Mental Health
Counselors Association. NAADAC is delighted to provide this training presented to you by this experience professional. So Angele, if you are ready, I will hand it over to you.

>> Thank you, Katina and good afternoon, everyone. And I thank you for inviting me to participate in NAADAC's virtual summit, Engagement in the Black Community A Virtual NAADAC Summit. The Journey of the Black Helping Professional. Let me begin by stating the content of this webinar does not speak for all Blacks. However, I had to reflect on my journey to prepare for this webinar. A career that I am most pleased with.

Outside of the desire to, of course, become a movie star. I was introduced to being a helping professional as a child. My grandmother, a premier psychiatric nurse, she worked at Saint Elizabeth's for several years until she decided to start her own business, provided in-home psychiatric care to patients, discharged from the Saint Elizabeth Hospital.

What we know today as a community residential facility that she had picked. So this was her life's work. And going up, I was her helper. And over the years grew to follow in his footsteps.

Now, am I renowned author of psychological literature or a pioneer in the profession? The answer is no. However, I believe my journey may be similar to many of you attending this webinar today. So in a general way, I will share my journey with you and ask that you just follow the paths that I plan to share with you today.

I'm going to cover for paths to describe my journey and as some research is positive, are critical, paths that are critical for Blacks to succeed.

Now, are these the only paths? No. However, they are what I consider essential. So let's get started.

First we are going to look at our learning objectives. And at the end of this webinar I hope that you will be able to identify and explain four critical paths that we health professionals may find beneficial when entering and working in the helping profession. The other is to recognize critical health care disparities that affect Blacks and other people of color.

And let's recognize the importance of collaboration and breaking down health care silos to promote integrated care for persons with co-occurring disorders, especially Blacks and people of color.
I'm going to start with this quote by Booker T. Washington. Booker T was an educator, author, and he wrote these words more than a century ago. As a way of encouraging this duck has Afro-American compatriots, many of them recently emancipated from slavery. And it was written to encourage them to persist in their fight for equal rights and economic opportunities.

Success is to be measured not so much by the position that one has reached in life as by the obstacles which one has overcome while trying to succeed. And I really try to live by that. You know, looking at our black history, it's fair to say that since the 1960s, African Americans have made considerable gains in education and the workplace. However, we continue to experience barriers, such as discrimination, prejudice, and structured variables that continue to thwart Blacks from achieving their full potential in the workplace.

Although these barriers exist, it is imperative to recognize it and understand the factors that influence career development for Blacks. These factors are necessary for the student, the emerging come professional, as well as the so-called season professional to succeed both academically and in the world of work.

These factors are the pathways that I will now introduce to you.

Education, mentorship, collaboration, and professional membership. Now, these pathways are not listed in any particular order. However, each pathway provides advantages to a successful journey for the helping professional.

So let's start with education. This chart looks at the education level of people that work in the counseling field. As you can see, it says 5% of professionals hold a doctoral or professional degree. 52% holding Masters degree. 25% a bachelors degree. 5% and Associates degree, a% have some college or no degree, 5% with a high school diploma or equivalency and 1% with less than a high school diploma. They may have some type of the certification.

So most positions as we know, in this field require at least a bachelors degree. As we can see, these educational requirements vary from high school diploma and certification to a Masters degree, including internship, which is typically required to become a counselor. And particularly a mental health counselor.
In the US, the percentage of this educational attainment, we can also look at ethnicity. So Blacks and Hispanics have the lowest percentage of high school and college graduates. Compared to whites. And Asian Pacific islanders. While whites have 90% of folks who have completed high school and 35% college grad. Asian and Pacific islanders, 90% have college, and they are considered -- we look deeper into these statistics, we can also discuss some of the racial disparities in education. That would include educational institutions, especially historically black colleges and the funding or lack thereof that the institutions receive.

And it just brings to me currently what is going on in the state of Maryland, where the HBCUs are hoping to settle a 13 year lawsuit against the State of Maryland for disparate use of funds for HBCUs versus the predominately white and cetaceans in Maryland. And that's us in Maryland. I'll look at the percentages, we often go to find these disparaging system statistics in which Blacks typically have less attainment than black/white another recess.

