

Medication-Assisted Treatment, Diversity, Equity, Engagement and Provider Bias

Trauma-Informed, Recovery-Oriented Systems of Care

Today's Presenters



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National Council for Mental Wellbeing



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National Council for Mental Wellbeing



A Moment to Arrive



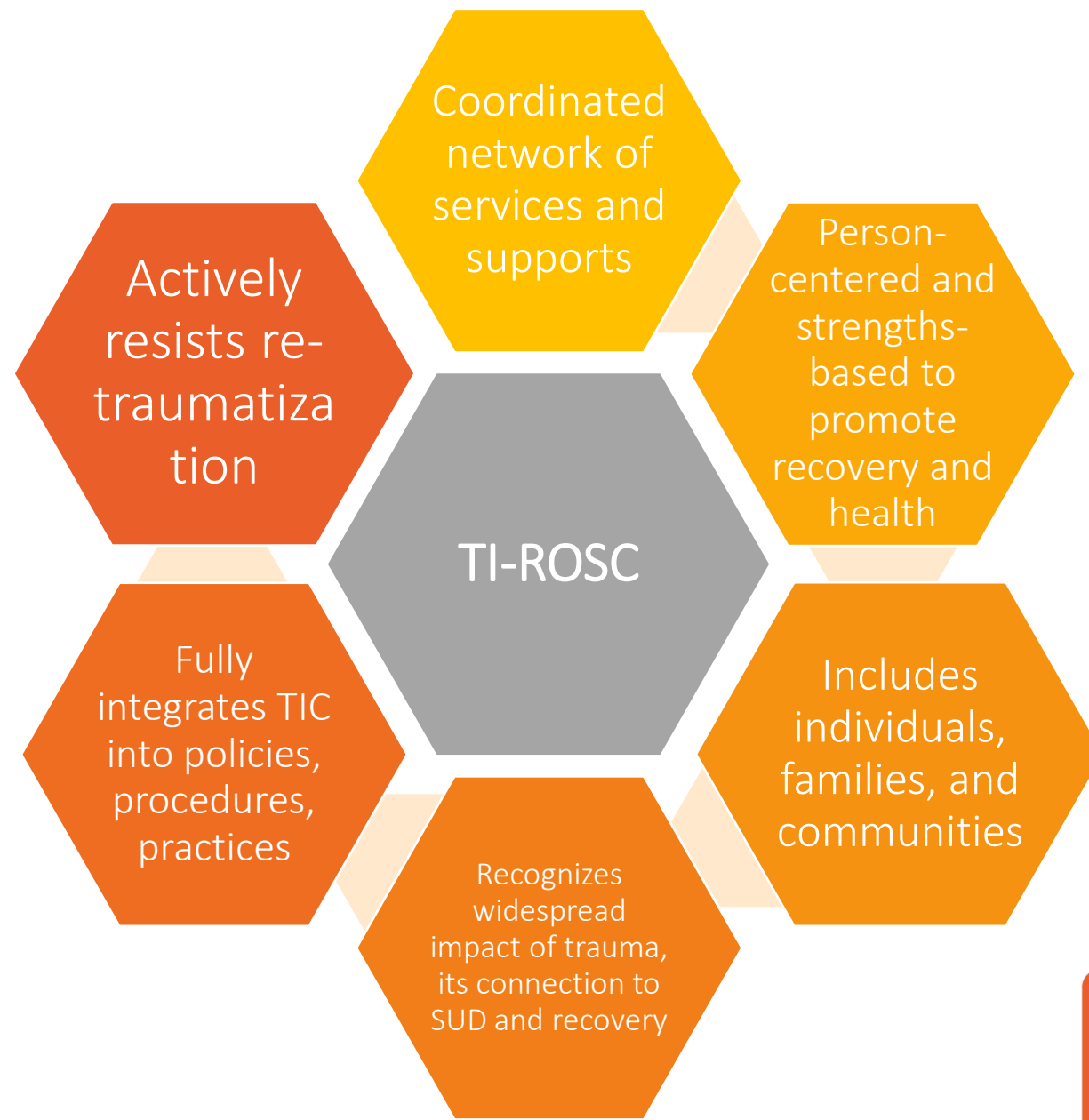
Today's Objectives

- Understand the importance of Diversity, Equity and Engagement (DEE) in recovery-oriented systems of care
- Describe the impact of bias on systems of care and client outcomes as well as the importance of cultural humility training on building a resilient workforce
- Identify inequities related to the use of medications for addiction treatment



Importance of DEE in TI-ROSC

A Trauma-Informed, Recovery-Oriented System of Care



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Mental Illness and SUD in Black Americans

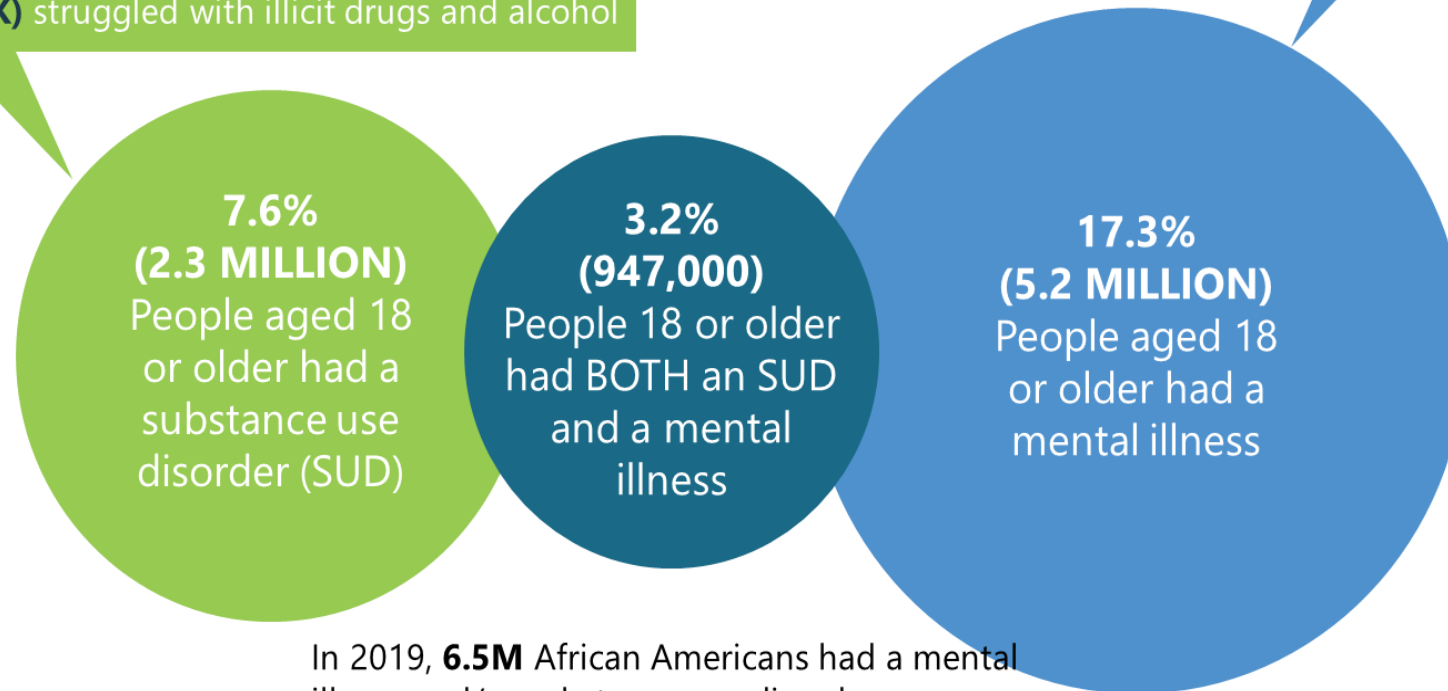
PAST YEAR, 2019 NSDUH, African American 18+

Among African Americans with a substance use disorder:

4 IN 9 (43.8% or 993K) struggled with illicit drugs
2 IN 3 (67.4% or 1.5M) struggled with alcohol use
1 IN 9 (11.1% or 252K) struggled with illicit drugs and alcohol

Among African Americans with a mental illness:

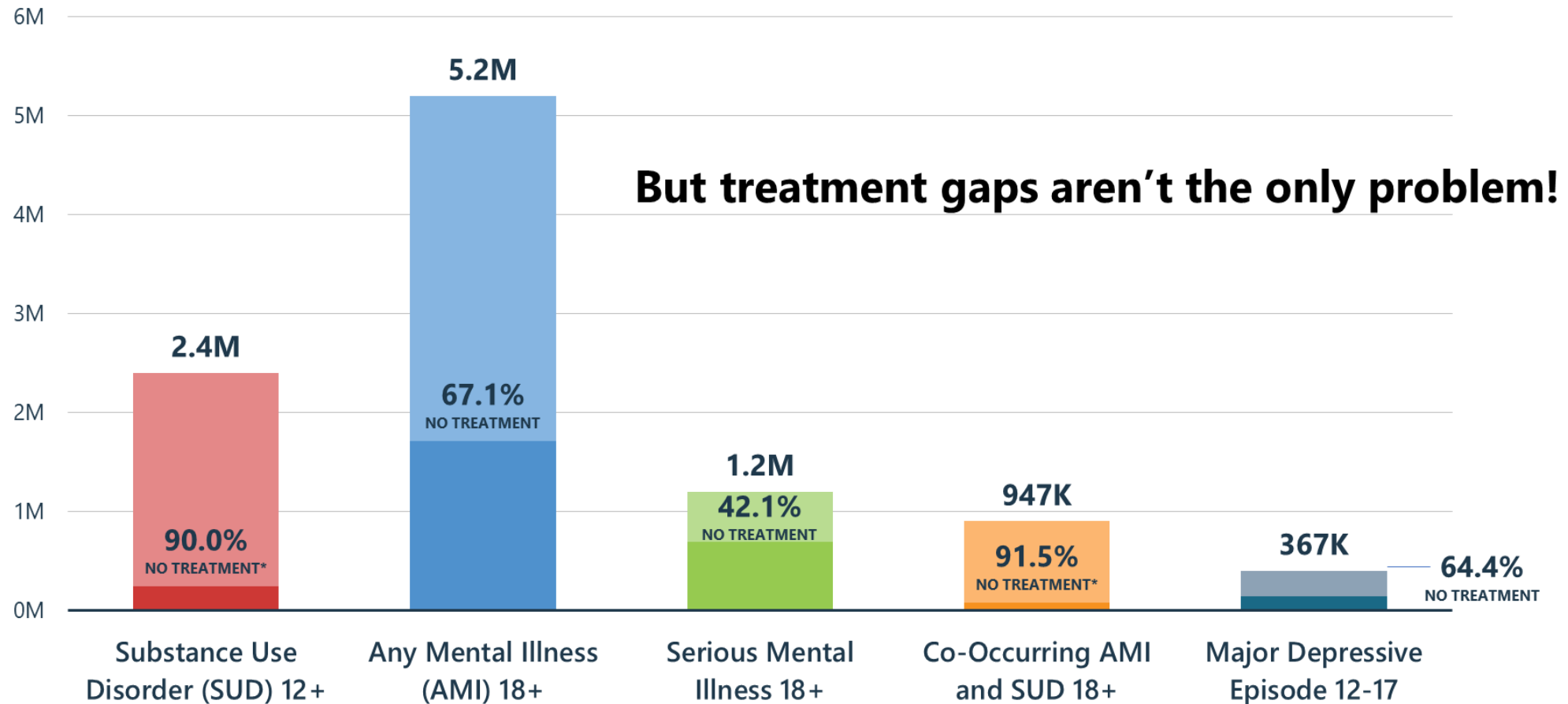
2 IN 9 (23.0% or 1.2M) had a serious mental illness



In 2019, **6.5M** African Americans had a mental illness and/or substance use disorder—an increase of 10.1% over 2018 composed of increases in both SUD and mental illness.

