

NAATP

WEBINAR SERIES

Where Do We Go From Here?

Moving From Awareness to Action With DEI



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Webinar Agenda

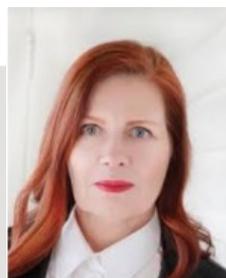
- Development of the NAATP Stages of Change Model for DEI
Annie Peters, Director of Research and Education at NAATP
- Applying the Model in Your Organization
Zina Rodriguez, Co-Founder and CEO at Z&D Consulting, LLC
- Things to Consider When Embarking on This Journey
Danielle Jackman, Founder of Lotus DEI Consulting, LLC
- NAATP Stages of Change for DEI – Membership Survey
- Q&A

Assessing DEI Best Practices

DEI Standards, Toolkits, and Organizational Self-Assessments

- Center for Global Inclusion: Global DEI Benchmarks
- USDHHS: National Cultural and Linguistically Appropriate (CLAS) Standards
- Puget Sound & Race Forward: Accountability Principles
- Annie E. Casey Foundation: Race Matters tool
- Western States Center: Racial Justice Assessment Tool
- Government Alliance on Race & Equity: Racial Equity Toolkit
- Meyer Memorial Trust: DEI Spectrum Tool
- NADCP: Equivalent Access Assessment & Toolkit
- National Council for Mental Well-Being: Trauma Informed, Resilience Oriented Care – Climate of Equity Assessment (TI-ROC)
- SAMHSA: TIP 59 – Improving Cultural Competence

NAATP Diversity, Equity, and Inclusivity Committee



Diversity, Equity, and Inclusion (DEI)
Best Practices in Addiction Treatment

STAGES OF
CHANGE MODEL AND
ORGANIZATIONAL

ASSESSMENT

TOOL



We are a field in recovery. Many people working in the addiction field are in personal recovery from Substance Use Disorders (SUDs) and mental health issues, and they may draw upon their own experience to provide them with passion and dedication for helping others.

Precontemplation

As with clients, identifying an individual or an organization as “Precontemplative” is not a value judgment. Rather, it means that the person or entity isn’t equipped with a perspective on the need for and value of change in their lives and work. In this stage, with respect to implementing DEI best practices, individuals and organizations may lack awareness that their current practice contributes to inequities or a decreased sense of belonging by diverse staff and clients. With the intent of treating everyone equally, a colorblind approach may be evident, resulting in harm caused by microaggressions in both organizational and clinical culture, milieu, treatment materials, company policies, public relations, and business development. This harm may or may not rise to the attention of leadership and may be addressed (or not) in staff and client day-to-day activities.

GOALS: Raise doubt and concern about current beliefs and practices, increase perception of problems with the current state, and practice harm reduction strategies.

Contemplation

Some recognition exists of privilege and oppression and that current behavior is problematic. Guilt or shame may be present. Racism and other forms of discrimination may be seen as occurring only in the past or currently present against the dominant group as well. An ambivalent, compliance-oriented mindset may be present, with minimal changes made in DEI policies and practices in response to outside pressures or regulations.

GOALS: Explore ambivalence, identify reasons for change and risks of not changing, and increase confidence in the ability to change. As awareness grows, address guilt and shame through healing practices.

Preparation

We see the harms of structural racism on communities of color, along with other intersecting and compounding forms of structural oppression, such as anti-Indigeneity, ableism, heteropatriarchy, misogyny, and anti-immigrant animus. An awareness has developed of privilege, injustice, and the value of DEI best practices, but we may look to others (e.g., people of color, transgender people) to confront racism, cissexism, and other forms of discrimination. Some systemic changes are being made with the belief that changing behavior will lead to a healthier organization.

GOALS: Set goals and develop a realistic plan to take steps toward change. As awareness continues to grow, continue healing practices and sublimate guilt and shame into energy for action and growth.

Action

Intentional actions to counter the oppression of historically marginalized communities. Some systemic DEI changes have been implemented, showing initial positive results and outcomes.

GOALS: Make changes and monitor progress. Identify and use strategies to prevent relapse to previous behaviors. As awareness continues to develop, continue healing practices and use recognition of ongoing disparities for the energy to act, grow, and advocate for change with others.

