NAADAC

NAADAC, Critical Issues in the Black Community (Panel Discussion)

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All right, everyone, welcome to the second panel discussion of our virtual summit on Critical Issues in the Black Community. Thank you so much all for being here today and for joining us throughout this summit. I'm so happy you can join us. I'm Samson Teklemariam, I'm the director of training and professional development for NAADAC. I'll be the moderator for today's discussion.

To access CEs for each session of the summit, return to the web page on the NAADAC website where you accessed this presentation, and you'll see a button under each session that says access CE quiz.

If you click that button, it will take you to the quiz that you will need to take attorney to your CE certificate.

If you have any questions about this process, I encourage you to read and save the CE instructional guide. Looks like the screenshot that you see on our screen here. It also will be available on the NAADAC website and will attach a link in the checkbox periodically so you know how to get to it.

Also, we'll have a live interactive panel discussion throughout, so at any moment make sure to drop your questions in the Q&A box. Drop any of your discussion items or notes in the chat box. Go ahead and drop your questions in the Q&A box, and you can vote up the ones that you really want to see answered first and we'll make sure to try to get to all of the ones that we can.

Now, we have five panelists for today's discussion, so let me go ahead and start introducing them to you.

First, Dr. Carmela Drake is an assistant professor and program coordinator for the Undergraduate Addiction Study. She has worked in the profession for over 20 years and serves as the president on the board of directors for the Council on Substance Abuse in Montgomery, Alabama.

Also with us here is Peter Mott. He has been in the behavioral health profession for 20 years. He currently works at Sprintz Center for Recovery in the Woodlands, Texas, area. He has been based in an acute care hospital, residential programs and outpatient treatment setting.
Also here today is Katina Palmer, a champion for change. Katina holds her Bachelor’s of Arts and Masters of Arts Degree from the George Washington University. She 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 and serves as a youth director in the community.

Also here today is Joe Powell. Joe Powell is in long-term recovery with 31 years free of alcohol and other drugs. He is the president and CEO of the Association of Persons Affected by Addiction, AAPA in Dallas, Texas. A recovery community organization that provides peer to peer, mental health, and substance abuse services for individuals, family members, and the community. Joe has been a licensed chemical dependency counselor for over 35 years.

Last, is Thurston Smith. Thurston has over 25 years in experience in criminal and juvenile programming, mental health and children and huge services. Currently, he serves as an administrative and program surveyor and is an adjunct faculty member for Union University. He's held a variety of leadership positions during his civil service career, and Thurston is very active as a community organizer, public policy activist, and advocate against poverty and racial injustice.

Also, all of these panelists are members of NAADAC’s Critical Issues in the Black Community Committee. We're really thrilled to have each them here today. I'm going to pass this on to Katina and we'll pick up with the rest of the discussion later.

First, we want to hear from you all. So I'm going to go ahead and activate a polling question, and I would love to hear what you all think. If I can launch it. There you go. You should see that polling question on your screen. The question is, what do you think is the most important critical issue in the black community for this NAADAC committee to address this year in 2021?

Again, what do you think is the most important critical issue in the Black community for this committee to address in 2021?
You'll see six answer options there. Go ahead and start voting. It looks like about almost 20% of you have voted. I'm going to give you about 30 seconds to vote. While you are voting, I just want to make sure, panel, can you all see the vote on the screen?

>> Yes.
>> Yes, we can see it.

>> Excellent, excellent, so I'll let the panel comment as you all are voting. This is a panel discussion. We'll have a short discussion and the rest will be in open forum discussion. So please click the Q&A to drop any questions you have for our panel. I'm going on mute and I'll let the panel chat about the results that they're seeing come in. Five more seconds, everyone, and I'll close the poll. All right. I'm going to close the poll and share the rules.

Panel, what do you think?

>> I'm not surprised that stigma probably has the most votes. Because, as we know, that this has been a longstanding issue in the Black community in regards to addressing substance abuse issues. And we still struggle today in dealing with it. Lots of times when we go into a facility for support, it's not always a culturally sensitive provider that they're talking to. And so therefore, you know, they're easily turned off or they're not engaged in their treatment because, you know, their concerns in regards to what may have kept them from going into treatment and finally decided to get into treatment, they go to a facility that still does not know how to support them in their recovery.

>> Interestingly, I see that approximately 25% of the respondents identified public policy as their most important factor. And perhaps I'm a little bit biased. I think it's probably public policy is the predominate element that needs to be addressed in order for us to realize significant change, not just as it relates to African Americans in treatment, but also examining the fact is that serve as pre determinants to them even entering treatment. Thank you. We look forward to talking about this a little bit further. Thanks.

>> Thank you, panel. Oh, go ahead. Go ahead.

>> I think it's partly a number of these that kind of intertwine with the one that's the most popular. But I also agree that I'm actually not surprised by the fact that the one that received the most votes is the need to address the stigma. Because historically, you know, we are marginalized. We're marginalized people and we're expected to perform at the same level as our counterparts.
We’ve also been used to push certain type of political referenda too. So there was times when we were asking for help and we were being, you know, exploited because of that request and then criminalized.
So that stigma was developed out of some systemic racism that occurred to us as a culture when we tried to seek assistance.
So, yeah, there's some other things that come with that but, yeah. Stigma is probably the biggest. And so, yeah, I agree.

>> I just want to add in there as far as the advocacy piece, when you look at fighting for the more vulnerable populations, as far as African Americans and what does that look like?
We don't see that in the community, in the vulnerable community, in the black community. We don't see a lot of fighting for health, wellness, and recovery. So advocacy is one of the first thing, I'm an advocate first.

>> And so to add to what's already been said, one of the attendees stated it was hard to pick just one.

>> Yes.

>> Exactly.

>> Because each person is impacted differently. So your perspective is going to be based on how it's impacting you. But I definitely believe the fact that we're all here, we have over 270 participants means that after this conversation has ended, we're going to do some work.

>> Thank you, panel. Okay. So if you would like, panel, feel free to turn your webcams off for a moment or you can stay on with us. I'm going to join Katina Palmer who is one of the two cochairs or leaders of the Critical Issues in the Black Community, and we will start by sharing a little bit more about this committee. Katina.

>> Hello, everyone. I'm Katina Palmer and I'm a cochair in this extravagant but most important program, critical issues in the Black community. Today's objectives will cover participants learning about the six critical issues that we're focusing on as a committee. You will also be able to explain why these critical issues were selected by this committee. And lastly, you will be able to participate in approaches taken by this committee to address those six issues.
So when you see the CIIBC, that acronym stands for the critical issues in the Black community committee. All right. As you stated before, this is a newly formed committee starting in 2020. So that is encouragement to everyone who's joining us for the first time, you have not missed anything. You have an opportunity to get in.

