

Multicultural and Marginalized Population Empowerment Consultant Program

Provider Program User Guide OHA- Problem Gambling Services January 15, 2023

Background

Oregon Health Authority (OHA) Problem Gambling Services (PGS) is dedicated to ensuring equitable access to high quality care for our communities, fostering a diverse and inclusive workplace for our colleagues, and cultivating and sustaining relationships with community partners that broadens our reach and depends on our understanding of the communities we serve.

What is this program about?

To work towards accomplishing the above goal, OHA PGS is creating a new program through our Workforce Development Grant with the Oregon Council on Problem Gambling (OCPG). In order to ensure that all populations are served through our services and are served in the best manner possible with the goal of eliminating health gaps and promoting optimal health for all in Oregon, we are implementing the *Multicultural and Marginalized Population Empowerment Consultant Program*. This program will connect people and programs, and make substantial, measurable progress in reducing health disparities and improving the health of all Oregonians.

We will be using the lived expertise and experience of our own provider network and others as consultants, utilizing the assets of our own system to address health disparities among the most vulnerable populations through unique community programming and outreach. This new program will promote, sustain, and advance our systems commitment to diversity, equity, and inclusion by enhancing employee and programs capabilities and competencies through training, support, consultation, collaboration, environmental activities and best practices.

Services that will be provided by the consultants to a program will be broad and varied, with few limitations. Ideas and suggestions are encouraged, along with innovative thinking. As with all initiatives in the OHA PGS system, this program embraces continuous improvement processes. Not all ideas, processes and questions that may come up have been addressed through this document. It is important as we continue to develop this program that we have good communication between consultants and providers to OHA PGS providing feedback regarding outcomes and opportunity for evaluation.

OHA PGS has developed a list of consultants, and will continue to develop and expand this list, that specialize in marginalized populations for our providers to utilize. This list can be found within this guide and can be reviewed by providers, with providers making contact directly with a consultant of their choosing.

Services that may be provided (but not limited to) by a consultant to a program

- Consultant may work collaboratively with a problem gambling service provider organization, building partnerships to mobilize resources and influence systems, and serve as catalysts for changing policies, programs, and practices.

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- Example: Provider and their entire organization may connect with a consultant on review of their agency policies, approach, and programming for ideas on how to change language within forms, processes, procedures, and approaches, etc. that are more inclusive of a population or populations.
- Consultant may support a work culture where the uniqueness of all people is welcomed and valued.
 - Example: Provider may connect with consultant to provide a walkthrough of their physical organization and how visitors are addressed and welcomed and assist with suggestions.
 - Example: Provider may connect with consultant on advice on how to engage with a community and/or facilitate community meetings with equity and inclusion.
- Consultant may coordinate or provide diversity/equity training and continuous learning efforts.
 - Example: Provider may connect with a consultant to have them provide a training or recommend a trainer to train their agency staff related to equity or diversity topics.
- Consultant may assist with strategic planning and resourcing activities focused on diversity and inclusion.
 - Example: Provider may connect with consultant on how to ensure programming is culturally or population specific, review of programming plan for equity and inclusion, potential grant submission that focuses on efforts towards a diversity and inclusion project.
- Consultant may assist in increasing equitable access to services for all clients and community.
 - Example: Provider may connect with consultant on how to ensure programming is culturally or population specific.
- Consultant may assist with developing and implementing strategies to close equity gaps in service outcomes.
 - Example: Provider may connect with consultant to assist them with engaging culturally specific or marginalized populations in prevention or treatment planning and implementation?
- Consultant may assist with community outreach and engagement that leads to collaboration, public trust, and transparency in services.
 - Example: Provider may connect with consultant for assistance with development of culturally or population specific messaging for a particular community or development or review of an outreach tool or effort focused on a specific community.

