



**Diversity, Equity, and Inclusion in Behavioral Health Care Work Group Meeting**  
**January 10, 2022 at 1:00 pm – 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**

- Gain a better understanding on aligning stakeholders and working across various systems.

**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, ADAMHS Board CEO, welcomed the group and the representatives from REDCon, who are DEI consultant 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 create a DEI plan.
- Osiecki also mentioned that the group should have received registration information regarding a DEI Focus group for this Work Group and if they have not already, please register and/or complete the DEI survey which would be going out this week. Osiecki noted that the group's input is important so please participate. Osiecki handed the meeting over to REDCon - Brenda Stevens and Tamal Hodge.
- Stevens wished all a Happy New Year and shared that this is our 3<sup>rd</sup> Workgroup meeting together and she is very excited. Stevens shared that Tamala Hodge from REDCon was joining her today.
- Hodge introduced herself as the Project Manager. She creates and manage timelines and serves as the single point of contact. She ensures a smooth transition of information from her team to the ADAMHS Board. She has been with REDCon for a year and half.
- Stevens shared that today's discussion will be around Breaking Down Silos that can occur across Agencies – Effectively achieve equity for behavioral health by working together/collaborative. Last meeting, we had a great discussion around Equity within the Behavioral Health System.

**Behavioral Health Equity for Ethnic Groups are critical.**

- Brenda shared that according to HUD and CDC, Cuyahoga County has the highest Covid19 rate in Ohio and is rated third in counties across the US.
- Brenda stated that according to the CDC, health equity is achieved when "all members of society enjoy a fair and just opportunity to be as healthy as possible" - Covid19 brought the social and racial injustice and the inequality to the forefront of public health/behavioral health. When people go to the doctor, especially people of color, they are not believed if the test does not show what the doctor wants to see.

Therefore, their health is impacted due to too many tests that do not show the root of the issue. The issues could be domestic violence, substance use, mental health/etc.

- Ensuring behavioral equity is integrated across all public health efforts will make communities stronger, safer, healthier, and more resilient.
- **What are some of the ways Agencies in this network promote Behavioral Health Equity?**
  - Osiecki shared that Rev. G is having internet access issues and asked that we continue with the meeting.
  - **Audience Input:**
    - Kristi: virtual opportunity for all/access to technology to participate.
    - Khalid: ADAMHS Board specifically is intentional, building strong coalitions, evaluating our work based upon what our experiences are historically and very alert.
    - Thom, St. Vincent Medical Center: by not assuming they know the issues then assume they could concoct the solutions. We learnt it has to be a collaborative engagement that starts with a better understanding overall of the voices of the people that are impacted.
    - Lou: Board is the only one continuously raising voices about our health care/behavioral health system.
    - Terry: addressing those interpersonal and structural personal barriers. 21-day RDCI challenge really looked at cognitive bias and not in a blame sense, but in a way to bring that to the surface so that we increase our awareness of the things that inherently may impact our clients/families.
    - Ashley: teaching staff and counselors that vulnerability is huge when working with clients of different backgrounds. Admitting that they have not worked with a specific race/population/background very often in an effort to give them the best care.
    - Vincent: continue to listen to people and listen within the community they are in (conversations will be more comfortable). As we listen to people, be sure to follow up - multi conversation levels.
    - Lue: Equity is by design.

### **Environmental Conditions that Determine Quality of life Outcomes**

- Discrimination, Access to Healthcare, Occupation, Education, Income and Wealth gaps, and Housing.
- **What are some of the ways these conditions put diverse communities at higher risk of COVID and other behavioral health diseases?**
  - **Audience Input:**
    - Beth: Mistrust,
    - Elaine: Living in substandard conditions

- Andrea: Discriminatory felony chargers
- Khalid: Community vitality – economic development
- Scott: Pressure of having to work in a risking environment to provide for their family which brings on anxiety and depression.
- Kristi: Lack of support team. if you don't have a support team
- Teresa: We are starting to break down some of the environmental conditions through education delivery/counsel delivery. Breakdown/address language barriers and deliver it in culturally sensitive way.
- Lue: The list intertwines with the stigma issue we have in our society.