My cochair is Dr. Bakahia Madison, and we meet every Thursday for about an hour and a half. And we encourage you to get connected.

And before we proceed into the six specific areas, we just want to share the mission statement of the Critical Issues in the Black Community. And it is to provide a voice and platform for the Black community. It's to identify issues that are unique to and pervasive within the Black community. Advocate and provide support for the various challenges that impact addiction, recovery, and mental health within the Black community. And provide professional advancement opportunities and mentorship for Black professionals specializing in addiction treatment. And what that means in laymen's terms, we want to support you as a professional as you do the work.

We want to make sure resources are in existence so you can be effective in delivering the work. And we want to make sure that people are impacted by what we're doing by spreading the message, not just in the Black community, but to the community as a whole.

Thank you, Samson.

So our first critical element that we're going to take a look at deals with taking inventory. And this is how NAADAC is impacting and perpetuates any systemic racism and to help membership move away from that systemic racism.

>> I'll throw in two cents every now and then for NAADAC. This was really great, the committee kind of brought this to light.

I think our mutual feeling is that when we want to impact change in the industry, it starts at home, right?

So it starts with the self-assessment, self-examination, and then transparency with the committee. So we still have a long way to go, but some of the things we're really proud of implementing is with this committee, we offer transparency and sharing with them data on whatever demographics we can have. Which some demographics are confidential or we don't have and somebody data we're still improving on.
They help us see how we can improve minority representation at all levels. Katina.

>> All right. Number two, to address stigma. And that deals with not only with substance use disorders, but also mental health in the African-American Community. As previously stated, a lot of times people struggle with admitting that they have an issue because of how they're going to be perceived to be based on their condition or mental health diagnosis.

So we want to build standards. What that means is to build standards of cultural competency for practices for not just local, but across the board. We want national and state boards to recognize that this is necessary in this process. Number four, change policy. That means we want to propose policy changes that impact legislation that has a long-term effect with eradicating the systemic racism and inadequacies and inequities that people have experienced so that we can all be better. Number five, advocate. Advocate for those in more vulnerable Black communities. And that is a simple statement, but it's a powerful statement simply because any community where people are underserved is a vulnerable community. And number six, require learning. We want to create credentialing requirements that mandate cultural humility trainings as a part of a by annual process. We want to make sure you understand what it is you're required do regardless if you're a person of color or not.

>> Incredibly well said. I wanted to add in something but I kept hearing, okay, Katina's covering all the points. I'll add for this one, I know when this jumped up in one of our committee meetings last year, the question that we asked was how is it possible that for most state boards and national certifications we renew our license every two years. And we have that list of CE requirements, 40 CE hours within two years, 60 CE hours within two years, whatever it is for your state or your national credential. And then you'll see this new subcategory where they say eight out of your 40 CEs have to be in ethics. Or ten out of 40 CEs have to be in "X" or "Y" or "Z." And in some states they also have added a certain amount of hours that have to be in a topic that's critical to your state, like in Texas, they've added requirements for human trafficking. And then as we
keep renewing our license, especially for our clinicians and practitioners who have been in here for a long time, imagine every two years how culture changes and how the impact of culture changes in the work that we do. And so in the same way as they're working on things like police reform and other departments who are servicing the community, we realize the addiction treatment provision, mental health and behavioral health professions have to examine what we require, what are core standards in terms of what we want a professional to know when they renew their license every two years.

Maybe that's 12 cents, Katina.

All right. So I'm going to invite the panel to come back and turn your webcams back on, if you have not done so already.

We have given the audience some time, and it looks like they've got a lot of great questions in. So I'm going to start firing them off.

Panel, whenever you're ready, let's go.

So the first question -- and, audience, please feel free to keep sending in your questions to the Q&A box. Also vote up the ones that you want me to ask first and I'll make sure to ask those first.

The first question comes from Tony. Tony asks how do you think gentrification is affecting Black communities across the country?

Well, I'd like to speak to that, if I can. In his second epistler, he says we are troubled on every side, we are perplexed but not despair. As poignant as Paul's remarks are, one would have to examine these two things as they relate to Black Americans. How relevant would his remarks be to the experiences of Black people in America today?

And secondly, if relevant today, which I'm confident they are and I'm sure you agree as well, perhaps half of his remarks are [ inaudible ] to Blacks. Now, given the failed policies, Blacks are not only troubled on every side, but we're stressed. So we are not only perplexed, but we are in despair. This is precisely why I said in my research, and I have found that there are three critical policy areas that have disproportionately impacted Blacks and continue to impact Blacks today.
One is housing, which speaks directly to issues of gentrification, beginning, in fact, in 1935 under Franklin Delano Roosevelt's new deal.
The second critical policy area is education.
And the third most impactful issue impacting Black people is criminal justice.

>> I would put -- I'm sorry, did I cut someone off?

>> Go ahead.

>> Go ahead.

>> I feel like I always cut you off. I'm going to let you go this time. Go ahead.

>> Yes. Well, what I wanted to add is that it's important that we understand when we talk about, you know, gentrification and understanding when we talk about disproportionate services for the Black community, we have to understand the difference between race and racism.

Race had always been thought of as biological. But race is just a classification system that was created by man to identify or to define people's physical features. But what has happened over time is that that's become a social construct that is used as a tool for discrimination, oppression, and violence.
But then we have to look at the difference between race, and then we look at racism. Racism is all about systemic processes and protocols and legislation.
And so I'm going to be Black till I'm Black. And so that's not going to change for me. But what has to change are the social systems we have in place that keeps us from being able to access equal services like our non-Black counterparts do all the time.
So it's important that as a committee, and this is what we're focusing on, we're focusing on trying to change systems. Because for so long systems have always looked at our race. And we're going to be Black until the end. That's not going to change for us. But what we can advocate for change are those systems that work against us.

>> Thank you for that. And if I can add an additional comment to that, I will stand corrected, it was actually the national housing act of 1934 under president frank Len Delano Roosevelt that did a few things. Number one, it was established to stimulate the economy, but only for White Americans.
Number two, it excluded Blacks from buying homes and forced them into substandard living conditions.
And number three, these were the same failed policies that established red line, which speaks directly to the participant's question, which even today has been a catalyst for unemployment in the Black community, crime in the Black community, the lack of ability to -- to establish wealth. And we establish wealth through three mechanisms. You have to own property, you either have to own a business, or you need to own stock. And African Americans are disproportionately impacted in all three of those categories. Thank you.

