

Eliminating Structural Racism in Behavioral Healthcare Meeting Minutes

February 1, 2021

Meeting Start: 1:00 p.m. | Meeting End: 2:30 p.m.

Facilitators: Rev. Benjamin Gohlstin, ADAMHS Board Chair, Scott Osiecki, Chief Executive Officer, and Carole Ballard, Director of Education and Training

Eliminating Structural Racism Work Group Meeting Notes:

- **Carole Ballard** welcomed and thanked all for being at the meeting, especially new members. She asked for feedback, input and ideas from the whole group and outlined the orders of business.
- Carole explained each subcommittee and who is chairing them. She said the group is in need of more participants. The subcommittees Data and Workforce are specifically in need of members, they currently only have 3 members, total. Any new group members, please consider joining the Data or Workforce Subcommittee.
 - Subcommittees:
 - Workforce
 - Health Equity in Behavioral Health
 - Policy and Advocacy
 - Data and Research
 - Community Collaboration/Education and Stigma
- If you, or someone you know, are interested in being part of a change in our community, let Beth Zietlow-DeJesus or Carole Ballard know, and they will assist you. They are also interested in hearing any ideas others have for recruitment.
 - Beth's email: dejesus@adamhsc.org
 - Carole's email: ballard@adamhsc.org
- Ms. Ballard introduced **Jerome West, Executive Director of East Cleveland Neighborhood Center**, to speak on structural racism within the behavioral health community from his perspective as professional.
- Mr. West shared that he was once in a clinical team meeting and a white therapist stood up and said she was "scared of big black men like Jerome." This statement stuck with Jerome and inspired him to further his education to help eradicate racism in behavioral health and education. How could she treat people that looked like him is she was afraid?
- Mr. West mentioned that, more than anything, racism in public health, is unconscious. He also stated that the focal points should be "leadership, intentionality and representation."
- Mr. West expressed that anti-racism begins with leadership. Who are the people in charge? Less than 2% of healthcare leadership is non-white.
- Mr. West advised that we be more intentional about addressing these issues in Cleveland and Cuyahoga County and was grateful the ADAMHS Board was holding these meetings. "Representation needs to be intentional. People who are hired, should look like the clients they work with."
- Mr. West shared a story from his grandfather, who had witnessed a hanging of a Black man. He talked about generational racial trauma, mistrust and the need for more people of color, who understand this history, to be in the behavioral health care field.
- He then asked for questions and comments. Discussion followed:

- Ms. Ballard mentioned that Jerome's story resonated with her because her grandfather died at 110 years old. Her family bought a plantation that they then used as a meeting place for family reunions. "Our history comes to us in a very limited function," Carole said.
- Melinda Davis spoke about her family being from the Jim Crow era. "There has been no representation within the last 22 years. There is no cultural diversity or competence in Lake county. Black men are usually the first to be fired in a behavioral healthcare setting."
- Dr. Julius Simmons shared his experience as a child. Witnessed some of the things Jerome's grandfather experienced. He mentioned that words matter in terms about how people are addressed and treated. "We can do small things, but we also need to look at the larger context. We do have the ability to change one thing. This is not an easy topic. How do we bring these stories in the behavioral health committee to change these things? What is one thing we can focus on to change?"
- Samantha thanked Jerome for presentation. Shared that what Jerome said it reminded her of James Baldwin. Shared she is an American Descent of Slavery (proud 5th generation American hoping to see in her lifetime a change with diversity, equity and inclusion in behavioral healthcare).
- Carole shared that we need to continue learning about structural racism, how it's impacting our field and the community we are in, and how we can move towards change. How do we take our life experiences and translate those into change? She provided some questions to sit with:
 - What do you think that one small change can be?
 - What do you hope to find? What are you looking for?
 - What small changes do you think we can achieve? Would you like to achieve?
 - What are you hoping to get from this group?
- Melinda spoke about police brutality against individuals of color with mental illness. How can we move towards change in this regard?
- Victoria brought up consent decree with City of Cleveland. Wasn't this meant to help?
- Tom Williams shared that Jerome's story resonated with him as well. Shared that there are things we are taught not to talk about. How can we be more honest with each other?
- Elizabeth Litz shared that she finds the work we are doing very moving. This is what is needed to make change. Gave shoutout to Mr. Simmons who was one of her first social work professors. This is a big step.
- Orion shared racism is a public health emergency and that behavioral health is a big part of health. Mr. Bell mentioned his experience working with case workers and paraprofessionals in a geriatric setting Shared experience that a licensed professional was not as effective at encouraging people to seek treatment as a non-professional who the individual could relate to. "The ability of the paraprofessional was more effective than that of the licensed worker. The white LSW was good at her job, but she did not look like the clients. They were much more inclined to listen to someone with less qualifications that looked like them."
 - Carole said what came to mind to her when Orion was speaking was trust. Historical trust – what we see happening now with vaccines.
- Larry also gave shoutout to Mr. Simmons who was also his professor. Reminded everyone we can't look at BH in a vacuum. Housing, education, and employment are interrelated factors that need to be addressed as well.

