Eliminating Structural Racism Work Group Combined Meeting Notes
Monday, November 2, 2020
Meeting Start: 1:00 pm | Meeting End: 2:28 pm

Large Group Speakers/Facilitators: Rev. Benjamin Gohlstin, Scott Osiecki, Carole Ballard and Beth Zietlow-DeJesus

ADAMHS Staff, Small Group Facilitators:

- Policy/Advocacy – Madison Greenspan
- Workforce – Carmen Gandarilla
- Data/Research – Tom Williams
- Health Equity – Erin DiVincenzo
- Community Collaboration/Education and Stigma – Carole Ballard

Introductions and Welcome (Scott Osiecki):

- Thanked all for attending and explained what the ADAMHS Board is.

Board Chair Reverend Benjamin F. Gohlstin:

- Welcomed all.
- Noted: "The United States has missed 16 trillion dollars in national monies due to racism."
- Charged the group acting now to help eliminate racism in behavioral healthcare.
- Explained why Racism was declared a public health crisis by the ADAMHS Board and review the Board's resolution and five recommendations outlined in resolutions:
    1. Build alliances and partnerships to work to fight racism
    2. Develop local solutions to address disparities in individuals
    3. Develop implement, and support policies, mitigate exposure to Adverse childhood experiences
    4. Insuring health, equity, and cultural services meet the local needs
    5. Encourage all communities to reduce stigma, address trauma, and eliminate barriers to care
- Rev. Gohlstin turned the meeting back over to Scott.

Breakout Sessions (Breakout Group Notes follow Meeting Summary)

- Scott Osiecki explained the five large work areas identified in the October 5 meeting and explained that the group would break up into these areas to: 1. Review notes from last meeting and add anything that was missing. 2. Create a Statement of Purpose related to the topic area. 3. Identify three goals/objectives for this group to consider as it moves forward.
- Participants were then broken up into individual workgroups for the five main focus areas:
    1. Health Equity in Behavioral Health
    2. Workforce
    3. Community Collaboration/Education and Stigma
    4. Data and Research
    5. Policy and Advocacy

At 2:00PM, the small groups returned to the large group to report out and share the statement of purpose and three goals/objectives. Below are the statement of purpose, three goals/objectives and notes from each subgroup.

Closing:

- Scott and Rev. Gohlstin extended special thanks to all participants.
- Carole Ballard reviewed next steps, explaining that the December 7 meeting would be spent in small groups working on these specific subcommittees. An email will be sent to attendees, so that they can review materials

and decide which subcommittee they would like to work in. She also asked members to consider being co-chairs of the subcommittee.

- Rev. Gohlstin made three book recommendations:
    - 2 by Ibram X. Kendi
    - Stamped from the Beginning https://www.ibramxkendi.com/stamped-from-the-beginninghttps://www.epi.org/publication/the-color-of-law-a-forgotten-history-of-how-our-government-segregated-america/
    - How to be an Antiracist https://www.ibramxkendi.com/how-to-be-an-antiracist-1
    - Biased by Jennifer Eberhardt: https://www.penguinrandomhouse.com/books/557462/biased-by-jennifer-l-eberhardt-phd/

Meeting ended at 2:28pm

Next meeting: December 7 on Zoom at 1:00pm

Health Equity in Behavioral Health:

Facilitator Erin DiVincenzo, Scribe: Karen Kearny

- "Unconscious bias – on both sides; clients reluctant to meet with someone that is of their race/ethnicity; and practitioners that make assumptions based upon an individual's race/ethnicity"
    - The subcommittee corrected it to say "Clients reluctant to meet with someone that is **NOT** of their race/ethnicity"

General review of notes from last meeting:

- **Clarification of misdiagnosis bullet:** ODD and ADHD, schizophrenia = more often misdiagnosed in African Americans
- Repercussions for family members asking for crisis or support services (for example, parent w a child showing aggression, there is a fear in the parent to ask for help because of what could happen to their child)

General purpose statement:

To normalize equal access to behavioral healthcare by intentionally creating/supporting affordable services that are of high quality, culturally competent, and attainable by black and brown communities.

