## Annie Guo VanDan, MBA:

Thank you all for joining us.

Today we are here for the Virtual Roundtable, hosted by the NNED National Facilitation Center, and the SAMHSA Office of Behavioral Health Equity, in partnership with the MHTTC Network Coordinating Office. The title of the NNED Virtual Roundtable is creating and enhancing pathways to a racially and ethnically diverse behavioral health workforce.

Great, so we are ready to get started.

So we would like to begin with this disclaimer, the views, opinions and content expressed in this presentation, do not necessarily reflect the views, opinions or policies of the Office of Behavioral Health Equity, the Substance Abuse and Mental Health Services Administration, or the US Department of Health and Human Services.

So welcome to the National Network to Eliminate Disparities in Behavioral Health or the NNED Virtual Roundtable. This roundtable is the third of a three-part series titled community-based organizations, build pathways to behavioral health equity for communities of color. And today's specifically we're talking about how to create an enhanced pathways to a racially, ethnically diverse workforce.

My name is Annie VanDan, and I'm the Virtual Roundtable Coordinator for the NNED's National Facilitation Center. I am joined by our NNED team, you'll see Dr. Rachele Espiritu, Alice Choi, Chyenne Mallinson, and Alina Taniuchi, who will be supporting today's Roundtable.

The NNED is a network of diverse, racial, ethnic, cultural gender and sexual minority community organizations that strive for behavioral health equity for all individuals, families, and communities. We are excited to share that we recently reached more than 5000 members, and this includes over 1200 partner organizations and community or can be based organizations across the US territories and sovereign tribal nations. The NNED highlights and shares new programs or interventions to build the capacity of its members and participants. And one way we do this is through virtual roundtables like the one today, and later we will share about how you can also join and really encourage you to be a part of the NNED.

So before we start our discussion, let me highlight a few logistics, all participant lines are on mute, and we encourage you to share your perspectives and comments through the chat box. We really want to engage in an interactive discussion if there's any resources, you'd also like to share to go ahead and put those in the chat as well and at the end of the Roundtable we share a web page with all of the resources that were discussed today so welcome any from the participants as well. And again, if you have specific questions to please use the Q&A. This may include tech issues or questions for the panelists, again because they get lost in that chat space. Closed captioning is available throughout today's discussion at the bottom of your screen you

will see an icon called Live transcript that you can click on to see, and you can also turn it off if it's distracting.

The Virtual Roundtable is being recorded and shared via Facebook Live on the Facebook page. The recording slides and related resources including those mentioned on today's webinar will also be available for viewing information how to access the recording and these resources will be sent out to all registrants within a few days. Also, if there are any breaches to the security of the event, we will immediately end the session.

So great, I see people are continuing to join us and want to welcome you all to today's NNED Virtual Roundtable, Creating and Enhancing Pathways to a Racially and Ethnically Diverse Behavioral Health Workforce. So, our agenda will begin with a welcome from Dr. Mary Roary, the director of SAMHSA's Office of Behavioral Health Equity. Then we will invite Dr. Thomas Clarke, the Director of the National Mental Health and Substance Use Policy Laboratory to help set the stage for today's discussion by providing a national context of the current behavioral health workforce and what programs are available. We will then welcome our three panelists to engage in an interactive dialogue, we will ask panelists to respond to questions that come up in the Q&A and allow for some time at the end as well. And then we will also share how to find additional resources via NNEDshare.

And thank you all for continuing to introduce yourselves in the chat box.

Today's Virtual Roundtable will provide the opportunity to first understand the importance and in packed have a racially and ethnically diverse behavioral health workforce. And then, really within the context of what is happening right now and knowing that more communities of color are seeking support and seeking mental health, behavioral health services, and the importance of being able to get care from a cultural, and responsive way. Examining how organizations can create career development experiences and behavioral health, such as internships and trainings. Our panelists will share about their national and regional programs for professional pathways that support racially and ethnically diverse people to enter behavioral health careers. And then learn about strategies to promote this field to make it more inviting and interesting to racially and ethnically diverse young people.

So now I'd like to welcome Dr. Mary Roary, the Director of SAMHSA's, Office of Behavioral Health Equity, to give some remarks.

## Mary Roary, PhD:

Thank you, Annie. Massive thanks to all of you for being here today. You are at the right place at the right time. The behavioral health workforce has problems with recruitment, retention, challenges of high turnover high workload, lack of resources stigma, you get the picture.

We can change this stuff.

And the reason why we must change this is any just share with us, you will hear from our distinguished panel members will also share with us. But the bottom line is, we're aging, and we're still having children. And right now, analysts predict that for every one psychiatrists, for example, for every 6,000 and older Americans with mental illness and substance use issues, there's only one psychiatrist. To take care 6000 people.

On the other end of the spectrum, as we look at children by 2030, we're talking 8312 children, that will be impacted by this substance use disorders or mental health issues or co-occurring. And there's only one psychiatrist, to take care of all of those children, and then you layer that with the lack of diversity. So, there are many things that we can do, but you all are the experts. And so, we're here and we're eager to learn from everything you have to share with us.

I'd be remiss if I didn't thank our wonderful, phenomenal, small, but yet mighty team at the Office of Behavioral Health Equity, that includes Dr. Victoria Chau, Ms. Shayla Anderson, and Mr. Perry Chan. I'd also like to give a great big shout out to Dr. Tom Clarke for always helping us on every ask. And so he's up next. It's all about you. Thank you all for being here.

## Annie Guo VanDan, MBA:

Thanks so much, Dr. Roary, and welcome to Dr. Clarke, he will begin our discussion by sharing about the behavioral health workforce, as well as the SAMHSA's Technical Assistance Centers and programs. Thank you, Dr. Clarke.

## Thomas Clarke, PhD, MPH:

Thank you, Dr. Roary and good afternoon, and thanks to the organizers for today's meeting, for inviting me to speak. For my presentation I will talk about SAMHSA's portfolio and behavioral health workforce and specifically programs that address equity concerns and creating a more diverse workforce. Next slide.

So, I wanted to start off by thinking about how do we define healthcare access and I think it's important to know that helped her access is very multi-dimensional. And this is a model from Pechansky and Thomas from the early 1980s that I often refer to because I think it's a very helpful way to think about access to healthcare and all the different dimensions that it includes.

So, in this model, the first piece is affordability. So does someone have the financial resources for healthcare access.

Second is availability. So, are there available services to meet the volume and needs in the community, supply and demand. So, for example, if you were living in an urban area perhaps there are more resources than if you're in a rural area.

Accessibility, this gets to questions on proximity and specifically transportation, also really important to think about when we're thinking about access to healthcare.

Accommodation, are the providers available during the timeframes that the client can it can go to an appointment, are they available only nine to five? And if that is the case, if someone has a job and doesn't get flexibility, then they won't be able to see the health care provider.

And then finally acceptability and culturally appropriate care so thinking about, do the providers – are they able to address the cultural concerns of the clients?

So again I think when thinking about access to healthcare it's important to make sure that all five of these areas are addressed. And for today's presentation and I'll primarily focused on the accessibility and culturally appropriate dimension. Next slide please.

So when we look at data related to behavioral health. And this slide, this data comes from the Accreditation Council for Graduate Medical Education. And this is really looking at prescribers. And these prescribers are broken into specific professions, you can see at the bottom of the slide those include physicians surgeons, nurse practitioners physician assistants and pharmacists.

