



BHPOC Work Group on Diversity, Equity & Inclusion in Behavioral Health

Legislative Office Building Room 3000, Hartford CT 06106
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www.cga.ct.gov/ph/BHPOC

Co-Chairs: Alice Forrester and Selma Ward

Agenda

December 5, 2023 11:00 AM via ZOOM

The BHPOC is committed to creating to an environment that provides equal access to behavioral healthcare in a culturally competent capacity, with particular attention to social and racial justice.

David Kaplan, Kelly Phenix, Tanya Larson, Jim Lisher, Heather Gates, Yohanna Cifuentes, Donyale Pina, Crystal Williams, Alice Forrester, Jaya Daptarder, Loida Reyes, Jenny Bridges, Noel Casiano, Sam Haun, Lois Berkowitz, Robert Haswell, Mark Vanacore, Stephney Springer, Neva Caldwell, and Loida Reyes

Scribe: Christine Maziuk

1. Resignation of Co-Chair Selma Ward/Recommendations for a New Co-Chair.

The Behavioral Oversight Committee requires at least one of the co-chairs be on the Council. It may be ideal if people are because it ties it in more directly to the Executive Committee. Perhaps having a person of color when we're looking at anti-racist and diversity, equity and inclusion is a higher priority. Alice would be willing to step down if there was someone else on the Council who was interested in chairing the group. All are welcome to self-nominate. If anyone has a recommendation as to how to go about recommending a Co-Chair or if anyone is interested in more information, they are welcome to reach out to Alice. Perhaps recruiting from the Department of Ed, juvenile justice system, the Deputy Commissioners, the teacher's union, and the Department of Public Health to routinely attend this meeting.

2. Discussion About Health Equity Legislative Goals.

This group is focused on action and the things that we were able to do last legislative session really raises the question for us as to what are the areas that we want to focus on where we would have impact moving forward. There is a need to have a consistent DSS presence on this call and we would round out the partnership participation. The chair/chairs might want to have that. There are inconsistencies in language across the State Department and accurately reflecting data on how we gender identity and races is not entirely uniform the next stage. It's all not uniform making it very complicated to gather and examine data in a useful way. It may be something to consider at this stage.

From our work with folks who are registering for Medicaid, there is between 30 or 40% who do not identify their race or ethnicity when registering for Medicaid and the hypothesis behind that is the unfortunate experience of healthcare bias. Additionally, people not knowing where they categorize may complicate it.

The data coming out of Data Haven was powerful. Some of the data causes questions as to why black and brown kids are not being referred to these evidence-based programs that the Department is supporting and funding. We are doing deeper dives to investigate it. At our Statewide racial justice meeting on Thursday the Commissioner stated so well that it's a lot of work that we all have to work collectively. What are we doing to apply this information and make necessary changes. By staying connected and knowing what everyone is doing is helpful.

By using the data to speak to the legislators, and for legislators to hear from the family members and if we work to organize the community of people, families, the residents, the youth, anyone that's being affected by this that are receiving the services or not receiving the services, may be influential in moving the needle. How do we do that?

Having more clarity around what's been done that's been effective and where we've seen progress. Where have we seen changes for the better and what's really made a difference so that as people are understanding where they can be stepping in, it is grounded in things that worked and not in things that that may not have been effective, even though they were exciting ideas.

The African American Behavioral Health Center of Excellence out of Howard University has data resource and articles. One article is on serving black women in mental health. It brings up what culturally responsive therapy looks like and makes recommendation, and I could send this article out to everybody when we get done. It encourages work to happen in churches and within the community that they're in where services are being delivered. While there are evidence-based practices, there are practice based evidence, too. How do you teach people in the community peer counselors and community health workers? How do you begin on the street to engage individuals in.

Six social workers, primarily of color have been placed with the expectation that they will either have a job at the end or at least be considered for work in those agencies. An unexpected challenge has been to get students out of their own comfort zone. Once they work for an agency as an intern, and they've become familiar and comfortable there, they would rather stay instead of exploring other options that may offer better pay. The students that were chosen to be placed at Clifford Beers and at Cornell Scott also got a \$10,000 grant for their education, Data suggests that what used to drive students in the past is no longer driving them today. Student don't necessarily want a job that's overwhelming and takes up a lot of their time. They would rather have a job that's less taxing and allows them to have a life. We've had to change how we're recruiting and how we are attending to that different way of looking at the world.

How are services being offered, or not offered and why needs to be addressed. Hearing from families and individuals and lived experience would be helpful. How are agencies or hospitals accessing patients, their medical histories, and their needs to recommend or offer services?

3. New Business, Announcements, Adjournment

None discussed

Next Meeting: Tuesday, February 6, 2024 at 11:00 AM via ZOOM
January meeting was cancelled