Consultant service guidelines:

- Consultants can provide case conceptualization support; they are not to be responsible for on-site health and safety or documentation compliance. Cases discussed should be conceptual only.
- Private Health Information and issues of health & safety of clients will not be shared in consultation sessions. Matters concerning PHI and health & safety must be addressed by on site supervisors.
- Consultation services should be conducted via video conference or phone. If conducting in-person, travel and extra time costs are not invoiceable to contract administrator at OCPG but can

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be invoiced to the organization directly. A treatment organization requesting a consultant to engage with them in-person can encounter to PG Net for travel costs of consultant, and prevention organizations would utilize their contracted funding to cover cost for in-person consultation for travel and extra time costs.

How to Utilize this program:

1. Review the consultant directory below.
 2. Determine if a consultant has the expertise your agency desires and directly connect with them.
 3. Consultants are on contract through our Workforce Development Grant through the Oregon Council on Problem Gambling and each consultant understands the parameters of their contracts and how to implement their consultant activities. Below are the initial parameters of this service and different paths for receiving services.
- Time sensitive projects: Time sensitive project may include a need for consultation related to a client being served by a staff person who is not from or familiar with the population the client is from. Or an organization may reach out to a consultant to determine if their need can be met or how their need may be met. Consultant can provide up to 1 hour of consultation without pre-approval from OHA.
 - Longer term or planned projects: Without approval from OHA, consultant when contacted by an organization, may spend up to 1 hour with the organization discussing needs, desired outcomes and action plan. Each planned project/consultation service will include a written workplan of deliverables/services to be provided to the requestor/provider which will be developed by consultant after first initial conversation and then approved by OHA. Services include OHA approved preparation and consultation time, documented within workplan.

Directory of Consultants



Susan D. Davis, LPC, CADC I

Sdd3476@yahoo.com

(541)243-3313

Marginalized Population Specialization: Older Adults, Veterans, Criminal Justice Involved, LBGTQIA2S++, Young Adults

Susan currently works as a Behavioral Health Specialist at the Oregon State Hospital, focused on Serious Mental Illness (SMI), Personality Disorders, and Substance Use Disorders. Susan received her master's degree in Community Psychology from the University of New Haven in 2013 and completed an internship working with older adults in both rural and urban Connecticut. She has been working in forensic mental health since 2016, applying the Risk Needs Responsivity model to facilitate client re-engagement with the community. At OSH, Susan focuses on individual and group treatment, utilizing Cognitive Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), and Positive Psychology to work primarily with individuals diagnosed with co-occurring disorders. She is also in charge of the formulation and oversight of behavioral interventions for clients diagnosed with SMI and Personality Disorders. Within the framework of her position, Susan works with adult clients from various backgrounds and cultures, including Veterans and LBGTQIA2S++. Susan also provides staff training and support, including DBT, Motivational Interviewing, and trauma-informed care.

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Lance A. Hawkins, CGAC-R

lance.hawkins@ccsemail.org

541-676-9161 Ext 1723

Marginalized Population Specialization: Older Adults, Veterans, Children and Young Adults

Lance is currently a Problem Gambling Counselor serving 5 counties in Eastern Oregon. He has over 20 years of experience in the educational setting, teaching 4th grade, 7-8th grade Social Studies, High School Special Education (Adolescents/Young Adults with Learning Disorders, Emotional Disorders and Other Health Injuries), Graduation/Success Coach and State Testing Coordinator. Lance has lived and worked in a community that is very diverse and has many cultural differences. He has worked with low-income parents/family members that were faced with a variety of social and economic challenges. Lance has always provided a safe, nonjudgmental and caring environment that provides a support system for all to encounter.



Dave Hsiao, LPC, CADC3, CGAC2

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(503)327-4951

Marginalized Population Specialization: Asian American, Older Adults, Criminal Justice Involved, Young Adults, Adolescents, Native American/Pacific Islander, Immigrant and Refugees

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Specialized areas: Northern Oregon Coast, Portland area Asian American Community.

