

ALCOHOL, DRUG ADDICTION & MENTAL HEALTH SERVICES BOARD OF CUYAHOGA COUNTY

FAITH-BASED OUTREACH COMMITTEE MINUTES APRIL 7, 2021

Committee Members Present: Gwendolyn A. Howard, LSW, MSSA, Committee Chair, Patricia James-Stewart, M.Ed., LSW, Mary R. Warr, M.Ed. / Other Board members: J. Robert Fowler, Ph.D.

Absent: Ashwani Bhardwaj, Rev. Benjamin F. Gohlstin, Sr., Rev. Max M. Rodas, MA, Rev. Brenda Ware-Abrams

Board Staff Present: Scott Osiecki, Chief Executive Officer, Joseph Arnett, Carole Ballard, Christina Bohuslawsky-Brown, Danielle Clark, Tami Fischer, Cheryl Fratalone, Felicia Harrison, Bill Hebble, Woo Jun, Linda Lamp, Clare Rosser, Starlette Sizemore-Rice, Larry Smith, Jr., Beth Zietlow-DeJesus

1. CALL TO ORDER

Ms. Gwendolyn Howard, Faith-based Outreach Committee Chair, called the meeting to order at 4:03 p.m. Dr. Robert Fowler read into the record the Committee Mission Statement: *“To recognize and advocate spirituality in the recovery process; to connect the spiritual perspective with other interventions and best practices; and to promote the concept that treatment works and people recover.”*

2. BOARD MEMBER ATTENDANCE ROLL CALL

Due to the current public health orders surrounding COVID-19, and the Board’s commitment to ensuring the health and safety of our Board members, staff, partners, and stakeholders, the Faith-based Outreach Committee was held via a Zoom meeting. To assure a quorum, Ms. Linda Lamp, Executive Assistant, completed the committee member attendance roll call.

3. APPROVAL OF MINUTES

The Faith-based Outreach Committee minutes of February 3, 2021 were approved as submitted.

4. 2020 FAITH-BASED OUTREACH PROGRAM YEAR-END REPORT

Ms. Clare Rosser, Chief Public Affairs Officer, reported that the 2020 Faith-based Outreach Program Year-End Report consists of 46 pages of in-depth analysis; including measurements for all 10 providers individually, plus combined data and observations about 2020’s outcomes. She also stated that the mission of the Faith-based Outreach initiative is to: 1) Recognize and advocate spirituality in the recovery process; 2) Connect the spiritual perspective with other interventions and best practices; and 3) Promote the concept that treatment works and people recover. Calendar Year (CY) 2020 was a challenging year for provider agencies serving in a new way. In fact, the whole healthcare landscape changed during this timeframe and the faith-based programs had to adapt.

Ms. Rosser highlighted a table identifying each of the Board’s Faith-based providers, in addition to the counts of the actual number of clients served in 2020 and the projected/expected client counts for the year 2020. It was noted that several providers surpassed their expected client counts and others come up short of their projection. The below expectation counts may be explained, in part, by the emergence of the COVID-19 pandemic and the ability to modify established programs to fit within Department of Health guidelines to keep people safe from COVID-19. Some of the program participants have been involved with their program for multiple quarters and are counted once in the first quarter of their program participation.

Ms. Rosser provided accolades to Mr. Tom Williams, Evaluation & Research Officer, and Ms. Starlette Sizemore-Rice, Director of Special Projects, for their efforts with measuring the effectiveness of these programs through three measurement instruments: Devereux Student Strengths Assessment (DESSA) Outcomes, Devereux Adult Resilience Survey (DARS) Outcomes and Quizzes/Evaluation, which includes Mental health First Aid (MHFA) and Awareness & Education.