And when we look at this data from 2019, we can see that the majority between 71 and 80% of prescribers in these various professions are white. There are far fewer in all of the other racial and ethnic categories.  And so, this is a concern again when we're thinking back to that fifth dimension of the model I mentioned about accessibility and culturally appropriate and we know that we have a diverse population, and we need to work for us that reflects that. Next slide please.

I know the focus of today's presentation is on race, given the title but I think gender is also another important dimension to think about. And think about diversity in the workforce. This data comes from the Bureau of Labor Statistics. Recent data, earlier this year, and it shows that specific Rural Health Professions listed here are primarily female-dominated professions. And these include mental health counselors, substance abuse and behavioral disorder counselors, non-school psychologist, health care, social workers, and the general category of social workers, all others. And so again, we need to think about how do we have more diversity in gender for behavioral health workforce? Next slide.

So, I wanted to highlight some of SAMHSA's technical assistance opportunities that really tried to expand upon the behavioral health workforce and really focused on addressing, creating a more diverse behavioral health workforce. In this website here, the side of the slide, you can access all of SAMHSA's trainings, they're all listed in that portal but I'm going to highlight specific ones to the presentation. Next slide please.

So when it SAMHSA's primary vehicles for technical assistance is the Technology Transfer Center is known as the TTCs. The TTCs are comprised of three different centers. These include the Addiction Technology Transfer Centers, the Mental Health Technology Transfer Centers, and the Prevention Technology Transfer Centers. Next slide please.

These TTC are regionally-based across the US, and there are 10 regions that you can see on the map in the different colors. How the TTCs are organized is that for each one there is a coordinating office. In addition, there is American Indian Alaska Native Center, also a Hispanic Latino Center, and 10 different regional centers as I mentioned before.

These are all primarily cooperative agreements so funding that was provided to states to provide technical assistance on a variety of different behavioral health issues including both substance use and mental health. Next slide please. And I should say in that earlier slide, one of the areas of focus is thinking about how can technical assistance be tailored to specific groups including racial ethnic diverse populations?

In this slide we have the Provider Clinical Support System, which includes the main PCSS System as well as the University System. This particular program intends to expand the number of individuals who are waived to provide primarily buprenorphine as medication appropriate use disorder. This is a long-standing program that SAMHSA's had for many years. But however recently in the last three or four years we have implemented what is known as a PCSS University. And what the PCSS University does is it provides training to providers to prescribe buprenorphine, but in college or university or professional training settings. And that's important because as we think about creating a more diverse workforce, we need to think about recruiting younger people into the workforce, not people who are necessarily mid-career. Also, by training people on MOUD earlier in their careers, it also addresses concerns of stigma. Next slide please.

So in August of 2020, SAMHSA has provided funding to several different Centers of Excellence that are focused on behavioral health disparities. And there are three listed here. And they include Center of Excellence for African Americans, the Center for Excellence focused on aging, and also one that is focused on LGBTQ individuals. And all of these Center of Excellence have a goal at increasing awareness and understanding for specific populations who have unmet treatment needs, also increasing practitioner knowledge and skills, about effective strategies to decrease health disparities. And then finally, how to accelerate and adopt the implementation of evidence-based practices, as well as training and coaching models for the workforce. Next slide.

So, focusing on homelessness has also been a long-standing area of SAMHSA's portfolio. Here we have a Center of Excellence that is focused on addressing, providing technical assistance, low-cost training to individuals who are working with individuals who are homeless, and also identification into submission of EBPs, that contribute to housing stability and recovery. Certainly we know with recovery housing is very important. Next slide please.

So rural populations also a big focus of services portfolio. For many years we've had the Rural Opioid Technical Assistance Program. In recent years, there's been more of a focus to having the ROTA as we call it to also provide flexibility to address stimulants because we know stimulants are also an important concern, particularly for individuals in rural communities.

And this program is in partnership with USDA given USDA has a strong focus in rural communities. Again, the purpose of this program is to identify models for providing healthcare services to individuals will be rings, and similar use disorder, with a on prevention, treatment as well as recovery. Next slide.

Another more recent program that is focused on rural communities is a Real Emergency Medical Services Training. This was a grant that was awarded last year to grant program to several different grantees. And the purpose of this program is to recruit and train emergency service personnel in the rural areas, and stamps that recognizes the great need for emergency services in rural areas. And in the real important critical role that EMS personnel have, as first responders in addressing the behavioral health concerns that individuals have. Next slide.

SAMHSA also has Evidence-based Practice Resource Center and website can be found here, this is really a repository that encompasses evidence-based practices focused on prevention, treatment, recovery, and behavioral, mental health. The guidance put forth comes from consensus and panel and so for every practice in there, we have feedback from different stakeholders who are experts can be real health. Some of the things that we think about when we put forward materials are the implementation of the tools: are they feasible? We don't want to put forward things that are costly for example that might not be helpful to communities in terms of implementation.

And then finally I wanted to just highlight a few programs, I think long standing programs that SAMHSA has had on that really tried to address some of the concerns we have with trying to expand the diversity in the behavioral health workforce.

One of them is the Minority Fellowship Program. This is a program that really intends to train and prepare practitioners to effectively serve people from different cultural and ethnic backgrounds. The fellowship provides training for individuals who are in masters or doctoral degree programs, and it is administered out of several, seven national health organizations, and the link for that can be down here. And you can receive these slides after today's presentation as well. Each year we have about 200 MPF fellows awarded. And that again this is a long-standing program that SAMHSA's had for many decades.

And then lastly, I wanted to mention the historical black College and University Center for Excellence in Behavioral Health and you'll be hearing more about this program from Dr. Johnson who's going to be speaking later in today's panel. One of the main goals of this particular program is to expand campus service capacity, including the provision of culturally and linguistically appropriate behavioral health resources. Next slide please.

And then finally, I this is just a list of resources that are available to you through the NNED. On this page you can see resources, specifically the NNED newsletter. There's a collaborative online space to share resources and intervention efforts. There's also the NNEDLearn, and gives information in a searchable database for you. So again, this is just a resource page, or you

know, and with that I will turn it over to the next speaker and again thank you for the time to present today.

## Annie Guo VanDan, MBA:

Thank you, Dr. Clarke for sharing these resources and providing that context that really highlights the importance of the discussion today and the need to have very intentional efforts to diversify the behavioral health workforce.

So now I would like to introduce today's panelists, you can find their full bios on the NNED's website. First we have Fred Sandoval. He's the Executive Director of the National Latino Behavioral Health Association, or NLBHA, who is based in New Mexico. We also welcome Dr. Leonissa Johnson, Director of HBCU C.A.R.E.S., working with historically black colleges and universities, she is in Georgia. And then Dr. Michael Awad, founder and co-chair of the Ethnic Diversity Task Force Scholars Program in Connecticut and a National Institutes of Health Research Fellow.

Welcome all and thank you for lending your voices and perspective today for this important conversation. I'd like to now invite each panelist to share about their organizations, and the work they do, elaborating on the specific strategies and focus areas their programs offer that directly relates to pathways to enter the behavioral health workforce.

So first we will start with Fred Sandoval with NLBHA.

## Fred Sandoval, MPA:

Annie, thank you so much for the opportunity, to make a brief introduction and hello to everyone. Welcome. My name is Fred Sandoval, I'm the executive director for the National Latino Behavioral Health Association, so excited to be here and this is certainly something we're very passionate about this is so critical to the work that our organization does that it's a pleasure to be here to share with all of my colleagues and those of you who are attending today. The critical information that the entire panel will be presenting today.