Mental Health and SUD: Huge Treatment Gaps

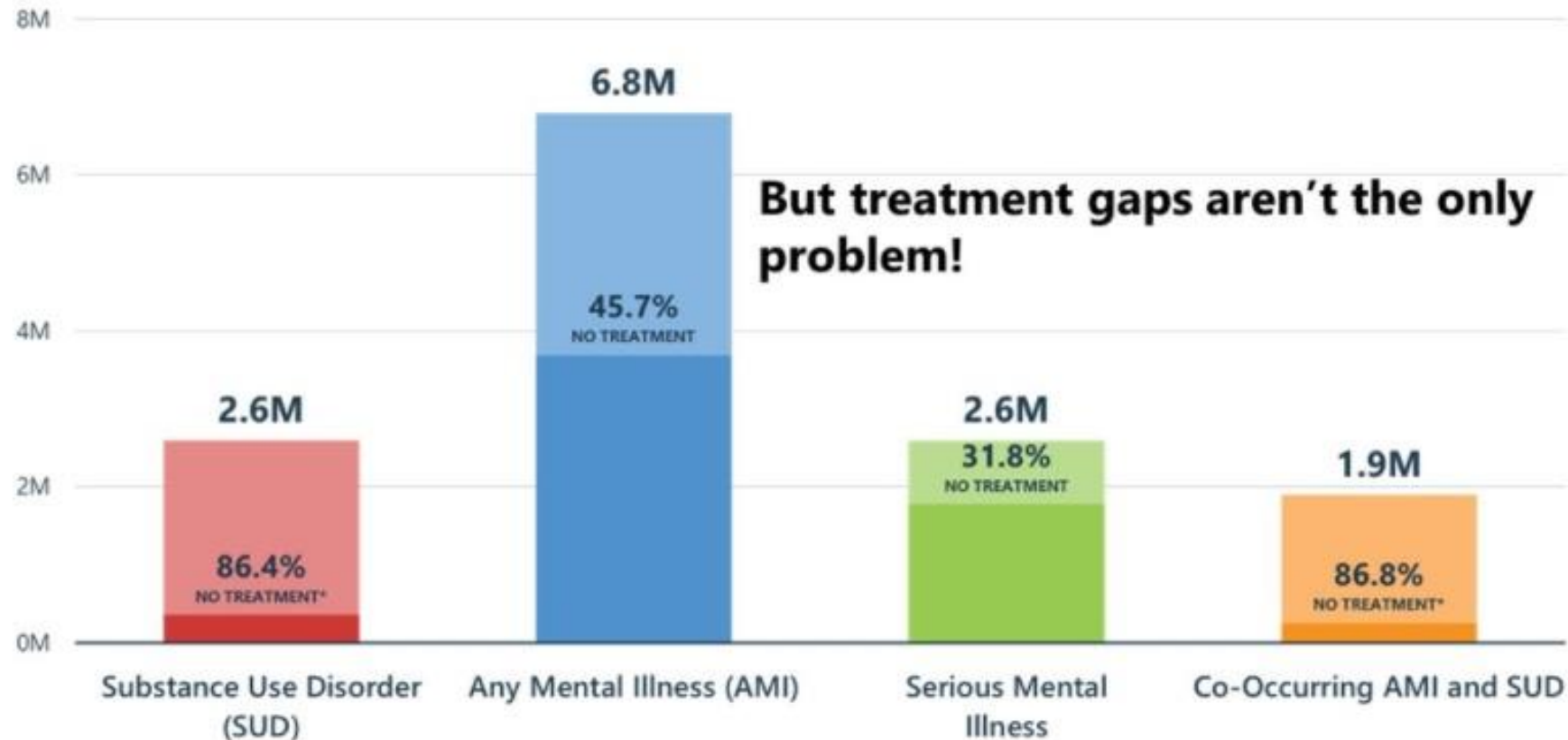
PAST YEAR, 2019 NSDUH, African American 12+



* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

Mental Health and SUD in LGBT population

PAST YEAR, 2019 NSDUH, LGB 18+



* No Treatment for SUD is defined as not receiving treatment at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, or prison/jail.

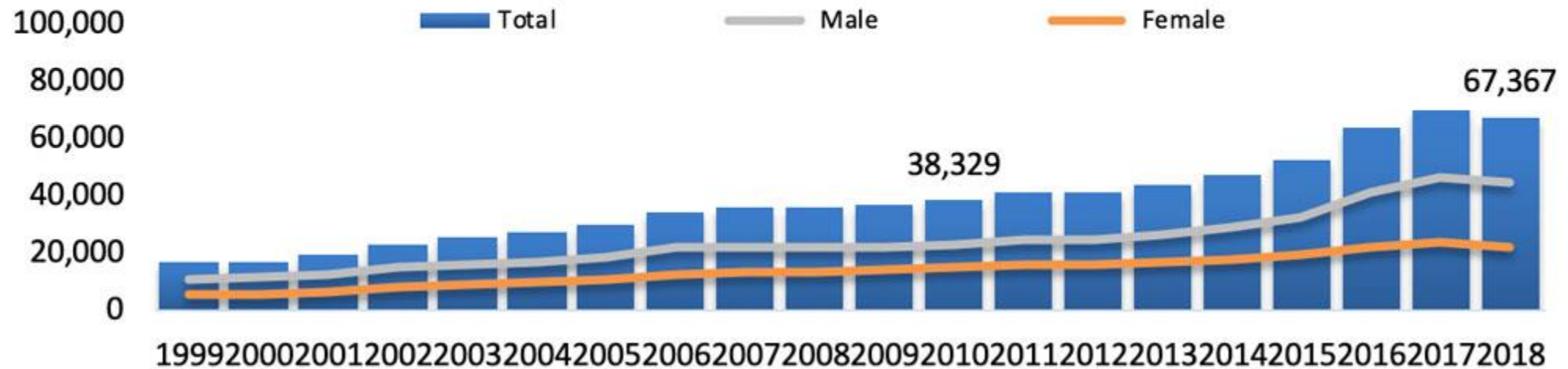
SAMHSA
Substance Abuse and Mental Health
Services Administration

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Drug Overdose Rates

National Drug Overdose Deaths
Number Among All Ages, by Gender, 1999-2018

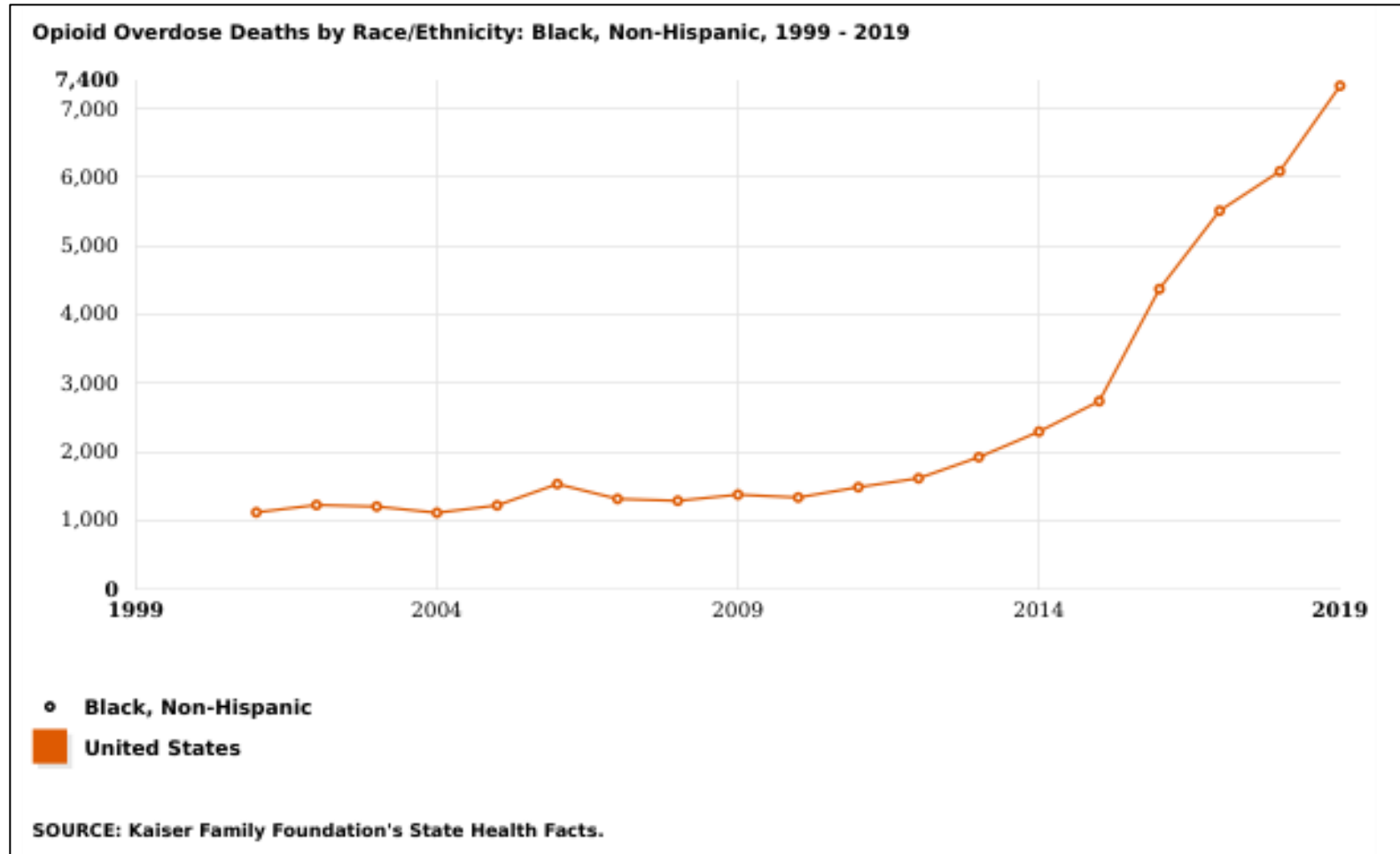


- **Nearly 72,000 Americans** died from drug overdoses in 2019, according to provisional data released by the Centers for Disease Control and Prevention.
- **Over 81,000 drug overdose deaths** occurred in the United States in the 12 months ending in May 2020, the highest number of overdose deaths ever recorded in a 12-month period, according to recent provisional data from the Centers for Disease Control and Prevention (CDC).

