



Eliminating Structural Racism in Behavioral Health

April 12, 2021

Time (1:00 – 2:00)

Location: Zoom Meeting

Meeting Summary

Goal of Project: On June 24, 2020, the ADAMHS Board of Directors passed RESOLUTION NO. 20-06-01 declaring Racism as a Public Health Crisis. The ADAMHS Board is working with partners to plan immediate, short-term and long-term goals for eliminating structural racism in the behavioral health community by upholding the recommendations in the resolution. The ADAMHS Board and its partners will create a strategic plan for addressing racism and implementing solutions to eliminate structural racism in behavioral health care. The group currently has five subcommittees: Workforce; Health Equity; Policy and Advocacy; Data and Research; and Community Collaboration/Education and Stigma.

Goal of Today's Meeting

- Educational presentation on the power and importance of advocacy
- Review subcommittee progress

Agenda Items

Welcome/Introduction – Carole Ballard

- Introduced Rev. Benjamin Gohlstin, ADAMHS Board Chair
 - o Rev. Gohlstin thanked all for being present and said, “Stay conscious of the fact that there is only one race, the human race, and we are fighting discrimination and bigotry based on ethnicity, national origin and color of skin.”
- Introduced Scott Osiecki, ADAMHS Board CEO
 - o Mr. Osiecki thanked all for attending.
 - o Announced that Jeff Johnson, Diversity, Equity and Inclusion Consultant, is unable to continue as this project consultant.
 - o Announced that the ADAMHS Board will be issuing an RFP for a consultant to fill this role sometime in the next month.
 - o Discussed a brainstorming session held with the Board’s faith-based committee members and providers about the efforts of this work group (More details in subcommittee report outs below).

Speaker – Kevin Fischer, Executive Director of NAMI Michigan

- Mr. Fischer shared a presentation (included in email) about the power and importance of advocacy.
- Mr. Fischer is a suicide loss survivor and shared his family’s personal struggles with stigma, a lack of cultural understanding in treatment and the lack of advocacy surrounding care for minorities. He is the first and only African American Executive Director that NAMI has ever had.
- He encouraged the attendees to fight against stigma, especially stigmas related to culture and race, focus on increasing representation in behavioral healthcare and identifying barriers and disparities in our community.
- **Questions for Mr. Fischer:**

- Eugenia – misdiagnoses. If you have a lack of cultural competency, we need to look at the tools we use to make diagnoses for people. Some of the tools we utilize are totally inappropriate. It all goes back to that lack of cultural competency:
 - On one of my early slides, I talked about the fact that African Americans are not included in case studies. If we're not a part of that process, they can't include us. There may be some people out there who are in denial. One of the things I am very proactive about is making a special effort to make sure that I am visible and able to be heard. In the 7 years that I have been here, the people who participate in our walks, workgroups, etc. are much more diverse than they have been before. We have to go to churches, to schools, to barber shops. Sometimes it's well-received, sometimes it's not. 8 times out of 10. When we talk about racial disparity, we must be willing to fight that fight.
- Melinda – I was the first person of color in my county to be a NAMI member. Can you imagine raising a black child with autism and getting the services he needs? There's stigma that is still there even within black families in the community.
 - A year after losing my son, nothing was helping me, and I literally came within hours of taking my own life. Don't give up. This is why we are here meeting today.

Committee Report Outs (Subcommittee meeting schedules can be found on the web:

<https://www.adamhscc.org/about-us/current-initiatives/task-forces-and-coalitions/eliminating-structural-racism-in-bh-work-group>)