>> I think what gentrification, how it affects the Black community is one of the things that says to us is that we're not worthy of improvement. That we're not worthy of the same standard of living as our counterparts. Because when we ask for help, you come in, you clean up and tell us we can't stay here. But we asked you to come in here and bring things up to just at least a minimal standard so when you come and do that, then you turn around and tell us we're not worthy of being able to participate in that, make things impossible for us to be able to stay where we are, you know, that we have to leave and relocate because we're not worthy of the help that we requested.

And so, in turn, what that does is lead us to believe that we can't ask for help. Because if we do, then we're left out in the cold or we're pushed out.

So it's almost like gentrification has such compounding impacts, not just that, of course, it almost leaves us near desolate, but it also has this underlying connotative way of telling us that we're not worthy. We're not worthy to be provided the resources necessary to perform at our max capacity.

So, again, it just goes right back to the fact that we are not -- one, we need to acknowledge the fact that systemic racism exists.

And then when we acknowledge the fact that it exists, we need to be intentional in making changes to that so that we are not unintentionally communicating that someone or a group of individuals is not worthy of something. Because we'll quickly slide back and say, well that's not what our intent was. It might not have been what your intent was, but your actions was definitely intending or did intend or in outcome put us out. You know, marked us -- prevented us from being able to also
enjoy just the minimal luxury, the minimum needs, not luxuries, but the minimum needs just to exist.

>> I'd like to add to that, and you're right, as far as our intentions. Where does the work start?
The work is really an opportunity for the whole community to be involved. Especially if we know that gentrification is coming, who is it that invited you into this community here?
Our community has power that has -- our voice is not heard. But when you look at the businesses and stakeholders in the community and you look at all of the people that are in the behavior health field, the little resources that we do have, how do we move our community toward health, wellness and recovery?
And so that means the businesses have to be involved. Every business in the community needs to know that, hey, this is what we're moving towards is health and wellness and recovery.
Same thing for the stakeholders. We got a lot of stakeholders in the community that -- they've surprised me how many resources that we have. But, again, the voice is not being told and also we're not coming together.
But think if we come together to move toward health, wellness and recovery, those determinants of health, all of those will be addressed before gentrification.

>> And so what I add to that, and one of the participants pointed out we need to educate our people. We're clueless about too many things.
When you question came up I Googled real quick the movie "Boys in the Hood" because that was the first time I heard gentrification. And that movie was over 30 years ago. 30 years ago we had a warning about what happens when we don't invest in our own.
And one of the things that we have to start do is become the voice of reinvesting in our own and teaching at a young age what that actually looks like.
I know I can say for myself having done many leadership trainings, one of the things that was said was who's your next leader?
So take out Barack Obama. Who's the next person that you can truly identify with that say this person is really out here for the people, about the people, by the people?
And so since we can't necessarily state who that specific is, we, as a community, need to start to become those persons with where we are. And so I was just simply saying that we need to educate what gentrification actually means, right? Because if you don't know the term, you know what it feels like when you no longer see people who look like you in your community or you can no longer afford to purchase where your live or you start to realize how far out you actually have to travel just to get something of some validity or something of good.

So my biggest encouragement is to start to make it plain so that when people start seeing changes, we know to pay attention and not just have something to say after it happens, but while it's happening.

>> Exactly. And -- and gentrification, if I didn't make this clear earlier, is a symptom and a strategy of red line, which was established by this same 1934 President Roosevelt national housing.

And this is precisely why we have to pay very close attention to America's public policy. You know, President Nixon, what we know today as the White House office of national drug control policy was established by President Nixon in 1971, which was later then at that time called the White House special office on drug correction.

So here he used that entire apparatus to overwhelm the Black community by -- by -- and during that same time, the particularly in Black communities where there were civil rights activism, all of those communities were overwhelmed with drugs and those policies of that day continue to go on from administrative -- administration to administration.

See, we must understand one thing. That the Federal Government rarely establishes a policy halfway and doesn't see it to fruition. Irrespective of whether the administration is Republican or Democrat.

And if you studied the history, you will come to that agreement with me on that. So we got lots of work to do here.

>> This is good. The conversation is going and the chat box, I really appreciate the comments and the love that's coming in there, but our Q&A box is full. Let me go to the next one for you all, panel.
Stephanie asked a great question, voted up to the highest just now. So Stephanie asks as an African-American woman in the field, I must say that being a part of this summit has been very refreshing and inspiring for me. Can you speak to the importance of having therapists who represent people of color and why you think there are not more people of color in the field across the country?

>> So I'll start with that. When I entered this field, it was not because it was my life-long destiny, but it has since become that. I wanted to help and I didn't understand how I could help. Fortunately for me, I've been able to connect with programs and individuals who have guided me along this path. One of the reasons why think people don't get involved with this is because of stereotypes and judgments, right?

And so sometimes people minimize what they bring to the table and feel like they can't contribute so, therefore, I won't try.

And unfortunately, a lot of people that we serve, because of life impact, walk away with that mindset. And what I've come to understand is anyone can contribute once they understand their value.

And so a lot of times we understand the value and the power of our voice. We have looked to other people to define what we can and cannot do. And so therefore, if we don't measure up against that standard, then we think we can't perform. And I think this committee is giving us an opportunity to reset the standards that people need to measure themselves against and define for themselves so that people of color understand that their voice matters and there is change in numbers. There is power in numbers.

And because you look like me doesn't mean you went through my same circumstances. But it does mean that you may be able to identify me and help me for who I am.

>> Definitely I want to agree with Katina and what she said in regards to, you know, there may be stigma that comes along with working in this profession. But we have to be honest, this profession doesn't always, you know, pay a lot.

And so that -- that keeps a lot of people out -- out of the social service and the addiction field or in the counseling field. But you can look at all of us here on this panel and we -- I think we all may have started out on the frontline and doing what we were doing. But
over the years, somehow we connected to a mentor or mentors who taught us how we could become experts in some aspect of our addiction profession. When I go out and speak to other people who come into the addiction profession, I make sure to let them know that become an expert. And what I mean by become an expert in something in regards to your profession, make yourself as knowledgeable as you can. So when people think of this particular issue or problem, they're going to automatically say, I know someone who can address that problem. Or I know someone who can support you in this effort. So that's one thing you can do in regards to making sure that although, you know, you're in a profession that may not pay as much as someone that might be an engineer, but also you can start creating your professionals in the way you would want it to be. I take myself for an example. Yes, I started out in Memphis, Tennessee, working in community-based mental health centers. And I tell you what, I learned a lot about disorders at the age of 25 and 26 that I would have thought I would have never learned. And just simply having a Bachelor's Degree in social psychology. That foundation has laid the path for me to be where I am today. And so hearing in Houston when people think of someone who they need to address and train substance abuse professionals, because I've trained every substance abuse professional here in Houston, because I connected with other people who were in the field, they taught me. And then I started to put on workshops myself. And not only did it supplement my income, but it got my name out there in the community. And this was the go-to person to go to if you have someone who needed information in regards to substance abuse professionals or CEL or D.O.T. >> So, again, become an expert in your field, so people can know if you need this done and you need this information, you know where to go to in order to get that information completed. >> I think another issue as to why we don't see individuals in the profession that look like us is because we don't recruit individuals that look like us. So I'll tell you without telling you that when I first went into the profession years ago, there wasn't many that looked like me. I could actually count probably on one hand in
the city that I lived in Montgomery, Alabama, and tell you that there was not many, especially in leadership positions.

