

# Eliminating Structural Racism in Behavioral Healthcare Meeting Minutes

12.7.2020

Meeting Start: 1:00 pm | Meeting End: 2:30 pm

Meeting Notes:

Introductions: Scott S. Osiecki thanked all for attending.

- Mr. Osiecki announced that the Board has contracted Jeff Johnson to assist with execution of goals with the committee.
- Mr. Osiecki reviewed the focus points of each work group
  - Workforce
  - Health Equity in Behavioral Health
  - Policy and Advocacy
  - Data and Research
  - Community Collaboration/Education and Stigma
- Goals for today's breakout sessions for each workgroup:
  - Choose a name for your sub-committee that accurately reflects the purpose of workgroup. (If workgroup name is accurate, and reflects group's purpose, there is no need to change group name.)
  - Refine subcommittee statement of purpose
  - Review and revise goals of the group
  - What immediate, short-term, and long-term action steps can each group take?
  - Assign someone from each committee as sub-chair to work with ADAMHS Board
- Board Chair Rev. Gohlstin thanked all for joining.
- Mr. Osiecki introduced Jeff Johnson, who will be assisting with the execution of goals with the committee.
- Mr. Johnson has experience in workforce development projects that focus on hiring, and retention. Past projects he has worked on have been geared towards creating environments where everyone can prosper without dealing with issues of disparities.
- Mr. Johnson stated that he looks forward to working with the group.

1:15 – breakout group sessions began

2:25 – breakout group sessions ended

Closing remarks – Scott S. Osiecki

- Mr. Osiecki explained that co-chairs will work together to host subcommittee meetings and for the groups to please share their notes with the ADAMHS Board.
- Each workgroup will report out on at the January meeting.
- Next meeting will be on January 11 at 1pm via Zoom.
- Meeting ended at 2:30 pm

## Workforce Development Subcommittee Meetings Notes

Chair: Carmen Gandarilla

Co-Chair: Need to ID a Co-Chair

Attendees: Jeff Johnson (Consultant), Carmen Gandarilla (Chair, ADAMHS Board), Susan Neth (Frontline), Ashley Yassall (Women's Recovery Center), Charde Hollins (ADAMHS Board)

We are not to include age, gender, sexual preference. The focus is specific to Racism in Behavioral Healthcare System

### Overview of Last Meeting & Updates to General Purpose Statement

Carmen provided an overview of the notes from the last meeting. Topics: high-cost master's with low pay. See documentation.

### New statement of purpose listed below

**General statement of purpose:** "Identify areas of structural racism within the behavioral healthcare workforce to determine changes, improvements, and opportunities that would create authentic representation through racial equity, inclusion, and anti-racism within that environment."

### Notes:

- Need to address formal and informal structures.
- Identify immediate and short-term goals to support long-term goals.
- Noted phrase: Racial Equity and Inclusion (REI)
- Statistics
  - Ashley talked about how statistics impact knowledge about racial bias. Charde mentioned stories/case studies for personal experience.
  - Jeff said we do not have a lot locally. Idea but not documented/charted.
- Increase interest from racial minorities. Clients who are people of color preference a counselor/social worker of color.
- Not a lot of black men who have master's/doctorate
- Education – needs to be increased starting in 3rd grade. The racial system barriers here do not allow access to the behavioral health workforce.
- Charde: Peer support/behavioral health model – would help workforce development
  - Sit through trainings to be certified
- Connect with policy and advocacy committee

### Goals

- Determine a clear definition of structural racism
- Again, formal and informal structures
- Define and create improvements
- Recruitment
- Retainment
- Staff
- Implementation models
- Promotion: Representation in management/administration
- How many people of color within administration? Top four.
- CEO's/Board make up
- Top 3? Or how each agency defines as management?
- Implement and measure progress by data driven processes.

- Need to measure to be able to manage.
- Identify safeguards for sustaining progress. Not a one-time exercise.
- Barriers?
  - Obtain commitment of support from county and organizations.
- Extra from Erasing Institutional Bias for implementing processes to address organizational bias (within organizational structures).
- Framework is Organizational EIB Change Framework<sup>1</sup>:
  - Step 1: Set a clear intention.
  - Step 2: Lead with data.
  - Step 3: Diagnose accurately.
- Step 4: Deconstruct.
  - Step 5: Reconstruct with objectivity.
  - Step 6: Build in accountability and ongoing measurement.

**Next Workforce Development workgroup sub-committee meeting:** Jan. 8th from 11am to 12:30pm. Email Carmen Gandarilla at [gandarilla@adamhsc.org](mailto:gandarilla@adamhsc.org) for meeting details and Zoom link.

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<sup>1</sup> Jana, T. & Mejias, A.D. Erasing Institutional Bias: How to Create Systemic Change for Organizational Inclusion. (Berrett-Koehler, 2018), 21.

## Health Equity in Behavioral Health Subcommittee Meetings Notes

Facilitator: Erin DiVincenzo

Co-chair: Shayla Shavers, Jacqueline Ann Fields and C Loh

Next workgroup sub-committee meetings:

Friday, January 8th at 10am

Friday, January 29th at 10 am

Friday, February 26th at 10am

Join subcommittee meetings via Zoom:

<https://adamhsc-org.zoom.us/j/89247922486?pwd=T1IrdVFHNFZWcnVkUXZJZjFiOHExdz09>

Meeting ID: 892 4792 2486

Passcode: 432802

Notes:

Not available yet.

## Policy and Advocacy Subcommittee Meetings Notes

Facilitator: Carole Ballard

Co-Chair: Karen Kearney volunteered

### Discussion Questions:

- What are Best Practices for policies related to addressing structural racism?
- How is cultural competency seen in practice? E.g.- Black men are over diagnosed with psychosis, how is this addressed? We need policy that promotes real action.