I entered the workforce with a degree from an HBCU, which was on more than one occasion, a deterrent to some employers. Believe it or not. During my formative and adolescence, I lived several years in California. These institutions -- we are often excluded from certain academic activities and clubs, which minimize recognition of academic success. But exaggerated accounts of our conduct. So upon our family's return to DC, I was enrolled and attended a graduated from a predominantly black high school and then HBCU with honors, supported educational advisors, and also the opportunity to study abroad when entering grad school.

Now, these factors that I just mentioned when attending the HBCU helps boost my self-esteem, and sense of self. So when I started thinking about that experience, because it wasn't always pleasant, to have employers actually say to me, O. You went to a HBCU. What we are really looking for is a candidate who may have a lot more experience, a little more to offer if my education was substandard.

So I started asking about HBCUs and PWIs, and I found a journal article titled Motivational and Judgment Predictors of African-Americans Academic Achievement at PWIs and HBCUs. It said black students achieve at predominantly late PWI requires
additional effort compared to black student achievement at a historically black college or university.

So in the journal article, they actually surveyed black students from both institutions. The predominantly white institutions, and the historically black colleges and universities. The difference was on with lack of support and inclusivity from peers and instructors. And I could relate to that because of my own experience.

So graduating from an HBCU versus a predominately white institution is an ongoing debate among students and professionals. Now, I'm not bringing this up to have a debate on which school is the best for Blacks and people of color, because I celebrate black excellence whenever a person attends and achieves. However, we must acknowledge the racial disparities and educational attainment that continues to exist, which ultimately affects our workforce.

Understanding these factors can influence opportunities that will provide professional development to black students motivated to work in the health profession. These opportunities include creative and supporting initiatives for organizations that partner with HBCUs to create and promote opportunities in our profession. These initiatives that expose students to receive hands-on experience, skills development, and mentorship.

So that takes us to mentorship, the second path.

As I was talking the first slide about education and bringing up the fact that we need to do more to get Blacks working in the field, if you look at statistics, you'll find that the counseling field is a -- practitioners are predominantly white. There is a larger percentage of white providers than Blacks. So we are underrepresented in this helping profession. So I believe that mentorship provide that opportunity for not just student, but even as ourselves as professionals, for career advancement.

So if you recall the journal article I just referenced in the previous slide, motivational and judgment predictors of African-American achievement, the results from the journal significantly highlights that African-American students would like to see more outreach, more peer guidance, and more visible and available career mentors. So mentorship can be multifaceted.

So why is mentorship important, especially for Blacks in the workplace? Because it provides access to other people and opportunities to network. It can be as simple as
receiving an invite to attend a meeting he may not have been able to attend. Or even what is called a stress assignment. So what is a stretch assignment? A search assignment is known as a project or task given which is beyond your current knowledge or skill level. So this stress assignment can be risky because the assignment can be given to either stretcher skills or flag performance issues. But the stress assignment challenges you by placing you into uncomfortable situations in order to learn, grow out, demonstrate your skills. Although they can be risky, they are shortcuts to advancement. So don't underestimate their career making potential.

Mentorship has and continues to be, very beneficial to me even today. The mentors in my life to name a few, my grandmother, my college professors, and advisors, and Dr. Francis Chris Wilson. But I remember attaching myself, we just seemed to connect. I was introduced to her as early as high school when I graduated high school, I was to introduce our guest speaker. And it was Dr. Francis Chris Wilson. So we just need to look seem to connect. We would lose touch every now and then, but we could always reconnect. And so she has been a great influence in the way I see life and the way I do work with Blacks and people of color.

So just to say, mentorship is a two-way street. It not only benefits the mentee but also the mentor. So I really implore you to pay it forward by lifting others as we all grow together.

So now let's take a look at collaboration. Collaboration, I love courts, so forgive me, I like that Oprah says the best way to succeed is to discover what you love and then find a way to offer it to others in the form of service. So collaboration, I'm going to talk a little differently about collaboration because usually it's part of just working together or working will together. But there is more involved than that. I believe collaboration is a key to success. And it is the process of two or more people or entities or organizations working together to complete a task or achieve a goal. Too often, we lose sight of what got us to where we are today.

We forget that we did not get here by doing it alone. And that we want get further ahead by doing it alone. It's been my experience and observation that we fail to do this consistently with each other as Blacks. I'm talking about team working collaboration, there's just not enough of it.
In our quest to succeed, it appears that we should be able to see and treat each other as competitors, not partners. Competition is always going to be there, but to be the best and prove how much better and capable you are, then your counterparts, people tend to take it to a different level.