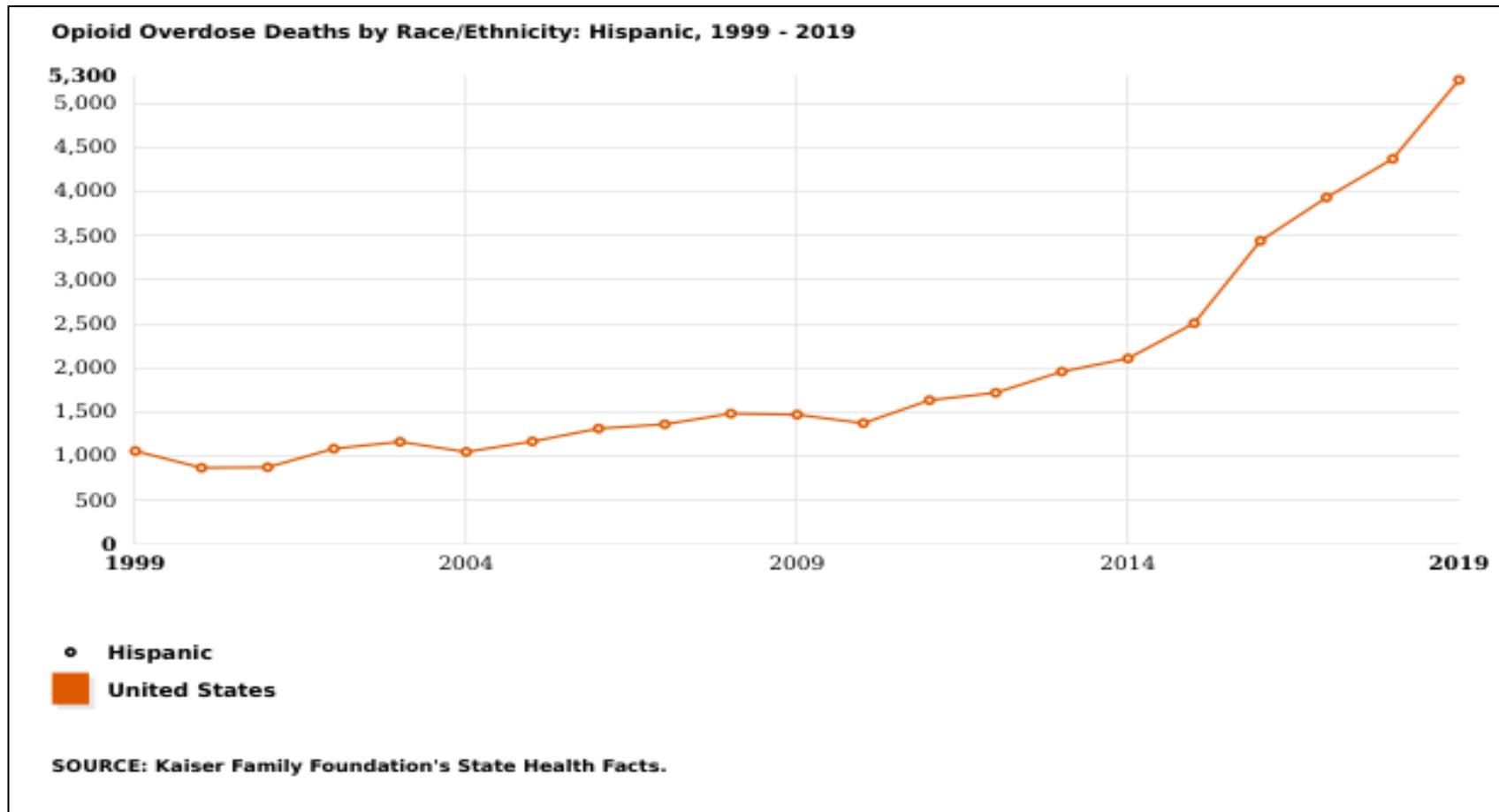
<https://www.cdc.gov/media/releases/2020/p1218-overdose-deaths-covid-19.html>



Opioid Overdose Deaths Among Black People 1999-2019 (KFF)



Opioid Overdose Deaths Among Hispanic/Latino People 1999-2019 (KFF)



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Disparities in Health: Definition

“Differences in the incidence, mortality, and burden of disease and other adverse health conditions that exist among special population groups in the United States”

“Differences in health that are not only unnecessary and avoidable, but, in addition, are considered unfair and unjust”

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Health Disparities: The Context

Health disparities are connected to a social context that includes individual, socioeconomic, and political factors which determine health outcomes

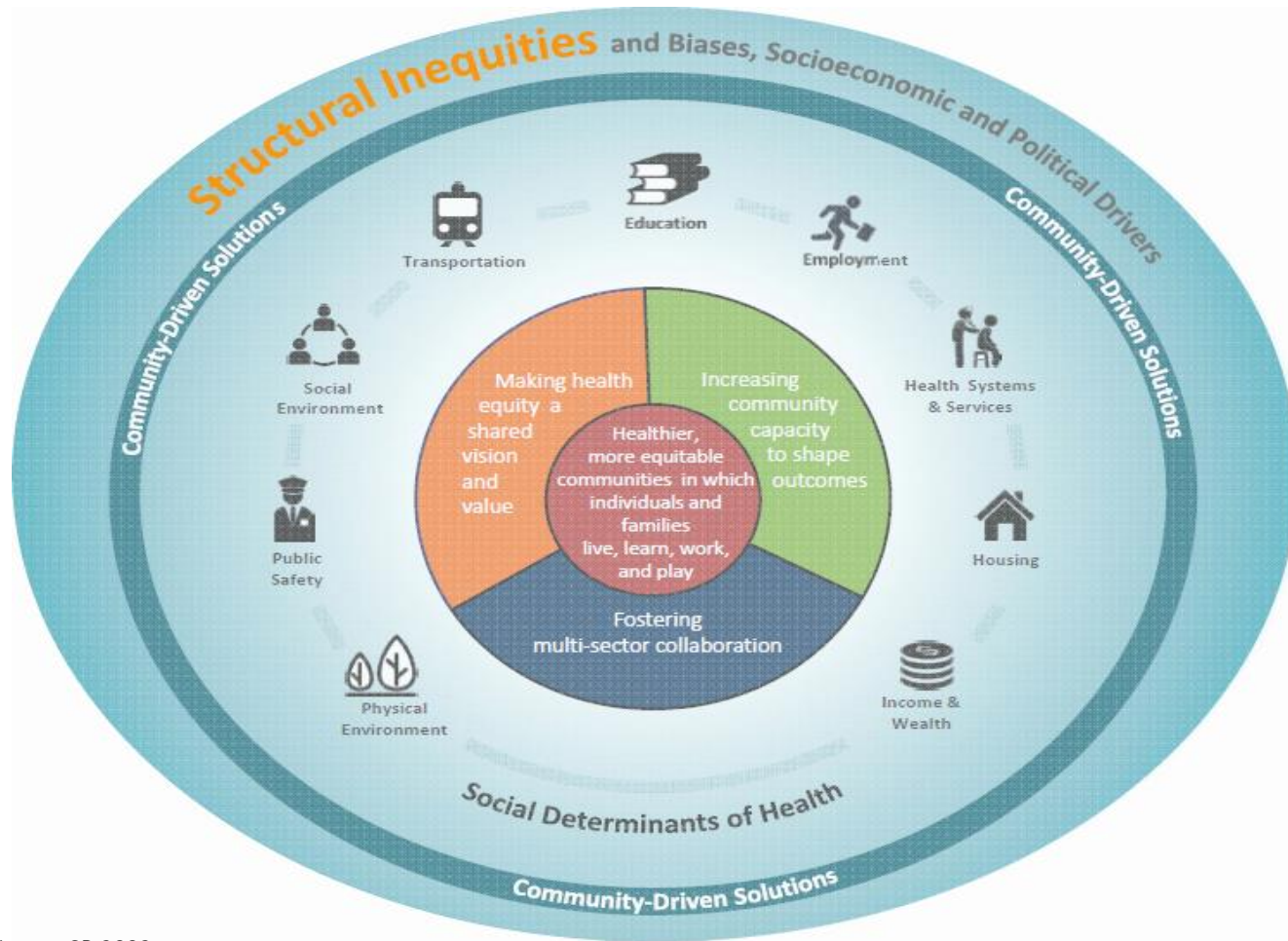
Historically social policy has contributed to health disparities

Factors may include housing, neighborhood, access to work and educational opportunities, individual lifestyle (age, gender), socioeconomic status, and access to health care

Evidence shows that health disparities among particular racial and ethnic groups have multiple causes that need to be addressed on multiple levels



Health Inequities



Health Inequities arise when certain populations are made vulnerable to illness or disease, often through the **inequitable distribution of protections and supports**

Jones, CP 2002
National Academies of Sciences, Engineering, and Medicine. 2017

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment Income Expenses Debt Medical bills Support	Housing Transportation Safety Parks Playgrounds Walkability	Literacy Language Early childhood education Vocational training Higher education	Hunger Access to healthy options	Social integration Support systems Community engagement Discrimination	Health coverage Provider availability Provider linguistic and cultural competency Quality of care
Health Outcomes Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations					



To You

Racial oppression

- *Internalized Devaluation*
 - “...oblivious to this infection but emotionally reactive to its effects”
 - “I am bad and unworthy”
 - “Profoundly devalued youth become hypervigilant about gaining respect... To some of these youth, death is preferable to disrespect.”
- *Assaulted Sense of Self*
 - “...the culmination of recurring experiences with internalized devaluation.”
- *Internalized Voicelessness*
 - “...results from and fuels internalized devaluation and an assaulted sense of self... it impairs the ability to advocate for oneself.”

