

Technical Information

SAMHSA

Substance Abuse and Mental Health
Services Administration

This training was developed under the
Substance Abuse and Mental Health Services
Administration's Prevention Technology Transfer
Center task order. Reference # 1H79SP081018.

For training use only.

Funding for this presentation was made possible by SAMHSA grant no. 1H79SP081018. The views expressed by speakers and moderators do not necessarily reflect the official policies of HHS; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



Central East (HHS Region 3)

PTTC

LIVE

This webinar is now live.



It is being recorded.



Please remain muted.

Welcome

Central East PTTC Webinar

Culturally Responsible Services for Youths of Color

The Central East PTTC is housed at the Danya Institute in Silver Spring, MD

Oscar Morgan
Executive Director

Deborah Nixon Hughes
Project Director



Central East (HHS Region 3)

PTTC



Technology Transfer Centers

Funded by Substance Abuse and Mental Health Services Administration

Each TTC Network includes 13 centers.



Network Coordinating Office

National American Indian and Alaska
Native Center

National Hispanic and Latino Center

10 Regional Centers (aligned with HHS regions)

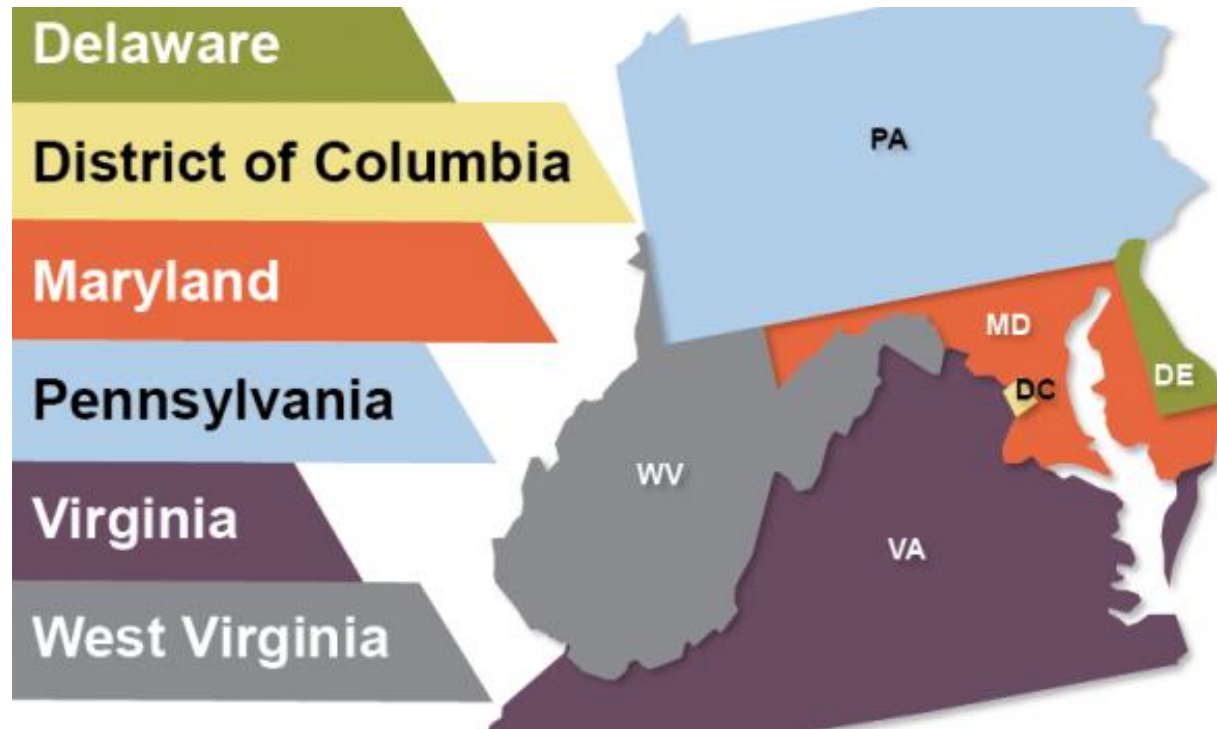


Central East (HHS Region 3)

PTTC

Central East Region

HHS REGION 3



Central East (HHS Region 3)

PTTC

The use of affirming language inspires hope.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.

orientation ethnicity spirituality
normalize practices expression
standard create
Ethnic stories terror identity
race share injustices
change care Matter shootings
Racial education
space normal
seem powerful
NASW self Black
gender affected Lives hate
Diversity uncertainty
sexual advocacy
religious competency
cultural humility



Central East (HHS Region 3)

PTTC

PTTC Mission



To Strengthen the Capacity of the Workforce

1

To Deliver Evidence-Based Prevention Strategies

2

Facilitate Opportunities for Preventionists to Pursue New Collaboration Opportunities, which include Developing Prevention Partnerships and Alliances

3

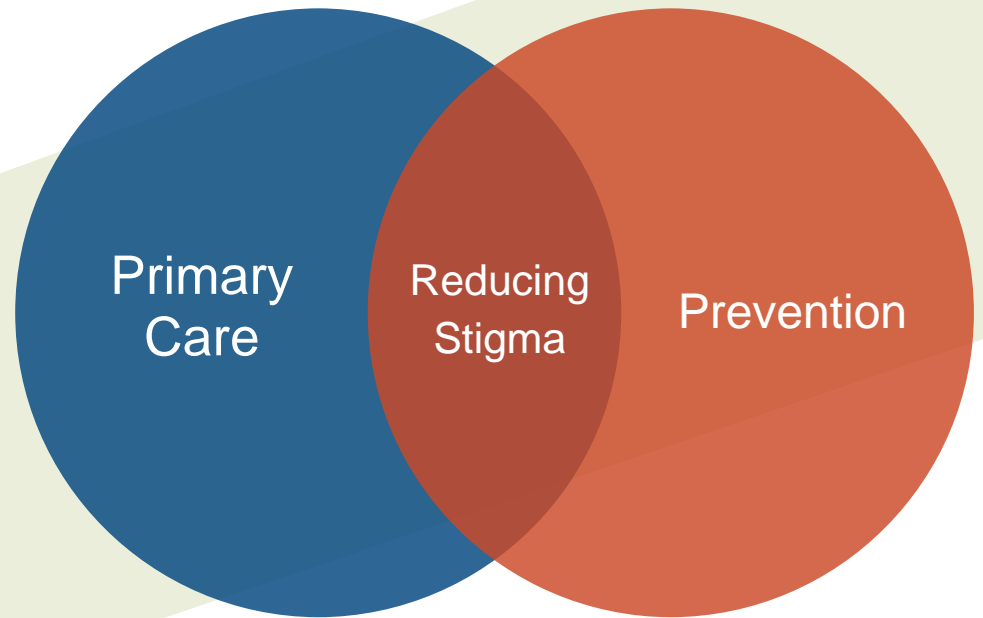


Central East (HHS Region 3)

PTTC

Central East PTTC Specialty Area

Engaging and Collaborating
with Primary Care Providers
for Substance Use
Prevention



Central East (HHS Region 3)

PTTC

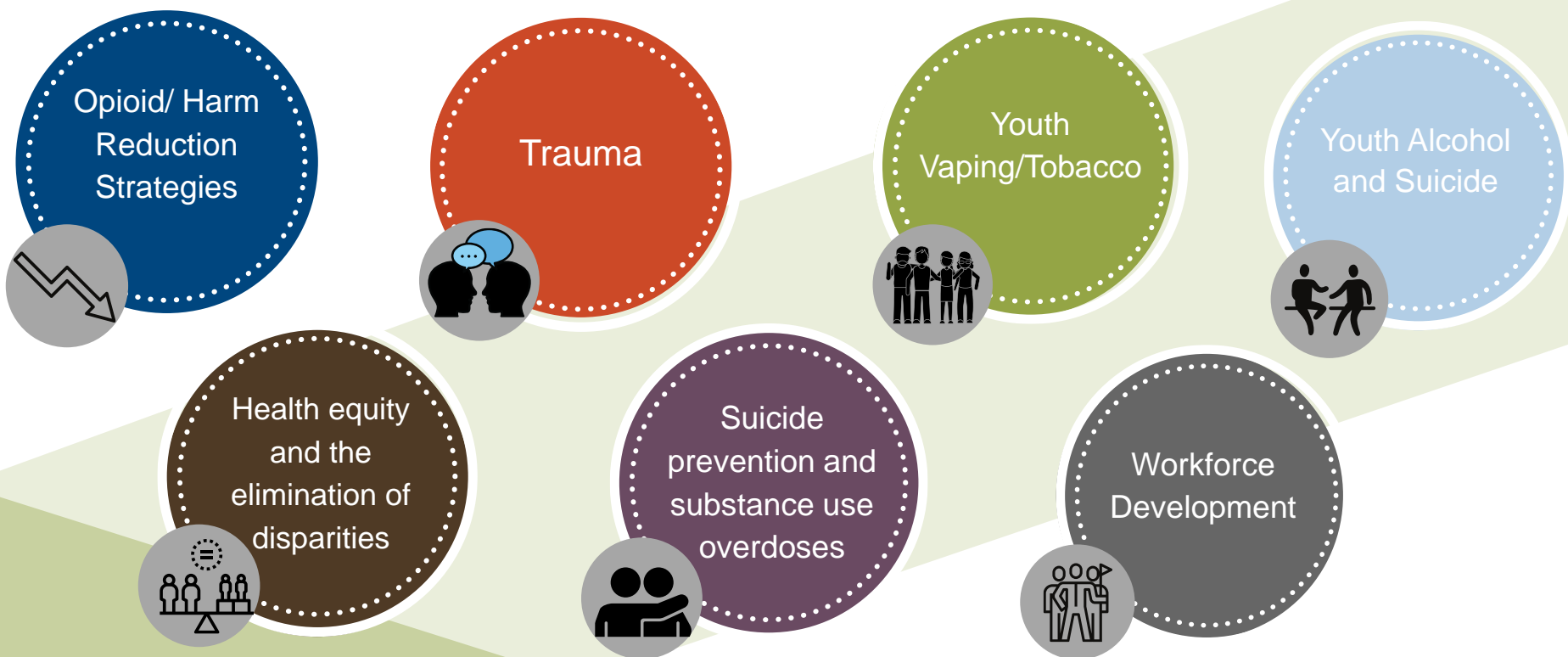
Eligibility



Central East (HHS Region 3)