So I read somewhere that the desire to outdo someone is actually rooted in fear and insecurity. Stemming from the possibility of relinquishing the spotlight. And that not only is a flaw, but stunts our individual growth and our collective growth. It stunts our growth as a collective as well.

So collaboration is a valid tool. So how do we collaborate effectively? We build honest relationships with each other. And assess each other's areas of strength. We can't be good at everything. There is always something better than us, more knowledgeable than us at something, when we work together we work together to achieve a goal. We collect by sharing ideas, strategies, and strengths, which builds the collaborative relationship.

We must also remember to uplift each other. Through collaboration you can find that piece of the puzzle needed to carry you on your journey. And as I said, I really like this quote from Oprah.

So how do we build these collaborative relationships outside of the workplace? Let's look at the next path, which is professional affiliations.

I believe that membership in professional affiliations has numerous benefits -- to networking and getting places that you may not have thought you could get before. So to talk about some of the benefits of joining professional groups and associations, it provides an opportunity to stay abreast of changes within the field. Another benefit includes opportunities to work with other members, increase professional knowledge and skills, by attending conferences and workshops, access to white papers, journals and other educational resources.

The benefit of being able to get involved and be an active person, I will show you where you have times when a lot of members, when assigned to get something done, you have a handful. Everyone doesn't want to get active. We have to encourage our members to be active members. Take part in developing standards and best practices and summits and webinars and conferences. Our free dissipation in the association's
governing board and committees, we will have influence on the development and
direction of the organization which is one of the reasons I got active with the association
I am a part of.
I could almost find myself getting involved in some type of leadership or be active in a
committee or task force that is promoting some type of opportunities for the association
to grow.
But it also provides the ability to advocate for your profession. A professional
organization is usually active with the laws that are favorable to its members. And the
community they serve.
In terms of employment, membership provides contacts at the local, state, and national
and even international level. And these contacts can be invaluable when searching for
your job.
Oftentimes exclusive job opportunities are posted for mentors only. On the
organization's website.
And then of course, we have those membership discounts. Most of the organizations
receive discounts on a wide range of products and services. Everything from auto, life,
and medical insurance, professional liability insurance, vacation packages. So there are
a number of professional organization to conjoin in addition to a wealth of black
professional associations and professions.
Now, my experience was, upon graduation, sometime in grad school I joined the ACA,
American Counseling Association. And this was the beginning of my journey
networking, leadership, and advocacy. By joining the ACA, I joined the affiliate
association, the American middle the American mental health counselors association.
At this time, I think it was two years ago, they grew so that they another on independent
association.
So I am still in member with ACA, I then joined the state Chapter here in DC known as
the DC Mental Health Counseling Association.
It was when I joined the DC mental health counselors association that I was introduced
to a group of clinicians that we shared common professional interests with a nurtured
leadership, and out advocacy. And they got me busy. I was busy doing a lot of different

And so as of today, I am now the president of -- and its 44, 45 years of existence, the first black to be president of this association.

Am I pleased? Yes. But it's two fold. This like two sides of the coin. You wonder why did it take 44, 45 years for a black to become president of the association? What I believe, and I want to church, you been in church already, but God put you where you're supposed to be when you are there appear so everything happens and it's time and that's not just for me, but the growth and development of associations.

So I don't question it, I just embrace it and take the roller coaster ride.

And since being this active, I am so pleased because I can advocate for licensor, for licensed professional counselors. We have several credentials, clinical in-house counselors, and we are all under the same umbrella as mental health counselors, professional counselors. And we don't have licensure for the occupations.

So I'm actively, and very active in that arena.

And also for Medicare reimbursement for licensure of professional counselors. I just have to say, we are closer than we ever were. It's been years and years of advocacy on this. But things happen, like I said, in time, and I will let you know that we are closer to getting this for all counselors.

I am also a member of NAADAC. And I'm a proud member of NAADAC. I have been and never of NAADAC for several years. And I also serve on the leadership here. I am an active member period sit on the DC advisory committee and what we are doing is creating a DC Chapter of NAADAC.

And so this has been what we are doing pick we are working on our bylaws and advertising for folks who run for office. So it's been quite exciting. So I'm quite busy in addition to my practice and working a full-time job. But I'm enjoying every bit of it.