NLBHA actually was formed as a result of the National Hispanic Mental Health Congress. During the president, President Clinton administration, and during the time that SAMHSA administrator Nelba Chavez was the administrator. That work called for the formation of a National Latino Behavioral Health Association. Thus, our organization today. We have been in operation since 2002, and during that period of time we've developed several programs, including the JTR scholarship program which we're going to be talking about in more detail today. This includes our Behavioral Health Interpreter Training Program, Promotores de Bienestar Training Program. And also, we operate and manage the two National Hispanic and Latino Addictions and Prevention Technology Transfer Centers. Incidentally we'll be hosting a national conference this September, and we'd like you to reach out to us, and please visit us there. Can we go to the next slide?

So, as we move to the next slide. I'm really ecstatic to say that the scholarship program that was developed was done in honor of Josie T. Romero, who was the founder the organization. And it's certainly to her credit that the work we do today is a representation of the work that she fostered encouraged and advocated during her term as a founder of the organization. And we have continued to use the phrasing of growing our own and narrowing the Latino scholastic achievement gap. What you're going to learn about organization today and the work we've been doing with our JTR scholarship program has to do this what we consider a very successful program. It's focused, of course, on Latino students who are attending a behavioral health degree program at a university on a full-time basis.

And we have just recently reached a milestone of completed the graduation of 100 students, since the inception of the program, and we're excited to be able to describe a little bit about the program during the course of today's session. But what is particularly phenomenal has been the success rate that we're having with every student that does come before us. During this whole period of time that only had one student who dropped out of college, but all the other students have continued to either complete their degrees and gone to work in the behavioral health field. And I'll say more about that, what's particularly important is that we all have understood that the gaps and disparities of the absence of bilingual, bicultural Hispanic clinicians in the field in any form of the behavioral health practitioner realm, has been an incredibly short of any achievements significant numbers. And we know that, not just in a state where we operate but also across the nation. And as a result of that, our particular program is really intended to really speak to two things outcomes, and then what the educational system says as part of our workforce development.

The outcomes that we're excited to talk about today will be about how we've been able to assist students to reduce their student loan debt as a result of the educational systems we provide. This is help students with reducing their work hours, and has increased the amount of academic study they can spend on their degree programs. And lastly, it's incredible to say that, when you provide support to students, how successful they can be. The students are bright. They're ambitious, they're motivated, and they work so hard. And what we recognize and what we'll talk about the challenges and barriers, is that what we're able to do is fill that gap.

So, in this era of health equity we understand that one of the best ways to help students is to address the disparate conditions that they're facing. And so, we do that in large measure to our scholarship, our internship program, our mentorship program, as well as leadership opportunities within the organization. And you'll see how we have used that pathway in different ways as we go into the rest of the presentation.

So I'll end there because we're looking forward to the rest of the panelists speaking and the questions that will be forthcoming. So thank you, Annie for the opportunity to briefly make those remarks.

## Annie Guo VanDan, MBA:

Great, thank you, thank you, Fred. Next we have Dr. Leonissa Johnson with HBCU C.A.R.E.S.

## Leonissa Johnson, PhD:

Afternoon, everyone. I'm Leonissa Johnson, with the HBCU Center for Excellence and Behavioral Health and our key initiative, HBCU C.A.R.E.S. I'm so excited to be a part of this panel panels doing really amazing work so is NNED. So thank you so much for the opportunity to be a part of this conversation. So I'm going to talk a little bit about sort of HBCU C.A.R.E.S. sort of who we are, how we created our program, and a little bit about what we do.

So, Dr. Clarke spoke earlier about the sort of increased mental health and addiction related needs, and also the fact that we have critical behavioral health practitioner shortages. And when we double down some of the information, we boil down, we also know that the number of diverse practitioners, racially diverse and other areas, are also increasing. And so, HBCU C.A.R.E.S., our goal is to help increase awareness of behavioral health fields, and also provide support to students who have chosen to select behavioral health as a path.

And so, first part of our title, HBCU, Historically Black Colleges are near and dear to my heart. I'm a proud sort of double HBCU alum, I also serve as a faculty member at Clark Atlanta University. And historically, HBCUs have done, while they only represent about 3% of higher education institutions in the United States about 10% of black students matriculate, HBCUs. But HBCUs have also done a really great job of helping open doors and help Black students enter professions. So, there's lots of research around HBCUs and their work around getting students into STEM fields. But also, historically, I think Thurgood Marshall fund talks about Black engineers, members of Congress, Black lawyers, like judges. That a large percentage of Black professionals in those fields are graduates of HBCUs. And so, what we want it to do was, connect or utilize sort of those spaces to help and do the work of helping recruit and retain diverse behavioral health practitioners.

So, when that when we think about recruiting and retaining practitioners and behavioral health fields, I think the University of Michigan did a study where they asked diverse practitioners, what were the things that attracted them to the field in the first place. And so a number of them shared things like their own personal experiences with behavioral health practitioners, or the experiences of loved ones with behavioral health practitioners. But they also shared, about a quarter of participants in that study shared that mentorship from a behavioral health practitioner influenced their choice to enter behavioral health. About 42% shared that positive educational opportunities that promoted behavioral health informed their choice to enter behavioral health fields.  And then also about a quarter said, there's just a positive experience where the behavioral health professional influenced or informed their decision to choose that path.

And so what we do at HBCU C.A.R.E.S. is try to kind of put those two pieces together. So the C.A.R.E stands for Career Awareness Recruitment and Engagement Services. Okay, can we go to the next slide?

And so, what we do is, we use sort of the best of those pieces, the supportive environment and HBCUs that's encouraging and encouraging students to pursue professional paths and change their communities, but also utilizing some of those tools that we found that every practitioner say are helpful. And so we have three ways that we engage with HBCU C.A.R.E.S. One is through our advisory council, we have a number of behavioral health programs at HBCUs and so we aim to attract folks in the five different behavioral health fields: counseling, psychiatry, psychology, nursing, and social work. These folks help provide oversight and give us input, and also help us spawn other ways to engage in collaboration around this work.

We also have digital platforms. Our website is myhbcucares.org.  And what we do there is we provide career information for students and we also highlight and amplify behavioral health programs, behavior health organizations at HBCUs but also other spaces that are promoting support and resources for diverse behavioral health practitioners.

We have a growing social media presence with our Instagram and our YouTube and we also have a quarterly newsletter that we send out to students, and faculty, and folks in HBCU community.

And finally, I think the meat and potatoes of our program is the Behavioral Health Ambassador Program. So our Behavioral Health Ambassadors are graduate students, or professional students, and behavioral health fields at HBCUs. We, we have, we were able to select a 25 students each year to be in a cohort. And what they do is, those students receive a stipend. They also receive professional development, they attend the conference that we host, and they receive mentoring and training. But the, what they do in return for that is they deliver presentations and career chats to undergraduates at HBCUs.

And so, I look forward to talking more about the outcomes of some of that work. That's an overview of what we do and can't wait to talk more about the exciting, exciting connections and supports that we're able to provide. So thank you very much.


## Annie Guo VanDan, MBA:

Thank you, Dr. Johnson and I'll say that we are getting some questions through the Q&A which is great and so we will be sure to ask those to the panelists as we go along. But first we still want to hear from Dr. Michael Awad with the Ethnic Diversity Taskforce Scholars Program. He is in Connecticut, and will share more about the work that he's doing.

