# Lessons Learned: Increasing Access to Mental Health Services to Traditionally Underserved Victims of Crime

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### **Learning Objectives**

Explain why traumainformed programs operate with the universal expectation that trauma has occurred

Explain each of SAMHSA's principles and why it is important

Give positive examples of the implementation of each principle

Name at least 3 changes that would make your own work setting more traumainformed

Slide 2

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NASMHPD

## Increasing Access to Mental Health Services to the LGBTQ Community

The STOP Violence Program and REST Project



### **STOP** Violence Program (SVP)

Support,
Treatment/
Intervention,
Outreach/
Education,
Prevention

- Individual & Crisis Counseling and support services for Domestic Violence Survivors and Victims of Crime
- Empowerment, Survivor, & Trauma Healing Groups
- Anger Management Group
- Court-Approved Batterers' Intervention Program



### The **REST** Project



(Respect \* Empathy \* Safety \* Trust)

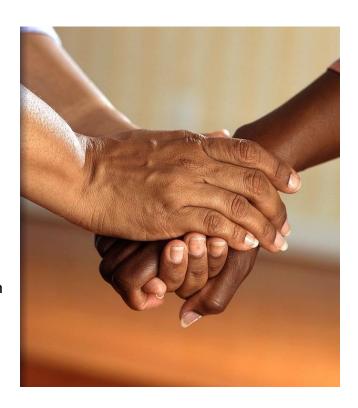
- Emergency Resources & Support
   Services for Domestic Violence Survivors
   and Victims of Crime
- Crisis Intervention & Counseling
- Advocacy and Assistance with Housing, Transportation, and Basic Needs



### Cultural Humility

- Removing the hetero/cisnormative lens
- Hiring staff from within LGBTQ communities
- Training for all new staff & interns on Trans & Bi identities
- Ongoing training for SVP staff on other intersecting identities
- Adaptations due to COVID

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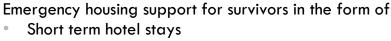
# Safety & Empowerment, Voice, and Choice

### Counseling & Support Services

- Safety planning centering client selfdetermination
- LGBTQ-specific Empowerment group for domestic violence survivors
- LGBTQ-specific Trauma Healing group for victims of crime/trauma survivors
- Flexibility in frequency, length, and number of sessions



### Housing Navigation



- Finding stable housing and monthly rent payment assistance
   Public storage space rental
- Public storage space rental

### Key strategies:

- Building and maintaining relationships with hotel managers, landlords, property managers
- Providing options for privacy, location, and safety based on clients' needs



### Case Management

Collaborative goal-setting and support with self-advocacy skills

 Supporting clients with budgeting, finding and applying for employment opportunities, and support with basic needs

Basic needs assistance to offer maximum choice for clients:

- Grocery deliveries directly to clients
- Gift cards for grocery stores (Kroger, Trader Joes, Target)
- Gift cards to eateries (Subway, El Pollo Loco, In N Out, etc.)
- Gift cards for clothing, toiletries, basic needs, etc. (Target)
- Amazon deliveries directly to clients

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### Transportation Assistance

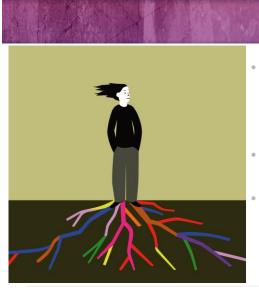


Support with transportation to increase clients' mobility options and ability to participate in supportive services, attend important (health, legal, employment, and other) appointments:

- Lyft rides to and from appointments through an organizational dashboard that can be accessed any time
- LA Metro TAP cards and "refills"
- Gas gift cards for clients who own cars (provides an additional support to clients who drive for Lyft or Uber as their form of employment)

# Empowerment, Voice, and Choice & Peer Support

### The Resilience Toolkit



- System of stress-reduction that builds resilience and teaches an embodied awareness of one's own stress and relaxation cycles for effective self-regulation through stabilization and resourcing
- Trauma-informed that validates the cultural, historical, and system contributions to stress and trauma
- Includes mindfulness and movement practices that reduce stress and build personal capacity for resilience, healing, and change (personally or larger level - family, organization, community, systems)