So now what I would like to do is have us participate in a poll question. So having gone over with you the four payouts that I consider critical paths to success, what I want you to do is to tell me which path is presumably most advantageous for career development and success, in your opinion?
Thank you. This is Samson showing up here. I just launched the pole. Almost 20% have voted. If you can see the results coming in, I was us let you continuously speaking to those results and I will go back on mute and close the pulling and maybe 15-20 seconds and show the final results.

I’m going to need your help there because what comes up for me is just the poll.

Okay. No worries. When we close the polling and show the results, you will see it. Okay.

All right, everyone. About five more seconds and will close the poll.

I don't see collaboration. I think I merged that with the mentorship and professional affiliation. Thank you for that.

Okay. So it looks like the -- first, thanks for participating in the poll. It looks like 43% said education. We have the next one being 28% mentorship. 11% employment, and 17% professional affiliation. I just want to say thank you. All of these paths accept all choices and this makes sense because it typically recognizes your area of strength. So some of us are more studious. They are good test takers, education would be perhaps the preferred path.

Some of us are able to maintain relationships and are comfortable around people at networking, which means tapping into the strength of communication skills. So there is no one correct answer. They are all acceptable, all on the right path.

So we have reviewed the paths that I believe are critical for Blacks to succeed. So now let’s enter into the realities of the real world of work. For the black helping professional. Again, this section is presented through the lens of my professional journey.

Health and health care disparities. So my journey has afforded many opportunities. And more jobs that have had my ability to be empathic, not a judgmental of other, humble and grateful. There but for the grace of God go I.

And I recognize that mental illness and substance use disorders, they do not discriminate. My life is not perfect. My family is not perfect. And by doctor had picked me up to put a foot in front of the other to stay on the path. So my professional journey has afforded the opportunity for me to work with and alongside people with vast racial and ethnic backgrounds as well as provide behavioral health treatment services to
those from various racial and ethnic backgrounds. This experience in full as does my discussion of health care disparities.

So that — let's define health and health care disparities. Health and health care disparities refer to different in health and health care which means groups of people that are closely linked with social, economic, and/or environmental disadvantage. These disparities are rooted in inequities and access to good providers, insurance coverage, as well as discriminatory or disparate treatment by professionals and practitioners. No matter where it whether it is conscious or unconscious.

Health disparities arise most commonly from these social factors. Social factors known as social determinants of health. Such as poverty, environmental factors, education, housing, food, nutrition. These factors contribute to poor health outcomes. So I want to focus on access to care, lack of insurance and chronic health conditions and how these factors drive health disparities.

After that, we will discuss what is an evidence based intervention proven to reduce health disparities and improve health outcomes.

This chart here, from my notes here, common health disparities by race and ethnicity. So in my research, I found this table, the most recent data, that's 2017 and 2018. So I going to share this and feel free if you find data that is more close to 2019, 2020. If you could share that with Katina, and that way we can have some information.

But for African Americans and Blacks, health coverage in 2017, 10.6% of African-Americans were uninsured compared with 5.9% of non-Hispanic whites, 89.4% of African-Americans had health care coverage compared to 93.7% of whites. 44-point 1% of that 89% of African-Americans with insurance it was government health insurance coverage. So like Medicaid and Medicare.

And 12.1% of African-Americans under the age of 65 reported having those health insurance coverage.

Chronic health conditions for Blacks, 13.8% reported having fair or poor health compared to 8.3% of non-Hispanic whites, 80% of African-American women were overweight or obese compared to 64.8% of non-Hispanic whites, and in 2017, 12.6% of African American children had chronic health conditions compared to non-Hispanic
white children in terms of mental health and -- in 2018, 8.7% of African-American adults received mental health services compared to 18.6% of non-Hispanic white adults.

And it goes on. And if you look at this chart, you will see how the percentages, if you look at the uninsured, and you look over at African-Americans, Hispanics, 16% uninsured, white, 5.9% uninsured, and we combine other ethnic wrestlers for the other category, we can see the disparities here. Even with chronic health conditions. We have 13.8% of African-Americans have these chronic health conditions. Compared to whites with 8.3% and even Hispanics with 10%.

So to me, it's rather disturbing and it's like, what can we do or what do we need to do to address these health disparities?

I want to share with you the next slide, and it takes me to -- I was talking about actually implementing evidence based practices in our workplace. But before we go there, I want to do one more poll with you. And the question is, what is the major issue that contributes to treatment gaps for mental health substance use treatment among Blacks and people of color?