Maintenance

Active pursuit of social justice. DEI best practices are sustained for more than 6 months with the intention to constantly improve DEI performance and strategies and prevent drift to earlier stages.

GOALS: Continuously pursue personal and professional agility and improvement as best practices in DEI change over time. Continue healing practices and help others through their process of change.

The DEI Best Practices in Addiction Treatment Tool is largely based on the Diversity, Equity, and Inclusion Spectrum Tool (Meyer Memorial Trust, 2018)¹ and was modified to be relevant to addiction treatment and recovery support providers. Values of 0 through 4 have been assigned to the stages of change to assist in identifying areas for improvement and monitoring progress. Because all organizations are different sizes, serve different communities, and have different resources, the approach to moving forward in DEI best practices will differ across organizations.

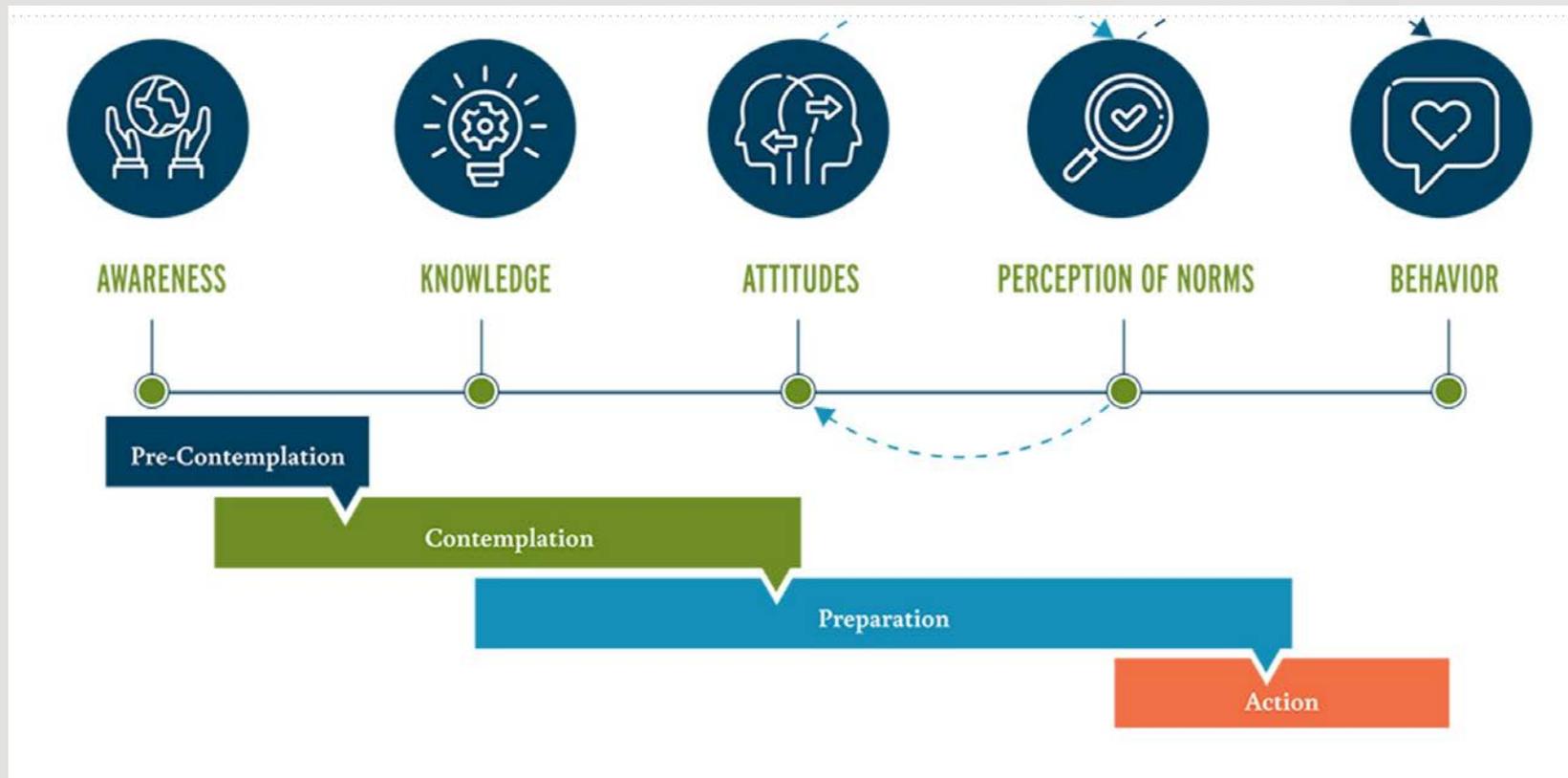
	Organizational DEI Commitment	Policies & Procedures	Leadership and Infrastructure	Training	Clinical Care	Community	Diversity	Equity	Inclusivity
Pre-Contemplation (0)	Does not see DEI as relevant to its work, or does not have an interest in advancing DEI work.	Does not have any DEI-related organizational policies beyond non-discrimination policies.	Members of management or board have not taken leadership on DEI issues.	Has not done any training related to DEI, or staff completes trainings as required for compliance.	Treatment materials and modalities are not commonly adapted for different individuals.	Doesn't express interest in building stronger partnerships with communities facing disparities; may see it as an unrealistic or unimportant to the organization's mission.	Doesn't see diversification of leadership, board, and staff as a priority; may be paralyzed by the perceived challenges or view it as unattainable.	DEI-related metrics* are not collected or considered in programs or in operational accountability mechanisms.	No explicit effort is made to create an inclusive atmosphere for diverse staff and patients.
Contemplation (1)	Recognizes the importance of DEI to its work and is contemplating next steps.	Does not have, but is interested in developing, DEI-related organizational policies.	A few members of management, staff, or board are leading internal DEI discussions, but infrastructure to guide the organization's DEI work is not established.	Is contemplating expanding organizational DEI training; individual staff may have delivered some internal training.	Adaptations to treatment materials and modalities are made by some staff for diverse patients.	