The faith-based programming for children in grades K-12th is measured through the DESSA instrument by comparing a Pre assessment with a Post assessment. The DESSA web-based system is designed to help school and after-school program staff promote the healthy social-emotional development of all children. As there are differences between younger children and high school age children, two separate instruments have been developed for children in grades K-8 and the high school grades. The DESSA is a thorough assessment of the following social-emotional competencies: Self-awareness; Social-awareness; Self-management; Relationship Skills; Goal Directed Behavior; Personal Responsibility; Decision Making Skills;

and Optimistic Thinking, which translates to a score and categorized through a numerical value. 60 and above indicate social and emotional “Strengths” showing children doing well; 40-59 indicate “Typical” positive behaviors for children; and 40 and below indicate “Need for Instruction” to further develop social and emotional skills.

Presently, the Board is receiving results of the DESSA MINI instrument that screens across the eight social-emotional competencies to identify generally whether children are in need for further social-emotional instruction. The expectation is that the programs provided by the four faith-based service providers using the instrument will show growth in social-emotional maturity which may be attributed to their programs. Charts were referenced within the lengthy report, which show a breakdown of various measures collected from DESSA including numbers of DESSA submitted, numbers of clients having both the Pre assessment DESSA and the Post program DESSA assessment, and changes from Pre to Post assessments.

The faith-based program for adults demonstrates resiliency measured as Always (A), Sometimes (S), or Not Yet (N) through the DARS instrument that promotes self-awareness regarding personal strengths to enhance creativity and the ability to set limits to cope with adversity and stress measured through the following areas: Will gain knowledge to develop healthy relationships; Will learn skills to increase self-worth to enhance internal beliefs and values; Will learn strategies to develop/enhance self-motivation to increase independence; and Will learn to self-regulate and control without the use of substance and negative influences. Ms. Rosser highlighted that the chart provided reflected that the overall 70% to 79% of individuals showed improvement in resilience for each of the subscales; and overall, 86% showed improvement in resilience in one or more the subscales.

MHFA is designed to teach individuals how to spot the signs and symptoms of mental illness and provide help on a first aid basis. Individuals who are participating in a MHFA training provided by a faith-based program provider are expected to successfully complete the course evaluation/quiz and score at least 60% based on the following topics: Helpful Things to Say; Myths and Facts-Suicide and Self-Injury; Suicidal Thoughts and Behaviors; Panic Attacks; Traumatic Events; Auditory Hallucinations; Psychosis; and Substance Use Disorders. Participants demonstrated on a quiz a passing level of competence of 100%. No one participated in a MHFA program during the first half of the year.

The Awareness & Education programs are designed to present a variety of mental health and substance use knowledge to raise their level of education and awareness. The combined Awareness & Education Client quiz pass rates for 2020 reflected that all participants passed all the quiz subscales at a rate of 100% for Education and Awareness.

Ms. Sizemore-Rice reported on a variety of 2020 highlights from each the 10 faith-based providers, which included the following:

- **99Treasures Arts & Culture**

99Treasures Arts & Culture served 152 clients, over double their expectation of 75. Clients completed over 100 “one of a kind” works-of-art on display in the Mt. Pleasant NOW building. They also provided resources for individuals that faced layoffs and job losses due to the closure of non-essential businesses.

- **Brenda Glass Multipurpose Trauma Center**

The Brenda Glass Multipurpose Trauma Center offers spiritual counseling, peer spiritual support, care coordination, temporary safe shelter and mental health skill building to individuals and families who experience a violent crime. Ms. Sizemore-Rice cited two testimonials regarding this program.

- **Faith Community Supportive Services**

Faith Community Supportive Services' Personal Development Program includes health literacy, mental health related services to allow staff to get youth with learning and behavioral problems into treatment and not end up in the “school to prison pipeline”. 71 individuals were linked to Behavioral Health services.

- **Far West Center**

Far West Center's Bridge Program provided increased emotional support and encouragement for pastors themselves as they face daunting challenges in their ministerial role. Their MHFA facilitator has completed training to provide MHFA in a virtual format. A schedule for virtual MHFA is being developed for CY2021.

