Children's Behavioral Health System of Care
Ensuring Equity Workgroup

July 15, 2021

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Welcome

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Today's Agenda

1. Welcome and Introductions

2. Workgroup Updates

3. Community Engagement and Reflection Activity

4. Next Steps and Logistics

5. Adjourn

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Introductions and Icebreaker

In the chat feature of Zoom, please:

1. Write your **name, pronouns, and organization**

2. Answer the ice breaker question:

   Name something about yourself that we wouldn't know by looking at 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.

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Welcome to Our Community Members!

Who's Who?

Who has joined us from the community this evening?

Any parents, teachers, others?

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

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Workgroup Updates

Workgroup Updates

- **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?

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Equity Toolkit Update

- TOOLKIT RESOURCES

  - Building A Shared Language Around Health Equity

  - Bias-Free Language

  - Oppression and the –ISMS

  - Race Equity Glossary

Equity Toolkit—Today's Educational Moment

- ## Building a Shared Language Around Health Equity

Some key definitions

- Racial Equity
- Racism
- Social Justice
- Structural Racism

Racial equity: Racial equity is defined as just and fair inclusion into a society in which all people, immaterial of their race or ethnicity, can participate, prosper, and reach their full potential. This requires eliminating policies, practices, attitudes and cultural messages that reinforce differential outcomes by race.[9]

Racism: Racism is a complex system of beliefs and behaviors, grounded in a presumed superiority of the white race. These beliefs and behaviors are conscious and unconscious; personal and institutional; and result in the oppression of people of color and benefit the dominant group, whites. A simpler definition is racial prejudice + power = racism.[10]

Social justice: A process, not an outcome, which seeks fair redistribution of resources, opportunities, and responsibilities. Social justice challenges the roots of oppression and injustice, including marginalization based on race, class, gender, and other social classifications, and empowers all people to exercise self-determination and realize their full potential through collaborative action.[11]

Socioeconomic and environmental determinants of health: The conditions in which people are born, grow, live, work, play, age, and pray. These conditions have a greater influence on health than other factors like genetics, individual choices, or access to healthcare. The distribution of money, power, and resources at the global, national, and local levels shapes these conditions.

Structural racism: A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with "whiteness" and disadvantages associated with "color" to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead it has been a feature of the social, economic and political systems in which we all exist.[2]

Community Engagement
and Reflection Activity

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Continuing Our Matrix of Recommendations

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	• Ensure engagement of the Commission for the Deaf and Hard of Hearing community as it relates to behavioral health planning • Increase the linguistic diversity of the provider population • Ask and document patients' preferred language within behavioral health records and ensure access to appropriate translation services • Implement Cultural and Linguistically Appropriate Services (CLAS) standards and assessments for providers
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	• Provide more education statewide to the public and providers on understanding individuals with intellectual and developmental disabilities • Ensure that when in a virtual environment, services are still accessible to various populations • Apply a disability lens to all access, services, advocacy, and engagement conversations about behavioral health
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	• Ensure communities of color gain increased access to affordable, quality healthcare, including behavioral healthcare services • Engage in prevention efforts more globally

Next Steps and Logistics

Wrap-Up

a. Recap of Action Items

b. Reminder of Next Meeting

THANK YOU!

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