The Wound of Rage

“It is virtually impossible to be the depository of perpetual negative and debilitating messages and have one’s sense of self assaulted without experiencing rage.It is distinguishable from anger, which is an emotion connected to immediate experiences.”

The Case of a Nobody

“...sense of hopelessness, despair, and rage are the by-products of chronic and repeated experiences of being systematically devalued and having [one’s] sense of self assaulted.”

Healing the Hidden Wounds of Racial Trauma, Kenneth V Hardy
Journal: Reclaiming Children and Youth, Spring 2013 (vol 22, number 1) pg. 24-29



Intergenerational/Historical Trauma Events



Genocides



Slavery



Pandemics



Massacres



Prohibition/
destruction of
cultural practices



Discrimination/
Systemic prejudice



Forced relocation





Building A Healthier Culture



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Assumptions of the Equity Lens

Oppression and injustice are human creations and phenomena, built into our current economic system, and therefore can be undone.



Oppression (e.g. racism, colonialism, class oppression, patriarchy, and homophobia) is more than just the sum of individual prejudices. Its patterns are systemic and therefore self-sustaining without dramatic interruption.



Systemic oppression exists at the level of institutions (harmful policies and practices) and across structures (education, health, transportation, economy, etc) that are interconnected and reinforcing over time.



Systemic oppression has historical antecedents. We must face our national legacy and current manifestations of racism and economic inequality in order to transform them.



Without rigorous examination, behavior is reproductive. By default, current practices, cultural norms and institutional arrangements foster and maintain inequitable outcomes.



To undo systemic oppression, we must forge multi-ethnic, multi-cultural, multi-lingual alliances and create democratic processes that give voice to new organizing systems for humanity.

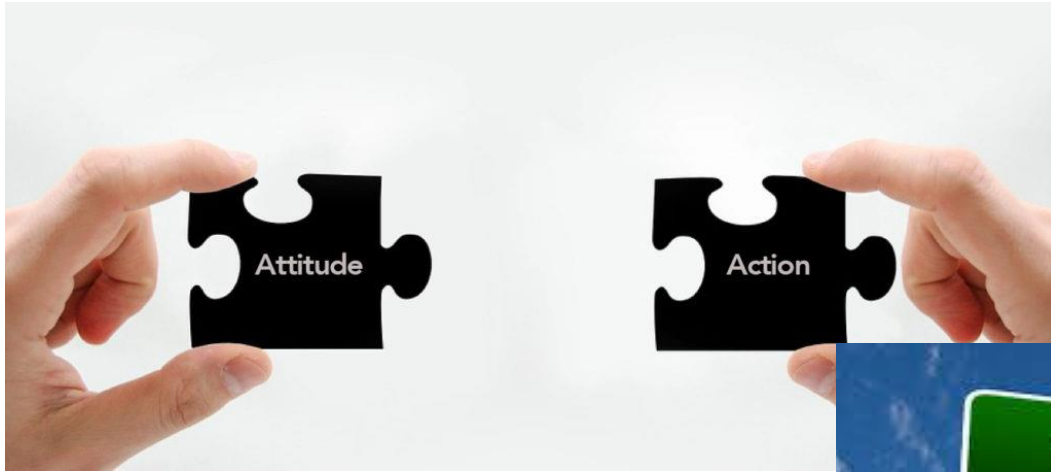


Addressing oppression and bias (conscious and unconscious) inevitably raises strong emotions in clients and staff, and we must be prepared and trained to address these feelings.

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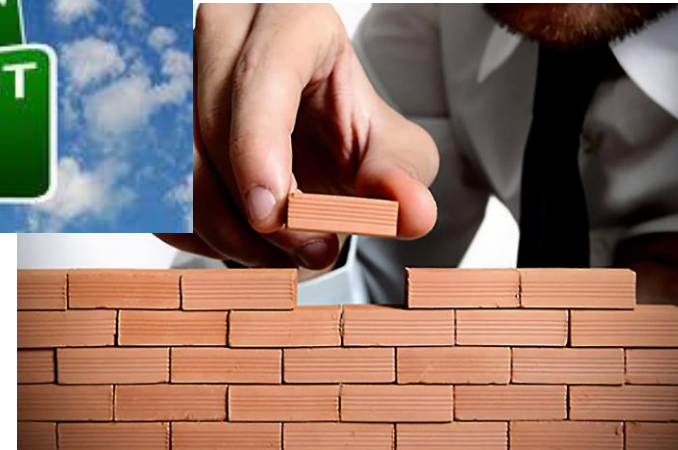
Effects of Systemic Trauma and Institutional Racism on Staff



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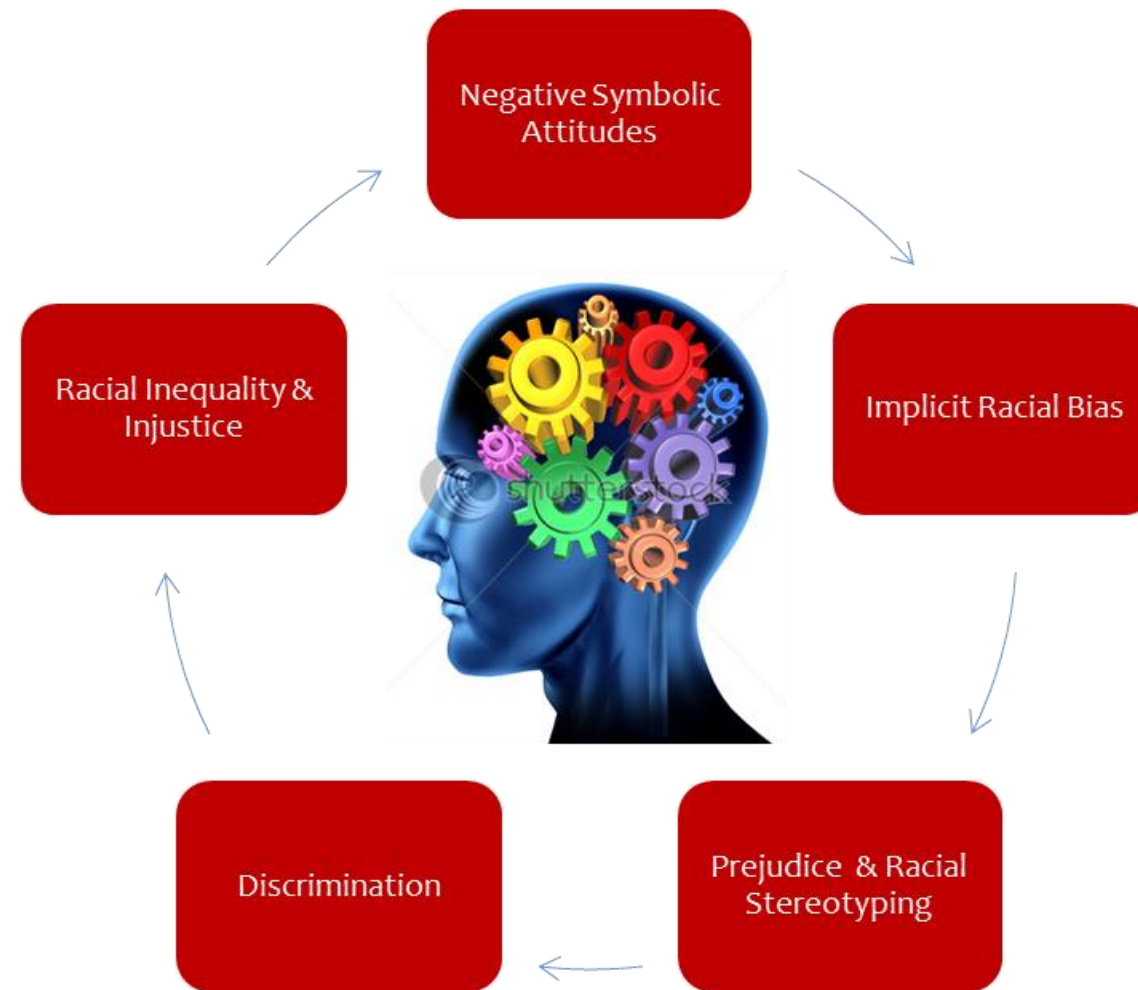
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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2565803/>



Real World Implications



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Impact of Bias on Recovery: Oriented Systems of Care

Video – Bias in Healthcare

(c) 2020 Pierluigi Mancini PhD

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If you have a brain, you have bias



- Bias is rooted in the brain
- Even with sustained effort, the brain can only catch 20% of bias in the moment.
- Easy to recognize bias in others, hard to recognize in yourself.

Source: Halvorson & Rock, 2015



AUTOMATIC ASSOCIATIONS



Microaggressions

Microaggressions are the relatively minor offenses, insults, and experiences of exclusion that many people deal with every day.