Goals/things to consider for committee:

1. Method: Re-evaluate European treatment model and identify alternate models/integration of culturally competent models
    a. This should go a step further and not only be an appreciation and understanding of culture; need to also have understanding of implicit bias as providers--providers need to have these conversations with their staff so that they know their impact
2. Access: Improve access for different populations by considering location of services and barriers to obtaining treatment; identify barriers and opportunities for services to be provided by community leaders with lived experience
3. Integration: of SUD/MH care

General discussion of committee's purpose and themes:

- Relationship w/other subcommittees--others are workforce, community collab/education and stigma, data/research, policy & advocacy
- This committee is looking at access and if services are available for everyone
- CDC definition - takes it beyond access; includes quality of care
    - "Health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment." - CDC definition
- Need for cultural competency
- Identify and eradicate areas of inequity in the BH field

What areas get in the way of creating equal access?

- Insurance/ability to pay
- Acceptance of utilizing services within larger culture
- Fear of misdiagnosis or mistreatment
- Lack of culturally competent services

- Receiving services outside of the ideal environment

Normalizing access to behavioral health care for all - this should consider the following:

- Reducing stigma within specific culture
- Fear of misdiagnosis
- Diagnosis/mental health referral has come as a consequence (for example a child acting out in school and referred to treatment)
- Faith based community is providing a lot of help in opening willingness of African American community to seek BH help
- Insurance coverage
- Geography/transportation--services not available in community makes it difficult for people to access care
- Child care
- Privacy
- Internal barriers
- Justice system

It is easy for our topic to flow into other subcommittees

- Perception within Black community that no one cares until it impacts white people
    - The same goes for peer support - how can we use peer supporters to help minority communities
    - Stipulations around education/credentials limiting licensure for some
    - How can we create programming curriculum re peer supporters
    - Incorporating ppl w lived experience into prevention (not just SUD--want this for MH

Other discussion:

- Part of our goal could be to make recommendations to other subcommittees
- Reimbursements for peer supporters - right now only allowable for SUD
- Many students in programs may have barriers to getting certification
- Family structure is extremely important - identifying who the key stakeholders are and utilizing them to provide or support these services
- Social work code of ethics go against some minority cultural beliefs - for example mixing personal and professional
- Physical health care directly impacts access to behavioral health care

Workforce Development Topic (Racism in the BH System)

Discussion facilitated by Carmen Gandarilla and Scribe was Spencer Kline.

Initial Notes from Small Group Discussion:

- Some on the committee asked for clarification…..Please clarify the overall focus. Is our focus strictly on race/ethnicity or also to include age, gender, sexual preference, etc…..?
- Reviewed notes from first session to see if anything missing or needs changed.
    - Ensure representation for entire agency….all levels to include leadership roles.
    - Find ways to develop career paths/pipelines to help staff rise from lower positions. Provide incentives and/or financial aid to help pay for advanced education and testing fees.
    - Ohio Chemical Dependency licensing board is slow about approving licenses….can take over 60 days to get approval. Can we advocate to be faster since jobs on the line?
    - Many staff asking why invest in expensive Master's Degree when wage to follow will be so low. Does not promote or incentivize staff to get advanced education.

General Statement of Purpose:

"Identify areas of structural racism within the behavioral healthcare workforce and determine changes, improvements, and opportunities that would create racial equity and inclusion and anti-racism within that environment."

- Need to address formal and informal structures.
- Identify immediate and short-goals to support long-term goals.
- Noted phrase: Racial Equity and Inclusion (REI)

Three Goals for this Subcommittee….group did not finish this item beyond #1 goal.

1. Determine a clear definition of structural racism
    a. Again, formal and informal structures
2. Define and create improvements
3. Implement and measure progress
    a. Need to measure to be able to manage.
    b. Identify safeguards for sustaining progress. Not a one-time exercise.
    c. Barriers?
    d. Obtain commitment of support from county and organizations.

Community Collaboration/Education and Stigma

Facilitated by Carole Ballard, Scribe was Tracey R. McKiernan

Statement of Purpose: Strive for a client driven and tailored system of care through community collaboration, consumer input, education and training in a culturally specific unique environment with a focus on eliminating racism.

Three Main Goals:

1. To create a system of varied services that are easily accessible, flexible, and available at the convenience of the individual(s) in need
2. To develop an annualized summit that offers an In-Service Day designed for multi-discipline professionals to receive information in an interactive forum. Professionals will be encouraged to participate by their Administrators and credited for their time through typical means such as productivity credit, over-time, leave time, etc..
    a. The collaboration will also result in the development of a summit for non-traditional forums for education to include peers and peer agencies to empower and support involved individuals.
    b. Experts and information surrounding work toward eliminating systemic racism will be included in the forums.
3. Consumer focus groups will be developed with the purpose to include feedback into operations with the goal to improve client outcomes and satisfaction scores with corresponding financial incentives.