Dave has been in the counseling field for over 20 years, specializing in Substance Use and Problem Gambling with other co-occurring mental health disorders. Focusing on improving outcomes, he compassionately addresses multicultural issues in the program he manages by working closely with his team in communication with vulnerable populations and their families. Dave trains and supervises recovery mentors, counselors, and provides leadership in outreach to communities with developed programs he has facilitated on the rural Oregon coast and in the Portland area.

Dave was involved with the OHA PGS Asian Problem Gambling Advisory Committee along with other Asian community partners before its merger into the OHA PGS Multicultural Advisory Committee. This committee presented our work at the National Conference and shared our results from placement of roadside billboards targeting the Asian problem gambling population including our 6 Asian language helpline. Dave represents Chinese American and Taiwanese immigrant cultures. In addition, he is a person in recovery, and experienced in peer work within the recovery community. Dave enjoys developing programs for education and outreach and client-finding work within our community.



Halle M. Thomas, MA, Marriage and Family Therapist Associate, CGACII

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971-220-5200

Marginalized Population Specialization: African American/Black, LBGTQIA2S++, Neurodivergent populations and those with chronic illnesses

Halle is a Marriage and Family Therapist Associate and CGACII, who has worked in the mental health field since 2013 and has been part of the problem gambling field since 2016. Currently she works in private practice and specializes in working with both monoracial and multiracial African American clients, many of whom are chronically ill, disabled, and/or identify as LGBTQIA+. She has completed

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training in Internal Family Systems and uses somatic approaches in her work with clients as well. Halle is a queer, neurodivergent, disabled, biracial African American individual. Between her professional training as a therapist and lived experience, she is able to provide ample information about retaining and engaging with clients who share these identities. Her areas of focus with each of these identities include, but are not limited to, the following: culturally affirmative practices, client autonomy, history and impact of oppressive forces (racism, sexism, ableism, misogynoir, ageism, homophobia, biphobia, transphobia, etc.), and intersectionality.



Raul Ramirez. CADC II, CGAC II, QMHA

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971-240-8972

Marginalized Population Specialization: Latino/a/x, LBGQTQIA2S++

Raul Ramirez, CADC II, CGAC II, QMHA is a Bilingual (English and Spanish) provider and has been working in Yamhill County since 2015. He is currently the Outpatient Services Supervisor for the Mental Health and Problem Gambling programs. He provides clinical supervision for clinicians in Yamhill County who have or are working towards their CADC (Certified Alcohol and Drug Counselor) and CGAC (Certified Gambling Addictions Counselor) Certifications. He works closely with OHA (Oregon Health Authority) and is a member of the OHA PGS Multicultural Advisory Committee (MAC) whose mission is improving and expanding awareness of gambling to underserved populations, and to support each other in creating community. He also helps teach courses for clinicians/individuals working towards their gambling certification on ACORN through Lewis and Clark College.

He is an advocate for equity and is a member of the Equity, Diversity, and Inclusion (EDI) Committee within Yamhill County. He has been an advocate and is a part of the LGBTQIA+ and LatinX populations within and outside his agency. He was brought into the Yamhill County Problem Gambling field to offer bilingual services to the LatinX population and transitioned into the main problem gambling provider. He has expertise in program development, systems development and growth,

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internal systems, retention, engagement, community organization and education. He has passion and commitment to serving individuals and leading with compassion in the work he does.