## Michael Awad, PhD:

Thank you, Annie and thank you to all of you who are joining us from across the country it's really exhilarating to see so many people that are really dedicated to this mission of increasing the ethnic and racial diversity of our country's mental health workforce.

So, I wanted to share my professional scrapbook with all of you today. And let's say you're wondering where to start in this monumental goal. It might get a little overwhelming to figure out where you can be helpful… And I'm sharing this as an example to help you find your way through whatever path is most accessible for you.  There's different roads, certainly to achieving behavioral health equity.

And for me, the way through was in the field of education. I was working as a school counselor and a psychology teacher in New York City middle schools and high schools, some that were highly resourced and some that were extremely under resourced. And by straddling those two worlds I was able to see how access to opportunities and information made all the difference for us to start thinking about mental health as a career path.

And I believe it starts as early as Middle School for planting seeds about mental health careers. So, when I was teaching in middle schools, teaching psychology, I abandoned all the conventional methods and got super creative about teaching the material in a way where it resonated were these young minds and where they could learn to apply the topics they were studying and the world around them. So, no homework, no tests or quizzes, no desks even, just minds that were willing to show up and fully immerse themselves in the material. So, I would teach them about famous psychology studies by actually having them replicate the experiments in class with their peers, and even referring to them as Junior Scientists, because I really wanted them to adopt that identity early on. And they were super enthusiastic to come to each class to share the material they were learning with their families, and really extend the concepts, beyond the classroom, which I think is so critical for any identity formation.

And so, in working in high schools in Harlem, there was more of a push to connect students with experiential career opportunities through a local coalition that I was working with. So, all over New York City I was connecting students who different psychology labs where they could really touch and see and hear and experience firsthand what it was like to be in an academy doing research and even meeting with patients. So yes, I took them to outpatient programs, I took them to testing centers where they could touch and see personality tests and practice mini assessments, and where they could see what therapy rooms look like and what a waiting room in a clinic look like.

And each time I set up an opportunity to do this with a center director they would say, "Well, you know, this is the first time we've ever done something like this we haven't really done anything like this." And then we would show up they would give a speech to our students, and at the end they would say, "You know we need to have more opportunities and events like this to make mental health, a possibility and the minds for these young people."

So don't be afraid to ask, don't be afraid to use your connections, don't be afraid to open up your spaces. That bottom corner picture there on the right hand side is psychology day at the United Nations and you can imagine what a high-security place the UN is. And once again, I emailed them and I asked them, "Can I bring a group of students just so that they could come and participate and listen and just see what it is like to be in this space?" And they said, "Well we've never done anything like this, but you know why not?" And it turned out to be such a fantastic experience.

So, now I work at a university and I meet many undergrads that major in psychology and don't quite know what to do with that degree. You can imagine lecture halls that are full psych majors, and yet we have a shortage of professionals. It's very easy now I think especially on Zoom to reach out to faculty on their public profiles and ask them to set up an appointment to talk with their students. And talk to them about careers and clinical mental health. All it takes is just that one talk to completely change the life course of someone who is listening. But of course, to do all of these things.

We really have to focus on retention because even when we get our young professionals foot, through the door. We need to focus on their success and programs as well. So graduate students need constant support and mentoring, to make it to the finish line and beyond.

And I want to share a little bit about a program I had the idea to develop, and now co-lead through the Connecticut Psychological Association's Ethnic Diversity Task Force. And this is an idea that any one of you on the call can replicate. It's based on a model that Dr. Clarke introduced, which is SAMHSA's Minority Fellowship Program, which I had the pleasure of being a fellow of for two years, and actually would not be where I am in my career without that program. So, this program is an example of taking an existing infrastructure and enhancing it to be more accessible and attractive for graduate students to participate in. Next slide please.

So, the Ethnic Diversity Task Force has been part of the Connecticut Psychological Association for over 20 years now. And I thought to myself only 1% of applicants actually get into SAMHSA's Minority Fellowship Program. There must be a way for us to leverage the talents and resources we have in our own backyard to create something similar for all students of color to benefit from.

So, there's eight different components of our program. And what we essentially did was go through a rebranding of the resources and supports that currently exist within our state's Psychological Association.  And packaged it into a fellowship program that every student could be proud of participating in and designating themselves as an EDTF scholar. So the branding is very important as you think of what type of activity you want to put on, you know graduate students are already so busy doing clinical work, and research, and coursework qualifying exams. And I wanted them to be able to have something that they could read with every cover letter, they write.

So, the first part of our program is a professional network and community, a community that they could lean on for personal and professional support that really understands and validates the very real challenges to success that they experience.

The second component is our mentoring advisory board, so professionals of color in the field are already stretched and they're asked to serve on every Diversity Committee, to teach every diversity course. So, we wanted to make this as light of a lift as possible. We match students to a Advisory Board of professionals that they reach out to only when they need support. And the benefit of the of this to the mentors is that they're required to do service as, part of their tenure or promotion and an academic setting or do outreach as part of their clinical work. This is something that can definitely fulfill that. So, you on the call can participate as a mentor on a number of similar programs that are looking for mentors and if you're in Connecticut, please give me a call.

We also have awards and grants, that's the third component of our program. So this gets us into incentives for graduate students to participate. These can be monetary awards for exceptional service or research, but they can also just be in grade plaque. Students want to build the award sections of their resumes to showcase their outstanding work and achievements. And in your agency, you can sponsor a monetary award to a program like ours, or even start to get your own graduate students aware of your organization to sponsoring your own award.

We also have monthly leadership development workshops, so every month we have a speaker that comes in to give a talk from a list of topics that scholars and just at the beginning of the year, like how to deal with micro aggressions from professors and clients. Lots of advice for succeeding in your first year, how to manage your time effectively.  And once again, you can volunteer to lead a talk like this in a graduate program or do a Facebook Live like we're doing now where you invite students from different graduate programs to attend.

The fifth…

## Annie Guo VanDan, MBA:

Dr. Awad, we're wanting to move ahead to some of the questions, if you can go through these other components.


## Michael Awad, PhD:

Yes, so we also have a internship preparation component, a policy course, a group capstone project, and a resource repository. So the wealth of all this knowledge is available for years to come to aspiring professionals, and it has a home where students of color can always access it.

## Annie Guo VanDan, MBA:

Wonderful. Thanks so much, Dr. Awad, and wonderful programs from all three of you. Thank you for sharing.

And so, we want to move into the first question, and I will just say that in the Q&A, we have some questions that are related to this. So the first question is more broad around what are the biggest challenges or barriers to joining the behavioral health field, amongst the participants and students that you work with? And some of the questions in from the participants that we are seeing relate to, if you are able to talk about salary provider reimbursements, and the impacts of the challenges of being to get licensing. And we also had a question around if your programs are able to address compassion fatigue. And so, we will go ahead and first go to Leonissa to respond to this question.

## Leonissa Johnson, PhD:

Thank you so much, and the chat has just been blowing up with really good questions and insights.

So, so a few of the challenges that we've encountered, that we've heard from either from students, even somewhat just my own experience as a faculty member, and even my own personal experience, one is around... Realizing sort of what the opportunities and behavioral health are, and kind of being able to paint even a picture of about sort of what a career in that field could possibly look like. And we know there's a variety different paths and pathways. And once a person even chooses a path or other doors and opportunities that are open.

