Evidence-Based Outreach & Engagement Strategies

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Sponsored by the Florida Alcohol & Drug Abuse Association and the State of Florida, Department of Children and Families
Learning Objectives:

- Define best practices of recruitment and outreach strategies for specific populations that may be affected by substance abuse disorder.
- Demonstrate and discuss evidence-based and successful models for each population.
- Develop community or regionally based outreach and engagement plans.
Training Overview:

- Cultural Competency
- Importance of Family
- Case studies
- Social Networks
- Persons without shelter
- Youth
- Gender Specific
- Criminal justice
- Family
Cultural Competency

- What culture is and how it affects care
Dynamics of culture describe what guides and shapes human behavior. They exist in different forms and could involve the following:

- Customary patterns of everyday life that specify what is socially correct and proper
- Customary patterns; repetitive or typical habits and patterns of expected behavior followed within a group of community
- Unconsciously set in operation; like instinctive ways of thinking
What is cultural competence?

“The delivery of services responsive to the cultural concerns of racial and ethnic minority groups, including their languages, histories, traditions, beliefs, and values” (U.S. Department of Health and Human Services, 2001).
How cultural competence relates to Evidence Based Practices

Many providers ask:

- How can we know if Evidence Based Practices apply to a particular ethnic, racial, or cultural group if the research supporting those practice was done on a very different population?

- What is the audience’s thoughts? Guess? Comments?
How to put cultural competence into practice

- Understand
- Create
- Translate
- Offer

- Ask
- Incorporate
- Reach
How mental health authorities can help

- Designate someone with part-time or full-time responsibility for improving and monitoring cultural competence.
- Create a strategic plan to incorporate cultural competence into the mental health system.
- Establish an advisory committee that includes representatives from all the major racial, ethnic, and cultural groups you serve.
LG BTQIA Population
Outreach strategies in the LGBTQIA Community

- Organizations must ensure the adoption of an inclusive and participatory approach to programming and interventions targeted towards LGBTQIA individuals.

- This helps address the complex set of social and environmental determinants associated with the health and well-being of LGBTQIA individuals.

- This approach to community engagement is informed by the principles of community-based participatory research (Minkler & Wallerstein, 2011; Israel, et al., 2013).
Engaging LGBTQIA communities includes:

- Increasing relevance of our policies and procedures to the population we serve
- Promoting cultural appropriateness
- Enhancing organizational credibility and effectiveness
- Increasing diversity
- Mobilizing and empowering key community personnel and organizations
- Enlightening and collaborating ideas
Outreach and Promotional Materials:

- Must involve and engage LGBTQIA individuals in the development of all LGBTQIA-related materials.
- Ensure that LGBTQIA individuals of color, varying body types and ages are represented in proportions that reflect the community demographics.
- Use language that specifically identifies LGBTQIA individuals as people the program is attempting to reach.
- Include pieces written by and about recovering LGBTQIA individuals.
Community Engagement

- Support LGBTQIA-related events in the community through sponsorship, staff support, advertising and distribution of announcements and by co-sponsoring their events.
- Provide an information booth at LGBTQIA-related events.
- Provide educational forum and programs that support the unique needs of LGBTQIA community.
- Example: forum on transgender care or those on sexually transmitted diseases.
Jenice is a 25 year old African American transgender male to female person, presented to the hospital following an altercation with her new lover, Tony. She reported being thrown from the third floor balcony by Tony who thought she was born female. During their tryst Tony found out that Jenice was transgendered. Jenice suffered several broken bones and injuries.
Vignette

On the front of the chart, the patient was listed as male but, preferred to be addressed as Jenice. She requested that only female medical personnel enter her room. A third year male resident physician was assigned to care for the patient; he required that a female medical student accompany him. It was very apparent that the patient and resident physician were uncomfortable during the encounter. Jenice never made eye contact with the resident physician and would only speak to the student
Vignette

On leaving Jenice’s room, the resident physician referred to her as “she-male”. Jenice overheard him. It was discovered that the patient was HIV positive, refused to take anti-retrovirals and had little to no family support.
Discussion Questions:

1. What is the best way to proceed in this case?

2. How can barriers to care be identified and overcome with Jenice?

3. How could the resident physician be more culturally sensitive?
4. Should members of the hospital be legally involved in Jenice’s altercation with his partner?

5. What kind of support or resources can you get for Jenice?

6. Discuss other Cultural Competence issues that may impact retention into care and treatment.
Short Video: Vanessa goes to the doctor

- The right and wrong way to address LGBT clients or patients
- Que Video:
Short Video: Vanessa goes to the Doctor

https://www.bing.com/videos/search?q=vanessa+goes+to+the+doctor&view=detail&mid=E2DDF12C3A60D47E7DE9E2DDF12C3A60D47E7DE9&FOR M=VIRE
Discussion - Reactions - Thoughts?
Outreach strategies for Asian American, Native Hawaiian, and Pacific Islander Communities

- Adapt materials to be appropriate for your community
- Provide a personal approach
- Use a behavioral health peer model
- Use language familiar to your community
- Incorporate community perspectives
Cont.

