From Systems to Sessions: Bridging Structural Equity and Culturally Responsive Therapy

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Who's in the room?

- I want to know who's in the room where it happens!
- Say your name
- Your roots (where you're from or who shaped your lens)
- What grounds your soul?





About me

- Who Am I?
- My roots (where came from, what made me into who I am today.
- What grounds my soul?





Session Goals

- How equity frameworks inform systems and therapy
- Identify barriers and facilitators to culturally responsive care
- Apply actionable strategies across roles





Political & Policy Landscape

Volatile U.S. policy climate affects behavioral health

Medicaid and funding debates threaten equity priorities

Systemically
Marginalized
communities bear
disproportionate
impacts



Washington State Behavioral Health Data

1 in 3 youth (0–25) with mental health needs receive no services

40% of youth had no follow-up within 7 days post-ED visit

27% had no follow-up even within 30 days

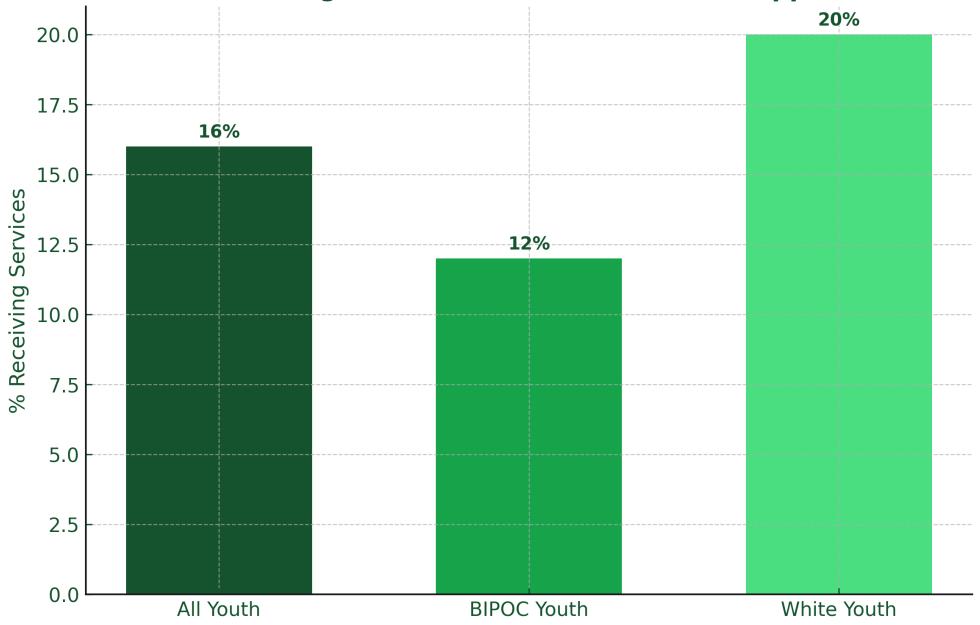
3 in 4 youth needing SUD treatment received none

Only 17% of child-serving BH providers speak another language



Note: Youth of color in Washington experience disproportionately higher unmet behavioral health needs.

Youth Receiving Mental Health Services (WA, Apple Health)





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Federally Designated Health Professional Shortage Areas for Mental Health Care April 25, 2025 Whatcom Okanogan Oreille Ferry Skagit Stevens Clallam Chelan Douglas Jefferson Spokane Lincoln **Grays Harbor** Grant Kittitas Pierce Adams Thurston Whitman Pacific Lewis Franklin Garfield Yakima Columbia Walla Walla Benton Asotin Cowlitz Mental Health Care Skamania Geographic (Total Klickitat Population) Mental Health Care Low-Income Population No HPSA Rural Health

Workforce Shortages in WA

- Severe provider shortages in rural counties
- Geographic disparities: urban vs. rural access
- Shortages limit culturally and linguistically responsive care



System-Level Inequities







FUNDING AND WORKFORCE GAPS

SYSTEMIC RACISM AND IMMIGRATION-RELATED BARRIERS

COMMUNITY DEMANDS FOR REFORM





Case Vignette: Ayan

- 28-year-old Somali refugee, trauma history
- Barrier: Difficulty finding a therapist who understood her faith and culture; early sessions felt unsafe. Interpreter gaps, childcare, and transport needs led to missed care.
- Turning Point: Connected with a therapist who practiced cultural humility and honored her background. With interpreter and telehealth support, she engaged more consistently.
- Outcome: Therapy became affirming and life-changing, easing depression and anxiety.