But we've talked to undergraduates, for example, and they've shared, you know, we've heard the term psychiatry, psychology, counselor, social worker, you know what's the difference? What do they do, how much do they make? You know those sorts of questions and so, and even understanding just the nuances within the fields. And so that is one.

I think it's not a barrier, but I think sometimes the confusion, may, sort of stall students or make it a little more difficult for them to kind of take a step on a path. Something else that we know, even when students have kind of selected a field, is that our fields are very… the professional requirements within the fields, they vary, and they differ. And particularly when we're thinking about, students sometimes first-generation students or individuals who perhaps have never entered these professions or fields before. They're, they're just different expectations as far as their tests that folks have to take. There are fees that are required there are organizations that you have to be a part of there's field experiences and insurance. I know in counseling, we call that professional identity development and it's sort of that transition into becoming a member of the profession.

And so sometimes students are, I've even found with graduate students, like they're in the program before they're learning about some of these expectations or requirements. And so,

while there are costs, and it's the expectation to enter the field, what, one thing that students who say it will be helpful is to be able to be able to answer some of these questions on the front end while they're trying to make some choices, or trying to decide if this is the path or the field for them, or if it is the path or the field for them, being able to kind of have that, that narrative, with their, within their communities within their families, so that they sort of know what to what to expect.

And so, I'm doing the work to sort of help, I think folks be informed consumers about fields, and also training requirements. The things that are needed to enter the professions, and even just, you know, what makes a quality program. I think all of those pieces aren't necessarily bad. They can be hiccups or hurdles that students encounter. And so, doing things to kind of make those, those pathways, a little clearer can be really, really helpful.

And as far as graduate students, I think there's the information on the front end for undergraduates… With graduate students just sort of what are they, what's the information they need to kind of make that quality transition into the field. You know, "where can I find mentors, how can I continue to have that professional development, how can I also kind of have a network of support?" Because we know that turn over within our fields can be high, and so providing students just with that that information and also those relationships, so that they don't just like make it to the finish line of graduation, but they also are able to thrive once they kind of cross the finish line and get into the work of supporting communities. So those that's some of what I've seen.

## Annie Guo VanDan, MBA:
Great. Thank you, Dr. Johnson, and then let's have Dr. Awad also answer.

## Michael Awad, PhD:
So, the primary challenge that students that are interested in the field, and even new professionals that have entered the field, constantly share with me is: actually stigma that emerges within their families and their own cultural circles, about what the behavioral health field is about. If you think about how mental health care is portrayed in popular media and movies, it's very skewed. And it makes you think that only mental health services can be utilized by individuals that are in really high crisis situations and really chronic need. And we know that's not the case.

So, within communities of color, especially there's stigma related to help seeking because that really undermines values around the family strength to be able to handle situations that may arise for an individual. It may challenge beliefs related to face as a protective factor to be able to resolve an individual's personal issues. So, stigma is a primary issue, I think, that prevents a lot of individuals of color from entering the fields that want to because they really want to go into a field that will make their families proud, or that will actually raise or contribute to the

social mobility of that family.  And this is why for me, working with young people is so critical. Because they're getting messages from a young age that to succeed means that you must only go into the medical field, or you must only go into the law field. But there are so many pathways by which we can achieve success and be helpers, that are often ignored. And mental health is one of those fields.

And just to piggyback off of what Dr. Johnson mentioned around the significant financial barriers… I think, you know, just the, the cost of a graduate degree is just so exorbitant today. When you think about the loans that students have to take out and have to pay interest on after they finish school, it's doing a major disservice to the work that we're trying to do on this call today to get professionals in the field that are culturally competent. Passing exams that had been traditionally stacked against people of color, that's another major barrier. As many interested students that say, "Well, Dr. Awad, I don't want to take the exam" or, you know, "I don't want to have to write, you know, 20 college essays."I've been there, I've done that. And so, really, you know, trying to shift the policies and practices that make those exams and different requirements a barrier, I think, is really an important area for us to focus on right now as well.

## Annie Guo VanDan, MBA:
Thank you, Dr. Awad.

And then to Fred, I know Fred has talked about how the tuition support can help the students and if you were also able to talk about a question that's coming up a lot is just the, the issue with salary and the pay the low pay and not sharing salary ranges on job opportunities that young people face when they enter the career or the workforce.

## Fred Sandoval, MPA:
Yeah, great question. We have to really speak to this issue about these barriers and challenges because in the narrow health equity question is then how do we how do we eliminate those challenges and barriers.

So, I'll just start first with acknowledging the financial aspects of what typically affects the Latino students we've been working with and what we've been finding in general when we talk to students about pursuing a career in behavioral health and that there are several things several major characteristics about the Latino students that instantly present themselves. So first and foremost, of course, is the issue about the income that the student and their spouse or their immediate family makes. How much the, they're going to be confronted with the price of tuitions as Dr. Awad said. And then there's the constant persistent institutional practice of channeling and moving students and student loans. You take all that and instantly the burden the financial burden that the student already feels on top of the financial burden of having such

a lower income range and salary it just really instantly brings home the reality of what that disparity is like for that student, trying to enter the field.

We also know, we have many students who are, who are described as DACA students, students who are not eligible for financial aid. And clearly it's very significant for us to be able to take into consideration that those students bring incredible assets and skills that are essential to a bicultural bilingual community and feel. Because what happens is shorted just so much greater, right, for that particular segment. So we find that the DACA students can be supported by the work we do, because of the fact that they can qualify for our programs.

We also see the kind of perennial persistent issue that the students at graduate and doctoral levels are going to have fewer and fewer resources to be able to pay for school if they're not, then getting into debt. Right? And so, for them, there's the absence of programs that really help support them to be able to pay for the tuition. We're fortunate that the work that we do to really ensure that we bring resources to bear, means that the tuition rates that are, at least found in the home state where we're at, we're able to cover the tuition that is for that in-state student the entire year. It's because of the work we do with the community and outside resources to really leverage what it takes to help the student then be able to pay for all of those expenses that lets them then focus on their educational academic programs.

The other thing that we've noticed is that the students are was faced largely with this incredible burden and of their time level of effort around their internships. And most of those internships aren't paid. We focus on ensuring that we assist the student as well. Where possible with paid internships in our organization. Because what we find is the students going to get multiple supports to ensure their success, right, to be able to then completely graduate from school.

I'll speak to one or two more things and I'll kind of wrap up here because I know with the time that we have, that this is a very significant issue.

So, one of the things that I will say about the, I call it "the workforce and educational pipeline," there's an incredible seepage in our system across the country. And until we really fill that gap and that leakage. It's going to create problems for all of us. Right, so the students didn't graduate, then there comes the big onus. Here comes the new hill, the new climb around how do you get licensed, how do you meet your supervision hours. And then you're not working because you're not licensed. So, you have this big gap in what's happening. The labor market's very significant in the way that it attracts our students to try to work in a different field, a different discipline, because the student is trying to do what deal with their immediate realities of how do they support their families. Because with Latino students what we find is that they're usually working part time sometimes full time while they're going to school, and all their other commitments. So, you can see that this financial burden is particularly intense for them because they're so highly motivated, they're bright students, yet at the same time those challenges are just incredibly painful to watch, and we help to alleviate that burden as much as we can.