- Rev. Gohlstin applauded everyone for having these tough conversations. Shoutout to Professor Simmons. “We are not fighting racism. There is only one race on earth, and that is the human race. We are fighting against bigotry and discrimination based on ethnicity and skin color.”
 - Dr. Koblentz thanked Rev. Gohlstin for his comments and the historical context he shared.
- Beth shared a personal experience about when she had guardianship of her bi-racial niece, navigating the system was extremely difficult. Finding someone who could deal with adolescence, racial trauma, and trauma from parental substance use disorder was extremely difficult. Finding someone that looked like her, could understand the trauma, and that would work with Beth and her family was nearly impossible.
- Jerome shared that when he worked in Stark County there was not proper representation among BH providers, but they did their best to meet people where they were. Followed up with families that experienced trauma. Partnered with the faith community. Delayed “giving people labels” and built rapport first and if they wanted to become a client later, okay. It was called the Grace Initiative.
- Victoria from the Journey Center shared her program that partners with faith community. Shared that they found out that their geographic location was not reaching who they needed to. Set up satellite locations to reach people that needed the program. She added, “you can’t expect people to come to you, we have to go where they are.”
- Dr. Koblentz shared that her work experience as the only white woman working in a low-income neighborhood taught her so much. She worked there for 15 years. She thinks that made her a much better professional. Dr. Koblentz mentioned that the people she worked with taught her so much. She approaches things now so differently than if she hadn’t had that experience.
 - Ms. Ballard replied, “yes, exposure is important.”
- Melinda shared that sometimes your best teachers are your clients. Communication is key. Ask clients of other cultures from your own how you can better help.
 - Carole added, “Active listening and getting input is important.”
 - Elizabeth shared that sometimes clients with SUD feel like if you haven’t experienced what they have you can’t help them. Sometimes people have been there, but you just can’t tell. Need to bridge the gap and meet people where they are. Giving providers the tools to overcome this would be helpful.
 - Carole replied, “those with lived experience have to live this color every day. Many people have degrees, but it is lived experience that trumps all other things. Ms. Ballard mentioned the pain of microaggressions and that African American women have higher amounts of stress disorders than other demographics. “There need to be resources accessible, available, and being served by the people who look like the people who need services.”
- Carole shared our community has a lot of providers and faith organizations. We have work to do to get services to the people who need them though. Shared that her 94-year-old mother experienced not being able to find a COVID-19 vaccine in her neighborhood and had to travel to west side.
- Beth said that an anonymous survey will be sent so people can share their perspectives if they weren’t comfortable sharing it in the meeting today
- Ms. Bazie shared that this is great discussion. Thanked everyone who shared personal stories. It adds depth and helps us recognize how we are impacted when we exclude people based on artificial social constructs.

- Elizabeth Litz said “I find this incredibly moving and very touching. Bringing everyone together is what we need to do to change things.” Elizabeth continued on to mention her first experience feeling similarly was in (fellow group member) Dr. Simmon’s class at CSU.

Subcommittee Report Outs

A representative from each subcommittee shared an update review.

Health Equity in Behavioral Health, Erin DiVincenzo, Chair

- Announced that Shayla Shavers will now be Co-chair of the committee.
- The group explored the necessity to identify needs:
 - What does health equity look like?
 - Needs assessment or listening tour?
- What are organizations doing to implement and change things?
- They are focusing on understanding and will take next steps from there.
- Shared that in last meeting the group recapped goals of the group, what some of the barriers we are and what organizations are doing.
- Shared the idea to do a needs assessment, survey or listening tour to help us gain a better understanding of what is needed.

