

Behavioral Health Workgroups – Equity 6.17.21

Meeting date, time and location: 06/17/2021, 3pm, Zoom

Meeting Facilitators and presenters: Jess Hunter, James Rajotte, Jordan Maddox

Attendees: Veronica Bourget (Parent support Network of RI), Jesse Hunter, Louis Gentile, Maayan Rosenfield, James Rajotte (EOHHS), Samantha Brinz, Danielle Loughlin (Perspectives Corporation), Jenny Bautista (Blue Cross & Blue Shield of RI), Allegra (RIDOH's Health Equity Institute), Jordan Maddox (BHDDH), Trisha Suggs, Christine Emond (BHDDH), Iraida Williams, Cindy M Gordon (Newport Mental Health), Susan Hayward, Naiommy Baret

<p>Introductions and feedback on categories from last meeting</p>	<p>Jesse Hunter, James Rajotte</p>	<ul style="list-style-type: none"> • Welcome to Jess Hunter, new leader • Establish group rules, safe space, think about who is missing, be mindful of implicit bias, if you need translator/other resources to access the meetings let them know • Recap: discussing what is equity and what does it mean, how to become a part of all the workgroups, goal: intentionally address the inequities and hear diverse voices • Met with outreach workgroup and there is interest in building community sessions in focus groups in partnership – might work with social workers, Rhode Island college. Are there ideas of people who could help with this? • Samantha Brinz: school health advisory council has diverse group of stakeholders in the field, meets monthly, could be good resource for focus groups • Jess Hunter: look over categories in slideshow and see if it reflects everything discussed last time • Veronica Bourget: This looks good but can you send a link to read about some of the acronyms/definitions of terms? • James Rajotte: yes, we can put together a packet that explains some of these • Jess Hunter: reviewing chart of important points from last time • James Rajotte: Please tell us what is missing - these are your ideas. • Samantha Brinz: overarching thoughts – is there a place for general comments that address some general concerns. Want to talk about addressing explicit bias which hits on many of these topics. Idea: universal design for learning – framework to improve and optimize sharing info through lots of modalities to allow individuals across language and cognitive abilities to understand (eg infographics) • James Rajotte: Should add safe spaces for sexual orientation conversations in healthcare provider offices • Jess Hunter: important to make sure providers educated not just on correct pronoun use but also trans affirming care practices (not splitting groups into men and women) • Susan Hayward: focuses on youth transitioning from school into adult services, have difficult time accessing services for adolescents and young adults – we need more providers who are skilled in both intellectual and developmental disabilities and mental illness, how do
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		<p>we find them. Some providers have more medical model and some have more of human service who life model – how do we get at that for youth with intellectual disabilities.</p> <ul style="list-style-type: none">• Iraida Williams: importance of meeting people where they are – even if they speak Spanish if they can't read and write that I can't give them a pamphlet in Spanish. Be flexible with needs of different families• Jess Hunter: I like the strenghts based approach.• Iraida Williams: Say that as a parent – foster son from DCYF care, def child she raised orally• Jess Hunter: to continue conversation happening in the chat, what term do we want to use to talk about "differing abilities". I am a disabled person and work with disabled people and I use the word ability diverse but that may not apply to everyone• Samantha Brinz: could be helpful to collect some information on what is currently being used• James Rajotte: APA put out packet of bias free language talking about age, gender, ability – will add this to information packet. Problematic: special needs, physically challenged, mentally ill. Preferred: person with disability, people with intellectual disability, etc. - maybe can take this and match with guide• Veronica Bourget: I'd appreciate that!• Jesse *continues to review bullets*• James Rajotte: someone asked for clarification of last bullet under culture and beliefs in chat – ideally based on knowing family or background of family be able to tailor explanation to understand where might be some resistance or better acceptance. Ex. Before taking child inpatient is there a way for there to be a family program about that• Jordan Maddox: likes idea of meet individuals where they are (don't use jargon they wouldn't understand)• Allegra: History of people in clinical side using what they perceive as race ethnicity and ability to make medical decisions about how they treat a family. Let's clarify this point is not supposed to be based just on assumptions, but on really knowing a family.• Jordan Maddox: can't come from top down but has to come from community who says what they need.• James Rajotte: An example brought up last time was do we need to consider if you think one child is at increased risk because their family is stricter but it's
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		<p>part of the culture to be stricter. Have to account for that when deciding about putting them in foster care.</p> <ul style="list-style-type: none">• Naiommy Baret: Another workgroup brought up not criminalizing behaviors. We need to examine how we look at population at the training schools, etc. Need to think about our language around that population.• Cindy M. Gordon: we're all products of white supremative patriarchal heteronormative culture and we need to be aware of racism and assumptions. Importance of self awareness and educating to come before these things. Maybe change language from socioeconomic status to social determinants of health because impacts mental health and wellness.• Veronica Bourget: agree with the Cindy's first point. I don't understand everything. I'm not familiar with all of this type of stuff and I'm here to learn but we need to be educated and understand ourself before we pass things along. Could be generational.• Cindy: It's by design that the patriarchal and white supremacy keeps this information out. I have the educational privelege to learn about it but segregation and other reasons lead people to not know about this. It's ok but it's also about learning.