



**Eliminating Structural Racism (ESR) Advisory Group to the ADAMHS Board**  
**June 6, 2022, 1:00 pm – 2:30 pm**  
**Location: Zoom**

**Charge of the Group:** The Eliminating Structural Racism (ESR) Advisory Group to the ADAMHS Board will serve as a partner to the Board. The group's role is to identify and address structural inequities with a focus on racism in the areas of workforce, health equity and data and research in the local ADAMHS Board behavioral health network. Additionally, the group will advise the ADAMHS Board on the implementation of key strategies and actions of the DEI Strategic Implementation Plan.

**Goal of Today's Meeting:** Education about inclusive practices.

**Meeting Summary**

**Welcome/Introduction**

- Rev. Benjamin F. Gohlstin, Sr., ADAMHS Board Chair, thanked everyone for their continued participation.
- Clare Rosser noted that Scott S. Osiecki, CEO, is attending and presenting at the OACBHA Opiate and Other Drugs Conference. However, he sent the following updates to be shared with the group:
  - Since the last ESR meeting, Board staff met with REDCon and talked about a one-page description of the goals/vision of the Diversity, Equity and Inclusion (DEI) Strategic Implementation Plan for the ADAMHS Board system. They also discussed working together to further the implementation of the plan, and how the results could be measured.
  - The electronic draft survey was available May 6 through May 15 for the public to review a draft of the plan and share comments. We received 14 responses. A focus group of individuals with lived experience was conducted at the Life Exchange Center to gather input on the draft. REDCon shared a "first glance" of survey results with the community's feedback with Board staff on May 17.
  - Carole Ballard and Osiecki met with REDCon on May 12 to discuss electronic training capabilities and the development of education training modules for staff and providers that would be used to gain a baseline of understanding of DEI, and customized trainings that will be specific to our plan.
  - REDCon provided a copy of the plan, which is going through the ADAMHS Board June meeting cycle for adoption.

**DEI Education Session led by Brenda Stevens and Randy Lytes from REDCon**

Culture Building Activity: What does inclusion mean to you?

- Audience input: every voice heard and valued; involved; all encompassing; all are welcome; accessible; engagement; encouraged; equitable access to opportunities and resources; everyone can participate or be part of something; place or space where everyone feels safe to be themselves; promoting fair and equitable participation for all; full human rights for all people; accepting people as they are and sharing power; belonging; to invite the thoughts of others into the conversation; when every voice is heard and valued; leaving no one behind; all are welcome; seats for everyone regardless of differences; feeling welcomed and encouraged to engage as one's authentic self; a space where everyone feels cared for and heard; listening to those around you and acting on what you hear.

## Diversity Presentation

Objectives for today's presentation:

- Identify the connection between identity and inclusion
- Identify the characteristics of inclusion
- Evaluate and effectively apply the characteristics of inclusion in daily life

Outcomes for today's presentation:

- Define identity and how inclusion is felt through this lens
- Define inclusion and the pillars of inclusion
- Strategies to promote inclusion

Characteristics of Inclusion:

- Inclusion is: consistent across all interactions; transparent with no hidden rules or expectations; fair in evaluations and decisions; part of the community; capable of accepting and embracing change; a learning culture; a way of life.
- Stevens asked people to think about how this plays out across the network, with different providers? How does inclusion permeate across the entire mental health, addiction and recovery system?
- Lytes led the group in exercises to identify characteristics of inclusion.

Identity:

- Definition: the distinguishing character or personality of an individual; the relation established by psychological identification.
- Dominant identities: ability, age, race, religion, sexual orientation, gender, socioeconomic status
- Social identity definition: similarities one has with other people, values and beliefs, and the ways you have learned to behave in social settings; our society strongly influences how we categorize ourselves and other people based on these identities.
- Lytes asked the group to share if they have ever felt excluded because of a dominant or social identity? What would help look like in that moment?
  - Responses: exclusion based on being the only person who is not of the dominant culture in the room
  - Lytes said this can be unintentional through patterns of behavior or assumptions
- Connecting identity and inclusion equals interconnectedness.

Inclusion Advocate:

- Definition: supports the access, advancement, empowerment, involvement and participation of all individuals regardless of their background or social identity, and helps foster an inclusive workplace.

- Lytes shared inclusive practices that can be utilized for each dominant identity group.
- Stevens asked if there are inclusive practices that have been implemented already? Audience input:
  - Some areas of the behavioral health field have white women as the predominant professionals, very few men, very few people of color; one organization implemented a fellowship with priority to individuals who are minorities.
  - Another participant noted that their employees are 75% female, but clientele is largely male, and African American women are under-represented in leadership roles.
  - Lytes noted that workforce is sometimes dictated by “availability” – does the data show that there are people trained who are not hired?
  - Stevens noted that “you have to create your own pipeline” into the workforce, and start as young as fifth and sixth graders.
  - Examples of “pipeline” projects included engineering students at the University of Buffalo; and the Geriatrics Workforce Enhancement Program at NEOMED.
  - The idea behind pipeline projects is that if more people know about the field, they are more likely to enter it.
  - Stevens said that the next question after implementing a pipeline project is: does our culture support bringing people in and being welcoming? There can be a stigma among people who are already working there: “you got here because of the program” or “you are here to meet a quota”; training is sometimes needed for those already there.
  - A participant noted the military as an example of not being prepared to welcome female soldiers and personnel, and cited the treatment of women over decades. They also noted the need to be practical in implementing these approaches.

#### Closing Remarks

- Rosser gave an update on scheduling the sub-groups. In June, there will be organizational meetings of the sub-groups if possible.

#### Sub-group schedule (yet to be confirmed):

Data and Research - 2nd Friday at 11 am (June 10)

Workforce - 3rd Monday at 1 pm (conflicts with the Juneteenth holiday)

Health Equity - 4th Thursday at 10 am (June 23)

- Rosser noted that this schedule will be posted on the adamhscc.org website when ready, and will be shared by email.
- Rev. Gohlstin thanked everyone for their involvement.

Next large group meeting: July 11, 2022