>> Thank you, everyone, for voting in this poll. It looks like a lot have you have voted. We will leave it on screen for another 5, 10 seconds. Perfect. Thanks for voting in this poll. I will share the results and turned it back over to Angele.

>> Great outcomes here. We had 38% that said access to treatment. 34% that say unfair treatment based on race or ethnicity. 19% was lack of insurance and 9%, effective treatment models. Thank you.

Of course, all of the above are vital to our efforts to in a minute these disparities. And just like the other pole -- poll, we select based on what we know or what we can relate to in terms of what we have done in our work. And I select effective treatment models over the others.

Because I believe that even with a lack of insurance, I believe that the most effective treatment models, if we are looking with an individual in a way that is going to address all of their needs, then we can get them access to treatment. And help them, then, to get insurance. So I think for me, it starts with how to provide treatment to individuals. And sometimes, you know, it means going above and beyond. I advocate for my clients. I advocate for them whether in an outpatient setting or inpatient setting. And if I run
across someone that doesn't have insurance, I am calling and connecting them with someone who can help them to apply.

It out of times or folks of have insurance because it's complicated. And I ask that you think about your choices when you are selecting insurance, insurance plan, how simplistic is it?

So when we leave this up to folks who may not be familiar, when you find that they just say I don't get it. I will just go without. I am all for the Affordable Care Act, and I'm hoping that that is going to be improved and access to care will be increased for our disadvantaged folks.

So just to say I think they are fighting the efforts to innovate the disparities. What I want to do is talk about how to improve access to care by providing evidence-based clinical care.

And my soapbox is on integrated treatment and care coordination.

So this is some work I'm sharing with you, work that I did some years ago because I tried to do research on integrated treatment outcomes for Blacks and people of color. And it tell you, I just couldn't find anything. And then it dawned on me that you know, you did a presentation some years ago based on the work that you were doing as a care manager. And this might have been around 2012. Of what we're going to describe are these outcomes for providing care management services for consumers considered how users of services. And how users of services we defined as those individuals who were involuntarily hospitalized, psychiatric admissions in 12 months. They had had three or more involuntary admissions. In a 12 month period of time.

One of the things I learned into that research is that they had a co-occurring substance use disorder that had not been distressed, wasn't being screened, dressed, or treated because it was the mental health treatment environment and we have our silos. Although we are getting better. But as I mentioned, this was sometimes maybe 2014, when I did this.

So the mission of this was to help the agency that I work for, DC Department of Mental Health, get out of a lawsuit. This lawsuit was an ongoing thing. It was several years, 30 plus years of being under the supervision, I guess you could say, of the court for the way that they were rendering public mental health services.
So in the department that I worked in, our goal and mission was to assure that these consumers, these high users, had access to care. We also looked at holding providers accountable for providing services. And we wanted to ensure that there was going to be a reduction in inpatient admissions and overall increased community tenure with them being in an appropriate level of care.

So this data is based on providing integrated care management services. To 331 high users. 48% of them male, 51% were male. 85% were African-Americans. 4% were Hispanic. The other 4% Caucasian and 5%, other races.

Now, the care management reviews were conducted at predetermined time intervals during the year to monitor the progress of these high consumers while hospitalized into discharge planning and follow the post discharge to evaluate their progress across domains. The care management process included conducting biweekly multidisciplinary meetings to discuss coordination of care and strategies for outcomes. Because a lot of times they say oh, the pit percent in keep their appointment. And we would occur them to kind of -- we would determine whether or not they needed higher-level care such as -- services so someone could go out into the field, into the community and try to provide outreach to that consumer.

And consumers were discharged from care management when they reached psychiatric stability for an -- at least one year.

As a result of the work, the outcomes of this were influenced ongoing care management for high use consumers, and each deferment had a critique criterion they had to meet, and so ours was called Dixon exit criteria number 14, which was about demonstrating continuity of care upon discharge from inpatient facilities and this was for adults, children, youth, and we ultimately helped to settle the district oversight with the court.

So with these 331 people, we had 222 admissions in the beginning. By the time we finished, we saw a reduction of inpatient hospitalizations by about 23%. We had 30% increase in community tenure meaning that these folks stayed out of the hospital for a minimum of 90 days or more.

Also we saw that with discharge planning and follow up, we covered more than a thousand discharge plans. And while that number would be higher because oftentimes
we’ve got to go back and redo that discharge plan. Because something is missing, the level of care may change. So it's constant what we call care management.