PTTC

PTTC Focus Areas



Central East (HHS Region 3)

PTTC

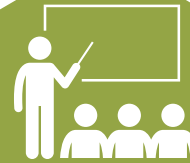
Services Available



Online Courses



Technical Assistance



Skill Based Training



Webinar



Toolkits



Facilitate Prevention Partnership & Alliances



Research Learning Collaborative



Newsletter



Technology Driven Models



Literature Searches



Virtual Meeting



Research Publication



Central East (HHS Region 3)

PTTC

Other Resources in Region 3



Central East (HHS Region 3)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Central East (HHS Region 3)

PTTC



Central East (HHS Region 3)

PTTC

Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Culturally Responsible Services for Youths of Color

Randall S. Leonard, LCSW-C
LGBT Health Equity Trainer
Chase Brexton Health Services

June 1, 2022

SAMHSA
Substance Abuse and Mental Health
Services Administration

THE DANYA INSTITUTE

Presenter: Randall Leonard

Behavioral Health Therapist and Trainer
The Center for LGBTQ Health Equity
Chase Brexton Health Care, Baltimore MD

Licensed Clinical Social Worker (LCSW-C) specializing
in the care of LGBTQ communities. Provides:

- Individual therapy
- Assessments for gender-affirming surgery
- “Identity Talk” support group for Black trans and gender-diverse people

Additional Clinical Work Experience:

- Behavioral Specialist --
Emergency Department, Union Memorial Hospital
- Survivors of Intimate Partner Violence –
Family and Children’s Services
- People with Severe and Persistent Mental Illness –
Sheppard Pratt Health Systems

Education: Masters of Social Work
University of Maryland School of Social Work



Learning Objectives

01

Describe the strengths, challenges and needs of youth of color

02

Explain how to better engage and support ethnic minority community members and their children

03

Identify three specific ways to create a welcoming and cultural affirming environment for youth of color

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse

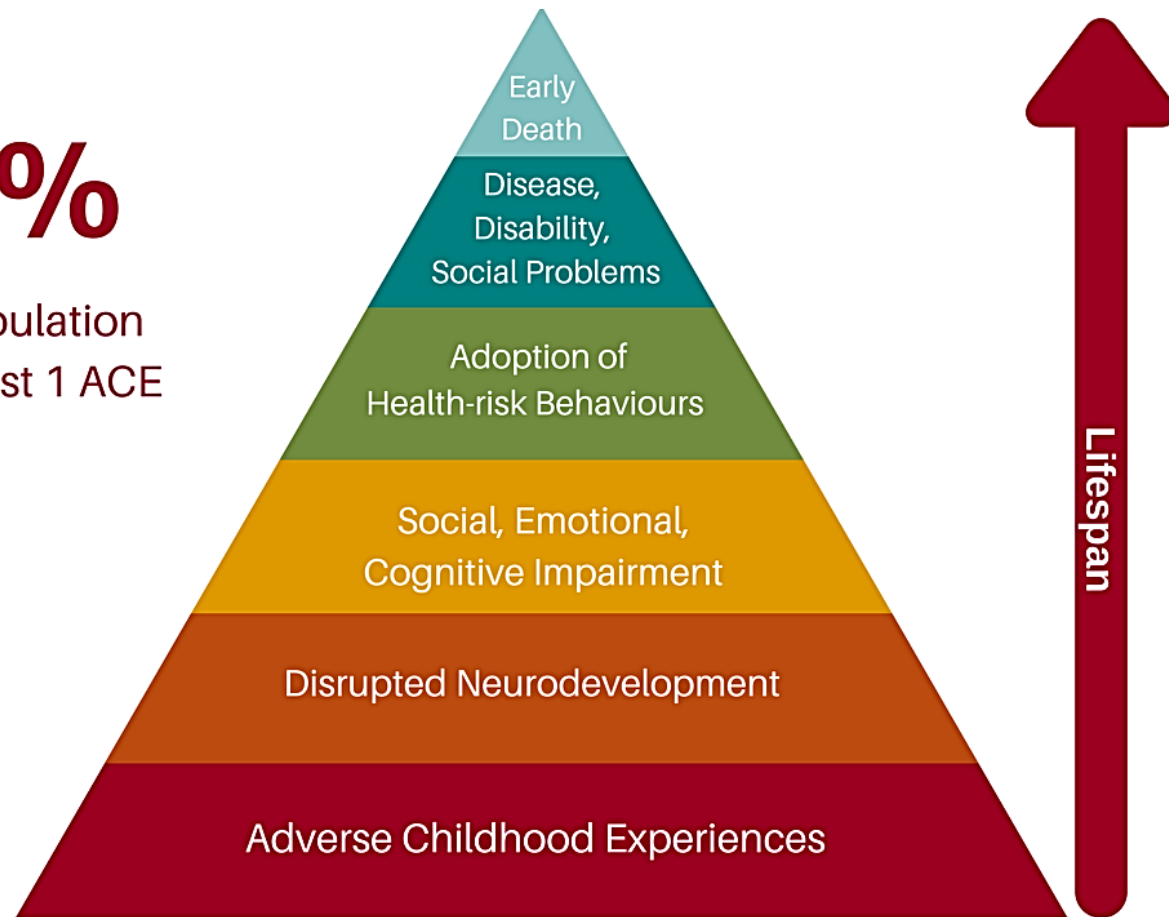


Divorce

Adverse Childhood Events

Source: Centers for Disease Control and Prevention
Image Credit: Robert Wood Johnson Foundation via NPR

67%
of the population
have at least 1 ACE

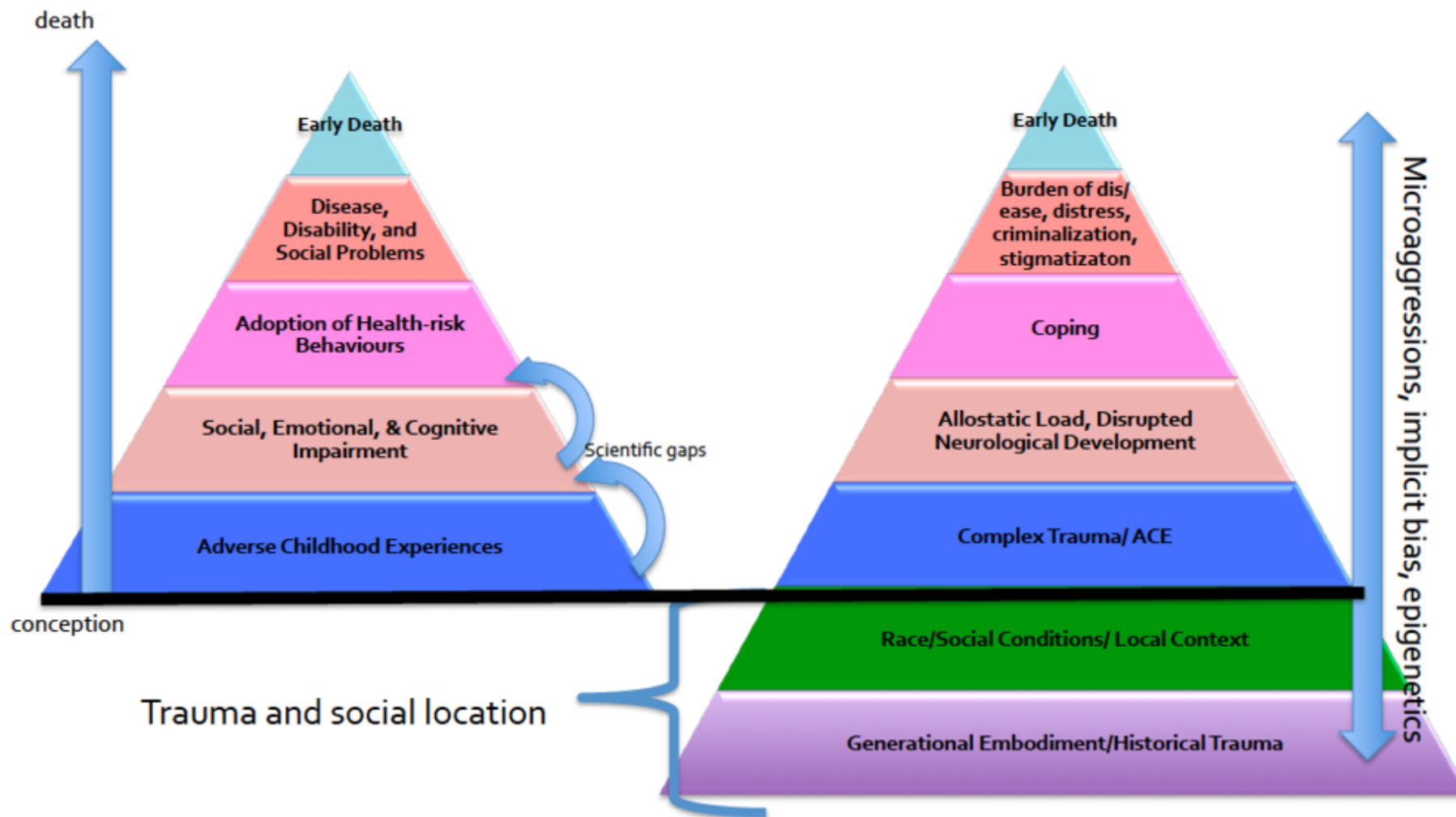


Trauma and Social Location



Adverse Childhood Experiences*

Historical Trauma/Embodiment



*<http://www.cdc.gov/violenceprevention/acestudy/pyramid.html>

WHAT IMPACT DO ACEs HAVE?

As the number of ACEs increases, so does the risk for negative health outcomes



Community Concept: Seeking Help

People from a **dominant** cultural lens tend to assume that if they were in need, they would have an automatic right to help

Persons conditioned to hold **subdominant** culture lens may not have experienced agencies as helpful in the past. They may not believe that help is available or may not seek it out.