I'll end with this: Yeah, it's an excellent question. Here we are trying, to have parity in the healthcare industry by demonstrating that we want to have people who can be recruited, employed, and then retained in the field... But then you do wage comparisons and what we find is, there's already a disparity there. You know we have suppressed wages for the behavioral health workforce and that's a significant issue. Different states are doing different things to try to incentivize employers and MCO companies to try to raise the rates for reimbursement so then they can, companies can, then pay these Behavioral Health Clinicians more so. But the fact that we have this as a perennial issue, tells us that we haven't reached parity. Right?

So, we certainly haven't achieved any form of behavioral health equity. So, it's really important for us to take this as a legislative policy advocacy issue to say that to really achieve behavioral parity, and equity, we really have to adjust that very issue. It's not a very powerful recruitment tool to say, you're going to impact thousands of lives – Oh and by the way, this is what you'll get paid. I think that old paradigm is old thinking. It is an ineffective approach for being able to build the capacity of our system, because the professionals that we're training that we are all working together to have in the work field deserve to be paid appropriate wages. And not just a livable wage, these should be professional salaries, that in fact incentivize people to stay in the field, because remember as we're aging out, how do we ensure we keep people in the field, and it isn't going to be by having diminished salary skills?

So, thank you for the opportunity to answer that question.


## Annie Guo VanDan, MBA:

Thank you. Thank you, Fred. And you did touch on this about the retention and the recruitment piece, and that is… There's several questions about that coming up for participants and so one shared about how, you know, they might have a therapist that's unable to pass the exam because exams are not culturally relevant to that community or those types of services provided. Also, how to address challenges with diversity, and inclusion, and racial discrimination, and marginalization that happens in the field; such as lack of support from senior leadership level within a behavioral health agency. So just wondering if anyone could speak to that? Or if your programs, kind of, how you continue to support the students in the programs once they enter the field.

## Fred Sandoval, MPA:

I'll say something really quick, I'll keep it very brief.

What we've learned, and I'll put this in this context, since 2014, we have continued to learn the lessons, we've continued to grow, we've continued to understand that the workforce is experiencing challenges year in, year out. And what we're finding is that we need to actually develop somewhat of a cohort group of all of the students, because we now have mass numbers –from my perspective, I think achieved a big milestone for us– about how do we continue to work with the issues and challenges that they have because just because they

graduate and go into the field doesn't mean that some of the issues that they were presented with have been fully resolved, right? And I think what we're looking to plan to do, has to do with how do we bring this cohort back and see what they can tell us really about what those needs issues and challenges are now post-graduation, right? And we certainly know that they've gotten into the field because that's one of the questions we collect as part of our data collection, and you can tell them very clearly focused on working in the field.

But we learned independently of those students what the other challenges are. And I think we may be at a point in American history what we have to do is stop thinking that things have to happen in this kind of sequence. We may have to be at a time what was to create concurrent mechanisms to ensure that we can get students closer to the employment closer to the time to graduate, rather than having an extended out. And so what's happening is, that the efficiencies, the speed in which we need to have that done is now. Right? Because what happens when you elongate and push out those opportunities for, their being licensed, as a for instance. That tells us, it's we're trying to use an old paradigm for current context it's not really as effective as it could be. Thanks.

## Annie Guo VanDan, MBA:

Thank you. Thank you, Fred. And so, I want to acknowledge that our panelists today are working primarily with college students and that programs we know, working with younger individuals are also very important. So we did put in the chat, that if you have other resources or programs to share, that yes all of these will be put together in a resource list and shared back out. And also acknowledge that there's other racially diverse communities not represented here so also if you can share those resources, and thank you.

We are really enjoying and appreciating the interactive discussion that's happening in the chat. And so also to the panelists, if you have any direct questions you'd like to ask one of them, to go ahead and you know like, put the at sign of who you would like to ask that question for.

So, so moving along, we'll move into our next question, it is "In what ways has your program been successful. And how can it be improved?"

I will first go to Fred.

## Fred Sandoval, MPA:

Oh gosh. Well thanks for letting me go first. But at this at the same time I realized between Michael, you know, said, we learn so we have so much to say. So, keep it as brief as I possibly can.

We did not envision how successful we were going to be. I'll just say that you know we always envisioned things we plan for, we hope for, and we strive for having outcomes that we can all be so proud of. We went into this, recognizing that we were literally starting from scratch.

It took a lot of capacity building for our organization to work with the community and with those individuals who could support our work. Because what we found, everywhere we went is the folks were just so concerned about the behavioral conditions the Latino community. And then we knew that one strategy to be able to address that was to actually grow our own, build that workforce right. So, I want to read this outcome to you from the New Mexico Healthcare Workforce Committee Report 2020, this is what they said, it says, "To address health disparities and to provide culturally and linguistically competent care, it will be important to continue to actively recruit and retain healthcare professionals from diverse backgrounds." Well, yeah, we know that that's great, that's being aware. But then they said, "Notably 51% of non-independently licensed psychotherapy providers, there were 109 of them, are Hispanic ethnicity and the proportion of Hispanic independently licensed behavioral health psychotherapy providers, has been increasing over the years, based on the analysis that they've done." We'd like to say, feel that we understand that shortage has been present for generations. Our focus has been is to say let's narrow, not just the academic gap, but also ensure that people are going into the workforce.

So we have targeted our focus on Latino behavioral health clinicians, and that success rate helps us is that do what? Do our share so that for every student we have here that the outcome is in fact going to reach that 97% success outcome. It was just unimaginable.

But what we realized, I think the recipe right there's the magic stew in that was how much support, it really needs to be surrounding the student. And we also understood we started to make observations of based on the student's comments and reports back to us about how they could now focus on school. They lowered their work hours.  We even had some students who said, I didn't even have to work. And so, we also understood that this was starting to reduce their stress for people, brings a mental health situation. Because, really, if you think about the pressure that's the stress and the burden that our students are experiencing. We're committed as an agency to help them in that way.

So, what we know is that that one particular way that our outcomes have been measured because we capture the data, and it out, helps us with marketing and soliciting sponsorships because we get in public support and we use a lot of community support. And it's one of those measurables, right? People say, "We know about the scholarship program because you're that organization that does those community events." So, we understand we're grounded in community because everything we do has to be grounded in the community support, because it becomes a safe place to talk about mental health issues in an organization who wants to encourage support addressing this condition that's affecting our communities, the disparity is so, so difficult to talk about.

So we use our approach to really minimize the focus on disparity but how we can achieve success is that people can all feel like they've contributed to as sponsors, contributors, donors attending our community events because part of that. It's our community growing its own because people can relate to that bloody nose will say if this helps our community, I'm in. And that's exactly what this is about, we collectively, and can use of color, get this really well we know exactly how to do this to serve our communities, but we don't stop there.

We really ensure that this is for the benefit of the entire community because any Latino counselor and therapist is going to serve people with diverse backgrounds, right, LGBT communities, African American communities, Asian Pacific Islanders, Native Americans…there's no limits to that. And if you think about one student serving thousands of people. But imagine the multiplier effect, every time you get one student in the workforce. So that's our success in a nutshell, so thanks.


## Annie Guo VanDan, MBA:
Thank you. Thank you, Fred, and then, Dr. Johnson?


## Leonissa Johnson, PhD:
Thank you so much. So, the ambassador program that we started… We had our first cohort of ambassadors in 2019.

And we often talk about helping them expand their reach so kind of getting the message of behavioral health out there, and also connecting with undergraduates just to provide supports. So they do that through presentations, which are more formal kind of the nuts and bolts of a particular career, and here's how you enter, but they also engaged in something we call "Career Chats." Which are, sort of one-on-one dialogues or maybe small person like small group interactions, where they can share some of that cultural capital, those unwritten rules about the fields, but also more about their own personal experience. And so, we're really proud that.