Civil commitment. 85% of these consumers were in need of being civilly committed on an outpatient basis. Not inpatient. So that means that if they were not responding to treatment, we could say, we need to re-establish care for them even if it means involuntary treatment to take place. In lieu of seeing them decompensate.

We found that 95% of them were in need of higher services such as ACT services. And we also found that 93% of them needed to be screened and assessed for substance use disorder. And 93% of them had a co-occurring substance use disorder in which the substance use disorder was not being addressed, hence the revolving door back into inpatient psychiatric treatment.

We also saw a 35% increase in psychiatric stability. So I just want to push that we look at these evidence-based treatment models and see what works for your agency, your organization, your consumers, your patients.

I just believe that when we look at the whole person, although we may not be able to provide as a mental health counselor, you may not be able to provide psychiatric services or substance use services or for the substance use provider, you may not be able to provide mental-health services. But there are things that we can do to put in place to have an integrated treatment team within the organization.

So again, I just implore you to find ways to limit some barriers. One way you can do it is as I mentioned before, support legislation that improves and increases access to quality health care coverage and implement best practices, which will open the door for people to access wider treatment services.

And my final slide, I believe is just one that talks about models of treatment. Basically, where we find ourselves with single treatment, for example single treatment being I just do SUD. Or I just do mental health. And then I’m going to refer you to the other agency - - if you're in substance use treatment, I will refer you to a mental health treatment program to get more help. But we don't talk to each other. Number one, the signal treatment.

So my journey as a black helping professional is to educate and advocate for a system of care that implements an integrated treatment model which will help bridge the gap of
treatment disparities among Blacks and other communities of color and to provide quality comprehensive mental health and substance use treatment.

So to distinguish between these models, the single model is the primary diagnosis or client substance use or mental health problem will resolve itself. In this model does not acknowledge the president of a co-occurring disorder. It only treats that so-called primary disordered.

Sequential treatment acknowledges the presence of a co-occurring disorder but still only treats one at a time. Had the client will participate in one system and then the other.

The parallel model of treatment, the mental health and substance use disorders are treated at the same time. They can be treated at the same time, but as separate treatment professionals and often in separate facilities or offices. So the patient participates in two systems simultaneously. And this is where a lot of coordination and collaboration takes place between the two systems in order for this particular model to work.

The last one is the integrated model of treatment. This is the approach where you're treating both the mental health and substance use disorders at the same time. By utilizing one treatment team at the same treatment facility to address both disorders. As well as somatic health concerns because we have a lot of our clients with substance use disorder, mental health disorders, and because of limited access to care, are just not following up with care. They have a lot of sick physical somatic health concerns. So the patient participates in a unified incomprehensible treatment program. For having co-occurring disorders.

So I consider myself a health equity advocate. My journey began when the professor called me a rebel with a cause and I immediately embrace that title. As far back as I can remember, I always cheered and supported the underdog. The less fortunate. And at times to my own detriment.

Now, prior to COVID-19, we have seen firsthand the disparate treatment of Blacks and people with of color within the health care system. COVID-19 in our current global unrest has exacerbated this reality and the call to action for change. It is estimated that
over 70% of people will require mental health and SUD services as a result of the pandemic alone. And of racial unrest. The trauma that we see on TV. So they need to address this multifaceted behavioral health need of Blacks and other diverse populations we serve, may appear complex. However, it warrants our attention and our advocacy efforts. So there is a call for change advocates. Clinicians, researchers, scientists, public health professionals and policymakers. Those who can offer a cultural perspective and strategies to promote support and implement evidence-based treatment models. Best practices that will reduce these disparities improve treatment outcomes of the client's quality of life.

I ask that you know your strengths. I recommend, some of us have problems, even with our clients helping them identify their strengths. There is a link I like, it is called the Clifton's Strengths Cards, it will help you identify what your strengths are. So these are my strengths. And usually people talk about their flaws, what they are not good at, so it takes time to get in that frame of mind to think about what are my strengths? What am I good at? What gets me through? So understanding your strengths is an important part of being self-aware and taking control of your career trajectory. Knowing your strengths and how to grow them can help you to hone your skills in the most relevant areas to your career.

So by spending time with -- reflecting on strengths and analyzing how you can use them in your day-to-day lives, you can make career choices that enable you to succeed and continue cultivating the strengths.