What is Cultural Humility?

- Other-centered interpersonal approach
- Ethical orientation of service delivery
- A commitment to understanding power dynamics
- Requires us to take responsibility for our interactions
- Acknowledges the limitations of our own cultural perspective
- “Borrow the client’s glasses”



Cultural Humility Framework: Melanie Tervalon and Jann Murray-Garcia



Jann Murray-Garcia, MD, MPH



Melanie Tervalon, MD, MPH

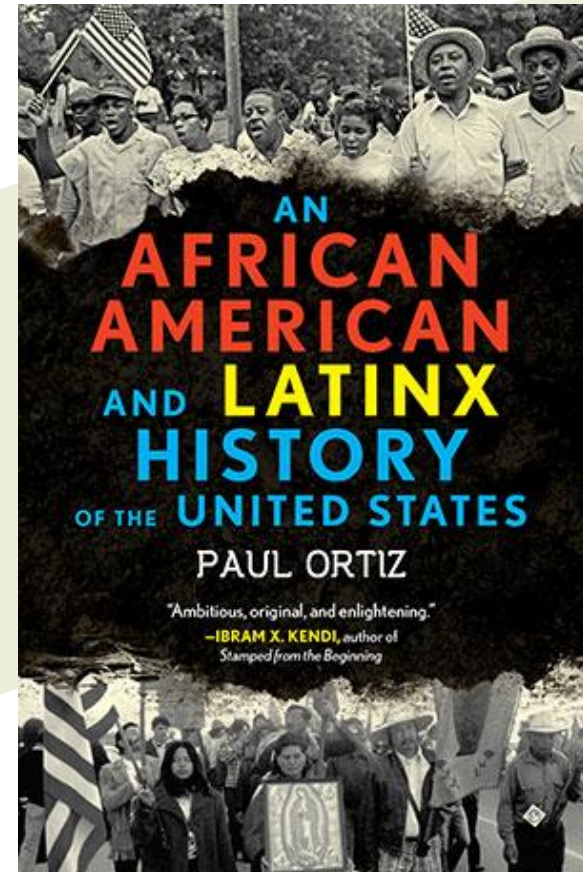
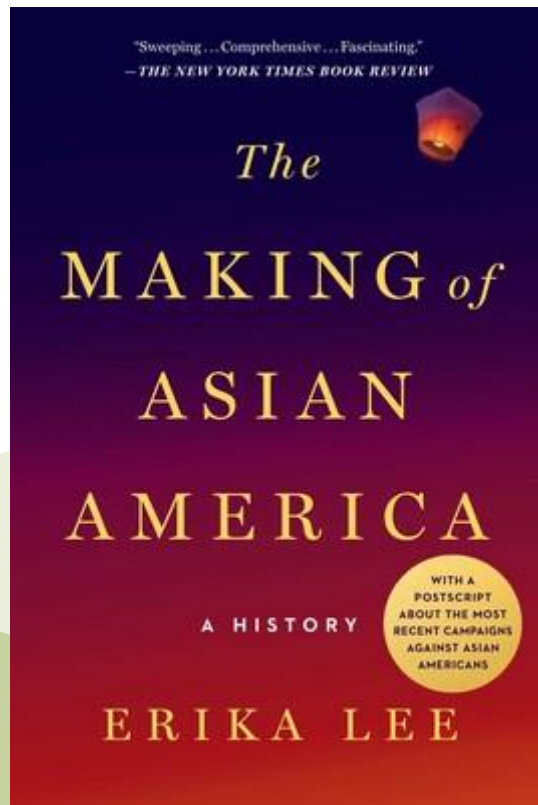
A lifelong commitment to self-evaluation and self-critique

Redressing power imbalances in the patient-provider relationship

Developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities

Advocating and maintaining institutional accountability the principles of cultural humility

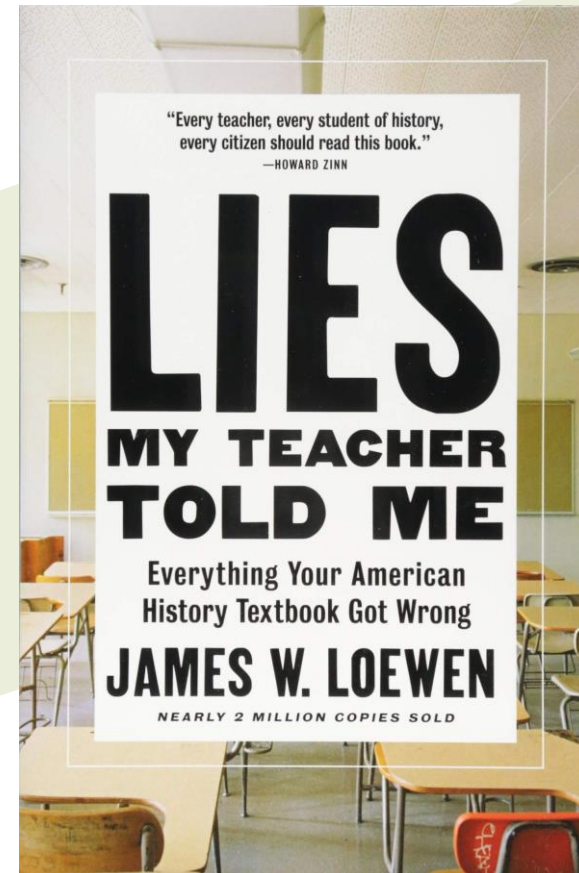
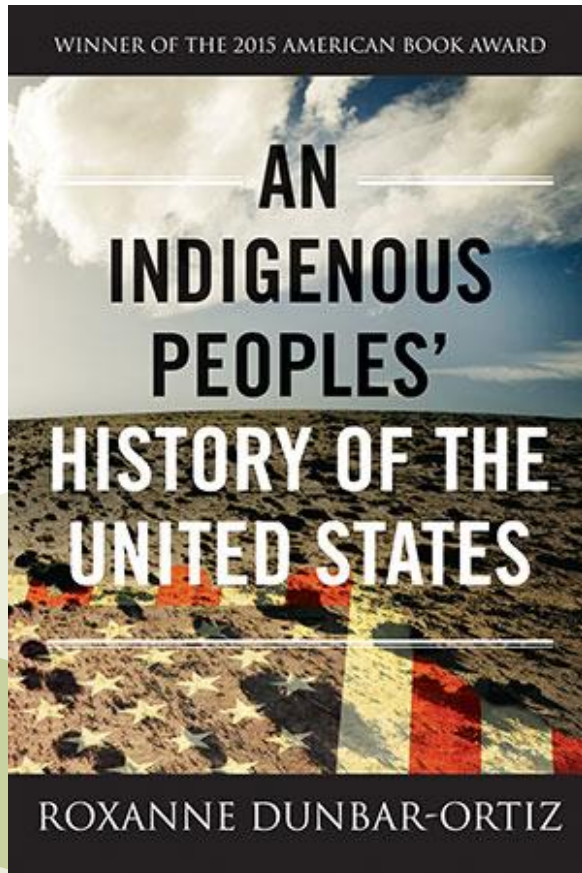
Important References on Cultural History



Central East (HHS Region 3)

PTTC

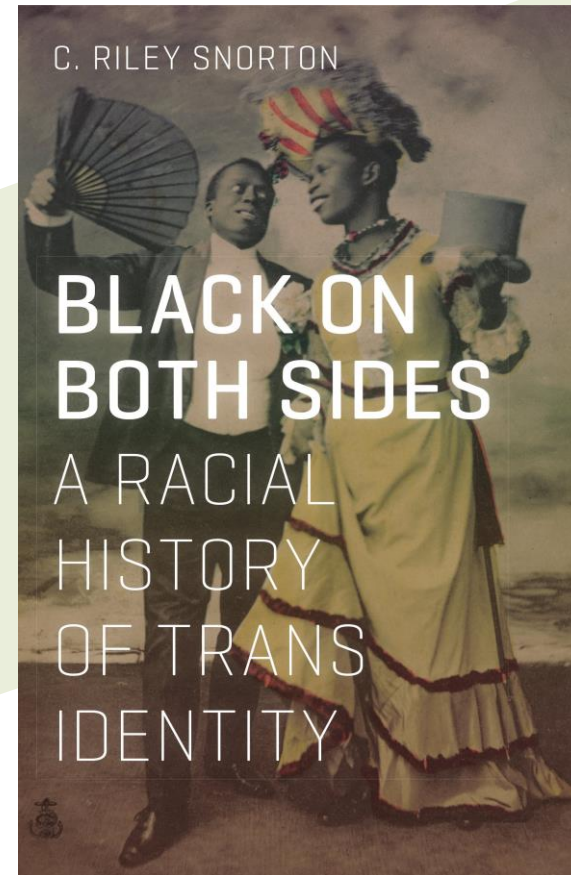
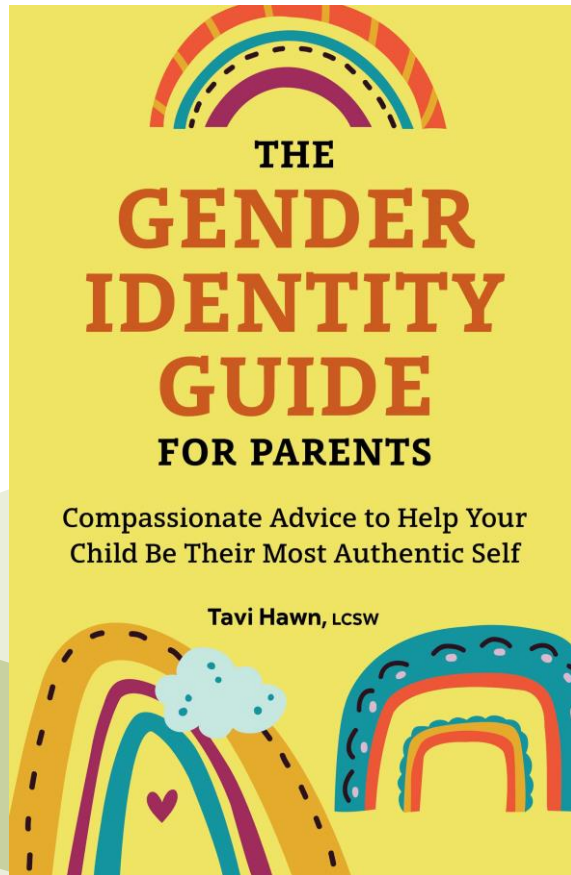
Important References on Cultural History



