Date, time, location: 7/15, 5:30 - 6:30, zoom

Leaders: James Rajotte, Jesse Hunter, Jordan Maddox

Participants: James Rajotte, EOHHS, Allegra Scharff (RIDOH), Samantha Brinz (RI Department of Education), Jesse Hunter (CPNRI), Tatiana Reis (RI Coalition to End Homelessness), Jordan Maddox (BHDDH Statewide Youth Coordinator Healthy Transitions), Samantha Brinz (RIDE)

Introductions and equity glossary	Jordan Maddox and James Rajotte	 Jordan: let's make sure we respect people, notice who's missing, words matter James: equity toolkit for bias free language, etc – overdose group interested in seeing this too, will give credit to this workgroup. Put together specific educational toolkit for today defining some words (shown in powerpoint)
New matrix	Jesse Hunter	 Jesse: Based on feedback edited matrix – moved overarching opportunities to the top, added trauma based approach, flexible human services-based cultural approach, education about racism and privilege James: do we want to make an equity toolkit for community like we're doing within our workgroup Jesse: great will add that. For racial equity, increasing diversity of provider population. For language, avoid acronyms and excessive jargon Samantha: clarification – we're not looking at strategies or anything just bold overarching statements at this point James: yes, broad recommendations and then at some point will have to look at evidence based strategies to achieve Samantha: should we add pathways to a more diverse provider population that seems like what's missing. James: will add "by creating pipeline or pathway" Jesse: other comments? For sexual orientation and gender identity, use patients preferred pronouns, not dividing people into binary categories, also not gendering objects, colors or activities. Thoughts or additions? James: I would add ensure regardless of type of school all schools have safe alliance with adult mentor - should recommend to all schools even if they won't be super enthusiastic Samantha: will confer with Rosemary because she's working on some related things Jesse: is there a preference in terms of what term we use for IDD

Samantha: differently abled students is term
they're using in guide for DOH, working with
national centers and will report back if learn of any
other info
 James: could also put just "all abilities"
 Jesse: can just wait until next meeting and see if there's more feedback
• Samantha: in some places there are reasons to
separate out by types of abilities
Jesse: recruit more providers that understand
disability affairs and MH, incorporate universal
design for learning with flexible design to allow
individuals across ability to demonstrate their knowledge
• Samantha: was in meeting with Jose Blackerby -
researcher behind universal design and the
principals behind it. This captures well.
 Jesse: for culture and beliefs added develop
methods to recruit more culturally diverse providers
 James: develop methods to recruit, retain and
incentivize more culturally diverse providers
 Jesse: changed title to socioeconomic and
environmental determinants of health and added
work to create specialized sections within MH
units to minimize transference effects (eg keep
patients with suicidal ideation in their own safety
area)
 James: I'm ok with that but I don't know what
broader group will think and what feasibility is it.
Changing environment of unit in reality is one of
toughest things
 Jesse: at very least good to get conversation
started
James: let's add preventing adverse childhood
experiences through parent supports, community protective factors, etc
 Jason: did have certain units that were separated
like sex offenders, etc when he worked in the
hospital but to what extent that's possible is the
question
 James: anything else to include? Is there stigma
with going to see guidance counselor or school
counselor or phycologist and just go to little health
station in the school in general health area
station in the school in general health area

• Jesse: that was a huge issue the last time she
worked with kids – how do you teach everyone
about emotional intelligence, etc and make that
available to everyone
• Samantha: there are certain populations where
there is more stigma. Imp to think about mental
health and wellness as a continuum relevant to
everyone. Great idea to give lessons about how to
regulate emotions and protective factors.
• James: that makes me think of from race and
ethnicity box – engage non traditional partners to
reach minority children around MH and wellbeing
 seeing increased ED rates among certain
populations and could help that by having MH
conversations in settings besides traditional ones
• Tatiana: potentially orgs (listed in chat) that
already work with youth of color
• Jordan: I can ask youth that I work with how they
feel about MH in general – part of the problem is
not hearing from kids, adults making decisions
 Jesse: anything else anyone wants to add.
 Jesse: any thoughts about what to add for foster
kids and their families
• Jordan: make it so they and their foster parents
are knowledgeable about what they will have to go
through – knowledge, info, resources
 Jesse: good point, important for kids to know
rights around transitioning and right once 16 to
seek care without parental consent, same with
substance abuse treatment at some point
 James: Items I had were: minimizing
disruption/transition/house bopping, language
around ACEs, training or competency around social
emotional learning for the parents or guardians.
Can ask colleague who knows that system very
well.
 Jesse: education around trauma – often
experience of being adopted is traumatic but also
many have been through traumatic events
Samantha: reminds of last week with juvenile
justice, ensuring policies are to prioritize health
and educational needs of kids in system, and also
trauma informed trainings for families and other
youth serving organizations

