



Children's Behavioral Health System of Care

Ensuring Equity Workgroup

May 20, 2021

Welcome and Introductions

**RHODE
ISLAND**

Today's Agenda

1. Welcome and Introductions
2. Workgroup Purpose
3. Setting the Stage—An Equity Primer
4. Community Feedback and Discussion
5. Next Steps and Logistics
6. Adjourn



Welcome and Introductions

In the chat feature of Zoom, please:

- Write your name, pronouns, organization, and preferred contact information
- If you would like, also share why you were interested in joining this group

Please also remember to mute yourself when not speaking to ensure everyone can hear one another.

FYI: this meeting will be recorded for note-taking purposes and to capture the additional comments, questions, and suggestions in the chat

General Ground Rules

- Let's have mutual respect for one another—including when our opinions may differ
- Let's cherish the uniqueness of our collective diverse backgrounds and lived experiences
- Let's work to maintain an open, welcoming, and positive space full of opportunity
- Let's remember to consider access for those of varied abilities, languages, and other needs
- Let's be sure to recognize our own limitations—who is missing? Who do we need to invite to the table? And how do we support them in joining us?
- Let's remember that words matter! This is a safe and inclusive space and we all need to make an effort to be honest with one another using thoughtful and appropriate language
- Anything else?

Workgroup Purpose

Planning Process—The Next Four Months

- Identify short-term priority areas and solutions to better meet the emergency behavioral health care needs of children, youth, and families.
- Identify existing resources to leverage and identify gaps.
- Identify budget and other resource requirements for priority areas. Consider SAMSHA grant, American Rescue Act Funds, and/or FY23 budget
- For each priority area, create an implementation plan focusing on short-term and long-term needs and a series of measurable objectives.

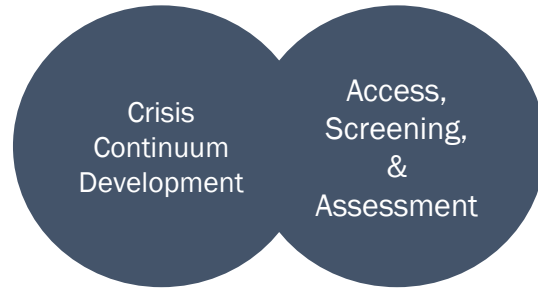


Alignment Across the State

- Alignment with other state work
 - BHDDH RFI Behavioral Health Crisis Care System closed March 30, 2021
 - SAMHSA Grant
 - Faulkner BH System Review
 - MCO Procurement
- Alignment with other workgroups
 - Formal liaisons from this group to other workgroups for reporting and integration

Children's Behavioral Health SOC Governance Structure

Co-Led Public/Private Subcommittees



EOHHS Secretary/
Assistant Secretary

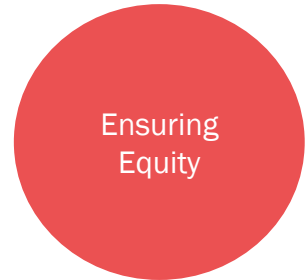


State Implementation
Team



Stakeholder Group

Co-Led Public/Private Subcommittees



Workgroup Meeting Goal

Intentionally provide the time, space, and venue to:

- Hear the diverse voices of the community,
- Learn about the inequities that exist within our system, and
- Jointly propose recommendations and potential solutions to change the narrative.



Setting the Stage

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EOHHS Priorities

Our mission: Ensure access to high quality and cost effective services that foster the health, safety, and independence of all Rhode Islanders. We accomplish our mission by:

ONE

Preserving and improving *access* to quality, cost-effective *healthcare*

TWO

Shifting systems and investments to prevention, value, choice, and *equity*

THREE

Curbing the Opioid Epidemic, addressing addiction, and *improving* mental health services

FOUR

Promoting efficient, effective and *fair* delivery of services

Our EOHHS Guiding Principles

CHOICE



Full Choice for Individuals and Families

- Every resident that we engage must be given the right to choose and influence what they receive. Options must exist.
- Whole person
- Respect and dignity

RACE EQUITY



Race Equity

- We must ask ourselves every time we create a policy, procedure, practice or implement a plan “What role if any is race play in the decisions we make? Is this equitable? Is this fair?”
- We must ask ourselves every time we create/fill a position or look to promote “What role if any is race playing in our decision making?” Recruitment, retention, and promotion of people of color must be priority.

ENGAGEMENT



Community Engagement

- We need to intentionally have community at the table from the onset and throughout. We must ensure that the community voice is heard and respected. Balance power.
- We must ask the community what they need before we act and not assume we know what is best or do what works best for government.
- We must engage community using a racial equity lens.