- **Inner Healing Ministries**

Inner Healing Ministries has revamped their scope of service to successfully:

- Transition to a virtual online platform via Zoom for telehealth.
- Measure faith/spiritual/religious connection or participation through anonymous polling questions in the orientation session.
- Incorporated poll questions to determine if the program helps participants to choose other means than alcohol, tobacco, or other drugs to cope with problems.

- **Life Recovery Ministries**

Life Recovery Ministries continued Recovery Church each Sunday for blended evening worship service, both in-person at the University Hospitals Chapel and on Facebook live.

- **Naaleh Cleveland**

Naaleh's High Risk Teen Mentorship Summer Program began early, as it was crucial to keep the teens engaged in productive work and activities when school was closed. Teens have reached out to other struggling teens; and have started a GoFundMe account, which raised \$9,000 for their marathon. It was reported that this was a great distraction technique and the teens refrained from smoking; and it created a positive peer pressure within the group.

- **NAMI Greater Cleveland**

NAMI Greater Cleveland had a Mental Health Awareness Campaign to reach underserved African American communities via Billboards, posters, radio spots and social media ads. They also host a monthly mental health radio show "Groove with Portia" on WOJU 95.9 FM. Additionally, NAMI Greater Cleveland's Hispanic Coordinator continues to engage in remote outreach to Spanish-speaking congregations.

- **OhioGuidestone**

OhioGuidestone's Mental Health and Spiritual Care Services are offered via virtual platforms. Their Chaplain established a YouTube channel where he posts brief messages, offers a prayer and invites individuals to respond directly to him.

- **Trinity Outreach Ministries**

Trinity Outreach Ministries created new ways to reach individuals with the services including Facebook Live Streaming, prayer lines, Zoom choir and music lessons. They also created and provided COVID-19 masks for over 50 families. Families expressed appreciation for the FAITH Program and how it helped them to manage the stress, depression, anxiety and feelings of powerlessness related to the following: protests, racism, shootings, civil unrest, pandemic, job losses, schools going virtual and the political unrest of 2020.

Ms. Sizemore-Rice highlighted a look ahead for CY2021 with the Faith-based providers; and thanked them for their collaborative efforts to partner with the Board. She also responded to questions from committee members. (The PowerPoint presentation and full data report are attached to the original minutes stored in the Executive Unit and on the Board's website.)

Committee Member Input:

- Ms. Howard thanked and commended the partnering Faith-based organizations for their creativity with providing services to more individuals than anticipated.

5. ELIMINATING STRUCTURAL RACISM BRAINSTORMING SESSION

Ms. Sizemore-Rice reported that on June 24, 2020, the ADAMHS Board passed Resolution No. 20-06-01 declaring Racism as a Public Health Crisis. The Resolution states that the ADAMHS Board stands in solidarity with the community, its partners, other forms of government and all members of the Ohio Association of County Behavioral Health Authorities (OACBHA), and has declared that racism is a public health crisis; stating it is long past time to act, and calls for action from all levels of government and society to eradicate racism steadfastly and commits to:

- Acknowledge racism as a public health crisis and build alliances and partnerships that confront and work collaboratively to end racism.
- Develop local solutions to address disparities and actively engage individuals and communities in racial and social justice work.
- Develop, implement, and support policies and practices to end the inequalities in the health of people of color and mitigate exposure to adverse childhood experiences and trauma.
- Ensure health equity and cultural competence within all mental health and substance use disorder prevention, treatment, and recovery support programs, ensuring services meet the local needs of diverse populations.
- Engage ALL communities to work with state and local behavioral health leaders to develop and promote prevention and awareness efforts designed to reduce stigma, address trauma, and eliminate barriers to care.

Ms. Sizemore-Rice stated that that Resolution No. 20-06-01 can be found on the Board's website at www.adamhsc.org/about-us/current-initiatives/task-forces-and-coalitions. The ADAMHS Board and its partners are currently creating a strategic plan for addressing racism and implementing solutions to eliminate structural racism in behavioral health care. The first work group met on October 5, 2020. At this meeting it was determined that a large work group would meet the first Monday of each month at 1:00 p.m. It was also decided that the group would divide into five subcommittees; Workforce; Health Equity; Policy and Advocacy; Data and Research; and Community Collaboration/Education and Stigma. Individuals who wish to be added to the large work group email list were requested to contact Ms. Beth-Zietlow-DeJesus, Director of External Affairs, via email at Dejesus@adamhsc.org. Individuals who wish to join a subcommittee were requested to visit the Board's website at www.adamhsc.org/about-us/current-initiatives/task-forces-and-coalitions.