So we weren't recruiting individuals that looked like me. So part of the shift in my career move, you know, still working as a clinician privately but going into higher ed was because I was determined that I needed to go recruit people in this profession that looked like me. And what better way could I do that than to work at an institution that services predominantly minority individuals, Blacks at that, and train them and educate them to this particular profession.

We do so much recruitment in all of the other ones, I mean, they had it look so sexy, as you would say, specific areas of S.T.E.M. But you don't see any of that when it comes to the area of the mental health.

As important as that part of our health needs to be addressed, you don't see that kind of recruitment out there where we're trying to persuade our middle schoolers and our high schoolers to look at this as an actual career opportunity.

Especially our African-American youth. So my shift was because I got tired of seeing -- I got tired of seeing people who did not look like me. I needed to figure out a way I can help make that shift. So that's why I made that slight shift and started teaching at higher ed, because I needed -- the people who were coming to seek employment with me weren't looking like me. And I had a problem with that.

Because the individual that you were going to be working with looked like me. And so I needed for them to be able to feel comfortable and secure and being able to share and open up and work out their issues. And they don't always feel that way when someone doesn't understand the culture that they come from.

A lot of times, I mean, it's human nature, we're going to connect with individuals that seem to have more similarities to us. It is what it is.

When I go look for a doctor, I'm looking for a doctor that kinda looks like me. By nature that's what I do.

So that's -- that's our issue. We do not recruit, we do not go out there, we do not talk about what we do, we don't -- we don't -- mentorship is important, yes. But before we can start mentoring, we need to know that there's a mentor in this area and this is an area that might not start out profitable, but it can be in many other ways than just in
monetary. But that comes with other types of training in social skills that we'd need to provide our youth with other things as well, like money management and so forth. So this would be a very lucrative profession for you if you know how to manage your money. I say that to my students. It doesn't need to be about how rich you can get in something. It needs to be about how satisfied are you in fulfilling your purpose, you know, in being a contribution to the wellness of other individuals? Because when Joe across the street ain't well, I promise you you won't be well either because he will affect everything around you, include you that live across the street from him.

>> And I love it. Thank you, Dr. Drake. All of you -- all of you need to be historical in the history -- in our history books. And that's where I've got to say, I'm an advocate for wellness and recovery. And the hero's journey says that a lot of us who have disappeared with addiction and mental health and now have resurfaced and now are able to tell our stories of recovery, how we overcame addiction and mental health throughout all of the trauma and drama, you know. And a lot of us, a lot of that is intentional. What have we learned about Black people who have come so far?

What have we learned about the Black slave Douglas, you'll always be a slave if you don't pledge to stop drinking. He had to stop drinking alcohol and then encouraged all slaves to say, hey, we have to stop drinking in we want to be free. Another thing is Malcolm X. Another one of these guys who came up historically, Black men who achieved something spiritual, founders of so much in our country. But I think for me it's about having that mentor, Katina mentioned too, I did have -- when I saw that many people got sober and people do move on and all of the trauma and drama that we've experience and how that that can keep us stuck in where we don't know how to be healthy ourselves. How I do even -- I got to learn -- I have to learn how do I really look inside at my own health so I can help others? I tell my staff all the time, I can't give you something that I don't have. And if I do have health, I will pass on something -- I'm going to pass on some drama and trauma. But how do you pass on health, wellness and recovery, you know?
And that's what we learn on a daily basis. And, yeah, I love it that the behavior health -- especially Black people, this is an opportunity for us to promote as an advocate for recovery. The thing is that every day our stories have to be told on, again, how do we achieve it, but also the [inaudible] to our families and young people.

>> Exactly. And, you know, I am -- I am so pleased that Peter mentioned how very important it is that if you -- to develop, you know, that very fine expertise.

Here's the funny thing, the book of James, I believe it's Chapter 3 verse 1 or Chapter 1 verse 3 says be not many masters or you will receive the greater condemnation. Here's the interesting thing. I came into the field well over 20 years ago. And one of the things that I immediately found out in the field of addictions and substance abuse is that there were so many factors, symptoms, if you will, that were presented by the population that we all serve so faithfully.

So it's kind of interesting that that was me coming in the field served as a catalyst for me to learn more about criminal justice.

Education, you know, the whole gamete. And that's precisely why I am emerged in multiple facets of our society. Here's the last piece. As -- as individuals that work in the healing arts, and that's another way of phrasing, I think it's a nice way of phrasing our discipline. We are members and professionals of the healing arts, we are not just concerned about the symptoms in the presenting condition of our clients, but we're also interested in the causes.

The causes of those symptoms, the causes of those conditions. So having said that, even ethical principles, principle three speaks eloquently and poignantly about advocacy, cultural diversity, those kinds of things.

Lastly, I am more concerned about individuals that -- that work with people being individuals of integrity, having high competency, and all of the important attributes that go along with that, particularly as it relates through working with individuals within the Black -- I mean --

>> I'm going to see if I can move this along. Hold your hand up, panel, if you feel like I'm cutting you off. I'm going to move us along to the next question. I will add the two cents on that one to reiterate what everyone is saying. True genuine inclusion in industry, we're talking about an industry profession, it does require intentionality.
This is not something you can wonder, question, or think about to improve. It requires a lot of action. When we formed the committee, we focused on this illustration of being in high school. In high school, kids gravitate to the table that most represents their race, their background, or their interest, aside from sports teams. Sports teams for some reason seem to be the most diverse table in the high school cafeteria. What's interesting about that is if you want someone from one table to come to yours, you can't wonder why ain't he sitting over here? How come she's not coming over here? You actually have to go to them and invite them to your table. So I think, you know, hopefully that captures the heart of everything that we're talking about, what we're striving for is to get people to stand up, you know, not like politically. I'm talking about get up and actually walk someone to your profession and bring them in, whether that's mentorship, sponsorship, whether that's just connecting with them once a month, reaching out to them and saying, hey, I know you said wanted to help people. What does that look like for you? Have you thought about this? Have you thought about that? It requires intentionality. So the next question, hopefully it's okay to move on, Britt has the highest 18 votes. Britt asks, I am White but I was raised in an interracial family with a Black father and a White mother. I've noticed that many White addiction professionals simply do not comprehend the challenges faced by African American clients. They don't know the history, they don't know the struggles, they don't know the day-to-day challenges. How can I, as a White person, bring greater awareness to these well-meaning but culturally ignorant people? Thank you, Britt, for your question. >> I would say -- >> You know -- go ahead, Joe. >> I was going to say as far as Britt's own education, I have a lot of White people that come to me with the same education. I give them resources to read first.
I want to learn about not only the history of Black people and our own journey, you know, and why we're here today. Why we are at this point today. Why this is such a big topic today, right?

