

# Eliminating Structural Racism in Behavioral Healthcare Meeting Summary

1.11.2021

Meeting Start: 1:00 pm

Meeting End: 2:04 pm

**Facilitators:** Rev. Benjamin Gohlstin, Scott Osiecki, Carole Ballard, Beth Zietlow-DeJesus Jeff Johnson (Consultant)

**Attendees:** Reiko Simmons, Yolanda Gordon, Chris Morgan, Madison Greenspan, Dr. Leslie Koblentz, Tom Williams, Bill Hebble, Christina Brown, Carmen Gandarilla, Regina Spicer, Tami Fischer, Vicki Roemer, Kelli Perk, Erika Losse, Jackie, Morgan, Samantha, Victoria Grant, Larry Heller, Nelson Ramirez, Ashley Yassall, Chris Mignogna, Karen Kearney, LaKendra Johnson, Megan Rochford, Shayla Shavers

- **Introductions:** Carole Ballard thanked all for attending. Carole gave her apologies for the confusion regarding sub-committee meetings. Board staff, Mr. Johnson and the committee chairs and co-chairs will meet to set better guidelines for the groups going forward.
- **Scott Osiecki** welcomed all, wishing all a happy New Year.
- **Beth Zietlow-DeJesus** reviewed action steps from the health report (beginning on page 10 of the report) that Cuyahoga County Citizens' Advisory Council on Equity (CACE) report to the Community.
  - The ADAMHS Board is called to work with group partners and the Board of health to address inequities.
  - The full report will be emailed to all and is available here:  
[http://executive.cuyahogacounty.us/pdf\\_executive/en-US/CACEStatusReport.pdf](http://executive.cuyahogacounty.us/pdf_executive/en-US/CACEStatusReport.pdf).
- Carole Ballard re-introduced Jeff Johnson, who will be assisting with the execution of goals with the committee:
- **Jeff Johnson** mentioned his previous experience with The ADAMHS Board of Cuyahoga County, and his optimism in continuing to work with all to help in the fight against structural racism in healthcare.
  - This group should continue to engage with agencies on the frontlines to have conversations about systemic racism.
  - “The nature of our movement is to ultimately improve the health of those in the behavioral healthcare system,” said Mr. Johnson.
- Representatives from each subcommittee shared notes from the December 7 meeting and any meetings had between then and the January 11 meeting. Summaries are below.
- **Policy and Advocacy Subcommittee Review**
  - Group met on January 8.
  - Policy can often be built on lack of awareness or implicit bias. Group is looking at agency policies, mission statements, website communications to understand where it is included or lacking.

- Work with licensing boards around including requirement for racial equity and inclusion courses to maintain licensure.
- Continue trainings specifically related to racism, diversity and equity and provide continuing education credits for the workforce.
- Group will be keeping an eye on CACE recommendations.
- Next subcommittee meeting Friday, Jan. 29 at 1pm. Welcome any new subcommittee members.
- Email Karen Kearney at [kkearney@mhaadvocacy.org](mailto:kkearney@mhaadvocacy.org) or Carole Ballard [ballard@adamhsc.org](mailto:ballard@adamhsc.org) to attend next meeting

- **Workforce Subcommittee Review**

- Read new 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.
- Reviewed Short term goals:
  - Explore peer support
  - Explore scholarships for communities of color
  - Work with schools to create interest in BH careers
- Long-term goals: still need refined and will be worked on by the group.
- No meeting is scheduled yet. This group seems to overlap with the work of others and may want to join forces with another subcommittee in the future.

- **Data & Research Subcommittee Review**

- Currently most of the data they are collecting comes from US census bureau designations. The challenge from that, is that there hasn't been a real effort to define what each designation means.
- How do we identify race in data currently collected? Shared examples found in the data that would reflect systemic racism:
  - Black males in Cuyahoga County are more likely to end up in Youngstown or out of the county when being incarcerated
  - White males are more likely to go Beachwood for care.
  - White people are more likely to receive newer, and more easily accessible MAT.
- Is that institutional or systemic racism? What is the definition?
- Will be meeting sometime in the next two weeks.

- **Community Collaboration/Education and Stigma Review**

- Reviewed and changed 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.

- Three 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.
  - 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.
  - 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.
- Still to consider:
  - How do our systems work together collaboratively to connect people to services?
  - How are agencies marketing to BIPOC?
  - Conduct an initial survey to establish a baseline on quality of care, etc. – qualitative data
  - Look at county demographic information to see if the providers demographics match – quantitative data

- **Health Equity in Behavioral Healthcare Update**

- No update was given – chair had a conflict with the meeting.

- **Closing Remarks and Discussion**

- Rev. Benjamin Gohlstin recommended the book *Less Than Human* and read an excerpt from it.
  - Link to purchase here: <https://www.amazon.com/Less-Human-DAVID-LIVINGSTONE-SMITH/dp/1250003830>

- The focus for large-group meetings moving forward will consist of speakers, and educational opportunities for all groups. This is a good opportunity to get education from outside sources related to the work of the group and subcommittees.
- Representatives from the ADAMHS Board would like to meet with each group's chair and co-chair to discuss sub-committee plans/guidelines.
- Conversation was had about whether this group should remain focused solely on racial disparities or include other realms of disparity such as gender or LGBTQ. The group chose to keep the focus on race and racism.
- Conversations were had about the concepts of racism from other perspectives.
  - Larry Heller quoted Dr. Martin Luther King Jr. "Injustice anywhere is a threat to justice everywhere. Whatever affects one directly, affects all indirectly."
  - Mr. Osiecki mentioned that this is not easy to discuss but he is grateful that we are willing to have these conversations.
- Each workgroup will share a short summary of notes with the entire group at the next meeting.

- Next meeting will be on Monday February 1 at 1pm via Zoom, link can be found in email. That email will also include the subgroup survey link, the meeting schedules and the link to the CACE report.
- The meeting link will be the same for each meeting.

#### Information from the Chats:

- Tri-C “Stand Up For Racial Justice” is partnering with The Ohio State University to present: “The Color of Health: Racism as a Public Health Crisis” Wednesday, February 24, 2021 12:00-1:30 pm Yvonka Hall of the Black Health Coalition will be one of the panelists for more information, contact Larry Heller at [hellerlarry@gmail.com](mailto:hellerlarry@gmail.com)
- Larry Heller: “I’m seeing some overlap – Policy committee noted differences in diagnoses by race - Could this be related to health equity issue regarding barriers or unequal access- do some individuals not get the same care or not eligible for the same care? – Do certain treatment providers tend to give certain diagnoses? Is this based on a combination of both racial bias toward individuals and systemic issues regarding access to care?”
- Ashley Yassall (WRC): “RE Workforce comment: Glad to have you on the team, Samantha! Yes, there was another clarifying note that declared race as the sole focus later on in the notes. Great item to discuss though, thanks!”
- Leslie Koblentz: “Interesting but not surprised about professional groups re: any racism requirement.”
- Beth: [dejesus@adamhsc.org](mailto:dejesus@adamhsc.org) and [ballard@adamhsc.org](mailto:ballard@adamhsc.org)
- Carmen: [gandarilla@adamhsc.org](mailto:gandarilla@adamhsc.org) for Workforce subcommittee