Case Vignette: Carlos

- 12-year-old Latinx youth, caregiver undocumented
- Barrier: Family fear, distrust of systems
- Solutions: Trust-building, school-based, culturally competent services
- Outcome: Reduced anxiety, better school performance



Therapy Room Practices



Cultural humility in intake



Trauma-informed care addressing historical oppression



Adapting evidence-based practices (EBPs) to cultural context



Bridging Macro ↔ Micro Framework

Macro: Policy, data, funding, workforce



Micro: Therapy, cultural context, lived experience



Strategies: Equity assessments, codesign, competence metrics, data tracking



MCO Collaborative Workgroups

MCO Collaborative Workgroups

Follow-Up After Hospitalization for Mental Illness

PAST MEASURES

Health Equity: Children's Mental Health Service Rate



All-MCO Health Equity project

Statewide Mental Health Penetration

- Partnered with WA MCOs on collaborative Health Equity PIP
- Tracking Mental Health Service Rate (MHSR) with race/ethnicity data
- Prioritized Asian & NHOPI disparities in youth (ages 6–17)

2024 Aim

Close access gaps

How

- CBO grants
- Equity training for providers & staff
- Ongoing data tracking & comparison



• Representation matters: Reform + inclusive practice require educators and providers who reflect the communities they serve.

The YMCA and Heritage University: A Collaborative Impact on Community Health Through Higher Education

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How This Framework Fits: YMCA of Greater Seattle + Heritage University Master's in Mental Health Counseling



Equity in Action



Expands culturally responsive workforce



Professors & mentors who reflect students & communities served



Strengthens therapeutic trust, relevance, and connection



4-year retention commitment strengthens continuity of care



Interactive Exercise







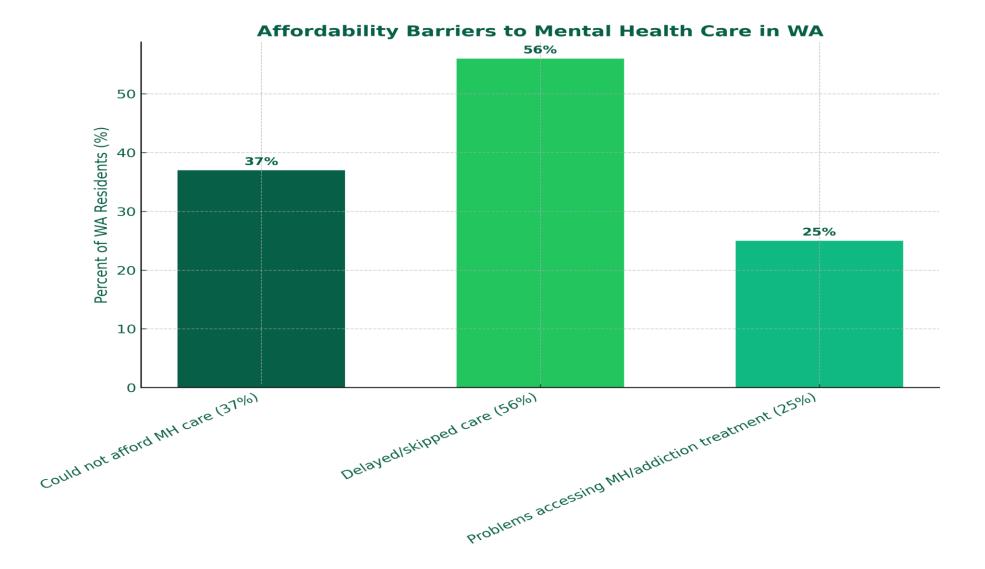
Prompt: Where do you have influence, system, practice, or both?

Identify one equity action you can take

Take a couple of seconds and please share it in the chat



Costs Preventing Access to Therapy in Washington





Why I Started Soulful Journey Therapy

- Mission: Make therapy more accessible and culturally inclusive for all groups
- Offer sliding scale options and Employee assistance programs (EAP) to reduce cost barriers



From Systems to Sessions – Bridging the Gap

Systems-Level Barriers

- Policy gaps and funding shortages
- Workforce shortages and language access gaps
- High costs and affordability barriers
- Structural racism and exclusion



Therapy-Level Solutions

- Affordable, accessible, sliding scale, and Employee assistance programs (EAP) options
- Culturally inclusive and responsive care
- Services in multiple languages
- Trauma-informed, equity-centered practice





Key Takeaways



Equity must live at policy and practice levels



Cultural responsiveness = journey, not checkbox



Collaboration across systems, clinicians, and communities is essential



Call to Action + Closing





Questions





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