**Working in Silos** – Operating in a bubble; on your own; islet team/department - Does not benefit your clients/your organization.

- **Working in Silos inhibits innovation**

- Much of the work we do occurs in silos
- What is the silo mentality – mindset of departments/organization that do not want to share information with other organizations.
- This permeates the health system adversely impacts healthcare for black, brown and marginalized clients.
- Silos disrupt systems by delaying holistic care.

**Moving toward agency collaboration**

- Talk to each other- communication between agencies must be established and easily accessible.
- What is the ultimate goal in client care – deliver the best care possible.
- Take “no wrong door system” approach when working with clients of colors.
- **Are there opportunities to work across agencies?**
  - **Audience Input:**
    - Kristi: If we can't assist, I often share provider information from the ADAMHS Board's Provider Guide with clients. Unite Ohio is another great easy resource for making direct referral to agencies. NAMI GC and ADAMHS Board “Reduce the Stigma Campaign” was a great way for the provider network to come together and get to know the other providers. Client Rights Officer meeting are also a great way to collaborate/problem solve.
    - Lisa: The opportunities to collaborate are there. Not sure if providers take advantage of it. Since Trauma Informed Care is a standard across agencies, it helps in making sure our clients will get the care they need. Providers are not rewarded for collaboration. Providers are not encouraged and there is no incentive to work more collaborative.
    - Christina: Collaboration can come from on-the-job training/networking/past work relationship.
    - Brenda shared that there are many resources in our network.
    - Jason, CAD: It is a barrier for the Executive Directors, CEOs, or President to not be on the CAD calls and other calls in general to make changes a little easier as opposed to having to go through so many different layers.

- Beth – There is a ton of collaboration. Overall, our county does a great job. The board is a connector to many collaborations so reach out to Board get connected.
- Kelly: Collaborating at monthly meetings with doctors, attorneys, social workers, guardianship services, the Board, etc. Get to talk about cases, work together and get to know each other. Very helpful/valuable process.
- Lue: No incentives - organizations are competing with other agencies. Inequity from organizations outside the network.
- Teresa: Children’s hospital in Ohio decided that one of the things that they were not going to compete on was quality. They formed a collaborative where they worked together to share best practices. Could this be an opportunity within this group to collaborate, not just around referrals, but to also share our best practices to share will all the partners to reduce the variances to the population we serve and improve their outcomes.
- Brenda stated that collaboration sparks innovation which makes the entire system better...stronger together.
- Scott: One opportunity to work together is the Diversion Center. With the establishment of the Diversion Center, there was a lot of working across agencies. Also, due to the Diversion Center changing into a Crisis Center, it will be more opportunities for providers to work together.
- Brenda shared that she came across information where both Scott and Beth were mentioned as being at the forefront of the information that was dispersed throughout NE Ohio on BH. She thanked them both for their work.

### **Collaborating across agencies**

- Three key tips for working across agencies.
- Brenda shared that we are the experts in behavioral health. We are coming up with this discussion and working through them together so that you can then form ideas around how the ADAMHS Board can become a better service organization for the clients that you serve.
  1. Understand that it may be a challenge – accept the challenge and work to mitigate barriers to care for your client.
  2. Build a trustworthy relationship – Collaborations will only work if there is trust and it takes time to build trust.
  3. Work together to create solutions for clients – keep the client’s best health options at the forefront.
- Khalid shared the reality is that the energies, individuals and resources are built specifically for the opportunity to undermine some of these things. This is the current atmosphere that exist within the state agencies and/or tied to the state agencies.
- Brenda stressed that building trust and working with other agencies is not the easiest thing to do initially, however, it is done for the ultimate care of your clients who may have multiple needs. You may not be the expert in all areas of need under behavioral health, but you may be an expert in a particular

one. In addition, you may know other agencies that may be the expert in all or more of the conditions that exist.