### The Resilience Toolkit

- 3-5 virtual group sessions each week for SVP and other Center staff, which include:
- Defining resilience what it means, and what it can look like, how we can build capacity for resilience
- Stabilization and resourcing why it's important and how it impacts personal healing and growth
- Learning embodied awareness of stress, trauma, and relaxation responses
- Learning Toolkit practices that use mindfulness and/or movement to practice settling stress activation
- Understanding behavior change cycle and how it impacts personal practice



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# Challenges, Lessons Learned, & Areas for Growth



- Language needs and interpretation
- Extra support for undocumented clients
- Flexibility in emergency financial support
- Peer support

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LOS ANGELES LGBT CENTER

STOP VIOLENCE PROGRAM

**STOP Violence Program (SVP)** 

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**REST Project** 

REST@lalgbtcenter.org

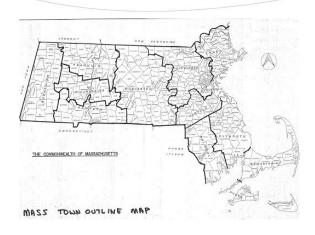


The Center for Community Resilience after Trauma (CCRT), a VOCA & OJP funded program of Clinical & Support Option, Inc.

### Welcome to CCRT!



### VOCA Funded since 1997



- Service Area:894 square miles
- Population: just over 82,000
- CCRT Supports btwn 300-400 victims per year, adults and children
- Serving all crime types

### Services Provided:

- Trauma-focused therapy for children exposed to sexual abuse
- Short-term counseling for survivors of any crime, incl. safety planning, assistance with Victim Impact Statement and/or Victim Compensation Application & submission, psycho-ed about trauma response & recovery, & other info/referral
  - ♦ Personal, legal & medical advocacy
  - Healing Arts program using Complementary Therapies & Expressive Arts
- Critical Incident Stress Debriefings for groups exposed to acute crime/violence
- Trainings for schools, businesses, community groups, etc. about trauma & resilience

### Trauma Informed Care

Since 2011 CSO has identified as a trauma-informed care agency, providing staff training and site-based quality improvement goals annually in regards to ensuring SAFETY, TRUST, EMPOWERMENT, COLLABORATION, & CHOICE are embedded into the culture for both clients and employees.

### Make It Happen (MIH)

- In 2017 & again in 2019, CCRT staff took part in an Inclusion and Equity training intensive with facilitator Kent Alexander.
  - Developed "Make It Happen" goals using Social & Racial Justice Values to increase access for underserved/targeted populations to implement strategic practices to make services & programming more accessible & inclusive.
  - Envisioned what CCRT would look like and provide in the future once these goals were accomplished
- The addition of OJP funding allowed us to expand our strategies and practices including additional hiring, more thoroughly assessing needs and barriers to access (focus group and surveys), and be planful in developing & monitoring strategies to improve access.

### MIH Goals

### Criteria for Social Justice Policy Development

- CCRT policies and strategies share universal goal of reaching people of color, people who speak limited English, Spanish speakers and LGBTQIA+ identified folks.
- Explicitly address disparate outcomes
- Based on racial identification, primary language and LGBTQIA+ identification
- Provide mechanisms to reduce those disparities
- Increase access to public, legal, healing and material resources for people of color, people who speak limited English, Spanish speakers and LGBTQIA+ identified folks previously denied equitable access to such resources.

- Allow for people of color, people who speak limited English, Spanish speakers and LGBTQIA+ identified folks t fully express themselves spiritually/culturally.
- Increase civic participation for people of color, people wh speak limited English, Spanish speakers and LGBTQIA+ identified folks that would assist in removing any barriers to participation.
- Involve people of color, people who speak limited English Spanish speakers and LGBTQIA+ identified folks in the process.



### MIH Future

### What would CCRT look like if we met our goals?

- Increased access to and input from people of color, people who speak limited English, Spanish speakers and LGBTQIA+ identified for speakers and LGBTQIA+ identified for speakers.
- Expanded programming to Hampshire County and North Ouabbin
- Including hiring consultants who are people of color, Spanish speakers and LGBTQIA+ identified folks.
- Multiple staff members of color, including bicultural folks, here at CCRT, including in decision-making positions.
- We see diversity in the programs, both from facilitators & participants.
- Our publications will LOOK different created in different languages.