- Using endearments
- Same behavior, different description
- Benevolent Sexism
- Underestimating
- Attribution Bias



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Impact of Bias on Organizations

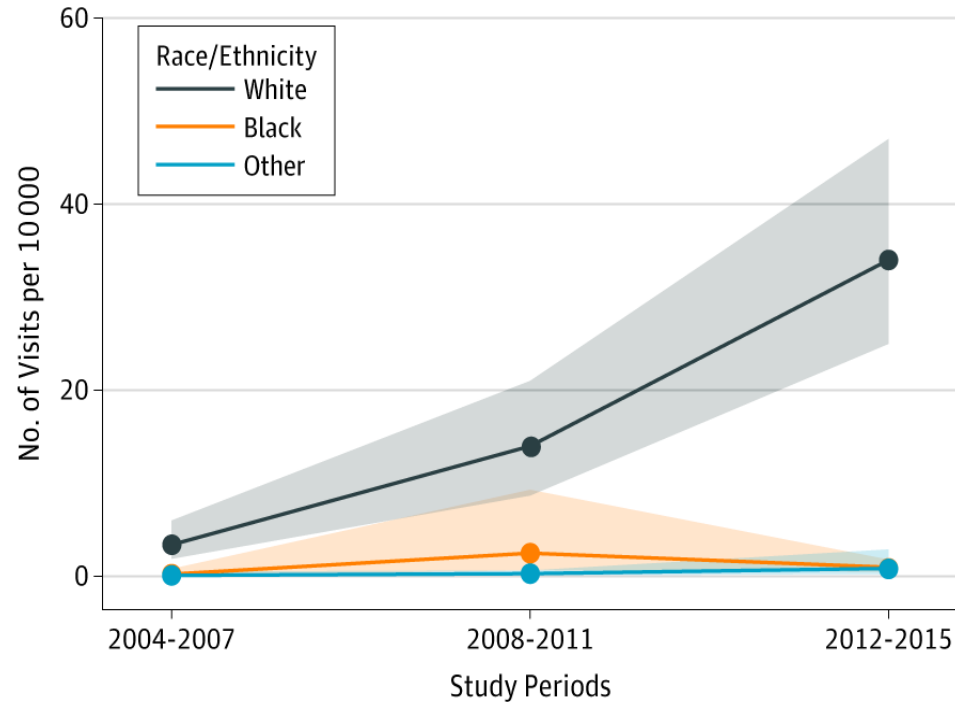
Compassion Fatigue/Burnout
Turnover Rates
Staff Engagement
Organizational Resilience/Wellness



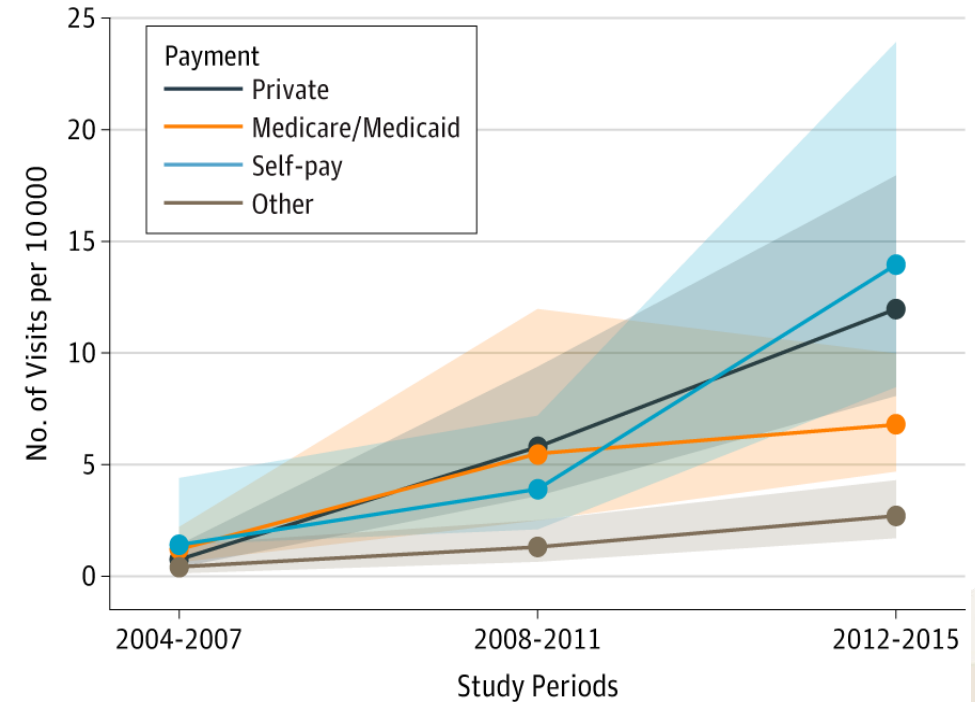
Inequities in Addiction Treatment

Inequities in Addiction Treatment

A Visits by race/ethnicity



B Visits by payment



- Black patients were **70% less likely** to receive a prescription for buprenorphine at their visit when controlling for payment method, sex and age
- This study demonstrates that buprenorphine treatment is concentrated among white persons and those with private insurance or use self-pay.

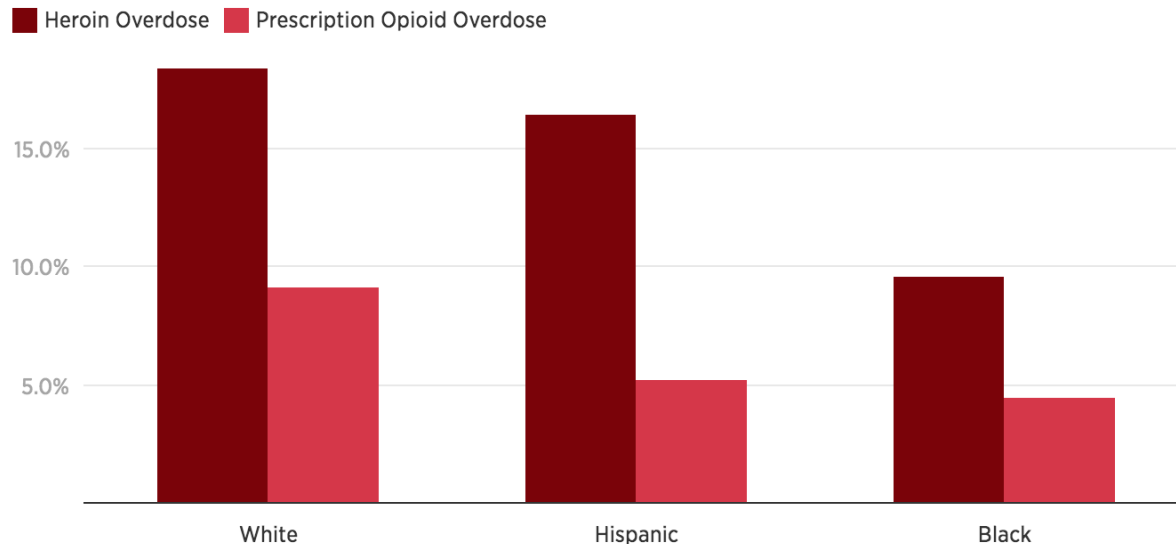
Lagisetty 2019



Inequities in Addiction Treatment (cont'd)

Minority Follow-Up Treatment Lags After Overdose

A study of privately insured people who suffered an overdose and were treated at an emergency room found that referral rates were low. In particular, researchers found minorities were less likely to receive follow-up care after their overdose, such as being referred to an inpatient treatment program, or started on medication-assisted treatment.



Note: Excludes patients who had opioid treatment in the 90 days before overdose; data show probability of obtaining follow-up treatment

Black patients were **half as likely** to obtain treatment following overdose compared with non-Hispanic white patients even when privately insured.

Use of Medications for Addiction Treatment: Racial Disparities

Use of Medications in Pregnant Women of Color

In a cohort study of 5247 women with opioid use disorder who delivered a live infant, black non-Hispanic and Hispanic women with opioid use disorder were significantly less likely to use any medication for treatment and were less likely to consistently use medication for treatment during pregnancy compared with white non-Hispanic women with opioid use disorder.

National Overview of Medication-Assisted Treatment for American Indians and Alaska Natives With Substance Use Disorders

2017 study found “Low rates of MAT implementation suggest racial disparities in access to MAT among AI/ANs, a population with historically high rates of substance use disorders. Study findings also highlight the important role of treatment culture and organizational fit in the implementation of MAT in treatment programs serving AI/AN populations. Results also speak to the importance of adapting existing EBTs in a culturally competent way to best serve the needs of the AI/AN community.”

Buprenorphine Treatment Divide by Race/Ethnicity and Payment

2019 study demonstrates that buprenorphine treatment is concentrated among white persons and those with private insurance or use self-pay.

Association of Racial/Ethnic Segregation With Treatment Capacity for Opioid Use Disorder in US Counties

2020 study suggests that the racial/ethnic composition of a community was associated with which medications residents would likely be able to access when seeking treatment for opioid use disorder. Reforms to existing regulations governing the provisions of these medications are needed to ensure that both medications are equally accessible to all.

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An illustration of a large crowd of people, mostly Black Americans, standing in rows with their hands behind their backs, suggesting a line of arrested individuals. The style is flat and graphic, with a yellow background.

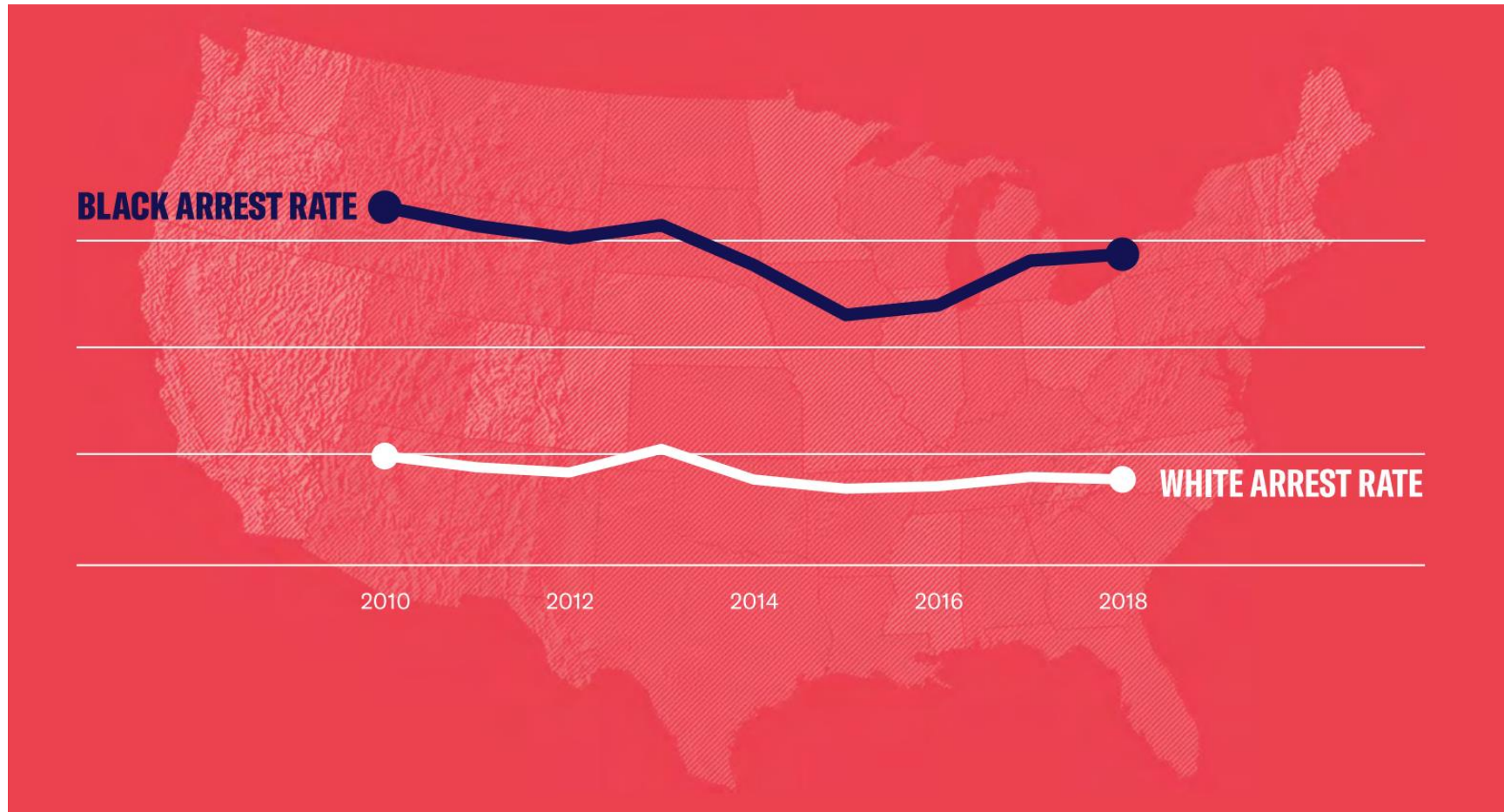
Despite relatively uniform rates of substance use among racial and ethnic populations, there is a disproportionate rate of drug arrests for Black Americans.