## **Become empowered**

- **As a collection of agencies, you can be empowered to advocate for racial and marginalized groups in your networks.**
- Brenda asked the group if there are other settings where you can come together regularly for a discussion on different topics where you can form alliances that will help you to make the connections you might need? Please share those situations.
  - Audience Input:
    - Beth asked Brenda if she was speaking about directly related to racial and equitable care? Brenda's answer was yes. Beth continued and explained that it is covered in other collaborations, but it is not the main purpose. This is the main purpose of this collaboration. We have addressed racial and equitable issues that are shown through data collected specifically for a particular collaboration. We would collaborate on creating trainings to address those issues.
    - Vincent shared that a few of the issues that need to be dealt with are power relationships and learning how to share power. Another is dealing with the issue of agencies competition for the same limited resources. Each has to learn that the sharing can be powerful to each agency. Get away from changing what's the popular and change what's important.
- Brenda's personal vision is to see us all empowered as diversity ambassadors that will have answers to assist people of color coming into your agency. To care enough to know where to find the answers and to dig deep enough to get to the solution to help folks that are experiencing some of the things we talked about today.
  - Audience input:
    - Lue agreed with Vincent and mentioned that the ADAMHS Board is one of the few organizations that is doing the right thing.
    - Brenda shared that it will not be easy but keep the client at the forefront. As a collective group you have a built-in alliance already and the support of the ADAMHS Boards.
    - Khalid mentioned a Zoom Program for youth and high school student through 99Treasures Arts & Culture and Generational. He is asking for guest speakers and will send an email with details.
    - Lisa stated that agencies currently meet around a specific things/certain context. Space is needed to have more of this type of conversations/discussion to get to know the culture and how agencies interact with clients. This could be a way to build more trust.
    - Kristi shared that the Business Volunteer Unlimited (BVU) is used to help fill their Boards/Committees with professional/young professional- speed dating for young

professionals. We could use the same concept and do small breakout rooms with a few agencies – understand other’s missions, what is the intersection/how can we collaborate. Providers will come out with a greater awareness of an organization’s mission, registering process and how they are supportive of clients.

- Brenda shared that awareness is the very first step to collaboration.
- Brenda stated that this was a great discussion! She wants to leave us with once again with to be empowered and to understanding that collaboration and modeling what that looks like across agencies can begin with this group. It can begin right here. If anywhere, this place is the best place to start. We are talking about marginalize individuals who really will fall through the cracks if you do not work together to get the best behavioral health care possible.

**Brenda thanked everyone for their participation. She then aske everyone to contribute one word to describe their feelings in this moment.**

- Words shared by the audience: Hope, focus, inspired, enlightened, empowered, thoughtful, honest, meaningful, progress, oneness, collaboration, drive, trust, possibilities, intentional, empowerment, invigorating, beginning, innovative, perspective, growth, positive, READY, action, and grateful.
- Brenda share that the group is awesome as always and she enjoys the sessions. This is the 3<sup>rd</sup> or 4<sup>th</sup> meeting and we are starting to become a team. She is enjoying the work we are doing together. Brenda stressed that we continue to feel increasingly empowered. She encourages us to speak up and bring our ideas because as we move forward in the next few months, we are going to do far more work together. Also, she shared that she will be interviewing some of us and participating in the DEI Focus Group with us. It will be a lot of interactions in the next few months. Brenda thanked Tamala for doing a fantastic job.
- Osiecki thanked the group for participating and for their energy. He also thanked Brenda for the energy she brings to the group and he expressed how Brenda makes it comfortable for all to participate.

**The next large group meeting will be on Monday, February 7, 2022, at 1 p.m.**