- Organizations serving POC, limited English, Spanish speaking, immigrants & LGBTQIA+ folks will see CCRT as a resource.
- Volunteers trained in anti-oppression, social justice
- At least one Healing Arts event in each cycle will have childcare or be family friendly & will offer transportation
- Foster strong relationships with other community organizations resulting in referrals.
- POC/Limited English/ Spanish speaking, LGBTQIA+ folks getting access to legal, material, public and healing resources they did not previously have access to, through CCRT
- To increase accountability, self-reflection, effectiveness, and ability to have hard conversations from a place of trust and connection, institute ongoing social justice training for CCRT staff led by trainers who are POC/LGBTQIA+

### OJP Funding Allowed for:



- Enhancing/creating new Grant Funded Positons
  - Bilingual Outreach Navigator, Janira Rivera (She/Her)
  - Bilingual Therapist, Laurel Carangelo (She/ Her)
  - Program Manager, Kelly Broadway (She/Her)
  - Victim Support Specialist, Gabriella Vacarelo (She/Her)

### **CCRT** Goals

- Increase access to mental health services & supports to underserved populations within our rural service area by:
  - intentionally channel resources to community members who have historically had less access, due to discriminatory policies and practices.
    - LGBTQIA+, Black & Indigenous, other People of Color, immigrants, refugees & people who speak limited English.
  - strive to be anti-racist and LGBTQIA+-affirming through implementing strategic practices that enhance staff & client inclusiveness within service provision.

## Barriers Identified in the Needs Assessment

- Police departments don't provide referrals to victims at the scene or when the crime is reported
- Very limited services for victims/survivors
   that are limited-English speaking
- Transportation/isolation due to rural service area – no public transportation in some towns; no service on weekends
- DV victims often financially reliant on abusers income/benefits for stability
- Stigma of victimization: small towns = everyone will know

- No emergency DV shelter in the service area; beds rarely available throughout the state
- Waitlist for child victims/witnesses of 6+ months
- Very limited understanding within the community about the complex & longlasting impact of trauma and what that looks like
- Resources/support change frequently = how do providers stay informed

### **Addressing Barriers**

- All program handouts and materials were translated into Spanish
- Staff consistently represented CCRT/CSO at all service provider meetings and relevant community outreach events
- Staff visited every Police Department within our service area
- All program materials were updated to ensure inclusive and welcoming language:

"CCRT recognizes that seeking help can make people feel vulnerable.
We are here to support you. We welcome all races, ethnicities, religions, genders, sexualities, abilities, and ages, regardless of immigration status."

### Addressing Barriers Cont..

- Incorporated the additional Trauma Informed Care principle into programming & services: Acknowledging Historical, Cultural & Gender-based Trauma
- Intake Form Updated to Include:
  - Space for Pronouns
  - Gender and Nonbinary inclusive language.
- Utilized Consultant funding to provide programming facilitated by and for LGBTQIA, bilingual, bicultural, Black, Indigenous people and People of Color & provide opportunities for cultural-based healing (Bomba, drumming, etc.)

### Updated Hiring Strategies

- Implemented multiple strategies to increase applications representative of the persons being served: bilingual, bicultural, LGBTQIA, Black, Indigenous persons & other People of Color.
- Slowed down the hiring process to increase strategic outreach
- Revised Job description to prioritize language related to Social & Racial Justice Values
- Changed job requirements for some positions to put emphasis on life experience not just education level

## Changes in service provision demographics from June 2018 - June 2020

### June 2018 client demographics:

- Less than 1% served were Immigrant/refugees
- Less than 1% served were limited-English Speaking (LEP)
- Just over 1% served identified as LGBTQIA

### June 2020 client demographics:

- 10% served were Immigrant/refugees
- 21% served were limited-English Speaking (LEP)
- 21% served identified as LGBTQIA

How did we do this?

### Successes

# Relationships Relationships Relationships

### Relationship Cont...

- Reached out to people, places, programs and organizations who were already supporting the people we were trying to reach.
- Doing this helped to:
  - Create new collaborative relationships
  - Maintain and strengthen existing collaborative relationships
- Resulted in an increase in referrals and provision of shared programming & events to support victims

### Healing Arts

LGBTO+ and Allies Yoga Tuesday, May 28th in Greenfield and/or Tuesday, June 25th in Florence 5:30 – 6:30 p.m.

Loving and Accepting Me Thursday, June 13th 5:00 - 7:30 p.m.