October 12, 2016



Inequities in Rates of Incarceration

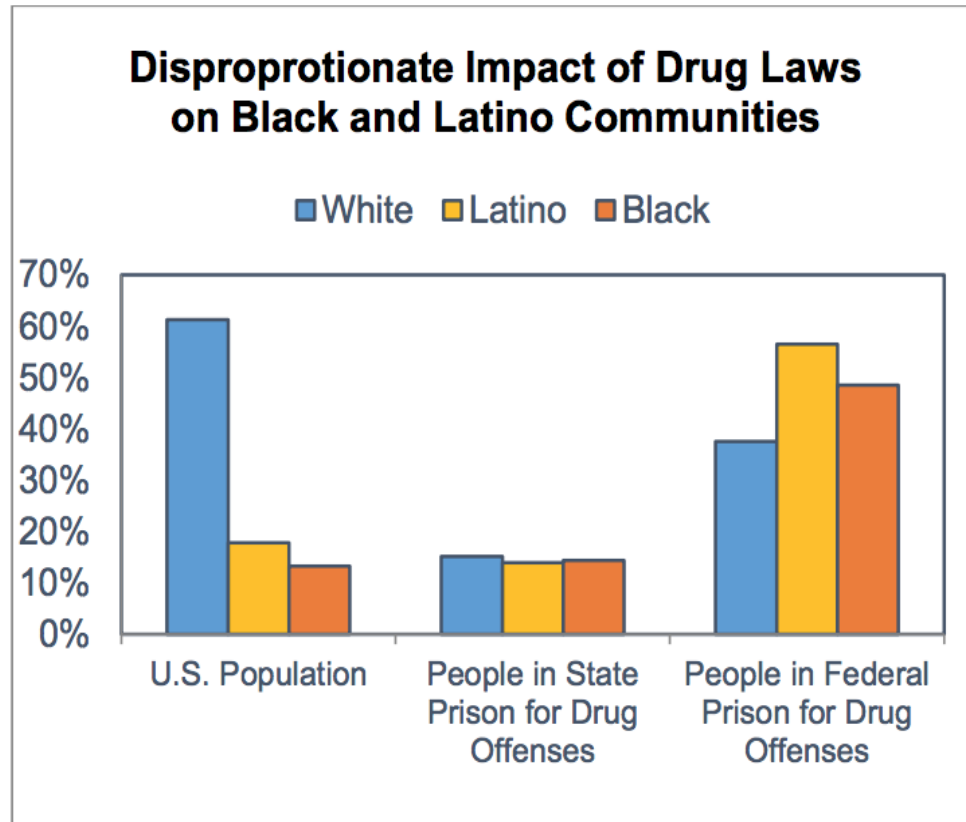
Rates of Black and White Marijuana Possession Arrests per 100k People



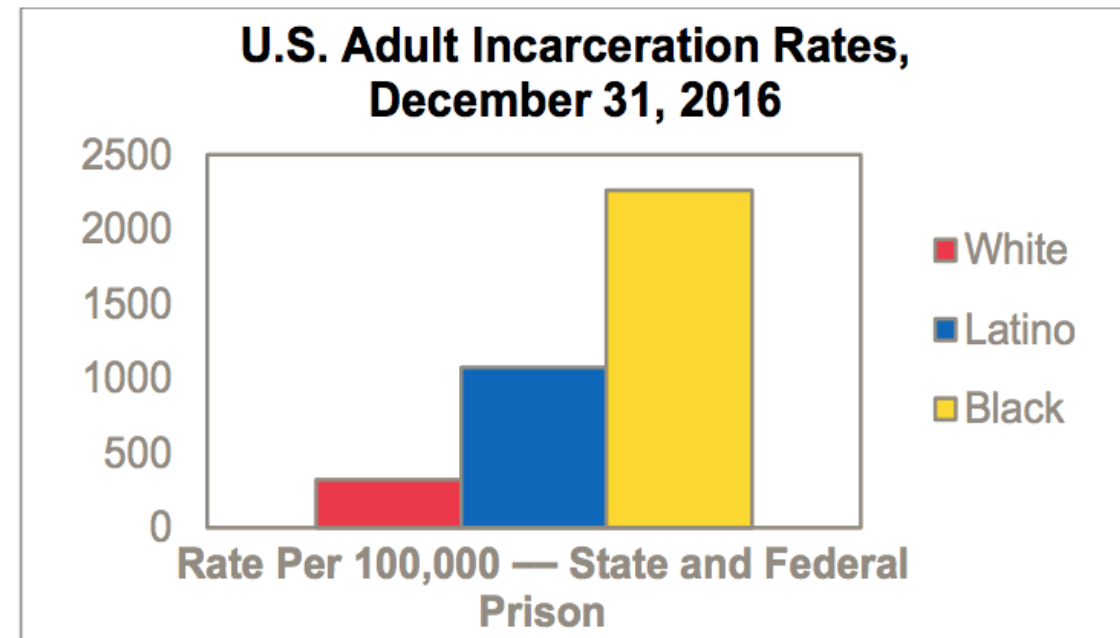
ACLU Tale of Two Countries 2020



Inequities in Rates of Incarceration (cont'd)



Sources: U.S. Census Bureau; Bureau of Justice Statistics.¹⁹

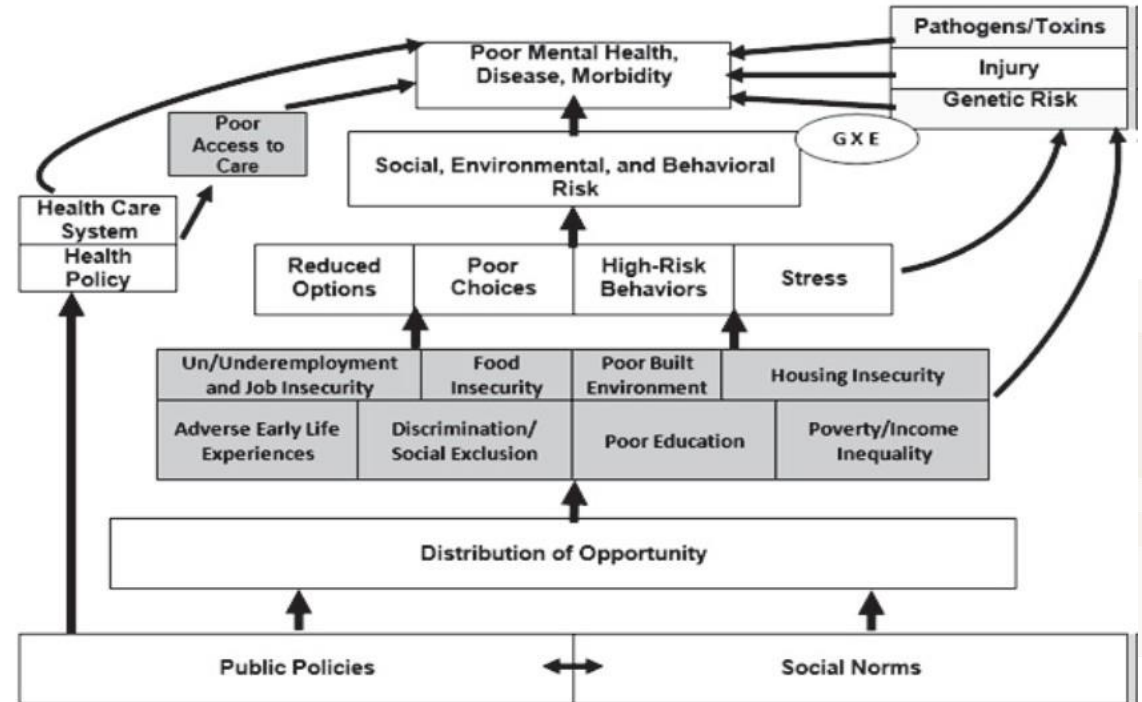


Source: Bureau of Justice Statistics, 2017.²⁵



Challenges to Prevention, Treatment, and Recovery for African Americans

- Negative representations, stereotyping and stigma
- Intergenerational substance use and polysubstance use
- Fear of legal consequences
- Misperceptions and faulty explanations about addiction and opioids.
- Lack of culturally responsive and respectful care
- Discrimination and trauma



The Opioid Use disorder crisis among African Americans: An urgent issue
https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-05-02-001_508%20Final.pdf