Central East (HHS Region 3)

PTTC

Important References on Cultural History

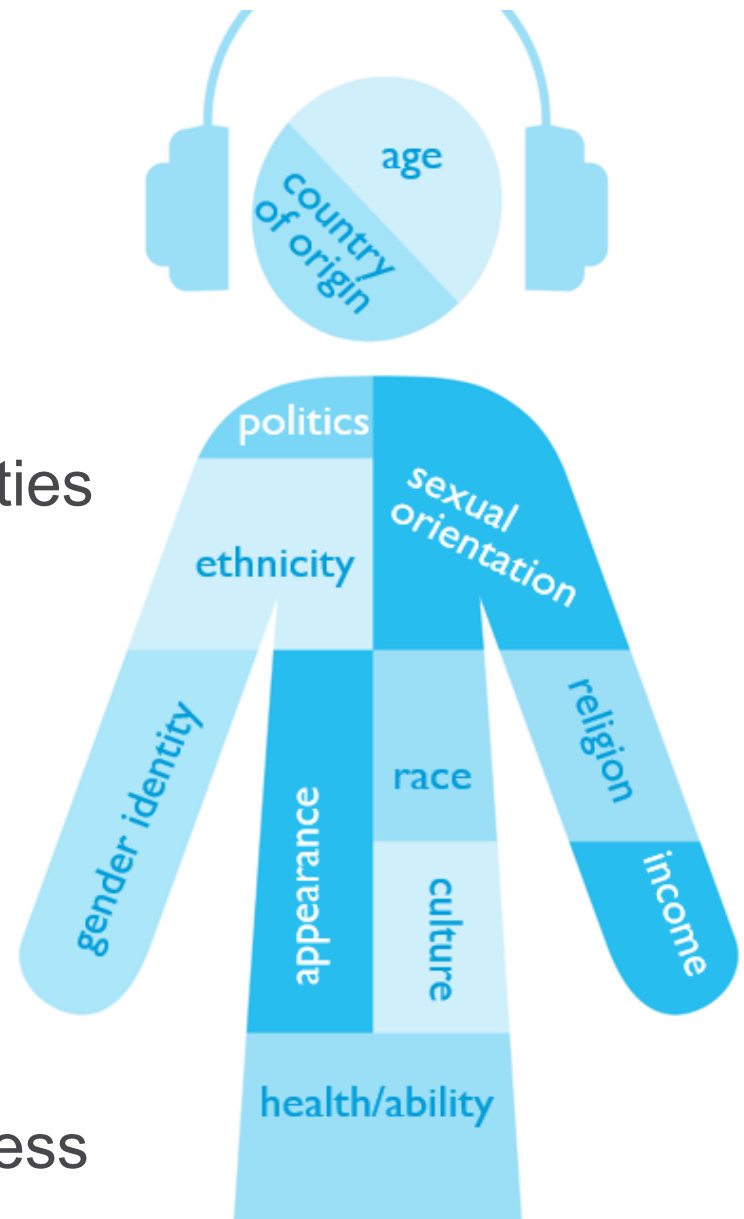


Central East (HHS Region 3)

PTTC

Multiple Facets: One Identity

- People possess multiple, layered and compound elements of self
- How an individual's multiple identities interact and intersect affects their experiences and shapes their perspectives
- “Intersectionality” helps clarify the ways in which a person can simultaneously experience privilege and oppression.
- “Privilege” = More Power and Access



Slide credit: National LGBT Cancer Network
Central East (HHS Region 3)



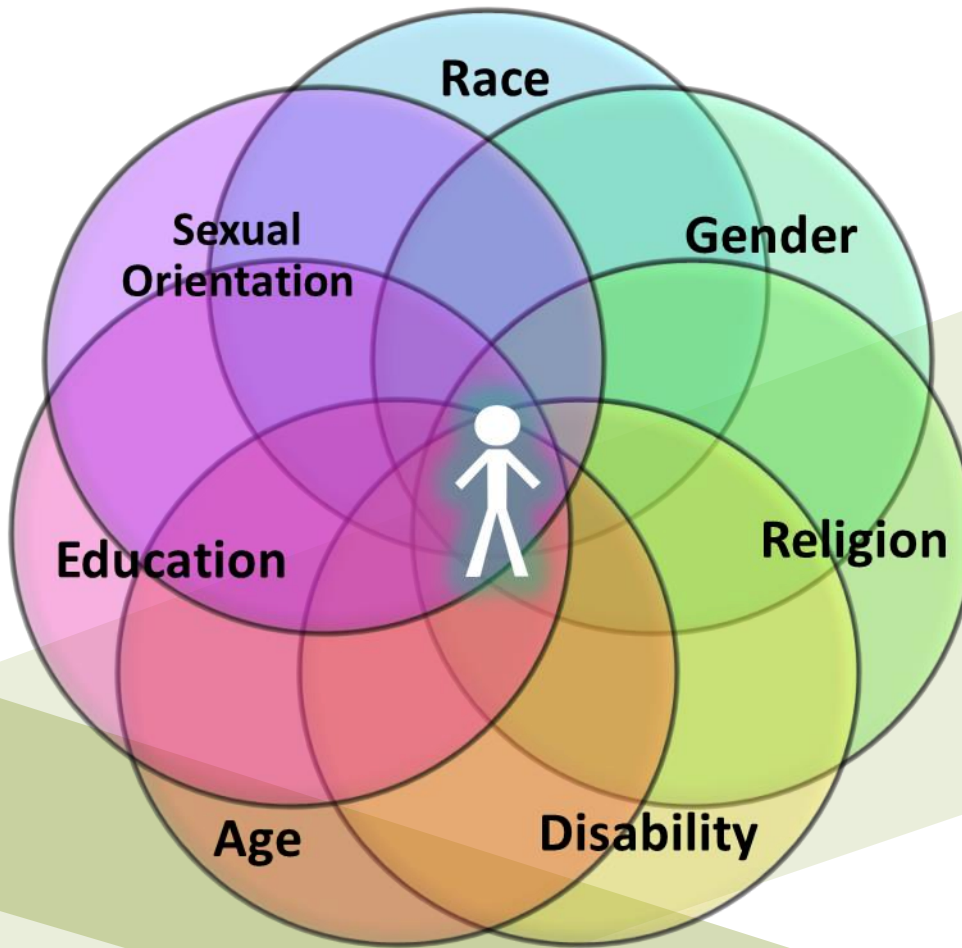
Sources: Crenshaw, Kimberle, 1989; Intergroup Resources, 2012

Intersectional Lives, Intersectional Needs

“Intersectionality”



Dr. Kimberle Crenshaw



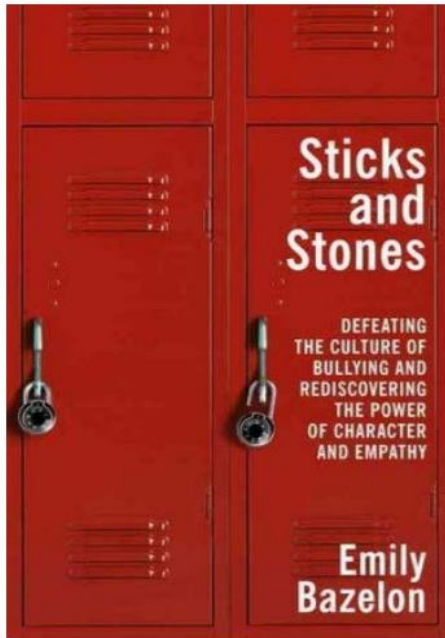
- Helps us describe relative personal and structural power
- “We live at the crossroads of our identities.”
- Multiple marginalization = compound discrimination
- Cultural Humility approach can help bridge rapport across power dynamics

Intersectionality and Oppression

- Race, class, sexual orientation, gender identity, immigration status, ability, age, and culture impact the way people ***experience violence***
- Our own race, class, sexual orientation, gender identity, immigration status, ability, age, and culture influence how we ***do trauma work***



Social Messaging... Different = Deviant



Internalize
societal phobia

Decreased sense of self-worth
Guilt, Shame

Self-medication
Substance abuse

Isolation, Lack social
support & connectedness

Risk-taking behavior

Suicidality

Dynasty Young



In Indiana, 17 year old Dynasty Young was expelled for bringing a stun gun to school

- Other students taunted, threw rocks and bottles, followed him home
- Reported bullying to the school more than 10 times
- Mother gave him a stun gun for protection: "I did feel like there was nothing else left for me to do."
- Six students surrounded him at school threatening to beat him up
- Young discharged weapon into the air
- School police officers arrested only Young
- \$65,000 awarded in an out of court settlement, and Young was transferred to a new school



Jewlyes Gutierrez

- **California: Jewlyes Gutierrez, 16 years old**
- Defended herself against three girls who physically attacked her
- Video shows Gutierrez trying to run away
- All students involved were suspended
- Gutierrez was the only one charged: Assault
- **Charges dropped after her sister created a national petition campaign**
- Her mother said, "Preventing them [transgender youth] from expressing themselves is like asking them not to breathe."

Golgowski, N. (2019, January 10). *Transgender teen bullied at school faces criminal charges for fight which only suspended other girls* . New York Daily News.

Retraumatization: What Hurts?

SYSTEM

Having to continually retell their story

No choice in service or treatment

No opportunity to give feedback about services

Procedures that require disrobing

Being treated as a number

Being seen as their label (Addict, Schizophrenic, “Dirty”)

Retraumatization: What Hurts?