But also, again, Dr. DeAngelo, white fragility is one, White privilege. So White people, I always say, one is that we don't want you to come save us or to say what we've been experiencing for years. I think that White people need to learn to really have their conversations and come together for themselves.

We're doing a lot of conversations, I am right now nationally and statewide. Bringing people together on, you know what I mean, where we are today. So I think that, you know, that's very important.

I know that the APA just put out an apology, the American psychiatric association to Black people.

But they know what they did and they say that and they apologized. I think there's a lot to learn on both sides, but for White people, you don't feel that you have to come and, you know what I mean, be a part of save Black people.

But, again, learning for yourself and how I can really advocate and ally for, you know what I mean, us moving forward?

For equity and equality.

>> Chris Rock said if you're Black in America, if you're Black in America, America is like the uncle that molested you that paid your way through college. There's kind of a real interesting point there.

There was a pastor that visited our church recently that delivered a sermon, and that was focused on racial disparities and that kind of thing. But it's kind of interesting.

Immediately following the sermon, one of the sisters in the church walked up to him and said, you know, pastor so-and-so, we appreciate you coming here, you know, we appreciate everything that you said.

But she asked him a very important question. Do you deliver this same sermon before your own congregates?

Very similarly someone had said in our community that we don't need White pastors coming to the Black community talking about Kumbaya and harmony, we need you to speak about racial injustice within your own community.
And that's something that we isn't can't ignore that. But going back to the question, number one, keep it real. Keep it 100.

And I think you're already doing that.

Number two, recognize your White privilege. And let's not -- let's get out of the denying.

If you work in the field of counseling, no matter how

[ Inaudible ]

Understand there are three cousins of denial. Minimization, rationalization, and justification. And we've seen an abundance of that, particularly over the past year with all of these police shootings, unjustified murder of Black people throughout the community.

But I really appreciate you and I would love to connect with you both personally and professionally sometime. So thanks so much for that very interesting question.

>> And I would just simply say that just like, you know, she's asserting herself and asking how can she be better in working with Blacks, and she needs to challenge her White counterparts to assert themselves and ask for the help they need in order to be a better therapist and working with Black people.

>> All right. So what I'm going to do, because I had a moment here, hold your hand up if you think Samson cut me off. I'm going to scroll down to a question that I saw that kind of touches back on another discussion we had in another presentation.

So JJ asked, in another presentation, a piece of information I found interesting is that all of the therapeutic approaches and practices have been Eurocentric. Can you speak to this as it relates to working with Black and Indigenous people of color?

Thank you, JJ, for your question.

>> Everything in America is Eurocentric. That's precise, it's kind of interesting. And I hear this. Why do we have to have a Black history?

Well, the fact of the matter is, every day, every month of the year is White history. Even in our education system. We downplay and we underwrite the atrocities of slavery. And it's the recurring impact it has, not just on Black people, but everybody. We are sick. We are sick.
And we know this as counselors, that not just the perpetrator of abuse, not just the victim of abuse is unhealthy, but the perpetrator as well. This is precisely why we got all of these people going crazy in the United States.

So we need to, like, keep it 100 about where we are. But we need to allow -- and, see, this is about power. Racism is about power. And we see the outcomes of it.

So -- this is precisely why Apostle Paul said, you know, we are troubled on every side. Everywhere I turn as a Black person, I just led a team of individuals to do some work. And I'm constantly scrutinized.

When there's no other obvious reason, the only thing that I'm left with most of the time is this got to be about color. This is what Black folks have to be [inaudible]. And it's sickening.

The last piece about this, this is my theory, every Black person that I know, and that includes each one of my colleagues on this panel, every Black person that I know that's successful in America is a damn miracle.

So I'm going to just leave it with that.

>> Thurston, sorry. I'm going to jump in real quick. I put my face on here and been a part of the panel. I don't know why I'm trying to hold back on that. Thurston, you got me charged up. You're saying it. I appreciate your honesty and authenticity. Black history is White history if the Black pain is actually White pain. Because there's a human connection in America where Black history is American history. It's a part of all of our pain.

And in that same respects, I think the solution is sort of on all of our shoulders, you know?

It's something that we have to carry together. Because when you -- when you take a month and celebrate it, and I'm speaking because my daughter is 6 years old, she's in school, during Black History Month they got all kinds of projects. I had a chance to see this child who is not Black do this incredible presentation as a 6-year-old on MLK. It hit me, I realized, wow, this is her history too. She's not Black and it's her history.

They're trying to continue to still that at a young age in most schools, which is great. And then we have to ask what is our job in our profession?
How do we instill that and make sure here in this country we understand this is a shared pain, you know, that we have to understand? And I'm going to give a shoutout to Sheila in the chat box. Sheila said that's why people are so angry.

And I think it's so well said, because angry voices cannot be silenced, you know. They sort of have to be heard. And I think hearing is our job. That's our first job as counselors, clinicians, helpers, mentors, recovery coaches, our first job is to listen and hear.

So panel, other thoughts on this question?

>> So --

>> Yes.

>> Go ahead.

>> Go ahead.

>> I do. I want to give a shoutout to Glenda Clair, when the question came up, and that's one of the things before I read her comment, that's one of the things we talk about in our class where I am is that all -- the one thing or the underlining commonality in all of these theories that we teach, you know, is that all these individuals were White men, you know.

But what she stated was that evidence-based practice are developed by researchers and we can be developed in the development. Those of us with PhDs can do the research as well.

So when I saw that, I wanted to give her a shoutout. Shoutout.

We are here. A lot of times when I look at a lot -- when I'm teaching a lot of those theories to them, a lot of that is rooted in something that was before they even spoke of it. They just had the opportunity to conceptualize and get their name stamped on it and credited for the research or the development of it. But it was in existence before they were.