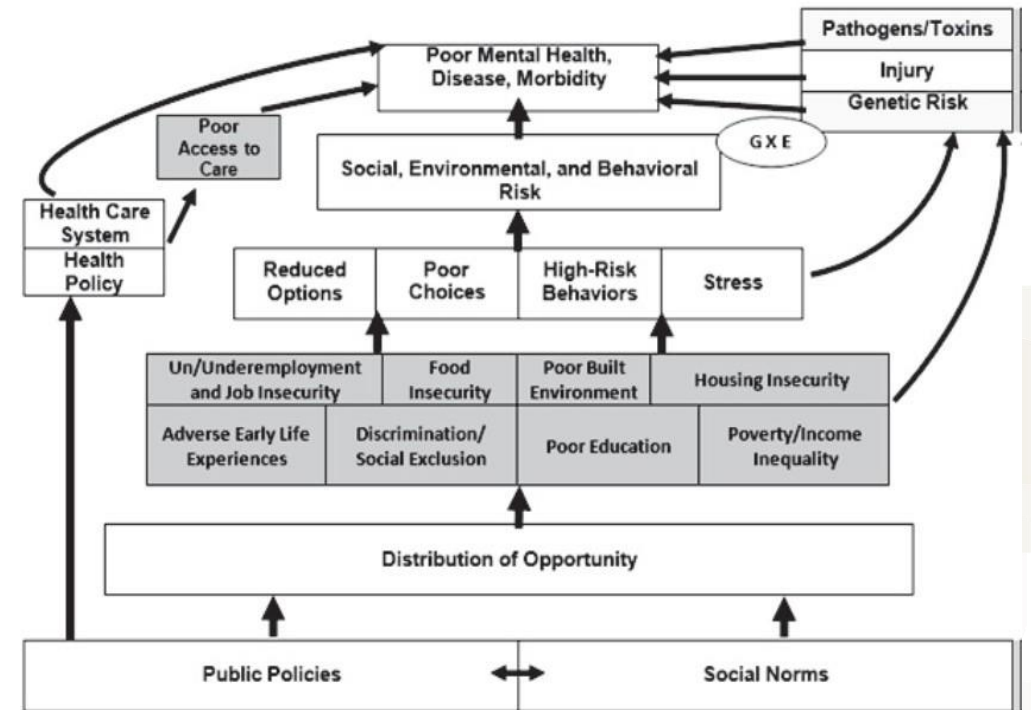
Source: *The Social Determinants of Mental Health*. Michael T. Compton, M.D., M.P.H., and Ruth S. Shim, M.D., M.P.H., *Focus* Vol. 13, No. 4, Fall 2015

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Challenges to Prevention, Treatment, and Recovery for Hispanic/Latino People

- Negative representations, stereotyping and stigma
- Intergenerational substance use and polysubstance use
- Fear of legal consequences/Immigration issues
- Language barriers
- Lack of culturally responsive and respectful care.
- Heterogeneity of the Hispanic/Latino population

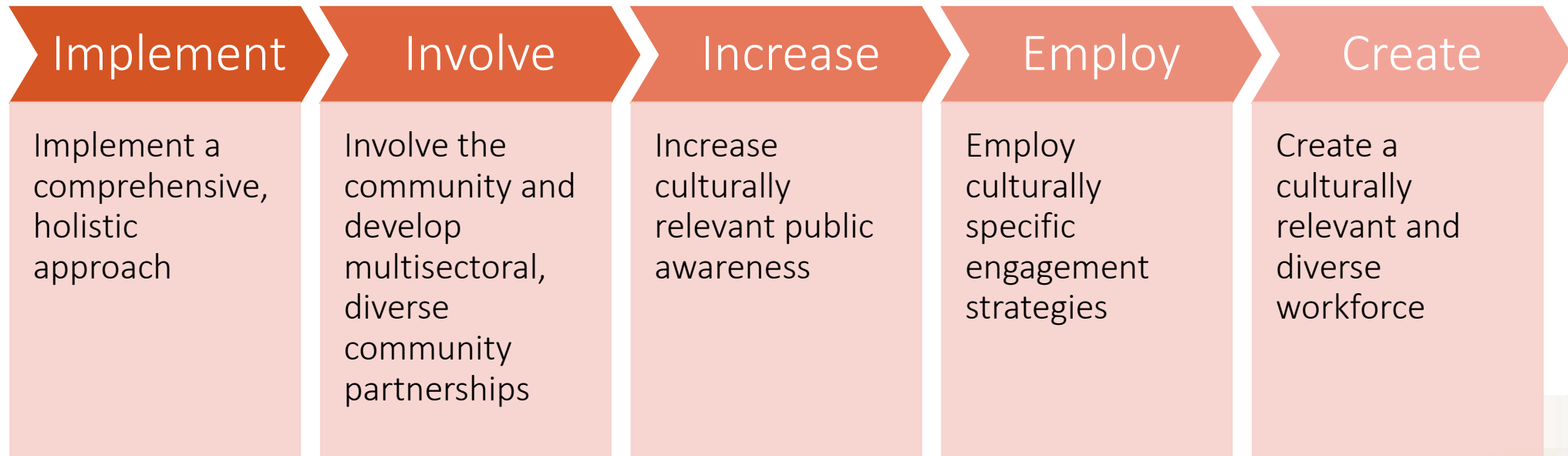


The Opioid Use disorder crisis and the Hispanic/Latino population: An urgent issue
https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-05-02-002.pdf

Source: *The Social Determinants of Mental Health*. Michael T. Compton, M.D., M.P.H., and Ruth S. Shim, M.D., M.P.H., *Focus* Vol. 13, No. 4, Fall 2015



Strategies to Address Opioid Misuse and OUD in Black/African American Communities



The Opioid Use disorder crisis among African Americans: An urgent issue

https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-05-02-001_508%20Final.pdf



Strategies to Address Opioid Misuse and OUD in Hispanic/Latino Communities

- Implement a comprehensive, holistic approach
- Create culturally tailored public awareness campaigns in native languages
- Form diverse partnerships
- Utilize schools
- Leverage faith-based organizations
- Build a bilingual, culturally aware and respectful workforce
- Develop culturally and linguistically appropriate prevention and treatment
- Link to primary care

The Opioid Use disorder crisis and the Hispanic/Latino population: An urgent issue

https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-05-02-002.pdf



What Works?

Removing bias from process, not people.



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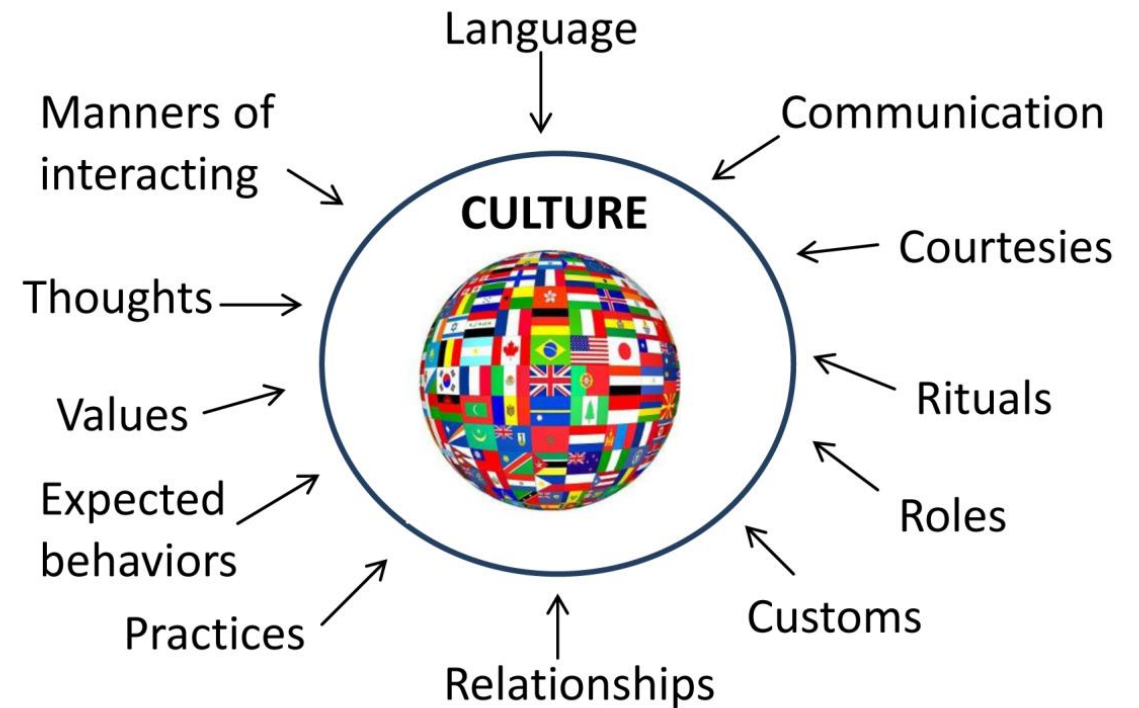
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Cultural Humility at Work to Increase Resilience

- It normalizes not knowing
- It helps you identify with your co-workers
- It helps you identify the needs of your “client”
- It creates a culture of understanding that can spread beyond work



EQUITY & INCLUSION IN HEALTHCARE:

IF CULTURAL SAFETY IS THE ANSWER, THEN WHAT IS THE QUESTION?

DR RUTH DE SOUZA, THE DATA, SYSTEMS AND SOCIETY RESEARCH NETWORK

WE NEED
EACH OTHER...
FOR HEALTH, FOR
THE WORLD

PEOPLE GET INTO
HEALTHCARE TO
HELP...

BUT HOW DO WE
BALANCE THE IMPERATIVES
THAT TAKE US AWAY
FROM CARE?



HOSPITAL
AS FACTORY

MASS
PRODUCTION,
CUSTOMISATION,
& COLLABORATION

HOW DO WE
MAKE CARE
CARING
& JUST?

Kawa
whakaruruhau:
CULTURAL SAFETY
EXPLICITLY ANTI-RACIST!

CULTURAL:



• AWARENESS

→ UNDERSTAND WE ARE
DIFFERENT



• SENSITIVITY

→ LEGITIMACY OF
OUR DIFFERENCES



• SAFETY

→ SAFE: RECOGNISE,
RESPECT, RIGHTS

CARE IS ABOUT
POWER
NOT JUST DOING
GOOD



THERE IS INSTITUTIONAL BIAS

THE PAST
SHAPES
THE PRESENT

e.g. Nursing is highly gendered,
obeying orders, virtuous



WE MUST ADDRESS RACISM!