- Partner with your community organizations
- Integrate your message into community events
- Create a central location for resources
- Use media as a resource
- Address barriers
Outreach strategies in Latino and Hispanic Communities

- Adapt materials to be appropriate for your community
- Provide a personal approach
- Use a behavioral health peer model
- Use language familiar to your community
- Incorporate community perspectives
Partner with your community organizations
Integrate your message into community events
Create a central location for resources
Use media as a resource
Address barriers
Outreach strategies in African American Communities

- Adapt materials to be appropriate for your community
- Provide a personal approach
- Use a behavioral health peer model
- Use language familiar to your community
- Incorporate community perspectives
Partner with your community organizations
Integrate your message into community events
Create a central location for resources
Use media as a resource
Address barriers
Outreach strategies in American Indian and Alaska Native Communities

- Adapt materials to be appropriate for your community
- Provide a personal approach
- Use a behavioral health peer model
- Use language familiar to your community
- Incorporate community perspectives
Cont.

- Partner with your community organizations
- Integrate your message into community events
- Create a central location for resources
- Use media as a resource
- Address barriers
What do you think keeps individuals from treatment?

Do you believe that there is a lot of stigma with individuals who abuse substances?

How do you address justice-involved individuals and have a record and have a hard time getting employment due to their records?
How many people are incarcerated in the United States?
Tips/Outreach with working with justice-involved individuals

- Community providers are knowledgeable about the criminal justice system. This includes the sequence of events, terminology, and processes of the criminal justice system, as well as the practices of criminal justice professionals.

- Community providers collaborate with criminal justice professionals to improve public health, public safety, and individual, behavioral health outcomes.

- Evidence-based and promising programs and practices in behavioral health treatment services are used to provide high quality clinical care for justice-involved individuals.

- Community providers understand and address criminogenic risk and need factors as part of a comprehensive treatment plan for justice-involved individuals.
Integrated physical and behavioral health care is part of a comprehensive treatment plan for justice-involved individuals.

Services and workplaces are trauma-informed to support the health and safety of both justice-involved individuals and community providers.

Case management for justice-involved individuals incorporates treatment, social services, and social supports that address prior and current involvement with the criminal justice system and reduce the likelihood of recidivism.

Community providers recognize and address issues that may contribute to disparities in both behavioral health care and the criminal justice system.
Working with individuals who are Homeless

- What has worked and what has not worked?
- Shelters?
- Food?
- Clothing?
- Counseling?
- Mental Health?
Here are some discussion questions and topics to help create interaction in your youth group or session

- What three major problems do you think young people face today?
- What do you feel about the poor in the world?
- If you could personally witness any event in history, which one would you choose?
- If you could cure one type of disease, which one would you cure?
- What thing doesn’t exist that someone needs to invent?
If you had to give every human being one quality, what would it be and why?

What do you think is the biggest problem in the United States and why?

Why are we likely to be critical of how other people look?

What kind of wrong conclusions do we reach when we judge others by their looks?

How does the media influence what we see when we look in the mirror?
How would others who know you very well describe you?

When was the last time you admitted you were wrong? Why is it so hard to do?

What is the hardest thing you have ever done?

If you had this week over again what would you do differently?

If you could change anything about yourself, what would you change? Why?
Which two people are closest to you and why?

What type of person would you most likely want for a best friend?

What was the best thing that happened to you this past week?

If you could have any question answered, what would it be?

If you had a time machine that would work only once, what point in the future or in history would you visit? Why?

What have you learned recently from another person?

Who would you take to a desert island? Why?
If you could change your name, what would it be?

What’s the weirdest thing you’ve ever eaten?

If I gave you $10,000, what would you spend it on? Why?

If your house was burning down, what three objects would you try and save?
Working with families and youth is at the core of good family-centered practice. To conduct assessment, case planning, and case management successfully, caseworkers must be skilled in communicating with children, youth, and families to help them strengthen interpersonal, parenting, and problem-solving skills.
Elements of effective work with families include engaging families and youth; providing direct assistance with challenges the family is facing, including counseling, parent coaching, and modeling; and continuing to assess—with the family—their strengths, needs, and progress.
Review
Food for thought
Any questions?
Reference Pages

- www.drugabuse.org
Reference Page


www.samha.gov
http://www.itskev.com/discussion-questions-for-your-youth-group/
https://www.childwelfare.gov/topics/famcentered/caseworkpractice/working/