



Where healing starts and  
the road to recovery begins

**Diversity and Inclusion Initiative Project**

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## WHO YOU ARE:

Aurora Behavioral Health System was founded in September 2000 in California. Aurora has been accredited by the Joint Commission for Accreditation of Healthcare Organizations and certified by Medicare. Over the years, Aurora has expanded outside of California into Illinois, Nevada, Massachusetts, Arizona, and Texas.

Services provided by the organization range from inpatient to outpatient services for both adults and adolescents who suffer from psychiatric, emotional, or substance abuse problems, and PTSD. Highly trained professionals are available to assist clients through all stages of their journey. (<https://www.auroraarizona.com/about/about-aurora>)

## YOUR LOCAL DEMOGRAPHICS:

There are two Aurora Behavioral Health System locations here in Arizona: Tempe and Glendale. We are going to narrow in on the demographics for the Glendale location on W. Peoria Ave. According to (<https://www.neighborhoodscout.com/az/glendale/demographics> 2000-2019), the total population is 246,709 in the city of Glendale, AZ. The median income per household is \$49,383. The population age range is as follows:

Birth to 4	7.3%
5-17	18.8%
18-24	10.4%
25-34	14.9%

35-54	26.0%
55-65	11.7%
65+	11.0%

Of this population, there are approximately 49.89% male and 50.11% female.

(<http://glendaleaz.areaconnect.com/statistics.htm>) The racial ethnicity identifies as follows:

Caucasian/White	48.6%
African American/Black	5.9%
American Indian/Alaskan Native	1.2%
Asian	4.3%
Hawaiian/Pacific Islander	0.2%
Hispanic	37.3%
Other	2.6%

The languages spoken in the home are as follows:

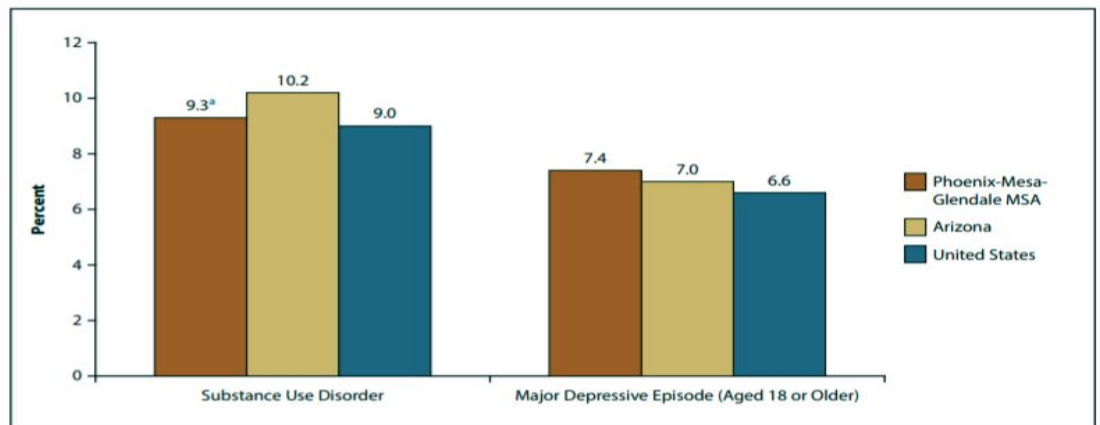
English	67.2%
Spanish	24.6%

Arabic	1.5%
Vietnamese	1.3%
All Other (less than 1% each)	6%

While these demographics are specific to Glendale, AZ, being one of two locations in the entire state results in the need to expand services outside of this area. According to (<https://www.azdhs.gov/documents/operations/managing-excellence/az-state-health-assessment.pdf>) in the 2014 state health assessment, behavioral health issues are ranked #2 in overall health concerns, just under obesity. In addition, from 2000-2010, the self-harm/suicide rate increased 45.1% as a cause of death. This means behavioral health concerns are consistently increasing, and at the same time, not being handled accordingly.