To date, we've had, we've reached about 1300 undergraduates doing this work and just these last two years at a variety of 49 different campuses 49 different HBCUs. And we, we still we get data from participants and those experiences. And I guess about 70% of participants have shared that 94% of them considered it to be a positive experience, being able to connect and have that conversation with a student that's maybe a little closer to them in their journey. And they also, about 91% found that they could better understand the steps they needed to take to enter a specific behavioral health career. So we're really proud of that outcome.

The graduate students, the ambassadors themselves, they have really found career-based sessions to be very helpful. We host professional learning community, professional development throughout the year, and also during our conference. And so, topics around

trauma topics around career topics around just their own professional development and growth, they found to be really, really beneficial.

And then something that really resonated, particularly this year, and I thought about it in hearing some of these outcomes and thinking about what that diverse practitioners deal with... One thing that we, we don't have a measure on it but we know particularly this year we've been able to hold space. And I do believe that I know that, that, that, people of color, we need space where you don't have to explain, but just people in the room understand. And even if it's a virtual room. This year, in particular, we've been very intentional about allowing our ambassadors to share: "here's my concerns, here are my worries, here are my fears about what's going on in this bigger world outside." And so, because we are a community, we, we pride ourselves on being a community of care, we've been very intentional about allowing that care to kind of lead and giving students that space to kind of talk about process. Doesn't mean we can fix it all right then in there, but to at least honor what they're experiencing and kind of let them know that they have a space where they can come, they have folks that care about them. So that they can maybe take the medicine they need to go back out into the world and fight a little bit more. So thank you for the chance to share.


## Annie Guo VanDan, MBA:
Thanks Dr. Johnson.

And Dr. Awad, actually I'm going to move us into the next question, and so if you wanted to touch on this, you'll be the first to answer the next question so you can also touch on this if you'd like. The next question is what suggestions do you have for community-based organizations who wants to strengthen pathways? So this could be you know where what suggestions do you have for where to start. I'm sure we have a lot of organizations and agencies here today, wondering you know what this could look like for them, how can they access funding or resources what partnerships might be helpful for them to apply some of these strategies.


## Michael Awad, PhD:
Great question, and thank you.

So just to circle back to the last question about successes, I think that ties actually very nicely in to this question. I think the shift to Zoom this year, and the shift to doing activities virtually, has allowed us more than ever to reach more students to be able to reach more graduate programs and hold more events than we have in the past. I think, nothing will ever replace in-person interactions, but the ability for a student anywhere in our state to be able to log in from their home and congregate with other students of color to celebrate their successes to network, to get support on specific challenges they are encountering with writing a dissertation, or applying

for licensure, I think is just unparalleled. We have learned to embrace technology in a way that I don't think we will ever abandon.

And so, for all of you that are on the call who are overstretched in your positions, but still want to inspire this next generation of behavioral health professionals, I would say, host an event on Zoom on a topic that you wish you had when you were in these young professionals' shoes. If you could go back in time and just sort of ask yourself, "What is the one thing that I wish I had more education on? What is the one thing that I wish I knew going into this process, that I can share my wealth of knowledge and experience on with this next aspiring group of professionals?" You know, just to lessen the burden on them, do that.

Find what your nearest graduate program is. Contact a professor that teaches an introductory psychopathology course, or that teaches an introductory counseling course, and ask them if you can guess lecture one evening. Ask them if there's a specific award in their program that you can sponsor monetarily, or if there is a specific event that you are holding within your community, and you need volunteers that and you can recruit students through that program. Or if you have a practical program, and you want to share the details about it with students, what are the details of the ideal candidates that we are looking for, what are, what is the experience that you need within the first year of your program so that you're competitive enough to match our site.

Students are looking for opportunities and they're often being linked to the ones that are closest to them or that their peers know about or, you know, that programs already have an existing partnership with. But there are so many amazing training programs out there that students can benefit from if they only had that information.

So, for me, knowledge is power and the more that we can share that with these young professionals while they're in the process early in the process, the more informed decisions they will make when it comes to their training, the more options they have available to them, to create a really well-rounded experience in their training that's just going to set them up for success down the line.

In terms of building their network, in terms of being exposed to different clinical populations, in terms of being able to administer different measures and different tests that maybe haven't been normed on racial and ethnic minority groups, but this gives them the chance to do those types of things and actually contribute to the field, beyond just getting a degree. So, start with the professionals that are in the fields right now that are entering the field and share as many resources and opportunities with them as you can. I can't, you know, overstate that enough.


## Annie Guo VanDan, MBA:
Thank you. Thank you. We'll move to Fred, and I will say we're getting some questions around:

What do these partnerships look like with the agencies? If you have any examples of how you work with agencies and providers to set up relationships to in order to help, you know, with any placement for the students.

## Fred Sandoval, MPA:

Yeah, I was reading the question about community-based organizations that, that I might want to touch on very quickly.

Community-based organizations have such great creativity and innovation and flexibility and adaptability that they're just a powerful resource. And we believe, the more we're grounded in those community efforts, the more successful will be because then you really have the support, and the cultural brokers, and establish relationships about what's important to Latino communities. And that's Latino supporting each other. And CBOs are so vital to all of this work. And so there's a couple of things I want to say about that.

One is that, you know, one of the most significant cultural values in the Latino community is education. So there's a myth that gets promoted, that Latinos don't value education. And it's actually does us harm, right? Because what happens is that you can talk to any grandparent any, any mother and the father, and what they say is, they work so hard to help their child get through school so that they could be successful, right? And that's why we have such a large number of Latino students who are now entering college and staying in college. And it's because they're pursuing that dream of getting their academic educational credentials. So, I just want to start from that basic cultural value belief that's really in the Latino community and cultivating that.

So, when we say building our own, we recognize that the groups that are most trusted in the Latino communities are such a powerful asset. We have to build on those relationships. And for us, we've worked now, to demonstrate that we do that with the Mexican consulates. If you think about the Mexican community in the United States, right? 66% of the Latino community in the US is a Mexican ancestry. So, one of the most highly trusted groups in the United States are the Mexican consulates, and they're found across the United States. And so what we realize is that as partners. Both of us are trusted in organizations, and that they're in the community, they're based right in the community. And they have a geographic area that they're responsible for. So we're really leveraging our resources, working with them to help really bring our expertise to bear because there's now an increased and the demand for more be mental health information and education that can be distributed. To see something called Ventanillas de Salud, this is a program offering that is very critical thing for the Mexican community in the United States, accessing services in the communities that they live in.

So that's an example of a partnership that we've nurtured and developed, and will continue to expand, because it's a way of really helping leverage really scholarship resources as well. But not limiting it to that, because we're finding, and this is going to be something that's really going to be important. And much credit to the Office of Behavioral Health Equity for, noting and

recognizing and hearing that, in fact, the Mexican government is now for the first time, we need to establish a crisis mental health line that is available here in the United States. So these partnerships can expand and reach out in different ways.