• James Rajotte: Our job to learn, pass out info to community and to other workgroups• Samantha Brinz: not sure where this fits in but community based health navigators would be great. People in community and regional organizations can support families in this work who are from community and reflect diversity and assets of community• James Rajotte: continues on theme of meeting families where they are• Cindy M. Gordon: Idea of parent partners – parents that have lived experience with their children helping other parents navigate• James Rajotte: talked to diverse group of providers and suggestion was peer community health worker who is a parent who eg dealt with a kid who tried to commit suicide and can help another parents safety proof their home and deal with the guilt, builds on social support, etc. It happens at inpatient units but we need it for outpatient.• Trisha Suggs: We need smaller inpatient units more specialized to specific types of needs, I try really hard
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		<p>to keep kids out of inpatient unit. They can learn too much on the unit – may go in being depressed but then can learn about psychosis, suicide, self-harm etc and it's dangerous. Need to think about wraparound care for the child and individual not just the group. Not everyone who needs treatment can go into the same group.</p> <ul style="list-style-type: none">• Veronica Bourget: look at old program called CASSP – everything you mention was a part of that, can think about taking pieces from that old program, was federal and state grant• Iraida Williams: they created CASSP, no longer exists then we create new thing and it ends. But the leaders had strict guidelines and you had to stay in the box. She got pushback for thinking outside of box and really working tightly with families. It didn't work because there was such a narrow box. Then we ended this and there was a new thing and then that ended and we have FCCP. There were issues a lot of families fell through the cracks because the leadership had such narrow confines. If you come to a room with 15 ppl as a parent and none of them looks like you and they use language you can't understand then it's useless the families are intimidated.• James: put link to it in chat• Jordan: on criminal justice involvement – importance to not criminalize everything individuals do. Things become habits because there's stigma against kids. Sometimes think about the criminal activity and not the mental health problem• Cindy: more specifically let's stop criminalizing black and brown folks• Veronica: Are you referencing the juvenile hearing board or court system• Jordan: the board that gives kids a chance to not go into criminal justice system• Naoimmy: we need to look at data in training school on behavioral and mental health. Collecting data is important – need to look at the behavior itself not just criminalizing rate.• Jess: Not letting the behavior define the person• Cindy: Add trauma informed to every box – especially trauma and criminal justice related
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		<ul style="list-style-type: none">• Jess: in veteran's court takes into account PTSD, previous trauma experiences. Would like to see that more broadly because often behavior is not criminality but just symptom of trauma.• James: We want to add meetings after work hours for more community engagement. Which options (see powerpoint) would work best for that?• Trisha: beware you might not actually get as much community engagement as you'd like• James: from the chat people either want to add additional meeting for community engagement each month or move every other meeting to evening. We'll add after-hours meeting and then if we get good recruitment we can move to adding extra meeting each month to community engagement
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Action Items		<ul style="list-style-type: none"> • James Rajotte: create packet explaining important terms for equity workgroup • Add new ideas to chart
		<ul style="list-style-type: none"> • Naiommy Baret to Everyone (3:25 PM): can we broaden it to "differently abled" individuals • Danielle Loughlin to Everyone (3:26 PM): or can we just use disabled people? the use of language like "Differently abled" or "special needs" is actually oppressive. there is nothing wrong with being disabled and the disability community is quite ok with being called disabled. • Naiommy Baret to Everyone (3:26 PM): it is preferrably to use lanagauge that focuses on their abilitiesrather than their disabilities • Jess Hunter to Everyone (3:27 PM): I usually use "ability diverse." I am a disabled person also • Danielle Loughlin to Everyone (3:30 PM): I have a five year old on my lap blocking my sign so difficult to come on camera. There is a large movement in the general disability community, not just my Deaf community, towards moving away from person first language. It's a hot topic with no larger consensus. • Allegra to Everyone (3:32 PM): Can you provide more context about the last bullet under culture and beliefs? • Samantha Brinz to Everyone (3:34 PM): perhaps the language of "culturally responsive lens" • Naiommy Baret to Everyone (3:35 PM): culturally responsive and culturally linguistic • Samantha Brinz to Everyone (3:36 PM): Yes Jordan and perhaps doing a cross-walk between clinical terms and meeting people where they are..to take assumptions and inferences out • Cindy M Gordon (she/her/hers) to Everyone (3:37 PM): Using cultural humility stance • Naiommy Baret to Everyone (3:37 PM): yes • Jess Hunter to Everyone (3:37 PM): Yes cindy! • Naiommy Baret to Everyone (3:40 PM): agree ! • Christine.Emond to Everyone (3:43 PM): Great points Cindy!!! • Cindy M Gordon (she/her/hers) to Everyone (3:43 PM): Thank you • Naiommy Baret to Everyone (3:44 PM): having access within their community, within a close proximity • Samantha Brinz to Everyone (3:45 PM): great point cindy

		<ul style="list-style-type: none">• Cindy M Gordon (she/her/hers) to Everyone (3:46 PM): Thank you• Naiommy Baret to Everyone (3:48 PM): using a community referral platform to follow up on refferals and better cross collaboration (ex:unite us database ystem), fccp has the same model
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