

# **Providing Culturally Responsive Services to BIPOC Populations**

**May 6th, 3:30-4:30 PM**



# Presenters



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# Session Objectives

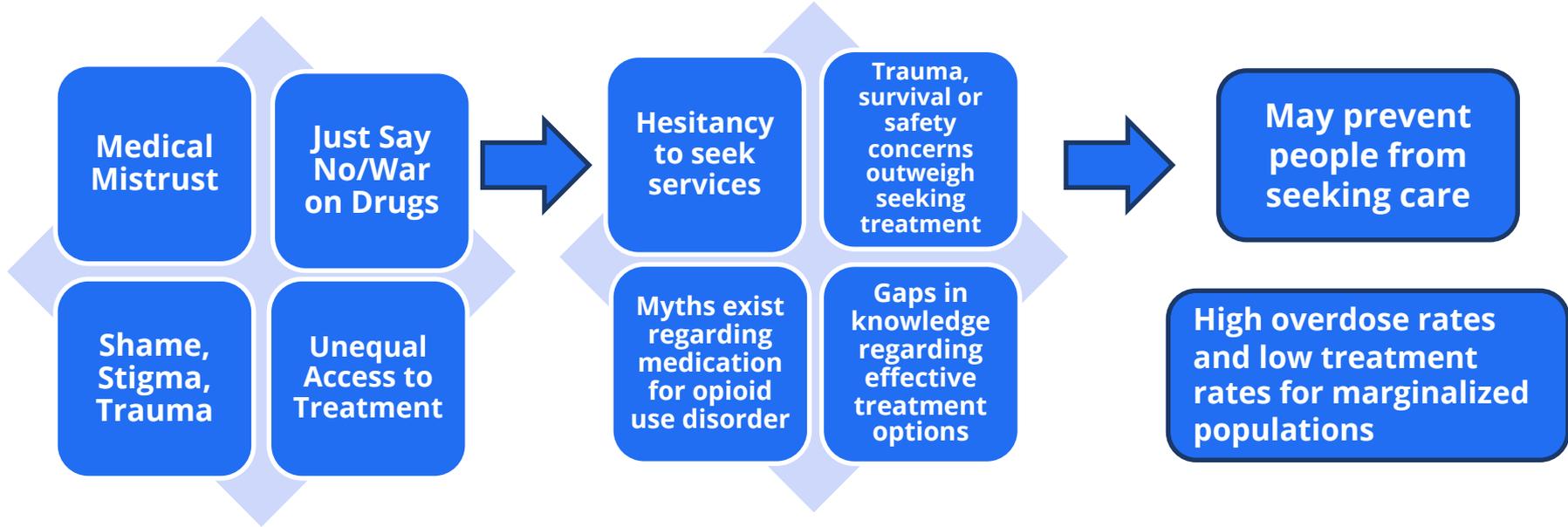
- 1** Analyze the impact of implicit bias, discrimination, and historical mistrust on treatment experiences and outcomes for BIPOC communities, and apply 3 strategies to mitigate these factors in clinical practice.
  - 2** Name at least 2 strategies for recruiting, retaining, and training a diverse OTP workforce that reflects the communities served, and implement these strategies to improve workforce diversity and service delivery.
  - 3** Evaluate structural, cultural, and systemic barriers that BIPOC individuals face in accessing and remaining engaged in OTP services, and apply this understanding to implement at least one policy or programmatic change to improve access and engagement in treatment for BIPOC individuals.
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**Which area do you find most challenging in your work related to supporting BIPOC individuals in OTP services?** *(Select all that apply)*

- Addressing implicit bias and discrimination
- Building trust with patients and communities
- Recruiting and retaining a diverse workforce
- Navigating structural or systemic barriers
- Other (type in chat)

# ***History of SUD in Marginalized Communities***



# Community-Based Care

- Listening Sessions
- Mobile SUD Van Sessions
- Cultural Humility, Staff representation
- Community Based Organizations
- Addressing Social Determinants of Health (SDOH)



# ***Addressing Barriers to Treatment***

- Welcoming spaces
  - Language access
  - Addressing stigma
  - Cultural competency
  - Lack of funding
  - Patient and Family Advisory Council
  - Staff with lived experience
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# Staff Diversity

*A diverse staff in a community is important because it leads to engagement that could potentially foster innovation, enhance problem-solving and build positive, lasting relationships.*

- How are we recruiting them?
  - Updated job descriptions
  - Advertising
- How are we retaining them?
  - Cultural humility trainings
  - Employee Resource Groups (ERGs)
  - Reporting systems
- Decima's and Monique's journeys
  - History, successes, and challenges



# ***The Numbers - Why it Works***

- **157 unique patients** seen on Bridge Clinic mobile van (July 23-April 25)
  - **18 patients transitioned** from mobile van to brick and mortar Massachusetts General Hospital (MGH) Bridge Clinic
  - **22 medical initiations** on mobile van
  - Increase in visits for BIPOC and ESL patients
    - 117.78 % increase in visits for Black patients
    - 73.97% increase in visits for Latin-x patients
    - 114.29% increase in visits for patients with limited English proficiency
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# ***Success Story: Case Example***

***59 year old man, father of 10 (1 deceased). Past medical history of depression, anxiety, delusional disorder, post-traumatic stress disorder (PTSD), chronic hepatitis C, hypertension and history of myocardial infarction***

Presents to the community care van (CCV) for harm reduction supplies and expressed interest in micro dose induction start on our first encounter.

He initially heard about the van from member in the community.

We discussed the MGH bridge clinic/CCV protocol, and he was very intrigued with plans to return the following week.



# ***Success Story: Case Example***

***52 year old with a history of Type 2 Diabetes Mellitus with diabetic neuropathy, on insulin, severe alcohol use disorder with history of complicated withdrawal. Referred to Bridge Clinic by the van (Monique) for substance use disorder evaluation and management.***

Time of first drink was 7 year old.

Patient used to get beer for his father. He would take sips. He had been drinking heavily for most of his life.

Goal is to cut down in hopes of getting to complete abstinence.



# Connect with Us!



Website: <https://www.massgeneralbrigham.org/en/patient-care/services-and-specialties/substance-use-disorder-bridge-clinics>



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# Thank you!

Questions?



***That's a Wrap on Day 1!***

**See you for Day 2!**

**Tuesday, May 13th from 12-4:30pm**