RELATIONSHIP

Not being seen/heard

Violating trust

Failure to ensure emotional safety

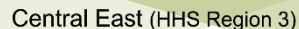
Non-collaborative approach (Doing For rather than With)

Punitive treatment

Coercive practices

Oppressive language

I believe you.



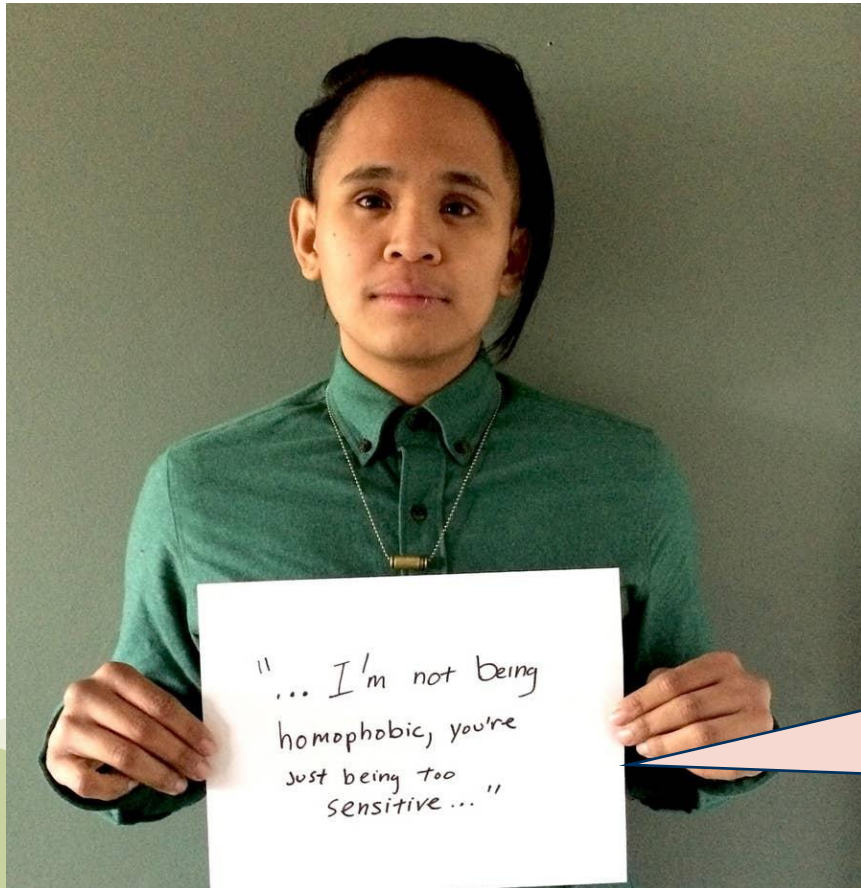
34

Trauma Support

- Create opportunities for peer connection
- Encourage skills in understanding and monitoring emotions, decision-making, self-care, and problem-solving
- Acknowledge and compliment even the smallest of changes
- Model appropriate communication styles even in charged situations
- Present discuss options and consequences; Encourage survivor to make their own choices
- Make sure referrals are LGBTQ-friendly. If there are no affirming options, prepare the client for what they can expect

Adapted from National Child Traumatic Stress Network

Breaking Down Microaggressions



"...I'm not being homophobic, you're being too sensitive..."



Central East (HHS Region 3)

PTTC

What are Microaggressions?

“Microaggressions are the everyday

- verbal, nonverbal and environmental slights,
- snubs or insults,
- whether intentional or unintentional,
- which communicate hostile, derogatory or negative messages
- to target persons based solely upon their marginalized group membership. “

• Dr. Derald Wing Sue

What are Microaggressions?

“In many cases these hidden messages may

- invalidate the group identities or experiential reality of target persons,
- demean them on a personal or group level,
- communicate they are lesser human beings,
- suggest they do not belong with the majority group,
- or relegate them to inferior status and treatment.”

• Dr. Derald Wing Sue



Central East (HHS Region 3)

PTTC

What are Microaggressions?

“The most detrimental forms of microaggressions are usually delivered by well-intentioned individuals who are unaware that they have engaged in harmful conduct toward a socially devalued group.

These everyday occurrences may, on the surface, appear quite harmless, trivial or described as ‘small slights,’ but research indicate they have a powerful impact upon the psychological well-being of marginalized groups, and affect their standard of living by creating inequities in education, employment and health care.”

- Dr. Derald Wing Sue



Central East (HHS Region 3)

PTTC

Common Messages Hidden in Microaggressions

- “Where are you really from?”
- Asking assumptively for a person to teach words in their native language.
- “When I look at you, I don’t see color.”
- “I believe the most qualified person should get the job.”
- “You’re too emotional.”
- “You’re not emotional enough”
- “It’s better now than it ever has been.”
- “Everyone can succeed in this society, if they work hard enough.”
- Relying primarily on statistics rather than verbalized lived experiences.
- “Nonbinary does not exist”
- Asking multiracial people which race best defines them



How Microaggressions Are Like Mosquito Bites



Central East (HHS Region 3)

PTTC

• <https://www.youtube.com/watch?v=hDd3bzA7450>

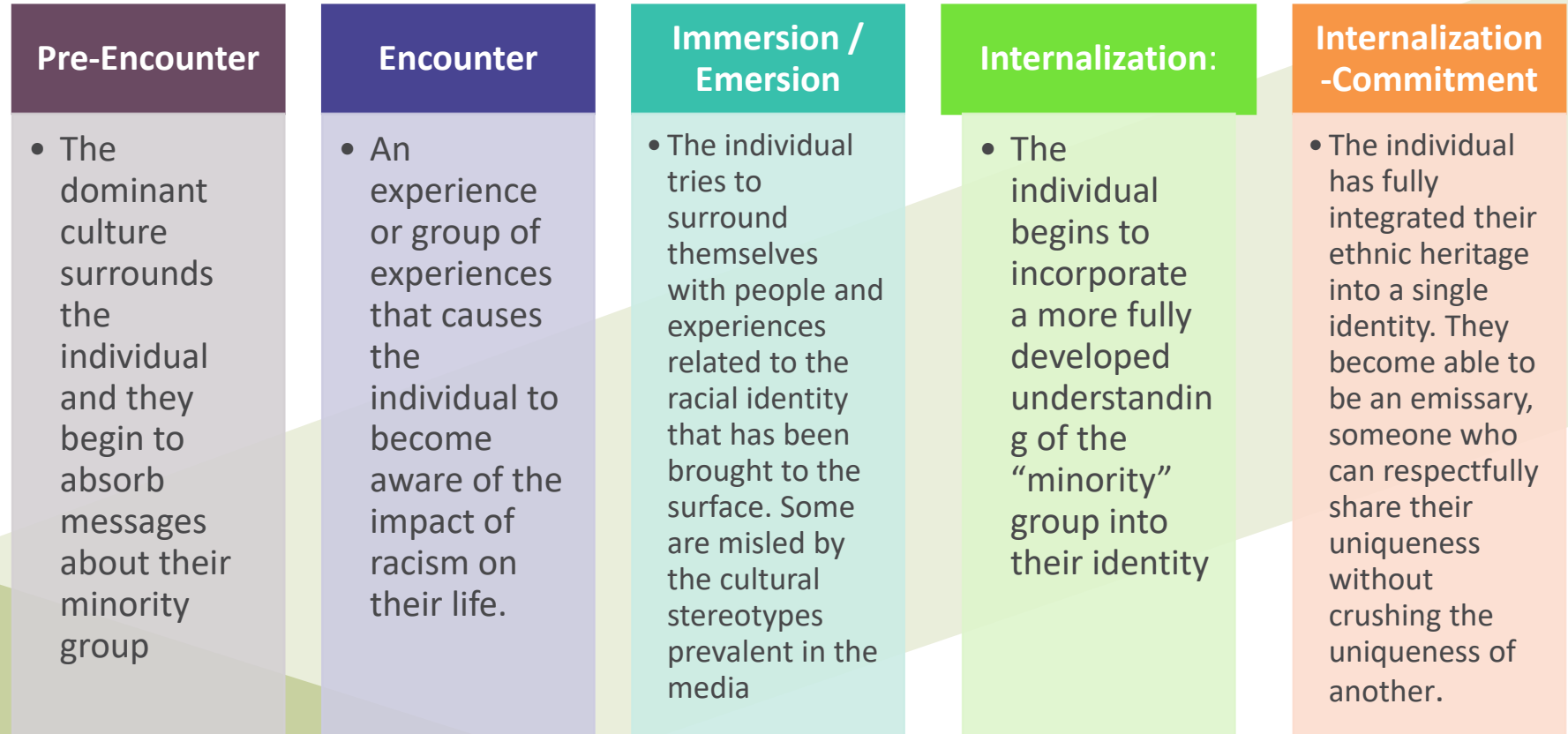


Cultural Identity Development

Adolescence: Developmental Tasks

- Create meaningful peer relationships
 - Develop new coping skills in decision making, problem solving, and conflict resolution
 - Adjust to maturing bodies and feelings
 - Understand and express more complex emotional experiences
- **Establish key aspects of identity**
 - Develop moral standards, values, and belief systems
 - Establish autonomy and renegotiate relationships with adults in parenting roles

Five Stages of Racial Identity Development



Based on the *Psychology of Nigrescence* by William Cross

African American Psychology

AFRICAN AMERICAN PSYCHOLOGY. Table 1. European American-centered vs. African-centered ideals

European American-Centered Ideals	African-Centered Ideals
<i>Individualism:</i> The focus is on the individual—her or his interpretation of events and reaction to changing situations. The individual is the unit of analysis in research	<i>Collectivism:</i> The focus is on the collective or the “tribe.” One cannot understand an individual’s functioning in a way that is divorced from the group. The unit of analysis in research is the group
<i>Materialism:</i> An emphasis is placed on material reality, and the acquisition of material goods. Material reality is that which is observed, manipulated, and quantified	<i>Spiritualism:</i> An emphasis is placed on spiritual reality, and the development of spiritual congruence with the Creator. The most important aspects of human existence are unseen, unobservable, and nonquantifiable
<i>Control of nature:</i> An emphasis is placed on controlling nature—through science and development	<i>Harmony with nature:</i> An emphasis is placed on harmonizing with nature, through a spiritual connection with the things of the world
<i>Objective:</i> An emphasis is placed on purporting to be “value free” and “unbiased” in fact finding	<i>Subjective:</i> An emphasis is placed on acknowledging values and biases and using these to bring about the liberation of African people

RESOURCE:

Shawna Murray-Browne, LCSW-C



- Decolonizing Black Thought in Therapy
- “Liberation-focused” framework steeped in cultural awareness

<https://therapythatliberates.com/>



Central East (HHS Region 3)

PTTC

Complex Adolescent Development

- Peer primacy of typical adolescent development is complicated if youth is bullied or excluded from social groups
- *Developing moral reasoning* developmental task is skewed if fundamental identity is seen as dangerous, unworthy, or immoral
- Lack of gender-affirming outlets for sexual exploration
- Fewer role models to mirror in identity formation
- Need time to discover, name, and disclose gender identity and sexual orientation
- Family rejection destroys developmental timeline



Special Focus: LGBTQ Youth

Queer Means “Invent and Create”

- As bell hooks defined:
“Queer not as being about who you’re having sex with (that can be a dimension of it); but queer as being about the **self that is at odds with everything around it** and has to invent and create and find a place to speak and to thrive and to live.”