And I'll end with this, one is, I think the community-based organizations can help us develop strategies to work with school systems so that, as someone to the chat box said earlier, having programs in classroom and curriculums in elementary schools, middle schools, and high schools around behavioral health. And if you would wonder why you would do that? Well think about this. My sister was diagnosed with a chronic paranoid schizophrenia. I didn't know that until she was discharged from the military. And the truth of it was, she experienced that as a younger person. And so, part of what happens is, when we're shocked about what we don't know, it's because we're not given information. That systemic issue means that we're not providing information, education to our families, and particularly students who are going to be well, more receptive to understanding information these days. It's normalizing the conversation, and as previously, less stigma. So, I think the community-based organizations are excellent stewards in this realm. It's up to us to partner with them.

And then I'll end with this: community engagement can never be underestimated because the community is experiencing the conditions we all talk about when we say disparities, but they have excellent solutions, and I think they get overlooked because they're oftentimes, not engaged in the decision-making processes that help us make the changes in developing the behavioral health workforce. Thanks.


## Annie Guo VanDan, MBA:
Thank you, Fred. And so I want to address, or be aware of the time.

So, we will have Dr. Johnson, answer the question and then we'll share a little bit more about the NNED and the resources available.


## Leonissa Johnson, PhD:
Okay. I really enjoyed hearing some of the responses. They're really, really great ideas for what both Dr. Awad and Mr. Sandoval.

So, the only thing I would say I was thinking about this kind of from sort of from a faculty perspective. And so, I know that I'm a faculty who works in a school of education and what we are often required to find our mutually beneficial partnerships. And so, what we're very aware of though in our space is that often the mutually beneficial part begins with relationship. And so, and then relationship has to start with trust and authenticity, so it feels like step, by step, by step. And so I think particularly Dr. Awad, a number of the things that you shared around thinking you are giving examples of things that community-based organizations, like they just naturally have in house.

And so, I guess, what I would say is, thinking through how maybe the unique perspective, maybe that your organization has, and how you may want to maybe share that with, in my case like programs in higher education and training programs those pieces. We too are always looking for practitioners are always looking for speakers are always looking for people to engage in interviews. The same with the Center. We're often looking for diverse practitioners in behavioral health fields as well. And so, I think just sort of doing that reach out and having a conversation about who you are what you're doing, learning a bit about the space, and seeing if there is a fit.

So that doesn't feel magical, but I do think it's important, because there is that trust factor. And there is those pieces. And so, making sure that you're finding the space that makes sense, I think is also really, really important. And so, sometimes you may have history with places but if you don't, inviting folks into your space or sharing information or being willing to say have a cup of coffee or just come and learn about us and we can see if there are maybe next steps. And so, the first thing maybe the meeting but that may evolve into something bigger and broader impacts more. But I think that that's those are good kind of first ways or thinking about it. Because higher education is definitely looking for those spaces and opportunities for students is just taking those steps to build the relationships to help get there.

## Annie Guo VanDan, MBA:

Thank you. Thank you, Dr. Johnson.

And, yes, we will be sharing all the resources that have come up in the chat, and appreciate hearing from all the panelists and we will have one question at the end.

Right now, we'd like to invite Alina, to share more about the NNED and the resources that we have available.

## Alina Taniuchi:

Sure, thank you, Annie and thank you to all the panelists for that wonderful discussion.

I just wanted to share with you all quick way to stay connected with the NNED. We do have membership, it is free. So, we invite you to join the NNED to stay up to date on upcoming opportunities to engage with, similar to this Virtual Roundtable, as well as access to different resources.

As you can see on the next slide, we do have Partner Central which is a great way to connect with community-based organizations doing fantastic work around behavioral health across the country. So definitely check that out. You will have to be a member in order to access that but again the membership is free, so definitely encourage you to explore that.

Funding Opportunities! I've heard a lot in the chat and questions interested in additional funding opportunities to support behavioral health, and the workforce. So, the NNED does compile many funding opportunities both federal and from foundations at national, local levels. So, encourage you to check that out as well.

And finally, NNEDshare is a wonderful resource repository where we will also include the resources and slides recording everything from today's Virtual Roundtable, and you can find a lot of other resources and interesting innovative interventions on that site as well. So, encourage you all to engage with the NNED further, and I'll pass it back to you, Annie.

## Annie Guo VanDan, MBA:

Thank you, so we know we have just a few minutes left and we did have a lightning round question, but instead of this question, because we have had so many in the Q&A, we thought we could pull some from there.

One that sticks out is just, what can we do to support the current workforce and support those that are in need today that need the culturally and linguistically appropriate services?

So go to any of the panelists, if you have any thoughts on that? And kind of additional to that, is just are there ways to incentivize health centers and to get them to hire more diverse people?

Fred, it looks like you…

## Fred Sandoval, MPA:

Yeah, yeah, happy to speak to that.

You know all of the work we do at NLBHA is really ultimately focused on how it supports the behavioral health workforce. Right? The training the technical assistance that we offer to the National Hispanic and Latino Addictions Prevention Training Centers, through all through our other training programs as well. It's ultimately to build the capacity for the practitioners.

So here's what we learned from a lot of our communications with folks in the field is we really get informed as to what those barriers and challenges are that they're facing. And it could be any number of things. Where they're asked to be an interpreter and say from serve as a case manager or they may be a front-end staff person front office worker, but there has to be an interpreter. Or they may be asked to play multiple roles, and all this without not necessarily getting paid additional salary. And that really tells us as an advocacy organization, how can we confer with the organizations the CEOs and the agencies about that, when those types of environments and conditions exist, they actually are not to the benefit of the clinicians as much as the staff was one would think because what it's doing, sometimes creates conflicts and

certain roles. It doesn't impact incentivize the person even though they're being asked to, to be trained or there are doing the work without being trained. So on some measures, this really becomes an opportunity to build their capacity to address the kinds of things that we have found, when we do trainings for practitioners in the field.

These days now during COVID, part of what happens is that we're all experiencing different set of circumstances. But I would say that in our trying to cultivate open dialogues through focus groups, Platicas sessions live on Facebook, that learning opportunities also a way of giving advice through the work that we do with the folks who are presenters, to help much like this session here, give resources and help encourage building the capacity. Because there is something that is happening across the nation that probably changes for all of us. And that is, if we can enforce the CLAS Standards so that we in fact, are using the existing standards and laws that ensure that we're building the capacity within the entire organization so that leadership is taking this charge of equity forward, versus remaining quiet, or playing a passive role in leading, how do we address these disparities. This is really a call for action. But it's different because we're now in an era of health equity, and here's an opportunity for all of us to be able to advocate for legislative changes, policy changes, or to speak to the issues or parity, for instance, has not been fully established or enforced in different parts of the country and to really advanced the work with the CLAS Standard so those are some examples that are doable and achievable. If we are then acts that are action oriented to achieve health equity. So, thank you.

## Annie Guo VanDan, MBA:

Thank you. Thanks for those examples, Fred. And that brings our discussion to a close.

We want to thank all of our panelists for sharing the important work that you all do to create behavioral health career pathways for racially and ethnically diverse communities.

We want to thank our participants for contributing so actively to the conversation through the questions and the chat activity, and hope that you're able to take away useful strategies to bring back to your own communities and your work. Please provide your input on this event and help us plan for future NNED offerings.

And on behalf of the SAMHSA Office of Behavioral Health Equity and the National Facilitation Center, we want to acknowledge and thank the MHTTC Network Coordinating Office for their partnership on today's Virtual Roundtable.

Thank you again to all of the participants, speakers, NNED members, and communities for joining us today. We would appreciate a few minutes of your time, again, for feedback about today's discussion and future events. And we hope everyone takes care and look forward to seeing you at the next event thank you.