OPPORTUNITIES:

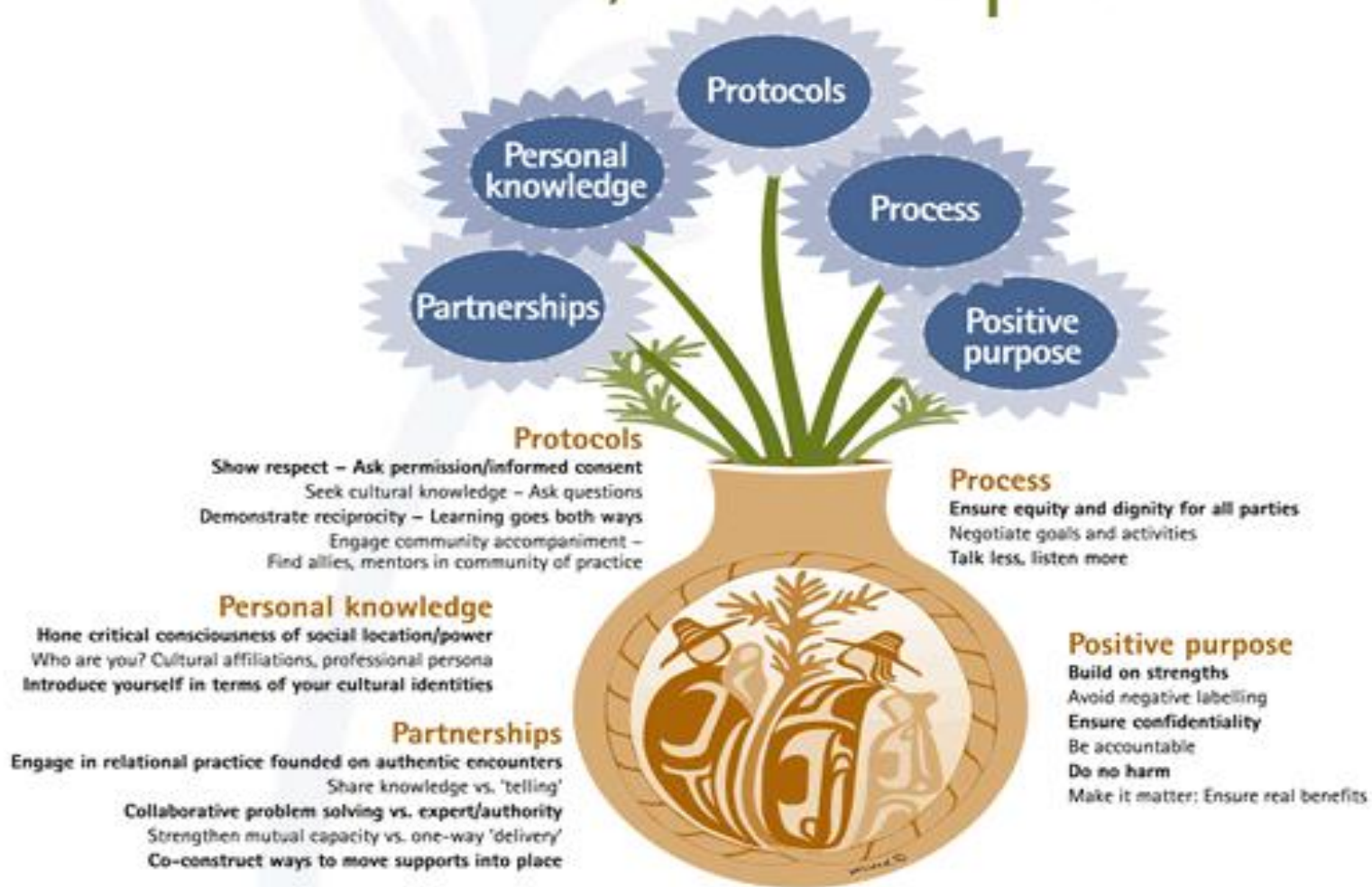
AGREED
DEFINITION
OF CULTURAL
SAFETY

GET BETTER
AT UNDERSTANDING
TERMS &
DEFINITIONS

EMPOWER CONSUMERS
& PRACTITIONERS
FOR SELF-DETERMINATION

WHAT IS
HARMFUL?
WHO DECIDES?

Cultural Safety 5 Principles



<http://www.ecdip.org/culturalsafety/>



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HOW DO I DO CULTURAL SAFETY?

DR RUTH DE SOUZA, THE DATA, SYSTEMS AND SOCIETY RESEARCH NETWORK

IN THIS WORKING SESSION, I AM:

MY
BEST
SELF

AN
ACTIVE
LISTENER

KIND &
GENEROUS

ENGAGED

SUSPENDING
JUDGEMENT

LEARNING IN TO
DISCOMFORT

ACCEPTING THERE
MAY NOT BE
CLOSURE

MY IDENTITY

I AM
MALE ♂

OUR IDENTITY
IS SHAPED
BY FORCES
BIGGER
THAN US

PRIVILEGE
SHIFTS
... IT'S ALL IN
CONTEXT

IS
INVISIBLE

MONEY, HOME-
OWNERSHIP

I AM GREEK



MY
WEIGHT



YOUNG
& FEMALE ♀

OUTSPOKEN



WHITE

HIGHER
EDUCATION



AUTISTIC

CHALLENGE:

LISTEN TO PEOPLE
WHO ARE DIFFERENT
TO YOU!

IT IS
NOT AN
ATTACK!

OPPRESSION
IS STRUCTURAL

WOMEN
THRU
THE
SYSTEM

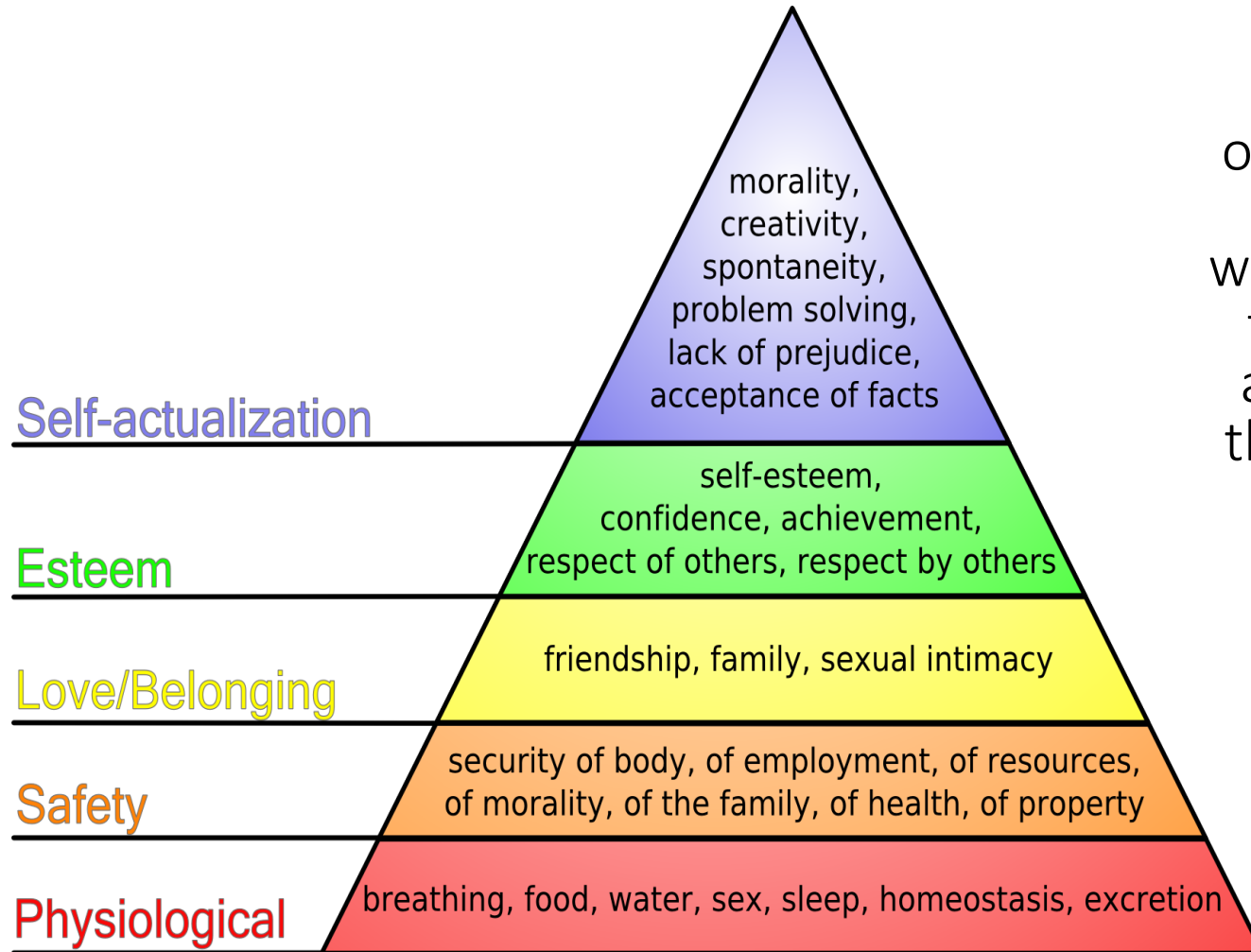
Protect All Voices



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Create Safe and Secure Environments for ALL



Throughout the organization, staff and the people they serve, whether children or adults, feel culturally, physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety.

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Recovery Capital is the sum of the strengths and supports – both internal and external – that are available to a person to help them initiate and sustain long-term recovery from addiction.

(Granfield and Cloud, 1999, 2004; White, 2006)



Creating and Reinforcing Recovery Capital



Essential Ingredients for Sustained Recovery:

- Safe and affordable housing
- Employment and job readiness
- Education and vocational skills
- Life and recovery skills
- Parenting and family skills
- Health and wellness
- Recovery support networks
- Community and civic engagement

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Questions are the path to learning

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Resources

- **Hiring** - <https://www.wsj.com/articles/seven-steps-to-reduce-bias-in-hiring-1487646840>
- **Hiring** - <https://www.shrm.org/resourcesandtools/hr-topics/talent-acquisition/pages/7-practical-ways-to-reduce-bias-in-your-hiring-process.aspx>
- **Teaching** - <https://www.plymouth.ac.uk/uploads/production/document/path/3/3273/7 Steps to Mitigating Unconscious Bias in Teaching and Learning.pdf>
- **Individual and organizational strategies** - https://horsley.yale.edu/sites/default/files/files/IB_Strategies_033012.pdf
- **Retention** - https://blog.truvelop.com/tuesday-tip-employee-retention?utm_content=134628664&utm_medium=social&utm_source=twitter&hss_channel=tw-24105439



Resources (cont'd)

- Organizational Self-Care Training Activity Worksheet
- TI-ROC Climate of Equity Assessment
- National Council's Cultural Humility Scale
- Health & Racial Equity List of Definitions

Health Equity and Racial Justice Webpage

National Council for Mental Wellbeing

See our page for more information on Webinars and Upcoming Events, Resources and Tools, and Training and Technical Assistance focused on Health Equity and Racial Justice

