

## **Children's Behavioral Health System of Care**

**Ensuring Equity Workgroup** 

June 17, 2021

## Welcome



## **Today's Agenda**

- 1. Welcome and Introductions
- 2. Workgroup Updates
- 3. Community Engagement and Reflection Activity
- 4. Next Steps and Logistics
- 5. Adjourn



## Introductions and Icebreaker

In the chat feature of Zoom, please:

- 1. Write your name, pronouns, and organization
- 2. Introduce your buddy who has joined you for today's meeting!
- 3. Answer the ice breaker question:

If a movie was made of your life, what genre would it be? Who would play you?

Please also remember to mute yourself when not speaking to ensure everyone can hear one another. Also, a reminder that this meeting will be recorded for note-taking purposes and to capture the additional comments, questions, and suggestions in the chat.

## **Welcome to Our New Community Co-Chair!**

Thank you to Jesse Hunter for their willingness to Co-Chair our workgroup!

Welcome to the team! ©



## **Brief Reminder: Our General Ground Rules**

- Let's have mutual respect—including when our opinions may differ
- Let's cherish and uniqueness of our collective diverse backgrounds and lived experiences
- Let's work to maintenance of 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 the effort to be honest with one another using thoughtful and appropriate language

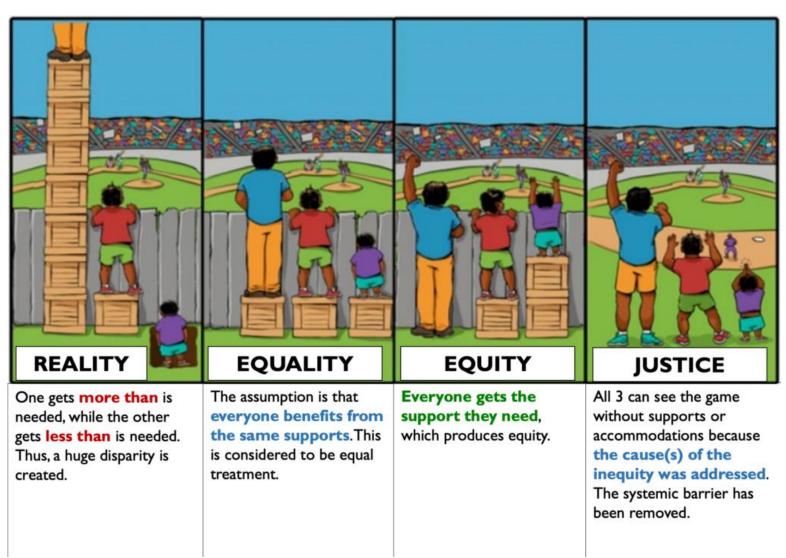
## **Workgroup Updates**



## **Brief Recap from Last Meeting: What is Equity?**

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

Let's aim for equity and justice!



## **Workgroup Meeting Goal**

**Intentionally** make 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.

Moving forward, we will work together to affirm our Workgroup Charter.



## **Focus Groups and Workgroup Report-Outs**

### FOCUS GROUPS

- Met with Outreach Workgroup and there is a significant interest in conducting our focus groups in partnership.
- Investigating resources available to assist with this at Rhode Island College—potentially graduate-level social workers.
- Other resource ideas?

#### WORKGROUP REPORT-OUTS

- Did anyone attend any of the other workgroups?
- If so, are there any key updates you'd like to share with this group to ensure awareness of these discussion topics?