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One Arch Place 2<sup>nd</sup> Floor, 1-execution

Healing Arts ~ May & June 2019

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you can practice gratitude and self-assurance whenever you choose. Facilitated b Sunan Maycock (the/her), M.S., trained in communiorary Energy Medicine & an Healing Arn. Held at CCRT, One Arch Place Main Entrance, 2<sup>nd</sup> floor in Greenfield.

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CCRT is funded in part by the Massachusetts Office for Victim Assistance through the Victims of Dreach Deriving Treat Farel, the 1984 VOCA great from OVC, OSP, & US DOJ as well as OVC's initiative, Viction 19.1 Transferents Victims (Income Victims (Inc



#### Artes Curativas~ Mayo & Junio 2019

El poder Sanador del tambor Miércoles, 8 de Mayo 9:30-11:30 a.m.

Tome el cargo de cómo se sia Martes, 14 de Mayo 5:00 - 7:30 p.m

y/o Martes, 25 de Junio en Pierencia 5:30 – 6:30 p.m

Canal su poder Miércoles, 5 de Junio 10:00 a.m. – 12:00 p.m.

Amar y Aceptarme Jueves, 13 de Junio 5:00 - 7:30 p.m.

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### COVID-19

- Relationships Allowed for:
  - Quicker responses
  - Learn about & respond to needs
    - ♦ Food
    - Money
    - Connection

### MOU's

- Focus on relationship building (safety, trust, collaboration, etc) created an increase in referrals to CCRT, MOU's to be formalized, & targeted populations to be better served.
- Places that signed MOU's with CCRT:
  - Children's Advocacy Center of Franklin Co. & The No. Quabbin Region
  - Brick House Community Teen Center
  - ♦ NELCWIT local primary DV/SA services
  - ♦ Four Rivers Charter School

### Creation of New Provider Networks

to continue focus of meeting needs of underserved populations after OJP funding

Immigrant Provider Network Meeting

Western MA LGBTQIA+ Provider Meeting

Human Trafficking & Sexual Exploitation Workgroup

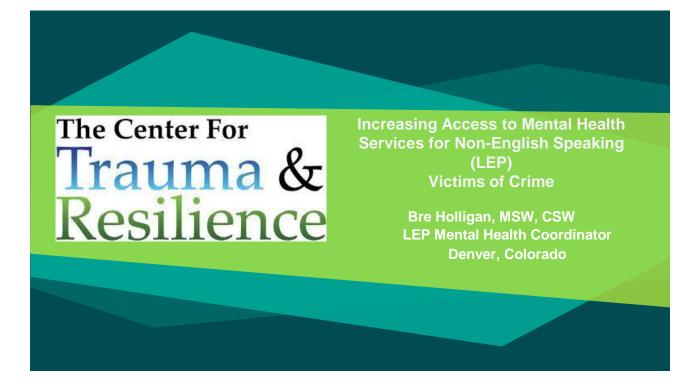
### Thank You



The Center for Community Resilience after Trauma (CCRT)

413-773-5090

CCRT@CSOINC.ORG



### **GOALS**

- Increase access to Mental Health Services for LEP folks
- Identify systemic cultural and linguistic barriers in the community
- Minimize gaps in services through a single entry point
- Develop a Language Access Model specifically for Victims of
   Crime

### Research shows...

- Language fluency, above and beyond cultural factors, plays the largest role in gaps of treatment.
- Evaluation in a patient's nonprimary language can lead to incomplete or distorted mental status assessment.
- LEP consumers utilize primary care as entry into both physical and mental health care.
- General mistrust of medical provider and perceived mistreatment in health care settings.

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### Six Focus Groups "Cafecitos"

- ♦ Three Spanish- (Aurora Community Connection, Families First and Las Adelitas)
- One Arabic- (Refugees)
- One Rohingya- (Refugees)
- One Navajo



### How did we structure the Cafecitos?

- Confidentiality
- Trusted Facilitators
- Responsive Questions
- Accessible Locations
- Incentives



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### **Questions asked in Cafecitos**

- What is their understanding of mental health?
- What have their previous experiences been like?
- What should be changed?

