Diversity, Equity, and Inclusion in Behavioral Health Care Work Group Meeting

December 6, 2021, 1:00 – 2:30 pm
Location: Zoom

Meeting Summary

Goal of Project: The ADAMHS Board is working with partners to plan immediate, short-term, and long-term goals for eliminating discrimination in the public behavioral health system, and to uphold the recommendations in Resolution No. 21-11-01 declaring Discrimination is a Public Health Crisis. This 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
- Discuss Facilitated Equity within the Behavioral Health System
- Culture Building Activity

Agenda Items

Welcome/Introduction – Starlette Sizemore-Rice, ADAMHS Board Director of Special Projects

- Welcomed all and informed the group that today's meeting would be recorded.

- Scott Osiecki, ADMHS Board CEO, welcomed the group and the representatives from REDCon, who are DEI consultants for the Board. He also informed the group that REDCon will be facilitating these meetings over the coming months, while they are also helping us conduct an assessment of the DEI needs in our behavioral health system and creating a DEI plan.

- Osiecki also thanked our Board members for approving the resolution that changed this work group's name to Diversity, Equity and Inclusion in Behavioral Health Care Work Group. He shared that the new name represents a consensus on what we want to gain from these meetings: to create an equitable, inclusive, culturally competent and person-centered system of care in Cuyahoga County.

- India Harris-Jones with REDCon introduced herself and thanked all for giving their time to have these important conversations. She has been doing DEI work for 10 years.

- Harris-Jones introduced Brenda Stevens who is the main facilitator for this group and brings a wealth of knowledge from the higher education field. She also introduced Randy Lytes, who is today's guest facilitator.

- Harris-Jones gave a quick synopsis of the first meeting they facilitated:
  - Discussed goal setting: One goal of the work group was to change the work group's name. This was accomplished soon after the meeting. She says she loves when conversations lead to action.

  - The group discussed what the REDCon process will look like, what REDCon is doing as the consultant and how it will connect to this workgroup, what they hope to achieve, things the ADMHS Board and the DEI in BH Work Group were already doing and would like to preserve, plus things to eliminate/avoid.

- The conversation ended with the Work Group's role: accountability partner (motivator/pusher) versus program partner (motivator, provide trainings/skills set). A more in-depth conversation will be held at the February meeting.

- Harris-Jones shared that today's conversation will be based on what our goals of equity look like in the behavioral health system and that the purpose of the conversation is to align those goals with some of REDCon's goals. REDCon is finalizing the assessment process and looking for barriers and issues that are arising in the systems.

- Stevens facilitated the Ice Breaker/Culture Building activity which was centered around culture, values, believes, attitude, etc. She asked the audience to describe their agency's culture in one word or with a picture.

  - The audience added words to the chat: intentionally inclusive, needs-focused, helpful, overextended, transition, caring, person-centered, compassionate, dedication. One picture was shared and several pictures were noted.

  - Stevens said that we will continue doing activities like this to help us understand our organization's culture and barriers which can help us understand how there are barriers to our organization that may prohibit others with different cultures from accessing needed services.

  - Rev. Benjamin Gohlstin entered the meeting and shared his one word: referring to the ADAMHS Board, Rev. Gohlstin mentioned innovative, transition of growth, and always developing new initiatives and new ways of looking at things.

- Harris-Jones introduced Lytes, who will share our goal of equity within the behavioral health care system but also what are some potential barriers and issues that we expect to see as we go through our assessment process and align this group with the work that we are doing.

- Lytes shared that he is one of the consultants from REDCon with an experience in both the education setting and as well as he works currently within health care. His focus is on health equity and behavioral health equity is newer to him; health equity is all the same. He shared four key questions that were addressed and discussed.

What is behavioral health equity?

- Audience input: Osiecki shared: "People getting what they need." Orion Bell, Benjamin Rose shared: "Culturally sensitive to the people that need it."

- Lytes shared the Substance Abuse and Mental Health Services Administration's definition: "The right to access quality health care for all populations regardless of the individual's race, ethnicity, gender, socioeconomic status, sexual orientation, or geographical location. This includes access to prevention, treatment, and recovery services for mental and substance use disorders."

- Lytes shared that equity is basically to make sure people have access to what they need access to and when you give them access make sure you're being culturally sensitive.

What steps does behavioral health equity start with?

- Valuing all individuals and populations equally; make sure the people who are engaged/doing this work have a level of commitment to cultural competency including individuals on the

Board, staff, leadership, people who are associated with the work. Are they capable of valuing and appreciating the differences/similarities of all other people?

- Recognizing and rectifying historical injustices; reflective of pass policies, practices, systems, perceptions that have been in play for many years (intentional/unintentional). Acknowledge that there are disparities/injustices that prevents equal access. This will come through the upcoming data assessments (quantitative/qualitative), focus groups, interviews, surveys that REDCon will facilitate. This will help show what current barriers exist now and bring attention to the historical injustices.

- Providing resources according to the need; make sure to collect data. Data represents people and decisions and data drives action. Analyzing the data to help identity where those barriers are. Then use it to think about what actions are going to revolve. Actions like changing/tailoring services and how resources are provided to address the true needs of those that come from different backgrounds of your client group.