So we had that opportunity, I think we even have that responsibility as African-American professionals in this field to also develop this evidence-based practices, you know to contribute to the current body of knowledge that is out there.

And I believe it would be embraced. One of the things that I have been reading a lot on that has caught my attention is looking at hip hop as a psychology. Because it is a culture that exists.
I mean, I grew up in that culture myself. The life of it exists as long as I exist. And so -- and I've embraced it.

Every component and aspect and factor and way of developing and processing, all of that I've accepted as part of my life.

So we can contribute and endorse that particular body of research and make it valid and evidence base and effective as African Americans in this profession. So thank you for bringing that up. I'm just going to say Glenda Clair because I'm not sure by you stating that if you also possess a doctorate.

>> I guess the final comment probably on this particular question is that we have to get over the shame. I think lots of times we can be in positions in organizations where we can make change and we don't assert ourselves because of our own insecurities about ourselves and our history.

And what we -- what we bring to the table can make a big difference. And so I think that's where it -- we have to examine ourselves too, and why we're not doing what we need to be doing in order to make a difference where we are.

Because I've worked in -- you know, I'm 60 -- I'll be 62 in April, and I've worked in lots of different organizations where I -- where I've been in positions where, you know, I could make a difference.

And believe me, that has been my life's work in the last 20 years is making sure that I speak up and let, you know, my White counterparts know that this is what needs to happen for the population that we're working with.

Because what you've been doing all these other years has not worked. And I think that I do have some knowledge and authority to speak up and say, you know, this does work. Because I've been probably in those shoes before. Or I know someone who has been in those shoes before.

So therefore, we have to work out -- work out issues in order to be better in what we're doing.

>> I'm one of those -- with those shoes on. My -- I grew up as a tap dancer in New York City in Harlem, New York, right?
And I used to grow up watching Malcolm X on the corner preaching. I had to go down and see what he was preaching about at temple number 7. But I heard Thurston mention the healing, right? That's why those shoes, for me to be a tap dancer for 15 years since I was 4 years old, that's how we paid the rent in Harlem.

But, you know, when we look at the cultural congruent of support services that we offer to move African Americans forward in healing and health and recovery, all of those arts, music, dance, and all of that, for me, it's the safest place growing up in Harlem in the '50s and '60s. I was born in '51. So the safest place for me was on stage with my two brothers and my dad. It was a Powell brothers and dad.

So when we left the stage, there were the riots in the streets but also the drama in the house. So I had to have a safe place. And that was on stage.

So when you mix in hip hop or any of the cultural arts, all of those arts become a place for the young people and for artists, you know, whether you've drawn -- no matter what your art is, that's a healing arts.

That is part of my health, wellness and recovery, because of the trauma and drama. This country because of racism, we know that it does killed, and it's been blind. We've been culturally blind. We were born from cultural blindness.

We talk about what standards do we need to add for NAADAC for all the people to learn and all of the counselors to learn? What does that cultural curriculum look like?

Can they be educated on the cultural arts and can we contribute to our own? Dr. Drake, you mentioned that in how we have our own.

Good book is post traumatic slave syndrome. Great book. And she talks about the [inaudible] that for 400 years that we still -- you're right, how every single person in America is also has post traumatic slave syndrome.

I say I have PTSD and PTSS. But that right there is something that we have to really look at. That our conditioning today and how does that affect my health, but where's the healing come from? And that has to be documented. The data is it in our story. The data is in our history. We have that even all the way up to today.
Joe, you referenced NAADAC and cultural competency, so for the benefit of the audience, NAADAC as principles number three and four deal with nondiscrimination, multicultural competency, education, cultural humility, and the -- and the utilization of evidence-based and scientific practices in the field.

Having said that, that brings two things to mind. Number one, what is the level of commitment of the profession?

Because I think NAADAC has done an adequate job of, you know, of outlining those critical areas or those key areas.

And then secondly, what resources are available for that professional in order for them to bring those skills and that into fruition?

I thank you so much for pointing that out.

That's a good question for the committee, we're going to do some work on that question that was just asked.

Okay, committee, let me see if I can get a couple more in before we start getting your closing statements.

So this next question, I hope I can say this correctly, Ms. Chimio, I have noticed since the opioid epidemic Black people have decreased in my area. Mr. Still be incarcerate and drug treatment courts appear to be unaware of the low numbers of Black clients compared to White clients. Can you tell me why you think this is happening and what we can do about it?

Thank you for the question.

Can you please repeat that real quick?

Yes. So I've noticed since the opioid epidemic Black people have decreased in numbers in our treatment facilities in my area. Many are still being incarcerated and drug treatment courts appear to be unaware of the low numbers of Black clients compared to White clients. Can you tell me why you think this is -- this has happened and what we can do about it?

Well, you know, as someone that has been working in the field for quite a while, number one, number two, somebody that was appointed to the local opioid task force and has been actively involved in that, I can't speak to what's happening in her
geographical area. You have several variables and factors impacting, including, you know, the governmental leadership, the resources distributed to her geographic area. But I will tell you this, that even following my appointment to the opioid task force, I call it the dickens from the African-American community, it's like what is this Black guy serving on this body, you know, when we know that when the crack epidemic was prominent they wasn't talking about any treatment for Black folks back then. And we all know that crack was used predominantly by Black people, even though it's identical to cocaine. But education is absolutely critical at every juncture. Good treatment is prevention. Good prevention is treatment.

So we have to do -- we have to be multitaskers like Samson. He's an excellent multitasker. We have to be able to walk and chew bubble gum at the same time. We have to be able to educate. We have to be able to advocate. This is precisely why I state if you're a certified member of NAADAC, then pay attention to NAADAC ethical principles three and four which speak poignantly about us having to be advocates and that kind of thing.

That means get up on the hill, that means call your legislators, that means take time to meet with your elected and appointed officials and help educate them. Many people that serve in public positions of power and public policy get their information on the fly. And it's always better and the NAADAC's executive director will tell you this, it's always better if we're the individuals informing the government about treatment. And I hope that speaks a little bit to your question.

Well, what I would say, it's about association, right? So when we say opioid issue, then what group of people tend to comes to mind, right? When you say heroin, which is a synthetic of an opioid, then it's another set of people that come to mind. So unfortunately too many times people of color have been associated with incarceration when it comes to drugs that are considered bad. And I say considered bad because until -- and it's unfortunate but true. But until people who are not Black are impacted the same way, it's not always recognized as a crisis. Commercials right now, there's a commercial for recovery centers of America, and I thought it was interesting that the young lady who was giving the commercial, she's a White lady, but she was talking about the opioid addiction.
All that came to my mind was all of the persons that I've worked with who are persons of color who had heroin addictions, who had crack addictions, but they didn't have a representative across the masses saying, hey, come here and get help. However, when you think about jails, it's not uncomfortable for you to think that Blacks belong in jails because that is what has been done to address systemic issues as opposed to address the fact that you're mistreating folks because of the color of their skin.