Ms. Sizemore-Rice reported that the faith community/organizations play an important role in their communities - counselors, advisors, etc.; and with that said, Board staff wanted to use this opportunity to get committee members input regarding Eliminating Structural Racism in Behavioral Health Care. To accomplish this, three random breakout groups were utilized to discuss the following two questions:

1. 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?
2. 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?

Once the time allowance transpired, committee members were placed back into the Zoom meeting to discuss the results of the three breakout groups. Ms. Carole Ballard, Director of Education and Training, reported that recommendations from the first breakout group included safety concerns whereby individuals are ready for service and are able to help individuals get to appointments in a safe manner. She stated that people take safety for granted. Discussion also centered on getting individuals ready for service. When an individual has a crisis and/or difficulty, whether it be a health or behavioral health, there is that incremental step of getting ready for service; and could be a grassroots peer support effort to engage the individual for service. She reported that committee members stated that minority seniors have a difficult time with accessing services; whereby a greater level of understanding, outreach and engagement beyond sending written correspondence and a telephone call is needed due to many seniors being sheltered in place. Discussion was also had regarding the lack of visibility of male employees over the age of 50, particularly individuals of color; whereby a spectrum of workers at different levels can be relatable to individuals needing assistance; and the lack of material being translated, which is a barrier for the Hispanic population visiting provider agencies. Ms. Ballard also reported that staff cultural competency training needs to be ongoing.

Ms. Rosser reported on the breakout group that she facilitated. This group also reported that staff cultural competency training needs to be ongoing and genuine and should not be confused with stereotyping and/or making assumptions about groups of individuals - encapsulating the right set of skills. Furthermore, publications and signage should be reviewed to ensure they are welcoming to every demographic; whereby every aspect of the organization should be re-evaluated to ensure cultural competency is being maintained for the individuals being served. She also noted that there is a lack of information in some communities as to where to go for healthcare, as well as will they understand and relate to them and

talk with them and not at them. Discussion was also had regarding overrepresentation of certain diagnoses with certain communities; whereby the diagnosis should not be disproportionately applied; and lastly, religious literacy – understanding someone’s faith. Also, a platform needs to be created to provide leadership for these types of discussion, exposure to another person’s world to seek commonality and assigning Chaplains to behavioral healthcare organizations to provide spiritual guidance.

Ms. Sizemore-Rice reported that stigma was ranked very high in the last breakout group. She stated that clinicians do not look like the individuals being served, do not understand their history and are quick to prescribe medication. Also, education should be provided to educate about the myths and to discuss adverse childhood experiences and mental health should be included in the overall health arena.

Next steps include a written report of these findings for committee member review at the next scheduled Faith-based Outreach Committee meeting as well as the Eliminating Structural Racism Work Group.

6. NEW BUSINESS - None

7. UPCOMING APRIL AND MAY BOARD MEETINGS:

- Nominating Committee Meeting: April 14, 2021
- Planning & Oversight Committee Meeting: April 14, 2021
- Finance & Operations Committee Meeting: April 21, 2021
- General Meeting: April 28, 2021
- Community Relations & Advocacy Committee Meeting: May 5, 2021
- Annual Meeting: May 10, 2021
- Planning & Oversight Committee Meeting: May 12, 2021
- Finance & Operations Committee Meeting: May 19, 2021
- General Meeting: May 26, 2021

There being no further business, the meeting adjourned at 4:58 p.m.

Submitted by: Linda Lamp, Executive Assistant

Approved by: Gwendolyn A. Howard, LSW, MSSA, Faith-Based Outreach Committee Chair