So in order to recognize her strengths, and understand how they influence your work, try these tips. Listen to feedback. Hear what others are saying about you and your work. Pay attention when coworkers are listing your positive traits and give you feedback about your work performance. After consider your passions. When you enjoy doing something, it's often easier to hone your skills in that area and to develop them into some other key strengths. So think about what you most enjoy doing, spent time practicing those activities and the broad skills that you used during each of those activities.

Pay attention to where you are most productive. And ask others directly. Ask your friends and colleagues. They can give you insight that you might not have noticed.
otherwise. So seek out opinions on a variety of differences. Manager, coworker, or someone you supervise.

Seek out new experiences. Self-awareness is heavily based on your life experience. Try new skills. Try new activities. Seek out professional development opportunities. And most of all, take some risks by asking to collaborate on projects outside of your usual skill set.

So I'm going to end this with Oprah's quote. The best way to succeed is to discover what you love and then find a way to offer it to others in the form of service.

I want to thank you. And I think we will open it up for questions.

>> Thank you for that excellent presentation. Let's see what questions we have from our audience. Jennifer asked, what is the best way to find a mentor in the field if I'm looking?

>> So I think a part of finding a mentor is connecting to one of the ways I would recommend is if you are a part of a professional organization, that you attend activities and observe people. Who was doing something that you say, I admire what they are doing. I like what they are saying. Even in trainings. You can go to a training if you like the information that someone is providing. You go up and have a conversation with them. I wish it was a silver bullet and you could wave the magic wand and overnight we have a mentor. But for me, I know that I want to be sure that the person, we have some shared interests. And I also want to be sure that this person is one that's not going to tell me what they think I want to hear, but what I need to hear. So is that honesty piece.

>> Thank you for that. Our next question is how do you handle a situation where you are attempting to mentor another person of color in the field, and they seem to be resentful?

>> So I guess they're not ready for mentorship. That's the only way I can put that. Because if a person is ready for mentorship, what does that say when the student is ready to teach another peer, you can't do an provided service or someone who's not ready to accept it. So this might not be a good match. And that's okay. Don't take it personally.

>> Thank you for that. We have another question. It says, when we are discussing the importance of mentoring, is it preferable that the mentor be a professional who is also
black? In a situation where an addiction professional is supervising an intern or staff member who is black, and the supervisors white, what might be suggested for providing culturally sensitive supervision and support for that intern or staff member?

>> So if I get that right, it's a quite supervisor in a substance use treatment averment supervising a black addiction staff person and we are concerned about cultural competency in working with the client or is it with the employee?

>> Support of the intern or staff member.

>> Well, that's a tough one. And I say that because it can be a tough one. What I find is -- I'm just going to be blunt. That's one of my things. We often walk on eggshells, careful to want to -- to want to not say the wrong thing or approach others in a stereotype that the other race may have us. For example, black female. And I want to have a conversation with my quite supervisor about cultural and ethnic issues. And perhaps a way that I feel I may be -- I'm being treated. So some of that can come off. So not to come off in the stereotype of the angry black female, I may water down some of the things I want to say. Where in essence, it's going to be interpreted by that person based on their own experience. And so I just want to say be you. -- not what it is what you want to say, how you want to say it with whatever evidence of the culture there may be. That's a general answer because I don't know the specifics of what is going on there. But I just know that sometimes we find it difficult to have a conversation about race, culture, and ethnicity, the same as the white supervisor does.

So those conversations can be sensitive.

>> In the second part of that question was when we talk about mentoring, is it preferable that the mentor be an addiction professional who is also black?

>> Not necessarily. I think we are not choosing our mentors based on race and ethnicity. But based on what we share in common in terms of common interests and what that person can help us with in our career development.

I have had mentors as I mentioned, that have not been African-American. And not been female. Some have been white females and have been white males. And not for any brownie points here, but with the work I'm doing with NAADAC and with this advisory Council, I am learning so much from Cynthia Marina. Because we are on a task force together and I watch her leadership and how she takes charge. And I say yeah. I can do
that. And I'm going to learn how to do that more. Sometimes we are still a little reluctant to speak up when perhaps my executive director is speaking. And so I'm learning how to navigate those things. And I learned by watching others and listening and taking direction. So I hope that's helpful.

>> Thank you for that period next question comes from Larry Heller, and he asks, how do we effectively achieve integrated models across multiple systems in addition to mental illness and SUD? My clients might -- integrate issues like homelessness, being a child of social services things of that nature.

