

# Meeting summary for Committee on Diversity, Equity & Inclusion in Behavioral Health Zoom Meeting (03/05/2024)

## Quick recap

The group emphasized the importance of involving consumers in the DEI process, addressing health inequities, reassessing the council's composition in terms of representation, and streamlining the appointment process. The meeting ended with Carmen expressing dissatisfaction with the current meeting dynamics and Brenetta emphasizing the need for understanding and acceptance.

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## Summary

### Terry's Surgery and DEI Work Group Discussion

Alice, the Co-Chair of the Diverse and Equity Inclusion Work Group for the Behavior Health Oversight Council, welcomed everyone. The group was waiting for one more person, Brenetta, to join. Genevive, the Director of Workforce Development at Social Venture Partners, shared why she joined the group. The meeting was set to continue with a discussion about the work group.

### DEI Discussion: Consumer Involvement and Momentum Maintenance

Brenetta and Dr. Casiano had a discussion about the importance of diversity, equity, and inclusion (DEI) and the need to involve consumers in the DEI process. Brenetta emphasized the necessity to understand and address the needs of the consumers and the importance of not focusing solely on the provider's perspective. The discussion was then handed over to Dr. Casiano to continue the conversation. Subsequently, a group discussion took place about the creation of a DEI subcommittee and its significance, with a focus on the George Floyd incident and its impact on their work. The importance of maintaining momentum in the DEI initiatives was also highlighted.

### Diversity, Inclusion, and Health Inequities

The team discussed the effectiveness of their subcommittee meetings and their purpose, with a focus on diversity and inclusion. The conversation highlighted the need to reassess the composition of the council and its committees in terms of representation. There was concern about the cumbersome process of appointing seats and the complexity of the payment process for consumers. The team also noted the significant health inequities across the region, particularly in Connecticut, and discussed exploring the impact of prenatal and postpartum care on mental health outcomes and their potential impact on physical health outcomes.

### **Inviting Consumers: Clarity and Accessibility**

Sam emphasized the importance of inviting more consumers to the Commission and other cost commissions in a way that is authentic and not tokenizing. He highlighted the need to present information in a way that is accessible and encourages conversation and input. Dr. then shifted the discussion to gathering everyone's input on their next steps and priorities. Brenetta stressed the need for an open conversation about this issue. Tanja expressed her confusion about the process to become a leadership role in the Council and emphasized the importance of integrating consumers. Finally, Genevive suggested that they need to clarify the Council's authority level and contributions before inviting new members, as there seems to be a lack of clarity. She also shared her positive experience with having diverse members on a committee.

### **Consumer Spots Availability and Appointment Process**

Kelly emphasized the availability of consumer spots on the main oversight council and encouraged adult consumers, parents of an adult consumer, advocates, and parents of a child involved with the juvenile justice system to apply. She acknowledged the complexities of the appointment process and the need for diversity. Brenetta, however, interjected, highlighting that despite consumer interest, these positions have not been acknowledged or appointed. The group discussed the lengthy appointment process, agreeing that it needed to be streamlined. Alice pointed out the success of their work group in passing several votes on the Behavioral Health Oversight Council. The group decided to look into better ways to facilitate or streamline the appointment process. Brenetta expressed frustration over the lack of response from legislators and called for open and honest discussions to find a solution. Alice agreed that the issue of appointments needed to be addressed and proposed bringing it up in the upcoming executive committee meeting.

### **Meeting Dynamics Feedback**

Carmen, a participant in the meeting, expressed her dissatisfaction with the current meeting dynamics. She felt that the meetings lacked passion and inclusivity, with only medical staff and those working with parents present. She suggested the need for family inclusion and a sense of community. Brenetta agreed with Carmen's feedback, emphasizing the importance of courageous conversations in driving results. Alice acknowledged Carmen's feedback as an important input.

### **Diversity, Inclusion, and Council Appointments**

Brenetta voiced concerns about the lack of diversity, equity, and inclusion and emphasized the need for understanding and acceptance. The team also discussed the difficulties of filling open seats on their list, with Alice suggesting reforms to the system rather than blind adherence. They agreed on the need for a shortlist of three names for council appointments and discussed strategies to elevate consumer voices in mixed meetings. The team agreed to further discuss these points, including presenting best practices in their next gathering.

**Next steps**

- Investigate the appointment process for council seats and consider ways to simplify it.
- Investigate and propose ways to streamline the appointment process for consumer and family members on the Behavioral Health Oversight Council.
- Brenetta will send the names of people who have applied for open seats to the Executive Committee.
- Alice and Brenetta will look for best practices on how to include consumer voices in mixed meetings.
- Alice will bring up the issue of filling open seats at the next Executive Committee meeting.