In the Phoenix metro area, as of 2012, over 320,000 adolescents over the age of 12 were diagnosed with having a substance abuse disorder. This number has gotten increasingly larger as the years have gone on. Here is where your community ranks in comparison with the rest of the nation.

**Figure 2. Past Year Substance Use Disorder and Major Depressive Episode for the Phoenix-Mesa-Glendale Metropolitan Statistical Area (MSA), Arizona, and the United States among Persons Aged 12 or Older (Except as Noted): Annual Averages, 2005 to 2010**



NOTE: For additional data, please see the tables available at <http://www.samhsa.gov/data/NSDUHMetroBriefReports/index.aspx>.

<sup>a</sup> Difference between Phoenix-Mesa-Glendale MSA estimate and Arizona estimate is statistically significant at the .05 level.

<sup>b</sup> Difference between Phoenix-Mesa-Glendale MSA estimate and United States estimate is statistically significant at the .05 level.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2005 and 2006 to 2010 (Revised March 2012).

(<https://www.samhsa.gov/data/sites/default/files/NSDUHMetroBriefReports/NSDUHMetroBriefReports/NSDUH-Metro-Phoenix.pdf> pg 3)

## NEEDS IN YOUR COMMUNITY

It is clear that you have a wide range of potential clients that could benefit from your services. One major concern that can be noted is the lack of services available for children. Children who suffer from PTSD and other behavioral health disorders make up a significant portion of potential clients, yet, Aurora does not service anyone under the age of 12. While there is no documentation of substance abuse disorders occurring before the age of 12, there are other behavioral health concerns that can affect a child under the age of 12. In addition, it can be suspected that these substance abuse disorders are brought on due to childhood trauma or familial exposure to similar functionality. As a leader in the community for behavioral health care, it would seem that offering services for children would be a diversity initiative that your

organization would want to implement.

(<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/Arizona-2017.pdf>)

**Access Domain: Adults with SMI and Children with SED Served in Community Mental Health Programs by Age and Gender, FY 2017**

**Arizona**

**Reporting Period: 7/1/2016 To: 6/30/2017**

Demographic	Served in Community				Penetration Rates (rate per 1,000 population)		States Reporting
	State		US		State	US	
	n	%	n	%			
Age 0-17	38,881	85.5%	1,330,187	28.0%	23.8	18.2	55
Age 18-20	789	1.7%	202,389	4.3%	2.8	16.0	56
Age 21-64	1,911	4.2%	2,998,823	63.0%	0.5	16.1	56
Age 65+	3,885	8.5%	221,359	4.7%	3.3	4.2	56
Age Not Available	-	-	5,717	0.1%	-	-	16
Age Total	45,466	100.0%	4,758,475	100.0%	6.6	14.6	56
Female	18,373	40.4%	2,480,176	52.1%	5.3	15.0	56
Male	27,093	59.6%	2,271,639	47.7%	7.9	14.2	56
Gender Not Available	-	-	6,660	0.1%	-	-	32
Total	45,466	100.0%	4,758,475	100.0%	6.6	14.6	56

Another piece that has not been addressed is the ethnic diversity within the community that you service. While a large percentage of the population speaks a language other than English, 24% alone being Spanish, it would seem that having bilingual services available would be an asset for your organization as well. Having the ability to service the entire community as needed and giving the clients the ability to understand wholly what services they are available to access can be detrimental to the overall care experience that you are offering to your patients.

## **THE NEED FOR CHANGE**

It is apparent that there is a need for diversity and inclusion to be implemented within the organization to create a more enriched environment for your clients. Being an organization that promotes diversity and the staffing of a more diverse workforce can only help benefit the clients

that you service. The creation and implementation of this diversity initiative will pave the way into an environment where your clients will feel safe, valued, and heard.

## **THE PLAN**

### **1. Step 1: Hiring and Identifying Need (6 month completion):**

- a. Hire a Diversity Specialist. This person's primary function is to gather additional data from the community and look for areas of opportunity and identify where the organization can improve to service these clients.
- b. Review all brochures and websites for necessary updates to support the recommended changes.