Unfortunately, Blacks are incarcerated at a higher rate, pointblank, period. When I did an internship with the public defender's office in the District of Columbia, I learned in the early '90s that you had a lot of men who would plead temporary insane to avoid getting long sentences for the criminal transaction. However, once sent to the institution, they would then become a mental health client because the medications administered would produce psychotic responses once they were taken off. Whereas, a person would have only served six months, they wound up doing 20 years simply because they were trying to get out of trouble.

And unfortunately, the drug situation in our community is people trying to escape from something but having nowhere to go.

And so what we can do is start to educate people that just because a person of color is arrested for a drug charge is not just about the drug charge. Because they have been incarcerated for drug issues, it's not just about the drug issue. And start to work from the platform that there's something more to that person than just what they are representing on paper.

>> Black people represent 5% of illicit drug use in America, yet Black's represent 29% of those arrested and 33% of those incarcerated for drug offenses. While Blacks and Whites use drugs at very similar rates, the imprisonment rate for Blacks for drug charges is all most six times that of Whites, and Black people are five times more likely to be stopped without just cause than a White person. Little data from the U.S. department of health and human services and the Department of Justice to supplement the conversation.

>> Two things, one is, again, as far as addiction goes when you're talking about opiates and going back to methadone, but today medication-assisted treatment for opiates, we
have -- and I told the surgeon general, don't put me on that and don't put me on Mars. Because today we have recovery support. We have people in recovery from opiates. It's not advocated enough to get rid of that stigma around that you can't recover from opiates, right?

And no matter how many years you could opiates, you can still be covered. But medication treatment, we have medication assisted recovery support specialists. People that are trained and have lived experience of opiates and they're used in a sequential model. The Sequential Intercept Model talks about from the community people being arrested in the Black community or in the community and then moving along the criminal path, right?

Moving from pre arrest, from arrested, to pretrial, in the courts, what happened in the court. We do a lot of work in the courts with the judges, the judges and the DA, they don't want to just put everybody, you know, in jail in the Black community. But I think -- and I found out last week there's more people that was homeless unmonitored at home than there is in the penal system. There are more people at home on home arrest than there are in the penal system.

So what can we do and even educate them and do some recovery support or education even with them at home?

I don't know what they're doing with them if they're just sitting at home. But it's a good opportunity, though, for us to actively bring some recovery support to those sitting at home.

Along that model, whenever they're released from jail or prison in the community, then what happens in the community when they're released?

They go in from the community and they come out to the community and where do we meet them there as far as providing some recovery support services?

That's what we do as far as looking at that model with justice involved and as well as [ inaudible ].

>> I just want to add that in Baltimore, I mean, they have a program where, you know, they have -- they have a mobile -- mobile van that sits outside the jail, their city jail. And when -- and they're there at the time that the majority of the people are getting out of jail on those particular days.
And so they come right out of jail and they go right to the mobile van to start getting services in regards to what they -- if it's a substance abuse problem, if it's a mental health problem, you know, they can -- they can get services right there. They can get connected before they can get back into their community.
And so when we talk about support services for people, again, it goes back to racism. Access to equal services for all.
It's not there. And so some states are a lot better, you know. I know in Texas, I mean, you know, it's not here. But definitely, you know, as we look at systems that we have in place, we have to look at what do we have to offer as support?
Because when we talk about somebody comes into treatment and you say, well, you know, before you can get this housing or job or whatever other services you might need, you know, you got to get sober.
Well, that's not going to work because they have all these other needs and you're telling them that, well, I can't help you find a place to live until you get sober.
To me, that's -- no, that's cruel treatment there. Because I have a need that needs to get addressed immediately and you're telling me that I have to get sober first before you can, you know, find me somewhere to live.
And so, again, we have to look at this systemic racism that we have in place when it comes to providing services for people of color. Because it's not the same.

>> That's correct. According to Elizabeth, assistant professor, department of history and department of African American studies at Harvard University, discriminatory criminal justice policies and practices have historically and unjustifiably targeted Black people since reconstruction, which includes the Black homes, Jim Crow laws, vagrancy laws, convent leasing, all which of were used to continue post slavery control over newly freed people. Which is precisely why brother Tim Wise, he's not Black, but he acts like he's Black, brother Tim Wise says the current police practices in America in the Black community mimics that of the slave patrols.
Post -- before reconstruction and post reconstruction. So not just systemic, racism is about as American as hot dogs and apple pie and we need to understand it's a

[ Inaudible ]
In this culture, it's going to take all hands on deck, not just public policy, education, people with courage to stand out and speak out and listen.

As someone that's done that, you've got to be prepared to take the hits. When you do that, we've got several people that are committed to the status quo and committed to keeping things just the way they are. Lastly, my Congressman, my former Congressman -- well, he's still a Congressman, Jim Clyburn from South Carolina in his book, if I can quote from him, he says we start along the policy -- you know, implementing policies that render and yield improvement and then we end up going right back. And we've seen an example of that over the past four years in America. Got a lot of work to do.

>> Yeah. Yeah. Thank you all. Thank you, panel. Excellent, excellent discussion. We have like 35 questions, but we're not going to stay here all day. So -- so what we're going to do is in a moment I'm going to ask the panel for a one-minute closing statement. One minute or less closing statement, a word of encouragement, action, call to action, next steps, message of hope, whatever you want to share with the audience as you're thinking through your closing statement. Those who asked questions, what I'm going to do is print out a report with all the questions that you have, and I'm going to bring them to the next critical issues in the black community committee call in March and we can see if we is can get a typed-out answer. And we'll post it on the page that will represent this session. You'll see it as an additional resource. The same place where the recording will be after this event where we place the recording we'll also make sure to include a Q&A document that will answer the questions that you all left here in the chat box.

One I will throw out, Larry, I hope you saw my answer in chat, we need your help. We need allies. You can step up. There is space. You do not have to step aside. In fact, some of the great mentors told me as a leader, if you feel called or impassioned to be a leader, if you step aside it could hurt someone. Someone could actually be in harm's way by you choosing not to lead.

And so regardless of what your background is, yes, there is room, yes, there is space, and yes, come on in, you know. So that's my answer to you, Larry. Hopefully that helps.
And panel, hopefully I gave you enough time for your closing statements. So I'm going to go ahead and just use this to help me -- help guide myself. Dr. Drake, I hope it's okay, your image is first on screen. If we could start with you for your closing statement about a minute or less of your closing message to the audience.