• Tatiana: is it possible there's disproportionate
number of kids of color removed from families. I
don't know if there are studies about that, is that
relevant to us
 James: develop approach to family separation that is more against here have but loops for our friends
is race equitable – vague but leave for our friends who are experts to decide
 Tatiana: had social emotional learning starting in
kindergarten
• Samantha: love that and also <i>evidence based</i> social
emotional learning programs such as conscious
discipline which is an example and it does make a
difference. Our schools are implementing a lot of
those programs and screenings right now
 James: does it have to be approved? Samantha: no we don't regulate we apport approved?
 Samantha: no we don't regulate, we encourage that. In fact with RIDES we fund needs
assessments to see what students need and then
proactive preventative approach with evidence
based curriculum then have advanced
interventions
 James: wondering if some were just doing not
evidence based ones
• Samantha: not mostly, they get a lot of guidance
 Jesse: anything else?
 James: what we have is good
Jesse: for criminal justice involvement: work to
reduce bias around criminal background, court
system that considers childhood and MH, reduce
inappropriate criminalization by being aware of
biases in labeling behavior as criminal
Life course approach: ensure that youth
transitioning into adult programs have access to
behavioral health services and develop system of
parent partners with lived experiences who can
help other parents
 James: need comprehensive system to support families with substance-exposed newborns
families with substance-exposed newbornsSamantha: was thinking about that because
 samantial was trinking about that because nationally doing research on that because that's
been increasing
 (Tatiana/Allegra): universal screening for pregnant
women – screening more black women for SUD
and prescribing fewer pain meds

Allegra: like parks, etc
• Jesse: oh yeah, absolutely and community gardens,
access to fresh produce
 James: thank you, this was really helpful
 Samantha: I know we're still trying to engage
community members, but this time seemed to
have negative impact on members
 James: yes was going to mention. First, will update
and send out matrix. Then will need to work on lit
review for strategies around these goals to move
into strategy and evidence based territory. And
moving into Samantha's point – what should we do
to approach engaging community members?
• Samantha: easier to present something that's
somewhat framed out but not finalized and can
get external feedback so they can see where it's
going
 James: Allegra are there parent advisory groups in
each health equity zone we could bring this to and
if yes, what SOC behavioral healthcare system
education would we want to do. What would be
viable?
 Allegra: there's not parent advisory groups in each
of the zones. Some family visiting organizations are
creating and that might be more approapriate way
to engage with parents specifically. There are
some like the central PVD one that can collect who
is parent and do outreachto them. Other is more
resident advisory groups.
 Allegra/Tatiana (both cameras were off so I don't
know which person was talking): there are youth
groups if you want to meet specifically with youth,
and key people might reach out to for help with
community engagement in general and know how
it works and can connect you to them
Samantha: Parent resource network or RIPEN
here? They have special ed advisory and have
many families that need access to MH resources.
That could be starting spot.
 Tatiana/Allegra: If you talk to 7 people with lived
experience and inequities, you'll get 90% of info
that's going on – could just listen to 7 peoples'
stories and just get a ton of the system
understanding – research on this from national

 orgs. Might be easier to do it that way than present this because this amount of info could lose people who are not in the system in this way. Just start from you're a parent, your child has experienced this, tell me about it. I can connect you with someone from the WeTeam if you want to talk about that in more detail because they did this research James: will talk with Marti, see if we can get them to talk to whole group because could be something to hear and think about for overall planning : good place to branch out, but they generally charge a lot but maybe they would be willing to talk with hope of working with them in the future. Tatiana Reiss: Possibly building relationships with community organizations that work directly with youth of color Such as youth in action, prysm, youth Pride etc Samantha Brinz: +1 Tatiana Tatiana Reiss: Connecting the transitional aged youth to the coalition via the youth coordinator (me) Samantha Brinz: Provide targeted supports for children & youth in foster care including traumainformed care training for foster families, schools, and other youth serving orgs. Allegra Scharff: I know this is youth but anything on barriers to employment?
informed care training for foster families, schools, and other youth serving orgs.Allegra Scharff: I know this is youth but anything on
Tatiana Reiss: Respecting and embracing chosen
 same as biological family/ legal families Allegra Scharff: Greenspace! Allegra Scharff: access to it and mental health -