**\*\*Completed when diversity specialist has been hired and reviews all documents listed above.**

### **2. Step 2: Implementation and Training of Diversity Initiative (1 year completion):**

- a. Create a training to roll out initiatives and train current employees on the new changes.
- b. Hire additional employees to support the change plan and help create the diverse staff that will identify with the changes.

**\*\*\*\*Not complete until all staff has been hired/trained accordingly.**

### **3. Step 3: Community Outreach: (18 month completion):**

- a. Meet with outside client support systems to highlight changes that have been made.

- b. Contact client insurance plans (AHCCCS and private) to notify of updates in services provided. Schedule monthly meetings to ensure implementation has been completed successfully.

\*\*Completed after all initiatives are in action and meetings have been in place for at least 6 months.

## **STAFF EDUCATION**

The education and training of the staff is a top priority. In order for the implementation to work effectively, the staff must be on board. The Diversity Specialist needs to make sure that the trainers are enthusiastic and supportive of the changes, as this comes across during training and the positive attitude has a snowball effect on the employees receiving the training. It is important that the training covers all of the areas that are targeted for change and explains in detail the reasons for these changes.

My recommendation for training would be an all-day training on site. I would also suggest for the Diversity Specialist to conduct a survey where the staff are given opportunities to reflect on their own diversity biases and offer feedback on ways they think the organization can improve. This information can also be used in the diversity training to ensure that the staff feels that their input is important.

Once the training is complete, there should be a follow up meeting conducted within a month's time to discuss how these new initiatives are working and obtain feedback from the front line on the clients' responses to these changes. This information should be documented to refer back to later if there needs to be additional changes made to create a more inclusive setting.

It is also important to shut down any negativity or push back from the employees should they seem reluctant to change. Speak with these individuals privately to obtain a better grasp on their perspective and determine why they feel these changes are not beneficial.

## **LEADERSHIP**

As the executive leaders within the organization, it is important that you are not overlooking the small things with big numbers. While the data and the numbers are important, there is typically more to the equation than what you can see from the higher-ups position. It is important not to forget the small things that make the big things happen. My recommendation would be to complete a SWOT analysis on your organization to make sure that you are not missing additional areas of opportunity. While you are making changes, it is a good idea to identify all areas that can benefit from change and make it happen. Meet with your staff regularly to gather as much feedback as possible and ensure that they know you are there to support them in their rolls to and improve in this diversity initiative.

Also continue to provide support resources to your staff members and remind them that you care about them. Provide them with cards they can put on their desks that support the training they learned and create games to keep the ideas fresh in their minds. Create goals for them to strive to achieve and give them small rewards for achieving these goals. Help them feel important in their rolls as the front line and remind them that they matter.

## **IN CLOSURE**

Aurora Behavioral Health Systems has a lot of opportunity to create a diverse environment for both the employees and the clients that you serve. Through the creation and implementation of this plan, I believe you will see that the employees are happier to serve your clients, and that your clients are happier with the services they receive. In addition, I believe these changes will create an increase in clients requesting services, giving more opportunity for growth within the organization and possibly the need to expand services further. This could create additional job opportunities for current and new employees and overall more revenue for the company as a whole. Get your Diversity Specialist in place and let the initiative take off from there. Let the inclusive and diverse workplace work for you! Your clients will thank you.

## REFERENCES

<https://www.neighborhoodscout.com/az/glendale/demographics>

<http://glendaleaz.areaconnect.com/statistics.htm>

<https://www.azdhs.gov/documents/operations/managing-excellence/az-state-health-assessment.pdf>

<https://www.samhsa.gov/data/sites/default/files/NSDUHMetroBriefReports/NSDUHMetroBriefReports/NSDUH-Metro-Phoenix.pdf>

SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2005 and 2006 to 2010 (Revised March 2012)

<https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/Arizona-2017.pdf>

<https://www.auroraarizona.com/about/about-aurora>