Values the idea of building partnerships with communities facing disparities, but may not know how or have relationships to draw upon.	Has had initial discussions about and values the idea of diversifying its leadership, board, and staff.	Does not collect DEI-related metrics* in its programmatic or operational work, but views this as a future goal.	Values the idea of being an inclusive organization but tries to achieve this by encouraging diverse staff and patients to participate in the dominant culture or represent their own culture to educate others.
Preparation (2)	Recognizes the importance of DEI to its work and is in the process of developing a shared DEI vision and strategic plan.	May have some DEI-related language in some organizational policies.	Individuals or small teams are leading internal DEI discussions and consulting with leadership, but DEI work has not been integrated into the organization as a whole.	Some staff, leaders, and board members have participated in DEI-related training.	Culturally-responsive treatment materials and modalities are regularly integrated into treatment plans.	Is beginning to build partnerships with communities facing disparities but has not yet established accountability to and meaningful partnerships with these communities.	The organization attempts to diversify its leadership, board, and staff but may not know how to do it effectively or have strategies and systems in place; strategies may not result in growing diversity.	Collects some DEI-related metrics* in its programmatic or operational work, but not in a systematic or comprehensive way.	There is an appreciation of the voice and perspective of diverse staff and patients, particularly in relation to the organization's DEI work, but they are still expected to conform to the dominant culture or educate others. ▶

* DEI-related metrics include:

- 1) Demographics of board, management, staff, and persons served, compared to the population of individuals in need of services;
- 2) Demographic analysis of initial contacts, call-to-admission ratio, admissions, AMA discharges, transfer/referral rates, and readmissions;
- 3) Demographic analysis of patient outcomes and consideration of social determinants of health;
- 4) Patient engagement/satisfaction surveys addressing respect for individual culture and identity, whether the care environment and services are culturally-responsive, and whether the care environment and services are trauma-responsive (empathic, safe, transparent, collaborative, empowering, and respectful of choice and preference);
- 5) Staff engagement/satisfaction surveys addressing the organization's inclusion practices in policies, services, and leadership, and whether the work and care environments are culturally- and trauma-responsive.¹