Central East (HHS Region 3)

PTTC

Aspects of Queer Culture

- Reject boundaries and binaries
- Rules are flexible, regard as guidelines
- Mistrust of institutions
- Free self-expression through art and culture building
- Exploding norms to create disruption
- “Live and let live” attitude
- Freedom to explore sexuality in every direction
- Continual critique and reinvention of LGBTQ culture itself



LGBTQ Values: Families of Choice



Image source: Abby, L. L., Rude, M., & Ford, T. (2021, May 7). *This mother's day, i'm thankful for my little queer community. them.*

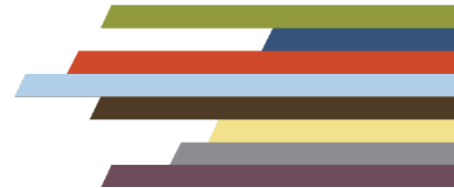


Central East (HHS Region 3)

PTTC

Trevor Project 2021 Survey

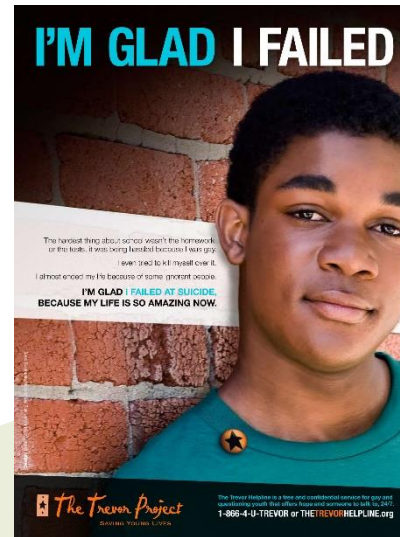
- More than 80% of LGBTQ youth stated that COVID-19 made their living situation more stressful — and only **1 in 3 LGBTQ youth found their home to be LGBTQ-affirming.**
- 70% of LGBTQ youth stated that their **mental health was "poor"** most of the time or always during COVID-19.
- 48% of LGBTQ youth reported they wanted counseling from a mental health professional but were **unable to receive it** in the past year.
- 75% of LGBTQ youth reported that they had experienced discrimination based on their sexual orientation or gender identity at least once in their lifetime.
- Half of all LGBTQ youth of color reported discrimination based on their race/ethnicity in the past year, including **67% of Black LGBTQ youth and 60% of Asian/Pacific Islander LGBTQ youth.**



RESOURCE: The Trevor Project



- Suicide prevention for LGBTQ people <25 years old
- Crisis intervention via phone, text, IM, virtual hang outs
- Research, education and training, media prevention campaigns



Crisis Intervention & Suicide Prevention Services



TREVOR LIFELINE
24/7/365 | 866.488.7386



TREVOR CHAT
Everyday | 12pm-7pm PT
3pm-10pm ET



TREVOR TEXT
M-F 12-7pm PT, 3-10pm ET
text "Trevor" to
1.202.304.1200

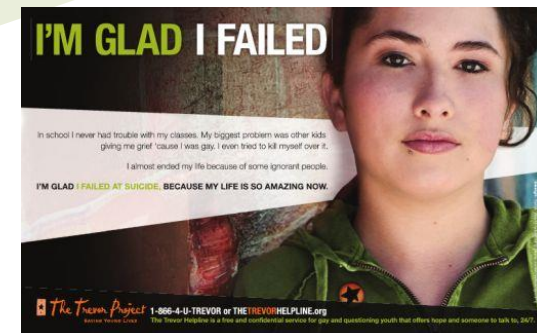


TREVORSPACE
24/7/365 | trevorspace.org
a social networking site for
LGBTQ youth & allies.



**THE TREVOR
RESOURCE CENTER**
thetrevorproject.org/resources
General info & FAQ.

www.thetrevorproject.org



Unique LGBT Youth Risk Factors

- Family rejection
- Gender nonconformity
- Internal conflict about sexual orientation
- Vulnerability around time of coming out
- Early coming out
- Lack of caring adults
- Unsafe school
- Victimization
- Stigma and discrimination
- Previous attempt/s
- Exposure to suicide loss

Slide Credit: Webinar *Suicide Prevention among Lesbian, Gay, Bisexual, Transgender Youth: Expanding the Frame and Broadening Our Approaches*, presented by E Malley, C Ryan, D Reynolds for Suicide Prevention Resource Center 1/18/11

“Coming Out” or “Inviting In”?

<https://www.youtube.com/watch?v=jdCKe0QBuwQ>



Central East (HHS Region 3)

PTTC

Skill Builder: How Should I Respond When Someone Invites Me In?

**I have a
thousand
things to
say to you,
and a
thousand
reasons
not to.**

AUTHOR
RACHEL WOLCHIN
THEGOODVIBE.CO

- Acknowledge disclosure, assure confidentiality
- Respond to person's level of vulnerability
- Ask respectful open-ended questions, but let them lead the conversation
- Provide accurate information that avoids myths and stereotypes
- Provide support for positive family dynamics
- Connect to resources as needed



Central East (HHS Region 3)

PTTC

Skill Builder: Affirming Responses to Disclosure

- “Thank you for trusting me.”
- “I respect you.”
- “Your confidence is safe with me.”
- “Do you need help of any kind?”
- “It takes a lot of courage to tell your truth.”
- “Have you been able to tell anyone else?”
- “Do you feel supported by the adults in your life?”
- “Now that you told me, how do you feel?”



Blaq Equity Baltimore



BLAQ
EQUITY
BALTIMORE

<https://cbebalaltimore.org/blackpride.html>



Central East (HHS Region 3)

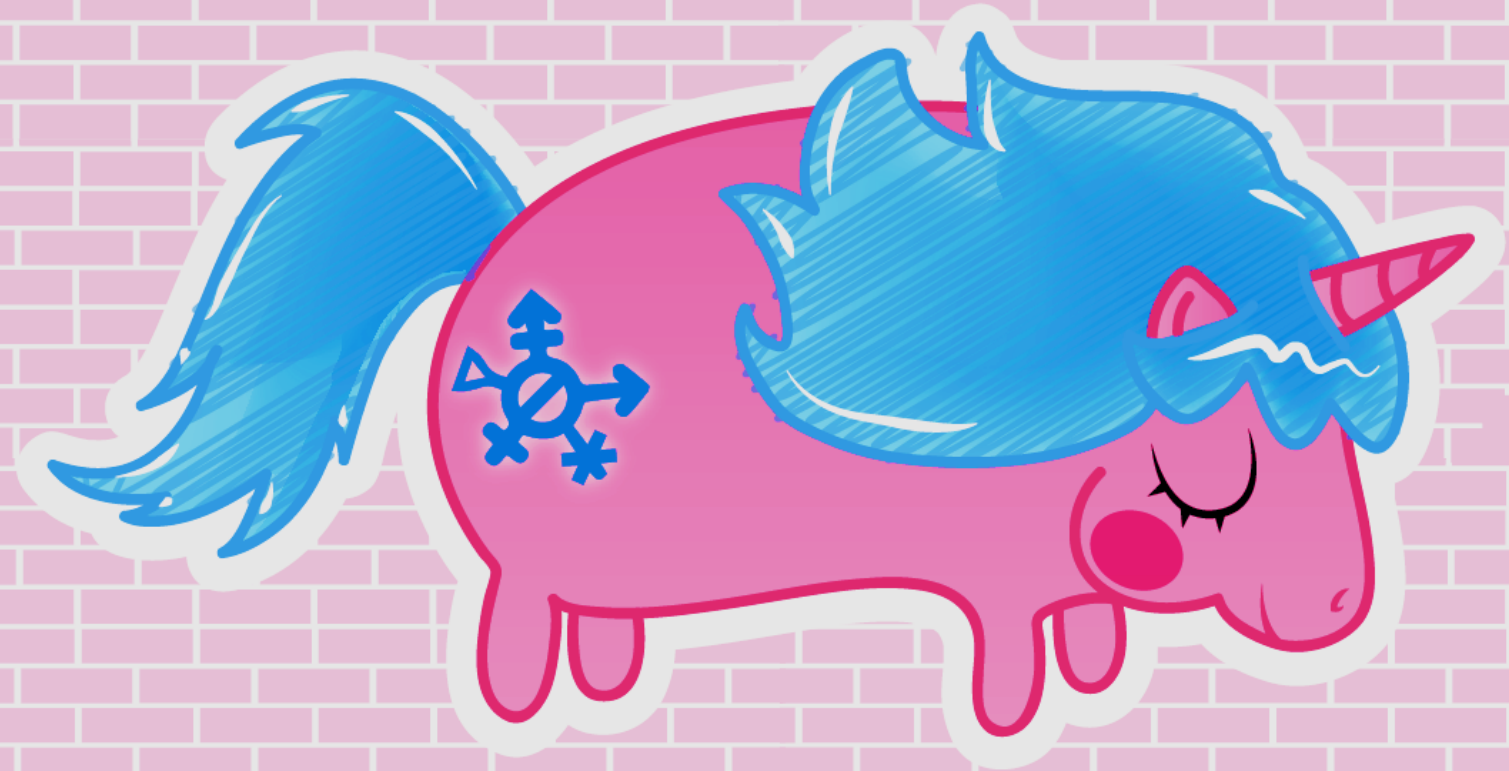
PTTC



Gender Identity Development in Young Children

PHOTO: MATER MEA AND J. QUAZI KING

VALIDATE IDENTITY



Your gender is valid

Esperanza M



Central East (HHS Region 3)