# Community Engagement and Reflection Activity



## We Heard You—How Well Did We Capture Feedback?

	Race and Ethnicity	Language Spoken
•	Destigmatize mental health within communities of color and address the historical injustices of criminalization of behavioral health disorders Address racism and teach principles of equity to healthcare providers within the children's behavioral health system of care Engage the immigrant community in behavioral health planning conversations Work to change the inequities among Autism Spectrum Disorder populations Increase the diversity of the provider population	<ul> <li>Ensure engagement of the Commission for the Deaf and Hard of Hearing community as it relates to behavioral health planning</li> <li>Increase the linguistic diversity of the provider population</li> <li>Ask and document patients' preferred language within behavioral health records and ensure access to appropriate translation services</li> <li>Implement Cultural and Linguistically Appropriate Services (CLAS) standards and assessments for providers</li> </ul>
	Sexual Orientation and Gender Identity	Differing Abilities
	Ensure providers are educated on and use pronouns appropriately Assist behavioral health clinicians navigate and normalize gender expression conversations with youth, and in particular families	<ul> <li>Provide more education statewide to the public and providers on understanding individuals with intellectual and developmental disabilities</li> <li>Ensure that when in a virtual environment, services are still accessible to various populations</li> <li>Apply a disability lens to all access, services, advocacy, and engagement conversations about behavioral health</li> </ul>
	Culture and Beliefs	Socioeconomic Status
•	Hold community focus groups to understand what behavioral health means to various population groups and their cultural norms/preferences Engage the youth voice in planning, education, and communications activities through student associations and parent groups Develop cultural competencies for providers in behavioral healthcare that underscore cultural norms of diverse populations include holistic approaches Create partnerships with non-traditional behavioral health support systems, such as places of worship Honor patient choice, as much as possible, when determining facility or home-based services Consider integrating a cultural lens universally within clinical assessments	<ul> <li>Ensure communities of color gain increased access to affordable, quality healthcare, including behavioral healthcare services</li> <li>Engage in prevention efforts more globally</li> </ul>



## We Heard You—How Well Did We Capture Feedback?

Geographical Location	Life Course Approach
<ul> <li>Work to ensure care is provided at a time and place that is convenient for individuals who need care but may have other barriers to be considered</li> <li>Develop mechanisms for the coordination of care for those children who receive services or residential care out of state</li> <li>Provide behavioral health services within the community (e.g., schools)</li> <li>Understand where those who need services but are not getting them frequent—may not be a doctor's office at all</li> </ul>	<ul> <li>Ensure families are provided care as a unit, as applicable</li> <li>Ensure transitions of care as folks age, grow, change, and develop over time (youth to adult, prenatal and pregnancy, etc.)</li> <li>Incorporate the trauma-related needs of veterans into behavioral health promotion and service delivery</li> </ul>

Criminal Justice Involvement	Foster Care or Adopted
•	•
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#### OVERARCHING OPPORTUNITIES

- Develop an asset-based approach to thinking about behavioral health as a community.
- Develop a common vision for a continuum of wellness across workgroups.
- Develop a common language for behavioral health and wellness across agencies.
- Hear, respect, and act on feedback received from youth to continue authentic engagement with this population.
- Improve data collection efforts for race, ethnicity, language, SOGI, and other demographic information across providers.
- Continue to address stigma and work to change the narrative from equality to equity and justice.

## **Next Steps for Our Workgroup Recommendations**

#### WHAT IS MISSING?

- What categories of disparities and inequities are missing from the blue headers?
- What feedback from the workgroup did we not capture accurately that needs to be changed?

#### NEXT STEPS USING THE MATRIX

- Dive deep into one or two categories of recommendations each meeting until we complete review.
- Add in the key partners, evidence-based approaches, and priority ranking for each recommendation.
- Share with Child Well Being leadership and all the Workgroups for implementation.
- Use these categories to help guide focus group convenings.

## **Next Steps and Logistics**



## Wrap-Up

a. Meeting Time and Frequency:

- OPTION 1—Every other meeting we move to after-work hours for additional community engagement (e.g., parents) in the workgroup.
- OPTION 2—Move all the meetings to after-work hours for additional community engagement (e.g., parents) in the workgroup.
- OPTION 3—Add an additional meeting after-hours each month for community engagement.
- b. Recap of Action Items

## **THANK YOU!**