Reginald Stroughter, CADCI, CAGCII, QMHA, CRM

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503-319-6676

Marginalized Population Specialization: Black/African American, Older Adults, Criminal Justice Involved

Reginald Stroughter has extensive experience working in the behavioral health field for approximately 12 years. Reginald found himself in this field of work, by simply having a desire to be of service and give back as someone with lived experience, and it led to him becoming a professional clinician. Reginald has multiple years of experience working as a lead culturally specific Problem Gambling counselor, Alcohol and Drug counselor, Housing Case manager, and as a Certified Recover Mentor representing African American populations, in several community mental health treatment center settings. Reginald has served as a Culturally Specific Case Manager for Central City Concern Supportive Housing serving formerly houseless persons with substance use disorders, and as a lead Culturally Specific Alcohol/Drug counselor for African American at the Empowerment Clinic. Reginald has also started and acted as the lead Culturally Specific Alcohol and Drug Counselor/ Problem Gambling counselor for a program called The Harry Watson House serving an African American men's home base recovery program. Reginald holds a CAGC-II which is a supervisory level certification for problem gambling which allows him to supervise CGAC candidate clinicians. Reginald has work for Multnomah County since 2019 as a Clinical Services Specialist and is now in the role of Multnomah County Problem Gambling Services Coordinator. Reginald also is experienced in providing Problem Gambling trainings to Behavioral Health providers, and community-based organizations to increase access to support and treatment for individual with Problem and/or Gambling Disorders. Reginald is passionate about the work he does and would say the "work I get to do", and a strong advocate with all his heart when it comes to serving our Culturally Specific and Marginalized populations.

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Mx. Oblio Z Stroyman, QMHP, MFT, CGAC II, ICGC II

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Marginalized Population Specialization: LBGTQIA2S++, comes from a multi-racial family and all of the work they do is intersectional

Oblio (they, them/he/him) holds a Master's degree in Education in Couples and Family Therapy, and an undergraduate degree in Sociology and Women and Gender Studies with a focus in Family and Sexuality. Oblio has worked as a family therapist in the Eugene/Springfield community, with specialties in working with systemically marginalized communities and those impacted by disordered gambling. In the disordered gambling field, they work as a disordered gambling counselor, clinical supervisor, and as a nationally certified gambling supervisor (BACC). Oblio is a DEIJB consultant providing relationship, education, and supervision locally and nationwide regarding topics of gender and sexuality to organizations, governmental agencies, businesses, school districts, universities/colleges, and communities. They are locally and regionally contracted to offer diversity equity and inclusion educational sessions and write inclusive gender/sexuality policies with a number of organizations.

Oblio is a white, Jewish, queer, transgender parent of an autistic son from a mixed-race family who grew up below the poverty line, which has caused them to face privilege and oppression since they were a small child. They have been designing and delivering Diversity, Equity, Inclusion, Belonging, and Justice (DEIBJ) educational sessions and consultation formally since 2006 before DEIJB was what this was called. Less formally they have been working with groups on social justice issues for much longer. They have been a clinical supervisor in disordered gambling since 2012 and have been offering educational sessions and consulting in this field since 2008. They co-founded the non-profit TransPonder, a grassroots trans/gender diverse founded and led non-profit founded in 2012 and incorporated in 2016. They served as Executive Director, grant writer and education director in their time there. TransPonder develops self-efficacy from within the trans/gender diverse community while educating the community at large to be a more welcoming place. Additionally, they co-work with consultants of color when possible as race is at the center of all the work that they/we do.

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Sergio Gutierrez, CADC-II, CGAC-I, QMHA-I
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Marginalized Population Specialization: Latino/a/x, Older Adult, Criminal Justice Involved

Sergio A. Gutierrez has 26 years of experience in addiction/substance use disorder counseling. In addition to English, Sergio also speaks Spanish. Sergio has been a substance use disorder and problem gambling counselor in Polk County with special training and skill in diagnosing and treating addiction and mental health disorders responsible for addiction.

He works closely with OHA (Oregon Health Authority) and is a member of the OHA PGS Multicultural Advisory Committee (MAC) whose mission is improving and expanding awareness of gambling to underserved populations, and to support each other in creating community.

Sergio was born in Mexico and came to the United States when he was 21. Sergio represents Mexican American, specifically those who migrated to US in the mid 80's and integrated into the culture of the US, while still retaining their heritage.