>> Yeah. That's why I spoke on care coordination. You know, to provided integrated treatment services, it a lot of times it has to start at the organizational level. And sometimes that can be difficult. But what I encourages that whatever level you are, sometimes is bottom up. At what I teach is do the work. Send the people out. Saying my employer is not interested in this. We can't do. I'm saying what can you do? You can do a mental health screening. You can do and SUD screening. You can document what's going on. So for that I will just say, learn what the integrated treatment principals and practices are and some of the key things screenings and assessments, being familiar with integrate a screening so you know how to help another person from one stage to the next for treatment progress.

When you start doing those things, because the organization is going to look at numbers. So when they see Larry's never increasing in terms of stability of clients, they are not in the hospital, they are not relapsing, they are going to say, Larry what are you doing? I notice your numbers have changed. And you can talk to them and say this is what I learned in this training program and just thought I would try implementing it. It takes time, and I just encourage you to become familiar with integrated treatment practices and principles. Go to trainings. Stages of change, motivational interviewing, integrated scoring and assessment treatment planning, and you will learn a lot and be able to take back things that you can do on your own.

>> Thank you for that. We have a next question. Associations can be expensive for new practitioners in the field. Some association memberships are excessive. And maybe exclusive practices at times. What is your comment?
So true. These things are expensive. But you can write it off on your taxes. But yes, they can be expensive. And so candy conference fees, to be able to go to conferences. But what I say to that is this is an investment in yourself and your profession. And when we want that pair of shoes or that pocketbook, and you spend that money for those shoes or that pocketbook, it's about what is it that you want and is important to you? And in terms of exclusivity, excluding people or not being as inclusive, yes, we find that a lot. And that is why there are certain organizations like black psychologists because they want to build an association for folks like us feel included.

So you bring up a good subject to can I think that if you were to get active within association, then you could help to elicit change where change is needed.

All right. This is our last question for this session. How can a black counselor deal with survivor's guilt?

>> Survivor's guilt. That's a difficult one. I really don't know how to answer that. Other than the practice of dealing with guilt itself. If it's grief related -- survivor's guilt can come in many forms. So I'm not quite sure. I would need more information.

All right pick you can find and Jill's information on the screen. And you can exit the CE credits from the session on the webpage from what you access the session. If you have any question about the process, be sure to read the CE instruction guide which is available on the NAADAC website.

I know many of you are NAADAC members, but many of you are not an may have never attended a NAADAC event before. We are so glad that each of you could join us before we end the session. And I would like to tell you a little bit about why I love being a NAADAC member. NAADAC has provided opportunities. First a cup provides countless professional -- byways of its credentialing process. Exposure to committees in real time. Who will work in real-time to help improve things at countless webinars to stay current in the field. They help to connect people and it provides and people to and opportunity to present trainings that professionals develop your and most importantly, it created this phenomenal committee, critical issues in the black community, to help people like you and I become a critical part of change.

I leave you with this quote. Not everything can be changed, but everything nothing can be changed until is faced.
And before we end, Cynthia, I will turn it back over to you for closing remarks.

>> Thank you so much, Katina. I have to say thank you and gel, big shout out to you. Thank you for your kind, professional comment. I want you to know that I learned from you. And thanks, everyone so much. This has been an amazing final session. This has been such an historic event for NAADAC, our first virtual summit. I want to thank you all for joining. I hope you have enjoyed the last two days. I really have. I want to thank you and recognize Katina and her co-chair, and the entire committee for working so hard alongside the NAADAC staff to bring their summit to your life. This would not have been possible if it weren't for all of the workers. The committee was fun this year and each of the committee members have worked hard to increase awareness and bring effective change with the NAADAC community and the whole addiction profession. I am proud of the work that they have done and very proud of this series, and I have no doubt we will continue to see the effects of their efforts in the future. It will not stop here.

Thank you also to all of our outstanding presenters and panelists who spoke so eloquently and passionately. And so vital to all the topics. That we all needed to hear, that we needed to feel that we need to be involved in over the last two days. Thank you to everyone who attended these last two days of trainings and conversation. Thank you for all of your chats in the chat box. We hope each of you stay connected with NAADAC and this committee as we go forward to reach our goals to foster diversity, openness, transparency, and inclusion in the community. Take care, be blessed, and hope to see you soon.