	Organizational DEI Commitment	Policies & Procedures	Leadership and Infrastructure	Training	Clinical Care	Community	Diversity	Equity	Inclusivity
Action (3)	Has developed a shared DEI vision, and is working to align the organization's programs and operations with this vision. DEI is incorporated into the strategic plan with measurable goals.	Has DEI policies that include expected behavior regarding inclusivity in the work and clinical environments, as well as a process in place for patients and staff for grievances specific to inclusivity. Has an organizational DEI plan but may be unclear how to fully operationalize it. An equity analysis is completed on policies & procedures.	Has internal committees or other formal structures focused on integrating DEI into the organization's work. All levels of management, staff, and board are taking leadership on DEI issues. An equity analysis is completed during the budgeting process.	All management, staff, and board are involved in DEI training and capacity building. Training includes experiential and healing components and covers topics including implicit bias, privilege, and microaggressions.	Staff regularly receive training and supervision on implementing culturally-adapted or culture-specific treatment materials and modalities.	Actively works to build partnerships and trust with communities facing disparities; working to understand how to provide value and support to these communities.	Actively works to increase diversity of leadership, board, and staff, resulting in growing diversity; has begun to institute retention strategies for diverse patients. Demographics of staff, local community, and the larger community of individuals with the greatest need for service are compared, and plans are in place to better match service needs.	Collects and disaggregates comprehensive demographic data in programmatic and operational work but may not know how to integrate the information. Changes may be made to some clinical or operational practices based on this analysis.	The voice of diverse staff and patients is valued and integrated into the organization. Changes are made to treatment materials/ modalities, and well as the care/ work environment, in response to feedback from diverse patients and staff. The organization is in transition from a dominant culture to an inclusive/ multicultural culture.
Maintenance (4)	Has integrated DEI in organizational mission and vision statements which are actively being used to guide the organization's programs and operations. Progress toward goals is tracked and leaders, Board, and staff are accountable for meeting goals.	Has DEI policies and an organizational plan with clear goals, strategies, and indicators of progress. DEI policies are regularly updated based on equity analysis and with input from patients, staff, the community, and other stakeholders. All leaders and staff are clearly held accountable for policy adherence.	Work on DEI issues is integrated into every aspect of organizational culture and infrastructure. Leadership demonstrates accountability to patients, staff, and other stakeholders. Budgets reflect investment in improving inclusivity/ belonging among staff and patients and in improving equity in access to services.	Fosters ongoing, comprehensive DEI training, growth, healing, and leadership among management, staff, and board.	Culturally-adapted or culture-specific treatment materials and modalities are routinely integrated into treatment plans. Clinical staff and supervisors are evaluated on and accountable for culturally-responsive care.	Has strong, mutually beneficial, accountable, and equitable partnerships with diverse organizations and leaders from communities facing disparities. The organization collaborates with communities to assess community needs, and raise awareness of services in a culturally-responsive manner.	The demographic profile of the organization's staff and leadership approximates the profile not only of the local community, but also of the larger community of individuals with the greatest need for service. The organization has policies and strategies for strengthening and maintaining organizational diversity, and effective retention strategies are implemented.	Changes are consistently made in clinical programming, human resources practices, business development and outreach activities, and leadership as appropriate, in response to DEI-related metrics*. Data reflect that the organization is removing barriers to opportunity and reducing disparity/ disproportionality in access to services.	All staff and patients feel valued and all aspects of the organization reflect the voice, contributions and interests of a multicultural constituency; the organization has transitioned to an inclusive/ multicultural culture and has created systems, policies, and practices to maintain this culture.

Stages of Change Organizational Model



PRE-CONTEMPLATION

GOALS: Raise doubt and concern about current beliefs and practices, increase perception of problems with the current state, and practice harm reduction strategies.

Pre-Contemplation

Organizational DEI Commitment	Policies & Procedures	Leadership and Infrastructure	Training
Does not see DEI as relevant to its work, or does not have an interest in advancing DEI work.	Does not have any DEI-related organizational policies beyond non-discrimination policies.	Members of management or board have not taken leadership on DEI issues.	Has not done any training related to DEI, or staff completes trainings as required for compliance.