PTTC

Early Gender Development Awareness of Gender Identity



Between ages 1 and 2
Conscious of physical
differences between genders



At 3 years old
Label themselves as girl or boy



By age 4
Gender identity is often stable
Recognize that gender is
constant



ADVANCING EXCELLENCE IN TRANSGENDER HEALTH

Slide Credit: Michelle Forcier, MD, MPH, Brown University, "Gender Identity Development in Children and Adolescents" webinar for The Fenway Institute, 10/13/17

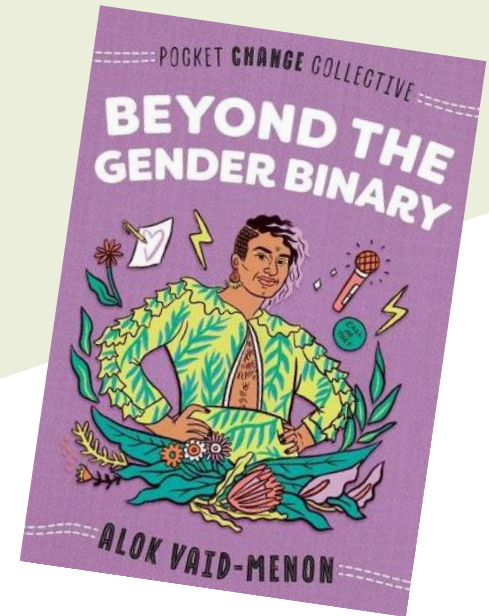


Nonbinary Identities



- Generational culture shift away from fixed identity labels toward embracing ambiguity and fluidity
- As language becomes more sophisticated, individuals are better able to describe their lived experiences

Writer, Performance Artist,
Media Creator
Alok Vaid-Menon



STAR TRACK Adolescent Health Program – University of Maryland



STAR TRACK
adolescent health program



UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

www.facebook.com/StarTrackBaltimore



Central East (HHS Region 3)

PTTC

How Young is Too Young to Know?

Self-affirmation

for cisgender kids



for transgender kids



Sophie



Misgendering and Deadnaming



- Can “out” someone and make them emotionally or physically unsafe
- Makes the person wonder if you are clueless or cruel
- Feels humiliating and disrespectful
- Damages your rapport
- If you are a helping professional, these mistakes can contribute to someone being so uncomfortable they do not get the care they need

Image: Original art by Sam Moss



Central East (HHS Region 3)

PTTC

SKILL BUILDER: Pronouns Matter

Gender-binary pronouns:

- **She, Her, Hers**
 - (Alex ate **her** food because **she** was hungry.)
- **He, Him, His**
 - (Alex ate **his** food because **he** was hungry.)



Gender-neutral pronouns:

• **They, Them, Theirs**

- (Alex ate **their** food because **they** were hungry.)
- **Ze, Hir**
 - (Alex ate **hir** food because **ze** was hungry.)
- Just use **my name!**
 - (Alex ate **Alex's** food because **Alex** was hungry)

Currently most common

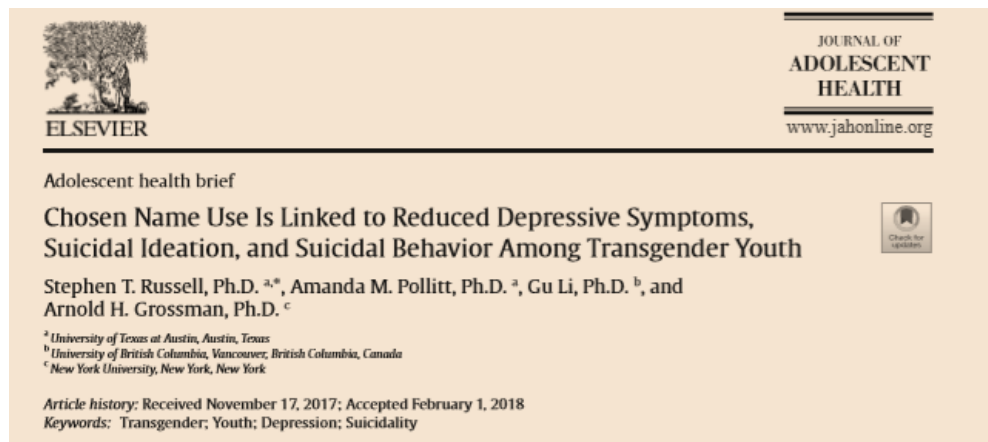


Central East (HHS Region 3)

PTTC

Image credit: Original Art by Alice Che

Chosen Name Use and Mental Health



- This study asked in which contexts youth were being called by their chosen name- home, school, work, and with friends.
- Baseline characteristics were similar (mental health, SI, suicidal behavior by age, sexual identity, gender identity, race/ethnicity, access to free lunch, geographic location)
- Those who were using their chosen name in multiple contexts:
 - 29% decrease in suicidal ideation
 - 56% decrease in suicidal behavior
- Using a chosen name is life-saving!

RESOURCE: Trans Maryland



TRANS MARYLAND

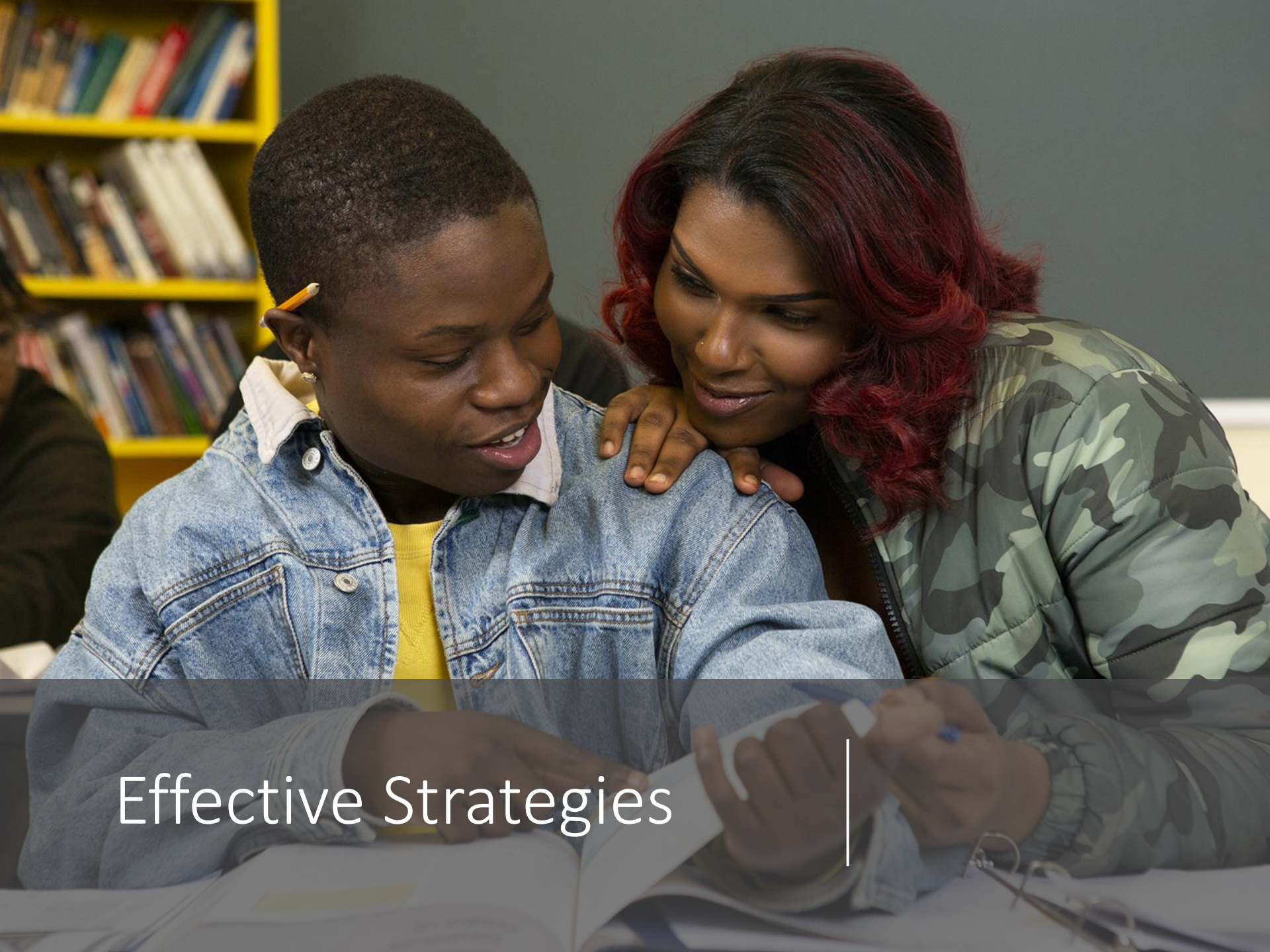


www.transhealthcaremd.org



Central East (HHS Region 3)

PTTC



Effective Strategies |

“Minority Stress” Treatment Principles

- Normalize adverse impact of targeted population (“minority”) stress
- Facilitate emotional awareness, regulation, and acceptance
- Empower assertive communication
- Restructure minority stress cognitions
- Validate unique strengths of LGBTQ people
- Foster supportive relationships and community
- Affirm healthy, rewarding expressions of sexuality and gender.