>> I got so engulfed in the chat and trying to take notes that you kind of caught me off guard there a little bit. Sorry about that.

>> You can pass. You can pass to somebody else.

>> Oh, yes, let me do that.

>> So let me ask who is ready for their -- who's ready for their closing statement? Whoever wants to go.

>> I'm ready.

>> Go ahead, Peter.

>> First of all, I want to thank the committee. I mean, we formed about four or five months ago, and we worked hard in making sure that we developed a roadmap and what we're trying to do and making a difference in NAADAC. I applaud NAADAC for being transparent and understanding and knowing that they have a problem. And so they decided that this is what they need to do to address the problem.

Which has been -- when which is being proactive in addressing the problem that they see, you know, from their vision of professionals who are out there working with people and knowing that there's a particular group of people who are not being equally served. And that they want to make sure that they address that particular problem.

And so I'm happy to be a part of this committee. I know that we have a lot of work to do, so I challenge those of you all who are listening to us and if you're not a member of NAADAC, become a member of NAADAC.

And I know lots of times when I've reached out to other Blacks, professionals about becoming a member, they always say, well, I've never seen other members that look like me.

Well, you do now.

>> Yes.

>> So we do exist. So you don't have the any more excuses. Because we can't do it by ourselves. It takes a village. So I ask you all to please join us in addressing this issue.
So well said, Peter. Thank you.

Okay, who wants to go next?

Closing statement, please. Just about one minute.

Joe Powell here. I want to just say that picture behind Thurston there, you know, Martin Luther King said where do we go from here? Chaos or community?

I'm about the community, right, because recovery, how do we move our community toward health?

Will NAADAC be able one day to maybe provide counselors in the community?

You know, we don't -- if everybody right now said I'm ready, I'm ready to go to treatment, I'm ready to get rid of this problem, addiction, mental health, whatever it is, we don't have enough counselors in this country to deal with all that, right?

That's one of the reasons why even with peer support, I love it, that anybody with a high school diploma could be a peer specialists. NAADAC has also a path for peer specialists.

But to involve the community in every way, we need counselors and therapists, right, in the community. We don't have enough counselors. Especially, as Dr. Drake said, you know, that look like me.

So I think it is very important that the community also that we live in, we talk about clinical [ inaudible ] in the Black community, how do we provide those resources in the community to deal with our health, wellness, and recovery?

And thanks for inviting me and letting me be here today.

Thanks, Joe.

Next, who wants to go?

I'll go. A lot of people say, you have expressed your opinion, now what's the next step?

That would be for you all to become a part of this committee. That would be for you all to start to figure out how you can impact change where you are and then cause a ripple effects. If you're not sure how can you help, just ask the question, how I can help? Make yourself available. If you notice in the chat, the link has been posted several times for
you to go to the NAADAC website, because NAADAC can't do it by itself. This is not the only vehicle to effect change.

So, in order to be better, we have to do better.

I challenge you to become a part of this committee and then move forward from there.

Thank you.

>> Thank you, Katina.

>> Then I'm going to add to that. Once you became a part of this committee, then get involved locally. One of the reasons I got involved is because there was not anything available to me locally. And it was so important to me to figure out how can I advocate for my community, for my state?

And so I'm going to call out the Alabamans that I know are present in this summit, that's why I'm calling you out because I'm going to write your names down because I'm coming after you. I challenge you to come first, if you have not already done so, join NAADAC. And then not just join this committee, but join the other committees under NAADAC as well. Because we need to be present and have a voice and contribute as well as learn what is needed for to us do in our own space.

So I see you all out there, Alabamans. I'm looking for you to come on in here. I want to say thank you for allowing me to be a part of this. This is awesome. Comments that have been made have been so refreshing. And I'm just so blessed to be among such beautiful Black people who are in love with their profession and with the people that they serve.

And I just look forward to the work that we can continue to do from this day forward.

>> This has by far been one of the most profound and meaningful conversations that I've had in such a long time.

Having said that, it's been, indeed, a privilege and an honor working with this outstanding panel and the entire NAADAC leadership for putting it together.

Lastly, to what I'm going to do is in an act of selflessness, I'm going to forego any additional remarks so I can give the audience some education.

So I want to give you some books that I want you all to read. One is When Affirmative Action was White by Ira Katz Nelson. One, When Affirmative Action was White by Ira Katz Nelson.

It's been indeed an honor. Thank you so much. Samson, you did a phenomenal job. >> Panel, thank you, panel. Thank you, Thurston. They were gracious enough to also share their contact information. The reason the contact information is here is because they could be great allies with you, mentors or someone who can come alongside with you if you have other questions and just need help or if you had a connection and a continued passion of something that a panel member said and you kind of align with them and you thought, man, I need to step up with that too. Please save their contact information as you see here on this slide. Thank you, Dr. Drake, Peter, Katina, Joe, thank you Thurston, for that excellent discussion on behalf of NAADAC, all of our guests. We thank you for your time. Just a quick reminder, you can access the CE quiz for this session from the web page on the NAADAC website that you used to access this session.

If you have any questions about this process, make sure to first save and use that CE instructional guide that's available on that website. And you can also email CE@NAADAC.org any time. That's C as in cat, E as in echo and NAADAC.org. And we'd be happy to help you with your CE process.

On screen you see just a few of the very many benefits of becoming a NAADAC member. I encourage you to visit the member benefits page on the NAADAC website to see which benefits would most support and benefit you in your practice.

As we continue to celebrate Black History Month, please know that the engagement in the Black community NAADAC summit is really just a continuation of intentional efforts of inclusion, advancement, and continual professional development for the recovery and treatment communities.

Less than two weeks from now, you can join our next free NAADAC webinar with an excellent presenter, Dr. Anthony Andrews who is a graduate of North Carolina ANT,
Aggie pride, go ahead, you all. He’s got some incredible data and information to discuss about the crisis of mass incarceration, recidivism, and addiction treatment. Also make sure to catch Sara Suzuki’s training this week now available on demand.

In February you can learn from two wonderful leaders in our Critical Issues in the Black Community sorry, in April, Kaii and Sharief. That’s just a short list of the continuing efforts throughout the year. And, of course, we have a virtual conference later this year. We would love to connect with you then and we’ll have a lot more info. You can visit us at www.NAADAC.org/webinars. Make sure to join our final session of the summit facilitated by oy executive director at NAADAC, and the cochair of the Critical Issues in the Black Community committee. It will begin at 3:30 p.m. eastern, about 29 minutes. We will see you all there.