Eliminating Structural Racism in Behavioral Health
May 3, 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 about OhioRISE
- Review subcommittee progress

Agenda Items

Welcome/Introduction – Beth Zietlow DeJesus

- Introduced Rev. Benjamin Gohlstin, ADAMHS Board Chair
  - Rev. Gohlstin thanked all for being present.
  - Rev. Gohlstin said, "Part of the endeavor is to change the narrative" and shared a short story about a recent experience he had while filling out paperwork. He got to the section of the document that asked his race and he selected the option that said "other" and wrote in *human*. Rev. Gohlstin said, "we need to change our labels about what we are fighting against. Let us move forward with that thought in mind, thank you."

- Introduced Scott Osiecki, ADAMHS Board CEO
  - Welcomed and thanked all for their participation in the process.
  - Announced that the Board has authorized the release of a Request for Proposals in the next few weeks for a Diversity, Equity, and Inclusion Consultant.

Speaker – Habeebah Rasheed Grimes, Chief Executive Officer of Positive Education Program

- Ms. Grimes mentioned that she is a Cuyahoga County resident, a mother of two beautiful Black boys, and the sister of a man who lost his life to an altercation with police due to a mental health crisis.
- Shared videos of Governor Mike DeWine and Ohio Medicaid Director, Maureen Corcoran speaking on the importance of Ohio Resilience through Integrated Systems and Excellence (OhioRISE) program for children and adults with complex needs and their families.
- Presented on the OhioRISE program in detail and encouraged everyone to learn more by visiting the: OhioRISE Website.
- Gave data related to children with complex behavioral health needs that are involved in multiple systems. Infographic can be seen here.

- Shared the different needs for this group of children and how the current system does not support these needs.
- Reviewed qualifications for being enrolled in OhioRISE (Enrolled in Medicaid, up to age 21, etc.)
- Program is estimated to serve 55,000 – 60,000 children in the first year.
- Shared an article written about “The Real-World Promise of OhioRISE:” https://pepcleve.org/news-events/a-ray-of-hope-for-multi-system-involved-youth/
- She invited the group to follow the advisory council’s public workgroup meetings and feel free to get involved.
- Full presentation linked to in the email.

Questions for Ms. Grimes:

- One of the big challenges we’ve had is being able to measure intangible data. What kind of language should we use?
    - I think intangible data is good but, I would say right now, we have a lot of disparate outcomes in the children’s system. For example, there is an over representation of Black youth in Detention Centers. I want to see children in this state thrive, and we have solid metrics right now that show that they are not thriving.
    - **Comment:** It seems that if OhioRISE works well, and outcomes show the success of this coordinated effort, private insurance will see the benefit in healthier adults, and honestly, future costs will be less.

- Do parents give up custody because they do not have insurance to cover the services children need? If the county has custody, then are all the children’s services covered?
    - If a child is having significant health problems or needs, parents might have to pay out of pocket or need extra supports. Over time, meeting those health and support needs can get expensive. If the child is at risk, the guardians will likely approach our service care team for coordinated care. All over Ohio, the care is so expensive that there is no option for the cost to be shared. This is because there is not insurance parity in Ohio.

- Is the Family and Children First Council adjunct to OhioRISE?
    - OhioRISE is providing a set of services. That differs from family and children first because they are not service providers.

- Will OhioRISE work to bring parity to address these issues with children as part of the work?
    - I think we are still going to have to exercise our advocacy muscles with the private insurance industry. I think we will have a little more room and energy as individuals, institutions, and systems to do that advocacy work because of OhioRISE. Right now, we are taking care of the babies and trying to keep them out of the deepest end of the struggle. We are also trying to keep providers funded at a level that retains talented and tenured care managers. So, there is a lot of energy going into things other than advocacy right now. However, I think that this program could potentially give us a little breathing room to turn our attention to the type of advocacy that would be necessary for families who are not Medicaid eligible to have access to a fuller continuum of care services.