### Short-term Goals:

- Determine what we are currently doing in current policies, recognizing race- how does it play out? What is the core language? Equity, access and race, take the best parts.
- Look at promotional materials and websites of agencies.

### Long-term Goals:

- Define core language for system wide policy to achieve: What does the person want? How do we provide person centered, instead of system-centered effective and comprehensive treatment?
- Training and education that is ongoing, to provide what is needed.
- Create a standard for all.
- Impact licensure system to include required training on cultural competency.
- The policy creates a standard of evaluation and accountability built in to reporting by having training required for all contracted agencies: all-staff, what is provided, who completed it.

### Notes:

- Existing policies are general
- Specific scenarios are needed, what does racism look like? We need to more than not racist; we need to be anti-racist.
- People with lived experience know what racism looks like. They aren't asked as they are not in the dominant culture.
- Need data and best practices. Lack of EBP for minorities because they are not the dominant culture.
- We need both organizational and public policies. Such as addressing workforce development, defining the need in organizations and the public policy to incentivize the solution.
- Racism is also across organization cultures and coworkers.
- There are layers of social cues reflecting racism and imbalance of power.
- What policies are best?
- If existing policies are general, maybe ask what the problems are related to racism to get at specifics for policy. For example, racism in police response is a clear problem with data. Over diagnosis of schizophrenia and paranoia among minorities is a problem and policy could define the need to understand the trauma/experience of racism involved in the problem both in cause and effect. Design policies to address results of racism.
- People are products of their experience and education and as a result of racism this has led to people believing and feeling they are inferior or superior.
- Pickwell consulting utilizing a popular curriculum that is geared for cultural competency and success for African American men involved in the Criminal Justice system, and minority young adults.
- Include brown races, Latino.
- Are policies being implemented in organizations? What is the evidence?

- Advocacy: how do we present ourselves? White culture dominates.

**Other Goals:**

- Culture of acceptance, humility and respect- system-wide policy
- Have this work included as a part of the county BH efforts.

**Next workgroup sub-committee meeting:** Friday, January 8 at 1 pm via Zoom:

<https://adamhsc.org.zoom.us/j/88171765356?pwd=TXJL2p2Z1JaSnUrUEpPdURSNUiOUT09>

Meeting ID: 881 7176 5356

Passcode: 273955

## Data & Research Subcommittee Meeting Notes

Chair: Tom Williams, ADAMHS

Co-Chair: (Jean Mattern, JFSA, may join the group as co-chair in the future.)

**Group Statement of Purpose:** To use data and research to identify where structural racism lies, by examining trends and differentials in treatment and prevention within the ADAMHS Board system of care and to create opportunities to influence positive change in the racial atmosphere within Cuyahoga County and Ohio. (add word “improve” :)

### Action Steps that can take place in year 1:

- Examine collection methods of data beginning with existing data:
- Examine the intersection of race and quality of care received
- Other comparisons as appropriate

### Years 2-3:

- Consider adding or modifying the collection race and ethnicity (1-2 years)

### Group Notes

- Background: Racism was declared a public health crisis by the ADAMHS Board. Five recommendations were outlined in resolutions:
- Build alliances and partnerships to work to fight racism
- Develop local solutions to address disparities in individuals
- Develop implement, and support policies, mitigate exposure to Adverse childhood experiences
- Ensuring health, equity, and cultural services meet the local needs
- Encourage all communities to reduce stigma, address trauma, and eliminate barriers to care
- Data Integrity? – Accuracy?
- Obtaining Data –
- US Census Bureau
  - Census data v. the reality of race.
  - Census data is useful for grants and required reporting. Data collection along those lines is a necessity.
- Intake forms – dependent by providers
- GOSH pulls in race/gender by the providers. It would be their choice to collect additional data. It would also require a modification to the GOSH System.
- Multiple choice questions for Race/Ethnicity not being accurate.
- Case Study
  - Tom was reporting on the number of kids by race who go to each facility. Black/African American kids were sent to Richland County, white kids stayed in Beachwood. The Board questioned this practice. Why move the black/African American children where their parents could not afford to visit them?
- Examining MAT by race, CWRU symposium. Methadone treatment at CAAA requires daily treatment, which is very inconvenient. Newer drugs do not require daily dosage. If you examine treatment drugs by race, most of those using methadone are black. Those using the newer, more convenient drugs are white. This may be a racial or insurance (wealth/poverty issue).

**Next workgroup sub-committee meeting: TBD**



## Community Collaboration/Education and Stigma Subcommittee Notes

Chair: Regina Spicer

Co-chair: Joicelyn Weems

### 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 and stigma. – committee will continue to review the wording of this, about half feel it's too wordy

### Three Main Goals:

- To **ensure a system of varied services that are inclusive, easily accessible, and flexible to meet the needs of the individual(s)** in our behavioral health community.
  - Measured by using county demographic information as a goal for agencies, i.e. 10% of population is Hispanic, 10% of agency clients should be Hispanic. (quantitative)
  - Conduct survey to establish a baseline of current services/demographics (qualitative)
- 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.
  - 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.
  - Experts and information surrounding work toward eliminating systemic racism will be included in the forums.
- **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.

### Additional notes:

- Discussion on language and marketing – inclusive language and marketing needed for all agencies. This should include external and internal communications (examples: employee handbooks and agency brochures should both have inclusive language)
- Suggestion of creating baseline by measuring current services and demographic info of those being served
- Goal 1 - how can we measure this for agencies? Suggestion to review agency engagement of minorities on their social media, measuring number of BIPOC served, can use current year's data as a baseline

**Next workgroup sub-committee meeting: TBD**