"Interpreters are a disaster"

"I need someone to just listen"

"Do you think I care about mental health when they are killing my family"



"Everything you say will be used against you"

"We need people who show acceptance, willingness to help, kindness and some understanding of trauma"

### **LEP Feedback**

- Language Access limited: ex. Arabic 15 min phone wait time. Rohingya 2 or 3 hours of wait time or cancellation
- Poor phone interpretation: Background noise, faulty connection
- Unavailable translations: DA, V Comp Application, Subpoena
- Transportation: Unfamiliar with RTD/ Uber/Lyft
- Inability to use technology, app download
- High therapist turn over
- Re-triggering questions from providers

### What did we learn?

### Why is the LEP community not reaching out for services?

- Lack of knowledge
- Culture and Religion
- "Divine Justice" "Carry your Cross"
- God, Imam, Prayer, Meditation
- Trust:Community leaders/Family

- Fear of:
  - Stigma
  - Lack of respect from staff
  - Hostility- Storytelling
  - Same gender providers
  - "All knowing database"
  - Police/ICE/USCIS

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### What did we learn?

#### Differences within LEP communities

- Definition of mental health varies
  - High acculturation: Issue with the brain or dealing with a personal situation
  - Low Acculturation: Brain doesn't work,
- Interpreters
  - ◆ Latino community- strong dislike
  - Other languages- valued and appreciated

### **Cafecito with Service Providers**

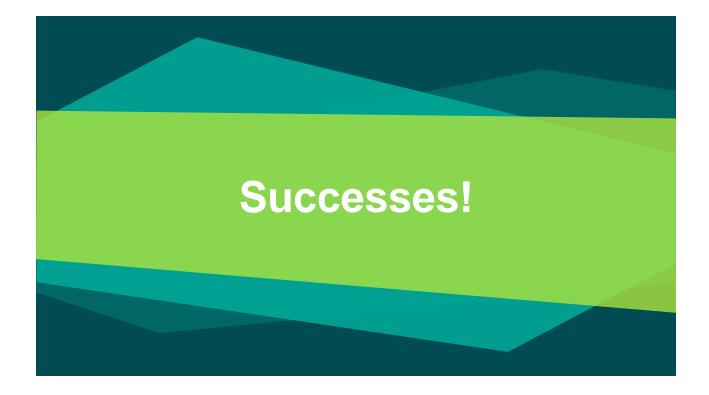
### Barriers Identified

- Different names/labels for mental health issues depending on language
- Prominence of trauma, stress and historical trauma
- Immigration issues
- Wait lists
- Over medicating/Over diagnosing/Misdiagnosing
- Assumptions- SNAP, WIC, Child support
- Lack of early childhood education



### Roadblocks

- Problems with providers
  - Lacking capacity, unfamiliar with population, delayed responses
- Hesitation from LEP communities to engage
- Lack of organizational support/interest



### Successes!

- Clients served
- Expanded network
- New community relationships
- Increased referrals
- Hiring practices
- Language Access Model developed

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# So this is what we propose...

### **Language Access Model**

- Hire qualified diverse multicultural, multilingual staff
- Train staff to identify the language needs of LEP victims- native language, need for interpreters, translated materials and identify barriers in accessing services such as transportation.
- Interpreters who are competent, trained, and have fluency in both languages and are familiar with concepts, and terminology used by the LEP victim.

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### Language Access Model, cont.

- Develop a system to track: language and/or dialect services the LEP victims need, cost of staff time spent on language services, translating materials
- Budget for future funding
- First Responder approach- Number one request from LEP Community
- Hire therapists that are culturally responsive and able to offer a safe environment that inspires trust, reassures confidentiality and is invested in developing rapport

### Language Access Model, cont.

- Location-near public transportation/within victim's communities.
- Accessibility and intentionality (i.e. disability ramps, neutral décor, clean space, etc.)
- Provide a strong and supportive leadership for staff that includes supervision, training, networking, and self-care for all staff.

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### Language Access Model, cont.

- Collaborate with LEP communities and other stakeholders
- Partner with a medical provider to conduct health assessments, psychiatric assessments and medication management.
- Utilize Trauma Informed Principles to guide programming and direct interactions with LEP communities.

### **Trauma Informed Principles**

- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice, & Choice
- Cultural, Historical, & Gender Issues

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### **Additional Resources**

## Visit our Webpage for more information on Trauma-Informed Care and the 6 principles

https://www.nasmhpd.org/content/national-center-trauma-informed-care-nctic-0

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