- What are the strengths/weaknesses of OhioRise in your perspective?
    - Ms. Grimes said she is a little biased. She said PEP holds itself up as a provider of intensive care coordination. She said the advisory group looked out to see what was available to young people across the nation, who had intensive care because of their mental health diagnoses or challenges. The group discovered that high fidelity wraparound services are utilized with great success in other parts of the nation, and that it is often called Intensive Care coordination, which is largely, a very strong model of care. The collaboration across systems and departments is huge. It is mind-blowing that the Ohio Dept. of Education is at the table; that there is consideration of *school* as a system. If you are a young person with a significant learning challenge, and it is causing you to be kicked out of class or causing you to struggle in class, and you are getting deeper and deeper involved in the school’s tiered support system, that is a

challenge that is part of the multi-system lens in this case. That is important. The voices at the table for the process of informing the design and structure of services, and the role that Aetna will play in being accountable to all these entities, are all powerful in terms of the vision.

- In terms of the weaknesses, the primary concerns right now are unintended barriers to care that can happen when you have a new system of administration and bureaucracy. This is not only a problem of OhioRISE. We live with this every day as providers in our community. There are not a bunch of people jumping up and down, saying, "I want to be a mental health provider in the community." Workforce challenges are real, and this program may exacerbate them in a sense. It creates a market for services that did not exist before, to meet a need that is intense. It's wonderful to have options for children and family, but what we don't have is a strong enough workforce. So, part of the advisory council work is building out a work force that can robustly support such a comprehensive program. It is something we are thinking about and not pushing aside saying, "people will show up for these jobs when they emerge" because we don't know that. Medicaid is taking this conversation very seriously, and not pretending like they have the answers. I think it is so valuable to come to the table with some humility. No one is showing up pretending like they know what to do for this to all be over, and I am grateful for that. I think that humility can help overcome the vulnerabilities that we expect in terms of new bureaucracy and increased demand on workforce.

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

- **Health Equity in Behavioral Health** – Erin DiVincenzo (co-chair) presented
  - The health equity subcommittee discussed the RFP that will be going out to find a consultant to drive the work forward, including a survey.
  - The group has already brainstormed survey questions.
  - Group talked about barriers to services, such as language, Medicaid, stigma, medical records and homelessness.

  Meetings are the last Friday of each month at 10:00 a.m.

- **Community Collaboration/Education and Stigma** Regina Spicer (co-chair) presented
  - Group discussed action steps and went over some meeting ground rules.
  - Discussed the need for collaboration across subcommittees for a survey.
  - Access, action and awareness are the focus of questions they'd like answered in a survey.
  - Developing an annual summit for multiple disciplines is on their work list.
  - Want to also develop client focus groups to improve services and client satisfaction.

  Meetings are the third Wednesday of each month at 1:00 p.m.

- **Workforce** – Carmen Gandarilla (co-chair) presented
  - Last meeting included report outs from individuals who were assigned tasks to research at the March meeting.
    - Talked about CDCA sponsored scholarships by D.A.R.E. America
    - Internships with ADAMHS Boards
    - Career days to explore careers in the field
    - Working with schools to do community service hours in behavioral health field
    - Need agency buy in for these activities
    - Look at people currently in profession to make sure we retain them
    - Assist with funding for licensure and further education
    - Training for organizations around diversity, equity, and inclusion
    - Address burnout and compassion fatigue
    - Look specifically at turnover issues.

  Meetings are the third Friday of each month at 11:00 a.m.

- **Data and Research** Thomas Williams (co-chair) presented
    - Discussed how race data is stored within ADAMHS Board systems, including the GOSH system and the DESSA system.
        - GOSH system follows Census Bureau's methods for classifying race
        - DESSA system depends on clinicians reporting of race. Varied ways of reporting create challenges.
        - Trying to analyze data from both systems can be challenging because they are collected differently.
    - Discussion about committee chairs getting together to figure out what a comprehensive survey would look like.
    - Group talked about if collecting data from providers about racial makeup of staff and boards be helpful.

    Meetings are the second Friday of each month at 11:00 a.m.

- **Policy & Advocacy,** Carole Ballard and Karen Kearney (co-chairs) presented
    - Continued working on draft survey questions. Look forward to that work being moved forward by the new consultant.
    - Talked about pending legislation requiring certain behavioral health professionals to receive diversity and equity training to have licenses renewed.
    - The bill sponsors are going to be speaking at their next subcommittee meeting. The next meeting date is to be determined.

    Meetings are the third Friday of each month at 1:00 p.m.

- ***General Discussion about Report Outs***
    - Ashley Yassall asked if the data subcommittee will be taking the lead on getting committee chairs together to discuss the need for a collective survey.
        - Beth Zietlow-DeJesus clarified this work will be carried forward by the consultant once they start.

Closing

- **Next meeting is Monday June 7th 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.