Workforce, Carmen Gandarilla, Chair

- Solidified statement of purpose
- Discussed immediate short term and long-term goals
- They welcome, encourage, anyone to join the workforce group. There’s a lot of work to do in this workgroup. You will be included in the next meeting if you’d like to be included.

Data and Research, Thomas Williams, Chair

- Struggling to find a meeting time going forward. They need additional people to join the group.
- Statement of purpose was discussed.
- How can they use data and research to identify where there are opportunities to create change within Cuyahoga County.
- Census data and classification of race were discussed. It’s not entirely clear where census data comes from. “Is it someone filling out an admissions form? Is it the person who actually fills out the form? It’s very difficult to make clear what it actually means.”
- Mr. Williams mentioned that someone also brought up that the definitions of race are changing. Shared other data challenges such as changing how we classify gender.

Policy & Advocacy, Carole Ballard, Chair and Karen Kearny, Co-chair

- They experienced challenge when looking at policy/language. They began by using websites to see what kind of language providers are using. They came up with a survey to research different agencies.
- Karen shared the data collected by the group on agency websites and Facebook pages.
- Website review results (64 completed reviews)
 - Mentioned nondiscrimination: 26/64 agencies (41%)
 - Mentioned diversity & inclusion: 31/64 agencies (48%)
 - Mentioned anti-racism: 15/64 agencies (23%)
- Imagery notes:
 - 45/64 (70%) had diversity in imagery

- 18/64 (28%) had local imagery
- Social media notes (55 completed reviews)
 - 30/55 (55%) had diversity in imagery on FB
 - 9/55 (16%) had a public statement regarding agency's stance on systemic racism on FB
 - 16/55 (29%) had other mentions of anti-racism/DEI on FB
 - 31/55 (56%) had diversity in imagery shown on FB
- In addition, Carole mentioned that beginning in 2022, the Psychology board will require that psychologists will have to have 3 or 4 credit hours to maintain their license. Carole reached out to the Ohio Counselor and Social Worker Board. If it is elective, people will choose what they are interested in, if it is required, the classrooms will be full. It has been proposed that this becomes a required course, and it is in the process of becoming official.
- Next meeting is Friday Feb. 26th at 1pm

Community Collaboration/Education and Stigma, Regina Spicer, Chair and Joicelyn Weems, Co-chair

- Group re-worked the Statement of Purpose
- Work in progress statement of purpose reads: Strive for an individualized client system of care through community collaboration, consumer input, education and training in a culturally inclusive environment with a focus on eliminating racism and stigma.
- Group was wondering if it is possible to meet with the Data sub-committee to obtain quantitative data sets.
- How can we recruit organizational policy makers to be involved to make change?
- The group will meet the last Friday of each month, at 1pm. Next meeting February 26th at 1:00 p.m.

Report Out Feedback from the Group:

- Melinda feels cultural competence needs to be mandated by the state.
- Elizabeth shared that she attended a public meeting pertaining to the Cleveland 10 year housing plan. Have a series of listening sessions for the first phase to get public comment on the concerns and needs that need to be incorporated into the building phase. There are mainly providers attending compared to clients, is there an alternate way to market and or reach those impacted for input about their experiences? Perhaps through various agency street outreach programs or food bank distribution in a census taker format seeing if we could attend some established community groups for feedback?
- Christina shared how valuable these conversations have been for her. Just because we have robust services in Cuyahoga County does not mean they are not broken in some way.

Closing:

- Beth Zietlow-DeJesus sent out a huge thank you. "The more perspectives we get, the more change we can make."
- Carole Ballard announced that she has spoken with several people who will be joining us in later meetings, so we can continue to learn together as a group.
- Project Consultant, Jeff Johnson, mentioned that he has greatly enjoyed the conversation. "These multiple angles are so critical. I think we're on the right path and going in the right direction, hearing the voices that matter most."
- Scott Osiecki said, "Thank you everyone for your time commitment. If you have any questions or thoughts, please feel free to reach out to Beth or Carole."

- Rev Benjamin Gohlstin said, "Thank you for participating and being open to dialogue."
- Chris Morgan said, "The words spoken today are very close to my heart. Together we can go anywhere and do anything"
- Melinda said she is glad she participated. Is looking forward to more of this. Hoping this helps decrease stigma and improve the quality of BH services and our community.
- Next Meeting is March 1 at 1:00 p.m. We will have a speaker.