Data and Research

Facilitated by Tom Williams, Scribe was Kelli Perk

Statement of Purpose: The research, data and evaluation of structural racism will focus on outcomes and identify trends that need to be addressed. Strategic actionable plans will be recommended and considered for change and enhancements. Agencies and organizations throughout Cuyahoga County will collaboratively implement the changes.

Goals

- Begin to have conversations re: structural racism/unconscious bias
- Look at trends from the data
- Make recommendations for changes and enhancements to programs, or a new program.

Data and Research

1. Kelly - Who is deciding what date to collect?
    a. Age, race?
    b. How do preconceived ideas/biases/stereotypical ideas affect choices of what data to collect?
2. Erin - Work with experienced researcher
    a. Experienced with group
    b. Individual v. shared viewpoint
    c. Difficult to find info on individual? Racism and behavioral health
    d. Ex SOR funding – opioids, stimulants, alcohol?
3. Bill - Minorities in impoverished areas –
    a. Food and healthcare deserts
    b. Minorities are disproportionately affected by Covid-19
    c. We have info but what do we do with it?
    d. How do we turn data into something actionable?
4. Chris – We can collect data but if we don't do anything with it, what's the point?
    a. Structural racism –
        i. People need to have conversations re: unconscious biases
        ii. System of hierarchy – if it's hard to locate it, how do we use it?
    b. Conversations among white people, re: our unconscious biases
    c. NAMI – African American Faith-based communities
    d. Transportation – re: people with mental illness are resistant to use public transportation
    e. Mental health not thought about
    f. Actional items?
5. Pete Bless? – We have a lot of data but what do we do with it? Where do we go?
6. Tami – How do we use the info we collect when we make decisions on programs?
7. Tom W. – Why are all these African America kids (boys) being sent to Mansfield?
    a. Family doesn't have transportation to visit
    b. Kids punished once for having behavioral health issues and for being poor
    c. Is this systemic racism?
    d. We have to look at the data on race to see if one group is disproportionately affecting one group
8. What should this group do/Trends?
    a. What trends in African American populations exist so we can take actionable steps?
    b. Identifying trends and identifying actionable plans
9. Bill – Focus on:
    a. Client, Community, Workforce
    b. Needs medical community to look at data and pick out trends
    c. Know Greater Cleveland and know data and research
    d. Make recommendations on what to do. For example: in Mansfield scenario – it was determined that more local programs are needed
    e. Roll out to community in agencies to develop programs

Policy & Advocacy Workgroup

Facilitated by Madison Greenspan, Scribe was Vicki Roemer

STATEMENT OF PURPOSE:

Review local Behavior Health related policies with a racial equity lens & advocate for necessary change.

OBJECTIVES:

1. Identify areas where we can review already established policies such as Schools, Behavioral Health Agencies, Police, etc.
2. Research policy best practices and identify a way they can be adapted.
3. Identify barriers and how they can be addressed through advocacy.

Meeting discussion notes:

- Some focus of our committee should be on youth advocacy.
    - Not all children have family members to teach them what they need to know about their race and how to navigate the world.
    - Information should flow to the children from young all the way through their adult years. Some avenues that need focus are: school settings for all ages, sport programs, afterschool programs and social groups.
    - The discussion should never end.
- Cultural Competency Trainings need to be developed with a specific focus or module dedicated to race. Once the trainings are implemented the staff should be accountable to enact what they have learned. Accountability and consistency are key to making the trainings effective. Outcomes should also be a major component to ensure the trainings are working and clients are not paying the price. Surveys can be used as an outcomes tool and adapted by agency and population.
- Change the thinking that there is a difference between Behavioral Health and Health. It should all be viewed the same. Clients need services no matter the race, however there is a strong stigma around behavioral health issues and race.
- Education and Promotional materials and how they are presented to the public should be a focus as African-Americans are not represented as a “face” of the project, program, etc. Often mixed race is represented as the face of the campaigns.
- The big picture question was: How do we reach the unreachable?