- **Faith-based brainstorming session – Beth Zietlow-DeJesus**

- Beth provided a summary of the faith-based committee meeting brainstorming session that occurred on April 7.
- Board staff asked faith-based providers and committee members the following questions. Under each question are the brainstormed ideas and thoughts.
 - *Faith-based organizations have a unique position in their community. They often serve as “counselors, listeners and supporters” for people in crisis. In your experience, what have you heard, experienced and learned about the impact of racism in Behavioral Health Care?*
 - Increased stigmas and cultural barriers in communities of color
 - Training needed that doesn't confuse cultural competence with stereotyping, or identity with labeling
 - Underrepresentation of employees of color, especially in leadership, and high turnover rates in behavioral health workforce
 - Over-representation of certain diagnoses and over-prescribing of medications
 - Health disparities in physical and mental health are broad and there is a lack of resources, outreach and access to care
 - *As members of the faith-based community, what are your specific recommendations to address the racism and implicit bias within the delivery of Behavioral Health care?*
 - Address workforce shortages and accountability
 - Survey staff and clients to better understand experiences
 - Visible signage for complaints and encourage people to report mistreatment
 - Increase trainings that go beyond cultural competence
 - Increase exposure for providers and clients by bringing diverse groups together
 - Access to spiritual leaders for behavioral healthcare providers
 - Improve access to services

- **Health Equity in Behavioral Health** – Shayla Shavers (co-chair) presented

- The health equity subcommittee would like to work with the workforce and the data subcommittees to do a survey of BH providers.
- Group researched questions and came up with a set to collect quantitative and qualitative data.
- Group had to look for new meeting dates because of conflicts.

- **Community Collaboration/Education and Stigma –**
 - o Group did not meet prior to meeting, there were no updates to present.
 - o The subcommittee needed to change their meeting schedule and will now meet on the third Wednesday of each month.

- **Workforce - Ashley Yassall (co-chair) presented**
 - o Group want to do a workforce survey, will work with other subcommittees on survey creation.
 - o Members are researching lobbying related to state/Medicaid barriers for licensure and credentialing; committed state funding for training, dedicated funding to create pay incentives for specific roles (peer support/CDCA/CM) and scholarships and loan forgiveness for behavioral health careers.
 - o Would like to meet with Community Collaboration, Education and Stigma subcommittee to discuss training.

- **Data and Research Thomas Williams and Jeanne Mattern (co-chairs) presented**
 - o Group is discussing how best to define racism with data.
 - o Had a robust discussion about questions that could be identified for research based on discrimination, race and treatment.
 - o Brainstormed about where and how data is being collected and what changes could be made for the future.

- **Policy & Advocacy, Carole Ballard and Karen Kearney (co-chairs) presented**
 - o Development of survey questions for use by all subcommittees – the Policy & Advocacy has drafted questions and will connect with other committee co-chairs to discuss combining to produce one provider survey, to simplify participation for providers.
 - o The P&A Committee will use survey results to begin developing a set of agency policy recommendations to providers.
 - o Discussed how to advocate and support the legislation/bills that impact behavioral health, including legislation that will require the social worker and chemical dependency worker boards have required courses in equity, inclusion and diversity. The P&A committee has invited the bill sponsors to attend our next committee meeting to discuss it and how we can be supportive.

- **General Discussion about Report Outs**
 - o We need to craft one survey, not separate ones for each subcommittee.
 - Subcommittee chairs could get together to create one single survey that covers all areas.
 - Would it make sense to do a live poll in one of the supervisor meetings or directors' meetings the board is offering?
 - Clare – We are putting out that RFP for a consultant. So, it might make sense to wait and see what guidance we get from the consultant.

Closing

- Scott Osiecki – Thanked all. We hope to use Kevin as a resource moving forward.
- Carole Ballard – Kevin was asked to be part of the Board of Directors for the National CIT board. Kevin came to us with a story about Dominique, his son. I knew he would be a great speaker about advocacy both from his personal perspective and his professional work with NAMI. He started as a businessman, but now he is our champion. Kevin's motto is whatever he has, he can share with you. His presentation will be sent out with the meeting notes.

Next meeting is Monday May 3rd at 1:00 p.m. Meetings are the first Monday of each month, except in July and September when the meetings will be held the second Monday because of holidays.