What are some potential barriers for those with lived experience?

- Rev. Gohlstin said, “Color of the law.” Laws are legislated to prevent equal access and quality care.

- Audience Input: Mistrust of those who say they will change, transportation, stigma, housing, timely access to care, childcare, unconscious bias, no insurance, navigating the system, financial barriers, trust issues, discrimination/stereotypes, access to continuum of care, ethnicity and colorism, stigma, and fear around outreach.

- Larry Heller shared that there are barriers to accessing continuum of care, a lack of knowledge of what exists and how to access it. Individuals with Medicaid or no insurance do not have comparable access. He also shared that the workforce does not reflect the community we serve and that there are systemic issues in the workforce. Workforce development should be five-year/short term and a 10/20 year long-term plan to attract the youth. Heller asked how do you get, attract and make an assessable workforce that represents our population and those who need help. Should we provide funds upfront for education?

- Rev. Gohlstin share that over dependence on data is a barrier; he said the data does not reflect his reality and the people who look like him.

- Lytes shared that data is one source of information. A well-informed decision is backed up by multiple sources: data, research and key insights from your stakeholder.

- Harris-Jones shared that there is an equity issues in those people collecting the data so pay attention to whose collecting data and if they are representative of those communities. Make sure the people we are researching are collecting their own data and that they own it. There is power in data, but it depends on who collected it and who owns it.

- Stevens expressed that we continue to think about our organization’s culture and invisible barriers that could keep individuals from accessing your organization’s services.

- Lytes shared other barriers: income, employment stability, housing stability, proximity to services, insurance status, social stigmas, and culturally responsive care – tailor your approach for different social/culture backgrounds (services/news/outreach etc.)

- Rev. Gohlstin suggested controlling the narrative: eliminating the words that people “need help” and replacing it with “working towards recovering.” He said that needing help implies that people are weak and we are superior.

    - Harris-Jones added to Rev. Gohlstin's comments and asked when thinking about the type of language we use in the behavioral health field, think about what words you want to create your world.

What types of questions should ADAMHS be asking?

    - Audience input: Could you describe your interaction with our system? What do you think of the Board? The Board's culture? How do we approach the younger generation? Clare Rosser shared that the scope of this project is the entire local public behavioral health system, all of us together and the work that we do to meet this need in the community.

    - Lytes shared the following questions:

        - Do we see difference in who is utilizing our services? Specifically, what types of services?
        - Do we see differences in outcomes for those services across groups?
        - Are there barriers impacting one group more than others?
        - What are the perceptions of our different stakeholders regarding ADAMHS Board services, operations, resources, and culture?

    - Harris-Jones mentioned her past experiences with reviewing data has shown that there is always a difference in the perception: provider versus lived experience versus community.

- Harris-Jones shared that the goal is for this workgroup to align to some of the things that may come around as we begin to share this information.

- Harris-Jones mentioned that today's feedback and comments could help plan the group's next steps. She also noted that there is a wealth of information in the chat. She thanked the group for being active and engaged.

- Rev. Gohlstin wanted Lytes to know that we are controlling the narrative and that we do not use the word race, there is only one race. He said that any time we begin to talk about race, we are talking about eliminating or changing the human race itself. Rev. Gohlstin said what we are really talking about is discrimination in terms ethnicity, color of skin, national origin.

- Rosser confirmed with Harris-Jones that the invitation to complete a survey and/or participate in a focus group or interview will go far and wide and that this group will have access to the survey.

- Harris-Jones shared that a question on the survey will identify an individual's specific connection to the Board – lived experience, Board staff, Board member, staff of an agency, DEI Work Group member, and other. The survey will go out as far and wide as possible to get as many responses as we can. The survey link will be coming out soon.

- Stevens shared that individuals would receive a link to sign up for the focus groups and interviews starting in another two weeks or so.

- Harris-Jones stressed that the most important part of this work is our voices, so she highly encouraged all to be on the lookout for these notifications and to please participate.

- Carole Ballard wanted to make sure that the online surveys reach individuals who may not have access to the internet who could be in various pockets within our community: lived experience/behavioral health workers at all levels/stakeholders/community.

- Stevens responded that they have two lived experience in-person focus groups set up and will add more if needed. Stevens also mentioned that it might be other stakeholders that may need to be included in the in-person focus groups.

- Harris-Jones ended the meeting by asking the group to contribute one word on how they are feeling in this moment.

- Words shared by the audience**:** Connected, hopeful, ready, committed, grateful energized, integration, motivated, driven, cautions, determined, community, open (to learn more) and dedicated.

- Harris-Jones thanked everyone for giving their time to initiate these conversations. She hopes that everything we have discussed is carried on and that attendees can leave the conversations with little tidbits that will start larger conversation that will hopefully impact your work.

- Osiecki and Rev. Gohlstin thanked REDCon for their work today. Stevens thanked Osiecki and the group for engaging.

The next large group meeting will be on Monday, January 10, 2022, at 1 p.m.