Socially-Engineered Trauma

- Traumatic events rooted in social forces of oppression and inequality
- Examples include cisgender-heteropatriarchy, or legal, economic, and social power held by heterosexual cisgender males
- Therapy with families can focus on actual oppression rather than just suffering caused by it

(Shaia et. al 2019)

Socioeducation Interventions

- Socioeducation – process of “demystifying” socially engineered trauma through raising awareness of oppressive macro systems (Shaia et. al 2019)
- Examples
 - Connecting clients with grassroots social justice movements
 - Providing education on economies or political movements
 - Referring to area advocacy groups



SHARP Framework

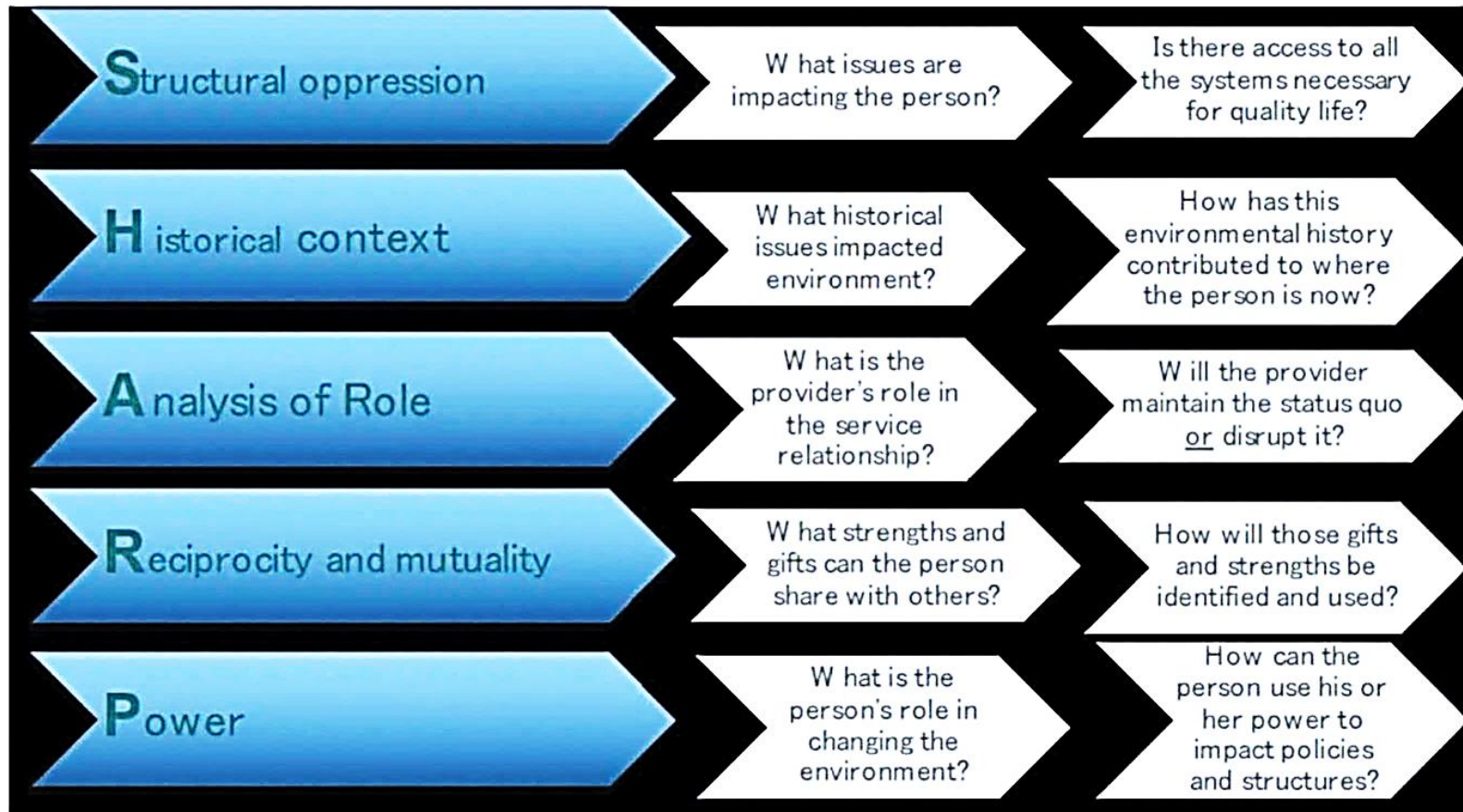


Figure 1. The SHARP framework (Shaia, 2019).

Shaia, Wendy & Avruch, David & Green, Katherine & Godsey, Geneen. (2019). *Socially-Engineered Trauma and a New Social Work Pedagogy: Socioeducation as a Critical Foundation of Social Work Practice*. *Smith College Studies in Social Work*. 1-26.
 10.1080/00377317.2019.1704146.



Central East (HHS Region 3)

PTTTC

Emotionally Focused Therapy (EFT)

Originally designed for short-term treatment in relationship therapy

Focuses on underlying thoughts, feelings, and unmet attachment needs within relationship bonding in the present moment

EFT allows LGBT individuals to process internal shame, as well as providing psychoeducation on uses of emotions.

“Pride is Anger aligned with Joy”



Central East (HHS Region 3)

PTTC

Skill Builder: Affirmative Therapy – Family Acceptance Project Interventions

- Most parents love their children and want them to be healthy and happy; however, their hopes and aspirations for their children are influenced by their culture, religious beliefs and other values that may be at odds with their child's sexual orientation and/or gender identity.
- The therapist should strive to meet the family where they are, by starting at the parents' current level of knowledge, attitudes, expectations and beliefs about their child's sexual orientation and/or gender identity.
- FAP's framework provides a resiliency-focused, strengths-based approach that supports parents' needs to be heard and understood from the perspective of their culture, values, beliefs and faith traditions.

Cohen, JA, Mannarino, AP, Wilson, K & Zinny, A (2018): Trauma-Focused Cognitive Behavioral Therapy LGBTQ Implementation Manual. Pittsburgh, PA: Allegheny Health Network.

Assume that families love their children
and want them to have a good life.



(Ryan & Diaz, 2011)



Central East (HHS Region 3)

PTTC

Meet families where they are.



Central East (HHS Region 3)

PTTC

(Ryan & Diaz, 2011)

Honor the family's cultural norms,
traditions, and worldview



Use a strengths framework.

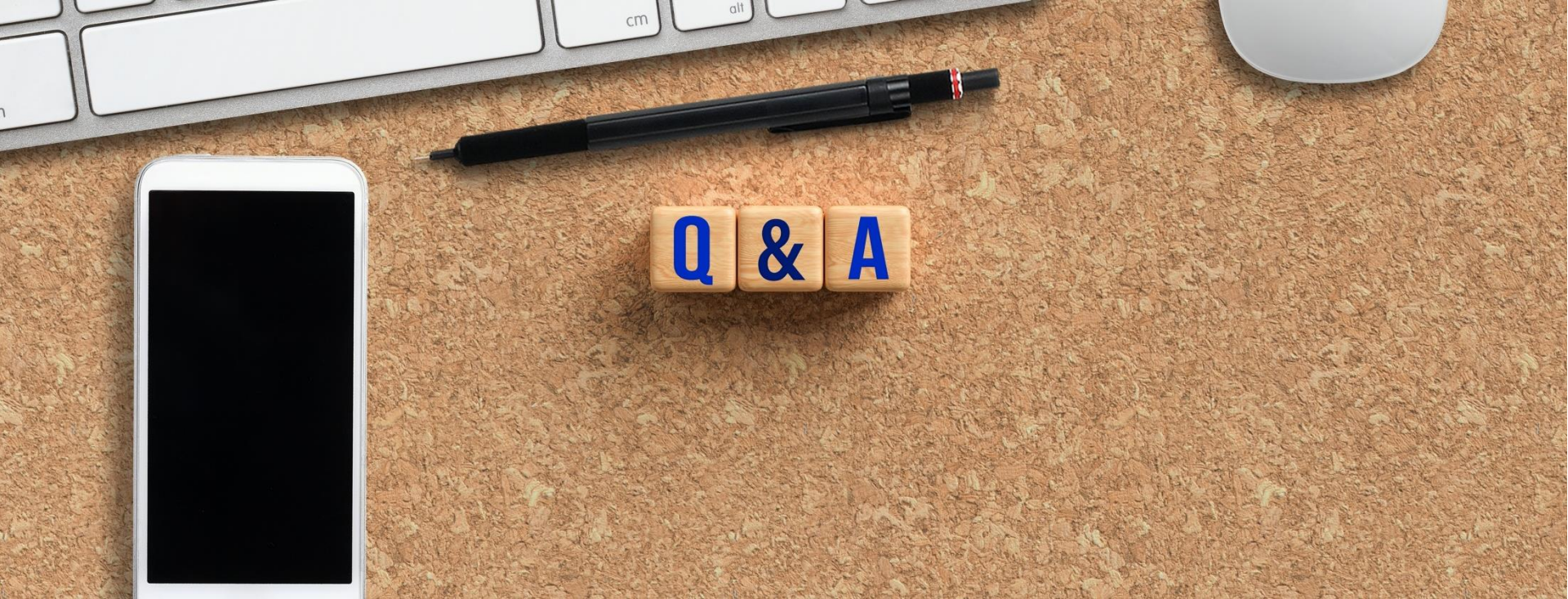


(Ryan & Diaz, 2011)



Central East (HHS Region 3)

PTTC



Randall S. Leonard, LCSW-C Presenter Email address

Contact Us



Central East (HHS Region 3)

PTTC

Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

a program managed by



Central East PTTC website:
www.pttcnetwork.org/centraleast

Danya Institute website:
www.danyainstitute.org

Deborah Nixon-Hughes, Director:
dhughes@danyainstitute.org

Danya Institute email and phone:
info@danyainstitute.org
(240) 645-1145

Funding for this presentation was made possible by SAMHSA grant no. 1H79SP081018. The views expressed by speakers and moderators do not necessarily reflect the official policies of HHS; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



Central East (HHS Region 3)

PTTC