Clinical Care	Community	Diversity	Equity	Inclusivity
Treatment materials and modalities are not commonly adapted for different individuals.	Doesn't express interest in building stronger partnerships with communities facing disparities; may see it as an unrealistic or unimportant to the organization's mission.	Doesn't see diversification of leadership, board, and staff as a priority; may be paralyzed by the perceived challenges or view it as unattainable.	DEI-related metrics* are not collected or considered in programs or in operational accountability mechanisms.	No explicit effort is made to create an inclusive atmosphere for diverse staff and patients.

CONTEMPLATION

GOALS: Explore ambivalence, identify reasons for change and risks of not changing, and increase confidence in the ability to change. As awareness grows, address guilt and shame through healing practices.

Contemplation

Organizational DEI Commitment	Policies & Procedures	Leadership and Infrastructure	Training
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Clinical Care	Community	Diversity	Equity	Inclusivity
Adaptations to treatment materials and modalities are made by some staff for diverse patients.	Values the idea of building partnerships with communities facing disparities, but may not know how or have relationships to draw upon.	Has had initial discussions about and values the idea of diversifying its leadership, board, and staff.	Does not collect DEI-related metrics* in its programmatic or operational work, but views this as a future goal.	Values the idea of being an inclusive organization but tries to achieve this by encouraging diverse staff and patients to participate in the dominant culture or represent their own culture to educate others.

PREPARATION

GOALS: Set goals and develop a realistic plan to take steps toward change. As awareness continues to grow, continue healing practices and sublimate guilt and shame into energy for action and growth.

Preparation

Organizational DEI Commitment	Policies & Procedures	Leadership and Infrastructure	Training
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Clinical Care	Community	Diversity	Equity	Inclusivity
Culturally-responsive treatment materials and modalities are regularly integrated into treatment plans.	Is beginning to build partnerships with communities facing disparities but has not yet established accountability to and meaningful partnerships with these communities.	The organization attempts to diversify its leadership, board, and staff but may not know how to do it effectively or have strategies and systems in place; strategies may not result in growing diversity.	Collects some DEI-related metrics* in its programmatic or operational work, but not in a systematic or comprehensive way.	There is an appreciation of the voice and perspective of diverse staff and patients, particularly in relation to the organization's DEI work, but they are still expected to conform to the dominant culture or educate others. ▶

ACTION

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MAINTENANCE

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Maintenance

Organizational DEI Commitment	Policies & Procedures	Leadership and Infrastructure	Training	Clinical Care	Community	Diversity	Equity	Inclusivity
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CONSIDER...

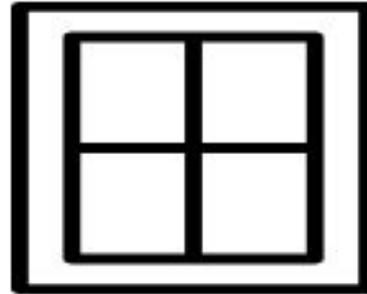


REFLECT

Self-reflection

Organizational
reflection.

Value assessment

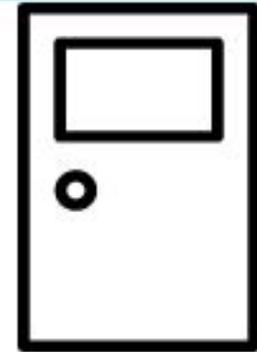


REVIEW

External assesment

Success and failure
review

Addressing Gaps



REFORM

Transformational
thought processes

Opportunity to grow

Change maker



LEVERAGING
POWER

Leveraging power and inviting others into the process

Share with your leadership team!

1. DEI Assessment Tool is available on naatp.org
2. Online portal to survey organization's results is available
 - Survey can be completed by any and all leaders at your organization– deadline is **APRIL 15, 2022**
 - NAATP will summarize your data for you
 - Individual and organization-specific data are confidential
 - Your organization may be invited to share your experience with the tool at NAATP National Conference 2022

Acknowledgements

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Beck Gee-Cohen, MA, CADC-II

<https://visionsteen.com/team/beck-gee-cohen/>

Rhodes Perry, LPC

<https://www.rhodosperry.com/>

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NATIONAL ASSOCIATION
OF
ADDICTION TREATMENT PROVIDERS

Thank you!

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