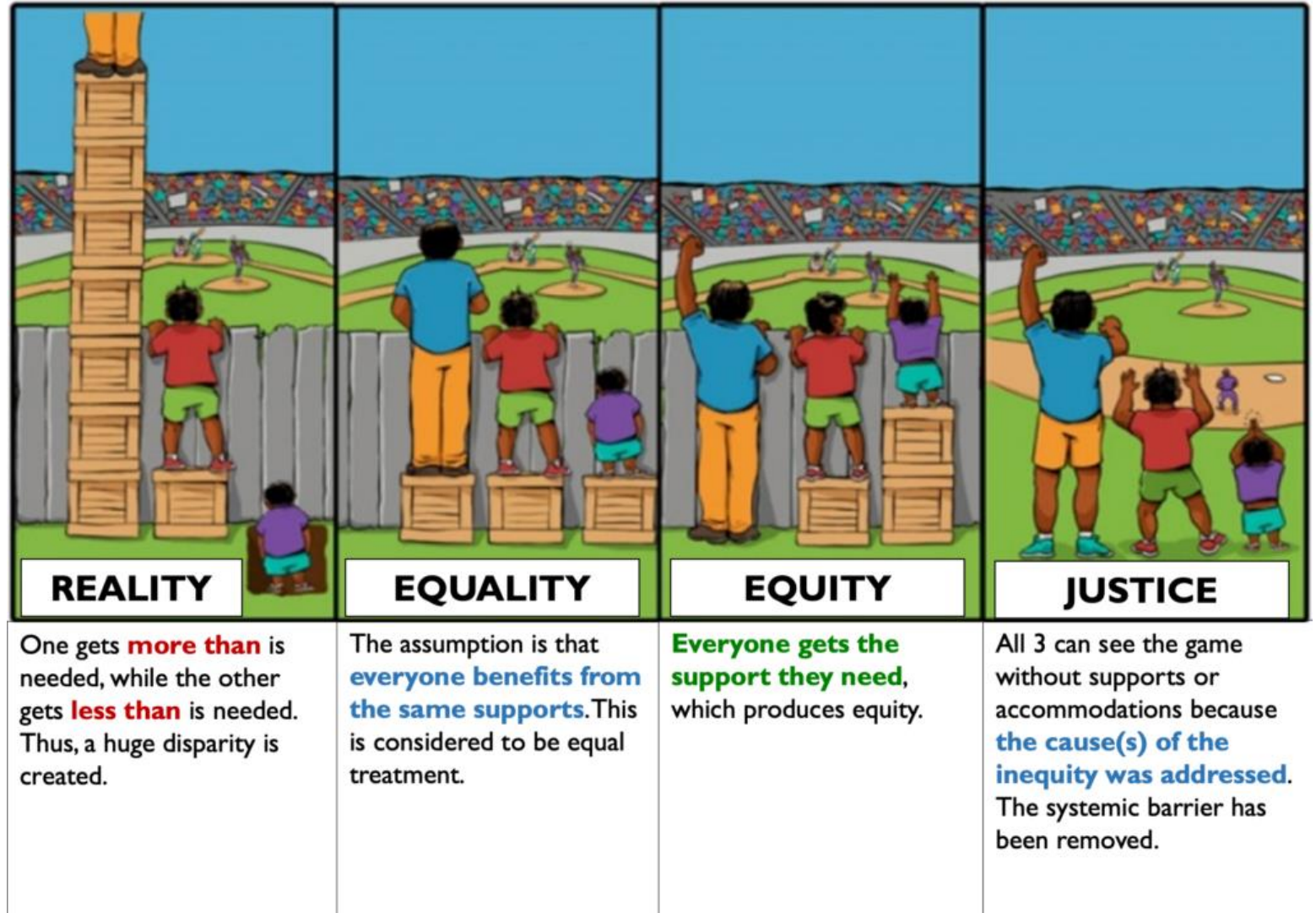
We Must Use A Race Equity Lens In All That We Do And How We Engage

Vision

EOHHS will apply a race equity lens when creating policy, procedure, practice and Implementation of plans that affect families and communities.

What is Equity?

Everyone should have a fair and just opportunity to be healthy and achieve their full potential.



Behavioral Health Equity

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.

In conjunction with quality services, this involves addressing social determinants, such as employment and housing stability, insurance status, proximity to services, culturally responsive care – **all of which have an impact on behavioral health outcomes**.

Up to 80 percent of our health is determined outside the doctor's office and inside our homes, schools, jobs, and communities – the places where people are born, grow, live, work, play, age, and pray. Conditions in these places – called the social, economic, and environmental determinants of health – have a greater influence on health than other factors, like genetics, individual choices, or access to healthcare. They are shaped by forces like structural racism, poverty, and the distribution of money, power, and resources at the global, national, and local levels.

Race Equity and Other -Isms

- Racial inequities persist in every system across our country, from healthcare to education, criminal justice, housing, and the economy. These inequities can't be explained by differences in socioeconomic status. Rather, they result from powerful forces in our systems and institutions. To improve health outcomes for everyone we serve, public health must make advancing racial equity a core part of its mission.
- **Other Forms of Marginalization and Oppression:**
 - Ageism and Adultism
 - Classism and Colonialism
 - Sexism, Heterosexism, and Transphobia
 - Ableism
 - Saneism
 - Sizeism



Community Feedback and Discussion

Let Us Hear From You

- *What are your initial reactions?*
- *Do any particular injustices in our children's behavioral health system come to mind?*
- *Where are there existing inequities in the system?*
- *Why do these inequities exist? What is the root cause?*
- *What are some solutions to address the root causes of these inequities?*



Next Steps and Logistics

Wrap Up

- a. Community Co-Chair and Workgroup Liaison(s) Opportunities
- b. Meeting Time and Frequency
- c. Focus of Next Meeting

THANK YOU!

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